

WORKSHEET S
 PARTS I & II
 DATE RECEIVED:
 / /
 INTERMEDIARY NO:

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX
 COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I
I	15-1317	I	FROM 1/ 1/2007	I	--AUDITED --DESK REVIEW	I
I		I	TO 12/31/2007	I	--INITIAL --REOPENED	I
I		I		I	--FINAL 1-MCR CODE	I
				I	00 - # OF REOPENINGS	I

ELECTRONICALLY FILED COST REPORT DATE: 5/29/2008 TIME 16:05

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:
 GREENE COUNTY GENERAL HOSPITAL 15-1317
 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	743,868	-110,480		0
3	SWING BED - SNF	0	15,115	0		0
100	TOTAL	0	758,983	-110,480		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: R. R. 1 P. O. BOX:
 1.01 CITY: LINTON STATE: IN ZIP CODE: 47441-9457 COUNTY: GREENE

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
					V	XVIII	XIX
02.00 HOSPITAL	GREENE COUNTY GENERAL HOSPITAL	15-1317	2.01	2/ 1/2003	N	0	N
04.00 SWING BED - SNF	GREENE SWING BEDS	15-Z317		2/ 1/2003	N	0	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/ 1/2007 TO: 12/31/2007
 18 TYPE OF CONTROL 1 2
 6

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER

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? N

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. 2 Y

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 2

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 2

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)

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)

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 / /

		1	2	3	4
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y". IF "N" COMPLETE LINES 28.01 AND 28.02				
28.01	IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)				
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)	Y			
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70	N			
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)	N			
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).	N			
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II	N			
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	Y			
31.01	IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.02	IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.03	IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.04	IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.05	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
	MISCELLANEOUS COST REPORT INFORMATION				
32	IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.	N			
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2	N			
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?	N			
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.02	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
	PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL	V	XVIII	XIX	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	1	2	3	
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS)	N	N	N	
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	N	N	
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?	N	N	N	

TITLE XIX INPATIENT SERVICES
 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? Y
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? 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 15-1, 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? N
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
 SEE CMS PUB. 15-11, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS? N
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? N
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD? N
 46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF)
 DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

	PART A 1	PART B 2	OUTPATIENT ASC 3	OUTPATIENT RADIOLOGY 4	OUTPATIENT DIAGNOSTIC 5
47.00 HOSPITAL	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: 0
 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 0	Y OR N 1	LIMIT 2	Y OR N 3	FEE\$ 4
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. N 0.00 0					
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. 0.00 0					
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0					
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0					

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. N

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) 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

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH HOURS 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	20	7,300	82,800.00		2,556		257
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF					157		
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	20	7,300	82,800.00		2,713		257
6 INTENSIVE CARE UNIT	5	1,825	11,064.00		397		28
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							123
12 TOTAL	25	9,125	93,864.00		3,110		408
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
23 CORF							
25 TOTAL	25						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS TOTAL ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			3,450				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			157				
4 ADULTS & PED-SB NF			7				
5 TOTAL ADULTS AND PEDS			3,614				
6 INTENSIVE CARE UNIT			461				
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY			236				
12 TOTAL			4,311				
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
23 CORF							
25 TOTAL			615	120	495		
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					835	112	1,213
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		210.90			835	112	1,213
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
23 CORF							
25 TOTAL		210.90					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							

	COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS-BLDG & FIXT					
2	0200	OLD CAP REL COSTS-MVBLE EQUIP					
3	0300	NEW CAP REL COSTS-BLDG & FIXT		514,227	514,227	67,319	581,546
4	0400	NEW CAP REL COSTS-MVBLE EQUIP					
5	0500	EMPLOYEE BENEFITS		2,371,789	2,371,789	20,163	2,391,952
6	0600	ADMINISTRATIVE & GENERAL	1,010,503	1,762,853	2,773,356	-33,724	2,739,632
7	0700	MAINTENANCE & REPAIRS					
8	0800	OPERATION OF PLANT	305,234	747,291	1,052,525		1,052,525
9	0900	LAUNDRY & LINEN SERVICE		114,479	114,479		114,479
10	1000	HOUSEKEEPING	265,095	91,127	356,222		356,222
11	1100	DIETARY	350,251	370,383	720,634	-602,627	118,007
12	1200	CAFETERIA				548,869	548,869
13	1300	MAINTENANCE OF PERSONNEL					
14	1400	NURSING ADMINISTRATION	495,279	39,622	534,901		534,901
15	1500	CENTRAL SERVICES & SUPPLY		3,822	3,822		3,822
16	1600	PHARMACY	531,241	53,854	585,095		585,095
17	1700	MEDICAL RECORDS & LIBRARY	190,079	42,121	232,200		232,200
18	1800	SOCIAL SERVICE	130,474		130,474		130,474
20	2000	NONPHYSICIAN ANESTHETISTS					
21	2100	NURSING SCHOOL					
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD					
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	2,101,907	27,455	2,129,362	-32,125	2,097,237
26	2600	INTENSIVE CARE UNIT	594,467	15,531	609,998		609,998
27	2700	CORONARY CARE UNIT					
28	2800	BURN INTENSIVE CARE UNIT					
29	2900	SURGICAL INTENSIVE CARE UNIT					
31	3100	SUBPROVIDER					
33	3300	NURSERY	24,762	1,508	26,270		26,270
34	3400	SKI LLED NURSING FACILITY					
35	3500	NURSING FACILITY					
35.01	3510	ICF/MR					
36	3600	OTHER LONG TERM CARE					
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	310,810	79,389	390,199		390,199
38	3800	RECOVERY ROOM					
39	3900	DELIVERY ROOM & LABOR ROOM		3,826	3,826	32,125	35,951
40	4000	ANESTHESIOLOGY	295,090	7,448	302,538		302,538
41	4100	RADIOLOGY-DIAGNOSTIC	701,702	724,215	1,425,917		1,425,917
42	4200	RADIOLOGY-THERAPEUTIC					
43	4300	RADIOISOTOPE					
44	4400	LABORATORY	686,246	1,259,234	1,945,480		1,945,480
45	4500	PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	4700	BLOOD STORING, PROCESSING & TRANS.					
48	4800	INTRAVENOUS THERAPY					
49	4900	RESPIRATORY THERAPY	345,265	44,518	389,783		389,783
50	5000	PHYSICAL THERAPY	282,501	15,024	297,525		297,525
51	5100	OCCUPATIONAL THERAPY					
52	5200	SPEECH PATHOLOGY	9,220		9,220		9,220
53	5300	ELECTROCARDIOLOGY	25,306	79,572	104,878		104,878
54	5400	ELECTROENCEPHALOGRAPHY					
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		361,261	361,261		361,261
56	5600	DRUGS CHARGED TO PATIENTS		1,032,849	1,032,849		1,032,849
57	5700	RENAL DIALYSIS					
58	5800	ASC (NON-DISTINCT PART)					
		OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC					
61	6100	EMERGENCY	310,593	996,304	1,306,897		1,306,897
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
		OTHER REIMBURS COST CNTRS					
64	6400	HOME PROGRAM DIALYSIS					
65	6500	AMBULANCE SERVICES					
66	6600	DURABLE MEDICAL EQUIP-RENTED					
67	6700	DURABLE MEDICAL EQUIP-SOLD					
69	6900	CORF					
70	7000	I&R SERVICES-NOT APPRVD PRGM					
71	7100	HOME HEALTH AGENCY					
		SPEC PURPOSE COST CENTERS					
82	8200	LUNG ACQUISITION					
83	8300	KIDNEY ACQUISITION					
84	8400	LIVER ACQUISITION					
85	8500	HEART ACQUISITION					
85.01	8510	PANCREAS ACQUISITION					
88	8800	INTEREST EXPENSE					
89	8900	UTILIZATION REVIEW-SNF					
90	9000	OTHER CAPITAL RELATED COSTS					
92	9200	AMBULATORY SURGICAL CENTER (D.P.)					
93	9300	HOSPICE					
95		SUBTOTALS	8,966,025	10,759,702	19,725,727	-0-	19,725,727
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700	RESEARCH					
98	9800	PHYSICIANS' PRIVATE OFFICES					
99	9900	NONPAID WORKERS					
100	7950	MOB					
101		TOTAL	8,966,025	10,759,702	19,725,727	-0-	19,725,727

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS- BLDG & FIXT		
2	0200 OLD CAP REL COSTS- MVBLE EQUIP		
3	0300 NEW CAP REL COSTS- BLDG & FIXT		581, 546
4	0400 NEW CAP REL COSTS- MVBLE EQUIP		
5	0500 EMPLOYEE BENEFITS		2, 391, 952
6	0600 ADMINISTRATIVE & GENERAL	- 59, 858	2, 679, 774
7	0700 MAINTENANCE & REPAIRS		
8	0800 OPERATION OF PLANT		1, 052, 525
9	0900 LAUNDRY & LINEN SERVICE		114, 479
10	1000 HOUSEKEEPING		356, 222
11	1100 DIETARY		118, 007
12	1200 CAFETERIA	- 198, 087	350, 782
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION		534, 901
15	1500 CENTRAL SERVICES & SUPPLY		3, 822
16	1600 PHARMACY	- 150	584, 945
17	1700 MEDICAL RECORDS & LIBRARY	- 6, 398	225, 802
18	1800 SOCIAL SERVICE		130, 474
20	2000 NONPHYSICIAN ANESTHETISTS		
21	2100 NURSING SCHOOL		
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		2, 097, 237
26	2600 INTENSIVE CARE UNIT		609, 998
27	2700 CORONARY CARE UNIT		
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
31	3100 SUBPROVIDER		
33	3300 NURSERY		26, 270
34	3400 SKILLED NURSING FACILITY		
35	3500 NURSING FACILITY		
35.01	3510 ICF/MR		
36	3600 OTHER LONG TERM CARE		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		390, 199
38	3800 RECOVERY ROOM		
39	3900 DELIVERY ROOM & LABOR ROOM		35, 951
40	4000 ANESTHESIOLOGY		302, 538
41	4100 RADIOLOGY-DIAGNOSTIC	- 2, 774	1, 423, 143
42	4200 RADIOLOGY-THERAPEUTIC		
43	4300 RADIOISOTOPE		
44	4400 LABORATORY	- 40, 000	1, 905, 480
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY		
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		
47	4700 BLOOD STORING, PROCESSING & TRANS.		
48	4800 INTRAVENOUS THERAPY		
49	4900 RESPIRATORY THERAPY		389, 783
50	5000 PHYSICAL THERAPY		297, 525
51	5100 OCCUPATIONAL THERAPY		
52	5200 SPEECH PATHOLOGY		9, 220
53	5300 ELECTROCARDIOLOGY	- 716	104, 162
54	5400 ELECTROENCEPHALOGRAPHY		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		361, 261
56	5600 DRUGS CHARGED TO PATIENTS		1, 032, 849
57	5700 RENAL DIALYSIS		
58	5800 ASC (NON-DISTINCT PART)		
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
61	6100 EMERGENCY	- 638, 791	668, 106
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
64	6400 HOME PROGRAM DIALYSIS		
65	6500 AMBULANCE SERVICES		
66	6600 DURABLE MEDICAL EQUIP- RENTED		
67	6700 DURABLE MEDICAL EQUIP- SOLD		
69	6900 CORF		
70	7000 I&R SERVICES-NOT APPRVD PRGM		
71	7100 HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
82	8200 LUNG ACQUISITION		
83	8300 KIDNEY ACQUISITION		
84	8400 LIVER ACQUISITION		
85	8500 HEART ACQUISITION		
85.01	8510 PANCREAS ACQUISITION		
88	8800 INTEREST EXPENSE		- 0-
89	8900 UTILIZATION REVIEW-SNF		- 0-
90	9000 OTHER CAPITAL RELATED COSTS		- 0-
92	9200 AMBULATORY SURGICAL CENTER (D. P.)		
93	9300 HOSPICE		
95	SUBTOTALS	- 946, 774	18, 778, 953
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES		
99	9900 NONPAID WORKERS		
100	7950 MOB		
101	TOTAL	- 946, 774	18, 778, 953

