

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

WORKSHEET S
 PARTS I & II

INTERMEDIARY [] AUDITED DATE RECEIVED _____ [] INITIAL [XX] RE-OPENING 1
 USE ONLY: [] DESK REVIEWED INTERMEDIARY NO. _____ [] FINAL [XX] MCR CODE 1

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 OTTAWA REGIONAL HOSPITAL & HEALTHCARE CE (14-0110) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 05/01/2008 AND ENDING 04/30/2009, 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		
		2	3	4	
1	HOSPITAL	584627	-566430	2321166	1
2	SUBPROVIDER I	60600		1182826	2
3	SWING BED - SNF				3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY	-1	-128		7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	645226	-566558	3503992	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: 1100 EAST NORRIS DRIVE P.O.BOX: 1
 1.01 CITY: OTTAWA STATE: IL ZIP CODE: 61350 COUNTY: LASALLE 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	OTTAWA REGIONAL HOSPITAL & HEALTHC	14-0110	07/01/1966	N	P	O	2
3	SUBPROVIDER I	OTTAWA REGIONAL PSYCHIATRIC UNIT	14-S110	05/01/1984	N	P	O	3
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF							6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA	OTTAWA VISITING NURSING SERVICE	14-7048	11/01/1985	N	P	N	9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE	HOSPICE OF COMMUNITY HOSPITAL	14-1570	02/01/1984				12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 05/01/2008 TO: 04/30/2009 17
 18 TYPE OF CONTROL 18

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 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 Y 05/02/2008 Y 16974 21.03

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

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

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

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? NO 22

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

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

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

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

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

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

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

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

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

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

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R? NO 25

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? NO 25.01

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II. NO 25.02

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. NO 25.03

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2 NO 25.04

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) 25.05

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) 25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES	38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	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.	NO	40
40.01	NAME:	FI/CONTRACTOR'S NAME:	FI/CONTRACTOR'S NUMBER:
40.02	STREET:		P.O. BOX:
40.03	CITY:		STATE: ZIP CODE:
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES	41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES	42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO	43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	NO	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.				1	53			
53.01	MDH PERIOD:	BEGINNING: 05/01/2008	ENDING: 04/30/2009			53.01			
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:					54			
	PREMIUMS: PAID LOSSES: AND/OR SELF INSURANCE:		1625000						
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.				NO	54.01			
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.				NO	55			
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.			DATE	Y/N	LIMIT	Y/N	FEE\$	
				0	1	2	3	4	
				/ /	NO	0.00	NO		56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?					YES			57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.					NO			58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)								58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)					NO			59

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)	YES						60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)	NO						60.01
MULTICAMPUS								
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.	NO						61
	COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS			
	1	2	3	4	5			
SETTLEMENT DATA								
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)	NO						63

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH PATIENT HOURS 2.01	-----I/P DAYS / O/P VISITS / TRIPS-----					OBS. BEDS ADMITTED 5.01
				TITLE V 3	TITLE XVIII 4	NONCOVERED DAYS 4.01	TITLE XIX 5		
1 HOSPITAL ADULTS & PEDS, EXCL SWING BED, OBSERV & HOSPICE DAYS	82	29930			4099		1548		1
2 HMO					434		24		2
3 HOSPITAL ADULTS & PEDS - SWING BED SNF									3
4 HOSPITAL ADULTS & PEDS - SWING BED NF									4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS	82	29930			4099		1548		5
6 INTENSIVE CARE UNIT	8	2920			452		92		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							699		11
12 TOTAL HOSPITAL	90	32850			4551		2339		12
13 RPCH VISITS									13
14 SUBPROVIDER I	28	10220			1504		1815		14
15 SKILLED NURSING FACILITY									15
16 NURSING FACILITY									16
17 OTHER LONG TERM CARE									17
18 HOME HEALTH AGENCY					5795				18
20 ASC (DISTINCT PART)									20
21 HOSPICE (DISTINCT PART)									21
23 O/P REHAB PROVIDER									23
24 RHC I									24
25 TOTAL	118								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		8521							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		8521							5
6 INTENSIVE CARE UNIT		876							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		1012							11
12 TOTAL HOSPITAL		10409						506.53	12
13 RPCH VISITS									13
14 SUBPROVIDER I		5257						34.36	14
15 SKILLED NURSING FACILITY									15
16 NURSING FACILITY									16
17 OTHER LONG TERM CARE									17
18 HOME HEALTH AGENCY		9354						19.56	18
20 ASC (DISTINCT PART)									20
21 HOSPICE (DISTINCT PART)								2.63	21
23 O/P REHAB PROVIDER									23
24 RHC I									24
25 TOTAL								563.08	25
26 OBSERVATION BED DAYS		1212		1212					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		1367	587	3223	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		1367	587	3223	12
13	RPCH VISITS					13
14	SUBPROVIDER I		259	394	1087	14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
1	SALARIES	2	3	4	5	6		
1	TOTAL SALARIES	29238120		29238120	1164969.20	25.10		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B	154772		154772	2072.00	74.70		3
4	PHYSICIAN - PART A	532357		532357	2876.00	185.10		4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B	1493209		1493209	9257.00	161.31		5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)							6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	3296991	84399	3381390	137374.00	24.61		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	884003		884003	9837.00	89.87		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	924470		924470	10013.00	92.33		10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS							11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	10264497		10264497			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	1342330		1342330			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B	37419		37419			CMS 339	17
18	PHYSICIAN PART A	71521		71521			CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B	208950		208950			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	310876		310876	13651.90	22.77		21
22	ADMINISTRATIVE & GENERAL	2957348	-58291	2899057	126526.10	22.91		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	551253		551253	2957.00	186.42		22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT	1060245		1060245	50208.00	21.12		24
25	LAUNDRY & LINEN SERVICE	37457		37457	3272.70	11.45		25
26	HOUSEKEEPING	716823		716823	62896.10	11.40		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	767896		767896	57032.80	13.46		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA							28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	992715		992715	28407.60	34.95		30
31	CENTRAL SERVICES AND SUPPLY	184907		184907	13891.70	13.31		31
32	PHARMACY	801260		801260	24050.70	33.32		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	1217185		1217185	65770.60	18.51		33
34	SOCIAL SERVICE	155156		155156	6120.50	25.35		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	28141392		28141392	1156597.20	24.33	1
2	EXCLUDED AREA SALARIES	3296991	84399	3381390	137374.00	24.61	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	24844401	-84399	24760002	1019223.20	24.29	3
4	SUBTOTAL OTHER WAGES & REL COSTS	1808473		1808473	19850.00	91.11	4
5	SUBTOTAL WAGE-RELATED COSTS	10336018		10336018		41.74%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	36988892	-84399	36904493	1039073.20	35.52	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	9753121	-58291	9694830	454785.70	21.32	13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7048

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: LASALLE

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		515		159	674	1
2 UNDUPLICATED CENSUS COUNT		473.00		50.00	523.00	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	
40.00				
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)	1.00		1.00	4
5 OTHER ADMINISTRATIVE PERSONNEL	6.73	.08	6.81	5
6 DIRECT NURSING SERVICE	7.42	.14	7.56	6
7 NURSING SUPERVISOR	1.00		1.00	7
8 PHYSICAL THERAPY SERVICE	2.32	.01	2.33	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE				10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE				12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE				14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE	1.09		1.09	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	1.01	1	19
20 LIST THOSE MSA CODE(S) IN COLUMN 1 AND CBSA CODE(S) IN COLUMN 1.01 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE)			16974	20

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7048

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	2910		64	31		3005	21
22	SKILLED NURSING VISIT CHARGES	636680		14020	6820		657520	22
23	PHYSICAL THERAPY VISITS	2088		11	23		2122	23
24	PHYSICAL THERAPY VISIT CHARGES	456720		2420	5060		464200	24
25	OCCUPATIONAL THERAPY VISITS	52		2			54	25
26	OCCUPATIONAL THERAPY VISIT CHARGES	11420		440			11860	26
27	SPEECH PATHOLOGY VISITS	41					41	27
28	SPEECH PATHOLOGY VISIT CHARGES	9020					9020	28
29	MEDICAL SOCIAL SERVICE VISITS	53			5		58	29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	11600			1100		12700	30
31	HOME HEALTH AIDE VISITS	505		1	9		515	31
32	HOME HEALTH AIDE VISIT CHARGES	62945		125	1125		64195	32
33	TOTAL VISITS	5649		78	68		5795	33
34	OTHER CHARGES							34
35	TOTAL CHARGES	1188385		17005	14105		1219495	35
36	TOTAL NUMBER OF EPISODES	434		28	11		473	36
37	TOTAL NUMBER OF OUTLIER EPISODES							37
38	TOTAL MEDICAL SUPPLY CHARGES	18474					18474	38

NHCMQ DEMONSTRATION STATISTICAL DATA
 STATISTICAL DATA

WORKSHEET S-7

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

HOSPICE IDENTIFICATION DATA

HOSPICE NO.: 14-1570

WORKSHEET S-9
 PARTS I & II

PART I - ENROLLMENT DAYS

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL 6	
1 CONTINUOUS HOME CARE							1
2 ROUTINE HOME CARE	2857	67			335	3259	2
3 INPATIENT RESPITE CARE							3
4 GENERAL INPATIENT CARE	19				3	22	4
5 TOTAL HOSPICE DAYS	2876	67			338	3281	5

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL 6	
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	79	3			10	92	6
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE							7
8 AVERAGE LENGTH OF STAY	36.41	22.33			33.80	35.66	8
9 UNDUPLICATED CENSUS COUNT	79	3			10	92	9

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	6445029	17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS		18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)		19
20	RESTRICTED GRANTS	46832	20
21	NON-RESTRICTED GRANTS		21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	6491861	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.407027	24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST		25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS		26
27	TOTAL SCHIP COST		27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	25313011	28
29	TOTAL GROSS MEDICAID COST	10303079	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	10457889	30
31	UNCOMPENSATED CARE COST	4256643	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	10303079	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		2163648	2163648	-1319107	844541	22786	867327	1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP				100	100		100	2
3	0300 NEW CAP REL COSTS-BLDG & FIXT				2866950	2866950	2871	2869821	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				2297786	2297786		2297786	4
5	0500 EMPLOYEE BENEFITS	310876	10159948	10470824	1984788	12455612	-3943	12451669	5
6	0600 ADMINISTRATIVE & GENERAL	2957348	12133746	15091094	-1182444	13908650	-7974431	5934219	6
8	0800 OPERATION OF PLANT	1060245	2055043	3115288	-63307	3051981	-28380	3023601	8
9	0900 LAUNDRY & LINEN SERVICE	37457	253709	291166	-2715	288451		288451	9
10	1000 HOUSEKEEPING	716823	181433	898256	-55271	842985		842985	10
11	1100 DIETARY	767896	816118	1584014	-66055	1517959	-360246	1157713	11
12	1200 CAFETERIA								12
14	1400 NURSING ADMINISTRATION	992715	167312	1160027	-104131	1055896		1055896	14
15	1500 CENTRAL SERVICES & SUPPLY	184907	439044	623951	-396331	227620		227620	15
16	1600 PHARMACY	801260	1707657	2508917	-1569741	939176		939176	16
17	1700 MEDICAL RECORDS & LIBRARY	1217185	423529	1640714	-138018	1502696	-3088	1499608	17
18	1800 SOCIAL SERVICE	155156	18595	173751	-11500	162251		162251	18
20	2000 NONPHYSICIAN ANESTHETISTS				156967	156967	-156967		20
24	2400 PARAMED ED PRGM-(SPECIFY)	66654	54538	121192	-11172	110020	-2630	107390	24
	INPATIENT ROUTINE SERV COST CENTERS								
25	2500 ADULTS & PEDIATRICS	3337093	787976	4125069	-619071	3505998	-13368	3492630	25
26	2600 INTENSIVE CARE UNIT	404704	107327	512031	-72818	439213		439213	26
31	3100 SUBPROVIDER I	1751001	210060	1961061	15726	1976787		1976787	31
33	3300 NURSERY	123574	34643	158217	-13886	144331		144331	33
	ANCILLARY SERVICE COST CENTERS								
37	3700 OPERATING ROOM	830564	3010772	3841336	-198013	3643323	-12800	3630523	37
38	3800 RECOVERY ROOM	174150	18415	192565	-12631	179934		179934	38
39	3900 DELIVERY ROOM & LABOR ROOM				189936	189936		189936	39
40	4000 ANESTHESIOLOGY	959045	1121937	2080982	-230393	1850589	-1528540	322049	40
41	4100 RADIOLOGY-DIAGNOSTIC	1822195	2062731	3884926	-1011141	2873785	-10446	2863339	41
41.01	3430 MAGNETIC RESONANCE IMAGING MRI	149902	542982	692884	-438917	253967		253967	41.01
44	4400 LABORATORY	851327	1902327	2753654	-130785	2622869		2622869	44
48	4800 INTRAVENOUS THERAPY	404577	164784	569361		569361		569361	48
49	4900 RESPIRATORY THERAPY	574631	263939	838570	-71343	767227	-240	766987	49
50	5000 PHYSICAL THERAPY	1398177	391844	1790021	-172707	1617314		1617314	50
51	5100 OCCUPATIONAL THERAPY	86272	57414	143686	-6976	136710		136710	51
52	5200 SPEECH PATHOLOGY	83444	108623	192067	-9775	182292		182292	52
53	5300 ELECTROCARDIOLOGY	140175	98581	238756	-11020	227736	-63710	164026	53
54	5400 ELECTROENCEPHALOGRAPHY	300	717	1017	-22	995		995	54
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				277224	277224		277224	55
56	5600 DRUGS CHARGED TO PATIENTS				1453429	1453429	-15364	1438065	56
58	5800 ASC (NON-DISTINCT PART)	2375452	905461	3280913	-288596	2992317	-810768	2181549	58
59	3160 CARDIAC REHAB	49319	79112	128431	-10986	117445	-9500	107945	59
59.01	3550 PSYCHIATRIC/PSYCHOLOGICAL SERVI OUTPATIENT SERVICE COST CENTERS	1723751	223406	1947157	-258299	1688858	-827729	861129	59.01
61	6100 EMERGENCY	1250609	1258776	2509385	-76210	2433175	-165777	2267398	61
62	6200 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS								62
71	7100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	1180835	276984	1457819	-126987	1330832	-1548	1329284	71
88	8800 INTEREST EXPENSE		529960	529960	-529960				88
93	9300 HOSPICE	124392	176778	301170	-9021	292149	-48028	244121	93
94	6950 HOME MAKER	174109	75473	249582	-7974	241608	-2215	239393	94
95	SUBTOTALS	29238120	44985342	74223462	15583	74239045	-12014061	62224984	95
	NONREIMBURSABLE COST CENTERS								
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN		349886	349886					96
98	9800 PHYSICIANS' PRIVATE OFFICES				-15583	334303		334303	98
101	TOTAL	29238120	45335228	74573348		74573348	-12014061	62559287	101

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 1

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 INSURANCE	A	OLD CAP REL COSTS-BLDG & FIXT	1		9397
2	A	OLD CAP REL COSTS-MVBLE EQUIP	2		44
3	A	NEW CAP REL COSTS-BLDG & FIXT	3		41835
4	A	NEW CAP REL COSTS-MVBLE EQUIP	4		26032
5					5
6 ESTABLISH COST CENTER	B	DELIVERY ROOM & LABOR ROOM	39	217839	14692
7					7
8 EQUIPMENT RENTALS	C	NEW CAP REL COSTS-MVBLE EQUIP	4		27603
9	C				9
10	C				10
11	C				11
12	C				12
13	C				13
14	C				14
15					15
16 ER CLERICAL	E	EMERGENCY	61	58291	
17					17
18 SUPERVISOR SALARY	F	HOMEMAKER	94	23251	
19					18
20					19
21 C SECTION COSTS	G	OPERATING ROOM	37	39904	2691
22					21
23 CLOSE ACCOUNT	H	OLD CAP REL COSTS-BLDG & FIXT	1		529960
24					22
25 CRNA FEES	I	NONPHYSICIAN ANESTHETISTS	20		156967
26					23
27 DEPRECIATION SEGREGATION	J	NEW CAP REL COSTS-BLDG & FIXT	3		2467597
28	J	OLD CAP REL COSTS-MVBLE EQUIP	2		56
29					24
30					25
31 MOB HOSPITAL STORAGE	K	ADMINISTRATIVE & GENERAL	6		24978
32					26
33 PSYCHIATRIC ADMINISTRATION	L	SUBPROVIDER I	31	84399	69109
34					27
35 COST OF GOODS SOLD	M	MEDICAL SUPPLIES CHARGED TO P	55		277224
36 SUBTOTAL				423684	3648185

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 1

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	10
1 INSURANCE	A	ADMINISTRATIVE & GENERAL	6		77308	12 1
2	A					12 2
3	A					12 3
4	A					12 4
5						5
6 ESTABLISH COST CENTER	B	ADULTS & PEDIATRICS	25	217839	14692	6
7						7
8 EQUIPMENT RENTALS	C	NURSING ADMINISTRATION	14		2700	10 8
9	C	MEDICAL RECORDS & LIBRARY	17		2500	9
10	C	CENTRAL SERVICES & SUPPLY	15		7650	10
11	C	ADULTS & PEDIATRICS	25		3338	11
12	C	OPERATING ROOM	37		1728	12
13	C	ANESTHESIOLOGY	40		9380	13
14	C	INTENSIVE CARE UNIT	26		307	14
15						15
16 ER CLERICAL	E	ADMINISTRATIVE & GENERAL	6	58291		16
17						17
18 SUPERVISOR SALARY	F	HOME HEALTH AGENCY	71	23251		18
19						19
20						20
21 C SECTION COSTS	G	DELIVERY ROOM & LABOR ROOM	39	39904	2691	21
22						22
23 CLOSE ACCOUNT	H	INTEREST EXPENSE	88		529960	11 23
24						24
25 CRNA FEES	I	ANESTHESIOLOGY	40		156967	25
26						26
27 DEPRECIATION SEGREGATION	J	OLD CAP REL COSTS-BLDG & FIXT	1		1858464	9 27
28	J	NEW CAP REL COSTS-MVBLE EQUIP	4		609189	9 28
29						29
30						30
31 MOB HOSPITAL STORAGE	K	PHYSICIANS' PRIVATE OFFICES	98		24978	31
32						32
33 PSYCHIATRIC ADMINISTRATION	L	PSYCHIATRIC/PSYCHOLOGICAL SER	59.01	84399	69109	33
34						34
35 COST OF GOODS SOLD	M	CENTRAL SERVICES & SUPPLY	15		277224	35
36 SUBTOTAL				423684	3648185	36

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 2

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER 2	LINE # 3	SALARY 4	
1	M	DRUGS CHARGED TO PATIENTS	56		1453429 1
2					2
3 FICA	N	EMPLOYEE BENEFITS	5		1985886 3
4	N				4
5	N				5
6	N				6
7	N				7
8	N				8
9	N				9
10	N				10
11	N				11
12	N				12
13	N				13
14	N				14
15	N				15
16	N				16
17	N				17
18	N				18
19	N				19
20	N				20
21	N				21
22	N				22
23	N				23
24	N				24
25	N				25
26	N				26
27	N				27
28	N				28
29	N				29
30	N				30
31	N				31
32	N				32
33	N				33
34	N				34
35	N				35
36 SUBTOTAL				423684	7087500 36

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 2

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1	M	PHARMACY	16		1453429	1
2						2
3 FICA	N	ADMINISTRATIVE & GENERAL	6		199605	3
4	N	OPERATION OF PLANT	8		76340	4
5	N	LAUNDRY & LINEN SERVICE	9		2715	5
6	N	HOUSEKEEPING	10		51072	6
7	N	DIETARY	11		54530	7
8	N	NURSING ADMINISTRATION	14		72258	8
9	N	CENTRAL SERVICES & SUPPLY	15		13538	9
10	N	PHARMACY	16		54097	10
11	N	MEDICAL RECORDS & LIBRARY	17		87262	11
12	N	SOCIAL SERVICE	18		11344	12
13	N	PARAMED ED PRGM-(SPECIFY)	24		5065	13
14	N	ADULTS & PEDIATRICS	25		248871	14
15	N	INTENSIVE CARE UNIT	26		53694	15
16	N	SUBPROVIDER I	31		127000	16
17	N	NURSERY	33		9605	17
18	N	OPERATING ROOM	37		61088	18
19	N	RECOVERY ROOM	38		12631	19
20	N	ANESTHESIOLOGY	40		34798	20
21	N	RADIOLOGY-DIAGNOSTIC	41		133033	21
22	N	MAGNETIC RESONANCE IMAGING MR	41.01		11187	22
23	N	LABORATORY	44		61676	23
24	N	RESPIRATORY THERAPY	49		41878	24
25	N	PHYSICAL THERAPY	50		100683	25
26	N	OCCUPATIONAL THERAPY	51		6919	26
27	N	SPEECH PATHOLOGY	52		6006	27
28	N	ELECTROCARDIOLOGY	53		8122	28
29	N	ELECTROENCEPHALOGRAPHY	54		22	29
30	N	ASC (NON-DISTINCT PART)	58		141231	30
31	N	CARDIAC REHAB	59		2809	31
32	N	PSYCHIATRIC/PSYCHOLOGICAL SER	59.01		97198	32
33	N	EMERGENCY	61		91484	33
34	N	HOME HEALTH AGENCY	71		86626	34
35	N	HOSPICE	93		9021	35
36 SUBTOTAL				423684	7075022	36

