

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

WORKSHEET S
 PARTS I & II

INTERMEDIARY [] AUDITED DATE RECEIVED _____ [] INITIAL [] RE-OPENING
 USE ONLY: [] DESK REVIEWED INTERMEDIARY NO. _____ [] FINAL [] MCR CODE

PART I - CERTIFICATION

CHECK _____ ELECTRONICALLY FILED COST REPORT DATE: _____
 APPLICABLE BOX _____ MANUALLY SUBMITTED COST REPORT TIME: _____

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 IN 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 NORWEGIAN AMERICAN HOSPITAL (14-0206) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2007 AND ENDING 09/30/2008, 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.

(SIGNED) _____
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII	TITLE XIX	
		PART A	PART B	
	1	2	3	4
1	HOSPITAL	450709	69837	1
2	SUBPROVIDER I	27544		2
3	SWING BED - SNF			3
4	SWING BED - NF			4
5	SKILLED NURSING FACILITY			5
6	NURSING FACILITY			6
7	HOME HEALTH AGENCY			7
8	OUTPATIENT REHABILITATION PROVIDER			8
9	HEALTH CLINIC			9
100	TOTAL	478253	69837	100

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 657 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: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 1044 NORTH FRANCISCO P.O. BOX: 1
 1.01 CITY: CHICAGO STATE: IL ZIP CODE: 60622 COUNTY: COOK 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)			2	
				V 4	XVIII 5	XIX 6		
2	HOSPITAL	NORWEGIAN AMERICAN HOSPITAL	14-0206	07/01/1966	N	P	O	2
3	SUBPROVIDER I	NORWEGIAN AMERICAN HOSP - PSYCH	14-S206	10/01/2006	N	P	O	3
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF							6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA							9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE							12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16
17	COST REPORTING PERIOD (MM/DD/YYYY)		FROM: 10/01/2007	TO: 09/30/2008				17
18	TYPE OF CONTROL		1	2				18
19	HOSPITAL			1				19
20	SUBPROVIDER I			4				20

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING 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
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106?		YES					21.01
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.							21.02
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.		1	N		N		21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.		1					21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.		1					21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER 'Y' FOR YES AND 'N' FOR NO.		NO					21.06
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?		NO					22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW		NO					23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.							23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.							24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.							24.01
25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?		YES					25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?		YES					25.01
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.		YES					25.02
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.		NO					25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2		NO					25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME 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)		NO			NO		25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT 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)		NO			NO		25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:				26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.				26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:				26.04
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.			NO	27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.				28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st				28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.				28.02
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 INSTRUCTIONS)					
28.03	STAFFING	0.00		N	28.03
28.04	RECRUITMENT	0.00		N	28.04
28.05	RETENTION OF EMPLOYEES	0.00		N	28.05
28.06	TRAINING	0.00		N	28.06
28.07	OTHER (SPECIFY)				28.07
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?			NO	29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.			NO	30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.				30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?				30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)				30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE 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.				30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).			NO	31
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).			NO	31.01
MISCELLANEOUS COST REPORTING INFORMATION					
32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.			NO	32
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.			NO	33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?			NO	34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?			NO	35
PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL					
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	V	XVIII	XIX	
		1	2	3	
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	NO	36
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?	NO	NO	NO	37.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES	38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO	38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO	38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO	38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO	38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	NO	40
40.01	NAME:	FI/CONTRACTOR'S NAME:	FI/CONTRACTOR'S NUMBER:
40.02	STREET:		P.O. BOX:
40.03	CITY:		STATE: ZIP CODE:
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES	41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO	43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	NO	44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO	45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?		45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?		45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?		45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.		46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC			
	1	2	3	4	5			
47	HOSPITAL	N	N	N	N	47		
48	SUBPROVIDER I	N	N	N	N	48		
49	SKILLED NURSING FACILITY	N	N			49		
50	HOME HEALTH AGENCY	N	N			50		
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?				NO	52		
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.				NO	52.01		
53	IF THIS IS 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		
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01		
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:					54		
	PREMIUMS: 3767027	PAID LOSSES:		AND/OR SELF INSURANCE:				
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.				NO	54.01		
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.				NO	55		
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.			DATE	Y/N	LIMIT	Y/N	FEES
				0	1	2	3	4
				/ /	NO	0.00	NO	
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?				NO			57
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% 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.				NO			58
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 IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? 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 INSTRUCTIONS)							58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)				NO			59

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

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)	YES	YES	60	
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.)	YES	NO	60.01	
MULTICAMPUS					
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.	NO		61	
	COUNTY: 1	STATE: 2	ZIP CODE 3	CBSA 4	FTE/ CAMPUS 5

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH PATIENT HOURS 2.01	-----I/P DAYS / O/P VISITS / TRIPS-----			OBS. BEDS ADMITTED 5.01	
				TITLE V 3	TITLE XVIII 4	TITLE NONCOVERED DAYS 4.01		TITLE XIX 5
1 HOSPITAL ADULTS & PEDS, EXCL SWING BED, OBSERV & HOSPICE DAYS	150	54900			10531		17885	1
2 HMO							4270	2
3 HOSPITAL ADULTS & PEDS - SWING BED SNF								3
4 HOSPITAL ADULTS & PEDS - SWING BED NF								4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS	150	54900			10531		17885	5
6 INTENSIVE CARE UNIT	12	4392			1347		637	6
6.01 NICU	12	4392					350	6.01
7 CORONARY CARE UNIT								7
8 BURN INTENSIVE CARE UNIT								8
9 SURGICAL INTENSIVE CARE UNIT								9
10 OTHER SPECIAL CARE (SPECIFY)								10
11 NURSERY							2440	11
12 TOTAL HOSPITAL	174	63684			11878		21312	12
13 RPCH VISITS								13
14 SUBPROVIDER I	12	4392			937			14
15 SKILLED NURSING FACILITY								15
16 NURSING FACILITY								16
17 OTHER LONG TERM CARE								17
18 HOME HEALTH AGENCY								18
20 ASC (DISTINCT PART)								20
21 HOSPICE (DISTINCT PART)								21
23 O/P REHAB PROVIDER								23
24 RHC I								24
25 TOTAL	186							25
26 OBSERVATION BED DAYS								26
27 AMBULANCE TRIPS								27
28 EMPLOYEE DISCOUNT DAYS								28

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

COMPONENT	-----I/P DAYS / O/P VISITS / TRIPS----				---INTERNS & RES FTES----			--FULL TIME EQUIV--	
	OBS.		OBS.		LESS I&R			EMPLOYEES ON PAYROLL	NONPAID WORKERS
	BEDS NOT ADMITTED	TOTAL ALL PATIENTS	BEDS ADMITTED	BEDS NOT ADMITTED	TOTAL	REPL NON- PHYS ANES	NET		
5.02	6	6.01	6.02	7	8	9	10	11	
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		34526							1
2 HMO XIX									2
3 HOSPITAL ADULTS & PEDS - SWING BED SNF									3
4 HOSPITAL ADULTS & PEDS - SWING BED NF									4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS		34526							5
6 INTENSIVE CARE UNIT		3560							6
6.01 NICU		1304							6.01
7 CORONARY CARE UNIT									7
8 BURN INTENSIVE CARE UNIT									8
9 SURGICAL INTENSIVE CARE UNIT									9
10 OTHER SPECIAL CARE (SPECIFY)									10
11 NURSERY		3045							11
12 TOTAL HOSPITAL		42435			2.00		2.00	721.59	12
13 RPCH VISITS									13
14 SUBPROVIDER I		2740							14
15 SKILLED NURSING FACILITY									15
16 NURSING FACILITY									16
17 OTHER LONG TERM CARE									17
18 HOME HEALTH AGENCY									18
20 ASC (DISTINCT PART)									20
21 HOSPICE (DISTINCT PART)									21
23 O/P REHAB PROVIDER									23
24 RHC I									24
25 TOTAL					2.00		2.00	721.59	25
26 OBSERVATION BED DAYS		2232		2232					26
27 AMBULANCE TRIPS									27
28 EMPLOYEE DISCOUNT DAYS									28

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		2051	4732	9351	1
2	HMO XIX					2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4	HOSPITAL ADULTS & PEDS - SWING BED NF					4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6	INTENSIVE CARE UNIT					6
6.01	NICU					6.01
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		2051	4732	9351	12
13	RPCH VISITS					13
14	SUBPROVIDER I		127		396	14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
	1	2	3	4	5	6		
1	TOTAL SALARIES	39671988		39671988	1500910.06	26.43		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A							4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B	2688942		2688942	34180.00	78.67		5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)	68362		68362	4180.00	16.35	LDR RPT	6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	2658815		2658815	77306.00	34.39		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	3514876		3514876	62986.00	55.80		9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10	CONTRACT LABOR: PHYSICIAN PART A	720000		720000	3900.00	184.62		10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS							11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	4750421		4750421			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	368711		368711			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18	PHYSICIAN PART A						CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B	372889		372889			CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)	9480		9480			CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	1728613		1728613	95493.00	18.10		21
22	ADMINISTRATIVE & GENERAL	2544899	-58860	2486039	63744.00	39.00		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	3777586		3777586	42223.00	89.47		22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT	1339034		1339034	71993.00	18.60		24
25	LAUNDRY & LINEN SERVICE							25
26	HOUSEKEEPING	847178		847178	83433.67	10.15		26
26.01	HOUSEKEEPING UNDER CONTRACT	211178		211178	7836.00	26.95		26.01
27	DIETARY	743003	-316441	426562	45762.00	9.32		27
27.01	DIETARY UNDER CONTRACT	453547		453547	14144.00	32.07		27.01
28	CAFETERIA		316441	316441	16457.00	19.23		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	816843		816843	21541.00	37.92		30
31	CENTRAL SERVICES AND SUPPLY	296469		296469	17648.00	16.80		31
32	PHARMACY	953764		953764	36086.00	26.43		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	578008	58860	636868	33863.00	18.81		33
34	SOCIAL SERVICE	510782		510782	18229.00	28.02		34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)		WORKSHEET S-3 PART III
	1	2	3	4	5			
1	NET SALARIES	41356995		41356995	1526753.06	27.09		1
2	EXCLUDED AREA SALARIES	2658815		2658815	77306.00	34.39		2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	38698180		38698180	1449447.06	26.70		3
4	SUBTOTAL OTHER WAGES & REL COSTS	4234876		4234876	66886.00	63.31		4
5	SUBTOTAL WAGE-RELATED COSTS	4750421		4750421		12.28%		5
6	TOTAL (SUM OF LINES 3 THRU 5)	47683477		47683477	1516333.06	31.45		6
7	NET SALARIES							7
8	EXCLUDED AREA SALARIES							8
9	SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)							9
10	SUBTOTAL OTHER WAGES & REL COSTS							10
11	SUBTOTAL WAGE-RELATED COSTS							11
12	TOTAL (SUM OF LINES 9 THRU 11)							12
13	TOTAL OVERHEAD COSTS	14800904		14800904	568452.67	26.04		13

NHCMQ DEMONSTRATION STATISTICAL DATA
 STATISTICAL DATA

WORKSHEET S-7

GROUP	M3PI REVENUE CODE	SERVICES PRIOR TO JANUARY 1		SERVICES ON OR AFTER JANUARY 1		TOTAL
		RATE	DAYS	RATE	DAYS	
1	2	3	3.01	4	4.01	5
1	RVC/RUC					1
2	RVB/RUB					2
3	RVA/RUA					3
3.01	RUX					3.01
3.02	RUL					3.02
4	RHD/RVC					4
5	RHC/RVB					5
6	RHB/RVA					6
6.01	RVX					6.01
6.02	RVL					6.02
7	RHA/RHC					7
8	RMC/RHB					8
9	RMB/RHA					9
9.01	RHX					9.01
9.02	RHL					9.02
10	RMA/RMC					10
11	RLB/RMB					11
12	RLA/RMA					12
12.01	RMX					12.01
12.02	RML					12.02
13	SE3/RLB					13
14	SE2/RLA					14
14.01	RLX					14.01
15	SE1/SE3					15
16	SSC/SE2					16
17	SSB/SE1					17
18	SSA/SSC					18
19	CD2/SSB					19
20	CD1/SSA					20
21	CC2					21
22	CC1					22
23	CB2					23
24	CB1					24
25	CA2					25
26	CA1					26
27	IB2					27
28	IB1					28
29	IA2					29
30	IA1					30
31	BB2					31
32	BB1					32
33	BA2					33
34	BA1					34
35	PE2					35
36	PE1					36
37	PD2					37
38	PD1					38
39	PC2					39
40	PC1					40
41	PB2					41
42	PB1					42
43	PA2					43
44	PA1					44
45	DEFAULT RATE					45
46	TOTAL					46

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	17
17.01	GROSS MEDICAID REVENUES	24595783 17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	19
20	RESTRICTED GRANTS	20
21	NON-RESTRICTED GRANTS	21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	24595783 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.305061 24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	26
27	TOTAL SCHIP COST	27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	99979680 28
29	TOTAL GROSS MEDICAID COST	30499901 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	10091046 30
31	UNCOMPENSATED CARE COST	3078385 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	30499901 32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
GENERAL SERVICE COST CENTERS									
1	0100								1
2	0200								2
3	0300								3
4	0400		921012	921012	961200	1882212		1895475	4
5	0500	236005	456596	692601	1985456	2678057	36	2678093	5
5.01	0501	211614	342885	554499	-30093	524406	-78998	445408	5.01
5.02	0502		2255176	2255176	-511991	1743185	-12500	1730685	5.02
5.03	0503	648745	205388	854133	-48682	805451		805451	5.03
5.04	0504	632249	897711	1529960	-52269	1477691	-43	1477648	5.04
6	0600	2544899	12533170	15078069	-273621	14804448	-1178628	13625820	6
7	0700								7
8	0800	1339034	3070765	4409799	-396448	4013351		4013351	8
9	0900				409469	409469		409469	9
10	1000	847178	1356036	2203214	-486628	1716586	540	1717126	10
11	1100	743003	1357330	2100333	-683615	1416718	-871	1415847	11
12	1200				555457	555457	-339043	216414	12
13	1300								13
14	1400	816843	369198	1186041	-48056	1137985	-879	1137106	14
15	1500	296469	919022	1215491	-579893	635598	-1800	633798	15
16	1600	953764	3586530	4540294	-108190	4432104		4432104	16
17	1700	578008	476484	1054492	22109	1076601	-6123	1070478	17
18	1800	510782	129493	640275	-33103	607172		607172	18
20	2000								20
21	2100								21
22	2200	68362		68362	-4485	63877		63877	22
23	2300		43801	43801	22660	66461		66461	23
24	2400								24
INPATIENT ROUTINE SERV COST CENTERS									
25	2500	9671775	4661963	14333738	-1598417	12735321	-1158470	11576851	25
26	2600	1433004	1899670	3332674	-216132	3116542	-90000	3026542	26
26.01	2060	1208245	264897	1473142	-480989	992153	-763	991390	26.01
31	3100	666339	292136	958475	-50404	908071	-34800	873271	31
33	3300				1126236	1126236		1126236	33
ANCILLARY SERVICE COST CENTERS									
37	3700	2178266	2296218	4474484	-291918	4182566	-1365	4181201	37
39	3900	2002836	546161	2548997	-205888	2343109		2343109	39
40	4000	50469	862241	912710	-25705	887005	-670233	216772	40
41	4100	1811071	4416429	6227500	-381872	5845628	-2441481	3404147	41
44	4400	1347462	2394667	3742129	-149689	3592440		3592440	44
46.30	4650								46.30
49	4900	770146	351226	1121372	-78612	1042760		1042760	49
50	5000	120392	157644	278036	-15516	262520	-6815	255705	50
53	5300	189993	145818	335811	-49256	286555		286555	53
54	5400		1898	1898	-1475	423		423	54
55	5500				542801	542801		542801	55
56	5600						-16	-16	56
58.01	3950		442275	442275	-45552	396723	-395598	1125	58.01
58.02	3120	366714	1121467	1488181	-150845	1337336	-24000	1313336	58.02
OUTPATIENT SERVICE COST CENTERS									
60	6000	2629314	987995	3617309	129642	3746951	-2298342	1448609	60
60.01	6001								60.01
60.02	6002	286348	69302	355650	11316	366966	-172843	194123	60.02
60.03	6003								60.03
60.04	6004	372200	219364	591564	-30247	561317	-80303	481014	60.04
60.05	4040	73521	123420	196941	2358	199299	-139957	59342	60.05
61	6100	2074462	3656411	5730873	-252274	5478599	-1462722	4015877	61
62	6200								62
63.50	6310								63.50
63.60	6320								63.60
OTHER REIMBURSABLE COST CENTERS									
69.10	6910								69.10
69.20	6920								69.20
69.30	6930								69.30
69.40	6940								69.40
71	7100								71
SPECIAL PURPOSE COST CENTERS									
85.01	8510								85.01
85.02	8520								85.02
85.03	8530								85.03
88	8800		608168	608168	-608168				88
95		37679512	54439967	92119479	-85187	92034292	-10742764	81291528	95
NONREIMBURSABLE COST CENTERS									
96	9600		760	760	-760				96
98	9800	214574	50395	264969	-16702	248267		248267	98

