

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	15-1316	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:
						--FINAL 1-MCR CODE	I	
						00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 11/26/2007 TIME 17:56

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. VINCENT FRANKFORT HOSPITAL 15-1316

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.

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ECR ENCRYPTION INFORMATION  
DATE: 11/26/2007 TIME 17:56  
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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	278,089	168,880	0	
3	SWING BED - SNF	0	75,721	0	0	
100	TOTAL	0	353,810	168,880	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: 1300 SOUTH JACKSON STREET P.O. BOX:  
 1.01 CITY: FRANKFORT STATE: IN ZIP CODE: 46041- COUNTY: CLINTON

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;						PAYMENT SYSTEM (P,T,O OR N)		
COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	V	XVIII	XIX	
02.00	HOSPITAL	15-1316	2.01	1/21/2003	4	5	6	
04.00	SWING BED - SNF	15-2316		1/21/2003	N	O	N	

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

TYPE OF HOSPITAL/SUBPROVIDER  
 19 HOSPITAL  
 20 SUBPROVIDER

OTHER INFORMATION  
 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.  
 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? N  
 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).  
 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 2 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 2  
 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2  
 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO.  
 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?  
 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)  
 25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)  
 26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01.  
 26.01 SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0  
 26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: // // ENDING: // //  
 26.03 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. Y 1/21/2003

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
		-----	-----	-----	-----
		0	0.0000	0.0000	
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	0.00	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)	%	Y/N		
28.03	STAFFING	0.00%			
28.04	RECRUITMENT	0.00%			
28.05	RETENTION	0.00%			
28.06	TRAINING	0.00%			
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	N			
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)	Y			
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70	N			
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)	N			
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).	N			
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II	N			
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	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	
		1	2	3	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	N	N	
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS)	N	N	N	
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	N	N	
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?	N	N	N	

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y  
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? Y  
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N  
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N  
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N  
 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-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? N  
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N  
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000  
 SEE CMS PUB. 15-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	OUTPATIENT	OUTPATIENT						
	1	2	3	4	ASC	RADIOLOGY	DIAGNOSTIC	0	1	2	3	4	
47.00 HOSPITAL	N	N	N	N	N	N	N						
52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS)													
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													
53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.													
53.01 MDH PERIOD: BEGINNING: / / ENDING: / /													
54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:													
PREMIUMS: 0													
PAID LOSSES: 0													
AND/OR SELF INSURANCE: 0													
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.													
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO.													
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.													
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.													
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.													
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.													
57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?													
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.													
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).													
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)													
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)													
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).													

COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH HOURS	I/P DAYS / TITLE V	O/P VISITS / TITLE XVIII	TRIPS / TITLE XIX
1 ADULTS & PEDIATRICS	25	9,125	94,776.00	3	4	5
2 HMO					1,920	486
01 HMO - (IRF PPS SUBPROVIDER)					712	
3 ADULTS & PED-SB SNF						
4 ADULTS & PED-SB NF						
5 TOTAL ADULTS AND PEDS	25	9,125			2,632	486
6 INTENSIVE CARE UNIT						
7 CORONARY CARE UNIT						
8 BURN INTENSIVE CARE UNIT						
9 SURGICAL INTENSIVE CARE UNIT						
11 NURSERY						383
12 TOTAL	25	9,125			2,632	869
13 RPCH VISITS						
14 SUBPROVIDER						
15 SKILLED NURSING FACILITY						
16 NURSING FACILITY						
01 ICF/MR						
17 OTHER LONG TERM CARE						
18 HOME HEALTH AGENCY						
20 AMBULATORY SURGICAL CENTER (						
21 HOSPICE						
23 CORF						
25 TOTAL	25					
26 OBSERVATION BED DAYS						
27 AMBULANCE TRIPS						
01 AMBULANCE TRIPS						
02 AMBULANCE TRIPS						
28 EMPLOYEE DISCOUNT DAYS						
01 EMP DISCOUNT DAYS -IRF						

COMPONENT	TITLE XIX ADMITTED	I/P DAYS / OBSERVATION NOT ADMITTED	O/P VISITS / TOTAL ALL PATS	TRIPS / TOTAL OBSERVATION ADMITTED	O/P VISITS / TOTAL OBSERVATION NOT ADMITTED	INTERNS & RES. FTES / TOTAL	LESS I&R REPL NON-PHYS ANES
1 ADULTS & PEDIATRICS	5.01	5.02	6	6.01	6.02	7	8
2 HMO			3,180				
01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			712				
4 ADULTS & PED-SB NF			46				
5 TOTAL ADULTS AND PEDS			3,938				
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY			570				
12 TOTAL			4,508				
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
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			656	37	619		
27 AMBULANCE TRIPS							
01 AMBULANCE TRIPS							
02 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			11				
01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET	FULL TIME EMPLOYEES ON PAYROLL	EQUIV NONPAID WORKERS	TITLE V	DISCHARGES TITLE XIII	TITLE XIX	TOTAL ALL PATIENTS
1 ADULTS & PEDIATRICS	9	10	11	12	13	14	15
2 HMO					508	227	1,061
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		167.35			508	227	1,061
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (							
21 HOSPICE							
23 CORF							

COMPONENT	I & R FTES NET	--- FULL TIME EQUIV ---		----- TITLE V 12	DISCHARGES		----- TITLE XIX 14	TOTAL ALL PATIENTS 15
		EMPLOYEES ON PAYROLL	NONPAID WORKERS		TITLE XVIII 13	TITLE XIX 14		
25 TOTAL	9	10	11					
26 OBSERVATION BED DAYS		167.35						
27 AMBULANCE TRIPS								
27 01 AMBULANCE TRIPS								
27 02 AMBULANCE TRIPS								
28 EMPLOYEE DISCOUNT DAYS								
28 01 EMP DISCOUNT DAYS -IRF								



COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
1	0100 GENERAL SERVICE COST CNTR		
2	0200 OLD CAP REL COSTS-BLDG & FIXT		
3	0300 OLD CAP REL COSTS-MVBLE EQUIP		
4	0400 NEW CAP REL COSTS-BLDG & FIXT	209,893	1,433,289
5	0500 NEW CAP REL COSTS-MVBLE EQUIP	-19,780	848,036
6	0600 EMPLOYEE BENEFITS	328,366	2,424,060
7	0700 ADMINISTRATIVE & GENERAL	1,092,213	4,897,073
8	0800 MAINTENANCE & REPAIRS		
8.01	0801 OPERATION OF PLANT		801,316
9	0900 UTILITIES		508,692
10	1000 LAUNDRY & LINEN SERVICE		99,827
11	1100 HOUSEKEEPING		332,854
12	1200 DIETARY	-155,862	143,603
13	1300 CAFETERIA		184,061
14	1400 MAINTENANCE OF PERSONNEL		
15	1500 NURSING ADMINISTRATION	-4,387	403,403
16	1600 CENTRAL SERVICES & SUPPLY	-835	96,118
17	1700 PHARMACY	-9,019	151,219
18	1800 MEDICAL RECORDS & LIBRARY	-7,617	342,640
20	2000 SOCIAL SERVICE		
21	2100 NONPHYSICIAN ANESTHETISTS		
22	2200 NURSING SCHOOL		
23	2300 I&R SERVICES-SALARY & FRINGES APPRVD		
24	2400 I&R SERVICES-OTHER PRGM COSTS APPRVD		
25	2500 PARAMED ED PRGM		
26	2600 INPAT ROUTINE SRVC CNTRS	-71,558	1,259,352
27	2700 ADULTS & PEDIATRICS		
28	2800 INTENSIVE CARE UNIT		
29	2900 CORONARY CARE UNIT		
31	3100 BURN INTENSIVE CARE UNIT		
33	3300 SURGICAL INTENSIVE CARE UNIT		
34	3400 SUBPROVIDER		309,808
35	3500 NURSERY		
35.01	3510 SKILLED NURSING FACILITY		
36	3600 NURSING FACILITY		
37	3700 ICF/MR		
38	3800 OTHER LONG TERM CARE		
39	3900 ANCILLARY SRVC COST CNTRS		
40	4000 OPERATING ROOM		967,192
41	4100 RECOVERY ROOM		
42	4200 DELIVERY ROOM & LABOR ROOM		231,748
43	4300 ANESTHESIOLOGY		
44	4400 RADIOLOGY-DIAGNOSTIC	-398	912,239
45	4500 RADIOLOGY-THERAPEUTIC		
46	4600 RADIOISOTOPE		
47	4700 LABORATORY		1,056,113
48	4800 PBP CLINICAL LAB SERVICES-PRGM ONLY		
49	4900 WHOLE BLOOD & PACKED RED BLOOD CELLS		
50	5000 BLOOD STORING, PROCESSING & TRANS.		55,868
51	5100 INTRAVENOUS THERAPY		
52	5200 RESPIRATORY THERAPY	-30,464	295,550
53	5300 PHYSICAL THERAPY		644,010
54	5400 OCCUPATIONAL THERAPY		
55	5500 SPEECH PATHOLOGY		77,741
56	5600 ELECTROCARDIOLOGY		71,091
57	5700 ELECTROENCEPHALOGRAPHY		
58	5800 MEDICAL SUPPLIES CHARGED TO PATIENTS		
60	6000 DRUGS CHARGED TO PATIENTS		654,118
61	6100 RENAL DIALYSIS		
62	6200 ASC (NON-DISTINCT PART)		
64	6400 OUTPAT SERVICE COST CNTRS		
65	6500 CLINIC		
66	6600 EMERGENCY		1,260,754
67	6700 OBSERVATION BEDS (NON-DISTINCT PART)		
68	6800 OTHER REIMBURS COST CNTRS		
69	6900 HOME PROGRAM DIALYSIS		
70	7000 AMBULANCE SERVICES		
71	7100 DURABLE MEDICAL EQUIP-RENTED		
82	8200 DURABLE MEDICAL EQUIP-SOLD		
83	8300 CORF		
84	8400 I&R SERVICES-NOT APPRVD PRGM		
85	8500 HOME HEALTH AGENCY		
85.01	8510 SPEC PURPOSE COST CENTERS		
86	8600 LUNG ACQUISITION		
87	8700 KIDNEY ACQUISITION		
88	8800 LIVER ACQUISITION		
89	8900 HEART ACQUISITION		
90	9000 PANCREAS ACQUISITION		
91	9100 INTEREST EXPENSE		-0-
92	9200 UTILIZATION REVIEW-SNF		-0-
93	9300 OTHER CAPITAL RELATED COSTS		-0-
94	9400 AMBULATORY SURGICAL CENTER (D.P.)		
95	9500 HOSPICE		
96	9600 SUBTOTALS	1,330,552	20,461,775
97	9700 NONREIMBURS COST CENTERS		
98	9800 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
99	9900 RESEARCH		
100	1000 PHYSICIANS' PRIVATE OFFICES		43,071
100.01	1001 NONPAID WORKERS		
100.02	1002 CLINIC		505,956
101	1010 OCCUP. HLTH		221,808
	1011 FOUNDATION		35,033
	1012 TOTAL	1,330,552	21,267,643

COST CENTERS USED IN COST REPORT

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	
8.01	UTILITIES	0801	OPERATION OF PLANT
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM	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	
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
100	CLINIC	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	OCCUP. HLTH	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	FOUNDATION	7952	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE	
	(1)	COST CENTER	LINE NO	
	1	2	3	SALARY 4 OTHER 5
1 CAFETERIA	A	CAFETERIA	12	81,718
2 OB	B	NURSERY	33	286,552
3		DELIVERY ROOM & LABOR ROOM	39	213,215
4 HOUSEKEEPING	D	OPERATION OF PLANT	8	
5		DIETARY	11	
6		CAFETERIA	12	
7 PHARMACY	E	DRUGS CHARGED TO PATIENTS	56	
8 ADMINISTRATIVE AND GENERAL	F	ADMINISTRATIVE & GENERAL	6	
9 INTEREST	G	NEW CAP REL COSTS-MVBLE EQUIP	4	
10 ROUTINE	H	ELECTROCARDIOLOGY	53	70,216
11		OPERATING ROOM	37	2,066
12 INSURANCE	I	NEW CAP REL COSTS-BLDG & FIXT	3	
36 TOTAL RECLASSIFICATIONS				653,767
				870,081

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

## RECLASSIFICATIONS

PROVIDER NO:  
151316PERIOD:  
FROM 7/ 1/2006  
TO 6/30/2007PREPARED 11/26/2007  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF 10
			LINE NO				
	1	6	7		8	9	
1 CAFETERIA	A	DIETARY	11		81,718	97,507	
2 OB	B	ADULTS & PEDIATRICS	25		499,767	41,789	
3							
4 HOUSEKEEPING	D	HOUSEKEEPING	10			25,408	
5							
6							
7 PHARMACY	E	PHARMACY	16			654,118	
8 ADMINISTRATIVE AND GENERAL	F	NEW CAP REL COSTS-BLDG & FIXT	3			1,697	9
9 INTEREST	G	NEW CAP REL COSTS-BLDG & FIXT	3			19,780	9
10 ROUTINE	H	ADULTS & PEDIATRICS	25		72,282	901	
11							
12 INSURANCE	I	ADMINISTRATIVE & GENERAL	6			28,881	9
36 TOTAL RECLASSIFICATIONS					653,767	870,081	

(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 : CAFETERIA

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	CAFETERIA	179,225
TOTAL RECLASSIFICATIONS FOR CODE A		179,225

DECREASE		
COST CENTER	LINE	AMOUNT
DIETARY	11	179,225
		179,225

RECLASS CODE: B  
 EXPLANATION : OB

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	NURSERY	309,808
2.00	DELIVERY ROOM & LABOR ROOM	231,748
TOTAL RECLASSIFICATIONS FOR CODE B		541,556

DECREASE		
COST CENTER	LINE	AMOUNT
ADULTS & PEDIATRICS	25	541,556
		0
		541,556

RECLASS CODE: D  
 EXPLANATION : HOUSEKEEPING

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	OPERATION OF PLANT	12,704
2.00	DIETARY	7,868
3.00	CAFETERIA	4,836
TOTAL RECLASSIFICATIONS FOR CODE D		25,408

DECREASE		
COST CENTER	LINE	AMOUNT
HOUSEKEEPING	10	25,408
		0
		0
		25,408

RECLASS CODE: E  
 EXPLANATION : PHARMACY

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	654,118
TOTAL RECLASSIFICATIONS FOR CODE E		654,118

DECREASE		
COST CENTER	LINE	AMOUNT
PHARMACY	16	654,118
		654,118

RECLASS CODE: F  
 EXPLANATION : ADMINISTRATIVE AND GENERAL

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	1,697
TOTAL RECLASSIFICATIONS FOR CODE F		1,697

