

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).

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	I	15-2020	I	FROM 7/ 1/2006	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 6/30/2007	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
			I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 11/26/2007 TIME 14:47

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:

ST. ELIZABETH ANN SETON HOSPITAL 15-2020
 FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2006 AND ENDING 6/30/2007 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.

 ECR ENCRYPTION INFORMATION

DATE: 11/26/2007 TIME 14:47

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 PI ENCRYPTION INFORMATION

DATE: 11/26/2007 TIME 14:47

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 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2		3	4	
1 HOSPITAL	0		94,135		0	0
100 TOTAL	0		94,135		0	0

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS
 1 STREET: 8050 TOWNSHIP LINE ROAD P.O. BOX:
 1.01 CITY: INDIANAPOLIS STATE: IN ZIP CODE: 46260- COUNTY: MARION

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)		
0	1	2	2.01	3	4	5	6
02.00	HOSPITAL	ST. ELIZABETH ANN SETON HOSPITAL	15-2020	2/ 8/2003	V	XVIII	XIX
					N	P	O

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/ 1/2006 TO: 6/30/2007
 18 TYPE OF CONTROL 1 2
 TYPE OF HOSPITAL/SUBPROVIDER
 19 HOSPITAL 2
 20 SUBPROVIDER

OTHER INFORMATION
 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? N
 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N Y
 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 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.
 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? N
 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) N N
 25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) N N
 26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
 26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
 26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
 27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /

28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02
 28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) 1 2 3 4
 28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY 0 0.0000 0.0000
 0.00 0

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)

28.03 STAFFING % Y/N 0.00%
 28.04 RECRUITMENT 0.00%
 28.05 RETENTION 0.00%
 28.06 TRAINING 0.00%
 29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N
 30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) N
 30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70 N
 30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) N
 30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N
 30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II N
 31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

MISCELLANEOUS COST REPORT INFORMATION
 32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N
 33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2 N
 34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N
 35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
 35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
 35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
 35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
 35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL V XVIII XIX
 36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) 1 2 3
 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N Y N
 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? 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? Y
 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? Y
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
 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 NHCQM 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

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 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
 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
 56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. DATE Y OR N LIMIT Y OR N FEES
 56.01 7/ 1/2006 N 0.00 0
 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. 0.00 0
 56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
 56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
 58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N
 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0
 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) Y Y
 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
 60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 15-2020
I PERIOD: 7/ 1/2006 I PREPARED 11/26/2007
I FROM 7/ 1/2006 I WORKSHEET S-3
I TO 6/30/2007 I PART I

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 / NON COVERED MEDICARE DAYS 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	74	13,015				6,283	513
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	74	13,015				6,283	513
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	74	13,015				6,283	513
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
23 CORF							
25 TOTAL	74						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
27 01 AMBULANCE TRIPS							
27 02 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	TRIPS TOTAL ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			10,071				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			10,071				
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL			10,071				
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
23 CORF							
25 TOTAL							
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
27 01 AMBULANCE TRIPS							
27 02 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					205	10	303
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		116.07			205	10	303
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
23 CORF							

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	194,163	925,113
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		451,908
5	0500 EMPLOYEE BENEFITS	399,018	2,125,567
6	0600 ADMINISTRATIVE & GENERAL	1,026,665	1,949,906
7	0700 MAINTENANCE & REPAIRS		
8	0800 OPERATION OF PLANT		261,418
9	0900 LAUNDRY & LINEN SERVICE		
10	1000 HOUSEKEEPING		164,383
11	1100 DIETARY		147,655
12	1200 CAFETERIA		
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION		207,433
15	1500 CENTRAL SERVICES & SUPPLY		
16	1600 PHARMACY		2,066,623
17	1700 MEDICAL RECORDS & LIBRARY	-1,582	114,462
18	1800 SOCIAL SERVICE		74,261
18.01	1801 PASTORAL CARE		69,729
20	2000 NONPHYSICIAN ANESTHETISTS		
21	2100 NURSING SCHOOL		
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		
24	2400 PARAMED ED PRGM		
25	2500 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	-48,921	5,656,337
26	2600 INTENSIVE CARE UNIT		
27	2700 CORONARY CARE UNIT		
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
31	3100 SUBPROVIDER		
33	3300 NURSERY		
34	3400 SKILLED NURSING FACILITY		
35	3500 NURSING FACILITY		
35.01	3510 ICF/MR		
36	3600 OTHER LONG TERM CARE		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		229,559
38	3800 RECOVERY ROOM		
39	3900 DELIVERY ROOM & LABOR ROOM		
40	4000 ANESTHESIOLOGY		
41	4100 RADIOLOGY-DIAGNOSTIC		355,112
42	4200 RADIOLOGY-THERAPEUTIC		
43	4300 RADIOISOTOPE		
44	4400 LABORATORY	-86,666	285,649
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY		
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		
47	4700 BLOOD STORING, PROCESSING & TRANS.		
48	4800 INTRAVENOUS THERAPY		
49	4900 RESPIRATORY THERAPY		1,799,364
50	5000 PHYSICAL THERAPY		349,986
51	5100 OCCUPATIONAL THERAPY		199,040
52	5200 SPEECH PATHOLOGY		65,399
53	5300 ELECTROCARDIOLOGY		
54	5400 ELECTROENCEPHALOGRAPHY		1,072
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		
56	5600 DRUGS CHARGED TO PATIENTS		
57	5700 RENAL DIALYSIS		191,937
58	5800 ASC (NON-DISTINCT PART)		
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
61	6100 EMERGENCY		
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
64	6400 HOME PROGRAM DIALYSIS		
65	6500 AMBULANCE SERVICES		
66	6600 DURABLE MEDICAL EQUIP-RENTED		
67	6700 DURABLE MEDICAL EQUIP-SOLD		
69	6900 CORF		
70	7000 I&R SERVICES-NOT APPRVD PRGM		
71	7100 HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
82	8200 LUNG ACQUISITION		
83	8300 KIDNEY ACQUISITION		
84	8400 LIVER ACQUISITION		
85	8500 HEART ACQUISITION		
85.01	8510 PANCREAS ACQUISITION		
86	8600 OTHER ORGAN ACQUISITION		
88	8800 INTEREST EXPENSE		-0-
89	8900 UTILIZATION REVIEW-SNF		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
92	9200 AMBULATORY SURGICAL CENTER (D.P.)		
93	9300 HOSPICE		
95	SUBTOTALS	1,482,677	17,691,913
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES		
99	9900 NONPAID WORKERS		
101	TOTAL	1,482,677	17,691,913

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
18.01	PASTORAL CARE	1801	SOCIAL SERVICE
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
35.01	ICF/MR	3510	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
69	CORF	6900	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
82	LUNG ACQUISITION	8200	
83	KIDNEY ACQUISITION	8300	
84	LIVER ACQUISITION	8400	
85	HEART ACQUISITION	8500	
85.01	PANCREAS ACQUISITION	8510	
86	OTHER ORGAN ACQUISITION	8600	
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
101	TOTAL	0000	

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		OTHER
	(1)	COST CENTER	LINE NO	SALARY	
	1	2	3	4	5
1 EQUIPMENT RENT	A	NEW CAP REL COSTS-MVBLE EQUIP	4		451,908
2					
3					
4					
5					
6					
7					
8 SPACE LEASE	B	NEW CAP REL COSTS-BLDG & FIXT	3		453,337
9 MED SUPPLIES	C	RESPIRATORY THERAPY	49		454,494
10					
11					
12					
13					
14					
15					
16					
17					
18 PROFESSIONAL FEES	D	ADULTS & PEDIATRICS	25		148,883
19 INTEREST	E	ADMINISTRATIVE & GENERAL	6		264
36 TOTAL RECLASSIFICATIONS					1,508,886

(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
			NO	LINE			
	1	6	7		8	9	10
1 EQUIPMENT RENT	A	ADULTS & PEDIATRICS	25			324,700	9
2		PHARMACY	16			32,742	9
3		RESPIRATORY THERAPY	49			36,486	9
4		PHYSICAL THERAPY	50			23	9
5		ADMINISTRATIVE & GENERAL	6			20,895	9
6		OPERATION OF PLANT	8			2,178	9
7		RADIOLOGY-DIAGNOSTIC	41			34,884	9
8 SPACE LEASE	B	OPERATION OF PLANT	8			453,337	9
9 MED SUPPLIES	C	ADULTS & PEDIATRICS	25			414,086	
10		PHARMACY	16			23,545	
11		RESPIRATORY THERAPY	49			10,510	
12		PHYSICAL THERAPY	50			1,649	
13		OCCUPATIONAL THERAPY	51			1,259	
14		RADIOLOGY-DIAGNOSTIC	41			430	
15		OPERATING ROOM	37			2,868	
16		NURSING ADMINISTRATION	14			99	
17		LABORATORY	44			48	
18 PROFESSIONAL FEES	D	ADMINISTRATIVE & GENERAL	6			148,883	
19 INTEREST	E	NEW CAP REL COSTS-BLDG & FIXT	3			264	11
36 TOTAL RECLASSIFICATIONS						1,508,886	

(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 : EQUIPMENT RENT

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	451,908	ADULTS & PEDIATRICS	25	324,700	
2.00			0	PHARMACY	16	32,742	
3.00			0	RESPIRATORY THERAPY	49	36,486	
4.00			0	PHYSICAL THERAPY	50	23	
5.00			0	ADMINISTRATIVE & GENERAL	6	20,895	
6.00			0	OPERATION OF PLANT	8	2,178	
7.00			0	RADIOLOGY-DIAGNOSTIC	41	34,884	
TOTAL RECLASSIFICATIONS FOR CODE A			451,908				451,908

RECLASS CODE: B
 EXPLANATION : SPACE LEASE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
7.00	NEW CAP REL COSTS-BLDG & FIXT	3	453,337	OPERATION OF PLANT	8	453,337	
TOTAL RECLASSIFICATIONS FOR CODE B			453,337				453,337

RECLASS CODE: C
 EXPLANATION : MED SUPPLIES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
9.00	RESPIRATORY THERAPY	49	454,494	ADULTS & PEDIATRICS	25	414,086	
10.00			0	PHARMACY	16	23,545	
11.00			0	RESPIRATORY THERAPY	49	10,510	
12.00			0	PHYSICAL THERAPY	50	1,649	
13.00			0	OCCUPATIONAL THERAPY	51	1,259	
14.00			0	RADIOLOGY-DIAGNOSTIC	41	430	
15.00			0	OPERATING ROOM	37	2,868	
16.00			0	NURSING ADMINISTRATION	14	99	
17.00			0	LABORATORY	44	48	
TOTAL RECLASSIFICATIONS FOR CODE C			454,494				454,494

RECLASS CODE: D
 EXPLANATION : PROFESSIONAL FEES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
14.00	ADULTS & PEDIATRICS	25	148,883	ADMINISTRATIVE & GENERAL	6	148,883	
TOTAL RECLASSIFICATIONS FOR CODE D			148,883				148,883

RECLASS CODE: E
 EXPLANATION : INTEREST

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	264	NEW CAP REL COSTS-BLDG & FIXT	3	264	
TOTAL RECLASSIFICATIONS FOR CODE E			264				264

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS PURCHASES 2	DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 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 BALANCES 1	ACQUISITIONS PURCHASES 2	DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND		847,629		847,629		847,629	
2 LAND IMPROVEMENTS							
3 BUILDINGS & FIXTURE	792,832	6,471,026		6,471,026	792,832	6,471,026	
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT							
7 SUBTOTAL	792,832	7,318,655		7,318,655	792,832	7,318,655	
8 RECONCILING ITEMS							
9 TOTAL	792,832	7,318,655		7,318,655	792,832	7,318,655	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

* 1 2 3 4 5	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								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL	277,877		277,877	1.000000				
4	NEW CAP REL COSTS-MV								
5	TOTAL	277,877		277,877	1.000000				

* 1 2 3 4 5	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	925,377		-264				925,113
4	NEW CAP REL COSTS-MV	451,908						451,908
5	TOTAL	1,377,285		-264				1,377,021

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

* 1 2 3 4 5	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	277,877						277,877
4	NEW CAP REL COSTS-MV							
5	TOTAL	277,877						277,877

