

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

WORKSHEET S  
 PARTS I & II

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

PART I - CERTIFICATION

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

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY ADVENTIST GLENOAKS HOSPITAL (14-0292) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2008 AND ENDING 12/31/2008, 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	HOSPITAL	875551	21496		1
2	SUBPROVIDER I	-3024	3450		2
3	SWING BED - SNF				3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	872527	24946		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: 701 WINTHROP AVENUE P.O. BOX: 1  
 1.01 CITY: GLENDALE HEIGHTS STATE: IL ZIP CODE: 60139 COUNTY: DUPAGE 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	ADVENTIST GLENOAKS HOSPITAL	14-0292	11/23/1982	N	P	O	2
3	SUBPROVIDER I	GLEN OAKS MED CTR PSYCH UNIT	14-S292	01/01/1984	N	P	T	3
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF							6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA							9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE							12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 01/01/2008 TO: 12/31/2008 17  
 18 TYPE OF CONTROL 1 18

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1 19  
 20 SUBPROVIDER I 4 20

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. 21

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? YES 21.01

21.02 HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE. 21.02

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 21.03

21.04 FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL. 1 21.04

21.05 FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL. 1 21.05

21.06 DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER 'Y' FOR YES AND 'N' FOR NO. NO 21.06

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? NO 22

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW NO 23

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.01

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.02

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.03

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.04

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. 23.05

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.06

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.07

24 IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3. 24

24.01 IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3. 24.01

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R? 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.				26
26.01	ENTER THE APPLICABLE SCH DATES:	BEGINNING:	ENDING:		26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.				26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS):	BEGINNING:	ENDING:		26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.			NO	27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.				28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st				28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.				28.02
A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)					
28.03	STAFFING	0.00		N	28.03
28.04	RECRUITMENT	0.00		N	28.04
28.05	RETENTION OF EMPLOYEES	0.00		N	28.05
28.06	TRAINING	0.00		N	28.06
28.07	OTHER (SPECIFY)				28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?			NO	29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.			NO	30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.				30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?				30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)				30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.				30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).			NO	31
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).			NO	31.01
MISCELLANEOUS COST REPORTING INFORMATION					
32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.			NO	32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.			NO	33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?			NO	34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?			NO	35
PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL					
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	V	XVIII	XIX	
		1	2	3	
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	YES	36
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?	NO	NO	NO	37.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES		38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	YES		38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	YES		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.	YES	0-8013	40
40.01	NAME:	FI/CONTRACTOR'S NAME:	FI/CONTRACTOR'S NUMBER:	40.01
40.02	STREET: ENTER STREET IN COLUMN 1, PO BOX IN		P.O.BOX: 111. N OR	40.02
40.03	CITY:		STATE: FL ZIP CODE: 32789	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES		41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES		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?	YES		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 NHCMP 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	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 0 / /	Y/N 1 NO	LIMIT 2 0.00	Y/N 3 NO	FEE\$ 4	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				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	NO			60.01
MULTICAMPUS						
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.	NO				61
	COUNTY: 1	STATE: 2	ZIP CODE 3	CBSA 4		FTE/ CAMPUS 5
SETTLEMENT DATA						
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)	NO				63

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH PATIENT HOURS 2.01	-----I/P DAYS / O/P VISITS / TRIPS-----				OBS. BEDS ADMITTED 5.01
				TITLE V 3	TITLE XVIII 4	LTCH NONCOVERED DAYS 4.01	TITLE XIX 5	
1 HOSPITAL ADULTS & PEDS, EXCL SWING BED, OBSERV & HOSPICE DAYS	116	42456			8055		9762	1
2 HMO								2
3 HOSPITAL ADULTS & PEDS - SWING BED SNF								3
4 HOSPITAL ADULTS & PEDS - SWING BED NF								4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS	116	42456			8055		9762	5
6 INTENSIVE CARE UNIT	10	3660			1501		235	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							854	11
12 TOTAL HOSPITAL	126	46116			9556		10851	12
13 RPCH VISITS								13
14 SUBPROVIDER I	12	4392			3296		464	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	138							25
26 OBSERVATION BED DAYS							176	29
27 AMBULANCE TRIPS								27
28 EMPLOYEE DISCOUNT DAYS								28

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I  
 (CONTINUED)

COMPONENT	-----I/P DAYS / O/P VISITS / TRIPS-----				---INTERNS & RES FTES---			--FULL TIME EQUIV--	
	OBS.		OBS.		LESS I&R			EMPLOYEES ON PAYROLL	NONPAID WORKERS
	BEDS NOT ADMITTED	TOTAL ALL PATIENTS	BEDS ADMITTED	BEDS NOT ADMITTED	TOTAL	REPL NON- PHYS ANES	NET		
	5.02	6	6.01	6.02	7	8	9	10	11
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		21109							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		21109							5
6 INTENSIVE CARE UNIT		2582							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		1032							11
12 TOTAL HOSPITAL		24723						485.27	12
13 RPCH VISITS									13
14 SUBPROVIDER I		3760						20.90	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								506.17	25
26 OBSERVATION BED DAYS	147	747	138	609					26
27 AMBULANCE TRIPS									27
28 EMPLOYEE DISCOUNT DAYS									28

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I  
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		1514	2209	5144	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		1514	2209	5144	12
13	RPCH VISITS					13
14	SUBPROVIDER I		278	47	325	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. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
1	SALARIES	2	3	4	5	6		
1	TOTAL SALARIES	28051982	-170339	27881643	1009372.00	27.62		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A							4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B							5
5.01	NON-PHYSICIAN - PART B							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	4006740	87423	4094163	43470.00	94.18		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	741145		741145	12314.00	60.19		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							10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	2230459		2230459	34793.00	64.11	HO CR 10-8013	11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	5301123		5301123			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	883346		883346			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18	PHYSICIAN PART A						CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B						CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)						CMS 339	19.01
20	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	60761	198275	259036	5084.00	50.95		21
22	ADMINISTRATIVE & GENERAL	3667138	-707652	2959486	108978.00	27.16		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT	750289	206912	957201	39301.00	24.36		24
25	LAUNDRY & LINEN SERVICE							25
26	HOUSEKEEPING	617636		617636	47103.00	13.11		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	705054	-115295	589759	38491.00	15.32		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA		115295	115295	6843.00	16.85		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	1089261	22141	1111402	32365.00	34.34		30
31	CENTRAL SERVICES AND SUPPLY	154302		154302	11681.00	13.21		31
32	PHARMACY	795974	8401	804375	22392.00	35.92		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	375046	42199	417245	21328.00	19.56		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. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
1		2	3	4	5		
1	NET SALARIES	28051982	-170339	27881643	1009372.00	27.62	1
2	EXCLUDED AREA SALARIES	4006740	87423	4094163	43470.00	94.18	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	24045242	-257762	23787480	965902.00	24.63	3
4	SUBTOTAL OTHER WAGES & REL COSTS	2971604		2971604	47107.00	63.08	4
5	SUBTOTAL WAGE-RELATED COSTS	5301123		5301123		22.29%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	32317969	-257762	32060207	1013009.00	31.65	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	8215461	-229724	7985737	333566.00	23.94	13

NHCMQ DEMONSTRATION STATISTICAL DATA  
 STATISTICAL DATA

WORKSHEET S-7

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

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?		1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04		2
2.01	IS IT AT THE TIME OF ADMISSION?		2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?		2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?		2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)		2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?		3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?		4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?		5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?		6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?		7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01		8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?		8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04		9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?		9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?		9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?		9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?		9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?		10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04		11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?		11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?		11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?		11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?		11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?		12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?		13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01		14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?		14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?		14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?		15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?		16
17	REVENUE RELATED TO UNCOMPENSATED CARE		17
17.01	GROSS MEDICAID REVENUES	22088363	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	22088363	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.315710	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	49087467	28
29	TOTAL GROSS MEDICAID COST	15497404	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	12616422	30
31	UNCOMPENSATED CARE COST	3983131	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	15497404	32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
GENERAL SERVICE COST CENTERS									
1	0100 OLD CAP REL COSTS-BLDG & FIXT				690727	690727	624806	1315533	1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300 NEW CAP REL COSTS-BLDG & FIXT				3451828	3451828	409924	3861752	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				2282055	2282055		2282055	4
5	0500 EMPLOYEE BENEFITS	60761	1274252	1335013	2586390	3921403		3921403	5
6.01	1160 COMMUNICATIONS		313214	313214	-10819	302395	-30171	272224	6.01
6.02	0620 DATA PROCESSING								6.02
6.03	0630 PURCHASING								6.03
6.04	0640 ADMITTING	593829	87267	681096		681096		681096	6.04
6.06	0660 ADMIN & GENERAL	3073309	11977154	15050463	-6273227	8777236	224229	9001465	6.06
7	0700 MAINTENANCE & REPAIRS								7
8	0800 OPERATION OF PLANT	750289	1786108	2536397	810688	3347085		3347085	8
9	0900 LAUNDRY & LINEN SERVICE								9
10	1000 HOUSEKEEPING	617636	216853	834489	-437	834052		834052	10
11	1100 DIETARY	705054	510315	1215369	-198745	1016624	-7367	1009257	11
12	1200 CAFETERIA				198745	198745	-83697	115048	12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	1089261	305373	1394634	42220	1436854		1436854	14
15	1500 CENTRAL SERVICES & SUPPLY	154302	297601	451903	-45366	406537		406537	15
16	1600 PHARMACY	795974	2028744	2824718	-1924300	900418		900418	16
17	1700 MEDICAL RECORDS & LIBRARY	375046	160715	535761	46862	582623	-680	581943	17
18	1800 SOCIAL SERVICE								18
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL								21
22	2200 I&R SERVICES-SALARY & FRINGES A								22
23	2300 I&R SERVICES-OTHER PRGM COSTS A								23
24	2400 PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERV COST CENTERS								24
25	2500 ADULTS & PEDIATRICS	7237879	1758625	8996504	-582246	8414258	-313904	8100354	25
26	2600 INTENSIVE CARE UNIT	1504112	545118	2049230		2049230		2049230	26
31	3100 SUBPROVIDER I	1130926	227071	1357997	93994	1451991	-42844	1409147	31
33	3300 NURSERY ANCILLARY SERVICE COST CENTERS		3503	3503	488252	491755		491755	33
37	3700 OPERATING ROOM	643238	1225785	1869023	-40993	1828030	-9583	1818447	37
38	3800 RECOVERY ROOM	167861	16993	184854		184854		184854	38
39	3900 DELIVERY ROOM & LABOR ROOM	506	31086	31592		31592		31592	39
40	4000 ANESTHESIOLOGY		50251	50251		50251		50251	40
41	4100 RADIOLOGY-DIAGNOSTIC	863058	604271	1467329	74696	1542025	-3977	1538048	41
41.01	4101 MRI	478858	199382	678240		678240		678240	41.01
43.01	3450 NUCLEAR MEDICINE	136867	86114	222981		222981		222981	43.01
44	4400 LABORATORY	1138965	1220571	2359536	-134480	2225056		2225056	44
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	4900 RESPIRATORY THERAPY	590132	199458	789590	-10385	779205		779205	49
50	5000 PHYSICAL THERAPY	309724	129325	439049	-35064	403985	-1892	402093	50
52	5200 SPEECH PATHOLOGY	10006	45890	55896		55896		55896	52
53	5300 ELECTROCARDIOLOGY	228513	109856	338369		338369	-45998	292371	53
53.01	3120 CARDIAC CATH LAB	376056	609181	985237		985237	-20	985217	53.01
54	5400 ELECTROENCEPHALOGRAPHY	27808	8358	36166		36166	-5165	31001	54
55	5500 MEDICAL SUPPLIES CHARGED TO PAT								55
56	5600 DRUGS CHARGED TO PATIENTS				1771730	1771730		1771730	56
57	5700 RENAL DIALYSIS		193049	193049		193049		193049	57
58.01	5801 OP SURGERY	334222	111561	445783	-13775	432008		432008	58.01
58.02	3550 OP PSYCH SERVICES	182625	48326	230951	-12120	218831	-735	218096	58.02
58.03	3551 CHEMICAL DEPENDENCY								58.03
58.04	3950 PAIN CLINIC	35186	14985	50171		50171		50171	58.04
59	3951 SLEEP LAB OUTPATIENT SERVICE COST CENTERS								59
61	6100 EMERGENCY	1564165	1019957	2584122		2584122	-206800	2377322	61
62	6200 OBSERVATION BEDS (NON-DISTINCT)								62
63.50	6310 RHC								63.50
63.60	6320 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS									
69.10	6910 CMHC								69.10
69.20	6920 OUTPATIENT PHYSICAL THERAPY								69.20
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	6940 OUTPATIENT SPEECH PATHOLOGY								69.40
71	7100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS								71
85.01	8510 PANCREAS ACQUISITION								85.01
85.02	8520 INTESTINAL ACQUISITION								85.02
85.03	8530 ISLET CELL ACQUISITION								85.03
88	8800 INTEREST EXPENSE		3278060	3278060	-3256230	21830	-21830		88
95	SUBTOTALS	25176168	30694372	55870540		55870540	484296	56354836	95
NONREIMBURSABLE COST CENTERS									
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN	192231	292120	484351		484351		484351	96

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER			SALARIES	OTHER	TOTAL	RECLASSI- FICATIONS	RECLASS. TRIAL BALANCE	ADJUST- MENTS	NET EXP FOR ALLOCATION
			1	2	3	4	5	6	7
98	9800	PHYSICIANS' PRIVATE OFFICES		3157171	3157171		3157171		3157171 98
98.01	9802	THERAPEUTIC DAY SCHOOL	2683583	1083816	3767399		3767399		3767399 98.01
98.02	9801	RESP OUTSOURCE							98.02
101		TOTAL	28051982	35227479	63279461		63279461	484296	63763757 101

RECLASSIFICATIONS

WORKSHEET A-6  
 PAGE 1

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		OTHER
			LINE #	SALARY	
1	2	3	4	5	
1 CAFETERIA RECLASS	A	CAFETERIA	12	115295	83450
2					
3 NURSERY SALARY RECLASS	B	NURSERY	33	328756	159496
4	B	ADULTS & PEDIATRICS	25	586101	259990
5					
6 DRUGS CHGD TO PATIENTS	C	DRUGS CHARGED TO PATIENTS	56		1771730
7					
8 MEDICAL SUPPLIES CHGD TO PATIENTS	D	MEDICAL SUPPLIES CHARGED TO P	55		284524
9					
10 RENTS AND LEASES	E	NEW CAP REL COSTS-BLDG & FIXT	3		191794
11	E	NEW CAP REL COSTS-MVBLE EQUIP	4		424706
12	E				
13	E				
14	E				
15	E				
16	E				
17	E				
18	E				
19	E				
20	E				
21	E				
22	E				
23					
24					
25					
26					
27					
28 DEPRECIATION RECLASS	F	NEW CAP REL COSTS-BLDG & FIXT	3		1220460
29	F	NEW CAP REL COSTS-MVBLE EQUIP	4		1826160
30					
31 INTEREST RECLASS	G	OLD CAP REL COSTS-BLDG & FIXT	1		690727
32	G	NEW CAP REL COSTS-MVBLE EQUIP	4		25189
33					
34 PSYCH ASS REF	H	SUBPROVIDER I	31	87423	6571
35					
36 SUBTOTAL				1117575	6944797

RECLASSIFICATIONS

WORKSHEET A-6  
 PAGE 1

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1 CAFETERIA RECLASS	A	DIETARY	11	115295	83450	1
2						2
3 NURSERY SALARY RECLASS	B	ADULTS & PEDIATRICS	25	914857	419486	3
4	B					4
5						5
6 DRUGS CHGD TO PATIENTS	C	PHARMACY	16		1771730	6
7						7
8 MEDICAL SUPPLIES CHGD TO PATIENTS	D	MEDICAL SUPPLIES CHARGED TO P	55		284524	8
9						9
10 RENTS AND LEASES	E	COMMUNICATIONS	6.01		10819	10 10
11	E	ADMIN & GENERAL	6.06		148020	10 11
12	E	OPERATION OF PLANT	8		534	12
13	E	HOUSEKEEPING	10		437	13
14	E	CENTRAL SERVICES & SUPPLY	15		45366	14
15	E	PHARMACY	16		162045	15
16	E	MEDICAL RECORDS & LIBRARY	17		2462	16
17	E	OPERATING ROOM	37		40993	17
18	E	LABORATORY	44		134480	18
19	E	RESPIRATORY THERAPY	49		10385	19
20	E	PHYSICAL THERAPY	50		35064	20
21	E	OP SURGERY	58.01		13775	21
22	E	OP PSYCH SERVICES	58.02		12120	22
23						23
24						24
25						25
26						26
27						27
28 DEPRECIATION RECLASS	F	INTEREST EXPENSE	88		2540314	10 28
29	F	ADMIN & GENERAL	6.06		506306	10 29
30						30
31 INTEREST RECLASS	G	INTEREST EXPENSE	88		715916	11 31
32	G					11 32
33						33
34 PSYCH ASS REF	H	ADULTS & PEDIATRICS	25	87423	6571	34
35						35
36 SUBTOTAL				1117575	6944797	36

