

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 BOLINGBROOK HOSPITAL (14-0304) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/13/2008 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	2	3	4	1
2	SUBPROVIDER I	691787	34382		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	691787	34382		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: 500 REMINGTON BLVD P.O.BOX: 1
 1.01 CITY: BOLINGBROOK STATE: IL ZIP CODE: 60440 COUNTY: WILL 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 BOLINGBROOK HOSPITAL	14-0304	01/13/2008	N	P	O	2
3	SUBPROVIDER I							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: 01/13/2008 TO: 12/31/2008 17
 18 TYPE OF CONTROL 1 18

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1 19
 20 SUBPROVIDER I 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
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.	YES	YES		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?				37.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES	38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO	38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	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	40
40.01	NAME:	FI/CONTRACTOR'S NAME:	FI/CONTRACTOR'S NUMBER:
40.02	STREET:		P.O. BOX:
40.03	CITY:		STATE: ZIP CODE:
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES	41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	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?	YES	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:					54	
	PREMIUMS:	PAID LOSSES:		AND/OR SELF INSURANCE:			
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.				NO	54.01	
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.				YES	55	
			DATE	Y/N	LIMIT	Y/N	FEE\$
			0	1	2	3	4
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.		/ /	NO	0.00	NO	56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?				NO	57	
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.				NO	58	
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)					58.01	
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)				NO	59	

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? NO 60
ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A
NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)

60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT 60.01
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.)

MULTICAMPUS

61 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. NO 61
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.

COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS
1	2	3	4	5

SETTLEMENT DATA

63 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES NO 63
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)

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	126	44478			3987		3254	1
2 HMO					310			2
3 HOSPITAL ADULTS & PEDS - SWING BED SNF								3
4 HOSPITAL ADULTS & PEDS - SWING BED NF								4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS	126	44478			3987		3254	5
6 INTENSIVE CARE UNIT	12	4236			811		104	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							1008	11
12 TOTAL HOSPITAL	138	48714			4798		4366	12
13 RPCH VISITS								13
14 SUBPROVIDER I								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							374	64
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		11540							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		11540							5
6 INTENSIVE CARE UNIT		1923							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		1399							11
12 TOTAL HOSPITAL		14862						446.48	12
13 RPCH VISITS									13
14 SUBPROVIDER I									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								446.48	25
26 OBSERVATION BED DAYS	310	1963	364	1599					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		1037	1433	4528	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		1037	1433	4528	12
13	RPCH VISITS					13
14	SUBPROVIDER I					14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
		1	2	3	4	5	6	
1	SALARIES							
1	TOTAL SALARIES	26854474	277028	27131502	891676.00	30.43		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A							4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B							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	78131		78131	3117.00	25.07		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	2823377		2823377	75248.00	37.52		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	3138527		3138527	53230.00	58.96	CORP SPREADSHEE	11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	6320808		6320808			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	18444		18444			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	79893	274535	354428	1021.00	347.14		21
22	ADMINISTRATIVE & GENERAL	4328726	-466946	3861780	153028.00	25.24		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT	1029531	286494	1316025	44247.00	29.74		24
25	LAUNDRY & LINEN SERVICE							25
26	HOUSEKEEPING	4050		4050	290.00	13.97		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY							27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA							28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	874909	30657	905566	23419.00	38.67		30
31	CENTRAL SERVICES AND SUPPLY	282871		282871	19842.00	14.26		31
32	PHARMACY	879939	11633	891572	20810.00	42.84		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	524106	58430	582536	25880.00	22.51		33
34	SOCIAL SERVICE	570413		570413	17258.00	33.05		34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
		1	2	3	4	5	
1	NET SALARIES	26854474	277028	27131502	891676.00	30.43	1
2	EXCLUDED AREA SALARIES	78131		78131	3117.00	25.07	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	26776343	277028	27053371	888559.00	30.45	3
4	SUBTOTAL OTHER WAGES & REL COSTS	5961904		5961904	128478.00	46.40	4
5	SUBTOTAL WAGE-RELATED COSTS	6320808		6320808		23.36%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	39059055	277028	39336083	1017037.00	38.68	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	8574438	194803	8769241	305795.00	28.68	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	5835394	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	5835394	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.303469	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	45505721	28
29	TOTAL GROSS MEDICAID COST	13809576	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	16837095	30
31	UNCOMPENSATED CARE COST	5109536	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	13809576	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								1
2 0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3 0300 NEW CAP REL COSTS-BLDG & FIXT				11704214	11704214	615058	12319272	3
4 0400 NEW CAP REL COSTS-MVBLE EQUIP				4943218	4943218		4943218	4
5 0500 EMPLOYEE BENEFITS	79893	1255549	1335442	3581155	4916597	-1300	4915297	5
6 0600 ADMINISTRATIVE & GENERAL	4328726	1660443	5989169	-6759959	-770790	5081501	4310711	6
7 0700 MAINTENANCE & REPAIRS								7
8 0800 OPERATION OF PLANT	1029531	2763778	3793309	1261867	5055176	-85	5055091	8
9 0900 LAUNDRY & LINEN SERVICE								9
10 1000 HOUSEKEEPING	4050	1907061	1911111		1911111		1911111	10
11 1100 DIETARY		1666718	1666718	-936083	730635	-1162	729473	11
12 1200 CAFETERIA				936083	936083	-153744	782339	12
13 1300 MAINTENANCE OF PERSONNEL								13
14 1400 NURSING ADMINISTRATION	874909	190151	1065060	58459	1123519	-8613	1114906	14
15 1500 CENTRAL SERVICES & SUPPLY	282871	611268	894139		894139		894139	15
16 1600 PHARMACY	879939	1754990	2634929	13120	2648049		2648049	16
17 1700 MEDICAL RECORDS & LIBRARY	524106	242729	766835	68296	835131	-2968	832163	17
18 1800 SOCIAL SERVICE	570413	97414	667827		667827		667827	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)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 2500 ADULTS & PEDIATRICS	4989364	1604964	6594328	-823284	5771044	-278138	5492906	25
26 2600 INTENSIVE CARE UNIT	1214320	680762	1895082		1895082		1895082	26
33 3300 NURSERY		20717	20717	580468	601185		601185	33
ANCILLARY SERVICE COST CENTERS								
37 3700 OPERATING ROOM	1492508	4282282	5774790		5774790		5774790	37
38 3800 RECOVERY ROOM	424980	45725	470705		470705		470705	38
39 3900 DELIVERY ROOM & LABOR ROOM	1173213	326934	1500147	242816	1742963		1742963	39
40 4000 ANESTHESIOLOGY	41998	151656	193654		193654	-27083	166571	40
41 4100 RADIOLOGY-DIAGNOSTIC	876082	823784	1699866	103425	1803291	-570	1802721	41
41.01 4101 CAT SCAN	378105	198222	576327		576327		576327	41.01
41.02 4102 ULTRASOUND	336930	107307	444237		444237		444237	41.02
41.03 4103 CARDIAC CATH	345763	668191	1013954		1013954	-1998	1011956	41.03
41.04 4104 MRI	169237	91305	260542		260542		260542	41.04
41.06 4106 WOMEN'S IMAGING CENTER	96064	85220	181284		181284		181284	41.06
41.08 4105 VASCULAR LAB	2492	113609	116101		116101		116101	41.08
43 4300 RADIOISOTOPE	210484	151715	362199		362199		362199	43
44 4400 LABORATORY	1231569	1660472	2892041		2892041		2892041	44
46.30 4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 4900 RESPIRATORY THERAPY	618188	202572	820760		820760	-14658	806102	49
50 5000 PHYSICAL THERAPY	539320	97957	637277		637277	-320	636957	50
51 5100 OCCUPATIONAL THERAPY	146773	12649	159422		159422		159422	51
52 5200 SPEECH PATHOLOGY	75969	6517	82486		82486		82486	52
53 5300 ELECTROCARDIOLOGY	335545	113987	449532		449532	-50925	398607	53
53.01 5301 CARDIAC REHAB	53852	20130	73982		73982	-2497	71485	53.01
54 5400 ELECTROENCEPHALOGRAPHY	14590	1077	15667		15667		15667	54
55 5500 MEDICAL SUPPLIES CHARGED TO PAT								55
56 5600 DRUGS CHARGED TO PATIENTS								56
57 5700 RENAL DIALYSIS		187460	187460		187460		187460	57
58 5800 ASC (NON-DISTINCT PART)	465616	62825	528441		528441		528441	58
59 3280 SLEEP LAB		76434	76434		76434		76434	59
OUTPATIENT SERVICE COST CENTERS								
60 6000 CLINIC								60
60.03 6001 PAIN MANAGEMENT CENTER	139533	277591	417124		417124		417124	60.03
60.06 6002 MATERNAL FETAL MEDICINE CLINIC	56931	5630	62561		62561	-225	62336	60.06
61 6100 EMERGENCY	2772479	820405	3592884		3592884	-14398	3578486	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								71
SPECIAL PURPOSE COST CENTERS								
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		14340418	14340418	-14973795	-633377	633377		88
95 SUBTOTALS	26776343	39388618	66164961		66164961	5771252	71936213	95
NONREIMBURSABLE COST CENTERS								
96 9600 GIFT, FLOWER, COFFEE SHOP & CAN		70884	70884		70884		70884	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	78131	3381394	3459525		3459525		3459525 98
100	7950	OFFICE BUILDINGS		182015	182015		182015		182015 100
101		TOTAL	26854474	43022911	69877385		69877385	5771252	75648637 101

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 1

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
1		2	3	4	5
1 SHARED SERVICES	A	ADMINISTRATIVE & GENERAL	6	277036	1
2	A	NEW CAP REL COSTS-BLDG & FIXT	3		2772051 2
3	A	EMPLOYEE BENEFITS	5	274535	3306620 3
4	A	OPERATION OF PLANT	8	286494	836737 4
5	A	NURSING ADMINISTRATION	14	30657	27802 5
6	A	PHARMACY	16	11633	1487 6
7	A	MEDICAL RECORDS & LIBRARY	17	58430	9866 7
8	A	RADIOLOGY-DIAGNOSTIC	41	82225	21200 8
9					9
10 PROERTY TAXES	B	OPERATION OF PLANT	8		28071 10
11					11
12 FEDERAL INCOME TAXES	C	OPERATION OF PLANT	8		110565 12
13					13
14 DEPRECIATION	D	NEW CAP REL COSTS-BLDG & FIXT	3		4439778 14
15	D	NEW CAP REL COSTS-MVBLE EQUIP	4		4943218 15
16					16
17 INTEREST	E	NEW CAP REL COSTS-BLDG & FIXT	3		4492385 17
18	E	ADMINISTRATIVE & GENERAL	6		1497462 18
19					19
20 NURSERY	F	NURSERY	33	461218	119250 20
21	F	DELIVERY ROOM & LABOR ROOM	39	113558	129258 21
22					22
23 CAFETERIA	G	CAFETERIA	12		936083 23
24					24
25 RECLASS REM INT	H	ADMINISTRATIVE & GENERAL	6		21654 25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36 TOTAL RECLASSIFICATIONS				1595786	23693487 36