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 3

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1	N				1
2					2
3					3
4 CONSOLIDATE EQUIP DEPRECIATION	O	NEW CAP REL COSTS-MVBLE EQUIP	4		2853340 4
5	O				5
6	O				6
7	O				7
8	O				8
9	O				9
10	O				10
11	O				11
12	O				12
13	O				13
14	O				14
15	O				15
16	O				16
17	O				17
18	O				18
19	O				19
20	O				20
21	O				21
22	O				22
23	O				23
24	O				24
25	O				25
26	O				26
27	O				27
28	O				28
29	O				29
30	O				30
31	O				31
32	O				32
33	O				33
34	O				34
35	O				35
36 SUBTOTAL				423684	9940840 36

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 3

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1	N	HOMEMAKER	94		12478	1
2						2
3						3
4 CONSOLIDATE EQUIP DEPRECIATION	O	EMPLOYEE BENEFITS	5		1098	9 4
5	O	ADMINISTRATIVE & GENERAL	6		259999	5
6	O	OPERATION OF PLANT	8		50835	6
7	O	HOUSEKEEPING	10		4199	7
8	O	DIETARY	11		11525	8
9	O	NURSING ADMINISTRATION	14		29173	9
10	O	CENTRAL SERVICES & SUPPLY	15		97919	10
11	O	PHARMACY	16		62215	11
12	O	MEDICAL RECORDS & LIBRARY	17		48256	12
13	O	SOCIAL SERVICE	18		156	13
14	O	PARAMED ED PRGM-(SPECIFY)	24		6107	14
15	O	ADULTS & PEDIATRICS	25		134331	15
16	O	INTENSIVE CARE UNIT	26		18817	16
17	O	SUBPROVIDER I	31		10782	17
18	O	NURSERY	33		4281	18
19	O	OPERATING ROOM	37		177792	19
20	O	ANESTHESIOLOGY	40		29248	20
21	O	RADIOLOGY-DIAGNOSTIC	41		878108	21
22	O	MAGNETIC RESONANCE IMAGING MR	41.01		427730	22
23	O	LABORATORY	44		69109	23
24	O	RESPIRATORY THERAPY	49		29465	24
25	O	PHYSICAL THERAPY	50		72024	25
26	O	OCCUPATIONAL THERAPY	51		57	26
27	O	SPEECH PATHOLOGY	52		3769	27
28	O	ELECTROCARDIOLOGY	53		2898	28
29	O	ASC (NON-DISTINCT PART)	58		147365	29
30	O	CARDIAC REHAB	59		8177	30
31	O	PSYCHIATRIC/PSYCHOLOGICAL SER	59.01		7593	31
32	O	EMERGENCY	61		43017	32
33	O	HOME HEALTH AGENCY	71		26745	33
34	O	HOMEMAKER	94		18747	34
35	O	PHYSICIANS' PRIVATE OFFICES	98		171803	35
36 SUBTOTAL				423684	9940840	36

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 4

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
			COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1						1
2						2
3	NORRIS BLDG OVERHEAD	P	NEW CAP REL COSTS-BLDG & FIXT	3		357518 3
4		P	OPERATION OF PLANT	8		63868 4
5		P	PHYSICIANS' PRIVATE OFFICES	98		190833 5
6						6
7						7
8	MERCURY CIRCLE OVERHEAD	Q	HOME HEALTH AGENCY	71		9635 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				423684	10562694 36

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 4

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1						1
2						2
3 NORRIS BLDG OVERHEAD	P	ADMINISTRATIVE & GENERAL	6		612219	9 3
4	P					4
5	P					5
6						6
7						7
8 MERCURY CIRCLE OVERHEAD	Q	PHYSICIANS' PRIVATE OFFICES	98		9635	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				423684	10562694	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	105342					105342		1
2 LAND IMPROVEMENTS	242003				130097	111906		2
3 BUILDINGS AND FIXTURES	9846975				287002	9559973		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	399914					399914		6
7 SUBTOTAL	10594234				417099	10177135		7
8 RECONCILING ITEMS								8
9 TOTAL	10594234				417099	10177135		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								1
2 LAND IMPROVEMENTS	2421272	335889		335889		2757161		2
3 BUILDINGS AND FIXTURES	39196285	1189003		1189003		40385288		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	22386999	4688956		4688956	541036	26534919		6
7 SUBTOTAL	64004556	6213848		6213848	541036	69677368		7
8 RECONCILING ITEMS								8
9 TOTAL	64004556	6213848		6213848	541036	69677368		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF		OTHER CAPITAL	TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	
	1	2	3	4	5	6	7	
1 OLD CAP REL COSTS-BLDG & FIXT	9706498		9706498	.121552				1
2 OLD CAP REL COSTS-MVBLE EQUIP	45500		45500	.000570				2
3 NEW CAP REL COSTS-BLDG & FIXT	43213172		43213172	.541149				3
4 NEW CAP REL COSTS-MVBLE EQUIP	26889323		26889323	.336729				4
5 TOTAL	79854493		79854493	1.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL	
	9	10	11	12	13	14	15	
1 OLD CAP REL COSTS-BLDG & FIXT	375577		482353	9397			867327	1
2 OLD CAP REL COSTS-MVBLE EQUIP	56			44			100	2
3 NEW CAP REL COSTS-BLDG & FIXT	2827986			41835			2869821	3
4 NEW CAP REL COSTS-MVBLE EQUIP	2244151	27603		26032			2297786	4
5 TOTAL	5447770	27603	482353	77308			6035034	5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL	
	9	10	11	12	13	14	15	
1 OLD CAP REL COSTS-BLDG & FIXT	2163648						2163648	1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 TOTAL	2163648						2163648	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	B	-47607	OLD CAP REL COSTS-BLDG & FIXT	1	11	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2		2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3		3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4		4
5 INVESTMENT INCOME-OTHER						5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-19282	ADMINISTRATIVE & GENERAL	6		6
7 REFUNDS AND REBATES OF EXPENSES						7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS	B	-14300	OPERATION OF PLANT	8		8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-11369	ADMINISTRATIVE & GENERAL	6		9
10 TELEVISION AND RADIO SERVICE	A	-4353	OPERATION OF PLANT	8		10
11 PARKING LOT						11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST					
	A-8-2	-3426372				12
13 SALE OF SCRAP, WASTE, ETC.	B	-2235	RADIOLOGY-DIAGNOSTIC	41		13
14 RELATED ORGANIZATION TRANSACTIONS	WKST					
	A-8-1					14
15 LAUNDRY AND LINEN SERVICE						15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-359716	DIETARY	11		16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS						17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS	B	-240	RESPIRATORY THERAPY	49		18
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-15364	DRUGS CHARGED TO PATIENTS	56		19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-3088	MEDICAL RECORDS & LIBRARY	17		20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)	B	-2630	PARAMED ED PRGM-(SPECIFY)	24		21
22 VENDING MACHINES	B	-1464	OPERATION OF PLANT	8		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			NEW CAP REL COSTS-BLDG & FIXT	3		31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4		32
33 NON-PHYSICIAN ANESTHETIST	A	-156967	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 HOSPICE PHYSICIAN FEES	A	-17500	HOSPICE	93		37
38						38
39 COMMUNITY EDUCATION REVENUE	B	-24079	ADMINISTRATIVE & GENERAL	6		39
40 TRUSTEE FEES	A	3244	ADMINISTRATIVE & GENERAL	6		40
41 EXECUTIVE ALCOHOL	A	-178	ADMINISTRATIVE & GENERAL	6		41
42 MISCELLANEOUS REVENUE	B	-1250	ADULTS & PEDIATRICS	25		42
43 MISCELLANEOUS REVENUE	B	-12071	ADULTS & PEDIATRICS	25		43
44 MALPRACTICE PREMIUMS	A	-1625000	ADMINISTRATIVE & GENERAL	6		44
45 NON ALLOWABLE TAXES	A	-10800	ADMINISTRATIVE & GENERAL	6		45
46 EMPLOYEE DINNER DANCE ALCOHOL	A	-1759	EMPLOYEE BENEFITS	5		46
46.01 NEWBORN LIQUOR	A	-110	DIETARY	11		46.01
47 ADVERTISING	A	-16489	ADMINISTRATIVE & GENERAL	6		47
47.01 ADVERTISING	A	-1548	HOME HEALTH AGENCY	71		47.01
47.02 ADVERTISING	A	-3845	HOSPICE	93		47.02
47.03 ADVERTISING	A	-658	ASC (NON-DISTINCT PART)	58		47.03
47.04 ADVERTISING	A	-2215	HOMEMAKER	94		47.04
47.05 ADVERTISING	A	-259	ADMINISTRATIVE & GENERAL	6		47.05
47.06 ADVERTISING	A	-1863	ADMINISTRATIVE & GENERAL	6		47.06
47.07 ADVERTISING	A	-73327	ADMINISTRATIVE & GENERAL	6		47.07
48 AHA LOBBYING FEES	A	-4664	ADMINISTRATIVE & GENERAL	6		48
49 IHA LOBBYING FEES	A	-20160	ADMINISTRATIVE & GENERAL	6		49
49.02 HOSPICE LOBBYING FEES	B	-159	HOSPICE	93		49.02
49.03 CABLE SERVICE	A	-8263	OPERATION OF PLANT	8		49.03
49.04 PHYSICIAN GUARANTEES	A	-344475	ADMINISTRATIVE & GENERAL	6		49.04
49.05 PSYCHIATRIC WINE	A	-5	PSYCHIATRIC/PSYCHOLOGICAL SERVI	59.01		49.05
49.06 ALCOHOL GOLF OUTING	A	-3742	ADMINISTRATIVE & GENERAL	6		49.06
49.07 ALCOHOL CHRISTMAS PARTY	A	-26	ADMINISTRATIVE & GENERAL	6		49.07
49.08 INVESTMENT CONSULTING FEES	A	236676	ADMINISTRATIVE & GENERAL	6		49.08
49.10 ROTARY FEES	A	-900	ADMINISTRATIVE & GENERAL	6		49.10
49.12 PHYSICIAN RECRUITING EXPENSE	A	-473	ADMINISTRATIVE & GENERAL	6		49.12

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
49.13 PHYSICIAN PLANTS	A	-50	ADMINISTRATIVE & GENERAL	6	49.13
49.16 BAD DEBT EXPENSE	A	-4255720	ADMINISTRATIVE & GENERAL	6	49.16
49.17 CONTRIBUTIONS UNITED WAY	A	-23113	ADMINISTRATIVE & GENERAL	6	49.17
49.20 FUND RAISING POSTAGE	A	-846	ADMINISTRATIVE & GENERAL	6	49.20
49.22 HOSPICE REVENUE	B	-6292	HOSPICE	93	49.22
49.23 CREDIT BALANCE HOSPITAL OUTING	A	1765	ADMINISTRATIVE & GENERAL	6	49.23
49.26 GOLF OUTING ALCOHOL	A	-1584	ADMINISTRATIVE & GENERAL	6	49.26
49.30 NURSES LIQUOR	A	-47	ADULTS & PEDIATRICS	25	49.30
49.31 PHYSICIAN GIFTS	A	-5903	ADMINISTRATIVE & GENERAL	6	49.31
49.32 LIQUOR LICENSE RENEWAL	A	-450	ADMINISTRATIVE & GENERAL	6	49.32
49.33 CHAMBER OF COMMERCE ALCOHOL	A	-420	DIETARY	11	49.33
49.34 IMPROPER INTEREST CAPITALIZATION	A	151519	OLD CAP REL COSTS-BLDG & FIXT	1	9 49.34
49.36 PHYSICIAN SMUCK ALCOHOL	A	-211	ADMINISTRATIVE & GENERAL	6	49.36
49.37 CONVACARE RESP REVENUE	B	-20232	HOSPICE	93	49.37
49.38 JOLIET JACKJAMMER TICKETS	A	-2184	EMPLOYEE BENEFITS	5	49.38
49.39 AMORTIZATION START UP COSTS	A	2871	NEW CAP REL COSTS-BLDG & FIXT	3	9 49.39
49.40 MEDICAID TAX ASSESSMENT - APPEAL	A	-1610008	ADMINISTRATIVE & GENERAL	6	49.40
49.41 DEPARTMENT MANAGERS PARTY ALCOHOL	A	-217	ADMINISTRATIVE & GENERAL	6	49.41
49.42 NEW PHYSICIAN RECEPTION ALCOHOL	A	-175	ADMINISTRATIVE & GENERAL	6	49.42
49.43 EMPLOYEE CHRISTMAS PARTY ALCOHOL	A	-1868	ADMINISTRATIVE & GENERAL	6	49.43
49.44 GOLF OUTING FEES	A	-2238	ADMINISTRATIVE & GENERAL	6	49.44
49.45 PATIENT TRANSPORTATION	A	-7144	ADMINISTRATIVE & GENERAL	6	49.45
49.46 GOODWILL AMORTIZATION	A	-43333	OLD CAP REL COSTS-BLDG & FIXT	1	9 49.46
49.47 CHARITY ALLOWANCE	A	-141680	ADMINISTRATIVE & GENERAL	6	49.47
49.49 BOARD CHRISTMAS PARTY ALCOHOL	A	-1210	ADMINISTRATIVE & GENERAL	6	49.49
49.50 PHYSICIAN CHRISTMAS PARTY	A	-1012	ADMINISTRATIVE & GENERAL	6	49.50
49.51 REIMBURSEMENT CONSULTANT ALCOHOL	A	-94	ADMINISTRATIVE & GENERAL	6	49.51
49.52 INTEREST INCOME INSURANCE COMPANI	B	-37793	OLD CAP REL COSTS-BLDG & FIXT	1	9 49.52
49.53 MISC ADMIN GOLF LIQUOR ADVERTISIN	A	-1176	ADMINISTRATIVE & GENERAL	6	49.53
49.54 GOLF OUTINGS	A	-400	ADMINISTRATIVE & GENERAL	6	49.54
49.55 BOARD MEMBERS CHRISTMAS ALCOHOL G	A	-1176	ADMINISTRATIVE & GENERAL	6	49.55
49.56 BOARD MEMBERS GIFTS	A	-646	ADMINISTRATIVE & GENERAL	6	49.56
49.57 ZUDYCKI RETIRMENT PARTY	A	-476	ADMINISTRATIVE & GENERAL	6	49.57
49.58 STRATEGIC GROWTH COMMITTEE ALCOHO	A	-154	ADMINISTRATIVE & GENERAL	6	49.58
49.59 ANNUAL MEETING RECAP ALCOHOL	A	-243	ADMINISTRATIVE & GENERAL	6	49.59
49.60 CORPORATE COMPLIANCE LIQUOR	A	-18	ADMINISTRATIVE & GENERAL	6	49.60
49.61 UNITED WAY KICKOFF EXPENSE	A	-1218	ADMINISTRATIVE & GENERAL	6	49.61
50 TOTAL		-12014061			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1						1
2						2
3						3
4						4
5	TOTALS					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 -----				
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1						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:

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT	
LINE NO.	1	2	3	4	5	6	7	8	9
1	37	OPERATING ROOM	LEVISAY		20000	208000	72	7200	360
3	44	LABORATORY	TOMAS		108333	215700	1284	133153	6658
4	53	ELECTROCARDIOLOGY	GHAFOOR	63710					
6	61	EMERGENCY	POWELL		25000	177200	300	25558	1278
7	61	EMERGENCY	MIDWEST EMERGENCY		858731	177200	8134	692954	34648
8	58	ASC (NON-DISTINCT PART)	GUERRERO	119644	23580	177200	270	23002	1150
9	58	ASC (NON-DISTINCT PART)	SWONG	200776	236304	177200	1159	98738	4937
10	58	ASC (NON-DISTINCT PART)	CABALFIN	198036	34661	177200	356	30328	1516
11	58	ASC (NON-DISTINCT PART)	TORSHIZI	182959	31722	177200	278	23683	1184
12	41	RADIOLOGY-DIAGNOSTIC	GOLIATH		25000	225300	155	16789	839
14	59	CARDIAC REHAB	BENEVIDAS	9500					
16	40	ANESTHESIOLOGY	MALIK	425012	425012				
17	40	ANESTHESIOLOGY	ST. MARYS ANESTHESI	425012	425012				
18	40	ANESTHESIOLOGY	BAYLEY		382091	200300	317	30527	1526
19	40	ANESTHESIOLOGY	WANG		362679	200300	371	35727	1786
21	59.01	PSYCHIATRIC/PSYCHOLOGICA	GLAVIN		328206	154100	869	64381	3219
22	59.01	PSYCHIATRIC/PSYCHOLOGICA	DYERS	960					
23	59.01	PSYCHIATRIC/PSYCHOLOGICA	TEJERO	111430	7946	154100	62	4593	230
24	59.01	PSYCHIATRIC/PSYCHOLOGICA	KASTENBURG	103484	54004	154100	496	36747	1837
25	59.01	PSYCHIATRIC/PSYCHOLOGICA	CHUPREVICH	172525	12525	154100	95	7038	352
101		TOTAL		3053089	1578323		14218	1230418	61520

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11	12	13	14	15	16	17	18
1	37 OPERATING ROOM		LEVISAY			7200	12800	12800
3	44 LABORATORY		TOMAS			133153		
4	53 ELECTROCARDIOLOGY		GHAFOOR					63710
6	61 EMERGENCY		POWELL			25558		
7	61 EMERGENCY		MIDWEST EMERGENCY			692954	46133	165777
8	58 ASC (NON-DISTINCT PART)		GUERRERO			23002	578	201354
9	58 ASC (NON-DISTINCT PART)		SWONG			98738	137566	335602
10	58 ASC (NON-DISTINCT PART)		CABALFIN			30328	4333	187292
11	58 ASC (NON-DISTINCT PART)		TORSHIZI			23683	8039	85862
12	41 RADIOLOGY-DIAGNOSTIC		GOLIATH			16789	8211	8211
14	59 CARDIAC REHAB		BENEVIDAS					9500
16	40 ANESTHESIOLOGY		MALIK					425012
17	40 ANESTHESIOLOGY		ST. MARYS ANESTHESI					425012
18	40 ANESTHESIOLOGY		BAYLEY			30527	27737	351564
19	40 ANESTHESIOLOGY		WANG			35727	29007	326952
21	59.01 PSYCHIATRIC/PSYCHOLOGICA		GLAVIN			64381	72782	263825
22	59.01 PSYCHIATRIC/PSYCHOLOGICA		DYERS					960
23	59.01 PSYCHIATRIC/PSYCHOLOGICA		TEJERO			4593	3353	106837
24	59.01 PSYCHIATRIC/PSYCHOLOGICA		KASTENBURG			36747	17257	189782
25	59.01 PSYCHIATRIC/PSYCHOLOGICA		CHUPREVICH			7038	5487	266320
101	TOTAL					1230418	373283	3426372

