

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

WORKSHEET S  
 PARTS I & II

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

PART I - CERTIFICATION

CHECK XX ELECTRONICALLY FILED COST REPORT DATE: 11/12/2008  
 APPLICABLE BOX MANUALLY SUBMITTED COST REPORT TIME: 10:11

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 ST. FRANCIS MEDICAL CENTER (26-0183) (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: 11/12/2008 10:11  
 z6fvbKJzoldDoli7.HP.kTmPoYXdPI0  
 fHM460SQ3XAh5QEk:duvTNwMv6xVtw  
 PoCYlgXnC30:rC1k

(SIGNED) Tom Balaban  
 OFFICER OF ADMINISTRATOR OF PROVIDER(S)  
 vice pres - finance  
 TITLE  
 DATE 11/19/08

PI Encryption: 11/12/2008 10:11  
 UuBFiYpvb:EXJQTSX.r6aGV9J7faQ0  
 IjjEEOfoB0ZtS3aXxaSPKRRSm4Qxg0  
 5w2RbRAUtr0Cyheh

PART II - SETTLEMENT SUMMARY

TITLE V	TITLE XVIII		TITLE XIX
	PART A	PART B	
1 HOSPITAL	2 856854	3 841	4 1
2 SUBPROVIDER I			2
3 SWING BED - SNF	11543		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	868397	841	100

THE ABOVE AMOUNTS REPRESENT 'DUE TO' OR 'DUE FROM' THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED.

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 657 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

**RECEIVED**  
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 Healthcare & Family Services  
 BUREAU OF HEALTH FINANCE

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

WORKSHEET S  
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(SIGNED) \_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)  
 \_\_\_\_\_  
 TITLE  
 \_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		TITLE XIX 4	
		PART A 2	PART B 3		
1	HOSPITAL	856854	1024		1
2	SUBPROVIDER I	11543			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	868397	1024		100

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HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 211 ST. FRANCIS DRIVE P.O.BOX: 1  
 1.01 CITY: CAPE GIRARDEAU STATE: MO ZIP CODE: 63703 COUNTY: CAPE GIRARDEAU 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	26-0183	07/01/1966	N	P	P	2
3	SUBPROVIDER I	26-T183	07/01/1988	N	P	N	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	HOME HEALTH AGENCY	08/08/1996	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				17
18	TYPE OF CONTROL		1 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.		2		N		21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.		2				21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.		2				21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER 'Y' FOR YES AND 'N' FOR NO.		NO				21.06
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?		YES				22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW		NO				23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.						23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL. 2 AND TERMINATION IN COL. 3.						24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.						24.01
25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?		NO				25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?		NO				25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.		NO				25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.		NO				25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2		NO				25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)						25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)						25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

OTHER INFORMATION

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

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 40  
 40.01 NAME: FI/CONTRACTOR'S NAME: FI/CONTRACTOR'S NUMBER: 40.01  
 40.02 STREET: P.O.BOX: 40.02  
 40.03 CITY: STATE: ZIP CODE: 40.03  
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? YES 41  
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? NO 42  
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? NO 42.01  
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? NO 42.02  
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS? NO 43  
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY? YES 44  
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? NO 45  
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.  
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS? 45.01  
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? 45.02  
 45.03 WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? 45.03  
 46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE. 46

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

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

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? NO 52  
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV. NO 52.01  
 53 IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 53  
 53.01 MDH PERIOD: BEGINNING: ENDING: 53.01  
 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: 54  
 PREMIUMS: 1401365 PAID LOSSES: AND/OR SELF INSURANCE:  
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. NO 54.01  
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO. NO 55  
 56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. DATE Y/N LIMIT Y/N FEES  
 0 1 2 3 4  
 / / NO 0.00 NO 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? YES 58  
 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.  
 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 NO 58.01  
 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? NO 59  
 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)

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





HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I  
 (CONTINUED)

COMPONENT	-----DISCHARGES-----				TOTAL ALL PATIENTS	
	TITLE V 12	TITLE XVIII 13	TITLE XIX 14			
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		5598	1502	10098		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 NEONATOLOGY/NICU						6.01
7 CORONARY CARE UNIT						7
8 BURN INTENSIVE CARE UNIT						8
9 SURGICAL INTENSIVE CARE UNIT						9
10 OTHER SPECIAL CARE (SPECIFY)						10
11 NURSERY						11
12 TOTAL HOSPITAL		5598	1502	10098		12
13 RPCH VISITS						13
14 SUBPROVIDER I		218		293		14
15 SKILLED NURSING FACILITY						15
16 NURSING FACILITY						16
17 OTHER LONG TERM CARE						17
18 HOME HEALTH AGENCY						18
20 ASC (DISTINCT PART)						20
21 HOSPICE (DISTINCT PART)						21
23 O/P REHAB PROVIDER						23
24 RHC I						24
25 TOTAL						25
26 OBSERVATION BED DAYS						26
27 AMBULANCE TRIPS						27
28 EMPLOYEE DISCOUNT DAYS						28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
		1	2	3	4	5	6	
1	SALARIES							
1	TOTAL SALARIES	90353207		90353207	3250103.00	27.80		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A							4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B	2527112		2527112	20346.00	124.21		5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)							6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	15538629	641897	16180526	312634.00	51.76		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	377918		377918	6639.00	56.92		9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10	CONTRACT LABOR: PHYSICIAN PART A							10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS							11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	19095994		19095994			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	2350550		2350550			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18	PHYSICIAN PART A						CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B	297162		297162			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	678830	1119	679949	22718.00	29.93		21
22	ADMINISTRATIVE & GENERAL	7958947	-592248	7366699	317451.00	23.21		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23	MAINTENANCE & REPAIRS	1627244	-316873	1310371	82744.00	15.84		23
24	OPERATION OF PLANT	537398	104	537502	31742.00	16.93		24
25	LAUNDRY & LINEN SERVICE	524268	69	524337	39071.00	13.42		25
26	HOUSEKEEPING	1462502	607	1463109	113313.00	12.91		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	1474456	338	1474794	100424.00	14.69		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA							28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	1613031	989	1614020	68485.00	23.57		30
31	CENTRAL SERVICES AND SUPPLY							31
32	PHARMACY							32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	1169946	633	1170579	68412.00	17.11		33
34	SOCIAL SERVICE	298011	78	298089	10328.00	28.86		34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
		1	2	3	4	5	
1	NET SALARIES	87826095		87826095	3229757.00	27.19	1
2	EXCLUDED AREA SALARIES	15538629	641897	16180526	312634.00	51.76	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	72287466	-641897	71645569	2917123.00	24.56	3
4	SUBTOTAL OTHER WAGES & REL COSTS	377918		377918	6639.00	56.92	4
5	SUBTOTAL WAGE-RELATED COSTS	19095994		19095994		26.65	5
6	TOTAL (SUM OF LINES 3 THRU 5)	91761378	-641897	91119481	2923762.00	31.17	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	17344633	-905184	16439449	854688.00	19.23	13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 26-7515

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY:

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		24		3	27	1
2 UNDUPLICATED CENSUS COUNT		234.00		243.00	477.00	2

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK: 40.00	STAFF 1	CONTRACT 2	TOTAL 3	
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)	1.00		1.00	4
5 OTHER ADMINISTRATIVE PERSONNEL	1.00		1.00	5
6 DIRECT NURSING SERVICE	5.13		5.13	6
7 NURSING SUPERVISOR				7
8 PHYSICAL THERAPY SERVICE	1.91		1.91	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE	.02		.02	10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE	.03		.03	12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE				14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE	.02		.02	16
17 HOME HEALTH AIDE SUPERVISOR				17
18 OTHER (SPECIFY)				18

HOME HEALTH AGENCY MSA CODES

19 HOW MANY MSAs IN COLUMN 1 OR CBSAs IN COLUMN 1.01 DID YOU PROVIDE SERVICES TO DURING THIS COST REPORTING PERIOD	1	1	1.01	1	19
20 LIST THOSE MSA CODE(S) IN COLUMN 1 AND CBSA CODE(S) IN COLUMN 1.01 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE)		9926	99926		20

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 26-7515

WORKSHEET S-4  
 (CONTINUED)

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

	FULL EPISODES		LUPA EPISODES 3	PEP ONLY EPISODES 4	SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL 7	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2						
21	SKILLED NURSING VISITS	1358	41	33		19	1451	21
22	SKILLED NURSING VISIT CHARGES	303580	9030	7310		5805	325725	22
23	PHYSICAL THERAPY VISITS	1489	29	37			1555	23
24	PHYSICAL THERAPY VISIT CHARGES	322715	6450	7955			337120	24
25	OCCUPATIONAL THERAPY VISITS	41	1	1			43	25
26	OCCUPATIONAL THERAPY VISIT CHARGES	9245	215	215			9675	26
27	SPEECH PATHOLOGY VISITS	20	5				25	27
28	SPEECH PATHOLOGY VISIT CHARGES	4300	3010				7310	28
29	MEDICAL SOCIAL SERVICE VISITS							29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES							30
31	HOME HEALTH AIDE VISITS	21		3			24	31
32	HOME HEALTH AIDE VISIT CHARGES	2310		330			2640	32
33	TOTAL VISITS	2929	76	74		19	3098	33
34	OTHER CHARGES							34
35	TOTAL CHARGES	642150	18705	15810		5805	682470	35
36	TOTAL NUMBER OF EPISODES	227	26	5		1	259	36
37	TOTAL NUMBER OF OUTLIER EPISODES							37
38	TOTAL MEDICAL SUPPLY CHARGES	60593	678	3888		348	65507	38

NHCMQ DEMONSTRATION STATISTICAL DATA  
 STATISTICAL DATA

WORKSHEET 5-7

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

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	17
17.01	GROSS MEDICAID REVENUES	15607024 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	15607024 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.275630 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	79290771 28
29	TOTAL GROSS MEDICAID COST	21854915 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	34514234 30
31	UNCOMPENSATED CARE COST	9513158 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	21854915 32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

	COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
	GENERAL SERVICE COST CENTERS								
1	0100 OLD CAP REL COSTS-BLDG & FIXT		336339	336339	50165	386504	-1316	385188	1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300 NEW CAP REL COSTS-BLDG & FIXT		6543274	6543274	3895961	10439235	-534790	9904445	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		7974642	7974642	124329	8098971	13153	8112124	4
5	0500 EMPLOYEE BENEFITS	678830	3511359	4190189	233577	4423766		4423766	5
6.01	0610 COMMUNICATIONS	203209	65844	269053	224100	493153	-36275	456878	6.01
6.02	0620 DATA PROCESSING	981474	1581036	2562510	2731	2565241		2565241	6.02
6.03	0630 PURCHASING	340684	313628	654312	-37575	616737		616737	6.03
6.04	0640 ADMITTING								6.04
6.05	0650 CREDIT & COLLECTIONS	647921	3203711	3851632	2797	3854429		3854429	6.05
6.06	0660 OTHER ADMINISTRATIVE & GENERAL	5785659	60871586	66657245	-11544919	55112326	-29537451	25574875	6.06
7	0700 MAINTENANCE & REPAIRS	1627244	999444	2626688	-479545	2147143		2147143	7
8	0800 OPERATION OF PLANT	241092	2538950	2780042	66	2780108	-5698	2774410	8
8.10	0801 SPD SOILED PROCESSING	296306	153499	449805	92	449897		449897	8.10
9	0900 LAUNDRY & LINEN SERVICE	524268	412514	936782	105	936887		936887	9
10	1000 HOUSEKEEPING	1462502	771261	2233763	919	2234682		2234682	10
11	1100 DIETARY	1474456	1623257	3097713	512	3098225	-983748	2114477	11
12	1200 CAFETERIA								12
14	1400 NURSING ADMINISTRATION	1141624	256373	1397997	854	1398851		1398851	14
14.10	1401 SPD STERILE PROCESSING	471407	357922	829329	643	829972	-200755	629217	14.10
17	1700 MEDICAL RECORDS & LIBRARY	1169946	720701	1890647	959	1891606	-277	1891329	17
18	1800 SOCIAL SERVICE	298011	73255	371266	118	371384		371384	18
	INPATIENT ROUTINE SERV COST CENTERS								
25	2500 ADULTS & PEDIATRICS	15013466	4353693	19367159	40295	19407454		19407454	25
26	2600 INTENSIVE CARE UNIT	4530880	1262982	5793862	22747	5816609		5816609	26
26.01	2060 NEONATOLOGY/NICU	2787671	804663	3592334	22572	3614906		3614906	26.01
31	3100 SUBPROVIDER I	1197988	456199	1654187	4867	1659054	-35590	1623464	31
33	3300 NURSERY	830895	190782	1021677	4944	1026621		1026621	33
	ANCILLARY SERVICE COST CENTERS								
37	3700 OPERATING ROOM	5944016	3371477	9315493	78472	9393965		9393965	37
38	3800 RECOVERY ROOM	937536	280077	1217613	12192	1229805		1229805	38
39	3900 DELIVERY ROOM & LABOR ROOM	573467	138910	712377	5211	717588		717588	39
40	4000 ANESTHESIOLOGY	205194	373142	578336	1742	580078		580078	40
41	4100 RADIOLOGY-DIAGNOSTIC	2659364	2272922	4932286	7133	4939419	-77821	4861598	41
42	4200 RADIOLOGY-THERAPEUTIC	458449	567575	1026024		1026024	-2241	1023783	42
43	4300 RADIOISOTOPE	226247	156474	382721	536	383257	-147	383110	43
44	4400 LABORATORY	3101683	5925986	9027669	-223124	8804545		8804545	44
44.10	4401 CARDIOVASCULAR LABORATORY	2016723	911108	2927831	12910	2940741		2940741	44.10
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	4900 RESPIRATORY THERAPY	2361369	1163644	3525013	35297	3560310	-107208	3453102	49
50	5000 PHYSICAL THERAPY	1589481	397529	1987010	3220	1990230	-32641	1957589	50
51	5100 OCCUPATIONAL THERAPY	672682	151690	824372	1846	826218		826218	51
52	5200 SPEECH PATHOLOGY	488876	110599	599475	1154	600629		600629	52
53	5300 ELECTROCARDIOLOGY	624645	761103	1385748	48545	1434293	-481895	952398	53
54	5400 ELECTROENCEPHALOGRAPHY	428658	435841	864499	4640	869139	-261931	607208	54
55	5500 MEDICAL SUPPLIES CHARGED TO PAT	545579	31696348	32241927	33049	32274976		32274976	55
56	5600 DRUGS CHARGED TO PATIENTS	2271015	8615833	10886848	21090	10907938	-12444	10895494	56
56.10	5601 REHABILITATION SERVICES	2170098	2116631	4286729	15670	4302399	-206630	4095769	56.10
	OUTPATIENT SERVICE COST CENTERS								
61	6100 EMERGENCY	6906599	1722695	8629294	16271	8645565	-2570807	6074758	61
62	6200 OBSERVATION BEDS (NON-DISTINCT								62
63.50	6310 RHC								63.50
63.60	6320 FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	6500 AMBULANCE SERVICES	428	245322	245750		245750		245750	65
67	6700 DURABLE MEDICAL EQUIP-SOLD	125352	1456872	1582224	131	1582355	-16336	1566019	67
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	606742	216095	822837	906	823743		823743	71
	SPECIAL PURPOSE COST CENTERS								
85.01	8510 PANCREAS ACQUISITION								85.01
85.02	8520 INTESTINAL ACQUISITION								85.02
85.03	8530 ISLET CELL ACQUISITION								85.03
88	8800 INTEREST EXPENSE		3704751	3704751	-3704751				88
90	9000 OTHER CAPITAL RELATED COSTS		365704	365704	-365704				90
95	SUBTOTALS	76619736	166535242	243154978	-11422250	231732728	-35092848	196639880	95
	NONREIMBURSABLE COST CENTERS								
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN								96
96.01	9601 FITNESS CENTER	1084837	462550	1547387	3309	1550696		1550696	96.01
96.02	9602 RETAIL PHARMACY	569743	4349579	4919322	276	4919598		4919598	96.02
96.03	9603 GARDEN VIEW DELI	62135	136863	198998	26	199024		199024	96.03
96.04	9604 MEDICAL OFFICE BLDG				13	13		13	96.04

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	101
96.05 9605 PHYSICIAN SERVICES	2308204	320389	2628593	1989	2630582		2630582	96.05
96.06 9606 ENDOCRINOLOGIST	393131	139975	533106	776	533882		533882	96.06
96.07 9607 HOSPITALIST	1913786	577580	2491366	565	2491931		2491931	96.07
96.08 9608 NEONATOLOGY PHYSICIANS	1156922	134585	1291507	158	1291665		1291665	96.08
96.09 9609 ANESTHESIOLOGISTS	2319107	4950896	7270003	66	7270069		7270069	96.09
96.10 9610 PHYSICIAN CARDIOLOGIST		17668	17668		17668		17668	96.10
96.11 9611 PHYSICIAN ONCOLOGIST	1388918	4600589	5989507	3873	5993380		5993380	96.11
96.12 9612 PERINATOLOGY	476338	86627	562965	711	563676		563676	96.12
96.13 9613 TRAMA PHYSICIANS	1335808	262477	1598285	69	1598354		1598354	96.13
96.14 9614 LANDMARK HOSPITAL				16768	16768		16768	96.14
96.15 9615 GYN SURG ONCOLOGIST	522846	108646	631492	390	631882		631882	96.15
96.16 9616 CAPE GASTROENTEROLOGY	201696	43429	245125	1471	246596		246596	96.16
96.20 9617 NONPATIENT MEALS								96.20
96.30 9618 BEAUTY SHOP								96.30
96.40 9619 MARKETING COSTS				11391790	11391790		11391790	96.40
101 TOTAL	90353207	182727095	273080302		273080302	-35092848	237987454	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE			
			LINE #	SALARY	OTHER	
1	1	2	3	4	5	
1 RECLASS EMPLOYEE BENEFITS	A	EMPLOYEE BENEFITS	5		231883	1
2	A					2
3 RECLASS INTEREST EXPENSE	B	NEW CAP REL COSTS-BLDG & FIXT	3		3704751	3
4 RECLASS TELEPHONE COSTS	C	COMMUNICATIONS	6.01		222745	4
5 RECLASS MAIL CLERK	D	OTHER ADMINISTRATIVE & GENERA	6.06	38153		5
6 RECLASS MARKETING COST	E	MARKETING COSTS	96.40	617967	10773823	6
7 RECLASS BIOMED	F	EMPLOYEE BENEFITS	5	1119	575	7
8	F	COMMUNICATIONS	6.01	894	461	8
9	F	DATA PROCESSING	6.02	1805	926	9
10	F	PURCHASING	6.03	382	196	10
11	F	CREDIT & COLLECTIONS	6.05	1848	949	11
12	F	OTHER ADMINISTRATIVE & GENERA	6.06	20790	10673	12
13	F	MAINTENANCE & REPAIRS	7	28940	14856	13
14	F	OPERATION OF PLANT	8	43	23	14
15	F	SPD SOILED PROCESSING	8.10	61	31	15
16	F	LAUNDRY & LINEN SERVICE	9	69	36	16
17	F	HOUSEKEEPING	10	607	312	17
18	F	DIETARY	11	338	174	18
19	F	NURSING ADMINISTRATION	14	564	290	19
20	F	SPD STERILE PROCESSING	14.10	425	218	20
21	F	MEDICAL RECORDS & LIBRARY	17	633	326	21
22	F	SOCIAL SERVICE	18	78	40	22
23	F	ADULTS & PEDIATRICS	25	42384	21758	23
24	F	INTENSIVE CARE UNIT	26	17875	9176	24
25	F	NEONATOLOGY/NICU	26.01	14915	7657	25
26	F	SUBPROVIDER I	31	3275	1681	26
27	F	NURSERY	33	3267	1677	27
28	F	OPERATING ROOM	37	57970	29760	28
29	F	RECOVERY ROOM	38	8057	4135	29
30	F	DELIVERY ROOM & LABOR ROOM	39	3443	1768	30
31	F	ANESTHESIOLOGY	40	1151	591	31
32	F	RADIOLOGY-DIAGNOSTIC	41	4603	2363	32
33	F	RADIOLOGY-DIAGNOSTIC	41	134	69	33
34	F	RADIOISOTOPE	43	354	182	34
35	F	LABORATORY	44	5764	2959	35
36 SUBTOTAL				877908	15047064	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1 RECLASS EMPLOYEE BENEFITS	A	RADIOLOGY-DIAGNOSTIC	41		36	1
2	A	LABORATORY	44		231847	2
3 RECLASS INTEREST EXPENSE	B	INTEREST EXPENSE	88		3704751	11 3
4 RECLASS TELEPHONE COSTS	C	OTHER ADMINISTRATIVE & GENERA	6.06		222745	4
5 RECLASS MAIL CLERK	D	PURCHASING	6.03	38153		5
6 RECLASS MARKETING COST	E	OTHER ADMINISTRATIVE & GENERA	6.06	617967	10773823	6
7 RECLASS BIOMED	F					7
8	F					8
9	F					9
10	F					10
11	F					11
12	F					12
13	F					13
14	F					14
15	F					15
16	F					16
17	F					17
18	F					18
19	F					19
20	F					20
21	F					21
22	F					22
23	F					23
24	F					24
25	F					25
26	F					26
27	F					27
28	F					28
29	F					29
30	F					30
31	F					31
32	F					32
33	F					33
34	F					34
35	F					35
36 SUBTOTAL				656120	14933202	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1	F	CARDIOVASCULAR LABORATORY	44.10	8837	4536 1
2	F	RESPIRATORY THERAPY	49	23324	11973 2
3	F	PHYSICAL THERAPY	50	2128	1092 3
4	F	OCCUPATIONAL THERAPY	51	1220	626 4
5	F	SPEECH PATHOLOGY	52	763	391 5
6	F	ELECTROCARDIOLOGY	53	1225	629 6
7	F	ELECTROENCEPHALOGRAPHY	54	3066	1574 7
8	F	MEDICAL SUPPLIES CHARGED TO P	55	21838	11211 8
9	F	DRUGS CHARGED TO PATIENTS	56	13936	7154 9
10	F	REHABILITATION SERVICES	56.10	10355	5315 10
11	F	EMERGENCY	61	16520	8481 11
12	F	DURABLE MEDICAL EQUIP-SOLD	67	87	44 12
13	F	HOME HEALTH AGENCY	71	599	307 13
14	F	FITNESS CENTER	96.01	2187	1122 14
15	F	RETAIL PHARMACY	96.02	182	94 15
16	F	GARDEN VIEW DELI	96.03	17	9 16
17	F	MEDICAL OFFICE BLDG	96.04	9	4 17
18	F	PHYSICIAN SERVICES	96.05	1314	675 18
19	F	ENDOCRINOLOGIST	96.06	513	263 19
20	F	HOSPITALIST	96.07	373	192 20
21	F	NEONATOLOGY PHYSICIANS	96.08	104	54 21
22	F	ANESTHESIOLOGISTS	96.09	43	23 22
23	F	PHYSICIAN ONCOLOGIST	96.11	2560	1313 23
24	F	PERINATOLOGY	96.12	470	241 24
25	F	TRAMA PHYSICIANS	96.13	45	24 25
26	F	LANDMARK HOSPITAL	96.14	11080	5688 26
27	F	GYN SURG ONCOLOGIST	96.15	258	132 27
28	F	CAPE GASTROENTEROLOGY	96.16	972	499 28
29 RECLASS EKG COSTS	H	ELECTROCARDIOLOGY	53	38747	7944 29
30	H				30
31	H				31
32	H				32
33	H				33
34	H				34
35	H				35
36 TOTAL RECLASSIFICATIONS				1040680	15118674 36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE			WKST A-7 REF. 10	
			COST CENTER 6	LINE # 7	SALARY 8		OTHER 9
1		F				1	
2		F				2	
3		F				3	
4		F				4	
5		F				5	
6		F				6	
7		F				7	
8		F				8	
9		F				9	
10		F				10	
11		F				11	
12		F				12	
13		F				13	
14		F				14	
15		F				15	
16		F				16	
17		F				17	
18		F				18	
19		F				19	
20		F				20	
21		F				21	
22		F				22	
23		F				23	
24		F				24	
25		F				25	
26		F				26	
27		F				27	
28		F	MAINTENANCE & REPAIRS	7	345813	177528	28
29	RECLASS EKG COSTS	H					29
30		H	ADULTS & PEDIATRICS	25	19709	4138	30
31		H	INTENSIVE CARE UNIT	26	3662	642	31
32		H	SUBPROVIDER I	31	71	18	32
33		H	OPERATING ROOM	37	7502	1756	33
34		H	CARDIOVASCULAR LABORATORY	44.10	372	91	34
35		H	EMERGENCY	61	7431	1299	35
36	TOTAL RECLASSIFICATIONS				1040680	15118674	36