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 1

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1 SHARED SERVICES	A	ADMINISTRATIVE & GENERAL	6		277036	1
2	A	ADMINISTRATIVE & GENERAL	6	743982	6975755	11 2
3	A					3
4	A					4
5	A					5
6	A					6
7	A					7
8	A					8
9						9
10 PROERTY TAXES	B	INTEREST EXPENSE	88		28071	10
11						11
12 FEDERAL INCOME TAXES	C	INTEREST EXPENSE	88		110565	12
13						13
14 DEPRECIATION	D	ADMINISTRATIVE & GENERAL	6		559338	10 14
15	D	INTEREST EXPENSE	88		8823658	10 15
16						16
17 INTEREST	E	INTEREST EXPENSE	88		5989847	11 17
18	E					18
19						19
20 NURSERY	F	ADULTS & PEDIATRICS	25	574776	248508	20
21	F					21
22						22
23 CAFETERIA	G	DIETARY	11		936083	23
24						24
25 RECLASS REM INT	H	INTEREST EXPENSE	88		21654	25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				1318758	23970515	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	5440226					5440226		1
2 LAND IMPROVEMENTS	61524					61524		2
3 BUILDINGS AND FIXTURES	15004293	83006384		83006384		98010677		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	282192	19144068		19144068		19426260		5
6 MOVABLE EQUIPMENT	1357624	34552398		34552398		35910022		6
7 SUBTOTAL	22145859	136702850		136702850		158848709		7
8 RECONCILING ITEMS								8
9 TOTAL	22145859	136702850		136702850		158848709		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	98010677		98010677	.731856				3
4 NEW CAP REL COSTS-MVBLE EQUIP	35910022		35910022	.268144				4
5 TOTAL	133920699		133920699	1.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	615058	4439778	7264436				12319272 3
4 NEW CAP REL COSTS-MVBLE EQUIP		4943218					4943218 4
5 TOTAL	615058	9382996	7264436				17262490 5

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

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

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			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)					9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-450480			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	8429602			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-153744	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	-2968	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
	A-8-4				
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
	A-8-4				
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST		HOME HEALTH AGENCY	71	27
	A-8-3				
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				36
37 OTHER REVENUE	B	-1300	EMPLOYEE BENEFITS	5	37
37.01 OTHER REVENUE	B	-41091	ADMINISTRATIVE & GENERAL	6	37.01
37.02 OTHER REVENUE	B	-85	OPERATION OF PLANT	8	37.02
37.03 OTHER REVENUE	B	-1162	DIETARY	11	37.03
37.04 OTHER REVENUE	B	-2828	ADULTS & PEDIATRICS	25	37.04
37.05 OTHER REVENUE	B	-570	RADIOLOGY-DIAGNOSTIC	41	37.05
37.06 OTHER REVENUE	B	-320	PHYSICAL THERAPY	50	37.06
37.07 OTHER REVENUE	B	-2497	CARDIAC REHAB	53.01	37.07
37.08 OTHER REVENUE	B	-225	MATERNAL FETAL MEDICINE CLINIC	60.06	37.08
37.09 OTHER REVENUE	B	-12000	EMERGENCY	61	37.09
38 NON ALLOWABLE INTEREST	A	633377	INTEREST EXPENSE	88	38
39 OFFSET MARKETING DEPT 866	A	601222	ADMINISTRATIVE & GENERAL	6	39
40 STATE ASSESSMENT	A	-3223679	ADMINISTRATIVE & GENERAL	6	40
41					41
42					42
43					43
44					44
45					45
46					46
47					47
48					48
49					49
50 TOTAL		5771252			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	ADMINISTRATIVE & GENERAL	AHS MGT FEES	9919635	3093335	6826300	1
2	6	ADMINISTRATIVE & GENERAL	SHARED SERVICE	11802415	10814171	988244	2
3	3	NEW CAP REL COSTS-BLDG & FIXT	CAPITAL	615058		615058	9 3
4							4
5	TOTALS			22337108	13907506	8429602	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	100.00	AHS CORPORATE		MANAGEMENT SERVICES	1
2	B SHARED SERVICES		SHARED SERVICES		FINANCIAL 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
1	2	3	4	5	6	7	8	9
1	6 ADMINISTRATIVE & GENERAL ADMINISTRATION	89500	59500	30000	138700	300	20005	1000
2	14 NURSING ADMINISTRATION QUALITY MGMT	20616		20616	138700	180	12003	600
3	25 ADULTS & PEDIATRICS OBSTETRICS	275310	275310		196400			
4	40 ANESTHESIOLOGY ANESTHESIA	27083	27083		200300			
5	41.03 CARDIAC CATH CARDIAC CATH	10000		10000	138700	120	8002	400
6	49 RESPIRATORY THERAPY RESPIRATORY CARE	46666		46666	138700	480	32008	1600
7	53 ELECTROCARDIOLOGY ELECTROCARDIOLOGY	69329	49329	20000	138700	276	18404	920
8	53.01 CARDIAC REHAB CARDIAC REHAB	15000		15000	225300	200	21663	1083
9	61 EMERGENCY EMERGENCY	12000		12000	138700	144	9602	480
101	TOTAL	565504	411222	154282		1700	121687	6083

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	6 ADMINISTRATIVE & GENERAL ADMINISTRATION					20005	9995	69495
2	14 NURSING ADMINISTRATION QUALITY MGMT					12003	8613	8613
3	25 ADULTS & PEDIATRICS OBSTETRICS							275310
4	40 ANESTHESIOLOGY ANESTHESIA							27083
5	41.03 CARDIAC CATH CARDIAC CATH					8002	1998	1998
6	49 RESPIRATORY THERAPY RESPIRATORY CARE					32008	14658	14658
7	53 ELECTROCARDIOLOGY ELECTROCARDIOLOGY					18404	1596	50925
8	53.01 CARDIAC REHAB CARDIAC REHAB					21663		
9	61 EMERGENCY EMERGENCY					9602	2398	2398
101	TOTAL					121687	39258	450480

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINIS-TRATIVE & GENERAL 6	OPERATION OF PLANT 8	HOUSE-KEEPING 10	
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	12319272	12319272							3
4 NEW CAP REL COSTS-MVBLE EQUIP	4943218		4943218						4
5 EMPLOYEE BENEFITS	4915297	5219	2094	4922610					5
6 ADMINISTRATIVE & GENERAL	4310711	541075	217111	709938	5778835	5778835			6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	5055091	915827	367484	241934	6580336	544253	7124589		8
9 LAUNDRY & LINEN SERVICE									9
10 HOUSEKEEPING	1911111	82615	33150	745	2027621	167703	54213	2249537	10
11 DIETARY	729473	448171	179832		1357476	112275	294095	93570	11
12 CAFETERIA	782339	162099	65044		1009482	83493	106371	33843	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	1114906	296113	118818	166477	1696314	140300	194313	61823	14
15 CENTRAL SERVICES & SUPPLY	894139	551862	221440	52002	1719443	142213	362138	115219	15
16 PHARMACY	2648049	121885	48907	163904	2982745	246700	79982	25447	16
17 MEDICAL RECORDS & LIBRARY	832163	169058	67836	107092	1176149	97278	110938	35296	17
18 SOCIAL SERVICE	667827	35840	14381	104863	822911	68062	23518	7483	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	5492906	3662906	1469779	811558	11437149	945929	2403645	764754	25
26 INTENSIVE CARE UNIT	1895082	587702	235821	223237	2941842	243317	385657	122702	26
33 NURSERY	601185	164286	65921	84789	916181	75776	107806	34300	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	5774790	736380	295479	274378	7081027	585665	483221	153743	37
38 RECOVERY ROOM	470705	176763	70928	78127	796523	65880	115994	36905	38
39 DELIVERY ROOM & LABOR ROOM	1742963	416854	167267	236556	2563640	212036	273545	87032	39
40 ANESTHESIOLOGY	166571	30968	12426	7721	217686	18005	20322	6466	40
41 RADIOLOGY-DIAGNOSTIC	1802721	107271	43043	176172	2129207	176105	70392	22396	41
41.01 CAT SCAN	576327	58556	23496	69510	727889	60203	38425	12226	41.01
41.02 ULTRASOUND	444237	68598	27525	61940	602300	49816	45015	14322	41.02
41.03 CARDIAC CATH	1011956	111844	44878	63564	1232242	101918	73393	23351	41.03
41.04 MRI	260542	35194	14122	31112	340970	28201	23094	7348	41.04
41.06 WOMEN'S IMAGING CENTER	181284	248691	99789	17660	547424	45277	163194	51922	41.06
41.08 VASCULAR LAB	116101			458	116559	9640			41.08
43 RADIOISOTOPE	362199	363070	145685	38695	909649	75236	238251	75803	43
44 LABORATORY	2892041	197193	79125	226408	3394767	280778	129400	41171	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	806102	26843	10771	113646	957362	79182	17614	5604	49
50 PHYSICAL THERAPY	636957	316990	127195	99147	1180289	97621	208013	66182	50
51 OCCUPATIONAL THERAPY	159422	47422	19028	26982	252854	20913	31119	9901	51
52 SPEECH PATHOLOGY	82486	4176	1675	13966	102303	8461	2740	872	52
53 ELECTROCARDIOLOGY	398607	29179	11708	61686	501180	41452	19147	6092	53
53.01 CARDIAC REHAB	71485	75060	30118	9900	186563	15430	49255	15671	53.01
54 ELECTROENCEPHALOGRAPHY	15667	13670	5485	2682	37504	3102	8970	2854	54
55 MEDICAL SUPPLIES CHARGED TO PAT									55
56 DRUGS CHARGED TO PATIENTS									56
57 RENAL DIALYSIS	187460				187460	15505			57
58 ASC (NON-DISTINCT PART)	528441	502701	201713	85597	1318452	109048	329878	104955	58
59 SLEEP LAB	76434	32062	12865		121361	10038	21039	6694	59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		27986	11230		39216	3244	18365	5843	60
60.03 PAIN MANAGEMENT CENTER	417124	63527	25491	25651	531793	43984	41687	13263	60.03
60.06 MATERNAL FETAL MEDICINE CLINIC	62336	64969	26069	10466	163840	13551	42633	13564	60.06
61 EMERGENCY	3578486	728327	292248	509684	5108745	422539	477937	152062	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	71936213	12228952	4906977	4908247	71795289	5460129	7065319	2230679	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	70884	17945	7200		96029	7942	11776	3747	96

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP	NEW CAP	EMPLOYEE	SUBTOTAL	ADMINIS-	OPERATION	HOUSE-	
	FOR COST	BLDGS &	MOVABLE	BENEFITS		TRATIVE &	OF PLANT	KEEPING	
	ALLOCATION	FIXTURES	EQUIPMENT		5A	GENERAL	8	10	
	0	3	4	5		6			
98 PHYSICIANS' PRIVATE OFFICES	3459525	5269	2114	14363	3481271	287932	3458	1100	98
100 OFFICE BUILDINGS	182015	67106	26927		276048	22832	44036	14011	100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	75648637	12319272	4943218	4922610	75648637	5778835	7124589	2249537	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL	SUBTOTAL
	11	12	ADMINIS- TRATION 14	SERVICES & SUPPLY 15	16	RECORDS & LIBRARY 17	SERVICE 18	
								25
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11	1857416							11
12		1233189						12
13								13
14		41669	2134419					14
15		35304	66104	2440421				15
16		37026	69329		3441229			16
17		46047				1465708		17
18		30707	57495				1010176	18
20								20
21								21
22								22
23								23
24								24
INPATIENT ROUTINE SERV COST CENTERS								
25	1563471	269579	504768	164212	47202	111208	784378	18996295 25
26	293945	68503	128267	74822	12589	23920	130707	4426271 26
33		24203	45319	11978	13116	10356	95091	1334126 33
ANCILLARY SERVICE COST CENTERS								
37		82330	154156	722974	116733	179597		9559446 37
38		23102	43256	7331	1746	11249		1101986 38
39		67559	126498	51362	3880	20427		3405979 39
40		3626	6790	42227	486880	22551		824553 40
41		49481	92650	256979	60353	66418		2923981 41
41.01		15722	29437	35933	1230178	176365		2326378 41.01
41.02		11611	21742	3546	4782	37028		790162 41.02
41.03		13444	25173	41247	439245	27119		1977132 41.03
41.04		7345	13753	2125	409754	45429		878019 41.04
41.06		5252	9835	2373	141	7394		832812 41.06
41.08		114	213	17870	140808	14027		299231 41.08
43		8023	15022	1249	8029	23314		1354576 43
44		88428	165573	76722	152	207635		4384626 44
46.30								46.30
49		37210	69672	16283		28350		1211277 49
50		29984	56143	3475	223	17145		1659075 50
51		7304	13676	627	375	4254		341023 51
52		3792	7099	533		1997		127797 52
53		19446	36410	7881	3235	45115		679958 53
53.01		2797	5237	412	1676	1040		278081 53.01
54		1068	1999	86		2615		58198 54
55						16524		16524 55
56						113337		113337 56
57						3967		206932 57
58		30769	57612	623081	4243	770		2578808 58
59				99		3080		162311 59
OUTPATIENT SERVICE COST CENTERS								
60								66668 60
60.03		8863	16594	145101	420092	21868		1243245 60.03
60.06		2870	5374	1080	1090	6978		250980 60.06
61		154465	289223	128813	34707	214631		6983122 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	1857416	1227643	2134419	2440421	3441229	1465708	1010176	71392909 95
NONREIMBURSABLE COST CENTERS								
96								119494 96

