PROVIDER NO. 15-0125 COMMUNITY HOSPITAL
PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
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VERSION: 2008.0
12/01/2008 10:1

WORKSHEET S
PARTS I & I

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

INTERMEDIARY USE ONLY: [ ] AUDITED [ ] DESK REVIEWED

DATE RECEIVED _____ INTERMEDIARY NO. _____

[ ] INITIAL [ ] FINAL

[ ] RE-OPENING [ ] MCR CODE

PART I - CERTIFICATION

CHECK APPLICABLE BOX

XX ELECTRONICALLY FILED COST REPORT
__ MANUALLY SUBMITTED COST REPORT

DATE: _12/01/2008
TIME: _10:15____

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 COMMUNITY HOSPITAL (15-0125) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2007 AND ENDING 06/30/2008, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR Encryption: 12/01/2008 10:15
zqj6aDWVBhpUsbNkJyDieOjbU6MO60
CU2Am0JofRkorz0Ee0p7owKM9WdZFa
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PI Encryption: 12/01/2008 10:15
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Idrwt080N8rQSIvYMuIxEgzcmUgXrp
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(SIGNED) X Jim + Sullivan
OFFICER OR ADMINISTRATOR OF PROVIDER(S)

Chief Financial Officer
TITLE

12/1/08
DATE

PART II - SETTLEMENT SUMMARY

		TITLE V	TITLE XVIII PART A	TITLE XVIII PART B	TITLE XIX	
		1	2	3	4	
1	HOSPITAL		29456	-75456		1
2	SUBPROVIDER I		-1964			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		27492	-75456		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 OMD 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 CONCERNIN 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: 901 MACARTHUR BOULEVARD P.O.BOX: 1
1.01 CITY: MUNSTER STATE: IN ZIP CODE: 46321 COUNTY: LAKE 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	COMMUNITY HOSPITAL	15-0125	10/03/1973	N	P	P	2
3	SUBPROVIDER I	THE REHAB CENTER AT COMMUNITY	15-T125	06/30/1996	N	P	P	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	COMMUNITY HOME HEALTH SERVICES	15-7487	01/07/1997	N	P.	N	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: 07/01/2007 TO: 06/30/2008 1 2	17
18	TYPE OF CONTROL	2	18

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL	1	19
20	SUBPROVIDER I	5	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 CO1. 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	NO	NO	25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

OTHER INFORMATION

26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.		26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:		26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.		26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:		26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO	27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.		28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st		28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.		28.02

A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)

28.03	STAFFING	0.00	N	28.03
28.04	RECRUITMENT	0.00	N	28.04
28.05	RETENTION OF EMPLOYEES	0.00	N	28.05
28.06	TRAINING	0.00	N	28.06
28.07	OTHER (SPECIFY)			28.07

29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO	29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	NO	30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.		30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?		30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)		30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.		30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO	31
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO	31.01

MISCELLANEOUS COST REPORTING INFORMATION

32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	NO	32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.	NO	33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?	NO	34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	NO	35

PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL	V 1	XVIII 2	XIX 3	
36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	YES	NO	36
36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	NO	36.01
37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?	NO	NO	NO	37.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES	38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO	38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO	38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO	38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO	38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	YES 158054	40
40.01	NAME: COMMUNITY FOUNDATION OF NW FI/CONTRACTOR'S NAME:	FI/CONTRACTOR'S NUMBER:	40.01
40.02	STREET: 10100 DON POWERS DRIVE	P.O.BOX:	40.02
40.03	CITY: MUNSTER	STATE: IN ZIP CODE: 46321	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES	41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES	42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES	42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES	42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO	43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	YES	44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO	45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?		45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?		45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?		45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.		46

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

		PART A 1	PART B 2	OUTPATIENT ASC 3	OUTPATIENT RADIOLOGY 4	OUTPATIENT DIAGNOSTIC 5	
47	HOSPITAL	N	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	N	48
49	SKILLED NURSING FACILITY	N	N				49
50	HOME HEALTH AGENCY	N	N				50

52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?	NO	52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.	NO	52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.		53
53.01	MDH PERIOD: BEGINNING: ENDING:		53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: PAID LOSSES: AND/OR SELF INSURANCE:		54
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	YES	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 0	Y/N 1	LIMIT 2	Y/N 3	FEES 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.	YES	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)	NO	58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)	NO	59

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)	NO	60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)		60.01

MULTICAMPUS

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

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I

	COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH PATIENT HOURS 2.01	I/P DAYS / O/P VISITS / TRIPS: TITLE V 3	TITLE XVIII 4	LTCH NONCOVERED DAYS 4.01	TITLE XIX 5	OBS. BEDS ADMITTED 5.01	
1	HOSPITAL ADULTS & PEDS, EXCL SWING BED, OBSERV & HOSPICE DAYS	296	108336			45735		2318		1
2	HMO							8602		2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF									3
4	HOSPITAL ADULTS & PEDS - SWING BED NF									4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS	296	108336			45735		2318		5
6	INTENSIVE CARE UNIT	34	12444			6568		471		6
6.01	NEONATAL INTENSIVE CARE	25	9150					562		6.01
7	CORONARY CARE UNIT									7
8	BURN INTENSIVE CARE UNIT									8
9	SURGICAL INTENSIVE CARE UNIT									9
10	OTHER SPECIAL CARE (SPECIFY)									10
11	NURSERY							281		11
12	TOTAL HOSPITAL	355	129930			52303		3632		12
13	RPCH VISITS									13
14	SUBPROVIDER I	37	13542			11202		75		14
15	SKILLED NURSING FACILITY									15
16	NURSING FACILITY									16
17	OTHER LONG TERM CARE									17
18	HOME HEALTH AGENCY					28723				18
20	ASC (DISTINCT PART)									20
21	HOSPICE (DISTINCT PART)									21
23	O/P REHAB PROVIDER									23
24	RHC I									24
25	TOTAL	392								25
26	OBSERVATION BED DAYS							792	23	26
27	AMBULANCE TRIPS									27
28	EMPLOYEE DISCOUNT DAYS									28

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I
(CONTINUED)

	COMPONENT	-----I/P DAYS / O/P VISITS / TRIPS---- OBS. BEDS NOT ADMITTED 5.02	TOTAL ALL PATIENTS 6	OBS. BEDS ADMITTED 6.01	OBS. BEDS NOT ADMITTED 6.02	---INTERNS & RES FTES---- TOTAL 7	LESS I&R REPL NON-PHYS ANES 8	NET 9	--FULL TIME EQUIV-- EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		79269								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		79269								5
6	INTENSIVE CARE UNIT		10721								6
6.01	NEONATAL INTENSIVE CARE		5068								6.01
7	CORONARY CARE UNIT										7
8	BURN INTENSIVE CARE UNIT										8
9	SURGICAL INTENSIVE CARE UNIT										9
10	OTHER SPECIAL CARE (SPECIFY)										10
11	NURSERY		5396								11
12	TOTAL HOSPITAL		100454						2374.10		12
13	RPCH VISITS										13
14	SUBPROVIDER I		12551						57.90		14
15	SKILLED NURSING FACILITY										15
16	NURSING FACILITY										16
17	OTHER LONG TERM CARE										17
18	HOME HEALTH AGENCY		34214						19.90		18
20	ASC (DISTINCT PART)										20
21	HOSPICE (DISTINCT PART)										21
23	O/P REHAB PROVIDER										23
24	RHC I										24
25	TOTAL								2451.90		25
26	OBSERVATION BED DAYS	769	5626	982	4644						26
27	AMBULANCE TRIPS										27
28	EMPLOYEE DISCOUNT DAYS										28

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I
(CONTINUED)

	COMPONENT	DISCHARGES TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15	
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		9930	657	22512	1
2	HMO XIX					2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4	HOSPITAL ADULTS & PEDS - SWING BED NF					4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6	INTENSIVE CARE UNIT					6
6.01	NEONATAL INTENSIVE CARE					6.01
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		9930	657	22512	12
13	RPCH VISITS					13
14	SUBPROVIDER I		979	5	1088	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

WORKSHEET S-3
PART II

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS. OF SALARIES FROM WKST. A-6 2	ADJUSTED SALARIES (COL.1 + COL.2) 3	PAID HOURS RELATED TO SALARY IN COL.3 4	AVERAGE HOURLY WAGE (COL.3 / COL.4) 5	DATA SOURCE 6	
SALARIES							
1 TOTAL SALARIES	134703155		134703155	5028092.00	26.79		1
2 NON-PHYSICIAN ANESTHETIST PART A							2
3 NON-PHYSICIAN ANESTHETIST PART B	2030589		2030589	25102.00	80.89		3
4 PHYSICIAN - PART A							4
4.01 TEACHING PHYSICIAN SALARIES							4.01
5 PHYSICIAN - PART B	7278297		7278297	42184.00	172.54		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	391	-391					8
8.01 EXCLUDED AREA SALARIES	13358920	-160516	13198404	466921.00	28.27		8.01
OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR	982340		982340	12347.00	79.56	PER DETAIL LIST	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	577924		577924	4987.00	115.89		10
10.01 TEACHING PHYSICIAN UNDER CONTRACT							10.01
11 HOME OFFICE SALARIES & WAGE REL COSTS	9644270		9644270	257793.00	37.41		11
12 HOME OFFICE: PHYSICIAN PART A							12
12.01 TEACHING PHYSICIAN SALARIES							12.01
WAGE-RELATED COSTS							
13 WAGE RELATED COSTS (CORE)	27619684		27619684			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS	2467403		2467403			CMS 339	15
16 NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17 NON-PHYSICIAN ANESTHETIST PART B	274902		274902			CMS 339	17
18 PHYSICIAN PART A						CMS 339	18
18.01 PART A TEACHING PHYSICIANS						CMS 339	18.01
19 PHYSICIAN PART B	815633		815633			CMS 339	19
19.01 WAGE RELATED COSTS (RHC/FQHC)							19.01
20 INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
OVERHEAD COSTS - DIRECT SALARIES							
21 EMPLOYEE BENEFITS	658021	180043	838064	27746.00	30.20		21
22 ADMINISTRATIVE & GENERAL	11454474	-67709	11386765	460670.00	24.72		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23 MAINTENANCE & REPAIRS							23
24 OPERATION OF PLANT	4068221		4068221	176543.00	23.04		24
25 LAUNDRY & LINEN SERVICE							25
26 HOUSEKEEPING	3304841		3304841	234922.00	14.07		26
26.01 HOUSEKEEPING UNDER CONTRACT							26.01
27 DIETARY	3320349	-1493165	1827184	121679.00	15.02		27
27.01 DIETARY UNDER CONTRACT							27.01
28 CAFETERIA		1493165	1493165	105575.00	14.14		28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	978287		978287	24260.00	40.33		30
31 CENTRAL SERVICES AND SUPPLY		67709	67709	4992.00	13.56		31
32 PHARMACY	2877343		2877343	88408.00	32.55		32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	3276781		3276781	184170.00	17.79		33
34 SOCIAL SERVICE	572399		572399	20879.00	27.42		34
35 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PART III

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED 1	RECLASS. OF SALARIES FROM WKST. A-6 2	ADJUSTED SALARIES (COL.1 + COL.2) 3	PAID HOURS RELATED TO SALARY IN COL.3 4	AVERAGE HOURLY WAGE (COL.3 / COL.4) 5	
1 NET SALARIES	125394269		125394269	4960806.00	25.28	1
2 EXCLUDED AREA SALARIES	13359311	-160907	13198404	466921.00	28.27	2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	112034958	160907	112195865	4493885.00	24.97	3
4 SUBTOTAL OTHER WAGES & REL COSTS	11204534		11204534	275127.00	40.72	4
5 SUBTOTAL WAGE-RELATED COSTS	27619684		27619684		24.62%	5
6 TOTAL (SUM OF LINES 3 THRU 5)	150859176	160907	151020083	4769012.00	31.67	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	30510716	180043	30690759	1449844.00	21.17	13

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	22171359	17
17.01	GROSS MEDICAID REVENUES	52225397	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	74396756	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.369675	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	52225397	28
29	TOTAL GROSS MEDICAID COST	19306424	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	22171359	30
31	UNCOMPENSATED CARE COST	8196197	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	19306424	32

PROVIDER NO. 15-0125 COMMUNITY HOSPITAL
PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
12/01/2008 10:13

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		8888648	8888648	305971	9194619	45470	9240089	3
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		9150127	9150127	728441	9878568	2283797	12162365	4
5	0500	EMPLOYEE BENEFITS	658021	32012012	32670033	249207	32919240	527375	33446615	5
6	0600	ADMINISTRATIVE & GENERAL	11454474	33321971	44776445	-1557824	43218621	-8669276	34549345	6
7	0700	MAINTENANCE & REPAIRS								7
8	0800	OPERATION OF PLANT	4068221	7642556	11710777	430867	12141644	8019	12149663	8
9	0900	LAUNDRY & LINEN SERVICE		1231949	1231949		1231949		1231949	9
10	1000	HOUSEKEEPING	3304841	986762	4291603	-2642	4288961	2205	4291166	10
11	1100	DIETARY	3320349	2284489	5604838	-2617399	2987439	-11508	2975931	11
12	1200	CAFETERIA				2562281	2562281	-1562073	1000208	12
13	1300	MAINTENANCE OF PERSONNEL								13
14	1400	NURSING ADMINISTRATION	978287	101405	1079692	-1346	1078346		1078346	14
15	1500	CENTRAL SERVICES & SUPPLY		1135094	1135094	67709	1202803		1202803	15
16	1600	PHARMACY	2877343	11880348	14757691	-839	14756852		14756852	16
17	1700	MEDICAL RECORDS & LIBRARY	3276781	572937	3849718	-561	3849157	-5084	3844073	17
18	1800	SOCIAL SERVICE	572399	31668	604067		604067		604067	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	23912521	2983558	26896079	-123143	26772936	-45603	26727333	25
26	2600	INTENSIVE CARE UNIT	7345901	684581	8030482	39872	8070354	-3420	8066934	26
26.01	2060	NEONATAL INTENSIVE CARE	2413660	236834	2650494	12302	2662796	-27608	2635188	26.01
31	3100	SUBPROVIDER I	2693767	1385842	4079609	19527	4099136		4099136	31
33	3300	NURSERY	1706962	263330	1970292	9678	1979970	-7059	1972911	33
34	3400	SKILLED NURSING FACILITY	391		391	-391				34
		ANCILLARY SERVICE COST CENTERS								
37	3700	OPERATING ROOM	21449925	27265357	48715282	-18779496	29935786	-10485370	19450416	37
39	3900	DELIVERY ROOM & LABOR ROOM	1608445	242724	1851169	9201	1860370		1860370	39
41	4100	RADIOLOGY-DIAGNOSTIC	6900323	4733810	11634133	-81999	11552134	-117005	11435129	41
44	4400	LABORATORY	4736602	4505245	9241847	-1652	9240195	-7384	9232811	44
46	4600	WHOLE BLOOD & PACKED RED BLOOD	375032	2746141	3121173		3121173		3121173	46
46.30	4650	BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	4900	RESPIRATORY THERAPY	2769353	462582	3231935		3231935	-1316	3230619	49
50	5000	PHYSICAL THERAPY	3755073	3076057	6831130	-3848	6827282	-212816	6614466	50
51	5100	OCCUPATIONAL THERAPY								51
52	5200	SPEECH PATHOLOGY								52
54	5400	ELECTROENCEPHALOGRAPHY	505970	128516	634486		634486	-13480	621006	54
55	5500	MEDICAL SUPPLIES CHARGED TO PAT				33695444	33695444		33695444	55
56	5600	DRUGS CHARGED TO PATIENTS								56
59	3140	CARDIOLOGY	6945130	17569580	24514710	-14938398	9576312	-692021	8884291	59
		OUTPATIENT SERVICE COST CENTERS								
60	6000	CLINIC	1622811	361768	1984579	-2112	1982467	3160	1985627	60
61	6100	EMERGENCY	4785420	1577630	6363050	31999	6395049	-415124	5979925	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	1328930	944638	2273568	-11348	2262220		2262220	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
95		SUBTOTALS	125366932	178408159	303775091	39501	303814592	-19406121	284408471	95
		NONREIMBURSABLE COST CENTERS								
96	9600	GIFT, FLOWER, COFFEE SHOP & CAN								96
97	9700	RESEARCH	238126	93347	331473		331473		331473	97
98	9800	PHYSICIANS' PRIVATE OFFICES	6823519	2667799	9491318	-32816	9458502	-29638	9428864	98
100	7950	ADVERTISING				464336	464336		464336	100
100.01	7951	FITNESS POINTE	1698309	1196308	2894617	-538571	2356046		2356046	100.01
100.02	7952	FITNESS POINTE SPA/PRO SHOP/DIE	247337	70452	317789		317789		317789	100.02
100.03	7953	RETAIL PHARMACY	328932	2741255	3070187		3070187	44922	3115109	100.03
100.04	7954	HOSPICE								100.04
100.05	7955	RUSH RESIDENTS				67550	67550		67550	100.05
101		TOTAL	134703155	185177320	319880475		319880475	-19390837	300489638	101