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

WORKSHEET A-7  
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	64377					64377		1
2 LAND IMPROVEMENTS	1849079					1849079		2
3 BUILDINGS AND FIXTURES	17342802				468153	16874649		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	14771303				115871	14655432		5
6 MOVABLE EQUIPMENT	4885836				1699826	3186010		6
7 SUBTOTAL	38913397				2283850	36629547		7
8 RECONCILING ITEMS								8
9 TOTAL	38913397				2283850	36629547		9

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	2604493	182998		182998		2787491		1
2 LAND IMPROVEMENTS	4223208	217024		217024		4440232	116659	2
3 BUILDINGS AND FIXTURES	64219900	24362407		24362407	18517776	70064531	1791050	3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	50714010	4588654		4588654	2577876	52724788	2104835	5
6 MOVABLE EQUIPMENT	69047836	13876486		13876486	3382295	79542027	28764279	6
7 SUBTOTAL	190809447	43227569		43227569	24477947	209559069	32776823	7
8 RECONCILING ITEMS								8
9 TOTAL	190809447	43227569		43227569	24477947	209559069	32776823	9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	
	1	2	3	4	5	6	7	
1 OLD CAP REL COSTS-BLDG & FIXT	33379160		33379160	.137173			50165	50165 1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT	127229551		127229551	.522854			191210	191210 3
4 NEW CAP REL COSTS-MVBLE EQUIP	82728037		82728037	.339973			124329	124329 4
5 TOTAL	243336748		243336748	1.000000			365704	365704 5

SUMMARY OF OLD AND NEW CAPITAL

DESCRIPTION	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	335023					50165
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	6528056		3185179			191210	9904445 3
4 NEW CAP REL COSTS-MVBLE EQUIP	7987795					124329	8112124 4
5 TOTAL	14850874		3185179			365704	18401757 5

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

SUMMARY OF OLD AND NEW CAPITAL

DESCRIPTION	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	336339					
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	6543274						6543274 3
4 NEW CAP REL COSTS-MVBLE EQUIP	7974642						7974642 4
5 TOTAL	14854255						14854255 5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES	B	-519572	NEW CAP REL COSTS-BLDG & FIXT	3	11 3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-36275	COMMUNICATIONS	6.01	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-3589827			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	-1316			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-983748	DIETARY	11	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-12444	DRUGS CHARGED TO PATIENTS	56	19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-277	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	A-8-4		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	A-8-4		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				36
37 DEPR. ON PT. PHONE	A	-3350	NEW CAP REL COSTS-MVBLE EQUIP	4	9 37
38 TELEVISION ELECTRIC USAGE	A	-5698	OPERATION OF PLANT	8	38
39					39
40 COMMUNITY WELLNESS	B	-76869	REHABILITATION SERVICES	56.10	40
41 OUTSIDE STERILE PROCESS	B	-200755	SPD STERILE PROCESSING	14.10	41
42 APPRIA - LABOR	B	-14980	DURABLE MEDICAL EQUIP-SOLD	67	42
43 COMMUNITY TRAINING CENTER	B	-64950	REHABILITATION SERVICES	56.10	43
44 SPEC. EDUC. REIMB	B	-17051	OTHER ADMINISTRATIVE & GENERAL	6.06	44
45 MISC. INCOME	B	-43415	OTHER ADMINISTRATIVE & GENERAL	6.06	45
46 NON-ALLOW SUPPLIES-REHAB.	B	-11486	REHABILITATION SERVICES	56.10	46
47 SPORTS MED ACC. PROG.	B	-32641	PHYSICAL THERAPY	50	47
48 DME-SUPPLIES SALE	B	-1356	DURABLE MEDICAL EQUIP-SOLD	67	48
49 REHAB GYM USE	B	-1138	REHABILITATION SERVICES	56.10	49
49.01 ADJ. DEPR. EXP.	A	-9094	NEW CAP REL COSTS-BLDG & FIXT	3	9 49.01
49.02 ADJ. DEPR. EXP.	A	-2730	NEW CAP REL COSTS-MVBLE EQUIP	4	9 49.02
49.03 PROVISION FOR BAD DEBTS	A	-29460848	OTHER ADMINISTRATIVE & GENERAL	6.06	49.03
49.04 ADJ. DEPR. EXP	A	22577	NEW CAP REL COSTS-MVBLE EQUIP	4	9 49.04
49.05 AHA DUES FOR LOBBYING	A	-14372	OTHER ADMINISTRATIVE & GENERAL	6.06	49.05
49.06 DEPR. NEW BLDG & FIX.	A	-6124	NEW CAP REL COSTS-BLDG & FIXT	3	9 49.06
49.07 DEPR. NEW MOV. EQUIP.	A	-3344	NEW CAP REL COSTS-MVBLE EQUIP	4	9 49.07
49.08 NON-ALLOWABLE EXPENSE	A	-1765	OTHER ADMINISTRATIVE & GENERAL	6.06	49.08
50 TOTAL		-35092848			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1	1	OLD CAP REL COSTS-BLDG & FIXT		1316	-1316	9
2						2
3						3
4						4
5	TOTALS			1316	-1316	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.

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----						
SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
E	SFMC		SFHS		HEALTHCARE	1
						2
						3
						4
						5

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1	31 SUBPROVIDER I			71285		484		
					153400		35695	1785
2	41 RADIOLOGY-DIAGNOSTIC	77821	77821		195000			
3	42 RADIOLOGY-THERAPEUTIC	2241	2241		195000			
4	49 RESPIRATORY THERAPY	107208	107208		153400			
5	53 ELECTROCARDIOLOGY	481895	481895		153400			
6	54 ELECTROENCEPHALOGRAPHY	261931	261931		153400			
7	56.10 REHABILITATION SERVICES	81097		81097	153400	392	28910	1446
8	61 EMERGENCY	2580247	2560023	20224	153400	128	9440	472
9	43 RADIOISOTOPE		147	147	153400			
101	TOTAL	3663872	3491266	172606		1004	74045	3703

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11	12	13	14	15	16	17	18
1	31 SUBPROVIDER I		SUBPROVIDER			35695	35590	35590
2	41 RADIOLOGY-DIAGNOSTIC		RADIOLOGY-DIAGNOSTI					77821
3	42 RADIOLOGY-THERAPEUTIC		RADIOLOGY-THEAPUTIC					2241
4	49 RESPIRATORY THERAPY		RESPIRATORY THERAPY					107208
5	53 ELECTROCARDIOLOGY		ELECTROCARDIOLOGY					481895
6	54 ELECTROENCEPHALOGRAPHY		ELECTROENCEPHALOGRA					261931
7	56.10 REHABILITATION SERVICES		REHABILITATION SERV			28910	52187	52187
8	61 EMERGENCY		EMERGENCY			9440	10784	2570807
9	43 RADIOISOTOPE		NUCLEAR MEDICINE					147
101	TOTAL					74045	98561	3589827

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	OLD CAP BLDGS & FIXTURES 1	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	COMMUNI-CATIONS 6.01	DATA PROCESSING 6.02	PURCHASING 6.03	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT	385188	385188							1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT	9904445		9904445						3
4 NEW CAP REL COSTS-MVBLE EQUIP	8112124			8112124					4
5 EMPLOYEE BENEFITS	4423766	7830	201349	10537	4643482				5
6.01 COMMUNICATIONS	456878	580	14918		10569	482945			6.01
6.02 DATA PROCESSING	2565241	3074	79054	1990199	50916	11204	4699688		6.02
6.03 PURCHASING	616737	1183	30419	315762	15685	3968	15666	999420	6.03
6.04 ADMITTING						6536	46997		6.04
6.05 CREDIT & COLLECTIONS	3854429	1921	49403	2768	33646	9570	125325	2313	6.05
6.06 OTHER ADMINISTRATIVE & GENERAL	25574875	21665	557090	241692	270646	35013	767614	30814	6.06
7 MAINTENANCE & REPAIRS	2147143	7932	203952	37198	67854	26143	46997	6417	7
8 OPERATION OF PLANT	2774410	42826	1101190	10753	12486	1401		5018	8
8.10 SPD SOILED PROCESSING	449897	4298	110522	13634	15346	467		631	8.10
9 LAUNDRY & LINEN SERVICE	936887	3343	85955	34328	27151	934		4488	9
10 HOUSEKEEPING	2234682	2019	51918	8028	75763	1634		3519	10
11 DIETARY	2114477	4274	109897	49173	76368	3968		6470	11
12 CAFETERIA		4847	124636						12
14 NURSING ADMINISTRATION	1398851	374	9625	30012	59145	5135	78328	376	14
14.10 SPD STERILE PROCESSING	629217	2700	69430	24149	24432	2568	15666	3521	14.10
17 MEDICAL RECORDS & LIBRARY	1891329	4876	125387	16435	60615	17973	266316	1594	17
18 SOCIAL SERVICE	371384	115	2958		15436	1401		24	18
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	19407454	55402	1424473	505612	778624	66525	548297	12550	25
26 INTENSIVE CARE UNIT	5816609	8543	219677	78370	235354	10504	62663	4598	26
26.01 NEONATOLOGY/NICU	3614906	4381	112652	103788	145124	9103		2301	26.01
31 SUBPROVIDER I	1623464	7470	192089	16636	62200	7469	203653	547	31
33 NURSERY	1026621	430	11047	954	43195			687	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	9393965	35115	902935	1010944	310406	50652	485634	20290	37
38 RECOVERY ROOM	1229805	2201	56584	16972	48965	3501		644	38
39 DELIVERY ROOM & LABOR ROOM	717588				29874			483	39
40 ANESTHESIOLOGY	580078	119	3065	54691	10685	934		5407	40
41 RADIOLOGY-DIAGNOSTIC	4861598	12623	324581	1089448	137946	24976	234984	18444	41
42 RADIOLOGY-THERAPEUTIC	1023783	1247	32058	399442	23746	1867		8168	42
43 RADIOISOTOPE	383110	1397	35911	3004	11734	1401		1916	43
44 LABORATORY	8804545	9458	243210	511443	160910	19374	281981	68755	44
44.10 CARDIOVASCULAR LABORATORY	2940741	6750	173569	337769	104868	17740	156656	7014	44.10
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	3453102	3268	84036	105297	123484	7703	15666	6756	49
50 PHYSICAL THERAPY	1957589	13018	334730	36562	82417	2101	203653	521	50
51 OCCUPATIONAL THERAPY	826218	4197	107930	2625	34896	2101		194	51
52 SPEECH PATHOLOGY	600629	794	20406	2542	25354	1867	15666	434	52
53 ELECTROCARDIOLOGY	952398			219372	34415	1867		1671	53
54 ELECTROENCEPHALOGRAPHY	607208	1369	35211	52234	22356	6302		745	54
55 MEDICAL SUPPLIES CHARGED TO PAT	32274976	9114	234353	18363	29382	2101	15666	537485	55
56 DRUGS CHARGED TO PATIENTS	10895494	2362	60725	221918	118319	5835	156656	136520	56
56.10 REHABILITATION SERVICES	4095769	31732	815940	124058	112908	34079	422972	4368	56.10
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	6074758	10164	261347	230695	358108	25209	344644	5931	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES	245750				22			7	65
67 DURABLE MEDICAL EQUIP-SOLD	1566019			248	6495	934		97	67
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	823743	1141	29340	6481	31449	4435	15666	1044	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	196639880	336152	8643572	7934136	3899294	436495	4527366	912762	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		1784	45871			1401			96
96.01 FITNESS CENTER	1550696	29421	756524	47004	56288	10270	46997	1580	96.01
96.02 RETAIL PHARMACY	4919598	1626	41798	34837	29512	7936		72284	96.02
96.03 GARDEN VIEW DELI	199024	2553	65650	15372	3218	467		480	96.03
96.04 MEDICAL OFFICE BLDG	13			4315					96.04
96.05 PHYSICIAN SERVICES	2630582	2642	67932	16981	119591	3501		2142	96.05
96.06 ENDOCRINOLOGIST	533882			9226	20384			1668	96.06

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	COMMUNI-	DATA	PURCHASING	
	FOR COST	BLDGS &	BLDGS &	MOVABLE	BENEFITS	CATIONS	PROCESSING		
	ALLOCATION	FIXTURES	FIXTURES	EQUIPMENT					
	0	1	3	4	5	6.01	6.02	6.03	
96.07 HOSPITALIST	2491931	259	6652		99119	1401		5015	96.07
96.08 NEONATOLOGY PHYSICIANS	1291665	338	8683		59913	1401	125325	318	96.08
96.09 ANESTHESIOLOGISTS	7270069	311	8008		120090			17	96.09
96.10 PHYSICIAN CARDIOLOGIST	17668					467		262	96.10
96.11 PHYSICIAN ONCOLOGIST	5993380	5744	147707	11102	72054	6536		2059	96.11
96.12 PERINATOLOGY	563676	2070	53228	38209	24690	3034		317	96.12
96.13 TRAMA PHYSICIANS	1598354	2201	56584	41	69173	3501		1	96.13
96.14 LANDMARK HOSPITAL	16768				574				96.14
96.15 GYN SURG ONCOLOGIST	631882			846	27087	3968		117	96.15
96.16 CAPE GASTROENTEROLOGY	246596			55	10495	2334		398	96.16
96.20 NONPATIENT MEALS									96.20
96.30 BEAUTY SHOP		87	2236			233			96.30
96.40 MARKETING COSTS	11391790				32000				96.40
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	237987454	385188	9904445	8112124	4643482	482945	4699688	999420	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	ADMITTING 6.04	CREDIT & COLLECTION 6.05	SUBTOTAL 5A	OTHER ADMIN & GENERAL 6.06	MAIN- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	SPD SOILED PROCESSIN G 8.10	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									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 COMMUNICATIONS									6.01
6.02 DATA PROCESSING									6.02
6.03 PURCHASING									6.03
6.04 ADMITTING	53533								6.04
6.05 CREDIT & COLLECTIONS		4079375							6.05
6.06 OTHER ADMINISTRATIVE & GENERAL			27499409	27499409					6.06
7 MAINTENANCE & REPAIRS			2543636	332316	2875952				7
8 OPERATION OF PLANT			3948084	515801	361186	4825071			8
8.10 SPD SOILED PROCESSING			594795	77708	36251	69554	778308		8.10
9 LAUNDRY & LINEN SERVICE			1093086	142807	28193	54093	270256	1588435	9
10 HOUSEKEEPING			2377563	310619	17029	32673		143848	10
11 DIETARY			2364627	308929	36046	69161	290626	24061	11
12 CAFETERIA			129483	16916	40880	78437			12
14 NURSING ADMINISTRATION			1581846	206662	3157	6057			14
14.10 SPD STERILE PROCESSING			771683	100817	22773	43694		174517	14.10
17 MEDICAL RECORDS & LIBRARY			2384525	311529	41126	78909			17
18 SOCIAL SERVICE			391318	51124	970	1861			18
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	3182	242471	23044590	3010684	467221	896454		610952	25
26 INTENSIVE CARE UNIT	1130	86074	6523522	852272	72053	138248		17969	26
26.01 NEONATOLOGY/NICU	1089	82993	4076337	532557	36949	70895		11332	26.01
31 SUBPROVIDER I	176	13412	2127116	277899	63004	120886			31
33 NURSERY	172	13080	1096186	143212	3623	6952		11100	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	3841	292718	12506500	1633924	296159	568239		149924	37
38 RECOVERY ROOM	795	60603	1420070	185526	18559	35609		7026	38
39 DELIVERY ROOM & LABOR ROOM	197	14999	763141	99701					39
40 ANESTHESIOLOGY	1144	87158	743281	97107	1005	1929			40
41 RADIOLOGY-DIAGNOSTIC	3311	252265	6960176	909319	106461	204267		2777	41
42 RADIOLOGY-THERAPEUTIC	3522	268398	1762231	230228	10515	20175		1177	42
43 RADIOISOTOPE	432	32894	471799	61639	11779	22600			43
44 LABORATORY	6570	500603	10606849	1385742	79772	153058		187	44
44.10 CARDIOVASCULAR LABORATORY	1381	105209	3851697	503209	56930	109231		25929	44.10
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	3176	242020	4044508	528399	27563	52886		3578	49
50 PHYSICAL THERAPY	628	47837	2679056	350008	109790	210654		8443	50
51 OCCUPATIONAL THERAPY	285	21741	1000187	130670	35400	67923			51
52 SPEECH PATHOLOGY	183	13980	681855	89082	6693	12842			52
53 ELECTROCARDIOLOGY	1167	88927	1299817	169816					53
54 ELECTROENCEPHALOGRAPHY	253	19271	744949	97325	11549	22159		61	54
55 MEDICAL SUPPLIES CHARGED TO PAT	13019	992251	34126710	4458507	76867	147484		4392	55
56 DRUGS CHARGED TO PATIENTS	4642	353685	11956156	1562024	19918	38216		851	56
56.10 REHABILITATION SERVICES	1057	80571	5723454	747746	267625	513491		55187	56.10
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	1920	146341	7459117	974504	85721	164472		86596	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES	26	1951	247756	32368					65
67 DURABLE MEDICAL EQUIP-SOLD	235	17923	1591951	207982					67
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			913299	119319	9624	18465			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	53533	4079375	194102365	21765997	2462391	4031574	778308	1339907	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN			49056	6409	15046	28868			96
96.01 FITNESS CENTER			2498780	326456	248137	476099		229956	96.01
96.02 RETAIL PHARMACY			5107591	667286	13710	26304			96.02
96.03 GARDEN VIEW DELI			286764	37465	21533	41315			96.03
96.04 MEDICAL OFFICE BLDG			4328	565					96.04
96.05 PHYSICIAN SERVICES			2843371	371475	22281	42751		15661	96.05
96.06 ENDOCRINOLOGIST			565160	73836					96.06

