

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

WORKSHEET S
 PARTS I & II

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

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY ST. ANTHONY'S MEMORIAL HOSPITAL (14-0032) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2008 AND ENDING 06/30/2009, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNED) _____
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX
		PART A	PART B	
	1	2	3	4
1	HOSPITAL	1006873	91073	1
2	SUBPROVIDER I			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	1006873	91073	100

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 503 N MAPLE P.O.BOX: 1
 1.01 CITY: EFFINGHAM STATE: IL ZIP CODE: 62401- COUNTY: EFFINGHAM 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	ST. ANTHONY'S MEMORIAL HOSPITAL 14-0032	07/01/1966	N	P	O	2
3	SUBPROVIDER I						3
4	SWING BEDS - SNF						4
5	SWING BEDS - NF						5
6	HOSPITAL-BASED SNF	ST. ANTHONY'S MEMORIAL HOSPITAL SN 14-5940	06/27/1997	N	P	N	6
7	HOSPITAL-BASED NF						7
8	HOSPITAL-BASED OLTC						8
9	HOSPITAL-BASED HHA	ST. ANTHONY'S MEMORIAL HOSPITAL HH 14-7661	02/17/1997	N	P	N	9
11	SEPARATELY CERTIFIED ASC						11
12	HOSPITAL-BASED HOSPICE						12
14	HOSP-BASED RHC						14
15	OUTPATIENT REHABILITATION PROVID						15
16	RENAL DIALYSIS						16

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 07/01/2008 TO: 06/30/2009 17
 18 TYPE OF CONTROL 1 18

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1 19
 20 SUBPROVIDER I 20

OTHER INFORMATION

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

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

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

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

21.04 FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL. 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.			NO	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			100	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.			2	14	28.02
<p>A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)</p>						
28.03	STAFFING			0.00	N	28.03
28.04	RECRUITMENT			0.00	N	28.04
28.05	RETENTION OF EMPLOYEES			0.00	N	28.05
28.06	TRAINING			0.00	N	28.06
28.07	OTHER (SPECIFY)					28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?			NO		29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.			NO		30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.					30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?					30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)					30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.					30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).			NO		31
MISCELLANEOUS COST REPORTING INFORMATION						
32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.			NO		32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.			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
<p>PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL</p>						
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: HOSPITAL SISTERS HEALTH SYS	FI/CONTRACTOR'S NAME:	40.01
40.02	STREET: 4936 LAVERNA ROAD	P.O. BOX:	40.02
40.03	CITY: SPRINGFIELD, IL 62707	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? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO	45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?		45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?		45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?		45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMP DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.		46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC				
	1	2	3	4	5				
47	HOSPITAL	N	N	N	N	47			
48	SUBPROVIDER I	N	N	N	N	48			
49	SKILLED NURSING FACILITY	N	N	N	N	49			
50	HOME HEALTH AGENCY	N	N			50			
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?			NO		52			
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.			NO		52.01			
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53			
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01			
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 268391 PAID LOSSES: AND/OR SELF INSURANCE:					54			
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.			NO		54.01			
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.			NO		55			
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.			DATE 0 / /	Y/N 1 NO	LIMIT 2 0.00	Y/N 3 NO	FEE\$ 4	56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?			NO		57			
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.			NO		58			
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)					58.01			
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)			NO		59			

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

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

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

MULTICAMPUS

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

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

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH PATIENT HOURS 2.01	-----I/P DAYS / O/P VISITS / TRIPS-----					OBS. BEDS ADMITTED 5.01
				TITLE V 3	TITLE XVIII 4	LTCH NONCOVERED DAYS 4.01	TITLE XIX 5		
1 HOSPITAL ADULTS & PEDS, EXCL SWING BED, OBSERV & HOSPICE DAYS	123	44895			14968		3454		1
2 HMO									2
3 HOSPITAL ADULTS & PEDS - SWING BED SNF									3
4 HOSPITAL ADULTS & PEDS - SWING BED NF									4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS	123	44895			14968		3454		5
6 INTENSIVE CARE UNIT	10	3650			1233		208		6
7 CORONARY CARE UNIT									7
8 BURN INTENSIVE CARE UNIT									8
9 SURGICAL INTENSIVE CARE UNIT									9
10 OTHER SPECIAL CARE (SPECIFY)									10
11 NURSERY							848		11
12 TOTAL HOSPITAL	133	48545			16201		4510		12
13 RPCH VISITS									13
14 SUBPROVIDER I									14
15 SKILLED NURSING FACILITY	13	4745			2844				15
16 NURSING FACILITY									16
17 OTHER LONG TERM CARE									17
18 HOME HEALTH AGENCY					346		28		18
20 ASC (DISTINCT PART)									20
21 HOSPICE (DISTINCT PART)									21
23 O/P REHAB PROVIDER									23
24 RHC I									24
25 TOTAL	146								25
26 OBSERVATION BED DAYS									26
27 AMBULANCE TRIPS									27
28 EMPLOYEE DISCOUNT DAYS									28

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

COMPONENT	-----I/P DAYS / O/P VISITS / TRIPS-----				---INTERNS & RES FTES---			--FULL TIME EQUIV--	
	OBS.		OBS.		LESS I&R			EMPLOYEES ON PAYROLL	NONPAID WORKERS
	BEDS NOT ADMITTED	TOTAL ALL PATIENTS	BEDS ADMITTED	BEDS NOT ADMITTED	TOTAL	REPL NON- PHYS ANES	NET		
5.02	6	6.01	6.02	7	8	9	10	11	
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		22905							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		22905							5
6 INTENSIVE CARE UNIT		2315							6
7 CORONARY CARE UNIT									7
8 BURN INTENSIVE CARE UNIT									8
9 SURGICAL INTENSIVE CARE UNIT									9
10 OTHER SPECIAL CARE (SPECIFY)									10
11 NURSERY		1803							11
12 TOTAL HOSPITAL		27023						708.00	12
13 RPCH VISITS									13
14 SUBPROVIDER I									14
15 SKILLED NURSING FACILITY		3148							15
16 NURSING FACILITY									16
17 OTHER LONG TERM CARE									17
18 HOME HEALTH AGENCY		7804							18
20 ASC (DISTINCT PART)									20
21 HOSPICE (DISTINCT PART)									21
23 O/P REHAB PROVIDER									23
24 RHC I									24
25 TOTAL								708.00	25
26 OBSERVATION BED DAYS		1535	151	1384					26
27 AMBULANCE TRIPS									27
28 EMPLOYEE DISCOUNT DAYS									28

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		3783	1434	7067	1
2	HMO XIX					2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4	HOSPITAL ADULTS & PEDS - SWING BED NF					4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6	INTENSIVE CARE UNIT					6
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		3783	1434	7067	12
13	RPCH VISITS					13
14	SUBPROVIDER I				413	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	31627269		31627269	1463360.88	21.61		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A							4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B							5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)							6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF	744408		744408	35619.95	20.90		8
8.01	EXCLUDED AREA SALARIES	931692		931692	36231.86	25.71		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR		2859	2859	41.00	69.73		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	228889		228889	1559.00	146.82		11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	10648247		10648247			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	595887		595887			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18	PHYSICIAN PART A						CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B						CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)						CMS 339	19.01
20	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	142291	189259	331550	14117.73	23.48		21
22	ADMINISTRATIVE & GENERAL	3666679	-189259	3477420	177140.69	19.63		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23	MAINTENANCE & REPAIRS	584097		584097	26929.45	21.69		23
24	OPERATION OF PLANT	152077		152077	10755.00	14.14		24
25	LAUNDRY & LINEN SERVICE	159189		159189	14223.98	11.19		25
26	HOUSEKEEPING	685214		685214	63892.38	10.72		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	584824	-149325	435499	30912.32	14.09		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA	63462	149325	212787	15684.48	13.57		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	583313		583313	16502.18	35.35		30
31	CENTRAL SERVICES AND SUPPLY							31
32	PHARMACY	1208442		1208442	33765.01	35.79		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	1749515		1749515	78945.01	22.16		33
34	SOCIAL SERVICE							34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
		1	2	3	4	5	
1	NET SALARIES	31627269		31627269	1463360.88	21.61	1
2	EXCLUDED AREA SALARIES	1676100		1676100	71851.81	23.33	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	29951169		29951169	1391509.07	21.52	3
4	SUBTOTAL OTHER WAGES & REL COSTS	228889	2859	231748	1600.00	144.84	4
5	SUBTOTAL WAGE-RELATED COSTS	10648247		10648247		35.55%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	40828305	2859	40831164	1393109.07	29.31	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	9579103		9579103	482868.23	19.84	13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7661

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		1415	38	21	1474	1
2 UNDUPLICATED CENSUS COUNT		346.00	28.00	116.00	475.00	2

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK:	STAFF 1	CONTRACT 2	TOTAL 3	
.00				
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)				4
5 OTHER ADMINISTRATIVE PERSONNEL	3.25		3.25	5
6 DIRECT NURSING SERVICE	9.97		9.97	6
7 NURSING SUPERVISOR				7
8 PHYSICAL THERAPY SERVICE	1.51		1.51	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE	.17		.17	10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE	.03		.03	12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE	.24		.24	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE	1.70		1.70	16
17 HOME HEALTH AIDE SUPERVISOR				17
18 OTHER (SPECIFY)				18

HOME HEALTH AGENCY MSA CODES

19 HOW MANY MSAs IN COLUMN 1 OR CBSAs IN COLUMN 1.01 DID YOU PROVIDE SERVICES TO DURING THIS COST REPORTING PERIOD	1	1	1.01	19
20 LIST THOSE MSA CODE(S) IN COLUMN 1 AND CBSA CODE(S) IN COLUMN 1.01 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE)		0014		20

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7661

WORKSHEET S-4
 (CONTINUED)

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

	FULL EPISODES				SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL 7	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4				
21	SKILLED NURSING VISITS	3451	539	32	105		4127	21
22	SKILLED NURSING VISIT CHARGES	413555	64415	3840	12580		494390	22
23	PHYSICAL THERAPY VISITS	903	19	4	13		939	23
24	PHYSICAL THERAPY VISIT CHARGES	126240	2620	560	1820		131240	24
25	OCCUPATIONAL THERAPY VISITS	378	11		13		402	25
26	OCCUPATIONAL THERAPY VISIT CHARGES	52784	1540		1820		56144	26
27	SPEECH PATHOLOGY VISITS	18					18	27
28	SPEECH PATHOLOGY VISIT CHARGES	2520					2520	28
29	MEDICAL SOCIAL SERVICE VISITS	41	4		3		48	29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	7155	695		525		8375	30
31	HOME HEALTH AIDE VISITS	349	29				378	31
32	HOME HEALTH AIDE VISIT CHARGES	24825	2030				26855	32
33	TOTAL VISITS	5140	602	36	134		5912	33
34	OTHER CHARGES							34
35	TOTAL CHARGES	627079	71300	4400	16745		719524	35
36	TOTAL NUMBER OF EPISODES							36
37	TOTAL NUMBER OF OUTLIER EPISODES							37
38	TOTAL MEDICAL SUPPLY CHARGES	12229	2722	382	291		15624	38

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

GROUP (1)	M3PI REVENUE CODE	SERVICES PRIOR TO OCTOBER 1st		SERVICES ON OR AFTER OCTOBER 1st		SERVICES THROUGH 4/1/2001 - 9/30/2001		SWING BED SNF DAYS	TOTAL
		RATE	DAYS	RATE	DAYS	RATE	DAYS		
1	2	3	3.01	4	4.01	4.02	4.03	4.06	5
1	RUC								1
2	RUB								2
3	RUA								3
3.01	RUX								3.01
3.02	RUL								3.02
4	RVC								4
5	RVB								5
6	RVA								6
6.01	RVX								6.01
6.02	RVL								6.02
7	RHC		91						7
8	RHB		200						8
9	RHA		168						9
9.01	RHX								9.01
9.02	RHL								9.02
10	RMC		6						10
11	RMB		80						11
12	RMA		67						12
12.01	RMX		87						12.01
12.02	RML		1986						12.02
13	RLB								13
14	RLA								14
14.01	RLX								14.01
15	SE3		13						15
16	SE2		79						16
17	SE1		3						17
18	SSC								18
19	SSB								19
20	SSA		61						20
21	CC2								21
22	CC1								22
23	CB2								23
24	CB1								24
25	CA2								25
26	CA1		3						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		2844						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	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	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.385388
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	28
29	TOTAL GROSS MEDICAID COST	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	30
31	UNCOMPENSATED CARE COST	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
GENERAL SERVICE COST CENTERS									
1	0100 OLD CAP REL COSTS-BLDG & FIXT								1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300 NEW CAP REL COSTS-BLDG & FIXT		2195378	2195378	632397	2827775	-569227	2258548	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		4520035	4520035	111794	4631829	-114715	4517114	4
5	0500 EMPLOYEE BENEFITS	142291	1133305	11475596	221072	11696668	267316	11963984	5
6	0600 ADMINISTRATIVE & GENERAL	3666679	7696832	11363511	-284242	11079269	250146	11329415	6
7	0700 MAINTENANCE & REPAIRS	584097	411294	995391		995391	-13318	982073	7
8	0800 OPERATION OF PLANT	152077	1473259	1625336		1625336	-6197	1619139	8
9	0900 LAUNDRY & LINEN SERVICE	159189	70491	229680		229680		229680	9
10	1000 HOUSEKEEPING	685214	121647	806861		806861	-223	806638	10
11	1100 DIETARY	584824	286447	871271	-166135	705136	-88464	616672	11
12	1200 CAFETERIA	63462	118081	181543	166135	347678	-196288	151390	12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	583313	18129	601442		601442		601442	14
15	1500 CENTRAL SERVICES & SUPPLY		1469895	1469895	-1465933	3962	-3863	99	15
16	1600 PHARMACY	1208442	2626674	3835116	-2595624	1239492	-1800	1237692	16
17	1700 MEDICAL RECORDS & LIBRARY	1749515	266729	2016244		2016244	-53162	1963082	17
18	1800 SOCIAL SERVICE		3056	3056		3056		3056	18
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL								21
22	2200 I&R SERVICES-SALARY & FRINGES A								22
23	2300 I&R SERVICES-OTHER PRGM COSTS A								23
24	2400 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS									
25	2500 ADULTS & PEDIATRICS	7179464	284323	7463787		7463787	-4831	7458956	25
26	2600 INTENSIVE CARE UNIT	1690425	71739	1762164		1762164		1762164	26
31	3100 SUBPROVIDER I								31
33	3300 NURSERY	1174	21779	22953		22953		22953	33
34	3400 SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTERS	744408	30837	775245		775245		775245	34
37	3700 OPERATING ROOM	3300766	11900378	15201144		15201144	-39365	15161779	37
39	3900 DELIVERY ROOM & LABOR ROOM	156761	116065	272826		272826		272826	39
40	4000 ANESTHESIOLOGY		1487388	1487388		1487388	-1344577	142811	40
41	4100 RADIOLOGY-DIAGNOSTIC	1314925	924059	2238984		2238984	-8436	2230548	41
41.01	3630 ULTRASOUND	152564	60081	212645		212645		212645	41.01
41.02	3450 NUCLEAR MEDICINE-DIAGNOSTIC	268033	577565	845598		845598	-2007	843591	41.02
41.03	3230 CAT SCAN	215293	390950	606243		606243		606243	41.03
41.04	3480 RADIATION ONC	201958	186423	388381		388381	-12012	376369	41.04
41.05	3430 MAGNETIC RESONANCE IMAGING (MRI)	198896	1042438	1241334		1241334		1241334	41.05
41.06	4101 PET SCAN		378691	378691		378691	-11928	366763	41.06
44	4400 LABORATORY	1113090	2186429	3299519		3299519	-42757	3256762	44
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	4900 RESPIRATORY THERAPY	1177368	146426	1323794		1323794	-26150	1297644	49
50	5000 PHYSICAL THERAPY	720711	49966	770677		770677		770677	50
51	5100 OCCUPATIONAL THERAPY	169224	34020	203244		203244		203244	51
53	5300 ELECTROCARDIOLOGY	439646	2663923	3103569		3103569	-204362	2899207	53
53.01	3120 CARD CATH	252141	68009	320150		320150		320150	53.01
54	5400 ELECTROENCEPHALOGRAPHY	116312	52067	168379		168379	-1870	166509	54
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				1465933	1465933	-96977	1368956	55
56	5600 DRUGS CHARGED TO PATIENTS				2595624	2595624	-125152	2470472	56
57	5700 RENAL DIALYSIS		119	119		119		119	57
59	3050 BACTERIOLOGY & MICROBIOLOGY								59
59.01	3650 VASCULAR LAB	169720	107281	277001		277001	-50857	226144	59.01
59.02	3651 CARDIAC REHAB	50187	1313	51500		51500		51500	59.02
OUTPATIENT SERVICE COST CENTERS									
61	6100 EMERGENCY	1483408	908374	2391782		2391782	-776522	1615260	61
62	6200 OBSERVATION BEDS (NON-DISTINCT)								62
63.50	6310 RHC								63.50
63.60	6320 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS									
69.10	6910 CMHC								69.10
69.20	6920 OUTPATIENT PHYSICAL THERAPY								69.20
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	6940 OUTPATIENT SPEECH PATHOLOGY								69.40
71	7100 HOME HEALTH AGENCY	896976	155426	1052402		1052402	-12189	1040213	71
SPECIAL PURPOSE COST CENTERS									
85.01	8510 PANCREAS ACQUISITION								85.01
85.02	8520 INTESTINAL ACQUISITION								85.02
88	8800 INTEREST EXPENSE		681021	681021	-681021				88
95	SUBTOTALS	31592553	57138342	88730895		88730895	-3289787	85441108	95
NONREIMBURSABLE COST CENTERS									
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN		37211	37211		37211		37211	96
98	9800 PHYSICIANS' PRIVATE OFFICES		9764	9764		9764		9764	98
100	7950 PHILANTHROPY DEVELOPMENT	34716	147320	182036		182036		182036	100

