

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 [ XX ] MCR CODE 1

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 HARRISBURG MEDICAL CENTER, INC. (14-0210) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2007 AND ENDING 06/30/2008, 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	490005	-7381	438850	1
2	SUBPROVIDER I	-1676		453329	2
3	SWING BED - SNF				3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY		-1633		7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	RURAL HEALTH CLINIC I		57564		9
100	TOTAL	488329	48550	892179	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: 100 HOSPITAL DRIVE  
 1.01 CITY: HARRISBURG STATE: IL P.O.BOX: 1  
 ZIP CODE: 62946 COUNTY: SALINE 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)				
				V 4	XVIII 5	XIX 6		
2	HOSPITAL	HARRISBURG MEDICAL CENTER, INC.	14-0210	07/01/1966	N	P	O	2
3	SUBPROVIDER I	HARRISBURG MEDICAL CENTER, INC.	14-S210	06/19/1989	N	T	O	3
4	SWING BEDS - SNF	HARRISBURG MEDICAL CENTER, INC.	14-U210	11/03/1988	N	P	N	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	HARRISBURG MEDICAL CENTER, INC.	14-7419	08/15/1985	N	P	N	9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE							12
14	HOSP-BASED RHC	ELDORADO PRIMARY CARE	14-3473	12/31/2001	N	O	N	14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16
17	COST REPORTING PERIOD (MM/DD/YYYY)		FROM: 07/01/2007 TO: 06/30/2008					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.		2			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.		2					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.		2					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.		YES					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?		NO					25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?		NO					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.		NO					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.	2			26	
26.01	ENTER THE APPLICABLE SCH DATES:	BEGINNING:	07/01/2007	ENDING:	06/30/2008	26.01
26.02	ENTER THE APPLICABLE SCH DATES:	BEGINNING:	07/01/2006	ENDING:	06/30/2007	26.02
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.	YES		11/03/1988		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 (EXLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	NO				35
PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL						
			V	XVIII	XIX	
			1	2	3	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	YES	NO		36
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	NO	NO		36.01
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?					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 NHCNQ 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: PREMIUMS: PAID LOSSES: AND/OR SELF INSURANCE:					54			
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	FEE\$	
				0	1	2	3	4	
				/	/	0.00	NO		56
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	NO	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.)	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:	STATE:	ZIP CODE	CBSA
	1	2	3	4
				FTE/ CAMPUS 5





HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I  
 (CONTINUED)

COMPONENT	-----DISCHARGES-----				TOTAL ALL PATIENTS	
	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	15		
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		1287	217	1953		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
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		1287	217	1953		12
13 RPCH VISITS						13
14 SUBPROVIDER I		325	341	922		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 REPORTED	RECLASS. OF SALARIES FROM WKST.	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
		A-6	3	4	5		PART II
1 SALARIES							
1 TOTAL SALARIES	17465239		17465239	822209.19	21.24		1
2 NON-PHYSICIAN ANESTHETIST PART A							2
3 NON-PHYSICIAN ANESTHETIST PART B	585441		585441	6240.00	93.82		3
4 PHYSICIAN - PART A							4
4.01 TEACHING PHYSICIAN SALARIES							4.01
5 PHYSICIAN - PART B	1537396		1537396	14960.00	102.77		5
5.01 NON-PHYSICIAN - PART B	554619		554619	36340.00	15.26		5.01
6 INTERNS & RESIDENTS (IN APPR PGM)							6
6.01 CONTRACT SERVICES, I&R							6.01
7 HOME OFFICE PERSONNEL							7
8 SNF							8
8.01 EXCLUDED AREA SALARIES	2927870	-67236	2860634	133382.00	21.45		8.01
OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR	55836		55836	1001.00	55.78	INVOICE SUPPORT	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	6000		6000	60.00	100.00		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)	3517743		3517743			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS	708945		708945			CMS 339	15
16 NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17 NON-PHYSICIAN ANESTHETIST PART B	21765		21765			CMS 339	17
18 PHYSICIAN PART A						CMS 339	18
18.01 PART A TEACHING PHYSICIANS						CMS 339	18.01
19 PHYSICIAN PART B	63644		63644			CMS 339	19
19.01 WAGE RELATED COSTS (RHC/FQHC)	159536		159536				19.01
20 INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
OVERHEAD COSTS - DIRECT SALARIES							
21 EMPLOYEE BENEFITS	39677		39677	2301.00	17.24		21
22 ADMINISTRATIVE & GENERAL	2141864	118868	2260732	126458.00	17.88		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23 MAINTENANCE & REPAIRS							23
24 OPERATION OF PLANT	373893		373893	22288.00	16.78		24
25 LAUNDRY & LINEN SERVICE	56498		56498	5724.00	9.87		25
26 HOUSEKEEPING	385040		385040	40953.00	9.40		26
26.01 HOUSEKEEPING UNDER CONTRACT							26.01
27 DIETARY	402443		402443	37875.00	10.63		27
27.01 DIETARY UNDER CONTRACT							27.01
28 CAFETERIA							28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	145607		145607	4240.00	34.34		30
31 CENTRAL SERVICES AND SUPPLY	86818	-36574	50244	4731.00	10.62		31
32 PHARMACY	440432		440432	14252.00	30.90		32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	290246		290246	22388.00	12.96		33
34 SOCIAL SERVICE							34
35 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST.	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
		A-6	3	4	5		PART III
1 NET SALARIES	14787783		14787783	764669.19	19.34		1
2 EXCLUDED AREA SALARIES	2927870	-67236	2860634	133382.00	21.45		2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	11859913	67236	11927149	631287.19	18.89		3
4 SUBTOTAL OTHER WAGES & REL COSTS	61836		61836	1061.00	58.28		4
5 SUBTOTAL WAGE-RELATED COSTS	3517743		3517743		29.49%		5
6 TOTAL (SUM OF LINES 3 THRU 5)	15439492	67236	15506728	632348.19	24.52		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	4362518	82294	4444812	281210.00	15.81		13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO. : 14-7419

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: SALINE

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		2206			2206	1
2 UNDUPLICATED CENSUS COUNT		230.00			230.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES (FULL TIME EQUIVALENT)

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK:	STAFF 1	CONTRACT 2	TOTAL 3	
.00				
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)	1.03		1.03	4
5 OTHER ADMINISTRATIVE PERSONNEL	1.68		1.68	5
6 DIRECT NURSING SERVICE	4.54		4.54	6
7 NURSING SUPERVISOR				7
8 PHYSICAL THERAPY SERVICE	1.86		1.86	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE	.11		.11	10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE	.12		.12	12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE				14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE	1.06		1.06	16
17 HOME HEALTH AIDE SUPERVISOR				17
18 OTHER (SPECIFY)				18

HOME HEALTH AGENCY MSA CODES

19 HOW MANY MSAs IN COLUMN 1 OR CBSAs IN COLUMN 1.01 DID YOU PROVIDE SERVICES TO DURING THIS COST REPORTING PERIOD	1	1	1.01	19
20 LIST THOSE MSA CODE(S) IN COLUMN 1 AND CBSA CODE(S) IN COLUMN 1.01 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE)	9914		99914	20

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO. : 14-7419

WORKSHEET S-4  
 (CONTINUED)

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 2000

	FULL EPISODES		LUPA EPISODES 3	PEP ONLY EPISODES 4	SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL 7	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2						
21 SKILLED NURSING VISITS	1979	76	67	11		76	2209	21
22 SKILLED NURSING VISIT CHARGES	384193	15428	12999	2233		13794	428647	22
23 PHYSICAL THERAPY VISITS	1876	2	12	17		50	1957	23
24 PHYSICAL THERAPY VISIT CHARGES	368600	408	2405	3468		9168	384049	24
25 OCCUPATIONAL THERAPY VISITS	158	6		13		3	180	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	32175	1320		2860		519	36874	26
27 SPEECH PATHOLOGY VISITS	132		2				134	27
28 SPEECH PATHOLOGY VISIT CHARGES	28758		440				29198	28
29 MEDICAL SOCIAL SERVICE VISITS								29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES								30
31 HOME HEALTH AIDE VISITS	28					3	31	31
32 HOME HEALTH AIDE VISIT CHARGES	2692					312	3004	32
33 TOTAL VISITS	4173	84	81	41		132	4511	33
34 OTHER CHARGES								34
35 TOTAL CHARGES	816418	17156	15844	8561		23793	881772	35
36 TOTAL NUMBER OF EPISODES	269		32	3		6	310	36
37 TOTAL NUMBER OF OUTLIER EPISODES		2					2	37
38 TOTAL MEDICAL SUPPLY CHARGES	25136	644	817			157	26754	38



PROVIDER-BASED RURAL HEALTH CLINIC/  
 FEDERALLY QUALIFIED HEALTH CENTER  
 PROVIDER STATISTICAL DATA

RHC I  
 COMPONENT NO: 14-3473

WORKSHEET S-8

CHECK APPLICABLE BOX: [ XX ] RHC [ ] FQHC

CLINIC ADDRESS AND IDENTIFICATION:

1 STREET: 1007 US ROUTE 45 1  
 1.01 CITY: ELDORADO STATE: IL ZIP CODE: 62930 COUNTY: SALINE 1.01  
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER 'R' FOR RURAL OR 'U' FOR URBAN 2

SOURCE OF FEDERAL FUNDS:

	GRANT AWARD	DATE	
	1	2	
3	COMMUNITY HEALTH CENTER (SECTION 330(d), PHS ACT)	/ /	3
4	MIGRANT HEALTH CENTER (SECTION 329(d), PHS ACT)	/ /	4
5	HEALTH SERVICES FOR HOMELESS (SECTION 340(d), PHS ACT)	/ /	5
6	APPALACHIAN REGIONAL COMMISSION	/ /	6
7	LOOK-ALIKES	/ /	7
8	OTHER	/ /	8

PHYSICIAN INFORMATION:

	PHYSICIAN NAME	BILLING NO.	
9	PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	K19184	9
9.01	JULIE HARDWERK	K41022	9.01
9.02	ANDREA K. MILLER	K11177	9.02

	PHYSICIAN NAME	HOURS	
10	SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD	KIMBALL E. EWELL 8.00	10

11 DOES THIS FACILITY OPERATE AS OTHER THAN AN RHC OR FQHC? NO 11  
 IF YES, INDICATE NUMBER OF OTHER OPERATIONS IN COLUMN 2  
 (ENTER IN SUBSCRIPTS OF LINE 12 THE TYPE OF OTHER OPERATION(S) AND THE OPERATING HOURS)

FACILITY HOURS OF OPERATIONS (1)

	TYPE OPERATION	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		
		FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	
12	CLINIC			8	5	8	5	8	5	8	5	8	5			12

(1) ENTER CLINIC HRS OF OPERATION ON LNE 12 & OTHER TYPE OPERATIONS ON SUBSCRIPTS OF LNE 12 (BOTH TYPE & HRS OF OPERATION)  
 LIST HOURS OF OPERATION BASED ON A 24 HOUR CLOCK. FOR EXAMPLE: 8:00AM IS 0800, 6:30PM IS 1830, AND MIDNIGHT IS 2400.

13 HAVE YOU RECEIVED AN APPROVAL FOR AN EXCEPTION TO THE PRODUCTIVITY STANDARD? NO 13  
 14 IS THIS A CONSOLIDATED COST REPORT AS DEFINED IN CMS PUB 27, SECTION 508(D)? NO 14  
 IF YES, ENTER IN COLUMN 2 THE NUMBER OF PROVIDERS IN THIS COST REPORT.  
 LIST THE NAMES OF ALL PROVIDERS AND NUMBERS BELOW.  
 15 PROVIDER NAME: PROVIDER NUMBER: - XVIII XIX 15  
 V  
 16 HAVE YOU PROVIDED ALL OR SUBSTANTIALLY ALL GME COSTS? IF YES, ENTER IN COLUMNS 2, 3, AND 4 THE NUMBER OF MEDICARE VISITS PERFORMED BY INTERNS AND RESIDENTS. NO 16  
 17 HAS THE HOSPITAL'S BED SIZE CHANGED TO LESS THAN 50 BEDS DURING THE YEAR FOR COST REPORTING PERIODS OVERLAPPING 7/1/2001? ENTER 'Y' FOR YES AND 'N' FOR NO. NO 17  
 IF YES, SEE INSTRUCTIONS.

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	3618526 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	3618526 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.485669 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	11015784 28
29	TOTAL GROSS MEDICAID COST	5350025 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	1366609 30
31	UNCOMPENSATED CARE COST	663720 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	5350025 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								
3	0300 NEW CAP REL COSTS-BLDG & FIXT		2056071	2056071	-1063625	992446	-340498	651948	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				1018583	1018583	-1940	1016643	4
5	0500 EMPLOYEE BENEFITS	39677	4461457	4501134	-54131	4447003	-66814	4380189	5
6	0600 ADMINISTRATIVE & GENERAL	2141864	2714359	4856223	75350	4931573	-244920	4686653	6
8	0800 OPERATION OF PLANT	373893	570743	944636		944636	83	944719	8
9	0900 LAUNDRY & LINEN SERVICE	56498	102027	158525		158525		158525	9
10	1000 HOUSEKEEPING	385040	62975	448015		448015		448015	10
11	1100 DIETARY	402443	242926	645369		645369	-96946	548423	11
12	1200 CAFETERIA								12
14	1400 NURSING ADMINISTRATION	145607	5699	151306		151306		151306	14
15	1500 CENTRAL SERVICES & SUPPLY	86818	973893	1060711	-983657	77054		77054	15
16	1600 PHARMACY	440432	2293019	2733451	-2248316	485135		485135	16
17	1700 MEDICAL RECORDS & LIBRARY	290246	46118	336364		336364	-952	335412	17
18	1800 SOCIAL SERVICE								18
	INPATIENT ROUTINE SERV COST CENTERS								
25	2500 ADULTS & PEDIATRICS	2898619	179568	3078187	-281500	2796687		2796687	25
31	3100 SUBPROVIDER I	2211081	131566	2342647		2342647	-416477	1926170	31
	ANCILLARY SERVICE COST CENTERS								
37	3700 OPERATING ROOM	422287	115906	538193		538193	184	538377	37
40	4000 ANESTHESIOLOGY	585441	24187	609628		609628	-585441	24187	40
41	4100 RADIOLOGY-DIAGNOSTIC	332103	100158	432261		432261		432261	41
44	4400 LABORATORY	652778	851125	1503903	218392	1722295		1722295	44
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
48	4800 INTRAVENOUS THERAPY				70861	70861		70861	48
49	4900 RESPIRATORY THERAPY	364563	49057	413620		413620		413620	49
50	5000 PHYSICAL THERAPY	720752	32325	753077		753077	362	753439	50
53	5300 ELECTROCARDIOLOGY	51665	76578	128243		128243	-47244	80999	53
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				694404	694404		694404	55
56	5600 DRUGS CHARGED TO PATIENTS				2248316	2248316		2248316	56
58	5800 ASC (NON-DISTINCT PART)	390836	82996	473832		473832	245	474077	58
59	3450 NUCLEAR MEDICINE	113272	195013	308285		308285		308285	59
59.01	3230 CAT SCAN	171707	166778	338485		338485	34	338519	59.01
59.02	3630 ULTRASOUND	164959	27771	192730		192730		192730	59.02
59.03	3440 MAMMOGRAPHY	49326	33004	82330		82330		82330	59.03
59.04	3140 CARDIAC REHAB	61214	26153	87367		87367		87367	59.04
59.05	3190 FAITH CTR-CHEMOTHERAPY	107534	-14737	92797		92797		92797	59.05
59.06	3950 ROUTINE ANCILLARY				281500	281500		281500	59.06
	OUTPATIENT SERVICE COST CENTERS								
61	6100 EMERGENCY	1660019	203313	1863332	-2833	1860499	-1082368	778131	61
62	6200 OBSERVATION BEDS (NON-DISTINCT								62
63	4950 DAY PSYCHIATRIC	168705	5145	173850		173850		173850	63
63.50	6310 RHC	1259071	190205	1449276	50159	1499435	-461	1498974	63.50
	OTHER REIMBURSABLE COST CENTERS								
71	7100 HOME HEALTH AGENCY	579714	115378	695092	-52908	642184	-20487	621697	71
	SPECIAL PURPOSE COST CENTERS								
95	SUBTOTALS	17328164	16120776	33448940	-29405	33419535	-2903640	30515895	95
	NONREIMBURSABLE COST CENTERS								
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN	28166	467	28633		28633		28633	96
98	9800 PHYSICIANS' PRIVATE OFFICES	49777	27193	76970	23531	100501		100501	98
98.01	9801 DIALYSIS								98.01
98.03	9802 ORTHO CLINIC	59132	305	59437	5874	65311		65311	98.03
101	TOTAL	17465239	16148741	33613980		33613980	-2903640	30710340	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		OTHER
			LINE #	SALARY	
1		2	3	4	5
1 DEPRECIATION	A	NEW CAP REL COSTS-MVBLE EQUIP	4		1005249 1
2 DEPRECIATION	A	HOME HEALTH AGENCY	71		14328 2
3 DEPRECIATION	A	RHC	63.50		41146 3
4 DEPRECIATION	A	ORTHO CLINIC	98.03		5874 4
5 DEPRECIATION	A	PHYSICIANS' PRIVATE OFFICES	98		23531 5
6 MEDICAL SUPPLIES	B	MEDICAL SUPPLIES CHARGED TO P	55		694404 6
7 BLOOD	B	LABORATORY	44		218392 7
8 DRUGS	C	DRUGS CHARGED TO PATIENTS	56		2248316 8
9 ROUTINE OP ANCILLARY SERVICES	H	ROUTINE ANCILLARY	59.06	265078	16422 9
10 HHA BILLER	I	ADMINISTRATIVE & GENERAL	6	67236	
11 MEDICAL STAFF DIRECTOR	M	ADMINISTRATIVE & GENERAL	6		2833 11
12 INSURANCE	N	NEW CAP REL COSTS-BLDG & FIXT	3		26503 12
13 INSURANCE	N	NEW CAP REL COSTS-MVBLE EQUIP	4		13334 13
14 IV THERAPY	O	INTRAVENOUS THERAPY	48	36574	34287 14
15 EPC BILLING & ADMITTING	Q	ADMINISTRATIVE & GENERAL	6	51632	
16 EPC PHYSICIAN FRINGES	S	RHC	63.50		54131 16
17 EPC PHYSICIAN RECRUITMENT	U	RHC	63.50		6514 17
18					18
19					19
20					20
21					21
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36 TOTAL RECLASSIFICATIONS				420520	4405264 36



RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1 DEPRECIATION	A	NEW CAP REL COSTS-BLDG & FIXT	3		1090128	9 1
2 DEPRECIATION	A					2
3 DEPRECIATION	A					3
4 DEPRECIATION	A					4
5 DEPRECIATION	A					5
6 MEDICAL SUPPLIES	B	CENTRAL SERVICES & SUPPLY	15		694404	6
7 BLOOD	B	CENTRAL SERVICES & SUPPLY	15		218392	7
8 DRUGS	C	PHARMACY	16		2248316	8
9 ROUTINE OP ANCILLARY SERVICES	H	ADULTS & PEDIATRICS	25	265078	16422	9
10 HHA BILLER	I	HOME HEALTH AGENCY	71	67236		10
11 MEDICAL STAFF DIRECTOR	M	EMERGENCY	61		2833	11
12 INSURANCE	N	ADMINISTRATIVE & GENERAL	6		26503	12 12
13 INSURANCE	N	ADMINISTRATIVE & GENERAL	6		13334	12 13
14 IV THERAPY	O	CENTRAL SERVICES & SUPPLY	15	36574	34287	14
15 EPC BILLING & ADMITTING	Q	RHC	63.50	51632		15
16 EPC PHYSICIAN FRINGES	S	EMPLOYEE BENEFITS	5		54131	16
17 EPC PHYSICIAN RECRUITMENT	U	ADMINISTRATIVE & GENERAL	6		6514	17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				420520	4405264	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	304172	98692		98692		402864		1
2 LAND IMPROVEMENTS	388965	9060		9060		398025		2
3 BUILDINGS AND FIXTURES	18656366	84679		84679		18741045		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	9375298	257182		257182		9632480		6
7 SUBTOTAL	28724801	449613		449613		29174414		7
8 RECONCILING ITEMS								8
9 TOTAL	28724801	449613		449613		29174414		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	19139070		19139070	.665208				3
4 NEW CAP REL COSTS-MVBLE EQUIP	9632480		9632480	.334792				4
5 TOTAL	28771550		28771550	1.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT							1	
2 OLD CAP REL COSTS-MVBLE EQUIP							2	
3 NEW CAP REL COSTS-BLDG & FIXT	625445			26503			651948 3	
4 NEW CAP REL COSTS-MVBLE EQUIP	1003309			13334			1016643 4	
5 TOTAL	1628754			39837			1668591 5	

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT							1	
2 OLD CAP REL COSTS-MVBLE EQUIP							2	
3 NEW CAP REL COSTS-BLDG & FIXT	1715573		340498				2056071 3	
4 NEW CAP REL COSTS-MVBLE EQUIP							4	
5 TOTAL	1715573		340498				2056071 5	

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		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
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	-340498	NEW CAP REL COSTS-BLDG & FIXT	3	11 3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-4544	ADMINISTRATIVE & GENERAL	6	6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)					9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-1523798			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	-77499	DIETARY	11	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	-952	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					21
22 VENDING MACHINES	B	-4617	ADMINISTRATIVE & GENERAL	6	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 LIFELINE	A	-19213	HOME HEALTH AGENCY	71	37
38 PHYSICIAN RECRUITMENT	A	-114645	ADMINISTRATIVE & GENERAL	6	38
39 CRNA WAGES	A	-585441	ANESTHESIOLOGY	40	39
39.01 CRNA BENEFITS	A	-21765	EMPLOYEE BENEFITS	5	39.01
40 EMERGENCY ROOM PHYS BENEFITS	A	-26328	EMPLOYEE BENEFITS	5	40
40.01 MD FRINGES - CLINCIS	A	-10983	EMPLOYEE BENEFITS	5	40.01
41 PSYCH PHYSICIAN FRINGES	A	-5284	EMPLOYEE BENEFITS	5	41
42					42
43 ER MD MISC EXPENSE	A	-22506	EMERGENCY	61	43
44 AMORTIZATION OF BOND COSTS	A	13695	ADMINISTRATIVE & GENERAL	6	44
45					45
46 HHC SCREENINGS	B	-1274	HOME HEALTH AGENCY	71	46
47 OTHER INCOME	B	-13703	ADMINISTRATIVE & GENERAL	6	47
47.01 OTHER INCOME	B	-285	DIETARY	11	47.01
48 MISC INCOME	B	-461	RHC	63.50	48
49 MISSIONS EXPENSE	A	-2558	ADMINISTRATIVE & GENERAL	6	49
49.02 CAPITALIZED INTEREST	A	83	OPERATION OF PLANT	8	49.02
49.03 CAPITALIZED INTEREST	A	362	PHYSICAL THERAPY	50	49.03
49.04 CAPITALIZED INTEREST	A	245	ASC (NON-DISTINCT PART)	58	49.04
49.05 CAPITALIZED INTEREST	A	215	EMERGENCY	61	49.05
49.06 CAPITALIZED INTEREST	A	34	CAT SCAN	59.01	49.06
49.07 CAPITALIZED INTEREST	A	184	OPERATING ROOM	37	49.07
49.20 PHYSICIAN BILLING WAGES	A	-5283	ADMINISTRATIVE & GENERAL	6	49.20
49.21 PHYSICIAN BILLING FRINGE BENEFIT	A	-2054	EMPLOYEE BENEFITS	5	49.21
49.22 DONATED MEALS	A	-19162	DIETARY	11	49.22
49.24 COMM RELATIONS	A	-13036	ADMINISTRATIVE & GENERAL	6	49.24
49.25 ALCOHOL	A	-275	ADMINISTRATIVE & GENERAL	6	49.25
49.27 LOBBYING	A	-17846	ADMINISTRATIVE & GENERAL	6	49.27
49.28 ADVERTISING	A	-64737	ADMINISTRATIVE & GENERAL	6	49.28
49.34 DUE - ROTARY CLUB	A	-400	EMPLOYEE BENEFITS	5	49.34

PROVIDER NO. 14-0210 HARRISBURG MEDICAL CENTER, INC  
 PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05  
 11/28/2008 12:19

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			
49.36 TV DEPRECIATION	A	-1940	NEW CAP REL COSTS-MVBLE EQUIP		4	9 49.36
49.37 PENALTIES	A	-2212	ADMINISTRATIVE & GENERAL		6	49.37
49.38 INSURANCE SETTLEMENTS	A	-2723	ADMINISTRATIVE & GENERAL		6	49.38
49.39 IHREF CONTRIBUTION EXPENSE	A	-12436	ADMINISTRATIVE & GENERAL		6	49.39
50 TOTAL		-2903640				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 ADJUSTMENTS	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 NO. 14-0210 HARRISBURG MEDICAL CENTER, INC  
 PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (9/96)

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	LINE NO.	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	31	SUBPROVIDER I		MEDICAL FEES					
			44426	44426					
2	31	SUBPROVIDER I		SALARIES DIRECTOR	49747	138700	398	26540	1327
3	31	SUBPROVIDER I	138606	SALARIES					
4	44	LABORATORY	6000	MEDICAL FEES	6000	208000	60	6000	300
5	53	ELECTROCARDIOLOGY	47244	MEDICAL FEES					
6	61	EMERGENCY	929643	SALARIES					
7	61	EMERGENCY	130434	MEDICAL FEES					
101		TOTAL	1556338	1500591	55747		458	32540	1627

PROVIDER NO. 14-0210 HARRISBURG MEDICAL CENTER, INC  
 PERIOD FROM 07/01/2007 TO 06/30/2008

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VERSION: 2008.05  
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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	31	SUBPROVIDER I	MEDICAL FEES					44426
2	31	SUBPROVIDER I	SALARIES DIRECTOR			26540	23207	233445
3	31	SUBPROVIDER I	SALARIES					138606
4	44	LABORATORY	MEDICAL FEES			6000		
5	53	ELECTROCARDIOLOGY	MEDICAL FEES					47244
6	61	EMERGENCY	SALARIES					929643
7	61	EMERGENCY	MEDICAL FEES					130434
101		TOTAL				32540	23207	1523798



COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP	NEW CAP	EMPLOYEE	SUBTOTAL	ADMINIS-	OPERATION	LAUNDRY
	FOR COST	BLDGS &	MOVABLE	BENEFITS		TRATIVE &	OF PLANT	& LINEN
	ALLOCATION	FIXTURES	EQUIPMENT			GENERAL		SERVICE
	0	3	4	5	5A	6	8	9
GENERAL SERVICE COST CENTERS								
3 NEW CAP REL COSTS-BLDG & FIXT	651948	651948						3
4 NEW CAP REL COSTS-MVBLE EQUIP	1016643		1016643					4
5 EMPLOYEE BENEFITS	4380189	5083	5233	4390505				5
6 ADMINISTRATIVE & GENERAL	4686653	97713	219558	679597	5683521	5683521		6
8 OPERATION OF PLANT	944719	62244	12624	112433	1132020	257078	1389098	8
9 LAUNDRY & LINEN SERVICE	158525	11500	6166	16989	193180	43871	26069	263120
10 HOUSEKEEPING	448015	4624	299	115785	568723	129155	10483	10
11 DIETARY	548423	13379	6084	121018	688904	156448	30329	11
12 CAFETERIA		8555			8555	1943	19395	12
14 NURSING ADMINISTRATION	151306		147	43785	195238	44338		14
15 CENTRAL SERVICES & SUPPLY	77054	5152	33024	15109	130339	29600	11680	15
16 PHARMACY	485135	8174	87595	132442	713346	161999	18531	16
17 MEDICAL RECORDS & LIBRARY	335412	10547	5305	87280	438544	99592	23910	17
18 SOCIAL SERVICE								18
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	2796687	88629	59512	791929	3736757	848612	200921	99448
31 SUBPROVIDER I	1926170	81061	10084	545032	2562347	581901	183762	45196
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	538377	53783	38853	126986	757999	172139	121925	21182
40 ANESTHESIOLOGY	24187		6614		30801	6995		40
41 RADIOLOGY-DIAGNOSTIC	432261	31399	139076	99866	702602	159559	71180	12286
44 LABORATORY	1722295	19345	22699	196296	1960635	445254	43855	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
48 INTRAVENOUS THERAPY	70861			10998	81859	18590		48
49 RESPIRATORY THERAPY	413620	7698	10677	109627	541622	123001	17452	9614
50 PHYSICAL THERAPY	753439	40768	10501	216737	1021445	231967	92421	14002
53 ELECTROCARDIOLOGY	80999	2849	6299	15536	105683	24000	6458	53
55 MEDICAL SUPPLIES CHARGED TO PAT	694404				694404	157697		55
56 DRUGS CHARGED TO PATIENTS	2248316				2248316	510586		56
58 ASC (NON-DISTINCT PART)	474077	35902	59645	103636	673260	152895	81388	34904
59 NUCLEAR MEDICINE	308285	3369	989	34062	346705	78736	7636	59
59.01 CAT SCAN	338519	3931	120211	51634	514295	116795	8912	59.01
59.02 ULTRASOUND	192730	4165	35312	49605	281812	63999	9442	59.02
59.03 MAMMOGRAPHY	82330	2624	103113	14833	202900	46078	5948	59.03
59.04 CARDIAC REHAB	87367	3550	7281	18408	116606	26481	8049	59.04
59.05 FAITH CTR-CHEMOTHERAPY	92797	8079	4339	32336	137551	31237	18315	59.05
59.06 ROUTINE ANCILLARY	281500			79711	361211	82030		59.06
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	778131	15786	3751	222455	1020123	231667	35787	26488
62 OBSERVATION BEDS (NON-DISTINCT								62
63 DAY PSYCHIATRIC	173850	20783	1246	35621	231500	52573	47113	63
63.50 RHC	1498974			132612	1631586	370528		63.50
OTHER REIMBURSABLE COST CENTERS								
71 HOME HEALTH AGENCY	621697			154107	775804	176183		71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	30515895	650692	1016237	4366465	30490193	5633527	1100961	263120
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	28633	1256	406	8470	38765	8803	13427	96
98 PHYSICIANS' PRIVATE OFFICES	100501			15570	116071	26359	200232	98
98.01 DIALYSIS							74478	98.01
98.03 ORTHO CLINIC	65311				65311	14832		98.03
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	30710340	651948	1016643	4390505	30710340	5683521	1389098	263120

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL
	10	11	12	14	15	16	17	25
GENERAL SERVICE COST CENTERS								
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL								6
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING	708361							10
11 DIETARY		875681						11
12 CAFETERIA		442119	472012					12
14 NURSING ADMINISTRATION			3874	243450				14
15 CENTRAL SERVICES & SUPPLY			4375		175994			15
16 PHARMACY	23382		13180		41	930479		16
17 MEDICAL RECORDS & LIBRARY			20704				582750	17
18 SOCIAL SERVICE								18
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	262373	266246	118202	96056	598		51218	5680431
31 SUBPROVIDER I	101898	155606	95970	77989	82		55494	3860245
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	58579		17535	14250	16965		13584	1194158
40 ANESTHESIOLOGY					746		10882	49424
41 RADIOLOGY-DIAGNOSTIC			16773		168		15400	977968
44 LABORATORY	23382		36227		472		81889	2591714
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
48 INTRAVENOUS THERAPY			1922		6927		5905	115203
49 RESPIRATORY THERAPY	23136		17827		3205		32138	767995
50 PHYSICAL THERAPY	14768		27197		237		27165	1429202
53 ELECTROCARDIOLOGY			3004				5299	144444
55 MEDICAL SUPPLIES CHARGED TO PAT					140368		21973	1014442
56 DRUGS CHARGED TO PATIENTS						929103	83679	3771684
58 ASC (NON-DISTINCT PART)	60548		13832	11240	108		28771	1056946
59 NUCLEAR MEDICINE			3935		17		14718	451747
59.01 CAT SCAN			7897		5137		80493	733529
59.02 ULTRASOUND			6029		2		12515	373799
59.03 MAMMOGRAPHY			2120		34		4399	261479
59.04 CARDIAC REHAB					27		2825	153988
59.05 FAITH CTR-CHEMOTHERAPY			3723		87		3322	194235
59.06 ROUTINE ANCILLARY			12070	9809			5137	470257
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	81223		33019	26832	188		19862	1475189
62 OBSERVATION BEDS (NON-DISTINCT								62
63 DAY PSYCHIATRIC			8951	7274	20		6082	353513
63.50 RHC	37166				219	196		2039695
OTHER REIMBURSABLE COST CENTERS								
71 HOME HEALTH AGENCY	21906				302	1180		975375
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	708361	863971	468366	243450	175950	930479	582750	30136662
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN			3646					64641
98 PHYSICIANS' PRIVATE OFFICES		11710			44			354416
98.01 DIALYSIS								74478
98.03 ORTHO CLINIC								80143
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	708361	875681	472012	243450	175994	930479	582750	30710340

