

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	15-0007	I	FROM 1/ 1/2007	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 12/31/2007	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/30/2008 TIME 12:22

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: HOWARD REGIONAL HEALTH SYSTEM 15-0007 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.

[Handwritten Signature]
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)
Chad Fink O'Brien
 TITLE
 DATE 5/31/08

 ECR ENCRYPTION INFORMATION
 DATE: 5/30/2008 TIME 12:22

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 PI ENCRYPTION INFORMATION
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PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX
	1	A 2		B 3	4
1	HOSPITAL	0	197,666	307,618	888,995
2	SUBPROVIDER	0	-6,800	0	313,269
5	HOSPITAL-BASED SNF	0	792	0	0
100	TOTAL	0	191,658	307,618	1,202,264

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: 3500 S. LAFOUNTAIN P.O. BOX:
 1.01 CITY: KOKOMO STATE: IN ZIP CODE: 46902- COUNTY: HOWARD

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;		PROVIDER NO.		NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)		
COMPONENT 0	COMPONENT NAME 1	2	2.01	3	4	5	XVIII	XIX
02.00 HOSPITAL	HOWARD REGIONAL HEALTH SYSTEM	15-0007		7/1/1966	N	P	O	
03.00 SUBPROVIDER	HOWARD REGIONAL HEALTH SYSTEM PSYCH	15-S007		1/1/1987	N	T	O	
06.00 HOSPITAL-BASED SNF	HOWARD REGIONAL HEALTH SYSTEM	15-5439		3/31/1992	N	P	N	

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

18 TYPE OF CONTROL 1 2
9

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
20 SUBPROVIDER 4

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? Y
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N
- 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. N
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION DATE / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2.
- 25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N
- 25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, 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-I, 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 / /

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	N				
28.01	IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)		1	2	3	4
28.02	ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY		100	0.8986	0.8986	
	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)		0.00	1		
28.03	STAFFING				%	Y/N
28.04	RECRUITMENT				84.00%	
28.05	RETENTION				0.00%	
28.06	TRAINING				0.00%	
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	N				
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)	N				
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70					
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)					
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).					
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II					
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).					
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).					
31.05	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).					
	MISCELLANEOUS COST REPORT INFORMATION					
32	IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.	N				
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2					
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)?					
35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?					
	PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL		V	XVIII	XIX	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)		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	Y	N		
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	Y	N		
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?	N	N	N		

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER.
 IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y
 40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
 40.02 STREET: P.O. BOX:
 40.03 CITY: STATE: ZIP CODE: -
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? Y
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
 46 IF YOU ARE PARTICIPATING IN THE 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	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
48.00 SUBPROVIDER	N	N	N	N	N
49.00 SNF	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	Y	OR	N	LIMIT	Y	OR	N	FEES
	0	1	2	3	4	5	6	7	8
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULE AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. N 0.00 0									
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULE AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. 0.00 0									
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0									
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0									

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? Y
 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) Y N
 60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR) N N 0

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	100	36,500			9,612		1,036
2 HMO							2,221
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	100	36,500			9,612		1,036
6 INTENSIVE CARE UNIT	8	2,920			2,471		105
11 NURSERY							414
12 TOTAL	108	39,420			12,083		1,555
13 RPCH VISITS							
14 SUBPROVIDER	24	8,760			1,815		1,507
15 SKILLED NURSING FACILITY	18	6,570			3,253		
25 TOTAL	150						
26 OBSERVATION BED DAYS							514
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS						901	
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX OBSERVATION ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS TOTAL OBSERVATION ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. LESS I&R NON-PHYS 7	FTES REPL ANES 8
1 ADULTS & PEDIATRICS			17,862				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			17,862				
6 INTENSIVE CARE UNIT			2,605				
11 NURSERY			1,890				
12 TOTAL			22,357				
13 RPCH VISITS							
14 SUBPROVIDER			5,871				
15 SKILLED NURSING FACILITY			3,850				
25 TOTAL							
26 OBSERVATION BED DAYS	236	278	3,240	2,236	1,004		
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			348				
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					2,471	647	4,802
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		998.27			2,471	647	4,802
13 RPCH VISITS							
14 SUBPROVIDER		34.59			231	286	1,069
15 SKILLED NURSING FACILITY		20.30					
25 TOTAL		1,053.16					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
1 SALARIES						
2 TOTAL SALARY	56,719,577	3,035,412	59,754,989	2,184,168.92	27.36	
3 NON-PHYSICIAN ANESTHETIST PART A						
4 NON-PHYSICIAN ANESTHETIST PART B						
5 PHYSICIAN - PART A						
6 PHYSICIAN - PART B						
7 4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
8 5.01 NON-PHYSICIAN - PART B						
9 6 INTERNS & RESIDENTS (APPRVD)						
10 6.01 CONTRACT SERVICES, I&R						
11 7 HOME OFFICE PERSONNEL						
12 8 SNF	908,331		908,331	67,060.00	13.55	
13 8.01 EXCLUDED AREA SALARIES	2,951,634		2,951,634	186,186.00	15.85	
14 OTHER WAGES & RELATED COSTS						
15 9 CONTRACT LABOR:						
16 9.01 PHARMACY SERVICES UNDER CONTRACT						
17 9.02 LABORATORY SERVICES UNDER CONTRACT						
18 9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
19 10 CONTRACT LABOR: PHYS PART A						
20 10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
21 11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
22 12 HOME OFFICE: PHYS PART A						
23 12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
24 WAGE RELATED COSTS						
25 13 WAGE-RELATED COSTS (CORE)	12,207,221		12,207,221			CMS 339
26 14 WAGE-RELATED COSTS (OTHER)						CMS 339
27 15 EXCLUDED AREAS	873,813		873,813			CMS 339
28 16 NON-PHYS ANESTHETIST PART A						CMS 339
29 17 NON-PHYS ANESTHETIST PART B						CMS 339
30 18 PHYSICIAN PART A						CMS 339
31 18.01 PART A TEACHING PHYSICIANS						CMS 339
32 19 PHYSICIAN PART B						CMS 339
33 19.01 WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
34 20 INTERNS & RESIDENTS (APPRVD)						CMS 339
35 OVERHEAD COSTS - DIRECT SALARIES						
36 21 EMPLOYEE BENEFITS	573,065		573,065	22,334.00	25.66	
37 22 ADMINISTRATIVE & GENERAL	7,273,169	-33,278	7,239,891	291,071.00	24.87	
38 22.01 A & G UNDER CONTRACT						
39 23 MAINTENANCE & REPAIRS						
40 24 OPERATION OF PLANT	1,496,376		1,496,376	75,799.00	19.74	
41 25 LAUNDRY & LINEN SERVICE	22,782		22,782	2,152.00	10.59	
42 26 HOUSEKEEPING	746,462		746,462	70,281.00	10.62	
43 26.01 HOUSEKEEPING UNDER CONTRACT						
44 27 DIETARY	917,580	-333,706	583,874	40,698.00	14.35	
45 27.01 DIETARY UNDER CONTRACT						
46 28 CAFETERIA		333,706	333,706	22,828.00	14.62	
47 29 MAINTENANCE OF PERSONNEL						
48 30 NURSING ADMINISTRATION	907,676		907,676	30,536.00	29.72	
49 31 CENTRAL SERVICE AND SUPPLY						
50 32 PHARMACY						
51 33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	964,637		964,637	57,923.00	16.65	
52 34 SOCIAL SERVICE		37,264	37,264	1,623.00	22.96	
53 35 OTHER GENERAL SERVICE		772,525	772,525			
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	56,719,577	3,035,412	59,754,989	2,184,168.92	27.36	
2 EXCLUDED AREA SALARIES	3,859,965		3,859,965	253,246.00	15.24	
3 SUBTOTAL SALARIES	52,859,612	3,035,412	55,895,024	1,930,922.92	28.95	
4 SUBTOTAL OTHER WAGES & RELATED COSTS						
5 SUBTOTAL WAGE-RELATED COSTS	12,207,221		12,207,221		21.84	
6 TOTAL	65,066,833	3,035,412	68,102,245	1,930,922.92	35.27	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	12,901,747	776,511	13,678,258	615,245.00	22.23	

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	9/30/01 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB						
3	RUA						
3 .01	RUX						
3 .02	RUL						
4	RVC						
5	RVB				4		
6	RVA				8		
6 .01	RVX				30		
6 .02	RVL						
7	RHC		187				
8	RHB		281				
9	RHA		230				
9 .01	RHX						
9 .02	RHL						
10	RMC		16				
11	RMB		120				
12	RMA		223				
12 .01	RMX		492				
12 .02	RML		1,305				
13	RLB						
14	RLA						
14 .01	RLX						
15	SE3		73				
16	SE2		145				
17	SE1						
18	SSC		1				
19	SSB		4				
20	SSA		110				
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2		1				
26	CA1		18				
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1		5				
45	Default						
46	TOTAL		3,253				

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.8986
 Wage Index Factor (after 10/01) : 0.8986
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : NOT SPECIFIED
 SNF CBSA Code : NOT SPECIFIED

	GROUP(1)	M3PI REVENUE CODE	HIGH COST(2)		SWING BED SNF DAYS	TOTAL
			RUGS	DAYS		
	1	2	4.05	4.06		5
1	RUC					
2	RUB					
3	RUA					
3	.01 RUX					
3	.02 RUL					
4	RVC					
5	RVB					
6	RVA					
6	.01 RVX					
6	.02 RVL					
7	RHC					
8	RHB					
9	RHA					
9	.01 RHX					
9	.02 RHL					
10	RMC					
11	RMB					
12	RMA					
12	.01 RMX					
12	.02 RML					
13	RLB					
14	RLA					
14	.01 RLX					
15	SE3					
16	SE2					
17	SE1					
18	SSC					
19	SSB					
20	SSA					
21	CC2					
22	CC1					
23	CB2					
24	CB1					
25	CA2					
26	CA1					
27	IB2					
28	IB1					
29	IA2					
30	IA1					
31	BB2					
32	BB1					
33	BA2					
34	BA1					
35	PE2					
36	PE1					
37	PD2					
38	PD1					
39	PC2					
40	PC1					
41	PB2					
42	PB1					
43	PA2					
44	PA1					
45	Default					
46	TOTAL					

(2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.

(3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.8986
 Wage Index Factor (after 10/01) : 0.8986
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : NOT SPECIFIED
 SNF CBSA Code : NOT SPECIFIED

GROUP(1)	M3PI REVENUE CODE	SERVICES BASE RATE	PRIOR TO RATE	OCTOBER 1ST DAYS	SERVICES BASE RATE	ON OR AFTER RATE	OCTOBER 1ST DAYS
1		3a	3	3.01	4a	4	4.01
1	RUC	456.96			474.59		
2	RUB	418.94			435.10		
3	RUA	399.27			414.68		
3 .01	RUX	538.26			559.03		
3 .02	RUL	472.70			490.94		
4	RVC	367.45			381.62		
5	RVB	349.09			362.56		
6	RVA	313.69			325.79		
6 .01	RVX	408.09			423.83		
6 .02	RVL	380.56			395.24		
7	RHC	319.72			332.05		
8	RHB	305.29			317.07		
9	RHA	283.00			293.92		
9 .01	RHX	345.94			359.28		
9 .02	RHL	339.38			352.48		
10	RMC	293.75			305.08		
11	RMB	285.87			296.92		
12	RMA	279.32			290.10		
12 .01	RMX	396.02			411.30		
12 .02	RML	363.24			377.26		
13	RLB	258.86			268.85		
14	RLA	220.83			229.36		
14 .01	RLX	281.15			291.99		
15	SE3	323.80			336.29		
16	SE2	275.29			285.90		
17	SE1	245.13			254.58		
18	SSC	241.20			250.50		
19	SSB	228.09			236.88		
20	SSA	224.15			232.80		
21	CC2	239.89			249.14		
22	CC1	218.90			227.35		
23	CB2	208.42			216.46		
24	CB1	199.24			206.92		
25	CA2	197.93			205.56		
26	CA1	184.81			191.95		
27	IB2	176.95			183.78		
28	IB1	174.33			181.05		
29	IA2	159.90			166.07		
30	IA1	153.35			159.27		
31	BB2	175.64			182.41		
32	BB1	170.40			176.97		
33	BA2	158.59			164.71		
34	BA1	148.10			153.81		
35	PE2	191.37			198.76		
36	PE1	187.44			194.67		
37	PD2	182.19			189.22		
38	PD1	179.57			186.50		
39	PC2	173.02			179.69		
40	PC1	170.40			176.97		
41	PB2	152.03			157.90		
42	PB1	150.72			156.53		
43	PA2	149.41			155.18		
44	PA1	145.48			151.09		
45	Default	145.48			151.09		
46	TOTAL						

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

worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.8986
 Wage Index Factor (after 10/01): 0.8986
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : NOT SPECIFIED
 SNF CBSA Code : NOT SPECIFIED

Non-CMS S-7 options selected:
 Calculate Total Days from this worksheet.
 Transfer total to settlement worksheet.

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA		A I D S DIAGNOSIS CODE 042				SWING BED SNF		TOTAL
GROUP(1)	M3PI REVENUE CODE	SERV PRIOR TO OCT. 1ST RATE	OCT. 1ST DAYS	SERV ON/AFTER OCT. 1ST RATE	OCT. 1ST DAYS	BED SNF DAYS	5	
1	RUC	1,041.87	4.02	1,082.07	4.04			
2	RUB	955.18		992.03				
3	RUA	910.34		945.47				
3 .01	RUX	1,227.23		1,274.59				
3 .02	RUL	1,077.76		1,119.34				
4	RVC	837.79		870.09				
5	RVB	795.93		826.64		4		3,307
6	RVA	715.21		742.80		8		5,942
6 .01	RVX	930.45		966.33		30		28,990
6 .02	RVL	867.68		901.15				
7	RHC	728.96		757.07		187		141,572
8	RHB	696.06		722.92		281		203,141
9	RHA	645.24		670.14		230		154,132
9 .01	RHX	788.74		819.16				
9 .02	RHL	773.79		803.65				
10	RMC	669.75		695.58		16		11,129
11	RMB	651.78		676.98		120		81,238
12	RMA	636.85		661.43		223		147,499
12 .01	RMX	902.93		937.76		492		461,378
12 .02	RML	828.19		860.15		1,305		1,122,496
13	RLB	590.20		612.98				
14	RLA	503.49		522.94				
14 .01	RLX	641.02		665.74				
15	SE3	738.26		766.74		73		55,972
16	SE2	627.66		651.85		145		94,518
17	SE1	558.90		580.44				
18	SSC	549.94		571.14		1		571
19	SSB	520.05		540.09		4		2,160
20	SSA	511.06		530.78		110		58,386
21	CC2	546.95		568.04				
22	CC1	499.09		518.36				
23	CB2	475.20		493.53				
24	CB1	454.27		471.78				
25	CA2	451.28		468.68		1		469
26	CA1	421.37		437.65		18		7,878
27	IB2	403.45		419.02				
28	IB1	397.47		412.79				
29	IA2	364.57		378.64				
30	IA1	349.64		363.14				
31	BB2	400.46		415.89				
32	BB1	388.51		403.49				
33	BA2	361.59		375.54				
34	BA1	337.67		350.69				
35	PE2	436.32		453.17				
36	PE1	427.36		443.85				
37	PD2	415.39		431.42				
38	PD1	409.42		425.22				
39	PC2	394.49		409.69				
40	PC1	388.51		403.49				
41	PB2	346.63		360.01				
42	PB1	343.64		356.89				
43	PA2	340.65		353.81				
44	PA1	331.69		344.49		5		1,722
45	Default	331.69		344.49				
46	TOTAL					3,253		2,582,500

- (2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.
- (3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.8986
 Wage Index Factor (after 10/01): 0.8986
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : NOT SPECIFIED
 SNF CBSA Code : NOT SPECIFIED

Non-CMS S-7 options selected:
 Calculate Total Days from this worksheet.
 Transfer total to settlement worksheet.

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	9/30/01 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB						
3	RUA						
3 .01	RUX						
3 .02	RUL						
4	RVC						
5	RVB						
6	RVA						
6 .01	RVX						
6 .02	RVL						
7	RHC						
8	RHB						
9	RHA						
9 .01	RHX						
9 .02	RHL						
10	RMC						
11	RMB						
12	RMA						
12 .01	RMX						
12 .02	RML						
13	RLB						
14	RLA						
14 .01	RLX						
15	SE3						
16	SE2						
17	SE1						
18	SSC						
19	SSB						
20	SSA						
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1						
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	Default						
46	TOTAL						

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

worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.8986
 Wage Index Factor (after 10/01) : 0.8986
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : NOT SPECIFIED
 SNF CBSA Code : NOT SPECIFIED

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2) RUGS DAYS	SWING BED SNF DAYS	TOTAL
1	2	4.05	4.06	5
1	RUC			
2	RUB			
3	RUA			
3 .01	RUX			
3 .02	RUL			
4	RVC			
5	RVB			
6	RVA			
6 .01	RVX			
6 .02	RVL			
7	RHC			
8	RHB			
9	RHA			
9 .01	RHX			
9 .02	RHL			
10	RMC			
11	RMB			
12	RMA			
12 .01	RMX			
12 .02	RML			
13	RLB			
14	RLA			
14 .01	RLX			
15	SE3			
16	SE2			
17	SE1			
18	SSC			
19	SSB			
20	SSA			
21	CC2			
22	CC1			
23	CB2			
24	CB1			
25	CA2			
26	CA1			
27	IB2			
28	IB1			
29	IA2			
30	IA1			
31	BB2			
32	BB1			
33	BA2			
34	BA1			
35	PE2			
36	PE1			
37	PD2			
38	PD1			
39	PC2			
40	PC1			
41	PB2			
42	PB1			
43	PA2			
44	PA1			
45	Default			
46	TOTAL			

- (2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.
 (3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01) : 0.8986
 Wage Index Factor (after 10/01) : 0.8986
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : NOT SPECIFIED
 SNF CBSA Code : NOT SPECIFIED

GROUP(1)	M3PI REVENUE CODE	SERVICES BASE RATE	PRIOR TO RATE	OCTOBER 1ST DAYS	SERVICES BASE RATE	ON OR AFTER RATE	OCTOBER 1ST DAYS
1		3a	3	3.01	4a	4	4.01
1	RUC						
2	RUB						
3	RUA						
3	.01 RUX						
3	.02 RUL						
4	RVC						
5	RVB						
6	RVA						
6	.01 RVX						
6	.02 RVL						
7	RHC						
8	RHB						
9	RHA						
9	.01 RHX						
9	.02 RHL						
10	RMC						
11	RMB						
12	RMA						
12	.01 RMX						
12	.02 RML						
13	RLB						
14	RLA						
14	.01 RLX						
15	SE3						
16	SE2						
17	SE1						
18	SSC						
19	SSB						
20	SSA						
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1						
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	Default						
46	TOTAL						

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.8986
 Wage Index Factor (after 10/01): 0.8986
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : NOT SPECIFIED
 SNF CBSA Code : NOT SPECIFIED

Non-CMS S-7 options selected:
 Calculate Total Days from this worksheet.
 Transfer total to settlement worksheet.

GROUP(1)	M3PI REVENUE CODE	A I D S		DIAGNOSIS		CODE 042		SWING		TOTAL
		SERV PRIOR TO OCT. 1ST	RATE	DAYS	SERV ON/AFTER OCT. 1ST	RATE	DAYS	BED SNF	DAYS	
1	RUC		4.02	4.03		4.04	4.05		4.06	5
2	RUB									
3	RUA									
3 .01	RUX									
3 .02	RUL									
4	RVC									
5	RVB									
6	RVA									
6 .01	RVX									
6 .02	RVL									
7	RHC									
8	RHB									
9	RHA									
9 .01	RHX									
9 .02	RHL									
10	RMC									
11	RMB									
12	RMA									
12 .01	RMX									
12 .02	RML									
13	RLB									
14	RLA									
14 .01	RLX									
15	SE3									
16	SE2									
17	SE1									
18	SSC									
19	SSB									
20	SSA									
21	CC2									
22	CC1									
23	CB2									
24	CB1									
25	CA2									
26	CA1									
27	IB2									
28	IB1									
29	IA2									
30	IA1									
31	BB2									
32	BB1									
33	BA2									
34	BA1									
35	PE2									
36	PE1									
37	PD2									
38	PD1									
39	PC2									
40	PC1									
41	PB2									
42	PB1									
43	PA2									
44	PA1									
45	Default									
46	TOTAL									

- (2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.
- (3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.8986
 Wage Index Factor (after 10/01): 0.8986
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : NOT SPECIFIED
 SNF CBSA Code : NOT SPECIFIED

Non-CMS S-7 options selected:
 Calculate Total Days from this worksheet.
 Transfer total to settlement worksheet.

DESCRIPTION

UNCOMPENSATED CARE INFORMATION
 1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
 2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER
 LINES 2.01 THRU 2.04
 2.01 IS IT AT THE TIME OF ADMISSION?
 2.02 IS IT AT THE TIME OF FIRST BILLING?
 2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
 2.04
 3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
 4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE
 JUDGMENT WITHOUT FINANCIAL DATA?
 5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
 6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS)
 DATA?
 7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET
 WORTH DATA?
 8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD
 DEBT AND CHARITY CARE? IF YES ANSWER 8.01
 8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT
 SERVICES?
 9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN
 YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
 9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE
 ELIGIBILITY?
 9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE
 CHARITY FROM BAD DEBT?
 9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON
 CHARITY DETERMINATION?
 9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE
 DISTINCTION IMPORTANT?
 10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA,
 WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS
 (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO
 BE A CHARITY WRITE OFF?
 11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA,
 IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY
 LEVEL? IF YES ANSWER 11.01 THRU 11.04
 11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL
 POVERTY LEVEL?
 11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150%
 OF THE FEDERAL POVERTY LEVEL?
 11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200%
 OF THE FEDERAL POVERTY LEVEL?
 11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF
 THE FEDERAL POVERTY LEVEL?
 12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME
 PATIENTS ON A GRADUAL SCALE?
 13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH
 PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY
 MEDICAL EXPENSES?
 14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED?
 IF YES ANSWER LINES 14.01 AND 14.02
 14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT
 GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING
 COMPENSATED CARE?
 14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM
 GOVERNMENT FUNDING?
 15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE
 TO CHARITY PATIENTS?
 16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE
 CHARITY CARE?
 UNCOMPENSATED CARE REVENUES
 17 REVENUE FROM UNCOMPENSATED CARE 15,670,914
 17.01 GROSS MEDICAID REVENUES 26,894,325
 18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
 19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
 20 RESTRICTED GRANTS 97,492
 21 NON-RESTRICTED GRANTS
 22 TOTAL GROSS UNCOMPENSATED CARE REVENUES 42,662,731
 UNCOMPENSATED CARE COST
 23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL
 INDIGENT CARE PROGRAMS 328,542
 24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103,
 DIVIDED BY COLUMN 8, LINE 103) .442821
 25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST
 (LINE 23 * LINE 24) 145,485
 26 TOTAL SCHIP CHARGES FROM YOUR RECORDS
 27 TOTAL SCHIP COST, (LINE 24 * LINE 26)
 28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS
 29 TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)
 30 OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS
 31 UNCOMPENSATED CARE COST (LINE 24 * LINE 30)
 32 TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL 145,485
 (SUM OF LINES 25, 27, AND 29)

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I 15-0007
I

I PERIOD: I PREPARED 5/30/2008
I FROM 1/1/2007 I WORKSHEET A
I TO 12/31/2007 I

COST CENTER		COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
			1	2	3	4	5
1	0100	GENERAL SERVICE COST CNTR					
1.01	0101	OLD CAP REL COSTS-BLDG & FIXT		7,057,281	7,057,281	-4,669,868	2,387,413
3	0300	NEW CAP REL COSTS-BLDG & FIXT				317,387	317,387
3.01	0301	NEW CAP REL COSTS-BLDG & FIXT				9,981,372	9,981,372
3.02	0302	NEW CAP REL COSTS-BLDG & FIXT				16,123	16,123
3.03	0303	NEW CAP REL COSTS-BLDG & FIXT					
5	0500	EMPLOYEE BENEFITS	573,065		7,585,758	31,665	31,665
6	0600	ADMINISTRATIVE & GENERAL	7,273,169	16,047,769	23,320,938	-24,297	7,561,461
8	0800	OPERATION OF PLANT	1,496,376	2,584,237	4,080,613	-1,588,795	21,732,143
9	0900	LAUNDRY & LINEN SERVICE	22,782	458,424	481,206	-28,192	4,052,421
10	1000	HOUSEKEEPING	746,462	227,546	974,008	-5	481,201
11	1100	DIETARY	917,580	685,265	1,602,845	-7,071	966,937
12	1200	CAFETERIA				-594,186	1,008,659
14	1400	NURSING ADMINISTRATION	907,676	166,790	1,074,466	582,923	582,923
15	1500	CENTRAL SERVICES & SUPPLY				-1,311	1,073,155
16	1600	PHARMACY					
17	1700	MEDICAL RECORDS & LIBRARY	964,637	453,694	1,418,331	-7,414	1,410,917
18	1800	SOCIAL SERVICE		-100	-100	37,264	37,164
19	1950	PSYCH ADMIN				1,317,151	1,317,151
24	2400	PARAMED ED PRGM	185,578	54,956	240,534	-5	240,529
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	7,576,984	2,017,205	9,594,189	-2,092,483	7,501,706
26	2600	INTENSIVE CARE UNIT	1,892,127	882,615	2,774,742	-224,011	2,550,731
31	3100	SUBPROVIDER	1,655,353	270,994	1,926,347	-9,295	1,917,052
33	3300	NURSERY				858,247	858,247
34	3400	SKILLED NURSING FACILITY	908,331	305,643	1,213,974	-41,487	1,172,487
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	1,932,965	5,013,666	6,946,631	-4,227,833	2,718,798
39	3900	DELIVERY ROOM & LABOR ROOM				758,440	758,440
40	4000	ANESTHESIOLOGY		201,527	201,527	-201,192	335
41	4100	RADIOLOGY-DIAGNOSTIC	1,893,894	1,903,412	3,797,306	-585,891	3,211,415
41.02	3430	MAGNETIC RESONANCE IMAGING (MRI)		1,802,033	1,802,033	-3,175	1,798,858
41.03	4101	LITHOTRIPSY				35,991	35,991
41.04	3121	CARDIAC CATHETERIZATION LABORATORY	1,331,266	4,016,623	5,347,889	-3,453,153	1,894,736
41.05	4103	ONCOLOGY	1,312,833	1,131,805	2,444,638	-90,733	2,353,905
44	4400	LABORATORY	1,591,678	2,458,732	4,050,410	-1,295,677	2,754,733
47	4700	BLOOD STORING, PROCESSING & TRANS.		749,104	749,104	-747,035	2,069
49	4900	RESPIRATORY THERAPY	2,303,584	960,644	3,264,228	-347,502	2,916,726
50	5000	PHYSICAL THERAPY		737,248	737,248	12,105	749,353
53	5300	ELECTROCARDIOLOGY	1,470,996	460,519	1,931,515	-105,240	1,826,275
54	5400	ELECTROENCEPHALOGRAPHY		30,278	30,278	-479	29,799
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS	113,117	363,754	476,871	10,875,325	11,352,196
56	5600	DRUGS CHARGED TO PATIENTS	1,428,923	11,014,954	12,443,877	2,560,737	15,004,614
57	5700	RENAL DIALYSIS		217,854	217,854	-11,653	206,201
58	5800	ASC (NON-DISTINCT PART)					
58.01	5801	WOUND CARE	223,036	390,613	613,649	-94,403	519,246
		OUTPAT SERVICE COST CNTRS					
61	6100	EMERGENCY	2,091,925	1,233,595	3,325,520	-296,027	3,029,493
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950	OTHER OUTPATIENT SERVICE					
63.01	4040	GENESIS	1,862,166	742,950	2,605,116	-1,371,504	1,233,612
63.02	4041	WOMENS CENTER	415,559	290,645	706,204	-93,531	612,673
63.03	4042	FAMILY PRACTICE	1,006,713	347,026	1,353,739		1,353,739
63.04	4043	ONCOLOGY CLINIC	1,079,582	2,811,127	3,890,709	-2,293,596	1,597,113
63.05	4044						
63.06	4045	FAMILY PRACTICE					
63.07	4046	DIABETIC EDUCATION	81,613	17,852	99,465	-801	98,664
63.08	4047	NEW CHOICES					
63.09	4048	OB/GYN		429	429	-420	9
63.10	4049	HOWARD CO CLINIC					
63.11	4050	HOWARD CO CSS	472,300	100,417	572,717	-3,863	568,854
63.12	4051	CLINTON COUNTY	525,772	230,828	756,600	-88,110	668,490
63.13	4052	TELEMEDICINE					
63.14	4053	TELEMEDICINE					
63.15	4054	HC&T HAIDER	157,440	189,482	346,922		346,922
63.16	4055	DR AROUTINOVA	135,384	178,341	313,725	-6	313,719
63.17	4056	OB/GYN GREER	609,954	136,470	746,424	-45,050	701,374
63.18	4057	ONCOLOGY-BECHAR	740,639	58,214	798,853	-4	798,849
63.19	4058	CRITICAL CARE PHYSICIANS	1,250,294	405,648	1,655,942	-46,404	1,609,538
63.20	4059	PSYCH DR STEINER					
63.21	4951	PSYCH GOOD HOPE					
63.22	4952	PSYCH DR ERIKA	204,560	28,862	233,422		233,422
63.23	4953	PSYCH DR KENNETH	187,246	71,992	259,238		259,238
63.24	4954	PSYCH DR DEB	223,859	28,866	252,725		252,725
63.25	4955	PSYCH DR M SHEI	166,443	34,445	200,888		200,888
63.26	4956	N CENTRAL PED	1,776,020	872,790	2,648,810	-461,254	2,187,556
63.27	4957	CFHC	898,836	592,996	1,491,832	-55,592	1,436,240
63.28	4958	PSYCH MEDICATION	277,417	41,977	319,394	-1,109	318,285
63.29	4959	PSYCH PHD CLINIC					
63.30	4960	RUSSIAVILLE OFFICE		18,096	18,096		18,096
63.31	4961	DR JERRY GREER					
63.32	4962	OTHER OUTPATIENT SERVICE COST CENTER	242,303	44,594	286,897	-3,841	283,056
63.33	4963	DR KOESTER	467,020	215,826	682,846	-46,997	635,849
63.34	4964	OPEN HEART		7,687	7,687		7,687
63.35	4965	DR B. FOGELSON	916,906	1,135,775	2,052,681	-2,983	2,049,698
63.36	4966	ONCOLOGY MOORE	512,983	26,394	539,377		539,377
63.37	4967	DR BARROW	130,555	201,174	331,729	-935	330,794
63.38	4968	DR. MOUALLA	271,868	83,037	354,905	-2,035	352,870
63.39	4969	DR. SEDAGHAT	97,733	150,896	248,629	-59,235	189,394
63.40	4970	DR. KINSEY		746	746		746
63.41	4971	B.HEALTH TIPTON	83,372	24,993	108,365		108,365
		OTHER REIMBURS COST CNTRS					
65	6500	AMBULANCE SERVICES	608,370	165,304	773,674	-23,619	750,055
		SPEC PURPOSE COST CENTERS					
88	8800	INTEREST EXPENSE		2,711,696	2,711,696	-2,711,696	

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	SPEC PURPOSE COST CENTERS					
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
96.01	9601 FOUNDATION	74,439	13,553	87,992		87,992
98	9800 PHYSICIANS' PRIVATE OFFICES		87,325	87,325		87,325
100	7950 OTHER NONREIMBURSABLE COST CENTERS	427,894	216,199	644,093	-92,192	551,901
100.01	7951 OTHER NONREIMBURSABLE COST CENTERS					
100.02	7952 OTHER NONREIMBURSABLE COST CENTERS					
100.03	7953 RESIDENTIAL HOMES				-30,751	-30,751
100.04	7954 OTHER NONREIMBURSABLE COST CENTERS					
100.05	7955 WEST CAMPUS				799,211	799,211
101	TOTAL	56,719,577	83,196,025	139,915,602	-0-	139,915,602

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO: I
I 15-0007 II PERIOD: I PREPARED 5/30/2008
I FROM 1/ 1/2007 I WORKSHEET A
I TO 12/31/2007 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT	-86,514	2,300,899
1.01	0101 OLD CAP REL COSTS-BLDG & FIXT		317,387
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-1,976,104	8,005,268
3.01	0301 NEW CAP REL COSTS-BLDG & FIXT		16,123
3.02	0302 NEW CAP REL COSTS-BLDG & FIXT		
3.03	0303 NEW CAP REL COSTS-BLDG & FIXT		31,665
5	0500 EMPLOYEE BENEFITS	-199,255	7,362,206
6	0600 ADMINISTRATIVE & GENERAL	-12,532,412	9,199,731
8	0800 OPERATION OF PLANT	-2,734	4,049,687
9	0900 LAUNDRY & LINEN SERVICE	65,357	546,558
10	1000 HOUSEKEEPING	-24,000	942,937
11	1100 DIETARY		1,008,659
12	1200 CAFETERIA	-347,946	234,977
14	1400 NURSING ADMINISTRATION	-4,056	1,069,099
15	1500 CENTRAL SERVICES & SUPPLY		
16	1600 PHARMACY		
17	1700 MEDICAL RECORDS & LIBRARY	-122,432	1,288,485
18	1800 SOCIAL SERVICE		37,164
19	1950 PSYCH ADMIN	-6,046	1,311,105
24	2400 PARAMED ED PRGM	-3,161	237,368
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-21,176	7,480,530
26	2600 INTENSIVE CARE UNIT		2,550,731
31	3100 SUBPROVIDER		1,917,052
33	3300 NURSERY		858,247
34	3400 SKILLED NURSING FACILITY	-15,000	1,157,487
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-97,850	2,620,948
39	3900 DELIVERY ROOM & LABOR ROOM		758,440
40	4000 ANESTHESIOLOGY		335
41	4100 RADIOLOGY-DIAGNOSTIC	-651,681	2,559,734
41.02	3430 MAGNETIC RESONANCE IMAGING (MRI)	-681,349	1,117,509
41.03	4101 LITHOTRIPSY		35,991
41.04	3121 CARDIAC CATHETERIZATION LABORATORY		1,894,736
41.05	4103 ONCOLOGY	-84,375	2,269,530
44	4400 LABORATORY	-1,174,155	1,580,578
47	4700 BLOOD STORING, PROCESSING & TRANS.	-27,269	-25,200
49	4900 RESPIRATORY THERAPY	-180,024	2,736,702
50	5000 PHYSICAL THERAPY	-5,542	743,811
53	5300 ELECTROCARDIOLOGY	-232	1,826,043
54	5400 ELECTROENCEPHALOGRAPHY	-29,233	566
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-2,159	11,350,037
56	5600 DRUGS CHARGED TO PATIENTS	-15,019	14,989,595
57	5700 RENAL DIALYSIS		206,201
58	5800 ASC (NON-DISTINCT PART)		
58.01	5801 WOUND CARE	-10,200	509,046
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-27,079	3,002,414
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950 OTHER OUTPATIENT SERVICE		
63.01	4040 GENESIS	-68,261	1,165,351
63.02	4041 WOMENS CENTER	-58,083	554,590
63.03	4042 FAMILY PRACTICE		1,353,739
63.04	4043 ONCOLOGY CLINIC	-686,184	910,929
63.05	4044		
63.06	4045 FAMILY PRACTICE		
63.07	4046 DIABETIC EDUCATION		98,664
63.08	4047 NEW CHOICES		
63.09	4048 OB/GYN		9
63.10	4049 HOWARD CO CLINIC		
63.11	4050 HOWARD CO CSS	856	569,710
63.12	4051 CLINTON COUNTY	-45,454	623,036
63.13	4052 TELEMEDICINE		
63.14	4053 TELEMEDICINE		
63.15	4054 HC&T HAIDER		346,922
63.16	4055 DR AROUTINOVA	-135,384	178,335
63.17	4056 OB/GYN GREER	-377,488	323,886
63.18	4057 ONCOLOGY-BECHAR	-626,715	172,134
63.19	4058 CRITICAL CARE PHYSICIANS	-1,218,164	391,374
63.20	4059 PSYCH DR STEINER		
63.21	4951 PSYCH GOOD HOPE		
63.22	4952 PSYCH DR ERIKA	-177,370	56,052
63.23	4953 PSYCH DR KENNETH	-215,397	43,841
63.24	4954 PSYCH DR DEB	-322	252,403
63.25	4955 PSYCH DR M SHEI	-147,917	52,971
63.26	4956 N CENTRAL PED	-899,781	1,287,775
63.27	4957 CFHC	-678,623	757,617
63.28	4958 PSYCH MEDICATION		318,285
63.29	4959 PSYCH PHD CLINIC		
63.30	4960 RUSSELLVILLE OFFICE	-18,096	
63.31	4961 DR JERRY GREER		
63.32	4962 OTHER OUTPATIENT SERVICE COST CENTER	-120,346	162,710
63.33	4963 DR KOESTER	-420,429	215,420
63.34	4964 OPEN HEART		7,687
63.35	4965 DR B. FOGELSON	-1,568,083	481,615
63.36	4966 ONCOLOGY MOORE	-512,983	26,394
63.37	4967 DR BARROW	-136,994	193,800
63.38	4968 DR. MOUALLA	-276,369	76,501
63.39	4969 DR. SEDAGHAT	-116,258	73,136
63.40	4970 DR. KINSEY		746
63.41	4971 B.HEALTH TIPTON		108,365
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES	-236,506	513,549
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
	SPEC PURPOSE COST CENTERS	6	7
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
96.01	9601 FOUNDATION		87,992
98	9800 PHYSICIANS' PRIVATE OFFICES		87,325
100	7950 OTHER NONREIMBURSABLE COST CENTERS		551,901
100.01	7951 OTHER NONREIMBURSABLE COST CENTERS		
100.02	7952 OTHER NONREIMBURSABLE COST CENTERS		
100.03	7953 RESIDENTIAL HOMES		-30,751
100.04	7954 OTHER NONREIMBURSABLE COST CENTERS		
100.05	7955 WEST CAMPUS		799,211
101	TOTAL	-27,001,997	112,913,605