DECREASE		
COST CENTER	LINE	AMOUNT
NEW CAP REL COSTS-BLDG & FIXT	3	1,697
		1,697

RECLASS CODE: G  
 EXPLANATION : INTEREST

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	19,780
TOTAL RECLASSIFICATIONS FOR CODE G		19,780

DECREASE		
COST CENTER	LINE	AMOUNT
NEW CAP REL COSTS-BLDG & FIXT	3	19,780
		19,780

RECLASS CODE: H  
 EXPLANATION : ROUTINE

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	ELECTROCARDIOLOGY	71,091
2.00	OPERATING ROOM	2,092
TOTAL RECLASSIFICATIONS FOR CODE H		73,183

DECREASE		
COST CENTER	LINE	AMOUNT
ADULTS & PEDIATRICS	25	73,183
		0
		73,183

RECLASS CODE: I  
 EXPLANATION : INSURANCE

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	28,881
TOTAL RECLASSIFICATIONS FOR CODE I		28,881

DECREASE		
COST CENTER	LINE	AMOUNT
ADMINISTRATIVE & GENERAL	6	28,881
		28,881

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS 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	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	140,146					140,146	
2 LAND IMPROVEMENTS	470					470	
3 BUILDINGS & FIXTURE	1,140,527					1,140,527	
4 BUILDING IMPROVEMEN	363,263	17,159		17,159	8,083	372,339	
5 FIXED EQUIPMENT	944,051	35,400		35,400		979,451	
6 MOVABLE EQUIPMENT	3,817,024	853,821		853,821	16,043	4,654,802	
7 SUBTOTAL	6,405,481	906,380		906,380	24,126	7,287,735	
8 RECONCILING ITEMS							
9 TOTAL	6,405,481	906,380		906,380	24,126	7,287,735	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS CAPITLIZED GROSS ASSETS		ALLOCATION OF OTHER CAPITAL			TOTAL 8
			LEASES 2	FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	2,632,933		2,632,933	.361283			
4	NEW CAP REL COSTS-MV	4,654,802		4,654,802	.638717			
5	TOTAL	7,287,735		7,287,735	1.000000			

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	1,433,289						1,433,289
4	NEW CAP REL COSTS-MV	848,036						848,036
5	TOTAL	2,281,325						2,281,325

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	1,215,992						1,215,992
4	NEW CAP REL COSTS-MV	848,036						848,036
5	TOTAL	2,064,028						2,064,028

\* 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		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	
1			OLD CAP REL COSTS-BLDG &	1	
2			OLD CAP REL COSTS-MVBLE E	2	
3	A	-1,690	NEW CAP REL COSTS-BLDG &	3	9
4	A	-18,531	NEW CAP REL COSTS-MVBLE E	4	9
5	A	-1,590	ADMINISTRATIVE & GENERAL	6	
6					
7					
8					
9	A	-9,699	ADMINISTRATIVE & GENERAL	6	
10	A	-1,714	ADMINISTRATIVE & GENERAL	6	
11					
12	A-8-2	-102,022			
13					
14	A-8-1	1,726,845			
15					
16	B	-155,862	DIETARY	11	
17					
18					
19	B	-9,019	PHARMACY	16	
20	B	-7,617	MEDICAL RECORDS & LIBRARY	17	
21					
22					
23					
24					
25	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27	A-8-3				
28			UTILIZATION REVIEW-SNF	89	
29			OLD CAP REL COSTS-BLDG &	1	
30			OLD CAP REL COSTS-MVBLE E	2	
31			NEW CAP REL COSTS-BLDG &	3	
32			NEW CAP REL COSTS-MVBLE E	4	
33			NONPHYSICIAN ANESTHETISTS	20	
34					
35	A-8-4		OCCUPATIONAL THERAPY	51	
36	A-8-4		SPEECH PATHOLOGY	52	
37	B	-15,665	ADMINISTRATIVE & GENERAL	6	
38	B	-4,287	NURSING ADMINISTRATION	14	
39	B	-835	CENTRAL SERVICES & SUPPLY	15	
40	A	-13,456	ADMINISTRATIVE & GENERAL	6	
41	A	-38,507	ADMINISTRATIVE & GENERAL	6	
42	A	-15,301	EMPLOYEE BENEFITS	5	
43	A	-100	NURSING ADMINISTRATION	14	
44	A	-398	RADIOLOGY-DIAGNOSTIC	41	
45					
46					
47					
48					
49					
50	TOTAL (SUM OF LINES 1 THRU 49)	1,330,552			

(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	3	NEW CAP REL COSTS-BLDG & HOME OFFICE	241,025	29,328	211,697	9
2	6	ADMINISTRATIVE & GENERAL HOME OFFICE	1,384,260	183,324	1,200,936	
3	3	NEW CAP REL COSTS-BLDG & ASCENSION - INTEREST	1,690	1,804	-114	9
4	4	NEW CAP REL COSTS-MVBLE E ASCENSION - INTEREST	18,531	19,780	-1,249	9
4.01	6	ADMINISTRATIVE & GENERAL ASCENSION - INTEREST	1,590	1,697	-107	
4.04	6	ADMINISTRATIVE & GENERAL ASCENSION - MAINTENACNE	340,935	340,365	570	
4.05	6	ADMINISTRATIVE & GENERAL ASCENSION - AHIS	701,321	729,876	-28,555	
4.06	5	EMPLOYEE BENEFITS PENSION	197,099	258,943	-61,844	
4.07	5	EMPLOYEE BENEFITS SELF INSURANCE	1,505,408	1,099,897	405,511	
4.08	100	CLINIC ST. VINCENT HEALTH CHARGE	-630,528	-630,528		
4.09	100	1 OCCUP. HLTH ST. VINCENT HEALTH CHARGE	1,403	1,403		
4.10	10	HOUSEKEEPING ST. VINCENT HEALTH CHARGE	-35,416	-35,416		
4.11	14	NURSING ADMINISTRATION ST. VINCENT HEALTH CHARGE	200	200		
4.12	25	ADULTS & PEDIATRICS ST VINCENT HEALTH CHARGE	160	160		
4.13	37	OPERATING ROOM ST VINCENT HEALTH CHARGE	-1,248	-1,248		
4.15	41	RADIOLOGY-DIAGNOSTIC ST VINCENT HEALTH CHARGE	17,939	17,939		
4.16	5	EMPLOYEE BENEFITS ST VINCENT HEALTH CHARGE	40,849	40,849		
4.17	6	ADMINISTRATIVE & GENERAL ST VINCENT HEALTH CHARGE	650,777	650,777		
4.18	8	OPERATION OF PLANT ST VINCENT HEALTH CHARGE	-10,576	-10,576		
4.19	98	PHYSICIANS' PRIVATE OFFIC ST. VINCENT HEALTH CHARGE	2,498	2,498		
5		TOTALS	4,427,917	2,701,072	1,726,845	

\* 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	HOSPITAL MGMT.
2	G	100.00	ST. VINCENT HEALTH	100.00	HOSPITAL MGMT.
3		0.00	ASCENSION	0.00	
4		0.00		0.00	
5		0.00		0.00	

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

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1	61	EMERGENCY	347,251		347,251			
2	44	LABORATORY	71,648		71,648			
3	49	CARDIOVASCULAR SERVICES	30,464	30,464				
4	25	OBSTETRICS	71,558	71,558				
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		520,921	102,022	418,899			

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1	61	EMERGENCY						
2	44	LABORATORY						
3	49	CARDIOVASCULAR SERVICES						30,464
4	25	OBSTETRICS						71,558
5								
6								
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25								
26								
27								
28								
29								
30								
101	TOTAL							102,022

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998  
 PHYSICAL THERAPY

PART I - GENERAL INFORMATION

1 TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) 52  
 (SEE INSTRUCTIONS)  
 2 LINE 1 MULTIPLIED BY 15 HOURS PER WEEK 780  
 3 NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)  
 4 NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)  
 5 NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)  
 6 NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)  
 7 STANDARD TRAVEL EXPENSE RATE 3.45  
 8 OPTIONAL TRAVEL EXPENSE RATE PER MILE

	SUPERVISORS 1	THERAPISTS 2	ASSISTANTS 3	AIDES 4	TRAINEES 5
9 TOTAL HOURS WORKED		7588.00		2022.00	2830.00
10 AHSEA (SEE INSTRUCTIONS)		66.07		66.07	66.07
11 STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE-HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	33.04	33.04			
12 NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)					
12.01 NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)					
13 NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)					
13.01 NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)					

PART II - SALARY EQUIVALENCY COMPUTATION

14 SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)  
 15 THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10) 501,339  
 16 ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)  
 17 SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS ) 501,339  
 18 AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10) 133,594  
 19 TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10) 186,978  
 20 TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS) 634,933

IF THE SUM OF COLUMNS 1 AND 2 FOR RESPIRATORY THERAPY OR COLUMNS 1-3 FOR PHYSICAL THERAPY, SPEECH PATHOLOGY OR OCCUPATIONAL THERAPY, LINE 9, IS GREATER THAN LINE 2, MAKE NO ENTRIES ON LINES 21 AND 22 AND ENTER ON LINE 23 THE AMOUNT FROM LINE 20. OTHERWISE COMPLETE LINES 21-23.

21 WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)  
 22 WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)  
 23 TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS) 634,933

PART III - SALARY AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE

STANDARD TRAVEL ALLOWANCE  
 24 THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)  
 25 ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)  
 26 SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)  
 27 STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)  
 28 TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)  
 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE  
 29 THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12)  
 30 ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12)  
 31 SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)  
 32 OPTIONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2, LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)  
 33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28)  
 34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 27 AND 30)  
 35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 31 AND 32)

PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE

STANDARD TRAVEL EXPENSE  
 36 THERAPISTS (LINE 5 TIMES COLUMN 2, LINE 11)

PHYSICAL THERAPY

- 37 ASSISTANTS (LINE 6 TIMES COLUMN 3, LINE 11)
- 38 SUBTOTAL (SUM OF LINES 36 AND 37)
- 39 STANDARD TRAVEL EXPENSE (LINE 7 TIMES THE SUM OF LINES 5 AND 6)
- 40 THERAPISTS (SUM OF COLUMNS 1 AND 2, LINE 12 TIMES COLUMN 2, LINE 10)
- 41 ASSISTANTS (COLUMN 3, LINE 12 TIMES COLUMN 3, LINE 10)
- 42 SUBTOTAL (SUM OF LINES 40 AND 41)
- 43 OPTIONAL TRAVEL EXPENSE (LINE 8 TIMES THE SUM OF COLUMNS 1-3, LINE 13)
- TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES;  
 COMPLETE ONE OF THE FOLLOWING THREE LINES 44, 45, OR 46 AS APPROPRIATE
- 44 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 38 AND 39 - SEE INSTRUCTIONS)
- 45 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 39 AND 42 - SEE INSTRUCTIONS)
- 46 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 42 AND 43 - SEE INSTRUCTIONS)

PART V - OVERTIME COMPUTATION

	THERAPISTS	ASSISTANTS	AIDES	TRAINEES	TOTAL
47 OVERTIME HOURS WORKED DURING REPORTING PERIOD (IF COLUMN 5, LINE 47, IS ZERO OR EQUAL TO OR GREATER THAN 2,080, DO NOT COMPLETE LINES 48-55 AND ENTER ZERO IN EACH COLUMN OF LINE 56)	1	2	3	4	5
48 OVERTIME RATE (SEE INSTRUCTIONS)					
CALCULATION OF LIMIT					
49 TOTAL OVERTIME (INCLUDING BASE AND OVERTIME ALLOWANCE)(MULTIPLY LINE 47 TIMES LINE 48)					
50 PERCENTAGE OF OVERTIME HOURS BY CATEGORY (DIVIDE THE HOURS IN EACH COLUMN ON LINE 47 BY THE TOTAL OVERTIME WORKED - COLUMN 5, LINE 47)	100.00				100.00
51 ALLOCATION OF PROVIDER'S STANDARD WORKYEAR FOR ONE FULL-TIME EMPLOYEE TIME THE PERCENTAGES ON LINE 50 (SEE INSTRUCTIONS)					
DETERMINATION OF OVERTIME ALLOWANCE					
52 ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT (SEE INSTRUCTIONS)					
53 OVERTIME COST LIMITATION (LINE 51 TIMES LINE 52)					
54 MAXIMUM OVERTIME COST (ENTER THE LESSOR OF LINE 49 OR LINE 53)					
55 PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA (MULTIPLY LINE 47 TIMES LINE 52)					
56 OVERTIME ALLOWANCE (LINE 54 MINUS LINE 55 - IF NEGATIVE ENTER ZERO)(ENTER IN COLUMN 5 THE SUM OF COLUMNS 1, 3, AND 4 FOR RESPIRATORY THERAPY AND COLUMNS 1 THROUGH 3 FOR ALL OTHERS.)					