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
GENERAL SERVICE COST CENTERS			
3 NEW CAP REL COSTS-BLDG & FIXT			3
4 NEW CAP REL COSTS-MVBLE EQUIP			4
5 EMPLOYEE BENEFITS			5
6 ADMINISTRATIVE & GENERAL			6
8 OPERATION OF PLANT			8
9 LAUNDRY & LINEN SERVICE			9
10 HOUSEKEEPING			10
11 DIETARY			11
12 CAFETERIA			12
14 NURSING ADMINISTRATION			14
15 CENTRAL SERVICES & SUPPLY			15
16 PHARMACY			16
17 MEDICAL RECORDS & LIBRARY			17
18 SOCIAL SERVICE			18
INPATIENT ROUTINE SERV COST CENTERS			
25 ADULTS & PEDIATRICS	5680431		25
31 SUBPROVIDER I	3860245		31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	1194158		37
40 ANESTHESIOLOGY	49424		40
41 RADIOLOGY-DIAGNOSTIC	977968		41
44 LABORATORY	2591714		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
48 INTRAVENOUS THERAPY	115203		48
49 RESPIRATORY THERAPY	767995		49
50 PHYSICAL THERAPY	1429202		50
53 ELECTROCARDIOLOGY	1444444		53
55 MEDICAL SUPPLIES CHARGED TO PAT	1014442		55
56 DRUGS CHARGED TO PATIENTS	3771684		56
58 ASC (NON-DISTINCT PART)	1056946		58
59 NUCLEAR MEDICINE	451747		59
59.01 CAT SCAN	733529		59.01
59.02 ULTRASOUND	373799		59.02
59.03 MAMMOGRAPHY	261479		59.03
59.04 CARDIAC REHAB	153988		59.04
59.05 FAITH CTR-CHEMOTHERAPY	194235		59.05
59.06 ROUTINE ANCILLARY	470257		59.06
OUTPATIENT SERVICE COST CENTERS			
61 EMERGENCY	1475189		61
62 OBSERVATION BEDS (NON-DISTINCT			62
63 DAY PSYCHIATRIC	353513		63
63.50 RHC	2039695		63.50
OTHER REIMBURSABLE COST CENTERS			
71 HOME HEALTH AGENCY	975375		71
SPECIAL PURPOSE COST CENTERS			
95 SUBTOTALS	30136662		95
NONREIMBURSABLE COST CENTERS			
96 GIFT, FLOWER, COFFEE SHOP & CAN	64641		96
98 PHYSICIANS' PRIVATE OFFICES	354416		98
98.01 DIALYSIS	74478		98.01
98.03 ORTHO CLINIC	80143		98.03
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 TOTAL	30710340		103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	
GENERAL SERVICE COST CENTERS									
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS		5083	5233	10316	10316				5
6 ADMINISTRATIVE & GENERAL	3781	97713	219558	321052	1598	322650			6
8 OPERATION OF PLANT	879	62244	12624	75747	264	14594	90605		8
9 LAUNDRY & LINEN SERVICE		11500	6166	17666	40	2490	1700	21896	9
10 HOUSEKEEPING	42	4624	299	4965	272	7332	684		10
11 DIETARY	42	13379	6084	19505	285	8881	1978		11
12 CAFETERIA		8555		8555		110	1265		12
14 NURSING ADMINISTRATION			147	147	103	2517			14
15 CENTRAL SERVICES & SUPPLY	548	5152	33024	38724	36	1680	762		15
16 PHARMACY	164	8174	87595	95933	311	9196	1209		16
17 MEDICAL RECORDS & LIBRARY	84	10547	5305	15936	205	5654	1560		17
18 SOCIAL SERVICE									18
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	8158	88629	59512	156299	1853	48182	13105	8276	25
31 SUBPROVIDER I	1011	81061	10084	92156	1281	33034	11986	3761	31
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	3729	53783	38853	96365	299	9772	7953	1763	37
40 ANESTHESIOLOGY	118		6614	6732		397			40
41 RADIOLOGY-DIAGNOSTIC	168	31399	139076	170643	235	9058	4643	1022	41
44 LABORATORY	42	19345	22699	42086	462	25277	2860		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
48 INTRAVENOUS THERAPY					26	1055			48
49 RESPIRATORY THERAPY	14890	7698	10677	33265	258	6983	1138	800	49
50 PHYSICAL THERAPY	968	40768	10501	52237	510	13168	6028	1165	50
53 ELECTROCARDIOLOGY	23750	2849	6299	32898	37	1362	421		53
55 MEDICAL SUPPLIES CHARGED TO PAT						8952			55
56 DRUGS CHARGED TO PATIENTS						28985			56
58 ASC (NON-DISTINCT PART)		35902	59645	95547	244	8680	5309	2905	58
59 NUCLEAR MEDICINE		3369	989	4358	80	4470	498		59
59.01 CAT SCAN	84	3931	120211	124226	121	6630	581		59.01
59.02 ULTRASOUND	39	4165	35312	39516	117	3633	616		59.02
59.03 MAMMOGRAPHY		2624	103113	105737	35	2616	388		59.03
59.04 CARDIAC REHAB		3550	7281	10831	43	1503	525		59.04
59.05 FAITH CTR-CHEMOTHERAPY		8079	4339	12418	76	1773	1195		59.05
59.06 ROUTINE ANCILLARY					187	4657			59.06
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	1408	15786	3751	20945	523	13151	2334	2204	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63 DAY PSYCHIATRIC	491	20783	1246	22520	84	2984	3073		63
63.50 RHC	5528			5528	312	21034			63.50
OTHER REIMBURSABLE COST CENTERS									
71 HOME HEALTH AGENCY	17817			17817	362	10002			71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	83741	650692	1016237	1750670	10259	319812	71811	21896	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		1256	406	1662	20	500	876		96
98 PHYSICIANS' PRIVATE OFFICES					37	1496	13060		98
98.01 DIALYSIS							4858		98.01
98.03 ORTHO CLINIC						842			98.03
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	83741	651948	1016643	1752332	10316	322650	90605	21896	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL
	10	11	12	14	15	16	17	25
GENERAL SERVICE COST CENTERS								
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL								6
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING	13253							10
11 DIETARY		30649						11
12 CAFETERIA		15474	25404					12
14 NURSING ADMINISTRATION			208	2975				14
15 CENTRAL SERVICES & SUPPLY			235		41437			15
16 PHARMACY	437		709		10	107805		16
17 MEDICAL RECORDS & LIBRARY			1114				24469	17
18 SOCIAL SERVICE								18
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	4910	9319	6363	1174	141		2149	251771 25
31 SUBPROVIDER I	1906	5446	5165	953	19		2328	158035 31
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	1096		944	174	3994		570	122930 37
40 ANESTHESIOLOGY					176		457	7762 40
41 RADIOLOGY-DIAGNOSTIC			903		40		646	187190 41
44 LABORATORY	437		1950		111		3435	76618 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
48 INTRAVENOUS THERAPY			103		1631		248	3063 48
49 RESPIRATORY THERAPY	433		959		755		1348	45939 49
50 PHYSICAL THERAPY	276		1464		56		1140	76044 50
53 ELECTROCARDIOLOGY			162				222	35102 53
55 MEDICAL SUPPLIES CHARGED TO PAT					33050		922	42924 55
56 DRUGS CHARGED TO PATIENTS						107645	3531	140161 56
58 ASC (NON-DISTINCT PART)	1133		744	137	25		1207	115931 58
59 NUCLEAR MEDICINE			212		4		617	10239 59
59.01 CAT SCAN			425		1209		3377	136569 59.01
59.02 ULTRASOUND			325				525	44732 59.02
59.03 MAMMOGRAPHY			114			8	185	109083 59.03
59.04 CARDIAC REHAB						6	119	13027 59.04
59.05 FAITH CTR-CHEMOTHERAPY			200		20		139	15821 59.05
59.06 ROUTINE ANCILLARY			650	120			216	5830 59.06
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	1520		1777	328	44		833	43659 61
62 OBSERVATION BEDS (NON-DISTINCT								62
63 DAY PSYCHIATRIC			482	89	5		255	29492 63
63.50 RHC	695				52	23		27644 63.50
OTHER REIMBURSABLE COST CENTERS								
71 HOME HEALTH AGENCY	410				71	137		28799 71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	13253	30239	25208	2975	41427	107805	24469	1728365 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN			196					3254 96
98 PHYSICIANS' PRIVATE OFFICES		410			10			15013 98
98.01 DIALYSIS								4858 98.01
98.03 ORTHO CLINIC								842 98.03
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	13253	30649	25404	2975	41437	107805	24469	1752332 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
GENERAL SERVICE COST CENTERS			
3 NEW CAP REL COSTS-BLDG & FIXT			3
4 NEW CAP REL COSTS-MVBLE EQUIP			4
5 EMPLOYEE BENEFITS			5
6 ADMINISTRATIVE & GENERAL			6
8 OPERATION OF PLANT			8
9 LAUNDRY & LINEN SERVICE			9
10 HOUSEKEEPING			10
11 DIETARY			11
12 CAFETERIA			12
14 NURSING ADMINISTRATION			14
15 CENTRAL SERVICES & SUPPLY			15
16 PHARMACY			16
17 MEDICAL RECORDS & LIBRARY			17
18 SOCIAL SERVICE			18
INPATIENT ROUTINE SERV COST CENTERS			
25 ADULTS & PEDIATRICS	251771		25
31 SUBPROVIDER I	158035		31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	122930		37
40 ANESTHESIOLOGY	7762		40
41 RADIOLOGY-DIAGNOSTIC	187190		41
44 LABORATORY	76618		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
48 INTRAVENOUS THERAPY	3063		48
49 RESPIRATORY THERAPY	45939		49
50 PHYSICAL THERAPY	76044		50
53 ELECTROCARDIOLOGY	35102		53
55 MEDICAL SUPPLIES CHARGED TO PAT	42924		55
56 DRUGS CHARGED TO PATIENTS	140161		56
58 ASC (NON-DISTINCT PART)	115931		58
59 NUCLEAR MEDICINE	10239		59
59.01 CAT SCAN	136569		59.01
59.02 ULTRASOUND	44732		59.02
59.03 MAMMOGRAPHY	109083		59.03
59.04 CARDIAC REHAB	13027		59.04
59.05 FAITH CTR-CHEMOTHERAPY	15821		59.05
59.06 ROUTINE ANCILLARY	5830		59.06
OUTPATIENT SERVICE COST CENTERS			
61 EMERGENCY	43659		61
62 OBSERVATION BEDS (NON-DISTINCT			62
63 DAY PSYCHIATRIC	29492		63
63.50 RHC	27644		63.50
OTHER REIMBURSABLE COST CENTERS			
71 HOME HEALTH AGENCY	28799		71
SPECIAL PURPOSE COST CENTERS			
95 SUBTOTALS	1728365		95
NONREIMBURSABLE COST CENTERS			
96 GIFT, FLOWER, COFFEE SHOP & CAN	3254		96
98 PHYSICIANS' PRIVATE OFFICES	15013		98
98.01 DIALYSIS	4858		98.01
98.03 ORTHO CLINIC	842		98.03
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 TOTAL	1752332		103



COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	GROSS REVENUE
	HOURS OF SERVICE	MEALS SERVED	MEALS SERVED	DIRECT NRSING HRS	COSTED REQUIS.	COSTED REQUIS.	LIBRARY GROSS REVENUE	
	10	11	12	14	15	16	17	
GENERAL SERVICE COST CENTERS								
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL								6
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING	2878							10
11 DIETARY		124656						11
12 CAFETERIA		62937	510415					12
14 NURSING ADMINISTRATION			4189	323954				14
15 CENTRAL SERVICES & SUPPLY			4731		871066			15
16 PHARMACY	95		14252		204	2248789		16
17 MEDICAL RECORDS & LIBRARY			22388				58627030	17
18 SOCIAL SERVICE								18
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	1066	37901	127821	127821	2959		5152762	25
31 SUBPROVIDER I	414	22151	103778	103778	405		5582918	31
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	238		18962	18962	83965		1366634	37
40 ANESTHESIOLOGY					3692		1094796	40
41 RADIOLOGY-DIAGNOSTIC			18138		831		1549274	41
44 LABORATORY	95		39174		2338		8238378	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
48 INTRAVENOUS THERAPY			2078		34287		594084	48
49 RESPIRATORY THERAPY	94		19277		15861		3233215	49
50 PHYSICAL THERAPY	60		29410		1175		2732853	50
53 ELECTROCARDIOLOGY			3248				533056	53
55 MEDICAL SUPPLIES CHARGED TO P					694734		2210583	55
56 DRUGS CHARGED TO PATIENTS						2245464	8418628	56
58 ASC (NON-DISTINCT PART)	246		14957	14957	534		2894442	58
59 NUCLEAR MEDICINE			4255		85		1480677	59
59.01 CAT SCAN			8540		25424		8097857	59.01
59.02 ULTRASOUND			6520		9		1259074	59.02
59.03 MAMMOGRAPHY			2292		170		442507	59.03
59.04 CARDIAC REHAB					134		284253	59.04
59.05 FAITH CTR-CHEMOTHERAPY			4026		430		334217	59.05
59.06 ROUTINE ANCILLARY			13052	13052			516817	59.06
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	330		35705	35705	929		1998161	61
62 OBSERVATION BEDS (NON-DISTINC								62
63 DAY PSYCHIATRIC			9679	9679	99		611844	63
63.50 RHC	151				1085	473		63.50
OTHER REIMBURSABLE COST CENTERS								
71 HOME HEALTH AGENCY	89				1497	2852		71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	2878	122989	506472	323954	870847	2248789	58627030	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C			3943					96
98 PHYSICIANS' PRIVATE OFFICES		1667			219			98
98.01 DIALYSIS								98.01
98.03 ORTHO CLINIC								98.03
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	708361	875681	472012	243450	175994	930479	582750	103
104 UNIT COST MULT-WS B PT I	246.129604	.924761			.202044		.009940	104
104 UNIT COST MULT-WS B PT I		7.024780		.751496		.413769		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	13253	30649	25404	2975	41437	107805	24469	107
108 UNIT COST MULT-WS B PT III	4.604934	.049771			.047570		.000417	108
108 UNIT COST MULT-WS B PT III		.245869		.009183		.047939		108



COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	5680431		5680431		5680431	25
31 SUBPROVIDER I	3860245		3860245	23207	3883452	31
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1194158		1194158		1194158	37
40 ANESTHESIOLOGY	49424		49424		49424	40
41 RADIOLOGY-DIAGNOSTIC	977968		977968		977968	41
44 LABORATORY	2591714		2591714		2591714	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
48 INTRAVENOUS THERAPY	115203		115203		115203	48
49 RESPIRATORY THERAPY	767995		767995		767995	49
50 PHYSICAL THERAPY	1429202		1429202		1429202	50
53 ELECTROCARDIOLOGY	144444		144444		144444	53
55 MEDICAL SUPPLIES CHARGED TO	1014442		1014442		1014442	55
56 DRUGS CHARGED TO PATIENTS	3771684		3771684		3771684	56
58 ASC (NON-DISTINCT PART)	1056946		1056946		1056946	58
59 NUCLEAR MEDICINE	451747		451747		451747	59
59.01 CAT SCAN	733529		733529		733529	59.01
59.02 ULTRASOUND	373799		373799		373799	59.02
59.03 MAMMOGRAPHY	261479		261479		261479	59.03
59.04 CARDIAC REHAB	153988		153988		153988	59.04
59.05 FAITH CTR-CHEMOTHERAPY	194235		194235		194235	59.05
59.06 ROUTINE ANCILLARY	470257		470257		470257	59.06
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	1475189		1475189		1475189	61
62 OBSERVATION BEDS (NON-DISTI	394420		394420		394420	62
63 DAY PSYCHIATRIC	353513		353513		353513	63
63.50 RHC	2039695		2039695		2039695	63.50
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	29555707		29555707	23207	29578914	101
102 LESS OBSERVATION BEDS	394420		394420		394420	102
103 TOTAL	29161287		29161287	23207	29184494	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	4898185		4898185			25
31 SUBPROVIDER I	5582918		5582918			31
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	305316	1061319	1366635	.873794	.873794	.873794 37
40 ANESTHESIOLOGY	325426	769370	1094796	.045144	.045144	.045144 40
41 RADIOLOGY-DIAGNOSTIC	369294	1179981	1549275	.631242	.631242	.631242 41
44 LABORATORY	2257140	5981238	8238378	.314590	.314590	.314590 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
48 INTRAVENOUS THERAPY	421517	172566	594083	.193917	.193917	.193917 48
49 RESPIRATORY THERAPY	2373162	860053	3233215	.237533	.237533	.237533 49
50 PHYSICAL THERAPY	708255	2024597	2732852	.522971	.522971	.522971 50
53 ELECTROCARDIOLOGY	173738	359318	533056	.270973	.270973	.270973 53
55 MEDICAL SUPPLIES CHARGED TO	980774	1229809	2210583	.458902	.458902	.458902 55
56 DRUGS CHARGED TO PATIENTS	2786192	5632436	8418628	.448016	.448016	.448016 56
58 ASC (NON-DISTINCT PART)	307274	2587168	2894442	.365164	.365164	.365164 58
59 NUCLEAR MEDICINE	57201	1423476	1480677	.305095	.305095	.305095 59
59.01 CAT SCAN	1364047	6733811	8097858	.090583	.090583	.090583 59.01
59.02 ULTRASOUND	397046	862028	1259074	.296884	.296884	.296884 59.02
59.03 MAMMOGRAPHY	704	441803	442507	.590904	.590904	.590904 59.03
59.04 CARDIAC REHAB	657	283596	284253	.541729	.541729	.541729 59.04
59.05 FAITH CTR-CHEMOTHERAPY	2877	331341	334218	.581163	.581163	.581163 59.05
59.06 ROUTINE ANCILLARY	401561	78557	480118	.979461	.979461	.979461 59.06
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	396328	1601833	1998161	.738273	.738273	.738273 61
62 OBSERVATION BEDS (NON-DISTI	44476	210101	254577	1.549315	1.549315	1.549315 62
63 DAY PSYCHIATRIC	5436	606408	611844	.577783	.577783	.577783 63
63.50 RHC	79	1453161	1453240	1.403550	1.403550	1.403550 63.50
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	24159603	35883970	60043573			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	24159603	35883970	60043573			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				251771	9809	241962	25
26 INTENSIVE CARE UNIT							26
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				158035		158035	31
33 NURSERY							33
101 TOTAL				409806		399997	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	7571	5027			31.96	160663	25
26 INTENSIVE CARE UNIT							26
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	6704	2417			23.57	56969	31
33 NURSERY							33
101 TOTAL	14275	7444				217632	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0210) [ ] SUB III [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	RELATED COST	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		122930	1366635	168995			.089951	15201 37
40 ANESTHESIOLOGY		7762	1094796	133760			.007090	948 40
41 RADIOLOGY-DIAGNOSTIC		187190	1549275	293475			.120824	35459 41
44 LABORATORY		76618	8238378	1733395			.009300	16121 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
48 INTRAVENOUS THERAPY		3063	594083	272314			.005156	1404 48
49 RESPIRATORY THERAPY		45939	3233215	1635735			.014208	23241 49
50 PHYSICAL THERAPY		76044	2732852	210081			.027826	5846 50
53 ELECTROCARDIOLOGY		35102	533056	141598			.065850	9324 53
55 MEDICAL SUPPLIES CHARGED TO P		42924	2210583	671413			.019418	13037 55
56 DRUGS CHARGED TO PATIENTS		140161	8418628	1426340			.016649	23747 56
58 ASC (NON-DISTINCT PART)		115931	2894442	220851			.040053	8846 58
59 NUCLEAR MEDICINE		10239	1480677	24395			.006915	169 59
59.01 CAT SCAN		136569	8097858	1099060			.016865	18536 59.01
59.02 ULTRASOUND		44732	1259074	303642			.035528	10788 59.02
59.03 MAMMOGRAPHY		109083	442507	642			.246511	158 59.03
59.04 CARDIAC REHAB		13027	284253				.045829	
59.05 FAITH CTR-CHEMOTHERAPY		15821	334218	2665			.047337	126 59.05
59.06 ROUTINE ANCILLARY		5830	480118	346365			.012143	4206 59.06
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		43659	1998161	250970			.021850	5484 61
62 OBSERVATION BEDS (NON-DISTINC		18190	254577	25659			.071452	1833 62
63 DAY PSYCHIATRIC		29492	611844				.048202	63 63
63.50 RHC			1453240					63.50
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		1280306	48109230	8961355				194474 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 ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					7571		5027	25
26 INTENSIVE CARE UNIT								26
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					6704		2417	31
33 NURSERY								33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					14275		7444	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0210) [ ] 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
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
58 ASC (NON-DISTINCT PART)							58
59 NUCLEAR MEDICINE							59
59.01 CAT SCAN							59.01
59.02 ULTRASOUND							59.02
59.03 MAMMOGRAPHY							59.03
59.04 CARDIAC REHAB							59.04
59.05 FAITH CTR-CHEMOTHERAPY							59.05
59.06 ROUTINE ANCILLARY							59.06
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63 DAY PSYCHIATRIC							63
63.50 RHC							63.50
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 (14-0210) [ ] 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		1366635			168995		449365 37
40 ANESTHESIOLOGY		1094796			133760		308692 40
41 RADIOLOGY-DIAGNOSTIC		1549275			293475		289664 41
44 LABORATORY		8238378			1733395		59267 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
48 INTRAVENOUS THERAPY		594083			272314		70177 48
49 RESPIRATORY THERAPY		3233215			1635735		321258 49
50 PHYSICAL THERAPY		2732852			210081		181 50
53 ELECTROCARDIOLOGY		533056			141598		179615 53
55 MEDICAL SUPPLIES CHARGED TO P		2210583			671413		524411 55
56 DRUGS CHARGED TO PATIENTS		8418628			1426340		3361742 56
58 ASC (NON-DISTINCT PART)		2894442			220851		1354565 58
59 NUCLEAR MEDICINE		1480677			24395		579871 59
59.01 CAT SCAN		8097858			1099060		2317518 59.01
59.02 ULTRASOUND		1259074			303642		340631 59.02
59.03 MAMMOGRAPHY		442507			642		642 59.03
59.04 CARDIAC REHAB		284253					213666 59.04
59.05 FAITH CTR-CHEMOTHERAPY		334218			2665		204077 59.05
59.06 ROUTINE ANCILLARY		480118			346365		78557 59.06
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		1998161			250970		377393 61
62 OBSERVATION BEDS (NON-DISTINC		254577			25659		84539 62
63 DAY PSYCHIATRIC		611844					62954 63
63.50 RHC		1453240					1453240 63.50
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		48109230			8961355		11178143 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0210) [ ] 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
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
58 ASC (NON-DISTINCT PART)					58
59 NUCLEAR MEDICINE					59
59.01 CAT SCAN					59.01
59.02 ULTRASOUND					59.02
59.03 MAMMOGRAPHY					59.03
59.04 CARDIAC REHAB					59.04
59.05 FAITH CTR-CHEMOTHERAPY					59.05
59.06 ROUTINE ANCILLARY					59.06
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63 DAY PSYCHIATRIC					63
63.50 RHC					63.50
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL	8.01	8.02	9	9.01	9.02



APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0210) [ ] 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
37 ANCILLARY SERVICE COST CENTERS						
40 OPERATING ROOM	.873794	.873794	.873794			37
41 ANESTHESIOLOGY	.045144	.045144	.045144			40
44 RADIOLOGY-DIAGNOSTIC	.631242	.631242	.631242			41
44 LABORATORY	.314590	.314590	.314590			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
48 INTRAVENOUS THERAPY	.193917	.193917	.193917			48
49 RESPIRATORY THERAPY	.237533	.237533	.237533			49
50 PHYSICAL THERAPY	.522971	.522971	.522971			50
53 ELECTROCARDIOLOGY	.270973	.270973	.270973			53
55 MEDICAL SUPPLIES CHARGED TO PAT	.458902	.458902	.458902			55
56 DRUGS CHARGED TO PATIENTS	.448016	.448016	.448016			56
58 ASC (NON-DISTINCT PART)	.365164	.365164	.365164			58
59 NUCLEAR MEDICINE	.305095	.305095	.305095			59
59.01 CAT SCAN	.090583	.090583	.090583			59.01
59.02 ULTRASOUND	.296884	.296884	.296884			59.02
59.03 MAMMOGRAPHY	.590904	.590904	.590904			59.03
59.04 CARDIAC REHAB	.541729	.541729	.541729			59.04
59.05 FAITH CTR-CHEMOTHERAPY	.581163	.581163	.581163			59.05
59.06 ROUTINE ANCILLARY	.979461	.979461	.979461			59.06
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	.738273	.738273	.738273			61
62 OBSERVATION BEDS (NON-DISTINCT	1.549315	1.549315	1.549315			62
63 DAY PSYCHIATRIC	.577783	.577783	.577783			63
63.50 RHC	1.403550	1.403550	1.403550			63.50
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	.448016	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 [XX] HOSPITAL (14-0210) [ ] 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.)	PPS SER-VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
37 ANCILLARY SERVICE COST CENTERS								
40 OPERATING ROOM		449365						37
41 ANESTHESIOLOGY		308692						40
44 RADIOLOGY-DIAGNOSTIC		289664						41
44 LABORATORY		59267						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
48 INTRAVENOUS THERAPY		70177						48
49 RESPIRATORY THERAPY		321258						49
50 PHYSICAL THERAPY		181						50
53 ELECTROCARDIOLOGY		179615						53
55 MEDICAL SUPPLIES CHARGED TO PA		524411						55
56 DRUGS CHARGED TO PATIENTS		3361742						56
58 ASC (NON-DISTINCT PART)		1354565						58
59 NUCLEAR MEDICINE		579871						59
59.01 CAT SCAN		2317518						59.01
59.02 ULTRASOUND		340631						59.02
59.03 MAMMOGRAPHY								59.03
59.04 CARDIAC REHAB		213666						59.04
59.05 FAITH CTR-CHEMOTHERAPY		204077						59.05
59.06 ROUTINE ANCILLARY		78557						59.06
61 OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		377393						61
62 OBSERVATION BEDS (NON-DISTINCT		84539						62
63 DAY PSYCHIATRIC		62954						63
63.50 RHC								63.50
65 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		11178143						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		11178143						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0210) [ ] 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)	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		392652					37
40 ANESTHESIOLOGY		13936					40
41 RADIOLOGY-DIAGNOSTIC		182848					41
44 LABORATORY		18645					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
48 INTRAVENOUS THERAPY		13609					48
49 RESPIRATORY THERAPY		76309					49
50 PHYSICAL THERAPY		95					50
53 ELECTROCARDIOLOGY		48671					53
55 MEDICAL SUPPLIES CHARGED TO PAT		240653					55
56 DRUGS CHARGED TO PATIENTS		1506114					56
58 ASC (NON-DISTINCT PART)		494638					58
59 NUCLEAR MEDICINE		176916					59
59.01 CAT SCAN		209928					59.01
59.02 ULTRASOUND		101128					59.02
59.03 MAMMOGRAPHY							59.03
59.04 CARDIAC REHAB		115749					59.04
59.05 FAITH CTR-CHEMOTHERAPY		118602					59.05
59.06 ROUTINE ANCILLARY		76944					59.06
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		278619					61
62 OBSERVATION BEDS (NON-DISTINCT		130978					62
63 DAY PSYCHIATRIC		36374					63
63.50 RHC							63.50
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		4233408					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		4233408					104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB III [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S210) [ ] SUB IV [XX] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	RELATED COST	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		122930	1366635				.089951	37
40 ANESTHESIOLOGY		7762	1094796	34526			.007090	245 40
41 RADIOLOGY-DIAGNOSTIC		187190	1549275	8839			.120824	1068 41
44 LABORATORY		76618	8238378	124834			.009300	1161 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
48 INTRAVENOUS THERAPY		3063	594083				.005156	48
49 RESPIRATORY THERAPY		45939	3233215	79225			.014208	1126 49
50 PHYSICAL THERAPY		76044	2732852	14826			.027826	413 50
53 ELECTROCARDIOLOGY		35102	533056	9412			.065850	620 53
55 MEDICAL SUPPLIES CHARGED TO P		42924	2210583	24268			.019418	471 55
56 DRUGS CHARGED TO PATIENTS		140161	8418628	278820			.016649	4642 56
58 ASC (NON-DISTINCT PART)		115931	2894442	2137			.040053	86 58
59 NUCLEAR MEDICINE		10239	1480677	3538			.006915	24 59
59.01 CAT SCAN		136569	8097858	78758			.016865	1328 59.01
59.02 ULTRASOUND		44732	1259074	1665			.035528	59 59.02
59.03 MAMMOGRAPHY		109083	442507				.246511	59.03
59.04 CARDIAC REHAB		13027	284253				.045829	59.04
59.05 FAITH CTR-CHEMOTHERAPY		15821	334218				.047337	59.05
59.06 ROUTINE ANCILLARY		5830	480118				.012143	59.06
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		43659	1998161	15718			.021850	343 61
62 OBSERVATION BEDS (NON-DISTINC		18190	254577				.071452	62
63 DAY PSYCHIATRIC		29492	611844				.048202	63
63.50 RHC			1453240					63.50
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		1280306	48109230	676566				11586 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-S210) [ ] 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	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		1366635					37
40 ANESTHESIOLOGY		1094796			34526		40
41 RADIOLOGY-DIAGNOSTIC		1549275			8839		107 41
44 LABORATORY		8238378			124834		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
48 INTRAVENOUS THERAPY		594083					48
49 RESPIRATORY THERAPY		3233215			79225		49
50 PHYSICAL THERAPY		2732852			14826		50
53 ELECTROCARDIOLOGY		533056			9412		53
55 MEDICAL SUPPLIES CHARGED TO P		2210583			24268		55
56 DRUGS CHARGED TO PATIENTS		8418628			278820		56
58 ASC (NON-DISTINCT PART)		2894442			2137		58
59 NUCLEAR MEDICINE		1480677			3538		59
59.01 CAT SCAN		8097858			78758		59.01
59.02 ULTRASOUND		1259074			1665		59.02
59.03 MAMMOGRAPHY		442507					59.03
59.04 CARDIAC REHAB		284253					59.04
59.05 FAITH CTR-CHEMOTHERAPY		334218					59.05
59.06 ROUTINE ANCILLARY		480118					59.06
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		1998161			15718		61
62 OBSERVATION BEDS (NON-DISTINC		254577					62
63 DAY PSYCHIATRIC		611844					63
63.50 RHC		1453240					63.50
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		48109230			676566		107 101

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-S210) [ ] 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	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
44 LABORATORY						44
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
48 INTRAVENOUS THERAPY						48
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
53 ELECTROCARDIOLOGY						53
55 MEDICAL SUPPLIES CHARGED TO P						55
56 DRUGS CHARGED TO PATIENTS						56
58 ASC (NON-DISTINCT PART)						58
59 NUCLEAR MEDICINE						59
59.01 CAT SCAN						59.01
59.02 ULTRASOUND						59.02
59.03 MAMMOGRAPHY						59.03
59.04 CARDIAC REHAB						59.04
59.05 FAITH CTR-CHEMOTHERAPY						59.05
59.06 ROUTINE ANCILLARY						59.06
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINC						62
63 DAY PSYCHIATRIC						63
63.50 RHC						63.50
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL	8.01	8.02	9	9.01	9.02	101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [ ] HOSPITAL  
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-S210)  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II  
 [ ] SUB III  
 [ ] SUB IV

[ ] SNF  
 [ ] NF  
 [ ] S/B-SNF  
 [ ] S/B-NF  
 [ ] 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	.873794	.873794	.873794				37
40 ANESTHESIOLOGY	.045144	.045144	.045144				40
41 RADIOLOGY-DIAGNOSTIC	.631242	.631242	.631242				41
44 LABORATORY	.314590	.314590	.314590				44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
48 INTRAVENOUS THERAPY	.193917	.193917	.193917				48
49 RESPIRATORY THERAPY	.237533	.237533	.237533				49
50 PHYSICAL THERAPY	.522971	.522971	.522971				50
53 ELECTROCARDIOLOGY	.270973	.270973	.270973				53
55 MEDICAL SUPPLIES CHARGED TO PAT	.458902	.458902	.458902				55
56 DRUGS CHARGED TO PATIENTS	.448016	.448016	.448016				56
58 ASC (NON-DISTINCT PART)	.365164	.365164	.365164				58
59 NUCLEAR MEDICINE	.305095	.305095	.305095				59
59.01 CAT SCAN	.090583	.090583	.090583				59.01
59.02 ULTRASOUND	.296884	.296884	.296884				59.02
59.03 MAMMOGRAPHY	.590904	.590904	.590904				59.03
59.04 CARDIAC REHAB	.541729	.541729	.541729				59.04
59.05 FAITH CTR-CHEMOTHERAPY	.581163	.581163	.581163				59.05
59.06 ROUTINE ANCILLARY	.979461	.979461	.979461				59.06
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY	.738273	.738273	.738273				61
62 OBSERVATION BEDS (NON-DISTINCT	1.549315	1.549315	1.549315				62
63 DAY PSYCHIATRIC	.577783	.577783	.577783				63
63.50 RHC	1.403550	1.403550	1.403550				63.50
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	.448016	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-S210) [ ] 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.)	PPS SER- VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY 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
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC			107					41
44 LABORATORY								44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
48 INTRAVENOUS THERAPY								48
49 RESPIRATORY THERAPY								49
50 PHYSICAL THERAPY								50
53 ELECTROCARDIOLOGY								53
55 MEDICAL SUPPLIES CHARGED TO PA								55
56 DRUGS CHARGED TO PATIENTS								56
58 ASC (NON-DISTINCT PART)								58
59 NUCLEAR MEDICINE								59
59.01 CAT SCAN								59.01
59.02 ULTRASOUND								59.02
59.03 MAMMOGRAPHY								59.03
59.04 CARDIAC REHAB								59.04
59.05 FAITH CTR-CHEMOTHERAPY								59.05
59.06 ROUTINE ANCILLARY								59.06
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY								61
62 OBSERVATION BEDS (NON-DISTINCT)								62
63 DAY PSYCHIATRIC								63
63.50 RHC								63.50
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			107					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES			107					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-S210)	[ ]	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
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC			68				41
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
55 MEDICAL SUPPLIES CHARGED TO PAT							55
56 DRUGS CHARGED TO PATIENTS							56
58 ASC (NON-DISTINCT PART)							58
59 NUCLEAR MEDICINE							59
59.01 CAT SCAN							59.01
59.02 ULTRASOUND							59.02
59.03 MAMMOGRAPHY							59.03
59.04 CARDIAC REHAB							59.04
59.05 FAITH CTR-CHEMOTHERAPY							59.05
59.06 ROUTINE ANCILLARY							59.06
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINCT)							62
63 DAY PSYCHIATRIC							63
63.50 RHC							63.50
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			68				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES			68				104

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

CHECK [ ] TITLE V  
 APPLICABLE [ ] TITLE XVIII-PT A  
 BOXES [XX] 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	
25 INPAT ROUTINE SERV COST CTRS							25
25 ADULTS & PEDIATRICS				251771	9809	241962	26
26 INTENSIVE CARE UNIT							27
27 CORONARY CARE UNIT							28
28 BURN INTENSIVE CARE UNIT							29
29 SURGICAL INTENSIVE CARE UNIT							30
30 OTHER SPECIAL CARE (SPECIFY)							31
31 SUBPROVIDER I				158035		158035	33
33 NURSERY							101
101 TOTAL				409806		399997	

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	
25 INPAT ROUTINE SERV COST CTRS							25
25 ADULTS & PEDIATRICS	7571	730			31.96	23331	26
26 INTENSIVE CARE UNIT							27
27 CORONARY CARE UNIT							28
28 BURN INTENSIVE CARE UNIT							29
29 SURGICAL INTENSIVE CARE UNIT							30
30 OTHER SPECIAL CARE (SPECIFY)							31
31 SUBPROVIDER I	6704	2160			23.57	50911	33
33 NURSERY							101
101 TOTAL	14275	2890				74242	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0210) [ ] SUB III [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	RELATED COST	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		122930	1366635	64535			.089951	5805 37
40 ANESTHESIOLOGY		7762	1094796	43602			.007090	309 40
41 RADIOLOGY-DIAGNOSTIC		187190	1549275	43565			.120824	5264 41
44 LABORATORY		76618	8238378	250674			.009300	2331 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
48 INTRAVENOUS THERAPY		3063	594083	52833			.005156	272 48
49 RESPIRATORY THERAPY		45939	3233215	210796			.014208	2995 49
50 PHYSICAL THERAPY		76044	2732852	6404			.027826	178 50
53 ELECTROCARDIOLOGY		35102	533056	14292			.065850	941 53
55 MEDICAL SUPPLIES CHARGED TO P		42924	2210583	128117			.019418	2488 55
56 DRUGS CHARGED TO PATIENTS		140161	8418628	214707			.016649	3575 56
58 ASC (NON-DISTINCT PART)		115931	2894442	35418			.040053	1419 58
59 NUCLEAR MEDICINE		10239	1480677	5732			.006915	40 59
59.01 CAT SCAN		136569	8097858	184706			.016865	3115 59.01
59.02 ULTRASOUND		44732	1259074	23739			.035528	843 59.02
59.03 MAMMOGRAPHY		109083	442507				.246511	59.03
59.04 CARDIAC REHAB		13027	284253				.045829	59.04
59.05 FAITH CTR-CHEMOTHERAPY		15821	334218				.047337	59.05
59.06 ROUTINE ANCILLARY		5830	480118	22258			.012143	270 59.06
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		43659	1998161	45195			.021850	988 61
62 OBSERVATION BEDS (NON-DISTINC		18190	254577	3256			.071452	233 62
63 DAY PSYCHIATRIC		29492	611844	87			.048202	4 63
63.50 RHC			1453240					63.50
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		1280306	48109230	1349916				31070 101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER	DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
	INPAT ROUTINE SERV COST CTRS								
25	ADULTS & PEDIATRICS					7571		730	25
26	INTENSIVE CARE UNIT								26
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					6704		2160	31
33	NURSERY								33
34	SKILLED NURSING FACILITY								34
35	NURSING FACILITY								35
101	TOTAL					14275		2890	101