* 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	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO	WKST. A-7 REF. 5
			COST CENTER			
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
5 INVESTMENT INCOME-OTHER						
6 TRADE, QUANTITY AND TIME DISCOUNTS						
7 REFUNDS AND REBATES OF EXPENSES						
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES						
10 TELEVISION AND RADIO SERVICE						
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-135,587				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	1,625,085				
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS						
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS						
18 SALE OF MED AND SURG SUPPLIES						
19 SALE OF DRUGS TO OTHER THAN PATIENTS						
20 SALE OF MEDICAL RECORDS & ABSTRACTS						
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)						
22 VENDING MACHINES						
23 INCOME FROM IMPOSITION OF INTEREST						
24 INTRST EXP ON MEDICARE OVERPAYMENTS						
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY		49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY		50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28 UTILIZATION REVIEW-PHYSIAN COMP			UTILIZATION REVIEW-SNF		89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS		20	
34 PHYSICIANS' ASSISTANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY		51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY		52	
37 ADVERTISING	A	-4,632	ADMINISTRATIVE & GENERAL		6	
38 LOBBYING EXP	A	-307	ADMINISTRATIVE & GENERAL		6	
39 MISC INC	B	-1,582	MEDICAL RECORDS & LIBRARY		17	
40 MISC INC	B	-300	ADMINISTRATIVE & GENERAL		6	
41 OTHER ADJUSTMENTS (SPECIFY)						
42 OTHER ADJUSTMENTS (SPECIFY)						
43 OTHER ADJUSTMENTS (SPECIFY)						
44 OTHER ADJUSTMENTS (SPECIFY)						
45 OTHER ADJUSTMENTS (SPECIFY)						
46 OTHER ADJUSTMENTS (SPECIFY)						
47 OTHER ADJUSTMENTS (SPECIFY)						
48 OTHER ADJUSTMENTS (SPECIFY)						
49 OTHER ADJUSTMENTS (SPECIFY)						
50 TOTAL (SUM OF LINES 1 THRU 49)		1,482,677				

(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	
1	5	EMPLOYEE BENEFITS	151,846	151,846		
2	6	ADMINISTRATIVE & GENERAL	71,342	71,342		
3	8	OPERATION OF PLANT	34,635	34,635		
4	10	HOUSEKEEPING	106,428	106,428		
4.01	11	DIETARY	136,291	136,291		
4.02	25	ADULTS & PEDIATRICS	8,716	8,716		
4.03	16	PHARMACY	4,263	4,263		
4.04	17	MEDICAL RECORDS & LIBRARY	30,948	30,948		
4.05	18	PASTORAL CARE	69,298	69,298		
4.06	25	ADULTS & PEDIATRICS	62,224	62,224		
4.07	37	OPERATING ROOM	164,791	164,791		
4.08	41	RADIOLOGY-DIAGNOSTIC	351,565	351,565		
4.09	44	LABORATORY	-40,041	-40,041		
4.10	49	RESPIRATORY THERAPY	4,058	4,058		
4.11	50	PHYSICAL THERAPY	3,107	3,107		
4.12	37	OPERATING ROOM	41,342	41,342		
4.13	54	ELECTROENCEPHALOGRAPHY	1,072	1,072		
4.14	57	RENAL DIALYSIS	28,994	28,994		
4.15	5	EMPLOYEE BENEFITS	521,389	521,389		
4.16	3	NEW CAP REL COSTS-BLDG &	205,744	11,581	194,163	9
4.17	6	ADMINISTRATIVE & GENERAL	1,148,352	116,448	1,031,904	
4.18	6	ADMINISTRATIVE & GENERAL	3,355	3,355		
4.19	3	NEW CAP REL COSTS-BLDG &	264	264		11
4.20	6	ADMINISTRATIVE & GENERAL	47,153	47,153		
4.21	6	ADMINISTRATIVE & GENERAL	1,978	1,978		
4.22	6	ADMINISTRATIVE & GENERAL	83,293	83,293		
4.23	6	ADMINISTRATIVE & GENERAL	9,683	9,683		
4.24	6	ADMINISTRATIVE & GENERAL	85,596	85,596		
4.25	52	SPEECH PATHOLOGY	248	248		
4.71	5	EMPLOYEE BENEFITS	1,008,325	609,307	399,018	
5		TOTALS	4,346,259	2,721,174	1,625,085	

* 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	G	100.00	ST VINCENT HEALTH	100.00	HOME OFFICE
2		0.00		0.00	
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

1	2	3	4	5	6	7	8	9
WKSHT A	COST CENTER/	TOTAL	PROFES-	PROVIDER	RCE	PHYSICIAN/	UNADJUSTED	5 PERCENT OF
LINE NO.	PHYSICIAN	REMUN-	SIONAL	COMPONENT	AMOUNT	PROVIDER	RCE LIMIT	UNADJUSTED
	IDENTIFIER	ERATION	COMPONENT			COMPONENT		RCE LIMIT
						HOURS		
1	25	1	DR. IKERD, DR. REISMAN	62,217		167	13,296	665
2	44	2	PULMONOLOGY SERVICE	86,666	62,217			
3		3			165,600			
4		4						
5		5						
6		6						
7		7						
8		8						
9		9						
10		10						
11		11						
12		12						
13		13						
14		14						
15		15						
16		16						
17		17						
18		18						
19		19						
20		20						
21		21						
22		22						
23		23						
24		24						
25		25						
26		26						
27		27						
28		28						
29		29						
30		30						
101		101	TOTAL	148,883	62,217	167	13,296	665

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 DR. IKERD, DR. REISMAN					13,296	48,921	48,921
2	44 PULMONOLOGY SERVICE							86,666
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					13,296	48,921	135,587

COST ALLOCATION STATISTICS

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

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL COSTS-BLDG & OSTS-1	OLD CAP REL COSTS-MVBLE E OSTS-2	NEW CAP REL COSTS-BLDG & OSTS-3	NEW CAP REL COSTS-MVBLE E OSTS-4	EMPLOYEE BENE FITS 5	SUBTOTAL 5a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG & OSTS-1							
003 OLD CAP REL COSTS-MVBLE E OSTS-2							
004 NEW CAP REL COSTS-BLDG & OSTS-3	925,113			925,113			
005 NEW CAP REL COSTS-MVBLE E OSTS-4	451,908				451,908		
006 EMPLOYEE BENEFITS	2,125,567					2,125,567	
007 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	1,949,906			263,410	128,673	231,001	2,572,990
008 OPERATION OF PLANT	261,418			14,150	6,912	11,219	293,699
009 LAUNDRY & LINEN SERVICE				14,281	6,976		21,257
010 HOUSEKEEPING	164,383			4,223	2,063	24,230	194,899
011 DIETARY	147,655			16,850	8,231	25,952	198,688
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	207,433			46,412	22,672	43,552	320,069
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	2,066,623			30,347	14,824	142,609	2,254,403
017 MEDICAL RECORDS & LIBRARY	114,462			14,716	7,189	13,188	149,555
018 SOCIAL SERVICE	74,261					16,842	91,103
018 01 PASTORAL CARE	69,729			2,351	1,148	14,122	87,350
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	5,656,337			436,693	213,321	1,170,939	7,477,290
026 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	229,559			784	383		230,726
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC	355,112			5,225	2,552	8,555	371,444
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE LABORATORY	285,649			871	425		286,945
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	1,799,364			740	362	286,956	2,087,422
050 PHYSICAL THERAPY	349,986			74,060	36,177	76,844	537,067
051 OCCUPATIONAL THERAPY	199,040					44,518	243,558
052 SPEECH PATHOLOGY	65,399					15,003	80,402
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY	1,072					37	1,109
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	191,937						191,937
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY							
064 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
066 HOME PROGRAM DIALYSIS							
067 AMBULANCE SERVICES							
069 DURABLE MEDICAL EQUIP-REN							
070 DURABLE MEDICAL EQUIP-SOL							
071 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
084 KIDNEY ACQUISITION							
085 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	17,691,913			925,113	451,908	2,125,567	17,691,913
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
098 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	17,691,913			925,113	451,908	2,125,567	17,691,913

COST ALLOCATION - GENERAL SERVICE COSTS

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		6	7	8	9	10	11	12
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENERAL	2,572,990						
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT	49,983		343,682				
009	LAUNDRY & LINEN SERVICE	3,618		7,579	32,454			
010	HOUSEKEEPING	33,168		2,241		230,308		
011	DIETARY	33,813		8,943		6,169	247,613	
012	CAFETERIA							
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION	54,470		24,633		16,993		
015	CENTRAL SERVICES & SUPPLY							
016	PHARMACY	383,661		16,106		11,111		
017	MEDICAL RECORDS & LIBRARY	25,452		7,810		5,388		
018	SOCIAL SERVICE	15,504						
018	01 PASTORAL CARE	14,865		1,248		861		
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C							
024	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	1,272,515		231,772	32,454	159,881	247,613	
026	INTENSIVE CARE UNIT							
027	CORONARY CARE UNIT							
028	BURN INTENSIVE CARE UNIT							
029	SURGICAL INTENSIVE CARE U							
031	SUBPROVIDER							
033	NURSERY							
034	SKILLED NURSING FACILITY							
035	01 NURSING FACILITY							
035	01 ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	39,266		416		287		
038	RECOVERY ROOM							
039	DELIVERY ROOM & LABOR ROO							
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC	63,213		2,773		1,913		
042	RADIOLOGY-THERAPEUTIC							
043	RADIOISOTOPE							
044	LABORATORY	48,833		462		319		
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING							
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	355,244		393		271		
050	PHYSICAL THERAPY	91,400		39,306		27,115		
051	OCCUPATIONAL THERAPY	41,449						
052	SPEECH PATHOLOGY	13,683						
053	ELECTROCARDIOLOGY							
054	ELECTROENCEPHALOGRAPHY	189						
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS							
057	RENAL DIALYSIS	32,664						
058	ASC (NON-DISTINCT PART)							
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
061	EMERGENCY							
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS							
065	AMBULANCE SERVICES							
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY							
082	LUNG ACQUISITION							
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION							
084	LIVER ACQUISITION							
085	HEART ACQUISITION							
085	01 PANCREAS ACQUISITION							
086	OTHER ORGAN ACQUISITION							
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE							
095	SUBTOTALS	2,572,990		343,682	32,454	230,308	247,613	
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
097	RESEARCH							
098	PHYSICIANS' PRIVATE OFFIC							
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	2,572,990		343,682	32,454	230,308	247,613	

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	MANTENANCE O	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL SERVIC	PASTORAL CARE
	F PERSONNEL	ISTRATION	CES & SUPPLY		DS & LIBRARY	E	
	13	14	15	16	17	18	18.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION		416,165					
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY				2,665,281			
018 MEDICAL RECORDS & LIBRARY					188,205		
018 01 SOCIAL SERVICE						106,607	
020 01 PASTORAL CARE							104,324
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
025 PARAMED ED PRGM							
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS		321,769			188,205	106,607	104,324
028 INTENSIVE CARE UNIT							
029 CORONARY CARE UNIT							
031 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
034 SUBPROVIDER							
035 NURSERY							
036 01 SKILLED NURSING FACILITY							
037 01 NURSING FACILITY							
038 ICF/MR							
039 OTHER LONG TERM CARE							
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM							
042 RECOVERY ROOM							
043 DELIVERY ROOM & LABOR ROO							
044 ANESTHESIOLOGY							
045 RADIOLOGY-DIAGNOSTIC							
046 RADIOLOGY-THERAPEUTIC							
047 RADIOISOTOPE							
048 LABORATORY							
049 PBP CLINICAL LAB SERVICES							
050 WHOLE BLOOD & PACKED RED							
051 BLOOD STORING, PROCESSING							
052 INTRAVENOUS THERAPY							
053 RESPIRATORY THERAPY		59,895					
054 PHYSICAL THERAPY		20,831					
055 OCCUPATIONAL THERAPY		12,104					
056 SPEECH PATHOLOGY		1,566					
057 ELECTROCARDIOLOGY							
058 ELECTROENCEPHALOGRAPHY							
060 MEDICAL SUPPLIES CHARGED					2,665,281		
061 DRUGS CHARGED TO PATIENTS							
062 RENAL DIALYSIS							
064 ASC (NON-DISTINCT PART)							
066 OUTPAT SERVICE COST CNTRS							
068 CLINIC							
070 EMERGENCY							
072 OBSERVATION BEDS (NON-DIS							
074 OTHER REIMBURS COST CNTRS							
076 HOME PROGRAM DIALYSIS							
078 AMBULANCE SERVICES							
080 DURABLE MEDICAL EQUIP-REN							
082 DURABLE MEDICAL EQUIP-SOL							
084 CORF							
086 I&R SERVICES-NOT APPRVD P							
088 HOME HEALTH AGENCY							
090 LUNG ACQUISITION							
092 SPEC PURPOSE COST CENTERS							
094 KIDNEY ACQUISITION							
096 LIVER ACQUISITION							
098 HEART ACQUISITION							
100 01 PANCREAS ACQUISITION							
102 OTHER ORGAN ACQUISITION							
104 AMBULATORY SURGICAL CENTE							
106 HOSPICE							
108 SUBTOTALS		416,165		2,665,281	188,205	106,607	104,324
110 NONREIMBURS COST CENTERS							
112 GIFT, FLOWER, COFFEE SHOP							
114 RESEARCH							
116 PHYSICIANS' PRIVATE OFFIC							
118 NONPAID WORKERS							
120 CROSS FOOT ADJUSTMENT							
122 NEGATIVE COST CENTER							
124 TOTAL		416,165		2,665,281	188,205	106,607	104,324