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	OPERATING RM SUPPLIES	A	MEDICAL SUPPLIES CHARGED TO P	55		33695444	1
2		A					2
3	NURSING FLOAT SALARIES	B	INTENSIVE CARE UNIT	26	39872		3
4		B	NURSERY	33	9678		4
5		B	NEONATAL INTENSIVE CARE	26.01	12302		5
6		B	DELIVERY ROOM & LABOR ROOM	39	9201		6
7		B	EMERGENCY	61	32954		7
8		B	SUBPROVIDER I	31	19527		8
9							9
10	STOREROOM SALARY RECLASS	C	CENTRAL SERVICES & SUPPLY	15	67709		10
11	CAFETERIA EXPENSE	D	CAFETERIA	12	1493165	1069116	11
12	INTEREST EXPENSE	E					12
13		E					13
14		E	NEW CAP REL COSTS-MVBLE EQUIP	4		722334	14
15	BUILDING INSURANCE	F	NEW CAP REL COSTS-BLDG & FIXT	3		305971	15
16		F	NEW CAP REL COSTS-MVBLE EQUIP	4		6107	16
17	UTILITY RECLASS	G	OPERATION OF PLANT	8		430867	17
18		G					18
19		G					19
20		G					20
21		G					21
22		G					22
23		G					23
24	ADVERTISING NON-REIMBURSEABLE	H	ADVERTISING	100		464336	24
25		H					25
26		H					26
27		H					27
28		H					28
29		H					29
30		H					30
31		H					31
32		H					32
33		H					33
34		H					34
35		H					35
36	SUBTOTAL				1684408	36694175	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
		1	6	7	8	9	10
1	OPERATING RM SUPPLIES	A	OPERATING ROOM	37		18779483	1
2		A	CARDIOLOGY	59		14915961	2
3	NURSING FLOAT SALARIES	B	ADULTS & PEDIATRICS	25	123534		3
4		B					4
5		B					5
6		B					6
7		B					7
8		B					8
9							9
10	STOREROOM SALARY RECLASS	C	ADMINISTRATIVE & GENERAL	6	67709		10
11	CAFETERIA EXPENSE	D	DIETARY	11	1493165	1069116	11
12	INTEREST EXPENSE	E	ADMINISTRATIVE & GENERAL	6		633310	11 12
13		E	CARDIOLOGY	59		8589	13
14		E	RADIOLOGY-DIAGNOSTIC	41		80435	11 14
15	BUILDING INSURANCE	F	ADMINISTRATIVE & GENERAL	6		312078	12 15
16		F					12 16
17	UTILITY RECLASS	G	HOME HEALTH AGENCY	71		8455	17
18		G	ADMINISTRATIVE & GENERAL	6		103142	18
19		G	FITNESS POINTE	100.01		283471	19
20		G	PHYSICIANS' PRIVATE OFFICES	98		32816	20
21		G	HOUSEKEEPING	10		1426	21
22		G	LABORATORY	44		1535	22
23		G	PHYSICAL THERAPY	50		22	23
24	ADVERTISING NON-REIMBURSEABLE	H	EMPLOYEE BENEFITS	5		5893	24
25		H	HOME HEALTH AGENCY	71		2893	25
26		H	NURSING ADMINISTRATION	14		1346	26
27		H	ADMINISTRATIVE & GENERAL	6		374035	27
28		H	MEDICAL RECORDS & LIBRARY	17		561	28
29		H	PHYSICAL THERAPY	50		3826	29
30		H	CLINIC	60		2112	30
31		H	EMERGENCY	61		955	31
32		H	RADIOLOGY-DIAGNOSTIC	41		1564	32
33		H	DIETARY	11		55118	33
34		H	OPERATING ROOM	37		13	34
35		H	LABORATORY	44		117	35
36	SUBTOTAL				1684408	36678272	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1		H					1
2		H					2
3		H					3
4	FITNESS POINTE EMPLOYEE BENEFITS	I	EMPLOYEE BENEFITS	5	180043	75057	4
5	RECLASS RESIDENTS COST	K	RUSH RESIDENTS	100.05		67550	5
6	RECLASS TCU EXPENSES	M	ADULTS & PEDIATRICS	25	391		6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36	TOTAL RECLASSIFICATIONS				1864842	36836782	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
		1	6	7	8	9	10
1		H	HOUSEKEEPING	10		1216	1
2		H	PHARMACY	16		839	2
3		H	CARDIOLOGY	59		13848	3
4	FITNESS POINTE EMPLOYEE BENEFITS	I	FITNESS POINTE	100.01	180043	75057	4
5	RECLASS RESIDENTS COST	K	ADMINISTRATIVE & GENERAL	6		67550	5
6	RECLASS TCU EXPENSES	M	SKILLED NURSING FACILITY	34	391		6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36	TOTAL RECLASSIFICATIONS				1864842	36836782	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 PURCHASE 2	ACQUISITIONS DONATION 3	ACQUISITIONS TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
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 PURCHASE 2	ACQUISITIONS DONATION 3	ACQUISITIONS TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
1	LAND	1940035					1940035		1
2	LAND IMPROVEMENTS	5369674	70145		70145		5439819		2
3	BUILDINGS AND FIXTURES	205221128	2348295		2348295		207569423		3
4	BUILDING IMPROVEMENTS	5078715	4687128		4687128		9765843		4
5	FIXED EQUIPMENT	4787669	444254		444254		5231923		5
6	MOVABLE EQUIPMENT	107058600	6158200		6158200	5272370	107944430		6
7	SUBTOTAL	329455821	13708022		13708022	5272370	337891473		7
8	RECONCILING ITEMS								8
9	TOTAL	329455821	13708022		13708022	5272370	337891473		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
PARTS III & IV

	DESCRIPTION	COMPUTATION OF RATIOS: GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	ALLOCATION OF OTHER CAPITAL: INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL	
		1	2	3	4	5	6	7	8	
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	229947043		229947043	.680535					3
4	NEW CAP REL COSTS-MVBLE EQUIP	107944430		107944430	.319465					4
5	TOTAL	337891473		337891473	1.000000					5

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL: DEPREC-IATION	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	8934118			305971			9240089	3
4	NEW CAP REL COSTS-MVBLE EQUIP	12156258			6107			12162365	4
5	TOTAL	21090376			312078			21402454	5

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

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL: DEPREC-IATION	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	8888648						8888648	3
4	NEW CAP REL COSTS-MVBLE EQUIP	9150127						9150127	4
5	TOTAL	18038775						18038775	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 COST CENTER 3	LINE NO. 4	WKST A-7 REF 5	
1	INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1		1
2	INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2		2
3	INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3		3
4	INVESTMENT INCOME-NEW MOVABLE EQUIPMENT	B	-722334	NEW CAP REL COSTS-MVBLE EQUIP	4	11	4
5	INVESTMENT INCOME-OTHER						5
6	TRADE, QUANTITY, AND TIME DISCOUNTS	B	-511	ADMINISTRATIVE & GENERAL	6		6
7	REFUNDS AND REBATES OF EXPENSES						7
8	RENTAL OF PROVIDER SPACE BY SUPPLIERS						8
9	TELEPHONE SERVICES (PAY STATIONS EXCL)						9
10	TELEVISION AND RADIO SERVICE						10
11	PARKING LOT						11
12	PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-11970159				12
13	SALE OF SCRAP, WASTE, ETC.						13
14	RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1	-3741309				14
15	LAUNDRY AND LINEN SERVICE						15
16	CAFETERIA - EMPLOYEES AND GUESTS						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	-5084	MEDICAL RECORDS & LIBRARY	17		20
21	NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)						21
22	VENDING MACHINES						22
23	INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES						23
24	INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT						24
25	ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		RESPIRATORY THERAPY	49		25
26	ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		PHYSICAL THERAPY	50		26
27	ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST A-8-3		HOME HEALTH AGENCY	71		27
28	UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89		28
29	DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1		29
30	DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2		30
31	DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3		31
32	DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4		32
33	NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20		33
34	PHYSICIANS' ASSISTANT						34
35	ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4		OCCUPATIONAL THERAPY	51		35
36	ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4		SPEECH PATHOLOGY	52		36
37	PHYSICIAN RENTAL-NEONATOLOGY	B	-21960	NEONATAL INTENSIVE CARE	26.01		37
38	BABY PHOTO INCOME	B	-7059	NURSERY	33		38
39	A&G OTHER INCOME	B	-540301	ADMINISTRATIVE & GENERAL	6		39
39.01	OFFSET OTHER OP REV ANEST	B	-3	OPERATING ROOM	37		39.01
40	FITNESS POINTE RENTAL-CARDIAC R	B	-134784	CARDIOLOGY	59		40
41	FITNESS POINTE RENTAL-PHYSICAL	B	-264324	PHYSICAL THERAPY	50		41
42	PHYSICIAN RENTAL/X RAY SALES-RA	B	15310	RADIOLOGY-DIAGNOSTIC	41		42
43	VARIOUS OTHER REV OFFSET	B	-49434	CARDIOLOGY	59		43
44	PHYSICIAN RENTAL-LAB	B	-490	LABORATORY	44		44
45	HOSPICE/OTHER RENTAL	B	-75277	ADMINISTRATIVE & GENERAL	6		45
46	VARIOUS EH&W OFFSETS	B	-2486	EMPLOYEE BENEFITS	5		46
47	COPY FEE REV-DIETARY	B	-47	DIETARY	11		47
47.01	OTHER OP REV-DIABETES CLINIC	B	-1116	CLINIC	60		47.01
47.02	OFFSET RELEASED TEMP REST FUNDS	B	-3420	INTENSIVE CARE UNIT	26		47.02
47.03	OFFSET RELEASED TEMP REST FUNDS	B	-24793	ADULTS & PEDIATRICS	25		47.03
47.04	OFFSET RELEASED TEMP REST FUNDS	B	-155758	CARDIOLOGY	59		47.04
47.05	OFFSET RELEASED TEMP REST FUNDS	B	-224	CLINIC	60		47.05
47.06	OFFSET RELEASED TEMP REST FUNDS	B	-453	ADMINISTRATIVE & GENERAL	6		47.06
47.07	OFFSET RELEASED TEMP REST FUNDS	B	-2198	OPERATION OF PLANT	8		47.07
47.08	OFFSET MISC ER PHYS COSTS	A	-25627	EMERGENCY	61		47.08
48	OFFSET BIORTERRORISM GRANT	B	-38194	ADMINISTRATIVE & GENERAL	6		48
49	MEDICAL RESTRICTED	A	-78960	ADMINISTRATIVE & GENERAL	6		49
49.01	EMPLOYEE CAFETERIA REVENUE	B	-1064005	CAFETERIA	12		49.01
49.02	COST OF NON-EMPLOYEE MEALS	A	-498068	CAFETERIA	12		49.02
49.03	GUEST TRAYS/CANDLELIGHT DINNERS	A	-1843	DIETARY	11		49.03
49.04	TELEPHONE SERVICE	A	-94723	ADMINISTRATIVE & GENERAL	6		49.04
49.05	TELEPHONE SERVICE	A	-6321	NEW CAP REL COSTS-BLDG & FIXT	3	9	49.05
49.06	TELEPHONE SERVICE	A	-8646	NEW CAP REL COSTS-MVBLE EQUIP	4	9	49.06
49.07	TELEPHONE SERVICE	A	-16448	EMPLOYEE BENEFITS	5		49.07
49.08	TELEVISION SERVICE	A	-8943	OPERATION OF PLANT	8		49.08

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 COST CENTER 3	LINE NO. 4	WKST A-7 REF 5	
49.09	TELEVISION SERVICE	A	-2371	NEW CAP REL COSTS-MVBLE EQUIP	4	9	49.09
49.10	PENSION CONTRIBTN EXCESS OF EXP	A	779429	EMPLOYEE BENEFITS	5		49.10
49.11	SERVICE CHGS ON CHECKING	A	-57964	ADMINISTRATIVE & GENERAL	6		49.11
49.12	SERVICE CHGS ON CHECKING	A	-7403	OPERATING ROOM	37		49.12
49.17	FITNESS POINTE EMPLOYEE REV	B	-233120	EMPLOYEE BENEFITS	5		49.17
49.18	MOB-DEPRECIATION	A	-257734	NEW CAP REL COSTS-BLDG & FIXT	3	9	49.18
49.19	CAPITALIZED INTEREST	A	-1589	NEW CAP REL COSTS-BLDG & FIXT	3	9	49.19
49.20	1992 MME DEPRECIATION	A	1183	NEW CAP REL COSTS-MVBLE EQUIP	4	9	49.20
49.21	PARETN ASSET DEP AJE	A	-2703	NEW CAP REL COSTS-BLDG & FIXT	3	9	49.21
49.22	PARENT ASSET DEP AJE	A	-2547	NEW CAP REL COSTS-MVBLE EQUIP	4	9	49.22
49.23	1996 TRADE-IN DEPRECIATION	A	-99	NEW CAP REL COSTS-MVBLE EQUIP	4	9	49.23
49.24	1997 TRADE-IN DEPRECIATION	A	377	NEW CAP REL COSTS-MVBLE EQUIP	4	9	49.24
49.25	1998 TRADE-IN DEPRECIATION	A	-218	NEW CAP REL COSTS-MVBLE EQUIP	4	9	49.25
49.26	1999 TRADE-IN DEPRECIATION	A	-4754	NEW CAP REL COSTS-MVBLE EQUIP	4	9	49.26
49.28	1996 ASSET LIFE ADJUSTMENT	A	6312	NEW CAP REL COSTS-BLDG & FIXT	3	9	49.28
49.33	NON-PT CARE RELATED EXPENSES	A	-46996	ADMINISTRATIVE & GENERAL	6		49.33
49.36	PT CLASSES	B	-1030	PHYSICAL THERAPY	50		49.36
49.37	OTHER DIETARY INCOME	B	-9618	DIETARY	11		49.37
50	TOTAL		-19390837				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	37	OPERATING ROOM	MOB LEASE EXP		273564	-273564		1
2	59	CARDIOLOGY	MOB LEASE EXP		167364	-167364		2
3	54	ELECTROENCEPHALOGRAPHY	MOB LEASE EXP		70008	-70008		3
4	60	CLINIC	MOB LEASE EXP		52167	-52167		4
4.01	6	ADMINISTRATIVE & GENERAL	MOB LEASE EXP		986269	-986269		4.01
4.02	98	PHYSICIANS' PRIVATE OFFICES	MOB LEASE EXP		103258	-103258		4.02
4.03	6	ADMINISTRATIVE & GENERAL	MOB DEPRECIATION	99490		99490		4.03
4.04	8	OPERATION OF PLANT	MOB DEPRECIATION	21359		21359		4.04
4.05	37	OPERATING ROOM	MOB DEPRECIATION	492747		492747		4.05
4.06	50	PHYSICAL THERAPY	MOB DEPRECIATION	33738		33738		4.06
4.07	54	ELECTROENCEPHALOGRAPHY	MOB DEPRECIATION	38943		38943		4.07
4.08	59	CARDIOLOGY	MOB DEPRECIATION	182647		182647		4.08
4.09	60	CLINIC	MOB DEPRECIATION	47354		47354		4.09
4.10	10	HOUSEKEEPING	MOB DEPRECIATION	1415		1415		4.10
4.11	44	LABORATORY	MOB DEPRECIATION	2961		2961		4.11
4.12	98	PHYSICIANS' PRIVATE OFFICES	MOB DEPRECIATION	47240		47240		4.12
4.13	100.03	RETAIL PHARMACY	MOB DEPRECIATION	28825		28825		4.13
4.15	8	OPERATION OF PLANT	MOB A&G EXP	11927		11927		4.15
4.16	10	HOUSEKEEPING	MOB A&G EXP	790		790		4.16
4.17	37	OPERATING ROOM	MOB A&G EXP	275164		275164		4.17
4.18	50	PHYSICAL THERAPY	MOB A&G EXP	18840		18840		4.18
4.19	44	LABORATORY	MOB A&G EXP	1653		1653		4.19
4.20	54	ELECTROENCEPHALOGRAPHY	MOB A&G EXP	21747		21747		4.20
4.21	59	CARDIOLOGY	MOB A&G EXP	101995		101995		4.21
4.22	60	CLINIC	MOB A&G EXP	26444		26444		4.22
4.23	98	PHYSICIANS' PRIVATE OFFICES	MOB A&G EXP	26380		26380		4.23
4.24	100.03	RETAIL PHARMACY	MOB A&G EXP	16097		16097		4.24
4.25	6	ADMINISTRATIVE & GENERAL	MOB A&G EXP	55558		55558		4.25
4.27	6	ADMINISTRATIVE & GENERAL	CDC DEPRECIATION	46603		46603		4.27
4.28	8	OPERATION OF PLANT	CDC DEPRECIATION	15743		15743		4.28
4.29	41	RADIOLOGY-DIAGNOSTIC	CDC DEPRECIATION	78609		78609		4.29
4.30	59	CARDIOLOGY	CDC DEPRECIATION	2311		2311		4.30
4.31	60	CLINIC	CDC DEPRECIATION	11974		11974		4.31
4.32	44	LABORATORY	CDC DEPRECIATION	7330		7330		4.32
4.33	6	ADMINISTRATIVE & GENERAL	CDC LEASE EXPENSE		9274	-9274		4.33
4.34	3	NEW CAP REL COSTS-BLDG & FIXT	HOME OFFICE EQ DEPR	307505		307505	9	4.34
4.35	6	ADMINISTRATIVE & GENERAL	HOME OFFICE A&G EXP	14916146	19072462	-4156316		4.35
4.36	4	NEW CAP REL COSTS-MVBLE EQUIP	HOME OFFICE DEPR	3023206		3023206	9	4.36
4.37	6	ADMINISTRATIVE & GENERAL	OUTSIDE SERVICES		2730118	-2730118		4.37
4.44	8	OPERATION OF PLANT	CDC LEASE EXPENSE		29869	-29869		4.44
4.45	41	RADIOLOGY-DIAGNOSTIC	CDC LEASE EXPENSE		172796	-172796		4.45
4.46	44	LABORATORY	CDC LEASE EXPENSE		13717	-13717		4.46
4.47	60	CLINIC	CDC LEASE EXPENSE		23184	-23184		4.47
5		TOTALS		19962741	23704050	-3741309		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	PERCENT OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE: NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
	1	2	3	4	5	6	
1	B		100.00	CFNI		PARENT	1
2	C		40.00	CARDIOLOGY CENTER		CARDIOLOGY CENTER	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 LINE NO. 1	COST CENTER/ PHYSICIAN IDENTIFIER 2		TOTAL REMUNERATION INCL FRINGES 3	PROFESSIONAL COMPONENT 4	PROVIDER COMPONENT 5	RCE AMOUNT 6	PHYSICIAN/ PROVIDER COMPONENT HOURS 7	UNADJUSTED RCE LIMIT 8	PERCENT OF UNADJUSTED RCE LIMIT 9
1	6	ADMINISTRATIVE & GENERAL	AGGREGATE	181996	20750	161246	148400	1772	126425	6321
2	26.01	NEONATAL INTENSIVE CARE	AGGREGATE	14209	900	13309	148400	120	8561	428
3	41	RADIOLOGY-DIAGNOSTIC	AGGREGATE	61601		61601	148400	329	23473	1174
4	37	OPERATING ROOM	AGGREGATE	10972311	10972311					
5	44	LABORATORY	AGGREGATE	9616		9616	148400	63	4495	225
6	49	RESPIRATORY THERAPY	AGGREGATE	27500		27500	148400	367	26184	1309
7	50	PHYSICAL THERAPY	AGGREGATE	40	40					
8	54	ELECTROENCEPHALOGRAPHY	AGGREGATE	16862		16862	148400	178	12700	635
9	59	CARDIOLOGY	AGGREGATE	548973	387028	161945	148400	1084	77339	3867
10	60	CLINIC	AGGREGATE	20333		20333	148400	202	14412	721
11	61	EMERGENCY	AGGREGATE	451711	346199	105512	148400	872	62214	3111
12	41	RADIOLOGY-DIAGNOSTIC	AGGREGATE							
13	25	ADULTS & PEDIATRICS	AGGREGATE	20810	20810					
101		TOTAL		12325962	11748038	577924		4987	355803	17791