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
1.01	OLD CAP REL COSTS-BLDG & FIXT	0101	OLD CAP REL COSTS-BLDG & FIXT
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-BLDG & FIXT	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	NEW CAP REL COSTS-BLDG & FIXT	0302	NEW CAP REL COSTS-BLDG & FIXT
3.03	NEW CAP REL COSTS-BLDG & FIXT	0303	NEW CAP REL COSTS-BLDG & FIXT
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
19	PSYCH ADMIN	1950	
24	PARAMED ED PRGM	2400	OTHER GENERAL SERVICE COST CENTERS
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.02	MAGNETIC RESONANCE IMAGING (MRI)	3430	MAGNETIC RESONANCE IMAGING (MRI)
41.03	LITHOTRIPSY	4101	RADIOLOGY-DIAGNOSTIC
41.04	CARDIAC CATHETERIZATION LABORATORY	3121	CARDIAC CATHETERIZATION LABORATORY
41.05	ONCOLOGY	4103	RADIOLOGY-DIAGNOSTIC
44	LABORATORY	4400	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
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	
58.01	WOUND CARE	5801	ASC (NON-DISTINCT PART)
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	OTHER OUTPATIENT SERVICE	4950	OTHER OUTPATIENT SERVICE COST CENTER
63.01	GENESIS	4040	FAMILY PRACTICE
63.02	WOMENS CENTER	4041	FAMILY PRACTICE
63.03	FAMILY PRACTICE	4042	FAMILY PRACTICE
63.04	ONCOLOGY CLINIC	4043	FAMILY PRACTICE
63.05		4044	FAMILY PRACTICE
63.06	FAMILY PRACTICE	4045	FAMILY PRACTICE
63.07	DIABETIC EDUCATION	4046	FAMILY PRACTICE
63.08	NEW CHOICES	4047	FAMILY PRACTICE
63.09	OB/GYN	4048	FAMILY PRACTICE
63.10	HOWARD CO CLINIC	4049	FAMILY PRACTICE
63.11	HOWARD CO CSS	4050	TELEMEDICINE
63.12	CLINTON COUNTY	4051	TELEMEDICINE
63.13	TELEMEDICINE	4052	TELEMEDICINE
63.14	TELEMEDICINE	4053	TELEMEDICINE
63.15	HC&T HAIDER	4054	TELEMEDICINE
63.16	DR AROUTINOVA	4055	TELEMEDICINE
63.17	OB/GYN GREER	4056	TELEMEDICINE
63.18	ONCOLOGY-BECHAR	4057	TELEMEDICINE
63.19	CRITICAL CARE PHYSICIANS	4058	TELEMEDICINE
63.20	PSYCH DR STEINER	4059	TELEMEDICINE
63.21	PSYCH GOOD HOPE	4951	OTHER OUTPATIENT SERVICE COST CENTER
63.22	PSYCH DR ERIKA	4952	OTHER OUTPATIENT SERVICE COST CENTER
63.23	PSYCH DR KENNETH	4953	OTHER OUTPATIENT SERVICE COST CENTER
63.24	PSYCH DR DEB	4954	OTHER OUTPATIENT SERVICE COST CENTER
63.25	PSYCH DR M SHEI	4955	OTHER OUTPATIENT SERVICE COST CENTER
63.26	N CENTRAL PED	4956	OTHER OUTPATIENT SERVICE COST CENTER
63.27	CFHC	4957	OTHER OUTPATIENT SERVICE COST CENTER
63.28	PSYCH MEDICATION	4958	OTHER OUTPATIENT SERVICE COST CENTER
63.29	PSYCH PHD CLINIC	4959	OTHER OUTPATIENT SERVICE COST CENTER
63.30	RUSSIAVILLE OFFICE	4960	OTHER OUTPATIENT SERVICE COST CENTER
63.31	DR JERRY GREER	4961	OTHER OUTPATIENT SERVICE COST CENTER
63.32	OTHER OUTPATIENT SERVICE COST CENTER	4962	OTHER OUTPATIENT SERVICE COST CENTER
63.33	DR KOESTER	4963	OTHER OUTPATIENT SERVICE COST CENTER
63.34	OPEN HEART	4964	OTHER OUTPATIENT SERVICE COST CENTER
63.35	DR B. FOGELSON	4965	OTHER OUTPATIENT SERVICE COST CENTER
63.36	ONCOLOGY MOORE	4966	OTHER OUTPATIENT SERVICE COST CENTER
63.37	DR BARROW	4967	OTHER OUTPATIENT SERVICE COST CENTER
63.38	DR. MOUALLA	4968	OTHER OUTPATIENT SERVICE COST CENTER
63.39	DR. SEDAGHAT	4969	OTHER OUTPATIENT SERVICE COST CENTER
63.40	DR. KINSEY	4970	OTHER OUTPATIENT SERVICE COST CENTER
63.41	B.HEALTH TIPTON	4971	OTHER OUTPATIENT SERVICE COST CENTER
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	SPEC PURPOSE COST CE		
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	FOUNDATION	9601	
98	PHYSICIANS' PRIVATE OFFICES	9800	GIFT, FLOWER, COFFEE SHOP & CANTEEN
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	OTHER NONREIMBURSABLE COST CENTERS	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	OTHER NONREIMBURSABLE COST CENTERS	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	RESIDENTIAL HOMES	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	OTHER NONREIMBURSABLE COST CENTERS	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	WEST CAMPUS	7955	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE	
			LINE NO 3	SALARY 4 OTHER 5
1 DEPRECIATION	A	OLD CAP REL COSTS-BLDG & FIXT	1.01	317,387
2		NEW CAP REL COSTS-BLDG & FIXT	3	4,304,693
3		NEW CAP REL COSTS-BLDG & FIXT	3.01	16,123
4		NEW CAP REL COSTS-BLDG & FIXT	3.03	31,665
5 CAFETERIA	B	CAFETERIA	12	249,217
6 INSURANCE	C	NEW CAP REL COSTS-BLDG & FIXT	3	138,388
7 BLDG LEASE	D	NEW CAP REL COSTS-BLDG & FIXT	3	458,021
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20 EQUIPMENT LEASE	E	NEW CAP REL COSTS-BLDG & FIXT	3	2,368,574
21		PHYSICAL THERAPY	50	12,518
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
1 EQUIPMENT LEASE	E			
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22 LITHOTRIPSY	F	LITHOTRIPSY	41.03	26,624
23 NURSERY	G	NURSERY	33	190,385
24 LABOR AND DELIVERY	H	DELIVERY ROOM & LABOR ROOM	39	168,299
25 SUPPLY RECLASS	I	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	11,207,604
26		EMPLOYEE BENEFITS	5	3,580
27				
28				
29				
30				
31				
32				
33				
34				
35				
1 SUPPLY RECLASS	I			
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

RECLASSIFICATIONS

PROVIDER NO:
150007

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

PREPARED 5/30/2008
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	INCREASE		
			LINE NO	SALARY	OTHER
	1	2	3	4	5
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
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23					
24					
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26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
1	SUPPLY RECLASS	I			
2					
3					
4					
5	DRUG RECLASS	J DRUGS CHARGED TO PATIENTS	56	3,031,426	
6		ADMINISTRATIVE & GENERAL	6	3,986	
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27	WEST CAMPUS	K WEST CAMPUS	100.05		683,736
28		WEST CAMPUS	100.05		72,229
29		WEST CAMPUS	100.05		43,246
30	PSYCH ADMIN	L PSYCH ADMIN	19	772,525	544,626
31	INTEREST	M NEW CAP REL COSTS-BLDG & FIXT	3		2,711,696
32	SOCIAL WORKER	N SOCIAL SERVICE	18	37,264	
36	TOTAL RECLASSIFICATIONS			5,446,277	23,548,611

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

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO	7			
1 DEPRECIATION	A	OLD CAP REL COSTS-BLDG & FIXT	1			4,669,868	9
2							9
3							9
4							9
5 CAFETERIA	B	DIETARY	11		333,706	249,217	
6 INSURANCE	C	ADMINISTRATIVE & GENERAL	6			138,388	12
7 BLDG LEASE	D	ADMINISTRATIVE & GENERAL	6			159,518	10
8		OPERATION OF PLANT	8			2,560	
9		ONCOLOGY	41.05			480	
10		WOUND CARE	58.01			26,108	
11		GENESIS	63.01			45,810	
12		RESIDENTIAL HOMES	100.03			28,876	
13		HOWARD CO CSS	63.11			1,917	
14		CLINTON COUNTY	63.12			88,110	
15		CRITICAL CARE PHYSICIANS	63.19			22,000	
16		N CENTRAL PED	63.26			29,139	
17		CFHC	63.27			2,040	
18		DR. SEDAGHAT	63.39			26,133	
19		OTHER NONREIMBURSABLE COST CENTERS	100			25,330	
20 EQUIPMENT LEASE	E	EMPLOYEE BENEFITS	5			1,758	10
21		ADMINISTRATIVE & GENERAL	6			570,069	
22		OPERATION OF PLANT	8			13,249	
23		HOUSEKEEPING	10			6,894	
24		NURSING ADMINISTRATION	14			1,125	
25		MEDICAL RECORDS & LIBRARY	17			7,396	
26		ADULTS & PEDIATRICS	25			57,811	
27		INTENSIVE CARE UNIT	26			44,470	
28		SUBPROVIDER	31			3,089	
29		SKILLED NURSING FACILITY	34			5,015	
30		OPERATING ROOM	37			7,983	
31		RADIOLOGY-DIAGNOSTIC	41			361,313	
32		CARDIAC CATHETERIZATION LABORATORY	41.04			286,006	
33		ONCOLOGY	41.05			2,571	
34		LABORATORY	44			141,623	
35		RESPIRATORY THERAPY	49			196,410	
1 EQUIPMENT LEASE	E	ELECTROCARDIOLOGY	53			2,685	
2		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			332,279	
3		DRUGS CHARGED TO PATIENTS	56			260,663	
4		WOUND CARE	58.01			1,612	
5		EMERGENCY	61			7,876	
6		GENESIS	63.01			8,080	
7		WOMENS CENTER	63.02			15,921	
8		RESIDENTIAL HOMES	100.03			921	
9		ONCOLOGY CLINIC	63.04			1,409	
10		OB/GYN	63.09			420	
11		HOWARD CO CSS	63.11			1,560	
12		OB/GYN GREER	63.17			64	
13		CRITICAL CARE PHYSICIANS	63.19			1,391	
14		N CENTRAL PED	63.26			6,505	
15		CFHC	63.27			27,223	
16		OTHER OUTPATIENT SERVICE COST CENTER	63.32			1,648	
17		DR KOESTER	63.33			890	
18		DR. B. FOGELSON	63.35			1,634	
19		DR. SEDAGHAT	63.39			43	
20		AMBULANCE SERVICES	65			280	
21		OTHER NONREIMBURSABLE COST CENTERS	100			1,206	
22 LITHOTRIPSY	F	OPERATING ROOM	37		9,367	26,624	
23 NURSERY	G	ADULTS & PEDIATRICS	25		667,862	190,385	
24 LABOR AND DELIVERY	H	ADULTS & PEDIATRICS	25		590,141	168,299	
25 SUPPLY RECLASS	I	ADMINISTRATIVE & GENERAL	6			3,806	
26		OPERATION OF PLANT	8			1,968	
27		LAUNDRY & LINEN SERVICE	9			5	
28		HOUSEKEEPING	10			177	
29		DIETARY	11			11,263	
30		NURSING ADMINISTRATION	14			186	
31		MEDICAL RECORDS & LIBRARY	17			18	
32		PARAMED ED PRGM	24			5	
33		ADULTS & PEDIATRICS	25			417,985	
34		INTENSIVE CARE UNIT	26			179,541	
35							
1 SUPPLY RECLASS	I	SUBPROVIDER	31			6,206	
2		SKILLED NURSING FACILITY	34			36,472	
3		OPERATING ROOM	37			4,183,859	
4		ANESTHESIOLOGY	40			19,870	
5		RADIOLOGY-DIAGNOSTIC	41			224,578	
6		MAGNETIC RESONANCE IMAGING (MRI)	41.02			2,336	
7		CARDIAC CATHETERIZATION LABORATORY	41.04			3,167,147	
8		ONCOLOGY	41.05			87,682	
9		LABORATORY	44			1,081,825	
10		BLOOD STORING, PROCESSING & TRANS.	47			747,035	
11		RESPIRATORY THERAPY	49			151,092	

RECLASSIFICATIONS

PROVIDER NO:
150007

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

PREPARED 5/30/2008
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
12		PHYSICAL THERAPY	50			413	
13		ELECTROCARDIOLOGY	53			59,309	
14		ELECTROENCEPHALOGRAPHY	54			479	
15		DRUGS CHARGED TO PATIENTS	56			210,026	
16		RENAL DIALYSIS	57			11,533	
17		WOUND CARE	58.01			58,961	
18		EMERGENCY	61			288,151	
19		GENESIS	63.01			287	
20		WOMENS CENTER	63.02			77,311	
21		RESIDENTIAL HOMES	100.03			838	
22		ONCOLOGY CLINIC	63.04			38,129	
23		DIABETIC EDUCATION	63.07			801	
24		HOWARD CO CSS	63.11			217	
25		DR AROUTINOVA	63.16			6	
26		OB/GYN GREER	63.17			10,455	
27		ONCOLOGY-BECHAR	63.18			4	
28		CRITICAL CARE PHYSICIANS	63.19			10,158	
29		N CENTRAL PED	63.26			18,913	
30		CFHC	63.27			8,427	
31		PSYCH MEDICATION	63.28			1,109	
32		OTHER OUTPATIENT SERVICE COST CENTER	63.32			385	
33		DR KOESTER	63.33			42,269	
34		DR B. FOGELSON	63.35			1,163	
35		DR BARROW	63.37			935	
1	SUPPLY RECLASS	I DR. MOJALLA	63.38			582	
2		DR. SEDAGHAT	63.39			5,108	
3		AMBULANCE SERVICES	65			23,339	
4		OTHER NONREIMBURSABLE COST CENTERS	100			18,820	
5	DRUG RECLASS	J EMPLOYEE BENEFITS	5			26,119	
6							
7		OPERATION OF PLANT	8			10,415	
8		ANESTHESIOLOGY	40			181,322	
9		MAGNETIC RESONANCE IMAGING (MRI)	41.02			839	
10		RENAL DIALYSIS	57			120	
11		WOUND CARE	58.01			7,722	
12		GENESIS	63.01			176	
13		WOMENS CENTER	63.02			299	
14		RESIDENTIAL HOMES	100.03			116	
15		ONCOLOGY CLINIC	63.04			2,254,058	
16		HOWARD CO CSS	63.11			169	
17		OB/GYN GREER	63.17			34,531	
18		CRITICAL CARE PHYSICIANS	63.19			12,855	
19		N CENTRAL PED	63.26			406,697	
20		CFHC	63.27			17,902	
21		OTHER OUTPATIENT SERVICE COST CENTER	63.32			1,808	
22		DR KOESTER	63.33			3,838	
23		DR B. FOGELSON	63.35			186	
24		DR. MOJALLA	63.38			1,453	
25		DR. SEDAGHAT	63.39			27,951	
26		OTHER NONREIMBURSABLE COST CENTERS	100			46,836	
27	WEST CAMPUS	K ADMINISTRATIVE & GENERAL	6			683,736	
28		LABORATORY	44			72,229	
29		ELECTROCARDIOLOGY	53			43,246	
30	PSYCH ADMIN	L GENESIS	63.01		772,525	544,626	
31	INTEREST	M INTEREST EXPENSE	88			2,711,696	11
32	SOCIAL WORKER	N ADMINISTRATIVE & GENERAL	6		37,264		
36	TOTAL RECLASSIFICATIONS				2,410,865	26,584,023	

(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 : DEPRECIATION

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1.01	317,387	OLD CAP REL COSTS-BLDG & FIXT	1	4,669,868	
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	4,304,693			0	
3.00	NEW CAP REL COSTS-BLDG & FIXT	3.01	16,123			0	
4.00	NEW CAP REL COSTS-BLDG & FIXT	3.03	31,665			0	
TOTAL RECLASSIFICATIONS FOR CODE A			4,669,868	TOTAL RECLASSIFICATIONS FOR CODE A			4,669,868

RECLASS CODE: B
 EXPLANATION : CAFETERIA

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	582,923	DIETARY	11	582,923	
TOTAL RECLASSIFICATIONS FOR CODE B			582,923	TOTAL RECLASSIFICATIONS FOR CODE B			582,923

RECLASS CODE: C
 EXPLANATION : INSURANCE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	138,388	ADMINISTRATIVE & GENERAL	6	138,388	
TOTAL RECLASSIFICATIONS FOR CODE C			138,388	TOTAL RECLASSIFICATIONS FOR CODE C			138,388

RECLASS CODE: D
 EXPLANATION : BLDG LEASE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	458,021	ADMINISTRATIVE & GENERAL	6	159,518	
2.00			0	OPERATION OF PLANT	8	2,560	
3.00			0	ONCOLOGY	41.05	480	
4.00			0	WOUND CARE	58.01	26,108	
5.00			0	GENESIS	63.01	45,810	
6.00			0	RESIDENTIAL HOMES	100.03	28,876	
7.00			0	HOWARD CO CSS	63.11	1,917	
8.00			0	CLINTON COUNTY	63.12	88,110	
9.00			0	CRITICAL CARE PHYSICIANS	63.19	22,000	
10.00			0	N CENTRAL PED	63.26	29,139	
11.00			0	CFHC	63.27	2,040	
12.00			0	DR. SEDAGHAT	63.39	26,133	
13.00			0	OTHER NONREIMBURSABLE COST CEN	100	25,330	
TOTAL RECLASSIFICATIONS FOR CODE D			458,021	TOTAL RECLASSIFICATIONS FOR CODE D			458,021

RECLASS CODE: E
 EXPLANATION : EQUIPMENT LEASE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	2,368,574	EMPLOYEE BENEFITS	5	1,758	
2.00	PHYSICAL THERAPY	50	12,518	ADMINISTRATIVE & GENERAL	6	570,069	
3.00			0	OPERATION OF PLANT	8	13,249	
4.00			0	HOUSEKEEPING	10	6,894	
5.00			0	NURSING ADMINISTRATION	14	1,125	
6.00			0	MEDICAL RECORDS & LIBRARY	17	7,396	
7.00			0	ADULTS & PEDIATRICS	25	57,811	
8.00			0	INTENSIVE CARE UNIT	26	44,470	
9.00			0	SUBPROVIDER	31	3,089	
10.00			0	SKILLED NURSING FACILITY	34	5,015	
11.00			0	OPERATING ROOM	37	7,983	
12.00			0	RADIOLOGY-DIAGNOSTIC	41	361,313	
13.00			0	CARDIAC CATHETERIZATION LABORA	41.04	286,006	
14.00			0	ONCOLOGY	41.05	2,571	
15.00			0	LABORATORY	44	141,623	
16.00			0	RESPIRATORY THERAPY	49	196,410	
18.00			0	ELECTROCARDIOLOGY	53	2,685	
19.00			0	MEDICAL SUPPLIES CHARGED TO PA	55	332,279	
20.00			0	DRUGS CHARGED TO PATIENTS	56	260,663	
21.00			0	WOUND CARE	58.01	1,612	
22.00			0	EMERGENCY	61	7,876	
23.00			0	GENESIS	63.01	8,080	
24.00			0	WOMENS CENTER	63.02	15,921	
25.00			0	RESIDENTIAL HOMES	100.03	921	
26.00			0	ONCOLOGY CLINIC	63.04	1,409	
27.00			0	OB/GYN	63.09	420	
28.00			0	HOWARD CO CSS	63.11	1,560	
29.00			0	OB/GYN GREER	63.17	64	
30.00			0	CRITICAL CARE PHYSICIANS	63.19	1,391	
31.00			0	N CENTRAL PED	63.26	6,505	
32.00			0	CFHC	63.27	27,223	
33.00			0	OTHER OUTPATIENT SERVICE COST	63.32	1,648	

RECLASS CODE: E
 EXPLANATION : EQUIPMENT LEASE

INCREASE		
LINE	COST CENTER	AMOUNT
34.00		0
35.00		0
36.00		0
37.00		0
38.00		0
TOTAL RECLASSIFICATIONS FOR CODE E		2,381,092

DECREASE		
COST CENTER	LINE	AMOUNT
DR KOESTER	63.33	890
DR B. FOGELSON	63.35	1,634
DR. SEDAGHAT	63.39	43
AMBULANCE SERVICES	65	280
OTHER NONREIMBURSABLE COST CEN	100	1,206
		2,381,092

RECLASS CODE: F
 EXPLANATION : LITHOTRIPSY

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	LITHOTRIPSY	35,991
TOTAL RECLASSIFICATIONS FOR CODE F		35,991

DECREASE		
COST CENTER	LINE	AMOUNT
OPERATING ROOM	37	35,991
		35,991

RECLASS CODE: G
 EXPLANATION : NURSERY

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	NURSERY	858,247
TOTAL RECLASSIFICATIONS FOR CODE G		858,247

DECREASE		
COST CENTER	LINE	AMOUNT
ADULTS & PEDIATRICS	25	858,247
		858,247

RECLASS CODE: H
 EXPLANATION : LABOR AND DELIVERY

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	DELIVERY ROOM & LABOR ROOM	758,440
TOTAL RECLASSIFICATIONS FOR CODE H		758,440

DECREASE		
COST CENTER	LINE	AMOUNT
ADULTS & PEDIATRICS	25	758,440
		758,440

RECLASS CODE: I
 EXPLANATION : SUPPLY RECLASS

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	11,207,604
2.00	EMPLOYEE BENEFITS	3,580
3.00		0
4.00		0
5.00		0
6.00		0
7.00		0
8.00		0
9.00		0
10.00		0
11.00		0
12.00		0
13.00		0
14.00		0
15.00		0
16.00		0
17.00		0
18.00		0
19.00		0
20.00		0
21.00		0
22.00		0
23.00		0
24.00		0
25.00		0
26.00		0
27.00		0
28.00		0
29.00		0
30.00		0
31.00		0
32.00		0
33.00		0
34.00		0
35.00		0
36.00		0
37.00		0
38.00		0
39.00		0
40.00		0
41.00		0
42.00		0
43.00		0

DECREASE		
COST CENTER	LINE	AMOUNT
ADMINISTRATIVE & GENERAL	6	3,806
OPERATION OF PLANT	8	1,968
LAUNDRY & LINEN SERVICE	9	5
HOUSEKEEPING	10	177
DIETARY	11	11,263
NURSING ADMINISTRATION	14	186
MEDICAL RECORDS & LIBRARY	17	18
PARAMED ED PRGM	24	5
ADULTS & PEDIATRICS	25	417,985
INTENSIVE CARE UNIT	26	179,541
SUBPROVIDER	31	6,206
SKILLED NURSING FACILITY	34	36,472
OPERATING ROOM	37	4,183,859
ANESTHESIOLOGY	40	19,870
RADIOLOGY-DIAGNOSTIC	41	224,578
MAGNETIC RESONANCE IMAGING (MR	41.02	2,336
CARDIAC CATHETERIZATION LABORA	41.04	3,167,147
ONCOLOGY	41.05	87,682
LABORATORY	44	1,081,825
BLOOD STORING, PROCESSING & TR	47	747,035
RESPIRATORY THERAPY	49	151,092
PHYSICAL THERAPY	50	413
ELECTROCARDIOLOGY	53	59,309
ELECTROENCEPHALOGRAPHY	54	479
DRUGS CHARGED TO PATIENTS	56	210,026
RENAL DIALYSIS	57	11,533
WOUND CARE	58.01	58,961
EMERGENCY	61	288,151
GENESIS	63.01	287
WOMENS CENTER	63.02	77,311
RESIDENTIAL HOMES	100.03	838
ONCOLOGY CLINIC	63.04	38,129
DIABETIC EDUCATION	63.07	801
HOWARD CO CSS	63.11	217
DR AROUTINOVA	63.16	6
OB/GYN GREER	63.17	10,455
ONCOLOGY-BECHAR	63.18	4
CRITICAL CARE PHYSICIANS	63.19	10,158
N CENTRAL PED	63.26	18,913
CFHC	63.27	8,427
PSYCH MEDICATION	63.28	1,109
OTHER OUTPATIENT SERVICE COST	63.32	385

RECLASS CODE: I
 EXPLANATION : SUPPLY RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
44.00			0	DR KOESTER	63.33	42,269	
45.00			0	DR B. FOGELSON	63.35	1,163	
46.00			0	DR BARROW	63.37	935	
47.00			0	DR. MOUALLA	63.38	582	
48.00			0	DR. SEDAGHAT	63.39	5,108	
49.00			0	AMBULANCE SERVICES	65	23,339	
50.00			0	OTHER NONREIMBURSABLE COST CEN	100	18,820	
TOTAL RECLASSIFICATIONS FOR CODE I			11,211,184				11,211,184

RECLASS CODE: J
 EXPLANATION : DRUG RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	3,031,426	EMPLOYEE BENEFITS	5	26,119	
2.00	ADMINISTRATIVE & GENERAL	6	3,986			0	
3.00			0	OPERATION OF PLANT	8	10,415	
4.00			0	ANESTHESIOLOGY	40	181,322	
6.00			0	MAGNETIC RESONANCE IMAGING (MR	41.02	839	
7.00			0	RENAL DIALYSIS	57	120	
8.00			0	WOUND CARE	58.01	7,722	
9.00			0	GENESIS	63.01	176	
10.00			0	WOMENS CENTER	63.02	299	
11.00			0	RESIDENTIAL HOMES	100.03	116	
12.00			0	ONCOLOGY CLINIC	63.04	2,254,058	
13.00			0	HOWARD CO CSS	63.11	169	
15.00			0	OB/GYN GREER	63.17	34,531	
16.00			0	CRITICAL CARE PHYSICIANS	63.19	12,855	
17.00			0	N CENTRAL PED	63.26	406,697	
18.00			0	CFHC	63.27	17,902	
19.00			0	OTHER OUTPATIENT SERVICE COST	63.32	1,808	
20.00			0	DR KOESTER	63.33	3,838	
21.00			0	DR B. FOGELSON	63.35	186	
22.00			0	DR. MOUALLA	63.38	1,453	
23.00			0	DR. SEDAGHAT	63.39	27,951	
24.00			0	OTHER NONREIMBURSABLE COST CEN	100	46,836	
TOTAL RECLASSIFICATIONS FOR CODE J			3,035,412				3,035,412

RECLASS CODE: K
 EXPLANATION : WEST CAMPUS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	WEST CAMPUS	100.05	683,736	ADMINISTRATIVE & GENERAL	6	683,736	
2.00	WEST CAMPUS	100.05	72,229	LABORATORY	44	72,229	
3.00	WEST CAMPUS	100.05	43,246	ELECTROCARDIOLOGY	53	43,246	
TOTAL RECLASSIFICATIONS FOR CODE K			799,211				799,211

RECLASS CODE: L
 EXPLANATION : PSYCH ADMIN

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PSYCH ADMIN	19	1,317,151	GENESIS	63.01	1,317,151	
TOTAL RECLASSIFICATIONS FOR CODE L			1,317,151				1,317,151

RECLASS CODE: M
 EXPLANATION : INTEREST

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	2,711,696	INTEREST EXPENSE	88	2,711,696	
TOTAL RECLASSIFICATIONS FOR CODE M			2,711,696				2,711,696

RECLASS CODE: N
 EXPLANATION : SOCIAL WORKER

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	SOCIAL SERVICE	18	37,264	ADMINISTRATIVE & GENERAL	6	37,264	
TOTAL RECLASSIFICATIONS FOR CODE N			37,264				37,264

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS

DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS		RATIO 4	ALLOCATION OF OTHER CAPITAL			TOTAL 8
		CAPITIALIZED LEASES 2	GROSS ASSETS FOR RATIO 3		INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
* 1 OLD CAP REL COSTS-BL								
1 01 OLD CAP REL COSTS-BL								
3 NEW CAP REL COSTS-BL								
3 01 NEW CAP REL COSTS-BL								
3 02 NEW CAP REL COSTS-BL								
3 03 NEW CAP REL COSTS-BL								
5 TOTAL				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	2,300,899						2,300,899
1 01 OLD CAP REL COSTS-BL	317,387						317,387
3 NEW CAP REL COSTS-BL	4,340,490	2,826,595	699,795	138,388			8,005,268
3 01 NEW CAP REL COSTS-BL	16,123						16,123
3 02 NEW CAP REL COSTS-BL							
3 03 NEW CAP REL COSTS-BL	31,665						31,665
5 TOTAL	7,006,564	2,826,595	699,795	138,388			10,671,342

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	7,057,281						7,057,281
1 01 OLD CAP REL COSTS-BL							
3 NEW CAP REL COSTS-BL							
3 01 NEW CAP REL COSTS-BL							
3 02 NEW CAP REL COSTS-BL							
3 03 NEW CAP REL COSTS-BL							
5 TOTAL	7,057,281						7,057,281

* 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	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			OLD CAP REL COSTS-BLDG &	1		
2			**COST CENTER DELETED**	2		
3			NEW CAP REL COSTS-BLDG &	3		
4			**COST CENTER DELETED**	4		
5						
6						
7						
8						
9						
10						
11						
12	A-8-2	-8,725,566				
13						
14	A-8-1	-580,195				
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25	A-8-3/A-8-4		RESPIRATORY THERAPY	49		
26	A-8-3/A-8-4		PHYSICAL THERAPY	50		
27	A-8-3					
28			**COST CENTER DELETED**	89		
29			OLD CAP REL COSTS-BLDG &	1		
30			**COST CENTER DELETED**	2		
31			NEW CAP REL COSTS-BLDG &	3		
32			**COST CENTER DELETED**	4		
33			**COST CENTER DELETED**	20		
34						
35	A-8-4		**COST CENTER DELETED**	51		
36	A-8-4		**COST CENTER DELETED**	52		
37	B	-926	ADULTS & PEDIATRICS	25		
38	B	-236,506	AMBULANCE SERVICES	65		
39						
40	B	856	HOWARD CO CSS	63.11		
41	B	-45,454	CLINTON COUNTY	63.12		
42	B	-17,621	GENESIS	63.01		
43	B	-11,644	GENESIS	63.01		
44	B	-1,125	ONCOLOGY	41.05		
45	B	-97,850	OPERATING ROOM	37		
46	B	-2,159	MEDICAL SUPPLIES CHARGED	55		
47	B	-1,053,047	LABORATORY	44		
48	B	-27,269	BLOOD STORING, PROCESSING	47		
49	B	-232	ELECTROCARDIOLOGY	53		
49.01	B	-197,250	RADIOLOGY-DIAGNOSTIC	41		
49.02	B	-56,535	WOMENS CENTER	63.02		
49.03	B	-11,595	RADIOLOGY-DIAGNOSTIC	41		
49.04	B	-442,836	RADIOLOGY-DIAGNOSTIC	41		
49.05	B	-69	DRUGS CHARGED TO PATIENTS	56		
49.06	B	-937	RESPIRATORY THERAPY	49		
49.07	B	-114,054	RESPIRATORY THERAPY	49		
49.08	B	-5,542	PHYSICAL THERAPY	50		
49.09	B	-311,510	CAFETERIA	12		
49.10	B	-24,000	HOUSEKEEPING	10		
49.11	A	-25,019	ADMINISTRATIVE & GENERAL	6		
49.12	A	-4,011	OLD CAP REL COSTS-BLDG &	1		9
49.13	B	-26,328	ADMINISTRATIVE & GENERAL	6		
49.14	A	-122,432	MEDICAL RECORDS & LIBRARY	17		
49.15	B	-18,000	ADMINISTRATIVE & GENERAL	6		
49.16	A	-6,079	OLD CAP REL COSTS-BLDG &	1		9
49.17	A	-2,728	OPERATION OF PLANT	8		
49.18	A	-2,745	OLD CAP REL COSTS-BLDG &	1		9
49.19	A	-199,255	EMPLOYEE BENEFITS	5		
49.20	A	-917,868	ADMINISTRATIVE & GENERAL	6		
49.21	A	-6	OPERATION OF PLANT	8		
49.22	A	-90	WOMENS CENTER	63.02		
49.23	A	-210	CFHC	63.27		
49.24	A	-577	DR KOESTER	63.33		
49.25	A	-61	DR B. FOGELSON	63.35		
49.26	A	-6,168	ADMINISTRATIVE & GENERAL	6		
49.27	A	3,117	OLD CAP REL COSTS-BLDG &	1		9
49.28	A	303	OLD CAP REL COSTS-BLDG &	1		9
49.29	A	4,322	OLD CAP REL COSTS-BLDG &	1		9
49.30	A	-81,421	OLD CAP REL COSTS-BLDG &	1		9
49.31	A	-3,490,836	ADMINISTRATIVE & GENERAL	6		
49.32	A	-93,752	ADMINISTRATIVE & GENERAL	6		
49.33	A	-4,589,304	ADMINISTRATIVE & GENERAL	6		
49.34	A	-29,573	CAFETERIA	12		
49.35	A	-3,084	ADMINISTRATIVE & GENERAL	6		
49.36	A	-249,627	ADMINISTRATIVE & GENERAL	6		
49.37	A	-2,229,060	ADMINISTRATIVE & GENERAL	6		
49.38	A	-50,437	ADMINISTRATIVE & GENERAL	6		
49.39	A	-2,488	PSYCH ADMIN	19		
49.40	A	-4,056	NURSING ADMINISTRATION	14		
49.41	B	-6,653	ADMINISTRATIVE & GENERAL	6		
49.42	B	-1,133	ADMINISTRATIVE & GENERAL	6		
49.43	B	-14,220	ADMINISTRATIVE & GENERAL	6		
49.44	B	-668	ADMINISTRATIVE & GENERAL	6		