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	
100.01 7951 VENDING								100.01
100.02 7952 MEALS ON WHEELS								100.02
101 TOTAL	31627269	57332637	88959906		88959906	-3289787	85670119	101

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 1

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
1		2	3	4	5	
1 PERSONNELCOSTS	A	EMPLOYEE BENEFITS	5	189259	31813	1
2 CAFETERIA COSTS	B	CAFETERIA	12	149325	16810	2
3 PHARMACY DRUGS	C	DRUGS CHARGED TO PATIENTS	56		2595624	3
4 CENTRAL SUPPLY	D	MEDICAL SUPPLIES CHARGED TO P	55		1465933	4
5 BUSINESS PROPERTY INSURANCE	E	NEW CAP REL COSTS-BLDG & FIXT	3		63170	5
6 INTEREST EXPENSE	F	NEW CAP REL COSTS-BLDG & FIXT	3		569227	6
7 INTEREST EXPENSE	F	NEW CAP REL COSTS-MVBLE EQUIP	4		111794	7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				338584	4854371	36

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 1

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1 PERSONNELCOSTS	A	ADMINISTRATIVE & GENERAL	6	189259	31813	1
2 CAFETERIA COSTS	B	DIETARY	11	149325	16810	2
3 PHARMACY DRUGS	C	PHARMACY	16		2595624	3
4 CENTRAL SUPPLY	D	CENTRAL SERVICES & SUPPLY	15		1465933	4
5 BUSINESS PROPERTY INSURANCE	E	ADMINISTRATIVE & GENERAL	6		63170	9 5
6 INTEREST EXPENSE	F					9 6
7 INTEREST EXPENSE	F	INTEREST EXPENSE	88		681021	9 7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				338584	4854371	36

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

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND								1
2 LAND IMPROVEMENTS								2
3 BUILDINGS AND FIXTURES								3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT								6
7 SUBTOTAL								7
8 RECONCILING ITEMS								8
9 TOTAL								9

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	655886	57151		57151		713037		1
2 LAND IMPROVEMENTS	1360367	289455		289455		1649822	1322899	2
3 BUILDINGS AND FIXTURES	49348605	2426562		2426562		51775167	17418092	3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	14516312	-290728		-290728		14225584	12348540	5
6 MOVABLE EQUIPMENT	51788978	1733193		1733193	492666	53029505	37919628	6
7 SUBTOTAL	117670148	4215633		4215633	492666	121393115	69009159	7
8 RECONCILING ITEMS								8
9 TOTAL	117670148	4215633		4215633	492666	121393115	69009159	9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF		OTHER CAPITAL	TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	RELATED COSTS	
	1	2	3	4	5	6	7	
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT				.000000				3
4 NEW CAP REL COSTS-MVBLE EQUIP				.000000				4
5 TOTAL				.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	2827775		-569227				2258548	3
4 NEW CAP REL COSTS-MVBLE EQUIP	3893332	735576	-111794				4517114	4
5 TOTAL	6721107	735576	-681021				6775662	5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	2195378						2195378	3
4 NEW CAP REL COSTS-MVBLE EQUIP	3784459	735576					4520035	4
5 TOTAL	5979837	735576					6715413	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	-569227	NEW CAP REL COSTS-BLDG & FIXT	3	11 3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT	A		NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-15286	ADMINISTRATIVE & GENERAL	6	6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-2921	NEW CAP REL COSTS-MVBLE EQUIP	4	9 9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-2421454			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	1175018			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-196288	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-50162	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	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	A		NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT	A		NEW CAP REL COSTS-MVBLE EQUIP	4	9 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 TELEPHONE EMPLOYEE BENEFITS	A	-1665	EMPLOYEE BENEFITS	5	37
38 TELEPHONE A&G SALARIES	A	-4663	ADMINISTRATIVE & GENERAL	6	38
39 TELEPHONE A&G EXPENSES	A	-5502	ADMINISTRATIVE & GENERAL	6	39
40 TELEVISION EMPLOYEE BENEFITS	A	-668	EMPLOYEE BENEFITS	5	40
41 TELEVISION MAINTENANCE SALARIES	A	-1872	MAINTENANCE & REPAIRS	7	41
42 TELEVISION MAINTENANCE CABLE	A	-11446	MAINTENANCE & REPAIRS	7	42
43 TELEVISION PLANT ELECTRIC	A	-764	OPERATION OF PLANT	8	43
44 RECYCLING	B	-677	OPERATION OF PLANT	8	44
45 BOND INDENTURE FEES	A	-8218	ADMINISTRATIVE & GENERAL	6	45
46 NON-OPERATING BUILDINGS	A	-15102	ADMINISTRATIVE & GENERAL	6	46
47 PHYSICIAN EXPENSE	A	-35522	ADMINISTRATIVE & GENERAL	6	47
48 COMMUNITY RELATION ADVERTISING	A	-354024	ADMINISTRATIVE & GENERAL	6	48
49 HOUSEKEEPING	B	-223	HOUSEKEEPING	10	49
49.02 INTEREST NEW EQUIP	A	-111794	NEW CAP REL COSTS-MVBLE EQUIP	4	11 49.02
49.03 NURSERY PHOTOS	B	-4331	ADULTS & PEDIATRICS	25	49.03
49.04 LOBBYING EXPENSE	A	-27858	ADMINISTRATIVE & GENERAL	6	49.04
49.05 COUNTRY CLUB DUES	A	-2140	ADMINISTRATIVE & GENERAL	6	49.05
49.06 NAME BADGES	B	-25	EMPLOYEE BENEFITS	5	49.06
49.07 PHYSICIAN APPLICATIONS	B	-6200	ADMINISTRATIVE & GENERAL	6	49.07
49.08 GUEST MEALS	B	-1598	DIETARY	11	49.08
49.09 DIETARY SUPPLIES	B	-73247	DIETARY	11	49.09
49.10 PHYSICIAN RECRUITMENT	A	-108431	ADMINISTRATIVE & GENERAL	6	49.10
49.11 REBATES	B	-8509	ADMINISTRATIVE & GENERAL	6	49.11
49.12 REBATES	B	-10150	DIETARY	11	49.12
49.13 REBATES	B	-125152	DRUGS CHARGED TO PATIENTS	56	49.13
49.14 REBATES	B	-3863	CENTRAL SERVICES & SUPPLY	15	49.14
49.15 REBATES	B	-17757	LABORATORY	44	49.15
49.16 REBATES	B	-6014	ELECTROCARDIOLOGY	53	49.16
49.17 REBATES	B	-96977	MEDICAL SUPPLIES CHARGED TO PAT	55	49.17
49.18 REBATES	B	-39365	OPERATING ROOM	37	49.18

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
			COST CENTER	LINE NO.	
	1	2	3	4	5
49.19 REBATES	B	-4756	OPERATION OF PLANT	8	49.19
49.20 REBATES	B	-8436	RADIOLOGY-DIAGNOSTIC	41	49.20
49.22 ALCOHOLIC BEVERAGES	A	-3210	ADMINISTRATIVE & GENERAL	6	49.22
49.24 LIFELINE-HOME CARE	B	-12189	HOME HEALTH AGENCY	71	49.24
49.26 IN-SERVICE	B	-450	ADMINISTRATIVE & GENERAL	6	49.26
49.27 EEG'S RICHLAND MEMORIAL	B	-1870	ELECTROENCEPHALOGRAPHY	54	49.27
49.28 MISC INCOME - SPIRIT COMMITTEE	B	-22365	EMPLOYEE BENEFITS	5	49.28
49.30 CARLE RN SALARIES	A	-12012	RADIATION ONC	41.04	49.30
49.31 CARLE RN BENEFITS	A	-2643	EMPLOYEE BENEFITS	5	49.31
49.42 MISC INC-PATIENT ACCTS	B	-240	ADMINISTRATIVE & GENERAL	6	49.42
49.43 DRUGS NON PATIENT	B	-1800	PHARMACY	16	49.43
49.45 STUDENT FEES	B	-2007	NUCLEAR MEDICINE-DIAGNOSTIC	41.02	49.45
49.46 IHA GRANT-T1	B	-13175	ADMINISTRATIVE & GENERAL	6	49.46
49.47 PHYSICIAN DUES	B	-13600	ADMINISTRATIVE & GENERAL	6	49.47
49.48 DIABETES INSTRUCTION	B	-3469	DIETARY	11	49.48
49.49 OKLAHOMA STUDY	B	-3000	MEDICAL RECORDS & LIBRARY	17	49.49
49.50 HOUSEKEEPING 900 W TEMPLE	B	-8060	ADMINISTRATIVE & GENERAL	6	49.50
49.51 ALLIANCE IMAGING SALARIES	B	-11928	PET SCAN	41.06	49.51
49.52 SUPPORT PMT NURSE CHAMPION	B	-500	ADULTS & PEDIATRICS	25	49.52
50 TOTAL		-3289787			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF	
1	2	3	4	5	6	7	
1	6	ADMINISTRATIVE & GENERAL	MANAGEMENT FEES	1699807	895140	804667	1
2	6	ADMINISTRATIVE & GENERAL	CCC (FAMIS) FEE	2068510	1992841	75669	2
3	5	EMPLOYEE BENEFITS	EMPLOYEE BENEFITS	8909989	8615307	294682	3
4							4
5	TOTALS			12678306	11503288	1175018	5

B. INTERRELATIONSHIP OF RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(b)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THE INFORMATION IS USED BY THE HEALTH CARE FINANCING ADMINISTRATION AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				TYPE OF BUSINESS	
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP			
1	2	3	4	5	6		
1	G HSHS		HSHS		CORPORATE OFFICE		1
2							2
3							3
4							4
5							5

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

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	61	EMERGENCY		EMERGENCY		776522	776522		
2	40	ANESTHESIOLOGY		ANESTHESIA		1344577	1344577		
3	53	ELECTROCARDIOLOGY		CARDIOLOGY		198348	198348		
4	49	RESPIRATORY THERAPY		RESPIRATORY CARE		26150	26150		
5	59.01	VASCULAR LAB		VASCULAR LAB		50857	50857		
6	44	LABORATORY		LABORATORY		25000	25000		
101		TOTAL				2421454	2421454		

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.		12	13	14	15	16	17	18
10	11							
1	61 EMERGENCY	EMERGENCY						776522
2	40 ANESTHESIOLOGY	ANESTHESIA						1344577
3	53 ELECTROCARDIOLOGY	CARDIOLOGY						198348
4	49 RESPIRATORY THERAPY	RESPIRATORY CARE						26150
5	59.01 VASCULAR LAB	VASCULAR LAB						50857
6	44 LABORATORY	LABORATORY						25000
101	TOTAL							2421454

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP	NEW CAP	EMPLOYEE	SUBTOTAL	ADMINIS-	MAIN-	OPERATION
	FOR COST	BLDGS &	MOVABLE	BENEFITS		TRATIVE &	TENANCE &	OF PLANT
	ALLOCATION	FIXTURES	EQUIPMENT		5A	GENERAL	REPAIRS	
	0	3	4	5		6	7	8
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	2258548	2258548						3
4 NEW CAP REL COSTS-MVBLE EQUIP	4517114		4517114					4
5 EMPLOYEE BENEFITS	11963984	5867		11969851				5
6 ADMINISTRATIVE & GENERAL	11329415	662992	777734	1328524	14098665	14098665		6
7 MAINTENANCE & REPAIRS	982073	33088	21655	222734	1259550	248115	1507665	7
8 OPERATION OF PLANT	1619139	375614	1453434	58178	3506365	690708	742170	4939243 8
9 LAUNDRY & LINEN SERVICE	229680	23685	3755	60899	318019	62646	58458	99057 9
10 HOUSEKEEPING	806638	25543	7498	262133	1101812	217043	15077	106828 10
11 DIETARY	616672	33718	12476	166603	829469	163395	36980	141017 11
12 CAFETERIA	151390	12078	2225	81403	247096	48675		50516 12
13 MAINTENANCE OF PERSONNEL								
14 NURSING ADMINISTRATION	601442	11944	4537	223150	841073	165680	10667	49951 14
15 CENTRAL SERVICES & SUPPLY	99	37052			37151	7318		154962 15
16 PHARMACY	1237692	12685	185091	462297	1897765	373835	10810	53054 16
17 MEDICAL RECORDS & LIBRARY	1963082	40057	24188	669287	2696614	531198	13939	167529 17
18 SOCIAL SERVICE	3056				3056	602		
20 NONPHYSICIAN ANESTHETISTS								
21 NURSING SCHOOL								
22 I&R SERVICES-SALARY & FRINGES A								
23 I&R SERVICES-OTHER PRGM COSTS A								
24 PARAMED ED PRGM-(SPECIFY)								
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	7458956	285723	114491	2746532	10605702	2089185	148775	1194986 25
26 INTENSIVE CARE UNIT	1762164	32077	45444	646682	2486367	489782	36696	134155 26
31 SUBPROVIDER I								
33 NURSERY	22953	5972	3980	449	33354	6570	8107	24976 33
34 SKILLED NURSING FACILITY	775245	44762	2468	284778	1107253	218114	19913	187208 34
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	15161779	229422	528723	1262728	17182652	3384779	159300	959514 37
39 DELIVERY ROOM & LABOR ROOM	272826	35051	983	59970	368830	72655	40110	146595 39
40 ANESTHESIOLOGY	142811	914	90930		234655	46224	7112	3823 40
41 RADIOLOGY-DIAGNOSTIC	2230548	85927	517831	503032	3337338	657412	44945	359375 41
41.01 ULTRASOUND	212645	3222	2865	58364	277096	54584		13475 41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC	843591	6137	81523	102538	1033789	203643	2276	25665 41.02
41.03 CAT SCAN	606243	4653	103045	82362	796303	156861		19460 41.03
41.04 RADIATION ONC	376369	14364	23618	77260	491611	96841	11521	60073 41.04
41.05 MAGNETIC RESONANCE IMAGING (MRI)	1241334	2413		76089	1319836	259991		10091 41.05
41.06 PET SCAN	366763	1499			368262	72543		6267 41.06
44 LABORATORY	3256762	29229	65671	425819	3777481	744115	20339	122246 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								
49 RESPIRATORY THERAPY	1297644	5739	35366	450409	1789158	352441	37834	24004 49
50 PHYSICAL THERAPY	770677	26997	24236	275712	1097622	216217	21477	112908 50
51 OCCUPATIONAL THERAPY	203244	5297		64738	273279	53832	142	22155 51
53 ELECTROCARDIOLOGY	2899207	54540	311939	168189	3433875	676429	6827	228103 53
53.01 CARD CATH	320150	13877		96458	430485	84800	2702	58036 53.01
54 ELECTROENCEPHALOGRAPHY	166509	5118		44496	216123	42573		21403 54
55 MEDICAL SUPPLIES CHARGED TO PAT	1368956				1368956	269667		
56 DRUGS CHARGED TO PATIENTS	2470472				2470472	486651		
57 RENAL DIALYSIS	119				119	23		
59 BACTERIOLOGY & MICROBIOLOGY								
59.01 VASCULAR LAB	226144	2855	17100	64927	311026	61268	1565	11939 59.01
59.02 CARDIAC REHAB	51500	3469	2690	19199	76858	15140	2560	14509 59.02
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	1615260	68012	29508	567487	2280267	449183	39825	284448 61
62 OBSERVATION BEDS (NON-DISTINCT								
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY	1040213	10025	17641	343144	1411023	277953	5405	41929 71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS	85441108	2251617	4512645	11956570	85416427	14048691	1505532	4910257 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	37211	4144	688		42043	8282		17329 96
98 PHYSICIANS' PRIVATE OFFICES	9764		3781		13545	2668	2133	
100 PHILANTHROPY DEVELOPMENT	182036	1588		13281	196905	38788		6643 100
100.01 VENDING		1199			1199	236		5014 100.01