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

	WKST A LINE NO. 10	COST CENTER/ PHYSICIAN IDENTIFIER 11		COST OF MEMBERSHIP & CONTIN. EDUCATION 12	PROVIDER COMPONENT SHARE OF COLUMN 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COLUMN 14 15	ADJUSTED RCE LIMIT 16	RCE DIS-ALLOWANCE 17	ADJUST-MENT 18
1	6	ADMINISTRATIVE & GENERAL	AGGREGATE					126425	34821	55571
2	26.01	NEONATAL INTENSIVE CARE	AGGREGATE					8561	4748	5648
3	41	RADIOLOGY-DIAGNOSTIC	AGGREGATE					23473	38128	38128
4	37	OPERATING ROOM	AGGREGATE							10972311
5	44	LABORATORY	AGGREGATE					4495	5121	5121
6	49	RESPIRATORY THERAPY	AGGREGATE					26184	1316	1316
7	50	PHYSICAL THERAPY	AGGREGATE							40
8	54	ELECTROENCEPHALOGRAPHY	AGGREGATE					12700	4162	4162
9	59	CARDIOLOGY	AGGREGATE					77339	84606	471634
10	60	CLINIC	AGGREGATE					14412	5921	5921
11	61	EMERGENCY	AGGREGATE					62214	43298	389497
12	41	RADIOLOGY-DIAGNOSTIC	AGGREGATE							20810
13	25	ADULTS & PEDIATRICS	AGGREGATE							
101		TOTAL						355803	222121	11970159

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	LAUNDRY + LINEN SERVICE 9	
	GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT	9240089	9240089							3
4	NEW CAP REL COSTS-MVBLE EQUIP	12162365		12162365						4
5	EMPLOYEE BENEFITS	33446615	96637	19674	33562926					5
6	ADMINISTRATIVE & GENERAL	34549345	2690368	601715	2854912	40696340	40696340			6
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT	12149663	949813	297869	1019993	14417338	2258462	16675800		8
9	LAUNDRY & LINEN SERVICE	1231949	22121			1254070	196449	67031	1517550	9
10	HOUSEKEEPING	4291166	37534	9850	828596	5167146	809428	113733	3897	10
11	DIETARY	2975931	117548	117924	458115	3669518	574826	356189	1501	11
12	CAFETERIA	1000208	115767	27934	374369	1518278	237837	350792		12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION	1078346	21492	37559	245278	1382675	216595	65124		14
15	CENTRAL SERVICES & SUPPLY	1202803			16976	1219779	191077			15
16	PHARMACY	14756852	44891	77308	721413	15600464	2443797	136028		16
17	MEDICAL RECORDS & LIBRARY	3844073	81970	50451	821561	4798055	751611	248382		17
18	SOCIAL SERVICE	604067	23486	6102	143513	777168	121743	71167		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	26727333	1175325	349927	5964527	34217112	5360055	3561425	596353	25
26	INTENSIVE CARE UNIT	8066934	208637	211346	1851776	10338693	1619546	632205	122837	26
26.01	NEONATAL INTENSIVE CARE	2635188	50206	90144	608242	3383780	530066	152133	23281	26.01
31	SUBPROVIDER I	4099136	193235	18844	680282	4991497	781913	585533	77506	31
33	NURSERY	1972911	20621	1962	430399	2425893	380014	62484	25105	33
34	SKILLED NURSING FACILITY									34
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	19450416	657357	2202229	5377968	27687970	4337293	1991896	208818	37
39	DELIVERY ROOM & LABOR ROOM	1860370	122514	90840	405579	2479303	388380	371238	41378	39
41	RADIOLOGY-DIAGNOSTIC	11435129	474190	5015164	1730063	18654546	2922216	1436873	100226	41
44	LABORATORY	9232811	190911	224170	1187570	10835462	1697364	578492	1516	44
46	WHOLE BLOOD & PACKED RED BLOOD	3121173	10688	26756	94029	3252646	509524	32386		46
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
49	RESPIRATORY THERAPY	3230619	45646	140335	694338	4110938	643974	138316	1900	49
50	PHYSICAL THERAPY	6614466	329003	70299	941479	7955247	1246181	996931	25290	50
51	OCCUPATIONAL THERAPY									51
52	SPEECH PATHOLOGY									52
54	ELECTROENCEPHALOGRAPHY	621006	44417	85230	126858	877511	137461	134590	5722	54
55	MEDICAL SUPPLIES CHARGED TO PAT	33695444				33695444	5278358			55
56	DRUGS CHARGED TO PATIENTS									56
59	CARDIOLOGY	8884291	391794	2084620	1741297	13102002	2052416	1187200	68857	59
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	1985627	67410	49386	406874	2509297	393079	204262	6177	60
61	EMERGENCY	5979925	135555	87573	1208072	7411125	1160945	410753	122236	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	2262220	40661	16480	333192	2652553	415520	123208		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	284408471	8359797	12011691	31267271	281081850	37656130	14008371	1432600	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN		22741			22741	3562	68909		96
97	RESEARCH	331473	2440	464	59703	394080	61732	7392		97
98	PHYSICIANS' PRIVATE OFFICES	9428864	328034	38063	1710806	11505767	1802367	993997	357	98
100	ADVERTISING	464336		1284		465620	72939			100
100.01	FITNESS POINTE	2356046	398319	102158	380663	3237186	507102	1206972	84593	100.01
100.02	FITNESS POINTE SPA/PRO SHOP/DIE	317789	68174	3934	62013	451910	70791	206579		100.02
100.03	RETAIL PHARMACY	3115109	14299	4771	82470	3216649	503885	43328		100.03
100.04	HOSPICE		46285			46285	7250	140252		100.04
100.05	RUSH RESIDENTS	67550				67550	10582			100.05
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	300489638	9240089	12162365	33562926	300489638	40696340	16675800	1517550	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	
	GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6	ADMINISTRATIVE & GENERAL									6
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT									8
9	LAUNDRY & LINEN SERVICE									9
10	HOUSEKEEPING	6094204								10
11	DIETARY	274413	4876447							11
12	CAFETERIA	82364		2189271						12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION	7147		15339	1686880					14
15	CENTRAL SERVICES & SUPPLY			3094		1413950				15
16	PHARMACY	25866		55686			18261841			16
17	MEDICAL RECORDS & LIBRARY	26887		115109				5940044		17
18	SOCIAL SERVICE	3999		12890					986967	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	1867182	3767745	604566	947162			2364137	810920	25
26	INTENSIVE CARE UNIT	363617	430366	152388	238750			386103	105152	26
26.01	NEONATAL INTENSIVE CARE	42467		47023	73666			71281	26402	26.01
31	SUBPROVIDER I	201051	600043	74634	116927			201961		31
33	NURSERY	28700		36995	57953			77221	11430	33
34	SKILLED NURSING FACILITY									34
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	1127907		319806				1330570	914	37
39	DELIVERY ROOM & LABOR ROOM	254979	78293	35164	55096				4800	39
41	RADIOLOGY-DIAGNOSTIC	240199		127742				231662		41
44	LABORATORY	87486		119492				433623		44
46	WHOLE BLOOD & PACKED RED BLOOD			7992				11880		46
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
49	RESPIRATORY THERAPY	15018		59037				89101		49
50	PHYSICAL THERAPY	92234		52979				47520		50
51	OCCUPATIONAL THERAPY									51
52	SPEECH PATHOLOGY									52
54	ELECTROENCEPHALOGRAPHY	18847		12503				5940		54
55	MEDICAL SUPPLIES CHARGED TO PAT					1413950				55
56	DRUGS CHARGED TO PATIENTS						18261841			56
59	CARDIOLOGY	263181		146690				118801	1143	59
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	38068		17660						60
61	EMERGENCY	384378		125950	197326			570244	26206	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	10210		25651						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	5456200	4876447	2168390	1686880	1413950	18261841	5940044	986967	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN									96
97	RESEARCH	1276		4769						97
98	PHYSICIANS' PRIVATE OFFICES	227113		8765						98
100	ADVERTISING									100
100.01	FITNESS POINTE	392257								100.01
100.02	FITNESS POINTE SPA/PRO SHOP/DIE	17358								100.02
100.03	RETAIL PHARMACY			7347						100.03
100.04	HOSPICE									100.04
100.05	RUSH RESIDENTS									100.05
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	6094204	4876447	2189271	1686880	1413950	18261841	5940044	986967	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		25	26	27	
	GENERAL SERVICE COST CENTERS				
1	OLD CAP REL COSTS-BLDG & FIXT				1
2	OLD CAP REL COSTS-MVBLE EQUIP				2
3	NEW CAP REL COSTS-BLDG & FIXT				3
4	NEW CAP REL COSTS-MVBLE EQUIP				4
5	EMPLOYEE BENEFITS				5
6	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	54096657		54096657	25
26	INTENSIVE CARE UNIT	14389657		14389657	26
26.01	NEONATAL INTENSIVE CARE	4350099		4350099	26.01
31	SUBPROVIDER I	7631065		7631065	31
33	NURSERY	3105795		3105795	33
34	SKILLED NURSING FACILITY				34
	ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	37005174		37005174	37
39	DELIVERY ROOM & LABOR ROOM	3708631		3708631	39
41	RADIOLOGY-DIAGNOSTIC	23713464		23713464	41
44	LABORATORY	13753435		13753435	44
46	WHOLE BLOOD & PACKED RED BLOOD	3814428		3814428	46
46.30	BLOOD CLOTTING FACTORS ADMIN CO				46.30
49	RESPIRATORY THERAPY	5058284		5058284	49
50	PHYSICAL THERAPY	10416382		10416382	50
51	OCCUPATIONAL THERAPY				51
52	SPEECH PATHOLOGY				52
54	ELECTROENCEPHALOGRAPHY	1192574		1192574	54
55	MEDICAL SUPPLIES CHARGED TO PAT	40387752		40387752	55
56	DRUGS CHARGED TO PATIENTS	18261841		18261841	56
59	CARDIOLOGY	16940290		16940290	59
	OUTPATIENT SERVICE COST CENTERS				
60	CLINIC	3168543		3168543	60
61	EMERGENCY	10409163		10409163	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	3227142		3227142	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	274630376		274630376	95
	NONREIMBURSABLE COST CENTERS				
96	GIFT, FLOWER, COFFEE SHOP & CAN	95212		95212	96
97	RESEARCH	469249		469249	97
98	PHYSICIANS' PRIVATE OFFICES	14538366		14538366	98
100	ADVERTISING	538559		538559	100
100.01	FITNESS POINTE	5428110		5428110	100.01
100.02	FITNESS POINTE SPA/PRO SHOP/DIE	746638		746638	100.02
100.03	RETAIL PHARMACY	3771209		3771209	100.03
100.04	HOSPICE	193787		193787	100.04
100.05	RUSH RESIDENTS	78132		78132	100.05
101	CROSS FOOT ADJUSTMENTS				101
102	NEGATIVE COST CENTER				102
103	TOTAL	300489638		300489638	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES NEW- SQ FT 3	NEW CAP MOVABLE EQUIPMENT NEW- $ VALUE 4	EMPLOYEE BENEFITS GROSS SALARIES 5	RECON-CILIATION 6A	ADMINIS-TRATIVE & GENERAL ACCUM COST 6	OPERATION OF PLANT SQUARE FEET 8	LAUNDRY + LINEN SERVICE POUNDS 9	
	GENERAL SERVICE COST CENTERS								
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT	954446							3
4	NEW CAP REL COSTS-MVBLE EQUIP		9067644						4
5	EMPLOYEE BENEFITS	9982	14668	133865091					5
6	ADMINISTRATIVE & GENERAL	277899	448608	11386765	-40696340	259793298			6
7	MAINTENANCE & REPAIRS								7
8	OPERATION OF PLANT	98110	222076	4068221		14417338	568455		8
9	LAUNDRY & LINEN SERVICE	2285				1254070	2285	403424	9
10	HOUSEKEEPING	3877	7344	3304841		5167146	3877	1036	10
11	DIETARY	12142	87918	1827184		3669518	12142	399	11
12	CAFETERIA	11958	20826	1493165		1518278	11958		12
13	MAINTENANCE OF PERSONNEL								13
14	NURSING ADMINISTRATION	2220	28002	978287		1382675	2220		14
15	CENTRAL SERVICES & SUPPLY			67709		1219779			15
16	PHARMACY	4637	57637	2877343		15600464	4637		16
17	MEDICAL RECORDS & LIBRARY	8467	37614	3276781		4798055	8467		17
18	SOCIAL SERVICE	2426	4549	572399		777168	2426		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	121404	260888	23789378		34217112	121404	158534	25
26	INTENSIVE CARE UNIT	21551	157569	7385773		10338693	21551	32655	26
26.01	NEONATAL INTENSIVE CARE	5186	67207	2425962		3383780	5186	6189	26.01
31	SUBPROVIDER I	19960	14049	2713294		4991497	19960	20604	31
33	NURSERY	2130	1463	1716640		2425893	2130	6674	33
34	SKILLED NURSING FACILITY								34
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	67901	1641870	21449925		27687970	67901	55512	37
39	DELIVERY ROOM & LABOR ROOM	12655	67726	1617646		2479303	12655	11000	39
41	RADIOLOGY-DIAGNOSTIC	48981	3739052	6900323		18654546	48981	26644	41
44	LABORATORY	19720	167130	4736602		10835462	19720	403	44
46	WHOLE BLOOD & PACKED RED BLOO	1104	19948	375032		3252646	1104		46
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
49	RESPIRATORY THERAPY	4715	104627	2769353		4110938	4715	505	49
50	PHYSICAL THERAPY	33984	52411	3755073		7955247	33984	6723	50
51	OCCUPATIONAL THERAPY								51
52	SPEECH PATHOLOGY								52
54	ELECTROENCEPHALOGRAPHY	4588	63543	505970		877511	4588	1521	54
55	MEDICAL SUPPLIES CHARGED TO P					33695444			55
56	DRUGS CHARGED TO PATIENTS								56
59	CARDIOLOGY	40470	1554187	6945130		13102002	40470	18305	59
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC	6963	36820	1622811		2509297	6963	1642	60
61	EMERGENCY	14002	65290	4818374		7411125	14002	32495	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	4200	12287	1328930		2652553	4200		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	863517	8955309	124708911	-40696340	240385510	477526	380841	95
	NONREIMBURSABLE COST CENTERS								
96	GIFT, FLOWER, COFFEE SHOP & C	2349				22741	2349		96
97	RESEARCH	252	346	238126		394080	252		97
98	PHYSICIANS' PRIVATE OFFICES	33884	28378	6823519		11505767	33884	95	98
100	ADVERTISING		957			465620			100
100.01	FITNESS POINTE	41144	76164	1518266		3237186	41144	22488	100.01
100.02	FITNESS POINTE SPA/PRO SHOP/D	7042	2933	247337		451910	7042		100.02
100.03	RETAIL PHARMACY	1477	3557	328932		3216649	1477		100.03
100.04	HOSPICE	4781				46285	4781		100.04
100.05	RUSH RESIDENTS					67550			100.05

