

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	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	15-0018	I	FROM 1/ 1/2007	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 12/31/2007	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
						00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/27/2008 TIME 8:57

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:

ELKHART GENERAL HOSPITAL 15-0018

FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2007 AND ENDING 12/31/2007 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	-264,795	83,355	0	0
2	SUBPROVIDER	0	84,058	0	0	0
2 .01	SUBPROVIDER II	0	27,920	0	0	0
5	HOSPITAL-BASED SNF	0	0	0	0	0
7	HOSPITAL-BASED HHA	0	0	0	0	0
100	TOTAL	0	-152,817	83,355	0	0

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 600 EAST BOULEVARD      P.O. BOX:  
 1.01 CITY: ELKHART      STATE: IN      ZIP CODE: 46514-      COUNTY: ELKHART

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
0	1	2	2.01	3	V	XVIII	XIX
02.00 HOSPITAL	ELKHART GENERAL HOSPITAL	15-0018		1/ 1/1966	N	P	0
03.00 SUBPROVIDER	ELKHART PSYCH	15-S018		1/ 1/1990	N	T	0
03.01 SUBPROVIDER 2	ELKHART REHAB	15-T018		1/ 1/1993	N	P	0
06.00 HOSPITAL-BASED SNF	ELKHART SNF	15-5318		4/30/1998	N	P	N
09.00 HOSPITAL-BASED HHA	ELKHART HHA	15-7202		1/ 1/1990	N	P	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/ 1/2007 TO: 12/31/2007

18 TYPE OF CONTROL      1      2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL      1  
 20 SUBPROVIDER      4  
 20.01 SUBPROVIDER II      5

OTHER INFORMATION

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

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

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

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

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

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

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO.      N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER?      N

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW.      N

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE.      / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE.      / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE.      / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE.      / /

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION DATE      / /

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE.      / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE.      / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2.

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

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

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

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

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

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

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

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

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

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

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

28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y". IF "N" COMPLETE LINES 28.01 AND 28.02	Y				
28.01	IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)		1	2	3	4
28.02	ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY		0	0.0000	0.0000	
	A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)		%	Y/N		
28.03	STAFFING		0.00%			
28.04	RECRUITMENT		0.00%			
28.05	RETENTION		0.00%			
28.06	TRAINING		0.00%			
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	N				
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)	N				
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70					
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)					
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).					
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II					
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N				
31.01	IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N				
31.02	IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N				
31.03	IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).					
31.04	IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).					
31.05	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).					
	MISCELLANEOUS COST REPORT INFORMATION					
32	IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.	N				
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2	N				
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?	N				
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N				
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N				
35.02	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?					
35.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?					
35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?					
	PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL		V	XVIII	XIX	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	I	2	3		
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS)	N	Y	Y		
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	Y	N		
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?	N	N	N		

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

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10?  
 IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER.  
 IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE N  
 40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #  
 40.02 STREET: P. O. BOX:  
 40.03 CITY: STATE: ZIP CODE:  
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y  
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y  
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y  
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y  
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y  
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N  
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000  
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.  
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?  
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?  
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?  
 46 IF YOU ARE PARTICIPATING IN THE NHCMP DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF)  
 DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
47.00 HOSPITAL	N	N	N	N	N
48.00 SUBPROVIDER	N	N	N	N	N
48.01 SUBPROVIDER 2	N	N	N	N	N
49.00 SNF	N	N	N	N	N
50.00 HHA	N	N	N	N	N

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N  
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N  
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0  
 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /  
 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:  
 PREMIUMS: 1,082,764  
 PAID LOSSES: 0  
 AND/OR SELF INSURANCE: 0  
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N  
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

	DATE	Y OR N	LIMIT	Y OR N	FEES
	0	1	2	3	4
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULE AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. N 0.00 0					
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULE AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. 0.00 0					
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0					
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0					

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N  
 58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. Y  
 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0  
 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N  
 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) Y N  
 60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0

HOSPITAL AND HOSPITAL HEALTH CARE  
COMPLEX STATISTICAL DATA

PROVIDER NO: 15-0018  
PERIOD: 1/1/2007 TO 12/31/2007  
PREPARED 5/27/2008  
WORKSHEET S-3  
PART I

COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH N/A	TITLE V	I/P DAYS / TITLE XVIII	O/P VISITS / NOT LTCH N/A	TRIPS TOTAL TITLE XIX
1 ADULTS & PEDIATRICS	229	83,375	2.01	3	4	4.01	5
2 HMO					22,772		4,215
2 01 HMO - (IRF PPS SUBPROVIDER)							2,768
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	229	83,375			22,772		4,215
6 INTENSIVE CARE UNIT	24	8,760			2,790		114
6 01 NEONATAL INTENSIVE CARE UNIT	8	2,920					272
11 NURSERY							664
12 TOTAL	261	95,055			25,562		5,265
13 RPCH VISITS							
14 SUBPROVIDER	16	5,840			652		226
14 01 REHAB UNIT	20	7,300			2,360		238
15 SKILLED NURSING FACILITY							
18 HOME HEALTH AGENCY					14,828		14,615
21 HOSPICE							
25 TOTAL	297						
26 OBSERVATION BED DAYS							827
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED	I/P DAYS / OBSERVATION BEDS NOT ADMITTED	O/P VISITS / TOTAL ALL PATS	TRIPS TOTAL ADMITTED	OBSERVATION BEDS NOT ADMITTED	INTERNS & RES. FTES -- TOTAL	LESS I&R REPL NON-PHYS ANES
1 ADULTS & PEDIATRICS	5.01	5.02	6	6.01	6.02	7	8
2 HMO			44,497				
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			44,497				
6 INTENSIVE CARE UNIT			5,798				
6 01 NEONATAL INTENSIVE CARE UNIT			823				
11 NURSERY			2,484				
12 TOTAL			53,602				
13 RPCH VISITS							
14 SUBPROVIDER			2,016				
14 01 REHAB UNIT			3,640				
15 SKILLED NURSING FACILITY							
18 HOME HEALTH AGENCY			34,817				
21 HOSPICE							
25 TOTAL							
26 OBSERVATION BED DAYS	122	705	3,887	763	3,124		
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			1,015				
28 01 EMP DISCOUNT DAYS -IRF			85				

COMPONENT	I & R FTES NET	FULL TIME EMPLOYEES ON PAYROLL	EQUIV NONPAID WORKERS	TITLE V	DISCHARGES TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
1 ADULTS & PEDIATRICS	9	10	11	12	13	14	15
2 HMO					4,818	3,647	12,389
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							
6 01 NEONATAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		1,711.70			4,818	3,647	12,389
13 RPCH VISITS							
14 SUBPROVIDER		17.28			126	65	557
14 01 REHAB UNIT		20.45			216	10	323
15 SKILLED NURSING FACILITY							
18 HOME HEALTH AGENCY		74.25					
21 HOSPICE							
25 TOTAL		1,823.68					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

## HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
1	SALARIES						
1	TOTAL SALARY	95,023,658		95,023,658	3,793,287.00	25.05	
2	NON-PHYSICIAN ANESTHETIST PART A						
3	NON-PHYSICIAN ANESTHETIST PART B						
4	PHYSICIAN - PART A						
4.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5	PHYSICIAN - PART B						
5.01	NON-PHYSICIAN - PART B						
6	INTERNS & RESIDENTS (APPRVD)						
6.01	CONTRACT SERVICES, I&R						
7	HOME OFFICE PERSONNEL						
8	SNF						
8.01	EXCLUDED AREA SALARIES	19,115,601	291,697	19,407,298	716,293.00	27.09	
9	OTHER WAGES & RELATED COSTS						
9.01	CONTRACT LABOR: PHARMACY SERVICES UNDER CONTRACT	10,798,440		10,798,440	315,007.00	34.28	
9.02	LABORATORY SERVICES UNDER CONTRACT						
9.03	MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10	CONTRACT LABOR: PHYS PART A	339,313		339,313	3,261.00	104.05	
10.01	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11	HOME OFFICE SALARIES & WAGE RELATED COSTS						
12	HOME OFFICE: PHYS PART A						
12.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
13	WAGE RELATED COSTS						
13	WAGE-RELATED COSTS (CORE)	22,633,728		22,633,728			CMS 339
14	WAGE-RELATED COSTS (OTHER)						CMS 339
15	EXCLUDED AREAS	5,239,446		5,239,446			CMS 339
16	NON-PHYS ANESTHETIST PART A						CMS 339
17	NON-PHYS ANESTHETIST PART B						CMS 339
18	PHYSICIAN PART A						CMS 339
18.01	PART A TEACHING PHYSICIANS						CMS 339
19	PHYSICIAN PART B						CMS 339
19.01	WAGE-RELATED COSTS (RHC/FQHC)						CMS 339
20	INTERNS & RESIDENTS (APPRVD)						CMS 339
21	OVERHEAD COSTS - DIRECT SALARIES						
21	EMPLOYEE BENEFITS	1,587,640		1,587,640	77,319.00	20.53	
22	ADMINISTRATIVE & GENERAL	9,804,089	122,455	9,926,544	336,915.00	29.46	
22.01	A & G UNDER CONTRACT						
23	MAINTENANCE & REPAIRS						
24	OPERATION OF PLANT	1,360,840		1,360,840	58,398.00	23.30	
25	LAUNDRY & LINEN SERVICE	752,174	-202,531	549,643	41,488.00	13.25	
26	HOUSEKEEPING	1,607,666		1,607,666	140,990.00	11.40	
26.01	HOUSEKEEPING UNDER CONTRACT						
27	DIETARY	1,924,240	-649,987	1,274,253	82,092.00	15.52	
27.01	DIETARY UNDER CONTRACT						
28	CAFETERIA	194,825	649,987	844,812	70,397.00	12.00	
29	MAINTENANCE OF PERSONNEL						
30	NURSING ADMINISTRATION	5,411,302	-582,944	4,828,358	174,035.00	27.74	
31	CENTRAL SERVICE AND SUPPLY	591,771		591,771	35,448.00	16.69	
32	PHARMACY	2,780,034		2,780,034	92,055.00	30.20	
33	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,954,292		1,954,292	97,893.00	19.96	
34	SOCIAL SERVICE	961,267	-222,510	738,757	3,147.00	234.75	
35	OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY							
1	NET SALARIES	95,023,658		95,023,658	3,793,287.00	25.05	
2	EXCLUDED AREA SALARIES	19,115,601	291,697	19,407,298	716,293.00	27.09	
3	SUBTOTAL SALARIES	75,908,057	-291,697	75,616,360	3,076,994.00	24.57	
4	SUBTOTAL OTHER WAGES & RELATED COSTS	11,137,753		11,137,753	318,268.00	34.99	
5	SUBTOTAL WAGE-RELATED COSTS	22,633,728		22,633,728		29.93	
6	TOTAL	109,679,538	-291,697	109,387,841	3,395,262.00	32.22	
7	NET SALARIES						
8	EXCLUDED AREA SALARIES						
9	SUBTOTAL SALARIES						
10	SUBTOTAL OTHER WAGES & RELATED COSTS						
11	SUBTOTAL WAGE-RELATED COSTS						
12	TOTAL						
13	TOTAL OVERHEAD COSTS	28,930,140	-885,530	28,044,610	1,210,177.00	23.17	

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1	HOME HEALTH AIDE HOURS	0	23,056	6,437
2	UNDUPLICATED CENSUS COUNT		659.00	184.00
	TOTAL			
	5			
1	HOME HEALTH AIDE HOURS	40,653		
2	UNDUPLICATED CENSUS COUNT	1,162.00		

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES  
 (FULL TIME EQUIVALENT)  
 ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK

	HHA NO.	OF FTE EMPLOYEES (2080 HRS)	
	STAFF 1	CONTRACT 2	TOTAL 3
3	ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	17.96	17.96
4	DIRECTOR(S) AND ASSISTANT DIRECTOR(S)		
5	OTHER ADMINISTRATIVE PERSONEL		
6	DIRECTING NURSING SERVICE	37.65	37.65
7	NURSING SUPERVISOR		
8	PHYSICAL THERAPY SERVICE	3.10	3.10
9	PHYSICAL THERAPY SUPERVISOR		
10	OCCUPATIONAL THERAPY SERVICE	2.08	2.08
11	OCCUPATIONAL THERAPY SUPERVISOR		
12	SPEECH PATHOLOGY SERVICE	.04	.04
13	SPEECH PATHOLOGY SUPERVISOR		
14	MEDICAL SOCIAL SERVICE	.01	.01
15	MEDICAL SOCIAL SERVICE SUPERVISOR		
16	HOME HEALTH AIDE	19.54	19.54
17	HOME HEALTH AIDE SUPERVISOR		
18			
	HOME HEALTH AGENCY MSA CODES	1	1.01
19	HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	5	0
20	LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).	9915	
20.01		9923	
20.02		0870	
20.03		0870	
20.04		7800	

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

	WITHOUT OUTLIERS 1	FULL EPIISODES WITH OUTLIERS 2	LUPA EPIISODES 3	PEP ONLY EPIISODES 4
21	SKILLED NURSING VISITS	5,401	1,862	293
22	SKILLED NURSING VISIT CHARGES	899,095	310,202	48,851
23	PHYSICAL THERAPY VISITS	1,464	24	96
24	PHYSICAL THERAPY VISIT CHARGES	282,954	4,629	18,606
25	OCCUPATIONAL THERAPY VISITS	671	23	5
26	OCCUPATIONAL THERAPY VISIT CHARGES	129,886	4,462	970
27	SPEECH PATHOLOGY VISITS	1	0	0
28	SPEECH PATHOLOGY VISIT CHARGES	194	0	0
29	MEDICAL SOCIAL SERVICE VISITS	207	20	2
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	53,811	5,196	522
31	HOME HEALTH AIDE VISITS	3,990	414	9
32	HOME HEALTH AIDE VISIT CHARGES	354,210	36,501	803
33	TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	11,734	2,343	405
34	OTHER CHARGES	0	0	0
35	TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	1,720,150	360,990	69,752
36	TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	681	0	145
37	TOTAL NUMBER OF OUTLIER EPIISODES	0	42	0
38	TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	98,027	44,831	8,015

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	106	7,748
22 SKILLED NURSING VISIT CHARGES	0	17,702	1,290,212
23 PHYSICAL THERAPY VISITS	0	14	1,635
24 PHYSICAL THERAPY VISIT CHARGES	0	2,716	316,083
25 OCCUPATIONAL THERAPY VISITS	0	8	723
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	1,552	139,974
27 SPEECH PATHOLOGY VISITS	0	0	1
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	194
29 MEDICAL SOCIAL SERVICE VISITS	0	0	238
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	61,878
31 HOME HEALTH AIDE VISITS	0	20	4,483
32 HOME HEALTH AIDE VISIT CHARGES	0	1,785	397,762
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	148	14,828
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	23,755	2,206,103
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	4	848
37 TOTAL NUMBER OF OUTLIER EPISODES	0	1	43
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	2,339	154,519

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO: 15-0018

PERIOD: FROM 1/1/2007 TO 12/31/2007

PREPARED 5/27/2008 WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	1,607,676
17.01	GROSS MEDICAID REVENUES	
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	1,633,979
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	1,651
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	3,243,306
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	5,003,387
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.425625
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	2,129,567
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	4,776
27	TOTAL SCHIP COST. (LINE 24 * LINE 26)	2,033
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	32,119,519
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	13,670,870
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	27,707,165
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	11,792,862
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	15,802,470



RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: I15-0018

PERIOD: FROM 1/1/2007 TO 12/31/2007

PREPARED 5/27/2008 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS- BLDG & FIXT	-1,370,668	9,901,254
4	0400 NEW CAP REL COSTS- MVBLE EQUIP	79,582	15,278,853
5	0500 EMPLOYEE BENEFITS	-7,741	30,837,652
6.01	0640 ADMITTING		3,756,066
6.02	0660 OTHER ADMINISTRATIVE AND GENERAL	-917,876	18,409,727
8	0800 OPERATION OF PLANT	-44,324	5,626,430
9	0900 LAUNDRY & LINEN SERVICE	-6,258	1,581,441
10	1000 HOUSEKEEPING	-2,550	2,164,072
11	1100 DIETARY	-149,839	1,874,190
12	1200 CAFETERIA	-1,698,826	286,202
14	1400 NURSING ADMINISTRATION	-5,875	4,979,823
15	1500 CENTRAL SERVICES & SUPPLY	334	854,478
16	1600 PHARMACY	-3,121	2,641,546
17	1700 MEDICAL RECORDS & LIBRARY	-119,680	1,952,969
18	1800 SOCIAL SERVICE	-58,424	700,089
24	2400 PARAMEDICAL PRGM	-114,772	125,517
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-27,673	16,131,246
26	2600 INTENSIVE CARE UNIT	-353	4,195,821
26.01	2060 NEONATAL INTENSIVE CARE UNIT		566,338
31	3100 SUBPROVIDER		975,694
31.01	3101 REHAB UNIT		1,294,323
33	3300 NURSERY	-12,317	1,030,795
34	3400 SKILLED NURSING FACILITY		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-1,396	6,891,946
37.01	3330 O/P SURG & ENDOSCOPY	-13,293	1,376,759
38	3800 RECOVERY ROOM		1,155,782
39	3900 DELIVERY ROOM & LABOR ROOM	-13,231	931,719
40	4000 ANESTHESIOLOGY	-2,897,677	404,176
41	4100 RADIOLOGY-DIAGNOSTIC	-5,678	2,393,401
41.01	3230 CAT SCAN		1,317,979
41.02	4101 SPECIAL PROCEDURES		1,268,494
41.03	3480 RADIOLOGY-ONCOLOGY	-264	1,814,688
41.04	3440 BREAST CTR MAMMOGRAPHY		1,122,274
43	4300 RADIOISOTOPE		781,405
43.01	3430 MAGNETIC RESONANCE IMAGING (MRI)		912,073
43.02	3630 ULTRASOUND		592,542
44	4400 LABORATORY		11,570,560
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS	-20,668	2,558,969
48	4800 INTRAVENOUS THERAPY		947,063
48.01	4801 HOME IV THERAPY		1,212,293
49	4900 RESPIRATORY THERAPY	-14,907	3,384,346
50	5000 PHYSICAL THERAPY	-2,918	1,142,025
51	5100 OCCUPATIONAL THERAPY		509,905
52	5200 SPEECH PATHOLOGY		202,920
53.01	3120 CARDIAC CATHETERIZATION LABORATORY	-11,438	2,193,748
53.02	3140 CARDIAC REHAB		168,400
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		24,171,699
56	5600 DRUGS CHARGED TO PATIENTS		9,572,165
59	3481 O/P ONCOLOGY CARE		278,028
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
60.01	6001 DIABETIC EDUCATION		284,633
60.03	6003 WOMENS SERVICES	-64,499	366,132
61	6100 EMERGENCY	-40,430	3,797,232
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
66	6600 DURABLE MEDICAL EQUIP-RENTED		2,099,204
67	6700 DURABLE MEDICAL EQUIP-SOLD		
71	7100 HOME HEALTH AGENCY	-404	3,796,124
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
93	9300 HOSPICE		
95	SUBTOTALS	-7,547,184	214,383,210
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		12,006,494
100	7950 OUTPATIENT PHARMACY		3,451,398
100.01	7951 HOME CARE PERSONNEL		791,477
100.02	7952 PSYCH PHYSICIANS		1,490,891
100.03	7953 MARKETING		298,699
100.04	7954 COMMUNITY		867,699
100.05	7955 WOMENS BOUTIQUE		139,058
100.06	7956 OUTSIDE LAUNDRY		202,531
100.07	7957 MOB		272,714
100.08	7958 WOMEN'S SERVICES		73,000
100.09	7959 CARDIOVASCULAR CLINIC		551,767
101	TOTAL	-7,547,184	234,528,938

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS- BLDG & FIXT	0300	
4	NEW CAP REL COSTS- MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	ADMITTING	0640	ADMITTING
6.02	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
24	PARAMED ED PRGM	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
26.01	NEONATAL INTENSIVE CARE UNIT	2060	NEONATAL INTENSIVE CARE UNIT
31	SUBPROVIDER	3100	
31.01	REHAB UNIT	3101	SUBPROVIDER #####
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
37.01	O/P SURG & ENDOSCOPY	3330	ENDOSCOPY
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY- DIAGNOSTIC	4100	
41.01	CAT SCAN	3230	CAT SCAN
41.02	SPECIAL PROCEDURES	4101	RADIOLOGY- DIAGNOSTIC
41.03	RADIOLOGY- ONCOLOGY	3480	ONCOLOGY
41.04	BREAST CTR MAMMOGRAPHY	3440	MAMMOGRAPHY
43	RADIOISOTOPE	4300	
43.01	MAGNETIC RESONANCE IMAGING (MRI)	3430	MAGNETIC RESONANCE IMAGING (MRI)
43.02	ULTRA SOUND	3630	ULTRA SOUND
44	LABORATORY	4400	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
48	INTRAVENOUS THERAPY	4800	
48.01	HOME IV THERAPY	4801	INTRAVENOUS THERAPY
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53.01	CARDIAC CATHETERIZATION LABORATORY	3120	CARDIAC CATHETERIZATION LABORATORY
53.02	CARDIAC REHAB	3140	CARDIOLOGY
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59	O/P ONCOLOGY CARE	3481	ONCOLOGY
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	DIABETIC EDUCATION	6001	CLINIC
60.03	WOMENS SERVICES	6003	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
66	DURABLE MEDICAL EQUIP- RENTED	6600	
67	DURABLE MEDICAL EQUIP- SOLD	6700	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	OUTPATIENT PHARMACY	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	HOME CARE PERSONNEL	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	PSYCH PHYSICIANS	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	MARKETING	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	COMMUNITY	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	WOMENS BOUTIQUE	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	OUTSIDE LAUNDRY	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	MOB	7957	OTHER NONREIMBURSABLE COST CENTERS
100.08	WOMEN'S SERVICES	7958	OTHER NONREIMBURSABLE COST CENTERS
100.09	CARDIOVASCULAR CLINIC	7959	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

150018

PERIOD: FROM 1/1/2007 TO 12/31/2007

PREPARED 5/27/2008 WORKSHEET A-6

INCREASE

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 INSURANCE RECLASS	A	NEW CAP REL COSTS-BLDG & FIXT	3		162,078
2		NEW CAP REL COSTS-MVBLE EQUIP	4		20,902
3 INTEREST RECLASS	B	NEW CAP REL COSTS-BLDG & FIXT	3		3,735,457
4 DIETARY RECLASS	C	CAFETERIA	12	649,987	896,690
5 SOCIAL SERVICES RECLASS	D	REHAB UNIT	31.01		
6		HOME HEALTH AGENCY	71	104,698	
7 SERVICE CONTRACTS RECLASS	E	CARDIAC CATHETERIZATION LABORATORY	53.01		13,227
8		BREAST CTR MAMMOGRAPHY	41.04		186,382
9		RADIOISOTOPE	43		1,517
10		RADIOLOGY-ONCOLOGY	41.03		154,511
11		SPECIAL PROCEDURES	41.02		140,626
12		RADIOLOGY-DIAGNOSTIC	41		186,718
13		MAGNETIC RESONANCE IMAGING (MRI)	43.01		158,819
14		BREAST CTR MAMMOGRAPHY	41.04		25,235
15		OPERATING ROOM	37		3,678
16		EMERGENCY	61		4,154
17		CARDIAC CATHETERIZATION LABORATORY	53.01		6,831
18		CENTRAL SERVICES & SUPPLY	15		117,357
19		OPERATING ROOM	37		9,608
20 HOME HEALTH ADMIN & GENERAL	F	HOME CARE PERSONNEL	100.01	44,042	
21		HOME IV THERAPY	48.01	104,229	
22 PHYSICIAN PRACTICES UTILITY COSTS	G	PHYSICIANS' PRIVATE OFFICES	98		39,984
23 NURSERY RECLASS	H	NURSERY	33	155,763	208,802
24 ONCOLOGY RECLASS	I	ADULTS & PEDIATRICS	25	397,620	97,370
25		RADIOLOGY-ONCOLOGY	41.03	164,984	40,401
26 LAUNDRY RECLASS	J	OUTSIDE LAUNDRY	100.06	202,531	
27 DIRECTOR RECLASS	K	HOME HEALTH AGENCY	71	20,340	
28 MARKETING RECLASS	L	OTHER ADMINISTRATIVE AND GENERAL	6.02	122,455	1,470,121
29 DRUGS RECLASS	M	DRUGS CHARGED TO PATIENTS	56		9,572,165
30 RENT AND LEASE RECLASS	N	NEW CAP REL COSTS-BLDG & FIXT	3		532,054
31					
32					
33					
34					
35					
		NEW CAP REL COSTS-MVBLE EQUIP	4		3,898,538
1 RENT AND LEASE RECLASS	N				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11 SUPPLY RECLASS	O	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		24,171,699
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 SUPPLY RECLASS	O				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11 DEPRECIATION RECLASS	P	NEW CAP REL COSTS-BLDG & FIXT	3		6,842,333
12 SOUTH BEND MED FOUND. CAPITAL RECLAS	Q	NEW CAP REL COSTS-MVBLE EQUIP	4		421,013
13 WHS RECLASS	R	WOMEN'S SERVICES	100.08	73,000	
36 TOTAL RECLASSIFICATIONS				2,157,461	53,118,270

(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.

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO				
1 INSURANCE RECLASS	A	OTHER ADMINISTRATIVE AND GENERAL	6.02			182,980	12
2							
3 INTEREST RECLASS	B	INTEREST EXPENSE	88			3,735,457	11
4 DIETARY RECLASS	C	DIETARY	11		649,987	896,690	
5 SOCIAL SERVICES RECLASS	D	SOCIAL SERVICE	18		222,510		
6							
7 SERVICE CONTRACTS RECLASS	E	OPERATION OF PLANT	8			874,867	
8		OPERATION OF PLANT	8			133,796	
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20 HOME HEALTH ADMIN & GENERAL	F	HOME HEALTH AGENCY	71		148,271		
21							
22 PHYSICIAN PRACTICES UTILITY COSTS	G	OPERATION OF PLANT	8			39,984	
23 NURSERY RECLASS	H	ADULTS & PEDIATRICS	25		155,763	208,802	
24 ONCOLOGY RECLASS	I	NURSING ADMINISTRATION	14		562,604	137,771	
25							
26 LAUNDRY RECLASS	J	LAUNDRY & LINEN SERVICE	9		202,531		
27 DIRECTOR RECLASS	K	NURSING ADMINISTRATION	14		20,340		
28 MARKETING RECLASS	L	MARKETING	100.03		122,455	1,470,121	
29 DRUGS RECLASS	M	PHARMACY	16			9,572,165	
30 RENT AND LEASE RECLASS	N	DURABLE MEDICAL EQUIP-RENTED	66			100,560	10
31		PHYSICIANS' PRIVATE OFFICES	98			347,327	
32		PSYCH PHYSICIANS	100.02			80,251	
33		CARDIOVASCULAR CLINIC	100.09			3,916	
34		EMPLOYEE BENEFITS	5			2,650	10
35		ADMINISTRATION	6.01			374,964	
1 RENT AND LEASE RECLASS	N	OTHER ADMINISTRATIVE AND GENERAL	6.02			2,461,986	
2		PHARMACY	16			148,992	
3		MEDICAL RECORDS & LIBRARY	17			285,193	
4		ADULTS & PEDIATRICS	25			1,440	
5		OPERATING ROOM	37			1,126	
6		RADIOLOGY-DIAGNOSTIC	41			578,849	
7		RESPIRATORY THERAPY	49			7,690	
8		CARDIAC CATHETERIZATION LABORATORY	53.01			25,000	
9		DURABLE MEDICAL EQUIP-RENTED	66			8,398	
10		PHYSICIANS' PRIVATE OFFICES	98			2,250	
11 SUPPLY RECLASS	O	OTHER ADMINISTRATIVE AND GENERAL	6.02			2,185	
12		DIETARY	11			455	
13		CENTRAL SERVICES & SUPPLY	15			348	
14		PARAMEDICAL PRGM	24			3,007	
15		ADULTS & PEDIATRICS	25			813,948	
16		INTENSIVE CARE UNIT	26			372,655	
17		NEONATAL INTENSIVE CARE UNIT	26.01			43,361	
18		SUBPROVIDER	31			3,896	
19		REHAB UNIT	31.01			19,485	
20		OPERATING ROOM	37			14,929,538	
21		O/P SURG & ENDOSCOPY	37.01			377,196	
22		RECOVERY ROOM	38			105,680	
23		DELIVERY ROOM & LABOR ROOM	39			35	
24		ANESTHESIOLOGY	40			262,589	
25		RADIOLOGY-DIAGNOSTIC	41			3,636	
26		CAT SCAN	41.01			14,236	
27		SPECIAL PROCEDURES	41.02			71,549	
28		RADIOLOGY-ONCOLOGY	41.03			11,419	
29		BREAST CTR MAMMOGRAPHY	41.04			8,300	
30		RADIOISOTOPE	43			1,048	
31		MAGNETIC RESONANCE IMAGING (MRI)	43.01			3,924	
32		ULTRASOUND	43.02			1,917	
33		WHOLE BLOOD & PACKED RED BLOOD CELLS	46			438	
34		INTRAVENOUS THERAPY	48			388,083	
35		HOME IV THERAPY	48.01			88,803	
1 SUPPLY RECLASS	O	RESPIRATORY THERAPY	49			40,523	
2		PHYSICAL THERAPY	50			3,939	
3		OCCUPATIONAL THERAPY	51			1,262	
4		CARDIAC CATHETERIZATION LABORATORY	53.01			6,126,226	
5		CARDIAC REHAB	53.02			18	
6		O/P ONCOLOGY CARE	59			36,175	
7		WOMENS SERVICES	60.03			711	
8		EMERGENCY	61			388,401	
9		HOME HEALTH AGENCY	71			46,638	
10		PHYSICIANS' PRIVATE OFFICES	98			75	
11 DEPRECIATION RECLASS	P	NEW CAP REL COSTS-MVBLE EQUIP	4			6,842,333	9
12 SOUTH BEND MED FOUND. CAPITAL RECLASS	Q	LABORATORY	44			421,013	14
13 WHS RECLASS	R	WOMENS SERVICES	60.03		73,000		
36 TOTAL RECLASSIFICATIONS					2,157,461	53,118,270	

(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: 150018

PERIOD: FROM 1/1/2007 TO 12/31/2007

PREPARED 5/27/2008 WORKSHEET A-6 NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION: INSURANCE RECLASS

Table with columns: LINE, COST CENTER, AMOUNT. Includes rows for NEW CAP REL COSTS-BLDG & FIXT and NEW CAP REL COSTS-MVBLE EQUIP.