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSI- FICATIONS	RECLASS. TRIAL BALANCE	ADJUST- MENTS	NET EXP FOR ALLOCATION
		1	2	3	4	5	6	7
98.01	9801 PROHEALTH SERVICES	1646294	614721	2261015	144280	2405295	-1522980	882315 98.01
98.02	9802 AUXILIARY	131608	68934	200542	-41631	158911		158911 98.02
101	TOTAL	39671988	55174777	94846765		94846765	-12265744	82581021 101

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 1

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
		2	3	4	5
1 PROPERTY INSURANCE	A	NEW CAP REL COSTS-BLDG & FIXT	3		105537
2					
3					
4 EQUIP DEPRECIATION	B	NEW CAP REL COSTS-MVBLE EQUIP	4		1697002
5					
6 CHARGEABLE SUPPLIES	C	MEDICAL SUPPLIES CHARGED TO P	55		542801
7					
8 SHARED CAFETERIA EXP	D	CAFETERIA	12	316441	239016
9					
10 UTILIZATION REVIEW	E	MEDICAL RECORDS & LIBRARY	17	58860	45226
11					
12 DEPRECIATION CHARGED TO DEPTS	F	NEW CAP REL COSTS-BLDG & FIXT	3		2283637
13	F				
14	F				
15	F				
16	F				
17	F				
18	F				
19	F				
20	F				
21	F				
22	F				
23	F				
24	F				
25	F				
26	F				
27	F				
28	F				
29	F				
30	F				
31	F				
32	F				
33	F				
34	F				
35	F				
36 SUBTOTAL				375301	4913219

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 1

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	10
1 PROPERTY INSURANCE	A	ADMINISTRATIVE & GENERAL	6		105537	12 1
2						2
3						3
4 EQUIP DEPRECIATION	B	NEW CAP REL COSTS-BLDG & FIXT	3		1697002	9 4
5						5
6 CHARGEABLE SUPPLIES	C	CENTRAL SERVICES & SUPPLY	15		542801	6
7						7
8 SHARED CAFETERIA EXP	D	DIETARY	11	316441	239016	8
9						9
10 UTILIZATION REVIEW	E	ADMINISTRATIVE & GENERAL	6	58860	45226	10
11						11
12 DEPRECIATION CHARGED TO DEPTS	F	EMPLOYEE BENEFITS	5		3941	9 12
13	F	COMMUNICATIONS	5.01		16488	13
14	F	DATA PROCESSING	5.02		511991	14
15	F	ADMITTING	5.03		6237	15
16	F	CASHIERING	5.04		4350	16
17	F	ADMINISTRATIVE & GENERAL	6		65877	17
18	F	OPERATION OF PLANT	8		298608	18
19	F	HOUSEKEEPING	10		6503	19
20	F	DIETARY	11		55811	20
21	F	NURSING ADMINISTRATION	14		3692	21
22	F	CENTRAL SERVICES & SUPPLY	15		17707	22
23	F	PHARMACY	16		45403	23
24	F	MEDICAL RECORDS & LIBRARY	17		41378	24
25	F	SOCIAL SERVICE	18		348	25
26	F	ADULTS & PEDIATRICS	25		146914	26
27	F	INTENSIVE CARE UNIT	26		67984	27
28	F	NICU	26.01		10073	28
29	F	SUBPROVIDER I	31		8665	29
30	F	OPERATING ROOM	37		148967	30
31	F	DELIVERY ROOM & LABOR ROOM	39		79089	31
32	F	ANESTHESIOLOGY	40		21995	32
33	F	RADIOLOGY-DIAGNOSTIC	41		261429	33
34	F	LABORATORY	44		63753	34
35	F	RESPIRATORY THERAPY	49		29597	35
36 SUBTOTAL				375301	4546382	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1	F				1
2	F				2
3	F				3
4	F				4
5	F				5
6	F				6
7	F				7
8	F				8
9	F				9
10	F				10
11	F				11
12	F				12
13	F				13
14	F				14
15 INTEREST EXPENSE	G	NEW CAP REL COSTS-BLDG & FIXT	3		269028 15
16	G	NEW CAP REL COSTS-MVBLE EQUIP	4		339140 16
17					17
18					18
19 PHYSICIAN BENEFITS	H	ADMINISTRATIVE & GENERAL	6		172418 19
20	H				20
21	H	CLINIC	60		272692 21
22	H	HEALTHWORKS CLINIC	60.02		26023 22
23	H	FAMILY PRACTICE CLINIC	60.05		12877 23
24	H	PROHEALTH SERVICES	98.01		217659 24
25					25
26 LAUNDRY COSTS	I	LAUNDRY & LINEN SERVICE	9		409469 26
27					27
28 PODIATRY DR MED EDUC COST	J	I&R SERVICES-OTHER PRGM COSTS	23		22660 28
29					29
30 EMPLOYEE BENEFITS CHARGED	K	EMPLOYEE BENEFITS	5		2691066 30
31	K				31
32	K				32
33	K				33
34	K				34
35	K				35
36 SUBTOTAL				375301	9346251 36

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 2

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1	F	PHYSICAL THERAPY	50		2451	1
2	F	ELECTROCARDIOLOGY	53		37665	2
3	F	ELECTROENCEPHALOGRAPHY	54		1475	3
4	F	ACUTE DIALYSIS	58.01		45552	4
5	F	CARDIAC CATH LAB	58.02		129682	5
6	F	CLINIC	60		11286	6
7	F	HEALTHWORKS CLINIC	60.02		3527	7
8	F	WOUND CARE THERAPY	60.04		6652	8
9	F	FAMILY PRACTICE CLINIC	60.05		2864	9
10	F	EMERGENCY	61		66015	10
11	F	GIFT, FLOWER, COFFEE SHOP & C	96		760	11
12	F	PHYSICIANS' PRIVATE OFFICES	98		2500	12
13	F	PROHEALTH SERVICES	98.01		14777	13
14	F	AUXILIARY	98.02		41631	14
15	INTEREST EXPENSE	G INTEREST EXPENSE	88		608168	11 15
16		G				11 16
17						17
18						18
19	PHYSICIAN BENEFITS	H EMPLOYEE BENEFITS	5		701669	19
20		H				20
21		H				21
22		H				22
23		H				23
24		H				24
25						25
26	LAUNDRY COSTS	I HOUSEKEEPING	10		409469	26
27						27
28	PODIATRY DR MED EDUC COST	J ADMINISTRATIVE & GENERAL	6		22660	28
29						29
30	EMPLOYEE BENEFITS CHARGED	K COMMUNICATIONS	5.01		13605	30
31		K ADMITTING	5.03		42445	31
32		K CASHIERING	5.04		47919	32
33		K ADMINISTRATIVE & GENERAL	6		147879	33
34		K OPERATION OF PLANT	8		97840	34
35		K HOUSEKEEPING	10		70656	35
36	SUBTOTAL			375301	7075529	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
		2	3	4	5
1	K				1
2	K				2
3	K				3
4	K				4
5	K				5
6	K				6
7	K				7
8	K				8
9	K				9
10	K				10
11	K				11
12	K				12
13	K				13
14	K				14
15	K				15
16	K				16
17	K				17
18	K				18
19	K				19
20	K				20
21	K				21
22	K				22
23	K				23
24	K				24
25	K				25
26	K				26
27	K				27
28					28
29					29
30 NURSERY COSTS	L	NURSERY	33	1011317	114919 30
31	L				31
32					32
33					33
34					34
35					35
36 TOTAL RECLASSIFICATIONS				1386618	9461170 36

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 3

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1	K	DIETARY	11		72347	1
2	K	NURSING ADMINISTRATION	14		44364	2
3	K	CENTRAL SERVICES & SUPPLY	15		19385	3
4	K	PHARMACY	16		62787	4
5	K	MEDICAL RECORDS & LIBRARY	17		40599	5
6	K	SOCIAL SERVICE	18		32755	6
7	K	I&R SERVICES-SALARY & FRINGES	22		4485	7
8	K	ADULTS & PEDIATRICS	25		713169	8
9	K	INTENSIVE CARE UNIT	26		148148	9
10	K	NICU	26.01		83014	10
11	K	SUBPROVIDER I	31		41739	11
12	K	OPERATING ROOM	37		142951	12
13	K	DELIVERY ROOM & LABOR ROOM	39		126799	13
14	K	ANESTHESIOLOGY	40		3710	14
15	K	RADIOLOGY-DIAGNOSTIC	41		120443	15
16	K	LABORATORY	44		85936	16
17	K	RESPIRATORY THERAPY	49		49015	17
18	K	PHYSICAL THERAPY	50		13065	18
19	K	ELECTROCARDIOLOGY	53		11591	19
20	K	CARDIAC CATH LAB	58.02		21163	20
21	K	CLINIC	60		131764	21
22	K	HEALTHWORKS CLINIC	60.02		11180	22
23	K	WOUND CARE THERAPY	60.04		23595	23
24	K	FAMILY PRACTICE CLINIC	60.05		7655	24
25	K	EMERGENCY	61		186259	25
26	K	PHYSICIANS' PRIVATE OFFICES	98		14202	26
27	K	PROHEALTH SERVICES	98.01		58602	27
28						28
29						29
30	L	ADULTS & PEDIATRICS	25	654885	83449	30
31	L	NICU	26.01	356432	31470	31
32						32
33						33
34						34
35						35
36		TOTAL RECLASSIFICATIONS		1386618	9461170	36

ANALYSIS OF CHANGES DURING COST REPORTING
 PERIOD IN CAPITAL ASSET BALANCES OF HOSPITAL
 AND HOSPITAL HEALTH CARE COMPLEX CERTIFIED
 TO PARTICIPATE IN HEALTH CARE PROGRAMS

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND								1
2 LAND IMPROVEMENTS	7478555	74228		74228		7552783		2
3 BUILDINGS AND FIXTURES	44751348	5090662		5090662		49842010		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	36957775	3339370		3339370		40297145		6
7 SUBTOTAL	89187678	8504260		8504260		97691938		7
8 RECONCILING ITEMS								8
9 TOTAL	89187678	8504260		8504260		97691938		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF		OTHER CAPITAL	TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	
	1	2	3	4	5	6	7	
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT	49379803		49379803	.570737				3
4 NEW CAP REL COSTS-MVBLE EQUIP	37139570		37139570	.429263				4
5 TOTAL	86519373		86519373	1.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	1507321			105537	282617		1895475 3
4 NEW CAP REL COSTS-MVBLE EQUIP	1697002		179130				1876132 4
5 TOTAL	3204323		179130	105537	282617		3771607 5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	921012						921012 3
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 TOTAL	921012						921012 5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES	B	-269028	NEW CAP REL COSTS-BLDG & FIXT	3	11 3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT	B	-160010	NEW CAP REL COSTS-MVBLE EQUIP	4	11 4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-1800	CENTRAL SERVICES & SUPPLY	15	6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-62272	COMMUNICATIONS	5.01	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-8824417			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1				14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-339043	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-6123	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				36
37 MISC REVENUE	B	-71972	ADMINISTRATIVE & GENERAL	6	37
37.01 MISC COMMUNICATIONS INCOME	B	-16726	COMMUNICATIONS	5.01	37.01
37.02 INFO SYSTEM USER FEES	B	-12500	DATA PROCESSING	5.02	37.02
37.03 EMPLOYEE BENEFIT MISC REV	B	36	EMPLOYEE BENEFITS	5	37.03
37.04 MISC XRAY REV	B	-1703	RADIOLOGY-DIAGNOSTIC	41	37.04
37.05 MISC NICU INCOME	B	-763	NICU	26.01	37.05
37.06 CLINIC RENTAL INCOME	B	-27805	CLINIC	60	37.06
37.07 MISC OTHER CLINIC REV	B	-245	CLINIC	60	37.07
37.08 MISC OTHER CLINIC REV	B	-75020	CLINIC	60	37.08
37.09 OTHER TRADE DISCOUNTS	B	-232	ADMINISTRATIVE & GENERAL	6	37.09
37.10 MISC BUSINESS OFFICE REV	B	-43	CASHIERING	5.04	37.10
37.12 MISC WOUND CARE REV	B	-303	WOUND CARE THERAPY	60.04	37.12
37.14 MISC PT REV	B	-6815	PHYSICAL THERAPY	50	37.14
37.15 MISC PRO HLTH REV	B	-315	PROHEALTH SERVICES	98.01	37.15
38 MISC FP CLINIC REV	B	-21	FAMILY PRACTICE CLINIC	60.05	38
38.02 MISC PHARM	B	-16	DRUGS CHARGED TO PATIENTS	56	38.02
38.03 MISC SURGERY	B	-1365	OPERATING ROOM	37	38.03
38.04 MISC ER	B	-1000	EMERGENCY	61	38.04
38.05 MISC NURSE PT ED	B	275	ADULTS & PEDIATRICS	25	38.05
38.06 MISC DIETARY	B	-871	DIETARY	11	38.06
38.07 MISC HOSPITAL SERVICES	B	540	HOUSEKEEPING	10	38.07
38.08 MISC HEALTHWORKS	B	-1213	HEALTHWORKS CLINIC	60.02	38.08
38.09 CHC RENT	B	-37297	FAMILY PRACTICE CLINIC	60.05	38.09
39					39
40 MISC CONTRIBUTIONS	A	-13220	ADMINISTRATIVE & GENERAL	6	40
40.01 HOUSE PHYSICIANS	A	-749323	ADMINISTRATIVE & GENERAL	6	40.01
40.02 PROHEALTH PHYSICIAN COMP	A	-1522665	PROHEALTH SERVICES	98.01	40.02
40.04 REAL ESTATE TAXES	A	282617	NEW CAP REL COSTS-BLDG & FIXT	3	13 40.04
40.09 OTHER POB DEPR	A	-326	NEW CAP REL COSTS-BLDG & FIXT	3	9 40.09
41 OTHER LOBBYING EXP	A	-223330	ADMINISTRATIVE & GENERAL	6	41

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO. 4	WKST A-7 REF 5
			COST CENTER 3			
42 NONALLOWABLE LEGAL FEES	A	-67586	ADMINISTRATIVE & GENERAL		6	42
43 CONTRIBUTIONS	A	-879	NURSING ADMINISTRATION		14	43
44 SPORTING EVENT TICKETS	A	-24466	ADMINISTRATIVE & GENERAL		6	44
45 IHA LOBBYING PORTION	A	-25772	ADMINISTRATIVE & GENERAL		6	45
46 MCHC LOBBYING PORTION	A	-2727	ADMINISTRATIVE & GENERAL		6	46
47						47
48						48
49						49
50 TOTAL		-12265744				50