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES NEW- SQ FT 3	NEW CAP MOVABLE EQUIPMENT NEW- $ VALUE 4	EMPLOYEE BENEFITS GROSS SALARIES 5	RECON-CILIATION 6A	ADMINIS-TRATIVE & GENERAL ACCUM COST 6	OPERATION OF PLANT SQUARE FEET 8	LAUNDRY + LINEN SERVICE POUNDS 9	
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	COST TO BE ALLOC PER B PT I	9240089	12162365	33562926		40696340	16675800	1517550	103
104	UNIT COST MULT-WS B PT I		1.341293				29.335304		104
104	UNIT COST MULT-WS B PT I	9.681102		.250722		.156649		3.761675	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			124014		3573622	1453831	45216	107
108	UNIT COST MULT-WS B PT III						2.557513		108
108	UNIT COST MULT-WS B PT III			.000926		.013756		.112081	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	HOUSE-KEEPING TIME SPENT 10	DIETARY PATIENT MEALS 11	CAFETERIA FTES 12	NURSING ADMINIS-TRATION NURSING HOURS 14	CENTRAL SERVICES & SUPPLY COSTED REQ. 15	PHARMACY COSTED REQ. 16	MEDICAL RECORDS & LIBRARY TIME SPENT 17	SOCIAL SERVICE TIME SPENT 18	
	GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6	ADMINISTRATIVE & GENERAL									6
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT									8
9	LAUNDRY & LINEN SERVICE									9
10	HOUSEKEEPING	716236								10
11	DIETARY	32251	289437							11
12	CAFETERIA	9680		169840						12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION	840		1190	1737424					14
15	CENTRAL SERVICES & SUPPLY			240		100				15
16	PHARMACY	3040		4320			10000			16
17	MEDICAL RECORDS & LIBRARY	3160		8930				1000		17
18	SOCIAL SERVICE	470		1000					215881	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	219445	223631	46901	975543			398	177374	25
26	INTENSIVE CARE UNIT	42735	25544	11822	245904			65	23000	26
26.01	NEONATAL INTENSIVE CARE	4991		3648	75873			12	5775	26.01
31	SUBPROVIDER I	23629	35615	5790	120430			34		31
33	NURSERY	3373		2870	59689			13	2500	33
34	SKILLED NURSING FACILITY									34
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	132560		24810				224	200	37
39	DELIVERY ROOM & LABOR ROOM	29967	4647	2728	56747				1050	39
41	RADIOLOGY-DIAGNOSTIC	28230		9910				39		41
44	LABORATORY	10282		9270				73		44
46	WHOLE BLOOD & PACKED RED BLOO			620				2		46
46.30	BLOOD CLOTTING FACTORS ADMIN									46.30
49	RESPIRATORY THERAPY	1765		4580				15		49
50	PHYSICAL THERAPY	10840		4110				8		50
51	OCCUPATIONAL THERAPY									51
52	SPEECH PATHOLOGY									52
54	ELECTROENCEPHALOGRAPHY	2215		970				1		54
55	MEDICAL SUPPLIES CHARGED TO P					100				55
56	DRUGS CHARGED TO PATIENTS						10000			56
59	CARDIOLOGY	30931		11380				20	250	59
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	4474		1370						60
61	EMERGENCY	45175		9771	203238			96	5732	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	1200		1990						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	641253	289437	168220	1737424	100	10000	1000	215881	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & C									96
97	RESEARCH	150		370						97
98	PHYSICIANS' PRIVATE OFFICES	26692		680						98
100	ADVERTISING									100
100.01	FITNESS POINTE	46101								100.01
100.02	FITNESS POINTE SPA/PRO SHOP/D	2040								100.02
100.03	RETAIL PHARMACY			570						100.03
100.04	HOSPICE									100.04
100.05	RUSH RESIDENTS									100.05

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		TIME SPENT	PATIENT ME ALS	FTES	NURSING HO URS	COSTED REQ	COSTED REQ	TIME SPENT	TIME SPENT	
		10	11	12	14	15	16	17	18	
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	COST TO BE ALLOC PER B PT I	6094204	4876447	2189271	1686880	1413950	18261841	5940044	986967	103
104	UNIT COST MULT-WS B PT I	8.508654		12.890197		14139.500000		5940.044000		104
104	UNIT COST MULT-WS B PT I		16.848043		.970909		1826.184100		4.571810	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	132123	337707	198338	108246	164879	366552	239418	51496	107
108	UNIT COST MULT-WS B PT III	.184469		1.167793		1648.790000		239.418000		108
108	UNIT COST MULT-WS B PT III		1.166772		.062303		36.655200		.238539	108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
	INPATIENT ROUTINE SERV COST CENTERS						
25	ADULTS & PEDIATRICS	54096657		54096657		54096657	25
26	INTENSIVE CARE UNIT	14389657		14389657		14389657	26
26.01	NEONATAL INTENSIVE CARE	4350099		4350099	4748	4354847	26.01
31	SUBPROVIDER I	7631065		7631065		7631065	31
33	NURSERY	3105795		3105795		3105795	33
34	SKILLED NURSING FACILITY						34
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM	37005174		37005174		37005174	37
39	DELIVERY ROOM & LABOR ROOM	3708631		3708631		3708631	39
41	RADIOLOGY-DIAGNOSTIC	23713464		23713464	38128	23751592	41
44	LABORATORY	13753435		13753435	5121	13758556	44
46	WHOLE BLOOD & PACKED RED BL	3814428		3814428		3814428	46
46.30	BLOOD CLOTTING FACTORS ADMI						46.30
49	RESPIRATORY THERAPY	5058284		5058284	1316	5059600	49
50	PHYSICAL THERAPY	10416382		10416382		10416382	50
51	OCCUPATIONAL THERAPY						51
52	SPEECH PATHOLOGY						52
54	ELECTROENCEPHALOGRAPHY	1192574		1192574	4162	1196736	54
55	MEDICAL SUPPLIES CHARGED TO	40387752		40387752		40387752	55
56	DRUGS CHARGED TO PATIENTS	18261841		18261841		18261841	56
59	CARDIOLOGY	16940290		16940290	84606	17024896	59
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC	3168543		3168543	5921	3174464	60
61	EMERGENCY	10409163		10409163	43298	10452461	61
62	OBSERVATION BEDS (NON-DISTI	3585000		3585000		3585000	62
63.50	RHC						63.50
63.60	FQHC						63.60
	OTHER REIMBURSABLE COST CENTERS						
101	SUBTOTAL	274988234		274988234	187300	275175534	101
102	LESS OBSERVATION BEDS	3585000		3585000		3585000	102
103	TOTAL	271403234		271403234	187300	271590534	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I (CONT)

	COST CENTER DESCRIPTION	CHARGES INPATIENT 6	CHARGES OUTPATIENT 7	CHARGES TOTAL 8	COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11	
	INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	50178097		50178097				25
26	INTENSIVE CARE UNIT	11805492		11805492				26
26.01	NEONATAL INTENSIVE CARE	6585400		6585400				26.01
31	SUBPROVIDER I	5580776		5580776				31
33	NURSERY	2523688		2523688				33
34	SKILLED NURSING FACILITY							34
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	47630863	46199357	93830220	.394384	.394384	.394384	37
39	DELIVERY ROOM & LABOR ROOM	3532891	938814	4471705	.829355	.829355	.829355	39
41	RADIOLOGY-DIAGNOSTIC	42457956	91003913	133461869	.177680	.177680	.177965	41
44	LABORATORY	49265592	47199510	96465102	.142574	.142574	.142627	44
46	WHOLE BLOOD & PACKED RED BL	5877480	1830925	7708405	.494840	.494840	.494840	46
46.30	BLOOD CLOTTING FACTORS ADMI							46.30
49	RESPIRATORY THERAPY	19950623	1011865	20962488	.241302	.241302	.241364	49
50	PHYSICAL THERAPY	14992688	9705857	24698545	.421741	.421741	.421741	50
51	OCCUPATIONAL THERAPY							51
52	SPEECH PATHOLOGY							52
54	ELECTROENCEPHALOGRAPHY	1278373	3997728	5276101	.226033	.226033	.226822	54
55	MEDICAL SUPPLIES CHARGED TO	59992365	20328653	80321018	.502829	.502829	.502829	55
56	DRUGS CHARGED TO PATIENTS	63495340	15990046	79485386	.229751	.229751	.229751	56
59	CARDIOLOGY	37910088	23831050	61741138	.274376	.274376	.275746	59
	OUTPATIENT SERVICE COST CENTERS							
60	CLINIC	172642	3535625	3708267	.854454	.854454	.856051	60
61	EMERGENCY	16608879	24112054	40720933	.255622	.255622	.256685	61
62	OBSERVATION BEDS (NON-DISTI		4642329	4642329	.772242	.772242	.772242	62
63.50	RHC							63.50
63.60	FQHC							63.60
	OTHER REIMBURSABLE COST CENTERS							
101	SUBTOTAL	439839233	294327726	734166959				101
102	LESS OBSERVATION BEDS							102
103	TOTAL	439839233	294327726	734166959				103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

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

	COST CENTER DESCRIPTION	OLD CAPITAL CAPITAL RELATED COST 1	OLD CAPITAL SWING-BED ADJUSTMENT 2	OLD CAPITAL REDUCED CAPITAL RELATED COST 3	NEW CAPITAL CAPITAL RELATED COST 4	NEW CAPITAL SWING-BED ADJUSTMENT 5	NEW CAPITAL REDUCED CAPITAL RELATED COST 6	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS				2909181		2909181	25
26	INTENSIVE CARE UNIT				726757		726757	26
26.01	NEONATAL INTENSIVE CARE				217315		217315	26.01
27	CORONARY CARE UNIT							27
28	BURN INTENSIVE CARE UNIT							28
29	SURGICAL INTENSIVE CARE UNIT							29
30	OTHER SPECIAL CARE (SPECIFY)							30
31	SUBPROVIDER I				413107		413107	31
33	NURSERY				75141		75141	33
101	TOTAL				4341501		4341501	101

	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	OLD CAPITAL INPATIENT PROGRAM CAPITAL COST 10	NEW CAPITAL PER DIEM 11	NEW CAPITAL INPATIENT PROGRAM CAPITAL COST 12	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS	84895	45735			34.27	1567338	25
26	INTENSIVE CARE UNIT	10721	6568			67.79	445245	26
26.01	NEONATAL INTENSIVE CARE	5068				42.88		26.01
27	CORONARY CARE UNIT							27
28	BURN INTENSIVE CARE UNIT							28
29	SURGICAL INTENSIVE CARE UNIT							29
30	OTHER SPECIAL CARE (SPECIFY)							30
31	SUBPROVIDER I	12551	11202			32.91	368658	31
33	NURSERY	5396				13.93		33
101	TOTAL	118631	63505				2381241	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
PART II

CHECK	[ ] TITLE V	[XX] HOSPITAL (15-0125)	[ ] 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 RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPATIENT PROGRAM CHARGES 4	---- OLD CAPITAL ---- RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	---- NEW CAPITAL ---- RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		3719917	93830220	22389961			.039645	887650	37
39	DELIVERY ROOM & LABOR ROOM		301826	4471705	2158			.067497	146	39
41	RADIOLOGY-DIAGNOSTIC		5924161	133461869	22587215			.044388	1002601	41
44	LABORATORY		782602	96465102	26744189			.008113	216976	44
46	WHOLE BLOOD & PACKED RED BLOO		86560	7708405	3291380			.011229	36959	46
46.30	BLOOD CLOTTING FACTORS ADMIN									46.30
49	RESPIRATORY THERAPY		302905	20962488	12594792			.014450	181995	49
50	PHYSICAL THERAPY		622221	24698545	4884651			.025193	123059	50
51	OCCUPATIONAL THERAPY									51
52	SPEECH PATHOLOGY									52
54	ELECTROENCEPHALOGRAPHY		159808	5276101	733787			.030289	22226	54
55	MEDICAL SUPPLIES CHARGED TO P		628394	80321018	37025205			.007824	289685	55
56	DRUGS CHARGED TO PATIENTS		366552	79485386	34493944			.004612	159086	56
59	CARDIOLOGY		2882028	61741138	25059993			.046679	1169775	59
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC		186803	3708267	51691			.050375	2604	60
61	EMERGENCY		430426	40720933	9427170			.010570	99645	61
62	OBSERVATION BEDS (NON-DISTINC		192791	4642329				.041529		62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
101	TOTAL		16586994	657493506	199286136				4192407	101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
	INPAT ROUTINE SERV COST CTRS									
25	ADULTS & PEDIATRICS					84895		45735		25
26	INTENSIVE CARE UNIT					10721		6568		26
26.01	NEONATAL INTENSIVE CARE					5068				26.01
27	CORONARY CARE UNIT									27
28	BURN INTENSIVE CARE UNIT									28
29	SURGICAL INTENSIVE CARE UNIT									29
30	OTHER SPECIAL CARE (SPECIFY)									30
31	SUBPROVIDER I					12551		11202		31
33	NURSERY					5396				33
34	SKILLED NURSING FACILITY									34
35	NURSING FACILITY									35
101	TOTAL					118631		63505		101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK APPLICABLE BOXES					
[ ]	TITLE V - O/P	[XX]	HOSPITAL (15-0125)	[ ]	SNF
[XX]	TITLE XVIII-PT B	[ ]	SUB I	[ ]	NF
[ ]	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, PART II COL. 8	PART I COL. 9	PART II COL. 9	--- PROGRAM CHARGES --- OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC	
		1	1.01	1.02	2	3	4	
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	.394384	.394384	.394384				37
39	DELIVERY ROOM & LABOR ROOM	.829355	.829355	.829355				39
41	RADIOLOGY-DIAGNOSTIC	.177680	.177680	.177680				41
44	LABORATORY	.142574	.142574	.142574				44
46	WHOLE BLOOD & PACKED RED BLOOD	.494840	.494840	.494840				46
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
49	RESPIRATORY THERAPY	.241302	.241302	.241302				49
50	PHYSICAL THERAPY	.421741	.421741	.421741				50
51	OCCUPATIONAL THERAPY							51
52	SPEECH PATHOLOGY							52
54	ELECTROENCEPHALOGRAPHY	.226033	.226033	.226033				54
55	MEDICAL SUPPLIES CHARGED TO PAT	.502829	.502829	.502829				55
56	DRUGS CHARGED TO PATIENTS	.229751	.229751	.229751				56
59	CARDIOLOGY	.274376	.274376	.274376				59
	OUTPATIENT SERVICE COST CENTERS							
60	CLINIC	.854454	.854454	.854454				60
61	EMERGENCY	.255622	.255622	.255622				61
62	OBSERVATION BEDS (NON-DISTINCT	.772242	.772242	.772242				62
63.50	RHC							63.50
63.60	FQHC							63.60
	OTHER REIMBURSABLE COST CENTERS							
65.01	AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02	AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03	AMBULANCE SERVICES (4TH PERIOD)							65.03
101	SUBTOTAL							101
102	CRNA CHARGES							102
103	LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104	NET CHARGES							104

PART VI - VACCINE COST APPORTIONMENT

		1	
1	DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.229751	1
2	PROGRAM VACCINE CHARGES	184	2
2.01	PROGRAM VACCINE CHARGES		2.01
3	PROGRAM COSTS	42	3
3.01	PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK APPLICABLE BOXES						
	[ ]	TITLE V - O/P	[XX]	HOSPITAL (15-0125)	[ ]	SNF
	[XX]	TITLE XVIII-PT B	[ ]	SUB I	[ ]	NF
	[ ]	TITLE XIX - O/P	[ ]	SUB II	[ ]	S/B-SNF
			[ ]	SUB III	[ ]	S/B-NF
			[ ]	SUB IV	[ ]	ICF/MR