RECLASSIFICATIONS

WORKSHEET A-6  
 PAGE 2

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
1		2	3	4	5	
1 SHARED SERVICE RECLASS	I	NEW CAP REL COSTS-BLDG & FIXT	3		2002030	1
2	I	EMPLOYEE BENEFITS	5	198275	2388115	2
3	I	ADMIN & GENERAL	6.06	1124942	1823660	3
4	I	OPERATION OF PLANT	8	206912	604310	4
5	I	NURSING ADMINISTRATION	14	22141	20079	5
6	I	PHARMACY	16	8401	1074	6
7	I	MEDICAL RECORDS & LIBRARY	17	42199	7125	7
8	I	RADIOLOGY-DIAGNOSTIC	41	59385	15311	8
9	I	ADMIN & GENERAL	6.06		170340	9
10 INSURANCE RECLASS	L	NEW CAP REL COSTS-MVBLE EQUIP	4		6000	10
11	L	NEW CAP REL COSTS-BLDG & FIXT	3		37544	11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				2779830	14020385	36

RECLASSIFICATIONS

WORKSHEET A-6  
 PAGE 2

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1 SHARED SERVICE RECLASS	I	ADMIN & GENERAL	6.06	1662254	6861705	11 1
2	I	ADMIN & GENERAL	6.06	170340		2
3	I					3
4	I					4
5	I					5
6	I					6
7	I					7
8	I					8
9	I					9
10 INSURANCE RECLASS	L	ADMIN & GENERAL	6.06		6000	12 10
11	L	ADMIN & GENERAL	6.06		37544	12 11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				2950169	13850046	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	1869112					1869112		1
2 LAND IMPROVEMENTS	78294					78294		2
3 BUILDINGS AND FIXTURES	19455896	3193277		3193277		22649173		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	5417198	1155833		1155833		6573031		5
6 MOVABLE EQUIPMENT	5039369	1099933		1099933		6139302		6
7 SUBTOTAL	31859869	5449043		5449043		37308912		7
8 RECONCILING ITEMS								8
9 TOTAL	31859869	5449043		5449043		37308912		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	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	29222204		29222204	.826385				3
4 NEW CAP REL COSTS-MVBLE EQUIP	6139302		6139302	.173615				4
5 TOTAL	35361506		35361506	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	624806		690727				1315533	1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	409924	1412254	2002030	37544			3861752	3
4 NEW CAP REL COSTS-MVBLE EQUIP		2250866	25189	6000			2282055	4
5 TOTAL	1034730	3663120	2717946	43544			7459340	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								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 TOTAL								5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED			WKST A-7 REF
			COST CENTER	LINE NO.		
	1	2	3	4	5	
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES	A	624806	OLD CAP REL COSTS-BLDG & FIXT	1	9	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2		2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3		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						6
7 REFUNDS AND REBATES OF EXPENSES						7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS						8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-30171	COMMUNICATIONS	6.01		9
10 TELEVISION AND RADIO SERVICE						10
11 PARKING LOT						11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST					
	A-8-2	-624195				12
13 SALE OF SCRAP, WASTE, ETC.						13
14 RELATED ORGANIZATION TRANSACTIONS	WKST					
	A-8-1	3006306				14
15 LAUNDRY AND LINEN SERVICE						15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-83697	CAFETERIA	12		16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS						17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS						18
19 SALE OF DRUGS TO OTHER THAN PATIENTS						19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-680	MEDICAL RECORDS & LIBRARY	17		20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)						21
22 VENDING MACHINES	B	-7367	DIETARY	11		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		RESPIRATORY THERAPY	49		25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50		26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST		HOME HEALTH AGENCY	71		27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION	A-8-3		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 PROVIDER TAX	A	-2367768	ADMIN & GENERAL	6.06		37
38 OTHER OPERATING REVENUE	B	1254	ADMIN & GENERAL	6.06		38
38.01 OTHER OPERATING REVENUE	B	-3977	RADIOLOGY-DIAGNOSTIC	41		38.01
38.02 OTHER OPERATING REVENUE	B	-1892	PHYSICAL THERAPY	50		38.02
38.03 OTHER OPERATING REVENUE	B	-105	ELECTROCARDIOLOGY	53		38.03
38.04 OTHER OPERATING REVENUE	B	-20	CARDIAC CATH LAB	53.01		38.04
38.05 OTHER OPERATING REVENUE	B	-405	OP PSYCH SERVICES	58.02		38.05
39 MED STAFF TRAVEL	A	-738	ADMIN & GENERAL	6.06		39
40 PROF BILLING COLLECTION FEES	A	-4895	ELECTROCARDIOLOGY	53		40
41 PROPERTY TAXES	A	-20016	INTEREST EXPENSE	88		41
42 MISC LINE 88 REMAINING	A	-1814	INTEREST EXPENSE	88		42
43 ADVERTISING	A	-330	OP PSYCH SERVICES	58.02		43
44						44
45						45
46						46
47						47
48						48
49						49
50 TOTAL		484296				50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF	
1	2	3	4	5	6	7	
1	6.06	ADMIN & GENERAL	AHS MGT FEES	4859651	3528136	1331515	1
2	6.06	ADMIN & GENERAL	SHARED SERVICE	9788835	8523968	1264867	2
3	3	NEW CAP REL COSTS-BLDG & FIXT	AHS CAPITAL	409924		409924	9 3
4							4
5	TOTALS			15058410	12052104	3006306	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 -----				TYPE OF BUSINESS	
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP			
1	2	3	4	5	6		
1	B AHS CORPORATE		AHS CORPORATE		MANAGEMENT SVCS	1	
2	B SHARED SERVICE		SHARED SERVICE		FIN SERVICES	2	
3						3	
4						4	
5						5	

(1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT	
LINE NO.	1	2	3	4	5	6	7	8	9	
1	25	ADULTS & PEDIATRICS	ASSOC OF BEH SCIENC	200003		200003	154100	2080	154100	7705
2	25	ADULTS & PEDIATRICS	OB ON CALL	427141	56960	370181	196400	2080	196400	9820
3	31	SUBPROVIDER I	DR JOHNSON	119981	42844	77137	154100	2080	154100	7705
4	25	ADULTS & PEDIATRICS	DR RAZZOUK	55000		55000	154100	2080	154100	7705
5	53.01	CARDIAC CATH LAB		46333		46333	154100	2080	154100	7705
6	37	OPERATING ROOM	SURG ASSTS	9583	9583		208000			
7	61	EMERGENCY	ACUTE CARE SPECIALI	54997		54997	138700	2080	138700	6935
8	61	EMERGENCY	ON CALL SVCS	800	800		138700			
9	53	ELECTROCARDIOLOGY	DR KUMAR	70998	40998	30000	225300	2080	225300	11265
13	61	EMERGENCY	HOUSE PHYSICIANS	206000	206000		177200			
14	49	RESPIRATORY THERAPY	MIDWEST PULMONARY	15000		15000	138700	2080	138700	6935
15	6.06	ADMIN & GENERAL	ADM SVS	93247	4901	88346	138700	2080	138700	6935
16	6.06	ADMIN & GENERAL	MED STAFF	20250		20250	138700	2080	138700	6935
18	40	ANESTHESIOLOGY	DR KROLICK	15000		15000	200300	2080	200300	10015
19	25	ADULTS & PEDIATRICS	IB PSYCH	37260	37260		154100			
20	54	ELECTROENCEPHALOGRAPHY	MISC	5165	5165		225300			
101		TOTAL		1376758	404511	972247		22880	1793200	89660

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11	12	13	14	15	16	17	18
1	25 ADULTS & PEDIATRICS		ASSOC OF BEH SCIENC			154100	45903	45903
2	25 ADULTS & PEDIATRICS		OB ON CALL			196400	173781	230741
3	31 SUBPROVIDER I		DR JOHNSON			154100		42844
4	25 ADULTS & PEDIATRICS		DR RAZZOUK			154100		
5	53.01 CARDIAC CATH LAB					154100		
6	37 OPERATING ROOM		SURG ASSTS					9583
7	61 EMERGENCY		ACUTE CARE SPECIALI			138700		
8	61 EMERGENCY		ON CALL SVCS					800
9	53 ELECTROCARDIOLOGY		DR KUMAR			225300		40998
13	61 EMERGENCY		HOUSE PHYSICIANS					206000
14	49 RESPIRATORY THERAPY		MIDWEST PULMONARY			138700		
15	6.06 ADMIN & GENERAL		ADM SVS			138700		4901
16	6.06 ADMIN & GENERAL		MED STAFF			138700		
18	40 ANESTHESIOLOGY		DR KROLICK			200300		
19	25 ADULTS & PEDIATRICS		IB PSYCH					37260
20	54 ELECTROENCEPHALOGRAPHY		MISC					5165
101	TOTAL					1793200	219684	624195

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	COMMUN	ADMITTING	SUBTOTAL
	FOR COST	BLDGS &	BLDGS &	MOVABLE	BENEFITS			
	ALLOCATION	FIXTURES	FIXTURES	EQUIPMENT				
	0	1	3	4	5	6.01	6.04	5A
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT	1315533	1315533						1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	3861752		3861752					3
4 NEW CAP REL COSTS-MVBLE EQUIP	2282055			2282055				4
5 EMPLOYEE BENEFITS	3921403	14672	43070	25452	4004597			5
6.01 COMMUNICATIONS	272224	4598	13496	7975		298293		6.01
6.02 DATA PROCESSING								6.02
6.03 PURCHASING								6.03
6.04 ADMITTING	681096	3779	11093	6556	86090		788614	6.04
6.06 ADMIN & GENERAL	9001465	138754	407314	240697	342961			6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT	3347085	236375	693878	410039	138770			8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING	834052	14672	43070	25452	89542			10
11 DIETARY	1009257	42623	125121	73939	85500			11
12 CAFETERIA	115048	28230	82869	48970	16715			12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	1436854	10971	32207	19032	161126			14
15 CENTRAL SERVICES & SUPPLY	406537	32192	94499	55843	22370			15
16 PHARMACY	900418	15108	44348	26207	116614			16
17 MEDICAL RECORDS & LIBRARY	581943	16762	49205	29077	60490			17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	8100354	274303	805221	475836	988988	236643	136002	11017347 25
26 INTENSIVE CARE UNIT	2049230	43921	128930	76189	218059	27192	24319	2567840 26
31 SUBPROVIDER I	1409147	108609	318822	188404	176630	34458	23474	2259544 31
33 NURSERY	491755	5303	15567	9199	47661		3660	573145 33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	1818447	48579	142605	84270	93253		51024	2238178 37
38 RECOVERY ROOM	184854	5225	15337	9063	24336		5787	244602 38
39 DELIVERY ROOM & LABOR ROOM	31592	4354	12780	7552	73		8668	65019 39
40 ANESTHESIOLOGY	50251	3657	10736	6344			10224	81212 40
41 RADIOLOGY-DIAGNOSTIC	1538048	57200	167910	99224	133731		52432	2048545 41
41.01 MRI	678240				69422		71368	819030 41.01
43.01 NUCLEAR MEDICINE	222981	10153	29804	17612	19842		9367	309759 43.01
44 LABORATORY	2225056	33419	98103	57973	165121		115222	2694894 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	779205	21299	62522	36947	85554		24729	1010256 49
50 PHYSICAL THERAPY	402093	16388	48106	28428	44902		8323	548240 50
52 SPEECH PATHOLOGY	55896				1451		996	58343 52
53 ELECTROCARDIOLOGY	292371				33129		25333	350833 53
53.01 CARDIAC CATH LAB	985217				54519		24791	1064527 53.01
54 ELECTROENCEPHALOGRAPHY	31001	2456	7208	4260	4031		1214	50170 54
55 MEDICAL SUPPLIES CHARGED TO PAT							6103	6103 55
56 DRUGS CHARGED TO PATIENTS	1771730						82674	1854404 56
57 RENAL DIALYSIS	193049						2739	195788 57
58.01 OP SURGERY	432008	35666	104698	61870	48454		11240	693936 58.01
58.02 OP PSYCH SERVICES	218096	39793	116814	69030	26476		5570	475779 58.02
58.03 CHEMICAL DEPENDENCY								58.03
58.04 PAIN CLINIC	50171				5101		2421	57693 58.04
59 SLEEP LAB								59
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	2377322	44077	129390	76461	226765		80934	2934949 61
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	56354836	1313138	3854723	2277901	3587676	298293	788614	55924337 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	484351	2395	7029	4154	27869			525798 96

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	COMMUN	ADMITTING	SUBTOTAL	
	FOR COST	BLDGS &	BLDGS &	MOVABLE	BENEFITS				
	ALLOCATION	FIXTURES	FIXTURES	EQUIPMENT					
	0	1	3	4	5	6.01	6.04	5A	
98 PHYSICIANS' PRIVATE OFFICES	3157171							3157171	98
98.01 THERAPEUTIC DAY SCHOOL	3767399				389052			4156451	98.01
98.02 RESP OUTSOURCE									98.02
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	63763757	1315533	3861752	2282055	4004597	298293	788614	63763757	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	ADMIN GENERAL	OPERATION OF PLANT	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	6.06	8	10	11	12	14	15	16	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 COMMUNICATIONS									6.01
6.02 DATA PROCESSING									6.02
6.03 PURCHASING									6.03
6.04 ADMITTING									6.04
6.06 ADMIN & GENERAL	10131191								6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	911659	5737806							8
9 LAUNDRY & LINEN SERVICE									9
10 HOUSEKEEPING	190182	91770	1288740						10
11 DIETARY	252454	266597	60852	1916343					11
12 CAFETERIA	55127	176570	40303		563832				12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	313610	68624	15664		27963	2086051			14
15 CENTRAL SERVICES & SUPPLY	115501	201350	45959		10092	15197	999540		15
16 PHARMACY	208299	94494	21569		18403	76673		1522133	16
17 MEDICAL RECORDS & LIBRARY	139309	104842	23931		18427				17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	2081177	1715698	391616	1487095	201290	785187	56		25
26 INTENSIVE CARE UNIT	485065	274712	62705	166186	36937	154801			26
31 SUBPROVIDER I	426828	679319	155059	263062	37557	157401			31
33 NURSERY	108267	33168	7571		7799	32686			33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	422792	303850	69356		15984	66987	540798	2163	37
38 RECOVERY ROOM	46205	32678	7459		3186	13350			38
39 DELIVERY ROOM & LABOR ROOM	12282	27232	6216			58398	134		39
40 ANESTHESIOLOGY	15341	22875	5221						40
41 RADIOLOGY-DIAGNOSTIC	386970	357769	81663		16209	62580	16353	8423	41
41.01 MRI	154715				12612	52854		34269	41.01
43.01 NUCLEAR MEDICINE	58513	63504	14495		2971	12452	19521	368	43.01
44 LABORATORY	509065	209030	47712		39608	165149	604		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	190837	133217	30408		17021	71335			49
50 PHYSICAL THERAPY	103563	102500	23396		9623	40330		529	50
52 SPEECH PATHOLOGY	11021								52
53 ELECTROCARDIOLOGY	66272				6420	26907	204	70	53
53.01 CARDIAC CATH LAB	201089				7087	29702	241051	10477	53.01
54 ELECTROENCEPHALOGRAPHY	9477	15359	3506		574	2404			54
55 MEDICAL SUPPLIES CHARGED TO PAT	1153						164351		55
56 DRUGS CHARGED TO PATIENTS	350297							1452831	56
57 RENAL DIALYSIS	36984								57
58.01 OP SURGERY	131085	223081	50920		9290	38936	13131	10477	58.01
58.02 OP PSYCH SERVICES	89875	248897	56812		15699	17029		48	58.02
58.03 CHEMICAL DEPENDENCY									58.03
58.04 PAIN CLINIC	10898				908	3806	3208	175	58.04
59 SLEEP LAB									59
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	554412	275693	62928		48172	201887	129	2303	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	8650324	5722829	1285321	1916343	563832	2086051	999540	1522133	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	99323	14977	3419						96