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

WORKSHEET A-8-1

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 (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1						1
2						2
3						3
4						4
5	TOTALS					5

B. INTERRELATIONSHIP OF 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.

THE INFORMATION IS USED BY THE HEALTH CARE FINANCING ADMINISTRATION 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	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1						1
2						2
3						3
4						4
5						5

- (1) USE THE FOLLOWING SYMBOLS TO INDICATE THE 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 FINANCIAL INTEREST IN RELATED ORGANIZATION.
 - E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
 - F. DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
 - G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY:

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
1	2		3	4	5	6	7	8	9
1	25	ADULTS & PEDIATRICS	1230-7180	1158745	1158745				
2	26	INTENSIVE CARE UNIT	.7180	90000	90000				
3	40	ANESTHESIOLOGY		670233	670233				
4	31	SUBPROVIDER I		34800	34800				
5	60	CLINIC		2195272	2195272				
6	60.02	HEALTHWORKS CLINIC		171630	171630				
7	60.05	FAMILY PRACTICE CLINIC		102639	102639				
8	60.04	WOUND CARE THERAPY		80000	80000				
9	41	RADIOLOGY-DIAGNOSTIC		2439778	2439778				
10	61	EMERGENCY		1936097	1216097	720000	253000	3900	474375 23719
11	58.02	CARDIAC CATH LAB		24000	24000				
12	58.01	ACUTE DIALYSIS		395598	395598				
101		TOTAL		9298792	8578792	720000		3900	474375 23719

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11	12	13	14	15	16	17	18
1	25 ADULTS & PEDIATRICS	1230-7180						1158745
2	26 INTENSIVE CARE UNIT	.7180						90000
3	40 ANESTHESIOLOGY	ANESTHESIA						670233
4	31 SUBPROVIDER I	PSYCHIATRIC						34800
5	60 CLINIC	CLINIC						2195272
6	60.02 HEALTHWORKS CLINIC	CLINIC						171630
7	60.05 FAMILY PRACTICE CLINIC	CLINIC						102639
8	60.04 WOUND CARE THERAPY	CLINIC						80000
9	41 RADIOLOGY-DIAGNOSTIC	RADIOLOGISTS						2439778
10	61 EMERGENCY	4500 & 9680				474375	245625	1461722
11	58.02 CARDIAC CATH LAB	CARDIOLOGY						24000
12	58.01 ACUTE DIALYSIS	ACUTE DIAL						395598
101	TOTAL					474375	245625	8824417

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	EMPLOYEE BENEFITS 5	NON PATIENT PHONES 5.01	DATA PROCESSING 5.02	ADMITTING 5.03	CASHIERS 5.04	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT	1895475	1895475							3
4 NEW CAP REL COSTS-MVBLE EQUIP	1876132		1876132						4
5 EMPLOYEE BENEFITS	2678093	22012	3238	2703343					5
5.01 COMMUNICATIONS	445408	2937	13546	14506	476397				5.01
5.02 DATA PROCESSING	1730685	46341	420629		28386	2226041			5.02
5.03 ADMITTING	805451	43834	5124	44471	7405	182131	1088416		5.03
5.04 CASHIERING	1477648	10496	3574	43341	38260	263078		1836397	5.04
6 ADMINISTRATIVE & GENERAL	13625820	40109	54121	170418	76518	161894			6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	4013351	158972	245322	91791	22215	20237			8
9 LAUNDRY & LINEN SERVICE	409469	26837							9
10 HOUSEKEEPING	1717126	25685	5343	58074		40473			10
11 DIETARY	1415847	54344	45852	29241	13576	40473			11
12 CAFETERIA	216414	24621		21692	1234				12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	1137106	17587	3033	55995	9874				14
15 CENTRAL SERVICES & SUPPLY	633798	80641	14547	20323	1234	121420			15
16 PHARMACY	4432104	35248	37301	65381	12342	141657			16
17 MEDICAL RECORDS & LIBRARY	1070478	36283	33994	43657	27152	20237			17
18 SOCIAL SERVICE	607172	1115	286	35014	9874				18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A	63877			4686	1234				22
23 I&R SERVICES-OTHER PRGM COSTS A	66461	875							23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	11576851	304162	120698	618114	46899	283314	269479	306774	25
26 INTENSIVE CARE UNIT	3026542	45882	55852	98232		40473	44750	46015	26
26.01 NICU	991390	6195	8276	58392			21761	22376	26.01
31 SUBPROVIDER I	873271	38579	7119	45678			25062	25771	31
33 NURSERY	1126236	22055		69326	3703	40473	31625	32519	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	4181201	133265	122384	149320	29621	80947	36081	72522	37
39 DELIVERY ROOM & LABOR ROOM	2343109	23309	64976	137294	2468	40473	47664	55093	39
40 ANESTHESIOLOGY	216772	4869	18070	3460	3703		17887	30443	40
41 RADIOLOGY-DIAGNOSTIC	3404147	71268	214778	124149	24684	60710	58358	187863	41
44 LABORATORY	3592440	59512	52376	92369	29621	364266	157164	307938	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	1042760	17850	24316	52794	6171	40473	61122	68095	49
50 PHYSICAL THERAPY	255705	18899	2014	8253	3703	40473	3249	8154	50
53 ELECTROCARDIOLOGY	286555	23156	30944	13024	9874	40473	16410	28947	53
54 ELECTROENCEPHALOGRAPHY	423	3171	1212			40473	1040	1463	54
55 MEDICAL SUPPLIES CHARGED TO PAT	542801						23766	37480	55
56 DRUGS CHARGED TO PATIENTS	-16						194157	264548	56
58.01 ACUTE DIALYSIS	1125		37423				8552	8848	58.01
58.02 CARDIAC CATH LAB	1313336	15547	106541	25138			22274	51314	58.02
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	1448609	26983	9272	180239	8639	121420	502	73671	60
60.01 PH CLINIC									60.01
60.02 HEALTHWORKS CLINIC	194123	8746	2898	19629	6171			1787	60.02
60.03 DENTAL CLINIC									60.03
60.04 WOUND CARE THERAPY	481014	23571	5465	25514	6171		182	28399	60.04
60.05 FAMILY PRACTICE CLINIC	59342	30612	2353	5040				150	60.05
61 EMERGENCY	4015877	55044	54235	142204	14810	40473	47331	176227	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	81291528	1560612	1827112	2566759	445542	2226041	1088416	1836397	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		4570	624		1234				96
98 PHYSICIANS' PRIVATE OFFICES	248267	330293	2054	14709	23450				98
98.01 PROHEALTH SERVICES	882315		12140	112853	6171				98.01

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP-	NEW CAP-	EMPLOYEE	NON	DATA		CASHIERS	
	FOR COST	REL COSTS	REL COSTS	BENEFITS	PATIENT	PROCESSING	ADMITTING		
	ALLOCATION	BLDG&FIXT	MOV EQUIP		PHONES				
	0	3	4	5	5.01	5.02	5.03	5.04	
98.02 AUXILIARY	158911		34202	9022					98.02
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	82581021	1895475	1876132	2703343	476397	2226041	1088416	1836397	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	ADMINI-	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	
		STRATIVE & GENERAL	OF PLANT	AND LINEN SERVICE	KEEPING			ADMINI- STRATION	
	5A	6	8	9	10	11	12	14	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
5.01 COMMUNICATIONS									5.01
5.02 DATA PROCESSING									5.02
5.03 ADMITTING									5.03
5.04 CASHIERING									5.04
6 ADMINISTRATIVE & GENERAL	14128880	14128880							6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	4551888	939532	5491420						8
9 LAUNDRY & LINEN SERVICE	436306	90056	93821	620183					9
10 HOUSEKEEPING	1846701	381168	89795		2317664				10
11 DIETARY	1599333	330110	189987		25772	2145202			11
12 CAFETERIA	263961	54483	86075		10861		415380		12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	1223595	252556	61486		4602		7963	1550202	14
15 CENTRAL SERVICES & SUPPLY	871963	179978	281922		1841		6518		15
16 PHARMACY	4724033	975064	123226		9204		13336		16
17 MEDICAL RECORDS & LIBRARY	1231801	254250	126845		11045		12514		17
18 SOCIAL SERVICE	653461	134878	3899		3682		6733		18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A	69797	14406					1545		22
23 I&R SERVICES-OTHER PRGM COSTS A	67336	13898	3058						23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	13526291	2791910	1063349	198408	1594751	1809491	134651	750530	25
26 INTENSIVE CARE UNIT	3357746	693056	160403	26453	89651	192530	15335	85473	26
26.01 NICU	1108390	228777	21659	22634			10730	59809	26.01
31 SUBPROVIDER I	1015480	209600	134871			143181	10185	56767	31
33 NURSERY	1325937	273680	77106	10480	96646				33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	4805341	991846	465895	112313	85049		30831	171845	37
39 DELIVERY ROOM & LABOR ROOM	2714386	560263	81488	94496	48415		22545	125660	39
40 ANESTHESIOLOGY	295204	60932	17021		3682		969		40
41 RADIOLOGY-DIAGNOSTIC	4145957	855746	249154	44647	114134		21476		41
44 LABORATORY	4655686	960957	208053		88362		19854		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	1313581	271130	62403		10125		10561		49
50 PHYSICAL THERAPY	340450	70271	66072	11475	19697		1722		50
53 ELECTROCARDIOLOGY	449383	92755	80953		5523		3836		53
54 ELECTROENCEPHALOGRAPHY	47782	9862	11084		1841				54
55 MEDICAL SUPPLIES CHARGED TO PAT	604047	124678							55
56 DRUGS CHARGED TO PATIENTS	458689	94676							56
58.01 ACUTE DIALYSIS	55948	11548							58.01
58.02 CARDIAC CATH LAB	1534150	316656	54351				3259		58.02
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	1869335	385840	94331	22786	5523		25834	143997	60
60.01 PH CLINIC									60.01
60.02 HEALTHWORKS CLINIC	233354	48165	30577	989	27613		2175		60.02
60.03 DENTAL CLINIC									60.03
60.04 WOUND CARE THERAPY	570316	117716	82406	3308	24484		5573		60.04
60.05 FAMILY PRACTICE CLINIC	97497	20124	107020	1011			838		60.05
61 EMERGENCY	4546201	938359	192433	71183			28010	156121	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	80740206	13748926	4320743	620183	2282503	2145202	396993	1550202	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	6428	1327	15977						96
98 PHYSICIANS' PRIVATE OFFICES	618773	127718	1154700				5550		98
98.01 PROHEALTH SERVICES	1013479	209187			35161		11630		98.01

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	ADMINI- STRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINI- STRATION
	5A	6	8	9	10	11	12	14
98.02 AUXILIARY	202135	41722					1207	98.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	82581021	14128880	5491420	620183	2317664	2145202	415380	1550202 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I/R-SALARY AND FRINGES 22	I/R-OTHER PROGRAM COSTS 23	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
5.01 COMMUNICATIONS									5.01
5.02 DATA PROCESSING									5.02
5.03 ADMITTING									5.03
5.04 CASHIERING									5.04
6 ADMINISTRATIVE & GENERAL									6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE									9
10 HOUSEKEEPING									10
11 DIETARY									11
12 CAFETERIA									12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION									14
15 CENTRAL SERVICES & SUPPLY	1342222								15
16 PHARMACY		5844863							16
17 MEDICAL RECORDS & LIBRARY			1636455						17
18 SOCIAL SERVICE				802653					18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A					85748				22
23 I&R SERVICES-OTHER PRGM COSTS A						84292			23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS			273390	698308	77173	75863	22994115	-153036	25
26 INTENSIVE CARE UNIT			41007	32106			4693760		26
26.01 NICU			19941				1471940		26.01
31 SUBPROVIDER I			22966				1593050		31
33 NURSERY			28980				1812829		33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM			64630	24080			6751830		37
39 DELIVERY ROOM & LABOR ROOM			49098				3696351		39
40 ANESTHESIOLOGY			27130				404938		40
41 RADIOLOGY-DIAGNOSTIC			167419				5598533		41
44 LABORATORY			274332				6207244		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY			60685				1728485		49
50 PHYSICAL THERAPY			7267				516954		50
53 ELECTROCARDIOLOGY			25796				658246		53
54 ELECTROENCEPHALOGRAPHY			1303				71872		54
55 MEDICAL SUPPLIES CHARGED TO PAT	1342222		33402				2104349		55
56 DRUGS CHARGED TO PATIENTS		5844863	235759				6633987		56
58.01 ACUTE DIALYSIS			7885				75381		58.01
58.02 CARDIAC CATH LAB			45729				1954145		58.02
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC			65654		8575	8429	2630304	-17004	60
60.01 PH CLINIC									60.01
60.02 HEALTHWORKS CLINIC			1592				344465		60.02
60.03 DENTAL CLINIC									60.03
60.04 WOUND CARE THERAPY			25308				829111		60.04
60.05 FAMILY PRACTICE CLINIC			133				226623		60.05
61 EMERGENCY			157049	48159			6137515		61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	1342222	5844863	1636455	802653	85748	84292	79136027	-170040	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN							23732		96
98 PHYSICIANS' PRIVATE OFFICES							1906741		98
98.01 PROHEALTH SERVICES							1269457		98.01

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I/R-SALARY AND FRINGES 22	I/R-OTHER PROGRAM COSTS 23	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26
98.02 AUXILIARY							245064	98.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	1342222	5844863	1636455	802653	85748	84292	82581021	-170040 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		TOTAL	
		27	
GENERAL SERVICE COST CENTERS			
1	OLD CAP REL COSTS-BLDG & FIXT		1
2	OLD CAP REL COSTS-MVBLE EQUIP		2
3	NEW CAP REL COSTS-BLDG & FIXT		3
4	NEW CAP REL COSTS-MVBLE EQUIP		4
5	EMPLOYEE BENEFITS		5
5.01	COMMUNICATIONS		5.01
5.02	DATA PROCESSING		5.02
5.03	ADMITTING		5.03
5.04	CASHIERING		5.04
6	ADMINISTRATIVE & GENERAL		6
7	MAINTENANCE & REPAIRS		7
8	OPERATION OF PLANT		8
9	LAUNDRY & LINEN SERVICE		9
10	HOUSEKEEPING		10
11	DIETARY		11
12	CAFETERIA		12
13	MAINTENANCE OF PERSONNEL		13
14	NURSING ADMINISTRATION		14
15	CENTRAL SERVICES & SUPPLY		15
16	PHARMACY		16
17	MEDICAL RECORDS & LIBRARY		17
18	SOCIAL SERVICE		18
20	NONPHYSICIAN ANESTHETISTS		20
21	NURSING SCHOOL		21
22	I&R SERVICES-SALARY & FRINGES A		22
23	I&R SERVICES-OTHER PRGM COSTS A		23
24	PARAMED ED PRGM-(SPECIFY)		24
INPATIENT ROUTINE SERV COST CENTERS			
25	ADULTS & PEDIATRICS	22841079	25
26	INTENSIVE CARE UNIT	4693760	26
26.01	NICU	1471940	26.01
31	SUBPROVIDER I	1593050	31
33	NURSERY	1812829	33
ANCILLARY SERVICE COST CENTERS			
37	OPERATING ROOM	6751830	37
39	DELIVERY ROOM & LABOR ROOM	3696351	39
40	ANESTHESIOLOGY	404938	40
41	RADIOLOGY-DIAGNOSTIC	5598533	41
44	LABORATORY	6207244	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO		46.30
49	RESPIRATORY THERAPY	1728485	49
50	PHYSICAL THERAPY	516954	50
53	ELECTROCARDIOLOGY	658246	53
54	ELECTROENCEPHALOGRAPHY	71872	54
55	MEDICAL SUPPLIES CHARGED TO PAT	2104349	55
56	DRUGS CHARGED TO PATIENTS	6633987	56
58.01	ACUTE DIALYSIS	75381	58.01
58.02	CARDIAC CATH LAB	1954145	58.02
OUTPATIENT SERVICE COST CENTERS			
60	CLINIC	2613300	60
60.01	PH CLINIC		60.01
60.02	HEALTHWORKS CLINIC	344465	60.02
60.03	DENTAL CLINIC		60.03
60.04	WOUND CARE THERAPY	829111	60.04
60.05	FAMILY PRACTICE CLINIC	226623	60.05
61	EMERGENCY	6137515	61
62	OBSERVATION BEDS (NON-DISTINCT)		62
63.50	RHC		63.50
63.60	FQHC		63.60
OTHER REIMBURSABLE COST CENTERS			
69.10	CMHC		69.10
69.20	OUTPATIENT PHYSICAL THERAPY		69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY		69.30
69.40	OUTPATIENT SPEECH PATHOLOGY		69.40
71	HOME HEALTH AGENCY		71
SPECIAL PURPOSE COST CENTERS			
85.01	PANCREAS ACQUISITION		85.01
85.02	INTESTINAL ACQUISITION		85.02
85.03	ISLET CELL ACQUISITION		85.03
95	SUBTOTALS	78965987	95
NONREIMBURSABLE COST CENTERS			
96	GIFT, FLOWER, COFFEE SHOP & CAN	23732	96
98	PHYSICIANS' PRIVATE OFFICES	1906741	98
98.01	PROHEALTH SERVICES	1269457	98.01