	COST CENTER DESCRIPTION	PROGRAM CHARGES: ALL OTHER (1) (SEE INSTRU.) 5	PPS SERVICES (SEE INSTRU.) 5.01	ALL OTHER (SEE INSTRU.) 5.02	PPS SERVICES (SEE INSTRU.) 5.03	PPS SERVICES (SEE INSTRU.) 5.04	PROGRAM COST: OUTPATIENT AMBULATORY SURGICAL CENTER 6	OUTPATIENT RADIOLOGY 7	OTHER OUTPATIENT DIAGNOSTIC 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		12445558							37
39	DELIVERY ROOM & LABOR ROOM									39
41	RADIOLOGY-DIAGNOSTIC		33014650							41
44	LABORATORY		2431765							44
46	WHOLE BLOOD & PACKED RED BLOOD		626966							46
46.30	BLOOD CLOTTING FACTORS ADMIN C									46.30
49	RESPIRATORY THERAPY		343821							49
50	PHYSICAL THERAPY		176566							50
51	OCCUPATIONAL THERAPY									51
52	SPEECH PATHOLOGY									52
54	ELECTROENCEPHALOGRAPHY		1282798							54
55	MEDICAL SUPPLIES CHARGED TO PA		8757632	227						55
56	DRUGS CHARGED TO PATIENTS		5887472	34						56
59	CARDIOLOGY		12702251							59
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC		2160892							60
61	EMERGENCY		4295387							61
62	OBSERVATION BEDS (NON-DISTINCT		2250429	3207						62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65.01	AMBULANCE SERVICES (2ND PERIOD									65.01
65.02	AMBULANCE SERVICES (3RD PERIOD									65.02
65.03	AMBULANCE SERVICES (4TH PERIOD									65.03
101	SUBTOTAL		86376187	3468						101
102	CRNA CHARGES									102
103	PBP CLINIC LAB									103
104	NET CHARGES		86376187	3468						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK APPLICABLE BOXES						
[ ]	TITLE V - O/P	[XX]	HOSPITAL (15-0125)	[ ]	SNF
[XX]	TITLE XVIII-PT B	[ ]	SUB I	[ ]	NF
[ ]	TITLE XIX - O/P	[ ]	SUB II	[ ]	S/B-SNF
		[ ]	SUB III	[ ]	S/B-NF
		[ ]	SUB IV	[ ]	ICF/MR

	COST CENTER DESCRIPTION	PROGRAM COST: ALL OTHER (COLS 1x5) 9	PROGRAM COST: PPS SERVICES (COLUMNS 1.01x5.01) 9.01	PROGRAM COST: ALL OTHER (COLUMNS 1.01x5.02) 9.02	PROGRAM COST: PPS SERVICES (COLUMNS 1.01x5.03 9.03	PROGRAM COST: PPS SERVICES (COLUMNS 1.01x5.04 9.04	HOSPITAL I/P PART B CHARGES (SEE INSTRU.) 10	HOSPITAL I/P PART B COST (COLUMNS 1.02x10) 11	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM		4908329						37
39	DELIVERY ROOM & LABOR ROOM								39
41	RADIOLOGY-DIAGNOSTIC		5866043						41
44	LABORATORY		346706						44
46	WHOLE BLOOD & PACKED RED BLOOD		310248						46
46.30	BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	RESPIRATORY THERAPY		82965						49
50	PHYSICAL THERAPY		74465						50
51	OCCUPATIONAL THERAPY								51
52	SPEECH PATHOLOGY								52
54	ELECTROENCEPHALOGRAPHY		289955						54
55	MEDICAL SUPPLIES CHARGED TO PAT		4403591	114					55
56	DRUGS CHARGED TO PATIENTS		1352653	8					56
59	CARDIOLOGY		3485193						59
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC		1846383						60
61	EMERGENCY		1097995						61
62	OBSERVATION BEDS (NON-DISTINCT		1737876	2477					62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65.01	AMBULANCE SERVICES (2ND PERIOD)								65.01
65.02	AMBULANCE SERVICES (3RD PERIOD)								65.02
65.03	AMBULANCE SERVICES (4TH PERIOD)								65.03
101	SUBTOTAL		25802402	2599					101
102	CRNA CHARGES								102
103	LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS								103
104	NET CHARGES		25802402	2599					104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
PART II

CHECK APPLICABLE BOXES								
[ ]	TITLE V	[ ]	HOSPITAL		[ ]	SUB III	[XX]	PPS
[XX]	TITLE XVIII-PT A	[XX]	SUB I	(15-T125)	[ ]	SUB IV	[ ]	TEFRA
[ ]	TITLE XIX	[ ]	SUB II					

	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPATIENT PROGRAM CHARGES 4	---- OLD CAPITAL ---- RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	---- NEW CAPITAL ---- RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		3719917	93830220	67614			.039645	2681	37
39	DELIVERY ROOM & LABOR ROOM		301826	4471705				.067497		39
41	RADIOLOGY-DIAGNOSTIC		5924161	133461869	701857			.044388	31154	41
44	LABORATORY		782602	96465102	1427977			.008113	11585	44
46	WHOLE BLOOD & PACKED RED BLOO		86560	7708405	58705			.011229	659	46
46.30	BLOOD CLOTTING FACTORS ADMIN									46.30
49	RESPIRATORY THERAPY		302905	20962488	379903			.014450	5490	49
50	PHYSICAL THERAPY		622221	24698545	7049796			.025193	177606	50
51	OCCUPATIONAL THERAPY									51
52	SPEECH PATHOLOGY									52
54	ELECTROENCEPHALOGRAPHY		159808	5276101	122333			.030289	3705	54
55	MEDICAL SUPPLIES CHARGED TO P		628394	80321018	868936			.007824	6799	55
56	DRUGS CHARGED TO PATIENTS		366552	79485386	2434119			.004612	11226	56
59	CARDIOLOGY		2882028	61741138	240339			.046679	11219	59
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC		186803	3708267				.050375		60
61	EMERGENCY		430426	40720933	2221			.010570	23	61
62	OBSERVATION BEDS (NON-DISTINC		192791	4642329				.041529		62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
101	TOTAL		16586994	657493506	13353800				262147	101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

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

	COST CENTER DESCRIPTION	OLD CAPITAL CAPITAL RELATED COST 1	OLD CAPITAL SWING-BED ADJUSTMENT 2	OLD CAPITAL REDUCED CAPITAL RELATED COST 3	NEW CAPITAL CAPITAL RELATED COST 4	NEW CAPITAL SWING-BED ADJUSTMENT 5	NEW CAPITAL REDUCED CAPITAL RELATED COST 6	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS				2909181		2909181	25
26	INTENSIVE CARE UNIT				726757		726757	26
26.01	NEONATAL INTENSIVE CARE				217315		217315	26.01
27	CORONARY CARE UNIT							27
28	BURN INTENSIVE CARE UNIT							28
29	SURGICAL INTENSIVE CARE UNIT							29
30	OTHER SPECIAL CARE (SPECIFY)							30
31	SUBPROVIDER I				413107		413107	31
33	NURSERY				75141		75141	33
101	TOTAL				4341501		4341501	101

	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	OLD CAPITAL INPATIENT PROGRAM CAPITAL COST 10	NEW CAPITAL PER DIEM 11	NEW CAPITAL INPATIENT PROGRAM CAPITAL COST 12	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS	84895	2318			34.27	79438	25
26	INTENSIVE CARE UNIT	10721	471			67.79	31929	26
26.01	NEONATAL INTENSIVE CARE	5068	562			42.88	24099	26.01
27	CORONARY CARE UNIT							27
28	BURN INTENSIVE CARE UNIT							28
29	SURGICAL INTENSIVE CARE UNIT							29
30	OTHER SPECIAL CARE (SPECIFY)							30
31	SUBPROVIDER I	12551	75			32.91	2468	31
33	NURSERY	5396	281			13.93	3914	33
101	TOTAL	118631	3707				141848	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
PART II

CHECK APPLICABLE BOXES							
[ ]	TITLE V	[XX]	HOSPITAL (15-0125)	[ ]	SUB III	[XX]	PPS
[ ]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SUB IV	[ ]	TEFRA
[XX]	TITLE XIX	[ ]	SUB II	[ ]	OTHER		

	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPATIENT PROGRAM CHARGES 4	---- OLD CAPITAL ---- RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	---- NEW CAPITAL ---- RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		3719917	93830220	960501			.039645	38079	37
39	DELIVERY ROOM & LABOR ROOM		301826	4471705	96999			.067497	6547	39
41	RADIOLOGY-DIAGNOSTIC		5924161	133461869	1279870			.044388	56811	41
44	LABORATORY		782602	96465102	1788103			.008113	14507	44
46	WHOLE BLOOD & PACKED RED BLOO		86560	7708405	120221			.011229	1350	46
46.30	BLOOD CLOTTING FACTORS ADMIN									46.30
49	RESPIRATORY THERAPY		302905	20962488	460444			.014450	6653	49
50	PHYSICAL THERAPY		622221	24698545	203794			.025193	5134	50
51	OCCUPATIONAL THERAPY									51
52	SPEECH PATHOLOGY									52
54	ELECTROENCEPHALOGRAPHY		159808	5276101	32500			.030289	984	54
55	MEDICAL SUPPLIES CHARGED TO P		628394	80321018	717520			.007824	5614	55
56	DRUGS CHARGED TO PATIENTS		366552	79485386	2538309			.004612	11707	56
59	CARDIOLOGY		2882028	61741138	1398453			.046679	65278	59
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC		186803	3708267	738			.050375	37	60
61	EMERGENCY		430426	40720933	420379			.010570	4443	61
62	OBSERVATION BEDS (NON-DISTINC		192791	4642329				.041529		62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
101	TOTAL		16586994	657493506	10017831				217144	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
PART II

CHECK APPLICABLE BOXES							
[ ]	TITLE V	[ ]	HOSPITAL	[ ]	SUB III	[XX]	PPS
[ ]	TITLE XVIII-PT A	[XX]	SUB I (15-T125)	[ ]	SUB IV	[ ]	TEFRA
[XX]	TITLE XIX	[ ]	SUB II	[ ]	OTHER		

	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPATIENT PROGRAM CHARGES 4	---- OLD CAPITAL ---- RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	---- NEW CAPITAL ---- RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		3719917	93830220				.039645		37
39	DELIVERY ROOM & LABOR ROOM		301826	4471705				.067497		39
41	RADIOLOGY-DIAGNOSTIC		5924161	133461869	13648			.044388	606	41
44	LABORATORY		782602	96465102	18244			.008113	148	44
46	WHOLE BLOOD & PACKED RED BLOO		86560	7708405				.011229		46
46.30	BLOOD CLOTTING FACTORS ADMIN									46.30
49	RESPIRATORY THERAPY		302905	20962488	2425			.014450	35	49
50	PHYSICAL THERAPY		622221	24698545	41460			.025193	1045	50
51	OCCUPATIONAL THERAPY									51
52	SPEECH PATHOLOGY									52
54	ELECTROENCEPHALOGRAPHY		159808	5276101				.030289		54
55	MEDICAL SUPPLIES CHARGED TO P		628394	80321018	2458			.007824	19	55
56	DRUGS CHARGED TO PATIENTS		366552	79485386	24982			.004612	115	56
59	CARDIOLOGY		2882028	61741138	6958			.046679	325	59
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC		186803	3708267				.050375		60
61	EMERGENCY		430426	40720933				.010570		61
62	OBSERVATION BEDS (NON-DISTINC		192791	4642329				.041529		62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
101	TOTAL		16586994	657493506	110175				2293	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) (15-0125)	SUB I (PPS) (15-T125)	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)	84895	12551					1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	84895	12551					2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	13688	1524					3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	71207	11027					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)	45735	11202					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)		1181					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) (15-0125)	SUB I (PPS) (15-T125)	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	54096657	7631065					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	54096657	7631065					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	39160369	4503665					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	7008001	592620					29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	32152368	3911045					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.381413	1.694412					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	511.98	388.86					32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	451.53	354.68					33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	60.45	34.18					34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	83.51	57.92					35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	1143085	88270					36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	52953572	7542795					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) (15-0125)	SUB I (PPS) (15-T125)	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	637.22	608.00				38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	29143257	6810816				39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	29143257	6810816				41

		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42	NURSERY (TITLES V AND XIX ONLY)						42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	INTENSIVE CARE UNIT	14389657	10721	1342.19	6568	8815504	43
43.01	NEONATAL INTENSIVE CARE	4354847	5068	859.28			43.01
44	CORONARY CARE UNIT						44
45	BURN INTENSIVE CARE UNIT						45
46	SURGICAL INTENSIVE CARE UNIT						46
47	OTHER SPECIAL CARE (SPECIFY)						47

		HOSPITAL (PPS) (15-0125) 1	SUB I (PPS) (15-T125) 1	SUB II 1	SUB III 1	SUB IV 1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	59477962	4539931				48
49	TOTAL PROGRAM INPATIENT COSTS	97436723	11350747				49
	PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	2012583	368658				50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	4192407	262147				51
52	TOTAL PROGRAM EXCLUDABLE COST	6204990	630805				52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	91231733	10719942				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

	TARGET AMOUNT AND LIMITATION COMPUTATION	HOSPITAL (PPS) (15-0125)	SUB I (PPS) (15-T125)	SUB II	SUB III	SUB IV	
		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 (PPS) (15-0125)	SUB I (PPS) (15-T125)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
PART IV - COMPUTATION OF OBSERVATION BED COST						
83 TOTAL OBSERVATION BEDS	5626					83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	637.22					84
85 OBSERVATION BED COST	3585000					85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

		COST 1	ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86	OLD CAPITAL-RELATED COST		54096657		3585000		86
87	NEW CAPITAL-RELATED COST	2909181	54096657	.053777	3585000	192791	87
88	NON PHYSICIAN ANESTHETIST		54096657		3585000		88
89	MEDICAL EDUCATION		54096657		3585000		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 (PPS) (15-0125)	SUB I (PPS) (15-T125)	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)	84895	12551					1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	84895	12551					2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	13688	1524					3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	71207	11027					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)	2318	75					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	5396						15
16	TITLE V OR XIX NURSERY DAYS	281						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 (PPS) (15-0125)	SUB I (PPS) (15-T125)	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							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	54096657	7631065					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	54096657	7631065					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	39160369	4503665					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	7008001	592620					29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	32152368	3911045					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.381413	1.694412					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	511.98	388.86					32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	451.53	354.68					33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	60.45	34.18					34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	83.51	57.92					35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	1143085	88270					36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	52953572	7542795					37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (PPS) (15-0125)	SUB I (PPS) (15-T125)	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	637.22	608.00				38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1477076	45600				39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1477076	45600				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)	3105795	5396	575.57	281	161735	42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	INTENSIVE CARE UNIT	14389657	10721	1342.19	471	632171	43
43.01	NEONATAL INTENSIVE CARE	4354847	5068	859.28	562	482915	43.01
44	CORONARY CARE UNIT						44
45	BURN INTENSIVE CARE UNIT						45
46	SURGICAL INTENSIVE CARE UNIT						46
47	OTHER SPECIAL CARE (SPECIFY)						47

		HOSPITAL (PPS) (15-0125)	SUB I (PPS) (15-T125)	SUB II	SUB III	SUB IV	
		1	1	1	1	1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	2644126	31996				48
49	TOTAL PROGRAM INPATIENT COSTS	5398023	77596				49
	PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	139380	2468				50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	217144	2293				51
52	TOTAL PROGRAM EXCLUDABLE COST	356524	4761				52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	5041499	72835				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 (PPS) (15-0125)	SUB I (PPS) (15-T125)	SUB II	SUB III	SUB IV	
	TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54	PROGRAM DISCHARGES		5				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 (PPS) (15-0125)	SUB I (PPS) (15-T125)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
PART IV - COMPUTATION OF OBSERVATION BED COST						
83 TOTAL OBSERVATION BEDS	5626					83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	637.22					84
85 OBSERVATION BED COST	3585000					85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

		COST 1	ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86	OLD CAPITAL-RELATED COST		54096657		3585000		86
87	NEW CAPITAL-RELATED COST	2909181	54096657	.053777	3585000	192791	87
88	NON PHYSICIAN ANESTHETIST		54096657		3585000		88
89	MEDICAL EDUCATION		54096657		3585000		89

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V
[XX] TITLE XVIII-PT A
[ ] TITLE XIX

[XX] HOSPITAL (15-0125)
[ ] SUB I
[ ] SUB II
[ ] SUB III
[ ] SUB IV

[ ] SNF
[ ] NF
[ ] S/B-SNF
[ ] S/B-NF
[ ] ICF/MR

[XX] PPS
[ ] TEFRA
[ ] OTHER

	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
25	ADULTS & PEDIATRICS		30712159		25
26	INTENSIVE CARE UNIT		7512589		26
26.01	NEONATAL INTENSIVE CARE				26.01
31	SUBPROVIDER I				31
	ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	.394384	22389961	8830242	37
39	DELIVERY ROOM & LABOR ROOM	.829355	2158	1790	39
41	RADIOLOGY-DIAGNOSTIC	.177965	22587215	4019734	41
44	LABORATORY	.142627	26744189	3814443	44
46	WHOLE BLOOD & PACKED RED BLOOD	.494840	3291380	1628706	46
46.30	BLOOD CLOTTING FACTORS ADMIN CO				46.30
49	RESPIRATORY THERAPY	.241364	12594792	3039929	49
50	PHYSICAL THERAPY	.421741	4884651	2060058	50
51	OCCUPATIONAL THERAPY				51
52	SPEECH PATHOLOGY				52
54	ELECTROENCEPHALOGRAPHY	.226822	733787	166439	54
55	MEDICAL SUPPLIES CHARGED TO PAT	.502829	37025205	18617347	55
56	DRUGS CHARGED TO PATIENTS	.229751	34493944	7925018	56
59	CARDIOLOGY	.275746	25059993	6910193	59
	OUTPATIENT SERVICE COST CENTERS				
60	CLINIC	.856051	51691	44250	60
61	EMERGENCY	.256685	9427170	2419813	61
62	OBSERVATION BEDS (NON-DISTINCT	.772242			62
	OTHER REIMBURSABLE COST CENTERS				
63.50	RHC				63.50
63.60	FQHC				63.60
101	TOTAL		199286136	59477962	101
102	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103	NET CHARGES		199286136		103