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS- BLDG & FIXT	0100	
2	OLD CAP REL COSTS- MVBLE EQUIP	0200	
3	NEW CAP REL COSTS- BLDG & FIXT	0300	
4	NEW CAP REL COSTS- MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
35.01	ICF/MR	3510	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
69	CORF	6900	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
82	LUNG ACQUISITION	8200	
83	KIDNEY ACQUISITION	8300	
84	LIVER ACQUISITION	8400	
85	HEART ACQUISITION	8500	
85.01	PANCREAS ACQUISITION	8510	
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D. P.)	9200	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
100	MOB	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		
	(1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 DIETARY	A	ADMINISTRATIVE & GENERAL	6	26,128	27,630
2		CAFETERIA	12	266,768	282,101
3 INSURANCE	B	NEW CAP REL COSTS-BLDG & FIXT	3		67,319
4		EMPLOYEE BENEFITS	5		20,163
5 DELIVERY & LABOR	C	DELIVERY ROOM & LABOR ROOM	39	32,125	
36 TOTAL RECLASSIFICATIONS				325,021	397,213

(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	----- DECREASE -----				A-7 REF 10	
	CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8		OTHER 9
1 DIETARY	A	DIETARY	11	292,896	309,731	
2						
3 INSURANCE	B	ADMINISTRATIVE & GENERAL	6		87,482	9
4						
5 DELIVERY & LABOR	C	ADULTS & PEDIATRICS	25	32,125		
36 TOTAL RECLASSIFICATIONS				325,021	397,213	

(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.

RECLASS CODE: A
 EXPLANATION : DIETARY

----- INCREASE -----				----- DECREASE -----		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	53,758	DIETARY	11	602,627
2.00	CAFETERIA	12	548,869			0
TOTAL RECLASSIFICATIONS FOR CODE A			602,627			602,627

RECLASS CODE: B
 EXPLANATION : INSURANCE

----- INCREASE -----				----- DECREASE -----		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	67,319	ADMINISTRATIVE & GENERAL	6	87,482
2.00	EMPLOYEE BENEFITS	5	20,163			0
TOTAL RECLASSIFICATIONS FOR CODE B			87,482			87,482

RECLASS CODE: C
 EXPLANATION : DELIVERY & LABOR

----- INCREASE -----				----- DECREASE -----		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	DELIVERY ROOM & LABOR ROOM	39	32,125	ADULTS & PEDIATRICS	25	32,125
TOTAL RECLASSIFICATIONS FOR CODE C			32,125			32,125

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	759,198						759,198	
2	LAND IMPROVEMENTS	485,052					44,975	440,077	
3	BUILDINGS & FIXTURE	7,236,763	265,844			265,844		7,502,607	
4	BUILDING IMPROVEMEN	204,672						204,672	
5	FIXED EQUIPMENT	1,225,967					22,812	1,203,155	
6	MOVABLE EQUIPMENT	3,669,654					142,128	3,527,526	
7	SUBTOTAL	13,581,306	265,844			265,844	209,915	13,637,235	
8	RECONCILING ITEMS								
9	TOTAL	13,581,306	265,844			265,844	209,915	13,637,235	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL 8
			CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL	10,109,709		10,109,709	.741331				
4	NEW CAP REL COSTS-MV	3,527,526		3,527,526	.258669				
5	TOTAL	13,637,235		13,637,235	1.000000				

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	581,546						581,546
4	NEW CAP REL COSTS-MV							
5	TOTAL	581,546						581,546

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	514,227						514,227
4	NEW CAP REL COSTS-MV							
5	TOTAL	514,227						514,227

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

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS- BLDG &		1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS- BLDG &		3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
5 INVESTMENT INCOME-OTHER						
6 TRADE QUANTITY AND TIME DISCOUNTS						
7 REFUNDS AND REBATES OF EXPENSES						
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES	A	- 17,789	ADMINISTRATIVE & GENERAL		6	
10 TELEVISION AND RADIO SERVICE						
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	- 678,791				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1					
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA - EMPLOYEES AND GUESTS	B	- 198,087	CAFETERIA		12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS						
18 SALE OF MED AND SURG SUPPLIES						
19 SALE OF DRUGS TO OTHER THAN PATIENTS						
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	- 6,398	MEDICAL RECORDS & LIBRARY		17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)						
22 VENDING MACHINES	B	- 1,158	ADMINISTRATIVE & GENERAL		6	
23 INCOME FROM IMPOSITION OF INTEREST						
24 INTRST EXP ON MEDICARE OVERPAYMENTS						
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY		49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY		50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28 UTILIZATION REVIEW-PHYSIAN COMP			UTILIZATION REVIEW-SNF		89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS- BLDG &		1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS- BLDG &		3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS		20	
34 PHYSICIANS' ASSISTANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY		51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY		52	
37 FLU SHOTS	B	- 150	PHARMACY		16	
38 MISCELLANEOUS INCOME	B	- 1,927	ADMINISTRATIVE & GENERAL		6	
39 CPR TRAINING	B	- 716	ELECTROCARDIOLOGY		53	
40 WORTHINGTON EXPENSE	A	- 1,723	ADMINISTRATIVE & GENERAL		6	
41 AHA DUES	A	- 1,921	ADMINISTRATIVE & GENERAL		6	
42 I HHA DUES	A	- 741	ADMINISTRATIVE & GENERAL		6	
43 ADVERTISING	A	- 34,599	ADMINISTRATIVE & GENERAL		6	
44 CT SCAN REBATE	B	- 2,774	RADIOLOGY-DIAGNOSTIC		41	
45						
46						
47						
48						
49 OTHER ADJUSTMENTS (SPECIFY)						
50 TOTAL (SUM OF LINES 1 THRU 49)		- 946,774				

(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

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	61	ER						638,791
2	44	LAB						40,000
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL							678,791

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR VALUE	NOT ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	6	SQUARE FEET	NOT ENTERED
8	OPERATION OF PLANT	7	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HOURS OF SERVICE	ENTERED
11	DIETARY	10	MEALS SERVED	ENTERED
12	CAFETERIA	11	FTE	ENTERED
13	MAINTENANCE OF PERSONNEL	12	NUMBER HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	13	DIRECT NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	ENTERED
16	PHARMACY	15	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME SPENT	ENTERED
18	SOCIAL SERVICE	17	TIME SPENT	ENTERED
20	NONPHYSICIAN ANESTHETISTS	18	ASSIGNED TIME	NOT ENTERED
21	NURSING SCHOOL	19	ASSIGNED TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED TIME	NOT ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	ASSIGNED TIME	NOT ENTERED

COST CENTER DESCRPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
	0	1	2	3	4	5	5a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	581,546			581,546			
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS	2,391,952					2,391,952	
007 ADMINISTRATIVE & GENERAL	2,679,774			78,473		277,216	3,035,463
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	1,052,525			49,699		81,246	1,183,470
010 LAUNDRY & LINEN SERVICE	114,479			6,694			121,173
011 HOUSEKEEPING	356,222			4,929		65,524	426,675
012 DIETARY	118,007			30,387		15,338	163,732
013 CAFETERIA	350,782			18,541		71,339	440,662
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	534,901			4,645		132,448	671,994
016 CENTRAL SERVICES & SUPPLY	3,822			7,029			10,851
017 PHARMACY	584,945			8,033		142,064	735,042
018 MEDICAL RECORDS & LIBRARY	225,802			10,224		50,831	286,857
019 SOCIAL SERVICE	130,474			2,505		34,891	167,870
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	2,097,237			91,964		553,506	2,742,707
027 INTENSIVE CARE UNIT	609,998			26,563		158,972	795,533
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U							
033 SUBPROVIDER							
034 NURSERY	26,270			5,173		6,622	38,065
035 SKILLED NURSING FACILITY							
035 01 NURSING FACILITY							
035 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	390,199			43,978		83,117	517,294
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO	35,951			21,137		8,591	65,679
041 ANESTHESIOLOGY	302,538					78,913	381,451
042 RADIOLOGY-DIAGNOSTIC	1,423,143			31,199		187,649	1,641,991
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE							
045 LABORATORY	1,905,480			19,595		183,516	2,108,591
046 PBP CLINICAL LAB SERVICES							
047 WHOLE BLOOD & PACKED RED							
048 BLOOD STORING, PROCESSING							
049 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	389,783			4,635		92,331	486,749
050 PHYSICAL THERAPY	297,525			8,327		75,546	381,398
051 OCCUPATIONAL THERAPY				8,327			8,327
052 SPEECH PATHOLOGY	9,220			2,039		2,466	13,725
053 ELECTROCARDIOLOGY	104,162			3,996		6,767	114,925
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	361,261						361,261
056 DRUGS CHARGED TO PATIENTS	1,032,849						1,032,849
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY	668,106			16,887		83,059	768,052
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
084 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	18,778,953			504,979		2,391,952	18,702,386
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP				1,958			1,958
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC				9,321			9,321
099 NONPAID WORKERS							
100 MOB				65,288			65,288
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	18,778,953			581,546		2,391,952	18,778,953