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DIETARY 11	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL
98 PHYSICIANS' PRIVATE OFFICES		5546						3779307 98
100 OFFICE BUILDINGS								356927 100
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	1857416	1233189	2134419	2440421	3441229	1465708	1010176	75648637 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP-DOWN ADJS		TOTAL
	26	27	
GENERAL SERVICE COST CENTERS			
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 ADMINISTRATIVE & GENERAL			6
7 MAINTENANCE & REPAIRS			7
8 OPERATION OF PLANT			8
9 LAUNDRY & LINEN SERVICE			9
10 HOUSEKEEPING			10
11 DIETARY			11
12 CAFETERIA			12
13 MAINTENANCE OF PERSONNEL			13
14 NURSING ADMINISTRATION			14
15 CENTRAL SERVICES & SUPPLY			15
16 PHARMACY			16
17 MEDICAL RECORDS & LIBRARY			17
18 SOCIAL SERVICE			18
20 NONPHYSICIAN ANESTHETISTS			20
21 NURSING SCHOOL			21
22 I&R SERVICES-SALARY & FRINGES A			22
23 I&R SERVICES-OTHER PRGM COSTS A			23
24 PARAMED ED PRGM-(SPECIFY)			24
INPATIENT ROUTINE SERV COST CENTERS			
25 ADULTS & PEDIATRICS	18996295		25
26 INTENSIVE CARE UNIT	4426271		26
33 NURSERY	1334126		33
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	9559446		37
38 RECOVERY ROOM	1101986		38
39 DELIVERY ROOM & LABOR ROOM	3405979		39
40 ANESTHESIOLOGY	824553		40
41 RADIOLOGY-DIAGNOSTIC	2923981		41
41.01 CAT SCAN	2326378		41.01
41.02 ULTRASOUND	790162		41.02
41.03 CARDIAC CATH	1977132		41.03
41.04 MRI	878019		41.04
41.06 WOMEN'S IMAGING CENTER	832812		41.06
41.08 VASCULAR LAB	299231		41.08
43 RADIOISOTOPE	1354576		43
44 LABORATORY	4384626		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	1211277		49
50 PHYSICAL THERAPY	1659075		50
51 OCCUPATIONAL THERAPY	341023		51
52 SPEECH PATHOLOGY	127797		52
53 ELECTROCARDIOLOGY	679958		53
53.01 CARDIAC REHAB	278081		53.01
54 ELECTROENCEPHALOGRAPHY	58198		54
55 MEDICAL SUPPLIES CHARGED TO PAT	16524		55
56 DRUGS CHARGED TO PATIENTS	113337		56
57 RENAL DIALYSIS	206932		57
58 ASC (NON-DISTINCT PART)	2578808		58
59 SLEEP LAB	162311		59
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	66668		60
60.03 PAIN MANAGEMENT CENTER	1243245		60.03
60.06 MATERNAL FETAL MEDICINE CLINIC	250980		60.06
61 EMERGENCY	6983122		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	71392909		95
NONREIMBURSABLE COST CENTERS			
96 GIFT, FLOWER, COFFEE SHOP & CAN	119494		96

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
98 PHYSICIANS' PRIVATE OFFICES		3779307	98
100 OFFICE BUILDINGS		356927	100
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 TOTAL		75648637	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	HOUSE- KEEPING 10	
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		5219	2094	7313	7313				5
6 ADMINISTRATIVE & GENERAL		541075	217111	758186	1054	759240			6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT		915827	367484	1283311	359	71502	1355172		8
9 LAUNDRY & LINEN SERVICE									9
10 HOUSEKEEPING		82615	33150	115765	1	22032	10312	148110	10
11 DIETARY		448171	179832	628003		14750	55940	6161	11
12 CAFETERIA		162099	65044	227143		10969	20233	2228	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		296113	118818	414931	247	18432	36960	4070	14
15 CENTRAL SERVICES & SUPPLY		551862	221440	773302	77	18683	68883	7586	15
16 PHARMACY		121885	48907	170792	243	32411	15213	1675	16
17 MEDICAL RECORDS & LIBRARY		169058	67836	236894	159	12780	21102	2324	17
18 SOCIAL SERVICE		35840	14381	50221	156	8942	4473	493	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		3662906	1469779	5132685	1210	124310	457201	50352	25
26 INTENSIVE CARE UNIT		587702	235821	823523	332	31966	73356	8079	26
33 NURSERY		164286	65921	230207	126	9955	20506	2258	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		736380	295479	1031859	407	76942	91914	10122	37
38 RECOVERY ROOM		176763	70928	247691	116	8655	22063	2430	38
39 DELIVERY ROOM & LABOR ROOM		416854	167267	584121	351	27857	52031	5730	39
40 ANESTHESIOLOGY		30968	12426	43394	11	2365	3865	426	40
41 RADIOLOGY-DIAGNOSTIC		107271	43043	150314	262	23136	13389	1475	41
41.01 CAT SCAN		58556	23496	82052	103	7909	7309	805	41.01
41.02 ULTRASOUND		68598	27525	96123	92	6545	8562	943	41.02
41.03 CARDIAC CATH		111844	44878	156722	94	13390	13960	1537	41.03
41.04 MRI		35194	14122	49316	46	3705	4393	484	41.04
41.06 WOMEN'S IMAGING CENTER		248691	99789	348480	26	5948	31041	3419	41.06
41.08 VASCULAR LAB					1	1267			41.08
43 RADIOISOTOPE		363070	145685	508755	57	9884	45318	4991	43
44 LABORATORY		197193	79125	276318	336	36888	24613	2711	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY		26843	10771	37614	169	10403	3350	369	49
50 PHYSICAL THERAPY		316990	127195	444185	147	12825	39566	4357	50
51 OCCUPATIONAL THERAPY		47422	19028	66450	40	2748	5919	652	51
52 SPEECH PATHOLOGY		4176	1675	5851	21	1112	521	57	52
53 ELECTROCARDIOLOGY		29179	11708	40887	92	5446	3642	401	53
53.01 CARDIAC REHAB		75060	30118	105178	15	2027	9369	1032	53.01
54 ELECTROENCEPHALOGRAPHY		13670	5485	19155	4	408	1706	188	54
55 MEDICAL SUPPLIES CHARGED TO PAT									55
56 DRUGS CHARGED TO PATIENTS									56
57 RENAL DIALYSIS						2037			57
58 ASC (NON-DISTINCT PART)		502701	201713	704414	127	14326	62746	6910	58
59 SLEEP LAB		32062	12865	44927		1319	4002	441	59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		27986	11230	39216		426	3493	385	60
60.03 PAIN MANAGEMENT CENTER		63527	25491	89018	38	5778	7929	873	60.03
60.06 MATERNAL FETAL MEDICINE CLINIC		64969	26069	91038	16	1780	8109	893	60.06
61 EMERGENCY		728327	292248	1020575	757	55512	90909	10012	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		12228952	4906977	17135929	7292	717370	1343898	146869	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		17945	7200	25145		1043	2240	247	96

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	NEW CAP	CAP REL	EMPLOYEE	ADMINIS-	OPERATION	HOUSE-
	CAP-REL	BLDGS &	MOVABLE	COST TO	BENEFITS	TRATIVE &	OF PLANT	KEEPING
	COSTS	FIXTURES	EQUIPMENT	BE ALLOC		GENERAL		
	0	3	4	4A	5	6	8	10
98 PHYSICIANS' PRIVATE OFFICES		5269	2114	7383	21	37827	658	72 98
100 OFFICE BUILDINGS		67106	26927	94033		3000	8376	922 100
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL		12319272	4943218	17262490	7313	759240	1355172	148110 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL	SUBTOTAL
	11	12	ADMINIS- TRATION 14	SERVICES & SUPPLY 15	16	RECORDS & LIBRARY 17	SERVICE 18	
	11	12	14	15	16	17	18	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 ADMINISTRATIVE & GENERAL								6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY	704854							11
12 CAFETERIA		260573						12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION		8805	483445					14
15 CENTRAL SERVICES & SUPPLY		7460	14973	890964				15
16 PHARMACY		7824	15703		243861			16
17 MEDICAL RECORDS & LIBRARY		9730				282989		17
18 SOCIAL SERVICE		6488	13023				83796	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	593308	56963	114328	59952	3345	21474	65066	6680194 25
26 INTENSIVE CARE UNIT	111546	14475	29052	27317	892	4619	10842	1135999 26
33 NURSERY		5114	10265	4373	929	2000	7888	293621 33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		17396	34916	263944	8272	34680		1570452 37
38 RECOVERY ROOM		4881	9798	2677	124	2172		300607 38
39 DELIVERY ROOM & LABOR ROOM		14275	28652	18752	275	3944		735988 39
40 ANESTHESIOLOGY		766	1538	15416	34503	4355		106639 40
41 RADIOLOGY-DIAGNOSTIC		10455	20985	93820	4277	12825		330938 41
41.01 CAT SCAN		3322	6668	13119	87175	34056		242518 41.01
41.02 ULTRASOUND		2454	4924	1295	339	7150		128427 41.02
41.03 CARDIAC CATH		2841	5702	15059	31127	5237		245669 41.03
41.04 MRI		1552	3115	776	29037	8772		101196 41.04
41.06 WOMEN'S IMAGING CENTER		1110	2228	866	10	1428		394556 41.06
41.08 VASCULAR LAB		24	48	6524	9978	2709		20551 41.08
43 RADIOISOTOPE		1695	3402	456	569	4502		579629 43
44 LABORATORY		18685	37502	28010	11	40094		465168 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY		7862	15781	5945		5474		86967 49
50 PHYSICAL THERAPY		6336	12716	1269	16	3311		524728 50
51 OCCUPATIONAL THERAPY		1543	3098	229	27	821		81527 51
52 SPEECH PATHOLOGY		801	1608	195		386		10552 52
53 ELECTROCARDIOLOGY		4109	8247	2877	229	8712		74642 53
53.01 CARDIAC REHAB		591	1186	150	119	201		119868 53.01
54 ELECTROENCEPHALOGRAPHY		226	453	32		505		22677 54
55 MEDICAL SUPPLIES CHARGED TO PAT						3191		3191 55
56 DRUGS CHARGED TO PATIENTS						21885		21885 56
57 RENAL DIALYSIS						766		2803 57
58 ASC (NON-DISTINCT PART)		6501	13049	227479	301	149		1036002 58
59 SLEEP LAB				36		595		51320 59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								43520 60
60.03 PAIN MANAGEMENT CENTER		1873	3759	52974	29770	4223		196235 60.03
60.06 MATERNAL FETAL MEDICINE CLINIC		606	1217	394	77	1347		105477 60.06
61 EMERGENCY		32638	65509	47028	2459	41406		1366805 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	704854	259401	483445	890964	243861	282989	83796	17080351 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN								28675 96