Table with columns: COST CENTER, LINE, AMOUNT. Includes row for OTHER ADMINISTRATIVE AND GENERAL.

RECLASS CODE: B
EXPLANATION: INTEREST RECLASS

Table with columns: LINE, COST CENTER, AMOUNT. Includes row for NEW CAP REL COSTS-BLDG & FIXT.

Table with columns: COST CENTER, LINE, AMOUNT. Includes row for INTEREST EXPENSE.

RECLASS CODE: C
EXPLANATION: DIETARY RECLASS

Table with columns: LINE, COST CENTER, AMOUNT. Includes row for CAFETERIA.

Table with columns: COST CENTER, LINE, AMOUNT. Includes row for DIETARY.

RECLASS CODE: D
EXPLANATION: SOCIAL SERVICES RECLASS

Table with columns: LINE, COST CENTER, AMOUNT. Includes rows for REHAB UNIT and HOME HEALTH AGENCY.

Table with columns: COST CENTER, LINE, AMOUNT. Includes row for SOCIAL SERVICE.

RECLASS CODE: E
EXPLANATION: SERVICE CONTRACTS RECLASS

Table with columns: LINE, COST CENTER, AMOUNT. Includes rows for CARDIAC CATHETERIZATION LABORATORY, BREAST CTR MAMMOGRAPHY, RADIOISOTOPE, RADIOLOGY-ONCOLOGY, SPECIAL PROCEDURES, RADIOLOGY-DIAGNOSTIC, MAGNETIC RESONANCE IMAGING (MR), BREAST CTR MAMMOGRAPHY, OPERATING ROOM, EMERGENCY, HOME CARE PERSONNEL, HOME IV THERAPY, CENTRAL SERVICES & SUPPLY, OPERATING ROOM.

Table with columns: COST CENTER, LINE, AMOUNT. Includes rows for OPERATION OF PLANT.

RECLASS CODE: F
EXPLANATION: HOME HEALTH ADMIN & GENERAL

Table with columns: LINE, COST CENTER, AMOUNT. Includes rows for HOME CARE PERSONNEL and HOME IV THERAPY.

Table with columns: COST CENTER, LINE, AMOUNT. Includes row for HOME HEALTH AGENCY.

RECLASS CODE: G
EXPLANATION: PHYSICIAN PRACTICES UTILITY COSTS

Table with columns: LINE, COST CENTER, AMOUNT. Includes row for PHYSICIANS' PRIVATE OFFICES.

Table with columns: COST CENTER, LINE, AMOUNT. Includes row for OPERATION OF PLANT.

RECLASS CODE: H
EXPLANATION: NURSERY RECLASS

Table with columns: LINE, COST CENTER, AMOUNT. Includes row for NURSERY.

Table with columns: COST CENTER, LINE, AMOUNT. Includes row for ADULTS & PEDIATRICS.

RECLASS CODE: I
EXPLANATION: ONCOLOGY RECLASS

Table with columns: LINE, COST CENTER, AMOUNT. Includes row for ADULTS & PEDIATRICS.

Table with columns: COST CENTER, LINE, AMOUNT. Includes row for NURSING ADMINISTRATION.

RECLASSIFICATIONS

PROVIDER NO: 150018

PERIOD: FROM 1/1/2007 TO 12/31/2007

PREPARED 5/27/2008 WORKSHEET A-6 NOT A CMS WORKSHEET

RECLASS CODE: I
EXPLANATION : ONCOLOGY RECLASS

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT. Includes line 2.00 RADIOLGY-ONCOLOGY with amount 205,385.

Table with columns: COST CENTER, DECREASE, LINE, AMOUNT. Includes COST CENTER with amount 0.

RECLASS CODE: J
EXPLANATION : LAUNDRY RECLASS

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT. Includes line 1.00 OUTSIDE LAUNDRY with amount 202,531.

Table with columns: COST CENTER, DECREASE, LINE, AMOUNT. Includes COST CENTER LAUNDRY & LINEN SERVICE with amount 202,531.

RECLASS CODE: K
EXPLANATION : DIRECTOR RECLASS

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT. Includes line 1.00 HOME HEALTH AGENCY with amount 20,340.

Table with columns: COST CENTER, DECREASE, LINE, AMOUNT. Includes COST CENTER NURSING ADMINISTRATION with amount 20,340.

RECLASS CODE: L
EXPLANATION : MARKETING RECLASS

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT. Includes line 1.00 OTHER ADMINISTRATIVE AND GENER with amount 1,592,576.

Table with columns: COST CENTER, DECREASE, LINE, AMOUNT. Includes COST CENTER MARKETING with amount 1,592,576.

RECLASS CODE: M
EXPLANATION : DRUGS RECLASS

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT. Includes line 1.00 DRUGS CHARGED TO PATIENTS with amount 9,572,165.

Table with columns: COST CENTER, DECREASE, LINE, AMOUNT. Includes COST CENTER PHARMACY with amount 9,572,165.

RECLASS CODE: N
EXPLANATION : RENT AND LEASE RECLASS

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT. Includes line 1.00 NEW CAP REL COSTS-BLDG & FIXT with amount 532,054 and line 5.00 NEW CAP REL COSTS-MVBLE EQUIP with amount 3,898,538.

Table with columns: COST CENTER, DECREASE, LINE, AMOUNT. Includes COST CENTER DURABLE MEDICAL EQUIP-RENTED with amount 100,560 and COST CENTER PHYSICIANS' PRIVATE OFFICES with amount 347,327.

RECLASS CODE: O
EXPLANATION : SUPPLY RECLASS

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT. Includes line 1.00 MEDICAL SUPPLIES CHARGED TO PA with amount 24,171,699.

Table with columns: COST CENTER, DECREASE, LINE, AMOUNT. Includes COST CENTER OTHER ADMINISTRATIVE AND GENER with amount 2,185 and COST CENTER DIETARY with amount 455.

RECLASSIFICATIONS

PROVIDER NO: 150018

PERIOD: FROM 1/1/2007 TO 12/31/2007

PREPARED 5/27/2008 WORKSHEET A-6 NOT A CMS WORKSHEET

RECLASS CODE: 0
EXPLANATION: SUPPLY RECLASS

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT. Lists reclassification details for code 0, including items like SPECIAL PROCEDURES, RADIOLOGY-ONCOLOGY, etc.

Table with columns: COST CENTER, DECREASE, LINE, AMOUNT. Lists reclassification details for code 0, including items like SPECIAL PROCEDURES, RADIOLOGY-ONCOLOGY, etc.

RECLASS CODE: P
EXPLANATION: DEPRECIATION RECLASS

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT. Shows reclassification for code P, line 1.00, amount 6,842,333.

Table with columns: COST CENTER, DECREASE, LINE, AMOUNT. Shows reclassification for code P, line 4, amount 6,842,333.

RECLASS CODE: Q
EXPLANATION: SOUTH BEND MED FOUND. CAPITAL RECLAS

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT. Shows reclassification for code Q, line 1.00, amount 421,013.

Table with columns: COST CENTER, DECREASE, LINE, AMOUNT. Shows reclassification for code Q, line 44, amount 421,013.

RECLASS CODE: R
EXPLANATION: WHS RECLASS

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT. Shows reclassification for code R, line 1.00, amount 73,000.

Table with columns: COST CENTER, DECREASE, LINE, AMOUNT. Shows reclassification for code R, line 60.03, amount 73,000.

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
				DONATION 3					
1	LAND	1,163,581	7,102			7,102		1,163,581	
2	LAND IMPROVEMENTS	3,262,860	10,794			10,794	7,102	3,273,654	
3	BUILDINGS & FIXTURE	190,643,271	15,573,836			15,573,836	10,403,990	195,813,117	
4	BUILDING IMPROVEMEN								
5	FIXED EQUIPMENT	3,538,005					19,126	3,518,879	
6	MOVABLE EQUIPMENT	115,474,131	12,369,038			12,369,038	15,458,003	112,385,166	
7	SUBTOTAL	314,081,848	27,960,770			27,960,770	25,888,221	316,154,397	
8	RECONCILING ITEMS								
9	TOTAL	314,081,848	27,960,770			27,960,770	25,888,221	316,154,397	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	GROSS ASSETS	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
			CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
		1	2	3	4	5	6	7	8
3	NEW CAP REL COSTS-BL	200,250,352		200,250,352	.633394				
4	NEW CAP REL COSTS-MV	115,904,045		115,904,045	.366606				
5	TOTAL	316,154,397		316,154,397	1.000000				

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	6,910,682	532,054	2,296,440	162,078			9,901,254
4	NEW CAP REL COSTS-MV	10,938,400	3,898,538		20,902		421,013	15,278,853
5	TOTAL	17,849,082	4,430,592	2,296,440	182,980		421,013	25,180,107

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV	17,701,151						17,701,151
5	TOTAL	17,701,151						17,701,151

\* All lines numbers except line 5 are to be consistent with Workhseet 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).

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE NO	WKST. A-7 REF. 5
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	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	-92,221			
13 SALE OF SCRAP, WASTE, ETC.	B	-6,258	LAUNDRY & LINEN SERVICE	9	
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-1,261,598	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES	B	334	CENTRAL SERVICES & SUPPLY	15	
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-3,121	PHARMACY	16	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-119,680	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-8,863	DIETARY	11	
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			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	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			**COST CENTER DELETED**	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 TELEVISION EXPENSE	A	-9,555	OTHER ADMIN STRATIVE AND	6.02	
38 PHYSICIAN RECRUITMENT	A	-210,606	OTHER ADMIN STRATIVE AND	6.02	
39 MEALS ON WHEELS EXPENSE	A	-137,921	DIETARY	11	
40 LOBBYING EXPENSES	A	-13,110	OTHER ADMIN STRATIVE AND	6.02	
41 INTEREST RECEIVED ON A/R	A	-22,259	OTHER ADMIN STRATIVE AND	6.02	
42 NSF CHARGES	A	-716	OTHER ADMIN STRATIVE AND	6.02	
43 DELI ARCADE	A	-417,436	CAFETERIA	12	
44 MEDICAL STAFF DUES	B	-60,577	OTHER ADMIN STRATIVE AND	6.02	
45 MISCELLANEOUS REVENUE	B	-20,467	OTHER ADMIN STRATIVE AND	6.02	
46 PAYPHONE REVENUE	B	-1,566	OTHER ADMIN STRATIVE AND	6.02	
47 COMMUNICATIONS	B	-6,683	OTHER ADMIN STRATIVE AND	6.02	
48 ADVOCACY REVENUE	B	-318,955	OTHER ADMIN STRATIVE AND	6.02	
49 EMS REVENUE	B	-114,772	PARAMED ED PRGM	24	
49.01 MANAGED CARE REVENUE	B	-211,683	OTHER ADMIN STRATIVE AND	6.02	
49.02 CATERING REVENUE	B	-19,776	CAFETERIA	12	
49.03 DIETARY OTHER REVENUE	B	-16	CAFETERIA	12	
49.04 ENVIRONMENTAL SERVICES	B	-2,550	HOUSEKEEPING	10	
49.05 PLANT MAINT. MISC. REVENUE	B	-1,984	OPERATION OF PLANT	8	
49.06 RIVERPOINT PLANT MAINT.	B	-42,340	OPERATION OF PLANT	8	
49.07 PHYSICAL THERAPY MISC. REVENUE	B	-2,918	PHYSICAL THERAPY	50	
49.08 PULMONARY FUNCTION	B	-930	RESPIRATORY THERAPY	49	
49.09 CCL - CARDIOVASCULAR LAB REVENUE	B	-4,491	CARDIAC CATHETERIZATION L	53.01	
49.10 IMAGING SERVICES REVENUE	B	-4,497	RADIOLOGY-DIAGNOSTIC	41	
49.11 SALE OF PLASMA	B	-20,668	WHOLE BLOOD & PACKED RED	46	
49.12 HART CITY CLINIC	B	-25,317	OTHER ADMIN STRATIVE AND	6.02	
49.13 HART CITY CLINIC	B	-13,293	O/P SURG & ENDOSCOPY	37.01	
49.14 NURSERY MISC. REVENUE	B	-12,317	NURSERY	33	
49.15 NURSING ADMIN. MISC. REVENUE	B	-5,875	NURSING ADMIN STRATION	14	
49.16 COMPLEMENTARY TAXI EXPENSE	A	-58,424	SOCIAL SERVICE	18	
49.17 INVESTMENT INCOME	B	-1,439,017	NEW CAP REL COSTS-BLDG &	3	11
49.18 ALCOHOLIC BEVERAGES	A	-7,741	EMPLOYEE BENEFITS	5	
49.19 1998 RE-LIFING ADJUSTMENT	A	14,544	NEW CAP REL COSTS-MVBLE E	4	9
49.20 AHA 89/90 CARRYFORWARD	A	68,349	NEW CAP REL COSTS-BLDG &	3	9
49.21 1998 EXCESS DEPRECIATION	A	988	NEW CAP REL COSTS-MVBLE E	4	9
49.22 89/90 AHA LIVES	A	30,270	NEW CAP REL COSTS-MVBLE E	4	9
49.23 1989 AHA LIVES	A	17,138	NEW CAP REL COSTS-MVBLE E	4	9
49.24 1990 AHA LIVES	A	16,642	NEW CAP REL COSTS-MVBLE E	4	9
49.25 MISC. HOME HEALTH REVENUE	B	-404	HOME HEALTH AGENCY	71	
49.26 TRAINING REVENUE	B	-16,382	OTHER ADMIN STRATIVE AND	6.02	
49.27 MISC. NUTRITIONAL SERVICES REVENUE	B	-3,055	DIETARY	11	
49.28 LACTATION SUPPLIES SALES REVENUE	B	-13,231	DELIVERY ROOM & LABOR ROO	39	
49.29 WOMENS' SERVICES MISC. REVENUE	B	-64,499	WOMENS SERVICES	60.03	
49.30 PHYSICIAN GUARANTEE	A	-2,897,677	ANESTHESIOLOGY	40	
50 TOTAL (SUM OF LINES 1 THRU 49)		-7,547,184			

(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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:  
I 15-0018  
I

I PERIOD:  
I FROM 1/ 1/2007  
I TO 12/31/2007

I PREPARED 5/27/2008  
I WORKSHEET A-8-2  
I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LI MIT	5 PERCENT OF UNADJUSTED RCE LI MIT
1	2	3	4	5	6	7	8	9
1 6 2	DR. LANKFORD	10,833		10,833	171,400	139	11,454	573
2 50	DR. VIDIC	5,500		5,500	171,400	203	16,728	836
3 49	DR. GAMMON	7,200		7,200	171,400	117	9,641	482
4 49	DR. NAEEM	15,600		15,600	171,400	92	7,581	379
5 37	DR. HALLORAN	6,400		6,400	204,100	51	5,004	250
6 49	DR. NOLAN	9,996		9,996	171,400	49	4,038	202
7 53 1	DR. WESTERHAUSEN	9,996		9,996	171,400	37	3,049	152
8 41 3	DR. COHEN	1,042		1,042	231,100	7	778	39
9 41 3	DR. GOPAL	208		208	231,100	107	11,888	594
10 41	DR. SCHULTZ	2,292		2,292	231,100	10	1,111	56
11 37	DR. HOEKSTRA	1,360		1,360	204,100	459	45,039	2,252
12 61	ELKHART EMERGENCY PHYSICI	49,000		49,000	171,400	104	8,570	429
13 25	DR. RODRIGUEZ	16,030		16,030	154,100	40	2,963	148
14 25	DR. MORGAN	15,000		15,000	154,100	56	4,149	207
15 25	DR. GAMMON	7,830		7,830	154,100	55	4,075	204
16 26	DR. GAMMON	600		600	171,400	3	247	12
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	158,887		158,887		1,529	136,315	6,815

## PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:

I PERIOD:

I PREPARED

5/27/2008

I 15-0018

I FROM 1/ 1/2007

I WORKSHEET A-8-2

I

I TO 12/31/2007

I GROUP 1

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	6 2 DR. LANKFORD					11,454		
2	50 DR. VIDIC					16,728		
3	49 DR. GAMMON					9,641		
4	49 DR. NAEEM					7,581	8,019	8,019
5	37 DR. HALLORAN					5,004	1,396	1,396
6	49 DR. NOLAN					4,038	5,958	5,958
7	53 1 DR. WESTERHAUSEN					3,049	6,947	6,947
8	41 3 DR. COHEN					778	264	264
9	41 3 DR. GOPAL					11,888		
10	41 DR. SCHULTZ					1,111	1,181	1,181
11	37 DR. HOEKSTRA					45,039		
12	61 ELKHART EMERGENCY PHYSICI					8,570	40,430	40,430
13	25 DR. RODRIGUEZ					2,963	13,067	13,067
14	25 DR. MORGAN					4,149	10,851	10,851
15	25 DR. GAMMON					4,075	3,755	3,755
16	26 DR. GAMMON					247	353	353
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					136,315	92,221	92,221

COST ALLOCATION STATISTICS

PROVIDER NO: I  
115-0018 I  
I

PERIOD: I  
FROM 1/1/2007 I  
TO 12/31/2007 I  
PREPARED 5/27/2008  
NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS	DESCRIPTION	
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DEPRECIATION		ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	NOT ENTERED
6.01	ADMITTING	6	REVENUE		ENTERED
6.02	OTHER ADMINISTRATIVE AND GENERAL	-8	ACCUM	COST	NOT ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	11	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	12	HOURS OF	SERVICE	ENTERED
11	DIETARY	13	MEALS	SERVED	ENTERED
12	CAFETERIA	14	HRS		ENTERED
14	NURSING ADMINISTRATION	16	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	17	COSTED	REQUIS.	ENTERED
16	PHARMACY	18	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	NOT ENTERED
18	SOCIAL SERVICE	20	PATIENT	DI SCHARGES	ENTERED
24	PARAMED ED PRGM	26	CPR	STATS	ENTERED

		NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITTS	ADMI TTING	SUBTOTAL	OTHER ADMINIS TRATIVE AND
	COST CENTER DESCR IPTION	0	3	4	5	6.01	6a.01	6.02
003	GENERAL SERVICE COST CNTR							
004	NEW CAP REL COSTS-BLDG &	9,901,254	9,901,254					
005	NEW CAP REL COSTS-MVBLE E	15,278,853		15,278,853				
006	EMPLOYEE BENEFITS	30,837,652	36,731	29,631	30,904,014			
006	01 ADMITTING	3,756,066	106,346	115,186	801,594	4,779,192		
006	02 OTHER ADMINISTRATIVE AND	18,409,727	459,873	3,633,104	2,481,620		24,984,324	24,984,324
008	OPERATION OF PLANT	5,626,430	1,975,623	889,707	450,099		8,941,859	1,066,156
009	LAUNDRY & LINEN SERVICE	1,581,441	204,670	211,289	181,795		2,179,195	259,830
010	HOUSEKEEPING	2,164,072	61,920	12,981	531,737		2,770,710	330,357
011	DIETARY	1,874,190	157,377	100,621	421,460		2,553,648	304,477
012	CAFETERIA	286,202	26,871	3,752	279,422		596,247	71,092
014	NURSING ADMINISTRATION	4,979,823	41,498	288,000	1,596,984		6,906,305	823,453
015	CENTRAL SERVICES & SUPPLY	854,478	172,098	155,172	195,729		1,377,477	164,239
016	PHARMACY	2,641,546	35,999	45,083	919,499		3,642,127	434,258
017	MEDICAL RECORDS & LIBRARY	1,952,969	67,387	125,866	646,384		2,792,606	332,968
018	SOCIAL SERVICE	700,089	10,406	1,874	244,345		956,714	114,071
024	PARAMED ED PRGM	125,517	3,894	16,257	45,382		191,050	22,779
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	16,131,246	1,702,941	996,090	5,132,756	700,542	24,663,575	2,940,589
026	INTENSIVE CARE UNIT	4,195,821	175,759	60,943	1,311,936	175,682	5,920,141	705,870
026	01 NEONATAL INTENSIVE CARE U	566,338	36,295	21,722	179,705	16,370	820,430	97,822
031	SUBPROVIDER	975,694	169,979	11,578	313,823	34,404	1,505,478	179,501
031	01 REHAB UNIT	1,294,323	147,984	25,538	394,775	51,860	1,914,480	228,267
033	NURSERY	1,030,795	132,267	117,533	249,745	21,031	1,551,371	184,973
034	SKILLED NURSING FACILITY							
034	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	6,891,946	691,196	1,293,076	1,514,531	820,122	11,210,871	1,336,695
037	01 O/P SURG & ENDOSCOPY	1,376,759	127,048	122,698	413,914	73,545	2,113,964	252,052
038	RECOVERY ROOM	1,155,782	61,094	61,371	370,227	64,825	1,713,299	204,280
039	DELIVERY ROOM & LABOR ROO	931,719	163,546	182,536	271,257	30,401	1,579,459	188,322
040	ANESTHESIOLOGY	404,176	8,879	110,364	10,675	94,344	628,438	74,930
041	RADIOLOGY-DIAGNOSTIC	2,393,401	178,329	2,564,159	602,818	130,017	5,868,724	699,740
041	01 CAT SCAN	1,317,979	18,428	156,046	260,697	359,671	2,112,821	251,916
041	02 SPECIAL PROCEDURES	1,268,494	33,569	399,515	160,178	67,710	1,929,466	230,054
041	03 RADIOLOGY-ONCOLOGY	1,814,688	211,399	268,301	402,646	102,002	2,799,036	333,735
041	04 BREAST CTR MAMMOGRAPHY	1,122,274	52,838	34,699	183,819	45,957	1,439,587	171,645
043	RADIOISOTOPE	781,405	24,581	3,002	77,737	58,863	945,588	112,744
043	01 MAGNETIC RESONANCE IMAGIN	912,073	55,876	732,918	152,113	145,723	1,998,703	238,309
043	02 ULTRA SOUND	592,542	13,708	135,229	161,781	58,775	962,035	114,705
044	LABORATORY	11,570,560	84,569	8,597	470,188	470,188	12,133,914	1,446,751
046	WHOLE BLOOD & PACKED RED	2,558,969	11,387	15,212	122,530	91,526	2,799,624	333,805
048	INTRAVENOUS THERAPY	947,063	8,692	6,542	305,056	7,796	1,275,149	152,039
048	01 HOME IV THERAPY	1,212,293	30,126	11,937	187,085	34,703	1,476,144	176,004
049	RESPIRATORY THERAPY	3,384,346	95,442	392,443	958,644	210,527	5,041,402	601,096
050	PHYSICAL THERAPY	1,142,025	74,428	15,889	364,246	41,197	1,637,785	195,276
051	OCCUPATIONAL THERAPY	509,905	37,152	22,254	166,854	23,048	759,213	90,522
052	SPEECH PATHOLOGY	202,920	22,276	13,694	64,065	6,889	309,844	36,943
053	01 CARDIAC CATHETERIZATION L	2,193,748	63,431	724,175	340,983	474,270	3,796,607	452,677
053	02 CARDIAC REHAB	168,400	51,872	21,846	54,219	9,161	305,498	36,425
055	MEDICAL SUPPLIES CHARGED	24,171,699					24,171,699	2,882,040
056	DRUGS CHARGED TO PATIENTS	9,572,165					9,572,165	1,141,308
059	O/P ONCOLOGY CARE	278,028	25,889	1,007	86,502	21,132	412,558	49,190
060	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060	01 DIABETIC EDUCATION	284,633	15,126	22,315	61,657	44,477	428,208	51,056
060	03 WOMENS SERVICES	366,132	67,107	84,651	74,042		591,932	70,577
061	EMERGENCY	3,797,232	306,748	220,535	1,170,536	231,456	5,726,507	682,783
062	OBSERVATION BEDS (NON-DIS							
062	OTHER REIMBURS COST CNTRS							
066	DURABLE MEDICAL EQUIP-REN	2,099,204		283,351	321,409	60,978	2,764,942	329,670
067	DURABLE MEDICAL EQUIP-SOL							
071	HOME HEALTH AGENCY	3,796,124	141,862	28,890	1,160,861		5,127,737	611,390
093	SPEC PURPOSE COST CENTERS							
093	HOSPICE							
095	SUBTOTALS	214,383,210	8,402,516	14,799,179	26,399,872	4,779,192	207,900,656	21,809,381
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
098	PHYSICIANS' PRIVATE OFFIC	12,006,494	335,846	399,332	3,281,497		16,023,169	1,910,474
100	OUTPATIENT PHARMACY	3,451,398	9,751		102,095		3,563,244	424,853
100	01 HOME CARE PERSONNEL	791,477	28,429	2,183	248,527		1,070,616	127,652
100	02 PSYCH PHYSICIANS	1,490,891		7,671	454,330		1,952,892	232,847
100	03 MARKETING	298,699	16,278	61,060	7,596		383,633	45,741
100	04 COMMUNITY	867,699	40,657	917	203,725		1,112,998	132,705
100	05 WOMENS BUTIQUE	139,058	15,344	762	6,673		161,837	19,296
100	06 OUTSIDE LAUNDRY	202,531			66,987		269,518	32,135
100	07 MOB	272,714	1,023,662	370	32,692		1,329,438	158,512
100	08 WOMEN'S SERVICES	73,000			24,145		97,145	11,583
100	09 CARDIOVASCULAR CLINIC	551,767	28,771	7,379	75,875		663,792	79,145
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	234,528,938	9,901,254	15,278,853	30,904,014	4,779,192	234,528,938	24,984,324