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	ADMIN GENERAL	OPERATION OF PLANT	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	6.06	8	10	11	12	14	15	16	
98 PHYSICIANS' PRIVATE OFFICES	596390								98
98.01 THERAPEUTIC DAY SCHOOL	785154								98.01
98.02 RESP OUTSOURCE									98.02
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	10131191	5737806	1288740	1916343	563832	2086051	999540	1522133	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	17	25	26	27	
GENERAL SERVICE COST CENTERS					
1					1
2					2
3					3
4					4
5					5
6.01					6.01
6.02					6.02
6.03					6.03
6.04					6.04
6.06					6.06
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17	1023986				17
18					18
20					20
21					21
22					22
23					23
24					24
INPATIENT ROUTINE SERV COST CENTERS					
25	176659	17856125		17856125	25
26	31575	3779821		3779821	26
31	30478	4009248		4009248	31
33	4751	767387		767387	33
ANCILLARY SERVICE COST CENTERS					
37	66248	3726356		3726356	37
38	7514	354994		354994	38
39	11254	180535		180535	39
40	13274	137923		137923	40
41	68076	3046588		3046588	41
41.01	92661	1166141		1166141	41.01
43.01	12162	493745		493745	43.01
44	149600	3815662		3815662	44
46.30					46.30
49	32107	1485181		1485181	49
50	10806	838987		838987	50
52	1294	70658		70658	52
53	32891	483597		483597	53
53.01	32187	1586120		1586120	53.01
54	1577	83067		83067	54
55	7924	179531		179531	55
56	107341	3764873		3764873	56
57	3557	236329		236329	57
58.01	14594	1185450		1185450	58.01
58.02	7231	911370		911370	58.02
58.03					58.03
58.04	3144	79832		79832	58.04
59					59
OUTPATIENT SERVICE COST CENTERS					
61	105081	4185554		4185554	61
62					62
63.50					63.50
63.60					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10					69.10
69.20					69.20
69.30					69.30
69.40					69.40
71					71
SPECIAL PURPOSE COST CENTERS					
85.01					85.01
85.02					85.02
85.03					85.03
95	1023986	54425074		54425074	95
NONREIMBURSABLE COST CENTERS					
96		643517		643517	96

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	17	25	26	27	
98 PHYSICIANS' PRIVATE OFFICES		3753561		3753561	98
98.01 THERAPEUTIC DAY SCHOOL		4941605		4941605	98.01
98.02 RESP OUTSOURCE					98.02
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL	1023986	63763757		63763757	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP	CAP REL	EMPLOYEE	COMMUN	ADMITTING	ADMIN	OPERATION
	CAP-REL COSTS 0	BLDGS & FIXTURES 1	COST TO BE ALLOC 4A	BENEFITS 5	6.01	6.04	GENERAL 6.06	OF PLANT 8
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
4								4
5			14672	14672				5
6.01		4598	4598		4598			6.01
6.02								6.02
6.03								6.03
6.04		3779	3779	315		4094		6.04
6.06		138754	138754	1256			140010	6.06
7								7
8		236375	236375	508			12601	249484 8
9								9
10		14672	14672	328			2629	3990 10
11		42623	42623	313			3489	11592 11
12		28230	28230	61			762	7677 12
13								13
14		10971	10971	590			4335	2984 14
15		32192	32192	82			1596	8755 15
16		15108	15108	427			2879	4109 16
17		16762	16762	222			1926	4559 17
18								18
20								20
21								21
22								22
23								23
24								24
INPATIENT ROUTINE SERV COST CENTERS								
25		274303	274303	3627	3648	671	28743	74599 25
26		43921	43921	799	419	128	6705	11945 26
31		108609	108609	647	531	123	5900	29537 31
33		5303	5303	175		19	1496	1442 33
ANCILLARY SERVICE COST CENTERS								
37		48579	48579	342		268	5844	13212 37
38		5225	5225	89		30	639	1421 38
39		4354	4354			45	170	1184 39
40		3657	3657			54	212	995 40
41		57200	57200	490		275	5349	15556 41
41.01				254		374	2138	41.01
43.01		10153	10153	73		49	809	2761 43.01
44		33419	33419	605		604	7036	9089 44
46.30								46.30
49		21299	21299	313		130	2638	5792 49
50		16388	16388	164		44	1431	4457 50
52				5		5	152	52
53				121		133	916	53
53.01				200		130	2779	53.01
54		2456	2456	15		6	131	668 54
55						32	16	55
56						434	4842	56
57						14	511	57
58.01		35666	35666	177		59	1812	9700 58.01
58.02		39793	39793	97		29	1242	10822 58.02
58.03								58.03
58.04				19		13	151	58.04
59								59
OUTPATIENT SERVICE COST CENTERS								
61		44077	44077	831		425	7663	11987 61
62								62
63.50								63.50
63.60								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10								69.10
69.20								69.20
69.30								69.30
69.40								69.40
71								71
SPECIAL PURPOSE COST CENTERS								
85.01								85.01
85.02								85.02
85.03								85.03
95		1313138	1313138	13145	4598	4094	119542	248833 95
NONREIMBURSABLE COST CENTERS								
96		2395	2395	102			1373	651 96

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	OLD CAP BLDGS & FIXTURES 1	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	COMMUN 6.01	ADMITTING 6.04	ADMIN GENERAL 6.06	OPERATION OF PLANT 8
98 PHYSICIANS' PRIVATE OFFICES							8243	98
98.01 THERAPEUTIC DAY SCHOOL				1425			10852	98.01
98.02 RESP OUTSOURCE								98.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL		1315533	1315533	14672	4598	4094	140010	249484 103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B  
 PART II

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								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 COMMUNICATIONS								6.01
6.02 DATA PROCESSING								6.02
6.03 PURCHASING								6.03
6.04 ADMITTING								6.04
6.06 ADMIN & GENERAL								6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING	21619							10
11 DIETARY	1021	59038						11
12 CAFETERIA	676		37406					12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	263		1855	20998				14
15 CENTRAL SERVICES & SUPPLY	771		670	153	44219			15
16 PHARMACY	362		1221	772		24878		16
17 MEDICAL RECORDS & LIBRARY	401		1222				25092	17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	6571	45814	13356	7906	2		4265	463505 25
26 INTENSIVE CARE UNIT	1052	5120	2451	1558			776	74874 26
31 SUBPROVIDER I	2601	8104	2492	1584			749	160877 31
33 NURSERY	127		517	329			117	9525 33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	1163		1060	674	23924	35	1628	96729 37
38 RECOVERY ROOM	125		211	134			185	8059 38
39 DELIVERY ROOM & LABOR ROOM	104			588	6		277	6728 39
40 ANESTHESIOLOGY	88						326	5332 40
41 RADIOLOGY-DIAGNOSTIC	1370		1075	630	723	138	1673	84479 41
41.01 MRI			837	532		560	2278	6973 41.01
43.01 NUCLEAR MEDICINE	243		197	125	864	6	299	15579 43.01
44 LABORATORY	800		2628	1662	27		3677	59547 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	510		1129	718			789	33318 49
50 PHYSICAL THERAPY	392		638	406		9	266	24195 50
52 SPEECH PATHOLOGY							32	194 52
53 ELECTROCARDIOLOGY			426	271	9	1	808	2685 53
53.01 CARDIAC CATH LAB			470	299	10664	171	791	15504 53.01
54 ELECTROENCEPHALOGRAPHY	59		38	24			39	3436 54
55 MEDICAL SUPPLIES CHARGED TO PAT					7271		195	7514 55
56 DRUGS CHARGED TO PATIENTS						23745	2638	31659 56
57 RENAL DIALYSIS							87	612 57
58.01 OP SURGERY	854		616	392	581	171	359	50387 58.01
58.02 OP PSYCH SERVICES	953		1041	171		1	178	54327 58.02
58.03 CHEMICAL DEPENDENCY								58.03
58.04 PAIN CLINIC			60	38	142	3	77	503 58.04
59 SLEEP LAB								59
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	1056		3196	2032	6	38	2583	73894 61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	21562	59038	37406	20998	44219	24878	25092	1290435 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	57							4578 96

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B  
 PART II

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
98 PHYSICIANS' PRIVATE OFFICES								8243 98
98.01 THERAPEUTIC DAY SCHOOL								12277 98.01
98.02 RESP OUTSOURCE								98.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	21619	59038	37406	20998	44219	24878	25092	1315533 103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
GENERAL SERVICE COST CENTERS			
1 OLD CAP REL COSTS-BLDG & FIXT			1
2 OLD CAP REL COSTS-MVBLE EQUIP			2
3 NEW CAP REL COSTS-BLDG & FIXT			3
4 NEW CAP REL COSTS-MVBLE EQUIP			4
5 EMPLOYEE BENEFITS			5
6.01 COMMUNICATIONS			6.01
6.02 DATA PROCESSING			6.02
6.03 PURCHASING			6.03
6.04 ADMITTING			6.04
6.06 ADMIN & GENERAL			6.06
7 MAINTENANCE & REPAIRS			7
8 OPERATION OF PLANT			8
9 LAUNDRY & LINEN SERVICE			9
10 HOUSEKEEPING			10
11 DIETARY			11
12 CAFETERIA			12
13 MAINTENANCE OF PERSONNEL			13
14 NURSING ADMINISTRATION			14
15 CENTRAL SERVICES & SUPPLY			15
16 PHARMACY			16
17 MEDICAL RECORDS & LIBRARY			17
18 SOCIAL SERVICE			18
20 NONPHYSICIAN ANESTHETISTS			20
21 NURSING SCHOOL			21
22 I&R SERVICES-SALARY & FRINGES A			22
23 I&R SERVICES-OTHER PRGM COSTS A			23
24 PARAMED ED PRGM-(SPECIFY)			24
INPATIENT ROUTINE SERV COST CENTERS			
25 ADULTS & PEDIATRICS	463505		25
26 INTENSIVE CARE UNIT	74874		26
31 SUBPROVIDER I	160877		31
33 NURSERY	9525		33
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	96729		37
38 RECOVERY ROOM	8059		38
39 DELIVERY ROOM & LABOR ROOM	6728		39
40 ANESTHESIOLOGY	5332		40
41 RADIOLOGY-DIAGNOSTIC	84479		41
41.01 MRI	6973		41.01
43.01 NUCLEAR MEDICINE	15579		43.01
44 LABORATORY	59547		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	33318		49
50 PHYSICAL THERAPY	24195		50
52 SPEECH PATHOLOGY	194		52
53 ELECTROCARDIOLOGY	2685		53
53.01 CARDIAC CATH LAB	15504		53.01
54 ELECTROENCEPHALOGRAPHY	3436		54
55 MEDICAL SUPPLIES CHARGED TO PAT	7514		55
56 DRUGS CHARGED TO PATIENTS	31659		56
57 RENAL DIALYSIS	612		57
58.01 OP SURGERY	50387		58.01
58.02 OP PSYCH SERVICES	54327		58.02
58.03 CHEMICAL DEPENDENCY			58.03
58.04 PAIN CLINIC	503		58.04
59 SLEEP LAB			59
OUTPATIENT SERVICE COST CENTERS			
61 EMERGENCY	73894		61
62 OBSERVATION BEDS (NON-DISTINCT)			62
63.50 RHC			63.50
63.60 FQHC			63.60
OTHER REIMBURSABLE COST CENTERS			
69.10 CMHC			69.10
69.20 OUTPATIENT PHYSICAL THERAPY			69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY			69.30
69.40 OUTPATIENT SPEECH PATHOLOGY			69.40
71 HOME HEALTH AGENCY			71
SPECIAL PURPOSE COST CENTERS			
85.01 PANCREAS ACQUISITION			85.01
85.02 INTESTINAL ACQUISITION			85.02
85.03 ISLET CELL ACQUISITION			85.03
95 SUBTOTALS	1290435		95
NONREIMBURSABLE COST CENTERS			
96 GIFT, FLOWER, COFFEE SHOP & CAN	4578		96

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B  
PART II

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
98 PHYSICIANS' PRIVATE OFFICES		8243	98
98.01 THERAPEUTIC DAY SCHOOL		12277	98.01
98.02 RESP OUTSOURCE			98.02
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 TOTAL		1315533	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	NEW CAP	CAP REL	EMPLOYEE	COMMUN	ADMITTING	ADMIN	
	CAP-REL COSTS 0	BLDGS & FIXTURES 3	MOVABLE EQUIPMENT 4	COST TO BE ALLOC 4A	BENEFITS 5		6.04	GENERAL 6.06	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS		43070	25452	68522	68522				5
6.01 COMMUNICATIONS		13496	7975	21471		21471			6.01
6.02 DATA PROCESSING									6.02
6.03 PURCHASING									6.03
6.04 ADMITTING		11093	6556	17649	1473		19122		6.04
6.06 ADMIN & GENERAL		407314	240697	648011	5869			653880	6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT		693878	410039	1103917	2375			58840	8
9 LAUNDRY & LINEN SERVICE									9
10 HOUSEKEEPING		43070	25452	68522	1532			12275	10
11 DIETARY		125121	73939	199060	1463			16294	11
12 CAFETERIA		82869	48970	131839	286			3558	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		32207	19032	51239	2757			20241	14
15 CENTRAL SERVICES & SUPPLY		94499	55843	150342	383			7455	15
16 PHARMACY		44348	26207	70555	1996			13444	16
17 MEDICAL RECORDS & LIBRARY		49205	29077	78282	1035			8991	17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS		805221	475836	1281057	16915	17034	3288	134316	25
26 INTENSIVE CARE UNIT		128930	76189	205119	3732	1957	590	31307	26
31 SUBPROVIDER I		318822	188404	507226	3023	2480	570	27548	31
33 NURSERY		15567	9199	24766	816		89	6988	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		142605	84270	226875	1596		1238	27288	37
38 RECOVERY ROOM		15337	9063	24400	416		140	2982	38
39 DELIVERY ROOM & LABOR ROOM		12780	7552	20332	1		210	793	39
40 ANESTHESIOLOGY		10736	6344	17080			248	990	40
41 RADIOLOGY-DIAGNOSTIC		167910	99224	267134	2289		1272	24976	41
41.01 MRI					1188		1732	9986	41.01
43.01 NUCLEAR MEDICINE		29804	17612	47416	340		227	3777	43.01
44 LABORATORY		98103	57973	156076	2826		2796	32856	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY		62522	36947	99469	1464		600	12317	49
50 PHYSICAL THERAPY		48106	28428	76534	768		202	6684	50
52 SPEECH PATHOLOGY					25		24	711	52
53 ELECTROCARDIOLOGY					567		615	4277	53
53.01 CARDIAC CATH LAB					933		601	12979	53.01
54 ELECTROENCEPHALOGRAPHY		7208	4260	11468	69		29	612	54
55 MEDICAL SUPPLIES CHARGED TO PAT							148	74	55
56 DRUGS CHARGED TO PATIENTS							2006	22609	56
57 RENAL DIALYSIS							66	2387	57
58.01 OP SURGERY		104698	61870	166568	829		273	8460	58.01
58.02 OP PSYCH SERVICES		116814	69030	185844	453		135	5801	58.02
58.03 CHEMICAL DEPENDENCY									58.03
58.04 PAIN CLINIC					87		59	703	58.04
59 SLEEP LAB									59
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY		129390	76461	205851	3881		1964	35783	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS		3854723	2277901	6132624	61387	21471	19122	558302	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		7029	4154	11183	477			6411	96

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	NEW CAP	CAP REL	EMPLOYEE	COMMUN	ADMITTING	ADMIN	
	CAP-REL COSTS 0	BLDGS & FIXTURES 3	MOVABLE EQUIPMENT 4	COST TO BE ALLOC 4A	BENEFITS 5		6.01	6.04	6.06
98 PHYSICIANS' PRIVATE OFFICES									38492 98
98.01 THERAPEUTIC DAY SCHOOL					6658				50675 98.01
98.02 RESP OUTSOURCE									98.02
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL		3861752	2282055	6143807	68522	21471	19122	653880	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	OPERATION	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL
	OF PLANT	KEEPING			ADMINIS-	SERVICES &		RECORDS &
	8	10	11	12	TRATION	SUPPLY	16	LIBRARY
					14	15		17
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
4								4
5								5
6.01								6.01
6.02								6.02
6.03								6.03
6.04								6.04
6.06								6.06
7								7
8	1165132							8
9								9
10	18635	100964						10
11	54136	4767	275720					11
12	35855	3157		174695				12
13								13
14	13935	1227		8664	98063			14
15	40887	3601		3127	714	206509		15
16	19188	1690		5702	3604		116179	16
17	21289	1875		5709				17
18								117181
20								18
21								20
22								21
23								22
24								23
NONPHYSICIAN ANESTHETISTS								
25								24
26								25
31	348393	30680	213960	62366	36910	12		20181
33	55784	4912	23911	11444	7277			3615
37	137944	12148	37849	11637	7399			3489
38	6735	593		2416	1537			544
ANCILLARY SERVICE COST CENTERS								
39								37
40	61701	5434		4952	3149	111730	165	7584
41	6636	584		987	628			860
42	5530	487			2745	28		1288
43	4645	409						1520
44	72649	6398		5022	2942	3379	643	7793
45				3908	2485		2616	10608
46	12895	1136		921	585	4033	28	1392
47	42446	3738		12272	7764	125		17126
48								44
49								46.30
50	27051	2382		5274	3353			3676
51	20814	1833		2982	1896		40	1237
52								148
53				1989	1265	42	5	3765
54				2196	1396	49802	800	3685
55	3119	275		178	113			180
56						33955		907
57							110889	12288
58								407
59	45299	3989		2879	1830	2713	800	1671
60	50542	4451		4864	801		4	828
61								58.02
62								58.03
63				281	179	663	13	360
64								58.04
65								59
OUTPATIENT SERVICE COST CENTERS								
66	55983	4930		14925	9491	27	176	12029
67								61
68								62
69								63.50
70								63.60
OTHER REIMBURSABLE COST CENTERS								
71								69.10
72								69.20
73								69.30
74								69.40
75								71
SPECIAL PURPOSE COST CENTERS								
76								85.01
77								85.02
78								85.03
79	1162091	100696	275720	174695	98063	206509	116179	117181
80								95
NONREIMBURSABLE COST CENTERS								
81	3041	268						96