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	TOTAL	
	27	
98.02 AUXILIARY	245064	98.02
101 CROSS FOOT ADJUSTMENTS		101
102 NEGATIVE COST CENTER		102
103 TOTAL	82410981	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	NON PATIENT PHONES 5.01	DATA PROCESSING 5.02	ADMITTING 5.03	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS	2724	22012	3238	27974	27974				5
5.01 COMMUNICATIONS		2937	13546	16483	150	16633			5.01
5.02 DATA PROCESSING	42	46341	420629	467012		991	468003		5.02
5.03 ADMITTING	68580	43834	5124	117538	460	259	38291	156548	5.03
5.04 CASHIERING	27541	10496	3574	41611	448	1336	55309		5.04
6 ADMINISTRATIVE & GENERAL	102818	40109	54121	197048	1763	2673	34037		6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	3113	158972	245322	407407	949	776	4255		8
9 LAUNDRY & LINEN SERVICE		26837		26837					9
10 HOUSEKEEPING	2046	25685	5343	33074	601		8509		10
11 DIETARY	3268	54344	45852	103464	302	474	8509		11
12 CAFETERIA		24621		24621	224	43			12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	8257	17587	3033	28877	579	345			14
15 CENTRAL SERVICES & SUPPLY	26880	80641	14547	122068	210	43	25527		15
16 PHARMACY	9646	35248	37301	82195	676	431	29782		16
17 MEDICAL RECORDS & LIBRARY	12827	36283	33994	83104	452	948	4255		17
18 SOCIAL SERVICE		1115	286	1401	362	345			18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A					48	43			22
23 I&R SERVICES-OTHER PRGM COSTS A		875		875					23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	22471	304162	120698	447331	6410	1637	59564	38792	25
26 INTENSIVE CARE UNIT	4794	45882	55852	106528	1016		8509	6435	26
26.01 NICU		6195	8276	14471	604			3129	26.01
31 SUBPROVIDER I		38579	7119	45698	472			3604	31
33 NURSERY		22055		22055	717	129	8509	4547	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	16912	133265	122384	272561	1544	1034	17018	5188	37
39 DELIVERY ROOM & LABOR ROOM	5751	23309	64976	94036	1420	86	8509	6854	39
40 ANESTHESIOLOGY		4869	18070	22939	36	129		2572	40
41 RADIOLOGY-DIAGNOSTIC	6757	71268	214778	292803	1284	862	12764	8391	41
44 LABORATORY	19034	59512	52376	130922	955	1034	76584	22598	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	13824	17850	24316	55990	546	215	8509	8789	49
50 PHYSICAL THERAPY	1843	18899	2014	22756	85	129	8509	467	50
53 ELECTROCARDIOLOGY	2371	23156	30944	56471	135	345	8509	2360	53
54 ELECTROENCEPHALOGRAPHY		3171	1212	4383			8509	150	54
55 MEDICAL SUPPLIES CHARGED TO PAT								3417	55
56 DRUGS CHARGED TO PATIENTS								27918	56
58.01 ACUTE DIALYSIS			37423	37423				1230	58.01
58.02 CARDIAC CATH LAB		15547	106541	122088	260			3203	58.02
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	68615	26983	9272	104870	1864	302	25527	72	60
60.01 PH CLINIC									60.01
60.02 HEALTHWORKS CLINIC		8746	2898	11644	203	215			60.02
60.03 DENTAL CLINIC									60.03
60.04 WOUND CARE THERAPY	2400	23571	5465	31436	264	215		26	60.04
60.05 FAMILY PRACTICE CLINIC	2354	30612	2353	35319	52				60.05
61 EMERGENCY	31974	55044	54235	141253	1471	517	8509	6806	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	466842	1560612	1827112	3854566	26562	15556	468003	156548	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		4570	624	5194		43			96
98 PHYSICIANS' PRIVATE OFFICES	18601	330293	2054	350948	152	819			98
98.01 PROHEALTH SERVICES	25122		12140	37262	1167	215			98.01

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP-	NEW CAP-	CAP REL	EMPLOYEE	NON	DATA	ADMITTING
	CAP-REL	REL COSTS	REL COSTS	COST TO	BENEFITS	PATIENT		
	COSTS	BLDG&FIXT	MOV EQUIP	BE ALLOC		PHONES	PROCESSING	
	0	3	4	4A	5	5.01	5.02	5.03
98.02 AUXILIARY			34202	34202	93			98.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	510565	1895475	1876132	4282172	27974	16633	468003	156548 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CASHIERS	ADMINI- STRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINI- STRATION	
	5.04	6	8	9	10	11	12	14	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
5.01 COMMUNICATIONS									5.01
5.02 DATA PROCESSING									5.02
5.03 ADMITTING									5.03
5.04 CASHIERING	98704								5.04
6 ADMINISTRATIVE & GENERAL		235521							6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT		15663	429050						8
9 LAUNDRY & LINEN SERVICE		1501	7330	35668					9
10 HOUSEKEEPING		6354	7016		55554				10
11 DIETARY		5503	14844		618	133714			11
12 CAFETERIA		908	6725		260		32781		12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		4210	4804		110		628	39553	14
15 CENTRAL SERVICES & SUPPLY		3000	22027		44		514		15
16 PHARMACY		16255	9628		221		1052		16
17 MEDICAL RECORDS & LIBRARY		4239	9910		265		988		17
18 SOCIAL SERVICE		2249	305		88		531		18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A		240					122		22
23 I&R SERVICES-OTHER PRGM COSTS A		232	239						23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	16476	46526	83081	11411	38225	112788	10628	19150	25
26 INTENSIVE CARE UNIT	2471	11554	12532	1521	2149	12001	1210	2181	26
26.01 NICU	1202	3814	1692	1302			847	1526	26.01
31 SUBPROVIDER I	1384	3494	10538			8925	804	1448	31
33 NURSERY	1746	4563	6024	603	2317				33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	3895	16535	36401	6459	2039		2433	4385	37
39 DELIVERY ROOM & LABOR ROOM	2959	9340	6367	5435	1161		1779	3206	39
40 ANESTHESIOLOGY	1635	1016	1330		88		76		40
41 RADIOLOGY-DIAGNOSTIC	10090	14266	19467	2568	2736		1695		41
44 LABORATORY	16614	16020	16255		2118		1567		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	3657	4520	4876		243		833		49
50 PHYSICAL THERAPY	438	1171	5162	660	472		136		50
53 ELECTROCARDIOLOGY	1555	1546	6325		132		303		53
54 ELECTROENCEPHALOGRAPHY	79	164	866		44				54
55 MEDICAL SUPPLIES CHARGED TO PAT	2013	2079							55
56 DRUGS CHARGED TO PATIENTS	14208	1578							56
58.01 ACUTE DIALYSIS	475	193							58.01
58.02 CARDIAC CATH LAB	2756	5279	4247				257		58.02
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	3957	6432	7370	1310	132		2039	3674	60
60.01 PH CLINIC									60.01
60.02 HEALTHWORKS CLINIC	96	803	2389	57	662		172		60.02
60.03 DENTAL CLINIC									60.03
60.04 WOUND CARE THERAPY	1525	1962	6438	190	587		440		60.04
60.05 FAMILY PRACTICE CLINIC	8	335	8362	58			66		60.05
61 EMERGENCY	9465	15643	15035	4094			2210	3983	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	98704	229187	337585	35668	54711	133714	31330	39553	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		22	1248						96
98 PHYSICIANS' PRIVATE OFFICES		2129	90217				438		98
98.01 PROHEALTH SERVICES		3487			843		918		98.01

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CASHIERS	ADMINI-	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING
		STRATIVE	OF	AND LINEN	KEEPING		ADMINI-	
	5.04	& GENERAL	PLANT	SERVICE				STRATION
		6	8	9	10	11	12	14
98.02 AUXILIARY		696					95	98.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	98704	235521	429050	35668	55554	133714	32781	39553 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I/R-SALARY AND FRINGES 22	I/R-OTHER PROGRAM COSTS 23	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
5.01 COMMUNICATIONS								5.01
5.02 DATA PROCESSING								5.02
5.03 ADMITTING								5.03
5.04 CASHIERING								5.04
6 ADMINISTRATIVE & GENERAL								6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA								12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION								14
15 CENTRAL SERVICES & SUPPLY	173433							15
16 PHARMACY		140240						16
17 MEDICAL RECORDS & LIBRARY			104161					17
18 SOCIAL SERVICE				5281				18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A					453			22
23 I&R SERVICES-OTHER PRGM COSTS A						1346		23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS			17384	4595			913998	25
26 INTENSIVE CARE UNIT			2608	211			170926	26
26.01 NICU			1268				29855	26.01
31 SUBPROVIDER I			1460				77827	31
33 NURSERY			1843				53053	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM			4110	158			373760	37
39 DELIVERY ROOM & LABOR ROOM			3122				144274	39
40 ANESTHESIOLOGY			1725				31546	40
41 RADIOLOGY-DIAGNOSTIC			10646				377572	41
44 LABORATORY			17548				302215	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY			3859				92037	49
50 PHYSICAL THERAPY			462				40447	50
53 ELECTROCARDIOLOGY			1640				79321	53
54 ELECTROENCEPHALOGRAPHY			83				14278	54
55 MEDICAL SUPPLIES CHARGED TO PAT	173433		2124				183066	55
56 DRUGS CHARGED TO PATIENTS		140240	14991				198935	56
58.01 ACUTE DIALYSIS			501				39822	58.01
58.02 CARDIAC CATH LAB			2908				140998	58.02
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC			4175				161724	60
60.01 PH CLINIC								60.01
60.02 HEALTHWORKS CLINIC			101				16342	60.02
60.03 DENTAL CLINIC								60.03
60.04 WOUND CARE THERAPY			1609				44692	60.04
60.05 FAMILY PRACTICE CLINIC			8				44208	60.05
61 EMERGENCY			9986	317			219289	61
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	173433	140240	104161	5281			3750185	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN							6507	96
98 PHYSICIANS' PRIVATE OFFICES							444703	98
98.01 PROHEALTH SERVICES							43892	98.01

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I/R-SALARY AND FRINGES 22	I/R-OTHER PROGRAM COSTS 23	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26
98.02 AUXILIARY							35086	98.02
101 CROSS FOOT ADJUSTMENTS					453	1346	1799	101
102 NEGATIVE COST CENTER								102
103 TOTAL	173433	140240	104161	5281	453	1346	4282172	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION		TOTAL	
		27	
GENERAL SERVICE COST CENTERS			
1	OLD CAP REL COSTS-BLDG & FIXT		1
2	OLD CAP REL COSTS-MVBLE EQUIP		2
3	NEW CAP REL COSTS-BLDG & FIXT		3
4	NEW CAP REL COSTS-MVBLE EQUIP		4
5	EMPLOYEE BENEFITS		5
5.01	COMMUNICATIONS		5.01
5.02	DATA PROCESSING		5.02
5.03	ADMITTING		5.03
5.04	CASHIERING		5.04
6	ADMINISTRATIVE & GENERAL		6
7	MAINTENANCE & REPAIRS		7
8	OPERATION OF PLANT		8
9	LAUNDRY & LINEN SERVICE		9
10	HOUSEKEEPING		10
11	DIETARY		11
12	CAFETERIA		12
13	MAINTENANCE OF PERSONNEL		13
14	NURSING ADMINISTRATION		14
15	CENTRAL SERVICES & SUPPLY		15
16	PHARMACY		16
17	MEDICAL RECORDS & LIBRARY		17
18	SOCIAL SERVICE		18
20	NONPHYSICIAN ANESTHETISTS		20
21	NURSING SCHOOL		21
22	I&R SERVICES-SALARY & FRINGES A		22
23	I&R SERVICES-OTHER PRGM COSTS A		23
24	PARAMED ED PRGM-(SPECIFY)		24
INPATIENT ROUTINE SERV COST CENTERS			
25	ADULTS & PEDIATRICS	913998	25
26	INTENSIVE CARE UNIT	170926	26
26.01	NICU	29855	26.01
31	SUBPROVIDER I	77827	31
33	NURSERY	53053	33
ANCILLARY SERVICE COST CENTERS			
37	OPERATING ROOM	373760	37
39	DELIVERY ROOM & LABOR ROOM	144274	39
40	ANESTHESIOLOGY	31546	40
41	RADIOLOGY-DIAGNOSTIC	377572	41
44	LABORATORY	302215	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO		46.30
49	RESPIRATORY THERAPY	92037	49
50	PHYSICAL THERAPY	40447	50
53	ELECTROCARDIOLOGY	79321	53
54	ELECTROENCEPHALOGRAPHY	14278	54
55	MEDICAL SUPPLIES CHARGED TO PAT	183066	55
56	DRUGS CHARGED TO PATIENTS	198935	56
58.01	ACUTE DIALYSIS	39822	58.01
58.02	CARDIAC CATH LAB	140998	58.02
OUTPATIENT SERVICE COST CENTERS			
60	CLINIC	161724	60
60.01	PH CLINIC		60.01
60.02	HEALTHWORKS CLINIC	16342	60.02
60.03	DENTAL CLINIC		60.03
60.04	WOUND CARE THERAPY	44692	60.04
60.05	FAMILY PRACTICE CLINIC	44208	60.05
61	EMERGENCY	219289	61
62	OBSERVATION BEDS (NON-DISTINCT)		62
63.50	RHC		63.50
63.60	FQHC		63.60
OTHER REIMBURSABLE COST CENTERS			
69.10	CMHC		69.10
69.20	OUTPATIENT PHYSICAL THERAPY		69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY		69.30
69.40	OUTPATIENT SPEECH PATHOLOGY		69.40
71	HOME HEALTH AGENCY		71
SPECIAL PURPOSE COST CENTERS			
85.01	PANCREAS ACQUISITION		85.01
85.02	INTESTINAL ACQUISITION		85.02
85.03	ISLET CELL ACQUISITION		85.03
95	SUBTOTALS	3750185	95
NONREIMBURSABLE COST CENTERS			
96	GIFT, FLOWER, COFFEE SHOP & CAN	6507	96
98	PHYSICIANS' PRIVATE OFFICES	444703	98
98.01	PROHEALTH SERVICES	43892	98.01