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 ADMITTING							
006 02 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT	10,008,015						
009 LAUNDRY & LINEN SERVICE	279,725	2,718,750					
010 HOUSEKEEPING	84,627	89	3,185,783				
011 DIETARY	215,090			3,079,381			
012 CAFETERIA	36,725				718,046		
014 NURSING ADMINISTRATION	56,716				54,832	7,852,958	
015 CENTRAL SERVICES & SUPPLY	235,209	66,802			10,207		1,905,201
016 PHARMACY	49,201				26,511		25,467
017 MEDICAL RECORDS & LIBRARY	92,099				28,188		474
018 SOCIAL SERVICE	14,222				9,566	2,346	388
024 PARAMED ED PRGM	5,322				1,719	1,649	4,552
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	2,327,433	1,062,092	1,141,098	2,462,679	179,956	3,318,197	36,902
026 INTENSIVE CARE UNIT	240,212	206,115	106,836	247,069	40,270	890,421	9,152
026 01 NEONATAL INTENSIVE CARE U	49,605	37,177	20,507		5,079	149,484	1,385
031 SUBPROVIDER	232,313	45,371	76,434	131,542	10,351		897
031 01 REHAB UNIT	202,252	85,059	76,434	238,091	12,249	193,295	1,509
033 NURSERY	180,771	45,003	83,389		6,403	134,543	1,144
034 SKILLED NURSING FACILITY							
034 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	944,667	200,790	291,217		50,968	494,346	118,342
037 01 O/P SURG & ENDOSCOPY	173,639	77,109	45,961		12,764	270,608	1,476
038 RECOVERY ROOM	83,498	85,995	28,752		11,057	249,259	216
039 DELIVERY ROOM & LABOR ROO	223,521	62,243	86,974		8,841	177,216	2,331
040 ANESTHESIOLOGY	12,135		4,661		599		1,442
041 RADIOLOGY-DIAGNOSTIC	243,725	37,883	13,982		24,032	17,099	2,719
041 01 CAT SCAN	25,186	37,883	6,991		8,182		466
041 02 SPECIAL PROCEDURES	45,879	9,859	9,321		3,971	31,632	31,034
041 03 RADIOLOGY-ONCOLOGY	288,923	43,328	27,964		7,625	22,581	2,115
041 04 BREAST CTR MAMMOGRAPHY	72,215	45,808	27,964		6,553	15,094	6,563
043 RADIOISOTOPE	33,595	9,859	9,321		2,180		392
043 01 MAGNETIC RESONANCE IMAGIN	76,366	37,883	9,250		4,534	24,298	935
043 02 ULTRA SOUND	18,735	52,916	6,991		4,690		983
044 LABORATORY	115,582		27,964				224
046 WHOLE BLOOD & PACKED RED	15,563	890	4,661		4,385	84,222	
046 INTRAVENOUS THERAPY	11,880		22,586		8,416	211,083	135
048 01 HOME IV THERAPY	41,174		10,325		3,672	39,154	812
049 RESPIRATORY THERAPY	130,442		27,032		30,039	37,539	12,769
050 PHYSICAL THERAPY	101,722	19,562	18,642		12,040		700
051 OCCUPATIONAL THERAPY	50,776		1,506		5,181		145
052 SPEECH PATHOLOGY	30,444		9,321		1,941		101
053 01 CARDIAC CATHETERIZATION L	86,692	6,855	49,152		10,237	112,251	48,751
053 02 CARDIAC REHAB	70,895	19,500	9,321		1,821	39,723	121
055 MEDICAL SUPPLIES CHARGED							1,537,777
056 DRUGS CHARGED TO PATIENTS							
059 O/P ONCOLOGY CARE	35,383	7,931	9,142		2,761	73,888	111
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
060 03 DIABETIC EDUCATION	20,672		4,302		1,719	110	127
061 WOMENS SERVICES	91,716	1,140	15,595		3,085	41,244	1,391
061 EMERGENCY	419,237	341,723	320,471		46,697	673,788	11,700
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
066 DURABLE MEDICAL EQUIP-REN					14,855		6,072
067 DURABLE MEDICAL EQUIP-SOL							
071 HOME HEALTH AGENCY	193,885	326	54,493			547,888	2,379
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE							
095 SUBTOTALS	7,959,669	2,647,191	2,789,560	3,079,381	678,176	7,852,958	1,874,199
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
100 PHYSICIANS' PRIVATE OFFIC	459,006	71,559					23,368
100 OUTPATIENT PHARMACY	13,327		9,321		3,193		528
100 01 HOME CARE PERSONNEL	38,854		9,751		18,323		250
100 02 PSYCH PHYSICIANS					3,630		999
100 03 MARKETING	22,248		4,661		1,947		977
100 04 COMMUNITY	55,566		18,284		7,146		3,921
100 05 WOMENS BOUTIQUE	20,970				407		3
100 06 OUTSIDE LAUNDRY							
100 07 MOB	1,399,053		335,564		2,624		
100 08 WOMEN'S SERVICES							
100 09 CARDIOVASCULAR CLINIC	39,322		18,642		2,600		956
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	10,008,015	2,718,750	3,185,783	3,079,381	718,046	7,852,958	1,905,201

	COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMEDIC	ED PR	SUBTOTAL	I & R COST POST-DOWN STEP-ADJ	TOTAL
		16	17	18	24		25	26	27
003	GENERAL SERVICE COST CNTR								
004	NEW CAP REL COSTS-BLDG &								
005	NEW CAP REL COSTS-MVBLE E								
006	EMPLOYEE BENEFITS								
006	01 ADMITTING								
006	02 OTHER ADMINISTRATIVE AND								
008	OPERATION OF PLANT								
009	LAUNDRY & LINEN SERVICE								
010	HOUSEKEEPING								
011	DIETARY								
012	CAFETERIA								
014	NURSING ADMINISTRATION								
015	CENTRAL SERVICES & SUPPLY								
016	PHARMACY	4,200,867							
017	MEDICAL RECORDS & LIBRARY		3,261,823						
018	SOCIAL SERVICE			1,104,943					
024	PARAMEDIC PRGM					228,577			
	INPAT ROUTINE SRVC CNTRS								
025	ADULTS & PEDIATRICS		411,830	956,089		59,629	39,560,069		39,560,069
026	INTENSIVE CARE UNIT		96,509	44,594		9,938	8,517,127		8,517,127
026	01 NEONATAL INTENSIVE CARE U		8,993				1,190,482		1,190,482
031	SUBPROVIDER		18,900				2,200,787		2,200,787
031	01 REHAB UNIT		28,489				2,980,125		2,980,125
033	NURSERY		11,553	104,260			2,303,410		2,303,410
034	SKILLED NURSING FACILITY								
	ANCILLARY SRVC COST CNTRS								
037	OPERATING ROOM		450,327				15,098,223		15,098,223
037	01 O/P SURG & ENDOSCOPY		40,401				2,987,974		2,987,974
038	RECOVERY ROOM		35,611			19,876	2,431,843		2,431,843
039	DELIVERY ROOM & LABOR ROO		16,700				2,345,607		2,345,607
040	ANESTHESIOLOGY		51,827				774,032		774,032
041	RADIOLOGY-DIAGNOSTIC		71,423			9,938	6,989,265		6,989,265
041	01 CAT SCAN		197,581				2,641,026		2,641,026
041	02 SPECIAL PROCEDURES		37,196				2,328,412		2,328,412
041	03 RADIOLOGY-ONCOLOGY		56,033				3,581,340		3,581,340
041	04 BREAST CTR MAMMOGRAPHY		25,246				1,810,675		1,810,675
043	RADIOISOTOPE		32,336				1,146,015		1,146,015
043	01 MAGNETIC RESONANCE IMAGIN		80,051				2,470,329		2,470,329
043	02 ULTRA SOUND		32,288				1,193,343		1,193,343
044	LABORATORY		258,292				13,982,727		13,982,727
046	WHOLE BLOOD & PACKED RED		50,277				3,293,429		3,293,429
048	INTRAVENOUS THERAPY		26,887				1,708,175		1,708,175
048	01 HOME IV THERAPY		19,063				1,766,348		1,766,348
049	RESPIRATORY THERAPY		115,651			49,691	6,045,661		6,045,661
050	PHYSICAL THERAPY		22,631				2,008,358		2,008,358
051	OCCUPATIONAL THERAPY		12,661				920,004		920,004
052	SPEECH PATHOLOGY		3,785				392,379		392,379
053	01 CARDIAC CATHETERIZATION L		260,535			19,876	4,843,633		4,843,633
053	02 CARDIAC REHAB		5,033				488,337		488,337
055	MEDICAL SUPPLIES CHARGED		249,574				28,841,090		28,841,090
056	DRUGS CHARGED TO PATIENTS	4,200,867	353,973				15,268,313		15,268,313
059	O/P ONCOLOGY CARE		4,635				595,599		595,599
	OUTPAT SERVICE COST CNTRS								
060	CLINIC								
060	01 DIABETIC EDUCATION		24,433				530,627		530,627
060	03 WOMENS SERVICES		5,593				822,273		822,273
061	EMERGENCY		112,006			59,629	8,394,541		8,394,541
062	OBSERVATION BEDS (NON-DIS								
	OTHER REIMBURS COST CNTRS								
066	DURABLE MEDICAL EQUIP-REN		33,498				3,149,037		3,149,037
067	DURABLE MEDICAL EQUIP-SOL								
071	HOME HEALTH AGENCY						6,538,098		6,538,098
	SPEC PURPOSE COST CENTERS								
093	HOSPICE								
095	SUBTOTALS	4,200,867	3,261,823	1,104,943		228,577	202,138,713		202,138,713
	NONREIMBURS COST CENTERS								
096	GIFT, FLOWER, COFFEE SHOP								
098	PHYSICIANS' PRIVATE OFFIC						18,487,576		18,487,576
100	OUTPATIENT PHARMACY						4,014,466		4,014,466
100	01 HOME CARE PERSONNEL						1,265,446		1,265,446
100	02 PSYCH PHYSICIANS						2,190,368		2,190,368
100	03 MARKETING						459,207		459,207
100	04 COMMUNITY						1,330,620		1,330,620
100	05 WOMENS BOUTIQUE						202,513		202,513
100	06 OUTSIDE LAUNDRY						301,653		301,653
100	07 MOB						3,225,191		3,225,191
100	08 WOMEN'S SERVICES						108,728		108,728
100	09 CARDIOVASCULAR CLINIC						804,457		804,457
101	CROSS FOOT ADJUSTMENT								
102	NEGATIVE COST CENTER								
103	TOTAL	4,200,867	3,261,823	1,104,943		228,577	234,528,938		234,528,938

	COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	NEW CAP REL C OST-S-BLDG & 3	NEW CAP REL C OST-S-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE ADMITTING FITS 5	6.01	OTHER ADMINIS TRATIVE AND 6.02
003	GENERAL SERVICE COST CNTR							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS		36,731	29,631	66,362	66,362		
006	01 ADMITTING		106,346	115,186	221,532	1,721	223,253	
006	02 OTHER ADMINISTRATIVE AND		459,873	3,633,104	4,092,977	5,327		4,098,304
008	OPERATION OF PLANT		1,975,623	889,707	2,865,330	966		174,885
009	LAUNDRY & LINEN SERVICE		204,670	211,289	415,959	390		42,621
010	HOUSEKEEPING		61,920	12,981	74,901	1,141		54,190
011	DIETARY		157,377	100,621	257,998	905		49,944
012	CAFETERIA		26,871	3,752	30,623	600		11,661
014	NURSING ADMINISTRATION		41,498	288,000	329,498	3,428		135,074
015	CENTRAL SERVICES & SUPPLY		172,098	155,172	327,270	420		26,941
016	PHARMACY		35,999	45,083	81,082	1,974		71,233
017	MEDICAL RECORDS & LIBRARY		67,387	125,866	193,253	1,388		54,618
018	SOCIAL SERVICE		10,406	1,874	12,280	525		18,711
024	PARAMED ED PRGM		3,894	16,257	20,151	97		3,737
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS		1,702,941	996,090	2,699,031	11,040	32,747	482,400
026	INTENSIVE CARE UNIT		175,759	60,943	236,702	2,816	8,212	115,786
026	01 NEONATAL INTENSIVE CARE U		36,295	21,722	58,017	386	765	16,046
031	SUBPROVIDER		169,979	11,578	181,557	674	1,608	29,444
031	01 REHAB UNIT		147,984	25,538	173,522	847	2,424	37,443
033	NURSERY		132,267	117,533	249,800	536	983	30,342
034	SKILLED NURSING FACILITY							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM		691,196	1,293,076	1,984,272	3,251	38,188	219,262
037	01 O/P SURG & ENDOSCOPY		127,048	122,698	249,746	889	3,438	41,345
038	RECOVERY ROOM		61,094	61,371	122,465	795	3,030	33,509
039	DELIVERY ROOM & LABOR ROO		163,546	182,536	346,082	582	1,421	30,891
040	ANESTHESIOLOGY		8,879	110,364	119,243	23	4,410	12,291
041	RADIOLOGY-DIAGNOSTIC		178,329	2,564,159	2,742,488	1,294	6,078	114,781
041	01 CAT SCAN		18,428	156,046	174,474	560	16,813	41,323
041	02 SPECIAL PROCEDURES		33,569	399,515	433,084	344	3,165	37,736
041	03 RADIOLOGY-ONCOLOGY		211,399	268,301	479,700	864	4,768	54,744
041	04 BREAST CTR MAMMOGRAPHY		52,838	34,699	87,537	395	2,148	28,155
043	RADIOISOTOPE		24,581	3,002	27,583	167	2,752	18,494
043	01 MAGNETIC RESONANCE IMAGIN		55,876	732,918	788,794	327	6,812	39,091
043	02 ULTRA SOUND		13,708	135,229	148,937	347	2,747	18,815
044	LABORATORY		84,569	8,597	93,166		21,979	237,315
046	WHOLE BLOOD & PACKED RED		11,387	15,212	26,599	263	4,278	54,755
048	INTRAVENOUS THERAPY		8,692	6,542	15,234	655	364	24,939
048	01 HOME IV THERAPY		30,126	11,937	42,063	402	1,622	28,870
049	RESPIRATORY THERAPY		95,442	392,443	487,885	2,058	9,841	98,600
050	PHYSICAL THERAPY		74,428	15,889	90,317	782	1,926	32,032
051	OCCUPATIONAL THERAPY		37,152	22,254	59,406	358	1,077	14,849
052	SPEECH PATHOLOGY		22,276	13,694	35,970	138	322	6,060
053	01 CARDIAC CATHETERIZATION L		63,431	724,175	787,606	732	22,170	74,254
053	02 CARDIAC REHAB		51,872	21,846	73,718	116	428	5,975
055	MEDICAL SUPPLIES CHARGED							472,750
056	DRUGS CHARGED TO PATIENTS							187,212
059	O/P ONCOLOGY CARE		25,889	1,007	26,896	186	988	8,069
	OUTPAT SERVICE COST CNTRS							
	CLINIC							
060	01 DIABETIC EDUCATION		15,126	22,315	37,441	132	2,079	8,375
060	03 WOMENS SERVICES		67,107	84,651	151,758	159		11,577
061	EMERGENCY		306,748	220,535	527,283	2,513	10,820	111,999
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
066	DURABLE MEDICAL EQUIP-REN			283,351	283,351	690	2,850	54,077
067	DURABLE MEDICAL EQUIP-SOL							
071	HOME HEALTH AGENCY		141,862	28,890	170,752	2,492		100,288
	SPEC PURPOSE COST CENTERS							
093	HOSPICE							
095	SUBTOTALS		8,402,516	14,799,179	23,201,695	56,695	223,253	3,577,509
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
098	PHYSICIANS' PRIVATE OFFIC		335,846	399,332	735,178	7,044		313,381
100	OUTPATIENT PHARMACY		9,751		9,751	219		69,690
100	01 HOME CARE PERSONNEL		28,429	2,183	30,612	533		20,939
100	02 PSYCH PHYSICIANS			7,671	7,671	975		38,195
100	03 MARKETING		16,278	61,060	77,338	16		7,503
100	04 COMMUNITY		40,657	917	41,574	437		21,768
100	05 WOMENS BOUTIQUE		15,344	762	16,106	14		3,165
100	06 OUTSIDE LAUNDRY					144		5,271
100	07 MOB		1,023,662	370	1,024,032	70		26,001
100	08 WOMEN'S SERVICES					52		1,900
100	09 CARDIOVASCULAR CLINIC		28,771	7,379	36,150	163		12,982
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL		9,901,254	15,278,853	25,180,107	66,362	223,253	4,098,304

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
		8	9	10	11	12	14	15
003	GENERAL SERVICE COST CNTR							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
006	01 ADMITTING							
006	02 OTHER ADMINISTRATIVE AND							
008	OPERATION OF PLANT	3,041,181						
009	LAUNDRY & LINEN SERVICE	85,001	543,971					
010	HOUSEKEEPING	25,716	18	155,966				
011	DIETARY	65,360			374,509			
012	CAFETERIA	11,160				54,729		
014	NURSING ADMINISTRATION	17,234				4,179	489,983	
015	CENTRAL SERVICES & SUPPLY	71,474	13,366	2,510		778		442,759
016	PHARMACY	14,951		1,141		2,021		5,918
017	MEDICAL RECORDS & LIBRARY	27,987		758		2,149		110
018	SOCIAL SERVICE	4,322		374		729	146	90
024	PARAMEDICAL PRGM	1,617		74		131	103	1,058
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	707,248	212,503	55,867	299,507	13,715	207,037	8,576
026	INTENSIVE CARE UNIT	72,994	41,240	5,230	30,048	3,069	55,558	2,127
026	01 NEONATAL INTENSIVE CARE U	15,074	7,438	1,004		387	9,327	322
031	SUBPROVIDER	70,594	9,078	3,742	15,998	789		208
031	01 REHAB UNIT	61,459	17,019	3,742	28,956	934	12,061	351
033	NURSERY	54,932	9,004	4,082		488	8,395	266
034	SKILLED NURSING FACILITY							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	287,060	40,174	14,257		3,885	30,845	27,502
037	01 O/P SURG & ENDOSCOPY	52,764	15,428	2,250		973	16,885	343
038	RECOVERY ROOM	25,373	17,206	1,408		843	15,552	50
039	DELIVERY ROOM & LABOR ROO	67,922	12,454	4,258		674	11,057	542
040	ANESTHESIOLOGY	3,688		228		46		335
041	RADIOLOGY-DIAGNOSTIC	74,062	7,580	685		1,832	1,067	632
041	01 CAT SCAN	7,653	7,580	342		624		108
041	02 SPECIAL PROCEDURES	13,942	1,973	456		303	1,974	7,212
041	03 RADIOLOGY-ONCOLOGY	87,796	8,669	1,369		581	1,409	491
041	04 BREAST CTR MAMMOGRAPHY	21,944	9,165	1,369		499	942	1,525
043	RADIOISOTOPE	10,209	1,973	456		166		91
043	01 MAGNETIC RESONANCE IMAGIN	23,206	7,580	453		346	1,516	217
043	02 ULTRA SOUND	5,693	10,587	342		357		228
044	LABORATORY	35,122		1,369				52
046	WHOLE BLOOD & PACKED RED	4,729	178	228		334	5,255	
048	INTRAVENOUS THERAPY	3,610		1,106		641	13,170	31
048	01 HOME IV THERAPY	12,512		505		280	2,443	189
049	RESPIRATORY THERAPY	39,638		1,323		2,290	2,342	2,968
050	PHYSICAL THERAPY	30,911	3,914	913		918		163
051	OCCUPATIONAL THERAPY	15,430		74		395		34
052	SPEECH PATHOLOGY	9,251		456		148		24
053	01 CARDIAC CATHETERIZATION L	26,343	1,372	2,406		780	7,004	11,330
053	02 CARDIAC REHAB	21,543	3,902	456		139	2,479	28
055	MEDICAL SUPPLIES CHARGED							357,373
056	DRUGS CHARGED TO PATIENTS							
059	O/P ONCOLOGY CARE	10,752	1,587	448		210	4,610	26
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060	01 DIABETIC EDUCATION	6,282		211		131	7	29
060	03 WOMENS SERVICES	27,870	228	763		235	2,573	323
061	EMERGENCY	127,395	68,372	15,689		3,559	42,041	2,719
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
066	DURABLE MEDICAL EQUIP-REN					1,132		1,411
067	DURABLE MEDICAL EQUIP-SOL							
071	HOME HEALTH AGENCY	58,917	65	2,668			34,185	553
	SPEC PURPOSE COST CENTERS							
093	HOSPICE							
095	SUBTOTALS	2,418,740	529,653	136,569	374,509	51,690	489,983	435,555
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
098	PHYSICIANS' PRIVATE OFFIC	139,480	14,318					5,430
100	OUTPATIENT PHARMACY	4,050		456		243		123
100	01 HOME CARE PERSONNEL	11,807		477		1,397		58
100	02 PSYCH PHYSICIANS					277		232
100	03 MARKETING	6,761		228		148		227
100	04 COMMUNITY	16,885		895		545		911
100	05 WOMENS BOUTIQUE	6,372				31		1
100	06 OUTSIDE LAUNDRY							
100	07 MOB	425,137		16,428		200		
100	08 WOMEN'S SERVICES							
100	09 CARDIOVASCULAR CLINIC	11,949		913		198		222
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	3,041,181	543,971	155,966	374,509	54,729	489,983	442,759

	COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		16	17	18	24	25	26	27
003	GENERAL SERVICE COST CNTR							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
006	01 ADMITTING							
006	02 OTHER ADMINISTRATIVE AND							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
011	DIETARY							
012	CAFETERIA							
014	NURSING ADMINISTRATION							
015	CENTRAL SERVICES & SUPPLY							
016	PHARMACY	178,320						
017	MEDICAL RECORDS & LIBRARY		280,263					
018	SOCIAL SERVICE			37,177				
024	PARAMED ED PRGM				26,968			
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS		35,393	32,169		4,797,233		4,797,233
026	INTENSIVE CARE UNIT		8,294	1,500		583,576		583,576
026	01 NEONATAL INTENSIVE CARE U		773			109,539		109,539
031	SUBPROVIDER		1,624			315,316		315,316
031	01 REHAB UNIT		2,448			341,206		341,206
033	NURSERY		993	3,508		363,329		363,329
034	SKILLED NURSING FACILITY							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM		38,643			2,687,339		2,687,339
037	01 O/P SURG & ENDOSCOPY		3,472			387,533		387,533
038	RECOVERY ROOM		3,060			223,291		223,291
039	DELIVERY ROOM & LABOR ROO		1,435			477,318		477,318
040	ANESTHESIOLOGY		4,454			144,718		144,718
041	RADIOLOGY-DIAGNOSTIC		6,138			2,956,637		2,956,637
041	01 CAT SCAN		16,980			266,457		266,457
041	02 SPECIAL PROCEDURES		3,197			503,386		503,386
041	03 RADIOLOGY-ONCOLOGY		4,815			645,206		645,206
041	04 BREAST CTR MAMMOGRAPHY		2,170			155,849		155,849
043	RADIOISOTOPE		2,779			64,670		64,670
043	01 MAGNETIC RESONANCE IMAGIN		6,880			875,222		875,222
043	02 ULTRA SOUND		2,775			190,828		190,828
044	LABORATORY		22,198			411,201		411,201
046	WHOLE BLOOD & PACKED RED		4,321			100,940		100,940
048	INTRAVENOUS THERAPY		2,311			62,061		62,061
048	01 HOME IV THERAPY		1,638			90,524		90,524
049	RESPIRATORY THERAPY		9,939			656,884		656,884
050	PHYSICAL THERAPY		1,945			163,821		163,821
051	OCCUPATIONAL THERAPY		1,088			92,711		92,711
052	SPEECH PATHOLOGY		325			52,694		52,694
053	01 CARDIAC CATHETERIZATION L		22,390			956,387		956,387
053	02 CARDIAC REHAB		433			109,217		109,217
055	MEDICAL SUPPLIES CHARGED		21,448			851,571		851,571
056	DRUGS CHARGED TO PATIENTS	178,320	30,420			395,952		395,952
059	O/P ONCOLOGY CARE		398			54,170		54,170
060	OUTPAT SERVICE COST CNTRS							
060	01 CLINIC							
060	01 DIABETIC EDUCATION		2,100			56,787		56,787
060	03 WOMENS SERVICES		481			195,967		195,967
061	EMERGENCY		9,626			922,016		922,016
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
066	DURABLE MEDICAL EQUIP-REN		2,879			346,390		346,390
067	DURABLE MEDICAL EQUIP-SOL							
071	HOME HEALTH AGENCY					369,920		369,920
	SPEC PURPOSE COST CENTERS							
093	HOSPICE							
095	SUBTOTALS	178,320	280,263	37,177		21,977,866		21,977,866
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
098	PHYSICIANS' PRIVATE OFFIC					1,214,831		1,214,831
100	OUTPATIENT PHARMACY					84,532		84,532
100	01 HOME CARE PERSONNEL					65,823		65,823
100	02 PSYCH PHYSICIANS					47,350		47,350
100	03 MARKETING					92,221		92,221
100	04 COMMUNITY					83,015		83,015
100	05 WOMENS BOUTIQUE					25,689		25,689
100	06 OUTSIDE LAUNDRY					5,415		5,415
100	07 MOB					1,491,868		1,491,868
100	08 WOMEN'S SERVICES					1,952		1,952
100	09 CARDIOVASCULAR CLINIC					62,577		62,577
101	CROSS FOOT ADJUSTMENTS				26,968	26,968		26,968
102	NEGATIVE COST CENTER							
103	TOTAL	178,320	280,263	37,177	26,968	25,180,107		25,180,107

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER  
 DESCRIPTION

003 GENERAL SERVICE COST CNTR  
 004 NEW CAP REL COSTS-BLDG &  
 005 NEW CAP REL COSTS-MVBLE E  
 006 EMPLOYEE BENEFITS  
 006 01 ADMITTING  
 006 02 OTHER ADMINISTRATIVE AND  
 008 OPERATION OF PLANT  
 009 LAUNDRY & LINEN SERVICE  
 010 HOUSEKEEPING  
 011 DIETARY  
 012 CAFETERIA  
 014 NURSING ADMINISTRATION  
 015 CENTRAL SERVICES & SUPPLY  
 016 PHARMACY  
 017 MEDICAL RECORDS & LIBRARY  
 018 SOCIAL SERVICE  
 024 PARAMED ED PRGM  
 INPAT ROUTINE SRVC CNTRS  
 025 ADULTS & PEDIATRICS  
 026 INTENSIVE CARE UNIT  
 026 01 NEONATAL INTENSIVE CARE U  
 031 SUBPROVIDER  
 031 01 REHAB UNIT  
 033 NURSERY  
 034 SKILLED NURSING FACILITY  
 ANCILLARY SRVC COST CNTRS  
 037 OPERATING ROOM  
 037 01 O/P SURG & ENDOSCOPY  
 038 RECOVERY ROOM  
 039 DELIVERY ROOM & LABOR ROO  
 040 ANESTHESIOLOGY  
 041 RADIOLOGY-DIAGNOSTIC  
 041 01 CAT SCAN  
 041 02 SPECIAL PROCEDURES  
 041 03 RADIOLOGY-ONCOLOGY  
 041 04 BREAST CTR MAMMOGRAPHY  
 043 RADIOISOTOPE  
 043 01 MAGNETIC RESONANCE IMAGIN  
 043 02 ULTRA SOUND  
 044 LABORATORY  
 046 WHOLE BLOOD & PACKED RED  
 048 INTRAVENOUS THERAPY  
 048 01 HOME IV THERAPY  
 049 RESPIRATORY THERAPY  
 050 PHYSICAL THERAPY  
 051 OCCUPATIONAL THERAPY  
 052 SPEECH PATHOLOGY  
 053 01 CARDIAC CATHETERIZATION L  
 053 02 CARDIAC REHAB  
 055 MEDICAL SUPPLIES CHARGED  
 056 DRUGS CHARGED TO PATIENTS  
 059 O/P ONCOLOGY CARE  
 OUTPAT SERVICE COST CNTRS  
 060 CLINIC  
 060 01 DIABETIC EDUCATION  
 060 03 WOMENS SERVICES  
 061 EMERGENCY  
 062 OBSERVATION BEDS (NON-DIS  
 OTHER REIMBURS COST CNTRS  
 066 DURABLE MEDICAL EQUIP-REN  
 067 DURABLE MEDICAL EQUIP-SOL  
 071 HOME HEALTH AGENCY  
 SPEC PURPOSE COST CENTERS  
 093 HOSPICE  
 095 SUBTOTALS  
 NONREIMBURS COST CENTERS  
 096 GIFT, FLOWER, COFFEE SHOP  
 098 PHYSICIANS' PRIVATE OFFIC  
 100 OUTPATIENT PHARMACY  
 100 01 HOME CARE PERSONNEL  
 100 02 PSYCH PHYSICIANS  
 100 03 MARKETING  
 100 04 COMMUNITY  
 100 05 WOMENS BOUTIQUE  
 100 06 OUTSIDE LAUNDRY  
 100 07 MOB  
 100 08 WOMEN'S SERVICES  
 100 09 CARDIOVASCULAR CLINIC  
 101 CROSS FOOT ADJUSTMENTS  
 102 NEGATIVE COST CENTER  
 103 TOTAL