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINIS- TRATIVE & GENERAL 6	MAIN- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	
100.02MEALS ON WHEELS									100.02
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	85670119	2258548	4517114	11969851	85670119	14098665	1507665	4939243	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE	538180								9
10 HOUSEKEEPING		1440760							10
11 DIETARY		42924	1213785						11
12 CAFETERIA		15376		361663					12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		15204		5370	1087945				14
15 CENTRAL SERVICES & SUPPLY		47168				246599			15
16 PHARMACY		16149		10984		131	2362728		16
17 MEDICAL RECORDS & LIBRARY		50990		25699				3485969	17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	269853	363734	949655	110522	531094	2612	7265	2814571	25
26 INTENSIVE CARE UNIT	30903	40834	89580	23695	113850	607	1213	284455	26
31 SUBPROVIDER I									31
33 NURSERY		7603				337			33
34 SKILLED NURSING FACILITY	24075	56983	130521	11587	55706	170	191	386943	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	118836	292061		48066	230955	190492	1542		37
39 DELIVERY ROOM & LABOR ROOM		44621				1891			39
40 ANESTHESIOLOGY		1164				463	73175		40
41 RADIOLOGY-DIAGNOSTIC	14961	109388		19740		1686	1451		41
41.01 ULTRASOUND	1220	4102		1801		173			41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC	2622	7812		2993		46	4647		41.02
41.03 CAT SCAN	5245	5924		2702		304	538		41.03
41.04 RADIATION ONC	2525	18285		2120		90			41.04
41.05 MAGNETIC RESONANCE IMAGING (MRI	9298	3072		2560		115			41.05
41.06 PET SCAN		1907							41.06
44 LABORATORY	115	37210		16422		15571	3		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	6482	7306		19401		1911	341		49
50 PHYSICAL THERAPY	2887	34367		8587		710			50
51 OCCUPATIONAL THERAPY	764	6744		1639		516			51
53 ELECTROCARDIOLOGY	2232	69431		8207		605			53
53.01 CARD CATH		17665		3135		364	269		53.01
54 ELECTROENCEPHALOGRAPHY	35	6515		1544		182			54
55 MEDICAL SUPPLIES CHARGED TO PAT						25689			55
56 DRUGS CHARGED TO PATIENTS							2269434		56
57 RENAL DIALYSIS						2			57
59 BACTERIOLOGY & MICROBIOLOGY									59
59.01 VASCULAR LAB	214	3634		1808					59.01
59.02 CARDIAC REHAB	310	4417		549		14			59.02
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	45603	86584		21243	102073	1356	2572		61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY		12763		11289	54267	534	87		71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	538180	1431937	1169756	361663	1087945	246571	2362728	3485969	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		5275							96
98 PHYSICIANS' PRIVATE OFFICES						28			98
100 PHILANTHROPY DEVELOPMENT		2022							100
100.01 VENDING		1526							100.01

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17
100.02MEALS ON WHEELS			44029					100.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	538180	1440760	1213785	361663	1087945	246599	2362728	3485969 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	18	25	26	27	
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE	3658				18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS	2954	19090908		19090908	25
26 INTENSIVE CARE UNIT	298	3732435		3732435	26
31 SUBPROVIDER I					31
33 NURSERY		80947		80947	33
34 SKILLED NURSING FACILITY	406	2199070		2199070	34
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM		22568197		22568197	37
39 DELIVERY ROOM & LABOR ROOM		674702		674702	39
40 ANESTHESIOLOGY		366616		366616	40
41 RADIOLOGY-DIAGNOSTIC		4546296		4546296	41
41.01 ULTRASOUND		352451		352451	41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC		1283493		1283493	41.02
41.03 CAT SCAN		987337		987337	41.03
41.04 RADIATION ONC		683066		683066	41.04
41.05 MAGNETIC RESONANCE IMAGING (MRI		1604963		1604963	41.05
41.06 PET SCAN		448979		448979	41.06
44 LABORATORY		4733502		4733502	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
49 RESPIRATORY THERAPY		2238878		2238878	49
50 PHYSICAL THERAPY		1494775		1494775	50
51 OCCUPATIONAL THERAPY		359071		359071	51
53 ELECTROCARDIOLOGY		4425709		4425709	53
53.01 CARD CATH		597456		597456	53.01
54 ELECTROENCEPHALOGRAPHY		288375		288375	54
55 MEDICAL SUPPLIES CHARGED TO PAT		1664312		1664312	55
56 DRUGS CHARGED TO PATIENTS		5226557		5226557	56
57 RENAL DIALYSIS		144		144	57
59 BACTERIOLOGY & MICROBIOLOGY					59
59.01 VASCULAR LAB		391454		391454	59.01
59.02 CARDIAC REHAB		114357		114357	59.02
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY		3313154		3313154	61
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY		1815250		1815250	71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
95 SUBTOTALS	3658	85282454		85282454	95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN		72929		72929	96
98 PHYSICIANS' PRIVATE OFFICES		18374		18374	98
100 PHILANTHROPY DEVELOPMENT		244358		244358	100
100.01 VENDING		7975		7975	100.01

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	18	25	26	27	
100.02MEALS ON WHEELS		44029		44029	100.02
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL	3658	85670119		85670119	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	MAIN- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4									4
5		5867		5867	5867				5
6	662992		777734	1440726	653	1441379			6
7	33088		21655	54743	109	25366	80218		7
8		375614	1453434	1829048	29	70615	39489	1939181	8
9		23685	3755	27440	30	6405	3110	38890	9
10		25543	7498	33041	129	22189	802	41942	10
11		33718	12476	46194	82	16705	1968	55364	11
12		12078	2225	14303	40	4976		19833	12
13									13
14	11944		4537	16481	110	16938	568	19611	14
15	37052			37052		748		60839	15
16	12685		185091	197776	227	38219	575	20829	16
17	40057		24188	64245	329	54307	742	65773	17
18						62			18
20									20
21									21
22									22
23									23
24									24
INPATIENT ROUTINE SERV COST CENTERS									
25		285723	114491	400214	1335	213588	7916	469159	25
26		32077	45444	77521	318	50073	1952	52670	26
31									31
33		5972	3980	9952		672	431	9806	33
34		44762	2468	47230	140	22299	1059	73499	34
ANCILLARY SERVICE COST CENTERS									
37		229422	528723	758145	621	346041	8476	376712	37
39		35051	983	36034	29	7428	2134	57554	39
40		914	90930	91844		4726	378	1501	40
41		85927	517831	603758	247	67211	2391	141093	41
41.01		3222	2865	6087	29	5580		5290	41.01
41.02		6137	81523	87660	50	20819	121	10076	41.02
41.03		4653	103045	107698	40	16037		7640	41.03
41.04		14364	23618	37982	38	9901	613	23585	41.04
41.05		2413		2413	37	26580		3962	41.05
41.06		1499		1499		7416		2461	41.06
44		29229	65671	94900	209	76075	1082	47995	44
46.30									46.30
49		5739	35366	41105	221	36032	2013	9424	49
50		26997	24236	51233	135	22105	1143	44328	50
51		5297		5297	32	5504	8	8698	51
53		54540	311939	366479	83	69155	363	89555	53
53.01		13877		13877	47	8670	144	22786	53.01
54		5118		5118	22	4353		8403	54
55						27569			55
56						49753			56
57						2			57
59									59
59.01		2855	17100	19955	32	6264	83	4688	59.01
59.02		3469	2690	6159	9	1548	136	5696	59.02
OUTPATIENT SERVICE COST CENTERS									
61		68012	29508	97520	279	45922	2119	111676	61
62									62
63.50									63.50
63.60									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10									69.10
69.20									69.20
69.30									69.30
69.40									69.40
71		10025	17641	27666	169	28417	288	16462	71
SPECIAL PURPOSE COST CENTERS									
85.01									85.01
85.02									85.02
95		2251617	4512645	6764262	5860	1436270	80104	1927800	95
NONREIMBURSABLE COST CENTERS									
96		4144	688	4832		847		6804	96
98			3781	3781		273	114		98
100		1588		1588	7	3965		2608	100
100.01		1199		1199		24		1969	100.01

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	MAIN- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	
100.02MEALS ON WHEELS									100.02
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL		2258548	4517114	6775662	5867	1441379	80218	1939181	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	9	10	11	12	14	15	16	17	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE	75875								9
10 HOUSEKEEPING		98103							10
11 DIETARY		2923	123236						11
12 CAFETERIA		1047		40199					12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		1035		597	55340				14
15 CENTRAL SERVICES & SUPPLY		3212				101851			15
16 PHARMACY		1100		1221		54	260001		16
17 MEDICAL RECORDS & LIBRARY		3472		2856				191724	17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	38045	24767	96419	12285	27015	1079	799	154798	25
26 INTENSIVE CARE UNIT	4357	2780	9095	2634	5791	251	133	15645	26
31 SUBPROVIDER I									31
33 NURSERY		518				139			33
34 SKILLED NURSING FACILITY	3394	3880	13252	1288	2834	70	21	21281	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	16754	19887		5343	11748	78677	170		37
39 DELIVERY ROOM & LABOR ROOM		3038				781			39
40 ANESTHESIOLOGY		79				191	8052		40
41 RADIOLOGY-DIAGNOSTIC	2109	7448		2194		697	160		41
41.01 ULTRASOUND	172	279		200		72			41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC	370	532		333		19	511		41.02
41.03 CAT SCAN	739	403		300		126	59		41.03
41.04 RADIATION ONC	356	1245		236		37			41.04
41.05 MAGNETIC RESONANCE IMAGING (MRI	1311	209		285		48			41.05
41.06 PET SCAN		130							41.06
44 LABORATORY	16	2534		1825		6431			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	914	497		2156		789	38		49
50 PHYSICAL THERAPY	407	2340		954		293			50
51 OCCUPATIONAL THERAPY	108	459		182		213			51
53 ELECTROCARDIOLOGY	315	4728		912		250			53
53.01 CARD CATH		1203		348		150	30		53.01
54 ELECTROENCEPHALOGRAPHY	5	444		172		75			54
55 MEDICAL SUPPLIES CHARGED TO PAT						10610			55
56 DRUGS CHARGED TO PATIENTS							249735		56
57 RENAL DIALYSIS						1			57
59 BACTERIOLOGY & MICROBIOLOGY									59
59.01 VASCULAR LAB	30	247		201					59.01
59.02 CARDIAC REHAB	44	301		61		6			59.02
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	6429	5896		2361	5192	560	283		61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY		869		1255	2760	220	10		71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	75875	97502	118766	40199	55340	101839	260001	191724	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		359							96
98 PHYSICIANS' PRIVATE OFFICES						12			98
100 PHILANTHROPY DEVELOPMENT		138							100
100.01 VENDING		104							100.01

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	
100.02MEALS ON WHEELS			4470						100.02
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	75875	98103	123236	40199	55340	101851	260001	191724	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL
	18	25	26	27
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6 ADMINISTRATIVE & GENERAL				6
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
18 SOCIAL SERVICE	62			18
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES A				22
23 I&R SERVICES-OTHER PRGM COSTS A				23
24 PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	50	1447469		1447469
26 INTENSIVE CARE UNIT	5	223225		223225
31 SUBPROVIDER I				31
33 NURSERY		21518		21518
34 SKILLED NURSING FACILITY	7	190254		190254
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM		1622574		1622574
39 DELIVERY ROOM & LABOR ROOM		106998		106998
40 ANESTHESIOLOGY		106771		106771
41 RADIOLOGY-DIAGNOSTIC		827308		827308
41.01 ULTRASOUND		17709		17709
41.02 NUCLEAR MEDICINE-DIAGNOSTIC		120491		120491
41.03 CAT SCAN		133042		133042
41.04 RADIATION ONC		73993		73993
41.05 MAGNETIC RESONANCE IMAGING (MRI		34845		34845
41.06 PET SCAN		11506		11506
44 LABORATORY		231067		231067
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY		93189		93189
50 PHYSICAL THERAPY		122938		122938
51 OCCUPATIONAL THERAPY		20501		20501
53 ELECTROCARDIOLOGY		531840		531840
53.01 CARD CATH		47255		47255
54 ELECTROENCEPHALOGRAPHY		18592		18592
55 MEDICAL SUPPLIES CHARGED TO PAT		38179		38179
56 DRUGS CHARGED TO PATIENTS		299488		299488
57 RENAL DIALYSIS		3		3
59 BACTERIOLOGY & MICROBIOLOGY				59
59.01 VASCULAR LAB		31500		31500
59.02 CARDIAC REHAB		13960		13960
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY		278237		278237
62 OBSERVATION BEDS (NON-DISTINCT				62
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
69.10 CMHC				69.10
69.20 OUTPATIENT PHYSICAL THERAPY				69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY				69.30
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY		78116		78116
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
95 SUBTOTALS	62	6742568		6742568
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN		12842		12842
98 PHYSICIANS' PRIVATE OFFICES		4180		4180
100 PHILANTHROPY DEVELOPMENT		8306		8306
100.01 VENDING		3296		3296

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	18	25	26	27	
100.02MEALS ON WHEELS		4470		4470	100.02
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL	62	6775662		6775662	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL	MAIN- TENANCE & REPAIRS	OPERATION
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES		ACCUM COST	MAINT. HOURS	OF PLANT SQUARE FEET
	3	4	5	6A	6	7	8
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	301429						3
4 NEW CAP REL COSTS-MVBLE EQUIP		6712492					4
5 EMPLOYEE BENEFITS		783	31289184				5
6 ADMINISTRATIVE & GENERAL	88484	1155724	3472757	-14098665	71571454		6
7 MAINTENANCE & REPAIRS	4416	32180	582225		1259550	10600	7
8 OPERATION OF PLANT	50130	2159817	152077		3506365	5218	8
9 LAUNDRY & LINEN SERVICE	3161	5580	159189		318019	411	9
10 HOUSEKEEPING	3409	11142	685214		1101812	106	10
11 DIETARY	4500	18540	435499		829469	260	11
12 CAFETERIA	1612	3306	212787		247096		12
13 MAINTENANCE OF PERSONNEL							13
14 NURSING ADMINISTRATION	1594	6742	583313		841073	75	14
15 CENTRAL SERVICES & SUPPLY	4945				37151		15
16 PHARMACY	1693	275048	1208442		1897765	76	16
17 MEDICAL RECORDS & LIBRARY	5346	35943	1749515		2696614	98	17
18 SOCIAL SERVICE					3056		18
20 NONPHYSICIAN ANESTHETISTS							20
21 NURSING SCHOOL							21
22 I&R SERVICES-SALARY & FRINGES							22
23 I&R SERVICES-OTHER PRGM COSTS							23
24 PARAMED ED PRGM-(SPECIFY)							24
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	38133	170135	7179464		10605702	1046	25
26 INTENSIVE CARE UNIT	4281	67531	1690425		2486367	258	26
31 SUBPROVIDER I							31
33 NURSERY	797	5914	1174		33354	57	33
34 SKILLED NURSING FACILITY	5974	3667	744408		1107253	140	34
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	30619	785690	3300766		17182652	1120	37
39 DELIVERY ROOM & LABOR ROOM	4678	1461	156761		368830	282	39
40 ANESTHESIOLOGY	122	135123			234655	50	40
41 RADIOLOGY-DIAGNOSTIC	11468	769505	1314925		3337338	316	41
41.01 ULTRASOUND	430	4257	152564		277096		41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC	819	121145	268033		1033789	16	41.02
41.03 CAT SCAN	621	153127	215293		796303		41.03
41.04 RADIATION ONC	1917	35096	201958		491611	81	41.04
41.05 MAGNETIC RESONANCE IMAGING (M	322		198896		1319836		41.05
41.06 PET SCAN	200				368262		41.06
44 LABORATORY	3901	97588	1113090		3777481	143	44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY	766	52555	1177368		1789158	266	49
50 PHYSICAL THERAPY	3603	36015	720711		1097622	151	50
51 OCCUPATIONAL THERAPY	707		169224		273279	1	51
53 ELECTROCARDIOLOGY	7279	463546	439646		3433875	48	53
53.01 CARD CATH	1852		252141		430485	19	53.01
54 ELECTROENCEPHALOGRAPHY	683		116312		216123		54
55 MEDICAL SUPPLIES CHARGED TO P					1368956		55
56 DRUGS CHARGED TO PATIENTS					2470472		56
57 RENAL DIALYSIS					119		57
59 BACTERIOLOGY & MICROBIOLOGY							59
59.01 VASCULAR LAB	381	25411	169720		311026	11	59.01
59.02 CARDIAC REHAB	463	3998	50187		76858	18	59.02
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY	9077	43850	1483408		2280267	280	61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERA							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY	1338	26215	896976		1411023	38	71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
95 SUBTOTALS	300504	6705851	31254468	-14098665	71317762	10585	95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & C	553	1022			42043		96
98 PHYSICIANS' PRIVATE OFFICES		5619			13545	15	98