PROVIDER NO. 15-0125 COMMUNITY HOSPITAL
PERIOD FROM 07/01/2007 TO 06/30/2008

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VERSION: 2008.05
12/01/2008 10:13

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V	[ ] HOSPITAL	[ ] SNF	[XX] PPS
[XX] TITLE XVIII-PT A	[XX] SUB I (15-T125)	[ ] 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 TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
25	ADULTS & PEDIATRICS				25
26	INTENSIVE CARE UNIT				26
26.01	NEONATAL INTENSIVE CARE				26.01
31	SUBPROVIDER I		4971263		31
	ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	.394384	67614	26666	37
39	DELIVERY ROOM & LABOR ROOM	.829355			39
41	RADIOLOGY-DIAGNOSTIC	.177965	701857	124906	41
44	LABORATORY	.142627	1427977	203668	44
46	WHOLE BLOOD & PACKED RED BLOOD	.494840	58705	29050	46
46.30	BLOOD CLOTTING FACTORS ADMIN CO				46.30
49	RESPIRATORY THERAPY	.241364	379903	91695	49
50	PHYSICAL THERAPY	.421741	7049796	2973188	50
51	OCCUPATIONAL THERAPY				51
52	SPEECH PATHOLOGY				52
54	ELECTROENCEPHALOGRAPHY	.226822	122333	27748	54
55	MEDICAL SUPPLIES CHARGED TO PAT	.502829	868936	436926	55
56	DRUGS CHARGED TO PATIENTS	.229751	2434119	559241	56
59	CARDIOLOGY	.275746	240339	66273	59
	OUTPATIENT SERVICE COST CENTERS				
60	CLINIC	.856051			60
61	EMERGENCY	.256685	2221	570	61
62	OBSERVATION BEDS (NON-DISTINCT	.772242			62
	OTHER REIMBURSABLE COST CENTERS				
63.50	RHC				63.50
63.60	FQHC				63.60
101	TOTAL		13353800	4539931	101
102	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103	NET CHARGES		13353800		103

PROVIDER NO. 15-0125 COMMUNITY HOSPITAL
PERIOD FROM 07/01/2007 TO 06/30/2008

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INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V
[ ] TITLE XVIII-PT A
[XX] TITLE XIX

[XX] HOSPITAL (15-0125)
[ ] SUB I
[ ] SUB II
[ ] SUB III
[ ] SUB IV

[ ] SNF
[ ] NF
[ ] S/B-SNF
[ ] S/B-NF
[ ] ICF/MR

[XX] PPS
[ ] TEFRA
[ ] OTHER

	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
25	ADULTS & PEDIATRICS		1370739		25
26	INTENSIVE CARE UNIT		507360		26
26.01	NEONATAL INTENSIVE CARE		712702		26.01
31	SUBPROVIDER I				31
	ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	.394384	960501	378806	37
39	DELIVERY ROOM & LABOR ROOM	.829355	96999	80447	39
41	RADIOLOGY-DIAGNOSTIC	.177965	1279870	227772	41
44	LABORATORY	.142627	1788103	255032	44
46	WHOLE BLOOD & PACKED RED BLOOD	.494840	120221	59490	46
46.30	BLOOD CLOTTING FACTORS ADMIN CO				46.30
49	RESPIRATORY THERAPY	.241364	460444	111135	49
50	PHYSICAL THERAPY	.421741	203794	85948	50
51	OCCUPATIONAL THERAPY				51
52	SPEECH PATHOLOGY				52
54	ELECTROENCEPHALOGRAPHY	.226822	32500	7372	54
55	MEDICAL SUPPLIES CHARGED TO PAT	.502829	717520	360790	55
56	DRUGS CHARGED TO PATIENTS	.229751	2538309	583179	56
59	CARDIOLOGY	.275746	1398453	385618	59
	OUTPATIENT SERVICE COST CENTERS				
60	CLINIC	.856051	738	632	60
61	EMERGENCY	.256685	420379	107905	61
62	OBSERVATION BEDS (NON-DISTINCT	.772242			62
	OTHER REIMBURSABLE COST CENTERS				
63.50	RHC				63.50
63.60	FQHC				63.60
101	TOTAL		10017831	2644126	101
102	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103	NET CHARGES		10017831		103

PROVIDER NO. 15-0125 COMMUNITY HOSPITAL
PERIOD FROM 07/01/2007 TO 06/30/2008

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INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V
[ ] TITLE XVIII-PT A
[XX] TITLE XIX

[ ] HOSPITAL
[XX] SUB I (15-T125)
[ ] SUB II
[ ] SUB III
[ ] SUB IV

[ ] SNF
[ ] NF
[ ] S/B-SNF
[ ] S/B-NF
[ ] ICF/MR

[XX] PPS
[ ] TEFRA
[ ] OTHER

	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
25	ADULTS & PEDIATRICS				25
26	INTENSIVE CARE UNIT				26
26.01	NEONATAL INTENSIVE CARE				26.01
31	SUBPROVIDER I		33167		31
	ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	.394384			37
39	DELIVERY ROOM & LABOR ROOM	.829355			39
41	RADIOLOGY-DIAGNOSTIC	.177965	13648	2429	41
44	LABORATORY	.142627	18244	2602	44
46	WHOLE BLOOD & PACKED RED BLOOD	.494840			46
46.30	BLOOD CLOTTING FACTORS ADMIN CO				46.30
49	RESPIRATORY THERAPY	.241364	2425	585	49
50	PHYSICAL THERAPY	.421741	41460	17485	50
51	OCCUPATIONAL THERAPY				51
52	SPEECH PATHOLOGY				52
54	ELECTROENCEPHALOGRAPHY	.226822			54
55	MEDICAL SUPPLIES CHARGED TO PAT	.502829	2458	1236	55
56	DRUGS CHARGED TO PATIENTS	.229751	24982	5740	56
59	CARDIOLOGY	.275746	6958	1919	59
	OUTPATIENT SERVICE COST CENTERS				
60	CLINIC	.856051			60
61	EMERGENCY	.256685			61
62	OBSERVATION BEDS (NON-DISTINCT	.772242			62
	OTHER REIMBURSABLE COST CENTERS				
63.50	RHC				63.50
63.60	FQHC				63.60
101	TOTAL		110175	31996	101
102	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103	NET CHARGES		110175		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		HOSPITAL (15-0125)	SUB I	SUB II	SUB III	SUB IV	
	DRG AMOUNT						
1	OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	17800352					1
1.01	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	18153405					1.01
1.02	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	41151838					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	1697293					2.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT						
3	BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	342.31					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..						3.16
3.17	SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	RES. IN INIT YRS 0.00					3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		HOSPITAL (15-0125)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO						3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO						3.19
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19						3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1						3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1						3.22
3.23	IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1						3.23
	[SUM OF LINES][PLUS E-3,PT.VI] [3.21-3.23][LINE 23]						
3.24	SUM OF LINES 3.21-3.23 0 0						3.24
	DISPROPORTIONATE SHARE ADJUSTMENT						
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.0299					4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.1208					4.01
4.02	SUM OF 4 AND 4.01	0.1507					4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0262					4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT	2020167					4.04
	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES						
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317						5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317						5.01
5.02	DIVIDE LINE 5.01 BY LINE 5						5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317						5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK						5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS						5.05
5.06	TOTAL ADDITIONAL PAYMENT						5.06
6	SUBTOTAL	80823055					6
7	HOSPITAL SPECIFIC PAYMENTS						7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)						7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	80823055					8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	6920081					9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL						10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT						11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE						11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES	3994					11.02
12	NET ORGAN ACQUISITION COST						12
13	COST OF TEACHING PHYSICIANS						13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS						14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS						15
16	TOTAL	87747130					16
17	PRIMARY PAYER PAYMENTS	221394					17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	87525736					18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	6806432					19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	328600					20
21	REIMBURSABLE BAD DEBTS	828332					21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	579832					21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	597057					21.02
22	SUBTOTAL	80970536					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		HOSPITAL (15-0125)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION						23
24	SEQUESTRATION PER PSR						24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						25
26	AMOUNT DUE PROVIDER	80970536					26
27	SEQUESTRATION ADJUSTMENT						27
28	INTERIM PAYMENTS	80941080					28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						28.01
29	BALANCE DUE PROVIDER (PROGRAM)	29456					29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	1816374					30
	TO BE COMPLETED BY INTERMEDIARY						
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01						50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01						51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)						52
53	CAPITAL OUTLIER RECONILIATION AMOUNT (SEE INSTRUCTIONS)						53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)						55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

		HOSPITAL (15-0125) 1	HOSPITAL (15-0125) 1.01	HOSPITAL (15-0125) 1.02	
1	MEDICAL AND OTHER SERVICES	2641			1
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	25802402			1.01
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	24937734			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	2641			5
	COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6	ANCILLARY SERVICE CHARGES	3652			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	3652			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	3652			14
15	EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	1011			15
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17	LESSER OF COST OR CHARGES	2641			17
17.01	TOTAL PPS PAYMENTS	24937734			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

		HOSPITAL (15-0125) 1	HOSPITAL (15-0125) 1.01	HOSPITAL (15-0125) 1.02	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18	DEDUCTIBLES AND COINSURANCE	361			18
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	6684620			18.01
19	SUBTOTAL	18255394			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	18255394			23
24	PRIMARY PAYER PAYMENTS	9731			24
25	SUBTOTAL	18245663			25
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
26	COMPOSITE RATE ESRD				26
27	BAD DEBTS	623058			27
27.01	REDUCED REIMBURSABLE BAD DEBTS	436141			27.01
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	438959			27.02
28	SUBTOTAL	18681804			28
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION				29
30	FDO LOSS				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	18681804			32
33	SEQUESTRATION ADJUSTMENT				33
34	INTERIM PAYMENTS	18757260			34
34.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)				34.01
35	BALANCE DUE PROVIDER/PROGRAM	-75456			35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2				36

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
HOSPITAL (15-0125)

WORKSHEET E-1

DESCRIPTION			INPATIENT PART A MM/DD/YYYY 1	INPATIENT PART A AMOUNT 2	PART B MM/DD/YYYY 3	PART B AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				80414686		18243382	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.				472346		430003	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM TO PROVIDER	.01	01/28/2008	54048	01/28/2008	83875	3.01
		.02					3.02
		.03					3.03
		.04					3.04
		.05					3.05
		.50					3.50
	PROVIDER TO PROGRAM	.51					3.51
		.52		NONE		NONE	3.52
		.53					3.53
		.54					3.54
SUBTOTAL		.99		54048		83875	3.99
4 TOTAL INTERIM PAYMENTS				80941080		18757260	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 TO PROVIDER	.01					5.01
		.02		NONE		NONE	5.02
		.03					5.03
	PROVIDER TO PROGRAM	.50					5.50
		.51		NONE		NONE	5.51
		.52					5.52
SUBTOTAL		.99					5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER	.01		29456			6.01
	PROVIDER TO PROGRAM	.02				-75456	6.02
7 TOTAL MEDICARE PROGRAM LIABILITY				80970536		18681804	7

NAME OF INTERMEDIARY: _____

INTERMEDIARY NUMBER: _____

SIGNATURE OF AUTHORIZED PERSON: _____

DATE (MO/DAY/YR): _____

PROVIDER NO. 15-0125 COMMUNITY HOSPITAL
PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
12/01/2008 10:13

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
SUBPROVIDER I (15-T125)

WORKSHEET E-1

DESCRIPTION		INPATIENT PART A MM/DD/YYYY 1	AMOUNT 2	PART B MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER			13532109			1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.			NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM TO PROVIDER .01 .02 .03 .04 .05 .50		NONE		NONE	3.01 3.02 3.03 3.04 3.05 3.50
	PROVIDER TO PROGRAM .51 .52 .53 .54		NONE		NONE	3.51 3.52 3.53 3.54
SUBTOTAL	.99					3.99
4 TOTAL INTERIM PAYMENTS			13532109			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 TO PROVIDER .01 .02 .03		NONE		NONE	5.01 5.02 5.03
	PROVIDER TO PROGRAM .50 .51 .52		NONE		NONE	5.50 5.51 5.52
SUBTOTAL	.99					5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01					6.01
	PROVIDER TO PROGRAM .02		-1964			6.02
7 TOTAL MEDICARE PROGRAM LIABILITY			13530145			7

NAME OF INTERMEDIARY:

INTERMEDIARY NUMBER:

SIGNATURE OF AUTHORIZED PERSON:

DATE (MO/DAY/YR):

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

		HOSPITAL	SUB I (15-T125)	SUB II	SUB III	SUB IV	
1	INPATIENT HOSPITAL SERVICES						1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)						1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)		13301280				1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		0.0145				1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)		169006				1.04
1.05	OUTLIER PAYMENTS		173987				1.05
1.06	TOTAL PPS PAYMENTS		13644273				1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT						1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)						
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)						1.08
1.09	NET IPF PPS OUTLIER PAYMENTS						1.09
1.10	NET IPF PPS ECT PAYMENTS						1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)						1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)						1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)						1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)						1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)						1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)						1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR						1.17
1.18	MEDICAL EDUCATION ADJUSTMENT						1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS						1.19
1.20	STOP LESS PAYMENT FLOOR						1.20
1.21	ADJUSTED NET PAYMENT FLOOR						1.21
1.22	STOP LOSS ADJUSTMENT						1.22
1.23	TOTAL IPF PPS PAYMENTS						1.23
	INPATIENT REHABILITATION FACILITY (IRF)						
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)						1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)						1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)						1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)						1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)						1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)		34.292350				1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR						1.41
1.42	MEDICAL EDUCATION ADJUSTMENT						1.42
2	ORGAN ACQUISITION						2
3	COST OF TEACHING PHYSICIANS						3
4	SUBTOTAL		13644273				4
5	PRIMARY PAYER PAYMENTS						5
6	SUBTOTAL		13644273				6
7	DEDUCTIBLES		86208				7
8	SUBTOTAL		13558065				8
9	COINSURANCE		27920				9
10	SUBTOTAL		13530145				10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)						11
11.01	REDUCED REIMBURSABLE BAD DEBTS						11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)						11.02
12	SUBTOTAL		13530145				12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS						13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

		HOSPITAL	SUB I (15-T125)	SUB II	SUB III	SUB IV	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)						13.01
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION						14
15	OTHER ADJUSTMENTS						15
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						16
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER		13530145				17
18	SEQUESTRATION ADJUSTMENT						18
19	INTERIM PAYMENTS		13532109				19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20	BALANCE DUE PROVIDER/PROGRAM		-1964				20
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						21
	TO BE COMPLETED BY INTERMEDIARY						
50	ORIGINAL OUTLIER AMOUNT						50
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)						51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						52
53	OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)						53

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

WORKSHEET E-3
PART III

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

		HOSPITAL (15-0125) (PPS)	SUB I (15-T125) (PPS)	SUB II	SUB III	SUB IV	NF I	
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	1	
1	INPATIENT HOSPITAL/SNF/NF SERVICES							1
2	MEDICAL AND OTHER SERVICES							2
3	INTERNS AND RESIDENTS							3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O							4
5	COST OF TEACHING PHYSICIANS							5
6	SUBTOTAL							6
7	INPATIENT PRIMARY PAYER PAYMENTS							7
8	OUTPATIENT PRIMARY PAYER PAYMENTS							8
9	SUBTOTAL							9
	COMPUTATION OF LESSER OF COST OR CHARGES							
10	ROUTINE SERVICE CHARGES	2598528	28375					10
11	ANCILLARY SERVICE CHARGES	10017831	110175					11
12	INTERNS AND RESIDENTS SERVICE CHARGES							12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE							13
14	TEACHING PHYSICIANS							14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION							15
16	TOTAL REASONABLE CHARGES	12616359	138550					16
	CUSTOMARY CHARGES							
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE							17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)							18
19	RATIO OF LINE 17 TO LINE 18							19
20	TOTAL CUSTOMARY CHARGES	12616359	138550					20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12616359	138550					21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES							22
23	COST OF COVERED SERVICES							23
	PROSPECTIVE PAYMENT AMOUNT							
24	OTHER THAN OUTLIER PAYMENTS	3436606	38653					24
25	OUTLIER PAYMENTS							25
26	PROGRAM CAPITAL PAYMENTS							26
27	CAPITAL EXCEPTION PAYMENTS							27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS							28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS							29
30	SUBTOTAL	3436606	38653					30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED	11978074	108694					31
32	LESSER OF LINES 30 OR 31	3436606	38653					32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)							33

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

WORKSHEET E-3
PART III

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

		HOSPITAL (15-0125) (PPS)	SUB I (15-T125) (PPS)	SUB II	SUB III	SUB IV	NF I	
		1	1	1	1	1	1	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT							
34	EXCESS OF REASONABLE COST							34
35	SUBTOTAL	3436606	38653					35
36	COINSURANCE							36
37	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 BENEFICIARIES (SEE INSTRUCTIONS)							38.02
39	UTILIZATION REVIEW							39
40	SUBTOTAL	3436606	38653					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 A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)							44
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 UTILIZATION							49
50	REMOVE IP COSTS							50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS							51
52	SUBTOTAL	3436606	38653					52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT							53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS							54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	3436606	38653					55
56	SEQUESTRATION ADJUSTMENT							56
57	INTERIM PAYMENTS	3436606	38653					57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)							57.01
58	BALANCE DUE PROVIDER/PROGRAM							58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2							59