COST CENTER DESCRIPTION		NEW CAP REL C (SQUARE FEET)	NEW CAP REL C (DEPRECIATION )	EMPLOYEE BENE SALARIES )	ADMITTING ( REVENUE )	RECONCILI- IATION	OTHER ADMI NI S TRATI VE AND ( ACCUM COST )
		3	4	5	6.01	6a.02	6.02
003	GENERAL SERVICE COST						
004	NEW CAP REL COSTS-BLD	635,621					
005	NEW CAP REL COSTS-MVB		11,576,910				
006	EMPLOYEE BENEFITS	2,358	22,452	93,436,018			
006	01 ADMITTING	6,827	87,277	2,423,557	369,869,939		
006	02 OTHER ADMINISTRATIVE	29,522	2,752,835	7,502,987		-24,984,324	209,544,614
008	OPERATION OF PLANT	126,827	674,138	1,360,840			8,941,859
009	LAUNDRY & LINEN SERVI	13,139	160,095	549,643			2,179,195
010	HOUSEKEEPING	3,975	9,836	1,607,666			2,770,710
011	DIETARY	10,103	76,241	1,274,253			2,553,648
012	CAFETERIA	1,725	2,843	844,812			596,247
014	NURSING ADMINISTRATIO	2,664	218,220	4,828,358			6,906,305
015	CENTRAL SERVICES & SU	11,048	117,575	591,771			1,377,477
016	PHARMACY	2,311	34,160	2,780,034			3,642,127
017	MEDICAL RECORDS & LIB	4,326	95,370	1,954,292			2,792,606
018	SOCIAL SERVICE	668	1,420	738,757			956,714
024	PARAMED PRGM	250	12,318	137,208			191,050
025	INPAT ROUTINE SRVC CN						
025	ADULTS & PEDIATRICS	109,322	754,745	15,518,617	54,217,313		24,663,575
026	INTENSIVE CARE UNIT	11,283	46,177	3,966,536	13,596,622		5,920,141
026	01 NEONATAL INTENSIVE CA	2,330	16,459	543,323	1,266,964		820,430
031	SUBPROVIDER	10,912	8,773	948,820	2,662,676		1,505,478
031	01 REHAB UNIT	9,500	19,350	1,193,571	4,013,658		1,914,480
033	NURSERY	8,491	89,056	755,086	1,627,627		1,551,371
034	SKILLED NURSING FACIL						
037	ANCILLARY SRVC COST C						
037	OPERATING ROOM	44,372	979,774	4,579,068	63,463,818		11,210,871
037	01 O/P SURG & ENDOSCOPY	8,156	92,969	1,251,438	5,691,922		2,113,964
038	RECOVERY ROOM	3,922	46,501	1,119,354	5,017,032		1,713,299
039	DELIVERY ROOM & LABOR	10,499	138,309	820,125	2,352,834		1,579,459
040	ANESTHESIOLOGY	570	83,624	32,275	7,301,592		628,438
041	RADIOLOGY-DIAGNOSTIC	11,448	1,942,883	1,822,573	10,062,445		5,868,724
041	01 CAT SCAN	1,183	118,237	788,198	27,836,180		2,112,821
041	02 SPECIAL PROCEDURES	2,155	302,716	484,286	5,240,331		1,929,466
041	03 RADIOLOGY-ONCOLOGY	13,571	203,294	1,217,369	7,894,254		2,799,036
041	04 BREAST CTR MAMMOGRAPH	3,392	26,292	555,763	3,556,759		1,439,587
043	RADIOISOTOPE	1,578	2,275	235,031	4,555,632		945,588
043	01 MAGNETIC RESONANCE IM	3,587	555,338	459,902	11,277,998		1,998,703
043	02 ULTRA SOUND	880	102,464	489,131	4,548,835		962,035
044	LABORATORY	5,429	6,514		36,389,460		12,133,914
046	WHOLE BLOOD & PACKED	731	11,526	370,459	7,083,512		2,799,624
048	INTRAVENOUS THERAPY	558	4,957	922,312	603,389		1,275,149
048	01 HOME IV THERAPY	1,934	9,045	565,637	2,685,748		1,476,144
049	RESPIRATORY THERAPY	6,127	297,357	2,898,386	16,293,425		5,041,402
050	PHYSICAL THERAPY	4,778	12,039	1,101,269	3,188,362		1,637,785
051	OCCUPATIONAL THERAPY	2,385	16,862	504,469	1,783,773		759,213
052	SPEECH PATHOLOGY	1,430	10,376	193,696	533,199		309,844
053	01 CARDIAC CATHETERIZATI	4,072	548,713	1,030,935	36,705,341		3,796,607
053	02 CARDIAC REHAB	3,330	16,553	163,926	709,030		305,498
055	MEDICAL SUPPLIES CHAR						24,171,699
056	DRUGS CHARGED TO PATI						9,572,165
059	O/P ONCOLOGY CARE	1,662	763	261,531	1,635,503		412,558
060	OUTPAT SERVICE COST C						
060	CLINIC						
060	01 DIABETIC EDUCATION	971	16,908	186,414	3,442,217		428,208
060	03 WOMENS SERVICES	4,308	64,141	223,861			591,932
061	EMERGENCY	19,692	167,101	3,539,024	17,913,195		5,726,507
062	OBSERVATION BEDS (NON						
066	OTHER REIMBURS COST C						
067	DURABLE MEDICAL EQUIP		214,697	971,756	4,719,293		2,764,942
071	DURABLE MEDICAL EQUIP						
071	HOME HEALTH AGENCY	9,107	21,890	3,509,772			5,127,737
093	SPEC PURPOSE COST CEN						
093	HOSPICE						
095	SUBTOTALS	539,408	11,213,458	79,818,091	369,869,939	-24,984,324	182,916,332
096	NONREIMBURS COST CENT						
098	GIFT, FLOWER, COFFEE						
098	PHYSICIANS' PRIVATE O	21,560	302,577	9,921,353			16,023,169
100	OUTPATIENT PHARMACY	626		308,677			3,563,244
100	01 HOME CARE PERSONNEL	1,825	1,654	751,402			1,070,616
100	02 PSYCH PHYSICIANS		5,812	1,373,632			1,952,892
100	03 MARKETING	1,045	46,266	22,967			383,633
100	04 COMMUNITY	2,610	695	615,947			1,112,998
100	05 WOMENS BOUTIQUE	985	577	20,174			161,837
100	06 OUTSIDE LAUNDRY			202,531			269,518
100	07 MOB	65,715	280	98,842			1,329,438
100	08 WOMEN'S SERVICES			73,000			97,145
100	09 CARDIOVASCULAR CLINIC	1,847	5,591	229,402			663,792
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	9,901,254	15,278,853	30,904,014	4,779,192		24,984,324
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	15.577292		.330751			
105	COST TO BE ALLOCATED (WRKSHT B, PART II)		1.319770		.012921		.119232
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107	COST TO BE ALLOCATED (WRKSHT B, PART III)			66,362	223,253		4,098,304
108	UNIT COST MULTIPLIER			.000710			

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG & (SQUARE FEET	NEW CAP REL C OSTS-MVBLE E (DEPRECIATION )	EMPLOYEE BENE ADMITTING FITS (GROSS SALARIES	(REVENUE	RECONCILL- IATION	OTHER ADMINIS TRATIVE AND (ACCUM COST
	3	4	5	6.01	6a.02	6.02
NONREIMBURS COST CENT (WRKSHT B, PT III)				.000604		.019558

COST CENTER DESCRIPTION	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (HRS)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)
	8	9	10	11	12	14	15
003 GENERAL SERVICE COST							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
01 ADMITTING							
02 OTHER ADMINISTRATIVE							
008 OPERATION OF PLANT	470,087						
009 LAUNDRY & LINEN SERVI	13,139	1,316,275					
010 HOUSEKEEPING	3,975	43	88,862				
011 DIETARY	10,103		172	172,858			
012 CAFETERIA	1,725		390		119,876		
014 NURSING ADMINISTRATIO	2,664		325		9,154	924,015	
015 CENTRAL SERVICES & SU	11,048	32,342	1,430		1,704		31,407,775
016 PHARMACY	2,311		650		4,426		419,830
017 MEDICAL RECORDS & LIB	4,326		432		4,706		7,818
018 SOCIAL SERVICE	658		213		1,597		6,390
024 PARAMED ED PRGM	250		42		287	276	75,043
025 INPAT ROUTINE SRVC CN							
026 ADULTS & PEDIATRCS	109,322	514,209	31,829	138,240	30,043	390,434	608,346
026 INTENSIVE CARE UNIT	11,283	99,790	2,980	13,869	6,723	104,771	150,881
026 01 NEONATAL INTENSIVE CA	2,330	17,999	572		848	17,589	22,839
031 SUBPROVIDER	10,912	21,966	2,132	7,384	1,728		14,789
031 01 REHAB UNIT	9,500	41,181	2,132	13,365	2,045	22,744	24,878
033 NURSERY	8,491	21,788	2,326		1,069	15,831	18,866
034 SKILLED NURSING FACIL							
037 ANCILLARY SRVC COST C							
037 01 OPERATING ROOM	44,372	97,212	8,123		8,509	58,167	1,950,910
037 01 O/P SURG & ENDOSCOPY	8,156	37,332	1,282		2,131	31,841	24,325
038 RECOVERY ROOM	3,922	41,634	802		1,846	29,329	3,557
039 DELIVERY ROOM & LABOR	10,499	30,135	2,426		1,476	20,852	38,429
040 ANESTHESIOLOGY	570		130		100		23,780
041 RADIOLOGY-DIAGNOSTIC	11,448	18,341	390		4,012	2,012	44,820
041 01 CAT SCAN	1,183	18,341	195		1,366		7,681
041 02 SPECIAL PROCEDURES	2,155	4,773	260		663	3,722	511,604
041 03 RADIOLOGY-ONCOLOGY	13,571	20,977	780		1,273	2,657	34,859
041 04 BREAST CTR MAMMOGRAPH	3,392	22,178	780		1,094	1,776	108,193
043 RADIOISOTOPE	1,578	4,773	260		364		6,462
043 01 MAGNETIC RESONANCE IM	3,587	18,341	258		757	2,859	15,416
043 02 ULTRA SOUND	880	25,619	195		783		16,204
044 LABORATORY	5,429		780				3,699
046 WHOLE BLOOD & PACKED	731	431	130		732	9,910	
048 INTRAVENOUS THERAPY	558		630		1,405	24,837	2,227
048 01 HOME IV THERAPY	1,934		288		613	4,607	13,378
049 RESPIRATORY THERAPY	6,127		754		5,015	4,417	210,506
050 PHYSICAL THERAPY	4,778	9,471	520		2,010		11,546
051 OCCUPATIONAL THERAPY	2,385		42		865		2,384
052 SPEECH PATHOLOGY	1,430		260		324		1,671
053 01 CARDIAC CATHETERIZATI	4,072	3,319	1,371		1,709	13,208	803,684
053 02 CARDIAC REHAB	3,330	9,441	260		304	4,674	2,001
055 MEDICAL SUPPLIES CHAR							25,350,635
056 DRUGS CHARGED TO PATI							
059 O/P ONCOLOGY CARE	1,662	3,840	255		461	8,694	1,822
060 OUTPAT SERVICE COST C							
060 01 CLINIC							
060 01 DIABETIC EDUCATION	971		120		287	13	2,088
060 03 WOMENS SERVICES	4,308	552	435		515	4,853	22,939
061 EMERGENCY	19,692	165,444	8,939		7,796	79,281	192,873
062 OBSERVATION BEDS (NON							
066 OTHER REIMBURS COST C							
067 DURABLE MEDICAL EQUIP					2,480		100,092
071 HOME HEALTH AGENCY	9,107	158	1,520			64,467	39,219
093 SPEC PURPOSE COST CEN							
095 HOSPICE							
096 SUBTOTALS	373,874	1,281,630	77,810	172,858	113,220	924,015	30,896,684
096 NONREIMBURS COST CENT							
098 GIFT, FLOWER, COFFEE							
100 PHYSICIANS' PRIVATE O	21,560	34,645					385,223
100 OUTPATIENT PHARMACY	626		260		533		8,698
100 01 HOME CARE PERSONNEL	1,825		272		3,059		4,126
100 02 PSYCH PHYSICIANS					606		16,464
100 03 MARKETING	1,045		130		325		16,113
100 04 COMMUNITY	2,610		510		1,193		64,646
100 05 WOMENS BOUTIQUE	985				68		56
100 06 OUTSIDE LAUNDRY							
100 07 MOB	65,715		9,360		438		
100 08 WOMEN'S SERVICES							
100 09 CARDIOVASCULAR CLINIC	1,847		520		434		15,765
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	10,008,015	2,718,750	3,185,783	3,079,381	718,046	7,852,958	1,905,201
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		2.065488		17.814512		8.498734	
(WRKSHT B, PT I)							
105 COST TO BE ALLOCATED	21.289708		35.850904		5.989906		.060660
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	3,041,181	543,971	155,966	374,509	54,729	489,983	442,759
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.413265		2.166570		.530276	

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:  
15-0018

PERIOD:  
FROM 1/1/2007  
TO 12/31/2007

PREPARED 5/27/2008  
WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION OF	LAUNDRY & LIN	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN	CENTRAL SERVI
	PLANT	EN SERVICE				ISTRATION	CES & SUPPLY
	(SQUARE FEET	(POUNDS OF LAUNDRY	(HOURS OF SERVICE	(MEALS SERVED	( HRS	(DIRECT NRSING HRS	(COSTED REQUIS.
	8	9	10	11	12	14	15
NONREIMBURS COST CENT (WRKSHT B, PT III)	6.469400		1.755148		.456547		.014097

COST CENTER DESCRIPTION	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DISCHARGES)	PARAMED ED PRGM (CPR STATS)
	16	17	18	24
GENERAL SERVICE COST				
003 NEW CAP REL COSTS-BLD				
004 NEW CAP REL COSTS-MVB				
005 EMPLOYEE BENEFITS				
006 01 ADMITTING				
006 02 OTHER ADMINISTRATIVE				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVI				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SU				
016 PHARMACY	100			
017 MEDICAL RECORDS & LIB		459,560,681		
018 SOCIAL SERVICE			12,389	
024 PARAMED ED PRGM				23
025 INPAT ROUTINE SRVC CN				
ADULTS & PEDIATRICS		58,020,625	10,720	6
026 INTENSIVE CARE UNIT		13,596,622	500	1
026 01 NEONATAL INTENSIVE CA		1,266,964		
031 SUBPROVIDER		2,662,976		
031 01 REHAB UNIT		4,013,658		
033 NURSERY		1,627,627	1,169	
034 SKILLED NURSING FACIL				
ANCILLARY SRVC COST C				
037 OPERATING ROOM		63,463,818		
037 01 O/P SURG & ENDOSCOPY		5,691,921		
038 RECOVERY ROOM		5,017,032		2
039 DELIVERY ROOM & LABOR		2,352,835		
040 ANESTHESIOLOGY		7,301,592		
041 RADIOLOGY-DIAGNOSTIC		10,062,445		1
041 01 CAT SCAN		27,836,180		
041 02 SPECIAL PROCEDURES		5,240,330		
041 03 RADIOLOGY-ONCOLOGY		7,894,255		
041 04 BREAST CTR MAMMOGRAPH		3,556,759		
043 RADIOISOTOPE		4,555,632		
043 01 MAGNETIC RESONANCE IM		11,277,999		
043 02 ULTRA SOUND		4,548,835		
044 LABORATORY		36,389,460		
046 WHOLE BLOOD & PACKED		7,083,511		
048 INTRAVENOUS THERAPY		3,787,940		
048 01 HOME IV THERAPY		2,685,748		
049 RESPIRATORY THERAPY		16,293,425		5
050 PHYSICAL THERAPY		3,188,362		
051 OCCUPATIONAL THERAPY		1,783,772		
052 SPEECH PATHOLOGY		533,199		
053 01 CARDIAC CATHETERIZATI		36,705,341		2
053 02 CARDIAC REHAB		709,030		
055 MEDICAL SUPPLIES CHAR		35,161,114		
056 DRUGS CHARGED TO PATI	100	49,869,422		
059 O/P ONCOLOGY CARE		653,016		
060 OUTPAT SERVICE COST C				
CLINIC				
060 01 DIABETIC EDUCATION		3,442,217		
060 03 WOMENS SERVICES		788,025		
061 EMERGENCY		15,780,001		6
062 OBSERVATION BEDS (NON				
OTHER REIMBURS COST C				
066 DURABLE MEDICAL EQUIP		4,719,293		
067 DURABLE MEDICAL EQUIP				
071 HOME HEALTH AGENCY				
SPEC PURPOSE COST CEN				
HOSPICE				
093 SUBTOTALS	100	459,560,681	12,389	23
NONREIMBURS COST CENT				
GIFT, FLOWER, COFFEE				
098 PHYSICIANS' PRIVATE O				
100 OUTPATIENT PHARMACY				
100 01 HOME CARE PERSONNEL				
100 02 PSYCH PHYSICIANS				
100 03 MARKETING				
100 04 COMMUNITY				
100 05 WOMENS BOUTIQUE				
100 06 OUTSIDE LAUNDRY				
100 07 MOB				
100 08 WOMEN'S SERVICES				
100 09 CARDIOVASCULAR CLINIC				
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 COST TO BE ALLOCATED	4,200,867	3,261,823	1,104,943	228,577
(PER WRKSHT B, PART				
UNIT COST MULTIPLIER		.007098		9,938.130435
(WRKSHT B, PT I)	42,008.670000		89.187424	
105 COST TO BE ALLOCATED				
(PER WRKSHT B, PART				
UNIT COST MULTIPLIER				
(WRKSHT B, PT II)				
107 COST TO BE ALLOCATED	178,320	280,263	37,177	26,968
(PER WRKSHT B, PART				
UNIT COST MULTIPLIER		.000610		1,172.521739

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:  
15-0018

PERIOD:  
FROM 1/1/2007  
TO 12/31/2007

PREPARED 5/27/2008  
WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DISCHARGES)	PARAMEDICAL (CPR STATS)	ED PRGM
NONREIMBURS COST CENT (WRKSHT B, PT III)	16 1,783.200000	17	18 3.000807	24	

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	39,560,069		39,560,069	27,673	39,587,742
26	INTENSIVE CARE UNIT	8,517,127		8,517,127	353	8,517,480
26 01	NEONATAL INTENSIVE CARE U	1,190,482		1,190,482		1,190,482
31	SUBPROVIDER	2,200,787		2,200,787		2,200,787
31 01	REHAB UNIT	2,980,125		2,980,125		2,980,125
33	NURSERY	2,303,410		2,303,410		2,303,410
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	15,098,223		15,098,223	1,396	15,099,619
37 01	O/P SURG & ENDOSCOPY	2,987,974		2,987,974		2,987,974
38	RECOVERY ROOM	2,431,843		2,431,843		2,431,843
39	DELIVERY ROOM & LABOR ROO	2,345,607		2,345,607		2,345,607
40	ANESTHESIOLOGY	774,032		774,032		774,032
41	RADIOLOGY-DIAGNOSTIC	6,989,265		6,989,265	1,181	6,990,446
41 01	CAT SCAN	2,641,026		2,641,026		2,641,026
41 02	SPECIAL PROCEDURES	2,328,412		2,328,412		2,328,412
41 03	RADIOLOGY-ONCOLOGY	3,581,340		3,581,340	264	3,581,604
41 04	BREAST CTR MAMMOGRAPHY	1,810,675		1,810,675		1,810,675
43	RADIOISOTOPE	1,146,015		1,146,015		1,146,015
43 01	MAGNETIC RESONANCE IMAGIN	2,470,329		2,470,329		2,470,329
43 02	ULTRA SOUND	1,193,343		1,193,343		1,193,343
44	LABORATORY	13,982,727		13,982,727		13,982,727
46	WHOLE BLOOD & PACKED RED	3,293,429		3,293,429		3,293,429
48	INTRAVENOUS THERAPY	1,708,175		1,708,175		1,708,175
48 01	HOME IV THERAPY	1,766,348		1,766,348		1,766,348
49	RESPIRATORY THERAPY	6,045,661		6,045,661	13,977	6,059,638
50	PHYSICAL THERAPY	2,008,358		2,008,358		2,008,358
51	OCCUPATIONAL THERAPY	920,004		920,004		920,004
52	SPEECH PATHOLOGY	392,379		392,379		392,379
53 01	CARDIAC CATHETERIZATION L	4,843,633		4,843,633	6,947	4,850,580
53 02	CARDIAC REHAB	488,337		488,337		488,337
55	MEDICAL SUPPLIES CHARGED	28,841,090		28,841,090		28,841,090
56	DRUGS CHARGED TO PATIENTS	15,268,313		15,268,313		15,268,313
59	O/P ONCOLOGY CARE	595,599		595,599		595,599
	OUTPAT SERVICE COST CNTRS CLINIC					
60 01	DIABETIC EDUCATION	530,627		530,627		530,627
60 03	WOMENS SERVICES	822,273		822,273		822,273
61	EMERGENCY	8,394,541		8,394,541	40,430	8,434,971
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	3,180,343		3,180,343		3,180,343
66	DURABLE MEDICAL EQUIP-REN	3,149,037		3,149,037		3,149,037
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	198,780,958		198,780,958	92,221	198,873,179
102	LESS OBSERVATION BEDS	3,180,343		3,180,343		3,180,343
103	TOTAL	195,600,615		195,600,615	92,221	195,692,836

WKST LINE NO.	A 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	54,176,499		54,176,499			
26	INTENSIVE CARE UNIT	13,596,622		13,596,622			
26	01 NEONATAL INTENSIVE CARE U	1,266,964		1,266,964			
31	SUBPROVIDER	2,662,676		2,662,676			
31	01 REHAB UNIT	4,013,658		4,013,658			
33	NURSERY	1,627,627		1,627,627			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	49,195,435	14,268,383	63,463,818	.237903	.237903	.237925
37	01 O/P SURG & ENDOSCOPY	1,093,507	4,598,414	5,691,921	.524950	.524950	.524950
38	RECOVERY ROOM	2,679,917	2,337,115	5,017,032	.484717	.484717	.484717
39	DELIVERY ROOM & LABOR ROO	2,091,828	261,007	2,352,835	.996928	.996928	.996928
40	ANESTHESIOLOGY	4,772,951	2,528,641	7,301,592	.106009	.106009	.106009
41	RADIOLOGY-DIAGNOSTIC	2,132,806	7,929,639	10,062,445	.694589	.694589	.694707
41	01 CAT SCAN	4,393,876	23,442,304	27,836,180	.094877	.094877	.094877
41	02 SPECIAL PROCEDURES	2,392,787	2,847,543	5,240,330	.444325	.444325	.444325
41	03 RADIOLOGY-ONCOLOGY	319,377	7,574,878	7,894,255	.453664	.453664	.453698
41	04 BREAST CTR MAMMOGRAPHY	15,544	3,541,215	3,556,759	.509080	.509080	.509080
43	RADIOISOTOPE	1,350,918	3,204,714	4,555,632	.251560	.251560	.251560
43	01 MAGNETIC RESONANCE IMAGIN	2,323,398	8,954,601	11,277,999	.219040	.219040	.219040
43	02 ULTRA SOUND	797,816	3,751,019	4,548,835	.262340	.262340	.262340
44	LABORATORY	16,819,895	19,569,565	36,389,460	.384252	.384252	.384252
46	WHOLE BLOOD & PACKED RED	5,323,670	1,759,841	7,083,511	.464943	.464943	.464943
48	INTRAVENOUS THERAPY	563,789	3,224,151	3,787,940	.450951	.450951	.450951
48	01 HOME IV THERAPY		2,685,748	2,685,748	.657675	.657675	.657675
49	RESPIRATORY THERAPY	9,461,538	6,831,887	16,293,425	.371049	.371049	.371907
50	PHYSICAL THERAPY	1,692,670	1,495,692	3,188,362	.629903	.629903	.629903
51	OCCUPATIONAL THERAPY	1,430,192	353,580	1,783,772	.515763	.515763	.515763
52	SPEECH PATHOLOGY	324,977	208,222	533,199	.735896	.735896	.735896
53	01 CARDIAC CATHETERIZATION L	21,690,386	15,014,955	36,705,341	.131960	.131960	.132149
53	02 CARDIAC REHAB	79,294	629,736	709,030	.688740	.688740	.688740
55	MEDICAL SUPPLIES CHARGED	24,446,141	10,714,973	35,161,114	.820255	.820255	.820255
56	DRUGS CHARGED TO PATIENTS	38,096,549	11,772,873	49,869,422	.306166	.306166	.306166
59	O/P ONCOLOGY CARE	25,012	628,004	653,016	.912074	.912074	.912074
60	OUTPAT SERVICE COST CNTRS CLINIC						
60	01 DIABETIC EDUCATION	3,220,920	221,297	3,442,217	.154153	.154153	.154153
60	03 WOMENS SERVICES		788,025	788,025	1.043461	1.043461	1.043461
61	EMERGENCY	2,215,202	13,564,799	15,780,001	.531973	.531973	.534536
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	334,320	3,509,806	3,844,126	.827325	.827325	.827325
66	DURABLE MEDICAL EQUIP-REN		4,719,293	4,719,293	.667269	.667269	.667269
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	276,628,761	182,931,920	459,560,681			
102	LESS OBSERVATION BEDS						
103	TOTAL	276,628,761	182,931,920	459,560,681			

COMPUTATION OF RATIO OF COSTS TO CHARGES  
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	39,560,069		39,560,069	27,673	39,587,742
26	INTENSIVE CARE UNIT	8,517,127		8,517,127	353	8,517,480
26 01	NEONATAL INTENSIVE CARE U	1,190,482		1,190,482		1,190,482
31	SUBPROVIDER	2,200,787		2,200,787		2,200,787
31 01	REHAB UNIT	2,980,125		2,980,125		2,980,125
33	NURSERY	2,303,410		2,303,410		2,303,410
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	15,098,223		15,098,223	1,396	15,099,619
37 01	O/P SURG & ENDOSCOPY	2,987,974		2,987,974		2,987,974
38	RECOVERY ROOM	2,431,843		2,431,843		2,431,843
39	DELIVERY ROOM & LABOR ROO	2,345,607		2,345,607		2,345,607
40	ANESTHESIOLOGY	774,032		774,032		774,032
41	RADIOLOGY-DIAGNOSTIC	6,989,265		6,989,265	1,181	6,990,446
41 01	CAT SCAN	2,641,026		2,641,026		2,641,026
41 02	SPECIAL PROCEDURES	2,328,412		2,328,412		2,328,412
41 03	RADIOLOGY-ONCOLOGY	3,581,340		3,581,340	264	3,581,604
41 04	BREAST CTR MAMMOGRAPHY	1,810,675		1,810,675		1,810,675
43	RADIOISOTOPE	1,146,015		1,146,015		1,146,015
43 01	MAGNETIC RESONANCE IMAGIN	2,470,329		2,470,329		2,470,329
43 02	ULTRA SOUND	1,193,343		1,193,343		1,193,343
44	LABORATORY	13,982,727		13,982,727		13,982,727
46	WHOLE BLOOD & PACKED RED	3,293,429		3,293,429		3,293,429
48	INTRAVENOUS THERAPY	1,708,175		1,708,175		1,708,175
48 01	HOME IV THERAPY	1,766,348		1,766,348		1,766,348
49	RESPIRATORY THERAPY	6,045,661		6,045,661	13,977	6,059,638
50	PHYSICAL THERAPY	2,008,358		2,008,358		2,008,358
51	OCCUPATIONAL THERAPY	920,004		920,004		920,004
52	SPEECH PATHOLOGY	392,379		392,379		392,379
53 01	CARDIAC CATHETERIZATION L	4,843,633		4,843,633	6,947	4,850,580
53 02	CARDIAC REHAB	488,337		488,337		488,337
55	MEDICAL SUPPLIES CHARGED	28,841,090		28,841,090		28,841,090
56	DRUGS CHARGED TO PATIENTS	15,268,313		15,268,313		15,268,313
59	O/P ONCOLOGY CARE	595,599		595,599		595,599
60	OUTPAT SERVICE COST CNTRS CLINIC					
60 01	DIABETIC EDUCATION	530,627		530,627		530,627
60 03	WOMENS SERVICES	822,273		822,273		822,273
61	EMERGENCY	8,394,541		8,394,541	40,430	8,434,971
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	3,180,343		3,180,343		3,180,343
66	DURABLE MEDICAL EQUIP-REN	3,149,037		3,149,037		3,149,037
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	198,780,958		198,780,958	92,221	198,873,179
102	LESS OBSERVATION BEDS	3,180,343		3,180,343		3,180,343
103	TOTAL	195,600,615		195,600,615	92,221	195,692,836