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION		DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL
		11	12	14	15	16	17	18	25
98	PHYSICIANS' PRIVATE OFFICES		1172						47133 98
100	OFFICE BUILDINGS								106331 100
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	TOTAL	704854	260573	483445	890964	243861	282989	83796	17262490 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	I&R COST &	TOTAL	
	POST STEP- DOWN ADJS		
	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 ADMINISTRATIVE & GENERAL			6
7 MAINTENANCE & REPAIRS			7
8 OPERATION OF PLANT			8
9 LAUNDRY & LINEN SERVICE			9
10 HOUSEKEEPING			10
11 DIETARY			11
12 CAFETERIA			12
13 MAINTENANCE OF PERSONNEL			13
14 NURSING ADMINISTRATION			14
15 CENTRAL SERVICES & SUPPLY			15
16 PHARMACY			16
17 MEDICAL RECORDS & LIBRARY			17
18 SOCIAL SERVICE			18
20 NONPHYSICIAN ANESTHETISTS			20
21 NURSING SCHOOL			21
22 I&R SERVICES-SALARY & FRINGES A			22
23 I&R SERVICES-OTHER PRGM COSTS A			23
24 PARAMED ED PRGM-(SPECIFY)			24
INPATIENT ROUTINE SERV COST CENTERS			
25 ADULTS & PEDIATRICS	6680194		25
26 INTENSIVE CARE UNIT	1135999		26
33 NURSERY	293621		33
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	1570452		37
38 RECOVERY ROOM	300607		38
39 DELIVERY ROOM & LABOR ROOM	735988		39
40 ANESTHESIOLOGY	106639		40
41 RADIOLOGY-DIAGNOSTIC	330938		41
41.01 CAT SCAN	242518		41.01
41.02 ULTRASOUND	128427		41.02
41.03 CARDIAC CATH	245669		41.03
41.04 MRI	101196		41.04
41.06 WOMEN'S IMAGING CENTER	394556		41.06
41.08 VASCULAR LAB	20551		41.08
43 RADIOISOTOPE	579629		43
44 LABORATORY	465168		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	86967		49
50 PHYSICAL THERAPY	524728		50
51 OCCUPATIONAL THERAPY	81527		51
52 SPEECH PATHOLOGY	10552		52
53 ELECTROCARDIOLOGY	74642		53
53.01 CARDIAC REHAB	119868		53.01
54 ELECTROENCEPHALOGRAPHY	22677		54
55 MEDICAL SUPPLIES CHARGED TO PAT	3191		55
56 DRUGS CHARGED TO PATIENTS	21885		56
57 RENAL DIALYSIS	2803		57
58 ASC (NON-DISTINCT PART)	1036002		58
59 SLEEP LAB	51320		59
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	43520		60
60.03 PAIN MANAGEMENT CENTER	196235		60.03
60.06 MATERNAL FETAL MEDICINE CLINIC	105477		60.06
61 EMERGENCY	1366805		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	17080351		95
NONREIMBURSABLE COST CENTERS			
96 GIFT, FLOWER, COFFEE SHOP & CAN	28675		96

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
98 PHYSICIANS' PRIVATE OFFICES		47133	98
100 OFFICE BUILDINGS		106331	100
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 TOTAL		17262490	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL	OPERATION OF PLANT	HOUSE- KEEPING	
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BENEFITS GROSS SALARIES		ACCUM COST	SQUARE FEET	SQUARE FEET	
	3	4	5	6A	6	8	10	
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	247831							3
4 NEW CAP REL COSTS-MVBLE EQUIP		247831						4
5 EMPLOYEE BENEFITS	105	105	26777074					5
6 ADMINISTRATIVE & GENERAL	10885	10885	3861780	-5778835	69869802			6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT	18424	18424	1316025		6580336	218417		8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING	1662	1662	4050		2027621	1662	216755	10
11 DIETARY	9016	9016			1357476	9016	9016	11
12 CAFETERIA	3261	3261			1009482	3261	3261	12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	5957	5957	905566		1696314	5957	5957	14
15 CENTRAL SERVICES & SUPPLY	11102	11102	282871		1719443	11102	11102	15
16 PHARMACY	2452	2452	891572		2982745	2452	2452	16
17 MEDICAL RECORDS & LIBRARY	3401	3401	582536		1176149	3401	3401	17
18 SOCIAL SERVICE	721	721	570413		822911	721	721	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	73688	73688	4414588		11437149	73688	73688	25
26 INTENSIVE CARE UNIT	11823	11823	1214320		2941842	11823	11823	26
33 NURSERY	3305	3305	461218		916181	3305	3305	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	14814	14814	1492508		7081027	14814	14814	37
38 RECOVERY ROOM	3556	3556	424980		796523	3556	3556	38
39 DELIVERY ROOM & LABOR ROOM	8386	8386	1286771		2563640	8386	8386	39
40 ANESTHESIOLOGY	623	623	41998		217686	623	623	40
41 RADIOLOGY-DIAGNOSTIC	2158	2158	958307		2129207	2158	2158	41
41.01 CAT SCAN	1178	1178	378105		727889	1178	1178	41.01
41.02 ULTRASOUND	1380	1380	336930		602300	1380	1380	41.02
41.03 CARDIAC CATH	2250	2250	345763		1232242	2250	2250	41.03
41.04 MRI	708	708	169237		340970	708	708	41.04
41.06 WOMEN'S IMAGING CENTER	5003	5003	96064		547424	5003	5003	41.06
41.08 VASCULAR LAB			2492		116559			41.08
43 RADIOISOTOPE	7304	7304	210484		909649	7304	7304	43
44 LABORATORY	3967	3967	1231569		3394767	3967	3967	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	540	540	618188		957362	540	540	49
50 PHYSICAL THERAPY	6377	6377	539320		1180289	6377	6377	50
51 OCCUPATIONAL THERAPY	954	954	146773		252854	954	954	51
52 SPEECH PATHOLOGY	84	84	75969		102303	84	84	52
53 ELECTROCARDIOLOGY	587	587	335545		501180	587	587	53
53.01 CARDIAC REHAB	1510	1510	53852		186563	1510	1510	53.01
54 ELECTROENCEPHALOGRAPHY	275	275	14590		37504	275	275	54
55 MEDICAL SUPPLIES CHARGED TO P								55
56 DRUGS CHARGED TO PATIENTS								56
57 RENAL DIALYSIS					187460			57
58 ASC (NON-DISTINCT PART)	10113	10113	465616		1318452	10113	10113	58
59 SLEEP LAB	645	645			121361	645	645	59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	563	563			39216	563	563	60
60.03 PAIN MANAGEMENT CENTER	1278	1278	139533		531793	1278	1278	60.03
60.06 MATERNAL FETAL MEDICINE CLINI	1307	1307	56931		163840	1307	1307	60.06
61 EMERGENCY	14652	14652	2772479		5108745	14652	14652	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

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL	OPERATION	HOUSE-	
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BENEFITS GROSS SALARIES		ACCUM COST	OF PLANT SQUARE FEET	KEEPING SQUARE FEET	
	3	4	5	6A	6	8	10	
95 SUBTOTALS	246014	246014	26698943	-5778835	66016454	216600	214938	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	361	361			96029	361	361	96
98 PHYSICIANS' PRIVATE OFFICES	106	106	78131		3481271	106	106	98
100 OFFICE BUILDINGS	1350	1350			276048	1350	1350	100
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	12319272	4943218	4922610		5778835	7124589	2249537	103
104 UNIT COST MULT-WS B PT I		19.945923				32.619205		104
104 UNIT COST MULT-WS B PT I	49.708358		.183837		.082709		10.378247	104
105 COST TO BE ALLOC PER B PT II								105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III			7313		759240	1355172	148110	107
108 UNIT COST MULT-WS B PT III						6.204517		108
108 UNIT COST MULT-WS B PT III			.000273		.010866		.683306	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL	
	MEALS SERVED	GROSS SALARIES	ADMINIS-TRATION GROSS SALARIES	SERVICES & SUPPLY COSTED REQUIS.	COSTED REQUIS.	RECORDS & LIBRARY GROSS REVENUE	PATIENT DAYS	
	11	12	14	15	16	17	18	
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11	88762							11
12		693090						12
13								13
14		23419	640674					14
15		19842	19842	3730622				15
16		20810	20810		293587			16
17		25880				235255863		17
18		17258	17258				14862	18
20								20
21								21
22								22
23								23
24								24
INPATIENT ROUTINE SERV COST CENTERS								
25	74715	151513	151513	251028	4027	17850372	11540	25
26	14047	38501	38501	114379	1074	3839562	1923	26
33		13603	13603	18310	1119	1662216	1399	33
ANCILLARY SERVICE COST CENTERS								
37		46272	46272	1105191	9959	28827828		37
38		12984	12984	11207	149	1805637		38
39		37970	37970	78516	331	3278878		39
40		2038	2038	64551	41538	3619766		40
41		27810	27810	392839	5149	10660987		41
41.01		8836	8836	54930	104952	28308965		41.01
41.02		6526	6526	5421	408	5943432		41.02
41.03		7556	7556	63053	37474	4353045		41.03
41.04		4128	4128	3249	34958	7292028		41.04
41.06		2952	2952	3628	12	1186848		41.06
41.08		64	64	27317	12013	2251519		41.08
43		4509	4509	1910	685	3742235		43
44		49699	49699	117284	13	33328237		44
46.30								46.30
49		20913	20913	24892		4550588		49
50		16852	16852	5312	19	2751944		50
51		4105	4105	959	32	682847		51
52		2131	2131	815		320488		52
53		10929	10929	12048	276	7241589		53
53.01		1572	1572	630	143	166950		53.01
54		600	600	132		419698		54
55						2652266		55
56						18192074		56
57						636695		57
58		17293	17293	952492	362	123530		58
59				151		494389		59
OUTPATIENT SERVICE COST CENTERS								
60								60
60.03		4981	4981	221813	35840	3510074		60.03
60.06		1613	1613	1651	93	1120020		60.06
61		86814	86814	196914	2961	34441156		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