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PR GM	PR	SUBTOTAL	I&R COST POST STEP-DOWN ADJ
	20	21	22	23	24		25	26
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
007 ADMINISTRATIVE & GENERAL								
008 MAINTENANCE & REPAIRS								
009 OPERATION OF PLANT								
010 LAUNDRY & LINEN SERVICE								
011 HOUSEKEEPING								
012 DIETARY								
013 CAFETERIA								
014 MAINTENANCE OF PERSONNEL								
015 NURSING ADMINISTRATION								
016 CENTRAL SERVICES & SUPPLY								
017 PHARMACY								
018 MEDICAL RECORDS & LIBRARY								
019 SOCIAL SERVICE								
020 01 PASTORAL CARE								
021 NONPHYSICIAN ANESTHETISTS								
022 NURSING SCHOOL								
023 I&R SERVICES-SALARY & FRI								
024 I&R SERVICES-OTHER PRGM C								
025 PARAMED ED PRGM								
026 INPAT ROUTINE SRVC CNTRS								
027 ADULTS & PEDIATRICS							10,142,430	
028 INTENSIVE CARE UNIT								
029 CORONARY CARE UNIT								
030 BURN INTENSIVE CARE UNIT								
031 SURGICAL INTENSIVE CARE U								
032 SUBPROVIDER								
033 NURSERY								
034 SKILLED NURSING FACILITY								
035 NURSING FACILITY								
036 01 ICF/MR								
037 OTHER LONG TERM CARE								
038 ANCILLARY SRVC COST CNTRS								
039 OPERATING ROOM							270,695	
040 RECOVERY ROOM								
041 DELIVERY ROOM & LABOR ROO								
042 ANESTHESIOLOGY								
043 RADIOLOGY-DIAGNOSTIC							439,343	
044 RADIOLOGY-THERAPEUTIC								
045 RADIOISOTOPE								
046 LABORATORY							336,559	
047 PBP CLINICAL LAB SERVICES								
048 WHOLE BLOOD & PACKED RED								
049 BLOOD STORING, PROCESSING								
050 INTRAVENOUS THERAPY								
051 RESPIRATORY THERAPY							2,503,225	
052 PHYSICAL THERAPY							715,719	
053 OCCUPATIONAL THERAPY							297,111	
054 SPEECH PATHOLOGY							95,651	
055 ELECTROCARDIOLOGY								
056 ELECTROENCEPHALOGRAPHY							1,298	
057 MEDICAL SUPPLIES CHARGED								
058 DRUGS CHARGED TO PATIENTS							2,665,281	
059 RENAL DIALYSIS							224,601	
060 ASC (NON-DISTINCT PART)								
061 OUTPAT SERVICE COST CNTRS								
062 CLINIC								
063 EMERGENCY								
064 OBSERVATION BEDS (NON-DIS								
065 OTHER REIMBURS COST CNTRS								
066 HOME PROGRAM DIALYSIS								
067 AMBULANCE SERVICES								
068 DURABLE MEDICAL EQUIP-REN								
069 DURABLE MEDICAL EQUIP-SOL								
070 CORF								
071 I&R SERVICES-NOT APPRVD P								
072 HOME HEALTH AGENCY								
073 LUNG ACQUISITION								
074 SPEC PURPOSE COST CENTERS								
075 KIDNEY ACQUISITION								
076 LIVER ACQUISITION								
077 HEART ACQUISITION								
078 01 PANCREAS ACQUISITION								
079 OTHER ORGAN ACQUISITION								
080 AMBULATORY SURGICAL CENTE								
081 HOSPICE								
082 SUBTOTALS							17,691,913	
083 NONREIMBURS COST CENTERS								
084 GIFT, FLOWER, COFFEE SHOP								
085 RESEARCH								
086 PHYSICIANS' PRIVATE OFFIC								
087 NONPAID WORKERS								
088 CROSS FOOT ADJUSTMENT								
089 NEGATIVE COST CENTER								
090 TOTAL							17,691,913	

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION		TOTAL
		27
001	GENERAL SERVICE COST CNTR	
002	OLD CAP REL COSTS-BLDG &	
003	OLD CAP REL COSTS-MVBLE E	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
006	EMPLOYEE BENEFITS	
007	ADMINISTRATIVE & GENERAL	
008	MAINTENANCE & REPAIRS	
009	OPERATION OF PLANT	
010	LAUNDRY & LINEN SERVICE	
011	HOUSEKEEPING	
012	DIETARY	
013	CAFETERIA	
014	MAINTENANCE OF PERSONNEL	
015	NURSING ADMINISTRATION	
016	CENTRAL SERVICES & SUPPLY	
017	PHARMACY	
018	MEDICAL RECORDS & LIBRARY	
018	01 SOCIAL SERVICE	
020	PASTORAL CARE	
021	NONPHYSICIAN ANESTHETISTS	
022	NURSING SCHOOL	
023	I&R SERVICES-SALARY & FRI	
024	I&R SERVICES-OTHER PRGM C	
025	PARAMED ED PRGM	
026	INPAT ROUTINE SRVC CNTRS	10,142,430
027	ADULTS & PEDIATRICS	
028	INTENSIVE CARE UNIT	
029	CORONARY CARE UNIT	
031	BURN INTENSIVE CARE UNIT	
033	SURGICAL INTENSIVE CARE U	
034	SUBPROVIDER	
035	NURSERY	
036	SKILLED NURSING FACILITY	
037	01 NURSING FACILITY	
038	ICF/MR	
039	OTHER LONG TERM CARE	
041	ANCILLARY SRVC COST CNTRS	
042	OPERATING ROOM	270,695
043	RECOVERY ROOM	
044	DELIVERY ROOM & LABOR ROO	
045	ANESTHESIOLOGY	
046	RADIOLOGY-DIAGNOSTIC	439,343
047	RADIOLOGY-THERAPEUTIC	
048	RADIOISOTOPE	
049	LABORATORY	336,559
050	PBP CLINICAL LAB SERVICES	
051	WHOLE BLOOD & PACKED RED	
052	BLOOD STORING, PROCESSING	
053	INTRAVENOUS THERAPY	
054	RESPIRATORY THERAPY	2,503,225
055	PHYSICAL THERAPY	715,719
056	OCCUPATIONAL THERAPY	297,111
057	SPEECH PATHOLOGY	95,651
058	ELECTROCARDIOLOGY	
060	ELECTROENCEPHALOGRAPHY	1,298
061	MEDICAL SUPPLIES CHARGED	
062	DRUGS CHARGED TO PATIENTS	2,665,281
064	RENAL DIALYSIS	224,601
065	ASC (NON-DISTINCT PART)	
066	OUTPAT SERVICE COST CNTRS	
067	CLINIC	
068	EMERGENCY	
069	OBSERVATION BEDS (NON-DIS	
070	OTHER REIMBURS COST CNTRS	
071	HOME PROGRAM DIALYSIS	
072	AMBULANCE SERVICES	
073	DURABLE MEDICAL EQUIP-REN	
074	DURABLE MEDICAL EQUIP-SOL	
075	CORF	
076	I&R SERVICES-NOT APPRVD P	
077	HOME HEALTH AGENCY	
078	LUNG ACQUISITION	
079	SPEC PURPOSE COST CENTERS	
080	KIDNEY ACQUISITION	
081	LIVER ACQUISITION	
082	HEART ACQUISITION	
083	01 PANCREAS ACQUISITION	
084	OTHER ORGAN ACQUISITION	
085	AMBULATORY SURGICAL CENTE	
086	HOSPICE	
087	SUBTOTALS	17,691,913
088	NONREIMBURS COST CENTERS	
089	GIFT, FLOWER, COFFEE SHOP	
090	RESEARCH	
091	PHYSICIANS' PRIVATE OFFIC	
092	NONPAID WORKERS	
093	CROSS FOOT ADJUSTMENT	
094	NEGATIVE COST CENTER	
095	TOTAL	17,691,913

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL	392,083						
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	7,616		28,678				
010 LAUNDRY & LINEN SERVICE	551		632	22,440			
011 HOUSEKEEPING	5,054		187		11,527		
012 DIETARY	5,153		746		309	31,289	
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	8,300		2,055		850		
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY	58,463		1,344		556		
018 MEDICAL RECORDS & LIBRARY	3,878		652		270		
019 SOCIAL SERVICE	2,363						
020 01 PASTORAL CARE	2,265		104		43		
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
025 PARAMED ED PRGM							
026 INPAT ROUTINE SRVC CNTRS	193,914		19,340	22,440	8,002	31,289	
027 ADULTS & PEDIATRICS							
028 INTENSIVE CARE UNIT							
029 CORONARY CARE UNIT							
030 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U							
032 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
036 01 ICF/MR							
037 OTHER LONG TERM CARE							
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	5,983		35		14		
040 RECOVERY ROOM							
041 DELIVERY ROOM & LABOR ROO							
042 ANESTHESIOLOGY							
043 RADIOLOGY-DIAGNOSTIC	9,633		231		96		
044 RADIOLOGY-THERAPEUTIC							
045 RADIOISOTOPE							
046 LABORATORY	7,441		39		16		
047 PBP CLINICAL LAB SERVICES							
048 WHOLE BLOOD & PACKED RED							
049 BLOOD STORING, PROCESSING							
050 INTRAVENOUS THERAPY							
051 RESPIRATORY THERAPY	54,133		33		14		
052 PHYSICAL THERAPY	13,928		3,280		1,357		
053 OCCUPATIONAL THERAPY	6,316						
054 SPEECH PATHOLOGY	2,085						
055 ELECTROCARDIOLOGY							
056 ELECTROENCEPHALOGRAPHY	29						
057 MEDICAL SUPPLIES CHARGED							
058 DRUGS CHARGED TO PATIENTS							
059 RENAL DIALYSIS	4,978						
060 ASC (NON-DISTINCT PART)							
061 OUTPAT SERVICE COST CNTRS							
062 CLINIC							
063 EMERGENCY							
064 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
066 HOME PROGRAM DIALYSIS							
067 AMBULANCE SERVICES							
068 DURABLE MEDICAL EQUIP-REN							
069 DURABLE MEDICAL EQUIP-SOL							
070 CORF							
071 I&R SERVICES-NOT APPRVD P							
072 HOME HEALTH AGENCY							
073 LUNG ACQUISITION							
074 SPEC PURPOSE COST CENTERS							
075 KIDNEY ACQUISITION							
076 LIVER ACQUISITION							
077 HEART ACQUISITION							
078 01 PANCREAS ACQUISITION							
079 OTHER ORGAN ACQUISITION							
080 AMBULATORY SURGICAL CENTE							
081 HOSPICE							
082 SUBTOTALS	392,083		28,678	22,440	11,527	31,289	
083 NONREIMBURS COST CENTERS							
084 GIFT, FLOWER, COFFEE SHOP							
085 RESEARCH							
086 PHYSICIANS' PRIVATE OFFIC							
087 NONPAID WORKERS							
088 CROSS FOOT ADJUSTMENTS							
089 NEGATIVE COST CENTER							
090 TOTAL	392,083		28,678	22,440	11,527	31,289	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	PASTORAL CARE
	13	14	15	16	17	18	18.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION		80,289					
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY				105,534			
018 MEDICAL RECORDS & LIBRARY					26,705		
019 SOCIAL SERVICE						2,363	
020 01 PASTORAL CARE							5,911
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
025 PARAMED ED PRGM							
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS		62,078			26,705	2,363	5,911
028 INTENSIVE CARE UNIT							
029 CORONARY CARE UNIT							
030 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U							
032 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
036 01 ICF/MR							
037 OTHER LONG TERM CARE							
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM							
040 RECOVERY ROOM							
041 DELIVERY ROOM & LABOR ROO							
042 ANESTHESIOLOGY							
043 RADIOLOGY-DIAGNOSTIC							
044 RADIOLOGY-THERAPEUTIC							
045 RADIOISOTOPE							
046 LABORATORY							
047 PBP CLINICAL LAB SERVICES							
048 WHOLE BLOOD & PACKED RED							
049 BLOOD STORING, PROCESSING							
050 INTRAVENOUS THERAPY							
051 RESPIRATORY THERAPY		11,555					
052 PHYSICAL THERAPY		4,019					
053 OCCUPATIONAL THERAPY		2,335					
054 SPEECH PATHOLOGY		302					
055 ELECTROCARDIOLOGY							
056 ELECTROENCEPHALOGRAPHY							
057 MEDICAL SUPPLIES CHARGED							
058 DRUGS CHARGED TO PATIENTS				105,534			
059 RENAL DIALYSIS							
060 ASC (NON-DISTINCT PART)							
061 OUTPAT SERVICE COST CNTRS							
062 CLINIC							
063 EMERGENCY							
064 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
066 HOME PROGRAM DIALYSIS							
067 AMBULANCE SERVICES							
068 DURABLE MEDICAL EQUIP-REN							
069 DURABLE MEDICAL EQUIP-SOL							
070 CORF							
071 I&R SERVICES-NOT APPRVD P							
072 HOME HEALTH AGENCY							
073 LUNG ACQUISITION							
074 SPEC PURPOSE COST CENTERS							
075 KIDNEY ACQUISITION							
076 LIVER ACQUISITION							
077 HEART ACQUISITION							
078 01 PANCREAS ACQUISITION							
079 OTHER ORGAN ACQUISITION							
080 AMBULATORY SURGICAL CENTE							
081 HOSPICE							
082 SUBTOTALS		80,289		105,534	26,705	2,363	5,911
083 NONREIMBURS COST CENTERS							
084 GIFT, FLOWER, COFFEE SHOP							
085 RESEARCH							
086 PHYSICIANS' PRIVATE OFFIC							
087 NONPAID WORKERS							
088 CROSS FOOT ADJUSTMENTS							
089 NEGATIVE COST CENTER							
090 TOTAL		80,289		105,534	26,705	2,363	5,911