WKST LINE	A 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	54,176,499		54,176,499			
26		INTENSIVE CARE UNIT	13,596,622		13,596,622			
26	01	NEONATAL INTENSIVE CARE U	1,266,964		1,266,964			
31		SUBPROVIDER	2,662,676		2,662,676			
31	01	REHAB UNIT	4,013,658		4,013,658			
33		NURSERY	1,627,627		1,627,627			
34		SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	49,195,435	14,268,383	63,463,818	.237903	.237903	.237925
37	01	O/P SURG & ENDOSCOPY	1,093,507	4,598,414	5,691,921	.524950	.524950	.524950
38		RECOVERY ROOM	2,679,917	2,337,115	5,017,032	.484717	.484717	.484717
39		DELIVERY ROOM & LABOR ROO	2,091,828	261,007	2,352,835	.996928	.996928	.996928
40		ANESTHESIOLOGY	4,772,951	2,528,641	7,301,592	.106009	.106009	.106009
41		RADIOLOGY-DIAGNOSTIC	2,132,806	7,929,639	10,062,445	.694589	.694589	.694707
41	01	CAT SCAN	4,393,876	23,442,304	27,836,180	.094877	.094877	.094877
41	02	SPECIAL PROCEDURES	2,392,787	2,847,543	5,240,330	.444325	.444325	.444325
41	03	RADIOLOGY-ONCOLOGY	319,377	7,574,878	7,894,255	.453664	.453664	.453698
41	04	BREAST CTR MAMMOGRAPHY	15,544	3,541,215	3,556,759	.509080	.509080	.509080
43		RADIOISOTOPE	1,350,918	3,204,714	4,555,632	.251560	.251560	.251560
43	01	MAGNETIC RESONANCE IMAGIN	2,323,398	8,954,601	11,277,999	.219040	.219040	.219040
43	02	ULTRA SOUND	797,816	3,751,019	4,548,835	.262340	.262340	.262340
44		LABORATORY	16,819,895	19,569,565	36,389,460	.384252	.384252	.384252
46		WHOLE BLOOD & PACKED RED	5,323,670	1,759,841	7,083,511	.464943	.464943	.464943
48		INTRAVENOUS THERAPY	563,789	3,224,151	3,787,940	.450951	.450951	.450951
48	01	HOME IV THERAPY		2,685,748	2,685,748	.657675	.657675	.657675
49		RESPIRATORY THERAPY	9,461,538	6,831,887	16,293,425	.371049	.371049	.371907
50		PHYSICAL THERAPY	1,692,670	1,495,692	3,188,362	.629903	.629903	.629903
51		OCCUPATIONAL THERAPY	1,430,192	353,580	1,783,772	.515763	.515763	.515763
52		SPEECH PATHOLOGY	324,977	208,222	533,199	.735896	.735896	.735896
53	01	CARDIAC CATHETERIZATION L	21,690,386	15,014,955	36,705,341	.131960	.131960	.132149
53	02	CARDIAC REHAB	79,294	629,736	709,030	.688740	.688740	.688740
55		MEDICAL SUPPLIES CHARGED	24,446,141	10,714,973	35,161,114	.820255	.820255	.820255
56		DRUGS CHARGED TO PATIENTS	38,096,549	11,772,873	49,869,422	.306166	.306166	.306166
59		O/P ONCOLOGY CARE	25,012	628,004	653,016	.912074	.912074	.912074
60		OUTPAT SERVICE COST CNTRS CLINIC						
60	01	DIABETIC EDUCATION	3,220,920	221,297	3,442,217	.154153	.154153	.154153
60	03	WOMENS SERVICES		788,025	788,025	1.043461	1.043461	1.043461
61		EMERGENCY	2,215,202	13,564,799	15,780,001	.531973	.531973	.534536
62		OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	334,320	3,509,806	3,844,126	.827325	.827325	.827325
66		DURABLE MEDICAL EQUIP-REN		4,719,293	4,719,293	.667269	.667269	.667269
67		DURABLE MEDICAL EQUIP-SOL						
101		SUBTOTAL	276,628,761	182,931,920	459,560,681			
102		LESS OBSERVATION BEDS						
103		TOTAL	276,628,761	182,931,920	459,560,681			

WKST LINE	A NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B. PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37		ANCILLARY SRVC COST CNTRS						
		OPERATING ROOM	15,098,223	2,687,339	12,410,884			15,098,223
37	01	O/P SURG & ENDOSCOPY	2,987,974	387,533	2,600,441			2,987,974
38		RECOVERY ROOM	2,431,843	223,291	2,208,552			2,431,843
39		DELIVERY ROOM & LABOR ROO	2,345,607	477,318	1,868,289			2,345,607
40		ANESTHESIOLOGY	774,032	144,718	629,314			774,032
41		RADIOLOGY-DIAGNOSTIC	6,989,265	2,956,637	4,032,628			6,989,265
41	01	CAT SCAN	2,641,026	266,457	2,374,569			2,641,026
41	02	SPECIAL PROCEDURES	2,328,412	503,386	1,825,026			2,328,412
41	03	RADIOLOGY-ONCOLOGY	3,581,340	645,206	2,936,134			3,581,340
41	04	BREAST CTR MAMMOGRAPHY	1,810,675	155,849	1,654,826			1,810,675
43		RADIOISOTOPE	1,146,015	64,670	1,081,345			1,146,015
43	01	MAGNETIC RESONANCE IMAGIN	2,470,329	875,222	1,595,107			2,470,329
43	02	ULTRA SOUND	1,193,343	190,828	1,002,515			1,193,343
44		LABORATORY	13,982,727	411,201	13,571,526			13,982,727
46		WHOLE BLOOD & PACKED RED	3,293,429	100,940	3,192,489			3,293,429
48		INTRAVENOUS THERAPY	1,708,175	62,061	1,646,114			1,708,175
48	01	HOME IV THERAPY	1,766,348	90,524	1,675,824			1,766,348
49		RESPIRATORY THERAPY	6,045,661	656,884	5,388,777			6,045,661
50		PHYSICAL THERAPY	2,008,358	163,821	1,844,537			2,008,358
51		OCCUPATIONAL THERAPY	920,004	92,711	827,293			920,004
52		SPEECH PATHOLOGY	392,379	52,694	339,685			392,379
53	01	CARDIAC CATHETERIZATION L	4,843,633	956,387	3,887,246			4,843,633
53	02	CARDIAC REHAB	488,337	109,217	379,120			488,337
55		MEDICAL SUPPLIES CHARGED	28,841,090	851,571	27,989,519			28,841,090
56		DRUGS CHARGED TO PATIENTS	15,268,313	395,952	14,872,361			15,268,313
59		O/P ONCOLOGY CARE	595,599	54,170	541,429			595,599
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	DIABETIC EDUCATION	530,627	56,787	473,840			530,627
60	03	WOMENS SERVICES	822,273	195,967	626,306			822,273
61		EMERGENCY	8,394,541	922,016	7,472,525			8,394,541
62		OBSERVATION BEDS (NON-DIS	3,180,343	385,394	2,794,949			3,180,343
		OTHER REIMBURS COST CNTRS						
66		DURABLE MEDICAL EQUIP-REN	3,149,037	346,390	2,802,647			3,149,037
67		DURABLE MEDICAL EQUIP-SOL						
101		SUBTOTAL	142,028,958	15,483,141	126,545,817			142,028,958
102		LESS OBSERVATION BEDS	3,180,343	385,394	2,794,949			3,180,343
103		TOTAL	138,848,615	15,097,747	123,750,868			138,848,615

WKST A	COST CENTER	DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
LINE NO.			7	8	9
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	63,463,818	.237903	.237903
37	01	O/P SURG & ENDOSCOPY	5,691,921	.524950	.524950
38		RECOVERY ROOM	5,017,032	.484717	.484717
39		DELIVERY ROOM & LABOR ROO	2,352,835	.996928	.996928
40		ANESTHESIOLOGY	7,301,592	.106009	.106009
41		RADIOLOGY-DIAGNOSTIC	10,062,445	.694589	.694589
41	01	CAT SCAN	27,836,180	.094877	.094877
41	02	SPECIAL PROCEDURES	5,240,330	.444325	.444325
41	03	RADIOLOGY-ONCOLOGY	7,894,255	.453664	.453664
41	04	BREAST CTR MAMMOGRAPHY	3,556,759	.509080	.509080
43		RADIOISOTOPE	4,555,632	.251560	.251560
43	01	MAGNETIC RESONANCE IMAGIN	11,277,999	.219040	.219040
43	02	ULTRA SOUND	4,548,835	.262340	.262340
44		LABORATORY	36,389,460	.384252	.384252
46		WHOLE BLOOD & PACKED RED	7,083,511	.464943	.464943
48		INTRAVENOUS THERAPY	3,787,940	.450951	.450951
48	01	HOME IV THERAPY	2,685,748	.657675	.657675
49		RESPIRATORY THERAPY	16,293,425	.371049	.371049
50		PHYSICAL THERAPY	3,188,362	.629903	.629903
51		OCCUPATIONAL THERAPY	1,783,772	.515763	.515763
52		SPEECH PATHOLOGY	533,199	.735896	.735896
53	01	CARDIAC CATHETERIZATION L	36,705,341	.131960	.131960
53	02	CARDIAC REHAB	709,030	.688740	.688740
55		MEDICAL SUPPLIES CHARGED	35,161,114	.820255	.820255
56		DRUGS CHARGED TO PATIENTS	49,869,422	.306166	.306166
59		O/P ONCOLOGY CARE	653,016	.912074	.912074
60		OUTPAT SERVICE COST CNTRS			
60		CLINIC			
60	01	DIABETIC EDUCATION	3,442,217	.154153	.154153
60	03	WOMENS SERVICES	788,025	1.043461	1.043461
61		EMERGENCY	15,780,001	.531973	.531973
62		OBSERVATION BEDS (NON-DIS	3,844,126	.827325	.827325
		OTHER REIMBURS COST CNTRS			
66		DURABLE MEDICAL EQUIP-REN	4,719,293	.667269	.667269
67		DURABLE MEDICAL EQUIP-SOL			
101		SUBTOTAL	382,216,635		
102		LESS OBSERVATION BEDS	3,844,126		
103		TOTAL	378,372,509		

WKST LINE	A NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B. PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37		ANCILLARY SRVC COST CNTRS						
37	01	OPERATING ROOM	15,098,223	2,687,339	12,410,884	268,734	719,831	14,109,658
38		O/P SURG & ENDOSCOPY	2,987,974	387,533	2,600,441	38,753	150,826	2,798,395
38		RECOVERY ROOM	2,431,843	223,291	2,208,552	22,329	128,096	2,281,418
39		DELIVERY ROOM & LABOR ROO	2,345,607	477,318	1,868,289	47,732	108,361	2,189,514
40		ANESTHESIOLOGY	774,032	144,718	629,314	14,472	36,500	723,060
41		RADIOLOGY-DIAGNOSTIC	6,989,265	2,956,637	4,032,628	295,664	233,892	6,459,709
41	01	CAT SCAN	2,641,026	266,457	2,374,569	26,646	137,725	2,476,655
41	02	SPECIAL PROCEDURES	2,328,412	503,386	1,825,026	50,339	105,852	2,172,221
41	03	RADIOLOGY-ONCOLOGY	3,581,340	645,206	2,936,134	64,521	170,296	3,346,523
41	04	BREAST CTR MAMMOGRAPHY	1,810,675	155,849	1,654,826	15,585	95,980	1,699,110
43		RADIOISOTOPE	1,146,015	64,670	1,081,345	6,467	62,718	1,076,830
43	01	MAGNETIC RESONANCE IMAGIN	2,470,329	875,222	1,595,107	87,522	92,516	2,290,291
43	02	ULTRA SOUND	1,193,343	190,828	1,002,515	19,083	58,146	1,116,114
44		LABORATORY	13,982,727	411,201	13,571,526	41,120	787,149	13,154,458
46		WHOLE BLOOD & PACKED RED	3,293,429	100,940	3,192,489	10,094	185,164	3,098,171
48		INTRAVENOUS THERAPY	1,708,175	62,061	1,646,114	6,206	95,475	1,606,494
48	01	HOME IV THERAPY	1,766,348	90,524	1,675,824	9,052	97,198	1,660,098
49		RESPIRATORY THERAPY	6,045,661	656,884	5,388,777	65,688	312,549	5,667,424
50		PHYSICAL THERAPY	2,008,358	163,821	1,844,537	16,382	106,983	1,884,993
51		OCCUPATIONAL THERAPY	920,004	92,711	827,293	9,271	47,983	862,750
52		SPEECH PATHOLOGY	392,379	52,694	339,685	5,269	19,702	367,408
53	01	CARDIAC CATHETERIZATION L	4,843,633	956,387	3,887,246	95,639	225,460	4,522,534
53	02	CARDIAC REHAB	488,337	109,217	379,120	10,922	21,989	455,426
55		MEDICAL SUPPLIES CHARGED	28,841,090	851,571	27,989,519	85,157	1,623,392	27,132,541
56		DRUGS CHARGED TO PATIENTS	15,268,313	395,952	14,872,361	39,595	862,597	14,366,121
59		O/P ONCOLOGY CARE	595,599	54,170	541,429	5,417	31,403	558,779
60		OUTPAT SERVICE COST CNTRS CLINIC						
60	01	DIABETIC EDUCATION	530,627	56,787	473,840	5,679	27,483	497,465
60	03	WOMENS SERVICES	822,273	195,967	626,306	19,597	36,326	766,350
61		EMERGENCY	8,394,541	922,016	7,472,525	92,202	433,406	7,868,933
62		OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	3,180,343	385,394	2,794,949	38,539	162,107	2,979,697
66		DURABLE MEDICAL EQUIP-REN	3,149,037	346,390	2,802,647	34,639	162,554	2,951,844
67		DURABLE MEDICAL EQUIP-SOL						
101		SUBTOTAL	142,028,958	15,483,141	126,545,817	1,548,315	7,339,659	133,140,984
102		LESS OBSERVATION BEDS	3,180,343	385,394	2,794,949	38,539	162,107	2,979,697
103		TOTAL	138,848,615	15,097,747	123,750,868	1,509,776	7,177,552	130,161,287

WKST LINE	A NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
			7	8	9
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	63,463,818	.222326	.233668
37	01	O/P SURG & ENDOSCOPY	5,691,921	.491643	.518142
38		RECOVERY ROOM	5,017,032	.454735	.480267
39		DELIVERY ROOM & LABOR ROO	2,352,835	.930585	.976641
40		ANESTHESIOLOGY	7,301,592	.099028	.104027
41		RADIOLOGY-DIAGNOSTIC	10,062,445	.641962	.665206
41	01	CAT SCAN	27,836,180	.088973	.093920
41	02	SPECIAL PROCEDURES	5,240,330	.414520	.434719
41	03	RADIOLOGY-ONCOLOGY	7,894,255	.423919	.445491
41	04	BREAST CTR MAMMOGRAPHY	3,556,759	.477713	.504698
43		RADIOISOTOPE	4,555,632	.236373	.250140
43	01	MAGNETIC RESONANCE IMAGIN	11,277,999	.203076	.211279
43	02	ULTRA SOUND	4,548,835	.245363	.258145
44		LABORATORY	36,389,460	.361491	.383122
46		WHOLE BLOOD & PACKED RED	7,083,511	.437378	.463518
48		INTRAVENOUS THERAPY	3,787,940	.424108	.449313
48	01	HOME IV THERAPY	2,685,748	.618114	.654304
49		RESPIRATORY THERAPY	16,293,425	.347835	.367018
50		PHYSICAL THERAPY	3,188,362	.591210	.624765
51		OCCUPATIONAL THERAPY	1,783,772	.483666	.510566
52		SPEECH PATHOLOGY	533,199	.689064	.726014
53	01	CARDIAC CATHETERIZATION L	36,705,341	.123212	.129354
53	02	CARDIAC REHAB	709,030	.642323	.673335
55		MEDICAL SUPPLIES CHARGED	35,161,114	.771663	.817833
56		DRUGS CHARGED TO PATIENTS	49,869,422	.288075	.305372
59		O/P ONCOLOGY CARE	653,016	.855690	.903779
60		OUTPAT SERVICE COST CNTRS			
60		CLINIC			
60	01	DIABETIC EDUCATION	3,442,217	.144519	.152503
60	03	WOMENS SERVICES	788,025	.972495	1.018592
61		EMERGENCY	15,780,001	.498665	.526130
62		OBSERVATION BEDS (NON-DIS	3,844,126	.775130	.817300
		OTHER REIMBURS COST CNTRS			
66		DURABLE MEDICAL EQUIP-REN	4,719,293	.625484	.659929
67		DURABLE MEDICAL EQUIP-SOL			
101		SUBTOTAL	382,216,635		
102		LESS OBSERVATION BEDS	3,844,126		
103		TOTAL	378,372,509		

WKST LINE NO.	A COST CENTER DESCRIPTION	CAPITAL REL COST (B, I I) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				4,797,233		4,797,233
26	INTENSIVE CARE UNIT				583,576		583,576
26	01 NEONATAL INTENSIVE CARE U				109,539		109,539
31	SUBPROVIDER				315,316		315,316
31	01 REHAB UNIT				341,206		341,206
33	NURSERY				363,329		363,329
101	TOTAL				6,510,199		6,510,199

WKST LINE	A NO.	COST CENTER DESCRIPTION	TOTAL PATIENT 7 DAYS	INPATIENT PROGRAM 8 DAYS	OLD CAPITAL PER 9 DIEM	INPAT PROGRAM OLD CAP 10 CST	NEW CAPITAL PER 11 DIEM	INPAT PROGRAM NEW CAP 12 CST
		INPAT ROUTINE SRVC CNTRS						
25		ADULTS & PEDIATRICS	48,384	22,772			99.15	2,257,844
26		INTENSIVE CARE UNIT	5,798	2,790			100.65	280,814
26	01	NEONATAL INTENSIVE CARE U	823				133.10	
31		SUBPROVIDER	2,016	652			156.41	101,979
31	01	REHAB UNIT	3,640	2,360			93.74	221,226
33		NURSERY	2,484				146.27	
101		TOTAL	63,145	28,574				2,861,863

TITLE XVIII, PART A		HOSPITAL		PPS			
WKST A	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPAT PROGRAM CHARGES	OLD CAPITAL COST/CHRG RATIO	CAPITAL COSTS
LINE NO.		1	2	3	4	5	6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		2,687,339	63,463,818	15,444,349		
37	01 O/P SURG & ENDOSCOPY		387,533	5,691,921	1,009,222		
38	RECOVERY ROOM		223,291	5,017,032			
39	DELIVERY ROOM & LABOR ROO		477,318	2,352,835	3,488		
40	ANESTHESIOLOGY		144,718	7,301,592	2,216,738		
41	RADIOLOGY-DIAGNOSTIC		2,956,637	10,062,445	1,842,400		
41	01 CAT SCAN		266,457	27,836,180	3,607,325		
41	02 SPECIAL PROCEDURES		503,386	5,240,330	352,520		
41	03 RADIOLOGY-ONCOLOGY		645,206	7,894,255	125,429		
41	04 BREAST CTR MAMMOGRAPHY		155,849	3,556,759	4,548		
43	RADIOISOTOPE		64,670	4,555,632	623,945		
43	01 MAGNETIC RESONANCE IMAGIN		875,222	11,277,999	1,133,961		
43	02 ULTRA SOUND		190,828	4,548,835	569,915		
44	LABORATORY		411,201	36,389,460	11,686,805		
46	WHOLE BLOOD & PACKED RED		100,940	7,083,511	2,971,394		
48	INTRAVENOUS THERAPY		62,061	3,787,940	1,123		
48	01 HOME IV THERAPY		90,524	2,685,748			
49	RESPIRATORY THERAPY		656,884	16,293,425	4,748,239		
50	PHYSICAL THERAPY		163,821	3,188,362	601,917		
51	OCCUPATIONAL THERAPY		92,711	1,783,772	442,329		
52	SPEECH PATHOLOGY		52,694	533,199	92,810		
53	01 CARDIAC CATHETERIZATION L		956,387	36,705,341	11,226,753		
53	02 CARDIAC REHAB		109,217	709,030	36,953		
55	MEDICAL SUPPLIES CHARGED		851,571	35,161,114	17,932,365		
56	DRUGS CHARGED TO PATIENTS		395,952	49,869,422	19,536,844		
59	O/P ONCOLOGY CARE		54,170	653,016	194		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 DIABETIC EDUCATION		56,787	3,442,217			
60	03 WOMENS SERVICES		195,967	788,025			
61	EMERGENCY		922,016	15,780,001	1,763,677		
62	OBSERVATION BEDS (NON-DIS		385,394	3,844,126	331,030		
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN		346,390	4,719,293			
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL		15,483,141	382,216,635	98,306,273		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0018  
 PERIOD: FROM 1/1/2007 TO 12/31/2007  
 COMPONENT NO: 15-0018  
 PREPARED 5/27/2008  
 WORKSHEET D  
 PART II

TITLE XVIII, PART A

HOSPITAL

PPS

WKST LINE	A NO.	COST CENTER DESCRIPTION	CST/CHRG 7	NEW CAPITAL RATIO	COSTS 8
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	.042344		653,976
37	01	O/P SURG & ENDOSCOPY	.068085		68,713
38		RECOVERY ROOM	.044507		
39		DELIVERY ROOM & LABOR ROO	.202869		708
40		ANESTHESIOLOGY	.019820		43,936
41		RADIOLOGY-DIAGNOSTIC	.293829		541,351
41	01	CAT SCAN	.009572		34,529
41	02	SPECIAL PROCEDURES	.096060		33,863
41	03	RADIOLOGY-ONCOLOGY	.081731		10,251
41	04	BREAST CTR MAMMOGRAPHY	.043818		199
43		RADIOISOTOPE	.014196		8,858
43	01	MAGNETIC RESONANCE IMAGIN	.077604		88,000
43	02	ULTRA SOUND	.041951		23,909
44		LABORATORY	.011300		132,061
46		WHOLE BLOOD & PACKED RED	.014250		42,342
48		INTRAVENOUS THERAPY	.016384		18
48	01	HOME IV THERAPY	.033705		
49		RESPIRATORY THERAPY	.040316		191,430
50		PHYSICAL THERAPY	.051381		30,927
51		OCCUPATIONAL THERAPY	.051975		22,990
52		SPEECH PATHOLOGY	.098826		9,172
53	01	CARDIAC CATHETERIZATION L	.026056		292,524
53	02	CARDIAC REHAB	.154037		5,692
55		MEDICAL SUPPLIES CHARGED	.024219		434,304
56		DRUGS CHARGED TO PATIENTS	.007940		155,123
59		O/P ONCOLOGY CARE	.082954		16
60		OUTPAT SERVICE COST CNTRS			
60		CLINIC			
60	01	DIABETIC EDUCATION	.016497		
60	03	WOMENS SERVICES	.248681		
61		EMERGENCY	.058429		103,050
62		OBSERVATION BEDS (NON-DIS	.100255		33,187
		OTHER REIMBURS COST CNTRS			
66		DURABLE MEDICAL EQUIP-REN	.073399		
67		DURABLE MEDICAL EQUIP-SOL			
101		TOTAL			2,961,129

WKST LINE NO.	A 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		59,629		59,629	48,384	1.23
26		INTENSIVE CARE UNIT		9,938		9,938	5,798	1.71
26	01	NEONATAL INTENSIVE CARE U					823	
31		SUBPROVIDER					2,016	
31	01	REHAB UNIT					3,640	
33		NURSERY					2,484	
34		SKILLED NURSING FACILITY						
101		TOTAL		69,567		69,567	63,145	

WKST LINE	A NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
			7	8
25		ADULTS & PEDIATRICS	22,772	28,010
26		INTENSIVE CARE UNIT	2,790	4,771
26	01	NEONATAL INTENSIVE CARE U		
31		SUBPROVIDER	652	
31	01	REHAB UNIT	2,360	
33		NURSERY		
34		SKILLED NURSING FACILITY		
101		TOTAL	28,574	32,781

TITLE XVIII, PART A		HOSPITAL	PPS				
WKST LINE	A NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
			1	2	2.01	2.02	2.03
		ANCILLARY SRVC COST CNTRS	1.01				
		OPERATING ROOM					
37	01	O/P SURG & ENDOSCOPY					
38		RECOVERY ROOM		19,876			
39		DELIVERY ROOM & LABOR ROO					
40		ANESTHESIOLOGY					
41		RADIOLOGY-DIAGNOSTIC		9,938			
41	01	CAT SCAN					
41	02	SPECIAL PROCEDURES					
41	03	RADIOLOGY-ONCOLOGY					
41	04	BREAST CTR MAMMOGRAPHY					
43		RADIOISOTOPE					
43	01	MAGNETIC RESONANCE IMAGIN					
43	02	ULTRA SOUND					
44		LABORATORY					
46		WHOLE BLOOD & PACKED RED					
48		INTRAVENOUS THERAPY					
48	01	HOME IV THERAPY					
49		RESPIRATORY THERAPY		49,691			
50		PHYSICAL THERAPY					
51		OCCUPATIONAL THERAPY					
52		SPEECH PATHOLOGY					
53	01	CARDIAC CATHETERIZATION L		19,876			
53	02	CARDIAC REHAB					
55		MEDICAL SUPPLIES CHARGED					
56		DRUGS CHARGED TO PATIENTS					
59		O/P ONCOLOGY CARE					
60		OUTPAT SERVICE COST CNTRS					
60		CLINIC					
60	01	DIABETIC EDUCATION					
60	03	WOMENS SERVICES					
61		EMERGENCY		59,629			
62		OBSERVATION BEDS (NON-DIS		4,790			
		OTHER REIMBURS COST CNTRS					
66		DURABLE MEDICAL EQUIP-REN					
67		DURABLE MEDICAL EQUIP-SOL					
101		TOTAL		163,800			

TITLE XVIII, PART A		HOSPITAL			PPS				
WKST LINE	A 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	01	ANCILLARY SRVC COST CNTRS OPERATING ROOM			63,463,818			15,444,349	
38		O/P SURG & ENDOSCOPY			5,691,921			1,009,222	
39		RECOVERY ROOM	19,876	19,876	5,017,032	.003962	.003962		
40		DELIVERY ROOM & LABOR ROO			2,352,835			3,488	
41		ANESTHESIOLOGY			7,301,592			2,216,738	
41		RADIOLOGY-DIAGNOSTIC	9,938	9,938	10,062,445	.000988	.000988	1,842,400	1,820
41	01	CAT SCAN			27,836,180			3,607,325	
41	02	SPECIAL PROCEDURES			5,240,330			352,520	
41	03	RADIOLOGY-ONCOLOGY			7,894,255			125,429	
41	04	BREAST CTR MAMMOGRAPHY			3,556,759			4,548	
43		RADIOISOTOPE			4,555,632			623,945	
43	01	MAGNETIC RESONANCE IMAGIN			11,277,999			1,133,961	
43	02	ULTRA SOUND			4,548,835			569,915	
44		LABORATORY			36,389,460			11,686,805	
46		WHOLE BLOOD & PACKED RED			7,083,511			2,971,394	
48		INTRAVENOUS THERAPY			3,787,940			1,123	
48	01	HOME IV THERAPY			2,685,748				
49		RESPIRATORY THERAPY	49,691	49,691	16,293,425	.003050	.003050	4,748,239	14,482
50		PHYSICAL THERAPY			3,188,362			601,917	
51		OCCUPATIONAL THERAPY			1,783,772			442,329	
52		SPEECH PATHOLOGY			533,199			92,810	
53	01	CARDIAC CATHETERIZATION L	19,876	19,876	36,705,341	.000542	.000542	11,226,753	6,085
53	02	CARDIAC REHAB			709,030			36,953	
55		MEDICAL SUPPLIES CHARGED			35,161,114			17,932,365	
56		DRUGS CHARGED TO PATIENTS			49,869,422			19,536,844	
59		O/P ONCOLOGY CARE			653,016			194	
60		OUTPAT SERVICE COST CNTRS CLINIC							
60	01	DIABETIC EDUCATION			3,442,217				
60	03	WOMENS SERVICES			788,025				
61		EMERGENCY	59,629	59,629	15,780,001	.003779	.003779	1,763,677	6,665
62		OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	4,790	4,790	3,844,126	.001246	.001246	331,030	412
66		DURABLE MEDICAL EQUIP-REN			4,719,293				
67		DURABLE MEDICAL EQUIP-SOL							
101		TOTAL	163,800	163,800	382,216,635			98,306,273	29,464

TITLE XVIII, PART A		HOSPITAL				PPS		COL 8.01	COL 8.02
WKST	A	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02	
LINE	NO.		CHARGES	D, V COL 5.03	D, V COL 5.04	PASS THRU COST	* COL 5	* COL 5	
			8	8.01	8.02	9	9.01	9.02	
		ANCILLARY SRVC COST CNTRS							
		OPERATING ROOM	3,749,889						
37	01	O/P SURG & ENDOSCOPY	1,415,682						
38		RECOVERY ROOM							
39		DELIVERY ROOM & LABOR ROO							
40		ANESTHESIOLOGY	492,053						
41		RADIOLOGY-DIAGNOSTIC	2,000,750			1,977			
41	01	CAT SCAN	4,303,434						
41	02	SPECIAL PROCEDURES	283,157						
41	03	RADIOLOGY-ONCOLOGY	2,793,344						
41	04	BREAST CTR MAMMOGRAPHY							
43		RADIOISOTOPE	582,022						
43	01	MAGNETIC RESONANCE IMAGIN	1,525,081						
43	02	ULTRA SOUND	750,637						
44		LABORATORY	593,268						
46		WHOLE BLOOD & PACKED RED	1,248,312						
48		INTRAVENOUS THERAPY	660,124						
48	01	HOME IV THERAPY							
49		RESPIRATORY THERAPY	1,443,658			4,403			
50		PHYSICAL THERAPY							
51		OCCUPATIONAL THERAPY							
52		SPEECH PATHOLOGY							
53	01	CARDIAC CATHETERIZATION L	1,504,472			815			
53	02	CARDIAC REHAB	323,353						
55		MEDICAL SUPPLIES CHARGED	1,635,800						
56		DRUGS CHARGED TO PATIENTS	3,655,937						
59		O/P ONCOLOGY CARE	34,149						
60		OUTPAT SERVICE COST CNTRS							
60		CLINIC							
60	01	DIABETIC EDUCATION							
60	03	WOMENS SERVICES							
61		EMERGENCY	2,316,457			8,754			
62		OBSERVATION BEDS (NON-DIS	670,128			835			
		OTHER REIMBURS COST CNTRS							
66		DURABLE MEDICAL EQUIP-REN							
67		DURABLE MEDICAL EQUIP-SOL							
101		TOTAL	31,981,707			16,784			