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL	MAIN- TENANCE & REPAIRS	OPERATION
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES		ACCUM COST	MAINT. HOURS	OF PLANT SQUARE FEET
	3	4	5	6A	6	7	8
100 PHILANTHROPY DEVELOPMENT	212		34716		196905		212 100
100.01 VENDING	160				1199		160 100.01
100.02 MEALS ON WHEELS							100.02
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	2258548	4517114	11969851		14098665	1507665	4939243 103
104 UNIT COST MULT-WS B PT I		.672941				142.232547	104
104 UNIT COST MULT-WS B PT I	7.492803		.382556		.196987		31.337193 104
105 COST TO BE ALLOC PER B PT II							105
106 UNIT COST MULT-WS B PT II							106
106 UNIT COST MULT-WS B PT II							106
107 COST TO BE ALLOC PER B PT III			5867		1441379	80218	1939181 107
108 UNIT COST MULT-WS B PT III						7.567736	108
108 UNIT COST MULT-WS B PT III			.000188		.020139		12.303199 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE-KEEPING HOURS OF SERVICE 10	DIETARY MEALS SERVED 11	CAFETERIA MEALS SERVED 12	NURSING ADMINIS-TRATION DIRECT NRSING HRS 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	PHARMACY COSTED REQUIS. 16	MEDICAL RECORDS & LIBRARY TIME SPENT 17	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9	874108								9
10		1691373							10
11		50390	138777						11
12		18051		53407					12
13									13
14		17849		793	695662				14
15		55373				14071257			15
16		18958		1622		7465	2702392		16
17		59859		3795				10000	17
18									18
20									20
21									21
22									22
23									23
24									24
INPATIENT ROUTINE SERV COST CENTERS									
25	438294	427006	108578	16321	339596	149072	8309	8074	25
26	50192	47937	10242	3499	72799	34638	1387	816	26
31									31
33		8925				19213			33
34	39102	66895	14923	1711	35620	9684	219	1110	34
ANCILLARY SERVICE COST CENTERS									
37	193013	342863		7098	147679	10869565	1764		37
39		52383				107915			39
40		1366				26402	83695		40
41	24299	128415		2915		96230	1660		41
41.01	1982	4815		266		9895			41.01
41.02	4259	9171		442		2602	5315		41.02
41.03	8519	6954		399		17359	615		41.03
41.04	4101	21466		313		5138			41.04
41.05	15102	3606		378		6564			41.05
41.06		2239							41.06
44	186	43682		2425		888480	3		44
46.30									46.30
49	10528	8577		2865		109067	390		49
50	4689	40345		1268		40525			50
51	1241	7917		242		29451			51
53	3625	81508		1212		34546			53
53.01		20738		463		20789	308		53.01
54	57	7648		228		10408			54
55						1465861			55
56							2595686		56
57						119			57
59									59
59.01	347	4266		267					59.01
59.02	504	5185		81		820			59.02
OUTPATIENT SERVICE COST CENTERS									
61	74068	101645		3137	65268	77388	2942		61
62									62
63.50									63.50
63.60									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10									69.10
69.20									69.20
69.30									69.30
69.40									69.40
71		14983		1667	34700	30444	99		71
SPECIAL PURPOSE COST CENTERS									
85.01									85.01
85.02									85.02
95	874108	1681015	133743	53407	695662	14069640	2702392	10000	95
NONREIMBURSABLE COST CENTERS									
96		6192							96
98						1617			98

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	POUNDS OF LAUNDRY	HOURS OF SERVICE	MEALS SERVED	MEALS SERVED	DIRECT NRSING HRS	COSTED REQUIS.	COSTED REQUIS.	TIME SPENT
	9	10	11	12	14	15	16	17
100 PHILANTHROPY DEVELOPMENT		2374						100
100.01 VENDING		1792						100.01
100.02 MEALS ON WHEELS			5034					100.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	538180	1440760	1213785	361663	1087945	246599	2362728	3485969 103
104 UNIT COST MULT-WS B PT I	.615691		8.746298		1.563899		.874310	104
104 UNIT COST MULT-WS B PT I		.851829		6.771828		.017525		348.596900 104
105 COST TO BE ALLOC PER B PT II								105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III	75875	98103	123236	40199	55340	101851	260001	191724 107
108 UNIT COST MULT-WS B PT III	.086803		.888015		.079550		.096211	108
108 UNIT COST MULT-WS B PT III		.058002		.752692		.007238		19.172400 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	TIME SPENT	
		18	
GENERAL SERVICE COST CENTERS			
1	OLD CAP REL COSTS-BLDG & FIXT		1
2	OLD CAP REL COSTS-MVBLE EQUIP		2
3	NEW CAP REL COSTS-BLDG & FIXT		3
4	NEW CAP REL COSTS-MVBLE EQUIP		4
5	EMPLOYEE BENEFITS		5
6	ADMINISTRATIVE & GENERAL		6
7	MAINTENANCE & REPAIRS		7
8	OPERATION OF PLANT		8
9	LAUNDRY & LINEN SERVICE		9
10	HOUSEKEEPING		10
11	DIETARY		11
12	CAFETERIA		12
13	MAINTENANCE OF PERSONNEL		13
14	NURSING ADMINISTRATION		14
15	CENTRAL SERVICES & SUPPLY		15
16	PHARMACY		16
17	MEDICAL RECORDS & LIBRARY		17
18	SOCIAL SERVICE	10000	18
20	NONPHYSICIAN ANESTHETISTS		20
21	NURSING SCHOOL		21
22	I&R SERVICES-SALARY & FRINGES		22
23	I&R SERVICES-OTHER PRGM COSTS		23
24	PARAMED ED PRGM-(SPECIFY)		24
INPATIENT ROUTINE SERV COST CENTERS			
25	ADULTS & PEDIATRICS	8074	25
26	INTENSIVE CARE UNIT	816	26
31	SUBPROVIDER I		31
33	NURSERY		33
34	SKILLED NURSING FACILITY	1110	34
ANCILLARY SERVICE COST CENTERS			
37	OPERATING ROOM		37
39	DELIVERY ROOM & LABOR ROOM		39
40	ANESTHESIOLOGY		40
41	RADIOLOGY-DIAGNOSTIC		41
41.01	ULTRASOUND		41.01
41.02	NUCLEAR MEDICINE-DIAGNOSTIC		41.02
41.03	CAT SCAN		41.03
41.04	RADIATION ONC		41.04
41.05	MAGNETIC RESONANCE IMAGING (M		41.05
41.06	PET SCAN		41.06
44	LABORATORY		44
46.30	BLOOD CLOTTING FACTORS ADMIN		46.30
49	RESPIRATORY THERAPY		49
50	PHYSICAL THERAPY		50
51	OCCUPATIONAL THERAPY		51
53	ELECTROCARDIOLOGY		53
53.01	CARD CATH		53.01
54	ELECTROENCEPHALOGRAPHY		54
55	MEDICAL SUPPLIES CHARGED TO P		55
56	DRUGS CHARGED TO PATIENTS		56
57	RENAL DIALYSIS		57
59	BACTERIOLOGY & MICROBIOLOGY		59
59.01	VASCULAR LAB		59.01
59.02	CARDIAC REHAB		59.02
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			
69.10	CMHC		69.10
69.20	OUTPATIENT PHYSICAL THERAPY		69.20
69.30	OUTPATIENT OCCUPATIONAL THERA		69.30
69.40	OUTPATIENT SPEECH PATHOLOGY		69.40
71	HOME HEALTH AGENCY		71
SPECIAL PURPOSE COST CENTERS			
85.01	PANCREAS ACQUISITION		85.01
85.02	INTESTINAL ACQUISITION		85.02
95	SUBTOTALS	10000	95
NONREIMBURSABLE COST CENTERS			
96	GIFT, FLOWER, COFFEE SHOP & C		96
98	PHYSICIANS' PRIVATE OFFICES		98

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	TIME SPENT	
100 PHILANTHROPY DEVELOPMENT			100
100.01 VENDING			100.01
100.02 MEALS ON WHEELS			100.02
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 COST TO BE ALLOC PER B PT I		3658	103
104 UNIT COST MULT-WS B PT I		.365800	104
104 UNIT COST MULT-WS B PT I			104
105 COST TO BE ALLOC PER B PT II			105
106 UNIT COST MULT-WS B PT II			106
106 UNIT COST MULT-WS B PT II			106
107 COST TO BE ALLOC PER B PT III		62	107
108 UNIT COST MULT-WS B PT III		.006200	108
108 UNIT COST MULT-WS B PT III			108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	19090908		19090908		19090908	25
26 INTENSIVE CARE UNIT	3732435		3732435		3732435	26
31 SUBPROVIDER I						31
33 NURSERY	80947		80947		80947	33
34 SKILLED NURSING FACILITY	2199070		2199070		2199070	34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	22568197		22568197		22568197	37
39 DELIVERY ROOM & LABOR ROOM	674702		674702		674702	39
40 ANESTHESIOLOGY	366616		366616		366616	40
41 RADIOLOGY-DIAGNOSTIC	4546296		4546296		4546296	41
41.01 ULTRASOUND	352451		352451		352451	41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC	1283493		1283493		1283493	41.02
41.03 CAT SCAN	987337		987337		987337	41.03
41.04 RADIATION ONC	683066		683066		683066	41.04
41.05 MAGNETIC RESONANCE IMAGING	1604963		1604963		1604963	41.05
41.06 PET SCAN	448979		448979		448979	41.06
44 LABORATORY	4733502		4733502		4733502	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	2238878		2238878		2238878	49
50 PHYSICAL THERAPY	1494775		1494775		1494775	50
51 OCCUPATIONAL THERAPY	359071		359071		359071	51
53 ELECTROCARDIOLOGY	4425709		4425709		4425709	53
53.01 CARD CATH	597456		597456		597456	53.01
54 ELECTROENCEPHALOGRAPHY	288375		288375		288375	54
55 MEDICAL SUPPLIES CHARGED TO	1664312		1664312		1664312	55
56 DRUGS CHARGED TO PATIENTS	5226557		5226557		5226557	56
57 RENAL DIALYSIS	144		144		144	57
59 BACTERIOLOGY & MICROBIOLOGY						59
59.01 VASCULAR LAB	391454		391454		391454	59.01
59.02 CARDIAC REHAB	114357		114357		114357	59.02
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	3313154		3313154		3313154	61
62 OBSERVATION BEDS (NON-DISTI	1199035		1199035		1199035	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	84666239		84666239		84666239	101
102 LESS OBSERVATION BEDS	1199035		1199035		1199035	102
103 TOTAL	83467204		83467204		83467204	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	14738427		14738427			25
26 INTENSIVE CARE UNIT	3445396		3445396			26
31 SUBPROVIDER I						31
33 NURSERY	998634		998634			33
34 SKILLED NURSING FACILITY	819409		819409			34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	26310971	18235029	44546000	.506627	.506627	.506627 37
39 DELIVERY ROOM & LABOR ROOM	1820513	145089	1965602	.343255	.343255	.343255 39
40 ANESTHESIOLOGY	1949887	3327379	5277266	.069471	.069471	.069471 40
41 RADIOLOGY-DIAGNOSTIC	2243553	9711728	11955281	.380275	.380275	.380275 41
41.01 ULTRASOUND	301066	1526544	1827610	.192848	.192848	.192848 41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC	1147673	10560923	11708596	.109620	.109620	.109620 41.02
41.03 CAT SCAN	5488961	16823859	22312820	.044250	.044250	.044250 41.03
41.04 RADIATION ONC	92135	533720	625855	1.091413	1.091413	1.091413 41.04
41.05 MAGNETIC RESONANCE IMAGING	1118566	7139449	8258015	.194352	.194352	.194352 41.05
41.06 PET SCAN	99203	1143612	1242815	.361260	.361260	.361260 41.06
44 LABORATORY	8032975	7273882	15306857	.309241	.309241	.309241 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	4764423	736373	5500796	.407010	.407010	.407010 49
50 PHYSICAL THERAPY	1269561	724042	1993603	.749786	.749786	.749786 50
51 OCCUPATIONAL THERAPY	334048	182030	516078	.695769	.695769	.695769 51
53 ELECTROCARDIOLOGY	2180615	8287596	10468211	.422776	.422776	.422776 53
53.01 CARD CATH	68859	1013170	1082029	.552163	.552163	.552163 53.01
54 ELECTROENCEPHALOGRAPHY	140034	591909	731943	.393986	.393986	.393986 54
55 MEDICAL SUPPLIES CHARGED TO	7417611	5096339	12513950	.132997	.132997	.132997 55
56 DRUGS CHARGED TO PATIENTS	17131038	6132917	23263955	.224663	.224663	.224663 56
57 RENAL DIALYSIS	7350		7350	.019592	.019592	.019592 57
59 BACTERIOLOGY & MICROBIOLOGY						59
59.01 VASCULAR LAB	191590	637166	828756	.472339	.472339	.472339 59.01
59.02 CARDIAC REHAB	791	169566	170357	.671279	.671279	.671279 59.02
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	2814573	9766499	12581072	.263344	.263344	.263344 61
62 OBSERVATION BEDS (NON-DISTI	82583	1810658	1893241	.633324	.633324	.633324 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	105010445	111569479	216579924			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	105010445	111569479	216579924			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----		
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST
	1	2	3	4	5	6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				1447469		1447469
26 INTENSIVE CARE UNIT				223225		223225
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY				21518		21518
101 TOTAL				1692212		1692212

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----		
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST
	7	8	9	10	11	12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	24440	14968			59.23	886555
26 INTENSIVE CARE UNIT	2315	1233			96.43	118898
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	1803				11.93	
101 TOTAL	28558	16201				1005453