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL	
	MEALS	GROSS	ADMINIS-	SERVICES &	COSTED	RECORDS &	SERVICE	
	SERVED	SALARIES	TRATION	SUPPLY	REQUIS.	LIBRARY	PATIENT	
	11	12	GROSS	COSTED	REQUIS.	GROSS	DAYS	
			SALARIES	REQUIS.	REQUIS.	REVENUE	18	
			14	15	16	17		
95 SUBTOTALS	88762	689973	640674	3730622	293587	235255863	14862	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C								96
98 PHYSICIANS' PRIVATE OFFICES		3117						98
100 OFFICE BUILDINGS								100
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	1857416	1233189	2134419	2440421	3441229	1465708	1010176	103
104 UNIT COST MULT-WS B PT I	20.925802		3.331521		11.721326		67.970394	104
104 UNIT COST MULT-WS B PT I		1.779262		.654159		.006230		104
105 COST TO BE ALLOC PER B PT II								105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III	704854	260573	483445	890964	243861	282989	83796	107
108 UNIT COST MULT-WS B PT III	7.940943		.754588		.830626		5.638272	108
108 UNIT COST MULT-WS B PT III		.375958		.238825		.001203		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	18996295		18996295		18996295	25
26 INTENSIVE CARE UNIT	4426271		4426271		4426271	26
33 NURSERY	1334126		1334126		1334126	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	9559446		9559446		9559446	37
38 RECOVERY ROOM	1101986		1101986		1101986	38
39 DELIVERY ROOM & LABOR ROOM	3405979		3405979		3405979	39
40 ANESTHESIOLOGY	824553		824553		824553	40
41 RADIOLOGY-DIAGNOSTIC	2923981		2923981		2923981	41
41.01 CAT SCAN	2326378		2326378		2326378	41.01
41.02 ULTRASOUND	790162		790162		790162	41.02
41.03 CARDIAC CATH	1977132		1977132	1998	1979130	41.03
41.04 MRI	878019		878019		878019	41.04
41.06 WOMEN'S IMAGING CENTER	832812		832812		832812	41.06
41.08 VASCULAR LAB	299231		299231		299231	41.08
43 RADIOISOTOPE	1354576		1354576		1354576	43
44 LABORATORY	4384626		4384626		4384626	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	1211277		1211277	14658	1225935	49
50 PHYSICAL THERAPY	1659075		1659075		1659075	50
51 OCCUPATIONAL THERAPY	341023		341023		341023	51
52 SPEECH PATHOLOGY	127797		127797		127797	52
53 ELECTROCARDIOLOGY	679958		679958	1596	681554	53
53.01 CARDIAC REHAB	278081		278081		278081	53.01
54 ELECTROENCEPHALOGRAPHY	58198		58198		58198	54
55 MEDICAL SUPPLIES CHARGED TO	16524		16524		16524	55
56 DRUGS CHARGED TO PATIENTS	113337		113337		113337	56
57 RENAL DIALYSIS	206932		206932		206932	57
58 ASC (NON-DISTINCT PART)	2578808		2578808		2578808	58
59 SLEEP LAB	162311		162311		162311	59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	66668		66668		66668	60
60.03 PAIN MANAGEMENT CENTER	1243245		1243245		1243245	60.03
60.06 MATERNAL FETAL MEDICINE CLI	250980		250980		250980	60.06
61 EMERGENCY	6983122		6983122	2398	6985520	61
62 OBSERVATION BEDS (NON-DISTI	2761588		2761588		2761588	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	74154497		74154497	20650	74175147	101
102 LESS OBSERVATION BEDS	2761588		2761588		2761588	102
103 TOTAL	71392909		71392909	20650	71413559	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	14518716		14518716			25
26 INTENSIVE CARE UNIT	3839562		3839562			26
33 NURSERY	1662216		1662216			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	15955994	12871834	28827828	.331605	.331605	.331605 37
38 RECOVERY ROOM	702935	1102702	1805637	.610303	.610303	.610303 38
39 DELIVERY ROOM & LABOR ROOM	2633811	645067	3278878	1.038764	1.038764	1.038764 39
40 ANESTHESIOLOGY	1691688	1928078	3619766	.227792	.227792	.227792 40
41 RADIOLOGY-DIAGNOSTIC	2658986	8002001	10660987	.274269	.274269	.274269 41
41.01 CAT SCAN	8006449	20302516	28308965	.082178	.082178	.082178 41.01
41.02 ULTRASOUND	1649378	4294054	5943432	.132947	.132947	.132947 41.02
41.03 CARDIAC CATH	3232247	1120798	4353045	.454195	.454195	.454654 41.03
41.04 MRI	2281341	5010687	7292028	.120408	.120408	.120408 41.04
41.06 WOMEN'S IMAGING CENTER	872	1185976	1186848	.701701	.701701	.701701 41.06
41.08 VASCULAR LAB	1055359	1196160	2251519	.132902	.132902	.132902 41.08
43 RADIOISOTOPE	1435423	2306812	3742235	.361970	.361970	.361970 43
44 LABORATORY	17404491	15923746	33328237	.131559	.131559	.131559 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	4124447	426141	4550588	.266180	.266180	.269401 49
50 PHYSICAL THERAPY	645591	2106353	2751944	.602874	.602874	.602874 50
51 OCCUPATIONAL THERAPY	470067	212780	682847	.499413	.499413	.499413 51
52 SPEECH PATHOLOGY	304606	15882	320488	.398758	.398758	.398758 52
53 ELECTROCARDIOLOGY	3532184	3709405	7241589	.093896	.093896	.094117 53
53.01 CARDIAC REHAB		166950	166950	1.665654	1.665654	1.665654 53.01
54 ELECTROENCEPHALOGRAPHY	154842	264856	419698	.138666	.138666	.138666 54
55 MEDICAL SUPPLIES CHARGED TO	1388552	1263714	2652266	.006230	.006230	.006230 55
56 DRUGS CHARGED TO PATIENTS	13570765	4621309	18192074	.006230	.006230	.006230 56
57 RENAL DIALYSIS	630865	5830	636695	.325010	.325010	.325010 57
58 ASC (NON-DISTINCT PART)		123530	123530	20.875965	20.875965	20.875965 58
59 SLEEP LAB		494389	494389	.328306	.328306	.328306 59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
60.03 PAIN MANAGEMENT CENTER	7058	3503016	3510074	.354193	.354193	.354193 60.03
60.06 MATERNAL FETAL MEDICINE CLI	17735	1102285	1120020	.224085	.224085	.224085 60.06
61 EMERGENCY	7279116	27162040	34441156	.202755	.202755	.202825 61
62 OBSERVATION BEDS (NON-DISTI		3331656	3331656	.828893	.828893	.828893 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	110855296	124400567	235255863			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	110855296	124400567	235255863			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----		
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST
	1	2	3	4	5	6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				6680194		6680194
26 INTENSIVE CARE UNIT				1135999		1135999
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY				293621		293621
101 TOTAL				8109814		8109814

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	13503	3987			494.72	1972449
26 INTENSIVE CARE UNIT	1923	811			590.74	479090
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	1399				209.88	
101 TOTAL	16825	4798				2451539

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0304) [] 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		1570452	28827828	2426361			.054477	132181 37
38 RECOVERY ROOM		300607	1805637	160515			.166483	26723 38
39 DELIVERY ROOM & LABOR ROOM		735988	3278878	10135			.224463	2275 39
40 ANESTHESIOLOGY		106639	3619766	335750			.029460	9891 40
41 RADIOLOGY-DIAGNOSTIC		330938	10660987	1079555			.031042	33512 41
41.01 CAT SCAN		242518	28308965	2623132			.008567	22472 41.01
41.02 ULTRASOUND		128427	5943432	627658			.021608	13562 41.02
41.03 CARDIAC CATH		245669	4353045	1314853			.056436	74205 41.03
41.04 MRI		101196	7292028	639807			.013878	8879 41.04
41.06 WOMEN'S IMAGING CENTER		394556	1186848	796			.332440	265 41.06
41.08 VASCULAR LAB		20551	2251519	456669			.009128	4168 41.08
43 RADIOISOTOPE		579629	3742235	629478			.154888	97499 43
44 LABORATORY		465168	33328237	6816265			.013957	95135 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		86967	4550588	2104157			.019111	40213 49
50 PHYSICAL THERAPY		524728	2751944	365187			.190675	69632 50
51 OCCUPATIONAL THERAPY		81527	682847	269202			.119393	32141 51
52 SPEECH PATHOLOGY		10552	320488	172478			.032925	5679 52
53 ELECTROCARDIOLOGY		74642	7241589	1536598			.010307	15838 53
53.01 CARDIAC REHAB		119868	166950				.717987	53.01
54 ELECTROENCEPHALOGRAPHY		22677	419698	57539			.054032	3109 54
55 MEDICAL SUPPLIES CHARGED TO P		3191	2652266	576802			.001203	694 55
56 DRUGS CHARGED TO PATIENTS		21885	18192074	5099020			.001203	6134 56
57 RENAL DIALYSIS		2803	636695	319855			.004402	1408 57
58 ASC (NON-DISTINCT PART)		1036002	123530				8.386643	58
59 SLEEP LAB		51320	494389				.103805	59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		43520						60
60.03 PAIN MANAGEMENT CENTER		196235	3510074	1179			.055906	66 60.03
60.06 MATERNAL FETAL MEDICINE CLINI		105477	1120020	419			.094174	39 60.06
61 EMERGENCY		1366805	34441156	2481384			.039685	98474 61
62 OBSERVATION BEDS (NON-DISTINC		971135	3331656				.291487	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		9941672	215235369	30104794				794194 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	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					13503		3987	25
26 INTENSIVE CARE UNIT					1923		811	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								31
33 NURSERY					1399			33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					16825		4798	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0304) [] 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 CAT SCAN							41.01
41.02 ULTRASOUND							41.02
41.03 CARDIAC CATH							41.03
41.04 MRI							41.04
41.06 WOMEN'S IMAGING CENTER							41.06
41.08 VASCULAR LAB							41.08
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC REHAB							53.01
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59 SLEEP LAB							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.03 PAIN MANAGEMENT CENTER							60.03
60.06 MATERNAL FETAL MEDICINE CLINI							60.06
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 (14-0304) [] 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		28827828			2426361		1737444 37
38 RECOVERY ROOM		1805637			160515		91768 38
39 DELIVERY ROOM & LABOR ROOM		3278878			10135		4612 39
40 ANESTHESIOLOGY		3619766			335750		175083 40
41 RADIOLOGY-DIAGNOSTIC		10660987			1079555		791489 41
41.01 CAT SCAN		28308965			2623132		2006761 41.01
41.02 ULTRASOUND		5943432			627658		317770 41.02
41.03 CARDIAC CATH		4353045			1314853		468156 41.03
41.04 MRI		7292028			639807		540818 41.04
41.06 WOMEN'S IMAGING CENTER		1186848			796		113772 41.06
41.08 VASCULAR LAB		2251519			456669		388222 41.08
43 RADIOISOTOPE		3742235			629478		411462 43
44 LABORATORY		33328237			6816265		250548 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		4550588			2104157		75677 49
50 PHYSICAL THERAPY		2751944			365187		50
51 OCCUPATIONAL THERAPY		682847			269202		9800 51
52 SPEECH PATHOLOGY		320488			172478		7153 52
53 ELECTROCARDIOLOGY		7241589			1536598		480069 53
53.01 CARDIAC REHAB		166950					36078 53.01
54 ELECTROENCEPHALOGRAPHY		419698			57539		25256 54
55 MEDICAL SUPPLIES CHARGED TO P		2652266			576802		121085 55
56 DRUGS CHARGED TO PATIENTS		18192074			5099020		731730 56
57 RENAL DIALYSIS		636695			319855		1036 57
58 ASC (NON-DISTINCT PART)		123530					61234 58
59 SLEEP LAB		494389					77351 59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.03 PAIN MANAGEMENT CENTER		3510074			1179		789802 60.03
60.06 MATERNAL FETAL MEDICINE CLINI		1120020			419		6489 60.06
61 EMERGENCY		34441156			2481384		1969211 61
62 OBSERVATION BEDS (NON-DISTINC		3331656					461193 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		215235369			30104794		12151069 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0304) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 CAT SCAN					41.01
41.02 ULTRASOUND					41.02
41.03 CARDIAC CATH					41.03
41.04 MRI					41.04
41.06 WOMEN'S IMAGING CENTER					41.06
41.08 VASCULAR LAB					41.08
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC REHAB					53.01
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
59 SLEEP LAB					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.03 PAIN MANAGEMENT CENTER					60.03
60.06 MATERNAL FETAL MEDICINE CLINI					60.06
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 (14-0304) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			----- PROGRAM CHARGES -----		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
37 ANCILLARY SERVICE COST CENTERS						
38 OPERATING ROOM	.331605	.331605	.331605			37
39 RECOVERY ROOM	.610303	.610303	.610303			38
40 DELIVERY ROOM & LABOR ROOM	1.038764	1.038764	1.038764			39
41 ANESTHESIOLOGY	.227792	.227792	.227792			40
41 RADIOLOGY-DIAGNOSTIC	.274269	.274269	.274269			41
41.01 CAT SCAN	.082178	.082178	.082178			41.01
41.02 ULTRASOUND	.132947	.132947	.132947			41.02
41.03 CARDIAC CATH	.454195	.454195	.454195			41.03
41.04 MRI	.120408	.120408	.120408			41.04
41.06 WOMEN'S IMAGING CENTER	.701701	.701701	.701701			41.06
41.08 VASCULAR LAB	.132902	.132902	.132902			41.08
43 RADIOISOTOPE	.361970	.361970	.361970			43
44 LABORATORY	.131559	.131559	.131559			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.266180	.266180	.266180			49
50 PHYSICAL THERAPY	.602874	.602874	.602874			50
51 OCCUPATIONAL THERAPY	.499413	.499413	.499413			51
52 SPEECH PATHOLOGY	.398758	.398758	.398758			52
53 ELECTROCARDIOLOGY	.093896	.093896	.093896			53
53.01 CARDIAC REHAB	1.665654	1.665654	1.665654			53.01
54 ELECTROENCEPHALOGRAPHY	.138666	.138666	.138666			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.006230	.006230	.006230			55
56 DRUGS CHARGED TO PATIENTS	.006230	.006230	.006230			56
57 RENAL DIALYSIS	.325010	.325010	.325010			57
58 ASC (NON-DISTINCT PART)	20.875965	20.875965	20.875965			58
59 SLEEP LAB	.328306	.328306	.328306			59
60 OUTPATIENT SERVICE COST CENTERS CLINIC						60
60.03 PAIN MANAGEMENT CENTER	.354193	.354193	.354193			60.03
60.06 MATERNAL FETAL MEDICINE CLINIC	.224085	.224085	.224085			60.06
61 EMERGENCY	.202755	.202755	.202755			61
62 OBSERVATION BEDS (NON-DISTINCT	.828893	.828893	.828893			62
63.50 RHC						63.50
63.60 FQHC						63.60
65.01 OTHER REIMBURSABLE COST CENTERS AMBULANCE CHARGES (S-2 LINE 56.						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						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	.006230	1
2 PROGRAM VACCINE CHARGES	2		
2.01 PROGRAM VACCINE CHARGES	2.01		
3 PROGRAM COSTS	3		
3.01 PROGRAM COSTS	3.01		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0304) [] 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	ALL OTHER (SEE)	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
37 ANCILLARY SERVICE COST CENTERS		1737444	90					37
38 OPERATING ROOM		91768						38
39 DELIVERY ROOM & LABOR ROOM		4612						39
40 ANESTHESIOLOGY		175083						40
41 RADIOLOGY-DIAGNOSTIC		791489						41
41.01 CAT SCAN		2006761						41.01
41.02 ULTRASOUND		317770						41.02
41.03 CARDIAC CATH		468156						41.03
41.04 MRI		540818						41.04
41.06 WOMEN'S IMAGING CENTER		113772						41.06
41.08 VASCULAR LAB		388222						41.08
43 RADIOISOTOPE		411462						43
44 LABORATORY		250548						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		75677						49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY		9800						51
52 SPEECH PATHOLOGY		7153						52
53 ELECTROCARDIOLOGY		480069						53
53.01 CARDIAC REHAB		36078						53.01
54 ELECTROENCEPHALOGRAPHY		25256						54
55 MEDICAL SUPPLIES CHARGED TO PA		121085						55
56 DRUGS CHARGED TO PATIENTS		731730						56
57 RENAL DIALYSIS		1036						57
58 ASC (NON-DISTINCT PART)		61234						58
59 SLEEP LAB		77351						59
60 OUTPATIENT SERVICE COST CENTERS								60
60.03 PAIN MANAGEMENT CENTER		789802						60.03
60.06 MATERNAL FETAL MEDICINE CLINIC		6489						60.06
61 EMERGENCY		1969211						61
62 OBSERVATION BEDS (NON-DISTINCT		461193						62
63.50 RHC								63.50
63.60 FQHC								63.60
65.01 AMBULANCE CHARGES (S-2 LINE 56								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56								65.03
101 SUBTOTAL		12151069	90					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		12151069	90					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0304) [] 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
37 ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		576145	30				37
38 RECOVERY ROOM		56006					38
39 DELIVERY ROOM & LABOR ROOM		4791					39
40 ANESTHESIOLOGY		39883					40
41 RADIOLOGY-DIAGNOSTIC		217081					41
41.01 CAT SCAN		164912					41.01
41.02 ULTRASOUND		42247					41.02
41.03 CARDIAC CATH		212634					41.03
41.04 MRI		65119					41.04
41.06 WOMEN'S IMAGING CENTER		79834					41.06
41.08 VASCULAR LAB		51595					41.08
43 RADIOISOTOPE		148937					43
44 LABORATORY		32962					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		20144					49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY		4894					51
52 SPEECH PATHOLOGY		2852					52
53 ELECTROCARDIOLOGY		45077					53
53.01 CARDIAC REHAB		60093					53.01
54 ELECTROENCEPHALOGRAPHY		3502					54
55 MEDICAL SUPPLIES CHARGED TO PAT		754					55
56 DRUGS CHARGED TO PATIENTS		4559					56
57 RENAL DIALYSIS		337					57
58 ASC (NON-DISTINCT PART)		1278319					58
59 SLEEP LAB		25395					59
60 OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.03 PAIN MANAGEMENT CENTER		279742					60.03
60.06 MATERNAL FETAL MEDICINE CLINIC		1454					60.06
61 EMERGENCY		399267					61
62 OBSERVATION BEDS (NON-DISTINCT		382280					62
63.50 RHC							63.50
63.60 FQHC							63.60
65.01 OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL		4200815	30				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		4200815	30				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				6680194		6680194
26 INTENSIVE CARE UNIT				1135999		1135999
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY				293621		293621
101 TOTAL				8109814		8109814