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	OLD CAP	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	SUBTOTAL	ADMINIS-
	FOR COST	BLDGS &	MOVABLE	BLDGS &	MOVABLE	BENEFITS		TRATIVE &
	ALLOCATION	FIXTURES	EQUIPMENT	FIXTURES	EQUIPMENT		5A	GENERAL
	0	1	2	3	4	5		6
GENERAL SERVICE COST CENTERS								
1	OLD CAP REL COSTS-BLDG & FIXT	867327	867327					1
2	OLD CAP REL COSTS-MVBLE EQUIP	100		100				2
3	NEW CAP REL COSTS-BLDG & FIXT	2869821			2869821			3
4	NEW CAP REL COSTS-MVBLE EQUIP	2297786				2297786		4
5	EMPLOYEE BENEFITS	12451669	5015		16594	889	12474167	5
6	ADMINISTRATIVE & GENERAL	5934219	93321		308783	224203	1282459	7842985
8	OPERATION OF PLANT	3023601	180504	100	597254	46860	469022	4317341
9	LAUNDRY & LINEN SERVICE	288451	4930		16314		16570	326265
10	HOUSEKEEPING	842985	3657		12099	3399	317102	1179242
11	DIETARY	1157713	24771		81964	9330	339695	1613473
12	CAFETERIA		18068		59783			77851
14	NURSING ADMINISTRATION	1055896	7118		23553	24427	439148	1550142
15	CENTRAL SERVICES & SUPPLY	227620	5550		18363	79272	81797	412602
16	PHARMACY	939176	8232		27239	50367	354454	1379468
17	MEDICAL RECORDS & LIBRARY	1499608	5535		18313	39066	538447	2100969
18	SOCIAL SERVICE	162251	2098		6942	126	68637	240054
20	NONPHYSICIAN ANESTHETISTS							
24	PARAMED ED PRGM-(SPECIFY)	107390	3816		12628	4944	29486	158264
INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	3492630	65518		216786	95489	1379882	5250305
26	INTENSIVE CARE UNIT	439213	9116		30164	15234	179029	672756
31	SUBPROVIDER I	1976787	45447		150375	8757	842500	3023866
33	NURSERY	144331	3282		10859	3466	54666	216604
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	3630523	42255		139813	146073	385070	4343734
38	RECOVERY ROOM	179934	3517		11636		77039	272126
39	DELIVERY ROOM & LABOR ROOM	189936	4940		16347	10831	78713	300767
40	ANESTHESIOLOGY	322049	2593		8578	23678	424254	781152
41	RADIOLOGY-DIAGNOSTIC	2863339	45327		149978	634425	806086	4499155
41.01	MAGNETIC RESONANCE IMAGING MRI	253967	380		1256	413155	66312	735070
44	LABORATORY	2622869	17493		57882	53712	376602	3128558
48	INTRAVENOUS THERAPY	569361	599		1983		178973	750916
49	RESPIRATORY THERAPY	766987	5575		18446	23058	254200	1068266
50	PHYSICAL THERAPY	1617314	72726		240637	58253	618513	2607443
51	OCCUPATIONAL THERAPY	136710	4166		13785	46	38164	192871
52	SPEECH PATHOLOGY	182292	4316		14281	3052	36913	240854
53	ELECTROCARDIOLOGY	164026	405		1339	2346	62009	230125
54	ELECTROENCEPHALOGRAPHY	995	539		1785	87	133	3539
55	MEDICAL SUPPLIES CHARGED TO PAT	277224						277224
56	DRUGS CHARGED TO PATIENTS	1438065						1438065
58	ASC (NON-DISTINCT PART)	2181549	79445		262867	125029	1050831	3699721
59	CARDIAC REHAB	107945	689		2281	6532	21817	139264
59.01	PSYCHIATRIC/PSYCHOLOGICAL SERVI	861129	75983		251413	6119	372210	1566854
OUTPATIENT SERVICE COST CENTERS								
61	EMERGENCY	2267398	13143		43486	34825	579019	2937871
62	OBSERVATION BEDS (NON-DISTINCT							
OTHER REIMBURSABLE COST CENTERS								
71	HOME HEALTH AGENCY	1329284				52242	512082	1893608
SPECIAL PURPOSE COST CENTERS								
93	HOSPICE	244121					55027	299148
94	HOMEMAKER	239393				15177	87306	341876
95	SUBTOTALS	62224984	860069	100	2845806	2214469	12474167	62110394
NONREIMBURSABLE COST CENTERS								
96	GIFT, FLOWER, COFFEE SHOP & CAN		3766		12462			16228
98	PHYSICIANS' PRIVATE OFFICES	334303	3492		11553	83317		432665
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	62559287	867327	100	2869821	2297786	12474167	62559287

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY
	OF PLANT	& LINEN	KEEPING			ADMINIS-	SERVICES &	
	8	9	10	11	12	TRATION	SUPPLY	16
						14	15	
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
8	OPERATION OF PLANT	4936184						8
9	LAUNDRY & LINEN SERVICE	41355	414386					9
10	HOUSEKEEPING	30671		1378944				10
11	DIETARY	207782		48306	2100835			11
12	CAFETERIA	151552		18115	1578621	1837298		12
14	NURSING ADMINISTRATION	59707		42268		63573	1937886	14
15	CENTRAL SERVICES & SUPPLY	46551		3119		34869	556283	15
16	PHARMACY	69051		18115		61344		1725710
17	MEDICAL RECORDS & LIBRARY	46425		12077		166511	953	17
18	SOCIAL SERVICE	17598		2256		14724		18
20	NONPHYSICIAN ANESTHETISTS							20
24	PARAMED ED PRGM-(SPECIFY)	32012		17252		8763	17418	24
INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	549559	133372	483057	245811	174010	345866	3565
26	INTENSIVE CARE UNIT	76467	16914	42268	15195	40445	80389	6910
31	SUBPROVIDER I	381205	18836	48306	194484	144317	286848	
33	NURSERY	27528	1564	6038		9623	19127	
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	354431	25146	103513		105107	208912	101160
38	RECOVERY ROOM	29498	5994	4313		13095	26028	
39	DELIVERY ROOM & LABOR ROOM	41439		9157		12810	25462	
40	ANESTHESIOLOGY	21746				22928		3201
41	RADIOLOGY-DIAGNOSTIC	380200	45967	19508		184237		
41.01	MAGNETIC RESONANCE IMAGING MRI	3184		8626		15239		
44	LABORATORY	146733		48306		105916	1360	
48	INTRAVENOUS THERAPY	5028				39595		
49	RESPIRATORY THERAPY	46760		3119		41994		
50	PHYSICAL THERAPY	610020	20012	72459		150413		
51	OCCUPATIONAL THERAPY	34945	20012			9473		
52	SPEECH PATHOLOGY	36202	20012			5921	7574	
53	ELECTROCARDIOLOGY	3394		3882		21084		
54	ELECTROENCEPHALOGRAPHY	4525		3882		25		
55	MEDICAL SUPPLIES CHARGED TO PAT						391956	
56	DRUGS CHARGED TO PATIENTS							1725710
58	ASC (NON-DISTINCT PART)	666375	32188	77635	47379	161045	320096	915
59	CARDIAC REHAB	5782		3882		6045		
59.01	PSYCHIATRIC/PSYCHOLOGICAL SERVI	637339	15388	65558	12986	91951	182765	
OUTPATIENT SERVICE COST CENTERS								
61	EMERGENCY	110239	58981	144918	6359	132241	262846	38689
62	OBSERVATION BEDS (NON-DISTINCT							
OTHER REIMBURSABLE COST CENTERS								
71	HOME HEALTH AGENCY			32912				
SPECIAL PURPOSE COST CENTERS								
93	HOSPICE			1593				
94	HOMEMAKER							
95	SUBTOTALS	4875303	414386	1344440	2100835	1837298	1937886	556283
NONREIMBURSABLE COST CENTERS								
96	GIFT, FLOWER, COFFEE SHOP & CAN	31593						
98	PHYSICIANS' PRIVATE OFFICES	29288		34504				
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	4936184	414386	1378944	2100835	1837298	1937886	556283
								1725710
								103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	PARAMED EDUCATION 24	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26	TOTAL 27	
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT							3
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 EMPLOYEE BENEFITS							5
6 ADMINISTRATIVE & GENERAL							6
8 OPERATION OF PLANT							8
9 LAUNDRY & LINEN SERVICE							9
10 HOUSEKEEPING							10
11 DIETARY							11
12 CAFETERIA							12
14 NURSING ADMINISTRATION							14
15 CENTRAL SERVICES & SUPPLY							15
16 PHARMACY							16
17 MEDICAL RECORDS & LIBRARY	2790215						17
18 SOCIAL SERVICE	801	309842					18
20 NONPHYSICIAN ANESTHETISTS							20
24 PARAMED ED PRGM-(SPECIFY)			256394				24
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	268391	281835	121875	8610226		8610226	25
26 INTENSIVE CARE UNIT	30029	22606	2902	1103313		1103313	26
31 SUBPROVIDER I	330051			4861351		4861351	31
33 NURSERY	29495			341027		341027	33
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	33032			5897661		5897661	37
38 RECOVERY ROOM	6940			397000		397000	38
39 DELIVERY ROOM & LABOR ROOM	1602			434349		434349	39
40 ANESTHESIOLOGY	7140			948137		948137	40
41 RADIOLOGY-DIAGNOSTIC	812447			6586418		6586418	41
41.01 MAGNETIC RESONANCE IMAGING MRI				867483		867483	41.01
44 LABORATORY	27293		31091	3937701		3937701	44
48 INTRAVENOUS THERAPY	1735		2487	907397		907397	48
49 RESPIRATORY THERAPY	601		14094	1327958		1327958	49
50 PHYSICAL THERAPY	63661			3897756		3897756	50
51 OCCUPATIONAL THERAPY	24490			309437		309437	51
52 SPEECH PATHOLOGY	24490			369577		369577	52
53 ELECTROCARDIOLOGY	73804		38345	403620		403620	53
54 ELECTROENCEPHALOGRAPHY	534			13012		13012	54
55 MEDICAL SUPPLIES CHARGED TO PAT				708917		708917	55
56 DRUGS CHARGED TO PATIENTS	2402		13058	3385366		3385366	56
58 ASC (NON-DISTINCT PART)	345399	1312		5882379		5882379	58
59 CARDIAC REHAB	3136			178071		178071	59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI	453369			3250801		3250801	59.01
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY	249373	4089	32542	4399259		4399259	61
62 OBSERVATION BEDS (NON-DISTINCT							62
OTHER REIMBURSABLE COST CENTERS							
71 HOME HEALTH AGENCY				2197948		2197948	71
SPECIAL PURPOSE COST CENTERS							
93 HOSPICE				343621		343621	93
94 HOMEMAKER				390880		390880	94
95 SUBTOTALS	2790215	309842	256394	61950665		61950665	95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN				50147		50147	96
98 PHYSICIANS' PRIVATE OFFICES				558475		558475	98
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	2790215	309842	256394	62559287		62559287	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	OLD CAP BLDGS & FIXTURES 1	OLD CAP MOVABLE EQUIPMENT 2	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4									4
5		5015		5015	5015				5
6		93321		93321	516	93837			6
8		180504	100	180604	189	7404	188197		8
9		4930		4930	7	560	1577	7074	9
10		3657		3657	128	2022	1169		10
11		24771		24771	137	2767	7922		11
12		18068		18068		134	5778		12
14		7118		7118	177	2658	2276		14
15		5550		5550	33	708	1775		15
16		8232		8232	143	2366	2633		16
17		5535		5535	217	3603	1770		17
18		2098		2098	28	412	671		18
20									20
24		3816		3816	12	271	1220		24
INPATIENT ROUTINE SERV COST CENTERS									
25		65518		65518	547	9002	20952	2275	25
26		9116		9116	72	1154	2915	289	26
31		45447		45447	339	5186	14534	322	31
33		3282		3282	22	371	1050	27	33
ANCILLARY SERVICE COST CENTERS									
37		42255		42255	155	7450	13513	429	37
38		3517		3517	31	467	1125	102	38
39		4940		4940	32	516	1580		39
40		2593		2593	171	1340	829		40
41		45327		45327	324	7716	14495	785	41
41.01		380		380	27	1261	121		41.01
44		17493		17493	152	5365	5594		44
48		599		599	72	1288	192		48
49		5575		5575	102	1832	1783		49
50		72726		72726	249	4472	23258	342	50
51		4166		4166	15	331	1332	342	51
52		4316		4316	15	413	1380	342	52
53		405		405	25	395	129		53
54		539		539		6	173		54
55						475			55
56						2466			56
58		79445		79445	423	6345	25408	549	58
59		689		689	9	239	220		59
59.01		75983		75983	150	2687	24299	263	59.01
OUTPATIENT SERVICE COST CENTERS									
61		13143		13143	233	5038	4203	1007	61
62									62
OTHER REIMBURSABLE COST CENTERS									
71					206	3248			71
SPECIAL PURPOSE COST CENTERS									
93					22	513			93
94					35	586			94
95		860069	100	860169	5015	93067	185876	7074	95
NONREIMBURSABLE COST CENTERS									
96		3766		3766		28	1204		96
98		3492		3492		742	1117		98
101									101
102									102
103		867327	100	867427	5015	93837	188197	7074	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	10	11	12	14	15	16	17	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
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE									9
10 HOUSEKEEPING	6976								10
11 DIETARY	244	35841							11
12 CAFETERIA	92	26932	51004						12
14 NURSING ADMINISTRATION	214		1765	14208					14
15 CENTRAL SERVICES & SUPPLY	16		968		9050				15
16 PHARMACY	92		1703			15169			16
17 MEDICAL RECORDS & LIBRARY	61		4622	1189	16		17013		17
18 SOCIAL SERVICE	11		409				5	3634	18
20 NONPHYSICIAN ANESTHETISTS									20
24 PARAMED ED PRGM-(SPECIFY)	87		243	128					24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	2441	4194	4831	2535	58		1636	3306	25
26 INTENSIVE CARE UNIT	214	259	1123	589	112		183	265	26
31 SUBPROVIDER I	244	3318	4006	2103			2012		31
33 NURSERY	31		267	140			180		33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	524		2918	1532	1646		201		37
38 RECOVERY ROOM	22		364	191			42		38
39 DELIVERY ROOM & LABOR ROOM	46		356	187			10		39
40 ANESTHESIOLOGY			636		52		44		40
41 RADIOLOGY-DIAGNOSTIC	99		5113				4955		41
41.01 MAGNETIC RESONANCE IMAGING MRI	44		423						41.01
44 LABORATORY	244		2940		22		166		44
48 INTRAVENOUS THERAPY			1099				11		48
49 RESPIRATORY THERAPY	16		1166				4		49
50 PHYSICAL THERAPY	367		4176				388		50
51 OCCUPATIONAL THERAPY			263				149		51
52 SPEECH PATHOLOGY			164		123		149		52
53 ELECTROCARDIOLOGY	20		585				450		53
54 ELECTROENCEPHALOGRAPHY	20		1				3		54
55 MEDICAL SUPPLIES CHARGED TO PAT					6377				55
56 DRUGS CHARGED TO PATIENTS						15169	15		56
58 ASC (NON-DISTINCT PART)	393	808	4471	2347	15		2106	15	58
59 CARDIAC REHAB	20		168				19		59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI	332	222	2553	1340			2764		59.01
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	733	108	3671	1927	629		1521	48	61
62 OBSERVATION BEDS (NON-DISTINCT									62
OTHER REIMBURSABLE COST CENTERS									
71 HOME HEALTH AGENCY	166								71
SPECIAL PURPOSE COST CENTERS									
93 HOSPICE	8								93
94 HOMEMAKER									94
95 SUBTOTALS	6801	35841	51004	14208	9050	15169	17013	3634	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN									96
98 PHYSICIANS' PRIVATE OFFICES	175								98
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	6976	35841	51004	14208	9050	15169	17013	3634	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	24	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
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
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
24 PARAMED ED PRGM-(SPECIFY)	5777			24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS		117295		117295
26 INTENSIVE CARE UNIT		16291		16291
31 SUBPROVIDER I		77511		77511
33 NURSERY		5370		5370
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM		70623		70623
38 RECOVERY ROOM		5861		5861
39 DELIVERY ROOM & LABOR ROOM		7667		7667
40 ANESTHESIOLOGY		5665		5665
41 RADIOLOGY-DIAGNOSTIC		78814		78814
41.01 MAGNETIC RESONANCE IMAGING MRI		2256		2256
44 LABORATORY		31976		31976
48 INTRAVENOUS THERAPY		3261		3261
49 RESPIRATORY THERAPY		10478		10478
50 PHYSICAL THERAPY		105978		105978
51 OCCUPATIONAL THERAPY		6598		6598
52 SPEECH PATHOLOGY		6902		6902
53 ELECTROCARDIOLOGY		2009		2009
54 ELECTROENCEPHALOGRAPHY		742		742
55 MEDICAL SUPPLIES CHARGED TO PAT		6852		6852
56 DRUGS CHARGED TO PATIENTS		17650		17650
58 ASC (NON-DISTINCT PART)		122325		122325
59 CARDIAC REHAB		1364		1364
59.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI		110593		110593
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY		32261		32261
62 OBSERVATION BEDS (NON-DISTINCT				
OTHER REIMBURSABLE COST CENTERS				
71 HOME HEALTH AGENCY		3620		3620
SPECIAL PURPOSE COST CENTERS				
93 HOSPICE		543		543
94 HOMEMAKER		621		621
95 SUBTOTALS		851126		851126
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN		4998		4998
98 PHYSICIANS' PRIVATE OFFICES		5526		5526
101 CROSS FOOT ADJUSTMENTS	5777	5777		5777
102 NEGATIVE COST CENTER				
103 TOTAL	5777	867427		867427