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0210) [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] 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		1366635			64535		37
40 ANESTHESIOLOGY		1094796			43602		40
41 RADIOLOGY-DIAGNOSTIC		1549275			43565		41
44 LABORATORY		8238378			250674		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
48 INTRAVENOUS THERAPY		594083			52833		48
49 RESPIRATORY THERAPY		3233215			210796		49
50 PHYSICAL THERAPY		2732852			6404		50
53 ELECTROCARDIOLOGY		533056			14292		53
55 MEDICAL SUPPLIES CHARGED TO P		2210583			128117		55
56 DRUGS CHARGED TO PATIENTS		8418628			214707		56
58 ASC (NON-DISTINCT PART)		2894442			35418		58
59 NUCLEAR MEDICINE		1480677			5732		59
59.01 CAT SCAN		8097858			184706		59.01
59.02 ULTRASOUND		1259074			23739		59.02
59.03 MAMMOGRAPHY		442507					59.03
59.04 CARDIAC REHAB		284253					59.04
59.05 FAITH CTR-CHEMOTHERAPY		334218					59.05
59.06 ROUTINE ANCILLARY		480118			22258		59.06
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		1998161			45195		61
62 OBSERVATION BEDS (NON-DISTINC		254577			3256		62
63 DAY PSYCHIATRIC		611844			87		63
63.50 RHC		1453240					63.50
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		48109230			1349916		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0210) [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] 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
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
58 ASC (NON-DISTINCT PART)					58
59 NUCLEAR MEDICINE					59
59.01 CAT SCAN					59.01
59.02 ULTRASOUND					59.02
59.03 MAMMOGRAPHY					59.03
59.04 CARDIAC REHAB					59.04
59.05 FAITH CTR-CHEMOTHERAPY					59.05
59.06 ROUTINE ANCILLARY					59.06
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63 DAY PSYCHIATRIC					63
63.50 RHC					63.50
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL	8.01	8.02	9	9.01	9.02



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB III [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] SUB I (14-S210) [ ] SUB IV [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	RELATED COST	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		122930	1366635				.089951	37
40 ANESTHESIOLOGY		7762	1094796	19368			.007090	137 40
41 RADIOLOGY-DIAGNOSTIC		187190	1549275	5390			.120824	651 41
44 LABORATORY		76618	8238378	87757			.009300	816 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
48 INTRAVENOUS THERAPY		3063	594083	754			.005156	4 48
49 RESPIRATORY THERAPY		45939	3233215	25198			.014208	358 49
50 PHYSICAL THERAPY		76044	2732852	5598			.027826	156 50
53 ELECTROCARDIOLOGY		35102	533056	7296			.065850	480 53
55 MEDICAL SUPPLIES CHARGED TO P		42924	2210583	18946			.019418	368 55
56 DRUGS CHARGED TO PATIENTS		140161	8418628	216060			.016649	3597 56
58 ASC (NON-DISTINCT PART)		115931	2894442	2946			.040053	118 58
59 NUCLEAR MEDICINE		10239	1480677	23536			.006915	163 59
59.01 CAT SCAN		136569	8097858	1523			.016865	26 59.01
59.02 ULTRASOUND		44732	1259074	194			.035528	7 59.02
59.03 MAMMOGRAPHY		109083	442507				.246511	59.03
59.04 CARDIAC REHAB		13027	284253				.045829	59.04
59.05 FAITH CTR-CHEMOTHERAPY		15821	334218				.047337	59.05
59.06 ROUTINE ANCILLARY		5830	480118	3383			.012143	41 59.06
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		43659	1998161	12776			.021850	279 61
62 OBSERVATION BEDS (NON-DISTINC		18190	254577				.071452	62
63 DAY PSYCHIATRIC		29492	611844	975			.048202	47 63
63.50 RHC			1453240	79				63.50
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		1280306	48109230	431700				7248 101



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] SUB I (14-S210) [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] 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	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		1366635					37
40 ANESTHESIOLOGY		1094796			19368		40
41 RADIOLOGY-DIAGNOSTIC		1549275			5390		41
44 LABORATORY		8238378			87757		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
48 INTRAVENOUS THERAPY		594083			754		48
49 RESPIRATORY THERAPY		3233215			25198		49
50 PHYSICAL THERAPY		2732852			5598		50
53 ELECTROCARDIOLOGY		533056			7296		53
55 MEDICAL SUPPLIES CHARGED TO P		2210583			18946		55
56 DRUGS CHARGED TO PATIENTS		8418628			216060		56
58 ASC (NON-DISTINCT PART)		2894442			2946		58
59 NUCLEAR MEDICINE		1480677			23536		59
59.01 CAT SCAN		8097858			1523		59.01
59.02 ULTRASOUND		1259074			194		59.02
59.03 MAMMOGRAPHY		442507					59.03
59.04 CARDIAC REHAB		284253					59.04
59.05 FAITH CTR-CHEMOTHERAPY		334218					59.05
59.06 ROUTINE ANCILLARY		480118			3383		59.06
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		1998161			12776		61
62 OBSERVATION BEDS (NON-DISTINC		254577					62
63 DAY PSYCHIATRIC		611844			975		63
63.50 RHC		1453240			79		63.50
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		48109230			431700		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] SUB I (14-S210) [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] 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	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
44 LABORATORY						44
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
48 INTRAVENOUS THERAPY						48
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
53 ELECTROCARDIOLOGY						53
55 MEDICAL SUPPLIES CHARGED TO P						55
56 DRUGS CHARGED TO PATIENTS						56
58 ASC (NON-DISTINCT PART)						58
59 NUCLEAR MEDICINE						59
59.01 CAT SCAN						59.01
59.02 ULTRASOUND						59.02
59.03 MAMMOGRAPHY						59.03
59.04 CARDIAC REHAB						59.04
59.05 FAITH CTR-CHEMOTHERAPY						59.05
59.06 ROUTINE ANCILLARY						59.06
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINC						62
63 DAY PSYCHIATRIC						63
63.50 RHC						63.50
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL	8.01	8.02	9	9.01	9.02	101

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) (14-0210)	SUB I (TEFRA) (14-S210)	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)	8894	6704					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	7571	6704					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1006						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6565	6704					4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	710						5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	531						6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	41						7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	41						8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	5027	2417					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	710						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	531						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) (14-0210)	SUB I (TEFRA) (14-S210)	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	169.46						17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	174.94						18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	98.62						19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	98.89						20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	5680431	3860245					21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	120317						22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	92893						23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	4043						24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	4054						25
26 TOTAL SWING-BED COST	221307						26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	5459124	3860245					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4437502	5105909					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	556279						29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3881223	5105909					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.230225	.756035					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	552.96						32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	591.20	761.62					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	5459124	3860245					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) (14-0210)	SUB I (TEFRA) (14-S210)	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	721.06	575.81				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3624769	1391733				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3624769	1391733				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
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						43
44 INTENSIVE CARE UNIT						44
45 CORONARY CARE UNIT						45
46 BURN INTENSIVE CARE UNIT						46
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-0210)	SUB I (TEFRA) (14-S210)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	3264995	232678				48
49 TOTAL PROGRAM INPATIENT COSTS	6889764	1624411				49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	160663	56969				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	194474	11586				51
52 TOTAL PROGRAM EXCLUDABLE COST	355137	68555				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	6534627	1555856				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) (14-0210)	SUB I (TEFRA) (14-S210)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
	1	1	1	1	1	
54		325				54
55		12000.45				55
56		3900146				56
57		2344290				57
58		78003				58
58.01		6218.04				58.01
58.02		5470.98				58.02
58.03		39001				58.03
58.04						58.04
59		1741415				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	120317					60
61	92893					61
62	213210					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) (TEFRA)  
 (14-0210)(14-S210)  
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	547	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	721.06	84
85 OBSERVATION BED COST	394420	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	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		5459124		394420		86
87 NEW CAPITAL-RELATED COST	251771	5459124	.046119	394420	18190	87
88 NON PHYSICIAN ANESTHETIST		5459124		394420		88
89 MEDICAL EDUCATION		5459124		394420		89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0210)	SUB I (OTHER) (14-S210)	SUB II	SUB III	SUB IV	NF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	8894	6704					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	7571	6704					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1006						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6565	6704					4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	710						5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	531						6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	41						7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	41						8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	730	2160					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)	127						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 [ ] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0210)	SUB I (OTHER) (14-S210)	SUB II	SUB III	SUB IV	NF	
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	169.46						17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	174.94						18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	98.62						19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	98.89						20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	5680431	3860245					21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	120317						22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	92893						23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	4043						24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	4054						25
26 TOTAL SWING-BED COST	221307						26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	5459124	3860245					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4437502	5105909					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	556279						29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3881223	5105909					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.230225	.756035					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	552.96						32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	591.20	761.62					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	5459124	3860245					37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0210)	SUB I (OTHER) (14-S210)	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	721.06	575.81				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	526374	1243750				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	526374	1243750				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					43
44 CORONARY CARE UNIT					44
45 BURN INTENSIVE CARE UNIT					45
46 SURGICAL INTENSIVE CARE UNIT					46
47 OTHER SPECIAL CARE (SPECIFY)					47

	HOSPITAL (OTHER) (14-0210)	SUB I (OTHER) (14-S210)	SUB II	SUB III	SUB IV	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	485964	170284				48
49 TOTAL PROGRAM INPATIENT COSTS	1012338	1414034	1	1	1	49

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	23331	50911				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	31070	7248				51
52 TOTAL PROGRAM EXCLUDABLE COST	54401	58159				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS						53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0210)	SUB I (OTHER) (14-S210)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
	1	1	1	1	1	
54		341				54
55						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 [ ] TITLE XVIII-PART A [XX] TITLE XIX-INPT

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

	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

PROVIDER NO. 14-0210 HARRISBURG MEDICAL CENTER, INC  
PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05  
11/28/2008 12:19

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

HOSPITAL (OTHER) (14-0210)	SUB I (OTHER) (14-S210)	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	547	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	721.06	84
85 OBSERVATION BED COST	394420	85



INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V [XX] HOSPITAL (14-0210) [ ] SNF [XX] PPS  
 [XX] TITLE XVIII-PT A [ ] SUB I [ ] NF [ ] TEFRA  
 [ ] TITLE XIX [ ] SUB II [ ] S/B-SNF [ ] OTHER  
 [ ] SUB III [ ] S/B-NF  
 [ ] 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		3158778		25
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.873794	168995	147667	37
40 ANESTHESIOLOGY	.045144	133760	6038	40
41 RADIOLOGY-DIAGNOSTIC	.631242	293475	185254	41
44 LABORATORY	.314590	1733395	545309	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
48 INTRAVENOUS THERAPY	.193917	272314	52806	48
49 RESPIRATORY THERAPY	.237533	1635735	388541	49
50 PHYSICAL THERAPY	.522971	210081	109866	50
53 ELECTROCARDIOLOGY	.270973	141598	38369	53
55 MEDICAL SUPPLIES CHARGED TO PAT	.458902	671413	308113	55
56 DRUGS CHARGED TO PATIENTS	.448016	1426340	639023	56
58 ASC (NON-DISTINCT PART)	.365164	220851	80647	58
59 NUCLEAR MEDICINE	.305095	24395	7443	59
59.01 CAT SCAN	.090583	1099060	99556	59.01
59.02 ULTRASOUND	.296884	303642	90146	59.02
59.03 MAMMOGRAPHY	.590904	642	379	59.03
59.04 CARDIAC REHAB	.541729			59.04
59.05 FAITH CTR-CHEMOTHERAPY	.581163	2665	1549	59.05
59.06 ROUTINE ANCILLARY	.979461	346365	339251	59.06
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.738273	250970	185284	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	1.549315	25659	39754	62
63 DAY PSYCHIATRIC	.577783			63
63.50 RHC	1.403550			63.50
101 TOTAL		8961355	3264995	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		8961355		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-S210)	<input type="checkbox"/> NF	<input checked="" 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
31 SUBPROVIDER I		2013328		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.873794			37
40 ANESTHESIOLOGY	.045144	34526	1559	40
41 RADIOLOGY-DIAGNOSTIC	.631242	8839	5580	41
44 LABORATORY	.314590	124834	39272	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
48 INTRAVENOUS THERAPY	.193917			48
49 RESPIRATORY THERAPY	.237533	79225	18819	49
50 PHYSICAL THERAPY	.522971	14826	7754	50
53 ELECTROCARDIOLOGY	.270973	9412	2550	53
55 MEDICAL SUPPLIES CHARGED TO PAT	.458902	24268	11137	55
56 DRUGS CHARGED TO PATIENTS	.448016	278820	124916	56
58 ASC (NON-DISTINCT PART)	.365164	2137	780	58
59 NUCLEAR MEDICINE	.305095	3538	1079	59
59.01 CAT SCAN	.090583	78758	7134	59.01
59.02 ULTRASOUND	.296884	1665	494	59.02
59.03 MAMMOGRAPHY	.590904			59.03
59.04 CARDIAC REHAB	.541729			59.04
59.05 FAITH CTR-CHEMOTHERAPY	.581163			59.05
59.06 ROUTINE ANCILLARY	.979461			59.06
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.738273	15718	11604	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	1.549315			62
63 DAY PSYCHIATRIC	.577783			63
63.50 RHC	1.403550			63.50
101 TOTAL		676566	232678	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		676566		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 type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input checked="" type="checkbox"/> S/B-SNF (14-U210)	<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
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.873794			37
40 ANESTHESIOLOGY	.045144			40
41 RADIOLOGY-DIAGNOSTIC	.631242	18025	11378	41
44 LABORATORY	.314590	60480	19026	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
48 INTRAVENOUS THERAPY	.193917			48
49 RESPIRATORY THERAPY	.237533	134537	31957	49
50 PHYSICAL THERAPY	.522971	405914	212281	50
53 ELECTROCARDIOLOGY	.270973	1140	309	53
55 MEDICAL SUPPLIES CHARGED TO PAT	.458902	75952	34855	55
56 DRUGS CHARGED TO PATIENTS	.448016	163522	73260	56
58 ASC (NON-DISTINCT PART)	.365164			58
59 NUCLEAR MEDICINE	.305095			59
59.01 CAT SCAN	.090583			59.01
59.02 ULTRASOUND	.296884			59.02
59.03 MAMMOGRAPHY	.590904			59.03
59.04 CARDIAC REHAB	.541729			59.04
59.05 FAITH CTR-CHEMOTHERAPY	.581163			59.05
59.06 ROUTINE ANCILLARY	.979461	28010	27435	59.06
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.738273			61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	1.549315			62
63 DAY PSYCHIATRIC	.577783			63
63.50 RHC	1.403550			63.50
101 TOTAL		887580	410501	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		887580		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V [XX] HOSPITAL (14-0210) [ ] SNF [ ] PPS  
 [ ] TITLE XVIII-PT A [ ] SUB I [ ] NF [ ] TEFRA  
 [XX] TITLE XIX [ ] SUB II [ ] S/B-SNF [XX] OTHER  
 [ ] SUB III [ ] S/B-NF  
 [ ] 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		496188		25
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.873794	64535	56390	37
40 ANESTHESIOLOGY	.045144	43602	1968	40
41 RADIOLOGY-DIAGNOSTIC	.631242	43565	27500	41
44 LABORATORY	.314590	250674	78860	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
48 INTRAVENOUS THERAPY	.193917	52833	10245	48
49 RESPIRATORY THERAPY	.237533	210796	50071	49
50 PHYSICAL THERAPY	.522971	6404	3349	50
53 ELECTROCARDIOLOGY	.270973	14292	3873	53
55 MEDICAL SUPPLIES CHARGED TO PAT	.458902	128117	58793	55
56 DRUGS CHARGED TO PATIENTS	.448016	214707	96192	56
58 ASC (NON-DISTINCT PART)	.365164	35418	12933	58
59 NUCLEAR MEDICINE	.305095	5732	1749	59
59.01 CAT SCAN	.090583	184706	16731	59.01
59.02 ULTRASOUND	.296884	23739	7048	59.02
59.03 MAMMOGRAPHY	.590904			59.03
59.04 CARDIAC REHAB	.541729			59.04
59.05 FAITH CTR-CHEMOTHERAPY	.581163			59.05
59.06 ROUTINE ANCILLARY	.979461	22258	21801	59.06
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.738273	45195	33366	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	1.549315	3256	5045	62
63 DAY PSYCHIATRIC	.577783	87	50	63
63.50 RHC	1.403550			63.50
101 TOTAL		1349916	485964	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		1349916		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-S210)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" 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
31 SUBPROVIDER I		1797439		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.873794			37
40 ANESTHESIOLOGY	.045144	19368	874	40
41 RADIOLOGY-DIAGNOSTIC	.631242	5390	3402	41
44 LABORATORY	.314590	87757	27607	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
48 INTRAVENOUS THERAPY	.193917	754	146	48
49 RESPIRATORY THERAPY	.237533	25198	5985	49
50 PHYSICAL THERAPY	.522971	5598	2928	50
53 ELECTROCARDIOLOGY	.270973	7296	1977	53
55 MEDICAL SUPPLIES CHARGED TO PAT	.458902	18946	8694	55
56 DRUGS CHARGED TO PATIENTS	.448016	216060	96798	56
58 ASC (NON-DISTINCT PART)	.365164	2946	1076	58
59 NUCLEAR MEDICINE	.305095	23536	7181	59
59.01 CAT SCAN	.090583	1523	138	59.01
59.02 ULTRASOUND	.296884	194	58	59.02
59.03 MAMMOGRAPHY	.590904			59.03
59.04 CARDIAC REHAB	.541729			59.04
59.05 FAITH CTR-CHEMOTHERAPY	.581163			59.05
59.06 ROUTINE ANCILLARY	.979461	3383	3314	59.06
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.738273	12776	9432	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	1.549315			62
63 DAY PSYCHIATRIC	.577783	975	563	63
63.50 RHC	1.403550	79	111	63.50
101 TOTAL		431779	170284	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		431779		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (14-0210)	SUB I	SUB II	SUB III	SUB IV	
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	1136654					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	1566472					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	3081865					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	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	40631					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	42.89					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						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						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						3.13
3.14 CURRENT YEAR ALLOWABLE FTE						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						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.. RES. IN INIT YRS						3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00					3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0210)	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4						4
4.01						4.01
4.02						4.02
4.03						4.03
4.04						4.04
5						5
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6						6
7						7
7.01						7.01
8						8
9						9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
21.01						21.01
21.02						21.02
22						22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A  
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0210)	SUB I	SUB II	SUB III	SUB IV	
23						23
						TERMINATION OR A DECREASE IN PROGRAM UTILIZATION
24						24
						OTHER ADJUSTMENTS
25						25
						AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS
26	5819286					26
						AMOUNT DUE PROVIDER
27						27
						SEQUESTRATION ADJUSTMENT
28	5329281					28
						INTERIM PAYMENTS
28.01						28.01
						TENTATIVE SETTLEMENT (FOR FI USE ONLY)
29	490005					29
						BALANCE DUE PROVIDER (PROGRAM)
30						30
						PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2
						TO BE COMPLETED BY INTERMEDIARY
50						50
						OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01
51						51
						CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01
52						52
						OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)
53						53
						CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
54						54
						THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY
55						55
						TIME VALUE OF MONEY (SEE INSTRUCTIONS)
56						56
						CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)



CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0210)	HOSPITAL (14-0210)	HOSPITAL (14-0210)
	1	1.01	1.02
1 MEDICAL AND OTHER SERVICES			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	4233408		1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	3262182		1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.850	0.850	1.03
1.04 LINE 1.01 TIMES LINE 1.03	3598397		1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04	90.66		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	3262182		17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0210) 1	HOSPITAL (14-0210) 1.01	HOSPITAL (14-0210) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	905573		18.01
19 SUBTOTAL	2356609		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	2356609		23
24 PRIMARY PAYER PAYMENTS	2579		24
25 SUBTOTAL	2354030		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	217268		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	152088		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	217268		27.02
28 SUBTOTAL	2506118		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)	1286		30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	2504832		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	2512213		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-7381		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-S210)	SUB I (14-S210)	SUB I (14-S210)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	68			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	40			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	40			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S210) 1	SUB I (14-S210) 1.01	SUB I (14-S210) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	8		18.01
19 SUBTOTAL	32		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	32		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	32		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL	32		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	32		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	32		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			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 C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

HOSPITAL  
(14-0210)  
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  
(14-0210)  
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  
(14-0210)  
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 (14-0210)

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		6862481		2352743	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.		93800		159470	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 TO .02 PROVIDER .03 PROVIDER .04 .05 PROVIDER .51 TO .52 PROGRAM .53 .54	01/10/2008 07/10/2008    07/10/2008	342300 10400    1979700	      NONE   NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	-1627000			3.99
4 TOTAL INTERIM PAYMENTS		5329281		2512213	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52		NONE    NONE	NONE    NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM		490005	-7381	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		5819286		2504832	7

NAME OF INTERMEDIARY: \_\_\_\_\_  
 SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

INTERMEDIARY NUMBER: \_\_\_\_\_  
 DATE (MO/DAY/YR): \_\_\_\_\_



ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 SUBPROVIDER I (14-S210)

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		1593640		32 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.		80970		NONE 2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM	.01			3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02			3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03	NONE		3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04			3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.05			3.05
	.50			3.50
	PROVIDER .51			3.51
	TO .52	NONE		3.52
	PROGRAM .53			3.53
	.54			3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		1674610		32 4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH	PROGRAM .01			5.01
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	TO .02	NONE		5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51	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			6.01
	PROVIDER TO .02	-1676		6.02
	PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY		1672934		32 7

NAME OF INTERMEDIARY: \_\_\_\_\_  
 SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

INTERMEDIARY NUMBER: \_\_\_\_\_  
 DATE (MO/DAY/YR): \_\_\_\_\_

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 SWING BED SKILLED NURSING FACILITY (14-U210)

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		400954		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		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM	.01			3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02			3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03	NONE		3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04			3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.05			3.05
	.50			3.50
	PROVIDER .51			3.51
	TO .52	NONE		3.52
	PROGRAM .53			3.53
	.54			3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		400954		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02	NONE		5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51	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			6.01
	PROVIDER TO .02			6.02
PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		400954		7
NAME OF INTERMEDIARY: _____		INTERMEDIARY NUMBER: _____		
SIGNATURE OF AUTHORIZED PERSON: _____		DATE (MO/DAY/YR): _____		

CALCULATION OF REIMBURSEMENT SETTLEMENT  
 SWING BEDS

SUPPLEMENTAL  
 WORKSHEET E-2

COMPUTATION OF NET COST OF COVERED SERVICES

	TITLE V	--- TITLE XVIII ---		--- TITLE XIX ---		
	S/B NF	S/B SNF	S/B SNF	S/B SNF	S/B NF	
		PART A	PART B	(14-U210)		
	1	1	2	1	1	
1	INPATIENT ROUTINE SERVICES - SWING BED - SNF		416162			1
2	INPATIENT ROUTINE SERVICES - SWING BED - NF					2
3	ANCILLARY SERVICES					3
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM					4
5	PROGRAM DAYS		1241			5
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM					6
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY					7
8	SUBTOTAL		416162			8
9	PRIMARY PAYER PAYMENTS					9
10	SUBTOTAL		416162			10
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)					11
12	SUBTOTAL		416162			12
13	COINSURANCE BILLED TO PROGRAM PATIENTS (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)		15208			13
14	80% OF PART B COSTS					14
15	SUBTOTAL		400954			15
16	OTHER ADJUSTMENTS					16
17	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PHYSICIAN PROFESSIONAL SERVICES)					17
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES					17.01
18	TOTAL		400954			18
19	SEQUESTRATION ADJUSTMENT					19
20	INTERIM PAYMENTS		400954			20
20.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					20.01
21	BALANCE DUE PROVIDER/PROGRAM					21
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S210)	SUB II	SUB III	SUB IV	
1	INPATIENT HOSPITAL SERVICES	1741415				1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	435354				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)	1332692				1.08
1.09	NET IPF PPS OUTLIER PAYMENTS	498				1.09
1.10	NET IPF PPS ECT PAYMENTS	13170				1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					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)	18.316940				1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS	1346360				1.19
1.20	STOP LESS PAYMENT FLOOR	1218991				1.20
1.21	ADJUSTED NET PAYMENT FLOOR	914243				1.21
1.22	STOP LOSS ADJUSTMENT					1.22
1.23	TOTAL IPF PPS PAYMENTS	1781714				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	1781714				4
5	PRIMARY PAYER PAYMENTS					5
6	SUBTOTAL	1781714				6
7	DEDUCTIBLES	192842				7
8	SUBTOTAL	1588872				8
9	COINSURANCE	32984				9
10	SUBTOTAL	1555888				10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	167208				11
11.01	REDUCED REIMBURSABLE BAD DEBTS	117046				11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	167208				11.02
12	SUBTOTAL	1672934				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-S210)	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		1672934				17
18 SEQUESTRATION ADJUSTMENT						18
19 INTERIM PAYMENTS		1674610				19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20 BALANCE DUE PROVIDER/PROGRAM		-1676				20
21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						21
50 TO BE COMPLETED BY INTERMEDIARY 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

CALCULATION OF REIMBURSEMENT SETTLEMENT  
 PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3  
 PART III

	[ ] TITLE V	[ ] TITLE XVIII	[XX] TITLE XIX			NF I
	HOSPITAL (14-0210) (OTHER)	SUB I (14-S210) (OTHER)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	1
1	COMPUTATION OF NET COST OF COVERED SERVICES					
2	INPATIENT HOSPITAL/SNF/NF SERVICES	1012338	1414034			1
3	MEDICAL AND OTHER SERVICES					2
4	INTERNS AND RESIDENTS					3
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O					4
6	COST OF TEACHING PHYSICIANS					5
7	SUBTOTAL	1012338	1414034			6
8	INPATIENT PRIMARY PAYER PAYMENTS					7
9	OUTPATIENT PRIMARY PAYER PAYMENTS					8
10	SUBTOTAL	1012338	1414034			9
11	COMPUTATION OF LESSER OF COST OR CHARGES					
12	ROUTINE SERVICE CHARGES	496188	1797439			10
13	ANCILLARY SERVICE CHARGES	1349916	431779			11
14	INTERNS AND RESIDENTS SERVICE CHARGES					12
15	ORGAN ACQUISITION CHARGES, NET OF REVENUE					13
16	TEACHING PHYSICIANS					14
17	INCENTIVE FROM TARGET AMOUNT COMPUTATION					15
18	TOTAL REASONABLE CHARGES	1846104	2229218			16
19	CUSTOMARY CHARGES					
20	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE					17
21	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM					18
22	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN					
23	ACCORDANCE WITH 42 CFR 413.13(E)					
24	RATIO OF LINE 17 TO LINE 18					19
25	TOTAL CUSTOMARY CHARGES	1846104	2229218			20
26	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	833766	815184			21
27	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES					22
28	COST OF COVERED SERVICES	1012338	1414034			23
29	PROSPECTIVE PAYMENT AMOUNT					
30	OTHER THAN OUTLIER PAYMENTS					24
31	OUTLIER PAYMENTS					25
32	PROGRAM CAPITAL PAYMENTS					26
33	CAPITAL EXCEPTION PAYMENTS					27
34	ROUTINE SERVICE OTHER PASS THROUGH COSTS					28
35	ANCILLARY SERVICE OTHER PASS THROUGH COSTS					29
36	SUBTOTAL	1012338	1414034			30
37	CUSTOMARY CHARGES (TITLE XIX PPS COVERED					31
38	LESSER OF LINES 30 OR 31	1012338	1414034			32
39	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)					33

CALCULATION OF REIMBURSEMENT SETTLEMENT  
 PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3  
 PART III

	[ ] TITLE V	[ ] TITLE XVIII	[XX] TITLE XIX			NF I
	HOSPITAL (14-0210) (OTHER) 1	SUB I (14-S210) (OTHER) 1	SUB II 1	SUB III 1	SUB IV 1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT					
35	EXCESS OF REASONABLE COST					34
36	1012338	1414034				35
37	COINSURANCE					36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,					37
38	REIMBURSABLE BAD DEBTS					38
38.01	REDUCED REIMBURSABLE BAD DEBTS					38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE					38.02
	BENEFICIARIES (SEE INSTRUCTIONS)					
39	UTILIZATION REVIEW					39
40	1012338	1414034				40
41	INPATIENT ROUTINE SERVICE COST					41
42	MEDICARE INPATIENT ROUTINE CHARGES					42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE					43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM					44
	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN					
	ACCORDANCE WITH 42 CFR 413.13(E)					
45	RATIO OF LINE 43 TO LINE 44					45
46	TOTAL CUSTOMARY CHARGES					46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST					47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES					48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM					49
	UTILIZATION					
50		-89	717			50
51	OTHER ADJUSTMENTS					51
	AMOUNTS APPLICABLE TO PRIOR COST REPORTING					
	DEPRECIABLE ASSETS					
52	1012249	1414751				52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT					53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					54
55	1012249	1414751				55
56	TOTAL AMOUNT PAYABLE TO THE PROVIDER					56
57	573399	961422				57
57.01	SEQUESTRATION ADJUSTMENT					57.01
58	438850	453329				58
59	INTERIM PAYMENTS					59
	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					
	BALANCE DUE PROVIDER/PROGRAM					
	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT					
	SECTION 115.2					

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	1486263			1
2	TEMPORARY INVESTMENTS	10280824			2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	7274568			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-1240340			6
7	INVENTORY	826079			7
8	PREPAID EXPENSES	1351468			8
9	OTHER CURRENT ASSETS	56337			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	20035199			11
FIXED ASSETS					
12	LAND	402864			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	398025			13
13.01	ACCUMULATED DEPRECIATION				13.01
14	BUILDINGS	18741045			14
14.01	ACCUMULATED DEPRECIATION				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	9632480			18
18.01	ACCUMULATED DEPRECIATION	-14735561			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	14438853			21
OTHER ASSETS					
22	INVESTMENTS	345963			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	285970			25
26	TOTAL OTHER ASSETS	631933			26
27	TOTAL ASSETS	35105985			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	793573			28
29	SALARIES, WAGES & FEES PAYABLE	1791514			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	293155			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	2386397			35
36	TOTAL CURRENT LIABILITIES	5264639			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE	5862265			37
38	NOTES PAYABLE				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	132721			41
42	TOTAL LONG TERM LIABILITIES	5994986			42
43	TOTAL LIABILITIES	11259625			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	23846360			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	23846360			51
52	TOTAL LIABILITIES AND FUND BALANCES	35105985			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	24353068			1
2 NET INCOME (LOSS)	-506709			2
3 TOTAL	23846359			3
4 ADDITIONS (CREDIT ADJUSTMENTS)	1			4
5 NEW ADDITION TRANSFER ACCOUNT				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS	1			10
11 SUBTOTAL	23846360			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 FONDATION LOSS FOR THE YEAR				13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	23846360			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				
2 HOSPITAL	4898185		4898185	1
4 SUBPROVIDER I	5582918		5582918	2
5 SWING BED - SNF				4
6 SWING BED - NF				5
7 SKILLED NURSING FACILITY				6
8 NURSING FACILITY				7
9 OTHER LONG TERM CARE				8
10 TOTAL GENERAL INPATIENT CARE SERVICES	10481103		10481103	9
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
12 INTENSIVE CARE UNIT				10
13 CORONARY CARE UNIT				11
14 BURN INTENSIVE CARE UNIT				12
15 SURGICAL INTENSIVE CARE UNIT				13
16 OTHER SPECIAL CARE (SPECIFY)				14
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE				15
18 TOTAL INPATIENT ROUTINE CARE SERVICES	10481103		10481103	16
19 ANCILLARY SERVICES	13119141	35026788	48145929	17
20 OUTPATIENT SERVICES				18
18.50 RHC		1453240	1453240	18.50
19 HOME HEALTH AGENCY		1262192	1262192	19
20 AMBULANCE				20
21 CORF				21
22 ASC				22
23 HOSPICE				23
24 PHYSICIAN AND CRNA CHARGES	1453233	2101128	3554361	24
24.01 CLINIC REVENUE		240785	240785	24.01
25 TOTAL PATIENT REVENUES	25053477	40084133	65137610	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		33613980	26
27 ADD (SPECIFY)			27
28 BAD DEBT	1883167		28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		1883167	33
34 DEDUCT (SPECIFY)		-19	34
35 OVER/SHORT		-285	35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS	-304		39
40 TOTAL OPERATING EXPENSES		35496843	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	65137610	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	30792727	2
3	NET PATIENT REVENUES	34344883	3
4	LESS - TOTAL OPERATING EXPENSES	35496843	4
5	NET INCOME FROM SERVICE TO PATIENTS	-1151960	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	93629	6
7	INCOME FROM INVESTMENTS	361389	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	4544	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	77499	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	952	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	4617	21
22	RENTAL OF HOSPITAL SPACE	68807	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	CLINIC RENT		24
24.01	DIALYSIS BUILDING RENT		24.01
24.02	HHC SCREENINGS	1274	24.02
24.03	DIABETIC SKILLS		24.03
24.04	SCHOOL SCREENINGS		24.04
24.05	PULMONARY - OTHER REV		24.05
24.06	OTHER	12941	24.06
24.07	GRANTS	20499	24.07
24.14	HOLDING VALUE GAINS	62542	24.14
25	TOTAL OTHER INCOME	708693	25
26	TOTAL	-443267	26
27			27
27.01	OTHER	2581	27.01
27.02	LOSS ON DISPOSAL OF ASSETS	19039	27.02
27.03	FOUNDATION EXPENSE	41822	27.03
28			28
29			29
30	TOTAL OTHER EXPENSES	63442	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-506709	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7419

WORKSHEET H

	SALARIES	EMPLOYEE BENEFITS	TRANS-PORTATION	CONTRACTED/PURCH SVCS	OTHER COSTS	TOTAL HHA COST
	1	2	3	4	5	6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDG & FIXTURES						1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE						3
4 TRANSPORTATION						4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	206858			1429	57713	266000
6 SKILLED NURSING CARE	215890		29223			245113
7 PHYSICAL THERAPY	105637		20620			126257
8 OCCUPATIONAL THERAPY	7967		1728			9695
9 SPEECH PATHOLOGY	11565		1363			12928
10 MEDICAL SOCIAL SERVICES						10
11 HOME HEALTH AIDE	34830		269			35099
12 SUPPLIES						12
13 DRUGS						13
13.20 COST OF ADMINISTERING VACCINES						13.20
14 DME						14
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						15
16 RESPIRATORY THERAPY						16
17 PRIVATE DUTY NURSING						17
18 CLINIC						18
19 HEALTH PROMOTION ACTIVITIES						19
20 DAY CARE PROGRAM						20
21 HOME DELIVERED MEALS PROGRAM						21
22 HOMEMAKER SERVICE						22
23 ALL OTHERS						23
23.50 TELEMEDICINE						23.50
24 TOTAL	582747		53203	1429	57713	695092

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7419

WORKSHEET H  
 (CONTINUED)

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	
GENERAL SERVICE COST CENTER					
1 CAPITAL RELATED-BLDG & FIXTURES					1
2 CAPITAL RELATED-MOVABLE EQUIPMENT					2
3 PLANT OPERATION & MAINTENANCE					3
4 TRANSPORTATION					4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	-52908	213092	-20487	192605	5
6 SKILLED NURSING CARE		245113		245113	6
7 PHYSICAL THERAPY		126257		126257	7
8 OCCUPATIONAL THERAPY		9695		9695	8
9 SPEECH PATHOLOGY		12928		12928	9
10 MEDICAL SOCIAL SERVICES					10
11 HOME HEALTH AIDE		35099		35099	11
12 SUPPLIES					12
13 DRUGS					13
13.20 COST OF ADMINISTERING VACCINES					13.20
14 DME					14
15 HHA NONREIMBURSABLE SERVICES					15
16 HOME DIALYSIS AIDE SERVICES					16
17 RESPIRATORY THERAPY					17
18 PRIVATE DUTY NURSING					18
19 CLINIC					19
20 HEALTH PROMOTION ACTIVITIES					20
21 DAY CARE PROGRAM					21
22 HOME DELIVERED MEALS PROGRAM					22
23 HOMEMAKER SERVICE					23
23.50 ALL OTHERS					23.50
24 TELEMEDICINE					24
24 TOTAL	-52908	642184	-20487	621697	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7419