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

COST CENTER DESCRIPTION	TOTAL	
	27	
98.02 AUXILIARY	35086	98.02
101 CROSS FOOT ADJUSTMENTS	1799	101
102 NEGATIVE COST CENTER		102
103 TOTAL	4282172	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP- REL COSTS MOV EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS GROSS SALARIES	NON PATIENT PHONES (NUMBER OF PHONES)	DATA PROCESSING (MACHINE TIME)	ADMITTING INPATIENT REVENUE	CASHIERS GROSS REVENUE	
	3	4	5	5.01	5.02	5.03	5.04	
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	260059							3
4 NEW CAP REL COSTS-MVBLE EQUIP		2283641						4
5 EMPLOYEE BENEFITS	3020	3941	39435983					5
5.01 COMMUNICATIONS	403	16488	211614	386				5.01
5.02 DATA PROCESSING	6358	511995		23	110			5.02
5.03 ADMITTING	6014	6237	648745	6		157770622		5.03
5.04 CASHIERING	1440	4350	632249	31	13		258853452	5.04
6 ADMINISTRATIVE & GENERAL	5503	65877	2486039	62	8			6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT	21811	298608	1339034	18	1			8
9 LAUNDRY & LINEN SERVICE	3682							9
10 HOUSEKEEPING	3524	6503	847178		2			10
11 DIETARY	7456	55811	426562	11	2			11
12 CAFETERIA	3378		316441	1				12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	2413	3692	816843	8				14
15 CENTRAL SERVICES & SUPPLY	11064	17707	296469	1	6			15
16 PHARMACY	4836	45403	953764	10	7			16
17 MEDICAL RECORDS & LIBRARY	4978	41378	636868	22	1			17
18 SOCIAL SERVICE	153	348	510782	8				18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES			68362	1				22
23 I&R SERVICES-OTHER PRGM COSTS	120							23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	41731	146914	9016890	38	14	39066792	43244150	25
26 INTENSIVE CARE UNIT	6295	67984	1433004		2	6486443	6486443	26
26.01 NICU	850	10073	851813			3154249	3154249	26.01
31 SUBPROVIDER I	5293	8665	666339			3632760	3632760	31
33 NURSERY	3026		1011317	3	2	4583982	4583982	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	18284	148967	2178266	24	4	5229915	10222966	37
39 DELIVERY ROOM & LABOR ROOM	3198	79089	2002836	2	2	6908888	7766200	39
40 ANESTHESIOLOGY	668	21995	50469	3		2592758	4291344	40
41 RADIOLOGY-DIAGNOSTIC	9778	261429	1811071	20	3	8458843	26481940	41
44 LABORATORY	8165	63753	1347462	24	18	22780722	43395586	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	2449	29597	770146	5	2	8859526	9598998	49
50 PHYSICAL THERAPY	2593	2451	120392	3	2	470894	1149491	50
53 ELECTROCARDIOLOGY	3177	37665	189993	8	2	2378588	4080425	53
54 ELECTROENCEPHALOGRAPHY	435	1475			2	150764	206178	54
55 MEDICAL SUPPLIES CHARGED TO P						3444884	5283407	55
56 DRUGS CHARGED TO PATIENTS						28142818	37291783	56
58.01 ACUTE DIALYSIS		45552				1239652	1247294	58.01
58.02 CARDIAC CATH LAB	2133	129682	366714			3228517	7233390	58.02
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	3702	11286	2629314	7	6	72740	10385026	60
60.01 PH CLINIC								60.01
60.02 HEALTHWORKS CLINIC	1200	3527	286348	5			251858	60.02
60.03 DENTAL CLINIC								60.03
60.04 WOUND CARE THERAPY	3234	6652	372200	5		26390	4003208	60.04
60.05 FAMILY PRACTICE CLINIC	4200	2864	73521				21102	60.05
61 EMERGENCY	7552	66015	2074462	12	2	6860497	24841672	61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	214116	2223973	37443507	361	110	157770622	258853452	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	627	760		1				96

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP-	NEW CAP-	EMPLOYEE	NON	DATA			
	REL COSTS BLDG&FIXT (SQUARE FEET)	REL COSTS MOV EQUIP (DOLLAR VALUE)	BENEFITS GROSS SALARIES	PATIENT PHONES (NUMBER OF PHONES)	PROCESSING (MACHINE TIME)	ADMITTING INPATIENT REVENUE	CASHIERS GROSS REVENUE	
	3	4	5	5.01	5.02	5.03	5.04	
98 PHYSICIANS' PRIVATE OFFICES	45316	2500	214574	19				98
98.01 PROHEALTH SERVICES		14777	1646294	5				98.01
98.02 AUXILIARY		41631	131608					98.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	1895475	1876132	2703343	476397	2226041	1088416	1836397	103
104 UNIT COST MULT-WS B PT I		.821553		1234.189119		.006899		104
104 UNIT COST MULT-WS B PT I	7.288635		.068550		20236.736364		.007094	104
105 COST TO BE ALLOC PER B PT II								105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III			27974	16633	468003	156548	98704	107
108 UNIT COST MULT-WS B PT III				43.090674		.000992		108
108 UNIT COST MULT-WS B PT III			.000709		4254.572727		.000381	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION	ADMINI- STRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE- KEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINI- STRATION (DIRECT NRSG HRS)	
	6A	6	8	9	10	11	12	14	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
5.01 COMMUNICATIONS									5.01
5.02 DATA PROCESSING									5.02
5.03 ADMITTING									5.03
5.04 CASHIERING									5.04
6 ADMINISTRATIVE & GENERAL	-14128880	68452141							6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT		4551888	215510						8
9 LAUNDRY & LINEN SERVICE		436306	3682	309685					9
10 HOUSEKEEPING		1846701	3524		12590				10
11 DIETARY		1599333	7456		140	109806			11
12 CAFETERIA		263961	3378		59		54040		12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		1223595	2413		25		1036	36183	14
15 CENTRAL SERVICES & SUPPLY		871963	11064		10		848		15
16 PHARMACY		4724033	4836		50		1735		16
17 MEDICAL RECORDS & LIBRARY		1231801	4978		60		1628		17
18 SOCIAL SERVICE		653461	153		20		876		18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES		69797					201		22
23 I&R SERVICES-OTHER PRGM COSTS		67336	120						23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS		13526291	41731	99074	8663	92622	17518	17518	25
26 INTENSIVE CARE UNIT		3357746	6295	13209	487	9855	1995	1995	26
26.01 NICU		1108390	850	11302			1396	1396	26.01
31 SUBPROVIDER I		1015480	5293			7329	1325	1325	31
33 NURSERY		1325937	3026	5233	525				33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		4805341	18284	56083	462		4011	4011	37
39 DELIVERY ROOM & LABOR ROOM		2714386	3198	47186	263		2933	2933	39
40 ANESTHESIOLOGY		295204	668		20		126		40
41 RADIOLOGY-DIAGNOSTIC		4145957	9778	22294	620		2794		41
44 LABORATORY		4655686	8165		480		2583		44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
49 RESPIRATORY THERAPY		1313581	2449		55		1374		49
50 PHYSICAL THERAPY		340450	2593	5730	107		224		50
53 ELECTROCARDIOLOGY		449383	3177		30		499		53
54 ELECTROENCEPHALOGRAPHY		47782	435		10				54
55 MEDICAL SUPPLIES CHARGED TO P		604047							55
56 DRUGS CHARGED TO PATIENTS		458689							56
58.01 ACUTE DIALYSIS		55948							58.01
58.02 CARDIAC CATH LAB		1534150	2133				424		58.02
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		1869335	3702	11378	30		3361	3361	60
60.01 PH CLINIC									60.01
60.02 HEALTHWORKS CLINIC		233354	1200	494	150		283		60.02
60.03 DENTAL CLINIC									60.03
60.04 WOUND CARE THERAPY		570316	3234	1652	133		725		60.04
60.05 FAMILY PRACTICE CLINIC		97497	4200	505			109		60.05
61 EMERGENCY		4546201	7552	35545			3644	3644	61
62 OBSERVATION BEDS (NON-DISTINC									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERA									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	-14128880	66611326	169567	309685	12399	109806	51648	36183	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C		6428	627						96

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION	ADMINI- STRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE- KEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINI- STRATION (DIRECT NRSG HRS)	
		6A	6	8	9	10	11	12	
98 PHYSICIANS' PRIVATE OFFICES		618773	45316				722		98
98.01 PROHEALTH SERVICES		1013479			191		1513		98.01
98.02 AUXILIARY		202135					157		98.02
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I		14128880	5491420	620183	2317664	2145202	415380	1550202	103
104 UNIT COST MULT-WS B PT I			25.481045		184.087689		7.686528		104
104 UNIT COST MULT-WS B PT I		.206405		2.002625		19.536291		42.843379	104
105 COST TO BE ALLOC PER B PT II									105
106 UNIT COST MULT-WS B PT II									106
106 UNIT COST MULT-WS B PT II									106
107 COST TO BE ALLOC PER B PT III		235521	429050	35668	55554	133714	32781	39553	107
108 UNIT COST MULT-WS B PT III			1.990859		4.412550		.606606		108
108 UNIT COST MULT-WS B PT III		.003441		.115175		1.217729		1.093138	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE (TIME SPENT)	I/R-SALARY AND FRINGES (ASSIGNED TIME)	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME)	
	15	16	17	18	22	23	
GENERAL SERVICE COST CENTERS							
1							1
2							2
3							3
4							4
5							5
5.01							5.01
5.02							5.02
5.03							5.03
5.04							5.04
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15	10000						15
16		10000					16
17			258853452				17
18							18
20					100		20
21							21
22						100	22
23							23
24						100	24
INPATIENT ROUTINE SERV COST CENTERS							
25			43244150		87	90	25
26			6486443		4		26
26.01			3154249				26.01
31			3632760				31
33			4583982				33
ANCILLARY SERVICE COST CENTERS							
37			10222966		3		37
39			7766200				39
40			4291344				40
41			26481940				41
44			43395586				44
46.30							46.30
49			9598998				49
50			1149491				50
53			4080425				53
54			206178				54
55	10000		5283407				55
56		10000	37291783				56
58.01			1247294				58.01
58.02			7233390				58.02
OUTPATIENT SERVICE COST CENTERS							
60			10385026		10	10	60
60.01							60.01
60.02			251858				60.02
60.03							60.03
60.04			4003208				60.04
60.05			21102				60.05
61			24841672		6		61
62							62
63.50							63.50
63.60							63.60
OTHER REIMBURSABLE COST CENTERS							
69.10							69.10
69.20							69.20
69.30							69.30
69.40							69.40
71							71
SPECIAL PURPOSE COST CENTERS							
85.01							85.01
85.02							85.02
85.03							85.03
95	10000	10000	258853452		100	100	95
NONREIMBURSABLE COST CENTERS							
96							96

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE (TIME SPENT)	I/R-SALARY AND FRINGES (ASSIGNED TIME)	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME)	
	15	16	17	18	22	23	
98 PHYSICIANS' PRIVATE OFFICES							98
98.01 PROHEALTH SERVICES							98.01
98.02 AUXILIARY							98.02
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	1342222	5844863	1636455	802653	85748	84292	103
104 UNIT COST MULT-WS B PT I	134.222200		.006322		857.480000		104
104 UNIT COST MULT-WS B PT I		584.486300		8026.530000		842.920000	104
105 COST TO BE ALLOC PER B PT II							105
106 UNIT COST MULT-WS B PT II							106
106 UNIT COST MULT-WS B PT II							106
107 COST TO BE ALLOC PER B PT III	173433	140240	104161	5281	453	1346	107
108 UNIT COST MULT-WS B PT III	17.343300		.000402		4.530000		108
108 UNIT COST MULT-WS B PT III		14.024000		52.810000		13.460000	108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT		DISALLOWANCE		
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	22841079		22841079		22841079	25
26 INTENSIVE CARE UNIT	4693760		4693760		4693760	26
26.01 NICU	1471940		1471940		1471940	26.01
31 SUBPROVIDER I	1593050		1593050		1593050	31
33 NURSERY	1812829		1812829		1812829	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	6751830		6751830		6751830	37
39 DELIVERY ROOM & LABOR ROOM	3696351		3696351		3696351	39
40 ANESTHESIOLOGY	404938		404938		404938	40
41 RADIOLOGY-DIAGNOSTIC	5598533		5598533		5598533	41
44 LABORATORY	6207244		6207244		6207244	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	1728485		1728485		1728485	49
50 PHYSICAL THERAPY	516954		516954		516954	50
53 ELECTROCARDIOLOGY	658246		658246		658246	53
54 ELECTROENCEPHALOGRAPHY	71872		71872		71872	54
55 MEDICAL SUPPLIES CHARGED TO	2104349		2104349		2104349	55
56 DRUGS CHARGED TO PATIENTS	6633987		6633987		6633987	56
58.01 ACUTE DIALYSIS	75381		75381		75381	58.01
58.02 CARDIAC CATH LAB	1954145		1954145		1954145	58.02
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	2613300		2613300		2613300	60
60.01 PH CLINIC						60.01
60.02 HEALTHWORKS CLINIC	344465		344465		344465	60.02
60.03 DENTAL CLINIC						60.03
60.04 WOUND CARE THERAPY	829111		829111		829111	60.04
60.05 FAMILY PRACTICE CLINIC	226623		226623		226623	60.05
61 EMERGENCY	6137515		6137515	245625	6383140	61
62 OBSERVATION BEDS (NON-DISTI	1386942		1386942		1386942	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	80352929		80352929	245625	80598554	101
102 LESS OBSERVATION BEDS	1386942		1386942		1386942	102
103 TOTAL	78965987		78965987	245625	79211612	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL 8			
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	39066792		39066792			25
26 INTENSIVE CARE UNIT	6486443		6486443			26
26.01 NICU	3154249		3154249			26.01
31 SUBPROVIDER I	3632760		3632760			31
33 NURSERY	4583982		4583982			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	5229915	4993051	10222966	.660457	.660457	.660457 37
39 DELIVERY ROOM & LABOR ROOM	6908888	857312	7766200	.475954	.475954	.475954 39
40 ANESTHESIOLOGY	2592758	1698586	4291344	.094362	.094362	.094362 40
41 RADIOLOGY-DIAGNOSTIC	8458843	18023097	26481940	.211409	.211409	.211409 41
44 LABORATORY	22780722	20614864	43395586	.143039	.143039	.143039 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	8859526	739472	9598998	.180069	.180069	.180069 49
50 PHYSICAL THERAPY	470894	678597	1149491	.449724	.449724	.449724 50
53 ELECTROCARDIOLOGY	2378588	1701837	4080425	.161318	.161318	.161318 53
54 ELECTROENCEPHALOGRAPHY	150764	55414	206178	.348592	.348592	.348592 54
55 MEDICAL SUPPLIES CHARGED TO	3444884	1838523	5283407	.398294	.398294	.398294 55
56 DRUGS CHARGED TO PATIENTS	28142818	9148965	37291783	.177894	.177894	.177894 56
58.01 ACUTE DIALYSIS	1239652	7642	1247294	.060436	.060436	.060436 58.01
58.02 CARDIAC CATH LAB	3228517	4004873	7233390	.270156	.270156	.270156 58.02
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	72740	10312286	10385026	.251641	.251641	.251641 60
60.01 PH CLINIC						60.01
60.02 HEALTHWORKS CLINIC		251858	251858	1.367695	1.367695	1.367695 60.02
60.03 DENTAL CLINIC						60.03
60.04 WOUND CARE THERAPY	26390	3976818	4003208	.207112	.207112	.207112 60.04
60.05 FAMILY PRACTICE CLINIC		21102	21102	10.739409	10.739409	10.739409 60.05
61 EMERGENCY	6860497	17981175	24841672	.247065	.247065	.256953 61
62 OBSERVATION BEDS (NON-DISTI	2027012	2150346	4177358	.332014	.332014	.332014 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	159797634	99055818	258853452			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	159797634	99055818	258853452			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

CHECK [] TITLE V
 APPLICABLE [XX] TITLE XVIII-PT A
 BOXES [] TITLE XIX

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS				913998		913998	25
26 INTENSIVE CARE UNIT				170926		170926	26
26.01 NICU				29855		29855	26.01
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I				77827		77827	31
33 NURSERY				53053		53053	33
101 TOTAL				1245659		1245659	101