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4									4
5		16594	889	17483	17483				5
6		308783	224203	532986	1797	534783			6
8		597254	46860	644114	657	42198	686969		8
9		16314		16314	23	3189	5755	25281	9
10		12099	3399	15498	444	11526	4268		10
11		81964	9330	91294	476	15770	28917		11
12		59783		59783		761	21091		12
14		23553	24427	47980	615	15151	8309		14
15		18363	79272	97635	115	4033	6478		15
16		27239	50367	77606	497	13483	9610		16
17		18313	39066	57379	755	20535	6461		17
18		6942	126	7068	96	2346	2449		18
20									20
24		12628	4944	17572	41	1547	4455		24
INPATIENT ROUTINE SERV COST CENTERS									
25		216786	95489	312275	1933	51300	76482	8137	25
26		30164	15234	45398	251	6576	10642	1032	26
31		150375	8757	159132	1181	29555	53052	1149	31
33		10859	3466	14325	77	2117	3831	95	33
ANCILLARY SERVICE COST CENTERS									
37		139813	146073	285886	540	42456	49326	1534	37
38		11636		11636	108	2660	4105	366	38
39		16347	10831	27178	110	2940	5767		39
40		8578	23678	32256	595	7635	3026		40
41		149978	634425	784403	1130	43975	52912	2804	41
41.01		1256	413155	414411	93	7185	443		41.01
44		57882	53712	111594	528	30579	20421		44
48		1983		1983	251	7339	700		48
49		18446	23058	41504	356	10441	6508		49
50		240637	58253	298890	867	25485	84897	1221	50
51		13785	46	13831	53	1885	4863	1221	51
52		14281	3052	17333	52	2354	5038	1221	52
53		1339	2346	3685	87	2249	472		53
54		1785	87	1872		35	630		54
55						2710			55
56						14056			56
58		262867	125029	387896	1473	36161	92742	1964	58
59		2281	6532	8813	31	1361	805		59
59.01		251413	6119	257532	522	15314	88699	939	59.01
OUTPATIENT SERVICE COST CENTERS									
61		43486	34825	78311	812	28715	15342	3598	61
62									62
71			52242	52242	718	18508			71
SPECIAL PURPOSE COST CENTERS									
93					77	2924			93
94			15177	15177	122	3341			94
95		2845806	2214469	5060275	17483	530395	678496	25281	95
NONREIMBURSABLE COST CENTERS									
96		12462		12462		159	4397		96
98		11553	83317	94870		4229	4076		98
101									101
102									102
103		2869821	2297786	5167607	17483	534783	686969	25281	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	10	11	12	14	15	16	17	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
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE									9
10 HOUSEKEEPING	31736								10
11 DIETARY	1112	137569							11
12 CAFETERIA	417	103375	185427						12
14 NURSING ADMINISTRATION	973		6416	79444					14
15 CENTRAL SERVICES & SUPPLY	72		3519		111852				15
16 PHARMACY	417		6191			107804			16
17 MEDICAL RECORDS & LIBRARY	278		16805	6646	192		109051		17
18 SOCIAL SERVICE	52		1486				31	13528	18
20 NONPHYSICIAN ANESTHETISTS									20
24 PARAMED ED PRGM-(SPECIFY)	397		884	714					24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	11116	16096	17562	14181	717		10490	12305	25
26 INTENSIVE CARE UNIT	973	995	4082	3296	1389		1174	987	26
31 SUBPROVIDER I	1112	12735	14565	11759			12899		31
33 NURSERY	139		971	784			1153		33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	2382		10608	8564	20340		1291		37
38 RECOVERY ROOM	99		1322	1067			271		38
39 DELIVERY ROOM & LABOR ROOM	211		1293	1044			63		39
40 ANESTHESIOLOGY			2314		644		279		40
41 RADIOLOGY-DIAGNOSTIC	449		18594				31753		41
41.01 MAGNETIC RESONANCE IMAGING MRI	199		1538						41.01
44 LABORATORY	1112		10689		273		1067		44
48 INTRAVENOUS THERAPY			3996				68		48
49 RESPIRATORY THERAPY	72		4238				23		49
50 PHYSICAL THERAPY	1668		15180				2488		50
51 OCCUPATIONAL THERAPY			956				957		51
52 SPEECH PATHOLOGY			598		1523		957		52
53 ELECTROCARDIOLOGY	89		2128				2885		53
54 ELECTROENCEPHALOGRAPHY	89		3				21		54
55 MEDICAL SUPPLIES CHARGED TO PAT					78811				55
56 DRUGS CHARGED TO PATIENTS						107804	94		56
58 ASC (NON-DISTINCT PART)	1787	3102	16253	13122	184		13499	57	58
59 CARDIAC REHAB	89		610				123		59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI	1509	850	9280	7492			17719		59.01
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	3335	416	13346	10775	7779		9746	179	61
62 OBSERVATION BEDS (NON-DISTINCT									62
OTHER REIMBURSABLE COST CENTERS									
71 HOME HEALTH AGENCY	757								71
SPECIAL PURPOSE COST CENTERS									
93 HOSPICE	37								93
94 HOMEMAKER									94
95 SUBTOTALS	30942	137569	185427	79444	111852	107804	109051	13528	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN									96
98 PHYSICIANS' PRIVATE OFFICES	794								98
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	31736	137569	185427	79444	111852	107804	109051	13528	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	24	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
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
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
24 PARAMED ED PRGM-(SPECIFY)	25610			24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS		532594		532594
26 INTENSIVE CARE UNIT		76795		76795
31 SUBPROVIDER I		297139		297139
33 NURSERY		23492		23492
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM		422927		422927
38 RECOVERY ROOM		21634		21634
39 DELIVERY ROOM & LABOR ROOM		38606		38606
40 ANESTHESIOLOGY		46749		46749
41 RADIOLOGY-DIAGNOSTIC		936020		936020
41.01 MAGNETIC RESONANCE IMAGING MRI		423869		41.01 423869
44 LABORATORY		176263		176263
48 INTRAVENOUS THERAPY		14337		14337
49 RESPIRATORY THERAPY		63142		63142
50 PHYSICAL THERAPY		430696		430696
51 OCCUPATIONAL THERAPY		23766		23766
52 SPEECH PATHOLOGY		29076		29076
53 ELECTROCARDIOLOGY		11595		11595
54 ELECTROENCEPHALOGRAPHY		2650		2650
55 MEDICAL SUPPLIES CHARGED TO PAT		81521		81521
56 DRUGS CHARGED TO PATIENTS		121954		121954
58 ASC (NON-DISTINCT PART)		568240		568240
59 CARDIAC REHAB		11832		11832
59.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI		399856		59.01 399856
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY		172354		172354
62 OBSERVATION BEDS (NON-DISTINCT				62
OTHER REIMBURSABLE COST CENTERS				
71 HOME HEALTH AGENCY		72225		72225
SPECIAL PURPOSE COST CENTERS				
93 HOSPICE		3038		3038
94 HOMEMAKER		18640		18640
95 SUBTOTALS		5021010		5021010
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN		17018		17018
98 PHYSICIANS' PRIVATE OFFICES		103969		103969
101 CROSS FOOT ADJUSTMENTS	25610	25610		101 25610
102 NEGATIVE COST CENTER				102
103 TOTAL	25610	5167607		103 5167607

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	RECON-	ADMINIS-
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES		
	1	2	3	4	5	6A	6
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT	173630						1
2 OLD CAP REL COSTS-MVBLE EQUIP		1250					2
3 NEW CAP REL COSTS-BLDG & FIXT			173630				3
4 NEW CAP REL COSTS-MVBLE EQUIP				2838301			4
5 EMPLOYEE BENEFITS	1004		1004	1098	28198399		5
6 ADMINISTRATIVE & GENERAL	18682		18682	276943	2899057	-7842985	54716302 6
8 OPERATION OF PLANT	36135	1250	36135	57883	1060245		4317341 8
9 LAUNDRY & LINEN SERVICE	987		987		37457		326265 9
10 HOUSEKEEPING	732		732	4199	716823		1179242 10
11 DIETARY	4959		4959	11525	767896		1613473 11
12 CAFETERIA	3617		3617				77851 12
14 NURSING ADMINISTRATION	1425		1425	30173	992715		1550142 14
15 CENTRAL SERVICES & SUPPLY	1111		1111	97919	184907		412602 15
16 PHARMACY	1648		1648	62215	801260		1379468 16
17 MEDICAL RECORDS & LIBRARY	1108		1108	48256	1217185		2100969 17
18 SOCIAL SERVICE	420		420	156	155156		240054 18
20 NONPHYSICIAN ANESTHETISTS							20
24 PARAMED ED PRGM-(SPECIFY)	764		764	6107	66654		158264 24
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	13116		13116	117951	3119254		5250305 25
26 INTENSIVE CARE UNIT	1825		1825	18817	404704		672756 26
31 SUBPROVIDER I	9098		9098	10817	1904509		3023866 31
33 NURSERY	657		657	4281	123574		216604 33
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	8459		8459	180434	870468		4343734 37
38 RECOVERY ROOM	704		704		174150		272126 38
39 DELIVERY ROOM & LABOR ROOM	989		989	13379	177935		300767 39
40 ANESTHESIOLOGY	519		519	29248	959045		781152 40
41 RADIOLOGY-DIAGNOSTIC	9074		9074	783663	1822195		4499155 41
41.01 MAGNETIC RESONANCE IMAGING MR	76		76	510342	149902		735070 41.01
44 LABORATORY	3502		3502	66347	851327		3128558 44
48 INTRAVENOUS THERAPY	120		120		404577		750916 48
49 RESPIRATORY THERAPY	1116		1116	28482	574631		1068266 49
50 PHYSICAL THERAPY	14559		14559	71956	1398177		2607443 50
51 OCCUPATIONAL THERAPY	834		834	57	86272		192871 51
52 SPEECH PATHOLOGY	864		864	3770	83444		240854 52
53 ELECTROCARDIOLOGY	81		81	2898	140175		230125 53
54 ELECTROENCEPHALOGRAPHY	108		108	107	300		3539 54
55 MEDICAL SUPPLIES CHARGED TO P							277224 55
56 DRUGS CHARGED TO PATIENTS							1438065 56
58 ASC (NON-DISTINCT PART)	15904		15904	154440	2375452		3699721 58
59 CARDIAC REHAB	138		138	8069	49319		139264 59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SER	15211		15211	7558	841398		1566854 59.01
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY	2631		2631	43017	1308900		2937871 61
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
71 HOME HEALTH AGENCY				64531	1157584		1893608 71
SPECIAL PURPOSE COST CENTERS							
93 HOSPICE					124392		299148 93
94 HOMEMAKER				18747	197360		341876 94
95 SUBTOTALS	172177	1250	172177	2735385	28198399	-7842985	54267409 95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & C	754		754				16228 96
98 PHYSICIANS' PRIVATE OFFICES	699		699	102916			432665 98
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	867327	100	2869821	2297786	12474167		7842985 103
104 UNIT COST MULT-WS B PT I		.080000		.809564			104
104 UNIT COST MULT-WS B PT I	4.995260		16.528371		.442371		.143339 104
105 COST TO BE ALLOC PER B PT II					5015		93837 105
106 UNIT COST MULT-WS B PT II							106
106 UNIT COST MULT-WS B PT II					.000178		.001715 106
107 COST TO BE ALLOC PER B PT III					17483		534783 107
108 UNIT COST MULT-WS B PT III							108
108 UNIT COST MULT-WS B PT III					.000620		.009774 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	SQUARE FEET	POUNDS OF LAUNDRY	HOURS OF SERVICE	MEALS SERVED	MEALS SERVED	DIRECT NRSING HRS	COSTED REQUIS.	COSTED REQUIS.
	8	9	10	11	12	14	15	16
GENERAL SERVICE COST CENTERS								
1	OLD CAP REL COSTS-BLDG & FIXT							1
2	OLD CAP REL COSTS-MVBLE EQUIP							2
3	NEW CAP REL COSTS-BLDG & FIXT							3
4	NEW CAP REL COSTS-MVBLE EQUIP							4
5	EMPLOYEE BENEFITS							5
6	ADMINISTRATIVE & GENERAL							6
8	OPERATION OF PLANT	117809						8
9	LAUNDRY & LINEN SERVICE	987	494532					9
10	HOUSEKEEPING	732		41563				10
11	DIETARY	4959		1456	228270			11
12	CAFETERIA	3617		546	171528	367734		12
14	NURSING ADMINISTRATION	1425		1274		12724	195141	14
15	CENTRAL SERVICES & SUPPLY	1111		94		6979	103926	15
16	PHARMACY	1648		546		12278		16
17	MEDICAL RECORDS & LIBRARY	1108		364		33327	178	17
18	SOCIAL SERVICE	420		68		2947		18
20	NONPHYSICIAN ANESTHETISTS							20
24	PARAMED ED PRGM-(SPECIFY)	764		520		1754	1754	24
INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	13116	159167	14560	26709	34828	34828	666
26	INTENSIVE CARE UNIT	1825	20185	1274	1651	8095	8095	1291
31	SUBPROVIDER I	9098	22479	1456	21132	28885	28885	
33	NURSERY	657	1867	182		1926	1926	
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	8459	30010	3120		21037	21037	18899
38	RECOVERY ROOM	704	7153	130		2621	2621	
39	DELIVERY ROOM & LABOR ROOM	989		276		2564	2564	
40	ANESTHESIOLOGY	519				4589		598
41	RADIOLOGY-DIAGNOSTIC	9074	54857	588		36875		
41.01	MAGNETIC RESONANCE IMAGING MR	76		260		3050		
44	LABORATORY	3502		1456		21199		254
48	INTRAVENOUS THERAPY	120				7925		
49	RESPIRATORY THERAPY	1116		94		8405		
50	PHYSICAL THERAPY	14559	23883	2184		30105		
51	OCCUPATIONAL THERAPY	834	23883			1896		
52	SPEECH PATHOLOGY	864	23883			1185	1415	
53	ELECTROCARDIOLOGY	81		117		4220		
54	ELECTROENCEPHALOGRAPHY	108		117		5		
55	MEDICAL SUPPLIES CHARGED TO P						73226	
56	DRUGS CHARGED TO PATIENTS							1453429
58	ASC (NON-DISTINCT PART)	15904	38413	2340	5148	32233	32233	171
59	CARDIAC REHAB	138		117		1210		
59.01	PSYCHIATRIC/PSYCHOLOGICAL SER	15211	18364	1976	1411	18404	18404	
OUTPATIENT SERVICE COST CENTERS								
61	EMERGENCY	2631	70388	4368	691	26468	26468	7228
62	OBSERVATION BEDS (NON-DISTINC							
OTHER REIMBURSABLE COST CENTERS								
71	HOME HEALTH AGENCY			992				
SPECIAL PURPOSE COST CENTERS								
93	HOSPICE			48				
94	HOMEMAKER							
95	SUBTOTALS	116356	494532	40523	228270	367734	195141	103926
NONREIMBURSABLE COST CENTERS								
96	GIFT, FLOWER, COFFEE SHOP & C	754						
98	PHYSICIANS' PRIVATE OFFICES	699		1040				
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOC PER B PT I	4936184	414386	1378944	2100835	1837298	1937886	556283
104	UNIT COST MULT-WS B PT I	41.899889		33.177201		4.996269		5.352684
104	UNIT COST MULT-WS B PT I		.837936		9.203290		9.930696	1.187337
105	COST TO BE ALLOC PER B PT II	188197	7074	6976	35841	51004	14208	9050
106	UNIT COST MULT-WS B PT II	1.597476		.167842		.138698		.087081
106	UNIT COST MULT-WS B PT II		.014304		.157011		.072809	.010437
107	COST TO BE ALLOC PER B PT III	686969	25281	31736	137569	185427	79444	111852
108	UNIT COST MULT-WS B PT III	5.831210		.763564		.504242		1.076266
108	UNIT COST MULT-WS B PT III		.051121		.602659		.407111	.074172

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL	SOCIAL	PARAMED	
	RECORDS & LIBRARY	SERVICE	EDUCATION	
	TIME SPENT	TIME SPENT	ASSIGNED TIME	
	17	18	24	
GENERAL SERVICE COST CENTERS				
1				1
2				2
3				3
4				4
5				5
6				6
8				8
9				9
10				10
11				11
12				12
14				14
15				15
16				16
17	41813			17
18	12	4016		18
20				20
24			1237	24
INPATIENT ROUTINE SERV COST CENTERS				
25	4022	3653	588	25
26	450	293	14	26
31	4946			31
33	442			33
ANCILLARY SERVICE COST CENTERS				
37	495			37
38	104			38
39	24			39
40	107			40
41	12175			41
41.01				41.01
44	409		150	44
48	26		12	48
49	9		68	49
50	954			50
51	367			51
52	367			52
53	1106		185	53
54	8			54
55				55
56	36		63	56
58	5176	17		58
59	47			59
59.01	6794			59.01
OUTPATIENT SERVICE COST CENTERS				
61	3737	53	157	61
62				62
OTHER REIMBURSABLE COST CENTERS				
71				71
SPECIAL PURPOSE COST CENTERS				
93				93
94				94
95	41813	4016	1237	95
NONREIMBURSABLE COST CENTERS				
96				96
98				98
101				101
102				102
103	2790215	309842	256394	103
104	66.730801		207.270816	104
104		77.151892		104
105	17013	3634	5777	105
106	.406883		4.670170	106
106		.904880		106
107	109051	13528	25610	107
108	2.608064		20.703314	108
108		3.368526		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	8610226		8610226		8610226	25
26 INTENSIVE CARE UNIT	1103313		1103313		1103313	26
31 SUBPROVIDER I	4861351		4861351		4861351	31
33 NURSERY	341027		341027		341027	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	5897661		5897661	12800	5910461	37
38 RECOVERY ROOM	397000		397000		397000	38
39 DELIVERY ROOM & LABOR ROOM	434349		434349		434349	39
40 ANESTHESIOLOGY	948137		948137	56744	1004881	40
41 RADIOLOGY-DIAGNOSTIC	6586418		6586418	8211	6594629	41
41.01 MAGNETIC RESONANCE IMAGING	867483		867483		867483	41.01
44 LABORATORY	3937701		3937701		3937701	44
48 INTRAVENOUS THERAPY	907397		907397		907397	48
49 RESPIRATORY THERAPY	1327958		1327958		1327958	49
50 PHYSICAL THERAPY	3897756		3897756		3897756	50
51 OCCUPATIONAL THERAPY	309437		309437		309437	51
52 SPEECH PATHOLOGY	369577		369577		369577	52
53 ELECTROCARDIOLOGY	403620		403620		403620	53
54 ELECTROENCEPHALOGRAPHY	13012		13012		13012	54
55 MEDICAL SUPPLIES CHARGED TO	708917		708917		708917	55
56 DRUGS CHARGED TO PATIENTS	3385366		3385366		3385366	56
58 ASC (NON-DISTINCT PART)	5882379		5882379	150516	6032895	58
59 CARDIAC REHAB	178071		178071		178071	59
59.01 PSYCHIATRIC/PSYCHOLOGICAL S	3250801		3250801	98879	3349680	59.01
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	4399259		4399259	46133	4445392	61
62 OBSERVATION BEDS (NON-DISTI	1072184		1072184		1072184	62
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	60090400		60090400	373283	60463683	101
102 LESS OBSERVATION BEDS	1072184		1072184		1072184	102
103 TOTAL	59018216		59018216	373283	59391499	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	10272355		10272355			25
26 INTENSIVE CARE UNIT	1507920		1507920			26
31 SUBPROVIDER I	6836637		6836637			31
33 NURSERY	632500		632500			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	5578901	10933133	16512034	.357174	.357174	.357949 37
38 RECOVERY ROOM	406264	1198398	1604662	.247404	.247404	.247404 38
39 DELIVERY ROOM & LABOR ROOM	1148020	10000	1158020	.375079	.375079	.375079 39
40 ANESTHESIOLOGY	1133049	2749233	3882282	.244222	.244222	.258838 40
41 RADIOLOGY-DIAGNOSTIC	6059146	23455914	29515060	.223154	.223154	.223433 41
41.01 MAGNETIC RESONANCE IMAGING	422412	5291359	5713771	.151823	.151823	.151823 41.01
44 LABORATORY	7882851	12294973	20177824	.195150	.195150	.195150 44
48 INTRAVENOUS THERAPY	1590446	526599	2117045	.428615	.428615	.428615 48
49 RESPIRATORY THERAPY	5142066	1261723	6403789	.207371	.207371	.207371 49
50 PHYSICAL THERAPY	712475	5326043	6038518	.645482	.645482	.645482 50
51 OCCUPATIONAL THERAPY	32302	421762	454064	.681483	.681483	.681483 51
52 SPEECH PATHOLOGY	176	256988	257164	1.437126	1.437126	1.437126 52
53 ELECTROCARDIOLOGY	726119	802206	1528325	.264093	.264093	.264093 53
54 ELECTROENCEPHALOGRAPHY	21652	44190	65842	.197625	.197625	.197625 54
55 MEDICAL SUPPLIES CHARGED TO	975301	380634	1355935	.522825	.522825	.522825 55
56 DRUGS CHARGED TO PATIENTS	4170110	2682431	6852541	.494031	.494031	.494031 56
58 ASC (NON-DISTINCT PART)	647371	7472991	8120362	.724399	.724399	.742934 58
59 CARDIAC REHAB	40296	517171	557467	.319429	.319429	.319429 59
59.01 PSYCHIATRIC/PSYCHOLOGICAL S	2037	880915	882952	3.681741	3.681741	3.793728 59.01
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	3396480	7832184	11228664	.391788	.391788	.395897 61
62 OBSERVATION BEDS (NON-DISTI		1322665	1322665	.810624	.810624	.810624 62
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	59336886	85661512	144998398			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	59336886	85661512	144998398			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST
	1	2	3	4	5	6
25 INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	117295		117295	532594		532594
26 INTENSIVE CARE UNIT	16291		16291	76795		76795
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	77511		77511	297139		297139
33 NURSERY	5370		5370	23492		23492
101 TOTAL	216467		216467	930020		930020

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST
	7	8	9	10	11	12
25 INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	9733	4099	12.05	49393	54.72	224297
26 INTENSIVE CARE UNIT	876	452	18.60	8407	87.67	39627
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	5257	1504	14.74	22169	56.52	85006
33 NURSERY	1012		5.31		23.21	
101 TOTAL	16878	6055		79969		348930