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	ADMITTING	CREDIT & COLLECTION	SUBTOTAL	OTHER ADMIN & GENERAL	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	SPD SOILED PROCESSING	LAUNDRY & LINEN SERVICE	
	6.04	6.05	5A	6.06	7	8	8.10	9	
96.07 HOSPITALIST			2604377	340251	2182	4186			96.07
96.08 NEONATOLOGY PHYSICIANS			1487643	194355	2848	5465			96.08
96.09 ANESTHESIOLOGISTS			7398495	966584	2627	5040			96.09
96.10 PHYSICIAN CARDIOLOGIST			18397	2403					96.10
96.11 PHYSICIAN ONCOLOGIST			6238582	815046	48447	92956			96.11
96.12 PERINATOLOGY			685224	89522	17458	33497			96.12
96.13 TRAMA PHYSICIANS			1729855	225999	18559	35609			96.13
96.14 LANDMARK HOSPITAL			17342	2266					96.14
96.15 GYN SURG ONCOLOGIST			663900	86736					96.15
96.16 CAPE GASTROENTEROLOGY			259878	33952					96.16
96.20 NONPATIENT MEALS									96.20
96.30 BEAUTY SHOP			2556	334	733	1407		2911	96.30
96.40 MARKETING COSTS			11423790	1492472					96.40
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	53533	4079375	237987454	27499409	2875952	4825071	778308	1588435	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	SPD STERILE PROCESSING	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	
	10	11	12	14	14.10	17	18	25	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 COMMUNICATIONS									6.01
6.02 DATA PROCESSING									6.02
6.03 PURCHASING									6.03
6.04 ADMITTING									6.04
6.05 CREDIT & COLLECTIONS									6.05
6.06 OTHER ADMINISTRATIVE & GENERAL									6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
8.10 SPD SOILED PROCESSING									8.10
9 LAUNDRY & LINEN SERVICE									9
10 HOUSEKEEPING	3099158								10
11 DIETARY	45910	3139360							11
12 CAFETERIA	52067	1190738	1508521						12
14 NURSING ADMINISTRATION	4021		20876	1822619					14
14.10 SPD STERILE PROCESSING	29005		19957		1162446				14.10
17 MEDICAL RECORDS & LIBRARY	52380		40782			2909251			17
18 SOCIAL SERVICE	1236		6156				452665		18
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	595072	1026734	362703	1128442		1310327	318126	32771305	25
26 INTENSIVE CARE UNIT	91770	135482	90740	282315	400	21528	21549	8247848	26
26.01 NEONATOLOGY/NICU	47060		52494	163320	2987	13092	33883	5040906	26.01
31 SUBPROVIDER I	80245	77247	30857	96005		24147	43523	2940929	31
33 NURSERY	4615		17275		14664	46548		1344175	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	377202		123402		945450	407295		17008095	37
38 RECOVERY ROOM	23638		20025					1710453	38
39 DELIVERY ROOM & LABOR ROOM			12524	38965				914331	39
40 ANESTHESIOLOGY	1281		4328					848931	40
41 RADIOLOGY-DIAGNOSTIC	135594		72371		96341	199575		8686881	41
42 RADIOLOGY-THERAPEUTIC	13392		9929					2047647	42
43 RADIOISOTOPE	15002		4463					587282	43
44 LABORATORY	101601		81274	16759	17704			12442946	44
44.10 CARDIOVASCULAR LABORATORY	72508		32365		3117	2909	2552	4660447	44.10
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	35106		55751		20490			4768281	49
50 PHYSICAL THERAPY	139834		35206		346	9019		3542356	50
51 OCCUPATIONAL THERAPY	45088		13160					1292428	51
52 SPEECH PATHOLOGY	8525		8407		1447			808851	52
53 ELECTROCARDIOLOGY			14875			10764		1495272	53
54 ELECTROENCEPHALOGRAPHY	14710		10734	33397		4946		939830	54
55 MEDICAL SUPPLIES CHARGED TO PAT	97901		24994		51888			38988743	55
56 DRUGS CHARGED TO PATIENTS	25368		40111		508			13643152	56
56.10 REHABILITATION SERVICES	340860		50766	37268	623	2327	11483	7750830	56.10
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	109178		102460	26148	6481	856774	21549	9893000	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES				8				280132	65
67 DURABLE MEDICAL EQUIP-SOLD			3263					1803196	67
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	12257		11304					1084268	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	2572426	2430201	1373560	1822619	1162446	2909251	452665	185542515	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	19163							118542	96
96.01 FITNESS CENTER	316039		42111					4137578	96.01
96.02 RETAIL PHARMACY	17461		9610					5841962	96.02
96.03 GARDEN VIEW DELI	27425		2959					417461	96.03
96.04 MEDICAL OFFICE BLDG								4893	96.04
96.05 PHYSICIAN SERVICES	28379		10633					3334551	96.05
96.06 ENDOCRINOLOGIST			3861					642857	96.06

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	SPD STERILE PROCESSING	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	
	10	11	12	14	14.10	17	18	25	
96.07 HOSPITALIST	2779		11030					2964805	96.07
96.08 NEONATOLOGY PHYSICIANS	3628		5292					1699231	96.08
96.09 ANESTHESIOLOGISTS	3345		15029					8391120	96.09
96.10 PHYSICIAN CARDIOLOGIST								20800	96.10
96.11 PHYSICIAN ONCOLOGIST	61705		15835					7272571	96.11
96.12 PERINATOLOGY	22236		3941					851878	96.12
96.13 TRAMA PHYSICIANS	23638		4838					2038498	96.13
96.14 LANDMARK HOSPITAL			3227					22835	96.14
96.15 GYN SURG ONCOLOGIST			5277					755913	96.15
96.16 CAPE GASTROENTEROLOGY			1011					294841	96.16
96.20 NONPATIENT MEALS		709159						709159	96.20
96.30 BEAUTY SHOP	934		307					9182	96.30
96.40 MARKETING COSTS								12916262	96.40
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	3099158	3139360	1508521	1822619	1162446	2909251	452665	237987454	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
GENERAL SERVICE COST CENTERS			
1 OLD CAP REL COSTS-BLDG & FIXT			1
2 OLD CAP REL COSTS-MVBLE EQUIP			2
3 NEW CAP REL COSTS-BLDG & FIXT			3
4 NEW CAP REL COSTS-MVBLE EQUIP			4
5 EMPLOYEE BENEFITS			5
6.01 COMMUNICATIONS			6.01
6.02 DATA PROCESSING			6.02
6.03 PURCHASING			6.03
6.04 ADMITTING			6.04
6.05 CREDIT & COLLECTIONS			6.05
6.06 OTHER ADMINISTRATIVE & GENERAL			6.06
7 MAINTENANCE & REPAIRS			7
8 OPERATION OF PLANT			8
8.10 SPD SOILED PROCESSING			8.10
9 LAUNDRY & LINEN SERVICE			9
10 HOUSEKEEPING			10
11 DIETARY			11
12 CAFETERIA			12
14 NURSING ADMINISTRATION			14
14.10 SPD STERILE PROCESSING			14.10
17 MEDICAL RECORDS & LIBRARY			17
18 SOCIAL SERVICE			18
INPATIENT ROUTINE SERV COST CENTERS			
25 ADULTS & PEDIATRICS	32771305		25
26 INTENSIVE CARE UNIT	8247848		26
26.01 NEONATOLOGY/NICU	5040906		26.01
31 SUBPROVIDER I	2940929		31
33 NURSERY	1344175		33
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	17008095		37
38 RECOVERY ROOM	1710453		38
39 DELIVERY ROOM & LABOR ROOM	914331		39
40 ANESTHESIOLOGY	848931		40
41 RADIOLOGY-DIAGNOSTIC	8686881		41
42 RADIOLOGY-THERAPEUTIC	2047647		42
43 RADIOISOTOPE	587282		43
44 LABORATORY	12442946		44
44.10 CARDIOVASCULAR LABORATORY	4660447		44.10
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	4768281		49
50 PHYSICAL THERAPY	3542356		50
51 OCCUPATIONAL THERAPY	1292428		51
52 SPEECH PATHOLOGY	808851		52
53 ELECTROCARDIOLOGY	1495272		53
54 ELECTROENCEPHALOGRAPHY	939830		54
55 MEDICAL SUPPLIES CHARGED TO PAT	38988743		55
56 DRUGS CHARGED TO PATIENTS	13643152		56
56.10 REHABILITATION SERVICES	7750830		56.10
OUTPATIENT SERVICE COST CENTERS			
61 EMERGENCY	9893000		61
62 OBSERVATION BEDS (NON-DISTINCT			62
63.50 RHC			63.50
63.60 FQHC			63.60
OTHER REIMBURSABLE COST CENTERS			
65 AMBULANCE SERVICES	280132		65
67 DURABLE MEDICAL EQUIP-SOLD	1803196		67
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	1084268		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	185542515		95
NONREIMBURSABLE COST CENTERS			
96 GIFT, FLOWER, COFFEE SHOP & CAN	118542		96
96.01 FITNESS CENTER	4137578		96.01
96.02 RETAIL PHARMACY	5841962		96.02
96.03 GARDEN VIEW DELI	417461		96.03
96.04 MEDICAL OFFICE BLDG	4893		96.04
96.05 PHYSICIAN SERVICES	3334551		96.05
96.06 ENDOCRINOLOGIST	642857		96.06

PROVIDER NO. 26-0183 ST. FRANCIS MEDICAL CENTER  
PERIOD FROM 07/01/2007 TO 06/30/2008

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (9/97)

VERSION: 2008.05  
11/05/2008 11:04

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
96.07 HOSPITALIST		2964805	96.07
96.08 NEONATOLOGY PHYSICIANS		1699231	96.08
96.09 ANESTHESIOLOGISTS		8391120	96.09
96.10 PHYSICIAN CARDIOLOGIST		20800	96.10
96.11 PHYSICIAN ONCOLOGIST		7272571	96.11
96.12 PERINATOLOGY		851878	96.12
96.13 TRAMA PHYSICIANS		2038498	96.13
96.14 LANDMARK HOSPITAL		22835	96.14
96.15 GYN SURG ONCOLOGIST		755913	96.15
96.16 CAPE GASTROENTEROLOGY		294841	96.16
96.20 NONPATIENT MEALS		709159	96.20
96.30 BEAUTY SHOP		9182	96.30
96.40 MARKETING COSTS		12916262	96.40
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 TOTAL		237987454	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP	CAP REL	EMPLOYEE	COMMUNI-	DATA	PURCHASING	ADMITTING
	CAP-REL COSTS 0	BLDGS & FIXTURES 1	COST TO BE ALLOC 4A	BENEFITS 5	CATIONS 6.01	PROCESSING 6.02	6.03	6.04
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
4								4
5		7830	7830	7830				5
6.01		580	580	18	598			6.01
6.02		3074	3074	86	14	3174		6.02
6.03		1183	1183	26	5	11	1225	6.03
6.04					8	32		6.04
6.05		1921	1921	57	12	85	3	6.05
6.06		21665	21665	455	43	513	38	6.06
7		7932	7932	114	32	32	8	7
8		42826	42826	21	2		6	8
8.10		4298	4298	26	1		1	8.10
9		3343	3343	46	1		6	9
10		2019	2019	127	2		4	10
11		4274	4274	128	5		8	11
12		4847	4847					12
14		374	374	99	6	53		14
14.10		2700	2700	41	3	11	4	14.10
17		4876	4876	102	22	180	2	17
18		115	115	26	2			18
INPATIENT ROUTINE SERV COST CENTERS								
25		55402	55402	1332	82	370	15	25
26		8543	8543	395	13	42	6	26
26.01		4381	4381	244	11		3	26.01
31		7470	7470	105	9	138	1	31
33		430	430	73			1	33
ANCILLARY SERVICE COST CENTERS								
37		35115	35115	522	63	328	25	37
38		2201	2201	82	4		1	38
39				50			1	39
40		119	119	18	1		7	40
41		12623	12623	232	31	159	23	41
42		1247	1247	40	2		10	42
43		1397	1397	20	2		2	43
44		9458	9458	270	24	190	84	44
44.10		6750	6750	176	22	106	9	44.10
46.30								46.30
49		3268	3268	207	10	11	8	49
50		13018	13018	138	3	138	1	50
51		4197	4197	59	3			51
52		794	794	43	2	11	1	52
53				58	2		2	53
54		1369	1369	38	8		1	54
55		9114	9114	49	3	11	658	40 55
56		2362	2362	199	7	106	167	56
56.10		31732	31732	190	42	286	5	56.10
OUTPATIENT SERVICE COST CENTERS								
61		10164	10164	602	31	233	7	61
62								62
63.50								63.50
63.60								63.60
OTHER REIMBURSABLE COST CENTERS								
65								65
67				11	1			67
69.10								69.10
69.20								69.20
69.30								69.30
69.40								69.40
71		1141	1141	53	5	11	1	71
SPECIAL PURPOSE COST CENTERS								
85.01								85.01
85.02								85.02
85.03								85.03
95		336152	336152	6578	539	3057	1119	40 95
NONREIMBURSABLE COST CENTERS								
96		1784	1784		2			96
96.01		29421	29421	95	13	32	2	96.01
96.02		1626	1626	50	10		89	96.02
96.03		2553	2553	5	1		1	96.03
96.04								96.04
96.05		2642	2642	201	4		3	96.05
96.06				34			2	96.06

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP	CAP REL	EMPLOYEE	COMMUNI-	DATA	PURCHASING	ADMITTING	
	CAP-REL	BLDGS &	COST TO	BENEFITS	CATIONS	PROCESSING			
	COSTS	FIXTURES	BE ALLOC						
	0	1	4A	5	6.01	6.02	6.03	6.04	
96.07 HOSPITALIST		259	259	167	2		6		96.07
96.08 NEONATOLOGY PHYSICIANS		338	338	101	2	85			96.08
96.09 ANESTHESIOLOGISTS		311	311	202					96.09
96.10 PHYSICIAN CARDIOLOGIST					1				96.10
96.11 PHYSICIAN ONCOLOGIST		5744	5744	121	8		3		96.11
96.12 PERINATOLOGY		2070	2070	41	4				96.12
96.13 TRAMA PHYSICIANS		2201	2201	116	4				96.13
96.14 LANDMARK HOSPITAL				1					96.14
96.15 GYN SURG ONCOLOGIST				46	5				96.15
96.16 CAPE GASTROENTEROLOGY				18	3				96.16
96.20 NONPATIENT MEALS									96.20
96.30 BEAUTY SHOP		87	87						96.30
96.40 MARKETING COSTS				54					96.40
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL		385188	385188	7830	598	3174	1225	40	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	CREDIT & COLLECTION	OTHER ADMIN & GENERAL	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	SPD SOILED PROCESSING	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY
	6.05	6.06	7	8	8.10	9	10	11
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 COMMUNICATIONS								6.01
6.02 DATA PROCESSING								6.02
6.03 PURCHASING								6.03
6.04 ADMITTING								6.04
6.05 CREDIT & COLLECTIONS	2078							6.05
6.06 OTHER ADMINISTRATIVE & GENERAL		22714						6.06
7 MAINTENANCE & REPAIRS			8393					7
8 OPERATION OF PLANT			1054	44335				8
8.10 SPD SOILED PROCESSING			64	106	639	5135		8.10
9 LAUNDRY & LINEN SERVICE			118	82	497	1783	5876	9
10 HOUSEKEEPING			257	50	300	1434	532	10
11 DIETARY			255	105	635	1918	89	7487
12 CAFETERIA			14	119	721		79	2840
14 NURSING ADMINISTRATION			171	9	56		6	14
14.10 SPD STERILE PROCESSING			83	66	401		646	44
17 MEDICAL RECORDS & LIBRARY			258	120	725		80	17
18 SOCIAL SERVICE			42	3	17		2	18
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	119	2489	1366	8238		2261	906	2449
26 INTENSIVE CARE UNIT	42	705	210	1270		66	140	323
26.01 NEONATOLOGY/NICU	41	440	108	651		42	72	26.01
31 SUBPROVIDER I	7	230	184	1111			122	184
33 NURSERY	6	118	11	64		41	7	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	144	1351	864	5221		555	575	37
38 RECOVERY ROOM	30	153	54	327		26	36	38
39 DELIVERY ROOM & LABOR ROOM	7	82						39
40 ANESTHESIOLOGY	43	80	3	18			2	40
41 RADIOLOGY-DIAGNOSTIC	124	752	311	1877		10	207	41
42 RADIOLOGY-THERAPEUTIC	132	190	31	185		4	20	42
43 RADIOISOTOPE	16	51	34	208			23	43
44 LABORATORY	246	1146	233	1406		1	155	44
44.10 CARDIOVASCULAR LABORATORY	52	416	166	1004		96	111	44.10
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	119	437	80	486		13	54	49
50 PHYSICAL THERAPY	24	289	320	1936		31	213	50
51 OCCUPATIONAL THERAPY	11	108	103	624			69	51
52 SPEECH PATHOLOGY	7	74	20	118			13	52
53 ELECTROCARDIOLOGY	44	140						53
54 ELECTROENCEPHALOGRAPHY	9	80	34	204			22	54
55 MEDICAL SUPPLIES CHARGED TO PAT	559	3667	224	1355		16	149	55
56 DRUGS CHARGED TO PATIENTS	174	1291	58	351		3	39	56
56.10 REHABILITATION SERVICES	40	618	781	4718		204	520	56.10
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	72	806	250	1511		320	167	61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES	1	27						65
67 DURABLE MEDICAL EQUIP-SOLD	9	172						67
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		99	28	170			19	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	2078	17974	7187	37044	5135	4956	3922	5796
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		5	44	265			29	96
96.01 FITNESS CENTER		270	724	4375		851	482	96.01
96.02 RETAIL PHARMACY		552	40	242			27	96.02
96.03 GARDEN VIEW DELI		31	63	380			42	96.03
96.04 MEDICAL OFFICE BLDG								96.04
96.05 PHYSICIAN SERVICES		307	65	393		58	43	96.05
96.06 ENDOCRINOLOGIST		61						96.06

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	CREDIT &	OTHER	MAIN-	OPERATION	SPD SOILED	LAUNDRY	HOUSE-	DIETARY
	COLLECTION	ADMIN &	TENANCE &	OF PLANT	PROCESSIN	& LINEN	KEEPING	
	6.05	6.06	7	8	8.10	9	10	11
96.07 HOSPITALIST		281	6	38			4	96.07
96.08 NEONATOLOGY PHYSICIANS		161	8	50			6	96.08
96.09 ANESTHESIOLOGISTS		799	8	46			5	96.09
96.10 PHYSICIAN CARDIOLOGIST		2						96.10
96.11 PHYSICIAN ONCOLOGIST		674	141	854			94	96.11
96.12 PERINATOLOGY		74	51	308			34	96.12
96.13 TRAMA PHYSICIANS		187	54	327			36	96.13
96.14 LANDMARK HOSPITAL		2						96.14
96.15 GYN SURG ONCOLOGIST		72						96.15
96.16 CAPE GASTROENTEROLOGY		28						96.16
96.20 NONPATIENT MEALS								1691 96.20
96.30 BEAUTY SHOP			2	13		11	1	96.30
96.40 MARKETING COSTS		1234						96.40
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	2078	22714	8393	44335	5135	5876	4725	7487 103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINIS- TRATION 14	SPD STERIL E PROCESSI NG 14.10	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 COMMUNICATIONS								6.01
6.02 DATA PROCESSING								6.02
6.03 PURCHASING								6.03
6.04 ADMITTING								6.04
6.05 CREDIT & COLLECTIONS								6.05
6.06 OTHER ADMINISTRATIVE & GENERAL								6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
8.10 SPD SOILED PROCESSING								8.10
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA	8620							12
14 NURSING ADMINISTRATION	119	893						14
14.10 SPD STERILE PROCESSING	114		4113					14.10
17 MEDICAL RECORDS & LIBRARY	233			6598				17
18 SOCIAL SERVICE	35				242			18
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	2072	554		2971	170	80796		80796 25
26 INTENSIVE CARE UNIT	518	138	1	49	12	12473		12473 26
26.01 NEONATOLOGY/NICU	300	80	11	30	18	6432		6432 26.01
31 SUBPROVIDER I	176	47		55	23	9862		9862 31
33 NURSERY	99		52	106		1008		1008 33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	705		3345	924		49737		49737 37
38 RECOVERY ROOM	114					3028		3028 38
39 DELIVERY ROOM & LABOR ROOM	72	19				231		231 39
40 ANESTHESIOLOGY	25					316		316 40
41 RADIOLOGY-DIAGNOSTIC	414		341	453		17557		17557 41
42 RADIOLOGY-THERAPEUTIC	57					1918		1918 42
43 RADIOISOTOPE	26					1779		1779 43
44 LABORATORY	464	8	63			13748		13748 44
44.10 CARDIOVASCULAR LABORATORY	185		11	7	1	9112		9112 44.10
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	319		72			5084		5084 49
50 PHYSICAL THERAPY	201		1	20		16333		16333 50
51 OCCUPATIONAL THERAPY	75					5249		5249 51
52 SPEECH PATHOLOGY	48		5			1136		1136 52
53 ELECTROCARDIOLOGY	85			24		355		355 53
54 ELECTROENCEPHALOGRAPHY	61	16		11		1853		1853 54
55 MEDICAL SUPPLIES CHARGED TO PAT	143		184			16172		16172 55
56 DRUGS CHARGED TO PATIENTS	229		2			4988		4988 56
56.10 REHABILITATION SERVICES	290	18	2	5	6	39457		39457 56.10
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	585	13	23	1943	12	16739		16739 61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FOHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES						28		28 65
67 DURABLE MEDICAL EQUIP-SOLD	19					212		212 67
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	65					1592		1592 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	7848	893	4113	6598	242	317195		317195 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN						2129		2129 96
96.01 FITNESS CENTER	241					36506		36506 96.01
96.02 RETAIL PHARMACY	55					2691		2691 96.02
96.03 GARDEN VIEW DELI	17					3093		3093 96.03
96.04 MEDICAL OFFICE BLDG								96.04
96.05 PHYSICIAN SERVICES	61					3777		3777 96.05
96.06 ENDOCRINOLOGIST	22					119		119 96.06