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	OPERATION OF PLANT	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	8	10	11	12	14	15	16	17	
98 PHYSICIANS' PRIVATE OFFICES									98
98.01 THERAPEUTIC DAY SCHOOL									98.01
98.02 RESP OUTSOURCE									98.02
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	1165132	100964	275720	174695	98063	206509	116179	117181	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6.01 COMMUNICATIONS				6.01
6.02 DATA PROCESSING				6.02
6.03 PURCHASING				6.03
6.04 ADMITTING				6.04
6.06 ADMIN & GENERAL				6.06
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
18 SOCIAL SERVICE				18
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES A				22
23 I&R SERVICES-OTHER PRGM COSTS A				23
24 PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	2165112		2165112	25
26 INTENSIVE CARE UNIT	349648		349648	26
31 SUBPROVIDER I	751313		751313	31
33 NURSERY	44484		44484	33
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	451712		451712	37
38 RECOVERY ROOM	37633		37633	38
39 DELIVERY ROOM & LABOR ROOM	31414		31414	39
40 ANESTHESIOLOGY	24892		24892	40
41 RADIOLOGY-DIAGNOSTIC	394497		394497	41
41.01 MRI	32523		32523	41.01
43.01 NUCLEAR MEDICINE	72750		72750	43.01
44 LABORATORY	278025		278025	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	155586		155586	49
50 PHYSICAL THERAPY	112990		112990	50
52 SPEECH PATHOLOGY	908		908	52
53 ELECTROCARDIOLOGY	12525		12525	53
53.01 CARDIAC CATH LAB	72392		72392	53.01
54 ELECTROENCEPHALOGRAPHY	16043		16043	54
55 MEDICAL SUPPLIES CHARGED TO PAT	35084		35084	55
56 DRUGS CHARGED TO PATIENTS	147792		147792	56
57 RENAL DIALYSIS	2860		2860	57
58.01 OP SURGERY	235311		235311	58.01
58.02 OP PSYCH SERVICES	253723		253723	58.02
58.03 CHEMICAL DEPENDENCY				58.03
58.04 PAIN CLINIC	2345		2345	58.04
59 SLEEP LAB				59
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	345040		345040	61
62 OBSERVATION BEDS (NON-DISTINCT				62
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
69.10 CMHC				69.10
69.20 OUTPATIENT PHYSICAL THERAPY				69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY				69.30
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
85.03 ISLET CELL ACQUISITION				85.03
95 SUBTOTALS	6026602		6026602	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN	21380		21380	96

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
PART III

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
98 PHYSICIANS' PRIVATE OFFICES	38492		38492	98
98.01 THERAPEUTIC DAY SCHOOL	57333		57333	98.01
98.02 RESP OUTSOURCE				98.02
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	6143807		6143807	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	COMMUN	DATA	
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BENEFITS GROSS SALARIES	NO. PHONES	PROCESSING GROSS REVENUE	
	1	2	3	4	5	6.01	6.02	
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT	151080							1
2 OLD CAP REL COSTS-MVBLE EQUIP		151080						2
3 NEW CAP REL COSTS-BLDG & FIXT			151080					3
4 NEW CAP REL COSTS-MVBLE EQUIP				151080				4
5 EMPLOYEE BENEFITS	1685	1685	1685	1685	27622607			5
6.01 COMMUNICATIONS	528	528	528	528		28818		6.01
6.02 DATA PROCESSING							172389433	6.02
6.03 PURCHASING								6.03
6.04 ADMITTING	434	434	434	434	593829			6.04
6.06 ADMIN & GENERAL	15935	15935	15935	15935	2365657			6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT	27146	27146	27146	27146	957201			8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING	1685	1685	1685	1685	617636			10
11 DIETARY	4895	4895	4895	4895	589759			11
12 CAFETERIA	3242	3242	3242	3242	115295			12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	1260	1260	1260	1260	1111402			14
15 CENTRAL SERVICES & SUPPLY	3697	3697	3697	3697	154302			15
16 PHARMACY	1735	1735	1735	1735	804375			16
17 MEDICAL RECORDS & LIBRARY	1925	1925	1925	1925	417245			17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES								22
23 I&R SERVICES-OTHER PRGM COSTS								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	31502	31502	31502	31502	6821700	22862	29741980	25
26 INTENSIVE CARE UNIT	5044	5044	5044	5044	1504112	2627	5315630	26
31 SUBPROVIDER I	12473	12473	12473	12473	1218349	3329	5131035	31
33 NURSERY	609	609	609	609	328756		799905	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	5579	5579	5579	5579	643238		11152838	37
38 RECOVERY ROOM	600	600	600	600	167861		1264952	38
39 DELIVERY ROOM & LABOR ROOM	500	500	500	500	506		1894692	39
40 ANESTHESIOLOGY	420	420	420	420			2234687	40
41 RADIOLOGY-DIAGNOSTIC	6569	6569	6569	6569	922443		11460579	41
41.01 MRI					478858		15599466	41.01
43.01 NUCLEAR MEDICINE	1166	1166	1166	1166	136867		2047429	43.01
44 LABORATORY	3838	3838	3838	3838	1138965		25185126	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	2446	2446	2446	2446	590132		5405181	49
50 PHYSICAL THERAPY	1882	1882	1882	1882	309724		1819209	50
52 SPEECH PATHOLOGY					10006		217789	52
53 ELECTROCARDIOLOGY					228513		5537246	53
53.01 CARDIAC CATH LAB					376056		5418737	53.01
54 ELECTROENCEPHALOGRAPHY	282	282	282	282	27808		265407	54
55 MEDICAL SUPPLIES CHARGED TO P							1333966	55
56 DRUGS CHARGED TO PATIENTS							18070853	56
57 RENAL DIALYSIS							598748	57
58.01 OP SURGERY	4096	4096	4096	4096	334222		2456907	58.01
58.02 OP PSYCH SERVICES	4570	4570	4570	4570	182625		1217385	58.02
58.03 CHEMICAL DEPENDENCY								58.03
58.04 PAIN CLINIC						35186	529260	58.04
59 SLEEP LAB								59
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	5062	5062	5062	5062	1564165		17690426	61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	150805	150805	150805	150805	24746793	28818	172389433	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	275	275	275	275	192231			96

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	COMMUN	DATA
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BENEFITS GROSS SALARIES	NO. PHONES	PROCESSING GROSS REVENUE
	1	2	3	4	5	6.01	6.02
98 PHYSICIANS' PRIVATE OFFICES							98
98.01 THERAPEUTIC DAY SCHOOL					2683583		98.01
98.02 RESP OUTSOURCE							98.02
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	1315533		3861752	2282055	4004597	298293	103
104 UNIT COST MULT-WS B PT I				15.104944		10.350927	104
104 UNIT COST MULT-WS B PT I	8.707526		25.560974		.144975		104
105 COST TO BE ALLOC PER B PT II					14672	4598	105
106 UNIT COST MULT-WS B PT II						.159553	106
106 UNIT COST MULT-WS B PT II					.000531		106
107 COST TO BE ALLOC PER B PT III					68522	21471	107
108 UNIT COST MULT-WS B PT III						.745055	108
108 UNIT COST MULT-WS B PT III					.002481		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMITTING	RECON-	ADMIN	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY
	GROSS	CILIATION	GENERAL	TENANCE &	OF PLANT	+ LINEN	KEEPING	
	REVENUE		ACCUM	REPAIRS	SQUARE	SERVICE	SQUARE	MEALS
	6.04	6A.06	COST	SQUARE	FEET	PATIENT	FEET	SERVED
			6.06	FEET	FEET	DAYS	10	11
				7	8	9		
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 COMMUNICATIONS								6.01
6.02 DATA PROCESSING								6.02
6.03 PURCHASING								6.03
6.04 ADMITTING	172389433							6.04
6.06 ADMIN & GENERAL		-10131191	53632566					6.06
7 MAINTENANCE & REPAIRS				132498				7
8 OPERATION OF PLANT			4826147	27146	105352			8
9 LAUNDRY & LINEN SERVICE						28483		9
10 HOUSEKEEPING			1006788	1685	1685		103667	10
11 DIETARY			1336440	4895	4895		4895	82172
12 CAFETERIA			291832	3242	3242		3242	12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION			1660190	1260	1260		1260	14
15 CENTRAL SERVICES & SUPPLY			611441	3697	3697		3697	15
16 PHARMACY			1102695	1735	1735		1735	16
17 MEDICAL RECORDS & LIBRARY			737477	1925	1925		1925	17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES								22
23 I&R SERVICES-OTHER PRGM COSTS								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	29741980		11017347	31502	31502	21109	31502	63766
26 INTENSIVE CARE UNIT	5315630		2567840	5044	5044	2582	5044	7126
31 SUBPROVIDER I	5131035		2259544	12473	12473	3760	12473	11280
33 NURSERY	799905		573145	609	609	1032	609	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	11152838		2238178	5579	5579		5579	37
38 RECOVERY ROOM	1264952		244602	600	600		600	38
39 DELIVERY ROOM & LABOR ROOM	1894692		65019	500	500		500	39
40 ANESTHESIOLOGY	2234687		81212	420	420		420	40
41 RADIOLOGY-DIAGNOSTIC	11460579		2048545	6569	6569		6569	41
41.01 MRI	15599466		819030					41.01
43.01 NUCLEAR MEDICINE	2047429		309759	1166	1166		1166	43.01
44 LABORATORY	25185126		2694894	3838	3838		3838	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	5405181		1010256	2446	2446		2446	49
50 PHYSICAL THERAPY	1819209		548240	1882	1882		1882	50
52 SPEECH PATHOLOGY	217789		58343					52
53 ELECTROCARDIOLOGY	5537246		350833					53
53.01 CARDIAC CATH LAB	5418737		1064527					53.01
54 ELECTROENCEPHALOGRAPHY	265407		50170	282	282		282	54
55 MEDICAL SUPPLIES CHARGED TO P	1333966		6103					55
56 DRUGS CHARGED TO PATIENTS	18070853		1854404					56
57 RENAL DIALYSIS	598748		195788					57
58.01 OP SURGERY	2456907		693936	4096	4096		4096	58.01
58.02 OP PSYCH SERVICES	1217385		475779	4570	4570		4570	58.02
58.03 CHEMICAL DEPENDENCY								58.03
58.04 PAIN CLINIC	529260		57693					58.04
59 SLEEP LAB								59
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	17690426		2934949	5062	5062		5062	61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	172389433	-10131191	45793146	132223	105077	28483	103392	82172
NONREIMBURSABLE COST CENTERS								95
96 GIFT, FLOWER, COFFEE SHOP & C			525798	275	275		275	96

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMITTING	RECON- CILIATION	ADMIN	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY
	GROSS REVENUE		GENERAL	TENANCE & REPAIRS	OF PLANT	+ LINEN	KEEPING	
	6.04	6A.06	ACCUM COST	SQUARE FEET	SQUARE FEET	PATIENT DAYS	SQUARE FEET	MEALS SERVED
			6.06	7	8	9	10	11
98 PHYSICIANS' PRIVATE OFFICES			3157171					98
98.01 THERAPEUTIC DAY SCHOOL			4156451					98.01
98.02 RESP OUTSOURCE								98.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	788614		10131191		5737806		1288740	1916343 103
104 UNIT COST MULT-WS B PT I	.004575		.188900		54.463190		12.431536	104
104 UNIT COST MULT-WS B PT I								23.321119 104
105 COST TO BE ALLOC PER B PT II	4094		140010		249484		21619	59038 105
106 UNIT COST MULT-WS B PT II	.000024		.002611		2.368099		.208543	106
106 UNIT COST MULT-WS B PT II								.718469 106
107 COST TO BE ALLOC PER B PT III	19122		653880		1165132		100964	275720 107
108 UNIT COST MULT-WS B PT III	.000111		.012192		11.059420		.973926	108
108 UNIT COST MULT-WS B PT III								3.355401 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL	
	HOURS	ADMINIS-	SERVICES &	COSTED	RECORDS &	SERVICE	
	WORKED	TRATION	SUPPLY	REQUIS.	LIBRARY	PATIENT	
	12	DIRECT	COSTED	REQUIS.	GROSS	DAYS	
		NRSING	HRS	15	REVENUE	18	
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT							3
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 EMPLOYEE BENEFITS							5
6.01 COMMUNICATIONS							6.01
6.02 DATA PROCESSING							6.02
6.03 PURCHASING							6.03
6.04 ADMITTING							6.04
6.06 ADMIN & GENERAL							6.06
7 MAINTENANCE & REPAIRS							7
8 OPERATION OF PLANT							8
9 LAUNDRY & LINEN SERVICE							9
10 HOUSEKEEPING							10
11 DIETARY							11
12 CAFETERIA	652594						12
13 MAINTENANCE OF PERSONNEL							13
14 NURSING ADMINISTRATION	32365	576114					14
15 CENTRAL SERVICES & SUPPLY	11681	4197	1730405				15
16 PHARMACY	21300	21175		1744827			16
17 MEDICAL RECORDS & LIBRARY	21328				172389433		17
18 SOCIAL SERVICE						28483	18
20 NONPHYSICIAN ANESTHETISTS							20
21 NURSING SCHOOL							21
22 I&R SERVICES-SALARY & FRINGES							22
23 I&R SERVICES-OTHER PRGM COSTS							23
24 PARAMED ED PRGM-(SPECIFY)							24
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	232977	216849	97		29741980	21109	25
26 INTENSIVE CARE UNIT	42752	42752			5315630	2582	26
31 SUBPROVIDER I	43470	43470			5131035	3760	31
33 NURSERY	9027	9027			799905	1032	33
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	18500	18500	936231	2480	11152838		37
38 RECOVERY ROOM	3687	3687			1264952		38
39 DELIVERY ROOM & LABOR ROOM		16128	232		1894692		39
40 ANESTHESIOLOGY					2234687		40
41 RADIOLOGY-DIAGNOSTIC	18761	17283	28310	9655	11460579		41
41.01 MRI	14597	14597		39283	15599466		41.01
43.01 NUCLEAR MEDICINE	3439	3439	33795	422	2047429		43.01
44 LABORATORY	45843	45610	1046		25185126		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY	19701	19701			5405181		49
50 PHYSICAL THERAPY	11138	11138		606	1819209		50
52 SPEECH PATHOLOGY					217789		52
53 ELECTROCARDIOLOGY	7431	7431	353	80	5537246		53
53.01 CARDIAC CATH LAB	8203	8203	417308	12010	5418737		53.01
54 ELECTROENCEPHALOGRAPHY	664	664			265407		54
55 MEDICAL SUPPLIES CHARGED TO P			284524		1333966		55
56 DRUGS CHARGED TO PATIENTS				1665385	18070853		56
57 RENAL DIALYSIS					598748		57
58.01 OP SURGERY	10753	10753	22733	12010	2456907		58.01
58.02 OP PSYCH SERVICES	18170	4703		55	1217385		58.02
58.03 CHEMICAL DEPENDENCY							58.03
58.04 PAIN CLINIC	1051	1051	5553	201	529260		58.04
59 SLEEP LAB							59
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY	55756	55756	223	2640	17690426		61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERA							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
95 SUBTOTALS	652594	576114	1730405	1744827	172389433	28483	95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & C							96