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0110) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT 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	70623	422927	16512034	2228193	.004277	9530	.025613	57071 37
38 RECOVERY ROOM	5861	21634	1604662	139628	.003652	510	.013482	1882 38
39 DELIVERY ROOM & LABOR ROOM	7667	38606	1158020	2652	.006621	18	.033338	88 39
40 ANESTHESIOLOGY	5665	46749	3882282	178985	.001459	261	.012042	2155 40
41 RADIOLOGY-DIAGNOSTIC	78814	936020	29515060	3271947	.002670	8736	.031713	103763 41
41.01 MAGNETIC RESONANCE IMAGING MR	2256	423869	5713771	217022	.000395	86	.074184	16100 41.01
44 LABORATORY	31976	176263	20177824	3519600	.001585	5579	.008735	30744 44
48 INTRAVENOUS THERAPY	3261	14337	2117045	723991	.001540	1115	.006772	4903 48
49 RESPIRATORY THERAPY	10478	63142	6403789	3421122	.001636	5597	.009860	33732 49
50 PHYSICAL THERAPY	105978	430696	6038518	536679	.017550	9419	.071325	38279 50
51 OCCUPATIONAL THERAPY	6598	23766	454064	19167	.014531	279	.052341	1003 51
52 SPEECH PATHOLOGY	6902	29076	257164	161	.026839	4	.113064	18 52
53 ELECTROCARDIOLOGY	2009	11595	1528325	485837	.001315	639	.007587	3686 53
54 ELECTROENCEPHALOGRAPHY	742	2650	65842	8557	.011269	96	.040248	344 54
55 MEDICAL SUPPLIES CHARGED TO P	6852	81521	1355935	328991	.005053	1662	.060122	19780 55
56 DRUGS CHARGED TO PATIENTS	17650	121954	6852541	1874521	.002576	4829	.017797	33361 56
58 ASC (NON-DISTINCT PART)	122325	568240	8120362	400573	.015064	6034	.069977	28031 58
59 CARDIAC REHAB	1364	11832	557467	24572	.002447	60	.021225	522 59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SER	110593	399856	882952		.125254		.452863	59.01
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	32261	172354	11228664	1478150	.002873	4247	.015349	22688 61
62 OBSERVATION BEDS (NON-DISTINC	14606	66321	1322665		.011043		.050142	62
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	644481	4063408	125748986	18860348		58701		398150 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	NURSING	ALLIED	ALL OTHER	SWING-BED	TOTAL	
	ANESTHETIST	SCHOOL	HEALTH	MEDICAL			
	COST	COST	COSTS	EDUCATION	ADJUSTMENT	COSTS	
	1	2	2.01	2.02	3	4	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS			121875			121875	25
26 INTENSIVE CARE UNIT			2902			2902	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							33
34 SKILLED NURSING FACILITY							34
35 NURSING FACILITY							35
101 TOTAL			124777			124777	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	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
	INPAT ROUTINE SERV COST CTRS					
25	ADULTS & PEDIATRICS	9733	12.52	4099	51319	25
26	INTENSIVE CARE UNIT	876	3.31	452	1496	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	5257		1504		31
33	NURSERY	1012				33
34	SKILLED NURSING FACILITY					34
35	NURSING FACILITY					35
101	TOTAL	16878		6055	52815	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0110) [] 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		NURSING SCHOOL COST	ALLIED HEALTH COSTS	ALL OTHER MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 MAGNETIC RESONANCE IMAGING MR							41.01
44 LABORATORY				31091			31091 44
48 INTRAVENOUS THERAPY				2487			2487 48
49 RESPIRATORY THERAPY				14094			14094 49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY				38345			38345 53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS				13058			13058 56
58 ASC (NON-DISTINCT PART)							58
59 CARDIAC REHAB							59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SER							59.01
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY				32542			32542 61
62 OBSERVATION BEDS (NON-DISTINC				15177			15177 62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				146794			146794 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0110) [] 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		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		16512034			2228193		2297003 37
38 RECOVERY ROOM		1604662			139628		169220 38
39 DELIVERY ROOM & LABOR ROOM		1158020			2652		1139 39
40 ANESTHESIOLOGY		3882282			178985		209439 40
41 RADIOLOGY-DIAGNOSTIC		29515060			3271947		5168667 41
41.01 MAGNETIC RESONANCE IMAGING MR		5713771			217022		1025509 41.01
44 LABORATORY	31091	20177824	.001541	.001541	3519600	5424	13952 44
48 INTRAVENOUS THERAPY	2487	2117045	.001175	.001175	723991	851	77595 48
49 RESPIRATORY THERAPY	14094	6403789	.002201	.002201	3421122	7530	282956 49
50 PHYSICAL THERAPY		6038518			536679		458531 50
51 OCCUPATIONAL THERAPY		454064			19167		9644 51
52 SPEECH PATHOLOGY		257164			161		63791 52
53 ELECTROCARDIOLOGY	38345	1528325	.025090	.025090	485837	12190	226031 53
54 ELECTROENCEPHALOGRAPHY		65842			8557		9195 54
55 MEDICAL SUPPLIES CHARGED TO P		1355935			328991		225565 55
56 DRUGS CHARGED TO PATIENTS	13058	6852541	.001906	.001906	1874521	3573	708721 56
58 ASC (NON-DISTINCT PART)		8120362			400573		2241872 58
59 CARDIAC REHAB		557467			24572		143915 59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SER		882952					361879 59.01
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY	32542	11228664	.002898	.002898	1478150	4284	1004076 61
62 OBSERVATION BEDS (NON-DISTINC	15177	1322665	.011475	.011475			363143 62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	146794	125748986			18860348	33852	15061843 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0110) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM	1131360				37
38 RECOVERY ROOM	83347				38
39 DELIVERY ROOM & LABOR ROOM	561				39
40 ANESTHESIOLOGY	103156				40
41 RADIOLOGY-DIAGNOSTIC	2545761				41
41.01 MAGNETIC RESONANCE IMAGING MR	505102				41.01
44 LABORATORY	6872		22	11	44
48 INTRAVENOUS THERAPY	38218		91	45	48
49 RESPIRATORY THERAPY	139367		623	307	49
50 PHYSICAL THERAPY	225843				50
51 OCCUPATIONAL THERAPY	4750				51
52 SPEECH PATHOLOGY	31419				52
53 ELECTROCARDIOLOGY	111329		5671	2793	53
54 ELECTROENCEPHALOGRAPHY	4529				54
55 MEDICAL SUPPLIES CHARGED TO P	111099				55
56 DRUGS CHARGED TO PATIENTS	346089		1351	660	56
58 ASC (NON-DISTINCT PART)	1104206				58
59 CARDIAC REHAB	70884				59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SER	172759				59.01
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY	494545		2910	1433	61
62 OBSERVATION BEDS (NON-DISTINC	178862		4167	2052	62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL	7410058		14835	7301	101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0110) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			----- PROGRAM CHARGES -----		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
37 ANCILLARY SERVICE COST CENTERS						
38 OPERATING ROOM	.357174	.357174	.357174			37
39 RECOVERY ROOM	.247404	.247404	.247404			38
40 DELIVERY ROOM & LABOR ROOM	.375079	.375079	.375079			39
41 ANESTHESIOLOGY	.244222	.244222	.244222			40
42 RADIOLOGY-DIAGNOSTIC	.223154	.223154	.223154			41
41.01 MAGNETIC RESONANCE IMAGING MRI	.151823	.151823	.151823			41.01
44 LABORATORY	.195150	.195150	.195150			44
48 INTRAVENOUS THERAPY	.428615	.428615	.428615			48
49 RESPIRATORY THERAPY	.207371	.207371	.207371			49
50 PHYSICAL THERAPY	.645482	.645482	.645482			50
51 OCCUPATIONAL THERAPY	.681483	.681483	.681483			51
52 SPEECH PATHOLOGY	1.437126	1.437126	1.437126			52
53 ELECTROCARDIOLOGY	.264093	.264093	.264093			53
54 ELECTROENCEPHALOGRAPHY	.197625	.197625	.197625			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.522825	.522825	.522825			55
56 DRUGS CHARGED TO PATIENTS	.494031	.494031	.494031			56
58 ASC (NON-DISTINCT PART)	.724399	.724399	.724399			58
59 CARDIAC REHAB	.319429	.319429	.319429			59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI	3.681741	3.681741	3.681741			59.01
61 OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	.391788	.391788	.391788			61
62 OBSERVATION BEDS (NON-DISTINCT	.810624	.810624	.810624			62
62 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	.494031	1
2 PROGRAM VACCINE CHARGES	2873	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	1419	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 (14-0110) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COST			
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
	5	5.01	5.02	5.03	5.04			
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		2297003		1131360				37
38 RECOVERY ROOM		169220		83347				38
39 DELIVERY ROOM & LABOR ROOM		1139		561				39
40 ANESTHESIOLOGY		209439		103156				40
41 RADIOLOGY-DIAGNOSTIC		5168667		2545761				41
41.01 MAGNETIC RESONANCE IMAGING MRI		1025509		505102				41.01
44 LABORATORY		13952		6872				44
48 INTRAVENOUS THERAPY		77595		38218				48
49 RESPIRATORY THERAPY		282956		139367				49
50 PHYSICAL THERAPY		458531		225843				50
51 OCCUPATIONAL THERAPY		9644		4750				51
52 SPEECH PATHOLOGY		63791		31419				52
53 ELECTROCARDIOLOGY		226031		111329				53
54 ELECTROENCEPHALOGRAPHY		9195		4529				54
55 MEDICAL SUPPLIES CHARGED TO PA		225565		111099				55
56 DRUGS CHARGED TO PATIENTS		708721	109	346089				56
58 ASC (NON-DISTINCT PART)		2241872		1104206				58
59 CARDIAC REHAB		143915		70884				59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SERV		361879	5480	172759				59.01
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		1004076		494545				61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)		363143		178862				62
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		15061843	5589	7410058				101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		15061843	5589	7410058				104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0110) [] 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 (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03 9.03	PPS SERVICES (COLUMNS 1.01x5.04 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
37 ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		820430		404092			37
38 RECOVERY ROOM		41866		20620			38
39 DELIVERY ROOM & LABOR ROOM		427		210			39
40 ANESTHESIOLOGY		51150		25193			40
41 RADIOLOGY-DIAGNOSTIC		1153409		568097			41
41.01 MAGNETIC RESONANCE IMAGING MRI		155696		76686			41.01
44 LABORATORY		2723		1341			44
48 INTRAVENOUS THERAPY		33258		16381			48
49 RESPIRATORY THERAPY		58677		28901			49
50 PHYSICAL THERAPY		295974		145778			50
51 OCCUPATIONAL THERAPY		6572		3237			51
52 SPEECH PATHOLOGY		91676		45153			52
53 ELECTROCARDIOLOGY		59693		29401			53
54 ELECTROENCEPHALOGRAPHY		1817		895			54
55 MEDICAL SUPPLIES CHARGED TO PAT		117931		58085			55
56 DRUGS CHARGED TO PATIENTS		350130	54	170979			56
58 ASC (NON-DISTINCT PART)		1624010		799886			58
59 CARDIAC REHAB		45971		22642			59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI		1332345	20176	636054			59.01
61 OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		393385		193757			61
62 OBSERVATION BEDS (NON-DISTINCT		294372		144990			62
62 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	6931512		20230	3392378			101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES	6931512		20230	3392378			104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S110) [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

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	70623	422927	16512034		.004277		.025613	37
38 RECOVERY ROOM	5861	21634	1604662		.003652		.013482	38
39 DELIVERY ROOM & LABOR ROOM	7667	38606	1158020	16	.006621		.033338	1 39
40 ANESTHESIOLOGY	5665	46749	3882282		.001459		.012042	40
41 RADIOLOGY-DIAGNOSTIC	78814	936020	29515060	54140	.002670	145	.031713	1717 41
41.01 MAGNETIC RESONANCE IMAGING MR	2256	423869	5713771	5393	.000395	2	.074184	400 41.01
44 LABORATORY	31976	176263	20177824	336031	.001585	533	.008735	2935 44
48 INTRAVENOUS THERAPY	3261	14337	2117045	441	.001540	1	.006772	3 48
49 RESPIRATORY THERAPY	10478	63142	6403789	99288	.001636	162	.009860	979 49
50 PHYSICAL THERAPY	105978	430696	6038518	15516	.017550	272	.071325	1107 50
51 OCCUPATIONAL THERAPY	6598	23766	454064		.014531		.052341	51
52 SPEECH PATHOLOGY	6902	29076	257164		.026839		.113064	52
53 ELECTROCARDIOLOGY	2009	11595	1528325	31532	.001315	41	.007587	239 53
54 ELECTROENCEPHALOGRAPHY	742	2650	65842	476	.011269	5	.040248	19 54
55 MEDICAL SUPPLIES CHARGED TO P	6852	81521	1355935	3779	.005053	19	.060122	227 55
56 DRUGS CHARGED TO PATIENTS	17650	121954	6852541	276701	.002576	713	.017797	4924 56
58 ASC (NON-DISTINCT PART)	122325	568240	8120362	2372	.015064	36	.069977	166 58
59 CARDIAC REHAB	1364	11832	557467		.002447		.021225	59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SER	110593	399856	882952	1063	.125254	133	.452863	481 59.01
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	32261	172354	11228664	160017	.002873	460	.015349	2456 61
62 OBSERVATION BEDS (NON-DISTINC	14606	66321	1322665		.011043		.050142	62
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	644481	4063408	125748986	986765		2522		15654 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S110) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	ALL OTHER MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 MAGNETIC RESONANCE IMAGING MR							41.01
44 LABORATORY				31091			31091 44
48 INTRAVENOUS THERAPY				2487			2487 48
49 RESPIRATORY THERAPY				14094			14094 49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY				38345			38345 53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS				13058			13058 56
58 ASC (NON-DISTINCT PART)							58
59 CARDIAC REHAB							59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SER							59.01
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY				32542			32542 61
62 OBSERVATION BEDS (NON-DISTINC				15177			15177 62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				146794			146794 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S110) [] 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	
	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		16512034					37
38 RECOVERY ROOM		1604662					38
39 DELIVERY ROOM & LABOR ROOM		1158020			16		39
40 ANESTHESIOLOGY		3882282					40
41 RADIOLOGY-DIAGNOSTIC		29515060			54140		41
41.01 MAGNETIC RESONANCE IMAGING MR		5713771			5393		41.01
44 LABORATORY	31091	20177824	.001541	.001541	336031	518	44
48 INTRAVENOUS THERAPY	2487	2117045	.001175	.001175	441	1	48
49 RESPIRATORY THERAPY	14094	6403789	.002201	.002201	99288	219	49
50 PHYSICAL THERAPY		6038518			15516		50
51 OCCUPATIONAL THERAPY		454064					51
52 SPEECH PATHOLOGY		257164					52
53 ELECTROCARDIOLOGY	38345	1528325	.025090	.025090	31532	791	53
54 ELECTROENCEPHALOGRAPHY		65842			476		54
55 MEDICAL SUPPLIES CHARGED TO P		1355935			3779		55
56 DRUGS CHARGED TO PATIENTS	13058	6852541	.001906	.001906	276701	527	56
58 ASC (NON-DISTINCT PART)		8120362			2372		58
59 CARDIAC REHAB		557467					59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SER		882952			1063		59.01
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY	32542	11228664	.002898	.002898	160017	464	61
62 OBSERVATION BEDS (NON-DISTINC	15177	1322665	.011475	.011475			62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	146794	125748986			986765	2520	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S110) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MAGNETIC RESONANCE IMAGING MR					41.01
44 LABORATORY					44
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
58 ASC (NON-DISTINCT PART)					58
59 CARDIAC REHAB					59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SER					59.01
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
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	
25 INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	117295		117295	532594		532594	25
26 INTENSIVE CARE UNIT	16291		16291	76795		76795	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	77511		77511	297139		297139	31
33 NURSERY	5370		5370	23492		23492	33
101 TOTAL	216467		216467	930020		930020	101

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
25 INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	9733	1548	12.05	18653	54.72	84707	25
26 INTENSIVE CARE UNIT	876	92	18.60	1711	87.67	8066	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	5257	1815	14.74	26753	56.52	102584	31
33 NURSERY	1012	699	5.31	3712	23.21	16224	33
101 TOTAL	16878	4154		50829		211581	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0110) [] 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	70623	422927	16512034	768669	.004277	3288	.025613	19688	37
38 RECOVERY ROOM	5861	21634	1604662	59647	.003652	218	.013482	804	38
39 DELIVERY ROOM & LABOR ROOM	7667	38606	1158020	1023142	.006621	6774	.033338	34110	39
40 ANESTHESIOLOGY	5665	46749	3882282	114753	.001459	167	.012042	1382	40
41 RADIOLOGY-DIAGNOSTIC	78814	936020	29515060	520207	.002670	1389	.031713	16497	41
41.01 MAGNETIC RESONANCE IMAGING MR	2256	423869	5713771	33392	.000395	13	.074184	2477	41.01
44 LABORATORY	31976	176263	20177824	698211	.001585	1107	.008735	6099	44
48 INTRAVENOUS THERAPY	3261	14337	2117045	294568	.001540	454	.006772	1995	48
49 RESPIRATORY THERAPY	10478	63142	6403789	371961	.001636	609	.009860	3668	49
50 PHYSICAL THERAPY	105978	430696	6038518	37477	.017550	658	.071325	2673	50
51 OCCUPATIONAL THERAPY	6598	23766	454064	2583	.014531	38	.052341	135	51
52 SPEECH PATHOLOGY	6902	29076	257164		.026839		.113064		52
53 ELECTROCARDIOLOGY	2009	11595	1528325	39028	.001315	51	.007587	296	53
54 ELECTROENCEPHALOGRAPHY	742	2650	65842	999	.011269	11	.040248	40	54
55 MEDICAL SUPPLIES CHARGED TO P	6852	81521	1355935	173721	.005053	878	.060122	10444	55
56 DRUGS CHARGED TO PATIENTS	17650	121954	6852541	445876	.002576	1149	.017797	7935	56
58 ASC (NON-DISTINCT PART)	122325	568240	8120362	40352	.015064	608	.069977	2824	58
59 CARDIAC REHAB	1364	11832	557467	4546	.002447	11	.021225	96	59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SER	110593	399856	882952	291	.125254	36	.452863	132	59.01
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	32261	172354	11228664	261585	.002873	752	.015349	4015	61
62 OBSERVATION BEDS (NON-DISTINC	14606	66321	1322665		.011043		.050142		62
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL	644481	4063408	125748986	4891008		18211		115310	101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	NURSING	ALLIED	ALL OTHER	SWING-BED	TOTAL	
	ANESTHETIST	SCHOOL	HEALTH	MEDICAL			
	COST	COST	COSTS	EDUCATION	ADJUSTMENT	COSTS	
	1	2	2.01	2.02	3	4	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS			121875			121875	25
26 INTENSIVE CARE UNIT			2902			2902	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							33
34 SKILLED NURSING FACILITY							34
35 NURSING FACILITY							35
101 TOTAL			124777			124777	101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
	INPAT ROUTINE SERV COST CTRS					
25	ADULTS & PEDIATRICS	9733	12.52	1548	19381	25
26	INTENSIVE CARE UNIT	876	3.31	92	305	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	5257		1815		31
33	NURSERY	1012		699		33
34	SKILLED NURSING FACILITY					34
35	NURSING FACILITY					35
101	TOTAL	16878		4154	19686	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0110) [] 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		NURSING SCHOOL COST	ALLIED HEALTH COSTS	ALL OTHER MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 MAGNETIC RESONANCE IMAGING MR							41.01
44 LABORATORY				31091			31091 44
48 INTRAVENOUS THERAPY				2487			2487 48
49 RESPIRATORY THERAPY				14094			14094 49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY				38345			38345 53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS				13058			13058 56
58 ASC (NON-DISTINCT PART)							58
59 CARDIAC REHAB							59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SER							59.01
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY				32542			32542 61
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				131617			131617 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0110) [] 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		16512034			768669		37
38 RECOVERY ROOM		1604662			59647		38
39 DELIVERY ROOM & LABOR ROOM		1158020			1023142		39
40 ANESTHESIOLOGY		3882282			114753		40
41 RADIOLOGY-DIAGNOSTIC		29515060			520207		41
41.01 MAGNETIC RESONANCE IMAGING MR		5713771			33392		41.01
44 LABORATORY	31091	20177824	.001541	.001541	698211	1076	44
48 INTRAVENOUS THERAPY	2487	2117045	.001175	.001175	294568	346	48
49 RESPIRATORY THERAPY	14094	6403789	.002201	.002201	371961	819	49
50 PHYSICAL THERAPY		6038518			37477		50
51 OCCUPATIONAL THERAPY		454064			2583		51
52 SPEECH PATHOLOGY		257164					52
53 ELECTROCARDIOLOGY	38345	1528325	.025090	.025090	39028	979	53
54 ELECTROENCEPHALOGRAPHY		65842			999		54
55 MEDICAL SUPPLIES CHARGED TO P		1355935			173721		55
56 DRUGS CHARGED TO PATIENTS	13058	6852541	.001906	.001906	445876	850	56
58 ASC (NON-DISTINCT PART)		8120362			40352		58
59 CARDIAC REHAB		557467			4546		59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SER		882952			291		59.01
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY	32542	11228664	.002898	.002898	261585	758	61
62 OBSERVATION BEDS (NON-DISTINC		1322665					62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	131617	125748986			4891008	4828	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0110) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MAGNETIC RESONANCE IMAGING MR					41.01
44 LABORATORY					44
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
58 ASC (NON-DISTINCT PART)					58
59 CARDIAC REHAB					59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SER					59.01
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-S110) [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD CAPITAL		NEW CAPITAL		---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	RELATED COST 1	RELATED COST 2	TOTAL CHARGES 3	INPATIENT PROGRAM CHARGES 4	RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	70623	422927	16512034	9258	.004277	40	.025613	237 37
38 RECOVERY ROOM	5861	21634	1604662	2085	.003652	8	.013482	28 38
39 DELIVERY ROOM & LABOR ROOM	7667	38606	1158020	25	.006621		.033338	1 39
40 ANESTHESIOLOGY	5665	46749	3882282	152	.001459		.012042	2 40
41 RADIOLOGY-DIAGNOSTIC	78814	936020	29515060	116490	.002670	311	.031713	3694 41
41.01 MAGNETIC RESONANCE IMAGING MR	2256	423869	5713771	14244	.000395	6	.074184	1057 41.01
44 LABORATORY	31976	176263	20177824	758033	.001585	1201	.008735	6621 44
48 INTRAVENOUS THERAPY	3261	14337	2117045	2538	.001540	4	.006772	17 48
49 RESPIRATORY THERAPY	10478	63142	6403789	84145	.001636	138	.009860	830 49
50 PHYSICAL THERAPY	105978	430696	6038518	13495	.017550	237	.071325	963 50
51 OCCUPATIONAL THERAPY	6598	23766	454064	480	.014531	7	.052341	25 51
52 SPEECH PATHOLOGY	6902	29076	257164		.026839		.113064	52
53 ELECTROCARDIOLOGY	2009	11595	1528325	60129	.001315	79	.007587	456 53
54 ELECTROENCEPHALOGRAPHY	742	2650	65842	2130	.011269	24	.040248	86 54
55 MEDICAL SUPPLIES CHARGED TO P	6852	81521	1355935	5429	.005053	27	.060122	326 55
56 DRUGS CHARGED TO PATIENTS	17650	121954	6852541	334031	.002576	860	.017797	5945 56
58 ASC (NON-DISTINCT PART)	122325	568240	8120362		.015064		.069977	58
59 CARDIAC REHAB	1364	11832	557467	570	.002447	1	.021225	12 59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SER	110593	399856	882952		.125254		.452863	59.01
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	32261	172354	11228664	400434	.002873	1150	.015349	6146 61
62 OBSERVATION BEDS (NON-DISTINC	14606	66321	1322665		.011043		.050142	62
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	644481	4063408	125748986	1803668		4093		26446 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-S110) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	ALL OTHER MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 MAGNETIC RESONANCE IMAGING MR							41.01
44 LABORATORY				31091			31091 44
48 INTRAVENOUS THERAPY				2487			2487 48
49 RESPIRATORY THERAPY				14094			14094 49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY				38345			38345 53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS				13058			13058 56
58 ASC (NON-DISTINCT PART)							58
59 CARDIAC REHAB							59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SER							59.01
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY				32542			32542 61
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				131617			131617 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-S110) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		16512034			9258		37
38 RECOVERY ROOM		1604662			2085		38
39 DELIVERY ROOM & LABOR ROOM		1158020			25		39
40 ANESTHESIOLOGY		3882282			152		40
41 RADIOLOGY-DIAGNOSTIC		29515060			116490		41
41.01 MAGNETIC RESONANCE IMAGING MR		5713771			14244		41.01
44 LABORATORY	31091	20177824	.001541	.001541	758033	1168	44
48 INTRAVENOUS THERAPY	2487	2117045	.001175	.001175	2538	3	48
49 RESPIRATORY THERAPY	14094	6403789	.002201	.002201	84145	185	49
50 PHYSICAL THERAPY		6038518			13495		50
51 OCCUPATIONAL THERAPY		454064			480		51
52 SPEECH PATHOLOGY		257164					52
53 ELECTROCARDIOLOGY	38345	1528325	.025090	.025090	60129	1509	53
54 ELECTROENCEPHALOGRAPHY		65842			2130		54
55 MEDICAL SUPPLIES CHARGED TO P		1355935			5429		55
56 DRUGS CHARGED TO PATIENTS	13058	6852541	.001906	.001906	334031	637	56
58 ASC (NON-DISTINCT PART)		8120362					58
59 CARDIAC REHAB		557467			570		59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SER		882952					59.01
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY	32542	11228664	.002898	.002898	400434	1160	61
62 OBSERVATION BEDS (NON-DISTINC		1322665					62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	131617	125748986			1803668	4662	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-S110) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MAGNETIC RESONANCE IMAGING MR					41.01
44 LABORATORY					44
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
58 ASC (NON-DISTINCT PART)					58
59 CARDIAC REHAB					59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SER					59.01
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
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) (14-0110)	SUB I (PPS) (14-S110)	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	9733	5257					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	9733	5257					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	9733	5257					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)	4099	1504					9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0110)	SUB I (PPS) (14-S110)	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	8610226	4861351					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	8610226	4861351					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	10272355	6836637					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	10272355	6836637					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.838194	.711073					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1055.42	1300.48					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	8610226	4861351					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) (14-0110)	SUB I (PPS) (14-S110)	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	884.64	924.74				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3626139	1390809				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3626139	1390809				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	1103313	876	1259.49	452	569289	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) (14-0110)	SUB I (PPS) (14-S110)	SUB II	SUB III	SUB IV	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	5828487	325532				48
49 TOTAL PROGRAM INPATIENT COSTS	10023915	1716341				49