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	CAFETERIA	NURSING ADMINIS- TRATION	SPD STERIL E PROCESSI NG	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	12	14	14.10	17	18	25	26	27
96.07 HOSPITALIST	63					826		826 96.07
96.08 NEONATOLOGY PHYSICIANS	30					781		781 96.08
96.09 ANESTHESIOLOGISTS	86					1457		1457 96.09
96.10 PHYSICIAN CARDIOLOGIST						3		3 96.10
96.11 PHYSICIAN ONCOLOGIST	90					7729		7729 96.11
96.12 PERINATOLOGY	23					2605		2605 96.12
96.13 TRAMA PHYSICIANS	28					2953		2953 96.13
96.14 LANDMARK HOSPITAL	18					21		21 96.14
96.15 GYN SURG ONCOLOGIST	30					153		153 96.15
96.16 CAPE GASTROENTEROLOGY	6					55		55 96.16
96.20 NONPATIENT MEALS						1691		1691 96.20
96.30 BEAUTY SHOP	2					116		116 96.30
96.40 MARKETING COSTS						1288		1288 96.40
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	8620	893	4113	6598	242	385188		385188 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	COMMUNI- CATIONS 6.01	DATA PROCESSING 6.02	PURCHASING 6.03	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS		201349	10537	211886	211886				5
6.01 COMMUNICATIONS		14918		14918	482	15400			6.01
6.02 DATA PROCESSING		79054	1990199	2069253	2323	357	2071933		6.02
6.03 PURCHASING		30419	315762	346181	716	127	6906	353930	6.03
6.04 ADMITTING						208	20719		6.04
6.05 CREDIT & COLLECTIONS		49403	2768	52171	1535	305	55252	819	6.05
6.06 OTHER ADMINISTRATIVE & GENERAL		557090	241692	798782	12351	1116	338417	10912	6.06
7 MAINTENANCE & REPAIRS		203952	37198	241150	3096	834	20719	2273	7
8 OPERATION OF PLANT		1101190	10753	1111943	570	45		1777	8
8.10 SPD SOILED PROCESSING		110522	13634	124156	700	15		223	8.10
9 LAUNDRY & LINEN SERVICE		85955	34328	120283	1239	30		1589	9
10 HOUSEKEEPING		51918	8028	59946	3457	52		1246	10
11 DIETARY		109897	49173	159070	3485	127		2291	11
12 CAFETERIA		124636		124636					12
14 NURSING ADMINISTRATION		9625	30012	39637	2699	164	34532	133	14
14.10 SPD STERILE PROCESSING		69430	24149	93579	1115	82	6906	1247	14.10
17 MEDICAL RECORDS & LIBRARY		125387	16435	141822	2766	573	117410	565	17
18 SOCIAL SERVICE		2958		2958	704	45		8	18
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS		1424473	505612	1930085	35522	2116	241726	4444	25
26 INTENSIVE CARE UNIT		129677	78370	298047	10740	335	27626	1628	26
26.01 NEONATOLOGY/NICU		112652	103788	216440	6623	290		815	26.01
31 SUBPROVIDER I		192089	16636	208725	2838	238	89784	194	31
33 NURSERY		11047	954	12001	1971			243	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		902935	1010944	1913879	14165	1615	214100	7185	37
38 RECOVERY ROOM		56584	16972	73556	2234	112		228	38
39 DELIVERY ROOM & LABOR ROOM					1363			171	39
40 ANESTHESIOLOGY		3065	54691	57756	488	30		1915	40
41 RADIOLOGY-DIAGNOSTIC		324581	1089448	1414029	6295	796	103597	6532	41
42 RADIOLOGY-THERAPEUTIC		32058	399442	431500	1084	60		2893	42
43 RADIOISOTOPE		35911	3004	38915	535	45		678	43
44 LABORATORY		243210	511443	754653	7343	618	124316	24348	44
44.10 CARDIOVASCULAR LABORATORY		173569	337769	511338	4786	566	69064	2484	44.10
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY		84036	105297	189333	5635	246	6906	2392	49
50 PHYSICAL THERAPY		334730	36562	371292	3761	67	89784	185	50
51 OCCUPATIONAL THERAPY		107930	2625	110555	1592	67		69	51
52 SPEECH PATHOLOGY		20406	2542	22948	1157	60	6906	154	52
53 ELECTROCARDIOLOGY			219372	219372	1570	60		592	53
54 ELECTROENCEPHALOGRAPHY		35211	52234	87445	1020	201		264	54
55 MEDICAL SUPPLIES CHARGED TO PAT		234353	18363	252716	1341	67	6906	190343	55
56 DRUGS CHARGED TO PATIENTS		60725	221918	282643	5399	186	69064	48346	56
56.10 REHABILITATION SERVICES		815940	124058	939998	5152	1087	186474	1547	56.10
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY		261347	230695	492042	16342	804	151942	2100	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES					1			3	65
67 DURABLE MEDICAL EQUIP-SOLD			248	248	296	30		34	67
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		29340	6481	35821	1435	141	6906	370	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		8643572	7934136	16577708	177926	13917	1995962	323240	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		45871		45871		45			96
96.01 FITNESS CENTER		756524	47004	803528	2569	328	20719	560	96.01
96.02 RETAIL PHARMACY		41798	34837	76635	1347	253		25598	96.02
96.03 GARDEN VIEW DELI		65650	15372	81022	147	15		170	96.03
96.04 MEDICAL OFFICE BLDG			4315	4315					96.04
96.05 PHYSICIAN SERVICES		67932	16981	84913	5457	112		759	96.05
96.06 ENDOCRINOLOGIST			9226	9226	930			591	96.06

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	NEW CAP	CAP REL	EMPLOYEE	COMMUNI-	DATA	PURCHASING	
	CAP-REL	BLDGS &	MOVABLE	COST TO	BENEFITS	CATIONS	PROCESSING		
	COSTS	FIXTURES	EQUIPMENT	BE ALLOC					
	0	3	4	4A	5	6.01	6.02	6.03	
96.07 HOSPITALIST		6652		6652	4523	45		1776	96.07
96.08 NEONATOLOGY PHYSICIANS		8683		8683	2734	45	55252	113	96.08
96.09 ANESTHESIOLOGISTS		8008		8008	5480			6	96.09
96.10 PHYSICIAN CARDIOLOGIST						15		93	96.10
96.11 PHYSICIAN ONCOLOGIST		147707	11102	158809	3288	208		729	96.11
96.12 PERINATOLOGY		53228	38209	91437	1127	97		112	96.12
96.13 TRAMA PHYSICIANS		56584	41	56625	3157	112			96.13
96.14 LANDMARK HOSPITAL					26				96.14
96.15 GYN SURG ONCOLOGIST			846	846	1236	127		42	96.15
96.16 CAPE GASTROENTEROLOGY			55	55	479	74		141	96.16
96.20 NONPATIENT MEALS									96.20
96.30 BEAUTY SHOP		2236		2236		7			96.30
96.40 MARKETING COSTS					1460				96.40
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL		9904445	8112124	18016569	211886	15400	2071933	353930	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	ADMITTING 6.04	CREDIT & COLLECTION 6.05	OTHER ADMIN & GENERAL 6.06	MAIN-TENANCE & REPAIRS 7	OPERATION OF PLANT 8	SPD SOILED PROCESSING 8.10	LAUNDRY & LINEN SERVICE 9	HOUSE-KEEPING 10	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 COMMUNICATIONS									6.01
6.02 DATA PROCESSING									6.02
6.03 PURCHASING									6.03
6.04 ADMITTING	20927								6.04
6.05 CREDIT & COLLECTIONS		110082							6.05
6.06 OTHER ADMINISTRATIVE & GENERAL			1161578						6.06
7 MAINTENANCE & REPAIRS			14036	282108					7
8 OPERATION OF PLANT			21786	35429	1171550				8
8.10 SPD SOILED PROCESSING			3282	3556	16888	148820			8.10
9 LAUNDRY & LINEN SERVICE			6032	2765	13134	51676	196748		9
10 HOUSEKEEPING			13119	1670	7933	41574	17817	146814	10
11 DIETARY			13048	3536	16793	55570	2980		11
12 CAFETERIA			714	4010	19045				12
14 NURSING ADMINISTRATION			8729	310	1471				14
14.10 SPD STERILE PROCESSING			4258	2234	10609		21616	1374	14.10
17 MEDICAL RECORDS & LIBRARY			13158	4034	19159			2481	17
18 SOCIAL SERVICE			2159	95	452			59	18
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	1233	6523	127160	45829	217664		75673	28191	25
26 INTENSIVE CARE UNIT	438	2316	35997	7068	33567		2226	4347	26
26.01 NEONATOLOGY/NICU	422	2233	22493	3624	17214		1404	2229	26.01
31 SUBPROVIDER I	68	361	11737	6180	29352			3801	31
33 NURSERY	67	352	6049	355	1688		1375	219	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	1489	7875	69011	29051	137971		18570	17869	37
38 RECOVERY ROOM	308	1630	7836	1821	8646		870	1120	38
39 DELIVERY ROOM & LABOR ROOM	76	404	4211						39
40 ANESTHESIOLOGY	443	2345	4101	99	468			61	40
41 RADIOLOGY-DIAGNOSTIC	1283	6787	38406	10443	49597		344	6423	41
42 RADIOLOGY-THERAPEUTIC	1365	7221	9724	1031	4899		146	634	42
43 RADIOISOTOPE	167	885	2603	1155	5487			711	43
44 LABORATORY	2546	13468	58529	7825	37163		23	4813	44
44.10 CARDIOVASCULAR LABORATORY	535	2830	21254	5584	26522		3212	3435	44.10
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	1231	6511	22318	2704	12841		443	1663	49
50 PHYSICAL THERAPY	243	1287	14783	10770	51148		1046	6624	50
51 OCCUPATIONAL THERAPY	111	585	5519	3473	16492			2136	51
52 SPEECH PATHOLOGY	71	376	3762	657	3118			404	52
53 ELECTROCARDIOLOGY	452	2392	7172						53
54 ELECTROENCEPHALOGRAPHY	98	518	4111	1133	5380		8	697	54
55 MEDICAL SUPPLIES CHARGED TO PAT	5227	27029	188417	7540	35810		544	4638	55
56 DRUGS CHARGED TO PATIENTS	1799	9515	65974	1954	9279		105	1202	56
56.10 REHABILITATION SERVICES	410	2168	31582	26252	124678		6836	16147	56.10
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	744	3937	41159	8409	39935		10726	5172	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES	10	52	1367						65
67 DURABLE MEDICAL EQUIP-SOLD	91	482	8784						67
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			5040	944	4483			581	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	20927	110082	919420	241540	978886	148820	165964	121863	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN			271	1476	7009			908	96
96.01 FITNESS CENTER			13788	24340	115599		28483	14971	96.01
96.02 RETAIL PHARMACY			28184	1345	6387			827	96.02
96.03 GARDEN VIEW DELI			1582	2112	10031			1299	96.03
96.04 MEDICAL OFFICE BLDG			24						96.04
96.05 PHYSICIAN SERVICES			15690	2186	10380		1940	1344	96.05
96.06 ENDOCRINOLOGIST			3119						96.06

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	ADMITTING 6.04	CREDIT & COLLECTION 6.05	OTHER ADMIN & GENERAL 6.06	MAIN- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	SPD SOILED PROCESSIN G 8.10	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	
96.07 HOSPITALIST			14371	214	1016			132	96.07
96.08 NEONATOLOGY PHYSICIANS			8209	279	1327			172	96.08
96.09 ANESTHESIOLOGISTS			40825	258	1224			158	96.09
96.10 PHYSICIAN CARDIOLOGIST			102						96.10
96.11 PHYSICIAN ONCOLOGIST			34424	4752	22570			2923	96.11
96.12 PERINATOLOGY			3781	1713	8133			1053	96.12
96.13 TRAMA PHYSICIANS			9545	1821	8646			1120	96.13
96.14 LANDMARK HOSPITAL			96						96.14
96.15 GYN SURG ONCOLOGIST			3663						96.15
96.16 CAPE GASTROENTEROLOGY			1434						96.16
96.20 NONPATIENT MEALS									96.20
96.30 BEAUTY SHOP			14	72	342		361	44	96.30
96.40 MARKETING COSTS			63036						96.40
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	20927	110082	1161578	282108	1171550	148820	196748	146814	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIETARY 11	CAFETERIA 12	NURSING ADMINIS- TRATION 14	SPD STERIL E PROCESSI NG 14.10	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 COMMUNICATIONS								6.01
6.02 DATA PROCESSING								6.02
6.03 PURCHASING								6.03
6.04 ADMITTING								6.04
6.05 CREDIT & COLLECTIONS								6.05
6.06 OTHER ADMINISTRATIVE & GENERAL								6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
8.10 SPD SOILED PROCESSING								8.10
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY	259075							11
12 CAFETERIA	98265	249137						12
14 NURSING ADMINISTRATION			91313					14
14.10 SPD STERILE PROCESSING		3296		146316				14.10
17 MEDICAL RECORDS & LIBRARY		6735			308703			17
18 SOCIAL SERVICE		1017				7497		18
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	84731	59903	56535		139041	5269	3061645	25
26 INTENSIVE CARE UNIT	11181	14986	14144	50	2284	357	467337	26
26.01 NEONATOLOGY/NICU		8669	8182	376	1389	561	292964	26.01
31 SUBPROVIDER I	6375	5096	4810		2562	721	372842	31
33 NURSERY		2853		1846	4939		33958	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		20380		119004	43218		2615382	37
38 RECOVERY ROOM		3307					101668	38
39 DELIVERY ROOM & LABOR ROOM		2068	1952				10245	39
40 ANESTHESIOLOGY		715					68421	40
41 RADIOLOGY-DIAGNOSTIC		11952		12126	21177		1689787	41
42 RADIOLOGY-THERAPEUTIC		1640					462197	42
43 RADIOISOTOPE		737					51918	43
44 LABORATORY		13423	840	2228			1052136	44
44.10 CARDIOVASCULAR LABORATORY		5345		392	309	42	657698	44.10
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY		9207		2579			264009	49
50 PHYSICAL THERAPY		5814		44	957		557805	50
51 OCCUPATIONAL THERAPY		2173					142772	51
52 SPEECH PATHOLOGY		1388		182			41183	52
53 ELECTROCARDIOLOGY		2457			1142		235209	53
54 ELECTROENCEPHALOGRAPHY		1773	1673		525		104846	54
55 MEDICAL SUPPLIES CHARGED TO PAT		4128		6531			731237	55
56 DRUGS CHARGED TO PATIENTS		6624		64			502154	56
56.10 REHABILITATION SERVICES		8384	1867	78	247	190	1353097	56.10
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		16921	1310	816	90913	357	883629	61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES		1					1434	65
67 DURABLE MEDICAL EQUIP-SOLD		539					10504	67
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		1867					57588	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	200552	226846	91313	146316	308703	7497	15823665	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN							55580	96
96.01 FITNESS CENTER		6955					1031840	96.01
96.02 RETAIL PHARMACY		1587					142163	96.02
96.03 GARDEN VIEW DELI		489					96867	96.03
96.04 MEDICAL OFFICE BLDG							4339	96.04
96.05 PHYSICIAN SERVICES		1756					124537	96.05
96.06 ENDOCRINOLOGIST		638					14504	96.06

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	SPD STERIL E PROCESSI NG	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS
	11	12	14	14.10	17	18	25	26
96.07 HOSPITALIST		1822					30551	96.07
96.08 NEONATOLOGY PHYSICIANS		874					77688	96.08
96.09 ANESTHESIOLOGISTS		2482					58441	96.09
96.10 PHYSICIAN CARDIOLOGIST							210	96.10
96.11 PHYSICIAN ONCOLOGIST		2615					230318	96.11
96.12 PERINATOLOGY		651					108104	96.12
96.13 TRAMA PHYSICIANS		799					81825	96.13
96.14 LANDMARK HOSPITAL		533					655	96.14
96.15 GYN SURG ONCOLOGIST		872					6786	96.15
96.16 CAPE GASTROENTEROLOGY		167					2350	96.16
96.20 NONPATIENT MEALS	58523						58523	96.20
96.30 BEAUTY SHOP		51					3127	96.30
96.40 MARKETING COSTS							64496	96.40
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	259075	249137	91313	146316	308703	7497	18016569	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION		TOTAL	
		27	
GENERAL SERVICE COST CENTERS			
1	OLD CAP REL COSTS-BLDG & FIXT		1
2	OLD CAP REL COSTS-MVBLE EQUIP		2
3	NEW CAP REL COSTS-BLDG & FIXT		3
4	NEW CAP REL COSTS-MVBLE EQUIP		4
5	EMPLOYEE BENEFITS		5
6.01	COMMUNICATIONS		6.01
6.02	DATA PROCESSING		6.02
6.03	PURCHASING		6.03
6.04	ADMITTING		6.04
6.05	CREDIT & COLLECTIONS		6.05
6.06	OTHER ADMINISTRATIVE & GENERAL		6.06
7	MAINTENANCE & REPAIRS		7
8	OPERATION OF PLANT		8
8.10	SPD SOILED PROCESSING		8.10
9	LAUNDRY & LINEN SERVICE		9
10	HOUSEKEEPING		10
11	DIETARY		11
12	CAFETERIA		12
14	NURSING ADMINISTRATION		14
14.10	SPD STERILE PROCESSING		14.10
17	MEDICAL RECORDS & LIBRARY		17
18	SOCIAL SERVICE		18
INPATIENT ROUTINE SERV COST CENTERS			
25	ADULTS & PEDIATRICS	3061645	25
26	INTENSIVE CARE UNIT	467337	26
26.01	NEONATOLOGY/NICU	292964	26.01
31	SUBPROVIDER I	372842	31
33	NURSERY	33958	33
ANCILLARY SERVICE COST CENTERS			
37	OPERATING ROOM	2615382	37
38	RECOVERY ROOM	101668	38
39	DELIVERY ROOM & LABOR ROOM	10245	39
40	ANESTHESIOLOGY	68421	40
41	RADIOLOGY-DIAGNOSTIC	1689787	41
42	RADIOLOGY-THERAPEUTIC	462197	42
43	RADIOISOTOPE	51918	43
44	LABORATORY	1052136	44
44.10	CARDIOVASCULAR LABORATORY	657698	44.10
46.30	BLOOD CLOTTING FACTORS ADMIN CO		46.30
49	RESPIRATORY THERAPY	264009	49
50	PHYSICAL THERAPY	557805	50
51	OCCUPATIONAL THERAPY	142772	51
52	SPEECH PATHOLOGY	41183	52
53	ELECTROCARDIOLOGY	235209	53
54	ELECTROENCEPHALOGRAPHY	104846	54
55	MEDICAL SUPPLIES CHARGED TO PAT	731237	55
56	DRUGS CHARGED TO PATIENTS	502154	56
56.10	REHABILITATION SERVICES	1353097	56.10
OUTPATIENT SERVICE COST CENTERS			
61	EMERGENCY	883629	61
62	OBSERVATION BEDS (NON-DISTINCT		62
63.50	RHC		63.50
63.60	FQHC		63.60
OTHER REIMBURSABLE COST CENTERS			
65	AMBULANCE SERVICES	1434	65
67	DURABLE MEDICAL EQUIP-SOLD	10504	67
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	57588	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	15823665	95
NONREIMBURSABLE COST CENTERS			
96	GIFT, FLOWER, COFFEE SHOP & CAN	55580	96
96.01	FITNESS CENTER	1031840	96.01
96.02	RETAIL PHARMACY	142163	96.02
96.03	GARDEN VIEW DELI	96867	96.03
96.04	MEDICAL OFFICE BLDG	4339	96.04
96.05	PHYSICIAN SERVICES	124537	96.05
96.06	ENDOCRINOLOGIST	14504	96.06

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
PART III

COST CENTER DESCRIPTION	TOTAL	
	27	
96.07 HOSPITALIST	30551	96.07
96.08 NEONATOLOGY PHYSICIANS	77688	96.08
96.09 ANESTHESIOLOGISTS	58441	96.09
96.10 PHYSICIAN CARDIOLOGIST	210	96.10
96.11 PHYSICIAN ONCOLOGIST	230318	96.11
96.12 PERINATOLOGY	108104	96.12
96.13 TRAMA PHYSICIANS	81825	96.13
96.14 LANDMARK HOSPITAL	655	96.14
96.15 GYN SURG ONCOLOGIST	6786	96.15
96.16 CAPE GASTROENTEROLOGY	2350	96.16
96.20 NONPATIENT MEALS	58523	96.20
96.30 BEAUTY SHOP	3127	96.30
96.40 MARKETING COSTS	64496	96.40
101 CROSS FOOT ADJUSTMENTS		101
102 NEGATIVE COST CENTER		102
103 TOTAL	18016569	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	COMMUNI-	DATA	PURCHASING	
	BLDGS & FIXTURES SQ	BLDGS & FIXTURES SQ	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES	CATIONS NUMBER OF PHONES	PROCESSING WORK ORDER S	COSTED REQUISITIO	
	1	3	4	5	6.01	6.02	6.03	
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT	4500833							1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT		4500833						3
4 NEW CAP REL COSTS-MVBLE EQUIP			7894327					4
5 EMPLOYEE BENEFITS	91498	91498	10254	89673258				5
6.01 COMMUNICATIONS	6779	6779		204103	2069			6.01
6.02 DATA PROCESSING	35924	35924	1936768	983279	48	300		6.02
6.03 PURCHASING	13823	13823	307284	302913	17	1	58385457	6.03
6.04 ADMITTING					28	3		6.04
6.05 CREDIT & COLLECTIONS	22450	22450	2694	649769	41	8	135144	6.05
6.06 OTHER ADMINISTRATIVE & GENERA	253156	253156	235203	5226635	150	49	1800088	6.06
7 MAINTENANCE & REPAIRS	92681	92681	36199	1310371	112	3	374887	7
8 OPERATION OF PLANT	500409	500409	10464	241135	6		293159	8
8.10 SPD SOILED PROCESSING	50224	50224	13268	296367	2		36864	8.10
9 LAUNDRY & LINEN SERVICE	39060	39060	33406	524337	4		262178	9
10 HOUSEKEEPING	23593	23593	7812	1463109	7		205570	10
11 DIETARY	49940	49940	47853	1474794	17		377949	11
12 CAFETERIA	56638	56638						12
14 NURSING ADMINISTRATION	4374	4374	29206	1142188	22	5	21988	14
14.10 SPD STERILE PROCESSING	31551	31551	23501	471832	11	1	205670	14.10
17 MEDICAL RECORDS & LIBRARY	56979	56979	15994	1170579	77	17	93134	17
18 SOCIAL SERVICE	1344	1344		298089	6		1389	18
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	647316	647316	492037	15036141	285	35	733125	25
26 INTENSIVE CARE UNIT	99827	99827	76266	4545093	45	4	268624	26
26.01 NEONATOLOGY/NICU	51192	51192	101001	2802586	39		134422	26.01
31 SUBPROVIDER I	87290	87290	16189	1201192	32	13	31971	31
33 NURSERY	5020	5020	928	834162			40149	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	410317	410317	983802	5994484	217	31	1185293	37
38 RECOVERY ROOM	25713	25713	16516	945593	15		37620	38
39 DELIVERY ROOM & LABOR ROOM				576910			28202	39
40 ANESTHESIOLOGY	1393	1393	53223	206345	4		315857	40
41 RADIOLOGY-DIAGNOSTIC	147498	147498	1060198	2663967	107	15	1077476	41
42 RADIOLOGY-THERAPEUTIC	14568	14568	388718	458583	8		477168	42
43 RADIOISOTOPE	16319	16319	2923	226601	6		111903	43
44 LABORATORY	110521	110521	497712	3107447	83	18	4016531	44
44.10 CARDIOVASCULAR LABORATORY	78874	78874	328700	2025188	76	10	409745	44.10
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	38188	38188	102470	2384693	33	1	394662	49
50 PHYSICAL THERAPY	152110	152110	35580	1591609	9	13	30446	50
51 OCCUPATIONAL THERAPY	49046	49046	2555	673902	9		11321	51
52 SPEECH PATHOLOGY	9273	9273	2474	489639	8	1	25370	52
53 ELECTROCARDIOLOGY			213482	664617	8		97598	53
54 ELECTROENCEPHALOGRAPHY	16001	16001	50832	431724	27		43549	54
55 MEDICAL SUPPLIES CHARGED TO P	106496	106496	17870	567417	9	1	31400046	55
56 DRUGS CHARGED TO PATIENTS	27595	27595	215960	2284951	25	10	7975214	56
56.10 REHABILITATION SERVICES	370784	370784	120727	2180453	146	27	255184	56.10
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	118763	118763	224501	6915688	108	22	346473	61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES				428			434	65
67 DURABLE MEDICAL EQUIP-SOLD			241	125439	4		5650	67
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	13333	13333	6307	607341	19	1	61008	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	3927860	3927860	7721118	75301693	1870	289	53323061	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	20845	20845				6		96
96.01 FITNESS CENTER	343784	343784	45742	1087024	44	3	92320	96.01
96.02 RETAIL PHARMACY	18994	18994	33902	569925	34		4222702	96.02
96.03 GARDEN VIEW DELI	29833	29833	14959	62152	2		28027	96.03
96.04 MEDICAL OFFICE BLDG			4199		9			96.04