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23)	634,933
58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35)	
59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (FROM PART IV, LINES 44, 45, OR 46)	
60 OVERTIME ALLOWANCE(FROM COLUMN 5, LINE 56)	
61 EQUIPMENT COST (SEE INSTRUCTIONS)	
62 SUPPLIES (SEE INSTRUCTIONS)	
63 TOTAL ALLOWANCE (SUM OF LINES 57-62)	634,933
64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS)	613,829
65 EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)	

PART VII - ALLOCATION OF THERAPY EXCESS COST OVER LIMITATION FOR NONSHARED THERAPY DEPARTMENT SERVICES

66 COST OF OUTSIDE SUPPLIER SERVICES - (SEE INSTRUCTIONS)(FROM YOUR RECORDS)	613,829
66.01 COST OF OUTSIDE SUPPLIER SERVICES - CORF I (SEE INSTRUCTIONS)(FROM YOUR RECORDS)	
66.31 COST OF OUTSIDE SUPPLIER SERVICES - HHA I (SEE INSTRUCTIONS)(FROM YOUR RECORDS)	
67 TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS)(THIS LINE MUST AGREE WITH LINE 64)	613,829
68 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67)	1.000000
68.01 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)	
68.31 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)	
69 EXCESS COST OVER LIMITATION- (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.01 EXCESS COST OVER LIMITATION-CORF I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.31 EXCESS COST OVER LIMITATION- HHA I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	

HEALTH FINANCIAL SYSTEMS      MCRS/PC-WIN      FOR ST. VINCENT FRANKFORT HOSPITAL      IN LIEU OF FORM CMS-2552-96(12/1999)  
REASONABLE COST DETERMINATION FOR THERAPY      I PROVIDER NO:      I PERIOD:      I PREPARED 11/26/2007  
SERVICES FURNISHED BY OUTSIDE SUPPLIERS      I 15-1316      I FROM 7/ 1/2006      I WORKSHEET A-8-4  
ON OR AFTER APRIL 10, 1998      I      I TO 6/30/2007      I PARTS I - VII  
PHYSICAL THERAPY

70      TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE  
69 AND SUBSCRIPTS OF LINE 69) (THIS LINE MUST AGREE  
WITH LINE 65)

OCCUPATIONAL THERAPY

PART I - GENERAL INFORMATION

- 1 TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES)  
(SEE INSTRUCTIONS)
- 2 LINE 1 MULTIPLIED BY 15 HOURS PER WEEK
- 3 NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR  
OR THERAPIST WAS ON PROVIDER SITE  
(SEE INSTRUCTIONS)
- 4 NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY  
ASSISTANT WAS ON PROVIDER SITE BUT NEITHER  
SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE  
(SEE INSTRUCTIONS)
- 5 NUMBER OF UNDUPLICATED OFFSITE VISITS -  
SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)
- 6 NUMBER OF UNDUPLICATED OFFSITE VISITS -  
THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY  
THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR  
THERAPIST WAS NOT PRESENT DURING THE VISIT(S))  
(SEE INSTRUCTIONS)
- 7 STANDARD TRAVEL EXPENSE RATE 3.45
- 8 OPTIONAL TRAVEL EXPENSE RATE PER MILE

	SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES	TRAINEES
	1	2	3	4	5
9 TOTAL HOURS WORKED AHSEA (SEE INSTRUCTIONS)					
11 STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE- HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	31.32	62.63 31.32			
12 NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)					
12.01 NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)					
13 NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)					
13.01 NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)					

PART II - SALARY EQUIVALENCY COMPUTATION

- 14 SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1,  
LINE 10)
- 15 THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2,  
LINE 10)
- 16 ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3,  
LINE 10)
- 17 SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT  
OR LINES 14-16 FOR ALL OTHERS)
- 18 AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)
- 19 TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5,  
LINE 10)
- 20 TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT  
OR LINES 17 AND 18 FOR ALL OTHERS)

IF THE SUM OF COLUMNS 1 AND 2 FOR RESPIRATORY THERAPY OR COLUMNS 1-3 FOR PHYSICAL THERAPY, SPEECH PATHOLOGY OR OCCUPATIONAL THERAPY, LINE 9, IS GREATER THAN LINE 2, MAKE NO ENTRIES ON LINES 21 AND 22 AND ENTER ON LINE 23 THE AMOUNT FROM LINE 20. OTHERWISE COMPLETE LINES 21-23.

- 21 WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES  
(SEE INSTRUCTIONS)
- 22 WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES  
(SEE INSTRUCTIONS)
- 23 TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)

PART III - SALARY AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE

- STANDARD TRAVEL ALLOWANCE
- 24 THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)
- 25 ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)
- 26 SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)
- 27 STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES  
3 AND 4)
- 28 TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD  
TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES  
26 AND 27)
- OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE
- 29 THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF  
COLUMNS 1 AND 2, LINE 12)
- 30 ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3,  
LINE 12)
- 31 SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)
- 32 OPTIONAL TRAVEL EXPENSE (LN 8 TIMES COLUMNS 1 & 2,  
LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)
- 33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL  
EXPENSE (LINE 28)
- 34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL  
EXPENSE (SUM OF LINES 27 AND 30)
- 35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL  
EXPENSE (SUM OF LINES 31 AND 32)

PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE

- STANDARD TRAVEL EXPENSE
- 36 THERAPISTS (LINE 5 TIMES COLUMN 2,  
LINE 11)

- 37 ASSISTANTS (LINE 6 TIMES COLUMN 3, LINE 11)
- 38 SUBTOTAL (SUM OF LINES 36 AND 37)
- 39 STANDARD TRAVEL EXPENSE (LINE 7 TIMES THE SUM OF LINES 5 AND 6)
- 40 THERAPISTS (SUM OF COLUMNS 1 AND 2, LINE 12 TIMES COLUMN 2, LINE 10)
- 41 ASSISTANTS (COLUMN 3, LINE 12 TIMES COLUMN 3, LINE 10)
- 42 SUBTOTAL (SUM OF LINES 40 AND 41)
- 43 OPTIONAL TRAVEL EXPENSE (LINE 8 TIMES THE SUM OF COLUMNS 1-3, LINE 13)
- TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES; COMPLETE ONE OF THE FOLLOWING THREE LINES 44, 45, OR 46 AS APPROPRIATE
- 44 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 38 AND 39 - SEE INSTRUCTIONS)
- 45 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 39 AND 42 - SEE INSTRUCTIONS)
- 46 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 42 AND 43 - SEE INSTRUCTIONS)

PART V - OVERTIME COMPUTATION

	THERAPISTS	ASSISTANTS	AIDES	TRAINEES	TOTAL
47 OVERTIME HOURS WORKED DURING REPORTING PERIOD (IF COLUMN 5, LINE 47, IS ZERO OR EQUAL TO OR GREATER THAN 2,080, DO NOT COMPLETE LINES 48-55 AND ENTER ZERO IN EACH COLUMN OF LINE 56)	1	2	3	4	5
48 OVERTIME RATE (SEE INSTRUCTIONS)					
CALCULATION OF LIMIT					
49 TOTAL OVERTIME (INCLUDING BASE AND OVERTIME ALLOWANCE)(MULTIPLY LINE 47 TIMES LINE 48)					
50 PERCENTAGE OF OVERTIME HOURS BY CATEGORY (DIVIDE THE HOURS IN EACH COLUMN ON LINE 47 BY THE TOTAL OVERTIME WORKED - COLUMN 5, LINE 47)	100.00				100.00
51 ALLOCATION OF PROVIDER'S STANDARD WORKYEAR FOR ONE FULL-TIME EMPLOYEE TIME THE PERCENTAGES ON LINE 50 (SEE INSTRUCTIONS)					
DETERMINATION OF OVERTIME ALLOWANCE					
52 ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT (SEE INSTRUCTIONS)					
53 OVERTIME COST LIMITATION (LINE 51 TIMES LINE 52)					
54 MAXIMUM OVERTIME COST (ENTER THE LESSOR OF LINE 49 OR LINE 53)					
55 PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA (MULTIPLY LINE 47 TIMES LINE 52)					
56 OVERTIME ALLOWANCE (LINE 54 MINUS LINE 55 - IF NEGATIVE ENTER ZERO)(ENTER IN COLUMN 5 THE SUM OF COLUMNS 1, 3, AND 4 FOR RESPIRATORY THERAPY AND COLUMNS 1 THROUGH 3 FOR ALL OTHERS.)					

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

- 57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23)
- 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35)
- 59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (FROM PART IV, LINES 44, 45, OR 46)
- 60 OVERTIME ALLOWANCE(FROM COLUMN 5, LINE 56)
- 61 EQUIPMENT COST (SEE INSTRUCTIONS)
- 62 SUPPLIES (SEE INSTRUCTIONS)
- 63 TOTAL ALLOWANCE (SUM OF LINES 57-62)
- 64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS)
- 65 EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)

PART VII - ALLOCATION OF THERAPY EXCESS COST OVER LIMITATION FOR NONSHARED THERAPY DEPARTMENT SERVICES

- 66 COST OF OUTSIDE SUPPLIER SERVICES - (SEE INSTRUCTIONS)(FROM YOUR RECORDS)
- 66.01 COST OF OUTSIDE SUPPLIER SERVICES - CORF I (SEE INSTRUCTIONS)(FROM YOUR RECORDS)
- 66.31 COST OF OUTSIDE SUPPLIER SERVICES - HHA I (SEE INSTRUCTIONS)(FROM YOUR RECORDS)
- 67 TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS)(THIS LINE MUST AGREE WITH LINE 64)
- 68 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67)
- 68.01 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)
- 68.31 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)
- 69 EXCESS COST OVER LIMITATION- (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
- 69.01 EXCESS COST OVER LIMITATION-CORF I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
- 69.31 EXCESS COST OVER LIMITATION- HHA I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)

HEALTH FINANCIAL SYSTEMS      MCRS/PC-WIN      FOR ST. VINCENT FRANKFORT HOSPITAL      IN LIEU OF FORM CMS-2552-96(12/1999)  
REASONABLE COST DETERMINATION FOR THERAPY      I PROVIDER NO:      I PERIOD:      I PREPARED 11/26/2007  
SERVICES FURNISHED BY OUTSIDE SUPPLIERS      I 15-1316      I FROM 7/ 1/2006      I WORKSHEET A-8-4  
ON OR AFTER APRIL 10, 1998      I      I TO 6/30/2007      I PARTS I - VII

OCCUPATIONAL THERAPY

70      TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE  
69 AND SUBSCRIPTS OF LINE 69) (THIS LINE MUST AGREE  
WITH LINE 65)

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	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	SQUARE	FEET	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	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	7	SQUARE	FEET	ENTERED
8.01	UTILITIES	7	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	9	SQUARE	FEET	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	HOURS	WORKED	ENTERED
13	MAINTENANCE OF PERSONNEL	12	NUMBER	HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS.	ENTERED
16	PHARMACY	15	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16		REVENUE	ENTERED
18	SOCIAL SERVICE	17	TIME	SPENT	NOT 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 C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
		0	1	2	3	4	5	5a.00
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &	1,433,289			1,433,289			
005	NEW CAP REL COSTS-MVBLE E	848,036				848,036		
006	EMPLOYEE BENEFITS	2,424,060			15,109	8,940	2,448,109	
007	ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	4,897,073			109,522	64,801	469,955	5,541,351
008	OPERATION OF PLANT	801,316			150,049	88,780	61,667	1,101,812
008	01 UTILITIES	508,692						508,692
009	LAUNDRY & LINEN SERVICE	99,827			11,396	6,742		117,965
010	HOUSEKEEPING	332,854			26,514	15,687	84,199	459,254
011	DIETARY	143,603			36,084	21,350	41,128	242,165
012	CAFETERIA	184,061			16,970	10,041	25,278	236,350
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION	403,403			33,676	19,925	117,474	574,478
015	CENTRAL SERVICES & SUPPLY	96,118			48,812	28,881	14,454	188,265
016	PHARMACY	151,219			25,136	14,872	55,956	247,183
017	MEDICAL RECORDS & LIBRARY	342,640			28,466	16,843	79,983	467,932
018	SOCIAL SERVICE							
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C							
024	PARAMED ED PRGM							
025	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	1,259,352			225,147	133,213	378,947	1,996,659
026	INTENSIVE CARE UNIT							
027	CORONARY CARE UNIT							
028	BURN INTENSIVE CARE UNIT							
029	SURGICAL INTENSIVE CARE U							
031	SUBPROVIDER							
033	NURSERY	309,808			4,553	2,694	88,641	405,696
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035	01 ICF/MR							
036	OTHER LONG TERM CARE							
037	ANCILLARY SRVC COST CNTRS							
038	OPERATING ROOM	967,192			95,617	56,574	144,395	1,263,778
039	RECOVERY ROOM							
040	DELIVERY ROOM & LABOR ROO	231,748			19,935	11,795	65,955	329,433
041	ANESTHESIOLOGY							
042	RADIOLOGY-DIAGNOSTIC	912,239			66,850	39,553	167,999	1,186,641
042	RADIOLOGY-THERAPEUTIC							
043	RADIOISOTOPE							
044	LABORATORY	1,056,113			28,421	16,816	157,847	1,259,197
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING	55,868						55,868
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	295,550			13,996	8,281	37,678	355,505
050	PHYSICAL THERAPY	644,010			29,981	17,739		691,730
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY	77,741			5,283	3,126	23,597	109,747
053	ELECTROCARDIOLOGY	71,091			1,405	831	21,720	95,047
054	ELECTROENCEPHALOGRAPHY							
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS	654,118						654,118
057	RENAL DIALYSIS							
058	ASC (NON-DISTINCT PART)							
060	OUTPAT SERVICE COST CNTRS							
061	CLINIC							
061	EMERGENCY	1,260,754			46,832	27,709	240,046	1,575,341
062	OBSERVATION BEDS (NON-DIS							
064	OTHER REIMBURS COST CNTRS							
065	HOME PROGRAM DIALYSIS							
066	AMBULANCE SERVICES							
067	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY							
082	LUNG ACQUISITION							
083	SPEC PURPOSE COST CENTERS							
084	KIDNEY ACQUISITION							
085	LIVER ACQUISITION							
085	HEART ACQUISITION							
085	01 PANCREAS ACQUISITION							
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE							
095	SUBTOTALS	20,461,775			1,039,754	615,193	2,276,919	19,664,207
096	NONREIMBURS COST CENTERS							
097	GIFT, FLOWER, COFFEE SHOP				4,945	2,926		7,871
097	RESEARCH							
098	PHYSICIANS' PRIVATE OFFIC	43,071					8,347	51,418
099	NONPAID WORKERS							
100	CLINIC	505,956			376,300	222,645	105,659	1,210,560
100	01 OCCUP. HLTH	221,808			6,843	4,049	48,436	281,136
100	02 FOUNDATION	35,033			5,447	3,223	8,748	52,451
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	21,267,643			1,433,289	848,036	2,448,109	21,267,643

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	UTILITIES	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	6	7	8	8.01	9	10	11
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL	5,541,351						
008 MAINTENANCE & REPAIRS							
008 01 OPERATION OF PLANT	388,237		1,490,049				
009 01 UTILITIES	179,244			687,936			
010 LAUNDRY & LINEN SERVICE	41,566		14,655	6,766	180,952		
011 HOUSEKEEPING	161,824		34,098	15,743		670,919	
012 DIETARY	85,330		46,407	21,426	1,979	21,602	418,909
013 CAFETERIA	83,281		21,825	10,076		10,159	
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	202,424		43,309	19,995		20,160	
016 CENTRAL SERVICES & SUPPLY	66,337		62,776	28,983	3,071	29,222	
017 PHARMACY	87,098		32,327	14,925		15,048	
018 MEDICAL RECORDS & LIBRARY	164,881		36,609	16,902		17,042	
019 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	703,551		289,554	133,683	70,724	134,787	418,909
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
032 NURSERY	142,952		5,855	2,703		2,726	
033 SKILLED NURSING FACILITY							
034 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	445,307		122,970	56,774	22,728	57,242	
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO	116,080		25,638	11,837		11,935	
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC	418,127		85,973	39,693	34,741	40,020	
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE							
045 LABORATORY	443,693		36,551	16,875		17,014	
046 PBP CLINICAL LAB SERVICES							
047 WHOLE BLOOD & PACKED RED							
048 BLOOD STORING, PROCESSING	19,686						
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY	125,266		18,000	8,310		8,379	
051 PHYSICAL THERAPY	243,739		38,557	17,801	25,540	17,948	
052 OCCUPATIONAL THERAPY							
053 SPEECH PATHOLOGY	38,671		6,794	3,137		3,163	
054 ELECTROCARDIOLOGY	33,491		1,807	834	3,208	841	
055 ELECTROENCEPHALOGRAPHY							
056 MEDICAL SUPPLIES CHARGED							
057 DRUGS CHARGED TO PATIENTS	230,486						
058 RENAL DIALYSIS							
059 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY	555,090		60,229	27,807	18,961	28,037	
063 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP-REN							
068 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
072 LUNG ACQUISITION							
073 SPEC PURPOSE COST CENTERS							
074 KIDNEY ACQUISITION							
075 LIVER ACQUISITION							
076 HEART ACQUISITION							
077 01 PANCREAS ACQUISITION							
078 AMBULATORY SURGICAL CENTE							
079 HOSPICE							
080 SUBTOTALS	4,976,361		983,934	454,270	180,952	435,325	418,909
081 NONREIMBURS COST CENTERS							
082 GIFT, FLOWER, COFFEE SHOP	2,773		6,360	2,936		2,960	
083 RESEARCH							
084 PHYSICIANS' PRIVATE OFFIC	18,118						
085 NONPAID WORKERS							
086 CLINIC	426,555		483,950	223,433		225,276	
087 01 OCCUP. HLTH	99,062		8,800	4,063		4,097	
088 02 FOUNDATION	18,482		7,005	3,234		3,261	
089 CROSS FOOT ADJUSTMENT							
090 NEGATIVE COST CENTER							
091 TOTAL	5,541,351		1,490,049	687,936	180,952	670,919	418,909