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	374539	107175				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	490703	20696				51
52 TOTAL PROGRAM EXCLUDABLE COST	865242	127871				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	9158673	1588470				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) (14-0110)	SUB I (PPS) (14-S110)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS) (PPS)
 (14-0110)(14-S110)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1212	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	884.64	84
85 OBSERVATION BED COST	1072184	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST	HOSPITAL ROUTINE COST (FROM LINE 27)	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST (FROM LINE 85)	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4	
	1	2	3	4	5	
86 OLD CAPITAL-RELATED COST	117295	8610226	.013623	1072184	14606	86
87 NEW CAPITAL-RELATED COST	532594	8610226	.061856	1072184	66321	87
88 NON PHYSICIAN ANESTHETIST		8610226		1072184		88
89 NURSING SCHOOL		8610226		1072184		89
89.01 ALLIED HEALTH	121875	8610226	.014155	1072184	15177	89.01
89.02 ALL OTHER		8610226		1072184		89.02

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

INPATIENT DAYS	HOSPITAL	SUB I	SUB II	SUB III	SUB IV	NF	
	(OTHER) (14-0110)	(OTHER) (14-S110)					
	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	9733	5257					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	9733	5257					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	9733	5257					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)	1548	1815					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	1012						15
16 TITLE V OR XIX NURSERY DAYS	699						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) (14-0110)	SUB I (OTHER) (14-S110)	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT							
	1	1	1	1	1	1	
17							17
MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
18							18
MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
19							19
MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
20							20
MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
21	8610226	4861351					21
TOTAL GENERAL INPATIENT ROUTINE SERVICE COST							
22							22
SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
23							23
SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
24							24
SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
25							25
SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
26							26
TOTAL SWING-BED COST							
27	8610226	4861351					27
GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28	10272355	6836637					28
GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)							
29							29
PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
30	10272355	6836637					30
SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
31	.838194	.711073					31
GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO							
32							32
AVERAGE PRIVATE ROOM PER DIEM CHARGE							
33	1055.42	1300.48					33
AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE							
34							34
AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							
35							35
AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							
36							36
PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							
37	8610226	4861351					37
GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL							

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0110)	SUB I (OTHER) (14-S110)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS					
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	884.64	924.74			38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1369423	1678403			39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1369423	1678403			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)	341027	1012	336.98	699	235549 42
43	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
44	INTENSIVE CARE UNIT	1103313	876	1259.49	92	115873 43
45	CORONARY CARE UNIT					44
46	BURN INTENSIVE CARE UNIT					45
47	SURGICAL INTENSIVE CARE UNIT					46
47	OTHER SPECIAL CARE (SPECIFY)					47

	HOSPITAL (OTHER) (14-0110)	SUB I (OTHER) (14-S110)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	1643690	548760			48
49	TOTAL PROGRAM INPATIENT COSTS	3364535	2227163			49

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	152759	129337			50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	138349	35201			51
52	TOTAL PROGRAM EXCLUDABLE COST	291108	164538			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) (14-0110)	SUB I (OTHER) (14-S110)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
55		394				55
56						56
57						57
58						58
58.01						58.01
58.02						58.02
58.03						58.03
58.04						58.04
59						59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL (OTHER) (14-0110)	SUB I (OTHER) (14-S110)	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1212	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	884.64	84
85 OBSERVATION BED COST	1072184	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0110) [] 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		2965093		25
26 INTENSIVE CARE UNIT		1356000		26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.357949	2228193	797579	37
38 RECOVERY ROOM	.247404	139628	34545	38
39 DELIVERY ROOM & LABOR ROOM	.375079	2652	995	39
40 ANESTHESIOLOGY	.258838	178985	46328	40
41 RADIOLOGY-DIAGNOSTIC	.223433	3271947	731061	41
41.01 MAGNETIC RESONANCE IMAGING MRI	.151823	217022	32949	41.01
44 LABORATORY	.195150	3519600	686850	44
48 INTRAVENOUS THERAPY	.428615	723991	310313	48
49 RESPIRATORY THERAPY	.207371	3421122	709441	49
50 PHYSICAL THERAPY	.645482	536679	346417	50
51 OCCUPATIONAL THERAPY	.681483	19167	13062	51
52 SPEECH PATHOLOGY	1.437126	161	231	52
53 ELECTROCARDIOLOGY	.264093	485837	128306	53
54 ELECTROENCEPHALOGRAPHY	.197625	8557	1691	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.522825	328991	172005	55
56 DRUGS CHARGED TO PATIENTS	.494031	1874521	926071	56
58 ASC (NON-DISTINCT PART)	.742934	400573	297599	58
59 CARDIAC REHAB	.319429	24572	7849	59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI	3.793728			59.01
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.395897	1478150	585195	61
62 OBSERVATION BEDS (NON-DISTINCT	.810624			62
OTHER REIMBURSABLE COST CENTERS				
101 TOTAL		18860348	5828487	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		18860348		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-S110)	<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		1340946		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.357949			37
38 RECOVERY ROOM	.247404			38
39 DELIVERY ROOM & LABOR ROOM	.375079	16	6	39
40 ANESTHESIOLOGY	.258838			40
41 RADIOLOGY-DIAGNOSTIC	.223433	54140	12097	41
41.01 MAGNETIC RESONANCE IMAGING MRI	.151823	5393	819	41.01
44 LABORATORY	.195150	336031	65576	44
48 INTRAVENOUS THERAPY	.428615	441	189	48
49 RESPIRATORY THERAPY	.207371	99288	20589	49
50 PHYSICAL THERAPY	.645482	15516	10015	50
51 OCCUPATIONAL THERAPY	.681483			51
52 SPEECH PATHOLOGY	1.437126			52
53 ELECTROCARDIOLOGY	.264093	31532	8327	53
54 ELECTROENCEPHALOGRAPHY	.197625	476	94	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.522825	3779	1976	55
56 DRUGS CHARGED TO PATIENTS	.494031	276701	136699	56
58 ASC (NON-DISTINCT PART)	.742934	2372	1762	58
59 CARDIAC REHAB	.319429			59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI	3.793728	1063	4033	59.01
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.395897	160017	63350	61
62 OBSERVATION BEDS (NON-DISTINCT	.810624			62
OTHER REIMBURSABLE COST CENTERS				
101 TOTAL		986765	325532	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		986765		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0110)	<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		1617677		25
26 INTENSIVE CARE UNIT		119600		26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.357174	768669	274549	37
38 RECOVERY ROOM	.247404	59647	14757	38
39 DELIVERY ROOM & LABOR ROOM	.375079	1023142	383759	39
40 ANESTHESIOLOGY	.244222	114753	28025	40
41 RADIOLOGY-DIAGNOSTIC	.223154	520207	116086	41
41.01 MAGNETIC RESONANCE IMAGING MRI	.151823	33392	5070	41.01
44 LABORATORY	.195150	698211	136256	44
48 INTRAVENOUS THERAPY	.428615	294568	126256	48
49 RESPIRATORY THERAPY	.207371	371961	77134	49
50 PHYSICAL THERAPY	.645482	37477	24191	50
51 OCCUPATIONAL THERAPY	.681483	2583	1760	51
52 SPEECH PATHOLOGY	1.437126			52
53 ELECTROCARDIOLOGY	.264093	39028	10307	53
54 ELECTROENCEPHALOGRAPHY	.197625	999	197	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.522825	173721	90826	55
56 DRUGS CHARGED TO PATIENTS	.494031	445876	220277	56
58 ASC (NON-DISTINCT PART)	.724399	40352	29231	58
59 CARDIAC REHAB	.319429	4546	1452	59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI	3.681741	291	1071	59.01
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.391788	261585	102486	61
62 OBSERVATION BEDS (NON-DISTINCT	.810624			62
OTHER REIMBURSABLE COST CENTERS				
101 TOTAL		4891008	1643690	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		4891008		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V	[] HOSPITAL	[] SNF	[] PPS
[] TITLE XVIII-PT A	[XX] SUB I (14-S110)	[] NF	[] TEFRA
[XX] TITLE XIX	[] SUB II	[] S/B-SNF	[XX] OTHER
	[] SUB III	[] S/B-NF	
	[] SUB IV	[] ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I		1497545		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.357174	9258	3307	37
38 RECOVERY ROOM	.247404	2085	516	38
39 DELIVERY ROOM & LABOR ROOM	.375079	25	9	39
40 ANESTHESIOLOGY	.244222	152	37	40
41 RADIOLOGY-DIAGNOSTIC	.223154	116490	25995	41
41.01 MAGNETIC RESONANCE IMAGING MRI	.151823	14244	2163	41.01
44 LABORATORY	.195150	758033	147930	44
48 INTRAVENOUS THERAPY	.428615	2538	1088	48
49 RESPIRATORY THERAPY	.207371	84145	17449	49
50 PHYSICAL THERAPY	.645482	13495	8711	50
51 OCCUPATIONAL THERAPY	.681483	480	327	51
52 SPEECH PATHOLOGY	1.437126			52
53 ELECTROCARDIOLOGY	.264093	60129	15880	53
54 ELECTROENCEPHALOGRAPHY	.197625	2130	421	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.522825	5429	2838	55
56 DRUGS CHARGED TO PATIENTS	.494031	334031	165022	56
58 ASC (NON-DISTINCT PART)	.724399			58
59 CARDIAC REHAB	.319429	570	182	59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI	3.681741			59.01
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.391788	400434	156885	61
62 OBSERVATION BEDS (NON-DISTINCT	.810624			62
OTHER REIMBURSABLE COST CENTERS				
101 TOTAL		1803668	548760	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		1803668		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0110)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	2963808					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	1791924					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	2476520					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	19540					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	86.68					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 (14-0110)	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	0.0288					4
4.01	0.2270					4.01
4.02	0.2558					4.02
4.03	0.1032					4.03
4.04	746368					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	7998160					6
7	8269605					7
7.01						7.01
8	8201744					8
9	607612					9
10						10
11						11
11.01	11862					11.01
11.02						11.02
12						12
13						13
14	52815					14
15	33852					15
16	8907885					16
17	7702					17
18	8900183					18
19	1010388					19
20	11074					20
21	156397					21
21.01	109478					21.01
21.02	96317					21.02
22	7988199					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0110)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	7988199					26
27						27
28	7403572					28
28.01						28.01
29	584627					29
30	123455					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 (14-0110) 1	HOSPITAL (14-0110) 1.01	HOSPITAL (14-0110) 1.02	
1 MEDICAL AND OTHER SERVICES	21649			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	6916677	3385077		1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	3561507	1754175		1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.722	0.722		1.03
1.04 LINE 1.01 TIMES LINE 1.03	4993841	2444026		1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04	71.32	71.77		1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT	1217484	586373		1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101	22136			1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	21649			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	8462			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	8462			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	8462			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13187			16
17 LESSER OF COST OR CHARGES	8462			17
17.01 TOTAL PPS PAYMENTS	7141675			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0110)	HOSPITAL (14-0110)	HOSPITAL (14-0110)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	22		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	1297265		18.01
19 SUBTOTAL	5852850		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	5852850		23
24 PRIMARY PAYER PAYMENTS	1600		24
25 SUBTOTAL	5851250		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	157100		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	109970		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	101050		27.02
28 SUBTOTAL	5961220		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	5961220		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	6527650		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-566430		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	93987		36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S110)	SUB I (14-S110)	SUB I (14-S110)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S110) 1	SUB I (14-S110) 1.01	SUB I (14-S110) 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 (14-0110) 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
(14-0110)
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
 (14-0110)
 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 (14-0110)

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		7228361		6520570	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	10/24/2008 12/12/2008	162506 12705	10/24/2008 12/12/2008	5585 1495 3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99		175211	7080	3.99
4 TOTAL INTERIM PAYMENTS			7403572	6527650	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52		NONE	NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01 PROVIDER TO .02 PROGRAM		584627	-566430	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY			7988199	5961220	7
NAME OF INTERMEDIARY: _____			INTERMEDIARY NUMBER: _____		
SIGNATURE OF AUTHORIZED PERSON: _____			DATE (MO/DAY/YR): _____		

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

HOSPITAL SUB I SUB II SUB III SUB IV
 (14-S110)

1	INPATIENT HOSPITAL SERVICES					1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)					1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)					1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)					1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)					1.04
1.05	OUTLIER PAYMENTS					1.05
1.06	TOTAL PPS PAYMENTS					1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT					1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)					
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)	1141711				1.08
1.09	NET IPF PPS OUTLIER PAYMENTS	36590				1.09
1.10	NET IPF PPS ECT PAYMENTS					1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)					1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)					1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	14.402740				1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS	1178301				1.19
1.20	STOP LESS PAYMENT FLOOR					1.20
1.21	ADJUSTED NET PAYMENT FLOOR					1.21
1.22	STOP LOSS ADJUSTMENT					1.22
1.23	TOTAL IPF PPS PAYMENTS	1178301				1.23
	INPATIENT REHABILITATION FACILITY (IRF)					
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)					1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)					1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)					1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.41
1.42	MEDICAL EDUCATION ADJUSTMENT					1.42
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL	1178301				4
5	PRIMARY PAYER PAYMENTS					5
6	SUBTOTAL	1178301				6
7	DEDUCTIBLES	172316				7
8	SUBTOTAL	1005985				8
9	COINSURANCE					9
10	SUBTOTAL	1005985				10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	82970				11
11.01	REDUCED REIMBURSABLE BAD DEBTS	58079				11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	65322				11.02
12	SUBTOTAL	1064064				12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S110)	SUB II	SUB III	SUB IV	
13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		2520				13.01
14 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION						14
15 OTHER ADJUSTMENTS						15
16 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						16
17 TOTAL AMOUNT PAYABLE TO THE PROVIDER		1066584				17
18 SEQUESTRATION ADJUSTMENT						18
19 INTERIM PAYMENTS		1005984				19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20 BALANCE DUE PROVIDER/PROGRAM		60600				20
21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2		1015				21
50 TO BE COMPLETED BY INTERMEDIARY ORIGINAL OUTLIER AMOUNT						50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)						51
52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						52
53 OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)						53

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX				
		HOSPITAL (14-0110) (OTHER)	SUB I (14-S110) (OTHER)	SUB II	SUB III	SUB IV	NF I
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	
1	INPATIENT HOSPITAL/SNF/NF SERVICES	3364535	2227163				1
2	MEDICAL AND OTHER SERVICES						2
3	INTERNS AND RESIDENTS						3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O						4
5	COST OF TEACHING PHYSICIANS						5
6	SUBTOTAL	3364535	2227163				6
7	INPATIENT PRIMARY PAYER PAYMENTS						7
8	OUTPATIENT PRIMARY PAYER PAYMENTS						8
9	SUBTOTAL	3364535	2227163				9
	COMPUTATION OF LESSER OF COST OR CHARGES						
10	ROUTINE SERVICE CHARGES	1737277	1497545				10
11	ANCILLARY SERVICE CHARGES	4891008	1803668				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	6628285	3301213				16
	CUSTOMARY CHARGES						
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)						18
19	RATIO OF LINE 17 TO LINE 18						19
20	TOTAL CUSTOMARY CHARGES	6628285	3301213				20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	3263750	1074050				21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						22
23	COST OF COVERED SERVICES	3364535	2227163				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	3364535	2227163				30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)						31
32	LESSER OF LINES 30 OR 31	3364535	2227163				32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)						33