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	20	21	22	23	24	25	26
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY							
019 SOCIAL SERVICE							
01 020 PASTORAL CARE							
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
025 PARAMED ED PRGM							
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS						1,022,056	
028 INTENSIVE CARE UNIT							
029 CORONARY CARE UNIT							
030 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U							
032 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
01 036 ICF/MR							
037 OTHER LONG TERM CARE							
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM						7,199	
040 RECOVERY ROOM							
041 DELIVERY ROOM & LABOR ROO							
042 ANESTHESIOLOGY							
043 RADIOLOGY-DIAGNOSTIC						17,737	
044 RADIOLOGY-THERAPEUTIC							
045 RADIOISOTOPE							
046 LABORATORY						8,792	
047 PBP CLINICAL LAB SERVICES							
048 WHOLE BLOOD & PACKED RED							
049 BLOOD STORING, PROCESSING							
050 INTRAVENOUS THERAPY							
051 RESPIRATORY THERAPY						66,837	
052 PHYSICAL THERAPY						132,821	
053 OCCUPATIONAL THERAPY						8,651	
054 SPEECH PATHOLOGY						2,387	
055 ELECTROCARDIOLOGY							
056 ELECTROENCEPHALOGRAPHY						29	
057 MEDICAL SUPPLIES CHARGED							
058 DRUGS CHARGED TO PATIENTS						105,534	
059 RENAL DIALYSIS						4,978	
060 ASC (NON-DISTINCT PART)							
061 OUTPAT SERVICE COST CNTRS							
062 CLINIC							
063 EMERGENCY							
064 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
066 HOME PROGRAM DIALYSIS							
067 AMBULANCE SERVICES							
068 DURABLE MEDICAL EQUIP-REN							
069 DURABLE MEDICAL EQUIP-SOL							
070 CORF							
071 I&R SERVICES-NOT APPRVD P							
072 HOME HEALTH AGENCY							
073 LUNG ACQUISITION							
074 SPEC PURPOSE COST CENTERS							
075 KIDNEY ACQUISITION							
076 LIVER ACQUISITION							
077 HEART ACQUISITION							
01 078 PANCREAS ACQUISITION							
079 OTHER ORGAN ACQUISITION							
080 AMBULATORY SURGICAL CENTE							
081 HOSPICE							
082 SUBTOTALS						1,377,021	
083 NONREIMBURS COST CENTERS							
084 GIFT, FLOWER, COFFEE SHOP							
085 RESEARCH							
086 PHYSICIANS' PRIVATE OFFIC							
087 NONPAID WORKERS							
088 CROSS FOOT ADJUSTMENTS							
089 NEGATIVE COST CENTER							
090 TOTAL						1,377,021	

ALLOCATION OF NEW CAPITAL RELATED COSTS

TOTAL

27

001	GENERAL SERVICE COST CNTR	
002	OLD CAP REL COSTS-BLDG &	
003	OLD CAP REL COSTS-MVBLE E	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
006	EMPLOYEE BENEFITS	
007	ADMINISTRATIVE & GENERAL	
008	MAINTENANCE & REPAIRS	
009	OPERATION OF PLANT	
010	LAUNDRY & LINEN SERVICE	
011	HOUSEKEEPING	
012	DIETARY	
013	CAFETERIA	
014	MAINTENANCE OF PERSONNEL	
015	NURSING ADMINISTRATION	
016	CENTRAL SERVICES & SUPPLY	
017	PHARMACY	
018	MEDICAL RECORDS & LIBRARY	
019	SOCIAL SERVICE	
020	01 PASTORAL CARE	
021	NONPHYSICIAN ANESTHETISTS	
022	NURSING SCHOOL	
023	I&R SERVICES-SALARY & FRI	
024	I&R SERVICES-OTHER PRGM C	
	PARAMED ED PRGM	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	1,022,056
026	INTENSIVE CARE UNIT	
027	CORONARY CARE UNIT	
028	BURN INTENSIVE CARE UNIT	
029	SURGICAL INTENSIVE CARE U	
030	SUBPROVIDER	
031	NURSERY	
032	SKILLED NURSING FACILITY	
033	NURSING FACILITY	
034	01 ICF/MR	
035	OTHER LONG TERM CARE	
036	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	7,199
038	RECOVERY ROOM	
039	DELIVERY ROOM & LABOR ROO	
040	ANESTHESIOLOGY	
041	RADIOLOGY-DIAGNOSTIC	17,737
042	RADIOLOGY-THERAPEUTIC	
043	RADIOISOTOPE	
044	LABORATORY	8,792
045	PBP CLINICAL LAB SERVICES	
046	WHOLE BLOOD & PACKED RED	
047	BLOOD STORING, PROCESSING	
048	INTRAVENOUS THERAPY	
049	RESPIRATORY THERAPY	66,837
050	PHYSICAL THERAPY	132,821
051	OCCUPATIONAL THERAPY	8,651
052	SPEECH PATHOLOGY	2,387
053	ELECTROCARDIOLOGY	
054	ELECTROENCEPHALOGRAPHY	29
055	MEDICAL SUPPLIES CHARGED	
056	DRUGS CHARGED TO PATIENTS	105,534
057	RENAL DIALYSIS	4,978
058	ASC (NON-DISTINCT PART)	
059	OUTPAT SERVICE COST CNTRS	
060	CLINIC	
061	EMERGENCY	
062	OBSERVATION BEDS (NON-DIS	
	OTHER REIMBURS COST CNTRS	
064	HOME PROGRAM DIALYSIS	
065	AMBULANCE SERVICES	
066	DURABLE MEDICAL EQUIP-REN	
067	DURABLE MEDICAL EQUIP-SOL	
068	CORF	
069	I&R SERVICES-NOT APPRVD P	
070	HOME HEALTH AGENCY	
071	LUNG ACQUISITION	
072	SPEC PURPOSE COST CENTERS	
073	KIDNEY ACQUISITION	
074	LIVER ACQUISITION	
075	HEART ACQUISITION	
076	01 PANCREAS ACQUISITION	
077	OTHER ORGAN ACQUISITION	
078	AMBULATORY SURGICAL CENTE	
079	HOSPICE	
080	SUBTOTALS	1,377,021
081	NONREIMBURS COST CENTERS	
082	GIFT, FLOWER, COFFEE SHOP	
083	RESEARCH	
084	PHYSICIANS' PRIVATE OFFIC	
085	NONPAID WORKERS	
086	CROSS FOOT ADJUSTMENTS	
087	NEGATIVE COST CENTER	
088	TOTAL	1,377,021

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION
	OSTS-BLDG &)	OSTS-MVBLE E)	OSTS-BLDG &)	OSTS-MVBLE E)	FITS)	
	(SQUARE FEET)	(DOLLAR VALUE)	(SQUARE FEET)	(SQUARE FEET)	(GROSS SALARIES)	
	1	2	3	4	5	6a.00
001 GENERAL SERVICE COST CNTR						
002 OLD CAP REL COSTS-BLDG &						
003 OLD CAP REL COSTS-MVBLE E						
004 NEW CAP REL COSTS-BLDG &			21,248			
005 NEW CAP REL COSTS-MVBLE E				21,248		
006 EMPLOYEE BENEFITS					9,336,287	
007 ADMINISTRATIVE & GENERAL			6,050	6,050	1,014,644	-2,572,990
008 MAINTENANCE & REPAIRS						
009 OPERATION OF PLANT			325	325	49,279	
010 LAUNDRY & LINEN SERVICE			328	328		
011 HOUSEKEEPING			97	97	106,428	
012 DIETARY			387	387	113,991	
013 CAFETERIA						
014 MAINTENANCE OF PERSONNEL						
015 NURSING ADMINISTRATION			1,066	1,066	191,297	
016 CENTRAL SERVICES & SUPPLY						
017 PHARMACY			697	697	626,391	
018 MEDICAL RECORDS & LIBRARY			338	338	57,926	
019 SOCIAL SERVICE					73,975	
01 018 PASTORAL CARE			54	54	62,028	
020 NONPHYSICIAN ANESTHETISTS						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY & FRI						
023 I&R SERVICES-OTHER PRGM C						
024 PARAMED ED PRGM						
025 INPAT ROUTINE SRVC CNTRS						
026 ADULTS & PEDIATRICS			10,030	10,030	5,143,197	
027 INTENSIVE CARE UNIT						
028 CORONARY CARE UNIT						
029 BURN INTENSIVE CARE UNIT						
031 SURGICAL INTENSIVE CARE U						
033 SUBPROVIDER						
034 NURSERY						
035 SKILLED NURSING FACILITY						
01 035 NURSING FACILITY						
036 01 ICF/MR						
037 OTHER LONG TERM CARE						
038 ANCILLARY SRVC COST CNTRS						
039 OPERATING ROOM			18	18		
040 RECOVERY ROOM						
041 DELIVERY ROOM & LABOR ROO						
042 ANESTHESIOLOGY						
043 RADIOLOGY-DIAGNOSTIC			120	120	37,578	
044 RADIOLOGY-THERAPEUTIC						
045 RADIOISOTOPE						
046 LABORATORY			20	20		
047 PBP CLINICAL LAB SERVICES						
048 WHOLE BLOOD & PACKED RED						
049 BLOOD STORING, PROCESSING						
050 INTRAVENOUS THERAPY						
051 RESPIRATORY THERAPY			17	17	1,260,422	
052 PHYSICAL THERAPY			1,701	1,701	337,529	
053 OCCUPATIONAL THERAPY					195,542	
054 SPEECH PATHOLOGY					65,898	
055 ELECTROCARDIOLOGY						
056 ELECTROENCEPHALOGRAPHY						162
057 MEDICAL SUPPLIES CHARGED						
058 DRUGS CHARGED TO PATIENTS						
060 RENAL DIALYSIS						
061 ASC (NON-DISTINCT PART)						
062 OUTPAT SERVICE COST CNTRS						
064 CLINIC						
065 EMERGENCY						
066 OBSERVATION BEDS (NON-DIS						
067 OTHER REIMBURS COST CNTRS						
068 HOME PROGRAM DIALYSIS						
069 AMBULANCE SERVICES						
070 DURABLE MEDICAL EQUIP-REN						
071 DURABLE MEDICAL EQUIP-SOL						
072 CORF						
073 I&R SERVICES-NOT APPRVD P						
074 HOME HEALTH AGENCY						
075 LUNG ACQUISITION						
076 SPEC PURPOSE COST CENTERS						
077 KIDNEY ACQUISITION						
078 LIVER ACQUISITION						
079 HEART ACQUISITION						
01 085 PANCREAS ACQUISITION						
086 OTHER ORGAN ACQUISITION						
087 AMBULATORY SURGICAL CENTE						
088 HOSPICE						
089 SUBTOTALS			21,248	21,248	9,336,287	-2,572,990
090 NONREIMBURS COST CENTERS						
091 GIFT, FLOWER, COFFEE SHOP						
092 RESEARCH						
093 PHYSICIANS' PRIVATE OFFIC						
094 NONPAID WORKERS						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			925,113	451,908	2,125,567	
(WRKSHT B, PART I)						