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL		MAINTENANCE & REPAIRS		OPERATION OF PLANT		LAUNDRY & LINEN SERVICE		HOUSEKEEPING		DIETARY		CAFETERIA	
		6	7	8	9	10	11	12							
001	GENERAL SERVICE COST CNTR														
002	OLD CAP REL COSTS-BLDG &														
003	OLD CAP REL COSTS-MVBLE E														
004	NEW CAP REL COSTS-BLDG &														
005	NEW CAP REL COSTS-MVBLE E														
006	EMPLOYEE BENEFITS														
007	ADMINISTRATIVE & GENERAL	3,035,463													
008	OPERATION OF PLANT	228,182		1,411,652											
009	LAUNDRY & LINEN SERVICE	23,363		20,094		164,630									
010	HOUSEKEEPING	82,266		14,796		1,550		525,287							
011	DIETARY	31,569		91,214		3,512					290,027				
012	CAFETERIA	84,963		55,654							242,533			823,812	
013	MAINTENANCE OF PERSONNEL														
014	NURSING ADMINISTRATION	129,566		13,944				9,873						39,067	
015	CENTRAL SERVICES & SUPPLY	2,092		21,099											
016	PHARMACY	141,722		24,113										30,008	
017	MEDICAL RECORDS & LIBRARY	55,308		30,689				5,642						39,067	
018	SOCIAL SERVICE	32,367		7,520				3,224						16,986	
020	NONPHYSICIAN ANESTHETISTS														
021	NURSING SCHOOL														
022	I&R SERVICES-SALARY & FRI														
023	I&R SERVICES-OTHER PRGM C														
025	INPAT ROUTINE SRVC CNTRS														
026	ADULTS & PEDIATRICS	528,809		276,048		66,924		210,156			40,634			267,810	
027	INTENSIVE CARE UNIT	153,385		79,736		17,358		39,492			6,860			60,583	
028	CORONARY CARE UNIT														
029	BURN INTENSIVE CARE UNIT														
031	SURGICAL INTENSIVE CARE U														
033	SUBPROVIDER														
034	NURSERY	7,339		15,527				5,037						5,662	
035	SKILLED NURSING FACILITY														
035	NURSING FACILITY														
035	01 ICF/MR														
036	OTHER LONG TERM CARE														
037	ANCILLARY SRVC COST CNTRS														
038	OPERATING ROOM	99,738		132,010		20,399		48,156						35,104	
039	RECOVERY ROOM														
039	DELIVERY ROOM & LABOR ROO	12,663		63,448				8,060						3,397	
040	ANESTHESIOLOGY	73,547												11,324	
041	RADIOLOGY-DIAGNOSTIC	316,589		93,649		14,141		36,067						86,628	
042	RADIOLOGY-THERAPEUTIC														
043	RADIOISOTOPE														
044	LABORATORY	406,553		58,820				18,940						98,518	
045	PBP CLINICAL LAB SERVICES														
046	WHOLE BLOOD & PACKED RED														
047	BLOOD STORING, PROCESSING														
048	INTRAVENOUS THERAPY														
049	RESPIRATORY THERAPY	93,849		13,913				403						41,332	
050	PHYSICAL THERAPY	73,537		24,995		10,199		5,642						35,104	
051	OCCUPATIONAL THERAPY	1,606		24,995											
052	SPEECH PATHOLOGY	2,646		6,119											
053	ELECTROCARDIOLOGY	22,158		11,995										5,662	
054	ELECTROENCEPHALOGRAPHY														
055	MEDICAL SUPPLIES CHARGED	69,654						4,231							
056	DRUGS CHARGED TO PATIENTS	199,142												15,287	
057	RENAL DIALYSIS														
058	ASC (NON-DISTINCT PART)														
060	OUTPAT SERVICE COST CNTRS														
061	CLINIC														
061	EMERGENCY	148,087		50,691		24,854		56,619						32,273	
062	OBSERVATION BEDS (NON-DIS														
062	OTHER REIMBURS COST CNTRS														
064	HOME PROGRAM DIALYSIS														
065	AMBULANCE SERVICES														
066	DURABLE MEDICAL EQUIP-REN														
067	DURABLE MEDICAL EQUIP-SOL														
069	CORF														
070	I&R SERVICES-NOT APPRVD P														
071	HOME HEALTH AGENCY														
082	LUNG ACQUISITION														
083	SPEC PURPOSE COST CENTERS														
084	KIDNEY ACQUISITION														
084	LIVER ACQUISITION														
085	HEART ACQUISITION														
085	01 PANCREAS ACQUISITION														
092	AMBULATORY SURGICAL CENTE														
093	HOSPICE														
095	SUBTOTALS	3,020,700		1,131,069		158,937		451,542			290,027			823,812	
096	NONREIMBURS COST CENTERS														
097	GIFT, FLOWER, COFFEE SHOP	378		5,876											
098	RESEARCH														
099	PHYSICIANS' PRIVATE OFFIC	1,797		27,979		5,693		13,298							
100	NONPAID WORKERS														
100	MOB	12,588		246,728				60,447							
101	CROSS FOOT ADJUSTMENT														
102	NEGATIVE COST CENTER														
103	TOTAL	3,035,463		1,411,652		164,630		525,287			290,027			823,812	

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES	NONPHYSICIAN ANESTHETISTS
	13	14	15	16	17	18	19	20
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
007 ADMINSTRATIVE & GENERAL								
008 MAINTENANCE & REPAIRS								
009 OPERATION OF PLANT								
010 LAUNDRY & LINEN SERVICE								
011 HOUSEKEEPING								
012 DIETARY								
013 CAFETERIA								
014 MAINTENANCE OF PERSONNEL								
015 NURSING ADMINISTRATION		864,444						
016 CENTRAL SERVICES & SUPPLY			34,042					
017 PHARMACY				930,885				
018 MEDICAL RECORDS & LIBRARY					417,563			
019 SOCIAL SERVICE						227,967		
020 NONPHYSICIAN ANESTHETISTS								
021 NURSING SCHOOL								
022 I&R SERVICES-SALARY & FRI								
023 I&R SERVICES-OTHER PRGM C								
025 INPAT ROUTINE SRVC CNTRS								
026 ADULTS & PEDIATRICS		576,703			137,368		207,703	
027 INTENSIVE CARE UNIT		130,459			5,458		20,264	
028 CORONARY CARE UNIT								
029 BURN INTENSIVE CARE UNIT								
031 SURGICAL INTENSIVE CARE U								
033 SUBPROVIDER								
034 NURSERY		12,192						
035 SKILLED NURSING FACILITY								
036 NURSING FACILITY								
037 ICF/MR								
038 OTHER LONG TERM CARE								
039 ANCILLARY SRVC COST CNTRS								
040 OPERATING ROOM		75,593						
041 RECOVERY ROOM								
042 DELIVERY ROOM & LABOR ROO								
043 ANESTHESIOLOGY								
044 RADIOLOGY-DIAGNOSTIC					131,000			
045 RADIOLOGY-THERAPEUTIC								
046 RADIOISOTOPE								
047 LABORATORY					8,188			
048 PBP CLINICAL LAB SERVICES								
049 WHOLE BLOOD & PACKED RED								
050 BLOOD STORING, PROCESSING								
051 INTRAVENOUS THERAPY								
052 RESPIRATORY THERAPY					10,007			
053 PHYSICAL THERAPY								
054 OCCUPATIONAL THERAPY								
055 SPEECH PATHOLOGY								
056 ELECTROCARDIOLOGY					125,542			
057 ELECTROENCEPHALOGRAPHY								
058 MEDICAL SUPPLIES CHARGED			34,042					
060 DRUGS CHARGED TO PATIENTS				930,885				
061 RENAL DIALYSIS								
062 ASC (NON-DISTINCT PART)								
064 OUTPAT SERVICE COST CNTRS								
065 CLINIC								
066 EMERGENCY		69,497						
067 OBSERVATION BEDS (NON-DIS								
068 OTHER REIMBURS COST CNTRS								
069 HOME PROGRAM DIALYSIS								
070 AMBULANCE SERVICES								
071 DURABLE MEDICAL EQUIP-REN								
072 DURABLE MEDICAL EQUIP-SOL								
073 CORF								
074 I&R SERVICES-NOT APPRVD P								
075 HOME HEALTH AGENCY								
076 LUNG ACQUISITION								
077 SPEC PURPOSE COST CENTERS								
078 KIDNEY ACQUISITION								
079 LIVER ACQUISITION								
080 HEART ACQUISITION								
081 PANCREAS ACQUISITION								
082 01 AMBULATORY SURGICAL CENTE								
083 HOSPICE								
084 SUBTOTALS		864,444	34,042	930,885	417,563	227,967		
085 NONREIMBURS COST CENTERS								
086 GIFT, FLOWER, COFFEE SHOP								
087 RESEARCH								
088 PHYSICIANS' PRIVATE OFFIC								
089 NONPAID WORKERS								
090 MOB								
091 CROSS FOOT ADJUSTMENT								
092 NEGATIVE COST CENTER								
093 TOTAL		864,444	34,042	930,885	417,563	227,967		

COST CENTER DESCRIPTION	NURSING SCHOO L	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	SUBTOTAL	I&R COST POST STEP- DOWN ADJ	TOTAL
	21	22	23	25	26	27
001 GENERAL SERVICE COST CNTR						
002 OLD CAP REL COSTS-BLDG &						
003 OLD CAP REL COSTS-MVBLE E						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
007 ADMINISTRATIVE & GENERAL						
008 MAINTENANCE & REPAIRS						
009 OPERATION OF PLANT						
010 LAUNDRY & LINEN SERVICE						
011 HOUSEKEEPING						
012 DIETARY						
013 CAFETERIA						
014 MAINTENANCE OF PERSONNEL						
015 NURSING ADMINISTRATION						
016 CENTRAL SERVICES & SUPPLY						
017 PHARMACY						
018 MEDICAL RECORDS & LIBRARY						
019 SOCIAL SERVICE						
020 NONPHYSICIAN ANESTHETISTS						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY & FRI						
023 I&R SERVICES-OTHER PRGM C						
025 INPAT ROUTINE SRVC CNTRS						
026 ADULTS & PEDIATRIC				5,054,862		5,054,862
027 INTENSIVE CARE UNIT				1,309,128		1,309,128
028 CORONARY CARE UNIT						
029 BURN INTENSIVE CARE UNIT						
030 SURGICAL INTENSIVE CARE U						
031 SUBPROVIDER						
033 NURSERY				83,822		83,822
034 SKILLED NURSING FACILITY						
035 NURSING FACILITY						
035 01 ICF/MR						
036 OTHER LONG TERM CARE						
037 ANCILLARY SRVC COST CNTRS						
038 OPERATING ROOM				928,294		928,294
039 RECOVERY ROOM						
040 DELIVERY ROOM & LABOR ROO				153,247		153,247
041 ANESTHESIOLOGY				466,322		466,322
042 RADIOLOGY-DIAGNOSTIC				2,320,065		2,320,065
043 RADIOLOGY-THERAPEUTIC						
044 RADIOISOTOPE						
045 LABORATORY				2,699,610		2,699,610
046 PBP CLINICAL LAB SERVICES						
047 WHOLE BLOOD & PACKED RED						
048 BLOOD STORING, PROCESSING						
049 INTRAVENOUS THERAPY						
050 RESPIRATORY THERAPY				646,253		646,253
051 PHYSICAL THERAPY				530,875		530,875
052 OCCUPATIONAL THERAPY				34,928		34,928
053 SPEECH PATHOLOGY				22,490		22,490
054 ELECTROCARDIOLOGY				280,282		280,282
055 ELECTROENCEPHALOGRAPHY						
056 MEDICAL SUPPLIES CHARGED				469,188		469,188
057 DRUGS CHARGED TO PATIENTS				2,178,163		2,178,163
058 RENAL DIALYSIS						
059 ASC (NON-DISTINCT PART)						
060 OUTPAT SERVICE COST CNTRS						
061 CLINIC						
062 EMERGENCY				1,150,073		1,150,073
064 OBSERVATION BEDS (NON-DIS						
065 OTHER REIMBURS COST CNTRS						
066 HOME PROGRAM DIALYSIS						
067 AMBULANCE SERVICES						
069 DURABLE MEDICAL EQUIP-REN						
070 DURABLE MEDICAL EQUIP-SOL						
071 CORF						
072 I&R SERVICES-NOT APPRVD P						
073 HOME HEALTH AGENCY						
074 LUNG ACQUISITION						
075 SPEC PURPOSE COST CENTERS						
076 KIDNEY ACQUISITION						
077 LIVER ACQUISITION						
078 HEART ACQUISITION						
079 01 PANCREAS ACQUISITION						
080 AMBULATORY SURGICAL CENTE						
081 HOSPICE						
082 SUBTOTALS				18,327,602		18,327,602
083 NONREIMBURS COST CENTERS						
084 GIFT, FLOWER, COFFEE SHOP				8,212		8,212
085 RESEARCH						
086 PHYSICIANS' PRIVATE OFFIC				58,088		58,088
087 NONPAID WORKERS						
088 MOB				385,051		385,051
089 CROSS FOOT ADJUSTMENT						
090 NEGATIVE COST CENTER						
091 TOTAL				18,778,953		18,778,953