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	20032597				1
2	TEMPORARY INVESTMENTS					2
3	NOTES RECEIVABLE					3
4	ACCOUNTS RECEIVABLE	81251165	798104			4
5	OTHER RECEIVABLES					5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-34306585				6
7	INVENTORY	5723314				7
8	PREPAID EXPENSES	2329431				8
9	OTHER CURRENT ASSETS					9
10	DUE FROM OTHER FUNDS	232799				10
11	TOTAL CURRENT ASSETS	75262721	798104			11
	FIXED ASSETS					
12	LAND	1940035				12
12.01	ACCUMULATED DEPRECIATION					12.01
13	LAND IMPROVEMENTS	5439819				13
13.01	ACCUMULATED DEPRECIATION	-3821098				13.01
14	BUILDINGS	207737529				14
14.01	ACCUMULATED DEPRECIATION	-133834156				14.01
15	LEASEHOLD IMPROVEMENTS	391474				15
15.01	ACCUMULATED AMORTIZATION	-326909				15.01
16	FIXED EQUIPMENT	9803201				16
16.01	ACCUMULATED DEPRECIATION	-1465672				16.01
17	AUTOMOBILES AND TRUCKS	474444				17
17.01	ACCUMULATED DEPRECIATION	-426240				17.01
18	MAJOR MOVABLE EQUIPMENT	114582810				18
18.01	ACCUMULATED DEPRECIATION	-84961088				18.01
19	MINOR EQUIPMENT DEPRECIABLE	453921				19
19.01	ACCUMULATED DEPRECIATION					19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE	4399				20
21	TOTAL FIXED ASSETS	115992469				21
	OTHER ASSETS					
22	INVESTMENTS	2390261				22
23	DEPOSITS ON LEASES					23
24	DUE FROM OWNERS/OFFICERS					24
25	OTHER ASSETS					25
26	TOTAL OTHER ASSETS	2390261				26
27	TOTAL ASSETS	193645451	798104			27

	LIABILITIES AND FUND BALANCES	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
		1	2	3	4	
	CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	8190275				28
29	SALARIES, WAGES & FEES PAYABLE	21362935				29
30	PAYROLL TAXES PAYABLE	1252406				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	893904				31
32	DEFERRED INCOME					32
33	ACCELERATED PAYMENTS					33
34	DUE TO OTHER FUNDS					34
35	OTHER CURRENT LIABILITIES	17712841				35
36	TOTAL CURRENT LIABILITIES	49412361				36
	LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE					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	13924218				41
42	TOTAL LONG TERM LIABILITIES	13924218				42
43	TOTAL LIABILITIES	63336579				43
	CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	130308872				44
45	SPECIFIC PURPOSE FUND BALANCE		798104			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	130308872	798104			51
52	TOTAL LIABILITIES AND FUND BALANCES	193645451	798104			52

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PERIOD FROM 07/01/2007 TO 06/30/2008

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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	129718118	823528			1
2	NET INCOME (LOSS)	24136955				2
3	TOTAL	153855073	823528			3
4	ADDITIONS (CREDIT ADJUSTMENTS)	*	-15837			4
5	INVESTMENT INCOME/CONTRIBUTIONS		1224			5
6	ASSETS RELEASED	11109	-10811			6
7	MINIMUM PENSION LIABILITY	4517680				7
8						8
9						9
10	TOTAL ADDITIONS	4528789	-25424			10
11	SUBTOTAL	158383862	798104			11
12	DEDUCTIONS (DEBIT ADJUSTMENTS)					12
13	MINIMUM PENSION LIABILITY					13
14	TRANSFERS TO OTHER REVENUE					14
15	TRANSFER TO RIDGEWOOD ARTS	80000				15
16	TRANSFER TO PARENT	27994990				16
17	NET ASSETS RELEASED FROM RESTRICTN					17
18	TOTAL DEDUCTIONS	28074990				18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	130308872	798104			19

PROVIDER NO. 15-0125 COMMUNITY HOSPITAL
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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	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	HOSPITAL	52701785		52701785	1
2	SUBPROVIDER I	5580776		5580776	2
4	SWING BED - SNF				4
5	SWING BED - NF				5
6	SKILLED NURSING FACILITY				6
7	NURSING FACILITY				7
8	OTHER LONG TERM CARE				8
9	TOTAL GENERAL INPATIENT CARE SERVICES	58282561		58282561	9
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10	INTENSIVE CARE UNIT	11612521		11612521	10
10.01	NEONATAL INTENSIVE CARE	6579578		6579578	10.01
11	CORONARY CARE UNIT				11
12	BURN INTENSIVE CARE UNIT				12
13	SURGICAL INTENSIVE CARE UNIT				13
14	OTHER SPECIAL CARE (SPECIFY)				14
15	TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	18192099		18192099	15
16	TOTAL INPATIENT ROUTINE CARE SERVICES	76474660		76474660	16
17	ANCILLARY SERVICES	379886629	232183074	612069703	17
18	OUTPATIENT SERVICES				18
18.50	RHC				18.50
18.60	FQHC				18.60
19	HOME HEALTH AGENCY		5400266	5400266	19
20	AMBULANCE				20
21	CORF				21
22	ASC				22
23	HOSPICE				23
24	EMERGENCY		24112054	24112054	24
24.01	PHYSICIAN OFFICES		15052005	15052005	24.01
24.02	OBSERVATION		4642329	4642329	24.02
25	TOTAL PATIENT REVENUES	456361289	281389728	737751017	25

PART II - OPERATING EXPENSES

		1	2	
26	OPERATING EXPENSES		319880475	26
27	BAD DEBTS	10064136		27
28				28
29				29
30				30
31				31
32				32
33	TOTAL ADDITIONS		10064136	33
34	CSC/CCC EXPENSES	-16456869		34
35				35
36				36
37				37
38				38
39	TOTAL DEDUCTIONS	-16456869		39
40	TOTAL OPERATING EXPENSES		313487742	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

	DESCRIPTION		
1	TOTAL PATIENT REVENUES	737751017	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	412975578	2
3	NET PATIENT REVENUES	324775439	3
4	LESS - TOTAL OPERATING EXPENSES	313487742	4
5	NET INCOME FROM SERVICE TO PATIENTS	11287697	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	2000	6
7	INCOME FROM INVESTMENTS	775087	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	9618	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	1096784	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	3398496	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	29233	21
22	RENTAL OF HOSPITAL SPACE	1074762	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER REVENUE	5626671	24
24.01	REVENUE-CLASSES	143357	24.01
24.02	ASSETS RELEASED FROM RESTRICTION	693250	24.02
25	TOTAL OTHER INCOME	12849258	25
26	TOTAL	24136955	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	24136955	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 15-7487

WORKSHEET H

		SALARIES 1	EMPLOYEE BENEFITS 2	TRANS-PORTATION 3	CONTRACTED/ PURCH SVCS 4	OTHER COSTS 5	TOTAL HHA COST 6	
	GENERAL SERVICE COST CENTER							
1	CAPITAL RELATED-BLDG & FIXTURES							1
2	CAPITAL RELATED-MOVABLE EQUIPMENT							2
3	PLANT OPERATION & MAINTENANCE							3
4	TRANSPORTATION							4
5	ADMINISTRATIVE AND GENERAL	426143		14905	5938	70968	517954	5
	HHA REIMBURSABLE SERVICES							
6	SKILLED NURSING CARE	794195					794195	6
7	PHYSICAL THERAPY	165			632385		632550	7
8	OCCUPATIONAL THERAPY				141155		141155	8
9	SPEECH PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES	1969					1969	10
11	HOME HEALTH AIDE	49947					49947	11
12	SUPPLIES					77062	77062	12
13	DRUGS							13
13.20	COST OF ADMINISTERING VACCINES							13.20
14	DME							14
	HHA NONREIMBURSABLE SERVICES							
15	HOME DIALYSIS AIDE SERVICES							15
16	RESPIRATORY THERAPY							16
17	PRIVATE DUTY NURSING	56511				2225	58736	17
18	CLINIC							18
19	HEALTH PROMOTION ACTIVITIES							19
20	DAY CARE PROGRAM							20
21	HOME DELIVERED MEALS PROGRAM							21
22	HOMEMAKER SERVICE							22
23	ALL OTHERS							23
23.50	TELEMEDICINE							23.50
24	TOTAL	1328930		14905	779478	150255	2273568	24

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 15-7487

WORKSHEET H
(CONTINUED)

		RECLASSIFI-CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	
	GENERAL SERVICE COST CENTER					
1	CAPITAL RELATED-BLDG & FIXTURES					1
2	CAPITAL RELATED-MOVABLE EQUIPMENT					2
3	PLANT OPERATION & MAINTENANCE					3
4	TRANSPORTATION					4
5	ADMINISTRATIVE AND GENERAL	-11348	506606		506606	5
	HHA REIMBURSABLE SERVICES					
6	SKILLED NURSING CARE		794195		794195	6
7	PHYSICAL THERAPY		632550		632550	7
8	OCCUPATIONAL THERAPY		141155		141155	8
9	SPEECH PATHOLOGY					9
10	MEDICAL SOCIAL SERVICES		1969		1969	10
11	HOME HEALTH AIDE		49947		49947	11
12	SUPPLIES		77062		77062	12
13	DRUGS					13
13.20	COST OF ADMINISTERING VACCINES					13.20
14	DME					14
	HHA NONREIMBURSABLE SERVICES					
15	HOME DIALYSIS AIDE SERVICES					15
16	RESPIRATORY THERAPY					16
17	PRIVATE DUTY NURSING		58736		58736	17
18	CLINIC					18
19	HEALTH PROMOTION ACTIVITIES					19
20	DAY CARE PROGRAM					20
21	HOME DELIVERED MEALS PROGRAM					21
22	HOMEMAKER SERVICE					22
23	ALL OTHERS					23
23.50	TELEMEDICINE					23.50
24	TOTAL	-11348	2262220		2262220	24

PROVIDER NO. 15-0125 COMMUNITY HOSPITAL
PERIOD FROM 07/01/2007 TO 06/30/2008

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COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 15-7487

WORKSHEET H-
PART I

		NET EXPENSES FOR COST ALLOCATION 0	CAP REL BLDGS & FIXTURES 1	CAP REL MOVABLE EQUIPMENT 2	PLANT OPERATN & MAINT 3	TRANSPORT-ATION 4	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6	
	GENERAL SERVICE COST CENTER									
1	CAPITAL RELATED-BLDG & FIXT									1
2	CAPITAL RELATED-MOVABLE EQUIP									2
3	PLANT OPERATION & MAINTENANCE									3
4	TRANSPORTATION									4
5	ADMINISTRATIVE AND GENERAL	506606					506606	506606		5
	HHA REIMBURSABLE SERVICES									
6	SKILLED NURSING CARE	794195					794195	229038	1023233	6
7	PHYSICAL THERAPY	632550					632550	182725	815275	7
8	OCCUPATIONAL THERAPY	141155					141155	40708	181863	8
9	SPEECH PATHOLOGY									9
10	MEDICAL SOCIAL SERVICES	1969					1969	568	2537	10
11	HOME HEALTH AIDE	49947					49947	14404	64351	11
12	SUPPLIES	77062					77062	22224	99286	12
13	DRUGS									13
13.20	COST OF ADMINISTERING VACCINES									13.20
14	DME									14
	HHA NONREIMBURSABLE SERVICES									
15	HOME DIALYSIS AIDE SERVICES									15
16	RESPIRATORY THERAPY									16
17	PRIVATE DUTY NURSING									17
18	CLINIC	58736					58736	16939	75675	18
19	HEALTH PROMOTION ACTIVITIES									19
20	DAY CARE PROGRAM									20
21	HOME DELIVERED MEALS PROGRAM									21
22	HOMEMAKER SERVICE									22
23	ALL OTHERS									23
23.50	TELEMEDICINE									23.50
24	TOTAL	2262220					2262220		2262220	24

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 15-7487

WORKSHEET H-4
PART II

		CAP REL BLDGS & FIXTURES (SQUARE FEET) 1	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT-ATION (MILEAGE) 4	RECONCIL-IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
	GENERAL SERVICE COST CENTER							
1	CAPITAL RELATED-BLDG & FIXT							1
2	CAPITAL RELATED-MOVABLE EQUIP							2
3	PLANT OPERATION & MAINTENANCE							3
4	TRANSPORTATION							4
5	ADMINISTRATIVE AND GENERAL					-506606	1756668	5
	HHA REIMBURSABLE SERVICES							
6	SKILLED NURSING CARE						794195	6
7	PHYSICAL THERAPY					1054	633604	7
8	OCCUPATIONAL THERAPY						141155	8
9	SPEECH PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES						1969	10
11	HOME HEALTH AIDE						49947	11
12	SUPPLIES						77062	12
13	DRUGS							13
13.20	COST OF ADMINISTERING VACCINES							13.20
14	DME							14
	HHA NONREIMBURSABLE SERVICES							
15	HOME DIALYSIS AIDE SERVICES							15
16	RESPIRATORY THERAPY							16
17	PRIVATE DUTY NURSING						58736	17
18	CLINIC							18
19	HEALTH PROMOTION ACTIVITIES							19
20	DAY CARE PROGRAM							20
21	HOME DELIVERED MEALS PROGRAM							21
22	HOMEMAKER SERVICE							22
23	ALL OTHERS							23
23.50	TELEMEDICINE							23.50
24	TOTAL					-505552	1756668	24
25	COST TO BE ALLOC (PER W/S H)						506606	25
26	UNIT COST MULTIPLIER						.288390	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 15-7487

WORKSHEET H-5
PART I

	HHA COST CENTER	HHA TRIAL BALANCE 0	OLD CAP BLDGS & FIXTURES 1	OLD CAP MOVABLE EQUIPMENT 2	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINIS-TRATIVE & GENERAL 6	
1	ADMINISTRATIVE AND GENERAL				40661	16480	333192	390333	61145	1
2	SKILLED NURSING CARE	1023233						1023233	160289	2
3	PHYSICAL THERAPY	815275						815275	127712	3
4	OCCUPATIONAL THERAPY	181863						181863	28489	4
5	SPEECH PATHOLOGY									5
6	MEDICAL SOCIAL SERVICES	2537						2537	397	6
7	HOME HEALTH AIDE	64351						64351	10081	7
8	SUPPLIES	99286						99286	15553	8
9	DRUGS									9
9.20	COST OF ADMINISTERING VACC									9.20
10	DME									10
11	HOME DIALYSIS AIDE SERVICE									11
12	RESPIRATORY THERAPY									12
13	PRIVATE DUTY NURSING	75675						75675	11854	13
14	CLINIC									14
15	HEALTH PROMOTION ACTIVITIE									15
16	DAY CARE PROGRAM									16
17	HOME DELIVERED MEALS PROGR									17
18	HOMEMAKER SERVICE									18
19	ALL OTHERS									19
19.50	TELEMEDICINE									19.50
20	TOTALS	2262220			40661	16480	333192	2652553	415520	20
21	UNIT COST MULTIPLIER									21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 15-7487 WORKSHEET H-5 PART I

	HHA COST CENTER	MAIN-TENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY + LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	MAIN-TENANCE OF PERSONNEL 13	NURSING ADMINIS-TRATION 14	
1	ADMINISTRATIVE AND GENERAL		123208		10210		25651			1
2	SKILLED NURSING CARE									2
3	PHYSICAL THERAPY									3
4	OCCUPATIONAL THERAPY									4
5	SPEECH PATHOLOGY									5
6	MEDICAL SOCIAL SERVICES									6
7	HOME HEALTH AIDE									7
8	SUPPLIES									8
9	DRUGS									9
9.20	COST OF ADMINISTERING VACC									9.20
10	DME									10
11	HOME DIALYSIS AIDE SERVICE									11
12	RESPIRATORY THERAPY									12
13	PRIVATE DUTY NURSING									13
14	CLINIC									14
15	HEALTH PROMOTION ACTIVITIE									15
16	DAY CARE PROGRAM									16
17	HOME DELIVERED MEALS PROGR									17
18	HOMEMAKER SERVICE									18
19	ALL OTHERS									19
19.50	TELEMEDICINE									19.50
20	TOTALS		123208		10210		25651			20
21	UNIT COST MULTIPLIER									21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 15-7487

WORKSHEET H-5
PART I

	HHA COST CENTER	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	NONPHYSIC. ANESTHET. 20	NURSING SCHOOL 21	I&R SALARY & FRINGES 22	I&R PROGRAM COSTS 23	
1	ADMINISTRATIVE AND GENERAL									1
2	SKILLED NURSING CARE									2
3	PHYSICAL THERAPY									3
4	OCCUPATIONAL THERAPY									4
5	SPEECH PATHOLOGY									5
6	MEDICAL SOCIAL SERVICES									6
7	HOME HEALTH AIDE									7
8	SUPPLIES									8
9	DRUGS									9
9.20	COST OF ADMINISTERING VACC									9.20
10	DME									10
11	HOME DIALYSIS AIDE SERVICE									11
12	RESPIRATORY THERAPY									12
13	PRIVATE DUTY NURSING									13
14	CLINIC									14
15	HEALTH PROMOTION ACTIVITIE									15
16	DAY CARE PROGRAM									16
17	HOME DELIVERED MEALS PROGR									17
18	HOMEMAKER SERVICE									18
19	ALL OTHERS									19
19.50	TELEMEDICINE									19.50
20	TOTALS									20
21	UNIT COST MULTIPLIER									21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 15-7487