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX			NF I
	HOSPITAL (14-0110) (OTHER) 1	SUB I (14-S110) (OTHER) 1	SUB II 1	SUB III 1	SUB IV 1	
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT					
35	EXCESS OF REASONABLE COST					34
36	3364535	2227163				35
37	19256	112631				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	3345279	2114532				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	3345279	2114532				52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT					53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					54
55	3345279	2114532				55
56	SEQUESTRATION ADJUSTMENT					56
57	1024113	931706				57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					57.01
58	2321166	1182826				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	2745863			1
2 TEMPORARY INVESTMENTS	669834			2
3 NOTES RECEIVABLE	1680698			3
4 ACCOUNTS RECEIVABLE	21431759			4
5 OTHER RECEIVABLES	1039527			5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-12858242			6
7 INVENTORY	1291425			7
8 PREPAID EXPENSES	779557			8
9 OTHER CURRENT ASSETS				9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS	16780421			11
FIXED ASSETS				
12 LAND	810846			12
12.01 ACCUMULATED DEPRECIATION				12.01
13 LAND IMPROVEMENTS	2163563			13
13.01 ACCUMULATED DEPRECIATION	-1949129			13.01
14 BUILDINGS	49945261			14
14.01 ACCUMULATED DEPRECIATION	-26664281			14.01
15 LEASEHOLD IMPROVEMENTS				15
15.01 ACCUMULATED AMORTIZATION				15.01
16 FIXED EQUIPMENT				16
16.01 ACCUMULATED DEPRECIATION				16.01
17 AUTOMOBILES AND TRUCKS	696017			17
17.01 ACCUMULATED DEPRECIATION	-565686			17.01
18 MAJOR MOVABLE EQUIPMENT	26238806			18
18.01 ACCUMULATED DEPRECIATION	-16026290			18.01
19 MINOR EQUIPMENT DEPRECIABLE				19
19.01 ACCUMULATED DEPRECIATION				19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE	11			20
21 TOTAL FIXED ASSETS	34649118			21
OTHER ASSETS				
22 INVESTMENTS	46971412			22
23 DEPOSITS ON LEASES				23
24 DUE FROM OWNERS/OFFICERS				24
25 OTHER ASSETS	7908821			25
26 TOTAL OTHER ASSETS	54880233			26
27 TOTAL ASSETS	106309772			27
LIABILITIES AND FUND BALANCES	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	2315584			28
29 SALARIES, WAGES & FEES PAYABLE	2762411			29
30 PAYROLL TAXES PAYABLE	1094101			30
31 NOTES & LOANS PAYABLE (SHORT TERM)	615000			31
32 DEFERRED INCOME				32
33 ACCELERATED PAYMENTS				33
34 DUE TO OTHER FUNDS	446365			34
35 OTHER CURRENT LIABILITIES	1555461			35
36 TOTAL CURRENT LIABILITIES	8788922			36
LONG-TERM LIABILITIES				
37 MORTGAGE PAYABLE				37
38 NOTES PAYABLE	13627446			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	2275417			41
42 TOTAL LONG TERM LIABILITIES	15902863			42
43 TOTAL LIABILITIES	24691785			43
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	81617987			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	81617987			51
52 TOTAL LIABILITIES AND FUND BALANCES	106309772			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	92772563			1
2 NET INCOME (LOSS)	-11154576			2
3 TOTAL	81617987			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	81617987			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	81617987			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				
2 HOSPITAL	10904855		10904855	1
4 SUBPROVIDER I	6836637		6836637	2
5 SWING BED - SNF				4
6 SWING BED - NF				5
7 SKILLED NURSING FACILITY				6
8 NURSING FACILITY				7
9 OTHER LONG TERM CARE				8
10 TOTAL GENERAL INPATIENT CARE SERVICES	17741492		17741492	9
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
12 INTENSIVE CARE UNIT	1507920		1507920	10
13 CORONARY CARE UNIT				11
14 BURN INTENSIVE CARE UNIT				12
15 SURGICAL INTENSIVE CARE UNIT				13
16 OTHER SPECIAL CARE (SPECIFY)				14
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	1507920		1507920	15
18 TOTAL INPATIENT ROUTINE CARE SERVICES	19249412		19249412	16
19 ANCILLARY SERVICES	36535199	86804725	123339924	17
20 OUTPATIENT SERVICES	3514522	8226193	11740715	18
21 HOME HEALTH AGENCY		3464324	3464324	19
22 AMBULANCE				20
23 CORF				21
24 ASC				22
25 HOSPICE				23
26 TOTAL PATIENT REVENUES	59299133	98495242	157794375	24
				25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		74573348	26
27 ROUNDING			27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		3	33
34 DEDUCT (SPECIFY)			34
35 CHARITY ALLOWANCES	-141680		35
36			36
37			37
38 TOTAL DEDUCTIONS	-141680		38
39 TOTAL OPERATING EXPENSES		74431671	39
40			40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	157794375	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	85995291	2
3	NET PATIENT REVENUES	71799084	3
4	LESS - TOTAL OPERATING EXPENSES	74431671	4
5	NET INCOME FROM SERVICE TO PATIENTS	-2632587	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	162376	6
7	INCOME FROM INVESTMENTS	2041311	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	1250	10
11	REBATES AND REFUNDS OF EXPENSES	20	11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	359716	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS	240	16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	15364	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	3088	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	1464	21
22	RENTAL OF HOSPITAL SPACE	385716	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	UNREALIZED NET GAINS IN INVESTMENTS		24
24.01	INVESTMENT INCOME SELF INSURANCE	216792	24.01
24.02	COMMUNITY EDUCATION REVENUE	24079	24.02
24.03	MISCELLANEOUS REVENUE	12071	24.03
24.04	PRIVATE SERVICE GRANT	33104	24.04
24.05	AD CARE	5632	24.05
24.06	HOSPITAL COMM INCOME	20232	24.06
24.07	ENDOWMENT INCOME	136000	24.07
24.08	GAIN ON SALE OF ASSETS	15010	24.08
24.09	MISCELLANEOUS INCOME	19282	24.09
24.10	BIO TERRISM GRANTS	13728	24.10
24.11	EMS GRANT REVENUE	385	24.11
24.12	RADIOLOGY FILM REVENUE	2235	24.12
24.13	SCARCITY PAYMENTS		24.13
24.14	EMS REVENUE	2630	24.14
24.15	INTEREST PROJECT INCOME	3	24.15
25	TOTAL OTHER INCOME	3471728	25
26	TOTAL	839141	26
27	CONSULTING FEES SELF INSURANCE		27
27.01	INVESTMENTS TRUSTEE FEES	236676	27.01
27.02	ONCOLOGY EQUITY LOSS		27.02
27.03	EMPLOYEE RELIEF		27.03
27.04	LOSS ON FIXED ASSET DISPOSITION		27.04
27.05	INVESTMENT LOSS ON SELF INSURANCE	11757041	27.05
28			28
29			29
30	TOTAL OTHER EXPENSES	11993717	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-11154576	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7048

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						3
4 TRANSPORTATION						4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	393259	28835	5503	9453	50788	487838 5
6 SKILLED NURSING CARE	508414	37534	40940	20871	35595	643354 6
7 PHYSICAL THERAPY	246419	17924	18155	52	722	283272 7
8 OCCUPATIONAL THERAPY						8
9 SPEECH PATHOLOGY						9
10 MEDICAL SOCIAL SERVICES						10
11 HOME HEALTH AIDE	32743	2333	3638		38	38752 11
12 SUPPLIES						12
13 DRUGS						13
13.20 COST OF ADMINISTERING VACCINES					4603	4603 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	1180835	86626	68236	30376	91746	1457819 24

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7048

WORKSHEET H
 (CONTINUED)

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	
1					1
2					2
3					3
4					4
5	-87913	399925	-1548	398377	5
6	-42014	601340		601340	6
7	-36845	246427		246427	7
8	8913	8913		8913	8
9	9782	9782		9782	9
10	4305	4305		4305	10
11	16785	55537		55537	11
12					12
13					13
13.20		4603		4603	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	-126987	1330832	-1548	1329284	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7048

WORKSHEET H-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL BLDGS & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATN MAINT	& TRANSPORT- ATION	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6
	0	1	2	3	4			
GENERAL SERVICE COST CENTER								
1 CAPITAL RELATED-BLDG & FIXT								1
2 CAPITAL RELATED-MOVABLE EQUIP								2
3 PLANT OPERATION & MAINTENANCE								3
4 TRANSPORTATION								4
5 ADMINISTRATIVE AND GENERAL	398377					398377	398377	5
HHA REIMBURSABLE SERVICES								
6 SKILLED NURSING CARE	601340					601340	257341	858681
7 PHYSICAL THERAPY	246427					246427	105457	351884
8 OCCUPATIONAL THERAPY	8913					8913	3814	12727
9 SPEECH PATHOLOGY	9782					9782	4186	13968
10 MEDICAL SOCIAL SERVICES	4305					4305	1842	6147
11 HOME HEALTH AIDE	55537					55537	23767	79304
12 SUPPLIES								12
13 DRUGS								13
13.20 COST OF ADMINISTERING VACCINES	4603					4603	1970	6573
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	1329284					1329284		1329284

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7048

WORKSHEET H-4
 PART II

	CAP REL BLDGS & FIXTURES (SQUARE FEET) 1	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDG & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-398377	930907	5
6 SKILLED NURSING CARE						601340	6
7 PHYSICAL THERAPY						246427	7
8 OCCUPATIONAL THERAPY						8913	8
9 SPEECH PATHOLOGY						9782	9
10 MEDICAL SOCIAL SERVICES						4305	10
11 HOME HEALTH AIDE						55537	11
12 SUPPLIES							12
13 DRUGS							13
13.20 COST OF ADMINISTERING VACCINES						4603	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					-398377	930907	24
25 COST TO BE ALLOC (PER W/S H)						398377	25
26 UNIT COST MULTIPLIER						.427945	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7048

WORKSHEET H-5
 PART I

HHA COST CENTER	HHA TRIAL BALANCE	OLD CAP BLDGS & FIXTURES	OLD CAP MOVABLE EQUIPMENT	NEW CAP BLDGS & FIXTURES	NEW CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS	SUBTOTAL	ADMINIS-TRATIVE & GENERAL	
	0	1	2	3	4	5	5A	6	
1 ADMINISTRATIVE AND GENERAL					51917	155224	207141	29691	1
2 SKILLED NURSING CARE	858681				142	223333	1082156	155115	2
3 PHYSICAL THERAPY	351884				183	102412	454479	65145	3
4 OCCUPATIONAL THERAPY	12727					2751	15478	2219	4
5 SPEECH PATHOLOGY	13968					3846	17814	2553	5
6 MEDICAL SOCIAL SERVICES	6147					1574	7721	1107	6
7 HOME HEALTH AIDE	79304					22942	102246	14656	7
8 SUPPLIES									8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC	6573						6573	942	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	1329284				52242	512082	1893608	271428	20
21 UNIT COST MULTIPLIER									21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7048

WORKSHEET H-5
 PART I

HHA COST CENTER	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	8	9	10	11	12	14	15	16
1 ADMINISTRATIVE AND GENERAL			32912					1
2 SKILLED NURSING CARE								2
3 PHYSICAL THERAPY								3
4 OCCUPATIONAL THERAPY								4
5 SPEECH PATHOLOGY								5
6 MEDICAL SOCIAL SERVICES								6
7 HOME HEALTH AIDE								7
8 SUPPLIES								8
9 DRUGS								9
9.20 COST OF ADMINISTERING VACC								9.20
10 DME								10
11 HOME DIALYSIS AIDE SERVICE								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIE								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGR								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE								19.50
20 TOTALS			32912					20
21 UNIT COST MULTIPLIER								21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7048

WORKSHEET H-5
 PART I

HHA COST CENTER	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSIC. ANESTHET.	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL	ALLOCATED HHA A & G
	17	18	20	24	25	26	27	28
1 ADMINISTRATIVE AND GENERAL					269744		269744	1
2 SKILLED NURSING CARE					1237271		1237271	2
3 PHYSICAL THERAPY					519624		519624	3
4 OCCUPATIONAL THERAPY					17697		17697	4
5 SPEECH PATHOLOGY					20367		20367	5
6 MEDICAL SOCIAL SERVICES					8828		8828	6
7 HOME HEALTH AIDE					116902		116902	7
8 SUPPLIES								8
9 DRUGS								9
9.20 COST OF ADMINISTERING VACC					7515		7515	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					2197948		2197948	20
21 UNIT COST MULTIPLIER								.139894

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7048

WORKSHEET H-5
 PART I

HHA COST CENTER	TOTAL HHA COSTS	
	29	
1 ADMINISTRATIVE AND GENERAL		1
2 SKILLED NURSING CARE	1410358	2
3 PHYSICAL THERAPY	592316	3
4 OCCUPATIONAL THERAPY	20173	4
5 SPEECH PATHOLOGY	23216	5
6 MEDICAL SOCIAL SERVICES	10063	6
7 HOME HEALTH AIDE	133256	7
8 SUPPLIES		8
9 DRUGS		9
9.20 COST OF ADMINISTERING VACC	8566	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	2197948	20
21 UNIT COST MULTIPLIER		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7048

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	OPERATION OF PLANT SQUARE FEET
	1	2	3	4	5	6A	6	8
1 ADMINISTRATIVE AND GENERAL				64130	350890		207141	1
2 SKILLED NURSING CARE				175	504855		1082156	2
3 PHYSICAL THERAPY				226	231506		454479	3
4 OCCUPATIONAL THERAPY					6218		15478	4
5 SPEECH PATHOLOGY					8695		17814	5
6 MEDICAL SOCIAL SERVICES					3559		7721	6
7 HOME HEALTH AIDE					51861		102246	7
8 SUPPLIES								8
9 DRUGS								9
9.20 COST OF ADMINISTERING VACC							6573	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				64531	1157584		1893608	20
21 TOTAL COST TO BE ALLOCATED				52242	512082		271428	21
22 UNIT COST MULTIPLIER					.442371		.143339	22
22 UNIT COST MULTIPLIER				.809564				22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7048

WORKSHEET H-5
 PART II

HHA COST CENTER	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	CAFETERIA MEALS SERVED	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY TIME SPENT
	9	10	11	12	14	15	16	17
1 ADMINISTRATIVE AND GENERAL			992					
2 SKILLED NURSING CARE								1
3 PHYSICAL THERAPY								2
4 OCCUPATIONAL THERAPY								3
5 SPEECH PATHOLOGY								4
6 MEDICAL SOCIAL SERVICES								5
7 HOME HEALTH AIDE								6
8 SUPPLIES								7
9 DRUGS								8
9.20 COST OF ADMINISTERING VACC								9
10 DME								9.20
11 HOME DIALYSIS AIDE SERVICE								10
12 RESPIRATORY THERAPY								11
13 PRIVATE DUTY NURSING								12
14 CLINIC								13
15 HEALTH PROMOTION ACTIVITIE								14
16 DAY CARE PROGRAM								15
17 HOME DELIVERED MEALS PROGR								16
18 HOMEMAKER SERVICE								17
19 ALL OTHERS								18
19.50 TELEMEDICINE								19
20 TOTALS			992					19.50
21 TOTAL COST TO BE ALLOCATED			32912					20
22 UNIT COST MULTIPLIER								21
22 UNIT COST MULTIPLIER			33.177419					22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7048

WORKSHEET H-5
 PART II

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

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7048

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	
			1	2	3	4	5	
1	SKILLED NURSING CARE	2	1410358		1410358	5404	260.98	1
2	PHYSICAL THERAPY	3	592316		592316	3021	196.07	2
3	OCCUPATIONAL THERAPY	4	20173		20173	98	205.85	3
4	SPEECH PATHOLOGY	5	23216		23216	73	318.03	4
5	MEDICAL SOCIAL SERV	6	10063		10063	84	119.80	5
6	HOME HEALTH AIDE SERV	7	133256		133256	674	197.71	6
7	TOTAL		2189382		2189382	9354		7
LIMITATION COST COMPUTATION			MSA				PROGRAM	
PATIENT SERVICES			NO.				COST	
			1	2	3	4	LIMITS	
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		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	RATIO	
OTHER PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	CHARGES		
			1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8		13081	13081	25019	.522843	15
16	COST OF DRUGS	9						16
16.20	COST OF ADMINISTERING VACCINES	9.20	8566		8566	9318	.919296	16.20
PER BENEFICIARY COST LIMITATION:						MSA	AMOUNT	
						NO.		
						1	2	
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4							17
18	PER BENEFICIARY COST LIMITATION							18
19	PER BENEFICIARY COST LIMITATION							19

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7048

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 PROGRAM COST
		PART B			PART B			
PATIENT SERVICES		PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
		6	7	8	9	10	11	12
1	SKILLED NURSING CARE	1802	1203		470286	313959		784245
2	PHYSICAL THERAPY	1213	909		237833	178228		416061
3	OCCUPATIONAL THERAPY	26	28		5352	5764		11116
4	SPEECH PATHOLOGY	31	10		9859	3180		13039
5	MEDICAL SOCIAL SERV	19	39		2276	4672		6948
6	HOME HEALTH AIDE SERV	273	242		53975	47846		101821
7	TOTAL	3364	2431		779581	553649		1333230

LIMITATION COST COMPUTATION		PROGRAM VISITS			COST OF SERVICES			TOTAL PROGRAM COST
		PART B			PART B			
PATIENT SERVICES		PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO 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 PROGRAM COST
		PART B DEDUCT. & COINSUR.			PART B DEDUCT. & COINSUR.			
OTHER PATIENT SERVICES		PART A	FEE REIMBURSED	NOT SUBJECT TO	PART A	FEE REIMBURSED	NOT SUBJECT TO	
		6	7	8	9	10	11	12
15	COST OF MEDICAL SUPPLIES	10179	7	7.01	5322	10	10.01	4337
16	COST OF DRUGS			8295				16
16.20	COST OF ADMINISTERING VA		1503			1382		16.20

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7048

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	5	
1	PHYSICAL THERAPY 50	.645482			COL 2, LINE 2	1
2	OCCUPATIONAL THERAPY 51	.681483			COL 2, LINE 3	2
3	SPEECH PATHOLOGY 52	1.437126			COL 2, LINE 4	3
4	MEDICAL SUPPLIES CHARGED TO PA 55	.522825	25019	13081	COL 2, LINE 15	4
5	DRUGS CHARGED TO PATIENTS 56	.494031			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 COST FROM 1/1/98 THRU 12/31/98	PROGRAM 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	6	7	
1	PHYSICAL THERAPY 2	196.07	2.01	3	3.01	4	5	1
2	OCCUPATIONAL THERAPY 3	205.85						2
3	SPEECH PATHOLOGY 4	318.03						3
4	TOTAL							4

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7048

WORKSHEET H-7
 PARTS I & II

CHECK APPLICABLE BOX: [] TITLE V [] 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			
2 REASONABLE COST OF SERVICES		1382	1
2 TOTAL CHARGES	719916	518053	2
CUSTOMARY CHARGES			
3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			3
4 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)			4
5 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)			5
6 TOTAL CUSTOMARY CHARGES	719916	518053	6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	719916	516671	7
8 EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES			8
9 PRIMARY PAYOR PAYMENTS		2148	9

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	562234	426777	10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	3278	3966	10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	3286	2736	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	3056		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)		6	11
12 SUBTOTAL	571854	432707	12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL	571854	432707	14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST	571854	432707	16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	571854	432707	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	571854	432707	22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL	571854	432707	24
25 TOTAL INTERIM PAYMENTS	571855	432835	25
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			25.01
26 BALANCE DUE PROVIDER/PROGRAM	-1	-128	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.: 14-7048

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		571855		432835	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
	.05				3.50
	.50				3.51
	PROVIDER .51				3.52
	TO .52	NONE		NONE	3.53
	PROGRAM .53				3.54
	.54				
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		571855		432835	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	-1		-128	6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		571854		432707	7
NAME OF INTERMEDIARY: _____	INTERMEDIARY NUMBER: _____				
SIGNATURE OF AUTHORIZED PERSON: _____	DATE (MO/DAY/YR): _____				