TITLE XVIII, PART B

HOSPITAL

		Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
Cost Center Description		1	1.02	2	3	4
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	.237903	.237903			
37	01 O/P SURG & ENDOSCOPY	.524950	.524950			
38	RECOVERY ROOM	.484717	.484717			
39	DELIVERY ROOM & LABOR ROOM	.996928	.996928			
40	ANESTHESIOLOGY	.106009	.106009			
41	RADIOLOGY-DIAGNOSTIC	.694589	.694589			
41	01 CAT SCAN	.094877	.094877			
41	02 SPECIAL PROCEDURES	.444325	.444325			
41	03 RADIOLOGY-ONCOLOGY	.453664	.453664			
41	04 BREAST CTR MAMMOGRAPHY	.509080	.509080			
43	RADIOISOTOPE	.251560	.251560			
43	01 MAGNETIC RESONANCE IMAGING (MRI)	.219040	.219040			
43	02 ULTRA SOUND	.262340	.262340			
44	LABORATORY	.384252	.384252			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.464943	.464943			
48	INTRAVENOUS THERAPY	.450951	.450951			
48	01 HOME IV THERAPY	.657675	.657675			
49	RESPIRATORY THERAPY	.371049	.371049			
50	PHYSICAL THERAPY	.629903	.629903			
51	OCCUPATIONAL THERAPY	.515763	.515763			
52	SPEECH PATHOLOGY	.735896	.735896			
53	01 CARDIAC CATHETERIZATION LABORATORY	.131960	.131960			
53	02 CARDIAC REHAB	.688740	.688740			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.820255	.820255			
56	DRUGS CHARGED TO PATIENTS	.306166	.306166			
59	O/P ONCOLOGY CARE	.912074	.912074			
60	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 DIABETIC EDUCATION	.154153	.154153			
60	03 WOMENS SERVICES	1.043461	1.043461			
61	EMERGENCY	.531973	.531973			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.827325	.827325			
66	OTHER REIMBURS COST CNTRS					
66	DURABLE MEDICAL EQUIP-RENTED	.667269	.667269			
67	DURABLE MEDICAL EQUIP-SOLD					
101	SUBTOTAL					
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104	NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B

HOSPITAL

		All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description		5	5.01	5.02	5.03	6
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		3,749,889			
37	01 O/P SURG & ENDOSCOPY		1,415,682			
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY		492,053			
41	RADIOLOGY-DIAGNOSTIC		2,000,750			
41	01 CAT SCAN		4,303,434			
41	02 SPECIAL PROCEDURES		283,157			
41	03 RADIOLOGY-ONCOLOGY		2,793,344			
41	04 BREAST CTR MAMMOGRAPHY					
43	RADIOISOTOPE		582,022			
43	01 MAGNETIC RESONANCE IMAGING (MRI)		1,525,081			
43	02 ULTRA SOUND		750,637			
44	LABORATORY		593,268			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS		1,248,312			
48	INTRAVENOUS THERAPY		660,124			
48	01 HOME IV THERAPY					
49	RESPIRATORY THERAPY		1,443,658			
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	01 CARDIAC CATHETERIZATION LABORATORY		1,504,472			
53	02 CARDIAC REHAB		323,353			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		1,635,800			
56	DRUGS CHARGED TO PATIENTS		3,655,937			
59	O/P ONCOLOGY CARE		34,149			
60	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 DIABETIC EDUCATION					
60	03 WOMENS SERVICES					
61	EMERGENCY		2,316,457			
62	OBSERVATION BEDS (NON-DISTINCT PART)		670,128			
66	OTHER REIMBURS COST CNTRS					
67	DURABLE MEDICAL EQUIP-RENTED					
67	DURABLE MEDICAL EQUIP-SOLD					
101	SUBTOTAL		31,981,707			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104	NET CHARGES		31,981,707			

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Outpatient	Other	All Other	PPS Services	Non-PPS
	Radiology	Outpatient Diagnostic		FYB to 12/31	Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				892,110	
37 01 O/P SURG & ENDOSCOPY				743,162	
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY				52,162	
41 RADIOLOGY-DIAGNOSTIC				1,389,699	
41 01 CAT SCAN				408,297	
41 02 SPECIAL PROCEDURES				125,814	
41 03 RADIOLOGY-ONCOLOGY				1,267,240	
41 04 BREAST CTR MAMMOGRAPHY					
43 RADIOISOTOPE				146,413	
43 01 MAGNETIC RESONANCE IMAGING (MRI)				334,054	
43 02 ULTRA SOUND				196,922	
44 LABORATORY				227,964	
46 WHOLE BLOOD & PACKED RED BLOOD CELLS				580,394	
48 INTRAVENOUS THERAPY				297,684	
48 01 HOME IV THERAPY					
49 RESPIRATORY THERAPY				535,668	
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 01 CARDIAC CATHETERIZATION LABORATORY				198,530	
53 02 CARDIAC REHAB				222,706	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				1,341,773	
56 DRUGS CHARGED TO PATIENTS				1,119,324	
59 O/P ONCOLOGY CARE				31,146	
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 DIABETIC EDUCATION					
60 03 WOMENS SERVICES					
61 EMERGENCY				1,232,293	
62 OBSERVATION BEDS (NON-DISTINCT PART)				554,414	
OTHER REIMBURS COST CNTRS					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL				11,897,769	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				11,897,769	

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B

HOSPITAL

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

Cost Center Description 9.03 10 11

(A)	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM			
37	01 O/P SURG & ENDOSCOPY			
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC			
41	01 CAT SCAN			
41	02 SPECIAL PROCEDURES			
41	03 RADIOLOGY-ONCOLOGY			
41	04 BREAST CTR MAMMOGRAPHY			
43	RADIOISOTOPE			
43	01 MAGNETIC RESONANCE IMAGING (MRI)			
43	02 ULTRA SOUND			
44	LABORATORY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
48	INTRAVENOUS THERAPY			
48	01 HOME IV THERAPY			
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY			
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	01 CARDIAC CATHETERIZATION LABORATORY			
53	02 CARDIAC REHAB			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS			
59	O/P ONCOLOGY CARE			
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 DIABETIC EDUCATION			
60	03 WOMENS SERVICES			
61	EMERGENCY			
62	OBSERVATION BEDS (NON-DISTINCT PART)			
	OTHER REIMBURS COST CNTRS			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	SUBTOTAL			
102	CRNA CHARGES			
103	LESS PBP CLINIC LAB SVCS-			
	PROGRAM ONLY CHARGES			
104	NET CHARGES			

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

TITLE XVIII, PART A		SUBPROVIDER 1		TEFRA			
WKST A	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPAT PROGRAM CHARGES	OLD CAPITAL COST/CHRG RATIO	CAPITAL COSTS
LINE NO.		1	2	3	4	5	6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		2,687,339	63,463,818	10,179		
37	01 O/P SURG & ENDOSCOPY		387,533	5,691,921	4,486		
38	RECOVERY ROOM		223,291	5,017,032			
39	DELIVERY ROOM & LABOR ROO		477,318	2,352,835			
40	ANESTHESIOLOGY		144,718	7,301,592	7,949		
41	RADIOLOGY-DIAGNOSTIC		2,956,637	10,062,445	5,405		
41	01 CAT SCAN		266,457	27,836,180	22,017		
41	02 SPECIAL PROCEDURES		503,386	5,240,330			
41	03 RADIOLOGY-ONCOLOGY		645,206	7,894,255			
41	04 BREAST CTR MAMMOGRAPHY		155,849	3,556,759			
43	RADIOISOTOPE		64,670	4,555,632	2,723		
43	01 MAGNETIC RESONANCE IMAGIN		875,222	11,277,999	9,105		
43	02 ULTRA SOUND		190,828	4,548,835	2,046		
44	LABORATORY		411,201	36,389,460	122,573		
46	WHOLE BLOOD & PACKED RED		100,940	7,083,511			
48	INTRAVENOUS THERAPY		62,061	3,787,940			
48	01 HOME IV THERAPY		90,524	2,685,748			
49	RESPIRATORY THERAPY		656,884	16,293,425	17,971		
50	PHYSICAL THERAPY		163,821	3,188,362	2,986		
51	OCCUPATIONAL THERAPY		92,711	1,783,772	1,942		
52	SPEECH PATHOLOGY		52,694	533,199	309		
53	01 CARDIAC CATHETERIZATION L		956,387	36,705,341			
53	02 CARDIAC REHAB		109,217	709,030			
55	MEDICAL SUPPLIES CHARGED		851,571	35,161,114	14,872		
56	DRUGS CHARGED TO PATIENTS		395,952	49,869,422	89,305		
59	O/P ONCOLOGY CARE		54,170	653,016			
60	OUTPAT SERVICE COST CNTRS						
60	01 CLINIC						
60	01 DIABETIC EDUCATION		56,787	3,442,217			
60	03 WOMENS SERVICES		195,967	788,025			
61	EMERGENCY		922,016	15,780,001	18,522		
62	OBSERVATION BEDS (NON-DIS		385,394	3,844,126			
66	OTHER REIMBURS COST CNTRS						
67	DURABLE MEDICAL EQUIP-REN		346,390	4,719,293			
101	DURABLE MEDICAL EQUIP-SOL						
	TOTAL		15,483,141	382,216,635	332,390		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0018  
 PERIOD: FROM 1/1/2007 TO 12/31/2007  
 COMPONENT NO: 15-S018  
 PREPARED 5/27/2008  
 WORKSHEET D  
 PART II

TITLE XVIII, PART A SUBPROVIDER 1

TEFRA

WKST LINE	A NO.	COST CENTER DESCRIPTION	CST/CHRG 7	NEW CAPITAL RATIO	COSTS 8
37		ANCILLARY SRVC COST CNTRS			
		OPERATING ROOM	.042344		431
37	01	O/P SURG & ENDOSCOPY	.068085		305
38		RECOVERY ROOM	.044507		
39		DELIVERY ROOM & LABOR ROO	.202869		
40		ANESTHESIOLOGY	.019820		158
41		RADIOLOGY-DIAGNOSTIC	.293829		1,588
41	01	CAT SCAN	.009572		211
41	02	SPECIAL PROCEDURES	.096060		
41	03	RADIOLOGY-ONCOLOGY	.081731		
41	04	BREAST CTR MAMMOGRAPHY	.043818		
43		RADIOISOTOPE	.014196		39
43	01	MAGNETIC RESONANCE IMAGIN	.077604		707
43	02	ULTRA SOUND	.041951		86
44		LABORATORY	.011300		1,385
46		WHOLE BLOOD & PACKED RED	.014250		
48		INTRAVENOUS THERAPY	.016384		
48	01	HOME IV THERAPY	.033705		
49		RESPIRATORY THERAPY	.040316		725
50		PHYSICAL THERAPY	.051381		153
51		OCCUPATIONAL THERAPY	.051975		101
52		SPEECH PATHOLOGY	.098826		31
53	01	CARDIAC CATHETERIZATION L	.026056		
53	02	CARDIAC REHAB	.154037		
55		MEDICAL SUPPLIES CHARGED	.024219		360
56		DRUGS CHARGED TO PATIENTS	.007940		709
59		O/P ONCOLOGY CARE	.082954		
60		OUTPAT SERVICE COST CNTRS			
60		CLINIC			
60	01	DIABETIC EDUCATION	.016497		
60	03	WOMENS SERVICES	.248681		
61		EMERGENCY	.058429		1,082
62		OBSERVATION BEDS (NON-DIS	.100255		
		OTHER REIMBURS COST CNTRS			
66		DURABLE MEDICAL EQUIP-REN	.073399		
67		DURABLE MEDICAL EQUIP-SOL			
101		TOTAL			8,071

TITLE XVIII, PART A		SUBPROVIDER 1		TEFRA			
WKST LINE	A NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
			1	2	2.01	2.02	2.03
		ANCILLARY SRVC COST CNTRS					
		OPERATING ROOM					
37	01	O/P SURG & ENDOSCOPY					
38		RECOVERY ROOM		19,876			
39		DELIVERY ROOM & LABOR ROO					
40		ANESTHESIOLOGY					
41		RADIOLOGY-DIAGNOSTIC		9,938			
41	01	CAT SCAN					
41	02	SPECIAL PROCEDURES					
41	03	RADIOLOGY-ONCOLOGY					
41	04	BREAST CTR MAMMOGRAPHY					
43		RADIOISOTOPE					
43	01	MAGNETIC RESONANCE IMAGIN					
43	02	ULTRA SOUND					
44		LABORATORY					
46		WHOLE BLOOD & PACKED RED					
48		INTRAVENOUS THERAPY					
48	01	HOME IV THERAPY					
49		RESPIRATORY THERAPY		49,691			
50		PHYSICAL THERAPY					
51		OCCUPATIONAL THERAPY					
52		SPEECH PATHOLOGY					
53	01	CARDIAC CATHETERIZATION L		19,876			
53	02	CARDIAC REHAB					
55		MEDICAL SUPPLIES CHARGED					
56		DRUGS CHARGED TO PATIENTS					
59		O/P ONCOLOGY CARE					
60		OUTPAT SERVICE COST CNTRS					
60		CLINIC					
60	01	DIABETIC EDUCATION					
60	03	WOMENS SERVICES					
61		EMERGENCY		59,629			
62		OBSERVATION BEDS (NON-DIS		4,790			
		OTHER REIMBURS COST CNTRS					
66		DURABLE MEDICAL EQUIP-REN					
67		DURABLE MEDICAL EQUIP-SOL					
101		TOTAL		163,800			

TITLE XVIII, PART A		SUBPROVIDER 1			TEFRA				
WKST LINE	A 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			63,463,818			10,179	
37	01	OPERATING ROOM			5,691,921			4,486	
38		O/P SURG & ENDOSCOPY			5,017,032	.003962	.003962		
38		RECOVERY ROOM	19,876	19,876	2,352,835				
39		DELIVERY ROOM & LABOR ROO			7,301,592			7,949	
40		ANESTHESIOLOGY			10,062,445	.000988	.000988	5,405	5
41		RADIOLOGY-DIAGNOSTIC	9,938	9,938	27,836,180			22,017	
41	01	CAT SCAN			5,240,330				
41	02	SPECIAL PROCEDURES			7,894,255				
41	03	RADIOLOGY-ONCOLOGY			3,556,759				
41	04	BREAST CTR MAMMOGRAPHY			4,555,632			2,723	
43		RADIOISOTOPE			11,277,999			9,105	
43	01	MAGNETIC RESONANCE IMAGIN			4,548,835			2,046	
43	02	ULTRA SOUND			36,389,460			122,573	
44		LABORATORY			7,083,511				
46		WHOLE BLOOD & PACKED RED			3,787,940				
48		INTRAVENOUS THERAPY			2,685,748				
48	01	HOME IV THERAPY			16,293,425	.003050	.003050	17,971	55
49		RESPIRATORY THERAPY	49,691	49,691	3,188,362			2,986	
50		PHYSICAL THERAPY			1,783,772			1,942	
51		OCCUPATIONAL THERAPY			533,199			309	
52		SPEECH PATHOLOGY			36,705,341	.000542	.000542		
53	01	CARDIAC CATHETERIZATION L	19,876	19,876	709,030				
53	02	CARDIAC REHAB			35,161,114			14,872	
55		MEDICAL SUPPLIES CHARGED			49,869,422			89,305	
56		DRUGS CHARGED TO PATIENTS			653,016				
59		O/P ONCOLOGY CARE							
59		OUTPAT SERVICE COST CNTRS							
60		CLINIC							
60	01	DIABETIC EDUCATION			3,442,217				
60	03	WOMENS SERVICES			788,025				
61		EMERGENCY	59,629	59,629	15,780,001	.003779	.003779	18,522	70
62		OBSERVATION BEDS (NON-DIS	4,790	4,790	3,844,126	.001246	.001246		
66		OTHER REIMBURS COST CNTRS							
67		DURABLE MEDICAL EQUIP-REN			4,719,293				
67		DURABLE MEDICAL EQUIP-SOL							
101		TOTAL	163,800	163,800	382,216,635			332,390	130

TITLE XVIII, PART A

SUBPROVIDER 1

TEFRA

WKST A	COST CENTER	DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02
LINE NO.			CHARGES	D, V COL 5.03	D, V COL 5.04	PASS THRU COST	* COL 5	* COL 5
			8	8.01	8.02	9	9.01	9.02
		ANCILLARY SRVC COST CNTRS						
		OPERATING ROOM						
37	01	O/P SURG & ENDOSCOPY						
38		RECOVERY ROOM						
39		DELIVERY ROOM & LABOR ROO						
40		ANESTHESIOLOGY						
41		RADIOLOGY-DIAGNOSTIC						
41	01	CAT SCAN						
41	02	SPECIAL PROCEDURES						
41	03	RADIOLOGY-ONCOLOGY						
41	04	BREAST CTR MAMMOGRAPHY						
43		RADIOISOTOPE						
43	01	MAGNETIC RESONANCE IMAGIN						
43	02	ULTRA SOUND						
44		LABORATORY						
46		WHOLE BLOOD & PACKED RED						
48		INTRAVENOUS THERAPY						
48	01	HOME IV THERAPY						
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY						
51		OCCUPATIONAL THERAPY						
52		SPEECH PATHOLOGY						
53	01	CARDIAC CATHETERIZATION L						
53	02	CARDIAC REHAB						
55		MEDICAL SUPPLIES CHARGED						
56		DRUGS CHARGED TO PATIENTS						
59		O/P ONCOLOGY CARE						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	DIABETIC EDUCATION						
60	03	WOMENS SERVICES						
61		EMERGENCY						
62		OBSERVATION BEDS (NON-DIS						
		OTHER REIMBURS COST CNTRS						
66		DURABLE MEDICAL EQUIP-REN						
67		DURABLE MEDICAL EQUIP-SOL						
101		TOTAL						

TITLE XVIII, PART A		SUBPROVIDER 2		PPS			
WKST A	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPAT PROGRAM CHARGES	OLD CAPITAL COST/CHRG RATIO	CAPITAL COSTS
LINE NO.		1	2	3	4	5	6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		2,687,339	63,463,818	15,526		
37	01 O/P SURG & ENDOSCOPY		387,533	5,691,921	6,933		
38	RECOVERY ROOM		223,291	5,017,032			
39	DELIVERY ROOM & LABOR ROO		477,318	2,352,835			
40	ANESTHESIOLOGY		144,718	7,301,592			
41	RADIOLOGY-DIAGNOSTIC		2,956,637	10,062,445	25,203		
41	01 CAT SCAN		266,457	27,836,180	50,159		
41	02 SPECIAL PROCEDURES		503,386	5,240,330	4,518		
41	03 RADIOLOGY-ONCOLOGY		645,206	7,894,255	36,483		
41	04 BREAST CTR MAMMOGRAPHY		155,849	3,556,759			
43	RADIOISOTOPE		64,670	4,555,632	7,696		
43	01 MAGNETIC RESONANCE IMAGIN		875,222	11,277,999	37,399		
43	02 ULTRA SOUND		190,828	4,548,835	26,275		
44	LABORATORY		411,201	36,389,460	326,426		
46	WHOLE BLOOD & PACKED RED		100,940	7,083,511	36,309		
48	INTRAVENOUS THERAPY		62,061	3,787,940			
48	01 HOME IV THERAPY		90,524	2,685,748			
49	RESPIRATORY THERAPY		656,884	16,293,425	56,827		
50	PHYSICAL THERAPY		163,821	3,188,362	446,176		
51	OCCUPATIONAL THERAPY		92,711	1,783,772	470,838		
52	SPEECH PATHOLOGY		52,694	533,199	85,916		
53	01 CARDIAC CATHETERIZATION L		956,387	36,705,341	5,607		
53	02 CARDIAC REHAB		109,217	709,030	321		
55	MEDICAL SUPPLIES CHARGED		851,571	35,161,114	114,055		
56	DRUGS CHARGED TO PATIENTS		395,952	49,869,422	470,084		
59	O/P ONCOLOGY CARE		54,170	653,016			
60	OUTPAT SERVICE COST CNTRS						
60	01 CLINIC						
60	01 DIABETIC EDUCATION		56,787	3,442,217			
60	03 WOMENS SERVICES		195,967	788,025			
61	EMERGENCY		922,016	15,780,001	2,647		
62	OBSERVATION BEDS (NON-DIS		385,394	3,844,126			
66	OTHER REIMBURS COST CNTRS						
67	DURABLE MEDICAL EQUIP-REN		346,390	4,719,293			
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL		15,483,141	382,216,635	2,225,398		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0018  
 PERIOD: FROM 1/1/2007 TO 12/31/2007  
 COMPONENT NO: 15-T018  
 PREPARED 5/27/2008  
 WORKSHEET D  
 PART II

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST LINE	A NO.	COST CENTER DESCRIPTION	CST/CHRG 7	NEW CAPITAL RATIO	COSTS 8
37		ANCILLARY SRVC COST CNTRS			
		OPERATING ROOM	.042344		657
37	01	O/P SURG & ENDOSCOPY	.068085		472
38		RECOVERY ROOM	.044507		
39		DELIVERY ROOM & LABOR ROO	.202869		
40		ANESTHESIOLOGY	.019820		
41		RADIOLOGY-DIAGNOSTIC	.293829		7,405
41	01	CAT SCAN	.009572		480
41	02	SPECIAL PROCEDURES	.096060		434
41	03	RADIOLOGY-ONCOLOGY	.081731		2,982
41	04	BREAST CTR MAMMOGRAPHY	.043818		
43		RADIOISOTOPE	.014196		109
43	01	MAGNETIC RESONANCE IMAGIN	.077604		2,902
43	02	ULTRA SOUND	.041951		1,102
44		LABORATORY	.011300		3,689
46		WHOLE BLOOD & PACKED RED	.014250		517
48		INTRAVENOUS THERAPY	.016384		
48	01	HOME IV THERAPY	.033705		
49		RESPIRATORY THERAPY	.040316		2,291
50		PHYSICAL THERAPY	.051381		22,925
51		OCCUPATIONAL THERAPY	.051975		24,472
52		SPEECH PATHOLOGY	.098826		8,491
53	01	CARDIAC CATHETERIZATION L	.026056		146
53	02	CARDIAC REHAB	.154037		49
55		MEDICAL SUPPLIES CHARGED	.024219		2,762
56		DRUGS CHARGED TO PATIENTS	.007940		3,732
59		O/P ONCOLOGY CARE	.082954		
60		OUTPAT SERVICE COST CNTRS			
		CLINIC			
60	01	DIABETIC EDUCATION	.016497		
60	03	WOMENS SERVICES	.248681		
61		EMERGENCY	.058429		155
62		OBSERVATION BEDS (NON-DIS	.100255		
		OTHER REIMBURS COST CNTRS			
66		DURABLE MEDICAL EQUIP-REN	.073399		
67		DURABLE MEDICAL EQUIP-SOL			
101		TOTAL			85,772

TITLE XVIII, PART A		SUBPROVIDER 2		PPS				
WKST LINE	A NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED ED SCHOOL	NRS COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
			1	2		2.01	2.02	2.03
		ANCILLARY SRVC COST CNTRS	1.01					
		OPERATING ROOM						
37	01	O/P SURG & ENDOSCOPY						
38		RECOVERY ROOM			19,876			
39		DELIVERY ROOM & LABOR ROO						
40		ANESTHESIOLOGY						
41		RADIOLOGY-DIAGNOSTIC				9,938		
41	01	CAT SCAN						
41	02	SPECIAL PROCEDURES						
41	03	RADIOLOGY-ONCOLOGY						
41	04	BREAST CTR MAMMOGRAPHY						
43		RADIOISOTOPE						
43	01	MAGNETIC RESONANCE IMAGIN						
43	02	ULTRA SOUND						
44		LABORATORY						
46		WHOLE BLOOD & PACKED RED						
48		INTRAVENOUS THERAPY						
48	01	HOME IV THERAPY						
49		RESPIRATORY THERAPY			49,691			
50		PHYSICAL THERAPY						
51		OCCUPATIONAL THERAPY						
52		SPEECH PATHOLOGY						
53	01	CARDIAC CATHETERIZATION L			19,876			
53	02	CARDIAC REHAB						
55		MEDICAL SUPPLIES CHARGED						
56		DRUGS CHARGED TO PATIENTS						
59		O/P ONCOLOGY CARE						
60		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	DIABETIC EDUCATION						
60	03	WOMENS SERVICES						
61		EMERGENCY			59,629			
62		OBSERVATION BEDS (NON-DIS			4,790			
		OTHER REIMBURS COST CNTRS						
66		DURABLE MEDICAL EQUIP-REN						
67		DURABLE MEDICAL EQUIP-SOL						
101		TOTAL			163,800			

TITLE XVIII, PART A		SUBPROVIDER 2			PPS					
WKST LINE	A 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			63,463,818			15,526		
37	01	OPERATING ROOM			5,691,921			6,933		
38		O/P SURG & ENDOSCOPY			5,017,032	.003962	.003962			
38		RECOVERY ROOM	19,876	19,876	2,352,835					
39		DELIVERY ROOM & LABOR ROO			7,301,592					
40		ANESTHESIOLOGY			10,062,445	.000988	.000988	25,203		25
41		RADIOLOGY-DIAGNOSTIC	9,938	9,938	27,836,180			50,159		
41	01	CAT SCAN			5,240,330			4,518		
41	02	SPECIAL PROCEDURES			7,894,255			36,483		
41	03	RADIOLOGY-ONCOLOGY			3,556,759					
41	04	BREAST CTR MAMMOGRAPHY			4,555,632			7,696		
43		RADIOISOTOPE			11,277,999			37,399		
43	01	MAGNETIC RESONANCE IMAGIN			4,548,835			26,275		
43	02	ULTRA SOUND			36,389,460			326,426		
44		LABORATORY			7,083,511			36,309		
46		WHOLE BLOOD & PACKED RED			3,787,940					
48		INTRAVENOUS THERAPY			2,685,748					
48	01	HOME IV THERAPY			16,293,425	.003050	.003050	56,827		173
49		RESPIRATORY THERAPY	49,691	49,691	3,188,362			446,176		
50		PHYSICAL THERAPY			1,783,772			470,838		
51		OCCUPATIONAL THERAPY			533,199			85,916		
52		SPEECH PATHOLOGY			36,705,341	.000542	.000542	5,607		3
53	01	CARDIAC CATHETERIZATION L	19,876	19,876	709,030			321		
53	02	CARDIAC REHAB			35,161,114			114,055		
55		MEDICAL SUPPLIES CHARGED			49,869,422			470,084		
56		DRUGS CHARGED TO PATIENTS			653,016					
59		O/P ONCOLOGY CARE								
60		OUTPAT SERVICE COST CNTRS								
60		CLINIC								
60	01	DIABETIC EDUCATION			3,442,217					
60	03	WOMENS SERVICES			788,025					
61		EMERGENCY	59,629	59,629	15,780,001	.003779	.003779	2,647		10
62		OBSERVATION BEDS (NON-DIS	4,790	4,790	3,844,126	.001246	.001246			
66		OTHER REIMBURS COST CNTRS								
67		DURABLE MEDICAL EQUIP-REN			4,719,293					
67		DURABLE MEDICAL EQUIP-SOL								
101		TOTAL	163,800	163,800	382,216,635			2,225,398		211

TITLE XVIII, PART A SUBPROVIDER 2 PPS

WKST A	COST CENTER	DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D, V COL 5.03	OUTPAT PROG D, V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
LINE NO.			8	8.01	8.02	9	9.01	9.02
		ANCILLARY SRVC COST CNTRS						
		OPERATING ROOM						
37	01	O/P SURG & ENDOSCOPY						
38		RECOVERY ROOM						
39		DELIVERY ROOM & LABOR ROO						
40		ANESTHESIOLOGY						
41		RADIOLOGY-DIAGNOSTIC						
41	01	CAT SCAN						
41	02	SPECIAL PROCEDURES						
41	03	RADIOLOGY-ONCOLOGY						
41	04	BREAST CTR MAMMOGRAPHY						
43		RADIOISOTOPE						
43	01	MAGNETIC RESONANCE IMAGIN						
43	02	ULTRA SOUND						
44		LABORATORY						
46		WHOLE BLOOD & PACKED RED						
48		INTRAVENOUS THERAPY						
48	01	HOME IV THERAPY						
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY						
51		OCCUPATIONAL THERAPY						
52		SPEECH PATHOLOGY						
53	01	CARDIAC CATHETERIZATION L						
53	02	CARDIAC REHAB						
55		MEDICAL SUPPLIES CHARGED						
56		DRUGS CHARGED TO PATIENTS						
59		O/P ONCOLOGY CARE						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	DIABETIC EDUCATION						
60	03	WOMENS SERVICES						
61		EMERGENCY						
62		OBSERVATION BEDS (NON-DIS						
		OTHER REIMBURS COST CNTRS						
66		DURABLE MEDICAL EQUIP-REN						
67		DURABLE MEDICAL EQUIP-SOL						
101		TOTAL						