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON		WKST. A-7 REF. 5
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	LINE NO	
	1	2	COST CENTER	3	4
49.45 IN HM CARE OTHER MISC REV	B	44	ADMINISTRATIVE & GENERAL	6	
49.46 DRUGS TO NONPAT MISC REV	B	-14,950	DRUGS CHARGED TO PATIENTS	56	
49.47 PSYCH ADMIN MISC REV	B	-3,558	PSYCH ADMIN	19	
49.48 RUSSIAVILLE OFF MISC REV	B	-18,096	RUSSIAVILLE OFFICE	63.30	
49.49 INTEREST INCOME	B	-2,011,901	NEW CAP REL COSTS-BLDG &	3	11
49.50 PASTORAL CARE MISC REV	B	-3,161	PARAMED ED PRGM	24	
49.51 HRHS/REHAB JV MISC REV	B	-650,799	ADMINISTRATIVE & GENERAL	6	
49.52 BANK FEES	A	-160,925	ADMINISTRATIVE & GENERAL	6	
49.53 AUDIT ADJUSTMENT #3	A	520	ADMINISTRATIVE & GENERAL	6	
49.54 AUDIT ADJUSTMENT #4	A	905	ADMINISTRATIVE & GENERAL	6	
49.55 AUDIT ADJUSTMENT #4	B	-6,863	CAFETERIA	12	
50 TOTAL (SUM OF LINES 1 THRU 49)		-27,001,997			

(1) Description - all chapter references in this column pertain to CMS Pub. 15-I.
 (2) Basis for adjustment (see instructions).
 A. Costs - if cost, including applicable overhead, can be determined.
 B. Amount Received - if cost cannot be determined.
 (3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.
 Note: See instructions for column 5 referencing to worksheet A-7

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	9
1	3	NEW CAP REL COSTS-BLDG & LAUNDRY CAPITAL	35,797		35,797	
2	9	LAUNDRY & LINEN SERVICE LAUNDRY	546,563	481,206	65,357	
3	41 2	MAGNETIC RESONANCE IMAGIN IMAGING CENTER	1,120,684	1,802,033	-681,349	
4						
5		TOTALS	1,703,044	2,283,239	-580,195	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	C	NORTH CENTRAL IN LINEN		33.00	0.00
2	C	IMAGING CTR OF N CENT IN		50.00	0.00
3				0.00	0.00
4				0.00	0.00
5				0.00	0.00

- (1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:
- A. INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
 - B. CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
 - C. PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.
 - D. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
 - E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
 - F. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
 - G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:
I 15-0007
I

I PERIOD:
I FROM 1/ 1/2007 I PREPARED 5/30/2008
I TO 12/31/2007 I WORKSHEET A-8-2
I GROUP 1

1	2	3	4	5	6	7	8	9
WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	25 ADULTS & PED	20,250	20,250					
2	34 SNF	15,000	15,000					
3	41 5 ONCOLOGY	83,250	83,250					
4	44 LAB	121,108	121,108					
5	49 RESPIRATORY	65,033	65,033					
6	54 EEG	29,233	29,233					
7	58 1 WOUND CARE	10,200	10,200					
8	61 EMERGENCY	27,079	27,079					
9	63 1 GENESIS	38,996	38,996					
10	63 2 WOMENS CENTER	1,458	1,458					
11	63 4 DR. STEELE	686,184	686,184					
12	63 16 DR. AROUTINOVA	135,384	135,384					
13	63 17 OB/GYN GREER	377,488	377,488					
14	63 18 BECHAR	626,715	626,715					
15	63 19 CRITICAL CARE PHYS	1,218,164	1,218,164					
16	63 22 DR. ERIKA	177,370	177,370					
17	63 23 DR. KENNETH	215,397	215,397					
18	63 24 DR DEB KE	322	322					
19	63 25 DR. M SHEI	147,917	147,917					
20	63 26 N CENTRAL PED	899,781	899,781					
21	63 27 CRHC	678,413	678,413					
22	63 32 DR. GREER	120,346	120,346					
23	63 33 DR. KOESTER	419,852	419,852					
24	63 35 DR. B FOGELSON	1,568,022	1,568,022					
25	63 36 ONCOLOGY MOORE	512,983	512,983					
26	63 37 DR. BARROW	136,994	136,994					
27	63 38 DR. MOUALLA	276,369	276,369					
28	63 39 DR. SEDAGHAT	116,258	116,258					
29								
30								
101	TOTAL	8,725,566	8,725,566					

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1	25 ADULTS & PED							20,250
2	34 SNF							15,000
3	41 5 ONCOLOGY							83,250
4	44 LAB							121,108
5	49 RESPIRATORY							65,033
6	54 EEG							29,233
7	58 1 WOUND CARE							10,200
8	61 EMERGENCY							27,079
9	63 1 GENESIS							38,996
10	63 2 WOMENS CENTER							1,458
11	63 4 DR. STEELE							686,184
12	63 16 DR. AROUTINOVA							135,384
13	63 17 OB/GYN GREER							377,488
14	63 18 BECHAR							626,715
15	63 19 CRITICAL CARE PHYS							1,218,164
16	63 22 DR. ERIKA							177,370
17	63 23 DR. KENNETH							215,397
18	63 24 DR DEB KE							322
19	63 25 DR. M SHEI							147,917
20	63 26 N CENTRAL PED							899,781
21	63 27 CRHC							678,413
22	63 32 DR. GREER							120,346
23	63 33 DR. KOESTER							419,852
24	63 35 DR. B FOGELSON							1,568,022
25	63 36 ONCOLOGY MOORE							512,983
26	63 37 DR. BARROW							136,994
27	63 38 DR. MOUALLA							276,369
28	63 39 DR. SEDAGHAT							116,258
29								
30								
101	TOTAL							8,725,566

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
1.01	OLD CAP REL COSTS-BLDG & FIXT	31	SQUARE	FEET	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
3.01	NEW CAP REL COSTS-BLDG & FIXT	31	SQUARE	FEET	ENTERED
3.02	NEW CAP REL COSTS-BLDG & FIXT	32	SQUARE	FEET	ENTERED
3.03	NEW CAP REL COSTS-BLDG & FIXT	33	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	NOT ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	1	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	12	FTES		ENTERED
14	NURSING ADMINISTRATION	13	FTES		ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS.	ENTERED
16	PHARMACY	15	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	NOT ENTERED
18	SOCIAL SERVICE	17	TIME	SPENT	ENTERED
19	PSYCH ADMIN	29	PATIENT	REVENUE	ENTERED
24	PARAMED ED PRGM	22	ASSIGNED	TIME	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &			
	0	1	1.01	3	3.01	3.02	3.03
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &	2,300,899	2,300,899					
003 01 NEW CAP REL COSTS-BLDG &	317,387		317,387				
003 02 NEW CAP REL COSTS-BLDG &	8,005,268			8,005,268			
003 03 NEW CAP REL COSTS-BLDG &	16,123				16,123		
005 EMPLOYEE BENEFITS	31,665						31,665
006 ADMINISTRATIVE & GENERAL OPERATION OF PLANT	7,362,206	340,342		1,184,112			
008 LAUNDRY & LINEN SERVICE	9,199,731	276,792	12,668	963,012	644		
009 HOUSEKEEPING	4,049,687	546,558		14,159			
010 DIETARY	942,937	15,295	347	53,214	18		
011 CAFETERIA	1,008,659	40,882		142,238			
012 NURSING ADMINISTRATION	234,977	31,132		108,314			
014 CENTRAL SERVICES & SUPPLY	1,069,099	4,748		16,519			
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	1,288,485	16,124		56,100			
018 SOCIAL SERVICE	37,164	3,305		11,497			
019 PSYCH ADMIN	1,311,105	640		2,227			
024 PARAMED ED PRGM	237,368	5,643		19,632			
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	7,480,530	207,971		723,571			
031 INTENSIVE CARE UNIT	2,550,731	34,123		118,721			
033 SUBPROVIDER	1,917,052	25,992	74,968	90,432	3,808		
034 NURSERY	858,247	8,621		29,993			
037 SKILLED NURSING FACILITY	1,157,487	93,076		323,829			
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	2,620,948	114,360		397,879			
041 DELIVERY ROOM & LABOR ROO	758,440	41,196		143,328			
041 ANESTHESIOLOGY	335	797		2,772			
041 RADIOLOGY-DIAGNOSTIC	2,559,734	77,827	1,897	270,774	96		
041 02 MAGNETIC RESONANCE IMAGIN	1,117,509						
041 03 LITHOTRIPSY	35,991						
041 04 CARDIAC CATHETERIZATION L	1,894,736	14,165		49,283			
041 05 ONCOLOGY	2,269,530	76,240		265,253			
044 LABORATORY	1,580,578	32,033	3,130	111,450	159		
047 BLOOD STORING, PROCESSING	-25,200	1,051		3,658			
049 RESPIRATORY THERAPY	2,736,702	28,696		99,839			
050 PHYSICAL THERAPY	743,811	14,348		49,919			
053 ELECTROCARDIOLOGY	1,826,043	679		2,363			
054 ELECTROENCEPHALOGRAPHY	566	2,083		7,248			
055 MEDICAL SUPPLIES CHARGED	11,350,037	20,735		72,141			
056 DRUGS CHARGED TO PATIENTS	14,989,595	9,842		34,242			
057 RENAL DIALYSIS	206,201						
058 ASC (NON-DISTINCT PART)							
058 01 WOUND CARE	509,046	13,492		46,943			
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	3,002,414	153,230		533,118			
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 01 GENESIS	1,165,351	251,008		873,307			31,665
063 02 WOMENS CENTER	554,590	16,875		58,713			
063 03 FAMILY PRACTICE	1,353,739						
063 04 ONCOLOGY CLINIC	910,929						
063 05							
063 06 FAMILY PRACTICE							
063 07 DIABETIC EDUCATION	98,664						
063 08 NEW CHOICES							
063 09 OB/GYN	9						
063 10 HOWARD CO CLINIC		78,369		272,660			
063 11 HOWARD CO CSS	569,710	66,679		231,988			
063 12 CLINTON COUNTY	623,036						
063 13 TELEMEDICINE							
063 14 TELEMEDICINE							
063 15 HC&T HAIDER	346,922						
063 16 DR AROUTINOVA	178,335						
063 17 OB/GYN GREER	323,886						
063 18 ONCOLOGY-BECHAR	172,134						
063 19 CRITICAL CARE PHYSICIANS	391,374						
063 20 PSYCH DR STEINER							
063 21 PSYCH GOOD HOPE							
063 22 PSYCH DR ERIKA	56,052						
063 23 PSYCH DR KENNETH	43,841						
063 24 PSYCH DR DEB	252,403						
063 25 PSYCH DR M SHEI	52,971						
063 26 N CENTRAL PED	1,287,775						
063 27 CFHC	757,617	66,679		231,988			
063 28 PSYCH MEDICATION	318,285						
063 29 PSYCH PHD CLINIC							
063 30 RUSSIAVILLE OFFICE							
063 31 DR JERRY GREER							
063 32 OTHER OUTPATIENT SERVICE	162,710						
063 33 DR KOESTER	215,420						
063 34 OPEN HEART	7,687						
063 35 DR B. FOGELSON	481,615						
063 36 ONCOLOGY MOORE	26,394						
063 37 DR BARROW	193,800						
063 38 DR. MOUALLA	76,501						
063 39 DR. SEDAGHAT	73,136						
063 40 DR. KINSEY	746						
063 41 B. HEALTH TIPTON	108,365						
065 OTHER REIMBURS COST CNTRS							
2552-96 v1701.100	513,549	11,298		39,308			

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &			
OTHER REIMBURS COST CNTRS NONREIMBURS COST CENTERS	0	1	1.01	3	3.01	3.02	3.03
096 GIFT, FLOWER, COFFEE SHOP		10,730		37,332			
096 01 FOUNDATION	87,992	2,292		7,975			
098 PHYSICIANS' PRIVATE OFFIC	87,325		224,377		11,398		
100 OTHER NONREIMBURSABLE COS	551,901						
100 01 OTHER NONREIMBURSABLE COS							
100 02 OTHER NONREIMBURSABLE COS							
100 03 RESIDENTIAL HOMES	-30,751	77,350		269,115			
100 04 OTHER NONREIMBURSABLE COS							
100 05 WEST CAMPUS	799,211						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	112,913,605	2,300,899	317,387	8,005,268	16,123		31,665

COST CENTER DESCRIPTION	EMPLOYEE BENE FITS	SUBTOTAL	ADMINISTRATIV E & GENERAL	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY
	5	5a.00	6	8	9	10	11
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
003 03 NEW CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS	7,362,206						
006 ADMINISTRATIVE & GENERAL	900,619	11,624,804	11,624,804				
008 OPERATION OF PLANT	186,149	5,488,952	629,835	6,118,787			
009 LAUNDRY & LINEN SERVICE	2,834	612,812	70,318	51,452	734,582		
010 HOUSEKEEPING	92,860	1,104,671	126,757	55,582		1,287,010	
011 DIETARY	72,634	1,264,413	145,086	148,566	5,886	10,471	1,574,422
012 CAFETERIA	41,513	415,936	47,727	113,133		9,284	
014 NURSING ADMINISTRATION	112,915	1,203,281	138,072	17,254		37,623	
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	120,001	1,480,710	169,906	58,596			
018 SOCIAL SERVICE	4,636	56,602	6,495	12,009			
019 PSYCH ADMIN	96,102	1,410,074	161,800	2,326		138	
024 PARAMED ED PRGM	23,086	285,729	32,786	20,505			
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	786,081	9,198,153	1,055,451	755,765	290,633	389,322	876,688
026 INTENSIVE CARE UNIT	235,381	2,938,956	337,233	124,003	90,692	52,481	127,854
031 SUBPROVIDER	205,926	2,318,178	266,002	94,456	20,194	230,781	288,154
033 NURSERY	83,082	979,943	112,445	31,327	9,266		92,768
034 SKILLED NURSING FACILITY	112,996	1,687,388	193,621	338,237		89,987	188,958
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	239,296	3,372,483	386,979	415,582	108,713	97,300	
039 DELIVERY ROOM & LABOR ROO	73,414	1,016,378	116,625	149,705			
040 ANESTHESIOLOGY		3,904	448	2,895			
041 RADIOLOGY-DIAGNOSTIC	235,600	3,145,928	360,983	282,821	33,646	106,979	
041 02 MAGNETIC RESONANCE IMAGIN		1,117,509	128,230				
041 03 LITHOTRIPSY	1,165	37,156	4,264			12,259	
041 04 CARDIAC CATHETERIZATION L	165,609	2,123,793	243,697	51,476		39,891	
041 05 ONCOLOGY	163,316	2,774,339	318,344	277,054	13,792	1,881	
044 LABORATORY	198,005	1,925,355	220,927	116,408	614	26,389	
047 BLOOD STORING, PROCESSING		-20,491		3,821	50,916		
049 RESPIRATORY THERAPY	286,566	3,151,803	361,657	104,281		7,313	
050 PHYSICAL THERAPY		808,078	92,724	52,141			
053 ELECTROCARDIOLOGY	182,992	2,012,077	230,878	2,468			
054 ELECTROENCEPHALOGRAPHY		9,897	1,136	7,571			
055 MEDICAL SUPPLIES CHARGED	14,072	11,456,985	1,314,643	75,351	2,012	4,637	
056 DRUGS CHARGED TO PATIENTS	554,867	15,588,546	1,788,690	35,765		8,849	
057 RENAL DIALYSIS		206,201	23,661				
058 ASC (NON-DISTINCT PART)							
058 01 WOUND CARE	27,746	597,227	68,529	49,032	530	276	
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	260,235	3,948,997	453,132	556,838	62,047	58,045	
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 01 GENESIS	135,551	2,456,882	281,917	912,162	16,265	40,105	
063 02 WOMENS CENTER	51,696	681,874	78,242	61,325	14,078	23,750	
063 03 FAMILY PRACTICE	125,235	1,478,974	169,706				
063 04 ONCOLOGY CLINIC	134,300	1,045,229	119,936				
063 05							
063 06 FAMILY PRACTICE							
063 07 DIABETIC EDUCATION	10,153	108,817	12,486				
063 08 NEW CHOICES							
063 09 OB/GYN		9	1				
063 10 HOWARD CO CLINIC		351,029	40,279	284,791			
063 11 HOWARD CO CSS	58,754	927,131	106,385	242,310			
063 12 CLINTON COUNTY	65,406	688,442	78,996				
063 13 TELEMEDICINE							
063 14 TELEMEDICINE							
063 15 HC&T HAIDER	19,586	366,508	42,055				
063 16 DR AROUTINOVA	16,842	195,177	22,396				
063 17 OB/GYN GREER	75,878	399,764	45,871				
063 18 ONCOLOGY-BECHAR	92,135	264,269	30,324				
063 19 CRITICAL CARE PHYSICIANS	155,537	546,911	62,756				
063 20 PSYCH DR STEINER							
063 21 PSYCH GOOD HOPE							
063 22 PSYCH DR ERIKA	25,447	81,499	9,352				
063 23 PSYCH DR KENNETH	23,293	67,134	7,703				
063 24 PSYCH DR DEB	27,848	280,251	32,158				
063 25 PSYCH DR M SHEI	20,706	73,677	8,454				
063 26 N CENTRAL PED	220,937	1,508,712	173,119				
063 27 CFHC	111,815	1,168,099	134,035	242,310		39,003	
063 28 PSYCH MEDICATION	34,511	352,796	40,482				
063 29 PSYCH PHD CLINIC							
063 30 RUSSIAVILLE OFFICE							
063 31 DR JERRY GREER							
063 32 OTHER OUTPATIENT SERVICE	30,142	192,852	22,129				
063 33 DR KOESTER	58,097	273,517	31,385				
063 34 OPEN HEART		7,687	882				
063 35 DR B. FOGELSON	114,063	595,678	68,352				
063 36 ONCOLOGY MOORE	63,815	90,209	10,351				
063 37 DR BARROW	16,241	210,041	24,101				
063 38 DR. MOUALLA	33,820	110,321	12,659				
063 39 DR. SEDAGHAT	12,158	85,294	9,787				
063 40 DR. KINSEY		746	86				
063 41 B.HEALTH TIPTON	10,371	118,736	13,624				
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	75,681	639,836	73,419	41,057	15,206		

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	5	5a.00	6	8	9	10	11
OTHER REIMBURS COST CNTRS							
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		48,062	5,515	38,993		246	
096 01 FOUNDATION	9,260	107,519	12,337	8,330			
098 PHYSICIANS' PRIVATE OFFICE		323,100	37,074				
100 OTHER NONREIMBURSABLE COS	53,230	605,131	69,436		40		
100 01 OTHER NONREIMBURSABLE COS							
100 02 OTHER NONREIMBURSABLE COS							
100 03 RESIDENTIAL HOMES		315,714	36,227	281,089			
100 04 OTHER NONREIMBURSABLE COS							
100 05 WEST CAMPUS		799,211	91,706		52		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	7,362,206	112,913,605	11,624,804	6,118,787	734,582	1,287,010	1,574,422

COST CENTER DESCRIPTION	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PSYCH ADMIN
	12	14	15	16	17	18	19
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
003 03 NEW CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	586,080						
014 NURSING ADMINISTRATION	14,813	1,411,043					
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	27,970				1,737,182		
018 SOCIAL SERVICE						75,106	
019 PSYCH ADMIN							1,574,338
024 PARAMED ED PRGM	2,128						
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	121,380	535,556			105,465	21,732	
026 INTENSIVE CARE UNIT	31,894	131,439			24,615	25,707	
031 SUBPROVIDER	34,714	143,061			41,148		
033 NURSERY	12,314	50,747					
034 SKILLED NURSING FACILITY	20,373	83,959			6,972		
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	44,208	146,866			100,779		
039 DELIVERY ROOM & LABOR ROO	10,879					20,748	
040 ANESTHESIOLOGY					17,734		
041 RADIOLOGY-DIAGNOSTIC	35,667				261,347		
041 02 MAGNETIC RESONANCE IMAGIN					24,950		
041 03 LITHOTRIPSY	151						
041 04 CARDIAC CATHETERIZATION L	19,449	80,154			153,158		
041 05 ONCOLOGY	24,668				72,703		
044 LABORATORY	32,677				216,225		
047 BLOOD STORING, PROCESSING					9,678		
049 RESPIRATORY THERAPY	36,661				101,636		
050 PHYSICAL THERAPY					12,095		
053 ELECTROCARDIOLOGY	25,932				29,171		
054 ELECTROENCEPHALOGRAPHY					2,252		
055 MEDICAL SUPPLIES CHARGED	3,402				171,560		
056 DRUGS CHARGED TO PATIENTS	20,905				188,814		
057 RENAL DIALYSIS					2,244		
058 ASC (NON-DISTINCT PART)							
058 01 WOUND CARE	4,827				11,573		
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	41,578	171,350			95,172	6,919	
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 01 GENESIS					33,826		975,706
063 02 WOMENS CENTER					13,308		
063 03 FAMILY PRACTICE							
063 04 ONCOLOGY CLINIC							
063 05							
063 06 FAMILY PRACTICE							
063 07 DIABETIC EDUCATION	1,425				460		
063 08 NEW CHOICES							
063 09 OB/GYN							
063 10 HOWARD CO CLINIC							
063 11 HOWARD CO CSS					7,975		230,914
063 12 CLINTON COUNTY					11,676		338,557
063 13 TELEMEDICINE							
063 14 TELEMEDICINE							
063 15 HC&T HAIDER							
063 16 DR AROUTINOVA							
063 17 OB/GYN GREER							
063 18 ONCOLOGY-BECHAR							
063 19 CRITICAL CARE PHYSICIANS							
063 20 PSYCH DR STEINER							
063 21 PSYCH GOOD HOPE							
063 22 PSYCH DR ERIKA					1,555		
063 23 PSYCH DR KENNETH					4		
063 24 PSYCH DR DEB					2,059		
063 25 PSYCH DR M SHEI					2,531		
063 26 N CENTRAL PED							
063 27 CFHC							
063 28 PSYCH MEDICATION					6,676		
063 29 PSYCH PHD CLINIC							
063 30 RUSSIAVILLE OFFICE							
063 31 DR JERRY GREER							
063 32 OTHER OUTPATIENT SERVICE							
063 33 DR KOESTER							
063 34 OPEN HEART							
063 35 DR B. FOGELSON							
063 36 ONCOLOGY MOORE							
063 37 DR BARROW							
063 38 DR. MOUALLA							
063 39 DR. SEDAGHAT							
063 40 DR. KINSEY							
063 41 B.HEALTH TIPTON					1,006		29,161
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	16,479	67,911			6,815		

COST CENTER DESCRIPTION	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PSYCH	ADMIN
OTHER REIMBURS COST CNTRS	12	14	15	16	17	18		19
NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP								
096 01 FOUNDATION	1,586							
098 PHYSICIANS' PRIVATE OFFICE								
100 OTHER NONREIMBURSABLE COSTS								
100 01 OTHER NONREIMBURSABLE COSTS								
100 02 OTHER NONREIMBURSABLE COSTS								
100 03 RESIDENTIAL HOMES								
100 04 OTHER NONREIMBURSABLE COSTS								
100 05 WEST CAMPUS								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	586,080	1,411,043			1,737,182	75,106		1,574,338

COST CENTER DESCRIPTION	PARAMED	ED PR	SUBTOTAL	I&R COST	TOTAL
	GM			POST STEP- DOWN ADJ	
	24		25	26	27
001 GENERAL SERVICE COST CNTR					
001 01 OLD CAP REL COSTS-BLDG &					
003 01 NEW CAP REL COSTS-BLDG &					
003 02 NEW CAP REL COSTS-BLDG &					
003 03 NEW CAP REL COSTS-BLDG &					
005 EMPLOYEE BENEFITS					
006 ADMINISTRATIVE & GENERAL					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY					
018 SOCIAL SERVICE					
019 PSYCH ADMIN					
024 PARAMED ED PRGM	341,148				
025 INPAT ROUTINE SRVC CNTRS					
026 ADULTS & PEDIATRICS	341,148	13,691,293			13,691,293
031 INTENSIVE CARE UNIT		3,884,874			3,884,874
033 SUBPROVIDER		3,436,688			3,436,688
034 NURSERY		1,288,810			1,288,810
037 SKILLED NURSING FACILITY		2,609,495			2,609,495
039 ANCILLARY SRVC COST CNTRS					
040 OPERATING ROOM		4,672,910			4,672,910
041 DELIVERY ROOM & LABOR ROO		1,314,335			1,314,335
041 ANESTHESIOLOGY		24,981			24,981
041 RADIOLOGY-DIAGNOSTIC		4,227,371			4,227,371
041 02 MAGNETIC RESONANCE IMAGIN		1,270,689			1,270,689
041 03 LITHOTRIPSY		53,830			53,830
041 04 CARDIAC CATHETERIZATION L		2,711,618			2,711,618
041 05 ONCOLOGY		3,482,781			3,482,781
044 LABORATORY		2,538,595			2,538,595
047 BLOOD STORING, PROCESSING		43,924			43,924
049 RESPIRATORY THERAPY		3,763,351			3,763,351
050 PHYSICAL THERAPY		965,038			965,038
053 ELECTROCARDIOLOGY		2,300,526			2,300,526
054 ELECTROENCEPHALOGRAPHY		20,856			20,856
055 MEDICAL SUPPLIES CHARGED		13,028,590			13,028,590
056 DRUGS CHARGED TO PATIENTS		17,631,569			17,631,569
057 RENAL DIALYSIS		232,106			232,106
058 01 WOUND CARE		731,994			731,994
061 OUTPAT SERVICE COST CNTRS					
062 EMERGENCY		5,394,078			5,394,078
063 OBSERVATION BEDS (NON-DIS					
063 OTHER OUTPATIENT SERVICE					
063 01 GENESIS		4,716,863			4,716,863
063 02 WOMENS CENTER		872,577			872,577
063 03 FAMILY PRACTICE		1,648,680			1,648,680
063 04 ONCOLOGY CLINIC		1,165,165			1,165,165
063 05					
063 06 FAMILY PRACTICE					
063 07 DIABETIC EDUCATION		123,188			123,188
063 08 NEW CHOICES					
063 09 OB/GYN		10			10
063 10 HOWARD CO CLINIC		676,099			676,099
063 11 HOWARD CO CSS		1,514,715			1,514,715
063 12 CLINTON COUNTY		1,117,671			1,117,671
063 13 TELEMEDICINE					
063 14 TELEMEDICINE					
063 15 HC&T HAIDER		408,563			408,563
063 16 DR AROUTINOVA		217,573			217,573
063 17 OB/GYN GREER		445,635			445,635
063 18 ONCOLOGY-BECHAR		294,593			294,593
063 19 CRITICAL CARE PHYSICIANS		609,667			609,667
063 20 PSYCH DR STEINER					
063 21 PSYCH GOOD HOPE					
063 22 PSYCH DR ERIKA		92,406			92,406
063 23 PSYCH DR KENNETH		74,841			74,841
063 24 PSYCH DR DEB		314,468			314,468
063 25 PSYCH DR M SHEI		84,662			84,662
063 26 N CENTRAL PED		1,681,831			1,681,831
063 27 CFHC		1,583,447			1,583,447
063 28 PSYCH MEDICATION		399,954			399,954
063 29 PSYCH PHD CLINIC					
063 30 RUSSIAVILLE OFFICE					
063 31 DR JERRY GREER					
063 32 OTHER OUTPATIENT SERVICE		214,981			214,981
063 33 DR KOESTER		304,902			304,902
063 34 OPEN HEART		8,569			8,569
063 35 DR B. FOGELSON		664,030			664,030
063 36 ONCOLOGY MOORE		100,560			100,560
063 37 DR BARROW		234,142			234,142
063 38 DR. MOUALLA		122,980			122,980
063 39 DR. SEDAGHAT		95,081			95,081
063 40 DR. KINSEY		832			832
063 41 B.HEALTH TIPTON		162,527			162,527
065 OTHER REIMBURS COST CNTRS					
2552-96 v1701.100			860,723		860,723

COST CENTER DESCRIPTION	PARAMED GM	ED	PR	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	24			25		27
OTHER REIMBURS COST CNTRS						
NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP				92,816		92,816
096 01 FOUNDATION				129,772		129,772
098 PHYSICIANS' PRIVATE OFFIC				360,174		360,174
100 OTHER NONREIMBURSABLE COS				674,607		674,607
100 01 OTHER NONREIMBURSABLE COS						
100 02 OTHER NONREIMBURSABLE COS						
100 03 RESIDENTIAL HOMES				633,030		633,030
100 04 OTHER NONREIMBURSABLE COS						
100 05 WEST CAMPUS				890,969		890,969
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 TOTAL	341,148			112,913,605		112,913,605

COST CENTER DESCRIPTION	DIR ASSIGNED OLD CAPITAL REL COSTS	OLD CAP REL COSTS-BLDG & OSTS-BLDG &	OLD CAP REL COSTS-BLDG & OSTS-BLDG &	NEW CAP REL COSTS-BLDG & OSTS-BLDG &			
	0	1	1.01	3	3.01	3.02	3.03
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG & OSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG & OSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG & OSTS-BLDG &							
003 03 NEW CAP REL COSTS-BLDG & OSTS-BLDG &							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL OPERATION OF PLANT		340,342					
008 LAUNDRY & LINEN SERVICE		276,792	12,668				
009 HOUSEKEEPING		14,159					
010 DIETARY		15,295	347				
011 CAFETERIA		40,882					
012 NURSING ADMINISTRATION		31,132					
014 CENTRAL SERVICES & SUPPLY		4,748					
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY		16,124					
018 SOCIAL SERVICE		3,305					
019 PSYCH ADMIN		640					
024 PARAMED ED PRGM		5,643					
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		207,971					
031 INTENSIVE CARE UNIT		34,123					
033 SUBPROVIDER		25,992	74,968				
034 NURSERY		8,621					
037 SKILLED NURSING FACILITY		93,076					
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM		114,360					
041 DELIVERY ROOM & LABOR ROO		41,196					
041 ANESTHESIOLOGY		797					
041 RADIOLOGY-DIAGNOSTIC		77,827	1,897				
041 02 MAGNETIC RESONANCE IMAGIN							
041 03 LITHOTRIPSY							
041 04 CARDIAC CATHETERIZATION L		14,165					
041 05 ONCOLOGY		76,240					
044 LABORATORY		32,033	3,130				
047 BLOOD STORING, PROCESSING		1,051					
049 RESPIRATORY THERAPY		28,696					
050 PHYSICAL THERAPY		14,348					
053 ELECTROCARDIOLOGY		679					
054 ELECTROENCEPHALOGRAPHY		2,083					
055 MEDICAL SUPPLIES CHARGED		20,735					
056 DRUGS CHARGED TO PATIENTS		9,842					
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
058 01 WOUND CARE		13,492					
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY		153,230					
063 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 01 GENESIS		251,008					
063 02 WOMENS CENTER		16,875					
063 03 FAMILY PRACTICE							
063 04 ONCOLOGY CLINIC							
063 05							
063 06 FAMILY PRACTICE							
063 07 DIABETIC EDUCATION							
063 08 NEW CHOICES							
063 09 OB/GYN							
063 10 HOWARD CO CLINIC		78,369					
063 11 HOWARD CO CSS		66,679					
063 12 CLINTON COUNTY							
063 13 TELEMEDICINE							
063 14 TELEMEDICINE							
063 15 HC&T HAIDER							
063 16 DR AROUTINOVA							
063 17 OB/GYN GREER							
063 18 ONCOLOGY-BECHAR							
063 19 CRITICAL CARE PHYSICIANS							
063 20 PSYCH DR STEINER							
063 21 PSYCH GOOD HOPE							
063 22 PSYCH DR ERIKA							
063 23 PSYCH DR KENNETH							
063 24 PSYCH DR DEB							
063 25 PSYCH DR M SHEI							
063 26 N CENTRAL PED							
063 27 CFHC		66,679					
063 28 PSYCH MEDICATION							
063 29 PSYCH PHD CLINIC							
063 30 RUSSIAVILLE OFFICE							
063 31 DR JERRY GREER							
063 32 OTHER OUTPATIENT SERVICE							
063 33 DR KOESTER							
063 34 OPEN HEART							
063 35 DR B. FOGELSON							
063 36 ONCOLOGY MOORE							
063 37 DR BARROW							
063 38 DR. MOUALLA							
063 39 DR. SEDAGHAT							
063 40 DR. KINSEY							
063 41 B. HEALTH TIPTON							
065 OTHER REIMBURS COST CNTRS							
2552-96 v1701.100		11,298					

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLOG &	NEW CAP REL C OSTS-BLDG &
OTHER REIMBURS COST CNTRS NONREIMBURS COST CENTERS	0	1	1.01	3	3.01	3.02	3.03
096 GIFT, FLOWER, COFFEE SHOP		10,730					
096 01 FOUNDATION		2,292					
098 PHYSICIANS' PRIVATE OFFIC			224,377				
100 OTHER NONREIMBURSABLE COS							
100 01 OTHER NONREIMBURSABLE COS							
100 02 OTHER NONREIMBURSABLE COS							
100 03 RESIDENTIAL HOMES		77,350					
100 04 OTHER NONREIMBURSABLE COS							
100 05 WEST CAMPUS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		2,300,899	317,387				

COST CENTER DESCRIPTION	SUBTOTAL	EMPLOYEE BENE	ADMINISTRATIV E & GENERAL	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY
	4a	5	6	8	9	10	11
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
003 03 NEW CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	340,342		340,342				
008 OPERATION OF PLANT	289,460		18,437	307,897			
009 LAUNDRY & LINEN SERVICE	14,159		2,058	2,589	18,806		
010 HOUSEKEEPING	15,642		3,711	2,797		22,150	
011 DIETARY	40,882		4,247	7,476	151	180	52,936
012 CAFETERIA	31,132		1,397	5,693		160	
014 NURSING ADMINISTRATION	4,748		4,042	868		648	
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	16,124		4,974	2,949			
018 SOCIAL SERVICE	3,305		190	604			
019 PSYCH ADMIN	640		4,736	117		2	
024 PARAMED ED PRGM	5,643		960	1,032			
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	207,971		30,897	38,030	7,442	6,700	29,477
026 INTENSIVE CARE UNIT	34,123		9,872	6,240	2,322	903	4,299
031 SUBPROVIDER	100,960		7,787	4,753	517	3,972	9,688
033 NURSERY	8,621		3,292	1,576	237		3,119
034 SKILLED NURSING FACILITY	93,076		5,668	17,020		1,549	6,353
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	114,360		11,328	20,912	2,783	1,675	
039 DELIVERY ROOM & LABOR ROO	41,196		3,414	7,533			
040 ANESTHESIOLOGY	797		13	146			
041 RADIOLOGY-DIAGNOSTIC	79,724		10,567	14,232	861	1,841	
041 02 MAGNETIC RESONANCE IMAGIN			3,754				
041 03 LITHOTRIPSY			125			211	
041 04 CARDIAC CATHETERIZATION L	14,165		7,134	2,590		687	
041 05 ONCOLOGY	76,240		9,319	13,941	353	32	
044 LABORATORY	35,163		6,467	5,858	16	454	
047 BLOOD STORING, PROCESSING	1,051			192	1,304		
049 RESPIRATORY THERAPY	28,696		10,587	5,247		126	
050 PHYSICAL THERAPY	14,348		2,714	2,624			
053 ELECTROCARDIOLOGY	679		6,759	124			
054 ELECTROENCEPHALOGRAPHY	2,083		33	381			
055 MEDICAL SUPPLIES CHARGED	20,735		38,484	3,792	51	80	
056 DRUGS CHARGED TO PATIENTS	9,842		52,402	1,800		152	
057 RENAL DIALYSIS			693				
058 ASC (NON-DISTINCT PART)							
058 01 WOUND CARE	13,492		2,006	2,467	14	5	
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	153,230		13,265	28,020	1,588	999	
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 01 GENESIS	251,008		8,253	45,900	416	690	
063 02 WOMENS CENTER	16,875		2,290	3,086	360	409	
063 03 FAMILY PRACTICE			4,968				
063 04 ONCOLOGY CLINIC			3,511				
063 05							
063 06 FAMILY PRACTICE							
063 07 DIABETIC EDUCATION			366				
063 08 NEW CHOICES							
063 09 OB/GYN							
063 10 HOWARD CO CLINIC	78,369		1,179	14,331			
063 11 HOWARD CO CSS	66,679		3,114	12,193			
063 12 CLINTON COUNTY			2,312				
063 13 TELEMEDICINE							
063 14 TELEMEDICINE							
063 15 HC&T HAIDER			1,231				
063 16 DR AROUTINOVA			656				
063 17 OB/GYN GREER			1,343				
063 18 ONCOLOGY-BECHAR			888				
063 19 CRITICAL CARE PHYSICIANS			1,837				
063 20 PSYCH DR STEINER							
063 21 PSYCH GOOD HOPE							
063 22 PSYCH DR ERIKA			274				
063 23 PSYCH DR KENNETH			226				
063 24 PSYCH DR DEB			941				
063 25 PSYCH DR M SHEI			247				
063 26 N CENTRAL PED			5,068				
063 27 CFHC			3,924				
063 28 PSYCH MEDICATION	66,679		1,185	12,193		671	
063 29 PSYCH PHD CLINIC							
063 30 RUSSIAVILLE OFFICE							
063 31 DR JERRY GREER							
063 32 OTHER OUTPATIENT SERVICE			648				
063 33 DR KOESTER			919				
063 34 OPEN HEART			26				
063 35 DR B. FOGELSON			2,001				
063 36 ONCOLOGY MOORE			303				
063 37 DR BARROW			706				
063 38 DR. MOUALLA			371				
063 39 DR. SEDAGHAT			287				
063 40 DR. KINSEY			3				
063 41 B. HEALTH TIPTON			399				
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	11,298		2,149	2,066	389		