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL	
	HOURS	ADMINIS-	SERVICES &	COSTED	RECORDS &	SERVICE	
	WORKED	TRATION	SUPPLY	REQUIS.	LIBRARY	PATIENT	
	12	DIRECT	COSTED	REQUIS.	GROSS	DAYS	
		NRSING	REQUIS.		REVENUE	18	
		HRS					
98 PHYSICIANS' PRIVATE OFFICES		14	15	16	17	18	98
98.01 THERAPEUTIC DAY SCHOOL							98.01
98.02 RESP OUTSOURCE							98.02
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	563832	2086051	999540	1522133	1023986		103
104 UNIT COST MULT-WS B PT I	.863986		.577634		.005940		104
104 UNIT COST MULT-WS B PT I		3.620900		.872369			104
105 COST TO BE ALLOC PER B PT II	37406	20998	44219	24878	25092		105
106 UNIT COST MULT-WS B PT II	.057319		.025554		.000146		106
106 UNIT COST MULT-WS B PT II		.036448		.014258			106
107 COST TO BE ALLOC PER B PT III	174695	98063	206509	116179	117181		107
108 UNIT COST MULT-WS B PT III	.267693		.119341		.000680		108
108 UNIT COST MULT-WS B PT III		.170215		.066585			108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	17856125		17856125	219684	18075809	25
26 INTENSIVE CARE UNIT	3779821		3779821		3779821	26
31 SUBPROVIDER I	4009248		4009248		4009248	31
33 NURSERY	767387		767387		767387	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	3726356		3726356		3726356	37
38 RECOVERY ROOM	354994		354994		354994	38
39 DELIVERY ROOM & LABOR ROOM	180535		180535		180535	39
40 ANESTHESIOLOGY	137923		137923		137923	40
41 RADIOLOGY-DIAGNOSTIC	3046588		3046588		3046588	41
41.01 MRI	1166141		1166141		1166141	41.01
43.01 NUCLEAR MEDICINE	493745		493745		493745	43.01
44 LABORATORY	3815662		3815662		3815662	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	1485181		1485181		1485181	49
50 PHYSICAL THERAPY	838987		838987		838987	50
52 SPEECH PATHOLOGY	70658		70658		70658	52
53 ELECTROCARDIOLOGY	483597		483597		483597	53
53.01 CARDIAC CATH LAB	1586120		1586120		1586120	53.01
54 ELECTROENCEPHALOGRAPHY	83067		83067		83067	54
55 MEDICAL SUPPLIES CHARGED TO	179531		179531		179531	55
56 DRUGS CHARGED TO PATIENTS	3764873		3764873		3764873	56
57 RENAL DIALYSIS	236329		236329		236329	57
58.01 OP SURGERY	1185450		1185450		1185450	58.01
58.02 OP PSYCH SERVICES	911370		911370		911370	58.02
58.03 CHEMICAL DEPENDENCY						58.03
58.04 PAIN CLINIC	79832		79832		79832	58.04
59 SLEEP LAB						59
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	4185554		4185554		4185554	61
62 OBSERVATION BEDS (NON-DISTI	617799		617799		617799	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	55042873		55042873	219684	55262557	101
102 LESS OBSERVATION BEDS	617799		617799		617799	102
103 TOTAL	54425074		54425074	219684	54644758	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	28521978		28521978			25
26 INTENSIVE CARE UNIT	5315630		5315630			26
31 SUBPROVIDER I	5131035		5131035			31
33 NURSERY	799905		799905			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	5148472	6004366	11152838	.334117	.334117	.334117 37
38 RECOVERY ROOM	710577	554375	1264952	.280638	.280638	.280638 38
39 DELIVERY ROOM & LABOR ROOM	1554594	340098	1894692	.095285	.095285	.095285 39
40 ANESTHESIOLOGY	1098315	1136372	2234687	.061719	.061719	.061719 40
41 RADIOLOGY-DIAGNOSTIC	4049370	7411209	11460579	.265832	.265832	.265832 41
41.01 MRI	6389365	9210101	15599466	.074755	.074755	.074755 41.01
43.01 NUCLEAR MEDICINE	1084827	962602	2047429	.241154	.241154	.241154 43.01
44 LABORATORY	17241372	7943754	25185126	.151505	.151505	.151505 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	5129597	275584	5405181	.274770	.274770	.274770 49
50 PHYSICAL THERAPY	502689	1316520	1819209	.461182	.461182	.461182 50
52 SPEECH PATHOLOGY	210963	6826	217789	.324433	.324433	.324433 52
53 ELECTROCARDIOLOGY	3678724	1858522	5537246	.087335	.087335	.087335 53
53.01 CARDIAC CATH LAB	4473143	945594	5418737	.292710	.292710	.292710 53.01
54 ELECTROENCEPHALOGRAPHY	138563	126844	265407	.312980	.312980	.312980 54
55 MEDICAL SUPPLIES CHARGED TO	916796	417170	1333966	.134584	.134584	.134584 55
56 DRUGS CHARGED TO PATIENTS	15679538	2391315	18070853	.208340	.208340	.208340 56
57 RENAL DIALYSIS	598748		598748	.394705	.394705	.394705 57
58.01 OP SURGERY	979230	1477677	2456907	.482497	.482497	.482497 58.01
58.02 OP PSYCH SERVICES	274	1217111	1217385	.748629	.748629	.748629 58.02
58.03 CHEMICAL DEPENDENCY						58.03
58.04 PAIN CLINIC	36030	493230	529260	.150837	.150837	.150837 58.04
59 SLEEP LAB						59
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	5801293	11889133	17690426	.236600	.236600	.236600 61
62 OBSERVATION BEDS (NON-DISTI		1220002	1220002	.506392	.506392	.506392 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	115191028	57198405	172389433			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	115191028	57198405	172389433			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	
25 INPAT ROUTINE SERV COST CTRS							25
26 ADULTS & PEDIATRICS	463505		463505	2165112		2165112	26
27 INTENSIVE CARE UNIT	74874		74874	349648		349648	27
28 CORONARY CARE UNIT							28
29 BURN INTENSIVE CARE UNIT							29
30 SURGICAL INTENSIVE CARE UNIT							30
31 OTHER SPECIAL CARE (SPECIFY)							31
33 SUBPROVIDER I	160877		160877	751313		751313	33
101 NURSERY	9525		9525	44484		44484	101
TOTAL	708781		708781	3310557		3310557	

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
26 ADULTS & PEDIATRICS	21856	8055	21.21	170847	99.06	797928	26
27 INTENSIVE CARE UNIT	2582	1501	29.00	43529	135.42	203265	27
28 CORONARY CARE UNIT							28
29 BURN INTENSIVE CARE UNIT							29
30 SURGICAL INTENSIVE CARE UNIT							30
31 OTHER SPECIAL CARE (SPECIFY)							31
33 SUBPROVIDER I	3760	3296	42.79	141036	199.82	658607	33
101 NURSERY	1032		9.23		43.10		101
TOTAL	29230	12852		355412		1659800	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0292) [ ] 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	96729	451712	11152838	953904	.008673	8273	.040502	38635 37
38 RECOVERY ROOM	8059	37633	1264952	198395	.006371	1264	.029751	5902 38
39 DELIVERY ROOM & LABOR ROOM	6728	31414	1894692	171	.003551	1	.016580	3 39
40 ANESTHESIOLOGY	5332	24892	2234687	237462	.002386	567	.011139	2645 40
41 RADIOLOGY-DIAGNOSTIC	84479	394497	11460579	1855576	.007371	13677	.034422	63873 41
41.01 MRI	6973	32523	15599466	2546475	.000447	1138	.002085	5309 41.01
43.01 NUCLEAR MEDICINE	15579	72750	2047429	503903	.007609	3834	.035532	17905 43.01
44 LABORATORY	59547	278025	25185126	7487985	.002364	17702	.011039	82660 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	33318	155586	5405181	2778629	.006164	17127	.028785	79983 49
50 PHYSICAL THERAPY	24195	112990	1819209	275627	.013300	3666	.062109	17119 50
52 SPEECH PATHOLOGY	194	908	217789	118527	.000891	106	.004169	494 52
53 ELECTROCARDIOLOGY	2685	12525	5537246	1631496	.000485	791	.002262	3690 53
53.01 CARDIAC CATH LAB	15504	72392	5418737	1545716	.002861	4422	.013360	20651 53.01
54 ELECTROENCEPHALOGRAPHY	3436	16043	265407	58680	.012946	760	.060447	3547 54
55 MEDICAL SUPPLIES CHARGED TO P	7514	35084	1333966	476430	.005633	2684	.026301	12531 55
56 DRUGS CHARGED TO PATIENTS	31659	147792	18070853	7069458	.001752	12386	.008178	57814 56
57 RENAL DIALYSIS	612	2860	598748	408735	.001022	418	.004777	1953 57
58.01 OP SURGERY	50387	235311	2456907	977668	.020508	20050	.095775	93636 58.01
58.02 OP PSYCH SERVICES	54327	253723	1217385		.044626		.208416	58.02
58.03 CHEMICAL DEPENDENCY								58.03
58.04 PAIN CLINIC	503	2345	529260	4676	.000950	4	.004431	21 58.04
59 SLEEP LAB								59
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	73894	345040	17690426	2437165	.004177	10180	.019504	47534 61
62 OBSERVATION BEDS (NON-DISTINC	15842	74000	1220002		.012985		.060656	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	597496	2790045	132620885	31566678		119050		555905 101

APPORIONMENT 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					21856		8055	25
26 INTENSIVE CARE UNIT					2582		1501	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					3760		3296	31
33 NURSERY					1032			33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					29230		12852	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0292) [ ] 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
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 MRI							41.01
43.01 NUCLEAR MEDICINE							43.01
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC CATH LAB							53.01
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58.01 OP SURGERY							58.01
58.02 OP PSYCH SERVICES							58.02
58.03 CHEMICAL DEPENDENCY							58.03
58.04 PAIN CLINIC							58.04
59 SLEEP LAB							59
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0292) [ ] 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 CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM CHARGES	
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		11152838			953904		1259907 37
38 RECOVERY ROOM		1264952			198395		56848 38
39 DELIVERY ROOM & LABOR ROOM		1894692			171		66556 39
40 ANESTHESIOLOGY		2234687			237462		216591 40
41 RADIOLOGY-DIAGNOSTIC		11460579			1855576		226637 41
41.01 MRI		15599466			2546475		1801764 41.01
43.01 NUCLEAR MEDICINE		2047429			503903		227146 43.01
44 LABORATORY		25185126			7487985		390394 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		5405181			2778629		78146 49
50 PHYSICAL THERAPY		1819209			275627		50
52 SPEECH PATHOLOGY		217789			118527		52
53 ELECTROCARDIOLOGY		5537246			1631496		415495 53
53.01 CARDIAC CATH LAB		5418737			1545716		335083 53.01
54 ELECTROENCEPHALOGRAPHY		265407			58680		8449 54
55 MEDICAL SUPPLIES CHARGED TO P		1333966			476430		50957 55
56 DRUGS CHARGED TO PATIENTS		18070853			7069458		828367 56
57 RENAL DIALYSIS		598748			408735		57
58.01 OP SURGERY		2456907			977668		781853 58.01
58.02 OP PSYCH SERVICES		1217385					316399 58.02
58.03 CHEMICAL DEPENDENCY							58.03
58.04 PAIN CLINIC		529260			4676		135961 58.04
59 SLEEP LAB							59
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		17690426			2437165		1395434 61
62 OBSERVATION BEDS (NON-DISTINC		1220002					392350 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		132620885			31566678		8984337 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0292) [ ] 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
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI					41.01
43.01 NUCLEAR MEDICINE					43.01
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC CATH LAB					53.01
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58.01 OP SURGERY					58.01
58.02 OP PSYCH SERVICES					58.02
58.03 CHEMICAL DEPENDENCY					58.03
58.04 PAIN CLINIC					58.04
59 SLEEP LAB					59
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0292) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			----- PROGRAM CHARGES -----			
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4	
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	.334117	.334117	.334117				37
38 RECOVERY ROOM	.280638	.280638	.280638				38
39 DELIVERY ROOM & LABOR ROOM	.095285	.095285	.095285				39
40 ANESTHESIOLOGY	.061719	.061719	.061719				40
41 RADIOLOGY-DIAGNOSTIC	.265832	.265832	.265832				41
41.01 MRI	.074755	.074755	.074755				41.01
43.01 NUCLEAR MEDICINE	.241154	.241154	.241154				43.01
44 LABORATORY	.151505	.151505	.151505				44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY	.274770	.274770	.274770				49
50 PHYSICAL THERAPY	.461182	.461182	.461182				50
52 SPEECH PATHOLOGY	.324433	.324433	.324433				52
53 ELECTROCARDIOLOGY	.087335	.087335	.087335				53
53.01 CARDIAC CATH LAB	.292710	.292710	.292710				53.01
54 ELECTROENCEPHALOGRAPHY	.312980	.312980	.312980				54
55 MEDICAL SUPPLIES CHARGED TO PAT	.134584	.134584	.134584				55
56 DRUGS CHARGED TO PATIENTS	.208340	.208340	.208340				56
57 RENAL DIALYSIS	.394705	.394705	.394705				57
58.01 OP SURGERY	.482497	.482497	.482497				58.01
58.02 OP PSYCH SERVICES	.748629	.748629	.748629				58.02
58.03 CHEMICAL DEPENDENCY							58.03
58.04 PAIN CLINIC	.150837	.150837	.150837				58.04
59 SLEEP LAB							59
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY	.236600	.236600	.236600				61
62 OBSERVATION BEDS (NON-DISTINCT	.506392	.506392	.506392				62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL							101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES							104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.208340	1
2 PROGRAM VACCINE CHARGES	1224	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	255	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 (14-0292) [ ] 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)	PPS SER- VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1259907						37
38 RECOVERY ROOM		56848						38
39 DELIVERY ROOM & LABOR ROOM		66556						39
40 ANESTHESIOLOGY		216591						40
41 RADIOLOGY-DIAGNOSTIC		226637						41
41.01 MRI		1801764						41.01
43.01 NUCLEAR MEDICINE		227146						43.01
44 LABORATORY		390394						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		78146						49
50 PHYSICAL THERAPY								50
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		415495						53
53.01 CARDIAC CATH LAB		335083						53.01
54 ELECTROENCEPHALOGRAPHY		8449						54
55 MEDICAL SUPPLIES CHARGED TO PA		50957						55
56 DRUGS CHARGED TO PATIENTS		828367						56
57 RENAL DIALYSIS								57
58.01 OP SURGERY		781853						58.01
58.02 OP PSYCH SERVICES		316399						58.02
58.03 CHEMICAL DEPENDENCY								58.03
58.04 PAIN CLINIC		135961						58.04
59 SLEEP LAB								59
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		1395434						61
62 OBSERVATION BEDS (NON-DISTINCT)		392350						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD)								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)								65.03
101 SUBTOTAL		8984337						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		8984337						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0292) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		420956					37
38 RECOVERY ROOM		15954					38
39 DELIVERY ROOM & LABOR ROOM		6342					39
40 ANESTHESIOLOGY		13368					40
41 RADIOLOGY-DIAGNOSTIC		60247					41
41.01 MRI		134691					41.01
43.01 NUCLEAR MEDICINE		54777					43.01
44 LABORATORY		59147					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		21472					49
50 PHYSICAL THERAPY							50
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		36287					53
53.01 CARDIAC CATH LAB		98082					53.01
54 ELECTROENCEPHALOGRAPHY		2644					54
55 MEDICAL SUPPLIES CHARGED TO PAT		6858					55
56 DRUGS CHARGED TO PATIENTS		172582					56
57 RENAL DIALYSIS							57
58.01 OP SURGERY		377242					58.01
58.02 OP PSYCH SERVICES		236865					58.02
58.03 CHEMICAL DEPENDENCY							58.03
58.04 PAIN CLINIC		20508					58.04
59 SLEEP LAB							59
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		330160					61
62 OBSERVATION BEDS (NON-DISTINCT)		198683					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL		2266865					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		2266865					104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB III [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S292) [ ] 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	96729	451712	11152838	3618	.008673	31	.040502	147 37
38 RECOVERY ROOM	8059	37633	1264952	954	.006371	6	.029751	28 38
39 DELIVERY ROOM & LABOR ROOM	6728	31414	1894692		.003551		.016580	39
40 ANESTHESIOLOGY	5332	24892	2234687	1330	.002386	3	.011139	15 40
41 RADIOLOGY-DIAGNOSTIC	84479	394497	11460579	133080	.007371	981	.034422	4581 41
41.01 MRI	6973	32523	15599466	107262	.000447	48	.002085	224 41.01
43.01 NUCLEAR MEDICINE	15579	72750	2047429	8946	.007609	68	.035532	318 43.01
44 LABORATORY	59547	278025	25185126	698703	.002364	1652	.011039	7713 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	33318	155586	5405181	268852	.006164	1657	.028785	7739 49
50 PHYSICAL THERAPY	24195	112990	1819209	50861	.013300	676	.062109	3159 50
52 SPEECH PATHOLOGY	194	908	217789	29810	.000891	27	.004169	124 52
53 ELECTROCARDIOLOGY	2685	12525	5537246	78589	.000485	38	.002262	178 53
53.01 CARDIAC CATH LAB	15504	72392	5418737		.002861		.013360	53.01
54 ELECTROENCEPHALOGRAPHY	3436	16043	265407	7705	.012946	100	.060447	466 54
55 MEDICAL SUPPLIES CHARGED TO P	7514	35084	1333966	3638	.005633	20	.026301	96 55
56 DRUGS CHARGED TO PATIENTS	31659	147792	18070853	915476	.001752	1604	.008178	7487 56
57 RENAL DIALYSIS	612	2860	598748	36339	.001022	37	.004777	174 57
58.01 OP SURGERY	50387	235311	2456907	1562	.020508	32	.095775	150 58.01
58.02 OP PSYCH SERVICES	54327	253723	1217385	274	.044626	12	.208416	57 58.02
58.03 CHEMICAL DEPENDENCY								58.03
58.04 PAIN CLINIC	503	2345	529260		.000950		.004431	58.04
59 SLEEP LAB								59
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	73894	345040	17690426	83290	.004177	348	.019504	1624 61
62 OBSERVATION BEDS (NON-DISTINC	15842	74000	1220002		.012985		.060656	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	597496	2790045	132620885	2430289		7340		34280 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-S292) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			MEDICAL EDUCATION	N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	COST					
	1	1.01	2	2.01	2.02	2.03	3	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM								37
38 RECOVERY ROOM								38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC								41
41.01 MRI								41.01
43.01 NUCLEAR MEDICINE								43.01
44 LABORATORY								44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY								49
50 PHYSICAL THERAPY								50
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY								53
53.01 CARDIAC CATH LAB								53.01
54 ELECTROENCEPHALOGRAPHY								54
55 MEDICAL SUPPLIES CHARGED TO P								55
56 DRUGS CHARGED TO PATIENTS								56
57 RENAL DIALYSIS								57
58.01 OP SURGERY								58.01
58.02 OP PSYCH SERVICES								58.02
58.03 CHEMICAL DEPENDENCY								58.03
58.04 PAIN CLINIC								58.04
59 SLEEP LAB								59
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY								61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL								101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S292) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM CHARGES	
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		11152838			3618		37
38 RECOVERY ROOM		1264952			954		38
39 DELIVERY ROOM & LABOR ROOM		1894692					39
40 ANESTHESIOLOGY		2234687			1330		40
41 RADIOLOGY-DIAGNOSTIC		11460579			133080		41
41.01 MRI		15599466			107262		41.01
43.01 NUCLEAR MEDICINE		2047429			8946		43.01
44 LABORATORY		25185126			698703		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		5405181			268852		49
50 PHYSICAL THERAPY		1819209			50861		50
52 SPEECH PATHOLOGY		217789			29810		52
53 ELECTROCARDIOLOGY		5537246			78589		53
53.01 CARDIAC CATH LAB		5418737					53.01
54 ELECTROENCEPHALOGRAPHY		265407			7705		54
55 MEDICAL SUPPLIES CHARGED TO P		1333966			3638		55
56 DRUGS CHARGED TO PATIENTS		18070853			915476		56
57 RENAL DIALYSIS		598748			36339		57
58.01 OP SURGERY		2456907			1562		58.01
58.02 OP PSYCH SERVICES		1217385			274		58.02
58.03 CHEMICAL DEPENDENCY							58.03
58.04 PAIN CLINIC		529260					58.04
59 SLEEP LAB							59
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		17690426			83290		61
62 OBSERVATION BEDS (NON-DISTINC		1220002					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		132620885			2430289		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-S292)	[ ]	SNF	[ ]	TEFRA
BOXES	[ ]	TITLE XIX	[ ]	SUB II	[ ]	NF		
			[ ]	SUB III	[ ]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI					41.01
43.01 NUCLEAR MEDICINE					43.01
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC CATH LAB					53.01
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58.01 OP SURGERY					58.01
58.02 OP PSYCH SERVICES					58.02
58.03 CHEMICAL DEPENDENCY					58.03
58.04 PAIN CLINIC					58.04
59 SLEEP LAB					59
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-S292) [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			----- PROGRAM CHARGES -----			
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4	
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	.334117	.334117	.334117				37
38 RECOVERY ROOM	.280638	.280638	.280638				38
39 DELIVERY ROOM & LABOR ROOM	.095285	.095285	.095285				39
40 ANESTHESIOLOGY	.061719	.061719	.061719				40
41 RADIOLOGY-DIAGNOSTIC	.265832	.265832	.265832				41
41.01 MRI	.074755	.074755	.074755				41.01
43.01 NUCLEAR MEDICINE	.241154	.241154	.241154				43.01
44 LABORATORY	.151505	.151505	.151505				44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY	.274770	.274770	.274770				49
50 PHYSICAL THERAPY	.461182	.461182	.461182				50
52 SPEECH PATHOLOGY	.324433	.324433	.324433				52
53 ELECTROCARDIOLOGY	.087335	.087335	.087335				53
53.01 CARDIAC CATH LAB	.292710	.292710	.292710				53.01
54 ELECTROENCEPHALOGRAPHY	.312980	.312980	.312980				54
55 MEDICAL SUPPLIES CHARGED TO PAT	.134584	.134584	.134584				55
56 DRUGS CHARGED TO PATIENTS	.208340	.208340	.208340				56
57 RENAL DIALYSIS	.394705	.394705	.394705				57
58.01 OP SURGERY	.482497	.482497	.482497				58.01
58.02 OP PSYCH SERVICES	.748629	.748629	.748629				58.02
58.03 CHEMICAL DEPENDENCY							58.03
58.04 PAIN CLINIC	.150837	.150837	.150837				58.04
59 SLEEP LAB							59
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY	.236600	.236600	.236600				61
62 OBSERVATION BEDS (NON-DISTINCT	.506392	.506392	.506392				62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL							101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES							104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES						1	
2 PROGRAM VACCINE CHARGES						.208340	1
2.01 PROGRAM VACCINE CHARGES							2
3 PROGRAM COSTS							2.01
3.01 PROGRAM COSTS							3
							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-S292) [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COST			
	ALL OTHER (1)	PPS SER-VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM								37
38 RECOVERY ROOM								38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC			2947					41
41.01 MRI								41.01
43.01 NUCLEAR MEDICINE								43.01
44 LABORATORY								44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY								49
50 PHYSICAL THERAPY								50
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY			3544					53
53.01 CARDIAC CATH LAB			1200					53.01
54 ELECTROENCEPHALOGRAPHY			1173					54
55 MEDICAL SUPPLIES CHARGED TO PA								55
56 DRUGS CHARGED TO PATIENTS			7867					56
57 RENAL DIALYSIS								57
58.01 OP SURGERY								58.01
58.02 OP PSYCH SERVICES								58.02
58.03 CHEMICAL DEPENDENCY								58.03
58.04 PAIN CLINIC								58.04
59 SLEEP LAB								59
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY								61
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD)								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)								65.03
101 SUBTOTAL			16731					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES			16731					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-S292) [ ] 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
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC			783				41
41.01 MRI							41.01
43.01 NUCLEAR MEDICINE							43.01
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY			310				53
53.01 CARDIAC CATH LAB			351				53.01
54 ELECTROENCEPHALOGRAPHY			367				54
55 MEDICAL SUPPLIES CHARGED TO PAT							55
56 DRUGS CHARGED TO PATIENTS			1639				56
57 RENAL DIALYSIS							57
58.01 OP SURGERY							58.01
58.02 OP PSYCH SERVICES							58.02
58.03 CHEMICAL DEPENDENCY							58.03
58.04 PAIN CLINIC							58.04
59 SLEEP LAB							59
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINCT)							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL			3450				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES			3450				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
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	463505		463505	2165112		2165112
26 INTENSIVE CARE UNIT	74874		74874	349648		349648
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	160877		160877	751313		751313
33 NURSERY	9525		9525	44484		44484
101 TOTAL	708781		708781	3310557		3310557