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	COMMUNI-	DATA	PURCHASING	
	BLDGS & FIXTURES SQ	BLDGS & FIXTURES SQ	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS  GROSS SALARIES	CATIONS  NUMBER OF PHONES	PROCESSING  WORK ORDER S	COSTED REQUISITIO	
	1	3	4	5	6.01	6.02	6.03	
96.05 PHYSICIAN SERVICES	30870	30870	16525	2309518	15		125154	96.05
96.06 ENDOCRINOLOGIST			8978	393644			97448	96.06
96.07 HOSPITALIST	3023	3023		1914159	6		292960	96.07
96.08 NEONATOLOGY PHYSICIANS	3946	3946		1157026	6	8	18573	96.08
96.09 ANESTHESIOLOGISTS	3639	3639		2319150			967	96.09
96.10 PHYSICIAN CARDIOLOGIST					2		15294	96.10
96.11 PHYSICIAN ONCOLOGIST	67122	67122	10804	1391478	28		120274	96.11
96.12 PERINATOLOGY	24188	24188	37183	476808	13		18507	96.12
96.13 TRAMA PHYSICIANS	25713	25713	40	1335853	15		41	96.13
96.14 LANDMARK HOSPITAL				11080				96.14
96.15 GYN SURG ONCOLOGIST			823	523104	17		6855	96.15
96.16 CAPE GASTROENTEROLOGY			54	202668	10		23274	96.16
96.20 NONPATIENT MEALS								96.20
96.30 BEAUTY SHOP	1016	1016			1			96.30
96.40 MARKETING COSTS				617967				96.40
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	385188	9904445	8112124	4643482	482945	4699688	999420	103
104 UNIT COST MULT-WS B PT I		2.200580		.051782		15665.626667		104
104 UNIT COST MULT-WS B PT I	.085581		1.027589		233.419526		.017118	104
105 COST TO BE ALLOC PER B PT II				7830	598	3174	1225	105
106 UNIT COST MULT-WS B PT II				.000087		10.580000		106
106 UNIT COST MULT-WS B PT II					.289029		.000021	106
107 COST TO BE ALLOC PER B PT III				211886	15400	2071933	353930	107
108 UNIT COST MULT-WS B PT III				.002363		6906.443333		108
108 UNIT COST MULT-WS B PT III					7.443209		.006062	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMITTING	CREDIT & COLLECTION	RECON-CILIATION	OTHER ADMIN & GENERAL ACCUM COST	MAIN-TENANCE & REPAIRS SQ	OPERATION OF PLANT SQ	SPD SOILED PROCESSING HOURS	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	
	GROSS CHARGES 6.04	GROSS CHARGES 6.05	6A.06	6.06	7	8	8.10	9	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 COMMUNICATIONS									6.01
6.02 DATA PROCESSING									6.02
6.03 PURCHASING									6.03
6.04 ADMITTING	669224712								6.04
6.05 CREDIT & COLLECTIONS		669224712							6.05
6.06 OTHER ADMINISTRATIVE & GENERA			-27499409	210488045					6.06
7 MAINTENANCE & REPAIRS				2543636	3984522				7
8 OPERATION OF PLANT				3948084	500409	3484113			8
8.10 SPD SOILED PROCESSING				594795	50224	50224	20021		8.10
9 LAUNDRY & LINEN SERVICE				1093086	39060	39060	6952	1504886	9
10 HOUSEKEEPING				2377563	23593	23593	5593	136282	10
11 DIETARY				2364627	49940	49940	7476	22795	11
12 CAFETERIA				129483	56638	56638			12
14 NURSING ADMINISTRATION				1581846	4374	4374			14
14.10 SPD STERILE PROCESSING				771683	31551	31551		165338	14.10
17 MEDICAL RECORDS & LIBRARY				2384525	56979	56979			17
18 SOCIAL SERVICE				391318	1344	1344			18
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	39775363	39775363		23044590	647316	647316		578818	25
26 INTENSIVE CARE UNIT	14119806	14119806		6523522	99827	99827		17024	26
26.01 NEONATOLOGY/NICU	13614378	13614378		4076337	51192	51192		10736	26.01
31 SUBPROVIDER I	2200171	2200171		2127116	87290	87290			31
33 NURSERY	2145602	2145602		1096186	5020	5020		10516	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	48018109	48018109		12506500	410317	410317		142038	37
38 RECOVERY ROOM	9941505	9941505		1420070	25713	25713		6656	38
39 DELIVERY ROOM & LABOR ROOM	2460396	2460396		763141					39
40 ANESTHESIOLOGY	14297608	14297608		743281	1393	1393			40
41 RADIOLOGY-DIAGNOSTIC	41382110	41382110		6960176	147498	147498		2631	41
42 RADIOLOGY-THERAPEUTIC	44028620	44028620		1762231	14568	14568		1115	42
43 RADIOISOTOPE	5396008	5396008		471799	16319	16319			43
44 LABORATORY	82119931	82119931		10606849	110521	110521		177	44
44.10 CARDIOVASCULAR LABORATORY	17258621	17258621		3851697	78874	78874		24565	44.10
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
49 RESPIRATORY THERAPY	39701425	39701425		4044508	38188	38188		3390	49
50 PHYSICAL THERAPY	7847278	7847278		2679056	152110	152110		7999	50
51 OCCUPATIONAL THERAPY	3566438	3566438		1000187	49046	49046			51
52 SPEECH PATHOLOGY	2293270	2293270		681855	9273	9273			52
53 ELECTROCARDIOLOGY	14587782	14587782		1299817					53
54 ELECTROENCEPHALOGRAPHY	3161333	3161333		744949	16001	16001		58	54
55 MEDICAL SUPPLIES CHARGED TO P	162806462	162806462		34126710	106496	106496		4161	55
56 DRUGS CHARGED TO PATIENTS	58019120	58019120		11956156	27595	27595		806	56
56.10 REHABILITATION SERVICES	13217097	13217097		5723454	370784	370784		52284	56.10
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	24006041	24006041		7459117	118763	118763		82041	61
62 OBSERVATION BEDS (NON-DISTINC									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES	320086	320086		247756					65
67 DURABLE MEDICAL EQUIP-SOLD	2940152	2940152		1591951					67
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				913299	13333	13333			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	669224712	669224712	-27499409	166602956	3411549	2911140	20021	1269430	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C				49056	20845	20845			96
96.01 FITNESS CENTER				2498780	343784	343784		217861	96.01
96.02 RETAIL PHARMACY				5107591	18994	18994			96.02
96.03 GARDEN VIEW DELI				286764	29833	29833			96.03
96.04 MEDICAL OFFICE BLDG				4328					96.04

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMITTING	CREDIT &	RECON- CILIATION	OTHER	MAIN-	OPERATION	SPD SOILED	LAUNDRY	
	GROSS	COLLECTION		ADMIN &	TENANCE &	OF PLANT	PROCESSIN	& LINEN	
	CHARGES	GROSS		GENERAL	REPAIRS	SQ	G	SERVICE	
	6.04	CHARGES	6A.06	ACCUM	SQ	8	HOURS	POUNDS	
		6.05		COST	7	8	8.10	OF LAUNDRY	9
96.05 PHYSICIAN SERVICES				2843371	30870	30870		14837	96.05
96.06 ENDOCRINOLOGIST				565160					96.06
96.07 HOSPITALIST				2604377	3023	3023			96.07
96.08 NEONATOLOGY PHYSICIANS				1487643	3946	3946			96.08
96.09 ANESTHESIOLOGISTS				7398495	3639	3639			96.09
96.10 PHYSICIAN CARDIOLOGIST				18397					96.10
96.11 PHYSICIAN ONCOLOGIST				6238582	67122	67122			96.11
96.12 PERINATOLOGY				685224	24188	24188			96.12
96.13 TRAMA PHYSICIANS				1729855	25713	25713			96.13
96.14 LANDMARK HOSPITAL				17342					96.14
96.15 GYN SURG ONCOLOGIST				663900					96.15
96.16 CAPE GASTROENTEROLOGY				259878					96.16
96.20 NONPATIENT MEALS									96.20
96.30 BEAUTY SHOP				2556	1016	1016		2758	96.30
96.40 MARKETING COSTS				11423790					96.40
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	53533	4079375		27499409	2875952	4825071	778308	1588435	103
104 UNIT COST MULT-WS B PT I	.000080				.721781		38.874582		104
104 UNIT COST MULT-WS B PT I		.006096		.130646		1.384878		1.055518	104
105 COST TO BE ALLOC PER B PT II	40	2078		22714	8393	44335	5135	5876	105
106 UNIT COST MULT-WS B PT II					.002106		.256481		106
106 UNIT COST MULT-WS B PT II		.000003		.000108		.012725		.003905	106
107 COST TO BE ALLOC PER B PT III	20927	110082		1161578	282108	1171550	148820	196748	107
108 UNIT COST MULT-WS B PT III	.000031				.070801		7.433195		108
108 UNIT COST MULT-WS B PT III		.000164		.005518		.336255		.130739	108



COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING	SPD STERIL	MEDICAL	SOCIAL	
	SQ	MEALS SERVED	HOURS	ADMINIS-TRATION HOURS OF SERVIC	E PROCESSI NG SURVEY	RECORDS & LIBRARY TIME SPENT	SERVICE PATIENT CA SES	
	10	11	12	14	14.10	17	18	
96.05 PHYSICIAN SERVICES	30870		17843					96.05
96.06 ENDOCRINOLOGIST			6479					96.06
96.07 HOSPITALIST	3023		18509					96.07
96.08 NEONATOLOGY PHYSICIANS	3946		8881					96.08
96.09 ANESTHESIOLOGISTS	3639		25220					96.09
96.10 PHYSICIAN CARDIOLOGIST								96.10
96.11 PHYSICIAN ONCOLOGIST	67122		26572					96.11
96.12 PERINATOLOGY	24188		6613					96.12
96.13 TRAMA PHYSICIANS	25713		8119					96.13
96.14 LANDMARK HOSPITAL			5415					96.14
96.15 GYN SURG ONCOLOGIST			8856					96.15
96.16 CAPE GASTROENTEROLOGY			1697					96.16
96.20 NONPATIENT MEALS		95898						96.20
96.30 BEAUTY SHOP	1016		515					96.30
96.40 MARKETING COSTS								96.40
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	3099158	3139360	1508521	1822619	1162446	2909251	452665	103
104 UNIT COST MULT-WS B PT I	.919294		.595922		7.697400		141.767930	104
104 UNIT COST MULT-WS B PT I		7.394925		1.854056		290.925100		104
105 COST TO BE ALLOC PER B PT II	4725	7487	8620	893	4113	6598	242	105
106 UNIT COST MULT-WS B PT II	.001402		.003405		.027235		.075791	106
106 UNIT COST MULT-WS B PT II		.017636		.000908		.659800		106.
107 COST TO BE ALLOC PER B PT III	146814	259075	249137	91313	146316	308703	7497	107
108 UNIT COST MULT-WS B PT III	.043549		.098418		.968865		2.347949	108
108 UNIT COST MULT-WS B PT III		.610265		.092888		30.870300		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	32771305		32771305		32771305	25
26 INTENSIVE CARE UNIT	8247848		8247848		8247848	26
26.01 NEONATOLOGY/NICU	5040906		5040906		5040906	26.01
31 SUBPROVIDER I	2940929		2940929	35590	2976519	31
33 NURSERY	1344175		1344175		1344175	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	17008095		17008095		17008095	37
38 RECOVERY ROOM	1710453		1710453		1710453	38
39 DELIVERY ROOM & LABOR ROOM	914331		914331		914331	39
40 ANESTHESIOLOGY	848931		848931		848931	40
41 RADIOLOGY-DIAGNOSTIC	8686881		8686881		8686881	41
42 RADIOLOGY-THERAPEUTIC	2047647		2047647		2047647	42
43 RADIOISOTOPE	587282		587282		587282	43
44 LABORATORY	12442946		12442946		12442946	44
44.10 CARDIOVASCULAR LABORATORY	4660447		4660447		4660447	44.10
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	4768281		4768281		4768281	49
50 PHYSICAL THERAPY	3542356		3542356		3542356	50
51 OCCUPATIONAL THERAPY	1292428		1292428		1292428	51
52 SPEECH PATHOLOGY	808851		808851		808851	52
53 ELECTROCARDIOLOGY	1495272		1495272		1495272	53
54 ELECTROENCEPHALOGRAPHY	939830		939830		939830	54
55 MEDICAL SUPPLIES CHARGED TO	38988743		38988743		38988743	55
56 DRUGS CHARGED TO PATIENTS	13643152		13643152		13643152	56
56.10 REHABILITATION SERVICES	7750830		7750830	52187	7803017	56.10
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	9893000		9893000	10784	9903784	61
62 OBSERVATION BEDS (NON-DISTI	2299564		2299564		2299564	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	280132		280132		280132	65
67 DURABLE MEDICAL EQUIP-SOLD	1803196		1803196		1803196	67
101 SUBTOTAL	186757811		186757811	98561	186856372	101
102 LESS OBSERVATION BEDS	2299564		2299564		2299564	102
103 TOTAL	184458247		184458247	98561	184556808	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I (CONT)

COST CENTER DESCRIPTION	CHARGES			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL 8			
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	36332491		36332491			25
26 INTENSIVE CARE UNIT	14119806		14119806			26
26.01 NEONATOLOGY/NICU	13614378		13614378			26.01
31 SUBPROVIDER I	2200171		2200171			31
33 NURSERY	2145602		2145602			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	24687923	23330186	48018109	.354202	.354202	.354202 37
38 RECOVERY ROOM	5944342	3997163	9941505	.172052	.172052	.172052 38
39 DELIVERY ROOM & LABOR ROOM	2298014	162382	2460396	.371619	.371619	.371619 39
40 ANESTHESIOLOGY	8448089	5849519	14297608	.059376	.059376	.059376 40
41 RADIOLOGY-DIAGNOSTIC	15269396	26112715	41382111	.209919	.209919	.209919 41
42 RADIOLOGY-THERAPEUTIC	14390239	29638381	44028620	.046507	.046507	.046507 42
43 RADIOISOTOPE	1622113	3773895	5396008	.108836	.108836	.108836 43
44 LABORATORY	38836685	43283246	82119931	.151522	.151522	.151522 44
44.10 CARDIOVASCULAR LABORATORY	9805257	7453364	17258621	.270036	.270036	.270036 44.10
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	34681851	5019574	39701425	.120104	.120104	.120104 49
50 PHYSICAL THERAPY	4045209	3802069	7847278	.451412	.451412	.451412 50
51 OCCUPATIONAL THERAPY	2752497	813941	3566438	.362386	.362386	.362386 51
52 SPEECH PATHOLOGY	1693983	599287	2293270	.352706	.352706	.352706 52
53 ELECTROCARDIOLOGY	7878716	6709066	14587782	.102502	.102502	.102502 53
54 ELECTROENCEPHALOGRAPHY	879958	2281375	3161333	.297289	.297289	.297289 54
55 MEDICAL SUPPLIES CHARGED TO	116654467	46151995	162806462	.239479	.239479	.239479 55
56 DRUGS CHARGED TO PATIENTS	46340478	11678642	58019120	.235149	.235149	.235149 56
56.10 REHABILITATION SERVICES	1962772	11254325	13217097	.586425	.586425	.590373 56.10
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	8193384	15812657	24006041	.412105	.412105	.412554 61
62 OBSERVATION BEDS (NON-DISTI	980000	2462872	3442872	.667920	.667920	.667920 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	84296	235790	320086	.875177	.875177	.875177 65
67 DURABLE MEDICAL EQUIP-SOLD		2940152	2940152	.613300	.613300	.613300 67
101 SUBTOTAL	415862117	253362596	669224713			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	415862117	253362596	669224713			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
25 INPAT ROUTINE SERV COST CTRS	80796		80796	3061645		3061645	25
26 ADULTS & PEDIATRICS	12473		12473	467337		467337	26
26.01 INTENSIVE CARE UNIT	6432		6432	292964		292964	26.01
27 NEONATOLOGY/NICU							27
28 CORONARY CARE UNIT							28
29 BURN INTENSIVE CARE UNIT							29
30 SURGICAL INTENSIVE CARE UNIT							30
31 OTHER SPECIAL CARE (SPECIFY)	9862		9862	372842		372842	31
33 SUBPROVIDER I	1008		1008	33958		33958	33
101 NURSERY	110571		110571	4228746		4228746	101
TOTAL							

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
25 INPAT ROUTINE SERV COST CTRS	44378	25432	1.82	46286	68.99	1754554	25
26 ADULTS & PEDIATRICS	6107	4131	2.04	8427	76.52	316104	26
26.01 INTENSIVE CARE UNIT	4783		1.34		61.25		26.01
27 NEONATOLOGY/NICU							27
28 CORONARY CARE UNIT							28
29 BURN INTENSIVE CARE UNIT							29
30 SURGICAL INTENSIVE CARE UNIT							30
31 OTHER SPECIAL CARE (SPECIFY)	3482	2513	2.83	7112	107.08	269092	31
33 SUBPROVIDER I	1073		.94		31.65		33
101 NURSERY	59823	32076		61825		2339750	101
TOTAL							

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (26-0183) [ ] SUB III [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT	---- OLD CAPITAL ----		---- NEW CAPITAL ----		
	CAPITAL RELATED COST	CAPITAL RELATED COST			CHARGES	PROGRAM CHARGES	RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	49737	2615382	48018109	15662562	.001036	16226	.054467	853093	37
38 RECOVERY ROOM	3028	101668	9941505	2335534	.000305	712	.010227	23886	38
39 DELIVERY ROOM & LABOR ROOM	231	10245	2460396	25280	.000094	2	.004164	105	39
40 ANESTHESIOLOGY	316	68421	14297608	4480261	.000022	99	.004785	21438	40
41 RADIOLOGY-DIAGNOSTIC	17557	1689787	41382111	8337388	.000424	3535	.040834	340449	41
42 RADIOLOGY-THERAPEUTIC	1918	462197	44028620	7616660	.000044	335	.010498	79960	42
43 RADIOISOTOPE	1779	51918	5396008	1268998	.000330	419	.009622	12210	43
44 LABORATORY	13748	1052136	82119931	24447954	.000167	4083	.012812	313227	44
44.10 CARDIOVASCULAR LABORATORY	9112	657698	17258621	8307555	.000528	4386	.038108	316584	44.10
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
49 RESPIRATORY THERAPY	5084	264009	39701425	15438320	.000128	1976	.006650	102665	49
50 PHYSICAL THERAPY	16333	557805	7847278	1155615	.002081	2405	.071083	82145	50
51 OCCUPATIONAL THERAPY	5249	142772	3566438	711982	.001472	1048	.040032	28502	51
52 SPEECH PATHOLOGY	1136	41183	2293270	613167	.000495	304	.017958	11011	52
53 ELECTROCARDIOLOGY	355	235209	14587782	4075211	.000024	98	.016124	65709	53
54 ELECTROENCEPHALOGRAPHY	1853	104846	3161333	269969	.000586	158	.033165	8954	54
55 MEDICAL SUPPLIES CHARGED TO P	16172	731237	162806462	57211686	.000099	5664	.004491	256938	55
56 DRUGS CHARGED TO PATIENTS	4988	502154	58019120	28410710	.000086	2443	.008655	245895	56
56.10 REHABILITATION SERVICES	39457	1353097	13217097	654855	.002985	1955	.102375	67041	56.10
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	16739	883629	24006041	2757549	.000697	1922	.036809	101503	61
62 OBSERVATION BEDS (NON-DISTINC	5668	214837	3442872	856833	.001646	1410	.062401	53467	62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES									65
67 DURABLE MEDICAL EQUIP-SOLD	212	10504	2940152		.000072		.003573		67
101 TOTAL	210672	11750734	600492179	184638089		49180		2984782	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					44378		25432	25
26	INTENSIVE CARE UNIT					6107		4131	26
26.01	NEONATOLOGY/NICU					4783			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					3482		2513	31
33	NURSERY					1073			33
34	SKILLED NURSING FACILITY								34
35	NURSING FACILITY								35
101	TOTAL					59823		32076	101

APPORIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (26-0183)	[ ]	SUB IV	[ ]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA
BOXES	[ ]	TITLE XIX	[ ]	SUB II	[ ]	NF		
			[ ]	SUB III	[ ]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
44.10 CARDIOVASCULAR LABORATORY							44.10
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
56.10 REHABILITATION SERVICES							56.10
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
67 DURABLE MEDICAL EQUIP-SOLD							67
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (26-0183) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	PROGRAM
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		48018109			15662562		8214336 37
38 RECOVERY ROOM		9941505			2335534		3394778 38
39 DELIVERY ROOM & LABOR ROOM		2460396			25280		39
40 ANESTHESIOLOGY		14297608			4480261		2358798 40
41 RADIOLOGY-DIAGNOSTIC		41382111			8337388		10848994 41
42 RADIOLOGY-THERAPEUTIC		44028620			7616660		10973246 42
43 RADIOISOTOPE		5396008			1268998		2030909 43
44 LABORATORY		82119931			24447954		1886039 44
44.10 CARDIOVASCULAR LABORATORY		17258621			8307555		5209321 44.10
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		39701425			15438320		718332 49
50 PHYSICAL THERAPY		7847278			1155615		2176 50
51 OCCUPATIONAL THERAPY		3566438			711982		51
52 SPEECH PATHOLOGY		2293270			613167		60594 52
53 ELECTROCARDIOLOGY		14587782			4075211		1329357 53
54 ELECTROENCEPHALOGRAPHY		3161333			269969		1710616 54
55 MEDICAL SUPPLIES CHARGED TO P		162806462			57211686		16706550 55
56 DRUGS CHARGED TO PATIENTS		58019120			28410710		6249244 56
56.10 REHABILITATION SERVICES		13217097			654855		4481646 56.10
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		24006041			2757549		4127590 61
62 OBSERVATION BEDS (NON-DISTINC		3442872			856833		1089392 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
67 DURABLE MEDICAL EQUIP-SOLD		2940152					67
101 TOTAL		600492179			184638089		81391918 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (26-0183)	[ ]	SUB IV	[ ]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA
BOXES	[ ]	TITLE XIX	[ ]	SUB II	[ ]	NF		
			[ ]	SUB III	[ ]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
38 RECOVERY ROOM						38
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
42 RADIOLOGY-THERAPEUTIC						42
43 RADIOISOTOPE						43
44 LABORATORY						44
44.10 CARDIOVASCULAR LABORATORY						44.10
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY						53
54 ELECTROENCEPHALOGRAPHY						54
55 MEDICAL SUPPLIES CHARGED TO P						55
56 DRUGS CHARGED TO PATIENTS						56
56.10 REHABILITATION SERVICES						56.10
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES						65
67 DURABLE MEDICAL EQUIP-SOLD						67
101 TOTAL						101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (26-0183) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
37 ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.354202	.354202	.354202			37
38 RECOVERY ROOM	.172052	.172052	.172052			38
39 DELIVERY ROOM & LABOR ROOM	.371619	.371619	.371619			39
40 ANESTHESIOLOGY	.059376	.059376	.059376			40
41 RADIOLOGY-DIAGNOSTIC	.209919	.209919	.209919			41
42 RADIOLOGY-THERAPEUTIC	.046507	.046507	.046507			42
43 RADIOISOTOPE	.108836	.108836	.108836			43
44 LABORATORY	.151522	.151522	.151522			44
44.10 CARDIOVASCULAR LABORATORY	.270036	.270036	.270036			44.10
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.120104	.120104	.120104			49
50 PHYSICAL THERAPY	.451412	.451412	.451412			50
51 OCCUPATIONAL THERAPY	.362386	.362386	.362386			51
52 SPEECH PATHOLOGY	.352706	.352706	.352706			52
53 ELECTROCARDIOLOGY	.102502	.102502	.102502			53
54 ELECTROENCEPHALOGRAPHY	.297289	.297289	.297289			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.239479	.239479	.239479			55
56 DRUGS CHARGED TO PATIENTS	.235149	.235149	.235149			56
56.10 REHABILITATION SERVICES	.586425	.586425	.586425			56.10
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	.412105	.412105	.412105			61
62 OBSERVATION BEDS (NON-DISTINCT	.667920	.667920	.667920			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	.875177	.875177	.875177			65
65.01 AMBULANCE SERVICES (2ND PERIOD)	.875177	.875177	.875177			65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)	.875177	.875177	.875177			65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)	.875177	.875177	.875177			65.03
67 DURABLE MEDICAL EQUIP-SOLD	.613300	.613300	.613300			67
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	1	.235149	1
2 PROGRAM VACCINE CHARGES	2	3662	2
2.01 PROGRAM VACCINE CHARGES	2.01		2.01
3 PROGRAM COSTS	3	861	3
3.01 PROGRAM COSTS	3.01		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (26-0183) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
37 ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		8214336						37
38 RECOVERY ROOM		3394778						38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY		2358798						40
41 RADIOLOGY-DIAGNOSTIC		10848994						41
42 RADIOLOGY-THERAPEUTIC		10973246						42
43 RADIOISOTOPE		2030909						43
44 LABORATORY		1886039	10908					44
44.10 CARDIOVASCULAR LABORATORY		5209321						44.10
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		718332	3816					49
50 PHYSICAL THERAPY		2176						50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		60594	711					52
53 ELECTROCARDIOLOGY		1329357						53
54 ELECTROENCEPHALOGRAPHY		1710616						54
55 MEDICAL SUPPLIES CHARGED TO PA		16706550	52					55
56 DRUGS CHARGED TO PATIENTS		6249244						56
56.10 REHABILITATION SERVICES		4481646						56.10
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		4127590						61
62 OBSERVATION BEDS (NON-DISTINCT		1089392						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD								65.03
67 DURABLE MEDICAL EQUIP-SOLD								67
101 SUBTOTAL		81391918	15487					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		81391918	15487					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (26-0183) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		2909534					37
38 RECOVERY ROOM		584078					38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY		140056					40
41 RADIOLOGY-DIAGNOSTIC		2277410					41
42 RADIOLOGY-THERAPEUTIC		510333					42
43 RADIOISOTOPE		221036					43
44 LABORATORY		285776	1653				44
44.10 CARDIOVASCULAR LABORATORY		1406704					44.10
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		86275	458				49
50 PHYSICAL THERAPY		982					50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY		21372	251				52
53 ELECTROCARDIOLOGY		136262					53
54 ELECTROENCEPHALOGRAPHY		508547					54
55 MEDICAL SUPPLIES CHARGED TO PAT		4000868	12				55
56 DRUGS CHARGED TO PATIENTS		1469503					56
56.10 REHABILITATION SERVICES		2628149					56.10
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		1701000					61
62 OBSERVATION BEDS (NON-DISTINCT		727627					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
67 DURABLE MEDICAL EQUIP-SOLD							67
101 SUBTOTAL		19615512	2374				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		19615512	2374				104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB III [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (26-T183) [ ] SUB IV [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	OLD CAPITAL	NEW CAPITAL	CAPITAL COSTS	RATIO OF	RATIO OF	CAPITAL COSTS
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	RATIO OF COST TO CHARGES				
	1	2	3	4	5	6	7	8		
ANCILLARY SERVICE COST CENTERS										
37 OPERATING ROOM	49737	2615382	48018109	11785	.001036	12	.054467	642	37	
38 RECOVERY ROOM	3028	101668	9941505	1428	.000305		.010227	15	38	
39 DELIVERY ROOM & LABOR ROOM	231	10245	2460396		.000094		.004164		39	
40 ANESTHESIOLOGY	316	68421	14297608	1379	.000022		.004785	7	40	
41 RADIOLOGY-DIAGNOSTIC	17557	1689787	41382111	104885	.000424	44	.040834	4283	41	
42 RADIOLOGY-THERAPEUTIC	1918	462197	44028620	69439	.000044	3	.010498	729	42	
43 RADIOISOTOPE	1779	51918	5396008	7100	.000330	2	.009622	68	43	
44 LABORATORY	13748	1052136	82119931	334256	.000167	56	.012812	4282	44	
44.10 CARDIOVASCULAR LABORATORY	9112	657698	17258621	12281	.000528	6	.038108	468	44.10	
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30	
49 RESPIRATORY THERAPY	5084	264009	39701425	162631	.000128	21	.006650	1081	49	
50 PHYSICAL THERAPY	16333	557805	7847278	821406	.002081	1709	.071083	58388	50	
51 OCCUPATIONAL THERAPY	5249	142772	3566438	912443	.001472	1343	.040032	36527	51	
52 SPEECH PATHOLOGY	1136	41183	2293270	169769	.000495	84	.017958	3049	52	
53 ELECTROCARDIOLOGY	355	235209	14587782	10570	.000024		.016124	170	53	
54 ELECTROENCEPHALOGRAPHY	1853	104846	3161333	4574	.000586	3	.033165	152	54	
55 MEDICAL SUPPLIES CHARGED TO P	16172	731237	162806462	489407	.000099	48	.004491	2198	55	
56 DRUGS CHARGED TO PATIENTS	4988	502154	58019120	901675	.000086	78	.008655	7804	56	
56.10 REHABILITATION SERVICES	39457	1353097	13217097	206235	.002985	616	.102375	21113	56.10	
OUTPATIENT SERVICE COST CENTERS										
61 EMERGENCY	16739	883629	24006041	586	.000697		.036809	22	61	
62 OBSERVATION BEDS (NON-DISTINC	5668	214837	3442872		.001646		.062401		62	
63.50 RHC									63.50	
63.60 FQHC									63.60	
OTHER REIMBURSABLE COST CENTERS										
65 AMBULANCE SERVICES									65	
67 DURABLE MEDICAL EQUIP-SOLD	212	10504	2940152		.000072		.003573		67	
101 TOTAL	210672	11750734	600492179	4221849		4025		140998	101	

APPORIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ]	TITLE V	[ ]	HOSPITAL	[ ]	SUB IV	[ ]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[XX]	SUB I (26-T183)	[ ]	SNF	[ ]	TEFRA
BOXES	[ ]	TITLE XIX	[ ]	SUB II	[ ]	NF		
			[ ]	SUB III	[ ]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
44.10 CARDIOVASCULAR LABORATORY							44.10
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
56.10 REHABILITATION SERVICES							56.10
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
67 DURABLE MEDICAL EQUIP-SOLD							67
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (26-T183) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	PROGRAM
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		48018109			11785		37
38 RECOVERY ROOM		9941505			1428		38
39 DELIVERY ROOM & LABOR ROOM		2460396					39
40 ANESTHESIOLOGY		14297608			1379		40
41 RADIOLOGY-DIAGNOSTIC		41382111			104885		41
42 RADIOLOGY-THERAPEUTIC		44028620			69439		42
43 RADIOISOTOPE		5396008			7100		43
44 LABORATORY		82119931			334256		44
44.10 CARDIOVASCULAR LABORATORY		17258621			12281		44.10
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		39701425			162631		49
50 PHYSICAL THERAPY		7847278			821406		50
51 OCCUPATIONAL THERAPY		3566438			912443		51
52 SPEECH PATHOLOGY		2293270			169769		52
53 ELECTROCARDIOLOGY		14587782			10570		53
54 ELECTROENCEPHALOGRAPHY		3161333			4574		54
55 MEDICAL SUPPLIES CHARGED TO P		162806462			489407		55
56 DRUGS CHARGED TO PATIENTS		58019120			901675		56
56.10 REHABILITATION SERVICES		13217097			206235		56.10
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		24006041			586		61
62 OBSERVATION BEDS (NON-DISTINC		3442872					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
67 DURABLE MEDICAL EQUIP-SOLD		2940152					67
101 TOTAL		600492179			4221849		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (26-T183) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
38 RECOVERY ROOM						38
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
42 RADIOLOGY-THERAPEUTIC						42
43 RADIOISOTOPE						43
44 LABORATORY						44
44.10 CARDIOVASCULAR LABORATORY						44.10
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY						53
54 ELECTROENCEPHALOGRAPHY						54
55 MEDICAL SUPPLIES CHARGED TO P						55
56 DRUGS CHARGED TO PATIENTS						56
56.10 REHABILITATION SERVICES						56.10
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES						65
67 DURABLE MEDICAL EQUIP-SOLD						67
101 TOTAL						101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS			80796	3061645		3061645	25
25 ADULTS & PEDIATRICS	80796		80796	3061645		3061645	25
26 INTENSIVE CARE UNIT	12473		12473	467337		467337	26
26.01 NEONATOLOGY/NICU	6432		6432	292964		292964	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	9862		9862	372842		372842	31
33 NURSERY	1008		1008	33958		33958	33
101 TOTAL	110571		110571	4228746		4228746	101

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS				6721	68.99	254780	25
25 ADULTS & PEDIATRICS	44378	3693	1.82	6721	68.99	254780	25
26 INTENSIVE CARE UNIT	6107	937	2.04	1911	76.52	71699	26
26.01 NEONATOLOGY/NICU	4783	2471	1.34	3311	61.25	151349	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	3482		2.83		107.08		31
33 NURSERY	1073	761	.94	715	31.65	24086	33
101 TOTAL	59823	7862		12658		501914	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (26-0183) [ ] SUB III [XX] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] OTHER

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----		
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	49737	2615382	48018109	3128796	.001036	3241	.054467	170416	37
38 RECOVERY ROOM	3028	101668	9941505	461906	.000305	141	.010227	4724	38
39 DELIVERY ROOM & LABOR ROOM	231	10245	2460396		.000094		.004164		39
40 ANESTHESIOLOGY	316	68421	14297608	685536	.000022	15	.004785	3280	40
41 RADIOLOGY-DIAGNOSTIC	17557	1689787	41382111	1857543	.000424	788	.040834	75851	41
42 RADIOLOGY-THERAPEUTIC	1918	462197	44028620	1974457	.000044	87	.010498	20728	42
43 RADIOISOTOPE	1779	51918	5396008	149436	.000330	49	.009622	1438	43
44 LABORATORY	13748	1052136	82119931	4904727	.000167	819	.012812	62839	44
44.10 CARDIOVASCULAR LABORATORY	9112	657698	17258621	1093808	.000528	578	.038108	41683	44.10
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
49 RESPIRATORY THERAPY	5084	264009	39701425	4400665	.000128	563	.006650	29264	49
50 PHYSICAL THERAPY	16333	557805	7847278	365850	.002081	761	.071083	26006	50
51 OCCUPATIONAL THERAPY	5249	142772	3566438	304479	.001472	448	.040032	12189	51
52 SPEECH PATHOLOGY	1136	41183	2293270	398155	.000495	197	.017958	7150	52
53 ELECTROCARDIOLOGY	355	235209	14587782	580422	.000024	14	.016124	9359	53
54 ELECTROENCEPHALOGRAPHY	1853	104846	3161333	261137	.000586	153	.033165	8661	54
55 MEDICAL SUPPLIES CHARGED TO P	16172	731237	162806462	11865906	.000099	1175	.004491	53290	55
56 DRUGS CHARGED TO PATIENTS	4988	502154	58019120	8331728	.000086	717	.008655	72111	56
56.10 REHABILITATION SERVICES	39457	1353097	13217097	836288	.002985	2496	.102375	85615	56.10
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	16739	883629	24006041	916387	.000697	639	.036809	33731	61
62 OBSERVATION BEDS (NON-DISTINC	5668	214837	3442872	65617	.001646	108	.062401	4095	62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES									65
67 DURABLE MEDICAL EQUIP-SOLD	212	10504	2940152		.000072		.003573		67
101 TOTAL	210672	11750734	600492179	42582843		12989		722430	101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					44378		3693	25
26 INTENSIVE CARE UNIT					6107		937	26
26.01 NEONATOLOGY/NICU					4783		2471	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					3482			31
33 NURSERY					1073		761	33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					59823		7862	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (26-0183)	[ ]	SUB IV	[ ]	PPS
APPLICABLE	[ ]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA
BOXES	[XX]	TITLE XIX	[ ]	SUB II	[ ]	NF	[ ]	OTHER
			[ ]	SUB III	[ ]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
44.10 CARDIOVASCULAR LABORATORY							44.10
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
56.10 REHABILITATION SERVICES							56.10
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
67 DURABLE MEDICAL EQUIP-SOLD							67
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (26-0183) [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		48018109			3128796		37
38 RECOVERY ROOM		9941505			461906		38
39 DELIVERY ROOM & LABOR ROOM		2460396					39
40 ANESTHESIOLOGY		14297608			685536		40
41 RADIOLOGY-DIAGNOSTIC		41382111			1857543		41
42 RADIOLOGY-THERAPEUTIC		44028620			1974457		42
43 RADIOISOTOPE		5396008			149436		43
44 LABORATORY		82119931			4904727		44
44.10 CARDIOVASCULAR LABORATORY		17258621			1093808		44.10
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		39701425			4400665		49
50 PHYSICAL THERAPY		7847278			365850		50
51 OCCUPATIONAL THERAPY		3566438			304479		51
52 SPEECH PATHOLOGY		2293270			398155		52
53 ELECTROCARDIOLOGY		14587782			580422		53
54 ELECTROENCEPHALOGRAPHY		3161333			261137		54
55 MEDICAL SUPPLIES CHARGED TO P		162806462			11865906		55
56 DRUGS CHARGED TO PATIENTS		58019120			8331728		56
56.10 REHABILITATION SERVICES		13217097			836288		56.10
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		24006041			916387		61
62 OBSERVATION BEDS (NON-DISTINC		3442872			65617		62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
67 DURABLE MEDICAL EQUIP-SOLD		2940152					67
101 TOTAL		600492179			42582843		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (26-0183)	[ ]	SUB IV	[ ]	PPS
APPLICABLE	[ ]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA
BOXES	[XX]	TITLE XIX	[ ]	SUB II	[ ]	NF	[ ]	OTHER
			[ ]	SUB III	[ ]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
44.10 CARDIOVASCULAR LABORATORY					44.10
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
56.10 REHABILITATION SERVICES					56.10
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
67 DURABLE MEDICAL EQUIP-SOLD					67
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (26-0183)	SUB I (PPS) (26-T183)	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)	44378	3482					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	44378	3482					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	7967						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	36411	3482					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)	25432	2513					9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (26-0183)	SUB I (PPS) (26-T183)	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	32771305	2976519					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	32771305	2976519					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	36332491	2200171					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		5281176					29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	31051315	2200171					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.901983	1.352858					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE		662.88					32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE		852.80	631.87				33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	32771305	2976519					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) (26-0183)	SUB I (PPS) (26-T183)	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	738.46	854.83				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	18780515	2148188				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	18780515	2148188				41
	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST	
	1	2	3	4	5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	8247848	6107	1350.56	4131	5579163	43
43.01 NEONATOLOGY/NICU	5040906	4783	1053.92			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) (26-0183)	SUB I (PPS) (26-T183)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	40241626	1319018				48
49 TOTAL PROGRAM INPATIENT COSTS	64601304	3467206				49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	2125371	276204				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	3033962	145023				51
52 TOTAL PROGRAM EXCLUDABLE COST	5159333	421227				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	59441971	3045979				53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (26-0183)	SUB I (PPS) (26-T183)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	
54						54
55						55
56						56
57						57
58						58
58.01						58.01
58.02						58.02
58.03						58.03
58.04						58.04
59						59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

[ ] TITLE V-INPT [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) (26-0183)	SUB I (PPS) (26-T183)	SUB II	SUB III	SUB IV
	1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	3114	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	738.46	84
85 OBSERVATION BED COST	2299564	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	80796	32771305	.002465	2299564	5668	86
87 NEW CAPITAL-RELATED COST	3061645	32771305	.093425	2299564	214837	87
88 NON PHYSICIAN ANESTHETIST		32771305		2299564		88
89 MEDICAL EDUCATION		32771305		2299564		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) (26-0183)	SUB I	SUB II	SUB III	SUB IV	NF
INPATIENT DAYS	1	1	1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	44378					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	44378					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	7967					3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	36411					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)	3693					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	1073					15
16 TITLE V OR XIX NURSERY DAYS	761					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) (26-0183)	SUB I	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	32771305						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	32771305						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	36332491						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	5281176						29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	31051315						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.901983						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	662.88						32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	852.80						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	32771305						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) (26-0183)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	738.46					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2727133					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2727133					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)	1344175	1073	1252.73	761	953328	42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	8247848	6107	1350.56	937	1265475	43
43.01 NEONATOLOGY/NICU	5040906	4783	1053.92	2471	2604236	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) (26-0183)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	9562993					48
49 TOTAL PROGRAM INPATIENT COSTS	17113165					49

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	514572					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	735419					51
52 TOTAL PROGRAM EXCLUDABLE COST	1249991					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	15863174					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) (26-0183)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

PROVIDER NO. 26-0183 ST. FRANCIS MEDICAL CENTER  
PERIOD FROM 07/01/2007 TO 06/30/2008

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05  
11/05/2008 11:04

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

66	SNF/NF/ICF/MR ROUTINE SERVICE COST	1	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 SUB I SUB II SUB III SUB IV  
 (PPS)  
 (26-0183)  
 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	3114	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	738.46	84
85 OBSERVATION BED COST	2299564	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	80796	32771305	.002465	2299564	5668	86
87 NEW CAPITAL-RELATED COST	3061645	32771305	.093425	2299564	214837	87
88 NON PHYSICIAN ANESTHETIST		32771305		2299564		88
89 MEDICAL EDUCATION		32771305		2299564		89