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL				78,473		78,473	
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT				49,699		49,699	
010 LAUNDRY & LINEN SERVICE				6,694		6,694	
011 HOUSEKEEPING				4,929		4,929	
012 DIETARY				30,387		30,387	
013 CAFETERIA				18,541		18,541	
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION				4,645		4,645	
016 CENTRAL SERVICES & SUPPLY				7,029		7,029	
017 PHARMACY				8,033		8,033	
018 MEDICAL RECORDS & LIBRARY				10,224		10,224	
019 SOCIAL SERVICE				2,505		2,505	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGMC							
024 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS				91,964		91,964	
026 INTENSIVE CARE UNIT				26,563		26,563	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 SUBPROVIDER							
031 NURSERY				5,173		5,173	
032 SKILLED NURSING FACILITY							
033 NURSING FACILITY							
034 ICF/MR							
035 01 OTHER LONG TERM CARE							
036 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				43,978		43,978	
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO				21,137		21,137	
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC				31,199		31,199	
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY				19,595		19,595	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY				4,635		4,635	
050 PHYSICAL THERAPY				8,327		8,327	
051 OCCUPATIONAL THERAPY				8,327		8,327	
052 SPEECH PATHOLOGY				2,039		2,039	
053 ELECTROCARDIOLOGY				3,996		3,996	
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
061 EMERGENCY				16,887		16,887	
062 OBSERVATION BEDS (NON-DIS							
063 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 CORF							
069 I&R SERVICES-NOT APPRVD P							
070 HOME HEALTH AGENCY							
071 LUNG ACQUISITION							
072 SPEC PURPOSE COST CENTERS							
073 KIDNEY ACQUISITION							
074 LIVER ACQUISITION							
075 HEART ACQUISITION							
076 01 PANCREAS ACQUISITION							
077 AMBULATORY SURGICAL CENTE							
078 HOSPICE							
079 SUBTOTALS				504,979		504,979	
080 NONREIMBURS COST CENTERS							
081 GIFT, FLOWER, COFFEE SHOP				1,958		1,958	
082 RESEARCH							
083 PHYSICIANS' PRIVATE OFFIC				9,321		9,321	
084 NONPAID WORKERS							
085 MOB				65,288		65,288	
086 CROSS FOOT ADJUSTMENTS							
087 NEGATIVE COST CENTER							
088 TOTAL				581,546		581,546	

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		6	7	8	9	10	11	12
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENERAL	78,473						
008	MAINTENANCE & REPAIRS							
009	OPERATION OF PLANT	5,898		55,597				
010	LAUNDRY & LINEN SERVICE	604		791	8,089			
011	HOUSEKEEPING	2,127		583	76	7,715		
012	DIETARY	816		3,592	173		34,968	
013	CAFETERIA	2,196		2,192			29,242	52,171
014	MAINTENANCE OF PERSONNEL							
015	NURSING ADMINISTRATION	3,349		549		145		2,474
016	CENTRAL SERVICES & SUPPLY	54		831				
017	PHARMACY	3,663		950				1,900
018	MEDICAL RECORDS & LIBRARY	1,430		1,209		83		2,474
019	SOCIAL SERVICE	837		296		47		1,076
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C							
025	INPAT ROUTINE SRVC CNTRS							
026	ADULTS & PEDIATRICS	13,677		10,874	3,288	3,087	4,899	16,959
027	INTENSIVE CARE UNIT	3,965		3,140	853	580	827	3,837
028	CORONARY CARE UNIT							
029	BURN INTENSIVE CARE UNIT							
031	SURGICAL INTENSIVE CARE U							
033	SUBPROVIDER							
034	NURSERY	190		612		74		359
035	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035	01 ICF/MR							
036	OTHER LONG TERM CARE							
037	ANCILLARY SRVC COST CNTRS							
038	OPERATING ROOM	2,578		5,199	1,002	707		2,223
039	RECOVERY ROOM							
040	DELIVERY ROOM & LABOR ROO	327		2,499		118		215
041	ANESTHESIOLOGY	1,901						717
042	RADIOLOGY-DIAGNOSTIC	8,184		3,688	695	530		5,486
043	RADIOLOGY-THERAPEUTIC							
044	RADIOISOTOPE							
045	LABORATORY	10,509		2,317		278		6,239
046	PBP CLINICAL LAB SERVICES							
047	WHOLE BLOOD & PACKED RED							
048	BLOOD STORING, PROCESSING							
049	INTRAVENOUS THERAPY							
050	RESPIRATORY THERAPY	2,426		548		6		2,618
051	PHYSICAL THERAPY	1,901		984	501	83		2,223
052	OCCUPATIONAL THERAPY	42		984				
053	SPEECH PATHOLOGY	68		241				
054	ELECTROCARDIOLOGY	573		472				359
055	ELECTROENCEPHALOGRAPHY							
056	MEDICAL SUPPLIES CHARGED	1,801				62		
057	DRUGS CHARGED TO PATIENTS	5,148						968
058	RENAL DIALYSIS							
060	ASC (NON-DISTINCT PART)							
061	OUTPAT SERVICE COST CNTRS							
062	CLINIC							
064	EMERGENCY	3,828		1,996	1,221	832		2,044
065	OBSERVATION BEDS (NON-DIS							
066	OTHER REIMBURS COST CNTRS							
067	HOME PROGRAM DIALYSIS							
068	AMBULANCE SERVICES							
069	DURABLE MEDICAL EQUIP-REN							
070	DURABLE MEDICAL EQUIP-SOL							
071	CORF							
072	I&R SERVICES-NOT APPRVD P							
073	HOME HEALTH AGENCY							
074	LUNG ACQUISITION							
075	SPEC PURPOSE COST CENTERS							
076	KIDNEY ACQUISITION							
077	LIVER ACQUISITION							
078	HEART ACQUISITION							
079	01 PANCREAS ACQUISITION							
080	AMBULATORY SURGICAL CENTE							
081	HOSPICE							
082	SUBTOTALS	78,092		44,547	7,809	6,632	34,968	52,171
083	NONREIMBURS COST CENTERS							
084	GIFT, FLOWER, COFFEE SHOP	10		231				
085	RESEARCH							
086	PHYSICIANS' PRIVATE OFFIC	46		1,102	280	195		
087	NONPAID WORKERS							
088	MOB	325		9,717		888		
089	CROSS FOOT ADJUSTMENTS							
090	NEGATIVE COST CENTER							
091	TOTAL	78,473		55,597	8,089	7,715	34,968	52,171

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
	13	14	15	16	17	18	20
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINSTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION		11,162					
016 CENTRAL SERVICES & SUPPLY			7,914				
017 PHARMACY				14,546			
018 MEDICAL RECORDS & LIBRARY					15,420		
019 SOCIAL SERVICE						4,761	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRIC		7,447			5,072	4,338	
027 INTENSIVE CARE UNIT		1,685			202	423	
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY		157					
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM		976					
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC					4,838		
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE							
045 LABORATORY					302		
046 PBP CLINICAL LAB SERVICES							
047 WHOLE BLOOD & PACKED RED							
048 BLOOD STORING, PROCESSING							
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY					370		
051 PHYSICAL THERAPY							
052 OCCUPATIONAL THERAPY							
053 SPEECH PATHOLOGY					4,636		
054 ELECTROCARDIOLOGY							
055 ELECTROENCEPHALOGRAPHY							
056 MEDICAL SUPPLIES CHARGED			7,914				
057 DRUGS CHARGED TO PATIENTS				14,546			
058 RENAL DIALYSIS							
060 ASC (NON-DISTINCT PART)							
061 OUTPAT SERVICE COST CNTRS							
062 CLINIC							
064 EMERGENCY		897					
065 OBSERVATION BEDS (NON-DIS							
066 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
084 KIDNEY ACQUISITION							
085 LIVER ACQUISITION							
085 01 PANCREAS ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS		11,162	7,914	14,546	15,420	4,761	
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
099 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 MOB							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		11,162	7,914	14,546	15,420	4,761	

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	21	22	23	25	26	27
001 GENERAL SERVICE COST CNTR						
002 OLD CAP REL COSTS-BLDG &						
003 OLD CAP REL COSTS-MVBLE E						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
007 ADMINSTRATIVE & GENERAL						
008 MAINTENANCE & REPAIRS						
009 OPERATION OF PLANT						
010 LAUNDRY & LINEN SERVICE						
011 HOUSEKEEPING						
012 DIETARY						
013 CAFETERIA						
014 MAINTENANCE OF PERSONNEL						
015 NURSING ADMINISTRATION						
016 CENTRAL SERVICES & SUPPLY						
017 PHARMACY						
018 MEDICAL RECORDS & LIBRARY						
019 SOCIAL SERVICE						
020 NONPHYSICIAN ANESTHETISTS						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY & FRI						
023 I&R SERVICES-OTHER PRGM C						
025 INPAT ROUTINE SRVC CNTRS						
026 ADULTS & PEDIATRICS				161,605		161,605
027 INTENSIVE CARE UNIT				42,075		42,075
028 CORONARY CARE UNIT						
029 BURN INTENSIVE CARE UNIT						
030 SURGICAL INTENSIVE CARE U						
031 SUBPROVIDER						
033 NURSERY				6,565		6,565
034 SKILLED NURSING FACILITY						
035 NURSING FACILITY						
035 01 ICF/MR						
036 OTHER LONG TERM CARE						
037 ANCILLARY SRVC COST CNTRS						
038 OPERATING ROOM				56,663		56,663
039 RECOVERY ROOM						
040 DELIVERY ROOM & LABOR ROO				24,296		24,296
041 ANESTHESIOLOGY				2,618		2,618
042 RADIOLOGY-DIAGNOSTIC				54,620		54,620
043 RADIOLOGY-THERAPEUTIC						
044 RADIOISOTOPE						
045 LABORATORY				39,240		39,240
046 PBP CLINICAL LAB SERVICES						
047 WHOLE BLOOD & PACKED RED						
048 BLOOD STORING, PROCESSING						
049 INTRAVENOUS THERAPY						
050 RESPIRATORY THERAPY				10,603		10,603
051 PHYSICAL THERAPY				14,019		14,019
052 OCCUPATIONAL THERAPY				9,353		9,353
053 SPEECH PATHOLOGY				2,348		2,348
054 ELECTROCARDIOLOGY				10,036		10,036
055 ELECTROENCEPHALOGRAPHY						
056 MEDICAL SUPPLIES CHARGED				9,777		9,777
057 DRUGS CHARGED TO PATIENTS				20,662		20,662
058 RENAL DIALYSIS						
059 ASC (NON-DISTINCT PART)						
060 OUTPAT SERVICE COST CNTRS						
061 CLINIC						
062 EMERGENCY				27,705		27,705
063 OBSERVATION BEDS (NON-DIS						
064 OTHER REIMBURS COST CNTRS						
065 HOME PROGRAM DIALYSIS						
066 AMBULANCE SERVICES						
067 DURABLE MEDICAL EQUIP-REN						
068 DURABLE MEDICAL EQUIP-SOL						
069 CORF						
070 I&R SERVICES-NOT APPRVD P						
071 HOME HEALTH AGENCY						
082 LUNG ACQUISITION						
083 SPEC PURPOSE COST CENTERS						
084 KIDNEY ACQUISITION						
085 LIVER ACQUISITION						
085 01 PANCREAS ACQUISITION						
092 AMBULATORY SURGICAL CENTE						
093 HOSPICE						
095 SUBTOTALS				492,185		492,185
096 NONREIMBURS COST CENTERS						
097 GIFT, FLOWER, COFFEE SHOP				2,199		2,199
098 RESEARCH						
099 PHYSICIANS' PRIVATE OFFIC				10,944		10,944
100 NONPAID WORKERS						
101 MOB				76,218		76,218
102 CROSS FOOT ADJUSTMENTS						
103 NEGATIVE COST CENTER						
TOTAL				581,546		581,546