WORKSHEET H-4  
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL BLDGS & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATN & MAINT	TRANSPORT- ATION	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6
	0	1	2	3	4			
GENERAL SERVICE COST CENTER								
1 CAPITAL RELATED-BLDG & FIXT								1
2 CAPITAL RELATED-MOVABLE EQUIP								2
3 PLANT OPERATION & MAINTENANCE								3
4 TRANSPORTATION								4
5 ADMINISTRATIVE AND GENERAL	192605					192605	192605	5
HHA REIMBURSABLE SERVICES								
6 SKILLED NURSING CARE	245113					245113	110274	355387
7 PHYSICAL THERAPY	126257					126257	56500	182757
8 OCCUPATIONAL THERAPY	9695					9695	4339	14034
9 SPEECH PATHOLOGY	12928					12928	5785	18713
10 MEDICAL SOCIAL SERVICES								10
11 HOME HEALTH AIDE	35099					35099	15707	50806
12 SUPPLIES								12
13 DRUGS								13
13.20 COST OF ADMINISTERING VACCINES								13.20
14 DME								14
HHA NONREIMBURSABLE SERVICES								
15 HOME DIALYSIS AIDE SERVICES								15
16 RESPIRATORY THERAPY								16
17 PRIVATE DUTY NURSING								17
18 CLINIC								18
19 HEALTH PROMOTION ACTIVITIES								19
20 DAY CARE PROGRAM								20
21 HOME DELIVERED MEALS PROGRAM								21
22 HOMEMAKER SERVICE								22
23 ALL OTHERS								23
23.50 TELEMEDICINE								23.50
24 TOTAL	621697					621697		621697

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7419

WORKSHEET H-4  
 PART II

	CAP REL BLDGS & FIXTURES (SQUARE FEET)	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE)	PLANT OPERATN & MAINT (SQUARE FEET)	TRANSPORT- ATION (MILEAGE)	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
	1	2	3	4			
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDG & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-192605	430402	5
6 SKILLED NURSING CARE					1310	246423	6
7 PHYSICAL THERAPY						126257	7
8 OCCUPATIONAL THERAPY						9695	8
9 SPEECH PATHOLOGY						12928	9
10 MEDICAL SOCIAL SERVICES							10
11 HOME HEALTH AIDE						35099	11
12 SUPPLIES							12
13 DRUGS							13
13.20 COST OF ADMINISTERING VACCINES							13.20
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING							17
18 CLINIC							18
19 HEALTH PROMOTION ACTIVITIES							19
20 DAY CARE PROGRAM							20
21 HOME DELIVERED MEALS PROGRAM							21
22 HOMEMAKER SERVICE							22
23 ALL OTHERS							23
23.50 TELEMEDICINE							23.50
24 TOTAL					-191295	430402	24
25 COST TO BE ALLOC (PER W/S H)						192605	25
26 UNIT COST MULTIPLIER						.447500	26







ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7419

WORKSHEET H-5  
 PART I

HHA COST CENTER	25	I&R COST & POST STEP- DOWN ADJS	26	27	ALLOCATED HHA A & G	28	TOTAL HHA COSTS	29	
1 ADMINISTRATIVE AND GENERAL	72308			72308					1
2 SKILLED NURSING CARE	515755			515755	41298	557053			2
3 PHYSICAL THERAPY	263241			263241	21077	284318			3
4 OCCUPATIONAL THERAPY	20161			20161	1614	21775			4
5 SPEECH PATHOLOGY	27231			27231	2180	29411			5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE	75197			75197	6021	81218			7
8 SUPPLIES	302			302	24	326			8
9 DRUGS	590			590	47	637			9
9.20 COST OF ADMINISTERING VACC	590			590	47	637			9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTALS	975375			975375	72308	975375			20
21 UNIT COST MULTIPLIER					.080069				21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 14-7419

WORKSHEET H-5  
 PART II

HHA COST CENTER	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING HOURS OF SERVICE	
	3	4	5	6A	6	8	9	10	
1 ADMINISTRATIVE AND GENERAL			136589		41074			89	1
2 SKILLED NURSING CARE			215890		420306				2
3 PHYSICAL THERAPY			105637		214523				3
4 OCCUPATIONAL THERAPY			7967		16430				4
5 SPEECH PATHOLOGY			11565		22191				5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE			34830		61280				7
8 SUPPLIES									8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTALS			512478		775804			89	20
21 TOTAL COST TO BE ALLOCATED			154107		176183			21906	21
22 UNIT COST MULTIPLIER			.300709		.227097				22
22 UNIT COST MULTIPLIER							246.134831		22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 14-7419

WORKSHEET H-5  
 PART II

HHA COST CENTER	DIETARY MEALS SERVED 11	CAFETERIA MEALS SERVED 12	NURSING ADMINIS- TRATION DIRECT NRSING HRS 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	PHARMACY COSTED REQUIS. 16	MEDICAL RECORDS & LIBRARY GROSS REVENUE 17	SOCIAL SERVICE TIME SPENT 18	
1 ADMINISTRATIVE AND GENERAL								1
2 SKILLED NURSING CARE								2
3 PHYSICAL THERAPY								3
4 OCCUPATIONAL THERAPY								4
5 SPEECH PATHOLOGY								5
6 MEDICAL SOCIAL SERVICES								6
7 HOME HEALTH AIDE								7
8 SUPPLIES				1497				8
9 DRUGS					2852			9
9.20 COST OF ADMINISTERING VACC					2852			9.20
10 DME								10
11 HOME DIALYSIS AIDE SERVICE								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIE								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGR								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE								19.50
20 TOTALS				1497	5704			20
21 TOTAL COST TO BE ALLOCATED				302	1180			21
22 UNIT COST MULTIPLIER					.206872			22
22 UNIT COST MULTIPLIER				.201737				22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7419

WORKSHEET H-6  
 PARTS I & II

CHECK APPLICABLE BOX: [ ] TITLE V [ XX ] TITLE XVIII [ ] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS: COMPUTATION OF THE LESSER OF AGGREGATE PROGRAM COST OR THE AGGREGATE OF THE PROGRAM LIMITATION

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	VISITS	COST PER VISIT	
		2	1	2	3	4	5	
1	SKILLED NURSING CARE		557053		557053	3360	165.79	1
2	PHYSICAL THERAPY		284318		284318	2375	119.71	2
3	OCCUPATIONAL THERAPY		21775		21775	199	109.42	3
4	SPEECH PATHOLOGY		29411		29411	157	187.33	4
5	MEDICAL SOCIAL SERV							5
6	HOME HEALTH AIDE SERV		81218		81218	31	2619.94	6
7	TOTAL		973775		973775	6122		7
LIMITATION COST COMPUTATION			MSA				PROGRAM	
PATIENT SERVICES			NO.				COST	
			1	2	3	4	LIMITS	
8	SKILLED NURSING CARE		9914					8
9	PHYSICAL THERAPY		9914					9
10	OCCUPATIONAL THERAPY		9914					10
11	SPEECH PATHOLOGY		9914					11
12	MEDICAL SOCIAL SERV		9914					12
13	HOME HEALTH AIDE SERV		9914					13
14	TOTAL							14
SUPPLIES AND DRUGS COST COMPUTATIONS		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL		
OTHER PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	CHARGES	RATIO	
		8	1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES		326	11710	12036	36305	.331525	15
16	COST OF DRUGS		637	1278	1915			16
16.20	COST OF ADMINISTERING VACCINES	9.20	637		637	2852	.223352	16.20
PER BENEFICIARY COST LIMITATION:						MSA	AMOUNT	
						NO.	2	
						1		
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4					9914		17
18	PER BENEFICIARY COST LIMITATION					9914		18
19	PER BENEFICIARY COST LIMITATION							19

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7419

WORKSHEET H-6  
 PARTS I & II  
 (CONTINUED)

CHECK APPLICABLE BOX: [ ] TITLE V [ XX ] TITLE XVIII [ ] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS: COMPUTATION OF THE LESSER OF AGGREGATE PROGRAM COST OR THE AGGREGATE OF THE PROGRAM LIMITATION

COST PER VISIT COMPUTATION		PROGRAM VISITS				COST OF SERVICES				TOTAL PROGRAM COST
		PART B		PART B		PART B				
PATIENT SERVICES		PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR			
1	SKILLED NURSING CARE	6	7	8	9	10	11		12	1
2	PHYSICAL THERAPY	1439	770		238572	127658		366230	2	
3	OCCUPATIONAL THERAPY	1332	625		159454	74819		234273	3	
4	SPEECH PATHOLOGY	75	105		8207	11489		19696	4	
5	MEDICAL SOCIAL SERV	74	60		13862	11240		25102	5	
6	HOME HEALTH AIDE SERV	25	6		65499	15720		81219	6	
7	TOTAL	2945	1566		485594	240926		726520	7	

  

LIMITATION COST COMPUTATION		PROGRAM VISITS				COST OF SERVICES				TOTAL PROGRAM COST
		PART B		PART B		PART B				
PATIENT SERVICES		PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR			
8	SKILLED NURSING CARE	6	7	8	9	10	11		12	8
9	PHYSICAL THERAPY								9	
10	OCCUPATIONAL THERAPY								10	
11	SPEECH PATHOLOGY								11	
12	MEDICAL SOCIAL SERV								12	
13	HOME HEALTH AIDE SERV								13	
14	TOTAL								14	

  

SUPPLIES AND DRUGS COST COMPUTATIONS		PROGRAM COVERED CHARGES				COST OF SERVICES			
		PART B DEDUCT. & COINSUR.		PART B DEDUCT. & COINSUR.		PART B DEDUCT. & COINSUR.		PART B DEDUCT. & COINSUR.	
OTHER PATIENT SERVICES		PART A	FEE REIMBURSED	NOT SUBJECT TO	PART A	FEE REIMBURSED	NOT SUBJECT TO	PART A	FEE REIMBURSED
15	COST OF MEDICAL SUPPLIES	6	7	7.01	9	10	10.01	11	15
16	COST OF DRUGS	9050	17704		3000	5869			16
16.20	COST OF ADMINISTERING VA		2102			469			16.20



CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7419

WORKSHEET H-7  
 PARTS I & II

CHECK APPLICABLE BOX: [ ] TITLE V [ XX ] TITLE XVIII [ ] TITLE XIX

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

DESCRIPTION	----- PART B -----		
	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	SUBJECT TO DEDUCTIBLES & COINSURANCE	
	PART A 1	2	3
1 REASONABLE COST OF PROGRAM SERVICES			
2 REASONABLE COST OF SERVICES		469	1
2 TOTAL CHARGES	583591	324935	2
CUSTOMARY CHARGES			
3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			3
4 AMOUNT 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(B)			4
5 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)			5
6 TOTAL CUSTOMARY CHARGES	583591	324935	6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	583591	324466	7
8 EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES			8
9 PRIMARY PAYOR PAYMENTS			9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES		PART B SERVICES	
	1	2	3	4
10 TOTAL REASONABLE COST		469	10	
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	495761	290212	10.01	
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	1545	1461	10.02	
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	3805	3559	10.03	
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	219	3332	10.04	
10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.05	
10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES	11513	2952	10.06	
10.07 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	953	273	10.07	
10.08 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			10.08	
10.09 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.09	
10.10 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC EPISODES			10.10	
10.11 TOTAL OTHER PAYMENTS			10.11	
10.12 DME PAYMENTS			10.12	
10.13 OXYGEN PAYMENTS			10.13	
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS			10.14	
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCL COINSURANCE)			11	
12 SUBTOTAL	513796	302258	12	
13 EXCESS REASONABLE COST			13	
14 SUBTOTAL	513796	302258	14	
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15	
16 NET COST	513796	302258	16	
17 REIMBURSABLE BAD DEBTS			17	
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01	
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	513796	302258	18	
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			19	
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR OR DECREASE IN PROGRAM UTILIZATION			20	
21 OTHER ADJUSTMENTS (SPECIFY):			21	
22 SUBTOTAL	513796	302258	22	
23 SEQUESTRATION ADJUSTMENT			23	
24 SUBTOTAL	513796	302258	24	
25 TOTAL INTERIM PAYMENTS	513796	303891	25	
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			25.01	
26 BALANCE DUE PROVIDER/PROGRAM		-1633	26	
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			27	



ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHA'S  
 FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

HHA NO.: 14-7419

WORKSHEET H-8

DESCRIPTION	PART A		PART B		
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		513796		303891	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	.01				3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02				3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03	NONE		NONE	3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04				3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.05				3.05
	.50				3.50
	PROVIDER .51				3.51
	TO .52	NONE		NONE	3.52
	PROGRAM .53				3.53
	.54				3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		513796		303891	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT 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				6.01
	PROVIDER TO .02			-1633	6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		513796		302258	7

NAME OF INTERMEDIARY: \_\_\_\_\_  
 SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

INTERMEDIARY NUMBER: \_\_\_\_\_  
 DATE (MO/DAY/YR): \_\_\_\_\_

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0210)	SUB I	SUB II	SUB III	SUB IV
<b>PART I - FULLY PROSPECTIVE METHOD</b>					
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS				1
	CAPITAL FEDERAL AMOUNT				
2	CAPITAL DRG OTHER THAN OUTLIER	488788			2
3	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997				3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997	1271			3.01
4	INDIRECT MEDICAL EDUCATION ADJUSTMENT TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [ E-3,PT VI,LN.18] [E,PT A,LN.3.17][x E-3,PT VI,LN.1]				4
4.01	NO. OF INTERNS & RESIDENTS	0.00	0.00		4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE				4.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT				4.03
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS	0.0647			5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I				5.01
5.02	SUM OF LINES 5 AND 5.01				5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE				5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT				5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	490059			6
<b>PART II - HOLD HARMLESS METHOD</b>					
1	NEW CAPITAL				1
2	OLD CAPITAL				2
3	TOTAL CAPITAL				3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL				4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE				5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT				6
7	REDUCED OLD CAPITAL AMOUNT				7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL				8
9	SUBTOTAL				9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)				10
<b>PART III - PAYMENT UNDER REASONABLE COST</b>					
1	PROGRAM INPATIENT ROUTINE CAPITAL COST				1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST				2
3	TOTAL INPATIENT PROGRAM CAPITAL				3
4	CAPITAL COST PAYMENT FACTOR				4
5	TOTAL INPATIENT PROGRAM CAPITAL COST				5
<b>PART IV - COMPUTATION OF EXCEPTION PAYMENTS</b>					
1	PROGRAM INPATIENT CAPITAL COSTS				1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES				2
3	NET PROGRAM INPATIENT CAPITAL COSTS				3
4	APPLICABLE EXCEPTION PERCENTAGE				4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS				5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES				6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES				7
8	CAPITAL MINIMUM PAYMENT LEVEL				8
9	CURRENT YEAR CAPITAL PAYMENTS				9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS				10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT				11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS				12
13	CURRENT YEAR EXCEPTION PAYMENT				13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD				14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)				15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)				16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT				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					
3	NEW CAP REL COSTS-BLDG & FIXT				3
4	NEW CAP REL COSTS-MVBLE EQUIP				4
5	EMPLOYEE BENEFITS				5
6	ADMINISTRATIVE & GENERAL				6
8	OPERATION OF PLANT				8
9	LAUNDRY & LINEN SERVICE				9
10	HOUSEKEEPING				10
11	DIETARY				11
12	CAFETERIA				12
14	NURSING ADMINISTRATION				14
15	CENTRAL SERVICES & SUPPLY				15
16	PHARMACY				16
17	MEDICAL RECORDS & LIBRARY				17
18	SOCIAL SERVICE				18
INPATIENT ROUTINE SERV COST CENTERS					
25	ADULTS & PEDIATRICS				25
31	SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS					
37	OPERATING ROOM				37
40	ANESTHESIOLOGY				40
41	RADIOLOGY-DIAGNOSTIC				41
44	LABORATORY				44
46.30	BLOOD CLOTTING FACTORS ADMIN CO				46.30
48	INTRAVENOUS THERAPY				48
49	RESPIRATORY THERAPY				49
50	PHYSICAL THERAPY				50
53	ELECTROCARDIOLOGY				53
55	MEDICAL SUPPLIES CHARGED TO PAT				55
56	DRUGS CHARGED TO PATIENTS				56
58	ASC (NON-DISTINCT PART)				58
59	NUCLEAR MEDICINE				59
59.01	CAT SCAN				59.01
59.02	ULTRASOUND				59.02
59.03	MAMMOGRAPHY				59.03
59.04	CARDIAC REHAB				59.04
59.05	FAITH CTR-CHEMOTHERAPY				59.05
59.06	ROUTINE ANCILLARY				59.06
OUTPATIENT SERVICE COST CENTERS					
61	EMERGENCY				61
62	OBSERVATION BEDS (NON-DISTINCT				62
63	DAY PSYCHIATRIC				63
63.50	RHC				63.50
OTHER REIMBURSABLE COST CENTERS					
71	HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS					
95	SUBTOTALS				95
NONREIMBURSABLE COST CENTERS					
96	GIFT, FLOWER, COFFEE SHOP & CAN				96
98	PHYSICIANS' PRIVATE OFFICES				98
98.01	DIALYSIS				98.01
98.03	ORTHO CLINIC				98.03
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

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/  
 FEDERALLY QUALIFIED HEALTH CENTER COSTS