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0032) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1622574	44546000	15531510			.036425	565735 37
39 DELIVERY ROOM & LABOR ROOM		106998	1965602	85100			.054435	4632 39
40 ANESTHESIOLOGY		106771	5277266	990892			.020232	20048 40
41 RADIOLOGY-DIAGNOSTIC		827308	11955281	1405507			.069200	97261 41
41.01 ULTRASOUND		17709	1827610	151337			.009690	1466 41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC		120491	11708596	735858			.010291	7573 41.02
41.03 CAT SCAN		133042	22312820	3105940			.005963	18521 41.03
41.04 RADIATION ONC		73993	625855	61077			.118227	7221 41.04
41.05 MAGNETIC RESONANCE IMAGING (M		34845	8258015	754371			.004220	3183 41.05
41.06 PET SCAN		11506	1242815	51493			.009258	477 41.06
44 LABORATORY		231067	15306857	5732343			.015096	86535 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		93189	5500796	3015105			.016941	51079 49
50 PHYSICAL THERAPY		122938	1993603	757823			.061666	46732 50
51 OCCUPATIONAL THERAPY		20501	516078	168318			.039725	6686 51
53 ELECTROCARDIOLOGY		531840	10468211	1168937			.050805	59388 53
53.01 CARD CATH		47255	1082029	16509			.043673	721 53.01
54 ELECTROENCEPHALOGRAPHY		18592	731943	67751			.025401	1721 54
55 MEDICAL SUPPLIES CHARGED TO P		38179	12513950	3848673			.003051	11742 55
56 DRUGS CHARGED TO PATIENTS		299488	23263955	10564945			.012873	136003 56
57 RENAL DIALYSIS		3	7350	5400			.000408	2 57
59 BACTERIOLOGY & MICROBIOLOGY								59
59.01 VASCULAR LAB		31500	828756	114468			.038009	4351 59.01
59.02 CARDIAC REHAB		13960	170357	355			.081946	29 59.02
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		278237	12581072	1365644			.022116	30203 61
62 OBSERVATION BEDS (NON-DISTINC		90911	1893241	53848			.048019	2586 62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		4872897	196578058	49753204				1163895 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	MEDICAL	SWING-BED	TOTAL COSTS	TOTAL	PER DIEM	INPATIENT	INPATIENT
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT		PATIENT DAYS		PROGRAM DAYS	PROGRAM PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					24440		14968	25
26 INTENSIVE CARE UNIT					2315		1233	26
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I								31
33 NURSERY					1803			33
34 SKILLED NURSING FACILITY					3148		2844	34
35 NURSING FACILITY								35
101 TOTAL					31706		19045	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0032) [] 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
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC							41.02
41.03 CAT SCAN							41.03
41.04 RADIATION ONC							41.04
41.05 MAGNETIC RESONANCE IMAGING (M							41.05
41.06 PET SCAN							41.06
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
53 ELECTROCARDIOLOGY							53
53.01 CARD CATH							53.01
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 BACTERIOLOGY & MICROBIOLOGY							59
59.01 VASCULAR LAB							59.01
59.02 CARDIAC REHAB							59.02
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0032) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		44546000			15531510		5905020 37
39 DELIVERY ROOM & LABOR ROOM		1965602			85100		39
40 ANESTHESIOLOGY		5277266			990892		1069273 40
41 RADIOLOGY-DIAGNOSTIC		11955281			1405507		2496280 41
41.01 ULTRASOUND		1827610			151337		360238 41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC		11708596			735858		4951073 41.02
41.03 CAT SCAN		22312820			3105940		5519322 41.03
41.04 RADIATION ONC		625855			61077		186429 41.04
41.05 MAGNETIC RESONANCE IMAGING (M		8258015			754371		2365501 41.05
41.06 PET SCAN		1242815			51493		503650 41.06
44 LABORATORY		15306857			5732343		490249 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		5500796			3015105		203165 49
50 PHYSICAL THERAPY		1993603			757823		6869 50
51 OCCUPATIONAL THERAPY		516078			168318		1240 51
53 ELECTROCARDIOLOGY		10468211			1168937		2215036 53
53.01 CARD CATH		1082029			16509		438681 53.01
54 ELECTROENCEPHALOGRAPHY		731943			67751		187180 54
55 MEDICAL SUPPLIES CHARGED TO P		12513950			3848673		1508667 55
56 DRUGS CHARGED TO PATIENTS		23263955			10564945		2638605 56
57 RENAL DIALYSIS		7350			5400		57
59 BACTERIOLOGY & MICROBIOLOGY							59
59.01 VASCULAR LAB		828756			114468		352901 59.01
59.02 CARDIAC REHAB		170357			355		98801 59.02
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		12581072			1365644		1694513 61
62 OBSERVATION BEDS (NON-DISTINC		1893241			53848		428484 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		196578058			49753204		33621177 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0032) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC					41.02
41.03 CAT SCAN					41.03
41.04 RADIATION ONC					41.04
41.05 MAGNETIC RESONANCE IMAGING (M					41.05
41.06 PET SCAN					41.06
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
53 ELECTROCARDIOLOGY					53
53.01 CARD CATH					53.01
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 BACTERIOLOGY & MICROBIOLOGY					59
59.01 VASCULAR LAB					59.01
59.02 CARDIAC REHAB					59.02
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0032) [] 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	.506627	.506627	.506627			37
39 DELIVERY ROOM & LABOR ROOM	.343255	.343255	.343255			39
40 ANESTHESIOLOGY	.069471	.069471	.069471			40
41 RADIOLOGY-DIAGNOSTIC	.380275	.380275	.380275			41
41.01 ULTRASOUND	.192848	.192848	.192848			41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC	.109620	.109620	.109620			41.02
41.03 CAT SCAN	.044250	.044250	.044250			41.03
41.04 RADIATION ONC	1.091413	1.091413	1.091413			41.04
41.05 MAGNETIC RESONANCE IMAGING (MRI)	.194352	.194352	.194352			41.05
41.06 PET SCAN	.361260	.361260	.361260			41.06
44 LABORATORY	.309241	.309241	.309241			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.407010	.407010	.407010			49
50 PHYSICAL THERAPY	.749786	.749786	.749786			50
51 OCCUPATIONAL THERAPY	.695769	.695769	.695769			51
53 ELECTROCARDIOLOGY	.422776	.422776	.422776			53
53.01 CARD CATH	.552163	.552163	.552163			53.01
54 ELECTROENCEPHALOGRAPHY	.393986	.393986	.393986			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.132997	.132997	.132997			55
56 DRUGS CHARGED TO PATIENTS	.224663	.224663	.224663			56
57 RENAL DIALYSIS	.019592	.019592	.019592			57
59 BACTERIOLOGY & MICROBIOLOGY						59
59.01 VASCULAR LAB	.472339	.472339	.472339			59.01
59.02 CARDIAC REHAB	.671279	.671279	.671279			59.02
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	.263344	.263344	.263344			61
62 OBSERVATION BEDS (NON-DISTINCT	.633324	.633324	.633324			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0032) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER-VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		5905020						37
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY		1069273						40
41 RADIOLOGY-DIAGNOSTIC		2496280						41
41.01 ULTRASOUND		360238						41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC		4951073						41.02
41.03 CAT SCAN		5519322						41.03
41.04 RADIATION ONC		186429						41.04
41.05 MAGNETIC RESONANCE IMAGING (MR)		2365501						41.05
41.06 PET SCAN		503650						41.06
44 LABORATORY		490249						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		203165						49
50 PHYSICAL THERAPY		6869						50
51 OCCUPATIONAL THERAPY		1240						51
53 ELECTROCARDIOLOGY		2215036						53
53.01 CARD CATH		438681						53.01
54 ELECTROENCEPHALOGRAPHY		187180						54
55 MEDICAL SUPPLIES CHARGED TO PA		1508667						55
56 DRUGS CHARGED TO PATIENTS		2638605						56
57 RENAL DIALYSIS								57
59 BACTERIOLOGY & MICROBIOLOGY								59
59.01 VASCULAR LAB		352901						59.01
59.02 CARDIAC REHAB		98801						59.02
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		1694513						61
62 OBSERVATION BEDS (NON-DISTINCT		428484						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD								65.03
101 SUBTOTAL		33621177						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		33621177						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0032) [] 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		2991643					37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY		74283					40
41 RADIOLOGY-DIAGNOSTIC		949273					41
41.01 ULTRASOUND		69471					41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC		542737					41.02
41.03 CAT SCAN		244230					41.03
41.04 RADIATION ONC		203471					41.04
41.05 MAGNETIC RESONANCE IMAGING (MRI)		459740					41.05
41.06 PET SCAN		181949					41.06
44 LABORATORY		151605					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		82690					49
50 PHYSICAL THERAPY		5150					50
51 OCCUPATIONAL THERAPY		863					51
53 ELECTROCARDIOLOGY		936464					53
53.01 CARD CATH		242223					53.01
54 ELECTROENCEPHALOGRAPHY		73746					54
55 MEDICAL SUPPLIES CHARGED TO PAT		200648					55
56 DRUGS CHARGED TO PATIENTS		592797					56
57 RENAL DIALYSIS							57
59 BACTERIOLOGY & MICROBIOLOGY							59
59.01 VASCULAR LAB		166689					59.01
59.02 CARDIAC REHAB		66323					59.02
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		446240					61
62 OBSERVATION BEDS (NON-DISTINCT		271369					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL		8953604					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		8953604					104

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 [] SUB I [XX] SNF (14-5940) [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			MEDICAL EDUCATION	N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	COST					
	1	1.01	2				3	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM								37
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC								41
41.01 ULTRASOUND								41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC								41.02
41.03 CAT SCAN								41.03
41.04 RADIATION ONC								41.04
41.05 MAGNETIC RESONANCE IMAGING (M								41.05
41.06 PET SCAN								41.06
44 LABORATORY								44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY								49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
53 ELECTROCARDIOLOGY								53
53.01 CARD CATH								53.01
54 ELECTROENCEPHALOGRAPHY								54
55 MEDICAL SUPPLIES CHARGED TO P								55
56 DRUGS CHARGED TO PATIENTS								56
57 RENAL DIALYSIS								57
59 BACTERIOLOGY & MICROBIOLOGY								59
59.01 VASCULAR LAB								59.01
59.02 CARDIAC REHAB								59.02
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY								61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL								101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [XX] SNF (14-5940) [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		44546000			16214		37
39 DELIVERY ROOM & LABOR ROOM		1965602					39
40 ANESTHESIOLOGY		5277266			547		40
41 RADIOLOGY-DIAGNOSTIC		11955281			24181		41
41.01 ULTRASOUND		1827610			2261		41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC		11708596			859		41.02
41.03 CAT SCAN		22312820					41.03
41.04 RADIATION ONC		625855			473		41.04
41.05 MAGNETIC RESONANCE IMAGING (M		8258015					41.05
41.06 PET SCAN		1242815					41.06
44 LABORATORY		15306857			177050		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		5500796			243841		49
50 PHYSICAL THERAPY		1993603			232349		50
51 OCCUPATIONAL THERAPY		516078			95132		51
53 ELECTROCARDIOLOGY		10468211			4250		53
53.01 CARD CATH		1082029					53.01
54 ELECTROENCEPHALOGRAPHY		731943					54
55 MEDICAL SUPPLIES CHARGED TO P		12513950			69913		55
56 DRUGS CHARGED TO PATIENTS		23263955			762647		56
57 RENAL DIALYSIS		7350					57
59 BACTERIOLOGY & MICROBIOLOGY							59
59.01 VASCULAR LAB		828756			6969		59.01
59.02 CARDIAC REHAB		170357					59.02
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		12581072					61
62 OBSERVATION BEDS (NON-DISTINC		1893241			87		62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		196578058			1636773		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	[]	SUB I	[XX]	SNF (14-5940)	[]	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
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
41.01 ULTRASOUND						41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC						41.02
41.03 CAT SCAN						41.03
41.04 RADIATION ONC						41.04
41.05 MAGNETIC RESONANCE IMAGING (M						41.05
41.06 PET SCAN						41.06
44 LABORATORY						44
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
51 OCCUPATIONAL THERAPY						51
53 ELECTROCARDIOLOGY						53
53.01 CARD CATH						53.01
54 ELECTROENCEPHALOGRAPHY						54
55 MEDICAL SUPPLIES CHARGED TO P						55
56 DRUGS CHARGED TO PATIENTS						56
57 RENAL DIALYSIS						57
59 BACTERIOLOGY & MICROBIOLOGY						59
59.01 VASCULAR LAB						59.01
59.02 CARDIAC REHAB						59.02
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL						101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----		
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST
	1	2	3	4	5	6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				1447469		1447469
26 INTENSIVE CARE UNIT				223225		223225
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY				21518		21518
101 TOTAL				1692212		1692212

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----		
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST
	7	8	9	10	11	12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	24440	3454			59.23	204580
26 INTENSIVE CARE UNIT	2315	208			96.43	20057
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	1803	848			11.93	10117
101 TOTAL	28558	4510				234754

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0032) [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1622574	44546000				.036425	37
39 DELIVERY ROOM & LABOR ROOM		106998	1965602				.054435	39
40 ANESTHESIOLOGY		106771	5277266				.020232	40
41 RADIOLOGY-DIAGNOSTIC		827308	11955281				.069200	41
41.01 ULTRASOUND		17709	1827610				.009690	41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC		120491	11708596				.010291	41.02
41.03 CAT SCAN		133042	22312820				.005963	41.03
41.04 RADIATION ONC		73993	625855				.118227	41.04
41.05 MAGNETIC RESONANCE IMAGING (M		34845	8258015				.004220	41.05
41.06 PET SCAN		11506	1242815				.009258	41.06
44 LABORATORY		231067	15306857				.015096	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		93189	5500796				.016941	49
50 PHYSICAL THERAPY		122938	1993603				.061666	50
51 OCCUPATIONAL THERAPY		20501	516078				.039725	51
53 ELECTROCARDIOLOGY		531840	10468211				.050805	53
53.01 CARD CATH		47255	1082029				.043673	53.01
54 ELECTROENCEPHALOGRAPHY		18592	731943				.025401	54
55 MEDICAL SUPPLIES CHARGED TO P		38179	12513950				.003051	55
56 DRUGS CHARGED TO PATIENTS		299488	23263955				.012873	56
57 RENAL DIALYSIS		3	7350				.000408	57
59 BACTERIOLOGY & MICROBIOLOGY								59
59.01 VASCULAR LAB		31500	828756				.038009	59.01
59.02 CARDIAC REHAB		13960	170357				.081946	59.02
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		278237	12581072				.022116	61
62 OBSERVATION BEDS (NON-DISTINC		90911	1893241				.048019	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		4872897	196578058					101

APPORIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

	COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL	PER	INPATIENT	INPATIENT
		ANESTHETIST	EDUCATION	ADJUSTMENT	COSTS		PROGRAM	PROGRAM
		COST	COST	AMOUNT		DIEM	DAYS	PASS THRU
		1	2	3	4	6	7	8
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS					24440	3454	25
26	INTENSIVE CARE UNIT					2315	208	26
27	CORONARY CARE UNIT							27
28	BURN INTENSIVE CARE UNIT							28
29	SURGICAL INTENSIVE CARE UNIT							29
30	OTHER SPECIAL CARE (SPECIFY)							30
31	SUBPROVIDER I							31
33	NURSERY					1803	848	33
34	SKILLED NURSING FACILITY					3148		34
35	NURSING FACILITY							35
101	TOTAL					31706	4510	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0032) [] 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
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC							41.02
41.03 CAT SCAN							41.03
41.04 RADIATION ONC							41.04
41.05 MAGNETIC RESONANCE IMAGING (M							41.05
41.06 PET SCAN							41.06
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
53 ELECTROCARDIOLOGY							53
53.01 CARD CATH							53.01
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 BACTERIOLOGY & MICROBIOLOGY							59
59.01 VASCULAR LAB							59.01
59.02 CARDIAC REHAB							59.02
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0032) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH			COST TO	RATIO OF COST	PROGRAM	
	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		44546000					37
39 DELIVERY ROOM & LABOR ROOM		1965602					39
40 ANESTHESIOLOGY		5277266					40
41 RADIOLOGY-DIAGNOSTIC		11955281					41
41.01 ULTRASOUND		1827610					41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC		11708596					41.02
41.03 CAT SCAN		22312820					41.03
41.04 RADIATION ONC		625855					41.04
41.05 MAGNETIC RESONANCE IMAGING (M		8258015					41.05
41.06 PET SCAN		1242815					41.06
44 LABORATORY		15306857					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		5500796					49
50 PHYSICAL THERAPY		1993603					50
51 OCCUPATIONAL THERAPY		516078					51
53 ELECTROCARDIOLOGY		10468211					53
53.01 CARD CATH		1082029					53.01
54 ELECTROENCEPHALOGRAPHY		731943					54
55 MEDICAL SUPPLIES CHARGED TO P		12513950					55
56 DRUGS CHARGED TO PATIENTS		23263955					56
57 RENAL DIALYSIS		7350					57
59 BACTERIOLOGY & MICROBIOLOGY							59
59.01 VASCULAR LAB		828756					59.01
59.02 CARDIAC REHAB		170357					59.02
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		12581072					61
62 OBSERVATION BEDS (NON-DISTINC		1893241					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		196578058					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0032)	[]	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 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
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
41.01 ULTRASOUND						41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC						41.02
41.03 CAT SCAN						41.03
41.04 RADIATION ONC						41.04
41.05 MAGNETIC RESONANCE IMAGING (M						41.05
41.06 PET SCAN						41.06
44 LABORATORY						44
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
51 OCCUPATIONAL THERAPY						51
53 ELECTROCARDIOLOGY						53
53.01 CARD CATH						53.01
54 ELECTROENCEPHALOGRAPHY						54
55 MEDICAL SUPPLIES CHARGED TO P						55
56 DRUGS CHARGED TO PATIENTS						56
57 RENAL DIALYSIS						57
59 BACTERIOLOGY & MICROBIOLOGY						59
59.01 VASCULAR LAB						59.01
59.02 CARDIAC REHAB						59.02
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL						101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0032)	SUB I	SUB II	SUB III	SUB IV	SNF (PPS) (14-5940)	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	24440					3148	1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	24440					3148	2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						806	3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	24440					2342	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)	14968					2844	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)						806	14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0032)	SUB I	SUB II	SUB III	SUB IV	SNF (PPS) (14-5940)	
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	19090908					2199070	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	19090908					2199070	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	14738427					733050	28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)						233740	29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	14738427					499310	30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.295315					2.999891	31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE						290.00	32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	603.05					213.20	33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL						76.80	34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL						230.39	35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT						185694	36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	19090908					2013376	37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0032)	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	781.13					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	11691954					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	11691954					41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	3732435	2315	1612.28	1233	1987941	43
45 CORONARY CARE UNIT						44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-0032)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	16529113					48
49 TOTAL PROGRAM INPATIENT COSTS	30209008					49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1005453					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1163895					51
52 TOTAL PROGRAM EXCLUDABLE COST	2169348					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	28039660					53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0032)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