COST CENTER DESCRPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION
	OSTS-BLDG &	OSTS-MVBLE	OSTS-BLDG &	OSTS-MVBLE	FITS	
	(FEET)	(DOLLAR VALUE)	(FEET)	(DOLLAR VALUE)	(SALARIES)	
	1	2	3	4	5	6a.00
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS- BLD						
003 OLD CAP REL COSTS- MVB						
004 NEW CAP REL COSTS- BLD			57,337			
005 NEW CAP REL COSTS- MVB						
006 EMPLOYEE BENEFITS					8,944,535	
007 ADMINISTRATIVE & GENE			7,737		1,036,631	-3,035,463
008 MAINTENANCE & REPAIRS						
009 OPERATION OF PLANT			4,900		303,815	
010 LAUNDRY & LINEN SERVI			660			
011 HOUSEKEEPING			486		245,023	
012 DIETARY			2,996		57,356	
013 CAFETERIA			1,828		266,768	
014 MAINTENANCE OF PERSON						
015 NURSING ADMINISTRATIO			458		495,279	
016 CENTRAL SERVICES & SU			693			
017 PHARMACY			792		531,241	
018 MEDICAL RECORDS & LIB			1,008		190,079	
020 SOCIAL SERVICE			247		130,474	
021 NONPHYSICIAN ANESTHET						
022 NURSING SCHOOL						
023 I&R SERVICES-SALARY &						
025 I&R SERVICES-OTHER PR						
026 INPAT ROUTINE SRVC CN						
027 ADULTS & PEDIATRICS			9,067		2,069,782	
028 INTENSIVE CARE UNIT			2,619		594,467	
029 CORONARY CARE UNIT						
031 BURN INTENSIVE CARE U						
033 SURGICAL INTENSIVE CA						
034 SUBPROVIDER						
035 NURSERY			510		24,762	
036 SKILLED NURSING FACIL						
037 NURSING FACILITY						
038 01 ICF/MR						
039 OTHER LONG TERM CARE						
040 ANCILLARY SRVC COST C						
041 OPERATING ROOM			4,336		310,810	
042 RECOVERY ROOM						
043 DELIVERY ROOM & LABOR			2,084		32,125	
044 ANESTHESIOLOGY					295,090	
045 RADIOLOGY-DIAGNOSTIC			3,076		701,702	
046 RADIOLOGY-THERAPEUTIC						
047 RADIOISOTOPE						
048 LABORATORY			1,932		686,246	
049 PBP CLINICAL LAB SERV						
050 WHOLE BLOOD & PACKED						
051 BLOOD STORING, PROCES						
052 INTRAVENOUS THERAPY						
053 RESPIRATORY THERAPY			457		345,265	
054 PHYSICAL THERAPY			821		282,501	
055 OCCUPATIONAL THERAPY			821			
056 SPEECH PATHOLOGY			201		9,220	
057 ELECTROCARDIOLOGY			394		25,306	
058 ELECTROENCEPHALOGRAPH						
060 MEDICAL SUPPLIES						
061 DRUGS CHARGED TO PATI						
062 RENAL DIALYSIS						
064 ASC (NON-DISTINCT PAR						
065 OUTPAT SERVICE COST C						
066 CLINIC						
067 EMERGENCY			1,665		310,593	
068 OBSERVATION BEDS (NON						
069 OTHER REIMBURS COST C						
070 HOME PROGRAM DIALYSIS						
071 AMBULANCE SERVICES						
072 DURABLE MEDICAL EQUIP						
073 DURABLE MEDICAL EQUIP						
074 CORF						
075 I&R SERVICES-NOT APPR						
076 HOME HEALTH AGENCY						
077 LUNG ACQUISITION						
078 SPEC PURPOSE COST CEN						
079 KIDNEY ACQUISITION						
080 LIVER ACQUISITION						
081 HEART ACQUISITION						
082 01 PANCREAS ACQUISITION						
083 AMBULATORY SURGICAL C						
084 HOSPICE						
085 SUBTOTALS			49,788		8,944,535	-3,035,463
086 NONREIMBURS COST CENT						
087 GIFT, FLOWER, COFFEE			193			
088 RESEARCH						
089 PHYSICIANS' PRIVATE O			919			
090 NONPAID WORKERS						
091 MOB			6,437			
092 CROSS FOOT ADJUSTMENT						
093 NEGATIVE COST CENTER						
094 COST TO BE ALLOCATED			581,546		2,391,952	
095 (WRKSHT B, PART I)						
096 UNIT COST MULTIPLIER			10.142596		267420	
097 (WRKSHT B, PT I)						

COST CENTER
 DESCRIPTION

OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	RECONCIL- IATION
(SQUARE FEET)	(DOLLAR VALUE)	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)	
1	2	3	4	5	6a.00

105 COST TO BE ALLOCATED
 (WRKSHT B, PART II)
 106 UNIT COST MULTIPLIER
 (WRKSHT B, PT II)
 107 COST TO BE ALLOCATED
 (WRKSHT B, PART III)
 108 UNIT COST MULTIPLIER
 (WRKSHT B, PT III)

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICES	HOUSEKEEPING	DIETARY	CAFETERIA
	(COST)	(FEET)	(FEET)	(LAUNDRY)	(HOURS OF)	(MEALS)	(FTE)
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS- BLD							
003 OLD CAP REL COSTS- MVB							
004 NEW CAP REL COSTS- BLD							
005 NEW CAP REL COSTS- MVB							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENE	15,743,490						
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	1,183,470		46,367				
010 LAUNDRY & LINEN SERVI	121,173		660	19,547			
011 HOUSEKEEPING	426,675		486	184	2,607		
012 DIETARY	163,732		2,996	417		88,113	
013 CAFETERIA	440,662		1,828			73,684	1,455
014 MAINTENANCE OF PERSON							
015 NURSING ADMINISTRATIO	671,994		458		49		69
016 CENTRAL SERVICES & SU	10,851		693				
017 PHARMACY	735,042		792				53
018 MEDICAL RECORDS & LIB	286,857		1,008		28		69
019 SOCIAL SERVICE	167,870		247		16		30
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR							
024 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	2,742,707		9,067	7,946	1,043	12,345	473
026 INTENSIVE CARE UNIT	795,533		2,619	2,061	196	2,084	107
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
030 SUBPROVIDER							
031 NURSERY	38,065		510		25		10
032 SKILLED NURSING FACIL							
033 NURSING FACILITY							
034 ICF/MR							
035 OTHER LONG TERM CARE							
036 ANCILLARY SRVC COST C							
037 OPERATING ROOM	517,294		4,336	2,422	239		62
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR	65,679		2,084		40		6
040 ANESTHESIOLOGY	381,451						20
041 RADIOLOGY-DIAGNOSTIC	1,641,991		3,076	1,679	179		153
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	2,108,591		1,932		94		174
045 PBP CLINICAL LAB SERV							
046 WHOLE BLOOD & PACKED							
047 BLOOD STORING, PROCES							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	486,679		457		2		73
050 PHYSICAL THERAPY	381,398		821	1,211	28		62
051 OCCUPATIONAL THERAPY	8,327		821				
052 SPEECH PATHOLOGY	13,725		201				
053 ELECTROCARDIOLOGY	114,925		394				10
054 ELECTROENCEPHALOGRAPH							
055 MEDICAL SUPPLIES CHARG	361,261				21		
056 DRUGS CHARGED TO PATI	1,032,849						27
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PAR							
059 OUTPAT SERVICE COST C							
060 CLINIC							
061 EMERGENCY	768,052		1,665	2,951	281		57
062 OBSERVATION BEDS (NON							
063 OTHER REIMBURS COST C							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP							
067 DURABLE MEDICAL EQUIP							
068 CORF							
069 I&R SERVICES-NOT APPR							
070 HOME HEALTH AGENCY							
071 LUNG ACQUISITION							
072 SPEC PURPOSE COST CEN							
073 KIDNEY ACQUISITION							
074 LIVER ACQUISITION							
075 HEART ACQUISITION							
076 PANCREAS ACQUISITION							
077 AMBULATORY SURGICAL C							
078 HOSPICE							
079 SUBTOTALS	15,666,923		37,151	18,871	2,241	88,113	1,455
080 NONREIMBURS COST CENT							
081 GIFT, FLOWER, COFFEE	1,958		193				
082 RESEARCH							
083 PHYSICIANS' PRIVATE O	9,321		919	676	66		
084 NONPAID WORKERS							
085 MOB	65,288		8,104		300		
086 CROSS FOOT ADJUSTMENT							
087 NEGATIVE COST CENTER							
088 COST TO BE ALLOCATED	3,035,463		1,411,652	164,630	525,287	290,027	823,812
089 (WRKSH T B, PART I)							
090 UNIT COST MULTIPLIER				8.422264		3.291535	
091 (WRKSH T B, PT I)	.192808		30.445187		201.490986		566.193814