WORKSHEET H-5
PART I

	HHA COST CENTER	PARAMED EDUCATION 24	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29	
1	ADMINISTRATIVE AND GENERAL		610547		610547			1
2	SKILLED NURSING CARE		1183522		1183522	276158	1459680	2
3	PHYSICAL THERAPY		942987		942987	220033	1163020	3
4	OCCUPATIONAL THERAPY		210352		210352	49083	259435	4
5	SPEECH PATHOLOGY							5
6	MEDICAL SOCIAL SERVICES		2934		2934	685	3619	6
7	HOME HEALTH AIDE		74432		74432	17368	91800	7
8	SUPPLIES		114839		114839	26796	141635	8
9	DRUGS							9
9.20	COST OF ADMINISTERING VACC							9.20
10	DME							10
11	HOME DIALYSIS AIDE SERVICE							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING		87529		87529	20424	107953	13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIE							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGR							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
19.50	TELEMEDICINE							19.50
20	TOTALS		3227142		3227142	610547	3227142	20
21	UNIT COST MULTIPLIER					.233336		21

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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
STATISTICAL BASIS

HHA NO.: 15-7487

WORKSHEET H-5
PART II

	HHA COST CENTER	OLD CAP BLDGS & FIXTURES OLD- SQ FT 1	OLD CAP MOVABLE EQUIPMENT OLD- $ VALUE 2	NEW CAP BLDGS & FIXTURES NEW- SQ FT 3	NEW CAP MOVABLE EQUIPMENT NEW- $ VALUE 4	EMPLOYEE BENEFITS GROSS SALARIES 5	RECON-CILIATION 6A	ADMINIS-TRATIVE & GENERAL ACCUM COST 6	MAIN-TENANCE & REPAIRS SQUARE FEET 7	
1	ADMINISTRATIVE AND GENERAL									1
2	SKILLED NURSING CARE			4200	12287	1328930		390333		2
3	PHYSICAL THERAPY							1023233		3
4	OCCUPATIONAL THERAPY							815275		4
5	SPEECH PATHOLOGY							181863		5
6	MEDICAL SOCIAL SERVICES									6
7	HOME HEALTH AIDE							2537		7
8	SUPPLIES							64351		8
9	DRUGS							99286		9
9.20	COST OF ADMINISTERING VACC									9.20
10	DME									10
11	HOME DIALYSIS AIDE SERVICE									11
12	RESPIRATORY THERAPY									12
13	PRIVATE DUTY NURSING									13
14	CLINIC							75675		14
15	HEALTH PROMOTION ACTIVITIE									15
16	DAY CARE PROGRAM									16
17	HOME DELIVERED MEALS PROGR									17
18	HOMEMAKER SERVICE									18
19	ALL OTHERS									19
19.50	TELEMEDICINE									19.50
20	TOTALS			4200	12287	1328930		2652553		20
21	TOTAL COST TO BE ALLOCATED			40661	16480	333192		415520		21
22	UNIT COST MULTIPLIER			9.681190		.250722		.156649		22
22	UNIT COST MULTIPLIER				1.341255					22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
STATISTICAL BASIS

HHA NO.: 15-7487

WORKSHEET H-5
PART II

	HHA COST CENTER	OPERATION OF PLANT SQUARE FEET 8	LAUNDRY + LINEN SERVICE POUNDS 9	HOUSE-KEEPING TIME SPENT 10	DIETARY PATIENT MEALS 11	CAFETERIA FTES 12	MAIN-TENANCE OF PERSONNEL NUMBER HOUSED 13	NURSING ADMINIS-TRATION NURSING HOURS 14	CENTRAL SERVICES & SUPPLY COSTED REQ. 15	
1	ADMINISTRATIVE AND GENERAL	4200		1200		1990				1
2	SKILLED NURSING CARE									2
3	PHYSICAL THERAPY									3
4	OCCUPATIONAL THERAPY									4
5	SPEECH PATHOLOGY									5
6	MEDICAL SOCIAL SERVICES									6
7	HOME HEALTH AIDE									7
8	SUPPLIES									8
9	DRUGS									9
9.20	COST OF ADMINISTERING VACC									9.20
10	DME									10
11	HOME DIALYSIS AIDE SERVICE									11
12	RESPIRATORY THERAPY									12
13	PRIVATE DUTY NURSING									13
14	CLINIC									14
15	HEALTH PROMOTION ACTIVITIE									15
16	DAY CARE PROGRAM									16
17	HOME DELIVERED MEALS PROGR									17
18	HOMEMAKER SERVICE									18
19	ALL OTHERS									19
19.50	TELEMEDICINE									19.50
20	TOTALS	4200		1200		1990				20
21	TOTAL COST TO BE ALLOCATED	123208		10210		25651				21
22	UNIT COST MULTIPLIER	29.335238		8.508333		12.889950				22
22	UNIT COST MULTIPLIER									22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 15-7487 WORKSHEET H-5
STATISTICAL BASIS PART II

	HHA COST CENTER	PHARMACY COSTED REQ.	MEDICAL RECORDS & LIBRARY TIME SPENT	SOCIAL SERVICE TIME SPENT	NONPHYSIC. ANESTHET. ASSIGNED TIME	NURSING SCHOOL ASSIGNED TIME	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED EDUCATION ASSIGNED TIME	
		16	17	18	20	21	22	23	24	
1	ADMINISTRATIVE AND GENERAL									1
2	SKILLED NURSING CARE									2
3	PHYSICAL THERAPY									3
4	OCCUPATIONAL THERAPY									4
5	SPEECH PATHOLOGY									5
6	MEDICAL SOCIAL SERVICES									6
7	HOME HEALTH AIDE									7
8	SUPPLIES									8
9	DRUGS									9
9.20	COST OF ADMINISTERING VACC									9.20
10	DME									10
11	HOME DIALYSIS AIDE SERVICE									11
12	RESPIRATORY THERAPY									12
13	PRIVATE DUTY NURSING									13
14	CLINIC									14
15	HEALTH PROMOTION ACTIVITIE									15
16	DAY CARE PROGRAM									16
17	HOME DELIVERED MEALS PROGR									17
18	HOMEMAKER SERVICE									18
19	ALL OTHERS									19
19.50	TELEMEDICINE									19.50
20	TOTALS									20
21	TOTAL COST TO BE ALLOCATED									21
22	UNIT COST MULTIPLIER									22
22	UNIT COST MULTIPLIER									22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 15-7487

WORKSHEET H-6
PARTS I & II

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

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

COST PER VISIT COMPUTATION

	PATIENT SERVICES	FROM WKST H-5, PART I, COL 29, LINE	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	
			1	2	3	4	5	
1	SKILLED NURSING CARE	2	1459680		1459680	17466	83.57	1
2	PHYSICAL THERAPY	3	1163020		1163020	11504	101.10	2
3	OCCUPATIONAL THERAPY	4	259435		259435	2576	100.71	3
4	SPEECH PATHOLOGY	5						4
5	MEDICAL SOCIAL SERV	6	3619		3619	35	103.40	5
6	HOME HEALTH AIDE SERV	7	91800		91800	2633	34.87	6
7	TOTAL		2977554		2977554	34214		7

LIMITATION COST COMPUTATION

	PATIENT SERVICES	MSA NO.				PROGRAM COST LIMITS	
		1	2	3	4	5	
8	SKILLED NURSING CARE	2960					8
9	PHYSICAL THERAPY	2960					9
10	OCCUPATIONAL THERAPY	2960					10
11	SPEECH PATHOLOGY	2960					11
12	MEDICAL SOCIAL SERV	2960					12
13	HOME HEALTH AIDE SERV	2960					13
14	TOTAL						14

SUPPLIES AND DRUGS COST COMPUTATIONS

	OTHER PATIENT SERVICES	FROM WKST H-5, PART I, COL 29, LINE	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	
			1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8	141635		141635	194455	.728369	15
16	COST OF DRUGS	9						16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20

PER BENEFICIARY COST LIMITATION:

		MSA NO. 1	AMOUNT 2	
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4	2960		17
18	PER BENEFICIARY COST LIMITATION	2960		18
19	PER BENEFICIARY COST LIMITATION			19

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 15-7487

WORKSHEET H-6
PARTS I & II
(CONTINUED)

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

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

COST PER VISIT COMPUTATION

	PATIENT SERVICES	PROGRAM VISITS PART A	PROGRAM VISITS PART B NOT SUBJ TO DEDUCTIBLES & COINSUR	PROGRAM VISITS PART B SUBJECT TO DEDUCTIBLES & COINSUR	COST OF SERVICES PART A	COST OF SERVICES PART B NOT SUBJ TO DEDUCTIBLES & COINSUR	COST OF SERVICES PART B SUBJECT TO DEDUCTIBLES & COINSUR	TOTAL PROGRAM COST	
		6	7	8	9	10	11	12	
1	SKILLED NURSING CARE	8907	5215		744358	435818		1180176	1
2	PHYSICAL THERAPY	7270	2501		734997	252851		987848	2
3	OCCUPATIONAL THERAPY	1768	628		178055	63246		241301	3
4	SPEECH PATHOLOGY								4
5	MEDICAL SOCIAL SERV	13	13		1344	1344		2688	5
6	HOME HEALTH AIDE SERV	1251	1157		43622	40345		83967	6
7	TOTAL	19209	9514		1702376	793604		2495980	7

LIMITATION COST COMPUTATION

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

SUPPLIES AND DRUGS COST COMPUTATIONS

	OTHER PATIENT SERVICES	PROGRAM COVERED CHARGES PART A	PROGRAM COVERED CHARGES PART B DEDUCT. & COINSUR. FEE REIMBURSED	PROGRAM COVERED CHARGES PART B DEDUCT. & COINSUR. NOT SUBJECT TO	PROGRAM COVERED CHARGES PART B DEDUCT. & COINSUR. SUBJECT TO	COST OF SERVICES PART A	COST OF SERVICES PART B DEDUCT. & COINSUR. FEE REIMBURSED	COST OF SERVICES PART B DEDUCT. & COINSUR. NOT SUBJECT TO	COST OF SERVICES PART B DEDUCT. & COINSUR. SUBJECT TO	
		6	7	7.01	8	9	10	10.01	11	
15	COST OF MEDICAL SUPPLIES	89370	75817			65094	55223			15
16	COST OF DRUGS									16
16.20	COST OF ADMINISTERING VA									16.20

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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 15-7487

WORKSHEET H-6
PARTS II & III

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

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

		FROM WKST C, PART I, COL 9, LINE	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I 4	
1	PHYSICAL THERAPY	50	.421741			COL 2, LINE 2	1
2	OCCUPATIONAL THERAPY	51				COL 2, LINE 3	2
3	SPEECH PATHOLOGY	52				COL 2, LINE 4	3
4	MEDICAL SUPPLIES CHARGED TO PA	55	.502829			COL 2, LINE 15	4
5	DRUGS CHARGED TO PATIENTS	56	.229751			COL 2, LINE 16	5

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

				PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE					
				PROGRAM VISITS		PROGRAM COST		PROGRAM	
		FROM PART I COL. 5	COST PER VISIT	PRIOR TO 1/1/98	FROM 1/1/98 THRU 12/31/98	PRIOR TO 1/1/98	FROM 1/1/98 THRU 12/31/98	VISITS ON OR AFTER 1/1/99	
		1	2	2.01	3	3.01	4	5	
1	PHYSICAL THERAPY	2	101.10						1
2	OCCUPATIONAL THERAPY	3	100.71						2
3	SPEECH PATHOLOGY	4							3
4	TOTAL								4

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 15-7487

WORKSHEET H-7
PARTS I & II

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

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

	DESCRIPTION	PART A 1	PART B NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	PART B SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
	REASONABLE COST OF PROGRAM SERVICES				
1	REASONABLE COST OF SERVICES				1
2	TOTAL CHARGES				2
	CUSTOMARY CHARGES				
3	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				3
4	AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)				4
5	RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				5
6	TOTAL CUSTOMARY CHARGES				6
7	EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST				7
8	EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES				8
9	PRIMARY PAYOR PAYMENTS				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10	TOTAL REASONABLE COST			10
10.01	TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	2772583	1134050	10.01
10.02	TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	24978	39362	10.02
10.03	TOTAL PPS REIMBURSEMENT - LUPA EPISODES	15809	8155	10.03
10.04	TOTAL PPS REIMBURSEMENT - PEP EPISODES	7194	5148	10.04
10.05	TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.05
10.06	TOTAL PPS REIMBURSEMENT - SCIC EPISODES	193		10.06
10.07	TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	7390	14435	10.07
10.08	TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			10.08
10.09	TOTAL PPS OUTLIER REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.09
10.10	TOTAL PPS OUTLIER REIMBURSEMENT - SCIC EPISODES			10.10
10.11	TOTAL OTHER PAYMENTS			10.11
10.12	DME PAYMENTS			10.12
10.13	OXYGEN PAYMENTS			10.13
10.14	PROSTHETIC AND ORTHOTIC PAYMENTS			10.14
11	PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCL COINSURANCE)			11
12	SUBTOTAL	2828147	1201150	12
13	EXCESS REASONABLE COST			13
14	SUBTOTAL	2828147	1201150	14
15	COINSURANCE BILLED TO PROGRAM PATIENTS			15
16	NET COST	2828147	1201150	16
17	REIMBURSABLE BAD DEBTS			17
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD	2828147	1201150	18
19	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			19
20	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR OR DECREASE IN PROGRAM UTILIZATION			20
21	OTHER ADJUSTMENTS (SPECIFY):			21
22	SUBTOTAL	2828147	1201150	22
23	SEQUESTRATION ADJUSTMENT			23
24	SUBTOTAL	2828147	1201150	24
25	TOTAL INTERIM PAYMENTS	2828147	1201150	25
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			25.01
26	BALANCE DUE PROVIDER/PROGRAM			26
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			27

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

HHA NO.: 15-7487

WORKSHEET H-8

DESCRIPTION			PART A MO/DAY/YR 1	PART A AMOUNT 2	PART B MO/DAY/YR 3	PART B AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				2828147		1201150	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.				NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM TO PROVIDER	.01					3.01
		.02					3.02
		.03		NONE		NONE	3.03
		.04					3.04
		.05					3.05
	PROVIDER TO PROGRAM	.50					3.50
		.51					3.51
		.52		NONE		NONE	3.52
		.53					3.53
		.54					3.54
SUBTOTAL		.99					3.99
4 TOTAL INTERIM PAYMENTS				2828147		1201150	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 TO PROVIDER	.01					5.01
		.02		NONE		NONE	5.02
		.03					5.03
	PROVIDER TO PROGRAM	.50					5.50
		.51		NONE		NONE	5.51
		.52					5.52
SUBTOTAL		.99					5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER	.01					6.01
	PROVIDER TO PROGRAM	.02					6.02
7 TOTAL MEDICARE PROGRAM LIABILITY				2828147		1201150	7

NAME OF INTERMEDIARY: _____

INTERMEDIARY NUMBER: _____

SIGNATURE OF AUTHORIZED PERSON: _____

DATE (MO/DAY/YR): _____

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

		HOSPITAL (15-0125)	SUB I (15-T125)	SUB II	SUB III	SUB IV
	PART I - FULLY PROSPECTIVE METHOD					
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS					1
	CAPITAL FEDERAL AMOUNT					
2	CAPITAL DRG OTHER THAN OUTLIER	6620797				2
3	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997					3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997	94039				3.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT					
4	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E,PT A,LN.3.17] [E-3,PT VI,LN.18} [x E-3,PT VI,LN.1]					4
4.01	NO. OF INTERNS & RESIDENTS 0.00 0.00					4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE					4.02
4.03	INDIRECT MEDICAL EDUCATON ADJUSTMENT					4.03
	DISPROPORTIONATE SHARE ADJUSTMENT					
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS	0.0299				5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I	0.1208				5.01
5.02	SUM OF LINES 5 AND 5.01	0.1507				5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0310				5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	205245				5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	6920081				6
	PART II - HOLD HARMLESS METHOD					
1	NEW CAPITAL					1
2	OLD CAPITAL					2
3	TOTAL CAPITAL					3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL					4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE					5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT					6
7	REDUCED OLD CAPITAL AMOUNT					7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL					8
9	SUBTOTAL					9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)					10
	PART III - PAYMENT UNDER REASONABLE COST					
1	PROGRAM INPATIENT ROUTINE CAPITAL COST					1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST					2
3	TOTAL INPATIENT PROGRAM CAPITAL					3
4	CAPITAL COST PAYMENT FACTOR					4
5	TOTAL INPATIENT PROGRAM CAPITAL COST					5
	PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1	PROGRAM INPATIENT CAPITAL COSTS					1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES					2
3	NET PROGRAM INPATIENT CAPITAL COSTS					3
4	APPLICABLE EXCEPTION PERCENTAGE					4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS					5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES					6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES					7
8	CAPITAL MINIMUM PAYMENT LEVEL					8
9	CURRENT YEAR CAPITAL PAYMENTS					9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS					10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT					11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS					12
13	CURRENT YEAR EXCEPTION PAYMENT					13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD					14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)					15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)					16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT					17