	SNF (PPS) (14-5940)	
	1	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST	2013376	66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	639.57	67
68 PROGRAM ROUTINE SERVICE COST	1818937	68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	185694	69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	2004631	70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	190254	71
72 PER DIEM CAPITAL RELATED COSTS	60.44	72
73 PROGRAM CAPITAL RELATED COSTS	171891	73
74 INPATIENT ROUTINE SERVICE COST	1832740	74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	1832740	76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	2004631	79
80 PROGRAM INPATIENT ANCILLARY SERVICES	598673	80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	2603304	82

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS)
 (14-0032)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1535	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	781.13	84
85 OBSERVATION BED COST	1199035	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	HOSPITAL ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		19090908		1199035		86
87 NEW CAPITAL-RELATED COST	1447469	19090908	.075820	1199035	90911	87
88 NON PHYSICIAN ANESTHETIST		19090908		1199035		88
89 MEDICAL EDUCATION		19090908		1199035		89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0032)	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)	24440					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	24440					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	24440					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)	3454					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	1803					15
16 TITLE V OR XIX NURSERY DAYS	848					16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0032)	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	19090908						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	19090908						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	14738427						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	14738427						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.295315						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	603.05						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	19090908						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (OTHER) (14-0032)	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	781.13						38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2698023						39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2698023						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)	80947	1803	44.90	848	38075	42	
43	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS							
44	INTENSIVE CARE UNIT	3732435	2315	1612.28	208	335354	43	
44	CORONARY CARE UNIT							44
45	BURN INTENSIVE CARE UNIT							45
46	SURGICAL INTENSIVE CARE UNIT							46
47	OTHER SPECIAL CARE (SPECIFY)							47
		HOSPITAL (OTHER) (14-0032)	SUB I	SUB II	SUB III	SUB IV		
		1	1	1	1	1		
48	PROGRAM INPATIENT ANCILLARY SERVICE COST							48
49	TOTAL PROGRAM INPATIENT COSTS	3071452						49
PASS THROUGH COST ADJUSTMENTS								
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	234754						50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES							51
52	TOTAL PROGRAM EXCLUDABLE COST	234754						52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS							53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0032)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54						PROGRAM DISCHARGES
55						TARGET AMOUNT PER DISCHARGE
56						TARGET AMOUNT
57						DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58						BONUS PAYMENT
58.01						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET
58.02						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET
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
58.04						RELIEF PAYMENT
59						ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01						ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)
59.02						PROGRAM DISCHARGES PRIOR TO JULY 1
59.03						PROGRAM DISCHARGES AFTER JULY 1
59.04						PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05						REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1
59.06						REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
59.07						REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)
59.08						REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
61						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
62						TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65						TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

NF

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

TITLE V-INPT TITLE XVIII-PART A TITLE XIX-INPT

	HOSPITAL (OTHER) (14-0032)	SUB I	SUB II	SUB III	SUB IV	
PART IV - COMPUTATION OF OBSERVATION BED COST	1	1	1	1	1	
83 TOTAL OBSERVATION BEDS	1535					83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	781.13					84
85 OBSERVATION BED COST	1199035					85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0032) [] SNF [XX] PPS
 [XX] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [] TITLE XIX [] SUB II [] S/B-SNF [] OTHER
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		9130625		25
26 INTENSIVE CARE UNIT		2372171		26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.506627	15531510	7868682	37
39 DELIVERY ROOM & LABOR ROOM	.343255	85100	29211	39
40 ANESTHESIOLOGY	.069471	990892	68838	40
41 RADIOLOGY-DIAGNOSTIC	.380275	1405507	534479	41
41.01 ULTRASOUND	.192848	151337	29185	41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC	.109620	735858	80665	41.02
41.03 CAT SCAN	.044250	3105940	137438	41.03
41.04 RADIATION ONC	1.091413	61077	66660	41.04
41.05 MAGNETIC RESONANCE IMAGING (MRI)	.194352	754371	146614	41.05
41.06 PET SCAN	.361260	51493	18602	41.06
44 LABORATORY	.309241	5732343	1772675	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.407010	3015105	1227178	49
50 PHYSICAL THERAPY	.749786	757823	568205	50
51 OCCUPATIONAL THERAPY	.695769	168318	117110	51
53 ELECTROCARDIOLOGY	.422776	1168937	494199	53
53.01 CARD CATH	.552163	16509	9116	53.01
54 ELECTROENCEPHALOGRAPHY	.393986	67751	26693	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.132997	3848673	511862	55
56 DRUGS CHARGED TO PATIENTS	.224663	10564945	2373552	56
57 RENAL DIALYSIS	.019592	5400	106	57
59 BACTERIOLOGY & MICROBIOLOGY				59
59.01 VASCULAR LAB	.472339	114468	54068	59.01
59.02 CARDIAC REHAB	.671279	355	238	59.02
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.263344	1365644	359634	61
62 OBSERVATION BEDS (NON-DISTINCT	.633324	53848	34103	62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		49753204	16529113	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		49753204		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input checked="" type="checkbox"/> SNF (14-5940)	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input 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
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.506627	16214	8214	37
39 DELIVERY ROOM & LABOR ROOM	.343255			39
40 ANESTHESIOLOGY	.069471	547	38	40
41 RADIOLOGY-DIAGNOSTIC	.380275	24181	9195	41
41.01 ULTRASOUND	.192848	2261	436	41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC	.109620	859	94	41.02
41.03 CAT SCAN	.044250			41.03
41.04 RADIATION ONC	1.091413	473	516	41.04
41.05 MAGNETIC RESONANCE IMAGING (MRI)	.194352			41.05
41.06 PET SCAN	.361260			41.06
44 LABORATORY	.309241	177050	54751	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.407010	243841	99246	49
50 PHYSICAL THERAPY	.749786	232349	174212	50
51 OCCUPATIONAL THERAPY	.695769	95132	66190	51
53 ELECTROCARDIOLOGY	.422776	4250	1797	53
53.01 CARD CATH	.552163			53.01
54 ELECTROENCEPHALOGRAPHY	.393986			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.132997	69913	9298	55
56 DRUGS CHARGED TO PATIENTS	.224663	762647	171339	56
57 RENAL DIALYSIS	.019592			57
59 BACTERIOLOGY & MICROBIOLOGY				59
59.01 VASCULAR LAB	.472339	6969	3292	59.01
59.02 CARDIAC REHAB	.671279			59.02
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.263344			61
62 OBSERVATION BEDS (NON-DISTINCT	.633324	87	55	62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		1636773	598673	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		1636773		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0032)	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.506627		37
39 DELIVERY ROOM & LABOR ROOM	.343255		39
40 ANESTHESIOLOGY	.069471		40
41 RADIOLOGY-DIAGNOSTIC	.380275		41
41.01 ULTRASOUND	.192848		41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC	.109620		41.02
41.03 CAT SCAN	.044250		41.03
41.04 RADIATION ONC	1.091413		41.04
41.05 MAGNETIC RESONANCE IMAGING (MRI)	.194352		41.05
41.06 PET SCAN	.361260		41.06
44 LABORATORY	.309241		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.407010		49
50 PHYSICAL THERAPY	.749786		50
51 OCCUPATIONAL THERAPY	.695769		51
53 ELECTROCARDIOLOGY	.422776		53
53.01 CARD CATH	.552163		53.01
54 ELECTROENCEPHALOGRAPHY	.393986		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.132997		55
56 DRUGS CHARGED TO PATIENTS	.224663		56
57 RENAL DIALYSIS	.019592		57
59 BACTERIOLOGY & MICROBIOLOGY			59
59.01 VASCULAR LAB	.472339		59.01
59.02 CARDIAC REHAB	.671279		59.02
OUTPATIENT SERVICE COST CENTERS			
61 EMERGENCY	.263344		61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	.633324		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		HOSPITAL (14-0032)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT							
1	OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	5067189					1
1.01	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	5751145					1.01
1.02	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	11498287					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	272895					2.01
3	BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	129.21					3
3.01	NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02	INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06	ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI, LN.15][PLUS LN.3.06]						3.06
3.07	SUM OF LINES 3.04-3.06	0.00	0.00				3.07
3.08	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09	FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10	FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13	FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14	CURRENT YEAR ALLOWABLE FTE						3.14
3.15	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS						3.16
3.17	SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00					3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0032)	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4	0.0433					4
4.01	0.1660					4.01
4.02	0.2093					4.02
4.03	0.0436					4.03
4.04	973005					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	23562521					6
7						7
7.01						7.01
8	23562521					8
9	1861978					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16	25424499					16
17	32544					17
18	25391955					18
19	2824733					19
20	22588					20
21	558442					21
21.01	390909					21.01
21.02	413076					21.02
22	22935543					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0032)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	22935543					26
27						27
28	21928670					28
28.01						28.01
29	1006873					29
30						30
50						50
51						51
52						52
53						53
54						54
55						55
56						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0032)	HOSPITAL (14-0032)	HOSPITAL (14-0032)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	8953604			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	8500654			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.853			1.03
1.04 LINE 1.01 TIMES LINE 1.03	7637424			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	8500654			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0032) 1	HOSPITAL (14-0032) 1.01	HOSPITAL (14-0032) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	2210184		18.01
19 SUBTOTAL	6290470		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	6290470		23
24 PRIMARY PAYER PAYMENTS	4144		24
25 SUBTOTAL	6286326		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	469270		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	328489		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	387388		27.02
28 SUBTOTAL	6614815		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	6614815		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	6523742		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	91073		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

	SNF (14-5940)	SNF (14-5940)	SNF (14-5940)	
	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

	SNF (14-5940)	SNF (14-5940)	SNF (14-5940)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL			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			23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL			25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL			28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL			32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

	HOSPITAL (14-0032) OCTOBER 1, 1997 PRIOR TO ON OR AFTER	
	1 1.01	
1 STANDARD OVERHEAD AMOUNTS (ASC FEES)		1
2 DEDUCTIBLES		2
3 SUBTOTAL		3
4 80 PERCENT OF LINE 3		4
5 ASC PORTION OF BLEND		5
6 OUTPATIENT ASC COST		6
COMPUTATION OF LESSER OF COST OR CHARGES		
7 TOTAL CHARGES		7
CUSTOMARY CHARGES		
8 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		8
9 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)		9
10 RATIO OF LINE 8 TO LINE 9		10
11 TOTAL CUSTOMARY CHARGES		11
12 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		12
13 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		13
14 LESSER OF COST OR CHARGES		14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15 DEDUCTIBLES AND COINSURANCE		15
16 TOTAL		16
17 HOSPITAL SPECIFIC PORTION OF BLEND		17
18 ASC BLENDED AMOUNT		18
19 LESSER OF LINES 16 OR 18		19
20 PART B DEDUCTIBLES AND COINSURANCE		20
21 ASC PAYMENT AMOUNT		21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

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

HOSPITAL
(14-0032)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

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

HOSPITAL
(14-0032)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (14-0032)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		21928670		6523742
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	.01			3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02			3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03	NONE	NONE	3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04			3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.05			3.05
	.50			3.50
	PROVIDER .51			3.51
	TO .52	NONE	NONE	3.52
	PROGRAM .53			3.53
	.54			3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		21928670		6523742
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02	NONE	NONE	5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51	NONE	NONE	5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01	1006873		91073
	PROVIDER TO .02			6.01
	PROGRAM			6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		22935543		6614815
NAME OF INTERMEDIARY: _____			INTERMEDIARY NUMBER: _____	
SIGNATURE OF AUTHORIZED PERSON: _____			DATE (MO/DAY/YR): _____	

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

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

[] TITLE V	[XX] TITLE XVIII	[] TITLE XIX
	SNF I (14-5940) (PPS) 2	
COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL/SNF/NF SERVICES	1
2	MEDICAL AND OTHER SERVICES	2
3	INTERNS AND RESIDENTS	3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS ONLY	4
5	COST OF TEACHING PHYSICIANS	5
6	SUBTOTAL	6
7	INPATIENT PRIMARY PAYER PAYMENTS	7
8	OUTPATIENT PRIMARY PAYER PAYMENTS	8
9	SUBTOTAL	9
COMPUTATION OF LESSER OF COST OR CHARGES		
10	ROUTINE SERVICE CHARGES	10
11	ANCILLARY SERVICE CHARGES	11
12	INTERNS AND RESIDENTS SERVICE CHARGES	12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE	13
14	TEACHING PHYSICIANS	14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION	15
16	TOTAL REASONABLE CHARGES	16
CUSTOMARY CHARGES		
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	17
18	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)	18
19	RATIO OF LINE 17 TO LINE 18	19
20	TOTAL CUSTOMARY CHARGES	20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	22
23	COST OF COVERED SERVICES	23
PROSPECTIVE PAYMENT AMOUNT		
24	OTHER THAN OUTLIER PAYMENTS	24
25	OUTLIER PAYMENTS	25
26	PROGRAM CAPITAL PAYMENTS	26
27	CAPITAL EXCEPTION PAYMENTS	27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS	28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	29
30	SUBTOTAL	30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)	31
32	AMOUNT FROM LINE 30	32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	33

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

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

	[] TITLE V	[XX] TITLE XVIII	[] TITLE XIX
		SNF I (14-5940) (PPS) 2	
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST		34
35	SUBTOTAL	1006010	35
36	COINSURANCE	20717	36
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, LINE 19		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
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING ON OR AFTER 10/01/05 (SEE INSTR.)		38.03
39	UTILIZATION REVIEW		39
40	SUBTOTAL	985293	40
41	INPATIENT ROUTINE SERVICE COST		41
42	MEDICARE INPATIENT ROUTINE CHARGES		42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		43
44	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)		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 PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		49
50	OTHER ADJUSTMENTS		50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		51
52	SUBTOTAL	985293	52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	985293	55
56	SEQUESTRATION ADJUSTMENT		56
57	INTERIM PAYMENTS	985293	57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)		57.01
58	BALANCE DUE PROVIDER/PROGRAM		58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2		59

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 (PPS)		
	HOSPITAL (14-0032) (OTHER)	SUB I	SUB II	SUB III	SUB IV	
1	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1
2	INPATIENT HOSPITAL/SNF/NF SERVICES	3071452				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	3071452				6
8	INPATIENT PRIMARY PAYER PAYMENTS					7
9	OUTPATIENT PRIMARY PAYER PAYMENTS					8
10	SUBTOTAL	3071452				9
11	COMPUTATION OF LESSER OF COST OR CHARGES					
12	ROUTINE SERVICE CHARGES					10
13	ANCILLARY SERVICE CHARGES					11
14	INTERNS AND RESIDENTS SERVICE CHARGES					12
15	ORGAN ACQUISITION CHARGES, NET OF REVENUE					13
16	TEACHING PHYSICIANS					14
17	INCENTIVE FROM TARGET AMOUNT COMPUTATION					15
18	TOTAL REASONABLE CHARGES					16
19	CUSTOMARY CHARGES					
20	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE					17
21	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)					18
22	RATIO OF LINE 17 TO LINE 18					19
23	TOTAL CUSTOMARY CHARGES					20
24	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST					21
25	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	3071452				22
26	COST OF COVERED SERVICES	3071452				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
34	SUBTOTAL	3071452				30
35	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)					31
36	LESSER OF LINES 30 OR 31	3071452				32
37	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)					33

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX			
	HOSPITAL (14-0032) (OTHER)	SUB I	SUB II	SUB III	SUB IV	NF I
	1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT					
35	EXCESS OF REASONABLE COST	3071452				34
36	SUBTOTAL					35
37	COINSURANCE					36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,					37
38	REIMBURSABLE BAD DEBTS					38
38.01	REDUCED REIMBURSABLE BAD DEBTS					38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE					38.02
	BENEFICIARIES (SEE INSTRUCTIONS)					
39	UTILIZATION REVIEW					39
40	SUBTOTAL					40
41	INPATIENT ROUTINE SERVICE COST					41
42	MEDICARE INPATIENT ROUTINE CHARGES					42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE					43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM					44
	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN					
	ACCORDANCE WITH 42 CFR 413.13(E)					
45	RATIO OF LINE 43 TO LINE 44					45
46	TOTAL CUSTOMARY CHARGES					46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST					47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES					48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM					49
	UTILIZATION					
50	OTHER ADJUSTMENTS					50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING					51
	DEPRECIABLE ASSETS					
52	SUBTOTAL					52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT					53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER					55
56	SEQUESTRATION ADJUSTMENT					56
57	INTERIM PAYMENTS					57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					57.01
58	BALANCE DUE PROVIDER/PROGRAM					58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT					59
	SECTION 115.2					