TITLE XIX - O/P HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1)
	1	2	3	4	5
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.222326				1,121,928
37 01 O/P SURG & ENDOSCOPY	.491643				213,061
38 RECOVERY ROOM	.454735				128,951
39 DELIVERY ROOM & LABOR ROOM	.930585				442
40 ANESTHESIOLOGY	.099028				236,211
41 RADIOLOGY-DIAGNOSTIC	.641962				924,961
41 01 CAT SCAN	.088973				2,112,814
41 02 SPECIAL PROCEDURES	.414520				132,830
41 03 RADIOLOGY-ONCOLOGY	.423919				774,912
41 04 BREAST CTR MAMMOGRAPHY	.477713				93,899
43 RADIOISOTOPE	.236373				207,772
43 01 MAGNETIC RESONANCE IMAGING (MRI)	.203076				666,859
43 02 ULTRA SOUND	.245363				755,262
44 LABORATORY	.361491				2,799,825
46 WHOLE BLOOD & PACKED RED BLOOD CELLS	.437378				109,037
48 INTRAVENOUS THERAPY	.424108				2,748
48 01 HOME IV THERAPY	.618114				
49 RESPIRATORY THERAPY	.347835				511,740
50 PHYSICAL THERAPY	.591210				125,938
51 OCCUPATIONAL THERAPY	.483666				59,603
52 SPEECH PATHOLOGY	.689064				36,584
53 01 CARDIAC CATHETERIZATION LABORATORY	.123212				533,308
53 02 CARDIAC REHAB	.642323				12,455
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.771663				1,133,661
56 DRUGS CHARGED TO PATIENTS	.288075				1,623,780
59 O/P ONCOLOGY CARE	.855690				200,113
60 CLINIC					
60 01 DIABETIC EDUCATION	.144519				19,889
60 03 WOMENS SERVICES	.972495				13,640
61 EMERGENCY	.498665				3,413,405
62 OBSERVATION BEDS (NON-DISTINCT PART)	.775130				
OTHER REIMBURS COST CNTRS					
66 DURABLE MEDICAL EQUIP-RENTED	.625484				
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL					17,965,628
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					17,965,628

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

TITLE XIX - O/P

HOSPITAL

Cost Center Description	5.01	5.02	5.03	6	7
	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
37 01 O/P SURG & ENDOSCOPY					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
41 01 CAT SCAN					
41 02 SPECIAL PROCEDURES					
41 03 RADIOLOGY-ONCOLOGY					
41 04 BREAST CTR MAMMOGRAPHY					
43 RADIOISOTOPE					
43 01 MAGNETIC RESONANCE IMAGING (MRI)					
43 02 ULTRA SOUND					
44 LABORATORY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
48 INTRAVENOUS THERAPY					
48 01 HOME IV THERAPY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 01 CARDIAC CATHETERIZATION LABORATORY					
53 02 CARDIAC REHAB					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS					
59 O/P ONCOLOGY CARE					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 DIABETIC EDUCATION					
60 03 WOMENS SERVICES					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURS COST CNTRS					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
	8	9	9.01	9.02	9.03
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		249,434			
37 01 O/P SURG & ENDOSCOPY		104,750			
38 RECOVERY ROOM		58,639			
39 DELIVERY ROOM & LABOR ROOM		411			
40 ANESTHESIOLOGY		23,392			
41 RADIOLOGY-DIAGNOSTIC		593,790			
41 01 CAT SCAN		187,983			
41 02 SPECIAL PROCEDURES		55,061			
41 03 RADIOLOGY-ONCOLOGY		328,500			
41 04 BREAST CTR MAMMOGRAPHY		44,857			
43 RADIOISOTOPE		49,112			
43 01 MAGNETIC RESONANCE IMAGING (MRI)		135,423			
43 02 ULTRA SOUND		185,313			
44 LABORATORY		1,012,112			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS		47,690			
48 INTRAVENOUS THERAPY		1,165			
48 01 HOME IV THERAPY					
49 RESPIRATORY THERAPY		178,001			
50 PHYSICAL THERAPY		74,456			
51 OCCUPATIONAL THERAPY		28,828			
52 SPEECH PATHOLOGY		25,209			
53 01 CARDIAC CATHETERIZATION LABORATORY		65,710			
53 02 CARDIAC REHAB		8,000			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		874,804			
56 DRUGS CHARGED TO PATIENTS		467,770			
59 O/P ONCOLOGY CARE		171,235			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 DIABETIC EDUCATION		2,874			
60 03 WOMENS SERVICES		13,265			
61 EMERGENCY		1,702,146			
62 OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURS COST CNTRS					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL		6,689,930			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES		6,689,930			

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	48,384
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	48,384
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	48,384
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	22,772
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	39,587,742
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	39,587,742

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	55,971,648
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	55,971,648
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.707282
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,156.82
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	39,587,742

TITLE XVIII PART A

HOSPITAL

PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					818.20
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					18,632,050
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					18,632,050

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	8,517,480	5,798	1,469.04	2,790	4,098,622
43.01	1,190,482	823	1,446.52		
44	NEONATAL INTENSIVE CARE UNIT				
45	CORONARY CARE UNIT				
46	BURN INTENSIVE CARE UNIT				
47	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES					2,571,439
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					2,990,593
52	TOTAL PROGRAM EXCLUDABLE COST					5,562,032
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS					55,735,069

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A HOSPITAL PPS

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY 1

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

PART IV - COMPUTATION OF OBSERVATION BED COST  
 83 TOTAL OBSERVATION BED DAYS 3,887  
 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 818.20  
 85 OBSERVATION BED COST 3,180,343

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		39,587,742		3,180,343	
87 NEW CAPITAL-RELATED COST	4,797,233	39,587,742	.121180	3,180,343	385,394
88 NON PHYSICIAN ANESTHETIST		39,587,742		3,180,343	
89 MEDICAL EDUCATION	59,629	39,587,742	.001506	3,180,343	4,790
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

TITLE XVIII PART A SUBPROVIDER I TEFRA

PART I - ALL PROVIDER COMPONENTS 1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	2,016
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	2,016
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,016
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	652
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,200,787
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2,200,787

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,737,848
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,737,848
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.803838
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,358.06
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	2,200,787

TITLE XVIII PART A SUBPROVIDER I TEFRA

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					1,091.66
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					711,762
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					711,762

		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)					
	INTENSIVE CARE TYPE INPATIENT					
	HOSPITAL UNITS					
43	INTENSIVE CARE UNIT					
43.01	NEONATAL INTENSIVE CARE UNIT					
44	CORONARY CARE UNIT					
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	OTHER SPECIAL CARE					
48	PROGRAM INPATIENT ANCILLARY SERVICE COST					120,950
49	TOTAL PROGRAM INPATIENT COSTS					832,712

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES					101,979
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					8,201
52	TOTAL PROGRAM EXCLUDABLE COST					110,180
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS					722,532

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES					126
55	TARGET AMOUNT PER DISCHARGE					8,288.35
56	TARGET AMOUNT					1,044,332
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT					321,800
58	BONUS PAYMENT					20,887
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET					5,744.87
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET					5,658.01
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.					
58.04	RELIEF PAYMENT					
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT					853,599
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)					
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1					
59.03	PROGRAM DISCHARGES AFTER JULY 1					
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)					
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)					
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)					
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)					
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)					

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A SUBPROVIDER I TEFRA

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY 1

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

PART IV - COMPUTATION OF OBSERVATION BED COST  
 83 TOTAL OBSERVATION BED DAYS  
 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 1,091.66  
 85 OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST		2,200,787			
87 NEW CAPITAL-RELATED COST	315,316	2,200,787	.143274		
88 NON PHYSICIAN ANESTHETIST		2,200,787			
89 MEDICAL EDUCATION		2,200,787			
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

TITLE XVIII PART A SUBPROVIDER II PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	3,640
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,640
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,640
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,360
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,980,125
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2,980,125

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,825,437
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,825,437
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.779029
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,050.94
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	2,980,125

TITLE XVIII PART A SUBPROVIDER II PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					818.72
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					1,932,179
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					1,932,179

		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)					
	INTENSIVE CARE TYPE INPATIENT					
	HOSPITAL UNITS					
43	INTENSIVE CARE UNIT					
43.01	NEONATAL INTENSIVE CARE UNIT					
44	CORONARY CARE UNIT					
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	OTHER SPECIAL CARE					
48	PROGRAM INPATIENT ANCILLARY SERVICE COST					1,055,596
49	TOTAL PROGRAM INPATIENT COSTS					2,987,775

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES					221,226
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					85,983
52	TOTAL PROGRAM EXCLUDABLE COST					307,209
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS					2,680,566

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A SUBPROVIDER II PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	818.72
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	341,206	2,980,125		
88	NON PHYSICIAN ANESTHETIST		2,980,125	.114494	
89	MEDICAL EDUCATION		2,980,125		
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII, PART A		HOSPITAL	PPS		
WKST A	COST CENTER DESCRIPTION		RATIO COST TO CHARGES	INPATIENT CHARGES	INPATIENT COST
LINE NO.			1	2	3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICALS			28,524,370	
26	INTENSIVE CARE UNIT			6,556,607	
26	01 NEONATAL INTENSIVE CARE UNIT				
31	SUBPROVIDER				
31	01 REHAB UNIT				
	ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM		.237925	15,444,349	3,674,597
37	01 O/P SURG & ENDOSCOPY		.524950	1,009,222	529,791
38	RECOVERY ROOM		.484717		
39	DELIVERY ROOM & LABOR ROOM		.996928	3,488	3,477
40	ANESTHESIOLOGY		.106009	2,216,738	234,994
41	RADIOLOGY-DIAGNOSTIC		.694707	1,842,400	1,279,928
41	01 CAT SCAN		.094877	3,607,325	342,252
41	02 SPECIAL PROCEDURES		.444325	352,520	156,633
41	03 RADIOLOGY-ONCOLOGY		.453698	125,429	56,907
41	04 BREAST CTR MAMMOGRAPHY		.509080	4,548	2,315
43	RADIOISOTOPE		.251560	623,945	156,960
43	01 MAGNETIC RESONANCE IMAGING (MRI)		.219040	1,133,961	248,383
43	02 ULTRA SOUND		.262340	569,915	149,512
44	LABORATORY		.384252	11,686,805	4,490,678
46	WHOLE BLOOD & PACKED RED BLOOD CELLS		.464943	2,971,394	1,381,529
48	INTRAVENOUS THERAPY		.450951	1,123	506
48	01 HOME IV THERAPY		.657675		
49	RESPIRATORY THERAPY		.371907	4,748,239	1,765,903
50	PHYSICAL THERAPY		.629903	601,917	379,149
51	OCCUPATIONAL THERAPY		.515763	442,329	228,137
52	SPEECH PATHOLOGY		.735896	92,810	68,299
53	01 CARDIAC CATHETERIZATION LABORATORY		.132149	11,226,753	1,483,604
53	02 CARDIAC REHAB		.688740	36,953	25,451
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		.820255	17,932,365	14,709,112
56	DRUGS CHARGED TO PATIENTS		.306166	19,536,844	5,981,517
59	O/P ONCOLOGY CARE		.912074	194	177
	OUTPAT SERVICE COST CNTRS				
60	CLINIC				
60	01 DIABETIC EDUCATION		.154153		
60	03 WOMENS SERVICES		1.043461		
61	EMERGENCY		.534536	1,763,677	942,749
62	OBSERVATION BEDS (NON-DISTINCT PART)		.827325	331,030	273,869
	OTHER REIMBURS COST CNTRS				
66	DURABLE MEDICAL EQUIP-RENTED		.667269		
67	DURABLE MEDICAL EQUIP-SOLD				
101	TOTAL			98,306,273	38,566,429
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES			98,306,273	

TITLE XVIII, PART A		SUBPROVIDER 1		TEFRA		
WKST A	COST CENTER DESCRIPTION	RATIO COST	INPATIENT	INPATIENT		
LINE NO.		TO CHARGES	CHARGES	COST		
		1	2	3		
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS					
26	INTENSIVE CARE UNIT					
26	01 NEONATAL INTENSIVE CARE UNIT					
31	SUBPROVIDER		781,205			
31	01 REHAB UNIT					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	.237903	10,179	2,422		
37	01 O/P SURG & ENDOSCOPY	.524950	4,486	2,355		
38	RECOVERY ROOM	.484717				
39	DELIVERY ROOM & LABOR ROOM	.996928				
40	ANESTHESIOLOGY	.106009	7,949	843		
41	RADIOLOGY-DIAGNOSTIC	.694589	5,405	3,754		
41	01 CAT SCAN	.094877	22,017	2,089		
41	02 SPECIAL PROCEDURES	.444325				
41	03 RADIOLOGY-ONCOLOGY	.453664				
41	04 BREAST CTR MAMMOGRAPHY	.509080				
43	RADIOISOTOPE	.251560	2,723	685		
43	01 MAGNETIC RESONANCE IMAGING (MRI)	.219040	9,105	1,994		
43	02 ULTRA SOUND	.262340	2,046	537		
44	LABORATORY	.384252	122,573	47,099		
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.464943				
48	INTRAVENOUS THERAPY	.450951				
48	01 HOME IV THERAPY	.657675				
49	RESPIRATORY THERAPY	.371049	17,971	6,668		
50	PHYSICAL THERAPY	.629903	2,986	1,881		
51	OCCUPATIONAL THERAPY	.515763	1,942	1,002		
52	SPEECH PATHOLOGY	.735896	309	227		
53	01 CARDIAC CATHETERIZATION LABORATORY	.131960				
53	02 CARDIAC REHAB	.688740				
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.820255	14,872	12,199		
56	DRUGS CHARGED TO PATIENTS	.306166	89,305	27,342		
59	O/P ONCOLOGY CARE	.912074				
	OUTPAT SERVICE COST CNTRS					
	CLINIC					
60	01 DIABETIC EDUCATION	.154153				
60	03 WOMENS SERVICES	1.043461				
61	EMERGENCY	.531973	18,522	9,853		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.827325				
	OTHER REIMBURS COST CNTRS					
66	DURABLE MEDICAL EQUIP-RENTED	.667269				
67	DURABLE MEDICAL EQUIP-SOLD					
101	TOTAL		332,390	120,950		
102	LESS PBP CLINIC LABORATORY SERVICES -					
	PROGRAM ONLY CHARGES					
103	NET CHARGES		332,390			

TITLE XVIII, PART A		SUBPROVIDER 2		PPS		
WKST A	COST CENTER DESCRIPTION	RATIO COST TO CHARGES	INPATIENT CHARGES	INPATIENT COST		
LINE NO.		1	2	3		
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICALS					
26	INTENSIVE CARE UNIT					
26	01 NEONATAL INTENSIVE CARE UNIT					
31	SUBPROVIDER					
31	01 REHAB UNIT		2,409,646			
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	.237925	15,526	3,694		
37	01 O/P SURG & ENDOSCOPY	.524950	6,933	3,639		
38	RECOVERY ROOM	.484717				
39	DELIVERY ROOM & LABOR ROOM	.996928				
40	ANESTHESIOLOGY	.106009				
41	RADIOLOGY-DIAGNOSTIC	.694707	25,203	17,509		
41	01 CAT SCAN	.094877	50,159	4,759		
41	02 SPECIAL PROCEDURES	.444325	4,518	2,007		
41	03 RADIOLOGY-ONCOLOGY	.453698	36,483	16,552		
41	04 BREAST CTR MAMMOGRAPHY	.509080				
43	RADIOISOTOPE	.251560	7,696	1,936		
43	01 MAGNETIC RESONANCE IMAGING (MRI)	.219040	37,399	8,192		
43	02 ULTRA SOUND	.262340	26,275	6,893		
44	LABORATORY	.384252	326,426	125,430		
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.464943	36,309	16,882		
48	INTRAVENOUS THERAPY	.450951				
48	01 HOME IV THERAPY	.657675				
49	RESPIRATORY THERAPY	.371907	56,827	21,134		
50	PHYSICAL THERAPY	.629903	446,176	281,048		
51	OCCUPATIONAL THERAPY	.515763	470,838	242,841		
52	SPEECH PATHOLOGY	.735896	85,916	63,225		
53	01 CARDIAC CATHETERIZATION LABORATORY	.132149	5,607	741		
53	02 CARDIAC REHAB	.688740	321	221		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.820255	114,055	93,554		
56	DRUGS CHARGED TO PATIENTS	.306166	470,084	143,924		
59	O/P ONCOLOGY CARE	.912074				
	OUTPAT SERVICE COST CNTRS					
	CLINIC					
60	01 DIABETIC EDUCATION	.154153				
60	03 WOMENS SERVICES	1.043461				
61	EMERGENCY	.534536	2,647	1,415		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.827325				
	OTHER REIMBURS COST CNTRS					
66	DURABLE MEDICAL EQUIP-RENTED	.667269				
67	DURABLE MEDICAL EQUIP-SOLD					
101	TOTAL		2,225,398	1,055,596		
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES					
103	NET CHARGES		2,225,398			

TITLE XIX		HOSPITAL	OTHER	
WKST A	COST CENTER DESCRIPTION	RATIO COST	INPATIENT	INPATIENT
LINE NO.		TO CHARGES	CHARGES	COST
		1	2	3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS		6,766,813	
26	INTENSIVE CARE UNIT		1,373,925	
26	01 NEONATAL INTENSIVE CARE UNIT		619,756	
31	SUBPROVIDER			
31	01 REHAB UNIT			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.237903	2,463,080	585,974
37	01 O/P SURG & ENDOSCOPY	.524950	68,827	36,131
38	RECOVERY ROOM	.484717	157,293	76,243
39	DELIVERY ROOM & LABOR ROOM	.996928	335	334
40	ANESTHESIOLOGY	.106009	454,992	48,233
41	RADIOLOGY-DIAGNOSTIC	.694589	237,405	164,899
41	01 CAT SCAN	.094877	700,561	66,467
41	02 SPECIAL PROCEDURES	.444325	211,641	94,037
41	03 RADIOLOGY-ONCOLOGY	.453664	64,325	29,182
41	04 BREAST CTR MAMMOGRAPHY	.509080	2,150	1,095
43	RADIOISOTOPE	.251560	131,291	33,028
43	01 MAGNETIC RESONANCE IMAGING (MRI)	.219040	252,751	55,363
43	02 ULTRA SOUND	.262340	112,057	29,397
44	LABORATORY	.384252	2,024,600	777,957
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.464943	454,283	211,216
48	INTRAVENOUS THERAPY	.450951	56,719	25,577
48	01 HOME IV THERAPY	.657675		
49	RESPIRATORY THERAPY	.371049	928,749	344,611
50	PHYSICAL THERAPY	.629903	54,186	34,132
51	OCCUPATIONAL THERAPY	.515763	42,496	21,918
52	SPEECH PATHOLOGY	.735896	15,867	11,676
53	01 CARDIAC CATHETERIZATION LABORATORY	.131960	987,239	130,276
53	02 CARDIAC REHAB	.688740	3,043	2,096
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.820255	2,548,746	2,090,622
56	DRUGS CHARGED TO PATIENTS	.306166	4,105,679	1,257,019
59	O/P ONCOLOGY CARE	.912074	2,424	2,211
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 DIABETIC EDUCATION	.154153	302,471	46,627
60	03 WOMENS SERVICES	1.043461		
61	EMERGENCY	.531973	413,343	219,887
62	OBSERVATION BEDS (NON-DISTINCT PART)	.827325		
	OTHER REIMBURS COST CNTRS			
66	DURABLE MEDICAL EQUIP-RENTED	.667269		
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		16,796,553	6,396,208
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		16,796,553	

TITLE XIX		SUBPROVIDER 1	OTHER		
WKST A	COST CENTER	DESCRIPTION	RATIO COST TO CHARGES	INPATIENT CHARGES	INPATIENT COST
LINE NO.			1	2	3
		INPAT ROUTINE SRVC CNTRS			
25		ADULTS & PEDIATRICS			
26		INTENSIVE CARE UNIT			
26	01	NEONATAL INTENSIVE CARE UNIT			
31		SUBPROVIDER		298,433	
31	01	REHAB UNIT			
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	.237903	1,858	442
37	01	O/P SURG & ENDOSCOPY	.524950	591	310
38		RECOVERY ROOM	.484717	339	164
39		DELIVERY ROOM & LABOR ROOM	.996928		
40		ANESTHESIOLOGY	.106009	955	101
41		RADIOLOGY-DIAGNOSTIC	.694589	2,568	1,784
41	01	CAT SCAN	.094877	4,431	420
41	02	SPECIAL PROCEDURES	.444325		
41	03	RADIOLOGY-ONCOLOGY	.453664		
41	04	BREAST CTR MAMMOGRAPHY	.509080	1,160	591
43		RADIOISOTOPE	.251560		
43	01	MAGNETIC RESONANCE IMAGING (MRI)	.219040		
43	02	ULTRA SOUND	.262340	617	162
44		LABORATORY	.384252	51,064	19,621
46		WHOLE BLOOD & PACKED RED BLOOD CELLS	.464943		
48		INTRAVENOUS THERAPY	.450951	505	228
48	01	HOME IV THERAPY	.657675		
49		RESPIRATORY THERAPY	.371049	7,301	2,709
50		PHYSICAL THERAPY	.629903	541	341
51		OCCUPATIONAL THERAPY	.515763		
52		SPEECH PATHOLOGY	.735896		
53	01	CARDIAC CATHETERIZATION LABORATORY	.131960		
53	02	CARDIAC REHAB	.688740		
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.820255	8,229	6,750
56		DRUGS CHARGED TO PATIENTS	.306166	32,286	9,885
59		O/P ONCOLOGY CARE	.912074		
		OUTPAT SERVICE COST CNTRS			
60		CLINIC			
60	01	DIABETIC EDUCATION	.154153	1,047	161
60	03	WOMENS SERVICES	1.043461		
61		EMERGENCY	.531973	16,526	8,791
62		OBSERVATION BEDS (NON-DISTINCT PART)	.827325		
		OTHER REIMBURS COST CNTRS			
66		DURABLE MEDICAL EQUIP-RENTED	.667269		
67		DURABLE MEDICAL EQUIP-SOLD			
101		TOTAL		130,018	52,460
102		LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103		NET CHARGES		130,018	

TITLE XIX		SUBPROVIDER 2		OTHER	
WKST A	COST CENTER DESCRIPTION	RATIO COST TO CHARGES	INPATIENT CHARGES	INPATIENT COST	
LINE NO.		1	2	3	
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				
26	INTENSIVE CARE UNIT				
26	01 NEONATAL INTENSIVE CARE UNIT				
31	SUBPROVIDER				
31	01 REHAB UNIT		163,115		
	ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM	.237903	397	94	
37	01 O/P SURG & ENDOSCOPY	.524950	729	383	
38	RECOVERY ROOM	.484717			
39	DELIVERY ROOM & LABOR ROOM	.996928			
40	ANESTHESIOLOGY	.106009			
41	RADIOLOGY-DIAGNOSTIC	.694589	519	360	
41	01 CAT SCAN	.094877	6,289	597	
41	02 SPECIAL PROCEDURES	.444325			
41	03 RADIOLOGY-ONCOLOGY	.453664			
41	04 BREAST CTR MAMMOGRAPHY	.509080			
43	RADIOISOTOPE	.251560			
43	01 MAGNETIC RESONANCE IMAGING (MRI)	.219040			
43	02 ULTRA SOUND	.262340	1,821	478	
44	LABORATORY	.384252	13,006	4,998	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.464943	1,443	671	
48	INTRAVENOUS THERAPY	.450951			
48	01 HOME IV THERAPY	.657675			
49	RESPIRATORY THERAPY	.371049	1,200	445	
50	PHYSICAL THERAPY	.629903	28,537	17,976	
51	OCCUPATIONAL THERAPY	.515763	29,682	15,309	
52	SPEECH PATHOLOGY	.735896	12,499	9,198	
53	01 CARDIAC CATHETERIZATION LABORATORY	.131960			
53	02 CARDIAC REHAB	.688740			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.820255	9,689	7,947	
56	DRUGS CHARGED TO PATIENTS	.306166	37,208	11,392	
59	O/P ONCOLOGY CARE	.912074			
	OUTPAT SERVICE COST CNTRS				
	CLINIC				
60	01 DIABETIC EDUCATION	.154153	6,613	1,019	
60	03 WOMENS SERVICES	1.043461			
61	EMERGENCY	.531973			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.827325			
	OTHER REIMBURS COST CNTRS				
66	DURABLE MEDICAL EQUIP-RENTED	.667269			
67	DURABLE MEDICAL EQUIP-SOLD				
101	TOTAL		149,632	70,867	
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES		149,632		

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION 1 1.01

DRG AMOUNT  
 1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1 26,530,577  
 1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1 8,796,115  
 1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1

MANAGED CARE PATIENTS  
 1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST  
 1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1  
 1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1  
 1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)  
 1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.  
 1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.  
 2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97  
 2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS) 2,743,203  
 3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD 251.87

INDIRECT MEDICAL EDUCATION ADJUSTMENT  
 3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I  
 3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)  
 3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT  
 3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.  
 3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)  
 3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(vii)

FOR CR PERIODS ENDING ON OR AFTER 7/1/2005  
 E-3 PT 6 LN 15 PLUS LN 3.06

3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)  
 3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS  
 3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.  
 3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1  
 3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09  
 3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10  
 3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.  
 3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)  
 3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE  
 3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE  
 3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).  
 3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)  
 3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)  
 3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19  
 3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1  
 3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)  
 3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1

SUM OF LINES PLUS E-3, PT  
 3.21 - 3.23 VI, LINE 23

DISPROPORTIONATE SHARE ADJUSTMENT  
 4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS) 2.33  
 4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I 14.73  
 4.02 SUM OF LINES 4 AND 4.01 17.06  
 4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC) 3.69  
 4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS) 1,303,555

ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES  
 5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, AND 317.  
 5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 & 317  
 5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)  
 5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, AND 317.  
 5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK  
 5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC) 335.00  
 5.06 TOTAL ADDITIONAL PAYMENT  
 6 SUBTOTAL (SEE INSTRUCTIONS) 39,373,450  
 7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)  
 7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION

1 1.01

8	FY BEG. 10/1/2000	
	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	39,373,450
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	3,417,400
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL	
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	
11.01	NURSING AND ALLIED HEALTH MANAGED CARE	
11.02	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES	12,666
12	NET ORGAN ACQUISITION COST	
13	COST OF TEACHING PHYSICIANS	
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS	32,781
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	29,464
16	TOTAL	42,865,761
17	PRIMARY PAYER PAYMENTS	8,147
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	42,857,614
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,548,328
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	100,192
21	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	411,707
21.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	288,195
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	389,098
22	SUBTOTAL	39,497,289
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
24	OTHER ADJUSTMENTS (SPECIFY)	
24.99	OUTLIER RECONCILIATION ADJUSTMENT	
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
26	AMOUNT DUE PROVIDER	39,497,289
27	SEQUESTRATION ADJUSTMENT	
28	INTERIM PAYMENTS	39,762,084
28.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
29	BALANCE DUE PROVIDER (PROGRAM)	-264,795
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	397,328

50	----- FI ONLY -----	
51	OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01	
52	CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01	
53	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
54	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
55	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
56	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS)	11,880,985
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	9,265,276
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO	.832
1.04	LINE 1.01 TIMES LINE 1.03	9,884,980
1.05	LINE 1.02 DIVIDED BY LINE 1.04	93.73
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	16,784
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	

COMPUTATION OF LESSER OF COST OR CHARGES

6	REASONABLE CHARGES	
7	ANCILLARY SERVICE CHARGES	
8	INTERNS AND RESIDENTS SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES	
10	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	
12	CUSTOMARY CHARGES	
13	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
14	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)	
15	RATIO OF LINE 11 TO LINE 12	
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
19	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	9,282,060

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	2,421,285
19	SUBTOTAL (SEE INSTRUCTIONS)	6,860,775
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	6,860,775
24	PRIMARY PAYER PAYMENTS	7,734
25	SUBTOTAL	6,853,041
26	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
27	COMPOSITE RATE ESRD	
27.01	BAD DEBTS (SEE INSTRUCTIONS)	399,067
27.02	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	279,347
28	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	297,064
29	SUBTOTAL	7,132,388
30	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
31	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
32	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
33	SUBTOTAL	7,132,388
34	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34.01	INTERIM PAYMENTS	7,049,033
35	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
36	BALANCE DUE PROVIDER/PROGRAM	83,355
37	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT- PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		39,684,845		7,031,625
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	8/13/2007	61,175	8/13/2007	16,367
ADJUSTMENTS TO PROVIDER .02	8/13/2007	16,064	8/13/2007	1,041
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		77,239		17,408
4 TOTAL INTERIM PAYMENTS		39,762,084		7,049,033
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT				
AMOUNT (BALANCE DUE)	SETTLEMENT TO PROVIDER .01			
BASED ON COST REPORT (1)	SETTLEMENT TO PROGRAM .02			
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO: 00000

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

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

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

TITLE XVIII SUBPROVIDER 1

DESCRIPTION	INPATIENT- PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		511,087		NONE
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	8/15/2007	789		
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99				
4 TOTAL INTERIM PAYMENTS		510,298		NONE
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
TENTATIVE TO PROGRAM .99				
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO: 00000