COST ALLOCATION - STATISTICAL BASIS

COST CENTER
DESCRIPTION

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

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

43.538827
21.268261
.227667

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL		MAINTENANCE & REPAIRS		OPERATION OF PLANT		LAUNDRY & LINEN SERVICE		HOUSEKEEPING		DIETARY		CAFETERIA	
	(ACCUM. COST)	()	(SQUARE FEET)	()	(SQUARE FEET)	()	(PATIENT DAYS)	()	(SQUARE FEET)	()	(PATIENT DAYS)	()	()	(MEALS SERVED)
	6		7		8		9		10		11			12
001 GENERAL SERVICE COST CNTR														
002 OLD CAP REL COSTS-BLDG &														
003 OLD CAP REL COSTS-MVBLE E														
004 NEW CAP REL COSTS-BLDG &														
005 NEW CAP REL COSTS-MVBLE E														
006 EMPLOYEE BENEFITS														
007 ADMINISTRATIVE & GENERAL	15,118,923													
008 MAINTENANCE & REPAIRS														
009 OPERATION OF PLANT	293,699				14,873									
010 LAUNDRY & LINEN SERVICE	21,257				328		10,071							
011 HOUSEKEEPING	194,899				97				14,448					
012 DIETARY	198,688				387				387		10,071			
013 CAFETERIA														
014 MAINTENANCE OF PERSONNEL														
015 NURSING ADMINISTRATION	320,069				1,066				1,066					
016 CENTRAL SERVICES & SUPPLY														
017 PHARMACY	2,254,403				697				697					
018 MEDICAL RECORDS & LIBRARY	149,555				338				338					
018 01 PASTORAL CARE	91,103													
020 87,350							54				54			
021 NONPHYSICIAN ANESTHETISTS														
022 NURSING SCHOOL														
023 I&R SERVICES-SALARY & FRI														
024 I&R SERVICES-OTHER PRGM C														
025 PARAMED ED PRGM														
026 INPAT ROUTINE SRVC CNTRS														
026 ADULTS & PEDIATRICS	7,477,290				10,030		10,071		10,030		10,071			
027 INTENSIVE CARE UNIT														
028 CORONARY CARE UNIT														
029 BURN INTENSIVE CARE UNIT														
031 SURGICAL INTENSIVE CARE U														
033 SUBPROVIDER														
034 NURSERY														
035 SKILLED NURSING FACILITY														
035 01 NURSING FACILITY														
036 01 ICF/MR														
037 OTHER LONG TERM CARE														
038 ANCILLARY SRVC COST CNTRS														
038 OPERATING ROOM	230,726				18				18					
039 RECOVERY ROOM														
040 DELIVERY ROOM & LABOR ROO														
041 ANESTHESIOLOGY														
042 RADIOLOGY-DIAGNOSTIC	371,444				120				120					
043 RADIOLOGY-THERAPEUTIC														
044 RADIOISOTOPE														
045 LABORATORY	286,945				20				20					
046 PBP CLINICAL LAB SERVICES														
047 WHOLE BLOOD & PACKED RED														
048 BLOOD STORING, PROCESSING														
049 INTRAVENOUS THERAPY														
049 RESPIRATORY THERAPY	2,087,422				17				17					
050 PHYSICAL THERAPY	537,067				1,701				1,701					
051 OCCUPATIONAL THERAPY	243,558													
052 SPEECH PATHOLOGY	80,402													
053 ELECTROCARDIOLOGY														
054 ELECTROENCEPHALOGRAPHY	1,109													
055 MEDICAL SUPPLIES CHARGED														
056 DRUGS CHARGED TO PATIENTS														
057 RENAL DIALYSIS	191,937													
058 ASC (NON-DISTINCT PART)														
060 OUTPAT SERVICE COST CNTRS														
061 CLINIC														
062 EMERGENCY														
064 OBSERVATION BEDS (NON-DIS														
065 OTHER REIMBURS COST CNTRS														
066 HOME PROGRAM DIALYSIS														
067 AMBULANCE SERVICES														
069 DURABLE MEDICAL EQUIP-REN														
070 DURABLE MEDICAL EQUIP-SOL														
071 CORF														
071 I&R SERVICES-NOT APPRVD P														
071 HOME HEALTH AGENCY														
082 LUNG ACQUISITION														
083 SPEC PURPOSE COST CENTERS														
084 KIDNEY ACQUISITION														
084 LIVER ACQUISITION														
085 HEART ACQUISITION														
085 01 PANCREAS ACQUISITION														
086 OTHER ORGAN ACQUISITION														
092 AMBULATORY SURGICAL CENTE														
093 HOSPICE														
095 SUBTOTALS	15,118,923				14,873		10,071		14,448		10,071			
096 NONREIMBURS COST CENTERS														
097 GIFT, FLOWER, COFFEE SHOP														
098 RESEARCH														
099 PHYSICIANS' PRIVATE OFFIC														
101 NONPAID WORKERS														
102 CROSS FOOT ADJUSTMENT														
102 NEGATIVE COST CENTER														
103 COST TO BE ALLOCATED	2,572,990				343,682		32,454		230,308		247,613			
(WRKSHT B, PART I)														

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(PATIENT)AYS	(SQUARE FEET)	(PATIENT)AYS	(MEALS SERVED)
		6	7	8	9	10	11	12
104	NONREIMBURS COST CENTERS							
	UNIT COST MULTIPLIER (WRKSHT B, PT I)				3.222520		24.586734	
105	COST TO BE ALLOCATED (WRKSHT B, PART II)	.170183		23.107779		15.940476		
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	392,083		28,678	22,440	11,527	31,289	
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.025933		1.928192	2.228180	.797827	3.106841	

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	MAINTENANCE O NURSING ADMIN CENTRAL SERVI PHARMACY MEDICAL RECOR SOCIAL SERVIC PASTORAL CARE	F PERSONNEL	ISTRATION	CES & SUPPLY					
	(NUMBER HOUSED)	(DIRECT NRSING HRS)	(COSTED REQUIS.)	(COSTED REQUIS.)	(PATIENT DAYS)				
	13	14	15	16	17	18			18.01
001 GENERAL SERVICE COST CNTR									
002 OLD CAP REL COSTS-BLDG &									
003 OLD CAP REL COSTS-MVBLE E									
004 NEW CAP REL COSTS-BLDG &									
005 NEW CAP REL COSTS-MVBLE E									
006 EMPLOYEE BENEFITS									
007 ADMINISTRATIVE & GENERAL									
008 MAINTENANCE & REPAIRS									
009 OPERATION OF PLANT									
010 LAUNDRY & LINEN SERVICE									
011 HOUSEKEEPING									
012 DIETARY									
013 CAFETERIA									
014 MAINTENANCE OF PERSONNEL									
015 NURSING ADMINISTRATION			174,867						
016 CENTRAL SERVICES & SUPPLY									
017 PHARMACY				100					
018 MEDICAL RECORDS & LIBRARY					100				
019 SOCIAL SERVICE						10,071			
018 01 PASTORAL CARE							10,071		10,071
020 NONPHYSICIAN ANESTHETISTS									
021 NURSING SCHOOL									
022 I&R SERVICES-SALARY & FRI									
023 I&R SERVICES-OTHER PRGM C									
024 PARAMED ED PRGM									
025 INPAT ROUTINE SRVC CNTRS									
026 ADULTS & PEDIATRICS			135,203			10,071		10,071	10,071
027 INTENSIVE CARE UNIT									
028 CORONARY CARE UNIT									
029 BURN INTENSIVE CARE UNIT									
031 SURGICAL INTENSIVE CARE U									
033 SUBPROVIDER									
034 NURSERY									
035 SKILLED NURSING FACILITY									
036 01 NURSING FACILITY									
037 ICF/MR									
038 OTHER LONG TERM CARE									
039 ANCILLARY SRVC COST CNTRS									
040 OPERATING ROOM									
041 RECOVERY ROOM									
042 DELIVERY ROOM & LABOR ROO									
043 ANESTHESIOLOGY									
044 RADIOLOGY-DIAGNOSTIC									
045 RADIOLOGY-THERAPEUTIC									
046 RADIOISOTOPE									
047 LABORATORY									
048 PBP CLINICAL LAB SERVICES									
049 WHOLE BLOOD & PACKED RED									
050 BLOOD STORING, PROCESSING									
051 INTRAVENOUS THERAPY									
052 RESPIRATORY THERAPY			25,167	100					
053 PHYSICAL THERAPY			8,753						
054 OCCUPATIONAL THERAPY			5,086						
055 SPEECH PATHOLOGY			658						
056 ELECTROCARDIOLOGY									
057 ELECTROENCEPHALOGRAPHY									
058 MEDICAL SUPPLIES CHARGED									
060 DRUGS CHARGED TO PATIENTS					100				
061 RENAL DIALYSIS									
062 ASC (NON-DISTINCT PART)									
064 OUTPAT SERVICE COST CNTRS									
065 CLINIC									
066 EMERGENCY									
067 OBSERVATION BEDS (NON-DIS									
068 OTHER REIMBURS COST CNTRS									
069 HOME PROGRAM DIALYSIS									
070 AMBULANCE SERVICES									
071 DURABLE MEDICAL EQUIP-REN									
072 DURABLE MEDICAL EQUIP-SOL									
073 CORF									
074 I&R SERVICES-NOT APPRVD P									
075 HOME HEALTH AGENCY									
076 LUNG ACQUISITION									
077 SPEC PURPOSE COST CENTERS									
078 KIDNEY ACQUISITION									
079 LIVER ACQUISITION									
080 HEART ACQUISITION									
081 01 PANCREAS ACQUISITION									
082 OTHER ORGAN ACQUISITION									
083 AMBULATORY SURGICAL CENTE									
084 HOSPICE									
085 SUBTOTALS			174,867	100	100	10,071	10,071	10,071	10,071
086 NONREIMBURS COST CENTERS									
087 GIFT, FLOWER, COFFEE SHOP									
088 RESEARCH									
089 PHYSICIANS' PRIVATE OFFIC									
090 NONPAID WORKERS									
091 CROSS FOOT ADJUSTMENT									
092 NEGATIVE COST CENTER									
093 COST TO BE ALLOCATED			416,165		2,665,281	188,205	106,607		104,324
094 (WRKSHT B, PART I)									

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	MAINTENANCE O	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL SERVIC	PASTORAL CARE	
		F PERSONNEL	ISTRATION	CES & SUPPLY		DS & LIBRARY	E		
		(NUMBER HOUSED)	(DIRECT NRSING HRS)	(COSTED REQUIS.)	(COSTED REQUIS.)	(PATIENT)AYS	D(PATIENT)AYS	D(PATIENT)AYS	D
	NONREIMBURS COST CENTERS	13	14	15	16	17	18	18.01	
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)		2.379894		26,652.810000	18.687817	10.585543	10.358852	
105	COST TO BE ALLOCATED (WRKSHT B, PART II)								
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)								
107	COST TO BE ALLOCATED (WRKSHT B, PART III)		80,289		105,534	26,705	2,363	5,911	
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)		.459143		1,055.340000	2.651673	.234634	.586933	