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	21856	9762	21.21	207052	99.06	967024
26 INTENSIVE CARE UNIT	2582	235	29.00	6815	135.42	31824
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	3760	464	42.79	19855	199.82	92716
33 NURSERY	1032	854	9.23	7882	43.10	36807
101 TOTAL	29230	11315		241604		1128371

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0292) [ ] 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	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	96729	451712	11152838		.008673		.040502	37
38 RECOVERY ROOM	8059	37633	1264952		.006371		.029751	38
39 DELIVERY ROOM & LABOR ROOM	6728	31414	1894692		.003551		.016580	39
40 ANESTHESIOLOGY	5332	24892	2234687		.002386		.011139	40
41 RADIOLOGY-DIAGNOSTIC	84479	394497	11460579		.007371		.034422	41
41.01 MRI	6973	32523	15599466		.000447		.002085	41.01
43.01 NUCLEAR MEDICINE	15579	72750	2047429		.007609		.035532	43.01
44 LABORATORY	59547	278025	25185126		.002364		.011039	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	33318	155586	5405181		.006164		.028785	49
50 PHYSICAL THERAPY	24195	112990	1819209		.013300		.062109	50
52 SPEECH PATHOLOGY	194	908	217789		.000891		.004169	52
53 ELECTROCARDIOLOGY	2685	12525	5537246		.000485		.002262	53
53.01 CARDIAC CATH LAB	15504	72392	5418737		.002861		.013360	53.01
54 ELECTROENCEPHALOGRAPHY	3436	16043	265407		.012946		.060447	54
55 MEDICAL SUPPLIES CHARGED TO P	7514	35084	1333966		.005633		.026301	55
56 DRUGS CHARGED TO PATIENTS	31659	147792	18070853		.001752		.008178	56
57 RENAL DIALYSIS	612	2860	598748		.001022		.004777	57
58.01 OP SURGERY	50387	235311	2456907		.020508		.095775	58.01
58.02 OP PSYCH SERVICES	54327	253723	1217385		.044626		.208416	58.02
58.03 CHEMICAL DEPENDENCY								58.03
58.04 PAIN CLINIC	503	2345	529260		.000950		.004431	58.04
59 SLEEP LAB								59
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	73894	345040	17690426		.004177		.019504	61
62 OBSERVATION BEDS (NON-DISTINC	15842	74000	1220002		.012985		.060656	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	597496	2790045	132620885					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	MEDICAL	SWING-BED	TOTAL COSTS	TOTAL	PER DIEM	INPATIENT	INPATIENT
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT		PATIENT DAYS		PROGRAM DAYS	PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					21856		9762	25
26 INTENSIVE CARE UNIT					2582		235	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					3760		464	31
33 NURSERY					1032		854	33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					29230		11315	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0292) [ ] 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			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
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 MRI							41.01
43.01 NUCLEAR MEDICINE							43.01
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC CATH LAB							53.01
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58.01 OP SURGERY							58.01
58.02 OP PSYCH SERVICES							58.02
58.03 CHEMICAL DEPENDENCY							58.03
58.04 PAIN CLINIC							58.04
59 SLEEP LAB							59
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0292) [ ] 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 CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM CHARGES	PROGRAM CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		11152838					37
38 RECOVERY ROOM		1264952					38
39 DELIVERY ROOM & LABOR ROOM		1894692					39
40 ANESTHESIOLOGY		2234687					40
41 RADIOLOGY-DIAGNOSTIC		11460579					41
41.01 MRI		15599466					41.01
43.01 NUCLEAR MEDICINE		2047429					43.01
44 LABORATORY		25185126					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		5405181					49
50 PHYSICAL THERAPY		1819209					50
52 SPEECH PATHOLOGY		217789					52
53 ELECTROCARDIOLOGY		5537246					53
53.01 CARDIAC CATH LAB		5418737					53.01
54 ELECTROENCEPHALOGRAPHY		265407					54
55 MEDICAL SUPPLIES CHARGED TO P		1333966					55
56 DRUGS CHARGED TO PATIENTS		18070853					56
57 RENAL DIALYSIS		598748					57
58.01 OP SURGERY		2456907					58.01
58.02 OP PSYCH SERVICES		1217385					58.02
58.03 CHEMICAL DEPENDENCY							58.03
58.04 PAIN CLINIC		529260					58.04
59 SLEEP LAB							59
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		17690426					61
62 OBSERVATION BEDS (NON-DISTINC		1220002					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		132620885					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (14-0292)	[ ]	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
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI					41.01
43.01 NUCLEAR MEDICINE					43.01
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC CATH LAB					53.01
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58.01 OP SURGERY					58.01
58.02 OP PSYCH SERVICES					58.02
58.03 CHEMICAL DEPENDENCY					58.03
58.04 PAIN CLINIC					58.04
59 SLEEP LAB					59
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB III [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] SUB I (14-S292) [ ] SUB IV [XX] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] 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	96729	451712	11152838		.008673		.040502	37
38 RECOVERY ROOM	8059	37633	1264952		.006371		.029751	38
39 DELIVERY ROOM & LABOR ROOM	6728	31414	1894692		.003551		.016580	39
40 ANESTHESIOLOGY	5332	24892	2234687		.002386		.011139	40
41 RADIOLOGY-DIAGNOSTIC	84479	394497	11460579		.007371		.034422	41
41.01 MRI	6973	32523	15599466		.000447		.002085	41.01
43.01 NUCLEAR MEDICINE	15579	72750	2047429		.007609		.035532	43.01
44 LABORATORY	59547	278025	25185126		.002364		.011039	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	33318	155586	5405181		.006164		.028785	49
50 PHYSICAL THERAPY	24195	112990	1819209		.013300		.062109	50
52 SPEECH PATHOLOGY	194	908	217789		.000891		.004169	52
53 ELECTROCARDIOLOGY	2685	12525	5537246		.000485		.002262	53
53.01 CARDIAC CATH LAB	15504	72392	5418737		.002861		.013360	53.01
54 ELECTROENCEPHALOGRAPHY	3436	16043	265407		.012946		.060447	54
55 MEDICAL SUPPLIES CHARGED TO P	7514	35084	1333966		.005633		.026301	55
56 DRUGS CHARGED TO PATIENTS	31659	147792	18070853		.001752		.008178	56
57 RENAL DIALYSIS	612	2860	598748		.001022		.004777	57
58.01 OP SURGERY	50387	235311	2456907		.020508		.095775	58.01
58.02 OP PSYCH SERVICES	54327	253723	1217385		.044626		.208416	58.02
58.03 CHEMICAL DEPENDENCY								58.03
58.04 PAIN CLINIC	503	2345	529260		.000950		.004431	58.04
59 SLEEP LAB								59
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	73894	345040	17690426		.004177		.019504	61
62 OBSERVATION BEDS (NON-DISTINC	15842	74000	1220002		.012985		.060656	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	597496	2790045	132620885					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-S292) [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			MEDICAL EDUCATION	N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	COST					
	1	1.01	2	2.01	2.02	2.03	3	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM								37
38 RECOVERY ROOM								38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC								41
41.01 MRI								41.01
43.01 NUCLEAR MEDICINE								43.01
44 LABORATORY								44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY								49
50 PHYSICAL THERAPY								50
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY								53
53.01 CARDIAC CATH LAB								53.01
54 ELECTROENCEPHALOGRAPHY								54
55 MEDICAL SUPPLIES CHARGED TO P								55
56 DRUGS CHARGED TO PATIENTS								56
57 RENAL DIALYSIS								57
58.01 OP SURGERY								58.01
58.02 OP PSYCH SERVICES								58.02
58.03 CHEMICAL DEPENDENCY								58.03
58.04 PAIN CLINIC								58.04
59 SLEEP LAB								59
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY								61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL								101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] SUB I (14-S292) [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM CHARGES	
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		11152838					37
38 RECOVERY ROOM		1264952					38
39 DELIVERY ROOM & LABOR ROOM		1894692					39
40 ANESTHESIOLOGY		2234687					40
41 RADIOLOGY-DIAGNOSTIC		11460579					41
41.01 MRI		15599466					41.01
43.01 NUCLEAR MEDICINE		2047429					43.01
44 LABORATORY		25185126					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		5405181					49
50 PHYSICAL THERAPY		1819209					50
52 SPEECH PATHOLOGY		217789					52
53 ELECTROCARDIOLOGY		5537246					53
53.01 CARDIAC CATH LAB		5418737					53.01
54 ELECTROENCEPHALOGRAPHY		265407					54
55 MEDICAL SUPPLIES CHARGED TO P		1333966					55
56 DRUGS CHARGED TO PATIENTS		18070853					56
57 RENAL DIALYSIS		598748					57
58.01 OP SURGERY		2456907					58.01
58.02 OP PSYCH SERVICES		1217385					58.02
58.03 CHEMICAL DEPENDENCY							58.03
58.04 PAIN CLINIC		529260					58.04
59 SLEEP LAB							59
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		17690426					61
62 OBSERVATION BEDS (NON-DISTINC		1220002					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		132620885					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-S292) [ ] 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
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI					41.01
43.01 NUCLEAR MEDICINE					43.01
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC CATH LAB					53.01
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58.01 OP SURGERY					58.01
58.02 OP PSYCH SERVICES					58.02
58.03 CHEMICAL DEPENDENCY					58.03
58.04 PAIN CLINIC					58.04
59 SLEEP LAB					59
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

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) (14-0292)	SUB I (PPS) (14-S292)	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)	21856	3760					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	21856	3760					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	21856	3760					4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	8055	3296					9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0292)	SUB I (PPS) (14-S292)	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	18075809	4009248					21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	18075809	4009248					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	14036028	4499040					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	14036028	4499040					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.287815	.891134					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	642.20	1196.55					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	18075809	4009248					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) (14-0292)	SUB I (PPS) (14-S292)	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	827.04	1066.29				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	6661807	3514492				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	6661807	3514492				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						
44 INTENSIVE CARE UNIT	3779821	2582	1463.91	1501	2197329	43
45 CORONARY CARE UNIT						44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-0292)	SUB I (PPS) (14-S292)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	6618396	495471				48
49 TOTAL PROGRAM INPATIENT COSTS	15477532	4009963				49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1215569	799643				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	674955	41620				51
52 TOTAL PROGRAM EXCLUDABLE COST	1890524	841263				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	13587008	3168700				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) (14-0292)	SUB I (PPS) (14-S292)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