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	36758	10531			24.87	261906	25
26 INTENSIVE CARE UNIT	3560	1347			48.01	64669	26
26.01 NICU	1304				22.89		26.01
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I	2740	937			28.40	26611	31
33 NURSERY	3045				17.42		33
101 TOTAL	47407	12815				353186	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0206) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	----- OLD CAPITAL -----		----- NEW CAPITAL -----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		373760	10222966	1610187			.036561	58870 37
39 DELIVERY ROOM & LABOR ROOM		144274	7766200	12263			.018577	228 39
40 ANESTHESIOLOGY		31546	4291344	498589			.007351	3665 40
41 RADIOLOGY-DIAGNOSTIC		377572	26481940	3017322			.014258	43021 41
44 LABORATORY		302215	43395586	7116098			.006964	49557 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		92037	9598998	3279114			.009588	31440 49
50 PHYSICAL THERAPY		40447	1149491	238170			.035187	8380 50
53 ELECTROCARDIOLOGY		79321	4080425	917351			.019439	17832 53
54 ELECTROENCEPHALOGRAPHY		14278	206178	62953			.069251	4360 54
55 MEDICAL SUPPLIES CHARGED TO P		183066	5283407	899217			.034649	31157 55
56 DRUGS CHARGED TO PATIENTS		198935	37291783	9157730			.005335	48856 56
58.01 ACUTE DIALYSIS		39822	1247294	593727			.031927	18956 58.01
58.02 CARDIAC CATH LAB		140998	7233390	1396882			.019493	27229 58.02
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		161724	10385026	1310			.015573	20 60
60.01 PH CLINIC								60.01
60.02 HEALTHWORKS CLINIC		16342	251858				.064886	60.02
60.03 DENTAL CLINIC								60.03
60.04 WOUND CARE THERAPY		44692	4003208	19131			.011164	214 60.04
60.05 FAMILY PRACTICE CLINIC		44208	21102				2.094967	60.05
61 EMERGENCY		219289	24841672	2217354			.008827	19573 61
62 OBSERVATION BEDS (NON-DISTINC		55500	4177358	351644			.013286	4672 62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		2560026	201929226	31389042				368030 101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

CHECK [] TITLE V
 APPLICABLE [XX] TITLE XVIII-PT A
 BOXES [] TITLE XIX

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL COSTS	TOTAL	PER DIEM	INPATIENT	INPATIENT
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT		PATIENT DAYS		PROGRAM DAYS	PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					36758		10531	25
26 INTENSIVE CARE UNIT					3560		1347	26
26.01 NICU					1304			26.01
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I					2740		937	31
33 NURSERY					3045			33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					47407		12815	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0206) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
58.01 ACUTE DIALYSIS							58.01
58.02 CARDIAC CATH LAB							58.02
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 PH CLINIC							60.01
60.02 HEALTHWORKS CLINIC							60.02
60.03 DENTAL CLINIC							60.03
60.04 WOUND CARE THERAPY							60.04
60.05 FAMILY PRACTICE CLINIC							60.05
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0206) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		10222966			1610187		1152985 37
39 DELIVERY ROOM & LABOR ROOM		7766200			12263		39
40 ANESTHESIOLOGY		4291344			498589		256879 40
41 RADIOLOGY-DIAGNOSTIC		26481940			3017322		1443068 41
44 LABORATORY		43395586			7116098		1 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		9598998			3279114		72763 49
50 PHYSICAL THERAPY		1149491			238170		149290 50
53 ELECTROCARDIOLOGY		4080425			917351		352359 53
54 ELECTROENCEPHALOGRAPHY		206178			62953		8026 54
55 MEDICAL SUPPLIES CHARGED TO P		5283407			899217		268914 55
56 DRUGS CHARGED TO PATIENTS		37291783			9157730		2880783 56
58.01 ACUTE DIALYSIS		1247294			593727		58.01
58.02 CARDIAC CATH LAB		7233390			1396882		3294900 58.02
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		10385026			1310		1227259 60
60.01 PH CLINIC							60.01
60.02 HEALTHWORKS CLINIC		251858					2112 60.02
60.03 DENTAL CLINIC							60.03
60.04 WOUND CARE THERAPY		4003208			19131		1576685 60.04
60.05 FAMILY PRACTICE CLINIC		21102					60.05
61 EMERGENCY		24841672			2217354		418113 61
62 OBSERVATION BEDS (NON-DISTINC		4177358			351644		208198 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		201929226			31389042		13312335 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0206)	[]	SUB IV	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[]	TITLE XIX	[]	SUB II	[]	NF		
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
58.01 ACUTE DIALYSIS					58.01
58.02 CARDIAC CATH LAB					58.02
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 PH CLINIC					60.01
60.02 HEALTHWORKS CLINIC					60.02
60.03 DENTAL CLINIC					60.03
60.04 WOUND CARE THERAPY					60.04
60.05 FAMILY PRACTICE CLINIC					60.05
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0206) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.660457	.660457	.660457			37
39 DELIVERY ROOM & LABOR ROOM	.475954	.475954	.475954			39
40 ANESTHESIOLOGY	.094362	.094362	.094362			40
41 RADIOLOGY-DIAGNOSTIC	.211409	.211409	.211409			41
44 LABORATORY	.143039	.143039	.143039			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.180069	.180069	.180069			49
50 PHYSICAL THERAPY	.449724	.449724	.449724			50
53 ELECTROCARDIOLOGY	.161318	.161318	.161318			53
54 ELECTROENCEPHALOGRAPHY	.348592	.348592	.348592			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.398294	.398294	.398294			55
56 DRUGS CHARGED TO PATIENTS	.177894	.177894	.177894			56
58.01 ACUTE DIALYSIS	.060436	.060436	.060436			58.01
58.02 CARDIAC CATH LAB	.270156	.270156	.270156			58.02
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.251641	.251641	.251641			60
60.01 PH CLINIC						60.01
60.02 HEALTHWORKS CLINIC	1.367695	1.367695	1.367695			60.02
60.03 DENTAL CLINIC						60.03
60.04 WOUND CARE THERAPY	.207112	.207112	.207112			60.04
60.05 FAMILY PRACTICE CLINIC	10.739409	10.739409	10.739409			60.05
61 EMERGENCY	.247065	.247065	.247065			61
62 OBSERVATION BEDS (NON-DISTINCT	.332014	.332014	.332014			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.177894	1
2 PROGRAM VACCINE CHARGES	988	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	176	3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0206) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1) (SEE INSTRU.) 5	PPS SER- VICES (SEE INSTRU.) 5.01	ALL OTHER (SEE INSTRU.) 5.02	PPS SER- VICES (SEE INSTRU.) 5.03	PPS SER- VICES (SEE INSTRU.) 5.04	OUTPATIENT AMBULATORY SURGICAL CENTER 6	OUTPATIENT RADIOLOGY 7	OUTPATIENT OTHER DIAGNOSTIC 8
37 ANCILLARY SERVICE COST CENTERS								37
39 OPERATING ROOM		1152985						39
40 DELIVERY ROOM & LABOR ROOM								40
41 ANESTHESIOLOGY		256879						41
44 RADIOLOGY-DIAGNOSTIC		1443068						44
46.30 LABORATORY		1						46.30
49 BLOOD CLOTTING FACTORS ADMIN C								49
50 RESPIRATORY THERAPY		72763						50
53 PHYSICAL THERAPY		149290						53
54 ELECTROCARDIOLOGY		352359						54
55 ELECTROENCEPHALOGRAPHY		8026						55
56 MEDICAL SUPPLIES CHARGED TO PA		268914	34027					56
58.01 DRUGS CHARGED TO PATIENTS		2880783						58.01
58.02 ACUTE DIALYSIS								58.02
60 CARDIAC CATH LAB		3294900						60
60.01 OUTPATIENT SERVICE COST CENTERS								60.01
60.02 CLINIC		1227259						60.02
60.03 PH CLINIC								60.03
60.04 HEALTHWORKS CLINIC		2112						60.04
60.05 DENTAL CLINIC								60.05
61 WOUND CARE THERAPY		1576685						61
62 FAMILY PRACTICE CLINIC								62
63.50 EMERGENCY		418113						63.50
63.60 OBSERVATION BEDS (NON-DISTINCT)		208198						63.60
65.01 RHC								65.01
65.02 FQHC								65.02
65.03 OTHER REIMBURSABLE COST CENTERS								65.03
101 AMBULANCE SERVICES (2ND PERIOD)								101
102 AMBULANCE SERVICES (3RD PERIOD)		13312335	34027					102
103 AMBULANCE SERVICES (4TH PERIOD)								103
104 SUBTOTAL		13312335	34027					104
CRNA CHARGES								
PBP CLINIC LAB								
NET CHARGES		13312335	34027					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0206) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS (1.01x5.02) 9.02	PPS SERVICES (COLUMNS (1.01x5.03) 9.03	PPS SERVICES (COLUMNS (1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		761497					37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY			24240				40
41 RADIOLOGY-DIAGNOSTIC		305078					41
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		13102					49
50 PHYSICAL THERAPY		67139					50
53 ELECTROCARDIOLOGY		56842					53
54 ELECTROENCEPHALOGRAPHY		2798					54
55 MEDICAL SUPPLIES CHARGED TO PAT		107107	13553				55
56 DRUGS CHARGED TO PATIENTS		512474					56
58.01 ACUTE DIALYSIS							58.01
58.02 CARDIAC CATH LAB		890137					58.02
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		308829					60
60.01 PH CLINIC							60.01
60.02 HEALTHWORKS CLINIC		2889					60.02
60.03 DENTAL CLINIC							60.03
60.04 WOUND CARE THERAPY		326550					60.04
60.05 FAMILY PRACTICE CLINIC							60.05
61 EMERGENCY		103301					61
62 OBSERVATION BEDS (NON-DISTINCT		69125					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL		3551108	13553				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		3551108	13553				104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S206) [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	RATIO OF CAPITAL COSTS		CAPITAL COSTS		
	RELATED COST	RELATED COST			OLD CAPITAL COST TO CHARGES	NEW CAPITAL COST TO CHARGES			
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		373760	10222966				.036561	37	
39 DELIVERY ROOM & LABOR ROOM		144274	7766200				.018577	39	
40 ANESTHESIOLOGY		31546	4291344				.007351	40	
41 RADIOLOGY-DIAGNOSTIC		377572	26481940	20496			.014258	292 41	
44 LABORATORY		302215	43395586	120869			.006964	842 44	
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30	
49 RESPIRATORY THERAPY		92037	9598998	5148			.009588	49 49	
50 PHYSICAL THERAPY		40447	1149491	3210			.035187	113 50	
53 ELECTROCARDIOLOGY		79321	4080425	13760			.019439	267 53	
54 ELECTROENCEPHALOGRAPHY		14278	206178	956			.069251	66 54	
55 MEDICAL SUPPLIES CHARGED TO P		183066	5283407	5545			.034649	192 55	
56 DRUGS CHARGED TO PATIENTS		198935	37291783	179656			.005335	958 56	
58.01 ACUTE DIALYSIS		39822	1247294				.031927	58.01	
58.02 CARDIAC CATH LAB		140998	7233390	2439			.019493	48 58.02	
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		161724	10385026				.015573	60	
60.01 PH CLINIC								60.01	
60.02 HEALTHWORKS CLINIC		16342	251858				.064886	60.02	
60.03 DENTAL CLINIC								60.03	
60.04 WOUND CARE THERAPY		44692	4003208				.011164	60.04	
60.05 FAMILY PRACTICE CLINIC		44208	21102				2.094967	60.05	
61 EMERGENCY		219289	24841672	98048			.008827	865 61	
62 OBSERVATION BEDS (NON-DISTINC		55500	4177358				.013286	62	
63.50 RHC								63.50	
63.60 FQHC								63.60	
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		2560026	201929226	450127				3692 101	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[XX]	SUB I (14-S206)	[]	SNF	[]	TEFRA
BOXES	[]	TITLE XIX	[]	SUB II	[]	NF		
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT			MEDICAL EDUCATION	N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM								37
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC								41
44 LABORATORY								44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY								49
50 PHYSICAL THERAPY								50
53 ELECTROCARDIOLOGY								53
54 ELECTROENCEPHALOGRAPHY								54
55 MEDICAL SUPPLIES CHARGED TO P								55
56 DRUGS CHARGED TO PATIENTS								56
58.01 ACUTE DIALYSIS								58.01
58.02 CARDIAC CATH LAB								58.02
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
60.01 PH CLINIC								60.01
60.02 HEALTHWORKS CLINIC								60.02
60.03 DENTAL CLINIC								60.03
60.04 WOUND CARE THERAPY								60.04
60.05 FAMILY PRACTICE CLINIC								60.05
61 EMERGENCY								61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL								101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S206) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		10222966					37
39 DELIVERY ROOM & LABOR ROOM		7766200					39
40 ANESTHESIOLOGY		4291344					40
41 RADIOLOGY-DIAGNOSTIC		26481940			20496		189 41
44 LABORATORY		43395586			120869		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		9598998			5148		49
50 PHYSICAL THERAPY		1149491			3210		50
53 ELECTROCARDIOLOGY		4080425			13760		53
54 ELECTROENCEPHALOGRAPHY		206178			956		54
55 MEDICAL SUPPLIES CHARGED TO P		5283407			5545		55
56 DRUGS CHARGED TO PATIENTS		37291783			179656		56
58.01 ACUTE DIALYSIS		1247294					58.01
58.02 CARDIAC CATH LAB		7233390			2439		58.02
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		10385026					60
60.01 PH CLINIC							60.01
60.02 HEALTHWORKS CLINIC		251858					60.02
60.03 DENTAL CLINIC							60.03
60.04 WOUND CARE THERAPY		4003208					60.04
60.05 FAMILY PRACTICE CLINIC		21102					60.05
61 EMERGENCY		24841672			98048		61
62 OBSERVATION BEDS (NON-DISTINC		4177358					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		201929226			450127		189 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[XX]	SUB I (14-S206)	[]	SNF	[]	TEFRA
BOXES	[]	TITLE XIX	[]	SUB II	[]	NF		
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
58.01 ACUTE DIALYSIS					58.01
58.02 CARDIAC CATH LAB					58.02
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 PH CLINIC					60.01
60.02 HEALTHWORKS CLINIC					60.02
60.03 DENTAL CLINIC					60.03
60.04 WOUND CARE THERAPY					60.04
60.05 FAMILY PRACTICE CLINIC					60.05
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-S206) [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.660457	.660457	.660457			37
39 DELIVERY ROOM & LABOR ROOM	.475954	.475954	.475954			39
40 ANESTHESIOLOGY	.094362	.094362	.094362			40
41 RADIOLOGY-DIAGNOSTIC	.211409	.211409	.211409			41
44 LABORATORY	.143039	.143039	.143039			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.180069	.180069	.180069			49
50 PHYSICAL THERAPY	.449724	.449724	.449724			50
53 ELECTROCARDIOLOGY	.161318	.161318	.161318			53
54 ELECTROENCEPHALOGRAPHY	.348592	.348592	.348592			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.398294	.398294	.398294			55
56 DRUGS CHARGED TO PATIENTS	.177894	.177894	.177894			56
58.01 ACUTE DIALYSIS	.060436	.060436	.060436			58.01
58.02 CARDIAC CATH LAB	.270156	.270156	.270156			58.02
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.251641	.251641	.251641			60
60.01 PH CLINIC						60.01
60.02 HEALTHWORKS CLINIC	1.367695	1.367695	1.367695			60.02
60.03 DENTAL CLINIC						60.03
60.04 WOUND CARE THERAPY	.207112	.207112	.207112			60.04
60.05 FAMILY PRACTICE CLINIC	10.739409	10.739409	10.739409			60.05
61 EMERGENCY	.247065	.247065	.247065			61
62 OBSERVATION BEDS (NON-DISTINCT	.332014	.332014	.332014			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.177894	1
2 PROGRAM VACCINE CHARGES		2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS		3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-S206) [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COST			
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM								37
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC		189						41
44 LABORATORY								44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY								49
50 PHYSICAL THERAPY								50
53 ELECTROCARDIOLOGY								53
54 ELECTROENCEPHALOGRAPHY								54
55 MEDICAL SUPPLIES CHARGED TO PA								55
56 DRUGS CHARGED TO PATIENTS								56
58.01 ACUTE DIALYSIS								58.01
58.02 CARDIAC CATH LAB								58.02
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
60.01 PH CLINIC								60.01
60.02 HEALTHWORKS CLINIC								60.02
60.03 DENTAL CLINIC								60.03
60.04 WOUND CARE THERAPY								60.04
60.05 FAMILY PRACTICE CLINIC								60.05
61 EMERGENCY								61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD								65.03
101 SUBTOTAL		189						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		189						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-S206) [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B CHARGES (SEE INSTRU.)	I/P PART B COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10	11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC			40				41
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO PAT							55
56 DRUGS CHARGED TO PATIENTS							56
58.01 ACUTE DIALYSIS							58.01
58.02 CARDIAC CATH LAB							58.02
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 PH CLINIC							60.01
60.02 HEALTHWORKS CLINIC							60.02
60.03 DENTAL CLINIC							60.03
60.04 WOUND CARE THERAPY							60.04
60.05 FAMILY PRACTICE CLINIC							60.05
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINCT)							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL			40				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES			40				104