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
	20	21	22	23	24
001 GENERAL SERVICE COST CNTR					
002 OLD CAP REL COSTS-BLDG &					
003 OLD CAP REL COSTS-MVBLE E					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
007 ADMINISTRATIVE & GENERAL					
008 MAINTENANCE & REPAIRS					
009 OPERATION OF PLANT					
010 LAUNDRY & LINEN SERVICE					
011 HOUSEKEEPING					
012 DIETARY					
013 CAFETERIA					
014 MAINTENANCE OF PERSONNEL					
015 NURSING ADMINISTRATION					
016 CENTRAL SERVICES & SUPPLY					
017 PHARMACY					
018 MEDICAL RECORDS & LIBRARY					
018 01 PASTORAL CARE					
020 NONPHYSICIAN ANESTHETISTS					
021 NURSING SCHOOL					
022 I&R SERVICES-SALARY & FRI					
023 I&R SERVICES-OTHER PRGM C					
024 PARAMED ED PRGM					
025 INPAT ROUTINE SRVC CNTRS					
026 ADULTS & PEDIATRICS					
027 INTENSIVE CARE UNIT					
028 CORONARY CARE UNIT					
029 BURN INTENSIVE CARE UNIT					
031 SURGICAL INTENSIVE CARE U					
033 SUBPROVIDER					
033 NURSERY					
034 SKILLED NURSING FACILITY					
035 NURSING FACILITY					
035 01 ICF/MR					
036 OTHER LONG TERM CARE					
037 ANCILLARY SRVC COST CNTRS					
038 OPERATING ROOM					
039 RECOVERY ROOM					
040 DELIVERY ROOM & LABOR ROO					
041 ANESTHESIOLOGY					
042 RADIOLOGY-DIAGNOSTIC					
043 RADIOLOGY-THERAPEUTIC					
044 RADIOISOTOPE					
044 LABORATORY					
045 PBP CLINICAL LAB SERVICES					
046 WHOLE BLOOD & PACKED RED					
047 BLOOD STORING, PROCESSING					
048 INTRAVENOUS THERAPY					
049 RESPIRATORY THERAPY					
050 PHYSICAL THERAPY					
051 OCCUPATIONAL THERAPY					
052 SPEECH PATHOLOGY					
053 ELECTROCARDIOLOGY					
054 ELECTROENCEPHALOGRAPHY					
055 MEDICAL SUPPLIES CHARGED					
056 DRUGS CHARGED TO PATIENTS					
057 RENAL DIALYSIS					
058 ASC (NON-DISTINCT PART)					
060 OUTPAT SERVICE COST CNTRS					
061 CLINIC					
062 EMERGENCY					
064 OBSERVATION BEDS (NON-DIS					
065 OTHER REIMBURS COST CNTRS					
066 HOME PROGRAM DIALYSIS					
067 AMBULANCE SERVICES					
069 DURABLE MEDICAL EQUIP-REN					
070 DURABLE MEDICAL EQUIP-SOL					
071 CORF					
071 I&R SERVICES-NOT APPRVD P					
071 HOME HEALTH AGENCY					
082 LUNG ACQUISITION					
083 SPEC PURPOSE COST CENTERS					
084 KIDNEY ACQUISITION					
085 LIVER ACQUISITION					
085 HEART ACQUISITION					
085 01 PANCREAS ACQUISITION					
086 OTHER ORGAN ACQUISITION					
092 AMBULATORY SURGICAL CENTE					
093 HOSPICE					
095 SUBTOTALS					
096 NONREIMBURS COST CENTERS					
097 GIFT, FLOWER, COFFEE SHOP					
098 RESEARCH					
099 PHYSICIANS' PRIVATE OFFIC					
101 NONPAID WORKERS					
102 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 COST TO BE ALLOCATED					
(PER WRKSHT B, PART I)					

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	NONPHYSICIAN	NURSING SCHOO	I&R SERVICES-	I&R SERVICES-	PARAMED ED PR
	ANESTHETISTS	L	SALARY & FRI	OTHER PRGM C	GM
	(ASSIGNED	(ASSIGNED	(ASSIGNED	(ASSIGNED	(ASSIGNED
	TIME)	TIME)	TIME)	TIME)	TIME)
NONREIMBURS COST CENTERS	20	21	22	23	24
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)					
105 COST TO BE ALLOCATED (PER WRKSHT B, PART II)					
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)					
107 COST TO BE ALLOCATED (PER WRKSHT B, PART III)					
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)					

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	10,142,430		10,142,430	48,921	10,191,351
26	INTENSIVE CARE UNIT					
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER					
33	NURSERY					
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
35	01 ICF/MR					
36	OTHER LONG TERM CARE					
37	ANCILLARY SRVC COST CNTRS					
38	OPERATING ROOM	270,695		270,695		270,695
39	RECOVERY ROOM					
40	DELIVERY ROOM & LABOR ROO					
41	ANESTHESIOLOGY					
42	RADIOLOGY-DIAGNOSTIC	439,343		439,343		439,343
43	RADIOLOGY-THERAPEUTIC					
44	RADIOISOTOPE					
45	LABORATORY	336,559		336,559		336,559
46	PBP CLINICAL LAB SERVICES					
47	WHOLE BLOOD & PACKED RED					
48	BLOOD STORING, PROCESSING					
49	INTRAVENOUS THERAPY					
50	RESPIRATORY THERAPY	2,503,225		2,503,225		2,503,225
51	PHYSICAL THERAPY	715,719		715,719		715,719
52	OCCUPATIONAL THERAPY	297,111		297,111		297,111
53	SPEECH PATHOLOGY	95,651		95,651		95,651
54	ELECTROCARDIOLOGY					
55	ELECTROENCEPHALOGRAPHY	1,298		1,298		1,298
56	MEDICAL SUPPLIES CHARGED					
57	DRUGS CHARGED TO PATIENTS	2,665,281		2,665,281		2,665,281
58	RENAL DIALYSIS	224,601		224,601		224,601
59	ASC (NON-DISTINCT PART)					
60	OUTPAT SERVICE COST CNTRS					
61	CLINIC					
62	EMERGENCY					
63	OBSERVATION BEDS (NON-DIS					
64	OTHER REIMBURS COST CNTRS					
65	HOME PROGRAM DIALYSIS					
66	AMBULANCE SERVICES					
67	DURABLE MEDICAL EQUIP-REN					
68	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	17,691,913		17,691,913	48,921	17,740,834
102	LESS OBSERVATION BEDS					
103	TOTAL	17,691,913		17,691,913	48,921	17,740,834

COMPUTATION OF RATIO OF COSTS TO CHARGES

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	11,124,148		11,124,148			
27	INTENSIVE CARE UNIT						
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
30	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
32	NURSERY						
33	SKILLED NURSING FACILITY						
34	NURSING FACILITY						
35	01 ICF/MR						
36	OTHER LONG TERM CARE						
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	1,092,084		1,092,084	.247870	.247870	.247870
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC	1,394,428		1,394,428	.315070	.315070	.315070
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	4,482,595		4,482,595	.075081	.075081	.075081
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	6,668,362		6,668,362	.375388	.375388	.375388
51	PHYSICAL THERAPY	879,092		879,092	.814157	.814157	.814157
52	OCCUPATIONAL THERAPY	625,288		625,288	.475159	.475159	.475159
53	SPEECH PATHOLOGY	186,089		186,089	.514007	.514007	.514007
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY	20,458		20,458	.063447	.063447	.063447
56	MEDICAL SUPPLIES CHARGED						
57	DRUGS CHARGED TO PATIENTS	6,945,456		6,945,456	.383745	.383745	.383745
58	RENAL DIALYSIS	323,553		323,553	.694171	.694171	.694171
59	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
62	EMERGENCY						
63	OBSERVATION BEDS (NON-DIS						
64	OTHER REIMBURS COST CNTRS						
65	HOME PROGRAM DIALYSIS						
66	AMBULANCE SERVICES						
67	DURABLE MEDICAL EQUIP-REN						
68	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	33,741,553		33,741,553			
102	LESS OBSERVATION BEDS						
103	TOTAL	33,741,553		33,741,553			

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS					
26	ADULTS & PEDIATRICS	10,142,430		10,142,430	48,921	10,191,351
27	INTENSIVE CARE UNIT					
28	CORONARY CARE UNIT					
29	BURN INTENSIVE CARE UNIT					
31	SURGICAL INTENSIVE CARE U					
33	SUBPROVIDER					
34	NURSERY					
35	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
35	01 ICF/MR					
36	OTHER LONG TERM CARE					
37	ANCILLARY SRVC COST CNTRS					
38	OPERATING ROOM	270,695		270,695		270,695
39	RECOVERY ROOM					
40	DELIVERY ROOM & LABOR ROO					
41	ANESTHESIOLOGY					
42	RADIOLOGY-DIAGNOSTIC	439,343		439,343		439,343
43	RADIOLOGY-THERAPEUTIC					
44	RADIOISOTOPE					
45	LABORATORY	336,559		336,559		336,559
46	PBP CLINICAL LAB SERVICES					
47	WHOLE BLOOD & PACKED RED					
48	BLOOD STORING, PROCESSING					
49	INTRAVENOUS THERAPY					
50	RESPIRATORY THERAPY	2,503,225		2,503,225		2,503,225
51	PHYSICAL THERAPY	715,719		715,719		715,719
52	OCCUPATIONAL THERAPY	297,111		297,111		297,111
53	SPEECH PATHOLOGY	95,651		95,651		95,651
54	ELECTROCARDIOLOGY					
55	ELECTROENCEPHALOGRAPHY	1,298		1,298		1,298
56	MEDICAL SUPPLIES CHARGED					
57	DRUGS CHARGED TO PATIENTS	2,665,281		2,665,281		2,665,281
58	RENAL DIALYSIS	224,601		224,601		224,601
60	ASC (NON-DISTINCT PART)					
61	OUTPAT SERVICE COST CNTRS					
62	CLINIC					
64	EMERGENCY					
66	OBSERVATION BEDS (NON-DIS					
67	OTHER REIMBURS COST CNTRS					
101	HOME PROGRAM DIALYSIS					
102	AMBULANCE SERVICES					
103	DURABLE MEDICAL EQUIP-REN					
103	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	17,691,913		17,691,913	48,921	17,740,834
102	LESS OBSERVATION BEDS					
103	TOTAL	17,691,913		17,691,913	48,921	17,740,834

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 ADULTS & PEDIATRICS	11,124,148		11,124,148			
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35	01 ICF/MR						
36	OTHER LONG TERM CARE						
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	1,092,084		1,092,084	.247870	.247870	.247870
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	1,394,428		1,394,428	.315070	.315070	.315070
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	4,482,595		4,482,595	.075081	.075081	.075081
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	6,668,362		6,668,362	.375388	.375388	.375388
50	PHYSICAL THERAPY	879,092		879,092	.814157	.814157	.814157
51	OCCUPATIONAL THERAPY	625,288		625,288	.475159	.475159	.475159
52	SPEECH PATHOLOGY	186,089		186,089	.514007	.514007	.514007
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY	20,458		20,458	.063447	.063447	.063447
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	6,945,456		6,945,456	.383745	.383745	.383745
57	RENAL DIALYSIS	323,553		323,553	.694171	.694171	.694171
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	33,741,553		33,741,553			
102	LESS OBSERVATION BEDS						
103	TOTAL	33,741,553		33,741,553			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	270,695	7,199	263,496			270,695
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC	439,343	17,737	421,606			439,343
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	336,559	8,792	327,767			336,559
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	2,503,225	66,837	2,436,388			2,503,225
51	PHYSICAL THERAPY	715,719	132,821	582,898			715,719
52	OCCUPATIONAL THERAPY	297,111	8,651	288,460			297,111
53	SPEECH PATHOLOGY	95,651	2,387	93,264			95,651
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY	1,298	29	1,269			1,298
56	MEDICAL SUPPLIES CHARGED						
57	DRUGS CHARGED TO PATIENTS	2,665,281	105,534	2,559,747			2,665,281
58	RENAL DIALYSIS	224,601	4,978	219,623			224,601
59	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
62	EMERGENCY						
63	OBSERVATION BEDS (NON-DIS						
64	OTHER REIMBURS COST CNTRS						
65	HOME PROGRAM DIALYSIS						
66	AMBULANCE SERVICES						
67	DURABLE MEDICAL EQUIP-REN						
68	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	7,549,483	354,965	7,194,518			7,549,483
102	LESS OBSERVATION BEDS						
103	TOTAL	7,549,483	354,965	7,194,518			7,549,483