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V [XX] HOSPITAL (26-0183) [ ] SNF [XX] PPS  
 [XX] TITLE XVIII-PT A [ ] SUB I [ ] NF [ ] TEFRA  
 [ ] TITLE XIX [ ] SUB II [ ] S/B-SNF [ ] OTHER  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		21371345		25
26 INTENSIVE CARE UNIT		5670736		26
26.01 NEONATOLOGY/NICU				26.01
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.354202	15662562	5547711	37
38 RECOVERY ROOM	.172052	2335534	401833	38
39 DELIVERY ROOM & LABOR ROOM	.371619	25280	9395	39
40 ANESTHESIOLOGY	.059376	4480261	266020	40
41 RADIOLOGY-DIAGNOSTIC	.209919	8337388	1750176	41
42 RADIOLOGY-THERAPEUTIC	.046507	7616660	354228	42
43 RADIOISOTOPE	.108836	1268998	138113	43
44 LABORATORY	.151522	24447954	3704403	44
44.10 CARDIOVASCULAR LABORATORY	.270036	8307555	2243339	44.10
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.120104	15438320	1854204	49
50 PHYSICAL THERAPY	.451412	1155615	521658	50
51 OCCUPATIONAL THERAPY	.362386	711982	258012	51
52 SPEECH PATHOLOGY	.352706	613167	216268	52
53 ELECTROCARDIOLOGY	.102502	4075211	417717	53
54 ELECTROENCEPHALOGRAPHY	.297289	269969	80259	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.239479	57211686	13700997	55
56 DRUGS CHARGED TO PATIENTS	.235149	28410710	6680750	56
56.10 REHABILITATION SERVICES	.590373	654855	386609	56.10
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.412554	2757549	1137638	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.667920	856833	572296	62
63.50 RHC				63.50
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
67 DURABLE MEDICAL EQUIP-SOLD	.613300			67
101 TOTAL		184638089	40241626	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		184638089		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (26-T183)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
26.01 NEONATOLOGY/NICU				26.01
31 SUBPROVIDER I		1611288		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.354202	11785	4174	37
38 RECOVERY ROOM	.172052	1428	246	38
39 DELIVERY ROOM & LABOR ROOM	.371619			39
40 ANESTHESIOLOGY	.059376	1379	82	40
41 RADIOLOGY-DIAGNOSTIC	.209919	104885	22017	41
42 RADIOLOGY-THERAPEUTIC	.046507	69439	3229	42
43 RADIOISOTOPE	.108836	7100	773	43
44 LABORATORY	.151522	334256	50647	44
44.10 CARDIOVASCULAR LABORATORY	.270036	12281	3316	44.10
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.120104	162631	19533	49
50 PHYSICAL THERAPY	.451412	821406	370793	50
51 OCCUPATIONAL THERAPY	.362386	912443	330657	51
52 SPEECH PATHOLOGY	.352706	169769	59879	52
53 ELECTROCARDIOLOGY	.102502	10570	1083	53
54 ELECTROENCEPHALOGRAPHY	.297289	4574	1360	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.239479	489407	117203	55
56 DRUGS CHARGED TO PATIENTS	.235149	901675	212028	56
56.10 REHABILITATION SERVICES	.590373	206235	121756	56.10
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.412554	586	242	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.667920			62
63.50 RHC				63.50
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
67 DURABLE MEDICAL EQUIP-SOLD	.613300			67
101 TOTAL		4221849	1319018	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		4221849		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V [XX] HOSPITAL (26-0183) [ ] SNF [XX] PPS  
 [ ] TITLE XVIII-PT A [ ] SUB I [ ] NF [ ] TEFRA  
 [XX] TITLE XIX [ ] SUB II [ ] S/B-SNF [ ] OTHER  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		3551264		25
26 INTENSIVE CARE UNIT		1289512		26
26.01 NEONATOLOGY/NICU		3742507		26.01
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.354202	3128796	1108226	37
38 RECOVERY ROOM	.172052	461906	79472	38
39 DELIVERY ROOM & LABOR ROOM	.371619			39
40 ANESTHESIOLOGY	.059376	685536	40704	40
41 RADIOLOGY-DIAGNOSTIC	.209919	1857543	389934	41
42 RADIOLOGY-THERAPEUTIC	.046507	1974457	91826	42
43 RADIOISOTOPE	.108836	149436	16264	43
44 LABORATORY	.151522	4904727	743174	44
44.10 CARDIOVASCULAR LABORATORY	.270036	1093808	295368	44.10
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.120104	4400665	528537	49
50 PHYSICAL THERAPY	.451412	365850	165149	50
51 OCCUPATIONAL THERAPY	.362386	304479	110339	51
52 SPEECH PATHOLOGY	.352706	398155	140432	52
53 ELECTROCARDIOLOGY	.102502	580422	59494	53
54 ELECTROENCEPHALOGRAPHY	.297289	261137	77633	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.239479	11865906	2841635	55
56 DRUGS CHARGED TO PATIENTS	.235149	8331728	1959198	56
56.10 REHABILITATION SERVICES	.590373	836288	493722	56.10
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.412554	916387	378059	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.667920	65617	43827	62
63.50 RHC				63.50
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
67 DURABLE MEDICAL EQUIP-SOLD	.613300			67
101 TOTAL		42582843	9562993	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		42582843		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (26-0183)	SUB I	SUB II	SUB III	SUB IV	
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	10345174					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	10628769					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	20876290					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1						1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	2645021					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	225.08					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					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	0.00					3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (26-0183)	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4						4
4.01						4.01
4.02						4.02
4.03						4.03
4.04						4.04
5						5
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6						6
7						7
7.01						7.01
8						8
9						9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
21.01						21.01
21.02						21.02
22						22



CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (26-0183) 1	HOSPITAL (26-0183) 1.01	HOSPITAL (26-0183) 1.02	
1 MEDICAL AND OTHER SERVICES	3235			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	19615512			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	15809695			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	3235			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	19149			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	19149			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	19149			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	15914			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	3235			17
17.01 TOTAL PPS PAYMENTS	15809695			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (26-0183) 1	HOSPITAL (26-0183) 1.01	HOSPITAL (26-0183) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	904		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	4027672		18.01
19 SUBTOTAL	11784354		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	11784354		23
24 PRIMARY PAYER PAYMENTS	3481		24
25 SUBTOTAL	11780873		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	68701		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	48091		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL	11828964		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	11828964		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	11827940		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	1024		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (26-T183)	SUB I (26-T183)	SUB I (26-T183)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (26-T183) 1	SUB I (26-T183) 1.01	SUB I (26-T183) 1.02	
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18				18
				18.01
18.01				18.01
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
27.01				27.01
27.02				27.02
28				28
29				29
30				30
30.99				30.99
31				31
32				32
33				33
34				34
34.01				34.01
35				35
36				36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

HOSPITAL  
(26-0183)  
OCTOBER 1, 1997  
PRIOR TO ON OR AFTER  
1 1.01

1	STANDARD OVERHEAD AMOUNTS (ASC FEES)	1
2	DEDUCTIBLES	2
3	SUBTOTAL	3
4	80 PERCENT OF LINE 3	4
5	ASC PORTION OF BLEND	5
6	OUTPATIENT ASC COST	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	HOSPITAL SPECIFIC PORTION OF BLEND	17
18	ASC BLENDED AMOUNT	18
19	LESSER OF LINES 16 OR 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	ASC PAYMENT AMOUNT	21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

[ ] TITLE V            {XX} TITLE XVIII            [ ] TITLE XIX

HOSPITAL  
(26-0183)  
OCTOBER 1, 1997  
PRIOR TO    ON OR AFTER  
1            1.01

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

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

HOSPITAL  
(26-0183)  
OCTOBER 1, 1997  
PRIOR TO ON OR AFTER  
1 1.01

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 HOSPITAL (26-0183)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		49102065		11827940
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
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			3.01
	TO .02			3.02
	PROVIDER .03	NONE	NONE	3.03
	TO .04			3.04
	PROVIDER .05			3.05
	TO .50			3.50
	PROVIDER .51			3.51
	TO .52	NONE	NONE	3.52
	PROGRAM .53			3.53
	PROGRAM .54			3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		49102065		11827940
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02	NONE	NONE	5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51	NONE	NONE	5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01	856854	1024	6.01
	PROVIDER TO .02			6.02
PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		49958919		11828964

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

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 SUBPROVIDER I (26-T183)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3249139		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE 2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 TO .05 PROVIDER .50 TO .51 PROGRAM .52 PROGRAM .53 PROGRAM .54	NONE		3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		3249139		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52	NONE		5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM	11543		6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		3260682		7

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (26-T183)	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)					1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	3026343				1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)	0.0649				1.04
1.05	OUTLIER PAYMENTS	120890				1.05
1.06	TOTAL PPS PAYMENTS	163563				1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	3310796				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)	9.513661				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	3310796				4
5	PRIMARY PAYER PAYMENTS					5
6	SUBTOTAL	3310796				6
7	DEDUCTIBLES	18144				7
8	SUBTOTAL	3292652				8
9	COINSURANCE	32608				9
10	SUBTOTAL	3260044				10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	912				11
11.01	REDUCED REIMBURSABLE BAD DEBTS	638				11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					11.02
12	SUBTOTAL	3260682				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 (26-T183)	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		3260682				17
18 SEQUESTRATION ADJUSTMENT						18
19 INTERIM PAYMENTS		3249139				19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20 BALANCE DUE PROVIDER/PROGRAM		11543				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			NF I	
		HOSPITAL (26-0183) (PPS)	SUB I (26-T183)	SUB II	SUB III	SUB IV	
1	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	1
2	INPATIENT HOSPITAL/SNF/NF SERVICES						1
3	MEDICAL AND OTHER SERVICES						2
4	INTERNS AND RESIDENTS						3
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O						4
6	COST OF TEACHING PHYSICIANS						5
7	SUBTOTAL						6
8	INPATIENT PRIMARY PAYER PAYMENTS						7
9	OUTPATIENT PRIMARY PAYER PAYMENTS						8
	SUBTOTAL						9
10	COMPUTATION OF LESSER OF COST OR CHARGES						
11	ROUTINE SERVICE CHARGES	8995208					10
12	ANCILLARY SERVICE CHARGES	42582843					11
13	INTERNS AND RESIDENTS SERVICE CHARGES						12
14	ORGAN ACQUISITION CHARGES, NET OF REVENUE						13
15	TEACHING PHYSICIANS						14
16	INCENTIVE FROM TARGET AMOUNT COMPUTATION						15
	TOTAL REASONABLE CHARGES	51578051					16
17	CUSTOMARY CHARGES						
18	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						17
19	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM						18
20	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN						
21	ACCORDANCE WITH 42 CFR 413.13(E)						
22	RATIO OF LINE 17 TO LINE 18						19
23	TOTAL CUSTOMARY CHARGES	51578051					20
24	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	51578051					21
25	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						22
26	COST OF COVERED SERVICES						23
27	PROSPECTIVE PAYMENT AMOUNT						
28	OTHER THAN OUTLIER PAYMENTS						24
29	OUTLIER PAYMENTS						25
30	PROGRAM CAPITAL PAYMENTS						26
31	CAPITAL EXCEPTION PAYMENTS						27
32	ROUTINE SERVICE OTHER PASS THROUGH COSTS						28
33	ANCILLARY SERVICE OTHER PASS THROUGH COSTS						29
	SUBTOTAL						30
	CUSTOMARY CHARGES (TITLE XIX PPS COVERED						31
	LESSER OF LINES 30 OR 31						32
	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)						33

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3  
 PART III

	[ ] TITLE V	[ ] TITLE XVIII	[XX] TITLE XIX		NF I		
		HOSPITAL (26-0183) (PPS)	SUB I	SUB II	SUB III	SUB IV	NF I
		1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT						
	EXCESS OF REASONABLE COST						34
35	SUBTOTAL						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						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	OTHER ADJUSTMENTS						50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS						51
52	SUBTOTAL						52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT						53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS						54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER						55
56	SEQUESTRATION ADJUSTMENT						56
57	INTERIM PAYMENTS						57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						57.01
58	BALANCE DUE PROVIDER/PROGRAM						58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2)						59

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
<b>CURRENT ASSETS</b>					
1	CASH ON HAND AND IN BANKS	12924590			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	63388867			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-23360000			6
7	INVENTORY	6447400			7
8	PREPAID EXPENSES	3348591			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	62749448			11
<b>FIXED ASSETS</b>					
12	LAND	2851868			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	6289311			13
13.01	ACCUMULATED DEPRECIATION	-3852719			13.01
14	BUILDINGS	86939180			14
14.01	ACCUMULATED DEPRECIATION	-30745427			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT	67380220			16
16.01	ACCUMULATED DEPRECIATION	-30770528			16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	82728037			18
18.01	ACCUMULATED DEPRECIATION	-52450115			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	128369827			21
<b>OTHER ASSETS</b>					
22	INVESTMENTS	189017362			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	805867			25
26	TOTAL OTHER ASSETS	189823229			26
27	TOTAL ASSETS	380942504			27
<b>LIABILITIES AND FUND BALANCES</b>					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
<b>CURRENT LIABILITIES</b>					
28	ACCOUNTS PAYABLE	12152532			28
29	SALARIES, WAGES & FEES PAYABLE	14307562			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)				31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	7143999			35
36	TOTAL CURRENT LIABILITIES	33604093			36
<b>LONG-TERM LIABILITIES</b>					
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	70631454			41
42	TOTAL LONG TERM LIABILITIES	70631454			42
43	TOTAL LIABILITIES	104235547			43
<b>CAPITAL ACCOUNTS</b>					
44	GENERAL FUND BALANCE	276706957			44
45	SPECIFIC PURPOSE FUND BALANCE				45
46	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				46
47	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				47
48	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				48
49	PLANT FUND BALANCE - INVESTED IN PLANT				49
50	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				50
51	TOTAL FUND BALANCES	276706957			51
52	TOTAL LIABILITIES AND FUND BALANCES	380942504			52

PROVIDER NO. 26-0183 ST. FRANCIS MEDICAL CENTER  
PERIOD FROM 07/01/2007 TO 06/30/2008

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2008.05  
11/05/2008 11:04

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	258608089			1
2 NET INCOME (LOSS)	18098868			2
3 TOTAL	276706957			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	276706957			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13				13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	276706957			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				
1 HOSPITAL	40319439		40319439	1
2 SUBPROVIDER I	2200171		2200171	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	42519610		42519610	9
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10 INTENSIVE CARE UNIT	14119806		14119806	10
10.01 NEONATOLOGY/NICU	13614378		13614378	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	27734184		27734184	15
16 TOTAL INPATIENT ROUTINE CARE SERVICES	70253794		70253794	16
17 ANCILLARY SERVICES	357065236		357065236	17
18 OUTPATIENT SERVICES		278070128	278070128	18
18.50 RHC				18.50
18.60 FQHC				18.60
19 HOME HEALTH AGENCY		1142920	1142920	19
20 AMBULANCE				20
21 CORF				21
22 ASC				22
23 HOSPICE				23
24				24
25 TOTAL PATIENT REVENUES	427319030	279213048	706532078	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		273080302	26
27 ADD (SPECIFY)			27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS			33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		273080302	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	706532078	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	420110092	2
3	NET PATIENT REVENUES	286421986	3
4	LESS - TOTAL OPERATING EXPENSES	273080302	4
5	NET INCOME FROM SERVICE TO PATIENTS	13341684	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	494987	6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	2287	8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	983748	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	12444	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	277	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	FITNESS CENTER	2014326	24
24.01	WELLNESS	243768	24.01
24.02	MISC	966396	24.02
24.03	OTHER: RETAIL PHARMACY	5288908	24.03
24.04	MEDICAL OFFICE BUILDING	760242	24.04
24.05	GAIN ON INVESTMENTS		24.05
25	TOTAL OTHER INCOME	10767383	25
26	TOTAL	24109067	26
27	LOSS ON SALE OF FIXED ASSETS	195020	27
27.01	LOSS ON INVESTMENTS	5815179	27.01
28			28
29			29
30	TOTAL OTHER EXPENSES	6010199	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	18098868	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 26-7515

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
1 CAPITAL RELATED-BLDG & FIXTURES							2
2 CAPITAL RELATED-MOVABLE EQUIPMENT							3
3 PLANT OPERATION & MAINTENANCE							4
4 TRANSPORTATION							5
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	90054	22788			15334	128176	6
6 SKILLED NURSING CARE	328553	83141	20803			432497	7
7 PHYSICAL THERAPY	178837	45255	17756			241848	8
8 OCCUPATIONAL THERAPY	4022	1018	479			5519	9
9 SPEECH PATHOLOGY	2193	555	297			3045	10
10 MEDICAL SOCIAL SERVICES							11
11 HOME HEALTH AIDE	3083	780	223			4086	12
12 SUPPLIES					8572	8572	13
13 DRUGS							13.20
13.20 COST OF ADMINISTERING VACCINES							14
14 DME							15
HHA NONREIMBURSABLE SERVICES							16
15 HOME DIALYSIS AIDE SERVICES							17
16 RESPIRATORY THERAPY							18
17 PRIVATE DUTY NURSING							19
18 CLINIC							20
19 HEALTH PROMOTION ACTIVITIES							21
20 DAY CARE PROGRAM							22
21 HOME DELIVERED MEALS PROGRAM							23
22 HOMEMAKER SERVICE							23.50
23 ALL OTHERS							24
23.50 TELEMEDICINE							
24 TOTAL	606742	153537	39558		23906	823743	

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 26-7515

WORKSHEET H  
 (CONTINUED)

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	
1					1
2					2
3					3
4					4
5		128176		128176	5
6					
7		432497		432497	6
8		241848		241848	7
9		5519		5519	8
10		3045		3045	9
11					10
12		4086		4086	11
13		8572		8572	12
13.20					13
14					13.20
15					14
16					
17					15
18					16
19					17
20					18
21					19
22					20
23					21
23.50					22
24					23
		823743		823743	23.50
					24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 26-7515

WORKSHEET H-4  
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL BLDGS & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATN & MAINT	TRANSPORT- ATION	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6
	0	1	2	3	4			
GENERAL SERVICE COST CENTER								
1 CAPITAL RELATED-BLDG & FIXT								1
2 CAPITAL RELATED-MOVABLE EQUIP								2
3 PLANT OPERATION & MAINTENANCE								3
4 TRANSPORTATION								4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	128176					128176	128176	5
6 SKILLED NURSING CARE	432497					432497	79698	6
7 PHYSICAL THERAPY	241848					241848	44567	7
8 OCCUPATIONAL THERAPY	5519					5519	1017	8
9 SPEECH PATHOLOGY	3045					3045	561	9
10 MEDICAL SOCIAL SERVICES								10
11 HOME HEALTH AIDE	4086					4086	753	11
12 SUPPLIES	8572					8572	1580	12
13 DRUGS								13
13.20 COST OF ADMINISTERING VACCINES								13.20
14 DME								14
HHA NONREIMBURSABLE SERVICES								
15 HOME DIALYSIS AIDE SERVICES								15
16 RESPIRATORY THERAPY								16
17 PRIVATE DUTY NURSING								17
18 CLINIC								18
19 HEALTH PROMOTION ACTIVITIES								19
20 DAY CARE PROGRAM								20
21 HOME DELIVERED MEALS PROGRAM								21
22 HOMEMAKER SERVICE								22
23 ALL OTHERS								23
23.50 TELEMEDICINE								23.50
24 TOTAL	823743					823743		823743 24

PROVIDER NO. 26-0183 ST. FRANCIS MEDICAL CENTER  
 PERIOD FROM 07/01/2007 TO 06/30/2008

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (05/2007)

VERSION: 2008.05  
 11/05/2008 11:04

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 26-7515

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	
1							1
2							2
3							3
4							4
5					-128176	695567	5
6						432497	6
7						241848	7
8						5519	8
9						3045	9
10							10
11						4086	11
12						8572	12
13							13
13.20							13.20
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
23.50							23.50
24					-128176	695567	24
25						128176	25
26						184276	26







ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO. : 26-7515

WORKSHEET H-5  
 PART I

HHA COST CENTER	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	122656		122656			1
2 SKILLED NURSING CARE	598347		598347	76321	674668	2
3 PHYSICAL THERAPY	334304		334304	42641	376945	3
4 OCCUPATIONAL THERAPY	7625		7625	973	8598	4
5 SPEECH PATHOLOGY	4206		4206	536	4742	5
6 MEDICAL SOCIAL SERVICES						6
7 HOME HEALTH AIDE	5652		5652	721	6373	7
8 SUPPLIES	11478		11478	1464	12942	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	1084268		1084268	122656	1084268	20
21 UNIT COST MULTIPLIER				.127552		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 26-7515

WORKSHEET H-5  
 PART II

HHA COST CENTER	OLD CAP BLDGS & FIXTURES SQ	OLD CAP MOVABLE EQUIPMENT DOLLAR VALUE	NEW CAP BLDGS & FIXTURES SQ	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	COMMUNI- CATIONS NUMBER OF PHONES	DATA PROCESSING WORK ORDER S	PURCHASING COSTED REQUISITIO 6.03	
	1	2	3	4	5	6.01	6.02	6.03	
1 ADMINISTRATIVE AND GENERAL	13333		13333	6307	90653	19	1	61008	1
2 SKILLED NURSING CARE					328553				2
3 PHYSICAL THERAPY					178837				3
4 OCCUPATIONAL THERAPY					4022				4
5 SPEECH PATHOLOGY					2193				5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE					3083				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	13333		13333	6307	607341	19	1	61008	20
21 TOTAL COST TO BE ALLOCATED	1141		29340	6481	31449	4435	15666	1044	21
22 UNIT COST MULTIPLIER	.085577		2.200555		.051781		15666.000000		22
22 UNIT COST MULTIPLIER				1.027588		233.421053		.017113	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 26-7515

WORKSHEET H-5  
 PART II

HHA COST CENTER	ADMITTING GROSS CHARGES 6.04	CREDIT & COLLECTION GROSS CHARGES 6.05	RECON- CILIATION 6A.06	OTHER ADMIN & GENERAL ACCUM COST 6.06	MAIN- TENANCE & REPAIRS SQ 7	OPERATION OF PLANT SQ 8	SPD SOILED PROCESSIN G HOURS 8.10	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9
1 ADMINISTRATIVE AND GENERAL				62801	13333	13333		1
2 SKILLED NURSING CARE				529208				2
3 PHYSICAL THERAPY				295675				3
4 OCCUPATIONAL THERAPY				6744				4
5 SPEECH PATHOLOGY				3720				5
6 MEDICAL SOCIAL SERVICES								6
7 HOME HEALTH AIDE				4999				7
8 SUPPLIES				10152				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				913299	13333	13333		20
21 TOTAL COST TO BE ALLOCATED				119319	9624	18465		21
22 UNIT COST MULTIPLIER					.721818			22
22 UNIT COST MULTIPLIER				.130646		1.384910		22



APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 26-7515

WORKSHEET H-6  
 PARTS I & II

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

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

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	VISITS	COST PER VISIT	
			1	2	3	4	5	
1	SKILLED NURSING CARE	2	674668		674668	2519	267.83	1
2	PHYSICAL THERAPY	3	376945		376945	2150	175.32	2
3	OCCUPATIONAL THERAPY	4	8598		8598	58	148.24	3
4	SPEECH PATHOLOGY	5	4742		4742	36	131.72	4
5	MEDICAL SOCIAL SERV	6						5
6	HOME HEALTH AIDE SERV	7	6373		6373	27	236.04	6
7	TOTAL		1071326		1071326	4790		7

  

LIMITATION COST COMPUTATION		MSA				PROGRAM	
PATIENT SERVICES		NO.				COST LIMITS	
		1	2	3	4	5	
8	SKILLED NURSING CARE	9926					8
9	PHYSICAL THERAPY	9926					9
10	OCCUPATIONAL THERAPY	9926					10
11	SPEECH PATHOLOGY	9926					11
12	MEDICAL SOCIAL SERV	9926					12
13	HOME HEALTH AIDE SERV	9926					13
14	TOTAL						14

  

SUPPLIES AND DRUGS COST COMPUTATIONS		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	RATIO	
OTHER PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	CHARGES		
			1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8	12942		12942	89786	.144143	15
16	COST OF DRUGS	9						16
16.20	COST OF ADMINISTERING VACCINES 9.20							16.20

  

PER BENEFICIARY COST LIMITATION:		MSA	AMOUNT	
		NO.		
		1	2	
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4	9926		17
18	PER BENEFICIARY COST LIMITATION	9926		18
19	PER BENEFICIARY COST LIMITATION			19





CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 26-7515

WORKSHEET H-7  
 PARTS I & II

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

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

DESCRIPTION	----- PART B -----		
	PART A 1	SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3
1 REASONABLE COST OF PROGRAM SERVICES			1
2 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	387060	145410	10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	3790	3093	10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	2744	2695	10.04
10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.05
10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES			10.06
10.07 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			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	1574		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	395168	151198	12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL	395168	151198	14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST	395168	151198	16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	395168	151198	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	395168	151198	22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL	395168	151198	24
25 TOTAL INTERIM PAYMENTS	395168	151198	25
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	395168	151198	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

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

HHA NO.: 26-7515

WORKSHEET H-8

DESCRIPTION	PART A		PART B		
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		395168		151198	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				3.01
	TO				3.02
	PROVIDER	NONE		NONE	3.03
	TO				3.04
	PROVIDER				3.05
	TO				3.50
	PROVIDER	NONE		NONE	3.51
	TO				3.52
	PROGRAM				3.53
	PROGRAM				3.54
SUBTOTAL		.99			3.99
4 TOTAL INTERIM PAYMENTS		395168		151198	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				5.01
	TO				5.02
	PROVIDER	NONE		NONE	5.03
	PROVIDER				5.50
	TO				5.51
	PROGRAM	NONE		NONE	5.52
SUBTOTAL		.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.					
	PROGRAM TO				6.01
	PROVIDER	.01			6.01
	PROVIDER TO	.02			6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		395168		151198	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 (26-0183)	SUB I (26-T183)	SUB II	SUB III	SUB IV
<b>PART I - FULLY PROSPECTIVE METHOD</b>					
1					1
2					2
3	3565849				3
3.01					3.01
4					4
4.01					4.01
4.02					4.02
4.03					4.03
5					5
5.01					5.01
5.02					5.02
5.03					5.03
5.04					5.04
6	3819425				6
<b>PART II - HOLD HARMLESS METHOD</b>					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
<b>PART III - PAYMENT UNDER REASONABLE COST</b>					
1					1
2					2
3					3
4					4
5					5
<b>PART IV - COMPUTATION OF EXCEPTION PAYMENTS</b>					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17

CALCULATION OF CAPITAL PAYMENT - TITLE XIX - COST METHOD

WORKSHEET L

	HOSPITAL (26-0183)	SUB I	SUB II	SUB III	SUB IV
<b>PART I - FULLY PROSPECTIVE METHOD</b>					
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS				1
	CAPITAL FEDERAL AMOUNT				
2	CAPITAL DRG OTHER THAN OUTLIER				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				3.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT				
4	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD				4
4.01	NUMBER OF INTERNS AND RESIDENTS FROM WORKSHEET S-3, PART I				4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE				4.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT				4.03
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS				5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I				5.01
5.02	SUM OF LINES 5 AND 5.01				5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE				5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT				5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS				6
<b>PART II - HOLD HARMLESS METHOD</b>					
1	NEW CAPITAL				1
2	OLD CAPITAL				2
3	TOTAL CAPITAL				3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL				4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE				5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT				6
7	REDUCED OLD CAPITAL AMOUNT				7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL				8
9	SUBTOTAL				9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)				10
<b>PART III - PAYMENT UNDER REASONABLE COST</b>					
1	PROGRAM INPATIENT ROUTINE CAPITAL COST				1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST				2
3	TOTAL INPATIENT PROGRAM CAPITAL				3
4	CAPITAL COST PAYMENT FACTOR				4
5	TOTAL INPATIENT PROGRAM CAPITAL COST				5
<b>PART IV - COMPUTATION OF EXCEPTION PAYMENTS</b>					
1	PROGRAM INPATIENT CAPITAL COSTS				1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES				2
3	NET PROGRAM INPATIENT CAPITAL COSTS				3
4	APPLICABLE EXCEPTION PERCENTAGE				4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS				5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES				6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES				7
8	CAPITAL MINIMUM PAYMENT LEVEL				8
9	CURRENT YEAR CAPITAL PAYMENTS				9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS				10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT				11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS				12
13	CURRENT YEAR EXCEPTION PAYMENT				13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD				14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)				15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)				16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT				17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1	OLD CAP REL COSTS-BLDG & FIXT				1
2	OLD CAP REL COSTS-MVBLE EQUIP				2
3	NEW CAP REL COSTS-BLDG & FIXT				3
4	NEW CAP REL COSTS-MVBLE EQUIP				4
5	EMPLOYEE BENEFITS				5
6.01	COMMUNICATIONS				6.01
6.02	DATA PROCESSING				6.02
6.03	PURCHASING				6.03
6.04	ADMITTING				6.04
6.05	CREDIT & COLLECTIONS				6.05
6.06	OTHER ADMINISTRATIVE & GENERAL				6.06
7	MAINTENANCE & REPAIRS				7
8	OPERATION OF PLANT				8
8.10	SPD SOILED PROCESSING				8.10
9	LAUNDRY & LINEN SERVICE				9
10	HOUSEKEEPING				10
11	DIETARY				11
12	CAFETERIA				12
14	NURSING ADMINISTRATION				14
14.10	SPD STERILE PROCESSING				14.10
17	MEDICAL RECORDS & LIBRARY				17
18	SOCIAL SERVICE				18
INPATIENT ROUTINE SERV COST CENTERS					
25	ADULTS & PEDIATRICS				25
26	INTENSIVE CARE UNIT				26
26.01	NEONATOLOGY/NICU				26.01
31	SUBPROVIDER I				31
33	NURSERY				33
ANCILLARY SERVICE COST CENTERS					
37	OPERATING ROOM				37
38	RECOVERY ROOM				38
39	DELIVERY ROOM & LABOR ROOM				39
40	ANESTHESIOLOGY				40
41	RADIOLOGY-DIAGNOSTIC				41
42	RADIOLOGY-THERAPEUTIC				42
43	RADIOISOTOPE				43
44	LABORATORY				44
44.10	CARDIOVASCULAR LABORATORY				44.10
46.30	BLOOD CLOTTING FACTORS ADMIN CO				46.30
49	RESPIRATORY THERAPY				49
50	PHYSICAL THERAPY				50
51	OCCUPATIONAL THERAPY				51
52	SPEECH PATHOLOGY				52
53	ELECTROCARDIOLOGY				53
54	ELECTROENCEPHALOGRAPHY				54
55	MEDICAL SUPPLIES CHARGED TO PAT				55
56	DRUGS CHARGED TO PATIENTS				56
56.10	REHABILITATION SERVICES				56.10
OUTPATIENT SERVICE COST CENTERS					
61	EMERGENCY				61
62	OBSERVATION BEDS (NON-DISTINCT				62
63.50	RHC				63.50
63.60	FQHC				63.60
OTHER REIMBURSABLE COST CENTERS					
65	AMBULANCE SERVICES				65
67	DURABLE MEDICAL EQUIP-SOLD				67
69.10	CMHC				69.10
69.20	OUTPATIENT PHYSICAL THERAPY				69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY				69.30
69.40	OUTPATIENT SPEECH PATHOLOGY				69.40
71	HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS					
85.01	PANCREAS ACQUISITION				85.01
85.02	INTESTINAL ACQUISITION				85.02
85.03	ISLET CELL ACQUISITION				85.03
95	SUBTOTALS				95
NONREIMBURSABLE COST CENTERS					
96	GIFT, FLOWER, COFFEE SHOP & CAN				96
96.01	FITNESS CENTER				96.01
96.02	RETAIL PHARMACY				96.02
96.03	GARDEN VIEW DELI				96.03
96.04	MEDICAL OFFICE BLDG				96.04
96.05	PHYSICIAN SERVICES				96.05
96.06	ENDOCRINOLOGIST				96.06

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	4A	25	26	27	
96.07 HOSPITALIST						96.07
96.08 NEONATOLOGY PHYSICIANS						96.08
96.09 ANESTHESIOLOGISTS						96.09
96.10 PHYSICIAN CARDIOLOGIST						96.10
96.11 PHYSICIAN ONCOLOGIST						96.11
96.12 PERINATOLOGY						96.12
96.13 TRAMA PHYSICIANS						96.13
96.14 LANDMARK HOSPITAL						96.14
96.15 GYN SURG ONCOLOGIST						96.15
96.16 CAPE GASTROENTEROLOGY						96.16
96.20 NONPATIENT MEALS						96.20
96.30 BEAUTY SHOP						96.30
96.40 MARKETING COSTS						96.40
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL						103
104 TOTAL STATISTICAL BASIS						104
105 UNIT COST MULTIPLIER						105
105 UNIT COST MULTIPLIER						105

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	57.31		8.32				65.63 25
26 INTENSIVE CARE UNIT	67.64		15.34				82.98 26
26.01 NEONATOLOGY/NICU			51.66				51.66 26.01
33 NURSERY			70.92				70.92 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	32.62	17.11	6.52				56.25 37
38 RECOVERY ROOM	23.49	34.15	4.65				62.29 38
39 DELIVERY ROOM & LABOR ROOM	1.03						1.03 39
40 ANESTHESIOLOGY	31.34	16.50	4.79				52.63 40
41 RADIOLOGY-DIAGNOSTIC	20.15	26.22	4.49				50.86 41
42 RADIOLOGY-THERAPEUTIC	17.30	24.92	4.48				46.70 42
43 RADIOISOTOPE	23.52	37.64	2.77				63.93 43
44 LABORATORY	29.77	2.30	5.97				38.04 44
44.10 CARDIOVASCULAR LABORATORY	48.14	30.18	6.34				84.66 44.10
49 RESPIRATORY THERAPY	38.89	1.81	11.08				51.78 49
50 PHYSICAL THERAPY	14.73	0.03	4.66				19.42 50
51 OCCUPATIONAL THERAPY	19.96		8.54				28.50 51
52 SPEECH PATHOLOGY	26.74	2.64	17.36				46.74 52
53 ELECTROCARDIOLOGY	27.94	9.11	3.98				41.03 53
54 ELECTROENCEPHALOGRAPHY	8.54	54.11	8.26				70.91 54
55 MEDICAL SUPPLIES CHARGED TO PAT	35.14	10.26	7.29				52.69 55
56 DRUGS CHARGED TO PATIENTS	48.97	10.77	14.36				74.10 56
56.10 REHABILITATION SERVICES	4.95	33.91	6.33				45.19 56.10
61 EMERGENCY	11.49	17.19	3.82				32.50 61
62 OBSERVATION BEDS (NON-DISTINCT	24.89	31.64	1.91				58.44 62
101 TOTAL CHARGES	27.59	12.16	6.36				46.11 101

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

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31 SUBPROVIDER I	72.17						72.17 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.02						0.02 37
38 RECOVERY ROOM	0.01						0.01 38
40 ANESTHESIOLOGY	0.01						0.01 40
41 RADIOLOGY-DIAGNOSTIC	0.25						0.25 41
42 RADIOLOGY-THERAPEUTIC	0.16						0.16 42
43 RADIOISOTOPE	0.13						0.13 43
44 LABORATORY	0.41						0.41 44
44.10 CARDIOVASCULAR LABORATORY	0.07						0.07 44.10
49 RESPIRATORY THERAPY	0.41						0.41 49
50 PHYSICAL THERAPY	10.47						10.47 50
51 OCCUPATIONAL THERAPY	25.58						25.58 51
52 SPEECH PATHOLOGY	7.40						7.40 52
53 ELECTROCARDIOLOGY	0.07						0.07 53
54 ELECTROENCEPHALOGRAPHY	0.14						0.14 54
55 MEDICAL SUPPLIES CHARGED TO PAT	0.30						0.30 55
56 DRUGS CHARGED TO PATIENTS	1.55						1.55 56
56.10 REHABILITATION SERVICES	1.56						1.56 56.10
101 TOTAL CHARGES	0.63						0.63 101

COST CENTER		--- DIRECT COSTS ---	---	-- ALLOCATED OVERHEAD --	---	--- TOTAL COSTS ---	---
		AMOUNT	%	AMOUNT	%	AMOUNT	%
GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT	385188	.16	-385188	-.54		1
2	OLD CAP REL COSTS-MVBLE EQUIP						2
3	NEW CAP REL COSTS-BLDG & FIXT	9904445	4.16	-9904445	-13.98		3
4	NEW CAP REL COSTS-MVBLE EQUIP	8112124	3.41	-8112124	-11.45		4
5	EMPLOYEE BENEFITS	4423766	1.86	-4423766	-6.24		5
6.01	COMMUNICATIONS	456878	.19	-456878	-.64		6.01
6.02	DATA PROCESSING	2565241	1.08	-2565241	-3.62		6.02
6.03	PURCHASING	616737	.26	-616737	-.87		6.03
6.04	ADMITTING						6.04
6.05	CREDIT & COLLECTIONS	3854429	1.62	-3854429	-5.44		6.05
6.06	OTHER ADMINISTRATIVE & GENERAL	25574875	10.75	-25574875	-36.10		6.06
7	MAINTENANCE & REPAIRS	2147143	.90	-2147143	-3.03		7
8	OPERATION OF PLANT	2774410	1.17	-2774410	-3.92		8
8.10	SPD SOILED PROCESSING	449897	.19	-449897	-.64		8.10
9	LAUNDRY & LINEN SERVICE	936887	.39	-936887	-1.32		9
10	HOUSEKEEPING	2234682	.94	-2234682	-3.15		10
11	DIETARY	2114477	.89	-2114477	-2.98		11
12	CAFETERIA						12
14	NURSING ADMINISTRATION	1398851	.59	-1398851	-1.97		14
14.10	SPD STERILE PROCESSING	629217	.26	-629217	-.89		14.10
17	MEDICAL RECORDS & LIBRARY	1891329	.79	-1891329	-2.67		17
18	SOCIAL SERVICE	371384	.16	-371384	-.52		18
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	19407454	8.15	13363851	18.86	32771305	13.77
26	INTENSIVE CARE UNIT	5816609	2.44	2431239	3.43	8247848	3.47
26.01	NEONATOLOGY/NICU	3614906	1.52	1426000	2.01	5040906	2.12
31	SUBPROVIDER I	1623464	.68	1317465	1.86	2940929	1.24
33	NURSERY	1026621	.43	317554	.45	1344175	.56
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	9393965	3.95	7614130	10.75	17008095	7.15
38	RECOVERY ROOM	1229805	.52	480648	.68	1710453	.72
39	DELIVERY ROOM & LABOR ROOM	717588	.30	196743	.28	914331	.38
40	ANESTHESIOLOGY	580078	.24	268853	.38	848931	.36
41	RADIOLOGY-DIAGNOSTIC	4861598	2.04	3825283	5.40	8686881	3.65
42	RADIOLOGY-THERAPEUTIC	1023783	.43	1023864	1.45	2047647	.86
43	RADIOISOTOPE	383110	.16	204172	.29	587282	.25
44	LABORATORY	8804545	3.70	3638401	5.14	12442946	5.23
44.10	CARDIOVASCULAR LABORATORY	2940741	1.24	1719706	2.43	4660447	1.96
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
49	RESPIRATORY THERAPY	3453102	1.45	1315179	1.86	4768281	2.00
50	PHYSICAL THERAPY	1957589	.82	1584767	2.24	3542356	1.49
51	OCCUPATIONAL THERAPY	826218	.35	466210	.66	1292428	.54
52	SPEECH PATHOLOGY	600629	.25	208222	.29	808851	.34
53	ELECTROCARDIOLOGY	952398	.40	542874	.77	1495272	.63
54	ELECTROENCEPHALOGRAPHY	607208	.26	332622	.47	939830	.39
55	MEDICAL SUPPLIES CHARGED TO PAT	32274976	13.56	6713767	9.48	38988743	16.38

COST CENTER		--- DIRECT COSTS ---	---	ALLOCATED OVERHEAD --	---	TOTAL COSTS ---	
		AMOUNT	%	AMOUNT	%	AMOUNT	%
56	DRUGS CHARGED TO PATIENTS	10895494	4.58	2747658	3.88	13643152	5.73
56.10	REHABILITATION SERVICES	4095769	1.72	3655061	5.16	7750830	3.26
61	EMERGENCY	6074758	2.55	3818242	5.39	9893000	4.16
62	OBSERVATION BEDS (NON-DISTINCT						
63.50	RHC						
63.60	FQHC						
	OTHER REIMBURSABLE COST CENTERS						
65	AMBULANCE SERVICES	245750	.10	34382	.05	280132	.12
67	DURABLE MEDICAL EQUIP-SOLD	1566019	.66	237177	.33	1803196	.76
	OUTPATIENT SERVICE COST CENTERS						
69.10	CMHC						
69.20	OUTPATIENT PHYSICAL THERAPY						
69.30	OUTPATIENT OCCUPATIONAL THERAPY						
69.40	OUTPATIENT SPEECH PATHOLOGY						
71	HOME HEALTH AGENCY	823743	.35	260525	.37	1084268	.46
	SPECIAL PURPOSE COST CENTERS						
85.01	PANCREAS ACQUISITION						
85.02	INTESTINAL ACQUISITION						
85.03	ISLET CELL ACQUISITION						
	NONREIMBURSABLE COST CENTERS						
96	GIFT, FLOWER, COFFEE SHOP & CAN			118542	.17	118542	.05
96.01	FITNESS CENTER	1550696	.65	2586882	3.65	4137578	1.74
96.02	RETAIL PHARMACY	4919598	2.07	922364	1.30	5841962	2.45
96.03	GARDEN VIEW DELI	199024	.08	218437	.31	417461	.18
96.04	MEDICAL OFFICE BLDG	13		4880	.01	4893	
96.05	PHYSICIAN SERVICES	2630582	1.11	703969	.99	3334551	1.40
96.06	ENDOCRINOLOGIST	533882	.22	108975	.15	642857	.27
96.07	HOSPITALIST	2491931	1.05	472874	.67	2964805	1.25
96.08	NEONATOLOGY PHYSICIANS	1291665	.54	407566	.58	1699231	.71
96.09	ANESTHESIOLOGISTS	7270069	3.05	1121051	1.58	8391120	3.53
96.10	PHYSICIAN CARDIOLOGIST	17668	.01	3132		20800	.01
96.11	PHYSICIAN ONCOLOGIST	5993380	2.52	1279191	1.81	7272571	3.06
96.12	PERINATOLOGY	563676	.24	288202	.41	851878	.36
96.13	TRAMA PHYSICIANS	1598354	.67	440144	.62	2038498	.86
96.14	LANDMARK HOSPITAL	16768	.01	6067	.01	22835	.01
96.15	GYN SURG ONCOLOGIST	631882	.27	124031	.18	755913	.32
96.16	CAPE GASTROENTEROLOGY	246596	.10	48245	.07	294841	.12
96.20	NONPATIENT MEALS			709159	1.00	709159	.30
96.30	BEAUTY SHOP			9182	.01	9182	
96.40	MARKETING COSTS	11391790	4.79	1524472	2.15	12916262	5.43
101	CROSS FOOT ADJUSTMENTS						
102	NEGATIVE COST CENTER						
103	TOTAL	237987454	100.00	0	.00	237987454	100.00

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	TOTAL	RATIO	INPATIENT	MEDICARE	
	RELATED		CAPITAL		PROGRAM	
	COSTS	CHARGES	COST TO	CHARGES	PPS CAPITAL	
	1	2	CHARGES	4	COSTS	5
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	2665119	48018109	.055503	15662562	869319	37
38 RECOVERY ROOM	104696	9941505	.010532	2335534	24598	38
39 DELIVERY ROOM & LABOR ROOM	10476	2460396	.004258	25280	107	39
40 ANESTHESIOLOGY	68737	14297608	.004807	4480261	21537	40
41 RADIOLOGY-DIAGNOSTIC	1707344	41382111	.041258	8337388	343984	41
42 RADIOLOGY-THERAPEUTIC	464115	44028620	.010542	7616660	80295	42
43 RADIOISOTOPE	53697	5396008	.009952	1268998	12629	43
44 LABORATORY	1065884	82119931	.012979	24447954	317310	44
44.10 CARDIOVASCULAR LABORATORY	666810	17258621	.038636	8307555	320970	44.10
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	269093	39701425	.006778	15438320	104641	49
50 PHYSICAL THERAPY	574138	7847278	.073164	1155615	84550	50
51 OCCUPATIONAL THERAPY	148021	3566438	.041504	711982	29550	51
52 SPEECH PATHOLOGY	42319	2293270	.018453	613167	11315	52
53 ELECTROCARDIOLOGY	235564	14587782	.016148	4075211	65807	53
54 ELECTROENCEPHALOGRAPHY	106699	3161333	.033751	269969	9112	54
55 MEDICAL SUPPLIES CHARGED TO PAT	747409	162806462	.004590	57211686	262602	55
56 DRUGS CHARGED TO PATIENTS	507142	58019120	.008741	28410710	248338	56
56.10 REHABILITATION SERVICES	1392554	13217097	.105360	654855	68996	56.10
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	900368	24006041	.037506	2757549	103425	61
62 OBSERVATION BEDS (NON-DISTINCT	220505	3442872	.064047	856833	54877	62
OTHER REIMBURSABLE COST CENTERS						
63.50 RHC						63.50
63.60 FQHC						63.60
65 AMBULANCE SERVICES						65
67 DURABLE MEDICAL EQUIP-SOLD	10716	2940152	.003645			67
101 TOTAL	11961406	600492179		184638089	3033962	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS								
25	ADULTS & PEDIATRICS	3142441		3142441	44378	70.81	25432	1800840 25
26	INTENSIVE CARE UNIT	479810		479810	6107	78.56	4131	324531 26
26.01	NEONATOLOGY/NICU	299396		299396	4783	62.59		26.01
101	TOTAL	3921647		3921647			29563	2125371 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							2125371	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							3033962	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							5159333	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 8, COLUMN 13)						5598		
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 8, COLUMN 4)						29563		
PER DISCHARGE CAPITAL COSTS							921.64	
PER DIEM CAPITAL COSTS							174.52	

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	59441971
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	211680170
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.281

COST TO CHARGE RATIO FOR REHAB SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	3467206
2. TOTAL MEDICARE CHARGES [(WKST D-1 PART II LINE 41 DIVIDED BY (WKST C PART I LINE 31 COLUMN 3 DIVIDED BY COLUMN 6)] PLUS WKST D-4 COLUMN 2 LINE 103	5828954
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.595

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8)	5159333
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.024

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPSS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	19593158
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPSS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	81329148
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.241