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0206)	SUB I (PPS) (14-S206)	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	36758	2740					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	36758	2740					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	36758	2740					4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	10531	937					9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0206)	SUB I (PPS) (14-S206)	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	22841079	1593050					21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	22841079	1593050					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	28447262	3632760					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		3632760					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.802927	.438523					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE		1325.82					33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	22841079	1593050					37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0206)	SUB I (PPS) (14-S206)	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	621.39	581.41				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	6543858	544781				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	6543858	544781				41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	4693760	3560	1318.47	1347	1775979	43
43.01 NICU	1471940	1304	1128.79			43.01
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-0206)	SUB I (PPS) (14-S206)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	6730936	86568				48
49 TOTAL PROGRAM INPATIENT COSTS	15050773	631349				49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	326575	26611				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	368030	3692				51
52 TOTAL PROGRAM EXCLUDABLE COST	694605	30303				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	14356168	601046				53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0206)	SUB I (PPS) (14-S206)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
	1	1	1	1	1	
54						54
55		127				55
56						56
57						57
58						58
58.01						58.01
58.02						58.02
58.03						58.03
58.04						58.04
59						59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS) (PPS)
 (14-0206)(14-S206)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BEDS	2232				83
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	621.39				84
85	OBSERVATION BED COST	1386942				85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	HOSPITAL ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86	OLD CAPITAL-RELATED COST	22841079		1386942		86
87	NEW CAPITAL-RELATED COST	913998	22841079	.040016	1386942	87
88	NON PHYSICIAN ANESTHETIST		22841079		1386942	88
89	MEDICAL EDUCATION		22841079		1386942	89

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0206) [] SNF [XX] PPS
 [XX] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [] TITLE XIX [] SUB II [] S/B-SNF [] OTHER
 [] SUB III
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		11722244		25
26 INTENSIVE CARE UNIT		2757094		26
26.01 NICU				26.01
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.660457	1610187	1063459	37
39 DELIVERY ROOM & LABOR ROOM	.475954	12263	5837	39
40 ANESTHESIOLOGY	.094362	498589	47048	40
41 RADIOLOGY-DIAGNOSTIC	.211409	3017322	637889	41
44 LABORATORY	.143039	7116098	1017880	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.180069	3279114	590467	49
50 PHYSICAL THERAPY	.449724	238170	107111	50
53 ELECTROCARDIOLOGY	.161318	917351	147985	53
54 ELECTROENCEPHALOGRAPHY	.348592	62953	21945	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.398294	899217	358153	55
56 DRUGS CHARGED TO PATIENTS	.177894	9157730	1629105	56
58.01 ACUTE DIALYSIS	.060436	593727	35882	58.01
58.02 CARDIAC CATH LAB	.270156	1396882	377376	58.02
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.251641	1310	330	60
60.01 PH CLINIC				60.01
60.02 HEALTHWORKS CLINIC	1.367695			60.02
60.03 DENTAL CLINIC				60.03
60.04 WOUND CARE THERAPY	.207112	19131	3962	60.04
60.05 FAMILY PRACTICE CLINIC	10.739409			60.05
61 EMERGENCY	.256953	2217354	569756	61
62 OBSERVATION BEDS (NON-DISTINCT	.332014	351644	116751	62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		31389042	6730936	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		31389042		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-S206)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
26.01 NICU				26.01
31 SUBPROVIDER I		1242746		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.660457			37
39 DELIVERY ROOM & LABOR ROOM	.475954			39
40 ANESTHESIOLOGY	.094362			40
41 RADIOLOGY-DIAGNOSTIC	.211409	20496	4333	41
44 LABORATORY	.143039	120869	17289	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.180069	5148	927	49
50 PHYSICAL THERAPY	.449724	3210	1444	50
53 ELECTROCARDIOLOGY	.161318	13760	2220	53
54 ELECTROENCEPHALOGRAPHY	.348592	956	333	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.398294	5545	2209	55
56 DRUGS CHARGED TO PATIENTS	.177894	179656	31960	56
58.01 ACUTE DIALYSIS	.060436			58.01
58.02 CARDIAC CATH LAB	.270156	2439	659	58.02
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.251641			60
60.01 PH CLINIC				60.01
60.02 HEALTHWORKS CLINIC	1.367695			60.02
60.03 DENTAL CLINIC				60.03
60.04 WOUND CARE THERAPY	.207112			60.04
60.05 FAMILY PRACTICE CLINIC	10.739409			60.05
61 EMERGENCY	.256953	98048	25194	61
62 OBSERVATION BEDS (NON-DISTINCT	.332014			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		450127	86568	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		450127		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (14-0206)	SUB I	SUB II	SUB III	SUB IV
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	2989074				1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	8967220				1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1					1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1					1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1					1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED					1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001					1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001					1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997					2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	193072				2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	167.90				3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I					3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE					3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT					3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996	1.28				3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)					3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI,LN.15][PLUS LN.3.06]					3.06
3.07 SUM OF LINES 3.04-3.06	0.00 0.00				3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	1.28				3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1					3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1					3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09					3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10					3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS	2.00				3.13
3.14 CURRENT YEAR ALLOWABLE FTE	2.00				3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	2.00				3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE..	2.00				3.16
RES. IN INIT YRS					
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	2.00				3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0206)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.011912				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.014795				3.19
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19	0.011912				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1					3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	19396				3.22
3.23	IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1 [SUM OF LINES][PLUS E-3,PT.VI] [3.21-3.23][LINE 23]	58188				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	77584 0	77584			3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.2017				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.6029				4.01
4.02	SUM OF 4 AND 4.01	0.8046				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.5559				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	6646504				4.04
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317					5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317					5.01
5.02	DIVIDE LINE 5.01 BY LINE 5					5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317					5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK					5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS					5.05
5.06	TOTAL ADDITIONAL PAYMENT					5.06
6	SUBTOTAL	18873454				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	18873454				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	1213383				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	40542				11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE					11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES					11.02
12	NET ORGAN ACQUISITION COST					12
13	COST OF TEACHING PHYSICIANS					13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS					14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS					15
16	TOTAL	20127379				16
17	PRIMARY PAYER PAYMENTS	72283				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	20055096				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1074357				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	378656				20
21	REIMBURSABLE BAD DEBTS	729433				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	510603				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	729433				21.02
22	SUBTOTAL	19112686				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0206)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	19112686					26
27						27
28	18661977					28
28.01						28.01
29	450709					29
30	328798					30
50						50
51						51
52						52
53						53
54						54
55						55
56						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0206) 1	HOSPITAL (14-0206) 1.01	HOSPITAL (14-0206) 1.02	
1 MEDICAL AND OTHER SERVICES	13729			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	3551108			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	3082643			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.836			1.03
1.04 LINE 1.01 TIMES LINE 1.03	2968726			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	13729			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	35015			6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES	35015			10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
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)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES	35015			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	21286			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	13729			17
17.01 TOTAL PPS PAYMENTS	3082643			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0206) 1	HOSPITAL (14-0206) 1.01	HOSPITAL (14-0206) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	6912		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	753518		18.01
19 SUBTOTAL	2335942		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	9246		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	2345188		23
24 PRIMARY PAYER PAYMENTS	4669		24
25 SUBTOTAL	2340519		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	352637		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	246846		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	352637		27.02
28 SUBTOTAL	2587365		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	2587365		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	2517528		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	69837		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S206)	SUB I (14-S206)	SUB I (14-S206)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	40			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
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)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S206) 1	SUB I (14-S206) 1.01	SUB I (14-S206) 1.02	
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18				18
18.01				18.01
				18.01
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
27.01				27.01
27.02				27.02
28				28
29				29
30				30
30.99				30.99
31				31
32				32
33				33
34				34
34.01				34.01
35				35
36				36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

	HOSPITAL (14-0206) OCTOBER 1, 1997 PRIOR TO ON OR AFTER	
	1 1.01	
1 STANDARD OVERHEAD AMOUNTS (ASC FEES)		1
2 DEDUCTIBLES		2
3 SUBTOTAL		3
4 80 PERCENT OF LINE 3		4
5 ASC PORTION OF BLEND		5
6 OUTPATIENT ASC COST		6
COMPUTATION OF LESSER OF COST OR CHARGES		
7 TOTAL CHARGES		7
CUSTOMARY CHARGES		
8 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		8
9 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)		9
10 RATIO OF LINE 8 TO LINE 9		10
11 TOTAL CUSTOMARY CHARGES		11
12 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		12
13 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		13
14 LESSER OF COST OR CHARGES		14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15 DEDUCTIBLES AND COINSURANCE		15
16 TOTAL		16
17 HOSPITAL SPECIFIC PORTION OF BLEND		17
18 ASC BLENDED AMOUNT		18
19 LESSER OF LINES 16 OR 18		19
20 PART B DEDUCTIBLES AND COINSURANCE		20
21 ASC PAYMENT AMOUNT		21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

HOSPITAL
(14-0206)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1	PREVAILING CHARGES	1
2	62 PERCENT OF LINE 1	2
3	DEDUCTIBLES	3
4	SUBTOTAL	4
5	BLENDED CHARGE PROPORTION	5
6	COST OF OUTPATIENT RADIOLOGY	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
18	OUTPATIENT RADIOLOGY BLENDED AMOUNT	18
19	LESSER OF LINE 16 OR LINE 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	RADIOLOGY PAYMENT AMOUNT	21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

HOSPITAL
(14-0206)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1	PREVAILING CHARGES	1
2	42 PERCENT OF LINE 1	2
3	DEDUCTIBLES	3
4	SUBTOTAL	4
5	BLENDED CHARGE PROPORTION	5
6	COST OF OTHER OUTPATIENT DIAGNOSTIC PROCEDURES	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
18	OTHER OUTPATIENT DIAGNOSTIC BLENDED AMOUNT	18
19	LESSER OF LINE 16 OR LINE 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	DIAGNOSTIC PAYMENT AMOUNT	21

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (14-0206)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		18741024		2568323	1
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	2
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.					
PROGRAM .01					3.01
TO .02					3.02
PROVIDER .03		NONE		NONE	3.03
TO .04					3.04
PROVIDER .05					3.05
TO .50	09/25/2008	79047	09/25/2008	50795	3.50
PROVIDER .51					3.51
TO .52					3.52
PROVIDER .53					3.53
PROGRAM .54					3.54
SUBTOTAL .99		-79047		-50795	3.99
4 TOTAL INTERIM PAYMENTS		18661977		2517528	4
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.					
PROGRAM .01					5.01
TO .02		NONE		NONE	5.02
PROVIDER .03					5.03
PROVIDER .50					5.50
TO .51		NONE		NONE	5.51
PROGRAM .52					5.52
SUBTOTAL .99					5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.					
PROGRAM TO .01		450709		69837	6.01
PROVIDER TO .02					6.02
PROGRAM					
7 TOTAL MEDICARE PROGRAM LIABILITY		19112686		2587365	7
NAME OF INTERMEDIARY: _____			INTERMEDIARY NUMBER: _____		
SIGNATURE OF AUTHORIZED PERSON: _____			DATE (MO/DAY/YR): _____		

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

HOSPITAL SUB I SUB II SUB III SUB IV
 (14-S206)

1	INPATIENT HOSPITAL SERVICES					1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)					1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)					1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)					1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)					1.04
1.05	OUTLIER PAYMENTS					1.05
1.06	TOTAL PPS PAYMENTS					1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT					1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)					
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)	720306				1.08
1.09	NET IPF PPS OUTLIER PAYMENTS					1.09
1.10	NET IPF PPS ECT PAYMENTS					1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)	2.00				1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)					1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)					1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	7.486339				1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS	720306				1.19
1.20	STOP LESS PAYMENT FLOOR					1.20
1.21	ADJUSTED NET PAYMENT FLOOR					1.21
1.22	STOP LOSS ADJUSTMENT					1.22
1.23	TOTAL IPF PPS PAYMENTS	720306				1.23
	INPATIENT REHABILITATION FACILITY (IRF)					
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)					1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)					1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)					1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.41
1.42	MEDICAL EDUCATION ADJUSTMENT					1.42
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL	720306				4
5	PRIMARY PAYER PAYMENTS					5
6	SUBTOTAL	720306				6
7	DEDUCTIBLES	49920				7
8	SUBTOTAL	670386				8
9	COINSURANCE	14752				9
10	SUBTOTAL	655634				10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	39349				11
11.01	REDUCED REIMBURSABLE BAD DEBTS	27544				11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	39349				11.02
12	SUBTOTAL	683178				12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S206)	SUB II	SUB III	SUB IV	
13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)						13.01
14 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION						14
15 OTHER ADJUSTMENTS						15
16 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						16
17 TOTAL AMOUNT PAYABLE TO THE PROVIDER		683178				17
18 SEQUESTRATION ADJUSTMENT						18
19 INTERIM PAYMENTS		655634				19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20 BALANCE DUE PROVIDER/PROGRAM		27544				20
21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						21
TO BE COMPLETED BY INTERMEDIARY						
50 ORIGINAL OUTLIER AMOUNT						50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)						51
52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						52
53 OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)						53

DIRECT GRADUATE MEDICAL EDUCATION (GME)
 & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
 PART IV

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT			
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS		1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE		2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS		2.01
3	AGGREGATE APPROVED AMOUNT		3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	1.28	3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]		3.03
3.04	FTE ADJUSTMENT CAP	1.28	3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR		3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05		3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO		3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO		3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08		3.09
3.10	SEE INSTRUCTIONS		3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	2.00	3.11
3.12	SEE INSTRUCTIONS	2.00	3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	2.00	3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	2.00	3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	2.00	3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	2.00	3.16
3.17	SEE INSTRUCTIONS	81841.15	3.17
3.18	SEE INSTRUCTIONS	163682	3.18

DIRECT GRADUATE MEDICAL EDUCATION (GME)
 & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
 PART IV
 (CONT)

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

3.19	SEE INSTRUCTIONS			3.19
3.20	SEE INSTRUCTIONS			3.20
3.21	SEE INSTRUCTIONS			3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		0.00	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		81841.15	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001			3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		163682	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		12815	4
5	TOTAL INPATIENT DAYS		42130	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.304178	6
		[LINE 6 x] [E-3,PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 49788		49788	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD			6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		42130	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS		100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD			6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR			6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE		100.00	6.07
		[PRIOR TO] [E-3,PART 6]		
		[422] [LINE 12]		
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS 0		0	6.08
	PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD			
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS			7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES			8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES			9
10	MEDICARE O/P ESRD CHARGES			10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS			11