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

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

SNF

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV  
 (PPS) (PPS)  
 (14-0292)(14-S292)  
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	747	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	827.04	84
85 OBSERVATION BED COST	617799	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST	ROUTINE COST (FROM LINE 27)	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST (FROM LINE 85)	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4	
	1	2	3	4	5	
86 OLD CAPITAL-RELATED COST	463505	18075809	.025642	617799	15842	86
87 NEW CAPITAL-RELATED COST	2165112	18075809	.119780	617799	74000	87
88 NON PHYSICIAN ANESTHETIST		18075809		617799		88
89 MEDICAL EDUCATION		18075809		617799		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) (14-0292)	SUB I (TEFRA) (14-S292)	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)	21856	3760				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	21856	3760				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	21856	3760				4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	9762	464				9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)						14
15 TOTAL NURSERY DAYS	1032					15
16 TITLE V OR XIX NURSERY DAYS	854					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) (14-0292)	SUB I (TEFRA) (14-S292)	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT							
	1	1	1	1	1	1	
17							17
MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
18							18
MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
19							19
MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
20							20
MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
21	17856125	4009248					21
TOTAL GENERAL INPATIENT ROUTINE SERVICE COST							
22							22
SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
23							23
SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
24							24
SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
25							25
SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
26							26
TOTAL SWING-BED COST							
27	17856125	4009248					27
GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28	14036028	4499040					28
GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)							
29							29
PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
30	14036028	4499040					30
SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
31	1.272164	.891134					31
GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO							
32							32
AVERAGE PRIVATE ROOM PER DIEM CHARGE							
33	642.20	1196.55					33
AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE							
34							34
AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							
35							35
AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							
36							36
PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							
37	17856125	4009248					37
GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL							

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) (14-0292)	SUB I (TEFRA) (14-S292)	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	816.99	1066.29					38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	7975456	494759					39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	7975456	494759					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)	767387	1032	743.59	854	635026		42
43	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS							
44	INTENSIVE CARE UNIT	3779821	2582	1463.91	235	344019		43
45	CORONARY CARE UNIT							44
46	BURN INTENSIVE CARE UNIT							45
47	SURGICAL INTENSIVE CARE UNIT							46
47	OTHER SPECIAL CARE (SPECIFY)							47
		HOSPITAL (OTHER) (14-0292)	SUB I (TEFRA) (14-S292)	SUB II	SUB III	SUB IV		
48	PROGRAM INPATIENT ANCILLARY SERVICE COST			1	1	1		48
49	TOTAL PROGRAM INPATIENT COSTS	8954501	494759					49
PASS THROUGH COST ADJUSTMENTS								
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1257404						50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES							51
52	TOTAL PROGRAM EXCLUDABLE COST	1257404						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) (14-0292)	SUB I (TEFRA) (14-S292)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54		47				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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

HOSPITAL (OTHER (14-0292)	SUB I (TEFRA) (14-S292)	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	747	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	827.04	84
85 OBSERVATION BED COST	617799	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V [XX] HOSPITAL (14-0292) [ ] 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		11090913		25
26 INTENSIVE CARE UNIT		2943851		26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.334117	953904	318716	37
38 RECOVERY ROOM	.280638	198395	55677	38
39 DELIVERY ROOM & LABOR ROOM	.095285	171	16	39
40 ANESTHESIOLOGY	.061719	237462	14656	40
41 RADIOLOGY-DIAGNOSTIC	.265832	1855576	493271	41
41.01 MRI	.074755	2546475	190362	41.01
43.01 NUCLEAR MEDICINE	.241154	503903	121518	43.01
44 LABORATORY	.151505	7487985	1134467	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.274770	2778629	763484	49
50 PHYSICAL THERAPY	.461182	275627	127114	50
52 SPEECH PATHOLOGY	.324433	118527	38454	52
53 ELECTROCARDIOLOGY	.087335	1631496	142487	53
53.01 CARDIAC CATH LAB	.292710	1545716	452447	53.01
54 ELECTROENCEPHALOGRAPHY	.312980	58680	18366	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.134584	476430	64120	55
56 DRUGS CHARGED TO PATIENTS	.208340	7069458	1472851	56
57 RENAL DIALYSIS	.394705	408735	161330	57
58.01 OP SURGERY	.482497	977668	471722	58.01
58.02 OP PSYCH SERVICES	.748629			58.02
58.03 CHEMICAL DEPENDENCY				58.03
58.04 PAIN CLINIC	.150837	4676	705	58.04
59 SLEEP LAB				59
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.236600	2437165	576633	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.506392			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		31566678	6618396	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		31566678		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V	[ ] HOSPITAL	[ ] SNF	[XX] PPS
[XX] TITLE XVIII-PT A	[XX] SUB I (14-S292)	[ ] 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				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I		4499040		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.334117	3618	1209	37
38 RECOVERY ROOM	.280638	954	268	38
39 DELIVERY ROOM & LABOR ROOM	.095285			39
40 ANESTHESIOLOGY	.061719	1330	82	40
41 RADIOLOGY-DIAGNOSTIC	.265832	133080	35377	41
41.01 MRI	.074755	107262	8018	41.01
43.01 NUCLEAR MEDICINE	.241154	8946	2157	43.01
44 LABORATORY	.151505	698703	105857	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.274770	268852	73872	49
50 PHYSICAL THERAPY	.461182	50861	23456	50
52 SPEECH PATHOLOGY	.324433	29810	9671	52
53 ELECTROCARDIOLOGY	.087335	78589	6864	53
53.01 CARDIAC CATH LAB	.292710			53.01
54 ELECTROENCEPHALOGRAPHY	.312980	7705	2412	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.134584	3638	490	55
56 DRUGS CHARGED TO PATIENTS	.208340	915476	190730	56
57 RENAL DIALYSIS	.394705	36339	14343	57
58.01 OP SURGERY	.482497	1562	754	58.01
58.02 OP PSYCH SERVICES	.748629	274	205	58.02
58.03 CHEMICAL DEPENDENCY				58.03
58.04 PAIN CLINIC	.150837			58.04
59 SLEEP LAB				59
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.236600	83290	19706	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.506392			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		2430289	495471	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		2430289		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0292)	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<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
26 INTENSIVE CARE UNIT			26
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.334117		37
38 RECOVERY ROOM	.280638		38
39 DELIVERY ROOM & LABOR ROOM	.095285		39
40 ANESTHESIOLOGY	.061719		40
41 RADIOLOGY-DIAGNOSTIC	.265832		41
41.01 MRI	.074755		41.01
43.01 NUCLEAR MEDICINE	.241154		43.01
44 LABORATORY	.151505		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.274770		49
50 PHYSICAL THERAPY	.461182		50
52 SPEECH PATHOLOGY	.324433		52
53 ELECTROCARDIOLOGY	.087335		53
53.01 CARDIAC CATH LAB	.292710		53.01
54 ELECTROENCEPHALOGRAPHY	.312980		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.134584		55
56 DRUGS CHARGED TO PATIENTS	.208340		56
57 RENAL DIALYSIS	.394705		57
58.01 OP SURGERY	.482497		58.01
58.02 OP PSYCH SERVICES	.748629		58.02
58.03 CHEMICAL DEPENDENCY			58.03
58.04 PAIN CLINIC	.150837		58.04
59 SLEEP LAB			59
OUTPATIENT SERVICE COST CENTERS			
61 EMERGENCY	.236600		61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.506392		62
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V	[ ] HOSPITAL	[ ] SNF	[ ] PPS
[ ] TITLE XVIII-PT A	[XX] SUB I (14-S292)	[ ] NF	[XX] TEFRA
[XX] 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			25
26 INTENSIVE CARE UNIT			26
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.334117		37
38 RECOVERY ROOM	.280638		38
39 DELIVERY ROOM & LABOR ROOM	.095285		39
40 ANESTHESIOLOGY	.061719		40
41 RADIOLOGY-DIAGNOSTIC	.265832		41
41.01 MRI	.074755		41.01
43.01 NUCLEAR MEDICINE	.241154		43.01
44 LABORATORY	.151505		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.274770		49
50 PHYSICAL THERAPY	.461182		50
52 SPEECH PATHOLOGY	.324433		52
53 ELECTROCARDIOLOGY	.087335		53
53.01 CARDIAC CATH LAB	.292710		53.01
54 ELECTROENCEPHALOGRAPHY	.312980		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.134584		55
56 DRUGS CHARGED TO PATIENTS	.208340		56
57 RENAL DIALYSIS	.394705		57
58.01 OP SURGERY	.482497		58.01
58.02 OP PSYCH SERVICES	.748629		58.02
58.03 CHEMICAL DEPENDENCY			58.03
58.04 PAIN CLINIC	.150837		58.04
59 SLEEP LAB			59
OUTPATIENT SERVICE COST CENTERS			
61 EMERGENCY	.236600		61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.506392		62
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0292)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	7011663					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	2784746					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS						1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1						1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	87173					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	124.34					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 (14-0292)	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	0.1247					4
4.01	0.4376					4.01
4.02	0.5623					4.02
4.03	0.3571					4.03
4.04	3498298					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	13381880					6
7						7
7.01						7.01
8	13381880					8
9	1076486					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16	14458366					16
17	2107					17
18	14456259					18
19	824868					19
20	206176					20
21	297317					21
21.01	208122					21.01
21.02	216942					21.02
22	13633337					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0292)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	13633337					26
27						27
28	12757786					28
28.01						28.01
29	875551					29
30						30
50						50
51						51
52						52
53						53
54						54
55						55
56						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0292) 1	HOSPITAL (14-0292) 1.01	HOSPITAL (14-0292) 1.02	
1 MEDICAL AND OTHER SERVICES	255			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	2266865			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	1515228			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	255			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	1224			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	1224			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	1224			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	969			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	255			17
17.01 TOTAL PPS PAYMENTS	1515228			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0292) 1	HOSPITAL (14-0292) 1.01	HOSPITAL (14-0292) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	427285		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL	1088198		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	1088198		23
24 PRIMARY PAYER PAYMENTS	289		24
25 SUBTOTAL	1087909		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	122280		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	85596		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	104504		27.02
28 SUBTOTAL	1173505		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	1173505		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	1152009		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	21496		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-S292) 1	SUB I (14-S292) 1.01	SUB I (14-S292) 1.02	
1 MEDICAL AND OTHER SERVICES	3450			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	1455			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	3450			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	16731			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	16731			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	16731			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	13281			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	3450			17
17.01 TOTAL PPS PAYMENTS	1455			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S292) 1	SUB I (14-S292) 1.01	SUB I (14-S292) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	322		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL	4583		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	4583		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	4583		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	4583		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	4583		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	1133		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	3450		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  
 (14-0292)  
 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  
(14-0292)  
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  
(14-0292)  
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 (14-0292)

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		12791444		1150698	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		12/22/2008	1311	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
	.56	12/22/2008		1311	3.56
	.57	01/13/2009		32347	3.57
SUBTOTAL	.99	-33658		1311	3.99
4 TOTAL INTERIM PAYMENTS		12757786		1152009	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				
	PROVIDER .01	875551		21496	6.01
	PROVIDER TO .02				6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		13633337		1173505	7
NAME OF INTERMEDIARY: _____			INTERMEDIARY NUMBER: _____		
SIGNATURE OF AUTHORIZED PERSON: _____			DATE (MO/DAY/YR): _____		

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 SUBPROVIDER I (14-S292)

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		2714716		1133	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					3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .01				3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .02				3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .03	NONE		NONE	3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .04				3.05
	TO .05				3.50
	PROVIDER .51				3.51
	TO .52	NONE		NONE	3.52
	PROGRAM .53				3.53
	PROGRAM .54				3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		2714716		1133	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			3450	6.01
	PROVIDER TO .02	-3024			6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		2711692		4583	7
NAME OF INTERMEDIARY: _____			INTERMEDIARY NUMBER: _____		
SIGNATURE OF AUTHORIZED PERSON: _____			DATE (MO/DAY/YR): _____		

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART I

MEDICARE PART A SERVICES - TEFRA

HOSPITAL SUB I SUB II SUB III SUB IV  
 (14-S292)

1	INPATIENT HOSPITAL SERVICES					1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)					1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)					1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)					1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)					1.04
1.05	OUTLIER PAYMENTS					1.05
1.06	TOTAL PPS PAYMENTS					1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT					1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)					
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)	2627613				1.08
1.09	NET IPF PPS OUTLIER PAYMENTS	232604				1.09
1.10	NET IPF PPS ECT PAYMENTS					1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					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)	10.273224				1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS	2860217				1.19
1.20	STOP LESS PAYMENT FLOOR					1.20
1.21	ADJUSTED NET PAYMENT FLOOR					1.21
1.22	STOP LOSS ADJUSTMENT					1.22
1.23	TOTAL IPF PPS PAYMENTS	2860217				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	2860217				4
5	PRIMARY PAYER PAYMENTS	461				5
6	SUBTOTAL	2859756				6
7	DEDUCTIBLES	121696				7
8	SUBTOTAL	2738060				8
9	COINSURANCE	26368				9
10	SUBTOTAL	2711692				10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)					11
11.01	REDUCED REIMBURSABLE BAD DEBTS					11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					11.02
12	SUBTOTAL	2711692				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-S292)	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	2711692				17
18	SEQUESTRATION ADJUSTMENT					18
19	INTERIM PAYMENTS	2714716				19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					19.01
20	BALANCE DUE PROVIDER/PROGRAM	-3024				20
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					21
	TO BE COMPLETED BY INTERMEDIARY					
50	ORIGINAL OUTLIER AMOUNT					50
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					52
53	OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)					53

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			
	HOSPITAL (14-0292) (OTHER)	SUB I (14-S292) (TEFRA)	SUB II	SUB III	SUB IV	NF I
	1	1	1	1	1	1
1	8954501	494759				1
2						2
3						3
4						4
5						5
6	8954501	494759				6
7						7
8						8
9	8954501	494759				9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22	8954501	494759				22
23	8954501	494759				23
24						24
25						25
26						26
27						27
28						28
29						29
30	8954501	494759				30
31						31
32	8954501	494759				32
33						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			
	HOSPITAL (14-0292) (OTHER)	SUB I (14-S292) (TEFRA)	SUB II	SUB III	SUB IV	NF I
	1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT					
35	8954501	494759				34
36	EXCESS OF REASONABLE COST					35
37	SUBTOTAL					36
38	COINSURANCE					37
38.01	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,					38
38.02	REIMBURSABLE BAD DEBTS					38.01
	REIMBURSABLE BAD DEBTS					38.02
39	BENEFICIARIES (SEE INSTRUCTIONS)					
40	UTILIZATION REVIEW					39
41	SUBTOTAL					40
42	INPATIENT ROUTINE SERVICE COST					41
43	MEDICARE INPATIENT ROUTINE CHARGES					42
44	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE					43
45	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM					44
46	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN					
47	ACCORDANCE WITH 42 CFR 413.13(E)					
48	RATIO OF LINE 43 TO LINE 44					45
49	TOTAL CUSTOMARY CHARGES					46
50	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST					47
51	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES					48
52	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM					49
53	UTILIZATION					
54	OTHER ADJUSTMENTS					50
55	AMOUNTS APPLICABLE TO PRIOR COST REPORTING					51
56	DEPRECIABLE ASSETS					
57	SUBTOTAL					52
58	INDIRECT MEDICAL EDUCATION ADJUSTMENT					53
59	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					54
59.01	TOTAL AMOUNT PAYABLE TO THE PROVIDER					55
	SEQUESTRATION ADJUSTMENT					56
	INTERIM PAYMENTS					57
59.02	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					57.01
60	BALANCE DUE PROVIDER/PROGRAM					58
61	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT					59
	SECTION 115.2					