COST CENTER DESCRIPTION	CAFETERIA	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E
	12	13	14	15	16	17	18
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
008 01 OPERATION OF PLANT							
009 UTILITIES							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA	361,691						
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	19,508		879,874				
016 CENTRAL SERVICES & SUPPLY	6,588			385,242			
017 PHARMACY	11,814			1,567	409,962		
018 MEDICAL RECORDS & LIBRARY	27,535			3,348		734,249	
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	77,682		254,439	73,047		38,421	
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U							
033 SUBPROVIDER							
034 NURSERY	12,045		39,450	15,603		9,038	
035 SKILLED NURSING FACILITY							
035 01 NURSING FACILITY							
036 ICF/MR							
037 OTHER LONG TERM CARE							
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	29,841		97,741	128,646		86,719	
040 RECOVERY ROOM							
041 DELIVERY ROOM & LABOR ROO	8,962		29,354	12,434		14,224	
042 ANESTHESIOLOGY							
043 RADIOLOGY-DIAGNOSTIC	33,696		110,368	22,165		161,146	
044 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE							
045 LABORATORY	38,516		126,154	12,594		139,799	
046 PBP CLINICAL LAB SERVICES							
047 WHOLE BLOOD & PACKED RED							
048 BLOOD STORING, PROCESSING						2,733	
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY	7,522		24,636	2,741		35,315	
051 PHYSICAL THERAPY				804		37,998	
052 OCCUPATIONAL THERAPY							
053 SPEECH PATHOLOGY	3,520		11,528			1,905	
054 ELECTROCARDIOLOGY	3,216		10,535			9,160	
055 ELECTROENCEPHALOGRAPHY							
056 MEDICAL SUPPLIES CHARGED							
057 DRUGS CHARGED TO PATIENTS					409,962	80,060	
058 RENAL DIALYSIS							
060 ASC (NON-DISTINCT PART)							
061 OUTPAT SERVICE COST CNTRS							
062 CLINIC							
064 EMERGENCY	53,634		175,669	102,623		117,731	
065 OBSERVATION BEDS (NON-DIS							
066 OTHER REIMBURS COST CNTRS							
067 HOME PROGRAM DIALYSIS							
069 AMBULANCE SERVICES							
070 DURABLE MEDICAL EQUIP-REN							
071 DURABLE MEDICAL EQUIP-SOL							
071 CORF							
082 I&R SERVICES-NOT APPRVD P							
083 HOME HEALTH AGENCY							
084 LUNG ACQUISITION							
085 SPEC PURPOSE COST CENTERS							
085 01 KIDNEY ACQUISITION							
092 LIVER ACQUISITION							
093 HEART ACQUISITION							
095 PANCREAS ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	334,079		879,874	375,572	409,962	734,249	
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
098 RESEARCH							
099 PHYSICIANS' PRIVATE OFFIC	2,302			814			
100 NONPAID WORKERS							
100 01 CLINIC	13,388			7,795			
100 02 OCCUP. HLTH	10,241			1,061			
101 FOUNDATION	1,681						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	361,691		879,874	385,242	409,962	734,249	

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	ED PR SUBTOTAL	I&R COST POST STEP-DOWN ADJ
	20	21	22	23	24	25	26
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							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
008 01 UTILITIES							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS						4,191,456	
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U							
033 SUBPROVIDER							
034 NURSERY						636,068	
035 SKILLED NURSING FACILITY							
035 01 NURSING FACILITY							
036 ICF/MR							
037 OTHER LONG TERM CARE							
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM						2,311,746	
040 RECOVERY ROOM							
041 DELIVERY ROOM & LABOR ROO						559,897	
042 ANESTHESIOLOGY							
043 RADIOLOGY-DIAGNOSTIC						2,132,570	
044 RADIOLOGY-THERAPEUTIC							
045 RADIOISOTOPE							
046 LABORATORY						2,090,393	
047 PBP CLINICAL LAB SERVICES							
048 WHOLE BLOOD & PACKED RED							
049 BLOOD STORING, PROCESSING						78,287	
050 INTRAVENOUS THERAPY							
051 RESPIRATORY THERAPY						585,674	
052 PHYSICAL THERAPY						1,074,117	
053 OCCUPATIONAL THERAPY							
054 SPEECH PATHOLOGY						178,465	
055 ELECTROCARDIOLOGY						158,139	
056 ELECTROENCEPHALOGRAPHY							
057 MEDICAL SUPPLIES CHARGED							
058 DRUGS CHARGED TO PATIENTS						1,374,626	
060 RENAL DIALYSIS							
061 ASC (NON-DISTINCT PART)							
062 OUTPAT SERVICE COST CNTRS							
064 CLINIC							
065 EMERGENCY						2,715,122	
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							
080 01 PANCREAS ACQUISITION							
081 AMBULATORY SURGICAL CENTE							
082 HOSPICE							
083 SUBTOTALS						18,086,560	
084 NONREIMBURS COST CENTERS							
085 GIFT, FLOWER, COFFEE SHOP						22,900	
086 RESEARCH							
087 PHYSICIANS' PRIVATE OFFIC						72,652	
088 NONPAID WORKERS							
089 CLINIC						2,590,957	
090 01 OCCUP. HLTH						408,460	
091 02 FOUNDATION						86,114	
092 CROSS FOOT ADJUSTMENT							
093 NEGATIVE COST CENTER							
094 TOTAL						21,267,643	

COST CENTER DESCRIPTION		TOTAL
		27
	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	
007	MAINTENANCE & REPAIRS	
008	OPERATION OF PLANT	
008	01 UTILITIES	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
013	MAINTENANCE OF PERSONNEL	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
020	NONPHYSICIAN ANESTHETISTS	
021	NURSING SCHOOL	
022	I&R SERVICES-SALARY & FRI	
023	I&R SERVICES-OTHER PRGM C	
024	PARAMED ED PRGM	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	4,191,456
026	INTENSIVE CARE UNIT	
027	CORONARY CARE UNIT	
028	BURN INTENSIVE CARE UNIT	
029	SURGICAL INTENSIVE CARE U	
031	SUBPROVIDER	
033	NURSERY	636,068
034	SKILLED NURSING FACILITY	
035	NURSING FACILITY	
035	01 ICF/MR	
036	OTHER LONG TERM CARE	
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	2,311,746
038	RECOVERY ROOM	
039	DELIVERY ROOM & LABOR ROO	559,897
040	ANESTHESIOLOGY	
041	RADIOLOGY-DIAGNOSTIC	2,132,570
042	RADIOLOGY-THERAPEUTIC	
043	RADIOISOTOPE	
044	LABORATORY	2,090,393
045	PBP CLINICAL LAB SERVICES	
046	WHOLE BLOOD & PACKED RED	
047	BLOOD STORING, PROCESSING	78,287
048	INTRAVENOUS THERAPY	
049	RESPIRATORY THERAPY	585,674
050	PHYSICAL THERAPY	1,074,117
051	OCCUPATIONAL THERAPY	
052	SPEECH PATHOLOGY	178,465
053	ELECTROCARDIOLOGY	158,139
054	ELECTROENCEPHALOGRAPHY	
055	MEDICAL SUPPLIES CHARGED	
056	DRUGS CHARGED TO PATIENTS	1,374,626
057	RENAL DIALYSIS	
058	ASC (NON-DISTINCT PART)	
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	
061	EMERGENCY	2,715,122
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	
092	AMBULATORY SURGICAL CENTE	
093	HOSPICE	
095	SUBTOTALS	18,086,560
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	22,900
097	RESEARCH	
098	PHYSICIANS' PRIVATE OFFIC	72,652
099	NONPAID WORKERS	
100	CLINIC	2,590,957
100	01 OCCUP. HLTH	408,460
100	02 FOUNDATION	86,114
101	CROSS FOOT ADJUSTMENT	
102	NEGATIVE COST CENTER	
103	TOTAL	21,267,643

ALLOCATION OF NEW CAPITAL RELATED COSTS

	COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS
		0	1	2	3	4	4a	5
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS				15,109	8,940	24,049	24,049
007	ADMINISTRATIVE & GENERAL				109,522	64,801	174,323	4,615
008	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT				150,049	88,780	238,829	606
008	01 UTILITIES							
009	LAUNDRY & LINEN SERVICE				11,396	6,742	18,138	
010	HOUSEKEEPING				26,514	15,687	42,201	827
011	DIETARY				36,084	21,350	57,434	404
012	CAFETERIA				16,970	10,041	27,011	248
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION				33,676	19,925	53,601	1,154
015	CENTRAL SERVICES & SUPPLY				48,812	28,881	77,693	142
016	PHARMACY				25,136	14,872	40,008	550
017	MEDICAL RECORDS & LIBRARY				28,466	16,843	45,309	786
018	SOCIAL SERVICE							
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C							
024	PARAMED ED PRGM							
025	INPAT ROUTINE SRVC CNTRS							
026	ADULTS & PEDIATRICS				225,147	133,213	358,360	3,723
027	INTENSIVE CARE UNIT							
028	CORONARY CARE UNIT							
029	BURN INTENSIVE CARE UNIT							
031	SURGICAL INTENSIVE CARE U							
033	SUBPROVIDER							
034	NURSERY				4,553	2,694	7,247	871
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035	01 ICF/MR							
036	OTHER LONG TERM CARE							
037	ANCILLARY SRVC COST CNTRS							
038	OPERATING ROOM				95,617	56,574	152,191	1,419
039	RECOVERY ROOM							
040	DELIVERY ROOM & LABOR ROO				19,935	11,795	31,730	648
041	ANESTHESIOLOGY							
042	RADIOLOGY-DIAGNOSTIC				66,850	39,553	106,403	1,650
043	RADIOLOGY-THERAPEUTIC							
044	RADIOISOTOPE							
045	LABORATORY				28,421	16,816	45,237	1,551
046	PBP CLINICAL LAB SERVICES							
047	WHOLE BLOOD & PACKED RED							
048	BLOOD STORING, PROCESSING							
049	INTRAVENOUS THERAPY							
050	RESPIRATORY THERAPY				13,996	8,281	22,277	370
051	PHYSICAL THERAPY				29,981	17,739	47,720	
052	OCCUPATIONAL THERAPY							
053	SPEECH PATHOLOGY				5,283	3,126	8,409	232
054	ELECTROCARDIOLOGY				1,405	831	2,236	213
055	ELECTROENCEPHALOGRAPHY							
056	MEDICAL SUPPLIES CHARGED							
057	DRUGS CHARGED TO PATIENTS							
058	RENAL DIALYSIS							
060	ASC (NON-DISTINCT PART)							
061	OUTPAT SERVICE COST CNTRS							
062	CLINIC							
064	EMERGENCY				46,832	27,709	74,541	2,358
066	OBSERVATION BEDS (NON-DIS							
067	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	AMBULATORY SURGICAL CENTE							
083	HOSPICE							
084	SUBTOTALS				1,039,754	615,193	1,654,947	22,367
085	NONREIMBURS COST CENTERS							
086	GIFT, FLOWER, COFFEE SHOP				4,945	2,926	7,871	
087	RESEARCH							
088	PHYSICIANS' PRIVATE OFFIC							82
089	NONPAID WORKERS							
090	CLINIC				376,300	222,645	598,945	1,038
091	01 OCCUP. HLTH				6,843	4,049	10,892	476
092	02 FOUNDATION				5,447	3,223	8,670	86
093	CROSS FOOT ADJUSTMENTS							
094	NEGATIVE COST CENTER							
095	TOTAL				1,433,289	848,036	2,281,325	24,049

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	UTILITIES	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
		6	7	8	8.01	9	10	11
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENERAL	178,938						
008	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT	12,536		251,971				
008	01 UTILITIES	5,788			5,788			
009	LAUNDRY & LINEN SERVICE	1,342		2,478	57	22,015		
010	HOUSEKEEPING	5,225		5,766	132		54,151	
011	DIETARY	2,755		7,848	180	241	1,744	70,606
012	CAFETERIA	2,689		3,691	85		820	
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION	6,536		7,324	168		1,627	
015	CENTRAL SERVICES & SUPPLY	2,142		10,616	244	374	2,359	
016	PHARMACY	2,812		5,467	126		1,215	
017	MEDICAL RECORDS & LIBRARY	5,324		6,191	142		1,375	
018	SOCIAL SERVICE							
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C							
024	PARAMED ED PRGM							
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	22,723		48,964	1,125	8,604	10,879	70,606
026	INTENSIVE CARE UNIT							
027	CORONARY CARE UNIT							
028	BURN INTENSIVE CARE UNIT							
029	SURGICAL INTENSIVE CARE U							
031	SUBPROVIDER							
033	NURSERY	4,616		990	23		220	
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035	01 ICF/MR							
036	OTHER LONG TERM CARE							
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	14,379		20,795	478	2,765	4,620	
038	RECOVERY ROOM							
039	DELIVERY ROOM & LABOR ROO	3,748		4,336	100		963	
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC	13,502		14,538	334	4,227	3,230	
042	RADIOLOGY-THERAPEUTIC							
043	RADIOISOTOPE							
044	LABORATORY	14,327		6,181	142		1,373	
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING	636						
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	4,045		3,044	70		676	
050	PHYSICAL THERAPY	7,871		6,520	150	3,107	1,449	
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY	1,249		1,149	26		255	
053	ELECTROCARDIOLOGY	1,081		306	7	390	68	
054	ELECTROENCEPHALOGRAPHY							
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS	7,443						
057	RENAL DIALYSIS							
058	ASC (NON-DISTINCT PART)							
060	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
061	EMERGENCY	17,924		10,185	234	2,307	2,263	
062	OBSERVATION BEDS (NON-DIS							
062	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS							
065	AMBULANCE SERVICES							
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY							
082	LUNG ACQUISITION							
083	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION							
084	LIVER ACQUISITION							
085	HEART ACQUISITION							
085	01 PANCREAS ACQUISITION							
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE							
095	SUBTOTALS	160,693		166,389	3,823	22,015	35,136	70,606
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	90		1,075	25		239	
097	RESEARCH							
098	PHYSICIANS' PRIVATE OFFIC	585						
099	NONPAID WORKERS							
100	CLINIC	13,774		81,834	1,879		18,182	
100	01 OCCUP. HLTH	3,199		1,488	34		331	
100	02 FOUNDATION	597		1,185	27		263	
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	178,938		251,971	5,788	22,015	54,151	70,606