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	13503	3254			494.72	1609819
26 INTENSIVE CARE UNIT	1923	104			590.74	61437
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	1399	1008			209.88	211559
101 TOTAL	16825	4366				1882815

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0304) [] 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		1570452	28827828				.054477	37
38 RECOVERY ROOM		300607	1805637				.166483	38
39 DELIVERY ROOM & LABOR ROOM		735988	3278878				.224463	39
40 ANESTHESIOLOGY		106639	3619766				.029460	40
41 RADIOLOGY-DIAGNOSTIC		330938	10660987				.031042	41
41.01 CAT SCAN		242518	28308965				.008567	41.01
41.02 ULTRASOUND		128427	5943432				.021608	41.02
41.03 CARDIAC CATH		245669	4353045				.056436	41.03
41.04 MRI		101196	7292028				.013878	41.04
41.06 WOMEN'S IMAGING CENTER		394556	1186848				.332440	41.06
41.08 VASCULAR LAB		20551	2251519				.009128	41.08
43 RADIOISOTOPE		579629	3742235				.154888	43
44 LABORATORY		465168	33328237				.013957	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		86967	4550588				.019111	49
50 PHYSICAL THERAPY		524728	2751944				.190675	50
51 OCCUPATIONAL THERAPY		81527	682847				.119393	51
52 SPEECH PATHOLOGY		10552	320488				.032925	52
53 ELECTROCARDIOLOGY		74642	7241589				.010307	53
53.01 CARDIAC REHAB		119868	166950				.717987	53.01
54 ELECTROENCEPHALOGRAPHY		22677	419698				.054032	54
55 MEDICAL SUPPLIES CHARGED TO P		3191	2652266				.001203	55
56 DRUGS CHARGED TO PATIENTS		21885	18192074				.001203	56
57 RENAL DIALYSIS		2803	636695				.004402	57
58 ASC (NON-DISTINCT PART)		1036002	123530				8.386643	58
59 SLEEP LAB		51320	494389				.103805	59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		43520						60
60.03 PAIN MANAGEMENT CENTER		196235	3510074				.055906	60.03
60.06 MATERNAL FETAL MEDICINE CLINI		105477	1120020				.094174	60.06
61 EMERGENCY		1366805	34441156				.039685	61
62 OBSERVATION BEDS (NON-DISTINC		971135	3331656				.291487	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		9941672	215235369					101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					13503		3254	25
26 INTENSIVE CARE UNIT					1923		104	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								31
33 NURSERY					1399		1008	33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					16825		4366	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0304) [] 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 CAT SCAN							41.01
41.02 ULTRASOUND							41.02
41.03 CARDIAC CATH							41.03
41.04 MRI							41.04
41.06 WOMEN'S IMAGING CENTER							41.06
41.08 VASCULAR LAB							41.08
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC REHAB							53.01
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59 SLEEP LAB							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.03 PAIN MANAGEMENT CENTER							60.03
60.06 MATERNAL FETAL MEDICINE CLINI							60.06
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 (14-0304) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		28827828					37
38 RECOVERY ROOM		1805637					38
39 DELIVERY ROOM & LABOR ROOM		3278878					39
40 ANESTHESIOLOGY		3619766					40
41 RADIOLOGY-DIAGNOSTIC		10660987					41
41.01 CAT SCAN		28308965					41.01
41.02 ULTRASOUND		5943432					41.02
41.03 CARDIAC CATH		4353045					41.03
41.04 MRI		7292028					41.04
41.06 WOMEN'S IMAGING CENTER		1186848					41.06
41.08 VASCULAR LAB		2251519					41.08
43 RADIOISOTOPE		3742235					43
44 LABORATORY		33328237					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		4550588					49
50 PHYSICAL THERAPY		2751944					50
51 OCCUPATIONAL THERAPY		682847					51
52 SPEECH PATHOLOGY		320488					52
53 ELECTROCARDIOLOGY		7241589					53
53.01 CARDIAC REHAB		166950					53.01
54 ELECTROENCEPHALOGRAPHY		419698					54
55 MEDICAL SUPPLIES CHARGED TO P		2652266					55
56 DRUGS CHARGED TO PATIENTS		18192074					56
57 RENAL DIALYSIS		636695					57
58 ASC (NON-DISTINCT PART)		123530					58
59 SLEEP LAB		494389					59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.03 PAIN MANAGEMENT CENTER		3510074					60.03
60.06 MATERNAL FETAL MEDICINE CLINI		1120020					60.06
61 EMERGENCY		34441156					61
62 OBSERVATION BEDS (NON-DISTINC		3331656					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		215235369					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0304) [] 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 CAT SCAN					41.01
41.02 ULTRASOUND					41.02
41.03 CARDIAC CATH					41.03
41.04 MRI					41.04
41.06 WOMEN'S IMAGING CENTER					41.06
41.08 VASCULAR LAB					41.08
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC REHAB					53.01
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
59 SLEEP LAB					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.03 PAIN MANAGEMENT CENTER					60.03
60.06 MATERNAL FETAL MEDICINE CLINI					60.06
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) (14-0304)	SUB I	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)	13503						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	13503						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	13503						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)	3987						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) (14-0304)	SUB I	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	18996295						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	18996295						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	8503263						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	8503263						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	2.234001						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	629.73						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	18996295						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) (14-0304)	SUB I	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	1406.82					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	5608991					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	5608991					41
	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST	
	1	2	3	4	5	
42 NURSERY (TITLES V AND XIX ONLY)						42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	4426271	1923	2301.75	811	1866719	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) (14-0304)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	5231305					48
49 TOTAL PROGRAM INPATIENT COSTS	12707015					49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	2451539					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	794194					51
52 TOTAL PROGRAM EXCLUDABLE COST	3245733					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	9461282					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) (14-0304)	SUB I	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)
 (14-0304)
 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1963	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1406.82	84
85 OBSERVATION BED COST	2761588	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	HOSPITAL ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		18996295		2761588		86
87 NEW CAPITAL-RELATED COST	6680194	18996295	.351658	2761588	971135	87
88 NON PHYSICIAN ANESTHETIST		18996295		2761588		88
89 MEDICAL EDUCATION		18996295		2761588		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) (14-0304)	SUB I	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)	13503					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	13503					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	13503					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)	3254					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	1399					15
16 TITLE V OR XIX NURSERY DAYS	1008					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) (14-0304)	SUB I	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	18996295						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	18996295						27
GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28	8503263						28
GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)							
29							29
PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
30	8503263						30
SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
31	2.234001						31
GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO							
32							32
AVERAGE PRIVATE ROOM PER DIEM CHARGE							
33	629.73						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	18996295						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) (14-0304)	SUB I	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	1406.82					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	4577792					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	4577792					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)	1334126	1399	953.63	1008	961259	42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	4426271	1923	2301.75	104	239382	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) (14-0304)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST						48
49 TOTAL PROGRAM INPATIENT COSTS	5778433					49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1882815					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52 TOTAL PROGRAM EXCLUDABLE COST	1882815					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) (14-0304)	SUB I	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 [] 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 [XX] TITLE XIX-INPT