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

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

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

TITLE XVIII SUBPROVIDER 2

DESCRIPTION	INPATIENT- PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,945,460		NONE
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		NONE		NONE
4 TOTAL INTERIM PAYMENTS		2,945,460		NONE
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROVIDER .01			
	SETTLEMENT TO PROGRAM .02			
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO: 00000

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

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

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

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	853,599
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	213,400
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
1.08	INPATIENT PSYCHIATRIC FACILITY (IPF) NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	357,797
1.09	NET IPF PPS OUTLIER PAYMENTS	24,421
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)	5.523288
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17)	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	382,218
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	597,519
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	448,139
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-)	65,921
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	661,539
1.35	INPATIENT REHABILITATION FACILITY (IRF) UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41)	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	661,539
5	PRIMARY PAYER PAYMENTS	1,380
6	SUBTOTAL	660,159
7	DEDUCTIBLES	87,296
8	SUBTOTAL	572,863
9	COINSURANCE	3,720
10	SUBTOTAL	569,143
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	35,879
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	25,115
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	35,879
12	SUBTOTAL	594,258
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	98
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 RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	594,356
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	510,298
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	84,058
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/27/2008
I	15-0018	I	FROM 1/ 1/2007	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 12/31/2007	I	PART I
I	15-S018	I		I	

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

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

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	2,611,359
1.03	MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0342
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	156,734
1.05	OUTLIER PAYMENTS	223,428
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	2,991,521
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
1.08	INPATIENT PSYCHIATRIC FACILITY (IPF) NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE } 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1\}$	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17)	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
1.35	INPATIENT REHABILITATION FACILITY (IRF) UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	9.972603
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE } 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1\}$	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41)	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	2,991,521
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	2,991,521
7	DEDUCTIBLES	13,888
8	SUBTOTAL	2,977,633
9	COINSURANCE	4,464
10	SUBTOTAL	2,973,169
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	2,973,169
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	211
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 RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	2,973,380
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	2,945,460
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	27,920
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 15-0018  
PERIOD: FROM 1/1/2007 TO 12/31/2007  
COMPONENT NO: 15-5318

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

TITLE XVIII SNF PPS TITLE V OR TITLE XIX SNF PPS TITLE XVIII SNF PPS

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  
19 PAYMENT FOR SERVICES ON A CHARGE BASIS  
20 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE  
21 FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT  
22 BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)  
23 RATIO OF LINE 17 TO LINE 18  
24 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)  
25 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST  
26 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES  
27 COST OF COVERED SERVICES

PROSPECTIVE PAYMENT AMOUNT  
28 OTHER THAN OUTLIER PAYMENTS  
29 OUTLIER PAYMENTS  
30 PROGRAM CAPITAL PAYMENTS  
31 CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)  
32 ROUTINE SERVICE OTHER PASS THROUGH COSTS  
33 ANCILLARY SERVICE OTHER PASS THROUGH COSTS  
34 SUBTOTAL  
35 CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)  
36 TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE  
37 XVIII ENTER AMOUNT FROM LINE 30  
38 DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)

COMPUTATION OF REIMBURSEMENT SETTLEMENT  
39 EXCESS OF REASONABLE COST  
40 SUBTOTAL  
41 COINSURANCE  
42 SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19  
43 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)  
44 01 ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING  
45 BEFORE 10/01/05 (SEE INSTRUCTIONS)  
46 02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES  
47 03 ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING  
48 ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)  
49 UTILIZATION REVIEW  
50 SUBTOTAL (SEE INSTRUCTIONS)  
51 INPATIENT ROUTINE SERVICE COST  
52 MEDICARE INPATIENT ROUTINE CHARGES  
53 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR  
54 PAYMENT FOR SERVICES ON A CHARGE BASIS  
55 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE  
56 FOR PAYMENT OF PART A SERVICES  
57 RATIO OF LINE 43 TO 44  
58 TOTAL CUSTOMARY CHARGES  
59 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST  
60 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES  
61 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER  
62 TERMINATION OR A DECREASE IN PROGRAM UTILIZATION  
63 OTHER ADJUSTMENTS (SPECIFY)  
64 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS  
65 RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS  
66 SUBTOTAL  
67 INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)  
68 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS  
69 TOTAL AMOUNT PAYABLE TO THE PROVIDER  
70 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)  
71 INTERIM PAYMENTS  
72 01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)  
73 BALANCE DUE PROVIDER/PROGRAM  
74 02 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)  
75 IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	22,475,401			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	70,446,018			
5	OTHER RECEIVABLES	1,693,016			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-23,097,200			
7	INVENTORY	5,877,247			
8	PREPAID EXPENSES	5,083,535			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	82,478,017			
FIXED ASSETS					
12	LAND	7,236,621			
12.01	LAND IMPROVEMENTS				
13	LESS ACCUMULATED DEPRECIATION				
13.01	BUILDINGS	192,386,499			
14	LESS ACCUMULATED DEPRECIATION	-161,603,385			
14.01	LEASEHOLD IMPROVEMENTS				
15	LESS ACCUMULATED DEPRECIATION				
15.01	FIXED EQUIPMENT	122,513,121			
16	LESS ACCUMULATED DEPRECIATION				
16.01	AUTOMOBILES AND TRUCKS				
17	LESS ACCUMULATED DEPRECIATION				
17.01	MAJOR MOVABLE EQUIPMENT				
18	LESS ACCUMULATED DEPRECIATION				
18.01	MINOR EQUIPMENT DEPRECIABLE				
19	LESS ACCUMULATED DEPRECIATION				
19.01	MINOR EQUIPMENT-NONDEPRECIABLE				
20	TOTAL FIXED ASSETS	160,532,856			
21	OTHER ASSETS				
22	INVESTMENTS	1,545,162			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	157,773,848			
26	TOTAL OTHER ASSETS	159,319,010			
27	TOTAL ASSETS	402,329,883			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	12,238,752			
29 SALARIES, WAGES & FEES PAYABLE	12,332,021			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	1,868,861			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	4,070,617			
36 TOTAL CURRENT LIABILITIES	30,510,251			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	89,855,000			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	15,210,319			
42 TOTAL LONG-TERM LIABILITIES	105,065,319			
43 TOTAL LIABILITIES	135,575,570			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	266,754,313			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	266,754,313			
52 TOTAL LIABILITIES AND FUND BALANCES	402,329,883			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		248,940,951		
2 OF PERIOD				
3 NET INCOME (LOSS)		17,813,362		
4 TOTAL		266,754,313		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		266,754,313		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		266,754,313		

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PROVIDER NO: 15-0018  
 PERIOD: FROM 1/1/2007 TO 12/31/2007  
 PREPARED 5/27/2008  
 WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	55,971,648		55,971,648
2 00 SUBPROVIDER	2,737,848		2,737,848
2 01 REHAB UNIT	3,825,437		3,825,437
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	62,534,933		62,534,933
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	13,732,399		13,732,399
10 01 NEONATAL INTENSIVE CARE UNIT	1,265,199		1,265,199
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	14,997,598		14,997,598
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	77,532,531		77,532,531
17 00 ANCILLARY SERVICES	200,899,965	197,371,965	398,271,930
18 00 OUTPATIENT SERVICES		16,833,899	16,833,899
19 00 HOME HEALTH AGENCY		5,967,096	5,967,096
23 00 HOSPICE			
24 00			
25 00 TOTAL PATIENT REVENUES	278,432,496	220,172,960	498,605,456

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		242,076,122	
ADD (SPECIFY)			
27 00 BAD DEBT	13,961,650		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		13,961,650	
DEDUCT (SPECIFY)			
34 00			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		256,037,772	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 15-0018 PERIOD: FROM 1/1/2007 TO 12/31/2007 PREPARED 5/27/2008 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	498,605,456
2	LESS: ALLOWANCES AND DISCOUNTS ON	246,642,188
3	NET PATIENT REVENUES	251,963,268
4	LESS: TOTAL OPERATING EXPENSES	256,037,772
5	NET INCOME FROM SERVICE TO PATIENT	-4,074,504
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUTION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER NON-OPERATING INCOME	10,545,905
24.01	OTHER OPERATING INCOME	11,341,961
25	TOTAL OTHER INCOME	21,887,866
26	TOTAL	17,813,362
	OTHER EXPENSES	
27		
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIO	17,813,362

HHA 1

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPORTATION 3	CONTRACTED/ PURCHASED SVCS 4	OTHER COSTS 5	TOTAL 6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5	820,480		158,257	20,369	44,353	1,043,459
HHA REIMBURSABLE SERVICES						
6	1,893,505					1,893,505
7	208,000					208,000
8	122,961					122,961
9	2,602					2,602
10						266
11	485,191					485,191
12					110,415	110,415
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	3,533,005		158,257	20,369	154,768	3,866,399

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5	-23,233	1,020,226	-404	1,019,822
HHA REIMBURSABLE SERVICES				
6		1,893,505		1,893,505
7		208,000		208,000
8		122,961		122,961
9		2,602		2,602
10		266		266
11		485,191		485,191
12	-46,638	63,777		63,777
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24	-69,871	3,796,528	-404	3,796,124

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATION	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
	1,019,822					1,019,822	1,019,822
HHA REIMBURSABLE SERVICES							
6	1,893,505					1,893,505	695,543
7	208,000					208,000	76,405
8	122,961					122,961	45,167
9	2,602					2,602	956
10	266					266	98
11	485,191					485,191	178,226
12	63,777					63,777	23,427
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24	3,796,124					3,796,124	

TOTAL

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATION	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
	2,589,048					2,589,048	
6	284,405					284,405	
7	168,128					168,128	
8	3,558					3,558	
9	364					364	
10	663,417					663,417	
11	87,204					87,204	
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24	3,796,124					3,796,124	

HHA 1

	CAP-REL COST-BLDG & FIX ( FEET ) SQUARE 1	CAP-REL COST-MOV EQUIP ( DOLLAR ) VALUE 2	PLANT OPER & MAINT ( FEET ) SQUARE 3	TRANSPORTATIO N ( MI LEAGE ) 4	RECONCILIATIO N 5A	ADMINISTRATIV E & GENERAL ( ACCUM ) COST 5
1	GENERAL SERVICE COST CENTERS					
2	CAP-REL COST-BLDG & FIX					
3	CAP-REL COST-MOV EQUIP					
4	PLANT OPER & MAINT					
5	TRANSPORTATION					
6	ADMINISTRATIVE & GENERAL					
7	HHA REIMBURSABLE SERVICES					
8	SKILLED NURSING CARE					
9	PHYSICAL THERAPY					
10	OCCUPATIONAL THERAPY					
11	SPEECH PATHOLOGY					
12	MEDICAL SOCIAL SERVICES					
13	HOME HEALTH AIDE					
14	SUPPLIES					
15	DRUGS					
16	COST ADMINISTERING DRUGS					
17	DME					
18	HHA NONREIMBURSABLE SERVICES					
19	HOME DIALYSIS AIDE SVCS					
20	RESPIRATORY THERAPY					
21	PRIVATE DUTY NURSING					
22	CLINIC					
23	HEALTH PROM ACTIVITIES					
24	DAY CARE PROGRAM					
25	HOME DEL MEALS PROGRAM					
26	HOMEMAKER SERVICE					
27	ALL OTHERS					
28	TELEMEDICINE					
29	TOTAL (SUM OF LINES 1-23)					
30	COST TO BE ALLOCATED					
31	UNIT COST MULTIPLIER					

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1)	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-MVBLE	EMPLOYEE BEN EFITS	ADMI TTING	SUBTOTAL
	0	3	4	5	6.01	6A.01
1 ADMIN & GENERAL		141,862	28,890	263,690		434,442
2 SKILLED NURSING CARE	2,589,048			626,280		3,215,328
3 PHYSICAL THERAPY	284,405			68,796		353,201
4 OCCUPATIONAL THERAPY	168,128			40,669		208,797
5 SPEECH PATHOLOGY	3,558			861		4,419
6 MEDICAL SOCIAL SERVICES	364			88		452
7 HOME HEALTH AIDE	663,417			160,477		823,894
8 SUPPLIES	87,204					87,204
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	3,796,124	141,862	28,890	1,160,861		5,127,737
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	OTHER ADMINI STRATIVE AND	OPERATI ON OF PLANT	LAUNDRY & LI NEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6.02	8	9	10	11	12
1 ADMIN & GENERAL	51,799	193,885	326	54,493		
2 SKILLED NURSING CARE	383,369					
3 PHYSICAL THERAPY	42,113					
4 OCCUPATIONAL THERAPY	24,895					
5 SPEECH PATHOLOGY	527					
6 MEDICAL SOCIAL SERVICES	54					
7 HOME HEALTH AIDE	98,235					
8 SUPPLIES	10,398					
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	611,390	193,885	326	54,493		
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	NURSING ADMINI STRATION	CENTRAL SERV ICES & SUPPL	PHARMACY	MEDICAL RECO RDS & LIBRAR	SOCIAL SERVI CE	PARAMED ED P RGM
	14	15	16	17	18	24
1 ADMIN & GENERAL	547,888	2,379				
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	547,888	2,379				
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLIES 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	PARAMEDICAL PROGRAM 24
-----------------	------------------------------	-----------------------------------	----------------	---------------------------------	----------------------	---------------------------

HHA COST CENTER	SUBTOTAL	POST STEP DOWN ADJUST	SUBTOTAL	ALLOCATED HHA A & G	TOTAL HHA COSTS
	25	26	27	28	29
1 ADMIN & GENERAL	1,285,212		1,285,212		
2 SKILLED NURSING CARE	3,598,697		3,598,697	880,485	4,479,182
3 PHYSICAL THERAPY	395,314		395,314	96,721	492,035
4 OCCUPATIONAL THERAPY	233,692		233,692	57,177	290,869
5 SPEECH PATHOLOGY	4,946		4,946	1,210	6,156
6 MEDICAL SOCIAL SERVICES	506		506	124	630
7 HOME HEALTH AIDE	922,129		922,129	225,615	1,147,744
8 SUPPLIES	97,602		97,602	23,880	121,482
9 DRUGS					
9.20 COST ADMINISTERING DRUGS					
10 DME					
11 HOME DIALYSIS AIDE SVCS					
12 RESPIRATORY THERAPY					
13 PRIVATE DUTY NURSING					
14 CLINIC					
15 HEALTH PROM ACTIVITIES					
16 DAY CARE PROGRAM					
17 HOME DEL MEALS PROGRAM					
18 HOMEMAKER SERVICE					
19 ALL OTHER					
19.50 TELEMEDICINE					
20 TOTAL (SUM OF 1-19) (2)	6,538,098		6,538,098	1,285,212	6,538,098
21 UNIT COST MULTIPLIER				0.244668	

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

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (DEPRECIATION)	EMPLOYEE BENEFITS (GROSS SALARIES)	ADMITTING REVENUE	RECONCILIATION	OTHER ADMINISTRATIVE AND ACCUM. COST
	3	4	5	6.01	6A.02	6.02
1 ADMIN & GENERAL	9,107	21,890	797,247			434,442
2 SKILLED NURSING CARE			1,893,505			3,215,328
3 PHYSICAL THERAPY			208,000			353,201
4 OCCUPATIONAL THERAPY			122,961			208,797
5 SPEECH PATHOLOGY			2,602			4,419
6 MEDICAL SOCIAL SERVICES			266			452
7 HOME HEALTH AIDE			485,191			823,894
8 SUPPLIES						87,204
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	9,107	21,890	3,509,772			5,127,737
21 COST TO BE ALLOCATED	141,862	28,890	1,160,861			611,390
22 UNIT COST MULTIPLIER	15.577248	1.319781	0.330751			0.119232

HHA COST CENTER	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (HRS)	NURSING ADMINISTRATION (DIRECT NRSING HRS)
	8	9	10	11	12	14
1 ADMIN & GENERAL	9,107	158	1,520			64,467
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	9,107	158	1,520			64,467
21 COST TO BE ALLOCATED	193,885	326	54,493			547,888
22 UNIT COST MULTIPLIER	21.289667	2.063291	35.850658			8.498736

HHA COST CENTER	CENTRAL SERVICES & SUPPLIES (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DISCHARGES)	PARAMEDICAL PROGRAM (CPR STATS)
	15	16	17	18	24
1 ADMIN & GENERAL	39,219				
2 SKILLED NURSING CARE					
3 PHYSICAL THERAPY					
4 OCCUPATIONAL THERAPY					
5 SPEECH PATHOLOGY					
6 MEDICAL SOCIAL SERVICES					
7 HOME HEALTH AIDE					
8 SUPPLIES					
9 DRUGS					
9.20 COST ADMINISTERING DRUGS					
10 DME					
11 HOME DIALYSIS AIDE SVCS					
12 RESPIRATORY THERAPY					
13 PRIVATE DUTY NURSING					
14 CLINIC					
15 HEALTH PROM ACTIVITIES					
16 DAY CARE PROGRAM					
17 HOME DEL MEALS PROGRAM					
18 HOMEMAKER SERVICE					
19 ALL OTHER					
19.50 TELEMEDICINE					
20 TOTAL (SUM OF 1-19)	39,219				
21 COST TO BE ALLOCATED	2,379				
22 UNIT COST MULTIPLIER	0.060659				



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

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	PART B		
11.01 SPEECH PATHOLOGY	7	8	9	10	11	12
11.02 SPEECH PATHOLOGY						
11.03 SPEECH PATHOLOGY						
11.04 SPEECH PATHOLOGY						
12 MEDICAL SOCIAL SERVICES						
12.01 MEDICAL SOCIAL SERVICES						
12.02 MEDICAL SOCIAL SERVICES						
12.03 MEDICAL SOCIAL SERVICES						
12.04 MEDICAL SOCIAL SERVICES						
13 HOME HEALTH AIDE SERVICES						
13.01 HOME HEALTH AIDE SERVICES						
13.02 HOME HEALTH AIDE SERVICES						
13.03 HOME HEALTH AIDE SERVICES						
13.04 HOME HEALTH AIDE SERVICES						
14 TOTAL						

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

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
OTHER PATIENT SERVICES		1	2	3	4	5	6
15 COST OF MEDICAL SUPPLIES	8	121,482		121,482	154,520	.786189	
16 COST OF DRUGS	9						
16.20 COST OF DRUGS	9						

	PROGRAM COVERED CHARGES		COST OF SERVICES		
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
	7	8	9	10	11
15 COST OF MEDICAL SUPPLIES					
16 COST OF DRUGS					
16.20 COST OF DRUGS					

PER BENEFICIARY COST LIMITATION:	MSA NUMBER	AMOUNT
	1	2
162 PROGRAM UN DUP CENSUS FROM WRKST S-4	9915	
16.01 PROGRAM UN DUP CENSUS FROM WRKST S-4	9923	
16.02 PROGRAM UN DUP CENSUS FROM WRKST S-4	0870	
16.03 PROGRAM UN DUP CENSUS FROM WRKST S-4	0870	
16.04 PROGRAM UN DUP CENSUS FROM WRKST S-4	7800	
17 PER BENE COST LIMITATION (FRM FI)	9915	
17.01 PER BENE COST LIMITATION (FRM FI)	9923	
17.02 PER BENE COST LIMITATION (FRM FI)	0870	
17.03 PER BENE COST LIMITATION (FRM FI)	0870	
17.04 PER BENE COST LIMITATION (FRM FI)	7800	
18 PER BENE COST LIMITATION (LN 17*18)		

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
		1	2	3	4
1 PHYSICAL THERAPY	50	.629903			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.515763			COL 2, LN 3
3 SPEECH PATHOLOGY	52	.735896			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.820255			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.306166			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROGRAM COSTS		PROG VISITS ON OR AFTER 1/1/1999
			PRIOR 1/1/1998 TO 12/31/1998	1/1/1998 TO 12/31/1998	PRIOR 1/1/1998 TO 12/31/1998	1/1/1998 TO 12/31/1998	
	1	2	1/1/1998 TO 12/31/1998	12/31/1998 TO 1/1/1999	1/1/1998 TO 12/31/1998	12/31/1998 TO 1/1/1999	5
1 PHYSICAL THERAPY		219.27	2.01	3	3.01	4	
2 OCCUPATIONAL THERAPY		235.33					
3 SPEECH PATHOLOGY		769.50					
4 TOTAL (SUM OF LINES 1-3)							

TITLE XVIII HHA 1

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

	PART A	PART B NOT SUBJECT TO DED & COINS	PART B SUBJECT TO DED & COINS
	1	2	3
1 REASONABLE COST OF SERVICES			
2 TOTAL CHARGES			
3 CUSTOMARY CHARGES			
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
5 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)			
6 RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)			
7 TOTAL CUSTOMARY CHARGES			
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST			
9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
10 PRIMARY PAYOR AMOUNTS			

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES 1	PART B SERVICES 2
10 TOTAL REASONABLE COST		
10.01 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS	992,307	590,605
10.02 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	49,877	39,786
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPISODES	27,713	12,501
10.04 TOTAL PPS REIMBURSEMENT-PEP EPISODES	7,990	5,323
10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.06 TOTAL PPS REIMBURSEMENT-SCIC EPISODES	4,565	1,664
10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	26,608	18,571
10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES		
10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES		2,589
10.11 TOTAL OTHER PAYMENTS		
10.12 DME PAYMENTS		
10.13 OXYGEN PAYMENTS		
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS		
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12 SUBTOTAL	1,109,060	671,039
13 EXCESS REASONABLE COST		
14 SUBTOTAL	1,109,060	671,039
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	1,109,060	671,039
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	1,109,060	671,039
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21 OTHER ADJUSTMENTS (SPECIFY)		
22 SUBTOTAL	1,109,060	671,039
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	1,109,060	671,039
25 INTERIM PAYMENTS	1,109,060	671,039
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE PROVIDER/PROGRAM		
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2		

TITLE XVIII HHA 1

DESCRIPTION	P A R T A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,109,060		671,039
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		NONE		NONE
4 TOTAL INTERIM PAYMENTS		1,109,060		671,039
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT				
AMOUNT (BALANCE DUE) SETTLEMENT TO PROVIDER .01				
BASED ON COST REPORT (1) SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO: 00000

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

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

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

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS PART A
PATIENT SERVICES							
1 SKILLED NURSING	2	4,479,182		4,479,182	17,799	251.65	6
2 PHYSICAL THERAPY	3	492,035		492,035	2,244	219.27	
3 OCCUPATIONAL THERAPY	4	290,869		290,869	1,236	235.33	
4 SPEECH PATHOLOGY	5	6,156		6,156	8	769.50	
5 MEDICAL SOCIAL SERVICES	6	630		630	509	1.24	
6 HOME HEALTH AIDE SERVICES	7	1,147,744		1,147,744	13,021	88.15	
7 TOTAL		6,416,616		6,416,616	34,817		

PATIENT SERVICES	PROGRAM VISITS		COST OF SERVICES		TOTAL PROGRAM COST	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR		
1 SKILLED NURSING	7	8	9	10	11	12
2 PHYSICAL THERAPY						
3 OCCUPATIONAL THERAPY						
4 SPEECH PATHOLOGY						
5 MEDICAL SOCIAL SERVICES						
6 HOME HEALTH AIDE SERVICES						
7 TOTAL						

LIMITATION COST COMPUTATION	PROGRAM VISITS
PATIENT SERVICES	
8 SKILLED NURSING	1
8.01 SKILLED NURSING	2
8.02 SKILLED NURSING	3
8.03 SKILLED NURSING	4
8.04 SKILLED NURSING	5
9 PHYSICAL THERAPY	6
9.01 PHYSICAL THERAPY	
9.02 PHYSICAL THERAPY	
9.03 PHYSICAL THERAPY	
9.04 PHYSICAL THERAPY	
10 OCCUPATIONAL THERAPY	
10.01 OCCUPATIONAL THERAPY	
10.02 OCCUPATIONAL THERAPY	
10.03 OCCUPATIONAL THERAPY	
10.04 OCCUPATIONAL THERAPY	
11 SPEECH PATHOLOGY	
11.01 SPEECH PATHOLOGY	
11.02 SPEECH PATHOLOGY	
11.03 SPEECH PATHOLOGY	
11.04 SPEECH PATHOLOGY	
12 MEDICAL SOCIAL SERVICES	
12.01 MEDICAL SOCIAL SERVICES	
12.02 MEDICAL SOCIAL SERVICES	
12.03 MEDICAL SOCIAL SERVICES	
12.04 MEDICAL SOCIAL SERVICES	
13 HOME HEALTH AIDE SERVICES	
13.01 HOME HEALTH AIDE SERVICES	
13.02 HOME HEALTH AIDE SERVICES	
13.03 HOME HEALTH AIDE SERVICES	
13.04 HOME HEALTH AIDE SERVICES	
14 TOTAL	

PATIENT SERVICES	PROGRAM VISITS		COST OF SERVICES		TOTAL PROGRAM COST	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR		
8 SKILLED NURSING	7	8	9	10	11	12
8.01 SKILLED NURSING						
8.02 SKILLED NURSING						
8.03 SKILLED NURSING						
8.04 SKILLED NURSING						
9 PHYSICAL THERAPY						
9.01 PHYSICAL THERAPY						
9.02 PHYSICAL THERAPY						
9.03 PHYSICAL THERAPY						
9.04 PHYSICAL THERAPY						
10 OCCUPATIONAL THERAPY						
10.01 OCCUPATIONAL THERAPY						
10.02 OCCUPATIONAL THERAPY						
10.03 OCCUPATIONAL THERAPY						
10.04 OCCUPATIONAL THERAPY						
11 SPEECH PATHOLOGY						

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

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----			TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
11.01 SPEECH PATHOLOGY						
11.02 SPEECH PATHOLOGY						
11.03 SPEECH PATHOLOGY						
11.04 SPEECH PATHOLOGY						
12 MEDICAL SOCIAL SERVICES						
12.01 MEDICAL SOCIAL SERVICES						
12.02 MEDICAL SOCIAL SERVICES						
12.03 MEDICAL SOCIAL SERVICES						
12.04 MEDICAL SOCIAL SERVICES						
13 HOME HEALTH AIDE SERVICES						
13.01 HOME HEALTH AIDE SERVICES						
13.02 HOME HEALTH AIDE SERVICES						
13.03 HOME HEALTH AIDE SERVICES						
13.04 HOME HEALTH AIDE SERVICES						
14 TOTAL	7	8	9	10	11	12

[ ] TITLE V [ ] TITLE XVIIII [X] TITLE XIX

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
		1	2	3	4	5	6
15 COST OF MEDICAL SUPPLIES	8	121,482		121,482			
16 COST OF DRUGS	9						
16.20 COST OF DRUGS	9						

	PROGRAM COVERED CHARGES		COST OF SERVICES	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR
	7	8	9	10
15 COST OF MEDICAL SUPPLIES				
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:	MSA NUMBER	AMOUNT
	1	2
162 PROGRAM UN DUP CENSUS FROM WRKST S-4	9915	
16.01 PROGRAM UN DUP CENSUS FROM WRKST S-4	9923	
16.02 PROGRAM UN DUP CENSUS FROM WRKST S-4	0870	
16.03 PROGRAM UN DUP CENSUS FROM WRKST S-4	0870	
16.04 PROGRAM UN DUP CENSUS FROM WRKST S-4	7800	
17 PER BENE COST LIMITATION (FRM FI)	9915	
17.01 PER BENE COST LIMITATION (FRM FI)	9923	
17.02 PER BENE COST LIMITATION (FRM FI)	0870	
17.03 PER BENE COST LIMITATION (FRM FI)	0870	
17.04 PER BENE COST LIMITATION (FRM FI)	7800	
18 PER BENE COST LIMITATION (LN 17*18)		

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
		1	2	3	4
1 PHYSICAL THERAPY	50	.629903			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.515763			COL 2, LN 3
3 SPEECH PATHOLOGY	52	.735896			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.820255			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.306166			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROGRAM COSTS		PROG VISITS ON OR AFTER 1/1/1999
			PRIOR 1/1/1998 TO 12/31/1998	1/1/1998 TO 12/31/1998	PRIOR 1/1/1998 TO 12/31/1998	1/1/1998 TO 12/31/1998	
	1	2	1/1/1998 TO 12/31/1998	12/31/1998 TO 1/1/1999	1/1/1998 TO 12/31/1998	12/31/1998 TO 1/1/1999	5
1 PHYSICAL THERAPY		219.27	2.01	3	3.01	4	
2 OCCUPATIONAL THERAPY		235.33					
3 SPEECH PATHOLOGY		769.50					
4 TOTAL (SUM OF LINES 1-3)							

## CALCULATION OF CAPITAL PAYMENT

PROVIDER NO: 15-0018  
 PERIOD: FROM 1/1/2007 TO 12/31/2007  
 COMPONENT NO: 15-0018

PREPARED 5/27/2008  
 WORKSHEET L  
 PARTS I-IV

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD		
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	3,061,869
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	247,753
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	142.83
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	2.33
	MEDI CARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	14.73
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	17.06
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	3.52
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	107,778
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	3,417,400
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	