COST CENTER DESCRIPTION	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	4a	5	6	8	9	10	11
OTHER REIMBURS COST CNTRS							
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	10,730		161	1,962			
096 01 FOUNDATION	2,292		361	419		4	
098 PHYSICIANS' PRIVATE OFFIC	224,377		1,085				
100 OTHER NONREIMBURSABLE COS			2,033		1		
100 01 OTHER NONREIMBURSABLE COS							
100 02 OTHER NONREIMBURSABLE COS							
100 03 RESIDENTIAL HOMES	77,350		1,060	14,144			
100 04 OTHER NONREIMBURSABLE COS							
100 05 WEST CAMPUS			2,685		1		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	2,618,286		340,342	307,897	18,806	22,150	52,936

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVIC E 18	PSYCH ADMIN 19
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
003 03 NEW CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	38,382						
014 NURSING ADMINISTRATION	970	11,276					
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	1,832				25,879		
018 SOCIAL SERVICE						4,099	
019 PSYCH ADMIN							5,495
024 PARAMED ED PRGM	139						
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	7,951	4,279			1,570	1,186	
026 INTENSIVE CARE UNIT	2,089	1,050			366	1,403	
031 SUBPROVIDER	2,273	1,143			613		
033 NURSERY	806	406					
034 SKILLED NURSING FACILITY	1,334	671			104		
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	2,895	1,174			1,501		
039 DELIVERY ROOM & LABOR ROO	712					1,132	
040 ANESTHESIOLOGY					264		
041 RADIOLOGY-DIAGNOSTIC	2,336				3,908		
041 02 MAGNETIC RESONANCE IMAGIN					371		
041 03 LITHOTRIPSY	10						
041 04 CARDIAC CATHETERIZATION L	1,274	641			2,280		
041 05 ONCOLOGY	1,615				1,082		
044 LABORATORY	2,140				3,219		
047 BLOOD STORING, PROCESSING					144		
049 RESPIRATORY THERAPY	2,401				1,513		
050 PHYSICAL THERAPY					180		
053 ELECTROCARDIOLOGY	1,698				434		
054 ELECTROENCEPHALOGRAPHY					34		
055 MEDICAL SUPPLIES CHARGED	223				2,554		
056 DRUGS CHARGED TO PATIENTS	1,369				2,811		
057 RENAL DIALYSIS					33		
058 ASC (NON-DISTINCT PART)							
058 01 WOUND CARE	316				172		
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	2,723	1,369			1,417	378	
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 01 GENESIS					504		3,405
063 02 WOMENS CENTER					198		
063 03 FAMILY PRACTICE							
063 04 ONCOLOGY CLINIC							
063 05							
063 06 FAMILY PRACTICE							
063 07 DIABETIC EDUCATION	93				7		
063 08 NEW CHOICES							
063 09 OB/GYN							
063 10 HOWARD CO CLINIC							
063 11 HOWARD CO CSS					119		806
063 12 CLINTON COUNTY					174		1,182
063 13 TELEMEDICINE							
063 14 TELEMEDICINE							
063 15 HC&T HAIDER							
063 16 DR AROUTINOVA							
063 17 OB/GYN GREER							
063 18 ONCOLOGY-BECHAR							
063 19 CRITICAL CARE PHYSICIANS							
063 20 PSYCH DR STEINER							
063 21 PSYCH GOOD HOPE							
063 22 PSYCH DR ERIKA					23		
063 23 PSYCH DR KENNETH							
063 24 PSYCH DR DEB					31		
063 25 PSYCH DR M SHEI					38		
063 26 N CENTRAL PED							
063 27 CFHC							
063 28 PSYCH MEDICATION					99		
063 29 PSYCH PHD CLINIC							
063 30 RUSSIAVILLE OFFICE							
063 31 DR JERRY GREER							
063 32 OTHER OUTPATIENT SERVICE							
063 33 DR KOESTER							
063 34 OPEN HEART							
063 35 DR B. FOGELSON							
063 36 ONCOLOGY MOORE							
063 37 DR BARROW							
063 38 DR. MOUALLA							
063 39 DR. SEDAGHAT							
063 40 DR. KINSEY							
063 41 B.HEALTH TIPTON					15		102
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	1,079	543			101		

COST CENTER DESCRIPTION	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PSYCH	ADMIN
OTHER REIMBURS COST CNTRS	12	14	15	16	17	18	19	
NONREIMBURS COST CENTERS								
GIFT, FLOWER, COFFEE SHOP								
096 01 FOUNDATION	104							
098 PHYSICIANS' PRIVATE OFFIC								
100 OTHER NONREIMBURSABLE COS								
100 01 OTHER NONREIMBURSABLE COS								
100 02 OTHER NONREIMBURSABLE COS								
100 03 RESIDENTIAL HOMES								
100 04 OTHER NONREIMBURSABLE COS								
100 05 WEST CAMPUS								
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	38,382	11,276			25,879	4,099		5,495

COST CENTER DESCRIPTION	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	25	26	27
GENERAL SERVICE COST CNTR			
001 OLD CAP REL COSTS-BLDG &			
001 01 OLD CAP REL COSTS-BLDG &			
003 NEW CAP REL COSTS-BLDG &			
003 01 NEW CAP REL COSTS-BLDG &			
003 02 NEW CAP REL COSTS-BLDG &			
003 03 NEW CAP REL COSTS-BLDG &			
005 EMPLOYEE BENEFITS			
006 ADMINISTRATIVE & GENERAL			
008 OPERATION OF PLANT			
009 LAUNDRY & LINEN SERVICE			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
014 NURSING ADMINISTRATION			
015 CENTRAL SERVICES & SUPPLY			
016 PHARMACY			
017 MEDICAL RECORDS & LIBRARY			
018 SOCIAL SERVICE			
019 PSYCH ADMIN			
024 PARAMED ED PRGM 7,774			
INPAT ROUTINE SRVC CNTRS			
025 ADULTS & PEDIATRICS 335,503			335,503
026 INTENSIVE CARE UNIT 62,667			62,667
031 SUBPROVIDER 131,706			131,706
033 NURSERY 18,057			18,057
034 SKILLED NURSING FACILITY 125,775			125,775
ANCILLARY SRVC COST CNTRS			
037 OPERATING ROOM 156,628			156,628
039 DELIVERY ROOM & LABOR ROO 53,987			53,987
040 ANESTHESIOLOGY 1,220			1,220
041 RADIOLOGY-DIAGNOSTIC 113,469			113,469
041 02 MAGNETIC RESONANCE IMAGIN 4,125			4,125
041 03 LITHOTRIPSY 346			346
041 04 CARDIAC CATHETERIZATION L 28,771			28,771
041 05 ONCOLOGY 102,582			102,582
044 LABORATORY 53,317			53,317
047 BLOOD STORING, PROCESSING 2,691			2,691
049 RESPIRATORY THERAPY 48,570			48,570
050 PHYSICAL THERAPY 19,866			19,866
053 ELECTROCARDIOLOGY 9,694			9,694
054 ELECTROENCEPHALOGRAPHY 2,531			2,531
055 MEDICAL SUPPLIES CHARGED 65,919			65,919
056 DRUGS CHARGED TO PATIENTS 68,376			68,376
057 RENAL DIALYSIS 726			726
058 ASC (NON-DISTINCT PART)			
058 01 WOUND CARE 18,472			18,472
OUTPAT SERVICE COST CNTRS			
061 EMERGENCY 202,989			202,989
062 OBSERVATION BEDS (NON-DIS			
063 OTHER OUTPATIENT SERVICE			
063 01 GENESIS 310,176			310,176
063 02 WOMENS CENTER 23,218			23,218
063 03 FAMILY PRACTICE 4,968			4,968
063 04 ONCOLOGY CLINIC 3,511			3,511
063 05			
063 06 FAMILY PRACTICE			
063 07 DIABETIC EDUCATION 466			466
063 08 NEW CHOICES			
063 09 OB/GYN			
063 10 HOWARD CO CLINIC 93,879			93,879
063 11 HOWARD CO CSS 82,911			82,911
063 12 CLINTON COUNTY 3,668			3,668
063 13 TELEMEDICINE			
063 14 TELEMEDICINE			
063 15 HC&T HAIDER 1,231			1,231
063 16 DR AROUTINOVA 656			656
063 17 OB/GYN GREER 1,343			1,343
063 18 ONCOLOGY-BECHAR 888			888
063 19 CRITICAL CARE PHYSICIANS 1,837			1,837
063 20 PSYCH DR STEINER			
063 21 PSYCH GOOD HOPE			
063 22 PSYCH DR ERIKA 297			297
063 23 PSYCH DR KENNETH 226			226
063 24 PSYCH DR DEB 972			972
063 25 PSYCH DR M SHEI 285			285
063 26 N CENTRAL PED 5,068			5,068
063 27 CFHC 83,467			83,467
063 28 PSYCH MEDICATION 1,284			1,284
063 29 PSYCH PHD CLINIC			
063 30 RUSSIAVILLE OFFICE			
063 31 DR JERRY GREER			
063 32 OTHER OUTPATIENT SERVICE 648			648
063 33 DR KOESTER 919			919
063 34 OPEN HEART 26			26
063 35 DR B. FOGELSON 2,001			2,001
063 36 ONCOLOGY MOORE 303			303
063 37 DR BARROW 706			706
063 38 DR. MOUALLA 371			371
063 39 DR. SEDAGHAT 287			287
063 40 DR. KINSEY 3			3
063 41 B.HEALTH TIPTON 516			516
OTHER REIMBURS COST CNTRS			
065 AMBULANCE SERVICES 17,625			17,625

COST CENTER DESCRIPTION	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
OTHER REIMBURS COST CNTRS	25	26	27
NONREIMBURS COST CENTERS			
096 GIFT, FLOWER, COFFEE SHOP	12,857		12,857
096 01 FOUNDATION	3,176		3,176
098 PHYSICIANS' PRIVATE OFFIC	225,462		225,462
100 OTHER NONREIMBURSABLE COS	2,034		2,034
100 01 OTHER NONREIMBURSABLE COS			
100 02 OTHER NONREIMBURSABLE COS			
100 03 RESIDENTIAL HOMES	92,554		92,554
100 04 OTHER NONREIMBURSABLE COS			
100 05 WEST CAMPUS	2,686		2,686
101 CROSS FOOT ADJUSTMENTS	7,774	7,774	7,774
102 NEGATIVE COST CENTER			
103 TOTAL	7,774	2,618,286	2,618,286

COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-BLDG &	C NEW CAP REL C OSTS-BLDG &			
	0	1	1.01	3	3.01	3.02	3.03
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP REL COSTS-BLDG &							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
003 03 NEW CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL				1,184,112			
008 OPERATION OF PLANT				963,012	644		
009 LAUNDRY & LINEN SERVICE				49,261			
010 HOUSEKEEPING				53,214	18		
011 DIETARY				142,238			
012 CAFETERIA				108,314			
014 NURSING ADMINISTRATION				16,519			
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY				56,100			
018 SOCIAL SERVICE				11,497			
019 PSYCH ADMIN				2,227			
024 PARAMED ED PRGM				19,632			
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS				723,571			
026 INTENSIVE CARE UNIT				118,721			
031 SUBPROVIDER				90,432	3,808		
033 NURSERY				29,993			
034 SKILLED NURSING FACILITY				323,829			
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				397,879			
039 DELIVERY ROOM & LABOR ROO				143,328			
040 ANESTHESIOLOGY				2,772			
041 RADIOLOGY-DIAGNOSTIC				270,774	96		
041 02 MAGNETIC RESONANCE IMAGIN							
041 03 LITHOTRIPSY							
041 04 CARDIAC CATHETERIZATION L				49,283			
041 05 ONCOLOGY				265,253			
044 LABORATORY				111,450	159		
047 BLOOD STORING, PROCESSING				3,658			
049 RESPIRATORY THERAPY				99,839			
050 PHYSICAL THERAPY				49,919			
053 ELECTROCARDIOLOGY				2,363			
054 ELECTROENCEPHALOGRAPHY				7,248			
055 MEDICAL SUPPLIES CHARGED				72,141			
056 DRUGS CHARGED TO PATIENTS				34,242			
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
058 01 WOUND CARE				46,943			
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY				533,118			
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 01 GENESIS				873,307			31,665
063 02 WOMENS CENTER				58,713			
063 03 FAMILY PRACTICE							
063 04 ONCOLOGY CLINIC							
063 05							
063 06 FAMILY PRACTICE							
063 07 DIABETIC EDUCATION							
063 08 NEW CHOICES							
063 09 OB/GYN							
063 10 HOWARD CO CLINIC				272,660			
063 11 HOWARD CO CSS				231,988			
063 12 CLINTON COUNTY							
063 13 TELEMEDICINE							
063 14 TELEMEDICINE							
063 15 HC&T HAIDER							
063 16 DR AROUTINOVA							
063 17 DR GYN GREER							
063 18 ONCOLOGY-BECHAR							
063 19 CRITICAL CARE PHYSICIANS							
063 20 PSYCH DR STEINER							
063 21 PSYCH GOOD HOPE							
063 22 PSYCH DR ERIKA							
063 23 PSYCH DR KENNETH							
063 24 PSYCH DR DEB							
063 25 PSYCH DR M SHEI							
063 26 N CENTRAL PED							
063 27 CFHC				231,988			
063 28 PSYCH MEDICATION							
063 29 PSYCH PHD CLINIC							
063 30 RUSSIAVILLE OFFICE							
063 31 DR JERRY GREER							
063 32 OTHER OUTPATIENT SERVICE							
063 33 DR KOESTER							
063 34 OPEN HEART							
063 35 DR B. FOGELSON							
063 36 ONCOLOGY MOORE							
063 37 DR BARROW							
063 38 DR. MOUALLA							
063 39 DR. SEDAGHAT							
063 40 DR. KINSEY							
063 41 B.HEALTH TIPTON							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES				39,308			

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL OSTS-BLDG &	C OLD CAP REL OSTS-BLDG &	C NEW CAP REL OSTS-BLDG &			
OTHER REIMBURS COST CNTRS	0	1	1.01	3	3.01	3.02	3.03
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				37,332			
096 01 FOUNDATION				7,975			
098 PHYSICIANS' PRIVATE OFFIC					11,398		
100 OTHER NONREIMBURSABLE COS							
100 01 OTHER NONREIMBURSABLE COS							
100 02 OTHER NONREIMBURSABLE COS							
100 03 RESIDENTIAL HOMES							
100 04 OTHER NONREIMBURSABLE COS				269,115			
100 05 WEST CAMPUS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				8,005,268	16,123		31,665

COST CENTER DESCRIPTION	SUBTOTAL	EMPLOYEE BENE	ADMINISTRATIV	OPERATION OF	LAUNDRY & LIN	HOUSEKEEPING	DIETARY
		FITS	E & GENERAL	PLANT	EN SERVICE		
	4a	5	6	8	9	10	11
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
003 03 NEW CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	1,184,112		1,184,112				
008 OPERATION OF PLANT	963,656		64,155	1,027,811			
009 LAUNDRY & LINEN SERVICE	49,261		7,163	8,643	65,067		
010 HOUSEKEEPING	53,232		12,911	9,336		75,479	
011 DIETARY	142,238		14,778	24,956	521	614	183,107
012 CAFETERIA	108,314		4,861	19,004		544	
014 NURSING ADMINISTRATION	16,519		14,064	2,898		2,206	
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	56,100		17,307	9,843			
018 SOCIAL SERVICE	11,497		662	2,017			
019 PSYCH ADMIN	2,227		16,481	391			
024 PARAMED ED PRGM	19,632		3,340	3,444		8	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	723,571		107,508	126,951	25,743	22,835	101,959
026 INTENSIVE CARE UNIT	118,721		34,351	20,830	8,033	3,078	14,870
031 SUBPROVIDER	94,240		27,095	15,866	1,789	13,535	33,513
033 NURSERY	29,993		11,454	5,262	821		10,789
034 SKILLED NURSING FACILITY	323,829		19,722	56,816		5,277	21,976
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	397,879		39,418	69,808	9,629	5,706	
039 DELIVERY ROOM & LABOR ROO	143,328		11,879	25,147			
040 ANESTHESIOLOGY	2,772		46	486			
041 RADIOLOGY-DIAGNOSTIC	270,870		36,770	47,507	2,980	6,274	
041 02 MAGNETIC RESONANCE IMAGIN			13,061				
041 03 LITHOTRIPSY			434			719	
041 04 CARDIAC CATHETERIZATION L	49,283		24,823	8,647		2,339	
041 05 ONCOLOGY	265,253		32,426	46,539	1,222	110	
044 LABORATORY	111,609		22,504	19,554	54	1,548	
047 BLOOD STORING, PROCESSING	3,658			642	4,510		
049 RESPIRATORY THERAPY	99,839		36,838	17,517		429	
050 PHYSICAL THERAPY	49,919		9,445	8,758			
053 ELECTROCARDIOLOGY	2,363		23,517	415			
054 ELECTROENCEPHALOGRAPHY	7,248		116	1,272			
055 MEDICAL SUPPLIES CHARGED	72,141		133,909	12,657	178	272	
056 DRUGS CHARGED TO PATIENTS	34,242		182,206	6,008		519	
057 RENAL DIALYSIS			2,410				
058 ASC (NON-DISTINCT PART)							
058 01 WOUND CARE	46,943		6,980	8,236	47	16	
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	533,118		46,156	93,536	5,496	3,404	
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 01 GENESIS	904,972		28,716	153,220	1,441	2,352	
063 02 WOMENS CENTER	58,713		7,970	10,301	1,247	1,393	
063 03 FAMILY PRACTICE			17,286				
063 04 ONCOLOGY CLINIC			12,217				
063 05							
063 06 FAMILY PRACTICE							
063 07 DIABETIC EDUCATION			1,272				
063 08 NEW CHOICES							
063 09 OB/GYN							
063 10 HOWARD CO CLINIC	272,660		4,103	47,838			
063 11 HOWARD CO CSS	231,988		10,836	40,702			
063 12 CLINTON COUNTY			8,047				
063 13 TELEMEDICINE							
063 14 TELEMEDICINE							
063 15 HC&T HAIDER			4,284				
063 16 DR AROUTINOVA			2,281				
063 17 OB/GYN GREER			4,672				
063 18 ONCOLOGY-BECHAR			3,089				
063 19 CRITICAL CARE PHYSICIANS			6,392				
063 20 PSYCH DR STEINER							
063 21 PSYCH GOOD HOPE							
063 22 PSYCH DR ERIKA			953				
063 23 PSYCH DR KENNETH			785				
063 24 PSYCH DR DEB			3,276				
063 25 PSYCH DR M SHEI			861				
063 26 N CENTRAL PED			17,634				
063 27 CFHC	231,988		13,653	40,702		2,287	
063 28 PSYCH MEDICATION			4,123				
063 29 PSYCH PHD CLINIC							
063 30 RUSSIAPVILLE OFFICE							
063 31 DR JERRY GREER							
063 32 OTHER OUTPATIENT SERVICE			2,254				
063 33 DR KOESTER			3,197				
063 34 OPEN HEART			90				
063 35 DR B. FOGELSON			6,962				
063 36 ONCOLOGY MOORE			1,054				
063 37 DR BARROW			2,455				
063 38 DR. MOUALLA			1,289				
063 39 DR. SEDAGHAT			997				
063 40 DR. KINSEY			9				
063 41 B.HEALTH TIPTON			1,388				
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	39,308		7,478	6,897	1,347		

COST CENTER DESCRIPTION	SUBTOTAL	EMPLOYEE BENE FITS	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY
	4a	5	6	8	9	10	11
OTHER REIMBURS COST CNTRS							
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	37,332		562	6,550		14	
096 01 FOUNDATION	7,975		1,257	1,399			
098 PHYSICIANS' PRIVATE OFFIC	11,398		3,776				
100 OTHER NONREIMBURSABLE COS			7,073		4		
100 01 OTHER NONREIMBURSABLE COS							
100 02 OTHER NONREIMBURSABLE COS							
100 03 RESIDENTIAL HOMES	269,115		3,690	47,216			
100 04 OTHER NONREIMBURSABLE COS							
100 05 WEST CAMPUS			9,341		5		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	8,053,056		1,184,112	1,027,811	65,067	75,479	183,107

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVIC E 18	PSYCH ADMIN 19
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
003 03 NEW CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	132,723						
014 NURSING ADMINISTRATION	3,354	39,041					
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	6,334				89,584		
018 SOCIAL SERVICE							
019 PSYCH ADMIN						14,176	
024 PARAMED ED PRGM	482						19,107
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	27,488	14,817			5,436	4,102	
026 INTENSIVE CARE UNIT	7,223	3,637			1,269	4,852	
031 SUBPROVIDER	7,861	3,958			2,121		
033 NURSERY	2,789	1,404					
034 SKILLED NURSING FACILITY	4,614	2,323			359		
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	10,011	4,064			5,194		
039 DELIVERY ROOM & LABOR ROO	2,464					3,916	
040 ANESTHESIOLOGY					914		
041 RADIOLOGY-DIAGNOSTIC	8,077				13,522		
041 02 MAGNETIC RESONANCE IMAGIN					1,286		
041 03 LITHOTRIPSY	34						
041 04 CARDIAC CATHETERIZATION L	4,404	2,218			7,894		
041 05 ONCOLOGY	5,586				3,747		
044 LABORATORY	7,400				11,144		
047 BLOOD STORING, PROCESSING					499		
049 RESPIRATORY THERAPY	8,302				5,238		
050 PHYSICAL THERAPY					623		
053 ELECTROCARDIOLOGY	5,873				1,503		
054 ELECTROENCEPHALOGRAPHY					116		
055 MEDICAL SUPPLIES CHARGED	770				8,842		
056 DRUGS CHARGED TO PATIENTS	4,734				9,731		
057 RENAL DIALYSIS					116		
058 ASC (NON-DISTINCT PART)							
058 01 WOUND CARE	1,093				596		
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	9,416	4,741			4,905	1,306	
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 01 GENESIS							
063 02 WOMENS CENTER					1,743		11,842
063 03 FAMILY PRACTICE					686		
063 04 ONCOLOGY CLINIC							
063 05							
063 06 FAMILY PRACTICE							
063 07 DIABETIC EDUCATION	323				24		
063 08 NEW CHOICES							
063 09 OB/GYN							
063 10 HOWARD CO CLINIC							
063 11 HOWARD CO CSS					411		2,802
063 12 CLINTON COUNTY					602		4,109
063 13 TELEMEDICINE							
063 14 TELEMEDICINE							
063 15 HC&T HALDER							
063 16 DR AROUTINOVA							
063 17 OB/GYN GREER							
063 18 ONCOLOGY-BECHAR							
063 19 CRITICAL CARE PHYSICIANS							
063 20 PSYCH DR STEINER							
063 21 PSYCH GOOD HOPE							
063 22 PSYCH DR ERIKA					80		
063 23 PSYCH DR KENNETH							
063 24 PSYCH DR DEB					106		
063 25 PSYCH DR M SHEI					130		
063 26 N CENTRAL PED							
063 27 CFHC							
063 28 PSYCH MEDICATION							
063 29 PSYCH PHD CLINIC					344		
063 30 RUSSIAVILLE OFFICE							
063 31 DR JERRY GREER							
063 32 OTHER OUTPATIENT SERVICE							
063 33 DR KOESTER							
063 34 OPEN HEART							
063 35 DR B. FOGELSON							
063 36 ONCOLOGY MOORE							
063 37 DR BARROW							
063 38 DR. MOUALLA							
063 39 DR. SEDAGHAT							
063 40 DR. KINSEY							
063 41 B.HEALTH TIPTON							
065 OTHER REIMBURS COST CNTRS					52		354
2552-96 v1701.100 AMBULANCE SERVICES	3,732	1,879			351		

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVIC E 18	PSYCH ADMIN 19
OTHER REIMBURS COST CNTRS							
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 FOUNDATION	359						
098 PHYSICIANS' PRIVATE OFFIC							
100 OTHER NONREIMBURSABLE COS							
100 01 OTHER NONREIMBURSABLE COS							
100 02 OTHER NONREIMBURSABLE COS							
100 03 RESIDENTIAL HOMES							
100 04 OTHER NONREIMBURSABLE COS							
100 05 WEST CAMPUS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	132,723	39,041			89,584	14,176	19,107

COST CENTER DESCRIPTION	PARAMED ED PR GM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	24	25	26	27
GENERAL SERVICE COST CNTR				
001 OLD CAP REL COSTS-BLDG &				
001 01 OLD CAP REL COSTS-BLDG &				
003 NEW CAP REL COSTS-BLDG &				
003 01 NEW CAP REL COSTS-BLDG &				
003 02 NEW CAP REL COSTS-BLDG &				
003 03 NEW CAP REL COSTS-BLDG &				
005 EMPLOYEE BENEFITS				
006 ADMINISTRATIVE & GENERAL				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVICE				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SUPPLY				
016 PHARMACY				
017 MEDICAL RECORDS & LIBRARY				
018 SOCIAL SERVICE				
019 PSYCH ADMIN				
024 PARAMED ED PRGM	26,898			
INPAT ROUTINE SRVC CNTRS				
025 ADULTS & PEDIATRICS		1,160,410		1,160,410
026 INTENSIVE CARE UNIT		216,864		216,864
031 SUBPROVIDER		199,978		199,978
033 NURSERY		62,512		62,512
034 SKILLED NURSING FACILITY		434,916		434,916
ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM		541,709		541,709
039 DELIVERY ROOM & LABOR ROO		186,734		186,734
040 ANESTHESIOLOGY		4,218		4,218
041 RADIOLOGY-DIAGNOSTIC		386,000		386,000
041 02 MAGNETIC RESONANCE IMAGIN		14,347		14,347
041 03 LITHOTRIPSY		1,187		1,187
041 04 CARDIAC CATHETERIZATION L		99,608		99,608
041 05 ONCOLOGY		354,883		354,883
044 LABORATORY		173,813		173,813
047 BLOOD STORING, PROCESSING		9,309		9,309
049 RESPIRATORY THERAPY		168,163		168,163
050 PHYSICAL THERAPY		68,745		68,745
053 ELECTROCARDIOLOGY		33,671		33,671
054 ELECTROENCEPHALOGRAPHY		8,752		8,752
055 MEDICAL SUPPLIES CHARGED		228,769		228,769
056 DRUGS CHARGED TO PATIENTS		237,440		237,440
057 RENAL DIALYSIS		2,526		2,526
058 ASC (NON-DISTINCT PART)				
058 01 WOUND CARE		63,911		63,911
OUTPAT SERVICE COST CNTRS				
061 EMERGENCY		702,078		702,078
062 OBSERVATION BEDS (NON-DIS				
063 OTHER OUTPATIENT SERVICE				
063 01 GENESIS		1,104,286		1,104,286
063 02 WOMENS CENTER		80,310		80,310
063 03 FAMILY PRACTICE		17,286		17,286
063 04 ONCOLOGY CLINIC		12,217		12,217
063 05				
063 06 FAMILY PRACTICE				
063 07 DIABETIC EDUCATION		1,619		1,619
063 08 NEW CHOICES				
063 09 OB/GYN				
063 10 HOWARD CO CLINIC		324,601		324,601
063 11 HOWARD CO CSS		286,739		286,739
063 12 CLINTON COUNTY		12,758		12,758
063 13 TELEMEDICINE				
063 14 TELEMEDICINE				
063 15 HC&T HAIDER		4,284		4,284
063 16 DR AROUTINOVA		2,281		2,281
063 17 OB/GYN GREER		4,672		4,672
063 18 ONCOLOGY-BECHAR		3,089		3,089
063 19 CRITICAL CARE PHYSICIANS		6,392		6,392
063 20 PSYCH DR STEINER				
063 21 PSYCH GOOD HOPE				
063 22 PSYCH DR ERIKA		1,033		1,033
063 23 PSYCH DR KENNETH		785		785
063 24 PSYCH DR DEB		3,382		3,382
063 25 PSYCH DR M SHEI		991		991
063 26 N CENTRAL PED		17,634		17,634
063 27 CFHC		288,630		288,630
063 28 PSYCH MEDICATION		4,467		4,467
063 29 PSYCH PHD CLINIC				
063 30 RUSSIAVILLE OFFICE				
063 31 DR JERRY GREER				
063 32 OTHER OUTPATIENT SERVICE		2,254		2,254
063 33 DR KOESTER		3,197		3,197
063 34 OPEN HEART		90		90
063 35 DR B. FOGELSON		6,962		6,962
063 36 ONCOLOGY MOORE		1,054		1,054
063 37 DR BARROW		2,455		2,455
063 38 DR. MOUALLA		1,289		1,289
063 39 DR. SEDAGHAT		997		997
063 40 DR. KINSEY		9		9
063 41 B.HEALTH TIPTON		1,794		1,794
OTHER REIMBURS COST CNTRS				
065 AMBULANCE SERVICES		60,992		60,992

COST CENTER DESCRIPTION	PARAMED ED PR GM	24	SUBTOTAL 25	POST STEPDOWN ADJUSTMENT 26	TOTAL 27
OTHER REIMBURS COST CNTRS NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			44,458		44,458
096 01 FOUNDATION			10,990		10,990
098 PHYSICIANS' PRIVATE OFFIC			15,174		15,174
100 OTHER NONREIMBURSABLE COS			7,077		7,077
100 01 OTHER NONREIMBURSABLE COS					
100 02 OTHER NONREIMBURSABLE COS					
100 03 RESIDENTIAL HOMES			320,021		320,021
100 04 OTHER NONREIMBURSABLE COS					
100 05 WEST CAMPUS			9,346		9,346
101 CROSS FOOT ADJUSTMENTS	26,898		26,898		26,898
102 NEGATIVE COST CENTER					
103 TOTAL	26,898		8,053,056		8,053,056

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION		OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &			
		(SQUARE FEET)	F(SQUARE FEET)	F(SQUARE FEET)	F(SQUARE FEET)	F(SQUARE FEET)	F(SQUARE FEET)
	GENERAL SERVICE COST	1	1.01	3	3.01	3.02	3.03
001	OLD CAP REL COSTS-BLD	352,319					
001 01	OLD CAP REL COSTS-BLD		51,210				
003	NEW CAP REL COSTS-BLD			352,319			
003 01	NEW CAP REL COSTS-BLD				51,210		
003 02	NEW CAP REL COSTS-BLD					28,704	
003 03	NEW CAP REL COSTS-BLD						7,065
005	EMPLOYEE BENEFITS					3,500	
006	ADMINISTRATIVE & GENE	52,114		52,114		2,312	
008	OPERATION OF PLANT	42,383	2,044	42,383	2,044		
009	LAUNDRY & LINEN SERVI	2,168		2,168			
010	HOUSEKEEPING	2,342	56	2,342	56		
011	DIETARY	6,260		6,260			
012	CAFETERIA	4,767		4,767			
014	NURSING ADMINISTRATIO	727		727			
015	CENTRAL SERVICES & SU						
016	PHARMACY						
017	MEDICAL RECORDS & LIB	2,469		2,469			
018	SOCIAL SERVICE	506		506			
019	PSYCH ADMIN	98		98			
024	PARAMED ED PRGM	864		864			
	INPAT ROUTINE SRVC CN						
025	ADULTS & PEDIATRICS	31,845		31,845			
026	INTENSIVE CARE UNIT	5,225		5,225			
031	SUBPROVIDER	3,980	12,096	3,980	12,096		
033	NURSERY	1,320		1,320			
034	SKILLED NURSING FACIL	14,252		14,252			
	ANCILLARY SRVC COST C						
037	OPERATING ROOM	17,511		17,511			
039	DELIVERY ROOM & LABOR	6,308		6,308			
040	ANESTHESIOLOGY	122		122			
041	RADIOLOGY-DIAGNOSTIC	11,917	306	11,917	306		
041 02	MAGNETIC RESONANCE IM						
041 03	LITHOTRIPSY						
041 04	CARDIAC CATHETERIZATI	2,169		2,169			
041 05	ONCOLOGY	11,674		11,674			
044	LABORATORY	4,905	505	4,905	505		
047	BLOOD STORING, PROCES	161		161			
049	RESPIRATORY THERAPY	4,394		4,394			
050	PHYSICAL THERAPY	2,197		2,197			
053	ELECTROCARDIOLOGY	104		104			
054	ELECTROENCEPHALOGRAPH	319		319			
055	MEDICAL SUPPLIES CHAR	3,175		3,175			
056	DRUGS CHARGED TO PATI	1,507		1,507			
057	RENAL DIALYSIS						
058	ASC (NON-DISTINCT PAR						
058 01	WOUND CARE	2,066		2,066			
	OUTPAT SERVICE COST C						
061	EMERGENCY	23,463		23,463			
062	OBSERVATION BEDS (NON						
063	OTHER OUTPATIENT SERV						
063 01	GENESIS	38,435		38,435			7,065
063 02	WOMENS CENTER	2,584		2,584			
063 03	FAMILY PRACTICE						
063 04	ONCOLOGY CLINIC						
063 05							
063 06	FAMILY PRACTICE						
063 07	DIABETIC EDUCATION						
063 08	NEW CHOICES						
063 09	OB/GYN					1,542	
063 10	HOWARD CO CLINIC	12,000		12,000			
063 11	HOWARD CO CSS	10,210		10,210			
063 12	CLINTON COUNTY						
063 13	TELEMEDICINE						
063 14	TELEMEDICINE						
063 15	HC&T HAIDER						
063 16	DR AROUTINOVA						
063 17	OB/GYN GREER						
063 18	ONCOLOGY-BECHAR						
063 19	CRITICAL CARE PHYSICI						
063 20	PSYCH DR STEINER						
063 21	PSYCH GOOD HOPE						
063 22	PSYCH DR ERIKA						
063 23	PSYCH DR KENNETH						
063 24	PSYCH DR DEB						
063 25	PSYCH DR M SHEI						
063 26	N CENTRAL PED						
063 27	CFHC	10,210		10,210			
063 28	PSYCH MEDICATION						
063 29	PSYCH PHD CLINIC						
063 30	RUSSIAVILLE OFFICE						
063 31	DR JERRY GREER						
063 32	OTHER OUTPATIENT SERV						
063 33	DR KOESTER						
063 34	OPEN HEART						
063 35	DR B. FOGELSON						
063 36	ONCOLOGY MOORE						
063 37	DR BARROW						
063 38	DR. MOUALLA						
063 39	DR. SEDAGHAT						