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	NONPHYSICIAN ANESTHETISTS
(NUMBER HOUSED)	(DIRING NRSNG HRS)	(COSTED REQUIS.)	(COSTED REQUIS.)	(TIME SPENT)	(TIME SPENT)	(ASSIGNED TIME)	
13	14	15	16	17	18	20	
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS- BLD							
003 OLD CAP REL COSTS- MVB							
004 NEW CAP REL COSTS- BLD							
005 NEW CAP REL COSTS- MVB							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATION & GENE							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVI							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSON							
015 NURSING ADMINISTRATION	709						
016 CENTRAL SERVICES & SU			100				
017 PHARMACY				100			
018 MEDICAL RECORDS & LIB					459		
020 SOCIAL SERVICE						180	
021 NONPHYSICIAN ANESTHET							
022 NURSING SCHOOL							
023 I&R SERVICES- SALARY &							
025 I&R SERVICES- OTHER PR							
026 INPAT ROUTINE SRVC CN							
027 ADULTS & PEDIATRICS	473				151	164	
028 INTENSIVE CARE UNIT	107				6	16	
029 CORONARY CARE UNIT							
031 BURN INTENSIVE CARE U							
033 SURGICAL INTENSIVE CA							
034 SUBPROVIDER							
035 NURSERY	10						
036 SKILLED NURSING FACIL							
037 NURSING FACILITY							
039 01 ICF/MR							
040 OTHER LONG TERM CARE							
041 ANCILLARY SRVC COST C							
042 OPERATING ROOM	62						
043 RECOVERY ROOM							
044 DELIVERY ROOM & LABOR							
046 ANESTHESIOLOGY							
047 RADIOLOGY- DIAGNOSTIC					144		
048 RADIOLOGY-THERAPEUTIC							
049 RADIOISOTOPE							
050 LABORATORY					9		
051 PBP CLINICAL LAB SERV							
052 WHOLE BLOOD & PACKED							
053 BLOOD STORING, PROCES							
054 INTRAVENOUS THERAPY							
055 RESPIRATORY THERAPY					11		
056 PHYSICAL THERAPY							
057 OCCUPATIONAL THERAPY							
058 SPEECH PATHOLOGY							
060 ELECTROCARDIOLOGY					138		
061 ELECTROENCEPHALOGRAPH							
062 MEDICAL SUPPLIES			100				
064 DRUGS CHARGED TO PATI				100			
065 RENAL DIALYSIS							
066 ASC (NON-DISTINCT PAR							
067 OUTPAT SERVICE COST C							
069 CLINIC							
070 EMERGENCY	57						
071 OBSERVATION BEDS (NON							
072 OTHER REIMBURS COST C							
074 HOME PROGRAM DIALYSIS							
075 AMBULANCE SERVICES							
076 DURABLE MEDICAL EQUIP							
077 DURABLE MEDICAL EQUIP							
079 CORF							
080 I&R SERVICES- NOT APPR							
081 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CEN							
084 KIDNEY ACQUISITION							
085 LIVER ACQUISITION							
086 HEART ACQUISITION							
088 01 PANCREAS ACQUISITION							
089 AMBULATORY SURGICAL C							
091 HOSPICE							
095 SUBTOTALS	709		100	100	459	180	
096 NONREIMBURS COST CENT							
097 GIFT, FLOWER, COFFEE							
098 RESEARCH							
099 PHYSICIANS' PRIVATE O							
100 NONPAID WORKERS							
101 MOB							
102 NEGROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
104 COST TO BE ALLOCATED		864,444	34,042	930,885	417,563	227,967	
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		1,219,244006	340,420000	9,308,850000	909,723312	1,266,483333	
(WRKSHT B, PT I)							

	COST CENTER DESCRIPTION	MAINTENANCE	O NURSING	ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL SERVIC	NONPHYSICIAN
		F PERSONNEL	ISTRATION		CES & SUPPLY		DS & LIBRARY	E	ANESTHETISTS
		(NUMBER HOUSED)	(DIRECT NRSING HRS)	(COSTED REQUIS.)	(COSTED REQUIS.)	(TIME SPENT)	(TIME SPENT)	(ASSIGNED TIME)	
		13	14	15	16	17	18	20	
105	COST TO BE ALLOCATED (WRKSHT B, PART II)								
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)								
107	COST TO BE ALLOCATED (WRKSHT B, PART III)		11,162	7,914	14,546	15,420	4,761		
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)		15.743300	79.140000	145.460000	33.594771	26.450000		

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
	21	22	23
001	GENERAL SERVICE COST		
002	OLD CAP REL COSTS- BLD		
003	OLD CAP REL COSTS- MVB		
004	NEW CAP REL COSTS- BLD		
005	NEW CAP REL COSTS- MVB		
006	EMPLOYEE BENEFITS		
007	ADMINISTRATIVE & GENE		
008	MAINTENANCE & REPAIRS		
009	OPERATION OF PLANT		
010	LAUNDRY & LINEN SERVI		
011	HOUSEKEEPING		
012	DIETARY		
013	CAFETERIA		
014	MAINTENANCE OF PERSON		
015	NURSING ADMINISTRATIO		
016	CENTRAL SERVICES & SU		
017	PHARMACY		
018	MEDICAL RECORDS & LIB		
020	SOCIAL SERVICE		
021	NONPHYSICIAN ANESTHET		
022	NURSING SCHOOL		
023	I&R SERVICES- SALARY &		
025	I&R SERVICES- OTHER PR		
026	INPAT ROUTINE SRVC CN		
027	ADULTS & PEDIATRICS		
028	INTENSIVE CARE UNIT		
029	CORONARY CARE UNIT		
031	BURN INTENSIVE CARE U		
033	SURGICAL INTENSIVE CA		
034	SUBPROVIDER		
035	NURSERY		
036	SKILLED NURSING FACIL		
037	NURSING FACILITY		
039	01 ICF/MR		
040	OTHER LONG TERM CARE		
041	ANCILLARY SRVC COST C		
042	OPERATING ROOM		
043	RECOVERY ROOM		
044	DELIVERY ROOM & LABOR		
045	ANESTHESIOLOGY		
046	RADIOLOGY- DIAGNOSTIC		
047	RADIOLOGY- THERAPEUTIC		
048	RADIOISOTOPE		
049	LABORATORY		
050	PBP CLINICAL LAB SERV		
051	WHOLE BLOOD & PACKED		
052	BLOOD STORING, PROCES		
053	INTRAVENOUS THERAPY		
054	RESPIRATORY THERAPY		
055	PHYSICAL THERAPY		
056	OCCUPATIONAL THERAPY		
057	SPEECH PATHOLOGY		
058	ELECTROCARDIOLOGY		
060	ELECTROENCEPHALOGRAPH		
061	MEDICAL SUPPLIES CHAP		
062	DRUGS CHARGED TO PATI		
064	RENAL DIALYSIS		
065	ASC (NON-DISTINCT PAR		
066	OUTPAT SERVICE COST C		
067	CLINIC		
068	EMERGENCY		
069	OBSERVATION BEDS (NON		
070	OTHER REIMBURS COST C		
071	HOME PROGRAM DIALYSIS		
072	AMBULANCE SERVICES		
073	DURABLE MEDICAL EQUIP		
074	DURABLE MEDICAL EQUIP		
075	CORF		
076	I&R SERVICES- NOT APPR		
077	HOME HEALTH AGENCY		
078	LUNG ACQUISITION		
079	SPEC PURPOSE COST CEN		
080	KIDNEY ACQUISITION		
081	LIVER ACQUISITION		
082	HEART ACQUISITION		
083	01 PANCREAS ACQUISITION		
084	AMBULATORY SURGICAL C		
085	HOSPICE		
086	SUBTOTALS		
087	NONREIMBURS COST CENT		
088	GIFT, FLOWER, COFFEE		
089	RESEARCH		
090	PHYSICIANS' PRIVATE O		
091	NONPAID WORKERS		
092	MOB		
093	CROSS FOOT ADJUSTMENT		
094	NEGATIVE COST CENTER		
095	COST TO BE ALLOCATED		
096	(PER WRKSHT B, PART		
097	UNIT COST MULTIPLIER		
098	(WRKSHT B, PT I)		

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	5,054,862		5,054,862		
26	INTENSIVE CARE UNIT	1,309,128		1,309,128		
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER					
33	NURSERY	83,822		83,822		
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
35 01	ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	928,294		928,294		
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO	153,247		153,247		
40	ANESTHESIOLOGY	466,322		466,322		
41	RADIOLOGY-DIAGNOSTIC	2,320,065		2,320,065		
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	2,699,610		2,699,610		
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	646,253		646,253		
50	PHYSICAL THERAPY	530,875		530,875		
51	OCCUPATIONAL THERAPY	34,928		34,928		
52	SPEECH PATHOLOGY	22,490		22,490		
53	ELECTROCARDIOLOGY	280,282		280,282		
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	469,188		469,188		
56	DRUGS CHARGED TO PATIENTS	2,178,163		2,178,163		
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	1,150,073		1,150,073		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	736,180		736,180		
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	19,063,782		19,063,782		
102	LESS OBSERVATION BEDS	736,180		736,180		
103	TOTAL	18,327,602		18,327,602		

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	2, 457, 810		2, 457, 810			
26	INTENSIVE CARE UNIT	624, 910		624, 910			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGI CAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY	174, 185		174, 185			
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35	01 ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	604, 650	1, 433, 861	2, 038, 511	. 455378	. 455378	
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	134, 150	1, 680	135, 830	1. 128226	1. 128226	
40	ANESTHESIOLOGY	225, 109	259, 100	484, 209	. 963059	. 963059	
41	RADIOLOGY-DIAGNOSTIC	990, 014	8, 534, 416	9, 524, 430	. 243591	. 243591	
42	RADIOLOGY-THERAPEUTIC						
43	RADIOI SOTOPE						
44	LABORATORY	1, 115, 058	6, 955, 265	8, 070, 323	. 334511	. 334511	
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	378, 693	90, 863	469, 556	1. 376307	1. 376307	
50	PHYSICAL THERAPY	98, 849	650, 382	749, 231	. 708560	. 708560	
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	31, 017	14, 851	45, 868	. 490320	. 490320	
53	ELECTROCARDIOLOGY	389, 041	1, 053, 476	1, 442, 517	. 194301	. 194301	
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	926, 986	506, 768	1, 433, 754	. 327244	. 327244	
56	DRUGS CHARGED TO PATIENTS	1, 723, 781	2, 555, 495	4, 279, 276	. 509003	. 509003	
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	70, 965	2, 274, 416	2, 345, 381	. 490357	. 490357	
62	OBSERVATION BEDS (NON-DIS	97, 464	566, 707	664, 171	1. 108419	1. 108419	
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	10, 042, 682	24, 897, 280	34, 939, 962			
102	LESS OBSERVATION BEDS						
103	TOTAL	10, 042, 682	24, 897, 280	34, 939, 962			

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	5,054,862		5,054,862		
26	INTENSIVE CARE UNIT	1,309,128		1,309,128		
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER					
33	NURSERY	83,822		83,822		
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
35 01	ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	928,294		928,294		
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO	153,247		153,247		
40	ANESTHESIOLOGY	466,322		466,322		
41	RADIOLOGY-DIAGNOSTIC	2,320,065		2,320,065		
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	2,699,610		2,699,610		
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	646,253		646,253		
50	PHYSICAL THERAPY	530,875		530,875		
51	OCCUPATIONAL THERAPY	34,928		34,928		
52	SPEECH PATHOLOGY	22,490		22,490		
53	ELECTROCARDIOLOGY	280,282		280,282		
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	469,188		469,188		
56	DRUGS CHARGED TO PATIENTS	2,178,163		2,178,163		
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	1,150,073		1,150,073		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	736,180		736,180		
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	19,063,782		19,063,782		
102	LESS OBSERVATION BEDS	736,180		736,180		
103	TOTAL	18,327,602		18,327,602		