BALANCE SHEET

WORKSHEET G

ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	9998624			1
2 TEMPORARY INVESTMENTS				2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	29356409			4
5 OTHER RECEIVABLES	62000			5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-15849863			6
7 INVENTORY	2831710			7
8 PREPAID EXPENSES	712638			8
9 OTHER CURRENT ASSETS	15002731			9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS	42114249			11
FIXED ASSETS				
12 LAND	713037			12
12.01 ACCUMULATED DEPRECIATION				12.01
13 LAND IMPROVEMENTS	1649822			13
13.01 ACCUMULATED DEPRECIATION	-1322899			13.01
14 BUILDINGS	51775168			14
14.01 ACCUMULATED DEPRECIATION	-17418092			14.01
15 LEASEHOLD IMPROVEMENTS				15
15.01 ACCUMULATED AMORTIZATION				15.01
16 FIXED EQUIPMENT	14225583			16
16.01 ACCUMULATED DEPRECIATION	-12348540			16.01
17 AUTOMOBILES AND TRUCKS				17
17.01 ACCUMULATED DEPRECIATION				17.01
18 MAJOR MOVABLE EQUIPMENT	53029505			18
18.01 ACCUMULATED DEPRECIATION	-37919628			18.01
19 MINOR EQUIPMENT DEPRECIABLE				19
19.01 ACCUMULATED DEPRECIATION				19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE				20
21 TOTAL FIXED ASSETS	52383956			21
OTHER ASSETS				
22 INVESTMENTS	139377561			22
23 DEPOSITS ON LEASES				23
24 DUE FROM OWNERS/OFFICERS				24
25 OTHER ASSETS	339192			25
26 TOTAL OTHER ASSETS	139716753			26
27 TOTAL ASSETS	234214958			27
LIABILITIES AND FUND BALANCES				
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	1496267			28
29 SALARIES, WAGES & FEES PAYABLE				29
30 PAYROLL TAXES PAYABLE				30
31 NOTES & LOANS PAYABLE (SHORT TERM)	14637591			31
32 DEFERRED INCOME				32
33 ACCELERATED PAYMENTS				33
34 DUE TO OTHER FUNDS				34
35 OTHER CURRENT LIABILITIES	10123615			35
36 TOTAL CURRENT LIABILITIES	26257473			36
LONG-TERM LIABILITIES				
37 MORTGAGE PAYABLE				37
38 NOTES PAYABLE	19762451			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	9785493			41
42 TOTAL LONG TERM LIABILITIES	29547944			42
43 TOTAL LIABILITIES	55805417			43
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	178409541			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	178409541			51
52 TOTAL LIABILITIES AND FUND BALANCES	234214958			52

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
1 FUND BALANCES AT BEGINNING OF PERIOD	183731853			1
2 NET INCOME (LOSS)	-548996			2
3 TOTAL	183182857			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 REV. RECOGN. OF MIN. PENSION LIABIL	-7295754			5
6 NET ASSETS RELEASED FROM RESTRICT.	142863			6
7 CHG IN TEMP. RESTRICTED NET ASSETS	1440557			7
8 TRANSFER (TO)/FROM AFFILIATES	939018			8
9				9
10 TOTAL ADDITIONS	-4773316			10
11 SUBTOTAL	178409541			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	178409541			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	18266404		18266404	2
4 SUBPROVIDER I				4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY	819409		819409	7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	19085813		19085813	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT				12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	19085813		19085813	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	84925996	111569479	196495475	18
18.50 ANCILLARY SERVICES				18.50
18.60 OUTPATIENT SERVICES				18.60
19 RHC				19
20 FQHC		1054916	1054916	20
21 HOME HEALTH AGENCY				21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
25 HOSPICE				25
26 NURSERY	998634		998634	26
27 TOTAL PATIENT REVENUES	105010443	112624395	217634838	27

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		88959906	26
27 PROVISION FOR BAD DEBTS	4125398		27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		4125398	33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		93085304	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	217634838	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	111218631	2
3	NET PATIENT REVENUES	106416207	3
4	LESS - TOTAL OPERATING EXPENSES	93085304	4
5	NET INCOME FROM SERVICE TO PATIENTS	13330903	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	-14605099	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	116	8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	15286	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	286422	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	1800	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	50162	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	10877	21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	AUXILIARY	63433	24
24.01	DIABETES INSTRUCTION	3469	24.01
24.02	HOUSEKEEPING	223	24.02
24.03	PHYSICIAN APPLICATION	6200	24.03
24.04	RENTAL INCOME-900 W TEMPLE (EMC)	213919	24.04
24.05	RECYCLING	677	24.05
24.06	NURSERY PHOTO	4331	24.06
24.07	PHYSICIAN DUES	13600	24.07
24.08	PERSONNEL - NAME TAGS	25	24.08
24.09	LIFELINE - HOME CARE	12189	24.09
24.10	MEDICAL OFFICE - INHOUSE	32865	24.10
24.11	RENTAL INCOME	54967	24.11
24.12	HOUSEKEEPING-900 W TEMPLE (EMC)	8060	24.12
24.13	NEUROLOGY - EEG	1870	24.13
24.14	SPIRIT COMMITTEE ACTIVITIES	22365	24.14
24.15	ASSETS RELEASED FOR OPERATIONS	58575	24.15
24.16	COMMUNITY SERVICES - IN SERVICE	450	24.16
24.17	PATIENT SERVICES	240	24.17
24.18	QUALITY OKLAHOMA STUDY	3000	24.18
24.19	PET SCAN ALLIANCE IMAGING SALARIES	11928	24.19
24.20	RADIATION ONCOLOGY CARLE RN SALARIE	12012	24.20
24.21	RADIATION ONCOLOGY - RN BENEFITS	2643	24.21
24.22	RADIATION ONCOLOGY - RENT	505	24.22
24.23	ASPR/SUPPORT PMT NURSE CHAMPION	23033	24.23
24.24	NUC MED REIMBURSEMENT STUDENT FEES	2007	24.24
24.25	IHA GRANT T1	13175	24.25
25	TOTAL OTHER INCOME	-13674675	25
26	TOTAL	-343772	26
27	GAIN/LOSS ON SALE OF FIXED ASSETS	64369	27
28	RENTAL PROPERTIES DEPRECIATION	72995	28
29	RENTAL PROPERTIES EXPENSE	67860	29
29.25	LOSS ON EXTINGUISHMENT OF DEBT		29.25
30	TOTAL OTHER EXPENSES	205224	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-548996	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7661

WORKSHEET H

	SALARIES	EMPLOYEE	TRANS-	CONTRACTED/	OTHER	TOTAL HHA
	1	BENEFITS	PORTATION	PURCH SVCS	COSTS	COST
		2	3	4	5	6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDG & FIXTURES						1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE					25020	25020 3
4 TRANSPORTATION						4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	168996		112	4474	36353	209935 5
6 SKILLED NURSING CARE	538124		38036			576160 6
7 PHYSICAL THERAPY	113596		3977			117573 7
8 OCCUPATIONAL THERAPY	9975		2774			12749 8
9 SPEECH PATHOLOGY	1464		246			1710 9
10 MEDICAL SOCIAL SERVICES	11997		875			12872 10
11 HOME HEALTH AIDE	52824		13016			65840 11
12 SUPPLIES					30543	30543 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	896976		59036	4474	91916	1052402 24

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7661

WORKSHEET H
 (CONTINUED)

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	
1					1
2					2
3					3
4		25020		25020	4
5		209935	-12189	197746	5
6		576160		576160	6
7		117573		117573	7
8		12749		12749	8
9		1710		1710	9
10		12872		12872	10
11		65840		65840	11
12		30543		30543	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		1052402	-12189	1040213	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7661

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	25020			25020				3
4 TRANSPORTATION								4
5 ADMINISTRATIVE AND GENERAL	197746			25020		222766	222766	5
HHA REIMBURSABLE SERVICES								
6 SKILLED NURSING CARE	576160					576160	157013	733173 6
7 PHYSICAL THERAPY	117573					117573	32040	149613 7
8 OCCUPATIONAL THERAPY	12749					12749	3474	16223 8
9 SPEECH PATHOLOGY	1710					1710	466	2176 9
10 MEDICAL SOCIAL SERVICES	12872					12872	3508	16380 10
11 HOME HEALTH AIDE	65840					65840	17942	83782 11
12 SUPPLIES	30543					30543	8323	38866 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	1040213			25020		1040213		1040213 24

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7661

WORKSHEET H-4
 PART II

	CAP REL BLDGS & FIXTURES (SQUARE FEET) 1	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDG & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE			1338				3
4 TRANSPORTATION							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES			1338		-222766	817447	5
6 SKILLED NURSING CARE						576160	6
7 PHYSICAL THERAPY						117573	7
8 OCCUPATIONAL THERAPY						12749	8
9 SPEECH PATHOLOGY						1710	9
10 MEDICAL SOCIAL SERVICES						12872	10
11 HOME HEALTH AIDE						65840	11
12 SUPPLIES						30543	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			1338		-222766	817447	24
25 COST TO BE ALLOC (PER W/S H)			25020			222766	25
26 UNIT COST MULTIPLIER			18.699552			.272514	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7661

WORKSHEET H-5
 PART I

HHA COST CENTER	HHA TRIAL BALANCE 0	OLD CAP BLDGS & FIXTURES 1	OLD CAP MOVABLE EQUIPMENT 2	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINIS-TRATIVE & GENERAL 6	
1 ADMINISTRATIVE AND GENERAL				10025	17641	64651	92317	18185	1
2 SKILLED NURSING CARE	733173					205862	939035	184978	2
3 PHYSICAL THERAPY	149613					43457	193070	38032	3
4 OCCUPATIONAL THERAPY	16223					3816	20039	3947	4
5 SPEECH PATHOLOGY	2176					560	2736	539	5
6 MEDICAL SOCIAL SERVICES	16380					4590	20970	4131	6
7 HOME HEALTH AIDE	83782					20208	103990	20485	7
8 SUPPLIES	38866						38866	7656	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	1040213			10025	17641	343144	1411023	277953	20
21 UNIT COST MULTIPLIER									21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7661

WORKSHEET H-5
 PART I

HHA COST CENTER	MAIN- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	MAIN- TENANCE OF PERSONNEL 13	NURSING ADMINIS- TRATION 14	
1 ADMINISTRATIVE AND GENERAL									1
2 SKILLED NURSING CARE									2
3 PHYSICAL THERAPY									3
4 OCCUPATIONAL THERAPY									4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE									7
8 SUPPLIES									8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE	5405	41929		12763		11289		54267	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	5405	41929		12763		11289		54267	20
21 UNIT COST MULTIPLIER									21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7661

WORKSHEET H-5
 PART I

HHA COST CENTER	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	NONPHYSIC. ANESTHET. 20	NURSING SCHOOL 21	I&R SALARY & FRINGES 22	I&R PROGRAM COSTS 23	
1 ADMINISTRATIVE AND GENERAL									1
2 SKILLED NURSING CARE									2
3 PHYSICAL THERAPY									3
4 OCCUPATIONAL THERAPY									4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE									7
8 SUPPLIES									8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE	534	87							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	534	87							20
21 UNIT COST MULTIPLIER									21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7661

WORKSHEET H-5
 PART I

HHA COST CENTER	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL	ALLOCATED HHA A & G	TOTAL HHA COSTS	
	24	25	26	27	28	29	
1 ADMINISTRATIVE AND GENERAL		110502		110502			1
2 SKILLED NURSING CARE		1124013		1124013	72859	1196872	2
3 PHYSICAL THERAPY		231102		231102	14980	246082	3
4 OCCUPATIONAL THERAPY		23986		23986	1555	25541	4
5 SPEECH PATHOLOGY		3275		3275	212	3487	5
6 MEDICAL SOCIAL SERVICES		25101		25101	1627	26728	6
7 HOME HEALTH AIDE		124475		124475	8068	132543	7
8 SUPPLIES		46522		46522	3016	49538	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		126274		126274	8185	134459	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		1815250		1815250	110502	1815250	20
21 UNIT COST MULTIPLIER					.064820		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7661

WORKSHEET H-5
 PART II

HHA COST CENTER	OLD CAP BLDGS & FIXTURES SQUARE FEET	OLD CAP MOVABLE EQUIPMENT DOLLAR VALUE	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS MAINT. HOURS
	1	2	3	4	5	6A	6	7
1 ADMINISTRATIVE AND GENERAL			1338	26215	168996		92317	1
2 SKILLED NURSING CARE					538124		939035	2
3 PHYSICAL THERAPY					113596		193070	3
4 OCCUPATIONAL THERAPY					9975		20039	4
5 SPEECH PATHOLOGY					1464		2736	5
6 MEDICAL SOCIAL SERVICES					11997		20970	6
7 HOME HEALTH AIDE					52824		103990	7
8 SUPPLIES							38866	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								38
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			1338	26215	896976		1411023	38
21 TOTAL COST TO BE ALLOCATED			10025	17641	343144		277953	5405
22 UNIT COST MULTIPLIER			7.492526		.382557		.196987	
22 UNIT COST MULTIPLIER				.672935				142.236842

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7661

WORKSHEET H-5
 PART II

HHA COST CENTER	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	CAFETERIA MEALS SERVED	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED	NURSING ADMINIS- TRATION DIRECT NRSNG HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	
	8	9	10	11	12	13	14	15	
1 ADMINISTRATIVE AND GENERAL									1
2 SKILLED NURSING CARE									2
3 PHYSICAL THERAPY									3
4 OCCUPATIONAL THERAPY									4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE									7
8 SUPPLIES									8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE	1338		14983		1667		34700	30444	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	1338		14983		1667		34700	30444	20
21 TOTAL COST TO BE ALLOCATED	41929		12763		11289		54267	534	21
22 UNIT COST MULTIPLIER	31.337070		.851832		6.772046		1.563890		22
22 UNIT COST MULTIPLIER								.017540	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7661

WORKSHEET H-5
 PART II

HHA COST CENTER	PHARMACY COSTED REQUIS. 16	MEDICAL RECORDS & LIBRARY TIME SPENT 17	SOCIAL SERVICE TIME SPENT 18	NONPHYSIC. ANESTHET. ASSIGNED TIME 20	NURSING SCHOOL ASSIGNED TIME 21	I&R SALARY & FRINGES ASSIGNED TIME 22	I&R PROGRAM COSTS ASSIGNED TIME 23	PARAMED EDUCATION ASSIGNED TIME 24
1 ADMINISTRATIVE AND GENERAL								1
2 SKILLED NURSING CARE								2
3 PHYSICAL THERAPY								3
4 OCCUPATIONAL THERAPY								4
5 SPEECH PATHOLOGY								5
6 MEDICAL SOCIAL SERVICES								6
7 HOME HEALTH AIDE								7
8 SUPPLIES								8
9 DRUGS								9
9.20 COST OF ADMINISTERING VACC								9.20
10 DME								10
11 HOME DIALYSIS AIDE SERVICE								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIE	99							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	99							20
21 TOTAL COST TO BE ALLOCATED	87							21
22 UNIT COST MULTIPLIER	.878788							22
22 UNIT COST MULTIPLIER								22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7661

WORKSHEET H-6
 PARTS I & II

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

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

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	VISITS	COST PER VISIT	
		2	1	2	3	4	5	
1	SKILLED NURSING CARE	2	1196872		1196872	5664	211.31	1
2	PHYSICAL THERAPY	3	246082		246082	1159	212.32	2
3	OCCUPATIONAL THERAPY	4	25541		25541	485	52.66	3
4	SPEECH PATHOLOGY	5	3487		3487	23	151.61	4
5	MEDICAL SOCIAL SERV	6	26728		26728	57	468.91	5
6	HOME HEALTH AIDE SERV	7	132543		132543	416	318.61	6
7	TOTAL		1631253		1631253	7804		7

LIMITATION COST COMPUTATION		MSA				PROGRAM	
PATIENT SERVICES		NO.				COST LIMITS	
		1	2	3	4	5	
8	SKILLED NURSING CARE	0014					8
9	PHYSICAL THERAPY	0014					9
10	OCCUPATIONAL THERAPY	0014					10
11	SPEECH PATHOLOGY	0014					11
12	MEDICAL SOCIAL SERV	0014					12
13	HOME HEALTH AIDE SERV	0014					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		
		8	1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8	49538		49538			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	0014		17
18	PER BENEFICIARY COST LIMITATION	0014		18
19	PER BENEFICIARY COST LIMITATION			19

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7661

WORKSHEET H-6
 PARTS I & II
 (CONTINUED)