COST CENTER DESCRIPTION		OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &			
		(SQUARE EET	F(SQUARE)EET				
	OUTPUT SERVICE COST C	1	1.01	3	3.01	3.02	3.03
063	40 DR. KINSEY						
063	41 B.HEALTH TIPTON						
	OTHER REIMBURS COST C						
065	AMBULANCE SERVICES	1,730		1,730			
	NONREIMBURS COST CENT						
096	GIFT, FLOWER, COFFEE	1,643		1,643			
096	01 FOUNDATION	351		351			
098	PHYSICIANS' PRIVATE O		36,203		36,203	21,350	
100	OTHER NONREIMBURSABLE						
100	01 OTHER NONREIMBURSABLE						
100	02 OTHER NONREIMBURSABLE						
100	03 RESIDENTIAL HOMES	11,844		11,844			
100	04 OTHER NONREIMBURSABLE						
100	05 WEST CAMPUS						
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	2,300,899	317,387	8,005,268	16,123		31,665
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	6.530726		22.721647			
105	COST TO BE ALLOCATED (WRKSHT B, PART II)		6.197754		.314841		4.481953
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 ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	(GROSS SALARIES)	RECONCILIATION	(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)
	5	6a.00	6	8	9	10	11
001 GENERAL SERVICE COST							
001 01 OLD CAP REL COSTS-BLD							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-BLD							
003 02 NEW CAP REL COSTS-BLD							
003 03 NEW CAP REL COSTS-BLD							
005 EMPLOYEE BENEFITS	59,181,924						
006 ADMINISTRATIVE & GENERAL	7,239,891	-11,624,804	101,309,292				
008 OPERATION OF PLANT	1,496,376		5,488,952	257,822			
009 LAUNDRY & LINEN SERVICE	22,782		612,812	2,168	640,140		
010 HOUSEKEEPING	746,462		1,104,671	2,342		485,757	
011 DIETARY	583,874		1,264,413	6,260	5,129	3,952	124,657
012 CAFETERIA	333,706		415,936	4,767		3,504	
014 NURSING ADMINISTRATIVE	907,676		1,203,281	727		14,200	
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	964,637		1,480,710	2,469			
018 SOCIAL SERVICE	37,264		56,602	506			
019 PSYCH ADMIN	772,525		1,410,074	98		52	
024 PARAMEDICAL PRGM	185,578		285,729	864			
025 INPATIENT ROUTINE SERVICE CENTER							
025 ADULTS & PEDIATRICS	6,318,981		9,198,153	31,845	253,268	146,942	69,413
026 INTENSIVE CARE UNIT	1,892,127		2,938,956	5,225	79,032	19,808	10,123
031 SUBPROVIDER	1,655,353		2,318,178	3,980	17,598	87,104	22,815
033 NURSERY	667,862		979,943	1,320	8,075		7,345
034 SKILLED NURSING FACILITY	908,331		1,687,388	14,252		33,964	14,961
037 ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM	1,923,598		3,372,483	17,511	94,736	36,724	
039 DELIVERY ROOM & LABOR	590,141		1,016,378	6,308			
040 ANESTHESIOLOGY			3,904	122			
041 RADIOLOGY-DIAGNOSTIC	1,893,894		3,145,928	11,917	29,320	40,377	
041 02 MAGNETIC RESONANCE IMAGING			1,117,509				
041 03 LITHOTRIPSY	9,367		37,156			4,627	
041 04 CARDIAC CATHETERIZATION	1,331,266		2,123,793	2,169		15,056	
041 05 ONCOLOGY	1,312,833		2,774,339	11,674	12,019	710	
044 LABORATORY	1,591,678		1,925,355	4,905	535	9,960	
047 BLOOD STORAGE, PROCESSING		20,491		161	44,370		
049 RESPIRATORY THERAPY	2,303,584		3,151,803	4,394		2,760	
050 PHYSICAL THERAPY			808,078	2,197			
053 ELECTROCARDIOLOGY	1,470,996		2,012,077	104			
054 ELECTROENCEPHALOGRAPHY			9,897	319			
055 MEDICAL SUPPLIES CHARACTERIZATION	113,117		11,456,985	3,175	1,753	1,750	
056 DRUGS CHARGED TO PATIENTS	4,460,349		15,588,546	1,507		3,340	
057 RENAL DIALYSIS			206,201				
058 ASC (NON-DISTINCT PATIENTS)							
058 01 WOUND CARE	223,036		597,227	2,066	462	104	
061 OUTPATIENT SERVICE COST CENTER							
061 EMERGENCY	2,091,925		3,948,997	23,463	54,070	21,908	
062 OBSERVATION BEDS (NON-PATIENTS)							
063 OTHER OUTPATIENT SERVICE							
063 01 GENESIS	1,089,641		2,456,882	38,435	14,174	15,137	
063 02 WOMENS CENTER	415,559		681,874	2,584	12,268	8,964	
063 03 FAMILY PRACTICE	1,006,713		1,478,974				
063 04 ONCOLOGY CLINIC	1,079,582		1,045,229				
063 05							
063 06 FAMILY PRACTICE							
063 07 DIABETIC EDUCATION	81,613		108,817				
063 08 NEW CHOICES							
063 09 OB/GYN			9				
063 10 HOWARD CO CLINIC			351,029	12,000			
063 11 HOWARD CO CSS	472,300		927,131	10,210			
063 12 CLINTON COUNTY	525,772		688,442				
063 13 TELEMEDICINE							
063 14 TELEMEDICINE							
063 15 HC&T HAIDER	157,440		366,508				
063 16 DR AROUTINOVA	135,384		195,177				
063 17 OB/GYN GREER	609,954		399,764				
063 18 ONCOLOGY-BECHAR	740,639		264,269				
063 19 CRITICAL CARE PHYSICIAN	1,250,294		546,911				
063 20 PSYCH DR STEINER							
063 21 PSYCH GOOD HOPE							
063 22 PSYCH DR ERIKA	204,560		81,499				
063 23 PSYCH DR KENNETH	187,246		67,134				
063 24 PSYCH DR DEB	223,859		280,251				
063 25 PSYCH DR M SHEI	166,443		73,677				
063 26 N CENTRAL PED	1,776,020		1,508,712				
063 27 CFHC	898,836		1,168,099	10,210		14,721	
063 28 PSYCH MEDICATION	277,417		352,796				
063 29 PSYCH PHD CLINIC							
063 30 RUSSIAVILLE OFFICE							
063 31 DR JERRY GREER							
063 32 OTHER OUTPATIENT SERVICE	242,303		192,852				
063 33 DR KOESTER	467,020		273,517				
063 34 OPEN HEART			7,687				
063 35 DR B. FOGELSON	916,906		595,678				
063 36 ONCOLOGY MOORE	512,983		90,209				
063 37 DR BARROW	130,555		210,041				
063 38 DR. MOUALLA	271,868		110,321				
063 39 DR. SEDAGHAT	97,733		85,294				

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	(GROSS SALARIES)	RECONCILIATION	(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)
	5	6a.00	6	8	9	10	11
063 40 OUTPAT SERVICE COST C							
063 41 DR. KINSEY			746				
063 41 B.HEALTH TIPTON	83,372		118,736				
065 OTHER REIMBURS COST C							
065 AMBULANCE SERVICES	608,370		639,836	1,730	13,251		
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE			48,062	1,643		93	
096 01 FOUNDATION	74,439		107,519	351			
098 PHYSICIANS' PRIVATE O			323,100				
100 OTHER NONREIMBURSABLE	427,894		605,131		35		
100 01 OTHER NONREIMBURSABLE							
100 02 OTHER NONREIMBURSABLE							
100 03 RESIDENTIAL HOMES			315,714	11,844			
100 04 OTHER NONREIMBURSABLE							
100 05 WEST CAMPUS			799,211		45		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	7,362,206		11,624,804	6,118,787	734,582	1,287,010	1,574,422
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER				23.732602		2.649493	
(WRKSHT B, PT I)	.124400		.114746		1.147533		12.630033
105 COST TO BE ALLOCATED			340,342	307,897	18,806	22,150	52,936
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER				1.194223		.045599	
(WRKSHT B, PT II)			.003359		.029378		.424653
107 COST TO BE ALLOCATED			1,184,112	1,027,811	65,067	75,479	183,107
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER				3.986514		.155384	
(WRKSHT B, PT III)			.011688		.101645		1.468887

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	CAFETERIA (FTES)	NURSING ADMINISTRATION (FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	PSYCH ADMIN (PATIENT REVENUE)	R
	12	14	15	16	17	18	19	
GENERAL SERVICE COST								
001 OLD CAP REL COSTS-BLD								
001 01 OLD CAP REL COSTS-BLD								
003 NEW CAP REL COSTS-BLD								
003 01 NEW CAP REL COSTS-BLD								
003 02 NEW CAP REL COSTS-BLD								
003 03 NEW CAP REL COSTS-BLD								
005 EMPLOYEE BENEFITS								
006 ADMINISTRATIVE & GENE								
008 OPERATION OF PLANT								
009 LAUNDRY & LINEN SERVI								
010 HOUSEKEEPING								
011 DIETARY								
012 CAFETERIA	58,399							
014 NURSING ADMINISTRATIO	1,476	34,117						
015 CENTRAL SERVICES & SU			100					
016 PHARMACY				100				
017 MEDICAL RECORDS & LIB	2,787				248,705,724			
018 SOCIAL SERVICE						10,541		
019 PSYCH ADMIN							7,772,925	
024 PARAMED ED PRGM	212							
INPAT ROUTINE SRVC CN								
025 ADULTS & PEDIATRICS	12,095	12,949			15,098,844	3,050		
026 INTENSIVE CARE UNIT	3,178	3,178			3,523,977	3,608		
031 SUBPROVIDER	3,459	3,459			5,890,869			
033 NURSERY	1,227	1,227						
034 SKILLED NURSING FACIL	2,030	2,030			998,164			
ANCILLARY SRVC COST C								
037 OPERATING ROOM	4,405	3,551			14,427,902			
039 DELIVERY ROOM & LABOR	1,084					2,912		
040 ANESTHESIOLOGY					2,538,813			
041 RADIOLOGY-DIAGNOSTIC	3,554				37,419,534			
041 02 MAGNETIC RESONANCE IM					3,571,951			
041 03 LITHOTRIPSY	15							
041 04 CARDIAC CATHETERIZATI	1,938	1,938			21,926,768			
041 05 ONCOLOGY	2,458				10,408,490			
044 LABORATORY	3,256				30,955,561			
047 BLOOD STORING, PROCES					1,385,500			
049 RESPIRATORY THERAPY	3,653				14,550,540			
050 PHYSICAL THERAPY					1,731,555			
053 ELECTROCARDIOLOGY	2,584				4,176,247			
054 ELECTROENCEPHALOGRAPH					322,415			
055 MEDICAL SUPPLIES CHAR	339		100		24,561,186			
056 DRUGS CHARGED TO PATI	2,083			100	27,031,288			
057 RENAL DIALYSIS					321,327			
058 ASC (NON-DISTINCT PAR								
058 01 WOUND CARE	481				1,656,829			
OUTPAT SERVICE COST C								
061 EMERGENCY	4,143	4,143			13,625,229	971		
062 OBSERVATION BEDS (NON								
063 OTHER OUTPATIENT SERV								
063 01 GENESIS					4,842,697		4,817,316	
063 02 WOMENS CENTER					1,905,163			
063 03 FAMILY PRACTICE								
063 04 ONCOLOGY CLINIC								
063 05								
063 06 FAMILY PRACTICE								
063 07 DIABETIC EDUCATION	142				65,820			
063 08 NEW CHOICES								
063 09 OB/GYN								
063 10 HOWARD CO CLINIC								
063 11 HOWARD CO CSS					1,141,732		1,140,084	
063 12 CLINTON COUNTY					1,671,550		1,671,550	
063 13 TELEMEDICINE								
063 14 TELEMEDICINE								
063 15 HC&T HAIDER								
063 16 DR AROUTINOVA								
063 17 OB/GYN GREER								
063 18 ONCOLOGY-BECHAR								
063 19 CRITICAL CARE PHYSICI								
063 20 PSYCH DR STEINER								
063 21 PSYCH GOOD HOPE								
063 22 PSYCH DR ERIKA					222,610			
063 23 PSYCH DR KENNETH					613			
063 24 PSYCH DR DEB					294,709			
063 25 PSYCH DR M SHEI					362,369			
063 26 N CENTRAL PED								
063 27 CFHC								
063 28 PSYCH MEDICATION					955,824			
063 29 PSYCH PHD CLINIC								
063 30 RUSSIAVILLE OFFICE								
063 31 DR JERRY GREER								
063 32 OTHER OUTPATIENT SERV								
063 33 DR KOESTER								
063 34 OPEN HEART								
063 35 DR B. FOGELSON								
063 36 ONCOLOGY MOORE								
063 37 DR BARROW								
063 38 DR. MOUALLA								
063 39 DR. SEDAGHAT								

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	CAFETERIA (FTES)	NURSING ADMIN ISTRATION (FTES)	CENTRAL SERVI CES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECOR DS & LIBRARY (GROSS CHARGES)	SOCIAL SERVIC E (TIME SPENT)	PSYCH ADMIN (PATIENT)REVENUE	R)
063 40 OUTPAT SERVICE COST C DR. KINSEY	12	14	15	16	17	18	19	
063 41 B.HEALTH TIPTON					143,975		143,975	
065 OTHER REIMBURS COST C AMBULANCE SERVICES NONREIMBURS COST CENT	1,642	1,642			975,673			
096 GIFT, FLOWER, COFFEE								
096 01 FOUNDATION	158							
098 PHYSICIANS' PRIVATE O								
100 01 OTHER NONREIMBURSABLE								
100 02 OTHER NONREIMBURSABLE								
100 03 RESIDENTIAL HOMES								
100 04 OTHER NONREIMBURSABLE								
100 05 WEST CAMPUS								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	586,080	1,411,043			1,737,182	75,106	1,574,338	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	10.035788	41.358941			.006985	7.125130	.202541	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	38,382	11,276			25,879	4,099	5,495	
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)	.657237	.330510			.000104	.388863	.000707	
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	132,723	39,041			89,584	14,176	19,107	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	2.272693	1.144327			.000360	1.344844	.002458	

COST CENTER	DESCRIPTION	PARAMED ED PR GM
		(ASSIGNED TIME)
		24
063 40	OUTPAT SERVICE COST C DR. KINSEY	
063 41	B.HEALTH TIPTON OTHER REIMBURS COST C	
065	AMBULANCE SERVICES NONREIMBURS COST CENT	
096	GIFT, FLOWER, COFFEE	
096 01	FOUNDATION	
098	PHYSICIANS' PRIVATE O	
100	OTHER NONREIMBURSABLE	
100 01	OTHER NONREIMBURSABLE	
100 02	OTHER NONREIMBURSABLE	
100 03	RESIDENTIAL HOMES	
100 04	OTHER NONREIMBURSABLE	
100 05	WEST CAMPUS	
101	CROSS FOOT ADJUSTMENT	
102	NEGATIVE COST CENTER	
103	COST TO BE ALLOCATED	341,148
	(PER WRKSHT B, PART	
104	UNIT COST MULTIPLIER	
	(WRKSHT B, PT I)	3,411.480000
105	COST TO BE ALLOCATED	7,774
	(PER WRKSHT B, PART	
106	UNIT COST MULTIPLIER	
	(WRKSHT B, PT II)	77.740000
107	COST TO BE ALLOCATED	26,898
	(PER WRKSHT B, PART	
108	UNIT COST MULTIPLIER	
	(WRKSHT B, PT III)	268.980000

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
25	INPAT ROUTINE SRVC CNTRS					
26	ADULTS & PEDIATRICS	13,691,293		13,691,293		13,691,293
31	INTENSIVE CARE UNIT	3,884,874		3,884,874		3,884,874
33	SUBPROVIDER	3,436,688		3,436,688		3,436,688
34	NURSERY	1,288,810		1,288,810		1,288,810
37	SKILLED NURSING FACILITY	2,609,495		2,609,495		2,609,495
39	ANCILLARY SRVC COST CNTRS					
40	OPERATING ROOM	4,672,910		4,672,910		4,672,910
41	DELIVERY ROOM & LABOR ROO	1,314,335		1,314,335		1,314,335
41	ANESTHESIOLOGY	24,981		24,981		24,981
41	RADIOLOGY-DIAGNOSTIC	4,227,371		4,227,371		4,227,371
41 02	MAGNETIC RESONANCE IMAGIN	1,270,689		1,270,689		1,270,689
41 03	LITHOTRIPSY	53,830		53,830		53,830
41 04	CARDIAC CATHETERIZATION L	2,711,618		2,711,618		2,711,618
41 05	ONCOLOGY	3,482,781		3,482,781		3,482,781
44	LABORATORY	2,538,595		2,538,595		2,538,595
47	BLOOD STORING, PROCESSING	43,924		43,924		43,924
49	RESPIRATORY THERAPY	3,763,351		3,763,351		3,763,351
50	PHYSICAL THERAPY	965,038		965,038		965,038
53	ELECTROCARDIOLOGY	2,300,526		2,300,526		2,300,526
54	ELECTROENCEPHALOGRAPHY	20,856		20,856		20,856
55	MEDICAL SUPPLIES CHARGED	13,028,590		13,028,590		13,028,590
56	DRUGS CHARGED TO PATIENTS	17,631,569		17,631,569		17,631,569
57	RENAL DIALYSIS	232,106		232,106		232,106
58	ASC (NON-DISTINCT PART)					
58 01	WOUND CARE	731,994		731,994		731,994
61	OUTPAT SERVICE COST CNTRS					
62	EMERGENCY	5,394,078		5,394,078		5,394,078
63	OBSERVATION BEDS (NON-DIS	2,102,144		2,102,144		2,102,144
63	OTHER OUTPATIENT SERVICE					
63 01	GENESIS	4,716,863		4,716,863		4,716,863
63 02	WOMENS CENTER	872,577		872,577		872,577
63 03	FAMILY PRACTICE	1,648,680		1,648,680		1,648,680
63 04	ONCOLOGY CLINIC	1,165,165		1,165,165		1,165,165
63 05						
63 06	FAMILY PRACTICE					
63 07	DIABETIC EDUCATION	123,188		123,188		123,188
63 08	NEW CHOICES					
63 09	OB/GYN	10		10		10
63 10	HOWARD CO CLINIC	676,099		676,099		676,099
63 11	HOWARD CO CSS	1,514,715		1,514,715		1,514,715
63 12	CLINTON COUNTY	1,117,671		1,117,671		1,117,671
63 13	TELEMEDICINE					
63 14	TELEMEDICINE					
63 15	HC&T HAIDER	408,563		408,563		408,563
63 16	DR AROUTINOVA	217,573		217,573		217,573
63 17	OB/GYN GREER	445,635		445,635		445,635
63 18	ONCOLOGY-BECHAR	294,593		294,593		294,593
63 19	CRITICAL CARE PHYSICIANS	609,667		609,667		609,667
63 20	PSYCH DR STEINER					
63 21	PSYCH GOOD HOPE					
63 22	PSYCH DR ERIKA	92,406		92,406		92,406
63 23	PSYCH DR KENNETH	74,841		74,841		74,841
63 24	PSYCH DR DEB	314,468		314,468		314,468
63 25	PSYCH DR M SHEI	84,662		84,662		84,662
63 26	N CENTRAL PED	1,681,831		1,681,831		1,681,831
63 27	CFHC	1,583,447		1,583,447		1,583,447
63 28	PSYCH MEDICATION	399,954		399,954		399,954
63 29	PSYCH PHD CLINIC					
63 30	RUSSIAVILLE OFFICE					
63 31	DR JERRY GREER					
63 32	OTHER OUTPATIENT SERVICE	214,981		214,981		214,981
63 33	DR KOESTER	304,902		304,902		304,902
63 34	OPEN HEART	8,569		8,569		8,569
63 35	DR B. FOGELSON	664,030		664,030		664,030
63 36	ONCOLOGY MOORE	100,560		100,560		100,560
63 37	DR BARROW	234,142		234,142		234,142
63 38	DR. MOUALLA	122,980		122,980		122,980
63 39	DR. SEDAGHAT	95,081		95,081		95,081
63 40	DR. KINSEY	832		832		832
63 41	B.HEALTH TIPTON	162,527		162,527		162,527
65	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	860,723		860,723		860,723
101	SUBTOTAL	112,234,381		112,234,381		112,234,381
102	LESS OBSERVATION BEDS	2,102,144		2,102,144		2,102,144
103	TOTAL	110,132,237		110,132,237		110,132,237

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
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS	13,204,210		13,204,210			
31	INTENSIVE CARE UNIT	3,523,977		3,523,977			
33	SUBPROVIDER	5,890,869		5,890,869			
34	NURSERY						
37	SKILLED NURSING FACILITY	998,164		998,164			
39	ANCILLARY SRVC COST CNTRS						
40	OPERATING ROOM	7,361,627	7,066,275	14,427,902	.323880	.323880	.323880
41	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY	1,454,888	1,083,925	2,538,813	.009840	.009840	.009840
41	RADIOLOGY-DIAGNOSTIC	7,411,346	30,008,188	37,419,534	.112972	.112972	.112972
41	MAGNETIC RESONANCE IMAGIN	853,151	2,718,800	3,571,951	.355741	.355741	.355741
41	LITHOTRIPSY						
41	CARDIAC CATHETERIZATION L	7,473,008	14,453,760	21,926,768	.123667	.123667	.123667
41	ONCOLOGY	229,756	10,178,734	10,408,490	.334610	.334610	.334610
44	LABORATORY	10,006,273	20,949,288	30,955,561	.082008	.082008	.082008
47	BLOOD STORING, PROCESSING	1,021,323	364,177	1,385,500	.031703	.031703	.031703
49	RESPIRATORY THERAPY	6,546,758	8,003,782	14,550,540	.258640	.258640	.258640
50	PHYSICAL THERAPY	1,608,449	123,106	1,731,555	.557324	.557324	.557324
53	ELECTROCARDIOLOGY	2,528,710	1,647,537	4,176,247	.550860	.550860	.550860
54	ELECTROENCEPHALOGRAPHY	153,962	168,453	322,415	.064687	.064687	.064687
55	MEDICAL SUPPLIES CHARGED	15,776,499	8,784,687	24,561,186	.530454	.530454	.530454
56	DRUGS CHARGED TO PATIENTS	9,862,996	17,168,292	27,031,288	.652265	.652265	.652265
57	RENAL DIALYSIS	309,003	12,324	321,327	.722336	.722336	.722336
58	ASC (NON-DISTINCT PART)						
58	WOUND CARE	5,080	1,651,749	1,656,829	.441804	.441804	.441804
61	OUTPAT SERVICE COST CNTRS						
62	EMERGENCY	2,798,479	10,826,750	13,625,229	.395889	.395889	.395889
62	OBSERVATION BEDS (NON-DIS	195,328	1,699,306	1,894,634	1.109525	1.109525	1.109525
63	OTHER OUTPATIENT SERVICE						
63	01 GENESIS	25,381	4,817,316	4,842,697	.974016	.974016	.974016
63	02 WOMENS CENTER	5,212	1,899,951	1,905,163	.458006	.458006	.458006
63	03 FAMILY PRACTICE						
63	04 ONCOLOGY CLINIC						
63	05						
63	06 FAMILY PRACTICE						
63	07 DIABETIC EDUCATION	3,650	62,170	65,820	1.871589	1.871589	1.871589
63	08 NEW CHOICES						
63	09 OB/GYN						
63	10 HOWARD CO CLINIC						
63	11 HOWARD CO CSS	1,648	1,140,084	1,141,732	1.326682	1.326682	1.326682
63	12 CLINTON COUNTY	224	1,671,326	1,671,550	.668643	.668643	.668643
63	13 TELEMEDICINE						
63	14 TELEMEDICINE						
63	15 HC&T HAIDER						
63	16 DR AROUTINOVA						
63	17 OB/GYN GREER						
63	18 ONCOLOGY-BECHAR						
63	19 CRITICAL CARE PHYSICIANS						
63	20 PSYCH DR STEINER						
63	21 PSYCH GOOD HOPE						
63	22 PSYCH DR ERIKA	14,040	208,570	222,610	.415103	.415103	.415103
63	23 PSYCH DR KENNETH	435	178	613	122.089723	122.089723	122.089723
63	24 PSYCH DR DEB	42,622	252,087	294,709	1.067046	1.067046	1.067046
63	25 PSYCH DR M SHEI	26,040	336,329	362,369	.233635	.233635	.233635
63	26 N CENTRAL PED						
63	27 CFHC						
63	28 PSYCH MEDICATION	483	955,341	955,824	.418439	.418439	.418439
63	29 PSYCH PHD CLINIC						
63	30 RUSSIAVILLE OFFICE						
63	31 DR JERRY GREER						
63	32 OTHER OUTPATIENT SERVICE						
63	33 DR KOESTER						
63	34 OPEN HEART						
63	35 DR B. FOGELSON						
63	36 ONCOLOGY MOORE						
63	37 DR BARROW						
63	38 DR. MOUALLA						
63	39 DR. SEDAGHAT						
63	40 DR. KINSEY						
63	41 B.HEALTH TIPTON		143,975	143,975	1.128856	1.128856	1.128856
65	OTHER REIMBURS COST CNTRS						
101	AMBULANCE SERVICES	438	975,235	975,673	.882184	.882184	.882184
102	SUBTOTAL	99,334,029	149,371,695	248,705,724			
103	LESS OBSERVATION BEDS						
103	TOTAL	99,334,029	149,371,695	248,705,724			

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						
37	OPERATING ROOM	4,672,910	698,337	3,974,573			4,672,910
39	DELIVERY ROOM & LABOR ROO	1,314,335	240,721	1,073,614			1,314,335
40	ANESTHESIOLOGY	24,981	5,438	19,543			24,981
41	RADIOLOGY-DIAGNOSTIC	4,227,371	499,469	3,727,902			4,227,371
41 02	MAGNETIC RESONANCE IMAGIN	1,270,689	18,472	1,252,217			1,270,689
41 03	LITHOTRIPSY	53,830	1,533	52,297			53,830
41 04	CARDIAC CATHETERIZATION L	2,711,618	128,379	2,583,239			2,711,618
41 05	ONCOLOGY	3,482,781	457,465	3,025,316			3,482,781
44	LABORATORY	2,538,595	227,130	2,311,465			2,538,595
47	BLOOD STORING, PROCESSING	43,924	12,000	31,924			43,924
49	RESPIRATORY THERAPY	3,763,351	216,733	3,546,618			3,763,351
50	PHYSICAL THERAPY	965,038	88,611	876,427			965,038
53	ELECTROCARDIOLOGY	2,300,526	43,365	2,257,161			2,300,526
54	ELECTROENCEPHALOGRAPHY	20,856	11,283	9,573			20,856
55	MEDICAL SUPPLIES CHARGED	13,028,590	294,688	12,733,902			13,028,590
56	DRUGS CHARGED TO PATIENTS	17,631,569	305,816	17,325,753			17,631,569
57	RENAL DIALYSIS	232,106	3,252	228,854			232,106
58	ASC (NON-DISTINCT PART)						
58 01	WOUND CARE	731,994	82,383	649,611			731,994
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	5,394,078	905,067	4,489,011			5,394,078
62	OBSERVATION BEDS (NON-DIS	2,102,144	229,680	1,872,464			2,102,144
63	OTHER OUTPATIENT SERVICE						
63 01	GENESIS	4,716,863	1,414,462	3,302,401			4,716,863
63 02	WOMENS CENTER	872,577	103,528	769,049			872,577
63 03	FAMILY PRACTICE	1,648,680	22,254	1,626,426			1,648,680
63 04	ONCOLOGY CLINIC	1,165,165	15,728	1,149,437			1,165,165
63 05							
63 06	FAMILY PRACTICE						
63 07	DIABETIC EDUCATION	123,188	2,085	121,103			123,188
63 08	NEW CHOICES						
63 09	OB/GYN	10		10			10
63 10	HOWARD CO CLINIC	676,099	418,480	257,619			676,099
63 11	HOWARD CO CSS	1,514,715	369,650	1,145,065			1,514,715
63 12	CLINTON COUNTY	1,117,671	16,426	1,101,245			1,117,671
63 13	TELEMEDICINE						
63 14	TELEMEDICINE						
63 15	HC&T HAIDER	408,563	5,515	403,048			408,563
63 16	DR AROUTINOVA	217,573	2,937	214,636			217,573
63 17	OB/GYN GREER	445,635	6,015	439,620			445,635
63 18	ONCOLOGY-BECHAR	294,593	3,977	290,616			294,593
63 19	CRITICAL CARE PHYSICIANS	609,667	8,229	601,438			609,667
63 20	PSYCH DR STEINER						
63 21	PSYCH GOOD HOPE						
63 22	PSYCH DR ERIKA	92,406	1,330	91,076			92,406
63 23	PSYCH DR KENNETH	74,841	1,011	73,830			74,841
63 24	PSYCH DR DEB	314,468	4,354	310,114			314,468
63 25	PSYCH DR M SHEI	84,662	1,276	83,386			84,662
63 26	N CENTRAL PED	1,681,831	22,702	1,659,129			1,681,831
63 27	CFHC	1,583,447	372,097	1,211,350			1,583,447
63 28	PSYCH MEDICATION	399,954	5,751	394,203			399,954
63 29	PSYCH PHD CLINIC						
63 30	RUSSIAVILLE OFFICE						
63 31	DR JERRY GREER						
63 32	OTHER OUTPATIENT SERVICE	214,981	2,902	212,079			214,981
63 33	DR KOESTER	304,902	4,116	300,786			304,902
63 34	OPEN HEART	8,569	116	8,453			8,569
63 35	DR B. FOGELSON	664,030	8,963	655,067			664,030
63 36	ONCOLOGY MOORE	100,560	1,357	99,203			100,560
63 37	DR BARROW	234,142	3,161	230,981			234,142
63 38	DR. MOUALLA	122,980	1,660	121,320			122,980
63 39	DR. SEDAGHAT	95,081	1,284	93,797			95,081
63 40	DR. KINSEY	832	12	820			832
63 41	B.HEALTH TIPTON	162,527	2,310	160,217			162,527
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	860,723	78,617	782,106			860,723
101	SUBTOTAL	87,323,221	7,372,127	79,951,094			87,323,221
102	LESS OBSERVATION BEDS	2,102,144	229,680	1,872,464			2,102,144
103	TOTAL	85,221,077	7,142,447	78,078,630			85,221,077

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
39	OPERATING ROOM	14,427,902	.323880	.323880
40	DELIVERY ROOM & LABOR ROO			
41	ANESTHESIOLOGY	2,538,813	.009840	.009840
41	RADIOLOGY-DIAGNOSTIC	37,419,534	.112972	.112972
41 02	MAGNETIC RESONANCE IMAGIN	3,571,951	.355741	.355741
41 03	LITHOTRIPSY			
41 04	CARDIAC CATHETERIZATION L	21,926,768	.123667	.123667
41 05	ONCOLOGY	10,408,490	.334610	.334610
44	LABORATORY	30,955,561	.082008	.082008
47	BLOOD STORING, PROCESSING	1,385,500	.031703	.031703
49	RESPIRATORY THERAPY	14,550,540	.258640	.258640
50	PHYSICAL THERAPY	1,731,555	.557324	.557324
53	ELECTROCARDIOLOGY	4,176,247	.550860	.550860
54	ELECTROENCEPHALOGRAPHY	322,415	.064687	.064687
55	MEDICAL SUPPLIES CHARGED	24,561,186	.530454	.530454
56	DRUGS CHARGED TO PATIENTS	27,031,288	.652265	.652265
57	RENAL DIALYSIS	321,327	.722336	.722336
58	ASC (NON-DISTINCT PART)			
58 01	WOUND CARE	1,656,829	.441804	.441804
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	13,625,229	.395889	.395889
62	OBSERVATION BEDS (NON-DIS	1,894,634	1.109525	1.109525
63	OTHER OUTPATIENT SERVICE			
63 01	GENESIS	4,842,697	.974016	.974016
63 02	WOMENS CENTER	1,905,163	.458006	.458006
63 03	FAMILY PRACTICE			
63 04	ONCOLOGY CLINIC			
63 05				
63 06	FAMILY PRACTICE			
63 07	DIABETIC EDUCATION	65,820	1.871589	1.871589
63 08	NEW CHOICES			
63 09	OB/GYN			
63 10	HOWARD CO CLINIC			
63 11	HOWARD CO CSS	1,141,732	1.326682	1.326682
63 12	CLINTON COUNTY	1,671,550	.668643	.668643
63 13	TELEMEDICINE			
63 14	TELEMEDICINE			
63 15	HC&T HAIDER			
63 16	DR AROUTINOVA			
63 17	OB/GYN GREER			
63 18	ONCOLOGY-BECHAR			
63 19	CRITICAL CARE PHYSICIANS			
63 20	PSYCH DR STEINER			
63 21	PSYCH GOOD HOPE			
63 22	PSYCH DR ERIKA	222,610	.415103	.415103
63 23	PSYCH DR KENNETH	613	122.089723	122.089723
63 24	PSYCH DR DEB	294,709	1.067046	1.067046
63 25	PSYCH DR M SHEI	362,369	.233635	.233635
63 26	N CENTRAL PED			
63 27	CFHC			
63 28	PSYCH MEDICATION	955,824	.418439	.418439
63 29	PSYCH PHD CLINIC			
63 30	RUSSIAVILLE OFFICE			
63 31	DR JERRY GREER			
63 32	OTHER OUTPATIENT SERVICE			
63 33	DR KOESTER			
63 34	OPEN HEART			
63 35	DR B. FOGELSON			
63 36	ONCOLOGY MOORE			
63 37	DR BARROW			
63 38	DR. MOUALLA			
63 39	DR. SEDAGHAT			
63 40	DR. KINSEY			
63 41	B.HEALTH TIPTON	143,975	1.128856	1.128856
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	975,673	.882184	.882184
101	SUBTOTAL	225,088,504		
102	LESS OBSERVATION BEDS	1,894,634		
103	TOTAL	223,193,870		