HOSPITAL (OTHER) (14-0304)	SUB I	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1963	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1406.82	84
85 OBSERVATION BED COST	2761588	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0304) [] 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		5277035		25
26 INTENSIVE CARE UNIT		1666988		26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.331605	2426361	804593	37
38 RECOVERY ROOM	.610303	160515	97963	38
39 DELIVERY ROOM & LABOR ROOM	1.038764	10135	10528	39
40 ANESTHESIOLOGY	.227792	335750	76481	40
41 RADIOLOGY-DIAGNOSTIC	.274269	1079555	296088	41
41.01 CAT SCAN	.082178	2623132	215564	41.01
41.02 ULTRASOUND	.132947	627658	83445	41.02
41.03 CARDIAC CATH	.454654	1314853	597803	41.03
41.04 MRI	.120408	639807	77038	41.04
41.06 WOMEN'S IMAGING CENTER	.701701	796	559	41.06
41.08 VASCULAR LAB	.132902	456669	60692	41.08
43 RADIOISOTOPE	.361970	629478	227852	43
44 LABORATORY	.131559	6816265	896741	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.269401	2104157	566862	49
50 PHYSICAL THERAPY	.602874	365187	220162	50
51 OCCUPATIONAL THERAPY	.499413	269202	134443	51
52 SPEECH PATHOLOGY	.398758	172478	68777	52
53 ELECTROCARDIOLOGY	.094117	1536598	144620	53
53.01 CARDIAC REHAB	1.665654			53.01
54 ELECTROENCEPHALOGRAPHY	.138666	57539	7979	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.006230	576802	3593	55
56 DRUGS CHARGED TO PATIENTS	.006230	5099020	31767	56
57 RENAL DIALYSIS	.325010	319855	103956	57
58 ASC (NON-DISTINCT PART)	20.875965			58
59 SLEEP LAB	.328306			59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC				60
60.03 PAIN MANAGEMENT CENTER	.354193	1179	418	60.03
60.06 MATERNAL FETAL MEDICINE CLINIC	.224085	419	94	60.06
61 EMERGENCY	.202825	2481384	503287	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.828893			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		30104794	5231305	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		30104794		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0304)	<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
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.331605		37
38 RECOVERY ROOM	.610303		38
39 DELIVERY ROOM & LABOR ROOM	1.038764		39
40 ANESTHESIOLOGY	.227792		40
41 RADIOLOGY-DIAGNOSTIC	.274269		41
41.01 CAT SCAN	.082178		41.01
41.02 ULTRASOUND	.132947		41.02
41.03 CARDIAC CATH	.454195		41.03
41.04 MRI	.120408		41.04
41.06 WOMEN'S IMAGING CENTER	.701701		41.06
41.08 VASCULAR LAB	.132902		41.08
43 RADIOISOTOPE	.361970		43
44 LABORATORY	.131559		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.266180		49
50 PHYSICAL THERAPY	.602874		50
51 OCCUPATIONAL THERAPY	.499413		51
52 SPEECH PATHOLOGY	.398758		52
53 ELECTROCARDIOLOGY	.093896		53
53.01 CARDIAC REHAB	1.665654		53.01
54 ELECTROENCEPHALOGRAPHY	.138666		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.006230		55
56 DRUGS CHARGED TO PATIENTS	.006230		56
57 RENAL DIALYSIS	.325010		57
58 ASC (NON-DISTINCT PART)	20.875965		58
59 SLEEP LAB	.328306		59
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC			60
60.03 PAIN MANAGEMENT CENTER	.354193		60.03
60.06 MATERNAL FETAL MEDICINE CLINIC	.224085		60.06
61 EMERGENCY	.202755		61
62 OBSERVATION BEDS (NON-DISTINCT)	.828893		62
OTHER REIMBURSABLE COST CENTERS			
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 (14-0304)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	5457453					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	1916288					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	262067					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	133.09					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 (14-0304)	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4						4
4.01	0.2909					4.01
4.02	0.2909					4.02
4.03	0.1321					4.03
4.04	974071					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	8609879					6
7						7
7.01						7.01
8	8609879					8
9	679863					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16	9289742					16
17						17
18	9289742					18
19	633856					19
20	33536					20
21	60911					21
21.01	42638					21.01
21.02	60911					21.02
22	8664988					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0304)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	8664988					26
27						27
28	7973201					28
28.01						28.01
29	691787					29
30	83875					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 (14-0304) 1	HOSPITAL (14-0304) 1.01	HOSPITAL (14-0304) 1.02	
1 MEDICAL AND OTHER SERVICES	30			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	4200815			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	2013911			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	30			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	90			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	90			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	90			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	60			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	30			17
17.01 TOTAL PPS PAYMENTS	2013911			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0304) 1	HOSPITAL (14-0304) 1.01	HOSPITAL (14-0304) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	493750		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL	1520191		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	1520191		23
24 PRIMARY PAYER PAYMENTS	100		24
25 SUBTOTAL	1520091		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	49113		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	34379		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	49113		27.02
28 SUBTOTAL	1554470		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	1554470		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	1520088		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	34382		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
 (14-0304)
 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
(14-0304)
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
(14-0304)
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 (14-0304)

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		7694772		1520088	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 PROGRAM .02 TO .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	11/07/2008 278429		NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	278429			3.99
4 TOTAL INTERIM PAYMENTS		7973201		1520088	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52				5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01 PROVIDER TO .02 PROGRAM				6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

INTERMEDIARY NUMBER: _____
 DATE (MO/DAY/YR): _____

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 (14-0304) (OTHER)	SUB I	SUB II	SUB III	
		SUB IV	NF I		
1	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1
2	INPATIENT HOSPITAL/SNF/NF SERVICES	5778433			1
3	MEDICAL AND OTHER SERVICES				2
4	INTERNS AND RESIDENTS				3
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O				4
6	COST OF TEACHING PHYSICIANS				5
7	SUBTOTAL	5778433			6
8	INPATIENT PRIMARY PAYER PAYMENTS				7
9	OUTPATIENT PRIMARY PAYER PAYMENTS				8
9	SUBTOTAL	5778433			9
10	COMPUTATION OF LESSER OF COST OR CHARGES				
11	ROUTINE SERVICE CHARGES				10
12	ANCILLARY SERVICE CHARGES				11
13	INTERNS AND RESIDENTS SERVICE CHARGES				12
14	ORGAN ACQUISITION CHARGES, NET OF REVENUE				13
15	TEACHING PHYSICIANS				14
16	INCENTIVE FROM TARGET AMOUNT COMPUTATION				15
16	TOTAL REASONABLE CHARGES				16
17	CUSTOMARY CHARGES				
18	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE				17
19	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM				18
20	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN				
21	ACCORDANCE WITH 42 CFR 413.13(E)				19
22	RATIO OF LINE 17 TO LINE 18				20
23	TOTAL CUSTOMARY CHARGES				21
24	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST				22
25	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	5778433			23
26	COST OF COVERED SERVICES	5778433			24
27	PROSPECTIVE PAYMENT AMOUNT				
28	OTHER THAN OUTLIER PAYMENTS				25
29	OUTLIER PAYMENTS				26
30	PROGRAM CAPITAL PAYMENTS				27
31	CAPITAL EXCEPTION PAYMENTS				28
32	ROUTINE SERVICE OTHER PASS THROUGH COSTS				29
33	ANCILLARY SERVICE OTHER PASS THROUGH COSTS				30
34	SUBTOTAL	5778433			31
35	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)				32
36	LESSER OF LINES 30 OR 31	5778433			33
37	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)				

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 (14-0304) (OTHER)	SUB I	SUB II	SUB III	SUB IV	NF I
	1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT					
35	EXCESS OF REASONABLE COST	5778433				34
36	SUBTOTAL					35
37	COINSURANCE					36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,					37
38	REIMBURSABLE BAD DEBTS					38
38.01	REDUCED REIMBURSABLE BAD DEBTS					38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE					38.02
	BENEFICIARIES (SEE INSTRUCTIONS)					
39	UTILIZATION REVIEW					39
40	SUBTOTAL					40
41	INPATIENT ROUTINE SERVICE COST					41
42	MEDICARE INPATIENT ROUTINE CHARGES					42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE					43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM					44
	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN					
	ACCORDANCE WITH 42 CFR 413.13(E)					
45	RATIO OF LINE 43 TO LINE 44					45
46	TOTAL CUSTOMARY CHARGES					46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST					47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES					48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM					49
	UTILIZATION					
50	OTHER ADJUSTMENTS					50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING					51
	DEPRECIABLE ASSETS					
52	SUBTOTAL					52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT					53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER					55
56	SEQUESTRATION ADJUSTMENT					56
57	INTERIM PAYMENTS					57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					57.01
58	BALANCE DUE PROVIDER/PROGRAM					58
59	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	
CURRENT ASSETS					
1 CASH ON HAND AND IN BANKS	-4447971				1
2 TEMPORARY INVESTMENTS	12104777				2
3 NOTES RECEIVABLE					3
4 ACCOUNTS RECEIVABLE	-938980				4
5 OTHER RECEIVABLES	35557639				5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-7318724				6
7 INVENTORY	1809755				7
8 PREPAID EXPENSES	97020				8
9 OTHER CURRENT ASSETS					9
10 DUE FROM OTHER FUNDS					10
11 TOTAL CURRENT ASSETS	36863516				11
FIXED ASSETS					
12 LAND	5440226				12
12.01 ACCUMULATED DEPRECIATION					12.01
13 LAND IMPROVEMENTS	61524				13
13.01 ACCUMULATED DEPRECIATION	-38135				13.01
14 BUILDINGS	98010677				14
14.01 ACCUMULATED DEPRECIATION	-12767265				14.01
15 LEASEHOLD IMPROVEMENTS					15
15.01 ACCUMULATED AMORTIZATION					15.01
16 FIXED EQUIPMENT	19426260				16
16.01 ACCUMULATED DEPRECIATION	-4798522				16.01
17 AUTOMOBILES AND TRUCKS					17
17.01 ACCUMULATED DEPRECIATION					17.01
18 MAJOR MOVABLE EQUIPMENT	34714786				18
18.01 ACCUMULATED DEPRECIATION	-1621289				18.01
19 MINOR EQUIPMENT DEPRECIABLE	1195236				19
19.01 ACCUMULATED DEPRECIATION					19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE					20
21 TOTAL FIXED ASSETS	139623498				21
OTHER ASSETS					
22 INVESTMENTS	3670930				22
23 DEPOSITS ON LEASES					23
24 DUE FROM OWNERS/OFFICERS					24
25 OTHER ASSETS	937264				25
26 TOTAL OTHER ASSETS	4608194				26
27 TOTAL ASSETS	181095208				27
LIABILITIES AND FUND BALANCES	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
	1	2	3	4	
CURRENT LIABILITIES					
28 ACCOUNTS PAYABLE	6955890				28
29 SALARIES, WAGES & FEES PAYABLE	1464971				29
30 PAYROLL TAXES PAYABLE					30
31 NOTES & LOANS PAYABLE (SHORT TERM)	10266908				31
32 DEFERRED INCOME					32
33 ACCELERATED PAYMENTS					33
34 DUE TO OTHER FUNDS					34
35 OTHER CURRENT LIABILITIES	27395698				35
36 TOTAL CURRENT LIABILITIES	46083467				36
LONG-TERM LIABILITIES					
37 MORTGAGE PAYABLE	94370980				37
38 NOTES PAYABLE					38
39 UNSECURED LOANS					39
40 LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66					40
41 OTHER LONG TERM LIABILITIES					41
42 TOTAL LONG TERM LIABILITIES	94370980				42
43 TOTAL LIABILITIES	140454447				43
CAPITAL ACCOUNTS					
44 GENERAL FUND BALANCE	40640761				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	40640761				51
52 TOTAL LIABILITIES AND FUND BALANCES	181095208				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	7780644			1
2 NET INCOME (LOSS)	190415			2
3 TOTAL	7971059			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 NET ASSETS	60793237			5
6 ACCUMULATED EARNINGS	4933448			6
7				7
8 DONATIONS	401310			8
9				9
10 TOTAL ADDITIONS	66127995			10
11 SUBTOTAL	74099054			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 ABMC	12700768			13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	12700768			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	61398286			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	16180932		16180932	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	16180932		16180932	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	3839562		3839562	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	3839562		3839562	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	20020494		20020494	18
18.50 ANCILLARY SERVICES	90831817	124400567	215232384	18.50
18.60 OUTPATIENT SERVICES				18.60
19 RHC				19
20 FQHC				20
21 HOME HEALTH AGENCY				21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
25 HOSPICE				25
25 TOTAL PATIENT REVENUES	110852311	124400567	235252878	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		69877385	26
27 ADD (SPECIFY)			27
28			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		69877385	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	235252878	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	166007013	2
3	NET PATIENT REVENUES	69245865	3
4	LESS - TOTAL OPERATING EXPENSES	69877385	4
5	NET INCOME FROM SERVICE TO PATIENTS	-631520	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	154906	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	2968	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	45155	20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (SPECIFY)		24
24.01	ER	1200	24.01
24.02	ADMIN & GENERAL	33917	24.02
24.03	INTEREST EXPENSE	495938	24.03
24.04	OFFICE BUILDING	72852	24.04
24.05	ALL OTHER NON-PATIENT REVENUE	14999	24.05
25	TOTAL OTHER INCOME	821935	25
26	TOTAL	190415	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	190415	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0304)	HOSPITAL (14-0304)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
					CAPITAL FEDERAL AMOUNT
2		622500			2
					CAPITAL DRG OTHER THAN OUTLIER
3					3
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997
3.01		19577			3.01
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997
4					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					5
					% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS
5.01		0.2909			5.01
					% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I
5.02		0.2909			5.02
					SUM OF LINES 5 AND 5.01
5.03		0.0607			5.03
					ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE
5.04		37786			5.04
					DISPROPORTIONATE SHARE ADJUSTMENT
6		679863			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 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
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 CAT SCAN					41.01
41.02 ULTRASOUND					41.02
41.03 CARDIAC CATH					41.03
41.04 MRI					41.04
41.06 WOMEN'S IMAGING CENTER					41.06
41.08 VASCULAR LAB					41.08
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC REHAB					53.01
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PAT					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
59 SLEEP LAB					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.03 PAIN MANAGEMENT CENTER					60.03
60.06 MATERNAL FETAL MEDICINE CLINIC					60.06
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
00 OFFICE BUILDINGS						00
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	29.53		24.10				53.63 25
26 INTENSIVE CARE UNIT	42.17		5.41				47.58 26
33 NURSERY			72.05				72.05 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	8.42	6.03					14.45 37
38 RECOVERY ROOM	8.89	5.08					13.97 38
39 DELIVERY ROOM & LABOR ROOM	0.31	0.14					0.45 39
40 ANESTHESIOLOGY	9.28	4.84					14.12 40
41 RADIOLOGY-DIAGNOSTIC	10.13	7.42					17.55 41
41.01 CAT SCAN	9.27	7.09					16.36 41.01
41.02 ULTRASOUND	10.56	5.35					15.91 41.02
41.03 CARDIAC CATH	30.21	10.75					40.96 41.03
41.04 MRI	8.77	7.42					16.19 41.04
41.06 WOMEN'S IMAGING CENTER	0.07	9.59					9.66 41.06
41.08 VASCULAR LAB	20.28	17.24					37.52 41.08
43 RADIOISOTOPE	16.82	11.00					27.82 43
44 LABORATORY	20.45	0.75					21.20 44
49 RESPIRATORY THERAPY	46.24	1.66					47.90 49
50 PHYSICAL THERAPY	13.27						13.27 50
51 OCCUPATIONAL THERAPY	39.42	1.44					40.86 51
52 SPEECH PATHOLOGY	53.82	2.23					56.05 52
53 ELECTROCARDIOLOGY	21.22	6.63					27.85 53
53.01 CARDIAC REHAB		21.61					21.61 53.01
54 ELECTROENCEPHALOGRAPHY	13.71	6.02					19.73 54
55 MEDICAL SUPPLIES CHARGED TO PAT	21.75	4.57					26.32 55
56 DRUGS CHARGED TO PATIENTS	28.03	4.02					32.05 56
57 RENAL DIALYSIS	50.24	0.16					50.40 57
58 ASC (NON-DISTINCT PART)		49.57					49.57 58
59 SLEEP LAB		15.65					15.65 59
60.03 PAIN MANAGEMENT CENTER	0.03	22.50					22.53 60.03
60.06 MATERNAL FETAL MEDICINE CLINIC	0.04	0.58					0.62 60.06
61 EMERGENCY	7.20	5.72					12.92 61
62 OBSERVATION BEDS (NON-DISTINCT		13.84					13.84 62
101 TOTAL CHARGES	12.80	5.17					17.97 101