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	2, 457, 810		2, 457, 810			
26	INTENSIVE CARE UNIT	624, 910		624, 910			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGI CAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY	174, 185		174, 185			
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35	01 ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	604, 650	1, 433, 861	2, 038, 511	. 455378	. 455378	
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	134, 150	1, 680	135, 830	1. 128226	1. 128226	
40	ANESTHESIOLOGY	225, 109	259, 100	484, 209	. 963059	. 963059	
41	RADIOLOGY-DIAGNOSTIC	990, 014	8, 534, 416	9, 524, 430	. 243591	. 243591	
42	RADIOLOGY-THERAPEUTIC						
43	RADIOI SOTOPE						
44	LABORATORY	1, 115, 058	6, 955, 265	8, 070, 323	. 334511	. 334511	
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	378, 693	90, 863	469, 556	1. 376307	1. 376307	
50	PHYSICAL THERAPY	98, 849	650, 382	749, 231	. 708560	. 708560	
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	31, 017	14, 851	45, 868	. 490320	. 490320	
53	ELECTROCARDIOLOGY	389, 041	1, 053, 476	1, 442, 517	. 194301	. 194301	
54	ELECTROENCEPHALOGRAPHY						
55	MEDI CAL SUPPLIES CHARGED	926, 986	506, 768	1, 433, 754	. 327244	. 327244	
56	DRUGS CHARGED TO PATIENTS	1, 723, 781	2, 555, 495	4, 279, 276	. 509003	. 509003	
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	70, 965	2, 274, 416	2, 345, 381	. 490357	. 490357	
62	OBSERVATION BEDS (NON-DIS	97, 464	566, 707	664, 171	1. 108419	1. 108419	
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDI CAL EQUIP-REN						
67	DURABLE MEDI CAL EQUIP-SOL						
101	SUBTOTAL	10, 042, 682	24, 897, 280	34, 939, 962			
102	LESS OBSERVATION BEDS						
103	TOTAL	10, 042, 682	24, 897, 280	34, 939, 962			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	928,294	56,663	871,631			928,294
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO	153,247	24,296	128,951			153,247
41	ANESTHESIOLOGY	466,322	2,618	463,704			466,322
42	RADIOLOGY-DIAGNOSTIC	2,320,065	54,620	2,265,445			2,320,065
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	2,699,610	39,240	2,660,370			2,699,610
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	646,253	10,603	635,650			646,253
51	PHYSICAL THERAPY	530,875	14,019	516,856			530,875
52	OCCUPATIONAL THERAPY	34,928	9,353	25,575			34,928
53	SPEECH PATHOLOGY	22,490	2,348	20,142			22,490
54	ELECTROCARDIOLOGY	280,282	10,036	270,246			280,282
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED	469,188	9,777	459,411			469,188
57	DRUGS CHARGED TO PATIENTS	2,178,163	20,662	2,157,501			2,178,163
58	RENAL DIALYSIS						
60	ASC (NON-DISTINCT PART)						
61	OUTPAT SERVICE COST CNTRS						
62	CLINIC						
63	EMERGENCY	1,150,073	27,705	1,122,368			1,150,073
64	OBSERVATION BEDS (NON-DIS	736,180		736,180			736,180
65	OTHER REIMBURS COST CNTRS						
66	HOME PROGRAM DIALYSIS						
67	AMBULANCE SERVICES						
101	DURABLE MEDICAL EQUIP-REN						
102	DURABLE MEDICAL EQUIP-SOL						
103	SUBTOTAL	12,615,970	281,940	12,334,030			12,615,970
	LESS OBSERVATION BEDS	736,180		736,180			736,180
	TOTAL	11,879,790	281,940	11,597,850			11,879,790

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	2,038,511	.455378	.455378
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROO	135,830	1.128226	1.128226
40	ANESTHESIOLOGY	484,209	.963059	.963059
41	RADIOLOGY-DIAGNOSTIC	9,524,430	.243591	.243591
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	8,070,323	.334511	.334511
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	469,556	1.376307	1.376307
50	PHYSICAL THERAPY	749,231	.708560	.708560
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY	45,868	.490320	.490320
53	ELECTROCARDIOLOGY	1,442,517	.194301	.194301
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	1,433,754	.327244	.327244
56	DRUGS CHARGED TO PATIENTS	4,279,276	.509003	.509003
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	2,345,381	.490357	.490357
62	OBSERVATION BEDS (NON-DIS	664,171	1.108419	1.108419
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	31,683,057		
102	LESS OBSERVATION BEDS	664,171		
103	TOTAL	31,018,886		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	928,294	56,663	871,631			928,294
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO	153,247	24,296	128,951			153,247
41	ANESTHESIOLOGY	466,322	2,618	463,704			466,322
42	RADIOLOGY-DIAGNOSTIC	2,320,065	54,620	2,265,445			2,320,065
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	2,699,610	39,240	2,660,370			2,699,610
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	646,253	10,603	635,650			646,253
51	PHYSICAL THERAPY	530,875	14,019	516,856			530,875
52	OCCUPATIONAL THERAPY	34,928	9,353	25,575			34,928
53	SPEECH PATHOLOGY	22,490	2,348	20,142			22,490
54	ELECTROCARDIOLOGY	280,282	10,036	270,246			280,282
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED	469,188	9,777	459,411			469,188
57	DRUGS CHARGED TO PATIENTS	2,178,163	20,662	2,157,501			2,178,163
58	RENAL DIALYSIS						
60	ASC (NON-DISTINCT PART)						
61	OUTPAT SERVICE COST CNTRS						
62	CLINIC						
63	EMERGENCY	1,150,073	27,705	1,122,368			1,150,073
64	OBSERVATION BEDS (NON-DIS	736,180		736,180			736,180
65	OTHER REIMBURS COST CNTRS						
66	HOME PROGRAM DIALYSIS						
67	AMBULANCE SERVICES						
101	DURABLE MEDICAL EQUIP-REN						
102	DURABLE MEDICAL EQUIP-SOL						
103	SUBTOTAL	12,615,970	281,940	12,334,030			12,615,970
	LESS OBSERVATION BEDS	736,180		736,180			736,180
	TOTAL	11,879,790	281,940	11,597,850			11,879,790

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	2,038,511	.455378	.455378
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROO	135,830	1.128226	1.128226
40	ANESTHESIOLOGY	484,209	.963059	.963059
41	RADIOLOGY-DIAGNOSTIC	9,524,430	.243591	.243591
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	8,070,323	.334511	.334511
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	469,556	1.376307	1.376307
50	PHYSICAL THERAPY	749,231	.708560	.708560
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY	45,868	.490320	.490320
53	ELECTROCARDIOLOGY	1,442,517	.194301	.194301
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	1,433,754	.327244	.327244
56	DRUGS CHARGED TO PATIENTS	4,279,276	.509003	.509003
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	2,345,381	.490357	.490357
62	OBSERVATION BEDS (NON-DIS	664,171	1.108419	1.108419
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	31,683,057		
102	LESS OBSERVATION BEDS	664,171		
103	TOTAL	31,018,886		

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
	1	1.01	1.02	2	3
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.455378		.455378		
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM	1.128226		1.128226		
40 ANESTHESIOLOGY	.963059		.963059		
41 RADIOLOGY-DIAGNOSTIC	.243591		.243591		
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY	.334511		.334511		
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY	1.376307		1.376307		
50 PHYSICAL THERAPY	.708560		.708560		
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY	.490320		.490320		
53 ELECTROCARDIOLOGY	.194301		.194301		
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.327244		.327244		
56 DRUGS CHARGED TO PATIENTS	.509003		.509003		
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY	.490357		.490357		
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.108419		1.108419		
OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
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 B

HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other (1)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	4	5	6	7	8
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		644,810			
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY		32,819			
41 RADIOLOGY-DIAGNOSTIC		3,368,881			
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY		3,791,991			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY		44,260			
50 PHYSICAL THERAPY		193,476			
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		569,889			
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		205,831			
56 DRUGS CHARGED TO PATIENTS		1,518,542			
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
62 EMERGENCY		684,219			
63 OBSERVATION BEDS (NON-DISTINCT PART)		245,626			
64 OTHER REIMBURS COST CNTRS					
65 HOME PROGRAM DIALYSIS					
66 AMBULANCE SERVICES					
67 DURABLE MEDICAL EQUIP-RENTED					
101 DURABLE MEDICAL EQUIP-SOLD					
102 SUBTOTAL		11,300,344			
103 CRNA CHARGES					
104 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
NET CHARGES		11,300,344			

(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 Hospital I/P Hospital I/P
 Part B Charges Part B Costs

Cost Center Description 9 10 11

(A)	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM			
38	RECOVERY ROOM	293,632		
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	31,607		
41	RADIOLOGY-DIAGNOSTIC	820,629		
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	1,268,463		
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	60,915		
50	PHYSICAL THERAPY	137,089		
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	110,730		
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	67,357		
56	DRUGS CHARGED TO PATIENTS	772,942		
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
60	OUTPAT SERVICE COST CNTRS			
61	CLINIC			
62	EMERGENCY	335,512		
63	OBSERVATION BEDS (NON-DISTINCT PART)	272,257		
64	OTHER REIMBURS COST CNTRS			
65	HOME PROGRAM DIALYSIS			
66	AMBULANCE SERVICES			
67	DURABLE MEDICAL EQUIP-RENTED			
68	DURABLE MEDICAL EQUIP-SOLD			
101	SUBTOTAL	4,171,133		
102	CRNA CHARGES			
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES			
104	NET CHARGES	4,171,133		

(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

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	509003
2	PROGRAM VACCINE CHARGES		151
3	PROGRAM COSTS		77

TITLE XVIII PART A HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	4,229
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,065
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,065
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	157
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	7
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)	2,556
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	157
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	136.64
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	5,054,862
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	956
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	188,891
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	4,865,971

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,729,459
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,729,459
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.782760
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	671.45
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	4,865,971

TITLE XVIII PART A HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					1,197.04
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					3,059,634
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					3,059,634

	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	1,309,128	461	2,839.76	397	1,127,385
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

1
 1,857,930
 6,044,949

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	187,935
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	187,935
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 OTHER

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 615
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 1,197.04
- 85 OBSERVATION BED COST 736,180

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XIX - I/P HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	4,229
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,065
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,065
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	157
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	7
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)	257
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)	236
16	NURSERY DAYS (TITLE V OR XIX ONLY)	123

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	136.64
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	956
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	920
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	-920

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,729,459
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,729,459
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.000337
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	671.45
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	-920

TITLE XIX - I/P

HOSPITAL

OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM - .23
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST - 59
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST - 59

	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)		236		123	
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT		461		28	
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1 379,788
49 TOTAL PROGRAM INPATIENT COSTS					379,729

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
 52 TOTAL PROGRAM EXCLUDABLE COST
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 379,729

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES 112
 55 TARGET AMOUNT PER DISCHARGE
 56 TARGET AMOUNT
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
 58 BONUS PAYMENT
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
 AND COMPOUNDED BY THE MARKET BASKET
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
 BASKET
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
 OTHERWISE ENTER ZERO.
 58.04 RELIEF PAYMENT
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	615
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	- .23
85	OBSERVATION BED COST	-141