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						
37	OPERATING ROOM	4,672,910	698,337	3,974,573	69,834	230,525	4,372,551
39	DELIVERY ROOM & LABOR ROO	1,314,335	240,721	1,073,614	24,072	62,270	1,227,993
40	ANESTHESIOLOGY	24,981	5,438	19,543	544	1,133	23,304
41	RADIOLOGY-DIAGNOSTIC	4,227,371	499,469	3,727,902	49,947	216,218	3,961,206
41 02	MAGNETIC RESONANCE IMAGIN	1,270,689	18,472	1,252,217	1,847	72,629	1,196,213
41 03	LITHOTRIPSY	53,830	1,533	52,297	153	3,033	50,644
41 04	CARDIAC CATHETERIZATION L	2,711,618	128,379	2,583,239	12,838	149,828	2,548,952
41 05	ONCOLOGY	3,482,781	457,465	3,025,316	45,747	175,468	3,261,566
44	LABORATORY	2,538,595	227,130	2,311,465	22,713	134,065	2,381,817
47	BLOOD STORING, PROCESSING	43,924	12,000	31,924	1,200	1,852	40,872
49	RESPIRATORY THERAPY	3,763,351	216,733	3,546,618	21,673	205,704	3,535,974
50	PHYSICAL THERAPY	965,038	88,611	876,427	8,861	50,833	905,344
53	ELECTROCARDIOLOGY	2,300,526	43,365	2,257,161	4,337	130,915	2,165,274
54	ELECTROENCEPHALOGRAPHY	20,856	11,283	9,573	1,128	555	19,173
55	MEDICAL SUPPLIES CHARGED	13,028,590	294,688	12,733,902	29,469	738,566	12,260,555
56	DRUGS CHARGED TO PATIENTS	17,631,569	305,816	17,325,753	30,582	1,004,894	16,596,093
57	RENAL DIALYSIS	232,106	3,252	228,854	325	13,274	218,507
58	ASC (NON-DISTINCT PART)						
58 01	WOUND CARE	731,994	82,383	649,611	8,238	37,677	686,079
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	5,394,078	905,067	4,489,011	90,507	260,363	5,043,208
62	OBSERVATION BEDS (NON-DIS	2,102,144	229,680	1,872,464	22,968	108,603	1,970,573
63	OTHER OUTPATIENT SERVICE						
63 01	GENESIS	4,716,863	1,414,462	3,302,401	141,446	191,539	4,383,878
63 02	WOMENS CENTER	872,577	103,528	769,049	10,353	44,605	817,619
63 03	FAMILY PRACTICE	1,648,680	22,254	1,626,426	2,225	94,333	1,552,122
63 04	ONCOLOGY CLINIC	1,165,165	15,728	1,149,437	1,573	66,667	1,096,925
63 05							
63 06	FAMILY PRACTICE						
63 07	DIABETIC EDUCATION	123,188	2,085	121,103	209	7,024	115,955
63 08	NEW CHOICES						
63 09	OB/GYN	10		10		1	9
63 10	HOWARD CO CLINIC	676,099	418,480	257,619	41,848	14,942	619,309
63 11	HOWARD CO CSS	1,514,715	369,650	1,145,065	36,965	66,414	1,411,336
63 12	CLINTON COUNTY	1,117,671	16,426	1,101,245	1,643	63,872	1,052,156
63 13	TELEMEDICINE						
63 14	TELEMEDICINE						
63 15	HC&T HAIDER	408,563	5,515	403,048	552	23,377	384,634
63 16	DR AROUTINOVA	217,573	2,937	214,636	294	12,449	204,830
63 17	OB/GYN GREER	445,635	6,015	439,620	602	25,498	419,535
63 18	ONCOLOGY-BECHAR	294,593	3,977	290,616	398	16,856	277,339
63 19	CRITICAL CARE PHYSICIANS	609,667	8,229	601,438	823	34,883	573,961
63 20	PSYCH DR STEINER						
63 21	PSYCH GOOD HOPE						
63 22	PSYCH DR ERIKA	92,406	1,330	91,076	133	5,282	86,991
63 23	PSYCH DR KENNETH	74,841	1,011	73,830	101	4,282	70,458
63 24	PSYCH DR DEB	314,468	4,354	310,114	435	17,987	296,046
63 25	PSYCH DR M SHEI	84,662	1,276	83,386	128	4,836	79,698
63 26	N CENTRAL PED	1,681,831	22,702	1,659,129	2,270	96,229	1,583,332
63 27	CFHC	1,583,447	372,097	1,211,350	37,210	70,258	1,475,979
63 28	PSYCH MEDICATION	399,954	5,751	394,203	575	22,864	376,515
63 29	PSYCH PHD CLINIC						
63 30	RUSSIAVILLE OFFICE						
63 31	DR JERRY GREER						
63 32	OTHER OUTPATIENT SERVICE	214,981	2,902	212,079	290	12,301	202,390
63 33	DR KOESTER	304,902	4,116	300,786	412	17,446	287,044
63 34	OPEN HEART	8,569	116	8,453	12	490	8,067
63 35	DR B. FOGELSON	664,030	8,963	655,067	896	37,994	625,140
63 36	ONCOLOGY MOORE	100,560	1,357	99,203	136	5,754	94,670
63 37	DR BARROW	234,142	3,161	230,981	316	13,397	220,429
63 38	DR. MOJALLA	122,980	1,660	121,320	166	7,037	115,777
63 39	DR. SEDAGHAT	95,081	1,284	93,797	128	5,440	89,513
63 40	DR. KINSEY	832	12	820	1	48	783
63 41	B. HEALTH TIPTON	162,527	2,310	160,217	231	9,293	153,003
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	860,723	78,617	782,106	7,862	45,362	807,499
101	SUBTOTAL	87,323,221	7,372,127	79,951,094	737,216	4,637,165	81,948,840
102	LESS OBSERVATION BEDS	2,102,144	229,680	1,872,464	22,968	108,603	1,970,573
103	TOTAL	85,221,077	7,142,447	78,078,630	714,248	4,528,562	79,978,267

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
39	OPERATING ROOM	14,427,902	.303062	.319040
40	DELIVERY ROOM & LABOR ROO			
41	ANESTHESIOLOGY	2,538,813	.009179	.009625
41	RADIOLOGY-DIAGNOSTIC	37,419,534	.105859	.111638
41 02	MAGNETIC RESONANCE IMAGIN	3,571,951	.334891	.355224
41 03	LITHOTRIPSY			
41 04	CARDIAC CATHETERIZATION L	21,926,768	.116248	.123082
41 05	ONCOLOGY	10,408,490	.313356	.330214
44	LABORATORY	30,955,561	.076943	.081274
47	BLOOD STORING, PROCESSING	1,385,500	.029500	.030837
49	RESPIRATORY THERAPY	14,550,540	.243013	.257150
50	PHYSICAL THERAPY	1,731,555	.522850	.552207
53	ELECTROCARDIOLOGY	4,176,247	.518474	.549821
54	ELECTROENCEPHALOGRAPHY	322,415	.059467	.061188
55	MEDICAL SUPPLIES CHARGED	24,561,186	.499184	.529255
56	DRUGS CHARGED TO PATIENTS	27,031,288	.613959	.651134
57	RENAL DIALYSIS	321,327	.680014	.721324
58	ASC (NON-DISTINCT PART)			
58 01	WOUND CARE	1,656,829	.414092	.436832
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	13,625,229	.370137	.389246
62	OBSERVATION BEDS (NON-DIS	1,894,634	1.040081	1.097402
63	OTHER OUTPATIENT SERVICE			
63 01	GENESIS	4,842,697	.905255	.944808
63 02	WOMENS CENTER	1,905,163	.429160	.452572
63 03	FAMILY PRACTICE			
63 04	ONCOLOGY CLINIC			
63 05				
63 06	FAMILY PRACTICE			
63 07	DIABETIC EDUCATION	65,820	1.761699	1.868414
63 08	NEW CHOICES			
63 09	OB/GYN			
63 10	HOWARD CO CLINIC			
63 11	HOWARD CO CSS	1,141,732	1.236136	1.294305
63 12	CLINTON COUNTY	1,671,550	.629449	.667661
63 13	TELEMEDICINE			
63 14	TELEMEDICINE			
63 15	HC&T HAIDER			
63 16	DR AROUTINOVA			
63 17	OB/GYN GREER			
63 18	ONCOLOGY-BECHAR			
63 19	CRITICAL CARE PHYSICIANS			
63 20	PSYCH DR STEINER			
63 21	PSYCH GOOD HOPE			
63 22	PSYCH DR ERIKA	222,610	.390778	.414505
63 23	PSYCH DR KENNETH	613	114.939641	121.924959
63 24	PSYCH DR DEB	294,709	1.004537	1.065570
63 25	PSYCH DR M SHEI	362,369	.219936	.233282
63 26	N CENTRAL PED			
63 27	CFHC			
63 28	PSYCH MEDICATION	955,824	.393917	.417837
63 29	PSYCH PHD CLINIC			
63 30	RUSSTAVILLE OFFICE			
63 31	DR JERRY GREER			
63 32	OTHER OUTPATIENT SERVICE			
63 33	DR KOESTER			
63 34	OPEN HEART			
63 35	DR B. FOGELSON			
63 36	ONCOLOGY MOORE			
63 37	DR BARROW			
63 38	DR. MOUALLA			
63 39	DR. SEDAGHAT			
63 40	DR. KINSEY			
63 41	B.HEALTH TIPTON	143,975	1.062705	1.127251
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	975,673	.827633	.874126
101	SUBTOTAL	225,088,504		
102	LESS OBSERVATION BEDS	1,894,634		
103	TOTAL	223,193,870		

WKST A LINE NO.	COST CENTER DESCRIPTION	----- CAPITAL REL COST (B, II) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	----- REDUCED CAP RELATED COST 3	----- CAPITAL REL COST (B, III) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	----- REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS	335,503		335,503	1,160,410		1,160,410
26	ADULTS & PEDIATRICS	62,667		62,667	216,864		216,864
31	INTENSIVE CARE UNIT	131,706		131,706	199,978		199,978
33	SUBPROVIDER	18,057		18,057	62,512		62,512
101	NURSERY	547,933		547,933	1,639,764		1,639,764
	TOTAL						

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	21,102	9,612	15.90	152,831	54.99	528,564
26	INTENSIVE CARE UNIT	2,605	2,471	24.06	59,452	83.25	205,711
31	SUBPROVIDER	5,871	1,815	22.43	40,710	34.06	61,819
33	NURSERY	1,890		9.55		33.08	
101	TOTAL	31,468	13,898		252,993		796,094

TITLE XVIII, PART A		HOSPITAL		PPS			
WKST A	COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL	INPAT PROGRAM	OLD CAPITAL	
LINE NO.		RELATED COST	RELATED COST	CHARGES	CHARGES	RATIO	COSTS
		1	2	3	4	5	6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	156,628	541,709	14,427,902	5,098,651	.010856	55,351
39	DELIVERY ROOM & LABOR ROO	53,987	186,734				
40	ANESTHESIOLOGY	1,220	4,218	2,538,813	674,259	.000481	324
41	RADIOLOGY-DIAGNOSTIC	113,469	386,000	37,419,534	5,912,753	.003032	17,927
41 02	MAGNETIC RESONANCE IMAGIN	4,125	14,347	3,571,951	460,385	.001155	532
41 03	LITHOTRIPSY	346	1,187				
41 04	CARDIAC CATHETERIZATION L	28,771	99,608	21,926,768	2,212,098	.001312	2,902
41 05	ONCOLOGY	102,582	354,883	10,408,490	96,012	.009856	946
44	LABORATORY	53,317	173,813	30,955,561	6,708,339	.001722	11,552
47	BLOOD STORING, PROCESSING	2,691	9,309	1,385,500		.001942	
49	RESPIRATORY THERAPY	48,570	168,163	14,550,540	6,192,528	.003338	20,671
50	PHYSICAL THERAPY	19,866	68,745	1,731,555	735,855	.011473	8,442
53	ELECTROCARDIOLOGY	9,694	33,671	4,176,247	507,770	.002321	1,179
54	ELECTROENCEPHALOGRAPHY	2,531	8,752	322,415	86,496	.007850	679
55	MEDICAL SUPPLIES CHARGED	65,919	228,769	24,561,186	9,437,693	.002684	25,331
56	DRUGS CHARGED TO PATIENTS	68,376	237,440	27,031,288	6,922,659	.002530	17,514
57	RENAL DIALYSIS	726	2,526	321,327	231,081	.002259	522
58	ASC (NON-DISTINCT PART)						
58 01	WOUND CARE	18,472	63,911	1,656,829		.011149	
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	202,989	702,078	13,625,229	1,160,267	.014898	17,286
62	OBSERVATION BEDS (NON-DIS	51,513	178,167	1,894,634	166,083	.027189	4,516
63	OTHER OUTPATIENT SERVICE						
63 01	GENESIS	310,176	1,104,286	4,842,697		.064050	
63 02	WOMENS CENTER	23,218	80,310	1,905,163		.012187	
63 03	FAMILY PRACTICE	4,968	17,286				
63 04	ONCOLOGY CLINIC	3,511	12,217				
63 05							
63 06	FAMILY PRACTICE						
63 07	DIABETIC EDUCATION	466	1,619	65,820	2,300	.007080	16
63 08	NEW CHOICES						
63 09	OB/GYN						
63 10	HOWARD CO CLINIC	93,879	324,601				
63 11	HOWARD CO CSS	82,911	286,739	1,141,732		.072619	
63 12	CLINTON COUNTY	3,668	12,758	1,671,550		.002194	
63 13	TELEMEDICINE						
63 14	TELEMEDICINE						
63 15	HC&T HAIDER	1,231	4,284				
63 16	DR AROUTINOVA	656	2,281				
63 17	OB/GYN GREER	1,343	4,672				
63 18	ONCOLOGY-BECHAR	888	3,089				
63 19	CRITICAL CARE PHYSICIANS	1,837	6,392				
63 20	PSYCH DR STEINER						
63 21	PSYCH GOOD HOPE						
63 22	PSYCH DR ERIKA	297	1,033	222,610		.001334	
63 23	PSYCH DR KENNETH	226	785	613		.368679	
63 24	PSYCH DR DEB	972	3,382	294,709		.003298	
63 25	PSYCH DR M SHEI	285	991	362,369		.000786	
63 26	N CENTRAL PED	5,068	17,634				
63 27	CFHC	83,467	288,630				
63 28	PSYCH MEDICATION	1,284	4,467	955,824		.001343	
63 29	PSYCH PHD CLINIC						
63 30	RUSSIAVILLE OFFICE						
63 31	DR JERRY GREER						
63 32	OTHER OUTPATIENT SERVICE	648	2,254				
63 33	DR KOESTER	919	3,197				
63 34	OPEN HEART	26	90				
63 35	DR B. FOGELSON	2,001	6,962				
63 36	ONCOLOGY MOORE	303	1,054				
63 37	DR BARROW	706	2,455				
63 38	DR. MOUALLA	371	1,289				
63 39	DR. SEDAGHAT	287	997				
63 40	DR. KINSEY	3	9				
63 41	B.HEALTH TIPTON	516	1,794	143,975		.003584	
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	1,631,923	5,661,587	224,112,831	46,605,229		185,690

TITLE XVIII, PART A		HOSPITAL	
WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG	RATIO COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.037546	191,434
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY	.001661	1,120
41	RADIOLOGY-DIAGNOSTIC	.010315	60,990
41 02	MAGNETIC RESONANCE IMAGIN	.004017	1,849
41 03	LITHOTRIPSY		
41 04	CARDIAC CATHETERIZATION L	.004543	10,050
41 05	ONCOLOGY	.034096	3,274
44	LABORATORY	.005615	37,667
47	BLOOD STORING, PROCESSING	.006719	
49	RESPIRATORY THERAPY	.011557	71,567
50	PHYSICAL THERAPY	.039701	29,214
53	ELECTROCARDIOLOGY	.008063	4,094
54	ELECTROENCEPHALOGRAPHY	.027145	2,348
55	MEDICAL SUPPLIES CHARGED	.009314	87,903
56	DRUGS CHARGED TO PATIENTS	.008784	60,809
57	RENAL DIALYSIS	.007861	1,817
58	ASC (NON-DISTINCT PART)		
58 01	WOUND CARE	.038574	
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.051528	59,786
62	OBSERVATION BEDS (NON-DIS	.094038	15,618
63	OTHER OUTPATIENT SERVICE		
63 01	GENESIS	.228031	
63 02	WOMENS CENTER	.042154	
63 03	FAMILY PRACTICE		
63 04	ONCOLOGY CLINIC		
63 05			
63 06	FAMILY PRACTICE		
63 07	DIABETIC EDUCATION	.024597	57
63 08	NEW CHOICES		
63 09	OB/GYN		
63 10	HOWARD CO CLINIC		
63 11	HOWARD CO CSS	.251144	
63 12	CLINTON COUNTY	.007632	
63 13	TELEMEDICINE		
63 14	TELEMEDICINE		
63 15	HC&T HAIDER		
63 16	DR AROUTINOVA		
63 17	OB/GYN GREER		
63 18	ONCOLOGY-BECHAR		
63 19	CRITICAL CARE PHYSICIANS		
63 20	PSYCH DR STEINER		
63 21	PSYCH GOOD HOPE		
63 22	PSYCH DR ERIKA	.004640	
63 23	PSYCH DR KENNETH	1.280587	
63 24	PSYCH DR DEB	.011476	
63 25	PSYCH DR M SHEI	.002735	
63 26	N CENTRAL PED		
63 27	CFHC		
63 28	PSYCH MEDICATION	.004673	
63 29	PSYCH PHD CLINIC		
63 30	RUSSIAVILLE OFFICE		
63 31	DR JERRY GREER		
63 32	OTHER OUTPATIENT SERVICE		
63 33	DR KOESTER		
63 34	OPEN HEART		
63 35	DR B. FOGELSON		
63 36	ONCOLOGY MOORE		
63 37	DR BARROW		
63 38	DR. MOJALLA		
63 39	DR. SEDAGHAT		
63 40	DR. KINSEY		
63 41	B.HEALTH TIPTON	.012460	
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		639,597

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR HOWARD REGIONAL HEALTH SYSTEM IN LIEU OF FORM CMS-2552-96(11/1998)

APPORTIONMENT OF INPATIENT ROUTINE I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 SERVICE OTHER PASS THROUGH COSTS I 15-0007 I FROM 1/ 1/2007 I WORKSHEET D
 TITLE XVIII, PART A I I TO 12/31/2007 I PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS			341,148			341,148
31	INTENSIVE CARE UNIT						
33	SUBPROVIDER						
34	NURSERY						
101	SKILLED NURSING FACILITY						
	TOTAL			341,148			341,148

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	21,102	16.17	9,612	155,426
26	INTENSIVE CARE UNIT	2,605		2,471	
31	SUBPROVIDER	5,871		1,815	
33	NURSERY	1,890			
34	SKILLED NURSING FACILITY	3,850		3,253	
101	TOTAL	35,318		17,151	155,426

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 02	MAGNETIC RESONANCE IMAGIN						
41 03	LITHOTRIPSY						
41 04	CARDIAC CATHETERIZATION L						
41 05	ONCOLOGY						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
58 01	WOUND CARE						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE				52,379		
63 01	GENESIS						
63 02	WOMENS CENTER						
63 03	FAMILY PRACTICE						
63 04	ONCOLOGY CLINIC						
63 05							
63 06	FAMILY PRACTICE						
63 07	DIABETIC EDUCATION						
63 08	NEW CHOICES						
63 09	OB/GYN						
63 10	HOWARD CO CLINIC						
63 11	HOWARD CO CSS						
63 12	CLINTON COUNTY						
63 13	TELEMEDICINE						
63 14	TELEMEDICINE						
63 15	HC&T HAIDER						
63 16	DR AROUTINOVA						
63 17	OB/GYN GREER						
63 18	ONCOLOGY-BECHAR						
63 19	CRITICAL CARE PHYSICIANS						
63 20	PSYCH DR STEINER						
63 21	PSYCH GOOD HOPE						
63 22	PSYCH DR ERIKA						
63 23	PSYCH DR KENNETH						
63 24	PSYCH DR DEB						
63 25	PSYCH DR M SHEI						
63 26	N CENTRAL PED						
63 27	CFHC						
63 28	PSYCH MEDICATION						
63 29	PSYCH PHD CLINIC						
63 30	RUSSIAVILLE OFFICE						
63 31	DR JERRY GREER						
63 32	OTHER OUTPATIENT SERVICE						
63 33	DR KOESTER						
63 34	OPEN HEART						
63 35	DR B. FOGELSON						
63 36	ONCOLOGY MOORE						
63 37	DR BARROW						
63 38	DR. MOJALLA						
63 39	DR. SEDAGHAT						
63 40	DR. KINSEY						
63 41	B.HEALTH TIPTON						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL				52,379		

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			14,427,902			5,098,651	
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY			2,538,813			674,259	
41	RADIOLOGY-DIAGNOSTIC			37,419,534			5,912,753	
41 02	MAGNETIC RESONANCE IMAGIN			3,571,951			460,385	
41 03	LITHOTRIPSY							
41 04	CARDIAC CATHETERIZATION L			21,926,768			2,212,098	
41 05	ONCOLOGY			10,408,490			96,012	
44	LABORATORY			30,955,561			6,708,339	
47	BLOOD STORING, PROCESSING			1,385,500				
49	RESPIRATORY THERAPY			14,550,540			6,192,528	
50	PHYSICAL THERAPY			1,731,555			735,855	
53	ELECTROCARDIOLOGY			4,176,247			507,770	
54	ELECTROENCEPHALOGRAPHY			322,415			86,496	
55	MEDICAL SUPPLIES CHARGED			24,561,186			9,437,693	
56	DRUGS CHARGED TO PATIENTS			27,031,288			6,922,659	
57	RENAL DIALYSIS			321,327			231,081	
58	ASC (NON-DISTINCT PART)							
58 01	WOUND CARE			1,656,829				
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			13,625,229			1,160,267	
62	OBSERVATION BEDS (NON-DIS	52,379	52,379	1,894,634	.027646	.027646	166,083	4,592
63	OTHER OUTPATIENT SERVICE							
63 01	GENESIS			4,842,697				
63 02	WOMENS CENTER			1,905,163				
63 03	FAMILY PRACTICE							
63 04	ONCOLOGY CLINIC							
63 05								
63 06	FAMILY PRACTICE							
63 07	DIABETIC EDUCATION			65,820			2,300	
63 08	NEW CHOICES							
63 09	OB/GYN							
63 10	HOWARD CO CLINIC							
63 11	HOWARD CO CSS			1,141,732				
63 12	CLINTON COUNTY			1,671,550				
63 13	TELEMEDICINE							
63 14	TELEMEDICINE							
63 15	HC&T HAIDER							
63 16	DR AROUTINOVA							
63 17	OB/GYN GREER							
63 18	ONCOLOGY-BECHAR							
63 19	CRITICAL CARE PHYSICIANS							
63 20	PSYCH DR STEINER							
63 21	PSYCH GOOD HOPE							
63 22	PSYCH DR ERIKA			222,610				
63 23	PSYCH DR KENNETH			613				
63 24	PSYCH DR DEB			294,709				
63 25	PSYCH DR M SHEI			362,369				
63 26	N CENTRAL PED							
63 27	CFHC							
63 28	PSYCH MEDICATION			955,824				
63 29	PSYCH PHD CLINIC							
63 30	RUSSIAVILLE OFFICE							
63 31	DR JERRY GREER							
63 32	OTHER OUTPATIENT SERVICE							
63 33	DR KOESTER							
63 34	OPEN HEART							
63 35	DR B. FOGELSON							
63 36	ONCOLOGY MOORE							
63 37	DR BARROW							
63 38	DR. MOUALLA							
63 39	DR. SEDAGHAT							
63 40	DR. KINSEY							
63 41	B.HEALTH TIPTON			143,975				
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	52,379	52,379	224,112,831			46,605,229	4,592

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
39	OPERATING ROOM	3,301,213					
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY	160,926					
41	RADIOLOGY-DIAGNOSTIC	9,688,910					
41 02	MAGNETIC RESONANCE IMAGIN	8,838					
41 03	LITHOTRIPSY	109,331					
41 04	CARDIAC CATHETERIZATION L	2,200,905					
41 05	ONCOLOGY	5,102,301					
44	LABORATORY	266,124					
47	BLOOD STORING, PROCESSING	204,240					
49	RESPIRATORY THERAPY	4,217,679					
50	PHYSICAL THERAPY	92					
53	ELECTROCARDIOLOGY	598,607					
54	ELECTROENCEPHALOGRAPHY	38,862					
55	MEDICAL SUPPLIES CHARGED	2,379,599					
56	DRUGS CHARGED TO PATIENTS	10,170,556					
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
58 01	WOUND CARE						
61	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	1,513,856					
62	OBSERVATION BEDS (NON-DIS	513,795			14,204		
63	OTHER OUTPATIENT SERVICE						
63 01	GENESIS	903,181					
63 02	WOMENS CENTER						
63 03	FAMILY PRACTICE						
63 04	ONCOLOGY CLINIC						
63 05							
63 06	FAMILY PRACTICE						
63 07	DIABETIC EDUCATION						
63 08	NEW CHOICES						
63 09	OB/GYN						
63 10	HOWARD CO CLINIC						
63 11	HOWARD CO CSS						
63 12	CLINTON COUNTY	5,945					
63 13	TELEMEDICINE						
63 14	TELEMEDICINE						
63 15	HC&T HAIDER						
63 16	DR AROUTINOVA						
63 17	OB/GYN GREER						
63 18	ONCOLOGY-BECHAR						
63 19	CRITICAL CARE PHYSICIANS						
63 20	PSYCH DR STEINER						
63 21	PSYCH GOOD HOPE						
63 22	PSYCH DR ERIKA						
63 23	PSYCH DR KENNETH						
63 24	PSYCH DR DEB						
63 25	PSYCH DR M SHEI						
63 26	N CENTRAL PED						
63 27	CFHC						
63 28	PSYCH MEDICATION						
63 29	PSYCH PHD CLINIC						
63 30	RUSSEVILLE OFFICE						
63 31	DR JERRY GREER						
63 32	OTHER OUTPATIENT SERVICE						
63 33	DR KOESTER						
63 34	OPEN HEART						
63 35	DR B. FOGELSON						
63 36	ONCOLOGY MOORE						
63 37	DR BARROW						
63 38	DR. MOUALLA						
63 39	DR. SEDAGHAT						
63 40	DR. KINSEY						
63 41	B.HEALTH TIPTON						
65	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	41,384,960			14,204		

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory surgical ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.323880	.323880			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY	.009840	.009840			
41 RADIOLOGY-DIAGNOSTIC	.112972	.112972			
41 02 MAGNETIC RESONANCE IMAGING (MRI)	.355741	.355741			
41 03 LITHOTRIPSY					
41 04 CARDIAC CATHETERIZATION LABORATORY	.123667	.123667			
41 05 ONCOLOGY LABORATORY	.334610	.334610			
44 LABORATORY	.082008	.082008			
47 BLOOD STORING, PROCESSING & TRANS.	.031703	.031703			
49 RESPIRATORY THERAPY	.258640	.258640			
50 PHYSICAL THERAPY	.557324	.557324			
53 ELECTROCARDIOLOGY	.550860	.550860			
54 ELECTROENCEPHALOGRAPHY	.064687	.064687			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.530454	.530454			
56 DRUGS CHARGED TO PATIENTS	.652265	.652265			
57 RENAL DIALYSIS	.722336	.722336			
58 ASC (NON-DISTINCT PART)					
58 01 WOUND CARE	.441804	.441804			
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY	.395889	.395889			
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.109525	1.109525			
63 OTHER OUTPATIENT SERVICE					
63 01 GENESIS	.974016	.974016			
63 02 WOMENS CENTER	.458006	.458006			
63 03 FAMILY PRACTICE					
63 04 ONCOLOGY CLINIC					
63 05					
63 06 FAMILY PRACTICE					
63 07 DIABETIC EDUCATION	1.871589	1.871589			
63 08 NEW CHOICES					
63 09 OB/GYN					
63 10 HOWARD CO CLINIC					
63 11 HOWARD CO CSS	1.326682	1.326682			
63 12 CLINTON COUNTY	.668643	.668643			
63 13 TELEMEDICINE					
63 14 TELEMEDICINE					
63 15 HC&T HAIDER					
63 16 DR AROUTINOVA					
63 17 OB/GYN GREER					
63 18 ONCOLOGY-BECHAR					
63 19 CRITICAL CARE PHYSICIANS					
63 20 PSYCH DR STEINER					
63 21 PSYCH GOOD HOPE					
63 22 PSYCH DR ERIKA	.415103	.415103			
63 23 PSYCH DR KENNETH	122.089723	122.089723			
63 24 PSYCH DR DEB	1.067046	1.067046			
63 25 PSYCH DR M SHEI	.233635	.233635			
63 26 N CENTRAL PED					
63 27 CFHC					
63 28 PSYCH MEDICATION	.418439	.418439			
63 29 PSYCH PHD CLINIC					
63 30 RUSSIAVILLE OFFICE					
63 31 DR JERRY GREER					
63 32 OTHER OUTPATIENT SERVICE COST CENTER					
63 33 DR KOESTER					
63 34 OPEN HEART					
63 35 DR B. FOGELSON					
63 36 ONCOLOGY MOORE					
63 37 DR BARROW					
63 38 DR. MOUALLA					
63 39 DR. SEDAGHAT					
63 40 DR. KINSEY					
63 41 B. HEALTH TIPTON	1.128856	1.128856			
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES	.882184	.882184			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

TITLE XVIII, PART B

HOSPITAL

	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		3,301,213			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY		160,926			
41 RADIOLOGY-DIAGNOSTIC		9,688,910			
41 02 MAGNETIC RESONANCE IMAGING (MRI)		8,838			
41 03 LITHOTRIPSY		109,331			
41 04 CARDIAC CATHETERIZATION LABORATORY		2,200,905			
41 05 ONCOLOGY		5,102,301			
44 LABORATORY		266,124			
47 BLOOD STORING, PROCESSING & TRANS.		204,240			
49 RESPIRATORY THERAPY		4,217,679			
50 PHYSICAL THERAPY		92			
53 ELECTROCARDIOLOGY		598,607			
54 ELECTROENCEPHALOGRAPHY		38,862			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		2,379,599	102		
56 DRUGS CHARGED TO PATIENTS		10,170,556	235		
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
58 01 WOUND CARE					
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY		1,513,856			
62 OBSERVATION BEDS (NON-DISTINCT PART)		513,795	1,804		
63 OTHER OUTPATIENT SERVICE					
63 01 GENESIS		903,181			
63 02 WOMENS CENTER					
63 03 FAMILY PRACTICE					
63 04 ONCOLOGY CLINIC					
63 05					
63 06 FAMILY PRACTICE					
63 07 DIABETIC EDUCATION					
63 08 NEW CHOICES					
63 09 OB/GYN					
63 10 HOWARD CO CLINIC					
63 11 HOWARD CO CSS					
63 12 CLINTON COUNTY		5,945			
63 13 TELEMEDICINE					
63 14 TELEMEDICINE					
63 15 HC&T HAIDER					
63 16 DR AROUTINOVA					
63 17 OB/GYN GREER					
63 18 ONCOLOGY-BECHAR					
63 19 CRITICAL CARE PHYSICIANS					
63 20 PSYCH DR STEINER					
63 21 PSYCH GOOD HOPE					
63 22 PSYCH DR ERIKA					
63 23 PSYCH DR KENNETH					
63 24 PSYCH DR DEB					
63 25 PSYCH DR M SHEI					
63 26 N CENTRAL PED					
63 27 CFHC					
63 28 PSYCH MEDICATION					
63 29 PSYCH PHD CLINIC					
63 30 RUSSIAVILLE OFFICE					
63 31 DR JERRY GREER					
63 32 OTHER OUTPATIENT SERVICE COST CENTER					
63 33 DR KOESTER					
63 34 OPEN HEART					
63 35 DR B. FOGELSON					
63 36 ONCOLOGY MOORE					
63 37 DR BARROW					
63 38 DR. MOUALLA					
63 39 DR. SEDAGHAT					
63 40 DR. KINSEY					
63 41 B.HEALTH TIPTON					
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL		41,384,960	2,141		
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		41,384,960	2,141		

(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

	outpatient Radiology	Other outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
Cost Center Description	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS				1,069,197	
37 OPERATING ROOM					
39 DELIVERY ROOM & LABOR ROOM				1,584	
40 ANESTHESIOLOGY				1,094,576	
41 RADIOLOGY-DIAGNOSTIC				3,144	
41 02 MAGNETIC RESONANCE IMAGING (MRI)					
41 03 LITHOTRIPSY				272,179	
41 04 CARDIAC CATHETERIZATION LABORATORY				1,707,281	
41 05 ONCOLOGY				21,824	
44 LABORATORY				6,475	
47 BLOOD STORING, PROCESSING & TRANS.				1,090,860	
49 RESPIRATORY THERAPY				51	
50 PHYSICAL THERAPY				329,749	
53 ELECTROCARDIOLOGY				2,514	
54 ELECTROENCEPHALOGRAPHY				1,262,268	54
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				6,633,898	153
56 DRUGS CHARGED TO PATIENTS					
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
58 01 WOUND CARE					
61 OUTPAT SERVICE COST CNTRS				599,319	
61 EMERGENCY				570,068	2,002
62 OBSERVATION BEDS (NON-DISTINCT PART)					
63 OTHER OUTPATIENT SERVICE				879,713	
63 01 GENESIS					
63 02 WOMENS CENTER					
63 03 FAMILY PRACTICE					
63 04 ONCOLOGY CLINIC					
63 05					
63 06 FAMILY PRACTICE					
63 07 DIABETIC EDUCATION					
63 08 NEW CHOICES					
63 09 OB/GYN					
63 10 HOWARD CO CLINIC					
63 11 HOWARD CO CSS				3,975	
63 12 CLINTON COUNTY					
63 13 TELEMEDICINE					
63 14 TELEMEDICINE					
63 15 HC&T HAIDER					
63 16 DR AROUTINOVA					
63 17 OB/GYN GREER					
63 18 ONCOLOGY-BECHAR					
63 19 CRITICAL CARE PHYSICIANS					
63 20 PSYCH DR STEINER					
63 21 PSYCH GOOD HOPE					
63 22 PSYCH DR ERIKA					
63 23 PSYCH DR KENNETH					
63 24 PSYCH DR DEB					
63 25 PSYCH DR M SHEI					
63 26 N CENTRAL PED					
63 27 CFHC					
63 28 PSYCH MEDICATION					
63 29 PSYCH PHD CLINIC					
63 30 RUSSIIVILLE OFFICE					
63 31 DR JERRY GREER					
63 32 OTHER OUTPATIENT SERVICE COST CENTER					
63 33 DR KOESTER					
63 34 OPEN HEART					
63 35 DR B. FOGELSON					
63 36 ONCOLOGY MOORE					
63 37 DR BARROW					
63 38 DR. MOUALLA					
63 39 DR. SEDAGHAT					
63 40 DR. KINSEY					
63 41 B.HEALTH TIPTON					
65 OTHER REIMBURS COST CNTRS					
101 AMBULANCE SERVICES				15,548,675	2,209
102 SUBTOTAL					
103 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES				15,548,675	2,209
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	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
	9.03	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM			
39 DELIVERY ROOM & LABOR ROOM			
40 ANESTHESIOLOGY			
41 RADIOLOGY-DIAGNOSTIC			
41 02 MAGNETIC RESONANCE IMAGING (MRI)			
41 03 LITHOTRIPSY			
41 04 CARDIAC CATHETERIZATION LABORATORY			
41 05 ONCOLOGY			
44 LABORATORY			
47 BLOOD STORING, PROCESSING & TRANS.			
49 RESPIRATORY THERAPY			
50 PHYSICAL THERAPY			
53 ELECTROCARDIOLOGY			
54 ELECTROENCEPHALOGRAPHY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 DRUGS CHARGED TO PATIENTS			
57 RENAL DIALYSIS			
58 ASC (NON-DISTINCT PART)			
58 01 WOUND CARE			
61 OUTPAT SERVICE COST CNTRS			
61 EMERGENCY			
62 OBSERVATION BEDS (NON-DISTINCT PART)			
63 OTHER OUTPATIENT SERVICE			
63 01 GENESIS			
63 02 WOMENS CENTER			
63 03 FAMILY PRACTICE			
63 04 ONCOLOGY CLINIC			
63 05			
63 06 FAMILY PRACTICE			
63 07 DIABETIC EDUCATION			
63 08 NEW CHOICES			
63 09 OB/GYN			
63 10 HOWARD CO CLINIC			
63 11 HOWARD CO CSS			
63 12 CLINTON COUNTY			
63 13 TELEMEDICINE			
63 14 TELEMEDICINE			
63 15 HC&T HAIDER			
63 16 DR AROUTINOVA			
63 17 OB/GYN GREER			
63 18 ONCOLOGY-BECHAR			
63 19 CRITICAL CARE PHYSICIANS			
63 20 PSYCH DR STEINER			
63 21 PSYCH GOOD HOPE			
63 22 PSYCH DR ERIKA			
63 23 PSYCH DR KENNETH			
63 24 PSYCH DR DEB			
63 25 PSYCH DR M SHEI			
63 26 N CENTRAL PED			
63 27 CFHC			
63 28 PSYCH MEDICATION			
63 29 PSYCH PHD CLINIC			
63 30 RUSSIAVILLE OFFICE			
63 31 DR JERRY GREER			
63 32 OTHER OUTPATIENT SERVICE COST CENTER			
63 33 DR KOESTER			
63 34 OPEN HEART			
63 35 DR B. FOGELSON			
63 36 ONCOLOGY MOORE			
63 37 DR BARROW			
63 38 DR. MOUALLA			
63 39 DR. SEDAGHAT			
63 40 DR. KINSEY			
63 41 B.HEALTH TIPTON			
65 OTHER REIMBURS COST CNTRS			
65 AMBULANCE SERVICES			
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)