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

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

COST PER VISIT COMPUTATION		PROGRAM VISITS				COST OF SERVICES				TOTAL
		PART B		PART B		PART B		PART B		PROGRAM
		NOT SUBJ TO	SUBJECT TO	NOT SUBJ TO	SUBJECT TO	NOT SUBJ TO	SUBJECT TO	NOT SUBJ TO	SUBJECT TO	COST
PATIENT SERVICES		PART A	DEDUCTIBLES & COINSUR	DEDUCTIBLES & COINSUR	PART A	DEDUCTIBLES & COINSUR	DEDUCTIBLES & COINSUR	DEDUCTIBLES & COINSUR	DEDUCTIBLES & COINSUR	
		6	7	8	9	10	11			12
1	SKILLED NURSING CARE	2648	1479		559549	312527				872076 1
2	PHYSICAL THERAPY	720	219		152870	46498				199368 2
3	OCCUPATIONAL THERAPY	288	114		15166	6003				21169 3
4	SPEECH PATHOLOGY	14	4		2123	606				2729 4
5	MEDICAL SOCIAL SERV	31	17		14536	7971				22507 5
6	HOME HEALTH AIDE SERV	234	144		74555	45880				120435 6
7	TOTAL	3935	1977		818799	419485				1238284 7

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

SUPPLIES AND DRUGS COST COMPUTATIONS		PROGRAM COVERED CHARGES				COST OF SERVICES				TOTAL
		PART B DEDUCT. & COINSUR.		PART B DEDUCT. & COINSUR.		PART B DEDUCT. & COINSUR.		PART B DEDUCT. & COINSUR.		PROGRAM
		FEE	NOT	FEE	NOT	FEE	NOT	FEE	NOT	COST
OTHER PATIENT SERVICES		PART A	REIMBURSED	SUBJECT TO	SUBJECT TO	PART A	REIMBURSED	SUBJECT TO	SUBJECT TO	
		6	7	7.01	8	9	10	10.01	11	
15	COST OF MEDICAL SUPPLIES	6134	9490							15
16	COST OF DRUGS									16
16.20	COST OF ADMINISTERING VA									16.20

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7661

WORKSHEET H-6
 PARTS II & III

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

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

	FROM WKST C, PART I, COL 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I	
	1	2	3	4		
1	PHYSICAL THERAPY 50	.749786			COL 2, LINE 2	1
2	OCCUPATIONAL THERAPY 51	.695769			COL 2, LINE 3	2
3	SPEECH PATHOLOGY 52				COL 2, LINE 4	3
4	MEDICAL SUPPLIES CHARGED TO PA 55	.132997			COL 2, LINE 15	4
5	DRUGS CHARGED TO PATIENTS 56	.224663			COL 2, LINE 16	5

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE

	FROM PART I COL. 5	COST PER VISIT	PROGRAM VISITS PRIOR TO 1/1/98	PROGRAM VISITS FROM 1/1/98 THRU 12/31/98	PROGRAM COST PRIOR TO 1/1/98	PROGRAM COST FROM 1/1/98 THRU 12/31/98	PROGRAM VISITS ON OR AFTER 1/1/99	
	1	2	3	4	5			
1	PHYSICAL THERAPY	212.32	2.01	3	3.01			1
2	OCCUPATIONAL THERAPY	52.66						2
3	SPEECH PATHOLOGY	151.61						3
4	TOTAL							4

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7661

WORKSHEET H-7
 PARTS I & II

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

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

DESCRIPTION	PART A 1	----- PART B -----	
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3
1 REASONABLE COST OF PROGRAM SERVICES			1
2 REASONABLE COST OF SERVICES			2
3 TOTAL CHARGES			3
CUSTOMARY CHARGES			
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			4
5 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)			5
6 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)			6
7 TOTAL CUSTOMARY CHARGES			7
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST			8
9 EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES			9
10 PRIMARY PAYOR PAYMENTS			10

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS			10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES			10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES			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			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			12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL			14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST			16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD			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			22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL			24
25 TOTAL INTERIM PAYMENTS			25
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			25.01
26 BALANCE DUE PROVIDER/PROGRAM			26
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			27

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

HHA NO.: 14-7661

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

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0032)	SUB I	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS				1
	CAPITAL FEDERAL AMOUNT				
2	CAPITAL DRG OTHER THAN OUTLIER	1843729			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	18249			3.01
4	INDIRECT MEDICAL EDUCATION ADJUSTMENT				
4	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI,LN.18] [E,PT A,LN.3.17][x E-3,PT VI,LN.1]				4
4.01	NO. OF INTERNS & RESIDENTS	0.00	0.00		4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE				4.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT				4.03
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS				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	1861978			6
PART II - HOLD HARMLESS METHOD					
1	NEW CAPITAL				1
2	OLD CAPITAL				2
3	TOTAL CAPITAL				3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL				4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE				5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT				6
7	REDUCED OLD CAPITAL AMOUNT				7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL				8
9	SUBTOTAL				9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)				10
PART III - PAYMENT UNDER REASONABLE COST					
1	PROGRAM INPATIENT ROUTINE CAPITAL COST				1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST				2
3	TOTAL INPATIENT PROGRAM CAPITAL				3
4	CAPITAL COST PAYMENT FACTOR				4
5	TOTAL INPATIENT PROGRAM CAPITAL COST				5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1	PROGRAM INPATIENT CAPITAL COSTS				1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES				2
3	NET PROGRAM INPATIENT CAPITAL COSTS				3
4	APPLICABLE EXCEPTION PERCENTAGE				4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS				5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES				6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES				7
8	CAPITAL MINIMUM PAYMENT LEVEL				8
9	CURRENT YEAR CAPITAL PAYMENTS				9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS				10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT				11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS				12
13	CURRENT YEAR EXCEPTION PAYMENT				13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD				14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)				15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)				16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT				17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
31 SUBPROVIDER I					31
33 NURSERY					33
34 SKILLED NURSING FACILITY					34
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC					41.02
41.03 CAT SCAN					41.03
41.04 RADIATION ONC					41.04
41.05 MAGNETIC RESONANCE IMAGING (MRI					41.05
41.06 PET SCAN					41.06
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
53 ELECTROCARDIOLOGY					53
53.01 CARD CATH					53.01
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PAT					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 BACTERIOLOGY & MICROBIOLOGY					59
59.01 VASCULAR LAB					59.01
59.02 CARDIAC REHAB					59.02
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN					96
98 PHYSICIANS' PRIVATE OFFICES					98
00 PHILANTHROPY DEVELOPMENT					00
00.01 VENDING					00.01

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	
00.02 MEALS ON WHEELS						00.02
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL						103
104 TOTAL STATISTICAL BASIS						104
105 UNIT COST MULTIPLIER						105
105 UNIT COST MULTIPLIER						105

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	61.24		14.13				75.37 25
26 INTENSIVE CARE UNIT	53.26		8.98				62.24 26
33 NURSERY			47.03				47.03 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	34.87	13.26					48.13 37
39 DELIVERY ROOM & LABOR ROOM	4.33						4.33 39
40 ANESTHESIOLOGY	18.78	20.26					39.04 40
41 RADIOLOGY-DIAGNOSTIC	11.76	20.88					32.64 41
41.01 ULTRASOUND	8.28	19.71					27.99 41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC	6.28	42.29					48.57 41.02
41.03 CAT SCAN	13.92	24.74					38.66 41.03
41.04 RADIATION ONC	9.76	29.79					39.55 41.04
41.05 MAGNETIC RESONANCE IMAGING (MRI)	9.14	28.64					37.78 41.05
41.06 PET SCAN	4.14	40.52					44.66 41.06
44 LABORATORY	37.45	3.20					40.65 44
49 RESPIRATORY THERAPY	54.81	3.69					58.50 49
50 PHYSICAL THERAPY	38.01	0.34					38.35 50
51 OCCUPATIONAL THERAPY	32.61	0.24					32.85 51
53 ELECTROCARDIOLOGY	11.17	21.16					32.33 53
53.01 CARD CATH	1.53	40.54					42.07 53.01
54 ELECTROENCEPHALOGRAPHY	9.26	25.57					34.83 54
55 MEDICAL SUPPLIES CHARGED TO PAT	30.76	12.06					42.82 55
56 DRUGS CHARGED TO PATIENTS	45.41	11.34					56.75 56
57 RENAL DIALYSIS	73.47						73.47 57
59.01 VASCULAR LAB	13.81	42.58					56.39 59.01
59.02 CARDIAC REHAB	0.21	58.00					58.21 59.02
61 EMERGENCY	10.85	13.47					24.32 61
62 OBSERVATION BEDS (NON-DISTINCT)	2.84	22.63					25.47 62
101 TOTAL CHARGES	22.97	15.52					38.49 101

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

SNF / NF

COST CENTERS	SNF		NF		NF		TOTAL PARTY	THIRD UTIL
	---- TITLE XVIII ---- PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6		
UTILIZATION PERCENTAGES BASED ON DAYS								
34 SKILLED NURSING FACILITY	90.34						90.34	34
UTILIZATION PERCENTAGES BASED ON CHARGES								
37 OPERATING ROOM	0.04						0.04	37
40 ANESTHESIOLOGY	0.01						0.01	40
41 RADIOLOGY-DIAGNOSTIC	0.20						0.20	41
41.01 ULTRASOUND	0.12						0.12	41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC	0.01						0.01	41.02
41.04 RADIATION ONC	0.08						0.08	41.04
44 LABORATORY	1.16						1.16	44
49 RESPIRATORY THERAPY	4.43						4.43	49
50 PHYSICAL THERAPY	11.65						11.65	50
51 OCCUPATIONAL THERAPY	18.43						18.43	51
53 ELECTROCARDIOLOGY	0.04						0.04	53
55 MEDICAL SUPPLIES CHARGED TO PAT	0.56						0.56	55
56 DRUGS CHARGED TO PATIENTS	3.28						3.28	56
59.01 VASCULAR LAB	0.84						0.84	59.01
101 TOTAL CHARGES	0.76						0.76	101

COST CENTER	---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT						1
2	OLD CAP REL COSTS-MVBLE EQUIP						2
3	NEW CAP REL COSTS-BLDG & FIXT	2258548	2.64	-2258548	-5.90		3
4	NEW CAP REL COSTS-MVBLE EQUIP	4517114	5.27	-4517114	-11.80		4
5	EMPLOYEE BENEFITS	11963984	13.97	-11963984	-31.25		5
6	ADMINISTRATIVE & GENERAL	11329415	13.22	-11329415	-29.60		6
7	MAINTENANCE & REPAIRS	982073	1.15	-982073	-2.57		7
8	OPERATION OF PLANT	1619139	1.89	-1619139	-4.23		8
9	LAUNDRY & LINEN SERVICE	229680	.27	-229680	-.60		9
10	HOUSEKEEPING	806638	.94	-806638	-2.11		10
11	DIETARY	616672	.72	-616672	-1.61		11
12	CAFETERIA	151390	.18	-151390	-.40		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	601442	.70	-601442	-1.57		14
15	CENTRAL SERVICES & SUPPLY	99		-99			15
16	PHARMACY	1237692	1.44	-1237692	-3.23		16
17	MEDICAL RECORDS & LIBRARY	1963082	2.29	-1963082	-5.13		17
18	SOCIAL SERVICE	3056		-3056	-.01		18
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A						22
23	I&R SERVICES-OTHER PRGM COSTS A						23
24	PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	7458956	8.71	11631952	30.39	19090908	22.28
26	INTENSIVE CARE UNIT	1762164	2.06	1970271	5.15	3732435	4.36
31	SUBPROVIDER I						31
33	NURSERY	22953	.03	57994	.15	80947	.09
34	SKILLED NURSING FACILITY	775245	.90	1423825	3.72	2199070	2.57
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	15161779	17.70	7406418	19.35	22568197	26.34
39	DELIVERY ROOM & LABOR ROOM	272826	.32	401876	1.05	674702	.79
40	ANESTHESIOLOGY	142811	.17	223805	.58	366616	.43
41	RADIOLOGY-DIAGNOSTIC	2230548	2.60	2315748	6.05	4546296	5.31
41.01	ULTRASOUND	212645	.25	139806	.37	352451	.41
41.02	NUCLEAR MEDICINE-DIAGNOSTIC	843591	.98	439902	1.15	1283493	1.50
41.03	CAT SCAN	606243	.71	381094	1.00	987337	1.15
41.04	RADIATION ONC	376369	.44	306697	.80	683066	.80
41.05	MAGNETIC RESONANCE IMAGING (MRI)	1241334	1.45	363629	.95	1604963	1.87
41.06	PET SCAN	366763	.43	82216	.21	448979	.52
44	LABORATORY	3256762	3.80	1476740	3.86	4733502	5.53
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
49	RESPIRATORY THERAPY	1297644	1.51	941234	2.46	2238878	2.61
50	PHYSICAL THERAPY	770677	.90	724098	1.89	1494775	1.74
51	OCCUPATIONAL THERAPY	203244	.24	155827	.41	359071	.42
53	ELECTROCARDIOLOGY	2899207	3.38	1526502	3.99	4425709	5.17

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
53.01 CARD CATH	320150	.37	277306	.72	597456	.70	53.01
54 ELECTROENCEPHALOGRAPHY	166509	.19	121866	.32	288375	.34	54
55 MEDICAL SUPPLIES CHARGED TO PAT	1368956	1.60	295356	.77	1664312	1.94	55
56 DRUGS CHARGED TO PATIENTS	2470472	2.88	2756085	7.20	5226557	6.10	56
57 RENAL DIALYSIS	119		25		144		57
59 BACTERIOLOGY & MICROBIOLOGY							59
59.01 VASCULAR LAB	226144	.26	165310	.43	391454	.46	59.01
59.02 CARDIAC REHAB	51500	.06	62857	.16	114357	.13	59.02
61 EMERGENCY	1615260	1.89	1697894	4.44	3313154	3.87	61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY	1040213	1.21	775037	2.02	1815250	2.12	71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN	37211	.04	35718	.09	72929	.09	96
98 PHYSICIANS' PRIVATE OFFICES	9764	.01	8610	.02	18374	.02	98
100 PHILANTHROPY DEVELOPMENT	182036	.21	62322	.16	244358	.29	100
100.01 VENDING			7975	.02	7975	.01	100.01
100.02 MEALS ON WHEELS			44029	.12	44029	.05	100.02
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	85670119	100.00	0	.00	85670119	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1622574	44546000	.036425	15531510	565735	37
39 DELIVERY ROOM & LABOR ROOM	106998	1965602	.054435	85100	4632	39
40 ANESTHESIOLOGY	106771	5277266	.020232	990892	20048	40
41 RADIOLOGY-DIAGNOSTIC	827308	11955281	.069200	1405507	97261	41
41.01 ULTRASOUND	17709	1827610	.009690	151337	1466	41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC	120491	11708596	.010291	735858	7573	41.02
41.03 CAT SCAN	133042	22312820	.005963	3105940	18521	41.03
41.04 RADIATION ONC	73993	625855	.118227	61077	7221	41.04
41.05 MAGNETIC RESONANCE IMAGING (MRI)	34845	8258015	.004220	754371	3183	41.05
41.06 PET SCAN	11506	1242815	.009258	51493	477	41.06
44 LABORATORY	231067	15306857	.015096	5732343	86535	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	93189	5500796	.016941	3015105	51079	49
50 PHYSICAL THERAPY	122938	1993603	.061666	757823	46732	50
51 OCCUPATIONAL THERAPY	20501	516078	.039725	168318	6686	51
53 ELECTROCARDIOLOGY	531840	10468211	.050805	1168937	59388	53
53.01 CARD CATH	47255	1082029	.043673	16509	721	53.01
54 ELECTROENCEPHALOGRAPHY	18592	731943	.025401	67751	1721	54
55 MEDICAL SUPPLIES CHARGED TO PAT	38179	12513950	.003051	3848673	11742	55
56 DRUGS CHARGED TO PATIENTS	299488	23263955	.012873	10564945	136003	56
57 RENAL DIALYSIS	3	7350	.000408	5400	2	57
59 BACTERIOLOGY & MICROBIOLOGY						59
59.01 VASCULAR LAB	31500	828756	.038009	114468	4351	59.01
59.02 CARDIAC REHAB	13960	170357	.081946	355	29	59.02
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	278237	12581072	.022116	1365644	30203	61
62 OBSERVATION BEDS (NON-DISTINCT)	90911	1893241	.048019	53848	2586	62
OTHER REIMBURSABLE COST CENTERS						
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	4872897	196578058		49753204	1163895	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT	COST	PATIENT			INPATIENT
	COSTS	AMOUNT	COST	DAYS	DIEM	PROGRAM	PPS CAPITAL
	1	2	3	4	5	6	7
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	1447469		1447469	24440	59.23	14968	886555 25
26 INTENSIVE CARE UNIT	223225		223225	2315	96.43	1233	118898 26
101 TOTAL	1670694		1670694			16201	1005453 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS 1005453

MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS 1163895

TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS 2169348

MEDICARE DISCHARGES (WORKSHEET S-3, LINE 8, COLUMN 13)

MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 8, COLUMN 4)

PER DISCHARGE CAPITAL COSTS

PER DIEM CAPITAL COSTS

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	28039660
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	61256000
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.458

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)	2169348
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.035

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	8947591
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	33613068
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.266