BALANCE SHEET

WORKSHEET G

ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
<b>CURRENT ASSETS</b>				
1 CASH ON HAND AND IN BANKS	3072375			1
2 TEMPORARY INVESTMENTS	6460309			2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	2809537			4
5 OTHER RECEIVABLES	5284875			5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-3094810			6
7 INVENTORY	1502222			7
8 PREPAID EXPENSES	216761			8
9 OTHER CURRENT ASSETS				9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS	16251269			11
<b>FIXED ASSETS</b>				
12 LAND	1869112			12
12.01 ACCUMULATED DEPRECIATION				12.01
13 LAND IMPROVEMENTS	78294			13
13.01 ACCUMULATED DEPRECIATION	-37055			13.01
14 BUILDINGS	22649173			14
14.01 ACCUMULATED DEPRECIATION	-5827618			14.01
15 LEASEHOLD IMPROVEMENTS				15
15.01 ACCUMULATED AMORTIZATION				15.01
16 FIXED EQUIPMENT	6573031			16
16.01 ACCUMULATED DEPRECIATION	-3503247			16.01
17 AUTOMOBILES AND TRUCKS				17
17.01 ACCUMULATED DEPRECIATION				17.01
18 MAJOR MOVABLE EQUIPMENT	6139302			18
18.01 ACCUMULATED DEPRECIATION	-4083435			18.01
19 MINOR EQUIPMENT DEPRECIABLE				19
19.01 ACCUMULATED DEPRECIATION				19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE				20
21 TOTAL FIXED ASSETS	23857557			21
<b>OTHER ASSETS</b>				
22 INVESTMENTS	827496			22
23 DEPOSITS ON LEASES				23
24 DUE FROM OWNERS/OFFICERS				24
25 OTHER ASSETS	274573			25
26 TOTAL OTHER ASSETS	1102069			26
27 TOTAL ASSETS	41210895			27
<b>LIABILITIES AND FUND BALANCES</b>				
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
<b>CURRENT LIABILITIES</b>				
28 ACCOUNTS PAYABLE	1632882			28
29 SALARIES, WAGES & FEES PAYABLE	1968296			29
30 PAYROLL TAXES PAYABLE				30
31 NOTES & LOANS PAYABLE (SHORT TERM)	1360702			31
32 DEFERRED INCOME				32
33 ACCELERATED PAYMENTS				33
34 DUE TO OTHER FUNDS				34
35 OTHER CURRENT LIABILITIES	1169348			35
36 TOTAL CURRENT LIABILITIES	6131228			36
<b>LONG-TERM LIABILITIES</b>				
37 MORTGAGE PAYABLE	12507253			37
38 NOTES PAYABLE	18244			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				41
42 TOTAL LONG TERM LIABILITIES	12525497			42
43 TOTAL LIABILITIES	18656725			43
<b>CAPITAL ACCOUNTS</b>				
44 GENERAL FUND BALANCE	22554170			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	22554170			51
52 TOTAL LIABILITIES AND FUND BALANCES	41210895			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	24636173			1
2 NET INCOME (LOSS)	2926394			2
3 TOTAL	27562567			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 NET ASSETS	5584834			5
6 CR YR	312602			6
7				7
8				8
9				9
10 TOTAL ADDITIONS	5897436			10
11 SUBTOTAL	33460003			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 DONOR RESTRICTED FUNDS				13
14 OTHER				14
15 ACCUM EARNINGS	288817			15
16 CR YR	312602			16
17				17
18 TOTAL DEDUCTIONS	601419			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	32858584			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	34310094		34310094	2
4 SUBPROVIDER I				4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	34310094		34310094	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	5315630		5315630	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	5315630		5315630	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	39625724		39625724	18
18.50 ANCILLARY SERVICES	75171760		132498701	18.50
18.60 OUTPATIENT SERVICES		57326941		18.60
19 RHC				19
20 FQHC				20
21 HOME HEALTH AGENCY				21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
25 HOSPICE				25
25 TOTAL PATIENT REVENUES	114797484	57326941	172124425	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		63279461	26
27 ADD (SPECIFY)			27
28 BAD DEBT EXPENSE			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS			33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		63279461	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	172124425	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	111196634	2
3	NET PATIENT REVENUES	60927791	3
4	LESS - TOTAL OPERATING EXPENSES	63279461	4
5	NET INCOME FROM SERVICE TO PATIENTS	-2351670	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	83697	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	680	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	GIFT SHOP	12054	24
24.01	ADMIN AND GENERAL	21062	24.01
24.02	INTEREST EXPENSE	-139236	24.02
24.03	PSYCH SERVICES	135386	24.03
24.04	THERAPUTIC DAY SCHOOL	5163698	24.04
24.05	ALL OTHER NON PATIENT REVENUE	723	24.05
25	TOTAL OTHER INCOME	5278064	25
26	TOTAL	2926394	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	2926394	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0292)	HOSPITAL (14-0292)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
					CAPITAL FEDERAL AMOUNT
2					2
					CAPITAL DRG OTHER THAN OUTLIER
3	913321				3
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997
3.01					3.01
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997
4	53018				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]
4.01		0.00		0.00	4.01
					NO. OF INTERNS & RESIDENTS
4.02					4.02
					INDIRECT MEDICAL EDUCATION PERCENTAGE
4.03					4.03
					INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT
5			0.1247		5
					% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS
5.01			0.4376		5.01
					% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I
5.02			0.5623		5.02
					SUM OF LINES 5 AND 5.01
5.03			0.1206		5.03
					ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE
5.04			110147		5.04
					DISPROPORTIONATE SHARE ADJUSTMENT
6	1076486				6
					TOTAL PROSPECTIVE CAPITAL PAYMENTS
PART II - HOLD HARMLESS METHOD					
1					1
					NEW CAPITAL
2					2
					OLD CAPITAL
3					3
					TOTAL CAPITAL
4					4
					RATIO OF NEW CAPITAL TO TOTAL CAPITAL
5					5
					TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE
6					6
					REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT
7					7
					REDUCED OLD CAPITAL AMOUNT
8					8
					HOLD HARMLESS PAYMENT FOR NEW CAPITAL
9					9
					SUBTOTAL
10					10
					PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)
PART III - PAYMENT UNDER REASONABLE COST					
1					1
					PROGRAM INPATIENT ROUTINE CAPITAL COST
2					2
					PROGRAM INPATIENT ANCILLARY CAPITAL COST
3					3
					TOTAL INPATIENT PROGRAM CAPITAL
4					4
					CAPITAL COST PAYMENT FACTOR
5					5
					TOTAL INPATIENT PROGRAM CAPITAL COST
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
					PROGRAM INPATIENT CAPITAL COSTS
2					2
					PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES
3					3
					NET PROGRAM INPATIENT CAPITAL COSTS
4					4
					APPLICABLE EXCEPTION PERCENTAGE
5					5
					CAPITAL COST FOR COMPARISON TO PAYMENTS
6					6
					PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES
7					7
					ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES
8					8
					CAPITAL MINIMUM PAYMENT LEVEL
9					9
					CURRENT YEAR CAPITAL PAYMENTS
10					10
					CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS
11					11
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT
12					12
					NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS
13					13
					CURRENT YEAR EXCEPTION PAYMENT
14					14
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD
15					15
					CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)
16					16
					CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)
17					17
					CURRENT YEAR EXCEPTION OFFSET AMOUNT

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6.01 COMMUNICATIONS					6.01
6.02 DATA PROCESSING					6.02
6.03 PURCHASING					6.03
6.04 ADMITTING					6.04
6.06 ADMIN & GENERAL					6.06
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
31 SUBPROVIDER I					31
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI					41.01
43.01 NUCLEAR MEDICINE					43.01
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC CATH LAB					53.01
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PAT					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58.01 OP SURGERY					58.01
58.02 OP PSYCH SERVICES					58.02
58.03 CHEMICAL DEPENDENCY					58.03
58.04 PAIN CLINIC					58.04
59 SLEEP LAB					59
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT)					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN					96

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	4A	25	26	27	
98 PHYSICIANS' PRIVATE OFFICES						98
98.01 THERAPEUTIC DAY SCHOOL						98.01
98.02 RESP OUTSOURCE						98.02
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL						103
104 TOTAL STATISTICAL BASIS						104
105 UNIT COST MULTIPLIER						105
105 UNIT COST MULTIPLIER						105

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	36.85		44.67				81.52 25
26 INTENSIVE CARE UNIT	58.13		9.10				67.23 26
33 NURSERY			82.75				82.75 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	8.55	11.30					19.85 37
38 RECOVERY ROOM	15.68	4.49					20.17 38
39 DELIVERY ROOM & LABOR ROOM	0.01	3.51					3.52 39
40 ANESTHESIOLOGY	10.63	9.69					20.32 40
41 RADIOLOGY-DIAGNOSTIC	16.19	1.98					18.17 41
41.01 MRI	16.32	11.55					27.87 41.01
43.01 NUCLEAR MEDICINE	24.61	11.09					35.70 43.01
44 LABORATORY	29.73	1.55					31.28 44
49 RESPIRATORY THERAPY	51.41	1.45					52.86 49
50 PHYSICAL THERAPY	15.15						15.15 50
52 SPEECH PATHOLOGY	54.42						54.42 52
53 ELECTROCARDIOLOGY	29.46	7.50					36.96 53
53.01 CARDIAC CATH LAB	28.53	6.18					34.71 53.01
54 ELECTROENCEPHALOGRAPHY	22.11	3.18					25.29 54
55 MEDICAL SUPPLIES CHARGED TO PAT	35.72	3.82					39.54 55
56 DRUGS CHARGED TO PATIENTS	39.12	4.58					43.70 56
57 RENAL DIALYSIS	68.26						68.26 57
58.01 OP SURGERY	39.79	31.82					71.61 58.01
58.02 OP PSYCH SERVICES		25.99					25.99 58.02
58.04 PAIN CLINIC	0.88	25.69					26.57 58.04
61 EMERGENCY	13.78	7.89					21.67 61
62 OBSERVATION BEDS (NON-DISTINCT		32.16					32.16 62
101 TOTAL CHARGES	18.31	5.21					23.52 101

\*\*\*\*\* 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	87.66		12.34				100.00 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.03						0.03 37
38 RECOVERY ROOM	0.08						0.08 38
40 ANESTHESIOLOGY	0.06						0.06 40
41 RADIOLOGY-DIAGNOSTIC	1.16						1.16 41
41.01 MRI	0.69						0.69 41.01
43.01 NUCLEAR MEDICINE	0.44						0.44 43.01
44 LABORATORY	2.77						2.77 44
49 RESPIRATORY THERAPY	4.97						4.97 49
50 PHYSICAL THERAPY	2.80						2.80 50
52 SPEECH PATHOLOGY	13.69						13.69 52
53 ELECTROCARDIOLOGY	1.42						1.42 53
54 ELECTROENCEPHALOGRAPHY	2.90						2.90 54
55 MEDICAL SUPPLIES CHARGED TO PAT	0.27						0.27 55
56 DRUGS CHARGED TO PATIENTS	5.07						5.07 56
57 RENAL DIALYSIS	6.07						6.07 57
58.01 OP SURGERY	0.06						0.06 58.01
58.02 OP PSYCH SERVICES	0.02						0.02 58.02
61 EMERGENCY	0.47						0.47 61
101 TOTAL CHARGES	1.41						1.41 101

COST CENTER	---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT	1315533	2.06	-1315533	-4.39		1
2	OLD CAP REL COSTS-MVBLE EQUIP						2
3	NEW CAP REL COSTS-BLDG & FIXT	3861752	6.06	-3861752	-12.89		3
4	NEW CAP REL COSTS-MVBLE EQUIP	2282055	3.58	-2282055	-7.62		4
5	EMPLOYEE BENEFITS	3921403	6.15	-3921403	-13.09		5
6.01	COMMUNICATIONS	272224	.43	-272224	-.91		6.01
6.02	DATA PROCESSING						6.02
6.03	PURCHASING						6.03
6.04	ADMITTING	681096	1.07	-681096	-2.27		6.04
6.06	ADMIN & GENERAL	9001465	14.12	-9001465	-30.04		6.06
7	MAINTENANCE & REPAIRS						7
8	OPERATION OF PLANT	3347085	5.25	-3347085	-11.17		8
9	LAUNDRY & LINEN SERVICE						9
10	HOUSEKEEPING	834052	1.31	-834052	-2.78		10
11	DIETARY	1009257	1.58	-1009257	-3.37		11
12	CAFETERIA	115048	.18	-115048	-.38		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	1436854	2.25	-1436854	-4.79		14
15	CENTRAL SERVICES & SUPPLY	406537	.64	-406537	-1.36		15
16	PHARMACY	900418	1.41	-900418	-3.00		16
17	MEDICAL RECORDS & LIBRARY	581943	.91	-581943	-1.94		17
18	SOCIAL SERVICE						18
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A						22
23	I&R SERVICES-OTHER PRGM COSTS A						23
24	PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	8100354	12.70	9755771	32.56	17856125	28.00
26	INTENSIVE CARE UNIT	2049230	3.21	1730591	5.78	3779821	5.93
31	SUBPROVIDER I	1409147	2.21	2600101	8.68	4009248	6.29
33	NURSERY	491755	.77	275632	.92	767387	1.20
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	1818447	2.85	1907909	6.37	3726356	5.84
38	RECOVERY ROOM	184854	.29	170140	.57	354994	.56
39	DELIVERY ROOM & LABOR ROOM	31592	.05	148943	.50	180535	.28
40	ANESTHESIOLOGY	50251	.08	87672	.29	137923	.22
41	RADIOLOGY-DIAGNOSTIC	1538048	2.41	1508540	5.03	3046588	4.78
41.01	MRI	678240	1.06	487901	1.63	1166141	1.83
43.01	NUCLEAR MEDICINE	222981	.35	270764	.90	493745	.77
44	LABORATORY	2225056	3.49	1590606	5.31	3815662	5.98
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
49	RESPIRATORY THERAPY	779205	1.22	705976	2.36	1485181	2.33
50	PHYSICAL THERAPY	402093	.63	436894	1.46	838987	1.32
52	SPEECH PATHOLOGY	55896	.09	14762	.05	70658	.11
53	ELECTROCARDIOLOGY	292371	.46	191226	.64	483597	.76

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
53.01 CARDIAC CATH LAB	985217	1.55	600903	2.01	1586120	2.49	53.01
54 ELECTROENCEPHALOGRAPHY	31001	.05	52066	.17	83067	.13	54
55 MEDICAL SUPPLIES CHARGED TO PAT			179531	.60	179531	.28	55
56 DRUGS CHARGED TO PATIENTS	1771730	2.78	1993143	6.65	3764873	5.90	56
57 RENAL DIALYSIS	193049	.30	43280	.14	236329	.37	57
58.01 OP SURGERY	432008	.68	753442	2.51	1185450	1.86	58.01
58.02 OP PSYCH SERVICES	218096	.34	693274	2.31	911370	1.43	58.02
58.03 CHEMICAL DEPENDENCY							58.03
58.04 PAIN CLINIC	50171	.08	29661	.10	79832	.13	58.04
59 SLEEP LAB							59
61 EMERGENCY	2377322	3.73	1808232	6.03	4185554	6.56	61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN	484351	.76	159166	.53	643517	1.01	96
98 PHYSICIANS' PRIVATE OFFICES	3157171	4.95	596390	1.99	3753561	5.89	98
98.01 THERAPEUTIC DAY SCHOOL	3767399	5.91	1174206	3.92	4941605	7.75	98.01
98.02 RESP OUTSOURCE							98.02
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	63763757	100.00	0	.00	63763757	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	548441	11152838	.049175	953904	46908	37
38 RECOVERY ROOM	45692	1264952	.036122	198395	7166	38
39 DELIVERY ROOM & LABOR ROOM	38142	1894692	.020131	171	4	39
40 ANESTHESIOLOGY	30224	2234687	.013525	237462	3212	40
41 RADIOLOGY-DIAGNOSTIC	478976	11460579	.041793	1855575	77550	41
41.01 MRI	39496	15599466	.002532	2546475	6447	41.01
43.01 NUCLEAR MEDICINE	88329	2047429	.043141	503903	21739	43.01
44 LABORATORY	337572	25185126	.013403	7487985	100362	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	188904	5405181	.034949	2778629	97110	49
50 PHYSICAL THERAPY	137185	1819209	.075409	275627	20785	50
52 SPEECH PATHOLOGY	1102	217789	.005060	118527	600	52
53 ELECTROCARDIOLOGY	15210	5537246	.002747	1631496	4481	53
53.01 CARDIAC CATH LAB	87896	5418737	.016221	1545716	25073	53.01
54 ELECTROENCEPHALOGRAPHY	19479	265407	.073393	58680	4307	54
55 MEDICAL SUPPLIES CHARGED TO PAT	42598	1333966	.031934	476430	15215	55
56 DRUGS CHARGED TO PATIENTS	179451	18070853	.009930	7069458	70200	56
57 RENAL DIALYSIS	3472	598748	.005799	408735	2371	57
58.01 OP SURGERY	285698	2456907	.116283	977668	113686	58.01
58.02 OP PSYCH SERVICES	308050	1217385	.253042			58.02
58.03 CHEMICAL DEPENDENCY						58.03
58.04 PAIN CLINIC	2848	529260	.005381	4676	25	58.04
59 SLEEP LAB						59
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	418934	17690426	.023681	2437165	57714	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	89842	1220002	.073641			62
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	3387541	132620885		31566678	674955	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT	COST	PATIENT			INPATIENT
	COSTS	AMOUNT	COST	DAYS	DIEM	PROGRAM	PPS CAPITAL
	1	2	3	4	5	6	7
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	2628617		2628617	21856	120.27	8055	968775 25
26 INTENSIVE CARE UNIT	424522		424522	2582	164.42	1501	246794 26
101 TOTAL	3053139		3053139			9556	1215569 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS 1215569

MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS 674955

TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS 1890524

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)	13587008
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	45601442
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.298

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))	4009963
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	6929329
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.579

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)	1890524
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.041

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (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)	2266865
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (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)	8984337
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.252