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR HOWARD REGIONAL HEALTH SYSTEM IN LIEU OF FORM CMS-2552-96(08/2000) CONTD
 APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-0007 I FROM 1/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2007 I PART VI
 I 15-0007 I

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1
2	PROGRAM VACCINE CHARGES	.652265
3	PROGRAM COSTS	935
		610

TITLE XVIII, PART A		SUBPROVIDER 1		TEFRA			
WKST A	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPAT PROGRAM CHARGES	OLD CAPITAL CST/CHRG RATIO	COSTS
LINE NO.		1	2	3	4	5	6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	156,628	541,709	14,427,902	10,880	.010856	118
39	DELIVERY ROOM & LABOR ROO	53,987	186,734				
40	ANESTHESIOLOGY	1,220	4,218	2,538,813	948	.000481	
41	RADIOLOGY-DIAGNOSTIC	113,469	386,000	37,419,534	104,447	.003032	317
41 02	MAGNETIC RESONANCE IMAGIN	4,125	14,347	3,571,951	22,201	.001155	26
41 03	LITHOTRIPSY	346	1,187				
41 04	CARDIAC CATHETERIZATION L	28,771	99,608	21,926,768		.001312	
41 05	ONCOLOGY	102,582	354,883	10,408,490	161	.009856	2
44	LABORATORY	53,317	173,813	30,955,561	196,214	.001722	338
47	BLOOD STORING, PROCESSING	2,691	9,309	1,385,500		.001942	
49	RESPIRATORY THERAPY	48,570	168,163	14,550,540	27,530	.003338	92
50	PHYSICAL THERAPY	19,866	68,745	1,731,555	8,099	.011473	93
53	ELECTROCARDIOLOGY	9,694	33,671	4,176,247	11,368	.002321	26
54	ELECTROENCEPHALOGRAPHY	2,531	8,752	322,415	5,889	.007850	46
55	MEDICAL SUPPLIES CHARGED	65,919	228,769	24,561,186	30,709	.002684	82
56	DRUGS CHARGED TO PATIENTS	68,376	237,440	27,031,288	191,581	.002530	485
57	RENAL DIALYSIS	726	2,526	321,327		.002259	
58	ASC (NON-DISTINCT PART)						
58 01	WOUND CARE	18,472	63,911	1,656,829		.011149	
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	202,989	702,078	13,625,229	53,607	.014898	799
62	OBSERVATION BEDS (NON-DIS	51,513	178,167	1,894,634		.027189	
63	OTHER OUTPATIENT SERVICE						
63 01	GENESIS	310,176	1,104,286	4,842,697		.064050	
63 02	WOMENS CENTER	23,218	80,310	1,905,163		.012187	
63 03	FAMILY PRACTICE	4,968	17,286				
63 04	ONCOLOGY CLINIC	3,511	12,217				
63 05							
63 06	FAMILY PRACTICE						
63 07	DIABETIC EDUCATION	466	1,619	65,820		.007080	
63 08	NEW CHOICES						
63 09	OB/GYN						
63 10	HOWARD CO CLINIC	93,879	324,601				
63 11	HOWARD CO CSS	82,911	286,739	1,141,732		.072619	
63 12	CLINTON COUNTY	3,668	12,758	1,671,550		.002194	
63 13	TELEMEDICINE						
63 14	TELEMEDICINE						
63 15	HC&T HAIDER	1,231	4,284				
63 16	DR AROUTINOVA	656	2,281				
63 17	OB/GYN GREER	1,343	4,672				
63 18	ONCOLOGY-BECHAR	888	3,089				
63 19	CRITICAL CARE PHYSICIANS	1,837	6,392				
63 20	PSYCH DR STEINER						
63 21	PSYCH GOOD HOPE						
63 22	PSYCH DR ERIKA	297	1,033	222,610		.001334	
63 23	PSYCH DR KENNETH	226	785	613		.368679	
63 24	PSYCH DR DEB	972	3,382	294,709		.003298	
63 25	PSYCH DR M SHEI	285	991	362,369		.000786	
63 26	N CENTRAL PED	5,068	17,634				
63 27	CFHC	83,467	288,630				
63 28	PSYCH MEDICATION	1,284	4,467	955,824		.001343	
63 29	PSYCH PHD CLINIC						
63 30	RUSSIAVILLE OFFICE						
63 31	DR JERRY GREER						
63 32	OTHER OUTPATIENT SERVICE	648	2,254				
63 33	DR KOESTER	919	3,197				
63 34	OPEN HEART	26	90				
63 35	DR B. FOGELSON	2,001	6,962				
63 36	ONCOLOGY MOORE	303	1,054				
63 37	DR BARROW	706	2,455				
63 38	DR. MOALLA	371	1,289				
63 39	DR. SEDAGHAT	287	997				
63 40	DR. KINSEY	3	9				
63 41	B.HEALTH TIPTON	516	1,794	143,975		.003584	
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	1,631,923	5,661,587	224,112,831	663,634		2,424

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.037546	409
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY	.001661	2
41	RADIOLOGY-DIAGNOSTIC	.010315	1,077
41 02	MAGNETIC RESONANCE IMAGIN	.004017	89
41 03	LITHOTRIPSY		
41 04	CARDIAC CATHETERIZATION L	.004543	
41 05	ONCOLOGY	.034096	5
44	LABORATORY	.005615	1,102
47	BLOOD STORING, PROCESSING	.006719	
49	RESPIRATORY THERAPY	.011557	318
50	PHYSICAL THERAPY	.039701	322
53	ELECTROCARDIOLOGY	.008063	92
54	ELECTROENCEPHALOGRAPHY	.027145	160
55	MEDICAL SUPPLIES CHARGED	.009314	286
56	DRUGS CHARGED TO PATIENTS	.008784	1,683
57	RENAL DIALYSIS	.007861	
58	ASC (NON-DISTINCT PART)		
58 01	WOUND CARE	.038574	
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.051528	2,762
62	OBSERVATION BEDS (NON-DIS	.094038	
63	OTHER OUTPATIENT SERVICE		
63 01	GENESIS	.228031	
63 02	WOMENS CENTER	.042154	
63 03	FAMILY PRACTICE		
63 04	ONCOLOGY CLINIC		
63 05			
63 06	FAMILY PRACTICE		
63 07	DIABETIC EDUCATION	.024597	
63 08	NEW CHOICES		
63 09	OB/GYN		
63 10	HOWARD CO CLINIC		
63 11	HOWARD CO CSS	.251144	
63 12	CLINTON COUNTY	.007632	
63 13	TELEMEDICINE		
63 14	TELEMEDICINE		
63 15	HC&T HAIDER		
63 16	DR AROUTINOVA		
63 17	OB/GYN GREER		
63 18	ONCOLOGY-BECHAR		
63 19	CRITICAL CARE PHYSICIANS		
63 20	PSYCH DR STEINER		
63 21	PSYCH GOOD HOPE	.004640	
63 22	PSYCH DR ERIKA	1.280587	
63 23	PSYCH DR KENNETH	.011476	
63 24	PSYCH DR DEB	.002735	
63 25	PSYCH DR M SHEI		
63 26	N CENTRAL PED		
63 27	CFHC		
63 28	PSYCH MEDICATION	.004673	
63 29	PSYCH PHD CLINIC		
63 30	RUSSIAVILLE OFFICE		
63 31	DR JERRY GREER		
63 32	OTHER OUTPATIENT SERVICE		
63 33	DR KOESTER		
63 34	OPEN HEART		
63 35	DR B. FOGELSON		
63 36	ONCOLOGY MOORE		
63 37	DR BARROW		
63 38	DR. MOUALLA		
63 39	DR. SEDAGHAT		
63 40	DR. KINSEY		
63 41	B.HEALTH TIPTON	.012460	
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		8,307

TITLE XVIII, PART A

SUBPROVIDER 1

TEFRA

WKST A	COST CENTER	DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED SCHOOL	NRS COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		ANCILLARY SRVC COST CNTRS				2		2.01	2.02	2.03
37		OPERATING ROOM								
39		DELIVERY ROOM & LABOR ROO								
40		ANESTHESIOLOGY								
41		RADIOLOGY-DIAGNOSTIC								
41	02	MAGNETIC RESONANCE IMAGIN								
41	03	LITHOTRIPSY								
41	04	CARDIAC CATHETERIZATION L								
41	05	ONCOLOGY								
44		LABORATORY								
47		BLOOD STORING, PROCESSING								
49		RESPIRATORY THERAPY								
50		PHYSICAL THERAPY								
53		ELECTROCARDIOLOGY								
54		ELECTROENCEPHALOGRAPHY								
55		MEDICAL SUPPLIES CHARGED								
56		DRUGS CHARGED TO PATIENTS								
57		RENAL DIALYSIS								
58		ASC (NON-DISTINCT PART)								
58	01	WOUND CARE								
		OUTPAT SERVICE COST CNTRS								
61		EMERGENCY								
62		OBSERVATION BEDS (NON-DIS						52,379		
63		OTHER OUTPATIENT SERVICE								
63	01	GENESIS								
63	02	WOMENS CENTER								
63	03	FAMILY PRACTICE								
63	04	ONCOLOGY CLINIC								
63	05									
63	06	FAMILY PRACTICE								
63	07	DIABETIC EDUCATION								
63	08	NEW CHOICES								
63	09	OB/GYN								
63	10	HOWARD CO CLINIC								
63	11	HOWARD CO CSS								
63	12	CLINTON COUNTY								
63	13	TELEMEDICINE								
63	14	TELEMEDICINE								
63	15	HC&T HAIDER								
63	16	DR AROUTINOVA								
63	17	OB/GYN GREER								
63	18	ONCOLOGY-BECHAR								
63	19	CRITICAL CARE PHYSICIANS								
63	20	PSYCH DR STEINER								
63	21	PSYCH GOOD HOPE								
63	22	PSYCH DR ERIKA								
63	23	PSYCH DR KENNETH								
63	24	PSYCH DR DEB								
63	25	PSYCH DR M SHEI								
63	26	N CENTRAL PED								
63	27	CFHC								
63	28	PSYCH MEDICATION								
63	29	PSYCH PHD CLINIC								
63	30	RUSSIAVILLE OFFICE								
63	31	DR JERRY GREER								
63	32	OTHER OUTPATIENT SERVICE								
63	33	DR KOESTER								
63	34	OPEN HEART								
63	35	DR B. FOGELSON								
63	36	ONCOLOGY MOORE								
63	37	DR BARROW								
63	38	DR. MOULLA								
63	39	DR. SEDAGHAT								
63	40	DR. KINSEY								
63	41	B.HEALTH TIPTON								
		OTHER REIMBURS COST CNTRS								
65		AMBULANCE SERVICES								
101		TOTAL							52,379	

TITLE XVIII, PART A

SUBPROVIDER 1

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF COST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
39	OPERATING ROOM			14,427,902			10,880	
40	DELIVERY ROOM & LABOR ROO							
41	ANESTHESIOLOGY			2,538,813			948	
41	RADIOLOGY-DIAGNOSTIC			37,419,534			104,447	
41	02 MAGNETIC RESONANCE IMAGIN			3,571,951			22,201	
41	03 LITHOTRIPSY							
41	04 CARDIAC CATHETERIZATION L			21,926,768				
41	05 ONCOLOGY			10,408,490			161	
44	LABORATORY			30,955,561			196,214	
47	BLOOD STORING, PROCESSING			1,385,500				
49	RESPIRATORY THERAPY			14,550,540			27,530	
50	PHYSICAL THERAPY			1,731,555			8,099	
53	ELECTROCARDIOLOGY			4,176,247			11,368	
54	ELECTROENCEPHALOGRAPHY			322,415			5,889	
55	MEDICAL SUPPLIES CHARGED			24,561,186			30,709	
56	DRUGS CHARGED TO PATIENTS			27,031,288			191,581	
57	RENAL DIALYSIS			321,327				
58	ASC (NON-DISTINCT PART)							
58	01 WOUND CARE			1,656,829				
61	OUTPAT SERVICE COST CNTRS							
62	EMERGENCY			13,625,229			53,607	
62	OBSERVATION BEDS (NON-DIS	52,379	52,379	1,894,634	.027646	.027646		
63	OTHER OUTPATIENT SERVICE							
63	01 GENESIS			4,842,697				
63	02 WOMENS CENTER			1,905,163				
63	03 FAMILY PRACTICE							
63	04 ONCOLOGY CLINIC							
63	05							
63	06 FAMILY PRACTICE							
63	07 DIABETIC EDUCATION			65,820				
63	08 NEW CHOICES							
63	09 OB/GYN							
63	10 HOWARD CO CLINIC							
63	11 HOWARD CO CSS			1,141,732				
63	12 CLINTON COUNTY			1,671,550				
63	13 TELEMEDICINE							
63	14 TELEMEDICINE							
63	15 HC&T HAIDER							
63	16 DR AROUTINOVA							
63	17 OB/GYN GREER							
63	18 ONCOLOGY-BECHAR							
63	19 CRITICAL CARE PHYSICIANS							
63	20 PSYCH DR STEINER							
63	21 PSYCH GOOD HOPE							
63	22 PSYCH DR ERIKA			222,610				
63	23 PSYCH DR KENNETH			613				
63	24 PSYCH DR DEB			294,709				
63	25 PSYCH DR M SHEI			362,369				
63	26 N CENTRAL PED							
63	27 CFHC							
63	28 PSYCH MEDICATION			955,824				
63	29 PSYCH PHD CLINIC							
63	30 RUSSIAVILLE OFFICE							
63	31 DR JERRY GREER							
63	32 OTHER OUTPATIENT SERVICE							
63	33 DR KOESTER							
63	34 OPEN HEART							
63	35 DR B. FOGELSON							
63	36 ONCOLOGY MOORE							
63	37 DR BARROW							
63	38 DR. MOUALLA							
63	39 DR. SEDAGHAT							
63	40 DR. KINSEY							
63	41 B.HEALTH TIPTON			143,975				
65	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	52,379	52,379	224,112,831			663,634	

TITLE XVIII, PART A

SUBPROVIDER 1

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO	10,994					
40	ANESTHESIOLOGY		704				
41	RADIOLOGY-DIAGNOSTIC	23,202					
41 02	MAGNETIC RESONANCE IMAGIN	2,082					
41 03	LITHOTRIPSY						
41 04	CARDIAC CATHETERIZATION L	20,884					
41 05	ONCOLOGY	360					
44	LABORATORY	330					
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY	11,670					
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY	1,905					
54	ELECTROENCEPHALOGRAPHY	453					
55	MEDICAL SUPPLIES CHARGED	8,994					
56	DRUGS CHARGED TO PATIENTS	26,052					
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
58 01	WOUND CARE						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	4,636					
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63 01	GENESIS						
63 02	WOMENS CENTER						
63 03	FAMILY PRACTICE						
63 04	ONCOLOGY CLINIC						
63 05							
63 06	FAMILY PRACTICE						
63 07	DIABETIC EDUCATION						
63 08	NEW CHOICES						
63 09	OB/GYN						
63 10	HOWARD CO CLINIC						
63 11	HOWARD CO CSS						
63 12	CLINTON COUNTY						
63 13	TELEMEDICINE						
63 14	TELEMEDICINE						
63 15	HC&T HAIDER						
63 16	DR AROUTINOVA						
63 17	OB/GYN GREER						
63 18	ONCOLOGY-BECHAR						
63 19	CRITICAL CARE PHYSICIANS						
63 20	PSYCH DR STEINER						
63 21	PSYCH GOOD HOPE						
63 22	PSYCH DR ERIKA						
63 23	PSYCH DR KENNETH						
63 24	PSYCH DR DEB						
63 25	PSYCH DR M SHEI						
63 26	N CENTRAL PED						
63 27	CFHC						
63 28	PSYCH MEDICATION						
63 29	PSYCH PHD CLINIC						
63 30	RUSSEVILLE OFFICE						
63 31	DR JERRY GREER						
63 32	OTHER OUTPATIENT SERVICE						
63 33	DR KOESTER						
63 34	OPEN HEART						
63 35	DR B. FOGELSON						
63 36	ONCOLOGY MOORE						
63 37	DR BARROW						
63 38	DR. MOUALLA						
63 39	DR. SEDAGHAT						
63 40	DR. KINSEY						
63 41	B.HEALTH TIPTON						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL		112,266				

TITLE XVIII, PART B

SUBPROVIDER 1

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.323880	.323880			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY	.009840	.009840			
41 RADIOLOGY-DIAGNOSTIC	.112972	.112972			
41 02 MAGNETIC RESONANCE IMAGING (MRI)	.355741	.355741			
41 03 LITHOTRIPSY					
41 04 CARDIAC CATHETERIZATION LABORATORY	.123667	.123667			
41 05 ONCOLOGY	.334610	.334610			
44 LABORATORY	.082008	.082008			
47 BLOOD STORING, PROCESSING & TRANS.	.031703	.031703			
49 RESPIRATORY THERAPY	.258640	.258640			
50 PHYSICAL THERAPY	.557324	.557324			
53 ELECTROCARDIOLOGY	.550860	.550860			
54 ELECTROENCEPHALOGRAPHY	.064687	.064687			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.530454	.530454			
56 DRUGS CHARGED TO PATIENTS	.652265	.652265			
57 RENAL DIALYSIS	.722336	.722336			
58 ASC (NON-DISTINCT PART)					
58 01 WOUND CARE	.441804	.441804			
OUTPAT SERVICE COST CNTRS					
61 EMERGENCY	.395889	.395889			
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.109525	1.109525			
63 OTHER OUTPATIENT SERVICE					
63 01 GENESIS	.974016	.974016			
63 02 WOMENS CENTER	.458006	.458006			
63 03 FAMILY PRACTICE					
63 04 ONCOLOGY CLINIC					
63 05					
63 06 FAMILY PRACTICE					
63 07 DIABETIC EDUCATION	1.871589	1.871589			
63 08 NEW CHOICES					
63 09 OB/GYN					
63 10 HOWARD CO CLINIC					
63 11 HOWARD CO CSS	1.326682	1.326682			
63 12 CLINTON COUNTY	.668643	.668643			
63 13 TELEMEDICINE					
63 14 TELEMEDICINE					
63 15 HC&T HAIDER					
63 16 DR AROUTINOVA					
63 17 OB/GYN GREER					
63 18 ONCOLOGY-BECHAR					
63 19 CRITICAL CARE PHYSICIANS					
63 20 PSYCH DR STEINER					
63 21 PSYCH GOOD HOPE					
63 22 PSYCH DR ERIKA	.415103	.415103			
63 23 PSYCH DR KENNETH	122.089723	122.089723			
63 24 PSYCH DR DEB	1.067046	1.067046			
63 25 PSYCH DR M SHEI	.233635	.233635			
63 26 N CENTRAL PED					
63 27 CFHC					
63 28 PSYCH MEDICATION	.418439	.418439			
63 29 PSYCH PHD CLINIC					
63 30 RUSSIACVILLE OFFICE					
63 31 DR JERRY GREER					
63 32 OTHER OUTPATIENT SERVICE COST CENTER					
63 33 DR KOESTER					
63 34 OPEN HEART					
63 35 DR B. FOGELSON					
63 36 ONCOLOGY MOORE					
63 37 DR BARROW					
63 38 DR. MOUALLA					
63 39 DR. SEDAGHAT					
63 40 DR. KINSEY					
63 41 B.HEALTH TIPTON	1.128856	1.128856			
OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES	.882184	.882184			
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

SUBPROVIDER 1

	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		10,994			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY		704			
41 RADIOLOGY-DIAGNOSTIC		23,202			
41 02 MAGNETIC RESONANCE IMAGING (MRI)		2,082			
41 03 LITHOTRIPSY					
41 04 CARDIAC CATHETERIZATION LABORATORY		20,884			
41 05 ONCOLOGY		360			
44 LABORATORY		330			
47 BLOOD STORING, PROCESSING & TRANS.					
49 RESPIRATORY THERAPY		11,670			
50 PHYSICAL THERAPY					
53 ELECTROCARDIOLOGY		1,905			
54 ELECTROENCEPHALOGRAPHY		453			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		8,994			
56 DRUGS CHARGED TO PATIENTS		26,052			
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
58 01 WOUND CARE					
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY		4,636			
62 OBSERVATION BEDS (NON-DISTINCT PART)					
63 OTHER OUTPATIENT SERVICE					
63 01 GENESIS					
63 02 WOMENS CENTER					
63 03 FAMILY PRACTICE					
63 04 ONCOLOGY CLINIC					
63 05					
63 06 FAMILY PRACTICE					
63 07 DIABETIC EDUCATION					
63 08 NEW CHOICES					
63 09 OB/GYN					
63 10 HOWARD CO CLINIC					
63 11 HOWARD CO CSS					
63 12 CLINTON COUNTY					
63 13 TELEMEDICINE					
63 14 TELEMEDICINE					
63 15 HC&T HAIDER					
63 16 DR AROUTINOVA					
63 17 OB/GYN GREER					
63 18 ONCOLOGY-BECHAR					
63 19 CRITICAL CARE PHYSICIANS					
63 20 PSYCH DR STEINER					
63 21 PSYCH GOOD HOPE					
63 22 PSYCH DR ERIKA					
63 23 PSYCH DR KENNETH					
63 24 PSYCH DR DEB					
63 25 PSYCH DR M SHEI					
63 26 N CENTRAL PED					
63 27 CFHC					
63 28 PSYCH MEDICATION					
63 29 PSYCH PHO CLINIC					
63 30 RUSSIAVILLE OFFICE					
63 31 DR JERRY GREER					
63 32 OTHER OUTPATIENT SERVICE COST CENTER					
63 33 DR KOESTER					
63 34 OPEN HEART					
63 35 DR B. FOGELSON					
63 36 ONCOLOGY MOORE					
63 37 DR BARROW					
63 38 DR. MOUALLA					
63 39 DR. SEDAGHAT					
63 40 DR. KINSEY					
63 41 B.HEALTH TIPTON					
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL		112,266			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		112,266			

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

TITLE XVIII, PART B

SUBPROVIDER 1

	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FY8 to 12/31	Non-PPS Services
Cost Center Description	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				3,561	
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY				7	
41 RADIOLOGY-DIAGNOSTIC				2,621	
41 02 MAGNETIC RESONANCE IMAGING (MRI)				741	
41 03 LITHOTRIPSY					
41 04 CARDIAC CATHETERIZATION LABORATORY				2,583	
41 05 ONCOLOGY				120	
44 LABORATORY				27	
47 BLOOD STORING, PROCESSING & TRANS.					
49 RESPIRATORY THERAPY				3,018	
50 PHYSICAL THERAPY					
53 ELECTROCARDIOLOGY				1,049	
54 ELECTROENCEPHALOGRAPHY				29	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				4,771	
56 DRUGS CHARGED TO PATIENTS				16,993	
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
58 01 WOUND CARE					
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY				1,835	
62 OBSERVATION BEDS (NON-DISTINCT PART)					
63 OTHER OUTPATIENT SERVICE					
63 01 GENESIS					
63 02 WOMENS CENTER					
63 03 FAMILY PRACTICE					
63 04 ONCOLOGY CLINIC					
63 05					
63 06 FAMILY PRACTICE					
63 07 DIABETIC EDUCATION					
63 08 NEW CHOICES					
63 09 OB/GYN					
63 10 HOWARD CO CLINIC					
63 11 HOWARD CO CSS					
63 12 CLINTON COUNTY					
63 13 TELEMEDICINE					
63 14 TELEMEDICINE					
63 15 HC&T HAIDER					
63 16 DR AROUTINOVA					
63 17 OB/GYN GREER					
63 18 ONCOLOGY-BECHAR					
63 19 CRITICAL CARE PHYSICIANS					
63 20 PSYCH DR STEINER					
63 21 PSYCH GOOD HOPE					
63 22 PSYCH DR ERIKA					
63 23 PSYCH DR KENNETH					
63 24 PSYCH DR DEB					
63 25 PSYCH DR M SHEI					
63 26 N CENTRAL PED					
63 27 CFHC					
63 28 PSYCH MEDICATION					
63 29 PSYCH PHD CLINIC					
63 30 RUSSIAVILLE OFFICE					
63 31 DR JERRY GREER					
63 32 OTHER OUTPATIENT SERVICE COST CENTER					
63 33 DR KOESTER					
63 34 OPEN HEART					
63 35 DR B. FOGELSON					
63 36 ONCOLOGY MOORE					
63 37 DR BARROW					
63 38 DR. MOUALLA					
63 39 DR. SEDAGHAT					
63 40 DR. KINSEY					
63 41 B.HEALTH TIPTON					
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL				37,355	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES				37,355	

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

TITLE XVIII, PART 8

SUBPROVIDER 1

Cost Center Description	PPS Services 1/1 to FYE	Hospital I/P Part 8 Charges	Hospital I/P Part 8 Costs
(A) ANCILLARY SRVC COST CNTRS	9.03	10	11
37 OPERATING ROOM			
39 DELIVERY ROOM & LABOR ROOM			
40 ANESTHESIOLOGY			
41 RADIOLOGY-DIAGNOSTIC			
41 02 MAGNETIC RESONANCE IMAGING (MRI)			
41 03 LITHOTRIPSY			
41 04 CARDIAC CATHETERIZATION LABORATORY			
41 05 ONCOLOGY			
44 LABORATORY			
47 BLOOD STORING, PROCESSING & TRANS.			
49 RESPIRATORY THERAPY			
50 PHYSICAL THERAPY			
53 ELECTROCARDIOLOGY			
54 ELECTROENCEPHALOGRAPHY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 DRUGS CHARGED TO PATIENTS			
57 RENAL DIALYSIS			
58 ASC (NON-DISTINCT PART)			
58 01 WOUND CARE			
61 OUTPAT SERVICE COST CNTRS			
61 EMERGENCY			
62 OBSERVATION BEDS (NON-DISTINCT PART)			
63 OTHER OUTPATIENT SERVICE			
63 01 GENESIS			
63 02 WOMENS CENTER			
63 03 FAMILY PRACTICE			
63 04 ONCOLOGY CLINIC			
63 05			
63 06 FAMILY PRACTICE			
63 07 DIABETIC EDUCATION			
63 08 NEW CHOICES			
63 09 OB/GYN			
63 10 HOWARD CO CLINIC			
63 11 HOWARD CO CSS			
63 12 CLINTON COUNTY			
63 13 TELEMEDICINE			
63 14 TELEMEDICINE			
63 15 HC&T HAIDER			
63 16 DR AROUTINOVA			
63 17 OB/GYN GREER			
63 18 ONCOLOGY-BECHAR			
63 19 CRITICAL CARE PHYSICIANS			
63 20 PSYCH DR STEINER			
63 21 PSYCH GOOD HOPE			
63 22 PSYCH DR ERIKA			
63 23 PSYCH DR KENNETH			
63 24 PSYCH DR DEB			
63 25 PSYCH DR M SHEI			
63 26 N CENTRAL PED			
63 27 CFHC			
63 28 PSYCH MEDICATION			
63 29 PSYCH PHD CLINIC			
63 30 RUSSIAVILLE OFFICE			
63 31 DR JERRY GREER			
63 32 OTHER OUTPATIENT SERVICE COST CENTER			
63 33 DR KOESTER			
63 34 OPEN HEART			
63 35 DR B. FOGELSON			
63 36 ONCOLOGY MOORE			
63 37 DR BARROW			
63 38 DR. MOUALLA			
63 39 DR. SEDAGHAT			
63 40 DR. KINSEY			
63 41 B. HEALTH TIPTON			
65 OTHER REIMBURS COST CNTRS			
65 AMBULANCE SERVICES			
101 SUBTOTAL			
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-			
PROGRAM ONLY CHARGES			
104 NET CHARGES			

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

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	CST/CHRG RATIO 5	OLD CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
39	OPERATING ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	02 MAGNETIC RESONANCE IMAGIN						
41	03 LITHOTRIPSY						
41	04 CARDIAC CATHETERIZATION L						
41	05 ONCOLOGY						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
58	01 WOUND CARE						
61	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63	01 GENESIS						
63	02 WOMENS CENTER						
63	03 FAMILY PRACTICE						
63	04 ONCOLOGY CLINIC						
63	05						
63	06 FAMILY PRACTICE						
63	07 DIABETIC EDUCATION						
63	08 NEW CHOICES						
63	09 OB/GYN						
63	10 HOWARD CO CLINIC						
63	11 HOWARD CO CSS						
63	12 CLINTON COUNTY						
63	13 TELEMEDICINE						
63	14 TELEMEDICINE						
63	15 HC&T HAIDER						
63	16 DR AROUTINOVA						
63	17 OB/GYN GREER						
63	18 ONCOLOGY-BECHAR						
63	19 CRITICAL CARE PHYSICIANS						
63	20 PSYCH DR STEINER						
63	21 PSYCH GOOD HOPE						
63	22 PSYCH DR ERIKA						
63	23 PSYCH DR KENNETH						
63	24 PSYCH DR DEB						
63	25 PSYCH DR M SHEI						
63	26 N CENTRAL PED						
63	27 CFHC						
63	28 PSYCH MEDICATION						
63	29 PSYCH PHD CLINIC						
63	30 RUSSIAVILLE OFFICE						
63	31 DR JERRY GREER						
63	32 OTHER OUTPATIENT SERVICE						
63	33 DR KOESTER						
63	34 OPEN HEART						
63	35 DR B. FOGELSON						
63	36 ONCOLOGY MOORE						
63	37 DR BARROW						
63	38 DR. MUALLA						
63	39 DR. SEDAGHAT						
63	40 DR. KINSEY						
63	41 B. HEALTH TIPTON						
65	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII, PART A SKILLED NURSING FACILITY

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM		
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC		
41 02	MAGNETIC RESONANCE IMAGIN		
41 03	LITHOTRIPSY		
41 04	CARDIAC CATHETERIZATION L		
41 05	ONCOLOGY		
44	LABORATORY		
47	BLOOD STORING, PROCESSING		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
53	ELECTROCARDIOLOGY		
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS		
57	RENAL DIALYSIS		
58	ASC (NON-DISTINCT PART)		
58 01	WOUND CARE		
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
63	OTHER OUTPATIENT SERVICE		
63 01	GENESIS		
63 02	WOMENS CENTER		
63 03	FAMILY PRACTICE		
63 04	ONCOLOGY CLINIC		
63 05			
63 06	FAMILY PRACTICE		
63 07	DIABETIC EDUCATION		
63 08	NEW CHOICES		
63 09	OB/GYN		
63 10	HOWARD CO CLINIC		
63 11	HOWARD CO CSS		
63 12	CLINTON COUNTY		
63 13	TELEMEDICINE		
63 14	TELEMEDICINE		
63 15	HC&T HAIDER		
63 16	DR AROUTINOVA		
63 17	OB/GYN GREER		
63 18	ONCOLOGY-BECHAR		
63 19	CRITICAL CARE PHYSICIANS		
63 20	PSYCH DR STEINER		
63 21	PSYCH GOOD HOPE		
63 22	PSYCH DR ERIKA		
63 23	PSYCH DR KENNETH		
63 24	PSYCH DR DEB		
63 25	PSYCH DR M SHEI		
63 26	N CENTRAL PED		
63 27	CFHC		
63 28	PSYCH MEDICATION		
63 29	PSYCH PHD CLINIC		
63 30	RUSSEVILLE OFFICE		
63 31	DR JERRY GREER		
63 32	OTHER OUTPATIENT SERVICE		
63 33	DR KOESTER		
63 34	OPEN HEART		
63 35	DR B. FOGELSON		
63 36	ONCOLOGY MOORE		
63 37	DR BARROW		
63 38	DR. MOUALLA		
63 39	DR. SEDAGHAT		
63 40	DR. KINSEY		
63 41	B.HEALTH TIPTON		
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 02	MAGNETIC RESONANCE IMAGIN						
41 03	LITHOTRIPSY						
41 04	CARDIAC CATHETERIZATION L						
41 05	ONCOLOGY						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
58 01	WOUND CARE						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63 01	GENESIS						
63 02	WOMENS CENTER						
63 03	FAMILY PRACTICE						
63 04	ONCOLOGY CLINIC						
63 05							
63 06	FAMILY PRACTICE						
63 07	DIABETIC EDUCATION						
63 08	NEW CHOICES						
63 09	OB/GYN						
63 10	HOWARD CO CLINIC						
63 11	HOWARD CO CSS						
63 12	CLINTON COUNTY						
63 13	TELEMEDICINE						
63 14	TELEMEDICINE						
63 15	HC&T HAIDER						
63 16	DR AROUTINOVA						
63 17	OB/GYN GREER						
63 18	ONCOLOGY-BECHAR						
63 19	CRITICAL CARE PHYSICIANS						
63 20	PSYCH DR STEINER						
63 21	PSYCH GOOD HOPE						
63 22	PSYCH DR ERIKA						
63 23	PSYCH DR KENNETH						
63 24	PSYCH DR DEB						
63 25	PSYCH DR M SHEI						
63 26	N CENTRAL PED						
63 27	CFHC						
63 28	PSYCH MEDICATION						
63 29	PSYCH PHD CLINIC						
63 30	RUSSIAVILLE OFFICE						
63 31	DR JERRY GREER						
63 32	OTHER OUTPATIENT SERVICE						
63 33	DR KOESTER						
63 34	OPEN HEART						
63 35	DR B. FOGELSON						
63 36	ONCOLOGY MOORE						
63 37	DR BARROW						
63 38	DR. MOUALLA						
63 39	DR. SEDAGHAT						
63 40	DR. KINSEY						
63 41	B.HEALTH TIPTON						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P CST TO CHARGES 5.01	INPAT CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			14,427,902			7,369	
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY			2,538,813			1,022	
41	RADIOLOGY-DIAGNOSTIC			37,419,534			63,519	
41 02	MAGNETIC RESONANCE IMAGIN			3,571,951			3,256	
41 03	LITHOTRIPSY							
41 04	CARDIAC CATHETERIZATION L			21,926,768				
41 05	ONCOLOGY			10,408,490			13,169	
44	LABORATORY			30,955,561			217,607	
47	BLOOD STORING, PROCESSING			1,385,500			2,330	
49	RESPIRATORY THERAPY			14,550,540			18,369	
50	PHYSICAL THERAPY			1,731,555			537,861	
53	ELECTROCARDIOLOGY			4,176,247			3,944	
54	ELECTROENCEPHALOGRAPHY			322,415			1,812	
55	MEDICAL SUPPLIES CHARGED			24,561,186			185,561	
56	DRUGS CHARGED TO PATIENTS			27,031,288			575,553	
57	RENAL DIALYSIS			321,327				
58	ASC (NON-DISTINCT PART)							
58 01	WOUND CARE			1,656,829				
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			13,625,229				
62	OBSERVATION BEDS (NON-DIS			1,894,634				
63	OTHER OUTPATIENT SERVICE							
63 01	GENESIS			4,842,697				
63 02	WOMENS CENTER			1,905,163				
63 03	FAMILY PRACTICE							
63 04	ONCOLOGY CLINIC							
63 05								
63 06	FAMILY PRACTICE							
63 07	DIABETIC EDUCATION			65,820			300	
63 08	NEW CHOICES							
63 09	OB/GYN							
63 10	HOWARD CO CLINIC							
63 11	HOWARD CO CSS			1,141,732				
63 12	CLINTON COUNTY			1,671,550				
63 13	TELEMEDICINE							
63 14	TELEMEDICINE							
63 15	HC&T HAIDER							
63 16	DR AROUTINOVA							
63 17	OB/GYN GREER							
63 18	ONCOLOGY-BECHAR							
63 19	CRITICAL CARE PHYSICIANS							
63 20	PSYCH DR STEINER							
63 21	PSYCH GOOD HOPE							
63 22	PSYCH DR ERIKA			222,610				
63 23	PSYCH DR KENNETH			613				
63 24	PSYCH DR DEB			294,709				
63 25	PSYCH DR M SHEI			362,369				
63 26	N CENTRAL PED							
63 27	CFHC							
63 28	PSYCH MEDICATION			955,824				
63 29	PSYCH PHD CLINIC							
63 30	RUSSIAVILLE OFFICE							
63 31	DR JERRY GREER							
63 32	OTHER OUTPATIENT SERVICE							
63 33	DR KOESTER							
63 34	OPEN HEART							
63 35	DR B. FOGELSON							
63 36	ONCOLOGY MOORE							
63 37	DR BARROW							
63 38	DR. MOUALLA							
63 39	DR. SEDAGHAT							
63 40	DR. KINSEY							
63 41	B.HEALTH TIPTON			143,975				
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			224,112,831			1,631,672	