ALLOCATION OF NEW CAPITAL RELATED COSTS

	CAFETERIA	MAINTENANCE O NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL SERVIC
	12	F PERSONNEL	ISTRATION	CES & SUPPLY	DS & LIBRARY	E
COST CENTER DESCRIPTION						
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						
008 01 OPERATION OF PLANT						
009 UTILITIES						
010 LAUNDRY & LINEN SERVICE						
011 HOUSEKEEPING						
012 DIETARY						
012 CAFETERIA	34,544					
013 MAINTENANCE OF PERSONNEL						
014 NURSING ADMINISTRATION	1,863		72,273			
015 CENTRAL SERVICES & SUPPLY				94,199		
016 PHARMACY	1,128			383	51,689	
017 MEDICAL RECORDS & LIBRARY	2,630			819		62,576
018 SOCIAL SERVICE						
020 NONPHYSICIAN ANESTHETISTS						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY & FRI						
023 I&R SERVICES-OTHER PRGM C						
024 PARAMED ED PRGM						
025 INPAT ROUTINE SRVC CNTRS						
026 ADULTS & PEDIATRICS	7,420		20,900	17,861		3,274
027 INTENSIVE CARE UNIT						
028 CORONARY CARE UNIT						
029 BURN INTENSIVE CARE UNIT						
031 SURGICAL INTENSIVE CARE U						
033 SUBPROVIDER						
034 NURSERY	1,150		3,240	3,815		770
035 SKILLED NURSING FACILITY						
035 01 NURSING FACILITY						
036 ICF/MR						
037 OTHER LONG TERM CARE						
038 ANCILLARY SRVC COST CNTRS						
038 OPERATING ROOM	2,850		8,028	31,458		7,389
039 RECOVERY ROOM						
040 DELIVERY ROOM & LABOR ROO	856		2,411	3,040		1,212
041 ANESTHESIOLOGY						
042 RADIOLOGY-DIAGNOSTIC	3,218		9,066	5,420		13,743
042 RADIOLOGY-THERAPEUTIC						
043 RADIOISOTOPE						
044 LABORATORY	3,679		10,362	3,079		11,912
045 PBP CLINICAL LAB SERVICES						
046 WHOLE BLOOD & PACKED RED						
047 BLOOD STORING, PROCESSING						233
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY	718		2,024	670		3,009
050 PHYSICAL THERAPY				197		3,238
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY	336		947			162
053 ELECTROCARDIOLOGY	307		865			781
054 ELECTROENCEPHALOGRAPHY						
055 MEDICAL SUPPLIES CHARGED						
056 DRUGS CHARGED TO PATIENTS					51,689	6,822
057 RENAL DIALYSIS						
058 ASC (NON-DISTINCT PART)						
060 OUTPAT SERVICE COST CNTRS						
061 CLINIC						
061 EMERGENCY	5,122		14,430	25,093		10,031
062 OBSERVATION BEDS (NON-DIS						
062 OTHER REIMBURS COST CNTRS						
064 HOME PROGRAM DIALYSIS						
065 AMBULANCE SERVICES						
066 DURABLE MEDICAL EQUIP-REN						
067 DURABLE MEDICAL EQUIP-SOL						
069 CORF						
070 I&R SERVICES-NOT APPRVD P						
071 HOME HEALTH AGENCY						
082 LUNG ACQUISITION						
082 SPEC PURPOSE COST CENTERS						
083 KIDNEY ACQUISITION						
084 LIVER ACQUISITION						
085 HEART ACQUISITION						
085 01 PANCREAS ACQUISITION						
092 AMBULATORY SURGICAL CENTE						
093 HOSPICE						
095 SUBTOTALS	31,906		72,273	91,835	51,689	62,576
096 NONREIMBURS COST CENTERS						
097 GIFT, FLOWER, COFFEE SHOP						
098 RESEARCH						
098 PHYSICIANS' PRIVATE OFFIC	220			199		
099 NONPAID WORKERS						
100 CLINIC	1,279			1,906		
100 01 OCCUP. HLTH	978			259		
100 02 FOUNDATION	161					
101 CROSS FOOT ADJUSTMENTS						
102 NEGATIVE COST CENTER						
103 TOTAL	34,544		72,273	94,199	51,689	62,576

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM	ED PR	PR	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	GENERAL SERVICE COST CNTR	20	21	22	23	24			25	26
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									
007	MAINTENANCE & REPAIRS									
008	OPERATION OF PLANT									
008	01 UTILITIES									
009	LAUNDRY & LINEN SERVICE									
010	HOUSEKEEPING									
011	DIETARY									
012	CAFETERIA									
013	MAINTENANCE OF PERSONNEL									
014	NURSING ADMINISTRATION									
015	CENTRAL SERVICES & SUPPLY									
016	PHARMACY									
017	MEDICAL RECORDS & LIBRARY									
018	SOCIAL SERVICE									
020	NONPHYSICIAN ANESTHETISTS									
021	NURSING SCHOOL									
022	I&R SERVICES-SALARY & FRI									
023	I&R SERVICES-OTHER PRGM C									
024	PARAMED ED PRGM									
025	INPAT ROUTINE SRVC CNTRS									
026	ADULTS & PEDIATRICS								574,439	
027	INTENSIVE CARE UNIT									
028	CORONARY CARE UNIT									
029	BURN INTENSIVE CARE UNIT									
031	SURGICAL INTENSIVE CARE U									
033	SUBPROVIDER									
034	NURSERY								22,942	
035	SKILLED NURSING FACILITY									
036	01 NURSING FACILITY									
037	ICF/MR									
038	OTHER LONG TERM CARE									
039	ANCILLARY SRVC COST CNTRS									
040	OPERATING ROOM								246,372	
041	RECOVERY ROOM									
042	DELIVERY ROOM & LABOR ROO								49,044	
043	ANESTHESIOLOGY									
044	RADIOLOGY-DIAGNOSTIC								175,331	
045	RADIOLOGY-THERAPEUTIC									
046	RADIOISOTOPE									
047	LABORATORY								97,843	
048	PBP CLINICAL LAB SERVICES									
049	WHOLE BLOOD & PACKED RED									
050	BLOOD STORING, PROCESSING								869	
051	INTRAVENOUS THERAPY									
052	RESPIRATORY THERAPY								36,903	
053	PHYSICAL THERAPY								70,252	
054	OCCUPATIONAL THERAPY									
055	SPEECH PATHOLOGY								12,765	
056	ELECTROCARDIOLOGY								6,254	
057	ELECTROENCEPHALOGRAPHY									
058	MEDICAL SUPPLIES CHARGED									
059	DRUGS CHARGED TO PATIENTS								65,954	
060	RENAL DIALYSIS									
061	ASC (NON-DISTINCT PART)									
062	OUTPAT SERVICE COST CNTRS									
063	CLINIC									
064	EMERGENCY								164,488	
065	OBSERVATION BEDS (NON-DIS									
066	OTHER REIMBURS COST CNTRS									
067	HOME PROGRAM DIALYSIS									
068	AMBULANCE SERVICES									
069	DURABLE MEDICAL EQUIP-REN									
070	DURABLE MEDICAL EQUIP-SOL									
071	CORF									
072	I&R SERVICES-NOT APPRVD P									
073	HOME HEALTH AGENCY									
074	LUNG ACQUISITION									
075	SPEC PURPOSE COST CENTERS									
076	KIDNEY ACQUISITION									
077	LIVER ACQUISITION									
078	HEART ACQUISITION									
079	01 PANCREAS ACQUISITION									
080	AMBULATORY SURGICAL CENTE									
081	HOSPICE									
082	SUBTOTALS								1,523,456	
083	NONREIMBURS COST CENTERS									
084	GIFT, FLOWER, COFFEE SHOP								9,300	
085	RESEARCH									
086	PHYSICIANS' PRIVATE OFFIC								1,086	
087	NONPAID WORKERS									
088	CLINIC									
089	01 OCCUP. HLTH								718,837	
090	02 FOUNDATION								17,657	
091	CROSS FOOT ADJUSTMENTS								10,989	
092	NEGATIVE COST CENTER									
093	TOTAL								2,281,325	

ALLOCATION OF NEW CAPITAL RELATED COSTS

TOTAL

		27
	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	
007	MAINTENANCE & REPAIRS	
008	OPERATION OF PLANT	
008	01 UTILITIES	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
013	MAINTENANCE OF PERSONNEL	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
020	NONPHYSICIAN ANESTHETISTS	
021	NURSING SCHOOL	
022	I&R SERVICES-SALARY & FRI	
023	I&R SERVICES-OTHER PRGM C	
024	PARAMED ED PRGM	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	574,439
026	INTENSIVE CARE UNIT	
027	CORONARY CARE UNIT	
028	BURN INTENSIVE CARE UNIT	
029	SURGICAL INTENSIVE CARE U	
031	SUBPROVIDER	
033	NURSERY	22,942
034	SKILLED NURSING FACILITY	
035	NURSING FACILITY	
035	01 ICF/MR	
036	OTHER LONG TERM CARE	
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	246,372
038	RECOVERY ROOM	
039	DELIVERY ROOM & LABOR ROO	49,044
040	ANESTHESIOLOGY	
041	RADIOLOGY-DIAGNOSTIC	175,331
042	RADIOLOGY-THERAPEUTIC	
043	RADIOISOTOPE	
044	LABORATORY	97,843
045	PBP CLINICAL LAB SERVICES	
046	WHOLE BLOOD & PACKED RED	
047	BLOOD STORING, PROCESSING	869
048	INTRAVENOUS THERAPY	
049	RESPIRATORY THERAPY	36,903
050	PHYSICAL THERAPY	70,252
051	OCCUPATIONAL THERAPY	
052	SPEECH PATHOLOGY	12,765
053	ELECTROCARDIOLOGY	6,254
054	ELECTROENCEPHALOGRAPHY	
055	MEDICAL SUPPLIES CHARGED	
056	DRUGS CHARGED TO PATIENTS	65,954
057	RENAL DIALYSIS	
058	ASC (NON-DISTINCT PART)	
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	
061	EMERGENCY	164,488
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	
092	AMBULATORY SURGICAL CENTE	
093	HOSPICE	
095	SUBTOTALS	1,523,456
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	9,300
097	RESEARCH	
098	PHYSICIANS' PRIVATE OFFIC	1,086
099	NONPAID WORKERS	
100	CLINIC	718,837
100	01 OCCUP. HLTH	17,657
100	02 FOUNDATION	10,989
101	CROSS FOOT ADJUSTMENTS	
102	NEGATIVE COST CENTER	
103	TOTAL	2,281,325

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION
	OSTS-BLDG & ( SQUARE FEET )	OSTS-MVBLE E ( SQUARE FEET )	OSTS-BLDG & ( SQUARE FEET )	OSTS-MVBLE E ( SQUARE FEET )	GROSS SALARIES )	
	1	2	3	4	5	6a.00
001 GENERAL SERVICE COST CNTR						
002 OLD CAP REL COSTS-BLDG &	157,094					
003 OLD CAP REL COSTS-MVBLE E		157,094				
004 NEW CAP REL COSTS-BLDG &			157,094			
005 NEW CAP REL COSTS-MVBLE E				157,094		
006 EMPLOYEE BENEFITS	1,656	1,656	1,656	1,656	7,914,048	
007 ADMINISTRATIVE & GENERAL	12,004	12,004	12,004	12,004	1,519,228	-5,541,351
008 MAINTENANCE & REPAIRS						
008 01 OPERATION OF PLANT	16,446	16,446	16,446	16,446	199,351	
009 UTILITIES						
010 LAUNDRY & LINEN SERVICE	1,249	1,249	1,249	1,249		
011 HOUSEKEEPING	2,906	2,906	2,906	2,906	272,192	
012 DIETARY	3,955	3,955	3,955	3,955	132,954	
013 CAFETERIA	1,860	1,860	1,860	1,860	81,718	
014 MAINTENANCE OF PERSONNEL						
015 NURSING ADMINISTRATION	3,691	3,691	3,691	3,691	379,760	
016 CENTRAL SERVICES & SUPPLY	5,350	5,350	5,350	5,350	46,725	
017 PHARMACY	2,755	2,755	2,755	2,755	180,891	
018 MEDICAL RECORDS & LIBRARY	3,120	3,120	3,120	3,120	258,563	
020 SOCIAL SERVICE						
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	24,677	24,677	24,677	24,677	1,225,030	
027 INTENSIVE CARE UNIT						
028 CORONARY CARE UNIT						
029 BURN INTENSIVE CARE UNIT						
031 SURGICAL INTENSIVE CARE U						
033 SUBPROVIDER						
034 NURSERY	499	499	499	499	286,552	
035 SKILLED NURSING FACILITY						
035 01 NURSING FACILITY						
036 ICF/MR						
037 OTHER LONG TERM CARE						
038 ANCILLARY SRVC COST CNTRS						
038 OPERATING ROOM	10,480	10,480	10,480	10,480	466,789	
039 RECOVERY ROOM						
040 DELIVERY ROOM & LABOR ROO	2,185	2,185	2,185	2,185	213,215	
041 ANESTHESIOLOGY						
042 RADIOLOGY-DIAGNOSTIC	7,327	7,327	7,327	7,327	543,093	
043 RADIOLOGY-THERAPEUTIC						
044 RADIOISOTOPE						
045 LABORATORY	3,115	3,115	3,115	3,115	510,274	
046 PBP CLINICAL LAB SERVICES						
047 WHOLE BLOOD & PACKED RED						
048 BLOOD STORING, PROCESSING						
049 INTRAVENOUS THERAPY						
050 RESPIRATORY THERAPY	1,534	1,534	1,534	1,534	121,804	
051 PHYSICAL THERAPY	3,286	3,286	3,286	3,286		
052 OCCUPATIONAL THERAPY						
053 SPEECH PATHOLOGY	579	579	579	579	76,282	
054 ELECTROCARDIOLOGY	154	154	154	154	70,216	
055 ELECTROENCEPHALOGRAPHY						
056 MEDICAL SUPPLIES CHARGED						
057 DRUGS CHARGED TO PATIENTS						
058 RENAL DIALYSIS						
060 ASC (NON-DISTINCT PART)						
061 OUTPAT SERVICE COST CNTRS						
062 CLINIC						
062 EMERGENCY	5,133	5,133	5,133	5,133	776,003	
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						
082 HOME HEALTH AGENCY						
083 LUNG ACQUISITION						
084 SPEC PURPOSE COST CENTERS						
085 KIDNEY ACQUISITION						
085 LIVER ACQUISITION						
085 HEART ACQUISITION						
092 01 PANCREAS ACQUISITION						
093 AMBULATORY SURGICAL CENTE						
095 HOSPICE						
095 SUBTOTALS	113,961	113,961	113,961	113,961	7,360,640	-5,541,351
096 NONREIMBURS COST CENTERS						
097 GIFT, FLOWER, COFFEE SHOP	542	542	542	542		
098 RESEARCH						
099 PHYSICIANS' PRIVATE OFFIC					26,983	
100 NONPAID WORKERS						
100 01 CLINIC	41,244	41,244	41,244	41,244	341,565	
100 02 OCCUP. HLTH	750	750	750	750	156,579	
101 FOUNDATION	597	597	597	597	28,281	
102 CROSS FOOT ADJUSTMENT						
2552-96 v1700.099 NEGATIVE COST CENTER						