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	1,092,084	.247870	.247870
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROO			
41	ANESTHESIOLOGY			
42	RADIOLOGY-DIAGNOSTIC	1,394,428	.315070	.315070
43	RADIOLOGY-THERAPEUTIC			
44	RADIOISOTOPE			
45	LABORATORY	4,482,595	.075081	.075081
46	PBP CLINICAL LAB SERVICES			
47	WHOLE BLOOD & PACKED RED			
48	BLOOD STORING, PROCESSING			
49	INTRAVENOUS THERAPY			
50	RESPIRATORY THERAPY	6,668,362	.375388	.375388
51	PHYSICAL THERAPY	879,092	.814157	.814157
52	OCCUPATIONAL THERAPY	625,288	.475159	.475159
53	SPEECH PATHOLOGY	186,089	.514007	.514007
54	ELECTROCARDIOLOGY			
55	ELECTROENCEPHALOGRAPHY	20,458	.063447	.063447
56	MEDICAL SUPPLIES CHARGED			
57	DRUGS CHARGED TO PATIENTS	6,945,456	.383745	.383745
58	RENAL DIALYSIS	323,553	.694171	.694171
	ASC (NON-DISTINCT PART)			
60	OUTPAT SERVICE COST CNTRS			
61	CLINIC			
62	EMERGENCY			
	OBSERVATION BEDS (NON-DIS			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	22,617,405		
102	LESS OBSERVATION BEDS			
103	TOTAL	22,617,405		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	270,695	7,199	263,496	720	15,283	254,692
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC	439,343	17,737	421,606	1,774	24,453	413,116
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	336,559	8,792	327,767	879	19,010	316,670
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	2,503,225	66,837	2,436,388	6,684	141,311	2,355,230
51	PHYSICAL THERAPY	715,719	132,821	582,898	13,282	33,808	668,629
52	OCCUPATIONAL THERAPY	297,111	8,651	288,460	865	16,731	279,515
53	SPEECH PATHOLOGY	95,651	2,387	93,264	239	5,409	90,003
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY	1,298	29	1,269	3	74	1,221
56	MEDICAL SUPPLIES CHARGED						
57	DRUGS CHARGED TO PATIENTS	2,665,281	105,534	2,559,747	10,553	148,465	2,506,263
58	RENAL DIALYSIS	224,601	4,978	219,623	498	12,738	211,365
59	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
62	EMERGENCY						
63	OBSERVATION BEDS (NON-DIS						
64	OTHER REIMBURS COST CNTRS						
65	HOME PROGRAM DIALYSIS						
66	AMBULANCE SERVICES						
67	DURABLE MEDICAL EQUIP-REN						
68	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	7,549,483	354,965	7,194,518	35,497	417,282	7,096,704
102	LESS OBSERVATION BEDS						
103	TOTAL	7,549,483	354,965	7,194,518	35,497	417,282	7,096,704

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	1,092,084	.233216	.247211
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	1,394,428	.296262	.313798
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	4,482,595	.070644	.074885
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	6,668,362	.353195	.374386
50	PHYSICAL THERAPY	879,092	.760590	.799048
51	OCCUPATIONAL THERAPY	625,288	.447018	.473775
52	SPEECH PATHOLOGY	186,089	.483656	.512722
53	ELECTROCARDIOLOGY			
54	ELECTROENCEPHALOGRAPHY	20,458	.059683	.063300
55	MEDICAL SUPPLIES CHARGED			
56	DRUGS CHARGED TO PATIENTS	6,945,456	.360849	.382225
57	RENAL DIALYSIS	323,553	.653262	.692632
58	ASC (NON-DISTINCT PART)			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY			
62	OBSERVATION BEDS (NON-DIS			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	22,617,405		
102	LESS OBSERVATION BEDS			
103	TOTAL	22,617,405		

TITLE V - O/P		HOSPITAL				
		Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1)
Cost Center Description		1	2	3	4	5
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	.247870				
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	.315070				
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	.075081				
45	PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	BLOOD STORING, PROCESSING & TRANS.					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	.375388				
50	PHYSICAL THERAPY	.814157				
51	OCCUPATIONAL THERAPY	.475159				
52	SPEECH PATHOLOGY	.514007				
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY	.063447				
55	MEDICAL SUPPLIES CHARGED TO PATIENTS					
56	DRUGS CHARGED TO PATIENTS	.383745				
57	RENAL DIALYSIS	.694171				
58	ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-RENTED					
67	DURABLE MEDICAL EQUIP-SOLD					
101	SUBTOTAL					
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES					

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

TITLE V - O/P

HOSPITAL

		PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
	Cost Center Description	5.01	5.02	5.03	6	7
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC					
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY					
45	PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	BLOOD STORING, PROCESSING & TRANS.					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS					
56	DRUGS CHARGED TO PATIENTS					
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-RENTED					
67	DURABLE MEDICAL EQUIP-SOLD					
101	SUBTOTAL					
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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

TITLE V - O/P	HOSPITAL	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
Cost Center Description		8	9	9.01	9.02	9.03
(A) ANCILLARY SRVC COST CNTRS						
37 OPERATING ROOM						
38 RECOVERY ROOM						
39 DELIVERY ROOM & LABOR ROOM						
40 ANESTHESIOLOGY						
41 RADIOLOGY-DIAGNOSTIC						
42 RADIOLOGY-THERAPEUTIC						
43 RADIOISOTOPE						
44 LABORATORY						
45 PBP CLINICAL LAB SERVICES-PRGM ONLY						
46 WHOLE BLOOD & PACKED RED BLOOD CELLS						
47 BLOOD STORING, PROCESSING & TRANS.						
48 INTRAVENOUS THERAPY						
49 RESPIRATORY THERAPY						
50 PHYSICAL THERAPY						
51 OCCUPATIONAL THERAPY						
52 SPEECH PATHOLOGY						
53 ELECTROCARDIOLOGY						
54 ELECTROENCEPHALOGRAPHY						
55 MEDICAL SUPPLIES CHARGED TO PATIENTS						
56 DRUGS CHARGED TO PATIENTS						
57 RENAL DIALYSIS						
58 ASC (NON-DISTINCT PART)						
60 OUTPAT SERVICE COST CNTRS						
61 CLINIC						
62 EMERGENCY						
62 OBSERVATION BEDS (NON-DISTINCT PART)						
64 OTHER REIMBURS COST CNTRS						
64 HOME PROGRAM DIALYSIS						
65 AMBULANCE SERVICES						
66 DURABLE MEDICAL EQUIP-RENTED						
67 DURABLE MEDICAL EQUIP-SOLD						
101 SUBTOTAL						
102 CRNA CHARGES						
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES						
104 NET CHARGES						

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

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						
26	ADULTS & PEDIATRICS				1,022,056		1,022,056
27	INTENSIVE CARE UNIT						
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
31	SURGICAL INTENSIVE CARE U						
33	SUBPROVIDER						
101	NURSERY						
	TOTAL				1,022,056		1,022,056

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	10,071	6,283			101.49	637,662
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
101	TOTAL	10,071	6,283				637,662

TITLE XVIII, PART A HOSPITAL 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	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM		7,199	1,092,084	631,400		
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC		17,737	1,394,428	823,250		
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE		8,792	4,482,595	2,802,810		
45	LABORATORY						
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY		66,837	6,668,362	4,616,544		
51	PHYSICAL THERAPY		132,821	879,092	556,033		
52	OCCUPATIONAL THERAPY		8,651	625,288	390,824		
53	SPEECH PATHOLOGY		2,387	186,089	94,322		
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY		29	20,458	13,545		
56	MEDICAL SUPPLIES CHARGED						
57	DRUGS CHARGED TO PATIENTS		105,534	6,945,456	4,276,234		
58	RENAL DIALYSIS		4,978	323,553	203,168		
60	ASC (NON-DISTINCT PART)						
61	OUTPAT SERVICE COST CNTRS						
62	CLINIC						
63	EMERGENCY						
64	OBSERVATION BEDS (NON-DIS						
65	OTHER REIMBURS COST CNTRS						
66	HOME PROGRAM DIALYSIS						
67	AMBULANCE SERVICES						
68	DURABLE MEDICAL EQUIP-REN						
69	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL		354,965	22,617,405	14,408,130		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PPS

WKST A LINE NO.	TITLE XVIII, PART A COST CENTER DESCRIPTION	HOSPITAL	
		NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
37	ANCILLARY SRVC COST CNTRS		
38	OPERATING ROOM	.006592	4,162
39	RECOVERY ROOM		
40	DELIVERY ROOM & LABOR ROO		
41	ANESTHESIOLOGY		
42	RADIOLOGY-DIAGNOSTIC	.012720	10,472
43	RADIOLOGY-THERAPEUTIC		
44	RADIOISOTOPE		
45	LABORATORY	.001961	5,496
46	PBP CLINICAL LAB SERVICES		
47	WHOLE BLOOD & PACKED RED		
48	BLOOD STORING, PROCESSING		
49	INTRAVENOUS THERAPY		
50	RESPIRATORY THERAPY	.010023	46,272
51	PHYSICAL THERAPY	.151089	84,010
52	OCCUPATIONAL THERAPY	.013835	5,407
53	SPEECH PATHOLOGY	.012827	1,210
54	ELECTROCARDIOLOGY		
55	ELECTROENCEPHALOGRAPHY	.001418	19
56	MEDICAL SUPPLIES CHARGED		
57	DRUGS CHARGED TO PATIENTS	.015195	64,977
58	RENAL DIALYSIS	.015385	3,126
59	ASC (NON-DISTINCT PART)		
60	OUTPAT SERVICE COST CNTRS		
61	CLINIC		
62	EMERGENCY		
63	OBSERVATION BEDS (NON-DIS		
64	OTHER REIMBURS COST CNTRS		
65	HOME PROGRAM DIALYSIS		
66	AMBULANCE SERVICES		
67	DURABLE MEDICAL EQUIP-REN		
68	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		225,151

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED EDUCATN COST	SWING BED ADJ AMOUNT	TOTAL COSTS	TOTAL PATIENT DAYS	PER DIEM
	INPAT ROUTINE SRVC CNTRS	1	2	3	4	5	6
25	ADULTS & PEDIATRICS						
26	INTENSIVE CARE UNIT					10,071	
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35	01 ICF/MR						
101	TOTAL					10,071	

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
25	ADULTS & PEDIATRICS	7	6,283
26	INTENSIVE CARE UNIT		
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
31	SUBPROVIDER		
33	NURSERY		
34	SKILLED NURSING FACILITY		
35	NURSING FACILITY		
35	01 ICF/MR		
101	TOTAL		6,283

TITLE XVIII, PART A

HOSPITAL

PPS

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

TITLE XVIII, PART A		HOSPITAL		PPS		INPAT PROG	INPAT PROG		
WKST A	COST CENTER DESCRIPTION	TOTAL COSTS	O/P PASS THRU COSTS	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P CST TO CHARGES	RATIO OF COST TO CHARGES	INPAT PROG CHARGE	INPAT PROG PASS THRU COST
LINE NO.		3	3.01	4	5	5.01		6	7
37	ANCILLARY SRVC COST CNTRS								
38	OPERATING ROOM			1,092,084				631,400	
39	RECOVERY ROOM								
40	DELIVERY ROOM & LABOR ROO								
41	ANESTHESIOLOGY								
42	RADIOLOGY-DIAGNOSTIC			1,394,428				823,250	
43	RADIOLOGY-THERAPEUTIC								
44	RADIOISOTOPE								
45	LABORATORY			4,482,595				2,802,810	
46	PBP CLINICAL LAB SERVICES								
47	WHOLE BLOOD & PACKED RED								
48	BLOOD STORING, PROCESSING								
49	INTRAVENOUS THERAPY								
50	RESPIRATORY THERAPY			6,668,362				4,616,544	
51	PHYSICAL THERAPY			879,092				556,033	
52	OCCUPATIONAL THERAPY			625,288				390,824	
53	SPEECH PATHOLOGY			186,089				94,322	
54	ELECTROCARDIOLOGY								
55	ELECTROENCEPHALOGRAPHY			20,458				13,545	
56	MEDICAL SUPPLIES CHARGED								
57	DRUGS CHARGED TO PATIENTS			6,945,456				4,276,234	
58	RENAL DIALYSIS			323,553				203,168	
59	ASC (NON-DISTINCT PART)								
60	OUTPAT SERVICE COST CNTRS								
61	CLINIC								
62	EMERGENCY								
63	OBSERVATION BEDS (NON-DIS								
64	OTHER REIMBURS COST CNTRS								
65	HOME PROGRAM DIALYSIS								
66	AMBULANCE SERVICES								
67	DURABLE MEDICAL EQUIP-REN								
68	DURABLE MEDICAL EQUIP-SOL								
101	TOTAL			22,617,405				14,408,130	