DIRECT GRADUATE MEDICAL EDUCATION (GME)
& ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
PART A REASONABLE COST		
12	REASONABLE COST	15682122 12
13	ORGAN ACQUISITION COSTS	13
14	COST OF TEACHING PHYSICIANS	14
15	PRIMARY PAYER PAYMENTS	72283 15
16	TOTAL PART A REASONABLE COST	15609839 16
PART B REASONABLE COST		
17	REASONABLE COST	3564877 17
18	PRIMARY PAYER PAYMENTS	4669 18
19	TOTAL PART B REASONABLE COST	3560208 19
20	TOTAL REASONABLE COST	19170047 20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.814283 21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.185717 22
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
23	TOTAL PROGRAM GME PAYMENT	23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	49788 23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	40542 24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	9246 25

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	14092056			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	14694480			4
5	OTHER RECEIVABLES	31670			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	1220101			7
8	PREPAID EXPENSES	724367			8
9	OTHER CURRENT ASSETS	17678549			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	48441223			11
FIXED ASSETS					
12	LAND				12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	7552783			13
13.01	ACCUMULATED DEPRECIATION				13.01
14	BUILDINGS	49842010			14
14.01	ACCUMULATED DEPRECIATION	-68366307			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT				16
16.01	ACCUMULATED DEPRECIATION				16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	40123209			18
18.01	ACCUMULATED DEPRECIATION				18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE	891791			20
21	TOTAL FIXED ASSETS	30043486			21
OTHER ASSETS					
22	INVESTMENTS	590689			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	6312142			25
26	TOTAL OTHER ASSETS	6902831			26
27	TOTAL ASSETS	85387540			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	7751046			28
29	SALARIES, WAGES & FEES PAYABLE	5011229			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	1319177			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	1872353			35
36	TOTAL CURRENT LIABILITIES	15953805			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE	24421969			38
39	UNSECURED LOANS				39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41	OTHER LONG TERM LIABILITIES	9258715			41
42	TOTAL LONG TERM LIABILITIES	33680684			42
43	TOTAL LIABILITIES	49634489			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	35753051			44
45	SPECIFIC PURPOSE FUND BALANCE				45
46	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				46
47	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				47
48	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				48
49	PLANT FUND BALANCE - INVESTED IN PLANT				49
50	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				50
51	TOTAL FUND BALANCES	35753051			51
52	TOTAL LIABILITIES AND FUND BALANCES	85387540			52

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
1 FUND BALANCES AT BEGINNING OF PERIOD	41721603			1
2 NET INCOME (LOSS)	-5968552			2
3 TOTAL	35753051			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 TRANSFERS				5
6 TEMPORARY RESTRICTED				6
7 MINIMUM PENSION LIAB ALLOWANCE CHNG				7
8 CHANGE IN UNREALIZED GAINS AND LOSS				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	35753051			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 CUM CHANGE IN ACCTG PRINCIPLE				13
14 MINIMUM PENSION LIABILITY ADJUSTMEN				14
15 CHANGE IN UNREALIZED GAINS & LOSSES				15
16 OTHER				16
17				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	35753051			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	44763822		44763822	2
4 SUBPROVIDER I				4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	44763822		44763822	10
10.01 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				10.01
11 INTENSIVE CARE UNIT				11
12 NICU				12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	44763822		44763822	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	115432754		224832497	18
18.50 ANCILLARY SERVICES		109399743		18.50
18.60 OUTPATIENT SERVICES				18.60
19 RHC				19
20 FQHC				20
21 HOME HEALTH AGENCY				21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
25 HOSPICE				25
TOTAL PATIENT REVENUES	160196576	109399743	269596319	

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		94846765	26
27 ADD (SPECIFY)			27
28 BAD DEBT EXPENSES	16432372		28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		16432372	33
34 DEDUCT (SPECIFY)			34
35 ROUNDING			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		111279137	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	269596319	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	167169289	2
3	NET PATIENT REVENUES	102427030	3
4	LESS - TOTAL OPERATING EXPENSES	111279137	4
5	NET INCOME FROM SERVICE TO PATIENTS	-8852107	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	1257866	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	NET ASSETS RELEASED	194144	24
24.01	CAPITATION INCOME		24.01
24.02	OTHER OPERATING INCOME	1421608	24.02
24.03	ROUNDING	9937	24.03
25	TOTAL OTHER INCOME	2883555	25
26	TOTAL	-5968552	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-5968552	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0206)	SUB I (14-S206)	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1					1
2					2
3	1019863				3
3.01					3.01
4					4
4.01					4.01
4.02					4.02
4.03					4.03
5					5
5.01					5.01
5.02					5.02
5.03					5.03
5.04					5.04
6	1213383				6
PART II - HOLD HARMLESS METHOD					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
PART III - PAYMENT UNDER REASONABLE COST					
1					1
2					2
3					3
4					4
5					5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
5.01 COMMUNICATIONS					5.01
5.02 DATA PROCESSING					5.02
5.03 ADMITTING					5.03
5.04 CASHIERING					5.04
6 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
26.01 NICU					26.01
31 SUBPROVIDER I					31
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PAT					55
56 DRUGS CHARGED TO PATIENTS					56
58.01 ACUTE DIALYSIS					58.01
58.02 CARDIAC CATH LAB					58.02
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 PH CLINIC					60.01
60.02 HEALTHWORKS CLINIC					60.02
60.03 DENTAL CLINIC					60.03
60.04 WOUND CARE THERAPY					60.04
60.05 FAMILY PRACTICE CLINIC					60.05
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT)					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN					96
98 PHYSICIANS' PRIVATE OFFICES					98
98.01 PROHEALTH SERVICES					98.01

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	4A	25	26	27	
98.02 AUXILIARY						98.02
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL						103
104 TOTAL STATISTICAL BASIS						104
105 UNIT COST MULTIPLIER						105
105 UNIT COST MULTIPLIER						105

***** REPORT 97 ***** UTILIZATION STATISTICS *****

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	28.65		48.66				77.31 25
26 INTENSIVE CARE UNIT	37.84		17.89				55.73 26
26.01 NICU			26.84				26.84 26.01
33 NURSERY			80.13				80.13 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	15.75	11.28					27.03 37
39 DELIVERY ROOM & LABOR ROOM	0.16						0.16 39
40 ANESTHESIOLOGY	11.62	5.99					17.61 40
41 RADIOLOGY-DIAGNOSTIC	11.39	5.45					16.84 41
44 LABORATORY	16.40						16.40 44
49 RESPIRATORY THERAPY	34.16	0.76					34.92 49
50 PHYSICAL THERAPY	20.72	12.99					33.71 50
53 ELECTROCARDIOLOGY	22.48	8.64					31.12 53
54 ELECTROENCEPHALOGRAPHY	30.53	3.89					34.42 54
55 MEDICAL SUPPLIES CHARGED TO PAT	17.02	5.09					22.11 55
56 DRUGS CHARGED TO PATIENTS	24.56	7.72					32.28 56
58.01 ACUTE DIALYSIS	47.60						47.60 58.01
58.02 CARDIAC CATH LAB	19.31	45.55					64.86 58.02
60 CLINIC	0.01	11.82					11.83 60
60.02 HEALTHWORKS CLINIC		0.84					0.84 60.02
60.04 WOUND CARE THERAPY	0.48	39.39					39.87 60.04
61 EMERGENCY	8.93	1.68					10.61 61
62 OBSERVATION BEDS (NON-DISTINCT	8.42	4.98					13.40 62
101 TOTAL CHARGES	12.13	5.14					17.27 101

***** REPORT 97 ***** UTILIZATION STATISTICS *****

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31 SUBPROVIDER I	34.20						34.20 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
41 RADIOLOGY-DIAGNOSTIC	0.08						0.08 41
44 LABORATORY	0.28						0.28 44
49 RESPIRATORY THERAPY	0.05						0.05 49
50 PHYSICAL THERAPY	0.28						0.28 50
53 ELECTROCARDIOLOGY	0.34						0.34 53
54 ELECTROENCEPHALOGRAPHY	0.46						0.46 54
55 MEDICAL SUPPLIES CHARGED TO PAT	0.10						0.10 55
56 DRUGS CHARGED TO PATIENTS	0.48						0.48 56
58.02 CARDIAC CATH LAB	0.03						0.03 58.02
61 EMERGENCY	0.39						0.39 61
101 TOTAL CHARGES	0.17						0.17 101

COST CENTER		---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS								
1	OLD CAP REL COSTS-BLDG & FIXT							1
2	OLD CAP REL COSTS-MVBLE EQUIP							2
3	NEW CAP REL COSTS-BLDG & FIXT	1895475	2.30	-1895475	-4.70			3
4	NEW CAP REL COSTS-MVBLE EQUIP	1876132	2.27	-1876132	-4.65			4
5	EMPLOYEE BENEFITS	2678093	3.24	-2678093	-6.64			5
5.01	COMMUNICATIONS	445408	.54	-445408	-1.10			5.01
5.02	DATA PROCESSING	1730685	2.10	-1730685	-4.29			5.02
5.03	ADMITTING	805451	.98	-805451	-2.00			5.03
5.04	CASHIERING	1477648	1.79	-1477648	-3.66			5.04
6	ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	13625820	16.50	-13625820	-33.80			6
7	OPERATION OF PLANT	4013351	4.86	-4013351	-9.95			7
8	LAUNDRY & LINEN SERVICE	409469	.50	-409469	-1.02			8
9	HOUSEKEEPING	1717126	2.08	-1717126	-4.26			9
10	DIETARY	1415847	1.71	-1415847	-3.51			10
11	CAFETERIA	216414	.26	-216414	-.54			11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	1137106	1.38	-1137106	-2.82			13
14	CENTRAL SERVICES & SUPPLY	633798	.77	-633798	-1.57			14
15	PHARMACY	4432104	5.37	-4432104	-10.99			15
16	MEDICAL RECORDS & LIBRARY	1070478	1.30	-1070478	-2.66			16
17	SOCIAL SERVICE	607172	.74	-607172	-1.51			17
18	NONPHYSICIAN ANESTHETISTS							18
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES A	63877	.08	-63877	-.16			21
22	I&R SERVICES-OTHER PRGM COSTS A	66461	.08	-66461	-.16			22
23	PARAMED ED PRGM-(SPECIFY)							23
24	INPATIENT ROUTINE SERV COST CENTERS							24
25	ADULTS & PEDIATRICS	11576851	14.02	11417264	28.32	22994115	27.84	25
26	INTENSIVE CARE UNIT	3026542	3.66	1667218	4.14	4693760	5.68	26
26.01	NICU	991390	1.20	480550	1.19	1471940	1.78	26.01
31	SUBPROVIDER I	873271	1.06	719779	1.79	1593050	1.93	31
33	NURSERY	1126236	1.36	686593	1.70	1812829	2.20	33
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	4181201	5.06	2570629	6.38	6751830	8.18	37
39	DELIVERY ROOM & LABOR ROOM	2343109	2.84	1353242	3.36	3696351	4.48	39
40	ANESTHESIOLOGY	216772	.26	188166	.47	404938	.49	40
41	RADIOLOGY-DIAGNOSTIC	3404147	4.12	2194386	5.44	5598533	6.78	41
44	LABORATORY	3592440	4.35	2614804	6.49	6207244	7.52	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
49	RESPIRATORY THERAPY	1042760	1.26	685725	1.70	1728485	2.09	49
50	PHYSICAL THERAPY	255705	.31	261249	.65	516954	.63	50
53	ELECTROCARDIOLOGY	286555	.35	371691	.92	658246	.80	53
54	ELECTROENCEPHALOGRAPHY	423		71449	.18	71872	.09	54
55	MEDICAL SUPPLIES CHARGED TO PAT	542801	.66	1561548	3.87	2104349	2.55	55
56	DRUGS CHARGED TO PATIENTS	-16		6634003	16.45	6633987	8.03	56

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
58.01 ACUTE DIALYSIS	1125		74256	.18	75381	.09	58.01
58.02 CARDIAC CATH LAB	1313336	1.59	640809	1.59	1954145	2.37	58.02
60 CLINIC	1448609	1.75	1181695	2.93	2630304	3.19	60
60.01 PH CLINIC							60.01
60.02 HEALTHWORKS CLINIC	194123	.24	150342	.37	344465	.42	60.02
60.03 DENTAL CLINIC							60.03
60.04 WOUND CARE THERAPY	481014	.58	348097	.86	829111	1.00	60.04
60.05 FAMILY PRACTICE CLINIC	59342	.07	167281	.41	226623	.27	60.05
61 EMERGENCY	4015877	4.86	2121638	5.26	6137515	7.43	61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN			23732	.06	23732	.03	96
98 PHYSICIANS' PRIVATE OFFICES	248267	.30	1658474	4.11	1906741	2.31	98
98.01 PROHEALTH SERVICES	882315	1.07	387142	.96	1269457	1.54	98.01
98.02 AUXILIARY	158911	.19	86153	.21	245064	.30	98.02
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	82581021	100.00	0	.00	82581021	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	TOTAL	RATIO	INPATIENT	MEDICARE
	RELATED		CAPITAL		PROGRAM
	COSTS	CHARGES	COST TO	CHARGES	PPS CAPITAL
	1	2	CHARGES	4	COSTS
			3		5
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM	373760	10222966	.036561	1610187	58870 37
39 DELIVERY ROOM & LABOR ROOM	144274	7766200	.018577	12263	228 39
40 ANESTHESIOLOGY	31546	4291344	.007351	498589	3665 40
41 RADIOLOGY-DIAGNOSTIC	377572	26481940	.014258	3017322	43021 41
44 LABORATORY	302215	43395586	.006964	7116098	49557 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
49 RESPIRATORY THERAPY	92037	9598998	.009588	3279114	31440 49
50 PHYSICAL THERAPY	40447	1149491	.035187	238170	8380 50
53 ELECTROCARDIOLOGY	79321	4080425	.019439	917351	17832 53
54 ELECTROENCEPHALOGRAPHY	14278	206178	.069251	62953	4360 54
55 MEDICAL SUPPLIES CHARGED TO PAT	183066	5283407	.034649	899217	31157 55
56 DRUGS CHARGED TO PATIENTS	198935	37291783	.005335	9157730	48856 56
58.01 ACUTE DIALYSIS	39822	1247294	.031927	593727	18956 58.01
58.02 CARDIAC CATH LAB	140998	7233390	.019493	1396882	27229 58.02
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC	161724	10385026	.015573	1310	20 60
60.01 PH CLINIC					60.01
60.02 HEALTHWORKS CLINIC	16342	251858	.064886		60.02
60.03 DENTAL CLINIC					60.03
60.04 WOUND CARE THERAPY	44692	4003208	.011164	19131	214 60.04
60.05 FAMILY PRACTICE CLINIC	44208	21102	2.094967		60.05
61 EMERGENCY	219289	24841672	.008827	2217354	19573 61
62 OBSERVATION BEDS (NON-DISTINCT	55500	4177358	.013286	351644	4672 62
OTHER REIMBURSABLE COST CENTERS					
63.50 RHC					63.50
63.60 FOHC					63.60
101 TOTAL	2560026	201929226		31389042	368030 101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT		PATIENT			INPATIENT
	COSTS	AMOUNT	COST	DAYS	DIEM	PROGRAM	PPS CAPITAL
	1	2	3	4	5	6	7
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	913998		913998	36758	24.87	10531	261906 25
26 INTENSIVE CARE UNIT	170926		170926	3560	48.01	1347	64669 26
26.01 NICU	29855		29855	1304	22.89		26.01
101 TOTAL	1114779		1114779			11878	326575 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS 326575

MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS 368030

TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS 694605

MEDICARE DISCHARGES (WORKSHEET S-3, LINE 8, COLUMN 13)

MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 8, COLUMN 4)

PER DISCHARGE CAPITAL COSTS

PER DIEM CAPITAL COSTS

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	14356168
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	45868380
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.313

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	631349
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	1692873
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.373

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8)	694605
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.015

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	3483969
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	13163045
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.265