COST ALLOCATION - STATISTICAL BASIS

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 )	( GROSS SALARIES )				
	1	2	3	4	5	6a.00
103 NONREIMBURS COST CENTERS COST TO BE ALLOCATED (WRKSHT B, PART I)			1,433,289	848,036	2,448,109	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)			9.123767	5.398271	.309337	
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)					24,049	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)					.003039	

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	UTILITIES	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	( ACCUM. COST )	( SQUARE FEET )	( SQUARE FEET )	( SQUARE FEET )	( POUNDS OF LAUNDRY )	( SQUARE FEET )	( MEALS SERVED )
	6	7	8	8.01	9	10	11
001	GENERAL SERVICE COST CNTR						
002	OLD CAP REL COSTS-BLDG &						
003	OLD CAP REL COSTS-MVBLE E						
004	NEW CAP REL COSTS-BLDG &						
005	NEW CAP REL COSTS-MVBLE E						
006	EMPLOYEE BENEFITS						
007	ADMINISTRATIVE & GENERAL	15,726,292					
008	MAINTENANCE & REPAIRS						
008	OPERATION OF PLANT	1,101,812	126,988				
009	01 UTILITIES	508,692		126,988			
010	LAUNDRY & LINEN SERVICE	117,965	1,249	1,249	13,256		
011	HOUSEKEEPING	459,254	2,906	2,906		122,833	
012	DIETARY	242,165	3,955	3,955	145	3,955	13,611
013	CAFETERIA	236,350	1,860	1,860		1,860	
014	MAINTENANCE OF PERSONNEL						
015	NURSING ADMINISTRATION	574,478	3,691	3,691		3,691	
016	CENTRAL SERVICES & SUPPLY	188,265	5,350	5,350	225	5,350	
017	PHARMACY	247,183	2,755	2,755		2,755	
018	MEDICAL RECORDS & LIBRARY	467,932	3,120	3,120		3,120	
019	SOCIAL SERVICE						
020	NONPHYSICIAN ANESTHETISTS						
021	NURSING SCHOOL						
022	I&R SERVICES-SALARY & FRI						
023	I&R SERVICES-OTHER PRGM C						
024	PARAMED ED PRGM						
025	INPAT ROUTINE SRVC CNTRS						
026	ADULTS & PEDIATRICS	1,996,659	24,677	24,677	5,181	24,677	13,611
027	INTENSIVE CARE UNIT						
028	CORONARY CARE UNIT						
029	BURN INTENSIVE CARE UNIT						
030	SURGICAL INTENSIVE CARE U						
031	SUBPROVIDER						
032	NURSERY	405,696	499	499		499	
033	SKILLED NURSING FACILITY						
034	NURSING FACILITY						
035	01 ICF/MR						
036	OTHER LONG TERM CARE						
037	ANCILLARY SRVC COST CNTRS						
038	OPERATING ROOM	1,263,778	10,480	10,480	1,665	10,480	
039	RECOVERY ROOM						
040	DELIVERY ROOM & LABOR ROO	329,433	2,185	2,185		2,185	
041	ANESTHESIOLOGY						
042	RADIOLOGY-DIAGNOSTIC	1,186,641	7,327	7,327	2,545	7,327	
043	RADIOLOGY-THERAPEUTIC						
044	RADIOISOTOPE						
045	LABORATORY	1,259,197	3,115	3,115		3,115	
046	PBP CLINICAL LAB SERVICES						
047	WHOLE BLOOD & PACKED RED						
048	BLOOD STORING, PROCESSING	55,868					
049	INTRAVENOUS THERAPY						
050	RESPIRATORY THERAPY	355,505	1,534	1,534		1,534	
051	PHYSICAL THERAPY	691,730	3,286	3,286	1,871	3,286	
052	OCCUPATIONAL THERAPY						
053	SPEECH PATHOLOGY	109,747	579	579		579	
054	ELECTROCARDIOLOGY	95,047	154	154	235	154	
055	ELECTROENCEPHALOGRAPHY						
056	MEDICAL SUPPLIES CHARGED						
057	DRUGS CHARGED TO PATIENTS	654,118					
058	RENAL DIALYSIS						
059	ASC (NON-DISTINCT PART)						
060	OUTPAT SERVICE COST CNTRS						
061	CLINIC						
062	EMERGENCY	1,575,341	5,133	5,133	1,389	5,133	
063	OBSERVATION BEDS (NON-DIS						
064	OTHER REIMBURS COST CNTRS						
065	HOME PROGRAM DIALYSIS						
066	AMBULANCE SERVICES						
067	DURABLE MEDICAL EQUIP-REN						
068	DURABLE MEDICAL EQUIP-SOL						
069	CORF						
070	I&R SERVICES-NOT APPRVD P						
071	HOME HEALTH AGENCY						
072	LUNG ACQUISITION						
073	SPEC PURPOSE COST CENTERS						
074	KIDNEY ACQUISITION						
075	LIVER ACQUISITION						
076	HEART ACQUISITION						
077	01 PANCREAS ACQUISITION						
078	AMBULATORY SURGICAL CENTE						
079	HOSPICE						
080	SUBTOTALS	14,122,856	83,855	83,855	13,256	79,700	13,611
081	NONREIMBURS COST CENTERS						
082	GIFT, FLOWER, COFFEE SHOP	7,871	542	542		542	
083	RESEARCH						
084	PHYSICIANS' PRIVATE OFFIC	51,418					
085	NONPAID WORKERS						
086	CLINIC	1,210,560	41,244	41,244		41,244	
087	01 OCCUP. HLTH	281,136	750	750		750	
088	02 FOUNDATION	52,451	597	597		597	
089	CROSS FOOT ADJUSTMENT						
090	NEGATIVE COST CENTER						

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	UTILITIES	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	( ACCUM. COST )	( SQUARE FEET )	( SQUARE FEET )	( SQUARE FEET )	( POUNDS OF LAUNDRY )	( SQUARE FEET )	( MEALS SERVED )
	6	7	8	8.01	9	10	11
103 NONREIMBURS COST CENTERS COST TO BE ALLOCATED (WRKSHT B, PART I)	5,541,351		1,490,049	687,936	180,952	670,919	418,909
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.352362		11.733778	5.417331	13.650573	5.462042	30.777239
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)	178,938		251,971	5,788	22,015	54,151	70,606
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.011378		1.984211	.045579	1.660757	.440851	5.187422

COST CENTER DESCRIPTION	CAFETERIA	MAINTENANCE O F PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E
	( HOURS WORKED )	( NUMBER HOUSED )	( DIRECT NRSGING HRS )	( COSTED REQUIS. )	( COSTED REQUIS. )	( REVENUE )	( TIME SPENT )
	12	13	14	15	16	17	18
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
008 01 OPERATION OF PLANT							
009 UTILITIES							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA	224,229						
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	12,094		166,539				
016 CENTRAL SERVICES & SUPPLY	4,084			349,765			
017 PHARMACY	7,324			1,423		100	
018 MEDICAL RECORDS & LIBRARY	17,070			3,040			47,978,244
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	48,159		48,159	66,320			2,510,528
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U							
033 SUBPROVIDER							
034 NURSERY	7,467		7,467	14,166			590,570
035 SKILLED NURSING FACILITY							
035 01 NURSING FACILITY							
036 ICF/MR							
037 OTHER LONG TERM CARE							
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	18,500		18,500	116,799			5,666,427
040 RECOVERY ROOM							
041 DELIVERY ROOM & LABOR ROO	5,556		5,556	11,289			929,416
042 ANESTHESIOLOGY							
043 RADIOLOGY-DIAGNOSTIC	20,890		20,890	20,124			10,530,341
044 RADIOLOGY-THERAPEUTIC							
045 RADIOISOTOPE							
046 LABORATORY	23,878		23,878	11,434			9,134,785
047 PBP CLINICAL LAB SERVICES							
048 WHOLE BLOOD & PACKED RED							
049 BLOOD STORING, PROCESSING							178,558
050 INTRAVENOUS THERAPY							
051 RESPIRATORY THERAPY	4,663		4,663	2,489			2,307,575
052 PHYSICAL THERAPY				730			2,482,894
053 OCCUPATIONAL THERAPY							
054 SPEECH PATHOLOGY	2,182		2,182				124,450
055 ELECTROCARDIOLOGY	1,994		1,994				598,559
056 ELECTROENCEPHALOGRAPHY							
057 MEDICAL SUPPLIES CHARGED							
058 DRUGS CHARGED TO PATIENTS						100	5,231,298
060 RENAL DIALYSIS							
061 ASC (NON-DISTINCT PART)							
062 OUTPAT SERVICE COST CNTRS							
064 CLINIC							
065 EMERGENCY	33,250		33,250	93,172			7,692,843
066 OBSERVATION BEDS (NON-DIS							
067 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
084 KIDNEY ACQUISITION							
085 LIVER ACQUISITION							
085 HEART ACQUISITION							
092 01 PANCREAS ACQUISITION							
093 AMBULATORY SURGICAL CENTE							
095 HOSPICE							
096 SUBTOTALS	207,111		166,539	340,986		100	47,978,244
097 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
099 RESEARCH							
100 PHYSICIANS' PRIVATE OFFIC	1,427			739			
100 01 NONPAID WORKERS							
100 CLINIC	8,300			7,077			
100 02 OCCUP. HLTH	6,349			963			
101 FOUNDATION	1,042						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
2552-96 v1700.099							

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	CAFETERIA	MAINTENANCE O	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL SERVIC
		( HOURS WORKED )	F PERSONNEL ( NUMBER HOUSED )	ISTRATION ( DIRECT NRSING HRS )	CES & SUPPLY ( COSTED REQUIS. )	( COSTED REQUIS. )	DS & LIBRARY ( REVENUE )	E ( TIME SPENT )
		12	13	14	15	16	17	18
103	NONREIMBURS COST CENTERS COST TO BE ALLOCATED (WRKSHT B, PART I)	361,691		879,874	385,242	409,962	734,249	
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	1.613043		5.283291	1.101431	4,099.620000	.015304	
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)	34,544		72,273	94,199	51,689	62,576	
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.154057		.433970	.269321	516.890000	.001304	

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM
	( 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					
008 OPERATION OF PLANT					
008 01 UTILITIES					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
013 MAINTENANCE OF PERSONNEL					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY					
018 SOCIAL SERVICE					
020 NONPHYSICIAN ANESTHETISTS					
021 NURSING SCHOOL					
022 I&R SERVICES-SALARY & FRI					
023 I&R SERVICES-OTHER PRGM C					
024 PARAMED ED PRGM					
025 INPAT ROUTINE SRVC CNTRS					
026 ADULTS & PEDIATRICS					
027 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					
038 RECOVERY ROOM					
039 DELIVERY ROOM & LABOR ROO					
040 ANESTHESIOLOGY					
041 RADIOLOGY-DIAGNOSTIC					
042 RADIOLOGY-THERAPEUTIC					
043 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					
060 CLINIC					
061 EMERGENCY					
062 OBSERVATION BEDS (NON-DIS					
064 OTHER REIMBURS COST CNTRS					
065 HOME PROGRAM DIALYSIS					
066 AMBULANCE SERVICES					
066 DURABLE MEDICAL EQUIP-REN					
067 DURABLE MEDICAL EQUIP-SOL					
069 CORF					
070 I&R SERVICES-NOT APPRVD P					
071 HOME HEALTH AGENCY					
082 LUNG ACQUISITION					
083 SPEC PURPOSE COST CENTERS					
083 KIDNEY ACQUISITION					
084 LIVER ACQUISITION					
085 HEART ACQUISITION					
085 01 PANCREAS ACQUISITION					
092 AMBULATORY SURGICAL CENTE					
093 HOSPICE					
095 SUBTOTALS					
096 NONREIMBURS COST CENTERS					
097 GIFT, FLOWER, COFFEE SHOP					
097 RESEARCH					
098 PHYSICIANS' PRIVATE OFFIC					
099 NONPAID WORKERS					
100 CLINIC					
100 01 OCCUP. HLTH					
100 02 FOUNDATION					
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					

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 TIME )				
NONREIMBURS COST CENTERS	20	21	22	23	24
103 COST TO BE ALLOCATED (PER WRKSHT B, PART I)					
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	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	2,510,528		2,510,528			
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY	590,570		590,570			
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35	01 ICF/MR						
36	OTHER LONG TERM CARE						
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	1,230,120	4,436,307	5,666,427	.407972	.407972	
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	752,670	176,746	929,416	.602418	.602418	
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	535,575	9,994,766	10,530,341	.202517	.202517	
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	1,013,116	8,121,669	9,134,785	.228839	.228839	
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	120,968	57,590	178,558	.438440	.438440	
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	945,414	1,362,161	2,307,575	.253805	.253805	
50	PHYSICAL THERAPY	669,550	1,813,344	2,482,894	.432607	.432607	
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	54,876	69,574	124,450	1.434030	1.434030	
53	ELECTROCARDIOLOGY	124,211	474,348	598,559	.264200	.264200	
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	1,876,826	3,354,472	5,231,298	.262770	.262770	
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	226,273	7,466,571	7,692,844	.352941	.352941	
62	OBSERVATION BEDS (NON-DIS	26,301	470,797	497,098	1.214416	1.214416	
62	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	10,676,998	37,798,345	48,475,343			
102	LESS OBSERVATION BEDS						
103	TOTAL	10,676,998	37,798,345	48,475,343			