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
		8	8.01	8.02	9	9.01	9.02
37	ANCILLARY SRVC COST CNTRS						
39	OPERATING ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
41	02 RADIOLOGY-DIAGNOSTIC						
41	03 MAGNETIC RESONANCE IMAGIN						
41	04 LITHOTRIPSY						
41	05 CARDIAC CATHETERIZATION L						
44	ONCOLOGY						
47	LABORATORY						
49	BLOOD STORING, PROCESSING						
50	RESPIRATORY THERAPY						
53	PHYSICAL THERAPY						
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED						
57	DRUGS CHARGED TO PATIENTS						
58	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
61	01 WOUND CARE						
62	OUTPAT SERVICE COST CNTRS						
63	EMERGENCY						
63	01 OBSERVATION BEDS (NON-DIS						
63	02 OTHER OUTPATIENT SERVICE						
63	03 GENESIS						
63	04 WOMENS CENTER						
63	05 FAMILY PRACTICE						
63	06 ONCOLOGY CLINIC						
63	07						
63	08 FAMILY PRACTICE						
63	09 DIABETIC EDUCATION						
63	10 NEW CHOICES						
63	11 OB/GYN						
63	12 HOWARD CO CLINIC						
63	13 HOWARD CO CSS						
63	14 CLINTON COUNTY						
63	15 TELEMEDICINE						
63	16 TELEMEDICINE						
63	17 HC&T HAIDER						
63	18 DR AROUTINOVA						
63	19 OB/GYN GREER						
63	20 ONCOLOGY-BECHAR						
63	21 CRITICAL CARE PHYSICIANS						
63	22 PSYCH DR STEINER						
63	23 PSYCH DR GOOD HOPE						
63	24 PSYCH DR ERIKA						
63	25 PSYCH DR KENNETH						
63	26 PSYCH DR DEB						
63	27 PSYCH DR M SHEI						
63	28 N CENTRAL PED						
63	29 CFHC						
63	30 PSYCH MEDICATION						
63	31 PSYCH PHD CLINIC						
63	32 RUSSIAVILLE OFFICE						
63	33 DR JERRY GREER						
63	34 OTHER OUTPATIENT SERVICE						
63	35 DR KOESTER						
63	36 OPEN HEART						
63	37 DR B. FOGELSON						
63	38 ONCOLOGY MOORE						
63	39 DR BARROW						
63	40 DR. MOUALLA						
63	41 DR. SEDAGHAT						
65	DR. KINSEY						
101	41 B.HEALTH TIPTON						
	OTHER REIMBURS COST CNTRS						
	AMBULANCE SERVICES						
	TOTAL						

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	21,102
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	21,102
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	21,102
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	9,612
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	13,691,293
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	13,691,293

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	13,204,210
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	13,204,210
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.036888
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	625.73
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	13,691,293

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 648.81
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 6,236,362
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 6,236,362

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	3,884,874	2,605	1,491.31	2,471	3,685,027
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
49 TOTAL PROGRAM INPATIENT COSTS					15,979,121 25,900,510

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 1,101,984
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 829,879
 52 TOTAL PROGRAM EXCLUDABLE COST 1,931,863
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 23,968,647

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A HOSPITAL PPS

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

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS 3,240
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 648.81
- 85 OBSERVATION BED COST 2,102,144

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	1 COST	2 ROUTINE COST	3 COLUMN 1 DIVIDED BY COLUMN 2	4 TOTAL OBSERVATION BED COST	5 OBSERVATION BED PASS THROUGH COST
86 OLD CAPITAL-RELATED COST	335,503	13,691,293	.024505	2,102,144	51,513
87 NEW CAPITAL-RELATED COST	1,160,410	13,691,293	.084755	2,102,144	178,167
88 NON PHYSICIAN ANESTHETIST		13,691,293		2,102,144	
89 MEDICAL EDUCATION		13,691,293		2,102,144	
89.01 MEDICAL EDUCATION - ALLIED HEA	341,148	13,691,293	.024917	2,102,144	52,379
89.02 MEDICAL EDUCATION - ALL OTHER		13,691,293		2,102,144	

TITLE XVIII PART A SUBPROVIDER I TEFRA

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 585.37
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,062,447
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,062,447

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT					
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
49 TOTAL PROGRAM INPATIENT COSTS					220,127

1,282,574

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 102,529
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 10,731
 52 TOTAL PROGRAM EXCLUDABLE COST 113,260
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 1,169,314

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES 231
 55 TARGET AMOUNT PER DISCHARGE 12,090.89
 56 TARGET AMOUNT 2,792,996
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT 1,623,682
 58 BONUS PAYMENT 55,860
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
 AND COMPOUNDED BY THE MARKET BASKET 10,412.65
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
 BASKET 5,311.43
 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. 27,930
 58.04 RELIEF PAYMENT
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT 1,366,364
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A SUBPROVIDER I TEFRA

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	585.37
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	1	2	3	4	5
	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
86	OLD CAPITAL-RELATED COST	131,706	3,436,688	.038324	
87	NEW CAPITAL-RELATED COST	199,978	3,436,688	.058189	
88	NON PHYSICIAN ANESTHETIST		3,436,688		
89	MEDICAL EDUCATION		3,436,688		
89.01	MEDICAL EDUCATION - ALLIED HEA		3,436,688		
89.02	MEDICAL EDUCATION - ALL OTHER		3,436,688		

TITLE XVIII PART A SNF PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	3,850
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,850
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	3,850
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	3,253
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	998,164.00
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,609,495
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2,609,495

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	998,164
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	998,164
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	2.614295
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	259.26
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	2,609,495

TITLE XVIII PART A SNF PPS

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1	2,609,495
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	677.79	
68	PROGRAM ROUTINE SERVICE COST	2,204,851	
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	2,204,851	
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	560,691	
72	PER DIEM CAPITAL-RELATED COSTS	145.63	
73	PROGRAM CAPITAL-RELATED COSTS	473,734	
74	INPATIENT ROUTINE SERVICE COST	1,731,117	
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	1,731,117	
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		
78	INPATIENT ROUTINE SERVICE COST LIMITATION		
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	2,204,851	
80	PROGRAM INPATIENT ANCILLARY SERVICES	814,267	
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION		
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	3,019,118	

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

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)	21,102
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	21,102
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	21,102
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,036
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVII 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)	1,890
16	NURSERY DAYS (TITLE V OR XIX ONLY)	414
	SWING-BED ADJUSTMENT	
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	13,204,210.00
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	13,691,293
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	13,691,293
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	13,204,210
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	13,204,210
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.036888
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	625.73
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	13,691,293

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					648.81
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					672,167
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					672,167
		TOTAL	TOTAL	AVERAGE	PROGRAM	PROGRAM
		I/P COST	I/P DAYS	PER DIEM	DAYS	COST
		1	2	3	4	5
42	NURSERY (TITLE V & XIX ONLY)	1,288,810	1,890	681.91	414	282,311
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	3,884,874	2,605	1,491.31	105	156,588
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
49	TOTAL PROGRAM INPATIENT COSTS					1,985,743
						3,096,809

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)
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	3,240
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	648.81
85	OBSERVATION BED COST	2,102,144

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 SUBPROVIDER I 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	585.37
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	882,153
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	882,153

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT				
	HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
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
49	TOTAL PROGRAM INPATIENT COSTS				160,847
					1,043,000

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)
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

WKST A LINE NO.	TITLE XVIII, PART A COST CENTER DESCRIPTION HOSPITAL	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS		6,319,921	
31	INTENSIVE CARE UNIT SUBPROVIDER		2,308,138	
37	ANCILLARY SRVC COST CNTRS			
39	OPERATING ROOM	.323880	5,098,651	1,651,351
40	DELIVERY ROOM & LABOR ROOM			
41	ANESTHESIOLOGY	.009840	674,259	6,635
41	RADIOLOGY-DIAGNOSTIC	.112972	5,912,753	667,976
41	02 MAGNETIC RESONANCE IMAGING (MRI)	.355741	460,385	163,778
41	03 LITHOTRIPSY			
41	04 CARDIAC CATHETERIZATION LABORATORY	.123667	2,212,098	273,564
41	05 ONCOLOGY	.334610	96,012	32,127
44	LABORATORY	.082008	6,708,339	550,137
47	BLOOD STORING, PROCESSING & TRANS.	.031703		
49	RESPIRATORY THERAPY	.258640	6,192,528	1,601,635
50	PHYSICAL THERAPY	.557324	735,855	410,110
53	ELECTROCARDIOLOGY	.550860	507,770	279,710
54	ELECTROENCEPHALOGRAPHY	.064687	86,496	5,595
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.530454	9,437,693	5,006,262
56	DRUGS CHARGED TO PATIENTS	.652265	6,922,659	4,515,408
57	RENAL DIALYSIS	.722336	231,081	166,918
58	ASC (NON-DISTINCT PART)			
58	01 WOUND CARE	.441804		
61	OUTPAT SERVICE COST CNTRS			
62	EMERGENCY	.395889	1,160,267	459,337
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.109525	166,083	184,273
63	OTHER OUTPATIENT SERVICE			
63	01 GENESIS	.974016		
63	02 WOMENS CENTER	.458006		
63	03 FAMILY PRACTICE			
63	04 ONCOLOGY CLINIC			
63	05			
63	06 FAMILY PRACTICE			
63	07 DIABETIC EDUCATION	1.871589	2,300	4,305
63	08 NEW CHOICES			
63	09 OB/GYN			
63	10 HOWARD CO CLINIC			
63	11 HOWARD CO CSS	1.326682		
63	12 CLINTON COUNTY	.668643		
63	13 TELEMEDICINE			
63	14 TELEMEDICINE			
63	15 HC&T HAIDER			
63	16 DR AROUTINOVA			
63	17 OB/GYN GREER			
63	18 ONCOLOGY-BECHAR			
63	19 CRITICAL CARE PHYSICIANS			
63	20 PSYCH DR STEINER			
63	21 PSYCH GOOD HOPE			
63	22 PSYCH DR ERIKA	.415103		
63	23 PSYCH DR KENNETH	122.089723		
63	24 PSYCH DR DEB	1.067046		
63	25 PSYCH DR M SHEI	.233635		
63	26 N CENTRAL PED			
63	27 CFHC			
63	28 PSYCH MEDICATION	.418439		
63	29 PSYCH PHD CLINIC			
63	30 RUSSIAVILLE OFFICE			
63	31 DR JERRY GREER			
63	32 OTHER OUTPATIENT SERVICE COST CENTER			
63	33 DR KOESTER			
63	34 OPEN HEART			
63	35 DR B. FOGELSON			
63	36 ONCOLOGY MOORE			
63	37 DR BARROW			
63	38 DR. MOUALLA			
63	39 DR. SEDAGHAT			
63	40 DR. KINSEY			
63	41 B.HEALTH TIPTON	1.128856		
65	OTHER REIMBURS COST CNTRS			
101	AMBULANCE SERVICES			
102	TOTAL		46,605,229	15,979,121
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		46,605,229	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS			
31	INTENSIVE CARE UNIT			
	SUBPROVIDER		1,772,628	
37	ANCILLARY SRVC COST CNTRS			
39	OPERATING ROOM	.323880	10,880	3,524
40	DELIVERY ROOM & LABOR ROOM			
41	ANESTHESIOLOGY	.009840	948	9
41	RADIOLOGY-DIAGNOSTIC	.112972	104,447	11,800
41 02	MAGNETIC RESONANCE IMAGING (MRI)	.355741	22,201	7,898
41 03	LITHOTRIPSY			
41 04	CARDIAC CATHETERIZATION LABORATORY	.123667		
41 05	ONCOLOGY	.334610	161	54
44	LABORATORY	.082008	196,214	16,091
47	BLOOD STORING, PROCESSING & TRANS.	.031703		
49	RESPIRATORY THERAPY	.258640	27,530	7,120
50	PHYSICAL THERAPY	.557324	8,099	4,514
53	ELECTROCARDIOLOGY	.550860	11,368	6,262
54	ELECTROENCEPHALOGRAPHY	.064687	5,889	381
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.530454	30,709	16,290
56	DRUGS CHARGED TO PATIENTS	.652265	191,581	124,962
57	RENAL DIALYSIS	.722336		
58	ASC (NON-DISTINCT PART)			
58 01	WOUND CARE	.441804		
61	OUTPAT SERVICE COST CNTRS			
62	EMERGENCY	.395889	53,607	21,222
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.109525		
63	OTHER OUTPATIENT SERVICE			
63 01	GENESIS	.974016		
63 02	WOMENS CENTER	.458006		
63 03	FAMILY PRACTICE			
63 04	ONCOLOGY CLINIC			
63 05				
63 06	FAMILY PRACTICE			
63 07	DIABETIC EDUCATION	1.871589		
63 08	NEW CHOICES			
63 09	OB/GYN			
63 10	HOWARD CO CLINIC			
63 11	HOWARD CO CSS	1.326682		
63 12	CLINTON COUNTY	.668643		
63 13	TELEMEDICINE			
63 14	TELEMEDICINE			
63 15	HC&T HAIDER			
63 16	DR AROUTINOVA			
63 17	OB/GYN GREER			
63 18	ONCOLOGY-BECHAR			
63 19	CRITICAL CARE PHYSICIANS			
63 20	PSYCH DR STEINER			
63 21	PSYCH GOOD HOPE			
63 22	PSYCH DR ERIKA	.415103		
63 23	PSYCH DR KENNETH	122.089723		
63 24	PSYCH DR DEB	1.067046		
63 25	PSYCH DR M SHEI	.233635		
63 26	N CENTRAL PED			
63 27	CFHC			
63 28	PSYCH MEDICATION	.418439		
63 29	PSYCH PHD CLINIC			
63 30	RUSSEVILLE OFFICE			
63 31	DR JERRY GREER			
63 32	OTHER OUTPATIENT SERVICE COST CENTER	1.128856		
63 33	DR KOESTER			
63 34	OPEN HEART			
63 35	DR B. FOGELSON			
63 36	ONCOLOGY MOORE			
63 37	DR BARROW			
63 38	DR. MOUALLA			
63 39	DR. SEDAGHAT			
63 40	DR. KINSEY			
63 41	B.HEALTH TIPTON			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		663,634	220,127
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		663,634	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS			
31	INTENSIVE CARE UNIT SUBPROVIDER			
37	ANCILLARY SRVC COST CNTRS			
39	OPERATING ROOM	.323880	7,369	2,387
40	DELIVERY ROOM & LABOR ROOM			
41	ANESTHESIOLOGY	.009840	1,022	10
41	RADIOLOGY-DIAGNOSTIC	.112972	63,519	7,176
41	02 MAGNETIC RESONANCE IMAGING (MRI)	.355741	3,256	1,158
41	03 LITHOTRIPSY			
41	04 CARDIAC CATHETERIZATION LABORATORY			
41	05 ONCOLOGY	.123667		
44	LABORATORY	.334610	13,169	4,406
47	BLOOD STORING, PROCESSING & TRANS.	.082008	217,607	17,846
49	RESPIRATORY THERAPY	.031703	2,330	74
50	PHYSICAL THERAPY	.258640	18,369	4,751
53	ELECTROCARDIOLOGY	.557324	537,861	299,763
54	ELECTROENCEPHALOGRAPHY	.550860	3,944	2,173
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.064687	1,812	117
56	DRUGS CHARGED TO PATIENTS	.530454	185,561	98,432
57	RENAL DIALYSIS	.652265	575,553	375,413
58	ASC (NON-DISTINCT PART)	.722336		
58	01 WOUND CARE	.441804		
61	OUTPAT SERVICE COST CNTRS			
62	EMERGENCY	.395889		
63	OBSERVATION BEDS (NON-DISTINCT PART)	1.109525		
63	OTHER OUTPATIENT SERVICE			
63	01 GENESIS	.974016		
63	02 WOMENS CENTER	.458006		
63	03 FAMILY PRACTICE			
63	04 ONCOLOGY CLINIC			
63	05			
63	06 FAMILY PRACTICE			
63	07 DIABETIC EDUCATION			
63	08 NEW CHOICES	1.871589	300	561
63	09 OB/GYN			
63	10 HOWARD CO CLINIC			
63	11 HOWARD CO CSS	1.326682		
63	12 CLINTON COUNTY	.668643		
63	13 TELEMEDICINE			
63	14 TELEMEDICINE			
63	15 HC&T HAIDER			
63	16 DR AROUTINOVA			
63	17 OB/GYN GREER			
63	18 ONCOLOGY-BECHAR			
63	19 CRITICAL CARE PHYSICIANS			
63	20 PSYCH DR STEINER			
63	21 PSYCH GOOD HOPE			
63	22 PSYCH DR ERIKA	.415103		
63	23 PSYCH DR KENNETH	122.089723		
63	24 PSYCH DR DEB	1.067046		
63	25 PSYCH DR M SHEI	.233635		
63	26 N CENTRAL PED			
63	27 CFHC			
63	28 PSYCH MEDICATION	.418439		
63	29 PSYCH PHD CLINIC			
63	30 RUSSIAVILLE OFFICE			
63	31 DR JERRY GREER			
63	32 OTHER OUTPATIENT SERVICE COST CENTER			
63	33 DR KOESTER			
63	34 OPEN HEART			
63	35 DR B. FOGELSON			
63	36 ONCOLOGY MOORE			
63	37 DR BARROW			
63	38 DR. MOUALLA			
63	39 DR. SEDAGHAT			
63	40 DR. KINSEY			
63	41 B.HEALTH TIPTON	1.128856		
65	OTHER REIMBURS COST CNTRS			
101	AMBULANCE SERVICES			
102	TOTAL		1,631,672	814,267
103	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,631,672	

WKST A LINE NO.	TITLE XIX COST CENTER DESCRIPTION	HOSPITAL	OTHER		
			RATIO COST TO CHARGES	INPATIENT CHARGES	INPATIENT COST
			1	2	3
25	INPAT ROUTINE SRVC CNTRS				
26	ADULTS & PEDIATRICS			2,246,949	
31	INTENSIVE CARE UNIT			222,910	
31	SUBPROVIDER				
37	ANCILLARY SRVC COST CNTRS				
39	OPERATING ROOM		.323880	824,262	266,962
40	DELIVERY ROOM & LABOR ROOM				
41	ANESTHESIOLOGY		.009840	151,422	1,490
41	RADIOLOGY-DIAGNOSTIC		.112972	455,008	51,403
41 02	MAGNETIC RESONANCE IMAGING (MRI)		.355741	53,279	18,954
41 03	LITHOTRIPSY				
41 04	CARDIAC CATHETERIZATION LABORATORY		.123667	184,006	22,755
41 05	ONCOLOGY		.334610		
44	LABORATORY		.082008	791,612	64,919
47	BLOOD STORING, PROCESSING & TRANS.		.031703	63,681	2,019
49	RESPIRATORY THERAPY		.258640	291,716	75,449
50	PHYSICAL THERAPY		.557324	51,196	28,533
53	ELECTROCARDIOLOGY		.550860	37,297	20,545
54	ELECTROENCEPHALOGRAPHY		.064687		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		.530454		
56	DRUGS CHARGED TO PATIENTS		.652265	2,035,561	1,327,725
57	RENAL DIALYSIS		.722336	15,030	10,857
58	ASC (NON-DISTINCT PART)				
58 01	WOUND CARE		.441804		
61	OUTPAT SERVICE COST CNTRS				
61	EMERGENCY		.395889	231,606	91,690
62	OBSERVATION BEDS (NON-DISTINCT PART)		1.109525		
63	OTHER OUTPATIENT SERVICE				
63 01	GENESIS		.974016	315	307
63 02	WOMENS CENTER		.458006	202	93
63 03	FAMILY PRACTICE				
63 04	ONCOLOGY CLINIC				
63 05					
63 06	FAMILY PRACTICE				
63 07	DIABETIC EDUCATION		1.871589	900	1,684
63 08	NEW CHOICES				
63 09	OB/GYN				
63 10	HOWARD CO CLINIC				
63 11	HOWARD CO CSS		1.326682	270	358
63 12	CLINTON COUNTY		.668643		
63 13	TELEMEDICINE				
63 14	TELEMEDICINE				
63 15	HC&T HAIDER				
63 16	DR AROUTINOVA				
63 17	OB/GYN GREER				
63 18	ONCOLOGY-BECHAR				
63 19	CRITICAL CARE PHYSICIANS				
63 20	PSYCH DR STEINER				
63 21	PSYCH GOOD HOPE				
63 22	PSYCH DR ERIKA		.415103		
63 23	PSYCH DR KENNETH		122.089723		
63 24	PSYCH DR DEB		1.067046		
63 25	PSYCH DR M SHEI		.233635		
63 26	N CENTRAL PED				
63 27	CFHC				
63 28	PSYCH MEDICATION		.418439		
63 29	PSYCH PHD CLINIC				
63 30	RUSSIAVILLE OFFICE				
63 31	DR JERRY GREER				
63 32	OTHER OUTPATIENT SERVICE COST CENTER				
63 33	DR KOESTER				
63 34	OPEN HEART				
63 35	DR B. FOGELSON				
63 36	ONCOLOGY MOORE				
63 37	DR BARROW				
63 38	DR. MOUALLA				
63 39	DR. SEDAGHAT				
63 40	DR. KINSEY				
63 41	B.HEALTH TIPTON		1.128856		
65	OTHER REIMBURS COST CNTRS				
101	AMBULANCE SERVICES				
101	TOTAL			5,187,363	1,985,743
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES			5,187,363	

WKST A LINE NO.	TITLE XIX COST CENTER DESCRIPTION	SUBPROVIDER 1 RATIO COST TO CHARGES 1	OTHER	
			INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS			
31	INTENSIVE CARE UNIT			
37	SUBPROVIDER		1,528,085	
39	ANCILLARY SRVC COST CNTRS			
40	OPERATING ROOM	.323880		
41	DELIVERY ROOM & LABOR ROOM			
41	ANESTHESIOLOGY	.009840		
41	RADIOLOGY-DIAGNOSTIC	.112972	39,212	4,430
41 02	MAGNETIC RESONANCE IMAGING (MRI)	.355741	3,596	1,279
41 03	LITHOTRIPSY			
41 04	CARDIAC CATHETERIZATION LABORATORY	.123667		
41 05	ONCOLOGY	.334610		
44	LABORATORY	.082008	180,308	14,787
47	BLOOD STORING, PROCESSING & TRANS.	.031703	137	4
49	RESPIRATORY THERAPY	.258640	6,736	1,742
50	PHYSICAL THERAPY	.557324	3,223	1,796
53	ELECTROCARDIOLOGY	.550860	20,230	11,144
54	ELECTROENCEPHALOGRAPHY	.064687		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.530454		
56	DRUGS CHARGED TO PATIENTS	.652265	130,523	85,136
57	RENAL DIALYSIS	.722336		
58	ASC (NON-DISTINCT PART)			
58 01	WOUND CARE	.441804		
61	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.395889	73,308	29,022
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.109525		
63	OTHER OUTPATIENT SERVICE			
63 01	GENESIS	.974016	9,007	8,773
63 02	WOMENS CENTER	.458006		
63 03	FAMILY PRACTICE			
63 04	ONCOLOGY CLINIC			
63 05				
63 06	FAMILY PRACTICE			
63 07	DIABETIC EDUCATION	1.871589	150	281
63 08	NEW CHOICES			
63 09	OB/GYN			
63 10	HOWARD CO CLINIC			
63 11	HOWARD CO CSS	1.326682	477	633
63 12	CLINTON COUNTY	.668643	224	150
63 13	TELEMEDICINE			
63 14	TELEMEDICINE			
63 15	HC&T HAIDER			
63 16	DR AROUTINOVA			
63 17	OB/GYN GREER			
63 18	ONCOLOGY-BECHAR			
63 19	CRITICAL CARE PHYSICIANS			
63 20	PSYCH DR STEINER			
63 21	PSYCH GOOD HOPE			
63 22	PSYCH DR ERIKA	.415103	800	332
63 23	PSYCH DR KENNETH	122.089723		
63 24	PSYCH DR DEB	1.067046	960	1,024
63 25	PSYCH DR M SHEI	.233635	480	112
63 26	N CENTRAL PED			
63 27	CFHC			
63 28	PSYCH MEDICATION	.418439	483	202
63 29	PSYCH PHD CLINIC			
63 30	RUSSEVILLE OFFICE			
63 31	DR JERRY GREER			
63 32	OTHER OUTPATIENT SERVICE COST CENTER			
63 33	DR KOESTER			
63 34	OPEN HEART			
63 35	DR B. FOGELSON			
63 36	ONCOLOGY MOORE			
63 37	DR BARROW			
63 38	DR. MOUALLA			
63 39	DR. SEDAGHAT			
63 40	DR. KINSEY			
63 41	B.HEALTH TIPTON	1.128856		
65	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		469,854	160,847
102	LESS BPB CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		469,854	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	37,355
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	25,400
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	25,400
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	7,116
19	SUBTOTAL (SEE INSTRUCTIONS)	18,284
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	18,284
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	18,284
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	18,284
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	18,284
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	18,284
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				
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.		18,564,089		8,486,027
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	8/ 1/2007	2,479	8/ 1/2007	95,597
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		2,479		95,597
4 TOTAL INTERIM PAYMENTS		18,566,568		8,581,624
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 SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1		3	4
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.		1,078,976		18,284
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)		NONE		NONE
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	18,536		
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		-18,536		NONE
4 TOTAL INTERIM PAYMENTS		1,060,440		18,284
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 SNF

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				
2 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.		1,118,994		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL			NONE	NONE
4 TOTAL INTERIM PAYMENTS			1,118,994	
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99	NONE	NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO: 00000

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

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

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
				13
				-13
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
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			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
18	PAYMENT FOR SERVICES ON A CHARGE BASIS			
19	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
20	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
21	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
22	RATIO OF LINE 17 TO LINE 18			
23	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
				13
				-13
24	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
25	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
26	COST OF COVERED SERVICES			
				-13
27	PROSPECTIVE PAYMENT AMOUNT			
28	OTHER THAN OUTLIER PAYMENTS			
29	OUTLIER PAYMENTS			
30	PROGRAM CAPITAL PAYMENTS			
31	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
32	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
33	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
				1,158,191
				1,158,178
				1,158,178
34	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
35	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
36	XVIII ENTER AMOUNT FROM LINE 30			
37	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
				1,158,178
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
38	EXCESS OF REASONABLE COST			
39	SUBTOTAL			
				1,158,178
40	COINSURANCE			
41	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
42	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
43	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
44	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
45	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
46	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
47	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
48	UTILIZATION REVIEW			
49	SUBTOTAL (SEE INSTRUCTIONS)			
				1,119,786
50	INPATIENT ROUTINE SERVICE COST			
51	MEDICARE INPATIENT ROUTINE CHARGES			
52	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
53	PAYMENT FOR SERVICES ON A CHARGE BASIS			
54	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
55	FOR PAYMENT OF PART A SERVICES			
56	RATIO OF LINE 43 TO 44			
57	TOTAL CUSTOMARY CHARGES			
58	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
59	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
60	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
61	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
62	OTHER ADJUSTMENTS (SPECIFY)			
63	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
64	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
65	SUBTOTAL			
				1,119,786
66	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
67	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
68	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
				1,119,786
69	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
70	INTERIM PAYMENTS			
71	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
72	BALANCE DUE PROVIDER/PROGRAM			
73	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			
74	IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.			
				1,118,994
				792

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8			3,096,809	
9	INPATIENT PRIMARY PAYER PAYMENTS			
10	OUTPATIENT PRIMARY PAYER PAYMENTS			
11	SUBTOTAL			
12			3,096,809	
13	COMPUTATION OF LESSER OF COST OR CHARGES			
14	REASONABLE CHARGES			
15	ROUTINE SERVICE CHARGES			
16	ANCILLARY SERVICE CHARGES			
17	INTERNS AND RESIDENTS SERVICE CHARGES			
18	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
19	TEACHING PHYSICIANS			
20	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
21	TOTAL REASONABLE CHARGES			
22			7,660,713	
23	CUSTOMARY CHARGES			
24	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
25	PAYMENT FOR SERVICES ON A CHARGE BASIS			
26	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
27	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
28	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
29	RATIO OF LINE 17 TO LINE 18			
30	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
31			7,660,713	
32	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
33			4,563,904	
34	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
35			3,096,809	
36	PROSPECTIVE PAYMENT AMOUNT			
37	OTHER THAN OUTLIER PAYMENTS			
38	OUTLIER PAYMENTS			
39	PROGRAM CAPITAL PAYMENTS			
40	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
41	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
42	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
43	SUBTOTAL			
44			3,096,809	
45	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
46	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
47	XVIII ENTER AMOUNT FROM LINE 30			
48	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
49			3,096,809	
50	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
51	EXCESS OF REASONABLE COST			
52	SUBTOTAL			
53			3,096,809	
54	COINSURANCE			
55	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
56	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
57.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
58	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
59.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
60.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
61	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
62	UTILIZATION REVIEW			
63	SUBTOTAL (SEE INSTRUCTIONS)			
64			3,096,809	
65	INPATIENT ROUTINE SERVICE COST			
66	MEDICARE INPATIENT ROUTINE CHARGES			
67	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
68	PAYMENT FOR SERVICES ON A CHARGE BASIS			
69	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
70	FOR PAYMENT OF PART A SERVICES			
71	RATIO OF LINE 43 TO 44			
72	TOTAL CUSTOMARY CHARGES			
73	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
74	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
75	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
76	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
77	OTHER ADJUSTMENTS (SPECIFY)			
78	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
79	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
80	SUBTOTAL			
81			3,096,809	
82	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
83	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
84	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
85			3,096,809	
86	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
87	INTERIM PAYMENTS			
88.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
89			2,207,814	
90	BALANCE DUE PROVIDER/PROGRAM			
91			888,995	
92	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			
93	IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.			

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

	TITLE XIX	SUBPROVIDER 1	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8			1,043,000	
9	INPATIENT PRIMARY PAYER PAYMENTS			
10	OUTPATIENT PRIMARY PAYER PAYMENTS			
11	SUBTOTAL			
12			1,043,000	
13	COMPUTATION OF LESSER OF COST OR CHARGES			
14	REASONABLE CHARGES			
15	ROUTINE SERVICE CHARGES			
16	ANCILLARY SERVICE CHARGES			
17	INTERNS AND RESIDENTS SERVICE CHARGES			
18	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
19	TEACHING PHYSICIANS			
20	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
21	TOTAL REASONABLE CHARGES			
22			1,528,085	
23			469,854	
24			1,997,939	
25	CUSTOMARY CHARGES			
26	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
27	PAYMENT FOR SERVICES ON A CHARGE BASIS			
28	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
29	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
30	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
31	RATIO OF LINE 17 TO LINE 18			
32	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
33	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
34	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
35	COST OF COVERED SERVICES			
36			1,997,939	
37			954,939	
38			1,043,000	
39	PROSPECTIVE PAYMENT AMOUNT			
40	OTHER THAN OUTLIER PAYMENTS			
41	OUTLIER PAYMENTS			
42	PROGRAM CAPITAL PAYMENTS			
43	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
44	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
45	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
46	SUBTOTAL			
47			1,043,000	
48	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
49	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
50	XVIII ENTER AMOUNT FROM LINE 30			
51	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
52			1,043,000	
53	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
54	EXCESS OF REASONABLE COST			
55	SUBTOTAL			
56			1,043,000	
57	COINSURANCE			
58	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
59	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
60	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
61	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
62	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
63	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
64	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
65	UTILIZATION REVIEW			
66	SUBTOTAL (SEE INSTRUCTIONS)			
67			1,043,000	
68	INPATIENT ROUTINE SERVICE COST			
69	MEDICARE INPATIENT ROUTINE CHARGES			
70	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
71	PAYMENT FOR SERVICES ON A CHARGE BASIS			
72	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
73	FOR PAYMENT OF PART A SERVICES			
74	RATIO OF LINE 43 TO 44			
75	TOTAL CUSTOMARY CHARGES			
76	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
77	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
78	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
79	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
80	OTHER ADJUSTMENTS (SPECIFY)			
81	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
82	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
83	SUBTOTAL			
84			1,043,000	
85	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
86	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
87	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
88			1,043,000	
89	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
90	INTERIM PAYMENTS			
91			729,731	
92	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
93	BALANCE DUE PROVIDER/PROGRAM			
94			313,269	
95	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			
96	IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.			

ASSETS		GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	7,372,348			
2	TEMPORARY INVESTMENTS	18,292,726			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	21,804,564			
5	OTHER RECEIVABLES	3,205,678			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	4,384,005			
8	PREPAID EXPENSES				
9	OTHER CURRENT ASSETS	14,890,372			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	69,949,693			
FIXED ASSETS					
12	LAND	83,144,746			
12.01	LAND IMPROVEMENTS				
13	LESS ACCUMULATED DEPRECIATION				
13.01	BUILDINGS				
14	LESS ACCUMULATED DEPRECIATION				
14.01	LEASEHOLD IMPROVEMENTS				
15	LESS ACCUMULATED DEPRECIATION				
15.01	FIXED EQUIPMENT				
16	LESS ACCUMULATED DEPRECIATION				
16.01	AUTOMOBILES AND TRUCKS				
17	LESS ACCUMULATED DEPRECIATION				
17.01	MAJOR MOVABLE EQUIPMENT				
18	LESS ACCUMULATED DEPRECIATION				
18.01	MINOR EQUIPMENT DEPRECIABLE				
19	LESS ACCUMULATED DEPRECIATION				
19.01	MINOR EQUIPMENT-NONDEPRECIABLE				
20	TOTAL FIXED ASSETS	83,144,746			
OTHER ASSETS					
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	6,280,615			
26	TOTAL OTHER ASSETS	6,280,615			
27	TOTAL ASSETS	159,375,054			

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		82,097,313		
2 NET INCOME (LOSS)		2,911,332		
3 TOTAL ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		85,008,645		
4				
5				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		85,008,645		
12				
13				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		85,008,645		

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
1 00 GENERAL INPATIENT ROUTINE CARE SERVICES			
2 00 HOSPITAL	287,333,529		287,333,529
4 00 SUBPROVIDER			
5 00 SWING BED - SNF			
6 00 SKILLED NURSING FACILITY			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	287,333,529		287,333,529
10 00 INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
15 00 INTENSIVE CARE UNIT			
16 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	287,333,529		287,333,529
17 00 TOTAL INPATIENT ROUTINE CARE SERVICE			
18 00 ANCILLARY SERVICES			
20 00 OUTPATIENT SERVICES			
24 00 AMBULANCE SERVICES			
25 00 TOTAL PATIENT REVENUES	287,333,529		287,333,529

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		139,915,602	
ADD (SPECIFY)			
27 00			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 ADJUSTMENTS	589,588		
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		589,588	
40 00 TOTAL OPERATING EXPENSES		139,326,014	

DESCRIPTION		
1	TOTAL PATIENT REVENUES	287,333,529
2	LESS: ALLOWANCES AND DISCOUNTS ON	162,458,131
3	NET PATIENT REVENUES	124,875,398
4	LESS: TOTAL OPERATING EXPENSES	139,326,014
5	NET INCOME FROM SERVICE TO PATIENT	-14,450,616
OTHER INCOME		
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER INCOME	17,361,948
25	TOTAL OTHER INCOME	17,361,948
26	TOTAL	2,911,332
27	OTHER EXPENSES	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIO	2,911,332

PART I - FULLY PROSPECTIVE METHOD		
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,471,910
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	54,508
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	57.03
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	3.27
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	16.09
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	19.36
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	4.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	58,876
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,585,294
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	