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---			
	AMOUNT	%	AMOUNT	%	AMOUNT	%		
GENERAL SERVICE COST CENTERS								
1	OLD CAP REL COSTS-BLDG & FIXT						1	
2	OLD CAP REL COSTS-MVBLE EQUIP						2	
3	NEW CAP REL COSTS-BLDG & FIXT	12319272	16.28	-12319272	-29.96		3	
4	NEW CAP REL COSTS-MVBLE EQUIP	4943218	6.53	-4943218	-12.02		4	
5	EMPLOYEE BENEFITS	4915297	6.50	-4915297	-11.95		5	
6	ADMINISTRATIVE & GENERAL	4310711	5.70	-4310711	-10.48		6	
7	MAINTENANCE & REPAIRS						7	
8	OPERATION OF PLANT	5055091	6.68	-5055091	-12.29		8	
9	LAUNDRY & LINEN SERVICE						9	
10	HOUSEKEEPING	1911111	2.53	-1911111	-4.65		10	
11	DIETARY	729473	.96	-729473	-1.77		11	
12	CAFETERIA	782339	1.03	-782339	-1.90		12	
13	MAINTENANCE OF PERSONNEL						13	
14	NURSING ADMINISTRATION	1114906	1.47	-1114906	-2.71		14	
15	CENTRAL SERVICES & SUPPLY	894139	1.18	-894139	-2.17		15	
16	PHARMACY	2648049	3.50	-2648049	-6.44		16	
17	MEDICAL RECORDS & LIBRARY	832163	1.10	-832163	-2.02		17	
18	SOCIAL SERVICE	667827	.88	-667827	-1.62		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	5492906	7.26	13503389	32.84	18996295	25.11	25
26	INTENSIVE CARE UNIT	1895082	2.51	2531189	6.16	4426271	5.85	26
33	NURSERY	601185	.79	732941	1.78	1334126	1.76	33
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	5774790	7.63	3784656	9.20	9559446	12.64	37
38	RECOVERY ROOM	470705	.62	631281	1.54	1101986	1.46	38
39	DELIVERY ROOM & LABOR ROOM	1742963	2.30	1663016	4.04	3405979	4.50	39
40	ANESTHESIOLOGY	166571	.22	657982	1.60	824553	1.09	40
41	RADIOLOGY-DIAGNOSTIC	1802721	2.38	1121260	2.73	2923981	3.87	41
41.01	CAT SCAN	576327	.76	1750051	4.26	2326378	3.08	41.01
41.02	ULTRASOUND	444237	.59	345925	.84	790162	1.04	41.02
41.03	CARDIAC CATH	1011956	1.34	965176	2.35	1977132	2.61	41.03
41.04	MRI	260542	.34	617477	1.50	878019	1.16	41.04
41.06	WOMEN'S IMAGING CENTER	181284	.24	651528	1.58	832812	1.10	41.06
41.08	VASCULAR LAB	116101	.15	183130	.45	299231	.40	41.08
43	RADIOISOTOPE	362199	.48	992377	2.41	1354576	1.79	43
44	LABORATORY	2892041	3.82	1492585	3.63	4384626	5.80	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
49	RESPIRATORY THERAPY	806102	1.07	405175	.99	1211277	1.60	49
50	PHYSICAL THERAPY	636957	.84	1022118	2.49	1659075	2.19	50
51	OCCUPATIONAL THERAPY	159422	.21	181601	.44	341023	.45	51
52	SPEECH PATHOLOGY	82486	.11	45311	.11	127797	.17	52

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
53 ELECTROCARDIOLOGY	398607	.53	281351	.68	679958	.90	53
53.01 CARDIAC REHAB	71485	.09	206596	.50	278081	.37	53.01
54 ELECTROENCEPHALOGRAPHY	15667	.02	42531	.10	58198	.08	54
55 MEDICAL SUPPLIES CHARGED TO PAT			16524	.04	16524	.02	55
56 DRUGS CHARGED TO PATIENTS			113337	.28	113337	.15	56
57 RENAL DIALYSIS	187460	.25	19472	.05	206932	.27	57
58 ASC (NON-DISTINCT PART)	528441	.70	2050367	4.99	2578808	3.41	58
59 SLEEP LAB	76434	.10	85877	.21	162311	.21	59
60 CLINIC			66668	.16	66668	.09	60
60.03 PAIN MANAGEMENT CENTER	417124	.55	826121	2.01	1243245	1.64	60.03
60.06 MATERNAL FETAL MEDICINE CLINIC	62336	.08	188644	.46	250980	.33	60.06
61 EMERGENCY	3578486	4.73	3404636	8.28	6983122	9.23	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	70884	.09	48610	.12	119494	.16	96
98 PHYSICIANS' PRIVATE OFFICES	3459525	4.57	319782	.78	3779307	5.00	98
100 OFFICE BUILDINGS	182015	.24	174912	.43	356927	.47	100
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	75648637	100.00	0	.00	75648637	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	1570452	28827828	.054477	2426361	132181	37
38 RECOVERY ROOM	300607	1805637	.166483	160515	26723	38
39 DELIVERY ROOM & LABOR ROOM	735988	3278878	.224463	10135	2275	39
40 ANESTHESIOLOGY	106639	3619766	.029460	335750	9891	40
41 RADIOLOGY-DIAGNOSTIC	330938	10660987	.031042	1079555	33512	41
41.01 CAT SCAN	242518	28308965	.008567	2623132	22472	41.01
41.02 ULTRASOUND	128427	5943432	.021608	627658	13562	41.02
41.03 CARDIAC CATH	245669	4353045	.056436	1314853	74205	41.03
41.04 MRI	101196	7292028	.013878	639807	8879	41.04
41.06 WOMEN'S IMAGING CENTER	394556	1186848	.332440	796	265	41.06
41.08 VASCULAR LAB	20551	2251519	.009128	456669	4168	41.08
43 RADIOISOTOPE	579629	3742235	.154888	629478	97499	43
44 LABORATORY	465168	33328237	.013957	6816265	95135	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	86967	4550588	.019111	2104157	40213	49
50 PHYSICAL THERAPY	524728	2751944	.190675	365187	69632	50
51 OCCUPATIONAL THERAPY	81527	682847	.119393	269202	32141	51
52 SPEECH PATHOLOGY	10552	320488	.032925	172478	5679	52
53 ELECTROCARDIOLOGY	74642	7241589	.010307	1536598	15838	53
53.01 CARDIAC REHAB	119868	166950	.717987			53.01
54 ELECTROENCEPHALOGRAPHY	22677	419698	.054032	57539	3109	54
55 MEDICAL SUPPLIES CHARGED TO PAT	3191	2652266	.001203	576802	694	55
56 DRUGS CHARGED TO PATIENTS	21885	18192074	.001203	5099020	6134	56
57 RENAL DIALYSIS	2803	636695	.004402	319855	1408	57
58 ASC (NON-DISTINCT PART)	1036002	123530	8.386643			58
59 SLEEP LAB	51320	494389	.103805			59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	43520					60
60.03 PAIN MANAGEMENT CENTER	196235	3510074	.055906	1179	66	60.03
60.06 MATERNAL FETAL MEDICINE CLINIC	105477	1120020	.094174	419	39	60.06
61 EMERGENCY	1366805	34441156	.039685	2481384	98474	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	971135	3331656	.291487			62
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	9941672	215235369		30104794	794194	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	DAYS	COSTS
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	6680194		6680194	13503	494.72	3987	1972449 25
26 INTENSIVE CARE UNIT	1135999		1135999	1923	590.74	811	479090 26
101 TOTAL	7816193		7816193			4798	2451539 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS 2451539

MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS 794194

TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS 3245733

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)	9461282
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	37048817
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.255

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)	3245733
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.088

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)	4192732
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)	12133080
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.346