TITLE XVIII, PART A

HOSPITAL

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
	ANCILLARY SRVC COST CNTRS	8	8.01	8.02	9	9.01	9.02
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	749					
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
62	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
62	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL		749				

TITLE XVIII, PART B		HOSPITAL				
		Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
Cost Center Description		1	1.02	2	3	4
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	.247870	.247870			
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	.315070	.315070			
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	.075081	.075081			
45	PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	BLOOD STORING, PROCESSING & TRANS.					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	.375388	.375388			
50	PHYSICAL THERAPY	.814157	.814157			
51	OCCUPATIONAL THERAPY	.475159	.475159			
52	SPEECH PATHOLOGY	.514007	.514007			
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY	.063447	.063447			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS					
56	DRUGS CHARGED TO PATIENTS	.383745	.383745			
57	RENAL DIALYSIS	.694171	.694171			
58	ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-RENTED					
67	DURABLE MEDICAL EQUIP-SOLD					
101	SUBTOTAL					
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES					

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

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	All other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC		749			
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY					
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS					
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
64 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL		749			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
104 PROGRAM ONLY CHARGES					
NET CHARGES		749			

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

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC				236	
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY					
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS					
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL				236	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				236	

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

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	10,071
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	10,071
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	10,071
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)	6,283
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	10,191,351
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	10,191,351

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	11,124,148
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	11,124,148
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.916147
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,104.57
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	10,191,351

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 1,011.95
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 6,358,082
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 6,358,082

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
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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

1

48 PROGRAM INPATIENT ANCILLARY SERVICE COST 4,829,078
 49 TOTAL PROGRAM INPATIENT COSTS 11,187,160

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 637,662
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 225,151
 52 TOTAL PROGRAM EXCLUDABLE COST 862,813
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 10,324,347

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

COMPUTATION OF INPATIENT OPERATING COST

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,011.95
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	10,191,351			
87	NEW CAPITAL-RELATED COST	10,191,351	.100287		
88	NON PHYSICIAN ANESTHETIST	10,191,351			
89	MEDICAL EDUCATION	10,191,351			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII, PART A HOSPITAL 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		6,523,261	
27	INTENSIVE CARE UNIT			
28	CORONARY CARE UNIT			
29	BURN INTENSIVE CARE UNIT			
31	SURGICAL INTENSIVE CARE UNIT SUBPROVIDER			
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	.247870	631,400	156,505
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROOM			
41	ANESTHESIOLOGY			
42	RADIOLOGY-DIAGNOSTIC	.315070	823,250	259,381
43	RADIOLOGY-THERAPEUTIC			
44	RADIOISOTOPE			
45	LABORATORY	.075081	2,802,810	210,438
46	PBP CLINICAL LAB SERVICES-PRGM ONLY			
47	WHOLE BLOOD & PACKED RED BLOOD CELLS			
48	BLOOD STORING, PROCESSING & TRANS.			
49	INTRAVENOUS THERAPY			
50	RESPIRATORY THERAPY	.375388	4,616,544	1,732,995
51	PHYSICAL THERAPY	.814157	556,033	452,698
52	OCCUPATIONAL THERAPY	.475159	390,824	185,704
53	SPEECH PATHOLOGY	.514007	94,322	48,482
54	ELECTROCARDIOLOGY			
55	ELECTROENCEPHALOGRAPHY	.063447	13,545	859
56	MEDICAL SUPPLIES CHARGED TO PATIENTS			
57	DRUGS CHARGED TO PATIENTS	.383745	4,276,234	1,640,983
58	RENAL DIALYSIS	.694171	203,168	141,033
60	ASC (NON-DISTINCT PART)			
61	OUTPAT SERVICE COST CNTRS			
62	CLINIC			
64	EMERGENCY			
65	OBSERVATION BEDS (NON-DISTINCT PART)			
66	OTHER REIMBURS COST CNTRS			
67	HOME PROGRAM DIALYSIS			
101	AMBULANCE SERVICES			
102	DURABLE MEDICAL EQUIP-RENTED			
103	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		14,408,130	4,829,078
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		14,408,130	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

WKST A LINE NO.	TITLE XIX COST CENTER DESCRIPTION	HOSPITAL	OTHER		
			RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			574,086	
26	INTENSIVE CARE UNIT				
27	CORONARY CARE UNIT				
28	BURN INTENSIVE CARE UNIT				
29	SURGICAL INTENSIVE CARE UNIT				
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM		.247870	103,230	25,588
38	RECOVERY ROOM				
39	DELIVERY ROOM & LABOR ROOM				
40	ANESTHESIOLOGY				
41	RADIOLOGY-DIAGNOSTIC		.315070	128,547	40,501
42	RADIOLOGY-THERAPEUTIC				
43	RADIOISOTOPE				
44	LABORATORY		.075081	233,478	17,530
45	PBP CLINICAL LAB SERVICES-PRGM ONLY				
46	WHOLE BLOOD & PACKED RED BLOOD CELLS				
47	BLOOD STORING, PROCESSING & TRANS.				
48	INTRAVENOUS THERAPY				
49	RESPIRATORY THERAPY		.375388	334,710	125,646
50	PHYSICAL THERAPY		.814157	39,752	32,364
51	OCCUPATIONAL THERAPY		.475159	36,416	17,303
52	SPEECH PATHOLOGY		.514007	6,193	3,183
53	ELECTROCARDIOLOGY				
54	ELECTROENCEPHALOGRAPHY		.063447		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS				
56	DRUGS CHARGED TO PATIENTS		.383745	370,924	142,340
57	RENAL DIALYSIS		.694171	30,710	21,318
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS				
60	CLINIC				
61	EMERGENCY				
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS				
64	HOME PROGRAM DIALYSIS				
65	AMBULANCE SERVICES				
66	DURABLE MEDICAL EQUIP-RENTED				
67	DURABLE MEDICAL EQUIP-SOLD				
101	TOTAL			1,283,960	425,773
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES			1,283,960	

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	236
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	137
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)	137
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	46
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	91
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	91
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	91
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	91
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	91
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	91
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 AMOUNT MM/DD/YYYY AMOUNT

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.				
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			
	ADJUSTMENTS TO PROGRAM	.99			
	SUBTOTAL		NONE		NONE
4	TOTAL INTERIM PAYMENTS		10,013,328		91
	TO BE COMPLETED BY INTERMEDIARY				
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
	TENTATIVE TO PROVIDER	.01			
	TENTATIVE TO PROVIDER	.02			
	TENTATIVE TO PROVIDER	.03			
	TENTATIVE TO PROGRAM	.50			
	TENTATIVE TO PROGRAM	.51			
	TENTATIVE TO PROGRAM	.52			
	TENTATIVE TO PROGRAM	.99			
	SUBTOTAL		NONE		NONE
6	DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
	SETTLEMENT TO PROVIDER	.01			
	SETTLEMENT TO PROGRAM	.02			
7	TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO: 00000

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	9,081,902
1.03	MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	1,517,890
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	10,599,792
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
1.08	INPATIENT PSYCHIATRIC FACILITY (IPF) NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.15/1.16))\}$ RAISED TO THE POWER OF $.5150 - 1$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 X 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 X THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
1.35	INPATIENT REHABILITATION FACILITY (IRF) UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.39/1.40))\}$ RAISED TO THE POWER OF $.9012 - 1$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	10,599,792
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	10,599,792
7	DEDUCTIBLES	6,824
8	SUBTOTAL	10,592,968
9	COINSURANCE	579,640
10	SUBTOTAL	10,013,328
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERVS)	134,479
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	94,135
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	127,956
12	SUBTOTAL	10,107,463
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	10,107,463
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	10,013,328
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	94,135
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

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

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

BALANCE SHEET

I
I
IPROVIDER NO:
15-2020I PERIOD:
I FROM 7/ 1/2006
I TO 6/30/2007I
I
I

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	1,565,628			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	5,915,546			
5	OTHER RECEIVABLES	1,565			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-394,741			
7	INVENTORY	489,383			
8	PREPAID EXPENSES	34,884			
9	OTHER CURRENT ASSETS	124,946			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	7,737,211			
FIXED ASSETS					
12	LAND	847,629			
12.01	LAND IMPROVEMENTS				
13	LESS ACCUMULATED DEPRECIATION				
13.01	BUILDINGS	15,545,934			
14	LESS ACCUMULATED DEPRECIATION	-135,281			
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	4,921,286			
18	LESS ACCUMULATED DEPRECIATION	-1,542,210			
18.01	MINOR EQUIPMENT DEPRECIABLE				
19	LESS ACCUMULATED DEPRECIATION				
19.01	MINOR EQUIPMENT-NONDEPRECIABLE				
20	TOTAL FIXED ASSETS	19,637,358			
21	OTHER ASSETS				
22	INVESTMENTS	8,463,155			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	9,278			
26	TOTAL OTHER ASSETS	8,472,433			
27	TOTAL ASSETS	35,847,002			

BALANCE SHEET

I PROVIDER NO: I PERIOD: I
I 15-2020 I FROM 7/ 1/2006 I
I I TO 6/30/2007 I

WORKSHEET G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	1,013,018			
29 SALARIES, WAGES & FEES PAYABLE	1,601,438			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	229,708			
36 TOTAL CURRENT LIABILITIES	2,844,164			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	1,118,774			
42 TOTAL LONG-TERM LIABILITIES	1,118,774			
43 TOTAL LIABILITIES	3,962,938			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	31,884,064			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	31,884,064			
52 TOTAL LIABILITIES AND FUND BALANCES	35,847,002			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING		6,656,862		
	OF PERIOD				
2	NET INCOME (LOSS)		2,698,556		
3	TOTAL		9,355,418		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
	TRANSFER TO AFFILIATES	23,004,155			
5					
6					
7					
8					
9					
10	TOTAL ADDITIONS		23,004,155		
11	SUBTOTAL		32,359,573		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
	DEFERRED PENSION COSTS	475,508			
13					
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		475,508		
19	FUND BALANCE AT END OF		31,884,065		
	PERIOD PER BALANCE SHEET				

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	FUND BALANCE AT BEGINNING				
	OF PERIOD				
2	NET INCOME (LOSS)				
3	TOTAL				
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
	TRANSFER TO AFFILIATES				
5					
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
	DEFERRED PENSION COSTS				
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
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	11,124,148		11,124,148
2 00 SUBPROVIDER			
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
7 00 NURSING FACILITY			
7 01 ICF/MR			
8 00 OTHER LONG TERM CARE			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	11,124,148		11,124,148
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT			
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	11,124,148		11,124,148
17 00 ANCILLARY SERVICES	22,617,405		22,617,405
18 00 OUTPATIENT SERVICES			
19 00 HOME HEALTH AGENCY			
20 00 AMBULANCE SERVICES			
21 00 CORF			
22 00 AMBULATORY SURGICAL CENTER (D.P.)			
23 00 HOSPICE			
24 00			
25 00 TOTAL PATIENT REVENUES	33,741,553		33,741,553

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	16,209,236
ADD (SPECIFY)	
27 00	
28 00	
29 00	
30 00	
31 00	
32 00	
33 00 TOTAL ADDITIONS	
DEDUCT (SPECIFY)	
34 00	
35 00	
36 00	
37 00	
38 00	
39 00 TOTAL DEDUCTIONS	
40 00 TOTAL OPERATING EXPENSES	16,209,236

DESCRIPTION

1	TOTAL PATIENT REVENUES	33,741,553
2	LESS: ALLOWANCES AND DISCOUNTS ON	14,631,418
3	NET PATIENT REVENUES	19,110,135
4	LESS: TOTAL OPERATING EXPENSES	16,209,236
5	NET INCOME FROM SERVICE TO PATIENT	2,900,899
	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		
25	TOTAL OTHER INCOME	
26	TOTAL	2,900,899
	OTHER EXPENSES	
27	OTHER EXPENSE	202,343
28		
29		
30	TOTAL OTHER EXPENSES	202,343
31	NET INCOME (OR LOSS) FOR THE PERIO	2,698,556

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD		
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	27.59
	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	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	
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)	