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	4,191,456		4,191,456		
27	INTENSIVE CARE UNIT					
28	CORONARY CARE UNIT					
29	BURN INTENSIVE CARE UNIT					
31	SURGICAL INTENSIVE CARE U					
33	SUBPROVIDER					
34	NURSERY	636,068		636,068		
35	SKILLED NURSING FACILITY					
36	NURSING FACILITY					
01	ICF/MR					
37	OTHER LONG TERM CARE					
38	ANCILLARY SRVC COST CNTRS					
39	OPERATING ROOM	2,311,746		2,311,746		
40	RECOVERY ROOM					
41	DELIVERY ROOM & LABOR ROO	559,897		559,897		
42	ANESTHESIOLOGY					
43	RADIOLOGY-DIAGNOSTIC	2,132,570		2,132,570		
44	RADIOLOGY-THERAPEUTIC					
45	RADIOISOTOPE					
46	LABORATORY	2,090,393		2,090,393		
47	PBP CLINICAL LAB SERVICES					
48	WHOLE BLOOD & PACKED RED					
49	BLOOD STORING, PROCESSING	78,287		78,287		
50	INTRAVENOUS THERAPY					
51	RESPIRATORY THERAPY	585,674		585,674		
52	PHYSICAL THERAPY	1,074,117		1,074,117		
53	OCCUPATIONAL THERAPY					
54	SPEECH PATHOLOGY	178,465		178,465		
55	ELECTROCARDIOLOGY	158,139		158,139		
56	ELECTROENCEPHALOGRAPHY					
57	MEDICAL SUPPLIES CHARGED					
58	DRUGS CHARGED TO PATIENTS	1,374,626		1,374,626		
59	RENAL DIALYSIS					
60	ASC (NON-DISTINCT PART)					
61	OUTPAT SERVICE COST CNTRS					
62	CLINIC					
63	EMERGENCY	2,715,122		2,715,122		
64	OBSERVATION BEDS (NON-DIS	603,684		603,684		
65	OTHER REIMBURS COST CNTRS					
66	HOME PROGRAM DIALYSIS					
67	AMBULANCE SERVICES					
68	DURABLE MEDICAL EQUIP-REN					
69	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	18,690,244		18,690,244		
102	LESS OBSERVATION BEDS	603,684		603,684		
103	TOTAL	18,086,560		18,086,560		

COMPUTATION OF RATIO OF COSTS TO CHARGES  
 SPECIAL TITLE XIX WORKSHEET

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	2,510,528		2,510,528			
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY	590,570		590,570			
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35	01 ICF/MR						
36	OTHER LONG TERM CARE						
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	1,230,120	4,436,307	5,666,427	.407972	.407972	
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	752,670	176,746	929,416	.602418	.602418	
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	535,575	9,994,766	10,530,341	.202517	.202517	
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	1,013,116	8,121,669	9,134,785	.228839	.228839	
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	120,968	57,590	178,558	.438440	.438440	
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	945,414	1,362,161	2,307,575	.253805	.253805	
50	PHYSICAL THERAPY	669,550	1,813,344	2,482,894	.432607	.432607	
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	54,876	69,574	124,450	1.434030	1.434030	
53	ELECTROCARDIOLOGY	124,211	474,348	598,559	.264200	.264200	
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	1,876,826	3,354,472	5,231,298	.262770	.262770	
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	226,273	7,466,571	7,692,844	.352941	.352941	
62	OBSERVATION BEDS (NON-DIS	26,301	470,797	497,098	1.214416	1.214416	
62	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	10,676,998	37,798,345	48,475,343			
102	LESS OBSERVATION BEDS						
103	TOTAL	10,676,998	37,798,345	48,475,343			

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	2,311,746	246,372	2,065,374			2,311,746
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO	559,897	49,044	510,853			559,897
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC	2,132,570	175,331	1,957,239			2,132,570
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	2,090,393	97,843	1,992,550			2,090,393
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING	78,287	869	77,418			78,287
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	585,674	36,903	548,771			585,674
51	PHYSICAL THERAPY	1,074,117	70,252	1,003,865			1,074,117
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY	178,465	12,765	165,700			178,465
54	ELECTROCARDIOLOGY	158,139	6,254	151,885			158,139
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED						
57	DRUGS CHARGED TO PATIENTS	1,374,626	65,954	1,308,672			1,374,626
58	RENAL DIALYSIS						
60	ASC (NON-DISTINCT PART)						
61	OUTPAT SERVICE COST CNTRS						
62	CLINIC						
63	EMERGENCY	2,715,122	164,488	2,550,634			2,715,122
64	OBSERVATION BEDS (NON-DIS	603,684		603,684			603,684
65	OTHER REIMBURS COST CNTRS						
66	HOME PROGRAM DIALYSIS						
67	AMBULANCE SERVICES						
101	DURABLE MEDICAL EQUIP-REN						
102	DURABLE MEDICAL EQUIP-SOL						
103	SUBTOTAL	13,862,720	926,075	12,936,645			13,862,720
	LESS OBSERVATION BEDS	603,684		603,684			603,684
	TOTAL	13,259,036	926,075	12,332,961			13,259,036

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	5,666,427	.407972	.407972
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROO	929,416	.602418	.602418
41	ANESTHESIOLOGY			
42	RADIOLOGY-DIAGNOSTIC	10,530,341	.202517	.202517
43	RADIOLOGY-THERAPEUTIC			
44	RADIOISOTOPE			
45	LABORATORY	9,134,785	.228839	.228839
46	PBP CLINICAL LAB SERVICES			
47	WHOLE BLOOD & PACKED RED			
48	BLOOD STORING, PROCESSING	178,558	.438440	.438440
49	INTRAVENOUS THERAPY			
50	RESPIRATORY THERAPY	2,307,575	.253805	.253805
51	PHYSICAL THERAPY	2,482,894	.432607	.432607
52	OCCUPATIONAL THERAPY			
53	SPEECH PATHOLOGY	124,450	1.434030	1.434030
54	ELECTROCARDIOLOGY	598,559	.264200	.264200
55	ELECTROENCEPHALOGRAPHY			
56	MEDICAL SUPPLIES CHARGED			
57	DRUGS CHARGED TO PATIENTS	5,231,298	.262770	.262770
58	RENAL DIALYSIS			
60	ASC (NON-DISTINCT PART)			
61	OUTPAT SERVICE COST CNTRS			
62	CLINIC			
63	EMERGENCY	7,692,844	.352941	.352941
64	OBSERVATION BEDS (NON-DIS	497,098	1.214416	1.214416
65	OTHER REIMBURS COST CNTRS			
66	HOME PROGRAM DIALYSIS			
67	AMBULANCE SERVICES			
101	DURABLE MEDICAL EQUIP-REN			
102	DURABLE MEDICAL EQUIP-SOL			
103	SUBTOTAL	45,374,245		
	LESS OBSERVATION BEDS	497,098		
	TOTAL	44,877,147		

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	2,311,746	246,372	2,065,374			2,311,746
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO	559,897	49,044	510,853			559,897
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC	2,132,570	175,331	1,957,239			2,132,570
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	2,090,393	97,843	1,992,550			2,090,393
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING	78,287	869	77,418			78,287
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	585,674	36,903	548,771			585,674
51	PHYSICAL THERAPY	1,074,117	70,252	1,003,865			1,074,117
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY	178,465	12,765	165,700			178,465
54	ELECTROCARDIOLOGY	158,139	6,254	151,885			158,139
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED						
57	DRUGS CHARGED TO PATIENTS	1,374,626	65,954	1,308,672			1,374,626
58	RENAL DIALYSIS						
60	ASC (NON-DISTINCT PART)						
61	OUTPAT SERVICE COST CNTRS						
62	CLINIC						
63	EMERGENCY	2,715,122	164,488	2,550,634			2,715,122
64	OBSERVATION BEDS (NON-DIS	603,684		603,684			603,684
65	OTHER REIMBURS COST CNTRS						
66	HOME PROGRAM DIALYSIS						
67	AMBULANCE SERVICES						
101	DURABLE MEDICAL EQUIP-REN						
102	DURABLE MEDICAL EQUIP-SOL						
103	SUBTOTAL	13,862,720	926,075	12,936,645			13,862,720
	LESS OBSERVATION BEDS	603,684		603,684			603,684
	TOTAL	13,259,036	926,075	12,332,961			13,259,036

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			
	OPERATING ROOM	5,666,427	.407972	.407972
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROO	929,416	.602418	.602418
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	10,530,341	.202517	.202517
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	9,134,785	.228839	.228839
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING	178,558	.438440	.438440
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	2,307,575	.253805	.253805
50	PHYSICAL THERAPY	2,482,894	.432607	.432607
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY	124,450	1.434030	1.434030
53	ELECTROCARDIOLOGY	598,559	.264200	.264200
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED			
56	DRUGS CHARGED TO PATIENTS	5,231,298	.262770	.262770
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	7,692,844	.352941	.352941
62	OBSERVATION BEDS (NON-DIS	497,098	1.214416	1.214416
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	45,374,245		
102	LESS OBSERVATION BEDS	497,098		
103	TOTAL	44,877,147		

HEALTH FINANCIAL SYSTEMS	MCRS/PC-WIN	FOR ST. VINCENT FRANKFORT HOSPITAL	IN LIEU OF FORM CMS-2552-96(08/2000)
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST	I PROVIDER NO:	I PERIOD:	I PREPARED 11/26/2007
	I 15-1316	I FROM 7/ 1/2006	I WORKSHEET D
	I 15-1316	I TO 6/30/2007	I PART VI
TITLE V - O/P	HOSPITAL		

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1
2	PROGRAM VACCINE CHARGES	.262770
3	PROGRAM COSTS	

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	1	Cost/Charge Ratio (C, Pt I, col. 9)	1.01	Cost/Charge Ratio (C, Pt II, col. 9)	1.02	Outpatient Ambulatory Surgical Ctr	2	Outpatient Radialogy	3
(A) ANCILLARY SRVC COST CNTRS										
37 OPERATING ROOM	.407972				.407972					
38 RECOVERY ROOM										
39 DELIVERY ROOM & LABOR ROOM	.602418				.602418					
40 ANESTHESIOLOGY										
41 RADIOLOGY-DIAGNOSTIC	.202517				.202517					
42 RADIOLOGY-THERAPEUTIC										
43 RADIOISOTOPE										
44 LABORATORY	.228839				.228839					
45 PBP CLINICAL LAB SERVICES-PRGM ONLY										
46 WHOLE BLOOD & PACKED RED BLOOD CELLS										
47 BLOOD STORING, PROCESSING & TRANS.	.438440				.438440					
48 INTRAVENOUS THERAPY										
49 RESPIRATORY THERAPY	.253805				.253805					
50 PHYSICAL THERAPY	.432607				.432607					
51 OCCUPATIONAL THERAPY										
52 SPEECH PATHOLOGY	1.434030				1.434030					
53 ELECTROCARDIOLOGY	.264200				.264200					
54 ELECTROENCEPHALOGRAPHY										
55 MEDICAL SUPPLIES CHARGED TO PATIENTS										
56 DRUGS CHARGED TO PATIENTS	.262770				.262770					
57 RENAL DIALYSIS										
58 ASC (NON-DISTINCT PART)										
OUTPAT SERVICE COST CNTRS										
60 CLINIC										
61 EMERGENCY	.352941				.352941					
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.214416				1.214416					
OTHER REIMBURS COST CNTRS										
64 HOME PROGRAM DIALYSIS										
65 AMBULANCE SERVICES										
66 DURABLE MEDICAL EQUIP-RENTED										
67 DURABLE MEDICAL EQUIP-SOLD										
101 SUBTOTAL										
102 CRNA CHARGES										
103 LESS PBP CLINIC LAB SVCS-										
PROGRAM ONLY CHARGES										
104 NET CHARGES										

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

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other (1)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	4	5	6	7	8
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		1,623,345			
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC		2,729,878			
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY		2,889,941			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.		57,590			
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY		48,156			
50 PHYSICAL THERAPY		520,623			
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY		4,819			
53 ELECTROCARDIOLOGY		474,348			
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS		1,836,736			
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
62 EMERGENCY		1,907,593			
63 OBSERVATION BEDS (NON-DISTINCT PART)					
64 OTHER REIMBURS COST CNTRS					
65 HOME PROGRAM DIALYSIS					
66 AMBULANCE SERVICES					
67 DURABLE MEDICAL EQUIP-RENTED					
101 DURABLE MEDICAL EQUIP-SOLD					
102 SUBTOTAL		12,093,029			
103 CRNA CHARGES					
104 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
NET CHARGES		12,093,029			

(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		Hospital I/P	Hospital I/P
	9	10	Part B Charges	Part B Costs
(A) ANCILLARY SRVC COST CNTRS				
37 OPERATING ROOM	662,279			
38 RECOVERY ROOM				
39 DELIVERY ROOM & LABOR ROOM				
40 ANESTHESIOLOGY				
41 RADIOLOGY-DIAGNOSTIC	552,847			
42 RADIOLOGY-THERAPEUTIC				
43 RADIOISOTOPE				
44 LABORATORY	661,331			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY				
46 WHOLE BLOOD & PACKED RED BLOOD CELLS				
47 BLOOD STORING, PROCESSING & TRANS.	25,250			
48 INTRAVENOUS THERAPY				
49 RESPIRATORY THERAPY	12,222			
50 PHYSICAL THERAPY	225,225			
51 OCCUPATIONAL THERAPY				
52 SPEECH PATHOLOGY	6,911			
53 ELECTROCARDIOLOGY	125,323			
54 ELECTROENCEPHALOGRAPHY				
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				
56 DRUGS CHARGED TO PATIENTS	482,639			
57 RENAL DIALYSIS				
58 ASC (NON-DISTINCT PART)				
60 OUTPAT SERVICE COST CNTRS				
61 CLINIC				
62 EMERGENCY	673,268			
63 OBSERVATION BEDS (NON-DISTINCT PART)				
64 OTHER REIMBURS COST CNTRS				
65 HOME PROGRAM DIALYSIS				
66 AMBULANCE SERVICES				
67 DURABLE MEDICAL EQUIP-RENTED				
101 DURABLE MEDICAL EQUIP-SOLD				
102 SUBTOTAL	3,427,295			
103 CRNA CHARGES				
104 LESS PBP CLINIC LAB SVCS-				
PROGRAM ONLY CHARGES				
NET CHARGES	3,427,295			

(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 OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	4,594
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,836
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,836
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	356
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)	356
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	23
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)	23
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,920
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	356
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)	356
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	131.18
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	136.64
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	4,191,456
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	3,017
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	3,143
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	661,378
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,530,078

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,757,616
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,757,616
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.280119
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	718.88
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	3,530,078

TITLE XVIII PART A HOSPITAL OTHER  
 PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 920.25  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,766,880  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,766,880

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT					
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1 1,134,533
49 TOTAL PROGRAM INPATIENT COSTS					2,901,413