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

WKST A LINE NO.	TITLE XVIII, PART A COST CENTER DESCRIPTION	HOSPITAL	OTHER		
			RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			1,852,901	
26	INTENSIVE CARE UNIT			496,250	
27	CORONARY CARE UNIT				
28	BURN INTENSIVE CARE UNIT				
29	SURGICAL INTENSIVE CARE UNIT				
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM	.455378	246,480	112,242	
38	RECOVERY ROOM				
39	DELIVERY ROOM & LABOR ROOM	1.128226			
40	ANESTHESIOLOGY	.963059	35,479	34,168	
41	RADIOLOGY-DIAGNOSTIC	.243591	706,130	172,007	
42	RADIOLOGY-THERAPEUTIC				
43	RADIOISOTOPE				
44	LABORATORY	.334511	641,566	214,611	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY				
46	WHOLE BLOOD & PACKED RED BLOOD CELLS				
47	BLOOD STORING, PROCESSING & TRANS.				
48	INTRAVENOUS THERAPY				
49	RESPIRATORY THERAPY	1.376307	290,487	399,799	
50	PHYSICAL THERAPY	.708560	71,765	50,850	
51	OCCUPATIONAL THERAPY				
52	SPEECH PATHOLOGY	.490320	26,646	13,065	
53	ELECTROCARDIOLOGY	.194301	315,126	61,229	
54	ELECTROENCEPHALOGRAPHY				
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.327244	74,126	24,257	
56	DRUGS CHARGED TO PATIENTS	.509003	1,522,676	775,047	
57	RENAL DIALYSIS				
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS				
60	CLINIC				
61	EMERGENCY	.490357	1,335	655	
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.108419			
64	HOME PROGRAM DIALYSIS				
65	AMBULANCE SERVICES				
66	DURABLE MEDICAL EQUIP-RENTED				
67	DURABLE MEDICAL EQUIP-SOLD				
101	TOTAL		3,931,816	1,857,930	
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES		3,931,816		

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3	TITLE XVIII, PART A SWING BED SNF OTHER	
	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					
25	INTENSIVE CARE UNIT					
26	CORONARY CARE UNIT					
27	BURN INTENSIVE CARE UNIT					
28	SURGICAL INTENSIVE CARE UNIT					
29	SUBPROVIDER					
31	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	.455378	1,693	771		
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROOM	1.128226				
40	ANESTHESIOLOGY	.963059				
41	RADIOLOGY-DIAGNOSTIC	.243591	8,117	1,977		
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	.334511	10,387	3,475		
45	PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	BLOOD STORING, PROCESSING & TRANS.					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	1.376307	13,148	18,096		
50	PHYSICAL THERAPY	.708560	10,797	7,650		
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY	.490320	805	395		
53	ELECTROCARDIOLOGY	.194301	4,231	822		
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.327244	27,981	9,157		
56	DRUGS CHARGED TO PATIENTS	.509003	27,847	14,174		
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
60	OUTPAT SERVICE COST CNTRS					
61	CLINIC					
61	EMERGENCY	.490357				
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.108419				
62	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-RENTED					
67	DURABLE MEDICAL EQUIP-SOLD					
101	TOTAL		105,006	56,517		
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES					
103	NET CHARGES		105,006			

WKST A LINE NO.	TITLE XIX COST CENTER DESCRIPTION	HOSPITAL	OTHER		
			RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			356,758	
26	INTENSIVE CARE UNIT			85,000	
27	CORONARY CARE UNIT				
28	BURN INTENSIVE CARE UNIT				
29	SURGICAL INTENSIVE CARE UNIT				
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM		.455378	75,403	34,337
38	RECOVERY ROOM				
39	DELIVERY ROOM & LABOR ROOM		1.128226	11,760	13,268
40	ANESTHESIOLOGY		.963059	1,073	1,033
41	RADIOLOGY-DIAGNOSTIC		.243591	155,751	37,940
42	RADIOLOGY-THERAPEUTIC				
43	RADIOISOTOPE				
44	LABORATORY		.334511	193,282	64,655
45	PBP CLINICAL LAB SERVICES-PRGM ONLY				
46	WHOLE BLOOD & PACKED RED BLOOD CELLS				
47	BLOOD STORING, PROCESSING & TRANS.				
48	INTRAVENOUS THERAPY				
49	RESPIRATORY THERAPY		1.376307	57,075	78,553
50	PHYSICAL THERAPY		.708560	9,815	6,955
51	OCCUPATIONAL THERAPY				
52	SPEECH PATHOLOGY		.490320	3,566	1,748
53	ELECTROCARDIOLOGY		.194301	52,245	10,151
54	ELECTROENCEPHALOGRAPHY				
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		.327244	121,362	39,715
56	DRUGS CHARGED TO PATIENTS		.509003	173,258	88,189
57	RENAL DIALYSIS				
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS				
60	CLINIC				
61	EMERGENCY		.490357	6,616	3,244
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS		1.108419		
64	HOME PROGRAM DIALYSIS				
65	AMBULANCE SERVICES				
66	DURABLE MEDICAL EQUIP-RENTED				
67	DURABLE MEDICAL EQUIP-SOLD				
101	TOTAL			861,206	379,788
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES			861,206	

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	4,171,210
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	4,171,210
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
	CUSTOMARY CHARGES	
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	4,212,922
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	CAH DEDUCTIBLES	18,814
18.01	CAH ACTUAL BILLED COINSURANCE	1,556,123
	LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	2,637,985
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	2,637,985
24	PRIMARY PAYER PAYMENTS	857
25	SUBTOTAL	2,637,128
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	180,575
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	180,575
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	180,575
28	SUBTOTAL	2,817,703
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	2,817,703
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	2,928,183
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-110,480
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	58,440

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		4,976,757		2,989,590
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	4/12/2007	283,809	8/13/2007	78,417
ADJUSTMENTS TO PROVIDER .02	8/13/2007	55,380		
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	3/12/2007	85,724	8/ 1/2007	139,824
ADJUSTMENTS TO PROGRAM .51	8/ 1/2007	284,552		
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		-31,087		-61,407
4 TOTAL INTERIM PAYMENTS		4,945,670		2,928,183
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .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.

TITLE XVIII SWING BED SNF

DESCRIPTION	INPATIENT- PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		229,221		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/ 1/2007	1,160		
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99				
4 TOTAL INTERIM PAYMENTS		228,061		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				
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 SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES

PART A PART B
 1 2

1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	189,814	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)	57,082	
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	157	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	246,896	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	246,896	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	246,896	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	3,720	
14	80% OF PART B COSTS		
15	SUBTOTAL	243,176	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	243,176	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	228,061	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM	15,115	
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	4,909	

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES	6,044,949
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	6,044,949
5	PRIMARY PAYER PAYMENTS	789
6	TOTAL COST FOR CAH (SEE INSTRUCTIONS)	6,104,602
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
7	ROUTINE SERVICE CHARGES	
8	ANCILLARY SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
10	TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	
	CUSTOMARY CHARGES	
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
13	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)	
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)	
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	6,104,602
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	548,209
21	EXCESS REASONABLE COST	
22	SUBTOTAL	5,556,393
23	COINSURANCE	1,240
24	SUBTOTAL	5,555,153
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES (SEE INSTRUCTIONS))	134,385
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	134,385
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	134,385
26	SUBTOTAL	5,689,538
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
28	OTHER ADJUSTMENTS (SPECIFY)	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	5,689,538
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	4,945,670
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	743,868
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	115,003

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

	TITLE XIX	HOSPITAL	TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES		379,729	
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		379,729	
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
	SUBTOTAL		379,729	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		356,758	
11	ANCILLARY SERVICE CHARGES		861,206	
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES		1,217,964	
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		1,217,964	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		838,235	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		379,729	
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL		379,729	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		379,729	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		379,729	
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)		379,729	
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
	SUBTOTAL		379,729	
52	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
53	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
54	TOTAL AMOUNT PAYABLE TO THE PROVIDER		379,729	
55	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
56	INTERIM PAYMENTS		379,729	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) 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	995,769			
2	TEMPORARY INVESTMENTS	1,595,255			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	7,674,442			
5	OTHER RECEIVABLES	5,167,554			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	234,279			
8	PREPAID EXPENSES	143,338			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	15,810,637			
FIXED ASSETS					
12	LAND	759,198			
13	LAND IMPROVEMENTS	440,077			
13.01	LESS ACCUMULATED DEPRECIATION	-386,521			
14	BUILDINGS	7,502,607			
14.01	LESS ACCUMULATED DEPRECIATION	-4,865,053			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT	1,203,155			
16.01	LESS ACCUMULATED DEPRECIATION	-1,079,720			
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	3,527,526			
18.01	LESS ACCUMULATED DEPRECIATION	-3,122,179			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	3,979,090			
OTHER ASSETS					
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	204,675			
26	TOTAL OTHER ASSETS	204,675			
27	TOTAL ASSETS	19,994,402			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	244,506			
29 SALARIES, WAGES & FEES PAYABLE	993,604			
30 PAYROLL TAXES PAYABLE	60,456			
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	1,109,078			
35 OTHER CURRENT LIABILITIES	1,529,891			
36 TOTAL CURRENT LIABILITIES	3,937,535			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES				
43 TOTAL LIABILITIES	3,937,535			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	16,056,867			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICTED				
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	16,056,867			
52 TOTAL LIABILITIES AND FUND BALANCES	19,994,402			

	GENERAL FUND	
	1	2
1 FUND BALANCE AT BEGINNING		15,807,204
2 OF PERIOD		
3 NET INCOME (LOSS)		249,663
4 TOTAL		16,056,867
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
6		
7		
8		
9		
10 TOTAL ADDITIONS		
11 SUBTOTAL		16,056,867
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
13		
14		
15		
16		
17		
18 TOTAL DEDUCTIONS		
19 FUND BALANCE AT END OF		16,056,867
PERIOD PER BALANCE SHEET		

	SPECIFIC PURPOSE FUND
	3
4	

	ENDOWMENT FUND	
	5	6
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		

	PLANT FUND
	7
8	

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
1 00 GENERAL INPATIENT ROUTINE CARE SERVICES			
2 00 HOSPITAL	2,729,459		2,729,459
4 00 SUBPROVIDER			
5 00 SWING BED - SNF			
6 00 SWING BED - NF			
7 00 SKILLED NURSING FACILITY			
7 01 NURSING FACILITY			
8 01 ICF/MR			
8 00 OTHER LONG TERM CARE			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	2,729,459		2,729,459
10 00 INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
11 00 INTENSIVE CARE UNIT	624,910		624,910
12 00 CORONARY CARE UNIT			
13 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	624,910		624,910
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	3,354,369		3,354,369
17 00 ANCILLARY SERVICES	6,061,249		6,061,249
18 00 OUTPATIENT SERVICES		27,784,560	27,784,560
19 00 HOME HEALTH AGENCY			
20 00 AMBULANCE SERVICES			
21 00 CORF			
22 00 AMBULATORY SURGICAL CENTER (D. P.)			
23 00 HOSPICE			
24 00			
25 00 TOTAL PATIENT REVENUES	9,415,618	27,784,560	37,200,178

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		19,725,727	
ADD (SPECIFY)			
27 00 BAD DEBT	2,462,948		
28 00 HHA		598	
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		2,463,546	
DEDUCT (SPECIFY)			
34 00			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		22,189,273	

DESCR I PTION		
1	TOTAL PATIENT REVENUES	37,200,178
2	LESS: ALLOWANCES AND DISCOUNTS ON	16,970,054
3	NET PATIENT REVENUES	20,230,124
4	LESS: TOTAL OPERATING EXPENSES	22,189,273
5	NET INCOME FROM SERVICE TO PATIENT	-1,959,149
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	13,768
7	INCOME FROM INVESTMENTS	62,969
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	198,087
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	6,398
19	TUTION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	19,850
23	GOVERNMENTAL APPROPRIATIONS	
24	BIOTERRORISM GRANT	48,787
24.01	MISCELLANEOUS	28,608
24.02	DSH PAYMENT	1,829,629
24.03	CPR TRAINING	716
25	TOTAL OTHER INCOME	2,208,812
26	TOTAL	249,663
	OTHER EXPENSES	
27		
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIO	249,663