RHC I  
 COMPONENT NO: 14-3473

WORKSHEET M-1

CHECK [ XX ] RHC  
 APPLICABLE BOX: [ ] FQHC

	COMPEN- SATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATIONS 4	RECLASSIFIED TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION 7	
FACILITY HEALTH CARE STAFF COSTS								
1 PHYSICIAN	621338		621338		621338		621338	1
2 PHYSICIAN ASSISTANT								2
3 NURSE PRACTITIONER	188546		188546		188546		188546	3
4 VISITING NURSE								4
5 OTHER NURSE								5
6 CLINICAL PSYCHOLOGIST	8723		8723		8723		8723	6
7 CLINICAL SOCIAL WORKER	7588		7588		7588		7588	7
8 LABORATORY TECHNICIAN								8
9 OTHER FACILITY HEALTH CARE STAFF COSTS								9
10 SUBTOTAL (SUM OF LINES 1-9)	826195		826195		826195		826195	10
COSTS UNDER AGREEMENT								
11 PHYSICIAN SERVICES UNDER AGREEMENT								11
12 PHYSICIAN SUPERVISION UNDER AGREEMENT								12
13 OTHER COSTS UNDER AGREEMENT								13
14 SUBTOTAL (SUM OF LINES 11-13)								14
OTHER HEALTH CARE COSTS								
15 MEDICAL SUPPLIES		30141	30141		30141		30141	15
16 TRANSPORTATION (HEALTH CARE STAFF)		8472	8472		8472		8472	16
17 DEPRECIATION-MEDICAL EQUIPMENT				47101	47101		47101	17
18 PROFESSIONAL LIABILITY INSURANCE								18
19 OTHER HEALTH CARE COSTS								19
20 ALLOWABLE GME COSTS								20
21 SUBTOTAL (SUM OF LINES 15-20)		38613	38613	47101	85714		85714	21
22 TOTAL COSTS OF HEALTH CARE SERVICES COSTS OTHER THAN RHC/FQHC SERVICES	826195	38613	864808	47101	911909		911909	22
23 PHARMACY								23
24 DENTAL								24
25 OPTOMETRY								25
26 ALL OTHER NONREIMBURSABLE COSTS								26
27 NONALLOWABLE GME COSTS								27
28 TOTAL NONREIMBURSABLE COSTS								28
FACILITY OVERHEAD								
29 FACILITY COSTS		58480	58480		58480		58480	29
30 ADMINISTRATIVE COSTS	432876	93112	525988	3058	529046	-461	528585	30
31 TOTAL FACILITY OVERHEAD	432876	151592	584468	3058	587526	-461	587065	31
32 TOTAL FACILITY COSTS	1259071	190205	1449276	50159	1499435	-461	1498974	32

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES

RHC I  
 COMPONENT NO: 14-3473

WORKSHEET M-2

CHECK [ XX ] RHC  
 APPLICABLE BOX: [ ] FQHC

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL	TOTAL VISITS	PRODUCTIVITY STANDARD	MINIMUM VISITS	GREATER OF COL. 2 OR COL. 4	
	1	2	3	4	5	
1 PHYSICIANS	2.70	9289	4200	11340		1
2 PHYSICIAN ASSISTANTS			2100			2
3 NURSE PRACTITIONERS	3.23	5476	2100	6783		3
4 SUBTOTAL	5.93	14765		18123	18123	4
5 VISITING NURSE						5
6 CLINICAL PSYCHOLOGIST	0.13	154			154	6
7 CLINICAL SOCIAL WORKER	0.18	232			232	7
8 TOTAL FTEs AND VISITS	6.24	15151			18509	8
9 PHYSICIAN SERVICES UNDER AGREEMENTS						9

DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES

10 TOTAL COSTS OF HEALTH CARE SERVICES					911909	10
11 TOTAL NONREIMBURSABLE COSTS						11
12 COST OF ALL SERVICES (EXCLUDING OVERHEAD)					911909	12
13 RATIO OF RHC/FQHC SERVICES					1.000000	13
14 TOTAL FACILITY OVERHEAD					587065	14
15 PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY					540721	15
16 TOTAL OVERHEAD					1127786	16
17 ALLOWABLE GME OVERHEAD						17
18 SUBTRACT LINE 17 FROM LINE 16					1127786	18
19 OVERHEAD APPLICABLE TO RHC/FQHC SERVICES					1127786	19
20 TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES					2039695	20

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES

RHC I  
 COMPONENT NO: 14-3473

WORKSHEET M-3

CHECK [ XX ] RHC [ ] TITLE V  
 APPLICABLE BOX: [ ] FQHC [ XX ] TITLE XVIII  
 [ ] TITLE XIX

DETERMINATION OF RATE FOR RHC/FQHC SERVICES

1	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES	2039695	1
2	COST OF VACCINES AND THEIR ADMINISTRATION		2
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE	2039695	3
4	TOTAL VISITS	18509	4
5	PHYSICIANS VISITS UNDER AGREEMENT		5
6	TOTAL ADJUSTED VISITS	18509	6
7	ADJUSTED COST PER VISIT	110.20	7

CALCULATION OF LIMIT(1)

	PRIOR TO JANUARY 1 1	ON OR AFTER JANUARY 1 2	(SEE INSTR.) 3	
8	PER VISIT PAYMENT LIMIT	72.76	75.23	8
9	RATE FOR PROGRAM COVERED VISITS	110.20	110.20	9

CALCULATION OF SETTLEMENT

10	PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES	2010	1844	10
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES	221502	203209	11
12	PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES	122	363	12
13	PROGRAM COVERED COST FROM MENTAL HEALTH SERVICES	13444	40003	13
14	LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES	8403	25002	14
15	GRADUATE MEDICAL EDUCATION PASS THROUGH COST			15
16	TOTAL PROGRAM COST		458116	16
16.01	PRIMARY PAYOR PAYMENTS		403	16.01
17	LESS: BENEFICIARY DEDUCTIBLE		51041	17
18	NET PROGRAM COST EXCLUDING VACCINES		406672	18
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE		325338	19
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION			20
21	TOTAL REIMBURSABLE PROGRAM COST		325338	21
22	REIMBURSABLE BAD DEBTS		2184	22
22.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		502	22.01
23	OTHER ADJUSTMENTS			23
24	NET REIMBURSABLE AMOUNT		327522	24
25	INTERIM PAYMENTS		269958	25
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			25.01
26	BALANCE DUE COMPONENT/PROGRAM		57564	26
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, CHAPTER I, SECTION 115.2			27

(1) LINES 8 THROUGH 14: FISCAL YEAR PROVIDERS USE COLUMNS 1 & 2, CALENDAR YEAR PROVIDERS USE COLUMN 2 ONLY.

RHC I  
 COMPONENT NO: 14-3473

WORKSHEET M-4

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

CHECK [ XX ] RHC [ ] TITLE V  
 APPLICABLE BOX: [ ] FQHC [ XX ] TITLE XVIII  
 [ ] TITLE XIX

	PNEUMOCOCCAL 1	INFLUENZA 2	
1 HEALTH CARE STAFF COSTS	826195	826195	1
2 RATIO OF PNEUMOCOCCAL AND INFLUNZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME			2
3 PNEUMOCOCCAL AND INFUENZA VACCINE HEALTH CARE STAFF COST			3
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFUENZA VACCINE			4
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE			5
6 TOTAL DIRECT COST OF THE FACILITY	911909	911909	6
7 TOTAL OVERHEAD	1127786	1127786	7
8 RATIO OF PNEUMOCOCCAL AND INFUENZA VACCINE DIRECT COST TO TOTAL DIECT COST			8
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE			9
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION			10
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS			11
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION			12
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO MEDICARE BENEFICIARIES			13
14 MEDICARE COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION			14
15 TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION			15
16 TOTAL MEDICARE COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION			16

PROVIDER NO. 14-0210 HARRISBURG MEDICAL CENTER, INC  
 PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05  
 11/28/2008 12:19

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER  
 FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

RHC I  
 COMPONENT NO: 14-3473

WORKSHEET M-5

CHECK [ XX ] RHC  
 APPLICABLE BOX: [ ] FQHC

DESCRIPTION	PART B		
	1 MM/DD/YYYY	2 AMOUNT	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		269958	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	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 TO .02 PROVIDER .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99		3.99
4 TOTAL INTERIM PAYMENTS		269958	4
TO BE COMPLETED BY INTERMEDIARY			
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52	NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99		5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM	57564	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		327522	7
NAME OF INTERMEDIARY: _____		INTERMEDIARY NUMBER: _____	
SIGNATURE OF AUTHORIZED PERSON: _____		DATE (MO/DAY/YR): _____	



\*\*\*\*\* 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	66.40		9.64				76.04 25
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	12.37	32.88	4.72				49.97 37
40 ANESTHESIOLOGY	12.22	28.20	3.98				44.40 40
41 RADIOLOGY-DIAGNOSTIC	18.94	18.70	2.81				40.45 41
44 LABORATORY	21.04	0.72	3.04				24.80 44
48 INTRAVENOUS THERAPY	45.84	11.81	8.89				66.54 48
49 RESPIRATORY THERAPY	50.59	9.94	6.52				67.05 49
50 PHYSICAL THERAPY	7.69	0.01	0.23				7.93 50
53 ELECTROCARDIOLOGY	26.56	33.70	2.68				62.94 53
55 MEDICAL SUPPLIES CHARGED TO PAT	30.37	23.72	5.80				59.89 55
56 DRUGS CHARGED TO PATIENTS	16.94	39.93	2.55				59.42 56
58 ASC (NON-DISTINCT PART)	7.63	46.80	1.22				55.65 58
59 NUCLEAR MEDICINE	1.65	39.16	0.39				41.20 59
59.01 CAT SCAN	13.57	28.62	2.28				44.47 59.01
59.02 ULTRASOUND	24.12	27.05	1.89				53.06 59.02
59.03 MAMMOGRAPHY	0.15						0.15 59.03
59.04 CARDIAC REHAB		75.17					75.17 59.04
59.05 FAITH CTR-CHEMOTHERAPY	0.80	61.06					61.86 59.05
59.06 ROUTINE ANCILLARY	72.14	16.36	4.64				93.14 59.06
61 EMERGENCY	12.56	18.89	2.26				33.71 61
62 OBSERVATION BEDS (NON-DISTINCT	10.08	33.21	1.28				44.57 62
63 DAY PSYCHIATRIC		10.29	0.01				10.30 63
101 TOTAL CHARGES	14.92	18.62	2.25				35.79 101

\*\*\*\*\* 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	36.05		32.22				68.27 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
40 ANESTHESIOLOGY	3.15		1.77				4.92 40
41 RADIOLOGY-DIAGNOSTIC	0.57	0.01	0.35				0.93 41
44 LABORATORY	1.52		1.07				2.59 44
48 INTRAVENOUS THERAPY			0.13				0.13 48
49 RESPIRATORY THERAPY	2.45		0.78				3.23 49
50 PHYSICAL THERAPY	0.54		0.20				0.74 50
53 ELECTROCARDIOLOGY	1.77		1.37				3.14 53
55 MEDICAL SUPPLIES CHARGED TO PAT	1.10		0.86				1.96 55
56 DRUGS CHARGED TO PATIENTS	3.31		2.57				5.88 56
58 ASC (NON-DISTINCT PART)	0.07		0.10				0.17 58
59 NUCLEAR MEDICINE	0.24		1.59				1.83 59
59.01 CAT SCAN	0.97		0.02				0.99 59.01
59.02 ULTRASOUND	0.13		0.02				0.15 59.02
59.06 ROUTINE ANCILLARY			0.70				0.70 59.06
61 EMERGENCY	0.79		0.64				1.43 61
63 DAY PSYCHIATRIC			0.16				0.16 63
63.50 RHC			0.01				0.01 63.50
101 TOTAL CHARGES	1.13		0.72				1.85 101

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
3	NEW CAP REL COSTS-BLDG & FIXT	651948	2.12	-651948	-4.70		3
4	NEW CAP REL COSTS-MVBLE EQUIP	1016643	3.31	-1016643	-7.32		4
5	EMPLOYEE BENEFITS	4380189	14.26	-4380189	-31.55		5
6	ADMINISTRATIVE & GENERAL	4686653	15.26	-4686653	-33.76		6
8	OPERATION OF PLANT	944719	3.08	-944719	-6.80		8
9	LAUNDRY & LINEN SERVICE	158525	.52	-158525	-1.14		9
10	HOUSEKEEPING	448015	1.46	-448015	-3.23		10
11	DIETARY	548423	1.79	-548423	-3.95		11
12	CAFETERIA						12
14	NURSING ADMINISTRATION	151306	.49	-151306	-1.09		14
15	CENTRAL SERVICES & SUPPLY	77054	.25	-77054	-.55		15
16	PHARMACY	485135	1.58	-485135	-3.49		16
17	MEDICAL RECORDS & LIBRARY	335412	1.09	-335412	-2.42		17
18	SOCIAL SERVICE						18
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	2796687	9.11	2883744	20.77	5680431	18.50
31	SUBPROVIDER I	1926170	6.27	1934075	13.93	3860245	12.57
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	538377	1.75	655781	4.72	1194158	3.89
40	ANESTHESIOLOGY	24187	.08	25237	.18	49424	.16
41	RADIOLOGY-DIAGNOSTIC	432261	1.41	545707	3.93	977968	3.18
44	LABORATORY	1722295	5.61	869419	6.26	2591714	8.44
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
48	INTRAVENOUS THERAPY	70861	.23	44342	.32	115203	.38
49	RESPIRATORY THERAPY	413620	1.35	354375	2.55	767995	2.50
50	PHYSICAL THERAPY	753439	2.45	675763	4.87	1429202	4.65
53	ELECTROCARDIOLOGY	80999	.26	63445	.46	144444	.47
55	MEDICAL SUPPLIES CHARGED TO PAT	694404	2.26	320038	2.31	1014442	3.30
56	DRUGS CHARGED TO PATIENTS	2248316	7.32	1523368	10.97	3771684	12.28
58	ASC (NON-DISTINCT PART)	474077	1.54	582869	4.20	1056946	3.44
59	NUCLEAR MEDICINE	308285	1.00	143462	1.03	451747	1.47
59.01	CAT SCAN	338519	1.10	395010	2.85	733529	2.39
59.02	ULTRASOUND	192730	.63	181069	1.30	373799	1.22
59.03	MAMMOGRAPHY	82330	.27	179149	1.29	261479	.85
59.04	CARDIAC REHAB	87367	.28	66621	.48	153988	.50
59.05	FAITH CTR-CHEMOTHERAPY	92797	.30	101438	.73	194235	.63
59.06	ROUTINE ANCILLARY	281500	.92	188757	1.36	470257	1.53
61	EMERGENCY	778131	2.53	697058	5.02	1475189	4.80
62	OBSERVATION BEDS (NON-DISTINCT						62
63	DAY PSYCHIATRIC	173850	.57	179663	1.29	353513	1.15
63.50	RHC	1498974	4.88	540721	3.89	2039695	6.64
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
71	HOME HEALTH AGENCY	621697	2.02	353678	2.55	975375	3.18
SPECIAL PURPOSE COST CENTERS							
NONREIMBURSABLE COST CENTERS							
96	GIFT, FLOWER, COFFEE SHOP & CAN	28633	.09	36008	.26	64641	.21

COST CENTER		--- DIRECT COSTS ---	---	-- ALLOCATED OVERHEAD --	--	--- TOTAL COSTS ---	---	
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
98	PHYSICIANS' PRIVATE OFFICES	100501	.33	253915	1.83	354416	1.15	98
98.01	DIALYSIS			74478	.54	74478	.24	98.01
98.03	ORTHO CLINIC	65311	.21	14832	.11	80143	.26	98.03
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	TOTAL	30710340	100.00	0	.00	30710340	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	122930	1366635	.089951	168995	15201	37
40 ANESTHESIOLOGY	7762	1094796	.007090	133760	948	40
41 RADIOLOGY-DIAGNOSTIC	187190	1549275	.120824	293475	35459	41
44 LABORATORY	76618	8238378	.009300	1733395	16121	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
48 INTRAVENOUS THERAPY	3063	594083	.005156	272314	1404	48
49 RESPIRATORY THERAPY	45939	3233215	.014208	1635735	23241	49
50 PHYSICAL THERAPY	76044	2732852	.027826	210081	5846	50
53 ELECTROCARDIOLOGY	35102	533056	.065850	141598	9324	53
55 MEDICAL SUPPLIES CHARGED TO PAT	42924	2210583	.019418	671413	13037	55
56 DRUGS CHARGED TO PATIENTS	140161	8418628	.016649	1426340	23747	56
58 ASC (NON-DISTINCT PART)	115931	2894442	.040053	220851	8846	58
59 NUCLEAR MEDICINE	10239	1480677	.006915	24395	169	59
59.01 CAT SCAN	136569	8097858	.016865	1099060	18536	59.01
59.02 ULTRASOUND	44732	1259074	.035528	303642	10788	59.02
59.03 MAMMOGRAPHY	109083	442507	.246511	642	158	59.03
59.04 CARDIAC REHAB	13027	284253	.045829			59.04
59.05 FAITH CTR-CHEMOTHERAPY	15821	334218	.047337	2665	126	59.05
59.06 ROUTINE ANCILLARY	5830	480118	.012143	346365	4206	59.06
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	43659	1998161	.021850	250970	5484	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	18190	254577	.071452	25659	1833	62
63 DAY PSYCHIATRIC	29492	611844	.048202			63
63.50 RHC		1453240				63.50
101 TOTAL	1280306	49562470		8961355	1944474	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS								
25	ADULTS & PEDIATRICS	241962	9809	251771	7571	31.96	5027	160663 25
101	TOTAL	241962	9809	251771			5027	160663 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							160663	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							194474	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							355137	
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)	6534627
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	12120133
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.539

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))	1624411
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	2689894
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.604

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)	355137
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.029

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)	4233313
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)	11177962
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.379