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST  
 REPORTING PERIOD (SEE INSTRUCTIONS) 327,609  
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST  
 REPORTING PERIOD (SEE INSTRUCTIONS) 327,609  
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS 655,218  
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE  
 COST REPORTING PERIOD  
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE  
 COST REPORTING PERIOD  
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XVIII PART A HOSPITAL OTHER

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

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	656
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	920.25
85	OBSERVATION BED COST	603,684

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XIX - I/P HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	4,594
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,836
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,836
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)	712
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)	46
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	486
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)	570
16	NURSERY DAYS (TITLE V OR XIX ONLY)	383

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	
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	

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,689,567
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,689,567
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	701.14
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	

TITLE XIX - I/P HOSPITAL OTHER  
 PART II - HOSPITAL AND SUBPROVIDERS ONLY 1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					
		TOTAL	TOTAL	AVERAGE	PROGRAM	PROGRAM
		I/P COST	I/P DAYS	PER DIEM	DAYS	COST
		1	2	3	4	5
42	NURSERY (TITLE V & XIX ONLY)		570		383	
	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					205,321
49	TOTAL PROGRAM INPATIENT COSTS					205,321

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES					
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					
52	TOTAL PROGRAM EXCLUDABLE COST					
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS					205,321

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES					227
55	TARGET AMOUNT PER DISCHARGE					
56	TARGET AMOUNT					
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT					
58	BONUS PAYMENT					
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET					
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET					
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.					
58.04	RELIEF PAYMENT					
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT					
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)					
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1					
59.03	PROGRAM DISCHARGES AFTER JULY 1					
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)					
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)					
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)					
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)					
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)					

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS 656  
 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM  
 85 OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

WKST A LINE NO.	TITLE XVIII, PART A COST CENTER DESCRIPTION	HOSPITAL RATIO COST TO CHARGES 1	OTHER	
			INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		1,306,816	
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.407972	652,900	266,365
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM	.602418		
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.202517	369,227	74,775
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	.228839	751,030	171,865
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.	.438440	113,834	49,909
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.253805	204,286	51,849
50	PHYSICAL THERAPY	.432607	243,067	105,152
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY	1.434030	37,497	53,772
53	ELECTROCARDIOLOGY	.264200	118,164	31,219
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS	.262770	1,247,696	327,857
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	.352941	5,015	1,770
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.214416		
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		3,742,716	1,134,533
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		3,742,716	

TITLE XVIII, PART A SWING BED SNF OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.407972	850	347
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM	.602418		
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.202517	32,097	6,500
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	.228839	52,665	12,052
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.	.438440		
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.253805	24,147	6,129
50	PHYSICAL THERAPY	.432607	388,000	167,852
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY	1.434030	15,813	22,676
53	ELECTROCARDIOLOGY	.264200	6,047	1,598
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS	.262770	195,903	51,477
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	.352941		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.214416		
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		715,522	268,631
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		715,522	

WKST A LINE NO.	TITLE XIX COST CENTER DESCRIPTION	HOSPITAL RATIO COST TO CHARGES 1	OTHER INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS		1,203,712	
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	.407972	207,156	84,514
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROOM	.602418		
41	ANESTHESIOLOGY			
42	RADIOLOGY-DIAGNOSTIC	.202517	31,380	6,355
43	RADIOLOGY-THERAPEUTIC			
44	RADIOISOTOPE			
45	LABORATORY	.228839	114,722	26,253
46	PBP CLINICAL LAB SERVICES-PRGM ONLY			
47	WHOLE BLOOD & PACKED RED BLOOD CELLS			
48	BLOOD STORING, PROCESSING & TRANS.	.438440	7,134	3,128
49	INTRAVENOUS THERAPY			
50	RESPIRATORY THERAPY	.253805	70,515	17,897
51	PHYSICAL THERAPY	.432607	2,473	1,070
52	OCCUPATIONAL THERAPY			
53	SPEECH PATHOLOGY	1.434030	1,566	2,246
54	ELECTROCARDIOLOGY	.264200		
55	ELECTROENCEPHALOGRAPHY			
56	MEDICAL SUPPLIES CHARGED TO PATIENTS			
57	DRUGS CHARGED TO PATIENTS	.262770	205,250	53,934
58	RENAL DIALYSIS			
60	ASC (NON-DISTINCT PART)			
61	OUTPAT SERVICE COST CNTRS			
62	CLINIC			
63	EMERGENCY	.352941	28,117	9,924
64	OBSERVATION BEDS (NON-DISTINCT PART)	1.214416		
65	OTHER REIMBURS COST CNTRS			
66	HOME PROGRAM DIALYSIS			
67	AMBULANCE SERVICES			
68	DURABLE MEDICAL EQUIP-RENTED			
69	DURABLE MEDICAL EQUIP-SOLD			
70	TOTAL		668,313	205,321
101	LESS PBP CLINIC LABORATORY SERVICES -			
102	PROGRAM ONLY CHARGES			
103	NET CHARGES		668,313	

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	3,427,295
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	3,427,295
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)	3,461,568
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	CAH DEDUCTIBLES	28,107
18.01	CAH ACTUAL BILLED COINSURANCE	1,890,669
	LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	1,542,792
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	1,542,792
24	PRIMARY PAYER PAYMENTS	2,268
25	SUBTOTAL	1,540,524
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	466,223
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	466,223
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	361,383
28	SUBTOTAL	2,006,747
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	2,006,747
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	1,837,867
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	168,880
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

TITLE XVIII HOSPITAL  
 DESCRIPTION

	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,458,444		2,180,234
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM	1/13/2007	136,330	1/13/2007	342,367
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
ADJUSTMENTS TO PROGRAM		.99		
4 TOTAL INTERIM PAYMENTS		-136,330		-342,367
		2,322,114		1,837,867
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
TENTATIVE TO PROGRAM		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO: 00000  
 SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_  
 DATE: \_\_\_/\_\_\_/\_\_\_

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

TITLE XVIII SWING BED SNF

DESCRIPTION INPATIENT-PART A P A R T B  
 MM/DD/YYYY AMOUNT MM/DD/YYYY AMOUNT

1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		869,368	NONE
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE	NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)			
ADJUSTMENTS TO PROVIDER	.01		
ADJUSTMENTS TO PROVIDER	.02		
ADJUSTMENTS TO PROVIDER	.03		
ADJUSTMENTS TO PROVIDER	.04		
ADJUSTMENTS TO PROVIDER	.05		
ADJUSTMENTS TO PROGRAM	.50	1/ 1/2007	17,328
ADJUSTMENTS TO PROGRAM	.51		
ADJUSTMENTS TO PROGRAM	.52		
ADJUSTMENTS TO PROGRAM	.53		
ADJUSTMENTS TO PROGRAM	.54		
SUBTOTAL	.99		-17,328
4 TOTAL INTERIM PAYMENTS			852,040
TO BE COMPLETED BY INTERMEDIARY			
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)			
TENTATIVE TO PROVIDER	.01		
TENTATIVE TO PROVIDER	.02		
TENTATIVE TO PROVIDER	.03		
TENTATIVE TO PROGRAM	.50		
TENTATIVE TO PROGRAM	.51		
TENTATIVE TO PROGRAM	.52		
SUBTOTAL	.99		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			NONE
7 TOTAL MEDICARE PROGRAM LIABILITY			

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO: 00000

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

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

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

TITLE XVIII SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES		PART A	PART B
		1	2
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	661,770	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)	271,317	
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	712	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	933,087	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	933,087	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	933,087	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS)(EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	5,326	
14	80% OF PART B COSTS		
15	SUBTOTAL	927,761	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	927,761	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	852,040	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM	75,721	
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES	2,901,413
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	2,901,413
5	PRIMARY PAYER PAYMENTS	
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	2,930,427
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
7	ROUTINE SERVICE CHARGES	
8	ANCILLARY SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
10	TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIA BLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
13	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)	
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	2,930,427
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	387,871
21	EXCESS REASONABLE COST	
22	SUBTOTAL	2,542,556
23	COINSURANCE	
24	SUBTOTAL	2,542,556
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESS IONAL SERVICES (SEE INSTRUCTIONS)	57,647
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	57,647
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	44,119
26	SUBTOTAL	2,600,203
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVID ER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
28	OTHER ADJUSTMENTS (SPECIFY)	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	2,600,203
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	2,322,114
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	278,089
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

TITLE XVIII	SNF	TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
		1	2

COMPUTATION OF NET COST OF COVERED SERVICE  
 1 INPATIENT HOSPITAL/SNF/NF SERVICES  
 2 MEDICAL AND OTHER SERVICES  
 3 INTERNS AND RESIDENTS (SEE INSTRUCTIONS)  
 4 ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)  
 5 COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)  
 6 SUBTOTAL  
 7 INPATIENT PRIMARY PAYER PAYMENTS  
 8 OUTPATIENT PRIMARY PAYER PAYMENTS  
 9 SUBTOTAL

COMPUTATION OF LESSER OF COST OR CHARGES  
 REASONABLE CHARGES  
 10 ROUTINE SERVICE CHARGES  
 11 ANCILLARY SERVICE CHARGES  
 12 INTERNS AND RESIDENTS SERVICE CHARGES  
 13 ORGAN ACQUISITION CHARGES, NET OF REVENUE  
 14 TEACHING PHYSICIANS  
 15 INCENTIVE FROM TARGET AMOUNT COMPUTATION  
 16 TOTAL REASONABLE CHARGES

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

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

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



ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	1,623,419	35,567		
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	4,839,571			
5	OTHER RECEIVABLES	372,857			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-2,020,059			
7	INVENTORY	354,795			
8	PREPAID EXPENSES	216,719			
9	OTHER CURRENT ASSETS	164,864			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	5,552,166	35,567		
FIXED ASSETS					
12	LAND	140,616			
12.01	LAND IMPROVEMENTS				
13	LESS ACCUMULATED DEPRECIATION				
13.01	BUILDINGS	1,584,672			
14	LESS ACCUMULATED DEPRECIATION	-3,270,344			
14.01	LEASEHOLD IMPROVEMENTS				
15	LESS ACCUMULATED DEPRECIATION				
15.01	FIXED EQUIPMENT	957,746			
16	LESS ACCUMULATED DEPRECIATION				
16.01	AUTOMOBILES AND TRUCKS	25,700			
17	LESS ACCUMULATED DEPRECIATION				
17.01	MAJOR MOVABLE EQUIPMENT	4,610,354			
18	LESS ACCUMULATED DEPRECIATION				
18.01	MINOR EQUIPMENT DEPRECIABLE	18,748			
19	LESS ACCUMULATED DEPRECIATION				
19.01	MINOR EQUIPMENT-NONDEPRECIABLE				
20	TOTAL FIXED ASSETS	4,067,492			
21	OTHER ASSETS				
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	4,271,844			
26	TOTAL OTHER ASSETS	4,271,844			
27	TOTAL ASSETS	13,891,502	35,567		

BALANCE SHEET

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
I 15-1316 I FROM 7/ 1/2006 I  
I I TO 6/30/2007 I WORKSHEET G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	1,041,692			
29 SALARIES, WAGES & FEES PAYABLE	541,960			
30 PAYROLL TAXES PAYABLE	433,919			
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	971,221			
36 TOTAL CURRENT LIABILITIES	2,988,792			
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	888,775			
42 TOTAL LONG-TERM LIABILITIES	888,775			
43 TOTAL LIABILITIES	3,877,567			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	10,013,935			
45 SPECIFIC PURPOSE FUND		35,567		
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	10,013,935	35,567		
52 TOTAL LIABILITIES AND FUND BALANCES	13,891,502	35,567		

	GENERAL FUND	SPECIFIC PURPOSE FUND
	1	2
1 FUND BALANCE AT BEGINNING	6,974,935	164,901
2 OF PERIOD		
3 NET INCOME (LOSS)	2,975,818	
4 TOTAL	9,950,753	164,901
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
6 TRANSFER FROM AFFILIATES	264,982	
7 RESTRICTED CONTR USED FOR	128,929	
8 GRANT REV		30,444
9 ROUNDING		
10 TOTAL ADDITIONS	393,911	30,444
11 SUBTOTAL	10,344,664	195,345
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
13 DEFFERED PENSION COSTS	330,728	
14 NET ASSETS RELEASED FROM		159,778
15		
16		
17 ROUNDING	1	
18 TOTAL DEDUCTIONS	330,729	159,778
19 FUND BALANCE AT END OF	10,013,935	35,567
PERIOD PER BALANCE SHEET		

	ENDOWMENT FUND	PLANT FUND
	5	6
1 FUND BALANCE AT BEGINNING		
2 OF PERIOD		
3 NET INCOME (LOSS)		
4 TOTAL		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
6 TRANSFER FROM AFFILIATES		
7 RESTRICTED CONTR USED FOR		
8 GRANT REV		
9 ROUNDING		
10 TOTAL ADDITIONS		
11 SUBTOTAL		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
13 DEFFERED PENSION COSTS		
14 NET ASSETS RELEASED FROM		
15		
16		
17 ROUNDING		
18 TOTAL DEDUCTIONS		
19 FUND BALANCE AT END OF		
PERIOD PER BALANCE SHEET		

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
1 00 GENERAL INPATIENT ROUTINE CARE SERVICES			
2 00 HOSPITAL	2,757,616		2,757,616
4 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	2,757,616		2,757,616
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	2,757,616		2,757,616
17 00 ANCILLARY SERVICES	7,919,591	37,798,136	45,717,727
18 00 OUTPATIENT SERVICES		963,648	963,648
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	10,677,207	38,761,784	49,438,991

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	19,937,091		
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		19,937,091	

## STATEMENT OF REVENUES AND EXPENSES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/26/2007
I	15-1316	I	FROM 7/1/2006	I	WORKSHEET G-3
I		I	TO 6/30/2007	I	

## DESCRIPTION

1	TOTAL PATIENT REVENUES	49,438,991
2	LESS: ALLOWANCES AND DISCOUNTS ON	23,328,478
3	NET PATIENT REVENUES	26,110,513
4	LESS: TOTAL OPERATING EXPENSES	19,937,091
5	NET INCOME FROM SERVICE TO PATIENT	6,173,422
	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	155,862
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	9,019
18	REVENUE FROM SALE OF MEDICAL REC	7,617
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	100,110
23	GOVERNMENTAL APPROPRIATIONS	
24	GAIN ON SALE OF ASSET	3,000
24.01	NET ASSETS RELEASED FROM RESTRICT	30,850
24.02	INTERCO INTEREST - NON OP INCOME	323,253
24.04	UNREALIZED GAINS/LOSSES	88,130
24.05	MISC	21,723
25	TOTAL OTHER INCOME	739,564
26	TOTAL	6,912,986
	OTHER EXPENSES	
27	BAD DEBTS	3,937,168
28		
29		
30	TOTAL OTHER EXPENSES	3,937,168
31	NET INCOME (OR LOSS) FOR THE PERIO	2,975,818