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1570

WORKSHEET K

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANS- PORTATION 3	CONTRACTED SERVICES 4	OTHER 5	TOTAL 6	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED COSTS-BLDG AND FIXT.							1
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.							2
3 PLANT OPERATION AND MAINTENANCE							3
4 TRANSPORTATION - STAFF							4
5 VOLUNTEER SERVICE COORDINATION							5
6 ADMINISTRATIVE AND GENERAL				2465	7074	9539	6
7 INPATIENT CARE SERVICE							7
8 INPATIENT - GENERAL CARE							8
9 INPATIENT - RESPITE CARE							9
10 VISITING SERVICES							10
11 PHYSICIAN SERVICES				17500		17500	11
12 NURSING CARE	60414	4381	4497	2450		71742	12
13 NURSING CARE-CONTINUOUS HOME CARE							13
14 PHYSICAL THERAPY							14
15 OCCUPATIONAL THERAPY							15
16 SPEECH/LANGUAGE PATHOLOGY							16
17 MEDICAL SOCIAL SERVICES	42423	3077	1276			46776	17
18 SPIRITUAL COUNSELING	6240	453	888			7581	18
19 DIETARY COUNSELING					545	545	19
20 COUNSELING - OTHER							20
21 HOME HEALTH AIDE AND HOMEMAKER	15315	1111	2934	74607		93967	21
22 HH AIDE & HOMEMAKER-CONT. HOME CARE							22
23 OTHER							23
24 OTHER HOSPICE SERVICE COSTS							24
25 DRUGS, BIOLOGICAL & INFUSION THERAPY					33070	33070	25
26 ANALGESICS							26
27 SEDATIVES / HYPNOTICS							27
28 OTHER - SPECIFY							28
29 DURABLE MEDICAL EQUIPMENT/OXYGEN					18693	18693	29
30 PATIENT TRANSPORTATION							30
31 IMAGING SERVICES							31
32 LABS AND DIAGNOSTICS							32
33 MEDICAL SUPPLIES					1757	1757	33
34 OUTPATIENT SERVICES (INCLUDING E/R DEPT.)							34
35 RADIATION THERAPY							35
36 CHEMOTHERAPY							36
37 OTHER							37
38 HOSPICE NONREIMBURSABLE SERVICE							38
39 BEREAVEMENT PROGRAM COSTS							39
40 VOLUNTEER PROGRAM COSTS							40
41 FUNDRAISING							41
42 OTHER PROGRAM COSTS							42
43 TOTAL	124392	9022	9595	97022	61139	301170	43

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1570

WORKSHEET K
 (CONTINUED)

	RECLASSIFI- CATION 7	SUBTOTAL 8	ADJUSTMENTS 9	TOTAL 10	
GENERAL SERVICE COST CENTER					
1 CAPITAL RELATED COSTS-BLDG AND FIXT.					1
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.					2
3 PLANT OPERATION AND MAINTENANCE					3
4 TRANSPORTATION - STAFF					4
5 VOLUNTEER SERVICE COORDINATION					5
6 ADMINISTRATIVE AND GENERAL		9539	-4004	5535	6
INPATIENT CARE SERVICE					
7 INPATIENT - GENERAL CARE					7
8 INPATIENT - RESPITE CARE					8
VISITING SERVICES					
9 PHYSICIAN SERVICES		17500	-17500		9
10 NURSING CARE	-4381	67361		67361	10
10.20 NURSING CARE-CONTINUOUS HOME CARE					10.20
11 PHYSICAL THERAPY					11
12 OCCUPATIONAL THERAPY					12
13 SPEECH/LANGUAGE PATHOLOGY					13
14 MEDICAL SOCIAL SERVICES	-3077	43699		43699	14
15 SPIRITUAL COUNSELING	-452	7129		7129	15
16 DIETARY COUNSELING		545		545	16
17 COUNSELING - OTHER					17
18 HOME HEALTH AIDE AND HOMEMAKER	-1111	92856	-26524	66332	18
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE					18.20
19 OTHER					19
OTHER HOSPICE SERVICE COSTS					
20 DRUGS, BIOLOGICAL & INFUSION THERAPY		33070		33070	20
20.30 ANALGESICS					20.30
20.31 SEDATIVES / HYPNOTICS					20.31
20.32 OTHER - SPECIFY					20.32
21 DURABLE MEDICAL EQUIPMENT/OXYGEN		18693		18693	21
22 PATIENT TRANSPORTATION					22
23 IMAGING SERVICES					23
24 LABS AND DIAGNOSTICS					24
25 MEDICAL SUPPLIES		1757		1757	25
26 OUTPATIENT SERVICES (INCLUDING E/R DEPT.)					26
27 RADIATION THERAPY					27
28 CHEMOTHERAPY					28
29 OTHER					29
HOSPICE NONREIMBURSABLE SERVICE					
30 BEREAVEMENT PROGRAM COSTS					30
31 VOLUNTEER PROGRAM COSTS					31
32 FUNDRAISING					32
33 OTHER PROGRAM COSTS					33
34 TOTAL	-9021	292149	-48028	244121	34

HOSPICE COMPENSATION ANALYSIS - SALARIES AND WAGES

HOSPICE NO.: 14-1570

WORKSHEET K-1

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1	GENERAL SERVICE COST CENTER								
2	CAP REL COSTS-BLDG AND FIXT.								1
3	CAP REL COSTS-MOVABLE EQUIP.								2
4	PLANT OPERATION & MAINT.								3
5	TRANSPORTATION - STAFF								4
6	VOLUNTEER SERVICE COORD.								5
7	ADMINISTRATIVE AND GENERAL								6
8	INPATIENT CARE SERVICE								
9	INPATIENT - GENERAL CARE								7
10	INPATIENT - RESPITE CARE								8
11	VISITING SERVICES								
12	PHYSICIAN SERVICES								9
13	NURSING CARE				60414				60414
14	NURSING CARE-CONT.HOME CARE								10.20
15	PHYSICAL THERAPY								11
16	OCCUPATIONAL THERAPY								12
17	SPEECH/LANGUAGE PATHOLOGY								13
18	MEDICAL SOCIAL SERVICES		42423						42423
19	SPIRITUAL COUNSELING						6240		6240
20	DIETARY COUNSELING								16
21	COUNSELING - OTHER								17
22	HH AIDE AND HOMEMAKER						15315		15315
23	HH AIDE & HMKR-CONT.HME CARE								18.20
24	OTHER								19
25	OTHER HOSPICE SERVICE COSTS								
26	DRUGS, BIOL. & INFUS. THER.								20
27	ANALGESICS								20.30
28	SEDATIVES / HYPNOTICS								20.31
29	OTHER - SPECIFY								20.32
30	DURABLE MED. EQUIP./OXYGEN								21
31	PATIENT TRANSPORTATION								22
32	IMAGING SERVICES								23
33	LABS AND DIAGNOSTICS								24
34	MEDICAL SUPPLIES								25
35	OUTPAT.SERV.(INCL.E/R DEPT.)								26
36	RADIATION THERAPY								27
37	CHEMOTHERAPY								28
38	OTHER								29
39	HOSPICE NONREIMBURSABLE SERVICE								
40	BEREAVEMENT PROGRAM COSTS								30
41	VOLUNTEER PROGRAM COSTS								31
42	FUNDRAISING								32
43	OTHER PROGRAM COSTS								33
44	TOTAL		42423		60414		15315	6240	124392

HOSPICE COMPENSATION ANALYSIS - EMPLOYEE BENEFITS (PAYROLL RELATED)

HOSPICE NO.: 14-1570

WORKSHEET K-2

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1	GENERAL SERVICE COST CENTER								
2	CAP REL COSTS-BLDG AND FIXT.								1
3	CAP REL COSTS-MOVABLE EQUIP.								2
4	PLANT OPERATION & MAINT.								3
5	TRANSPORTATION - STAFF								4
6	VOLUNTEER SERVICE COORD.								5
7	ADMINISTRATIVE AND GENERAL								6
8	INPATIENT CARE SERVICE								
9	INPATIENT - GENERAL CARE								7
10	INPATIENT - RESPITE CARE								8
11	VISITING SERVICES								
12	PHYSICIAN SERVICES								9
13	NURSING CARE								4381 10
14	NURSING CARE-CONT.HOME CARE								10.20 11
15	PHYSICAL THERAPY								11
16	OCCUPATIONAL THERAPY								12
17	SPEECH/LANGUAGE PATHOLOGY								13
18	MEDICAL SOCIAL SERVICES								3077 14
19	SPIRITUAL COUNSELING								453 15
20	DIETARY COUNSELING								16
21	COUNSELING - OTHER								17
22	HH AIDE AND HOMEMAKER								1111 18
23	HH AIDE & HMKR-CONT.HME CARE								18.20 19
24	OTHER								19
25	OTHER HOSPICE SERVICE COSTS								
26	DRUGS, BIOL. & INFUS. THER.								20
27	ANALGESICS								20.30 21
28	SEDATIVES / HYPNOTICS								20.31 22
29	OTHER - SPECIFY								20.32 23
30	DURABLE MED. EQUIP./OXYGEN								21
31	PATIENT TRANSPORTATION								22
32	IMAGING SERVICES								23
33	LABS AND DIAGNOSTICS								24
34	MEDICAL SUPPLIES								25
35	OUTPAT.SERV.(INCL.E/R DEPT.)								26
36	RADIATION THERAPY								27
37	CHEMOTHERAPY								28
38	OTHER								29
39	HOSPICE NONREIMBURSABLE SERVICE								
40	BEREAVEMENT PROGRAM COSTS								30
41	VOLUNTEER PROGRAM COSTS								31
42	FUNDRAISING								32
43	OTHER PROGRAM COSTS								33
44	TOTAL								3077 4381 1111 453 9022 34

HOSPICE COMPENSATION ANALYSIS - CONTRACTED SERVICES/PURCHASED SERVICES HOSPICE NO.: 14-1570 WORKSHEET K-3

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1									1
2									2
3									3
4									4
5									5
6								2465	2465 6
7									7
8									8
9									9
10									10
10.20									10.20
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
18.20									18.20
19									19
20									20
20.30									20.30
20.31									20.31
20.32									20.32
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
GENERAL SERVICE COST CENTER									
CAP REL COSTS-BLDG AND FIXT.									
CAP REL COSTS-MOVABLE EQUIP.									
PLANT OPERATION & MAINT.									
TRANSPORTATION - STAFF									
VOLUNTEER SERVICE COORD.									
ADMINISTRATIVE AND GENERAL									
INPATIENT CARE SERVICE									
INPATIENT - GENERAL CARE									
INPATIENT - RESPITE CARE									
VISITING SERVICES									
PHYSICIAN SERVICES	17500								17500
NURSING CARE					2450				2450
NURSING CARE-CONT.HOME CARE									
PHYSICAL THERAPY									
OCCUPATIONAL THERAPY									
SPEECH/LANGUAGE PATHOLOGY									
MEDICAL SOCIAL SERVICES									
SPIRITUAL COUNSELING									
DIETARY COUNSELING									
COUNSELING - OTHER									
HH AIDE AND HOMEMAKER									
HH AIDE & HMKR-CONT.HME CARE							74607		74607
OTHER									
OTHER HOSPICE SERVICE COSTS									
DRUGS, BIOL. & INFUS. THER.									
ANALGESICS									
SEDATIVES / HYPNOTICS									
OTHER - SPECIFY									
DURABLE MED. EQUIP./OXYGEN									
PATIENT TRANSPORTATION									
IMAGING SERVICES									
LABS AND DIAGNOSTICS									
MEDICAL SUPPLIES									
OUTPAT.SERV.(INCL.E/R DEPT.)									
RADIATION THERAPY									
CHEMOTHERAPY									
OTHER									
HOSPICE NONREIMBURSABLE SERVICE									
BEREAVEMENT PROGRAM COSTS									
VOLUNTEER PROGRAM COSTS									
FUNDRAISING									
OTHER PROGRAM COSTS									
TOTAL	17500				2450		74607	2465	97022

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE NO.: 14-1570

WORKSHEET K-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COST BLDG & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATN & MAINT	TRANSPOR- TATION	VOLUNTEER SERV. CO- ORDINATOR	SUBTOTAL 5A	ADMIN & GENERAL 6	TOTAL 7
GENERAL SERVICE COST CENTER									
1 CAP REL COSTS-BLDG AND FIXT.								1	
2 CAP REL COSTS-MOVABLE EQUIP.								2	
3 PLANT OPERATION & MAINT.								3	
4 TRANSPORTATION - STAFF								4	
5 VOLUNTEER SERVICE COORD.								5	
6 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE	5535						5535	5535	
7 INPATIENT - GENERAL CARE								7	
8 INPATIENT - RESPITE CARE VISITING SERVICES								8	
9 PHYSICIAN SERVICES								9	
10 NURSING CARE	67361						67361	1562	
10.20 NURSING CARE-CONTINUOUS HOME								68923	
11 PHYSICAL THERAPY								10	
12 OCCUPATIONAL THERAPY								10.20	
13 SPEECH/LANGUAGE PATHOLOGY								11	
14 MEDICAL SOCIAL SERVICES	43699						43699	1014	
15 SPIRITUAL COUNSELING	7129						7129	165	
16 DIETARY COUNSELING	545						545	13	
17 COUNSELING - OTHER								558	
18 HH AIDE AND HOMEMAKER	66332						66332	1539	
18.20 HH AIDE & HMKR-CONT. HOME CA								67871	
19 OTHER								18	
OTHER HOSPICE SERVICE COSTS								18.20	
20 DRUGS, BIOL. & INFUS. THER.	33070						33070	767	
20.30 ANALGESICS								33837	
20.31 SEDATIVES / HYPNOTICS								20	
20.32 OTHER - SPECIFY								20.30	
21 DURABLE MED. EQUIP./OXYGEN	18693						18693	434	
22 PATIENT TRANSPORTATION								19127	
23 IMAGING SERVICES								21	
24 LABS AND DIAGNOSTICS								22	
25 MEDICAL SUPPLIES	1757						1757	41	
26 OUTPAT.SERV.(INCL.E/R DEPT.)								1798	
27 RADIATION THERAPY								25	
28 CHEMOTHERAPY								26	
29 OTHER								27	
HOSPICE NONREIMBURSABLE SERV.								28	
30 BEREAVEMENT PROGRAM COSTS								28	
31 VOLUNTEER PROGRAM COSTS								29	
32 FUNDRAISING								30	
33 OTHER PROGRAM COSTS								31	
34 COST TO BE ALLOCATED	244121						244121	41	
								1798	
								25	
								26	
								27	
								28	
								29	
								30	
								31	
								32	
								33	
								34	

COST ALLOCATION - HOSPICE STATISTICAL BASIS

HOSPICE NO.: 14-1570

WORKSHEET K-4
 PART II

	CAP REL COST BLDG & FIXTURES (SQUARE FEET)	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE)	PLANT OPERATN & MAINT (SQUARE FEET)	TRANSPO- RTATION (MILEAGE)	VOLUNTEER SERV. CO- ORDINATOR (HOURS)	RECONCIL- IATION 6A	ADMIN & GENERAL (ACCUM COST) 6
	1	2	3	4	5	6A	6
GENERAL SERVICE COST CENTER							
1 CAP REL COSTS-BLDG AND FIXT.							1
2 CAP REL COSTS-MOVABLE EQUIP.							2
3 PLANT OPERATION & MAINT.							3
4 TRANSPORTATION - STAFF							4
5 VOLUNTEER SERVICE COORD.							5
6 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE						-5535	238586 6
7 INPATIENT - GENERAL CARE							7
8 INPATIENT - RESPITE CARE VISITING SERVICES							8
9 PHYSICIAN SERVICES							9
10 NURSING CARE							67361 10
10.20 NURSING CARE-CONTINUOUS HOME							10.20
11 PHYSICAL THERAPY							11
12 OCCUPATIONAL THERAPY							12
13 SPEECH/LANGUAGE PATHOLOGY							13
14 MEDICAL SOCIAL SERVICES							43699 14
15 SPIRITUAL COUNSELING							7129 15
16 DIETARY COUNSELING							545 16
17 COUNSELING - OTHER							17
18 HH AIDE AND HOME MAKER							66332 18
18.20 HH AIDE & HMKR-CONT. HOME CA							18.20
19 OTHER							19
OTHER HOSPICE SERVICE COSTS							
20 DRUGS, BIOL. & INFUS. THER.							33070 20
20.30 ANALGESICS							20.30
20.31 SEDATIVES / HYPNOTICS							20.31
20.32 OTHER - SPECIFY							20.32
21 DURABLE MED. EQUIP./OXYGEN							18693 21
22 PATIENT TRANSPORTATION							22
23 IMAGING SERVICES							23
24 LABS AND DIAGNOSTICS							24
25 MEDICAL SUPPLIES							1757 25
26 OUTPAT.SERV.(INCL.E/R DEPT.)							26
27 RADIATION THERAPY							27
28 CHEMOTHERAPY							28
29 OTHER							29
HOSPICE NONREIMBURSABLE SERVICE							
30 BEREAVEMENT PROGRAM COSTS							30
31 VOLUNTEER PROGRAM COSTS							31
32 FUNDRAISING							32
33 OTHER PROGRAM COSTS							33
34 COST TO BE ALLOCATED							5535 34
35 UNIT COST MULTIPLIER							.023199 35

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE NO.: 14-1570

WORKSHEET K-5
 PART I

HOSPICE COST CENTER	HOSPICE 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								1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE	68923					6567	75490	5
5.20 NURSING CARE-CONTINUOUS HOM								5.20
6 PHYSICAL THERAPY								6
7 OCCUPATIONAL THERAPY								7
8 SPEECH/LANGUAGE PATHOLOGY								8
9 MEDICAL SOCIAL SERV. - DIRE	44713					46117	90830	9
10 SPIRITUAL COUNSELING	7294					678	7972	10
11 DIETARY COUNSELING	558						558	11
12 COUNSELING - OTHER								12
13 HOME HLTH AIDE & HOMEMAKERS	67871					1665	69536	13
13.20 HH AIDE & HMKR-CONT. HOME C								13.20
14 OTHER								14
15 DRUGS,BIOLOGICALS & INFUSIO	33837						33837	15
15.30 ANALGESICS								15.30
15.31 SEDATIVES / HYPNOTICS								15.31
15.32 OTHER - SPECIFY								15.32
16 DURABLE MED. EQUIP./OXYGEN	19127						19127	16
17 PATIENT TRANSPORTATION								17
18 IMAGING SERVICES								18
19 LABS AND DIAGNOSTICS								19
20 MEDICAL SUPPLIES	1798						1798	20
21 OUTPAT. SERV.(INCL.E/R DEPT								21
22 RADIATION THERAPY								22
23 CHEMOTHERAPY								23
24 OTHER								24
25 BEREAVEMENT PROGRAM COSTS								25
26 VOLUNTEER PROGRAM COSTS								26
27 FUNDRAISING								27
28 OTHER PROGRAM COSTS								28
29 TOTALS	244121					55027	299148	29
30 UNIT COST MULTIPLIER								30

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE NO.: 14-1570

WORKSHEET K-5
 PART I

HOSPICE COST CENTER	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	8	9	10	11	12	14	15	16
1 ADMINISTRATIVE AND GENERAL			1593					1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE								5
5.20 NURSING CARE-CONTINUOUS HOM								5.20
6 PHYSICAL THERAPY								6
7 OCCUPATIONAL THERAPY								7
8 SPEECH/LANGUAGE PATHOLOGY								8
9 MEDICAL SOCIAL SERV. - DIRE								9
10 SPIRITUAL COUNSELING								10
11 DIETARY COUNSELING								11
12 COUNSELING - OTHER								12
13 HOME HLTH AIDE & HOMEMAKERS								13
13.20 HH AIDE & HMKR-CONT. HOME C								13.20
14 OTHER								14
15 DRUGS,BIOLOGICALS & INFUSIO								15
15.30 ANALGESICS								15.30
15.31 SEDATIVES / HYPNOTICS								15.31
15.32 OTHER - SPECIFY								15.32
16 DURABLE MED. EQUIP./OXYGEN								16
17 PATIENT TRANSPORTATION								17
18 IMAGING SERVICES								18
19 LABS AND DIAGNOSTICS								19
20 MEDICAL SUPPLIES								20
21 OUTPAT. SERV.(INCL.E/R DEPT								21
22 RADIATION THERAPY								22
23 CHEMOTHERAPY								23
24 OTHER								24
25 BEREAVEMENT PROGRAM COSTS								25
26 VOLUNTEER PROGRAM COSTS								26
27 FUNDRAISING								27
28 OTHER PROGRAM COSTS								28
29 TOTALS			1593					29
30 UNIT COST MULTIPLIER								30

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 14-1570

WORKSHEET K-5
 PART I

HOSPICE COST CENTER	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	NONPHYSIC. ANESTHET. 20	PARAMED EDUCATION 24	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26	SUBTOTAL 27	ALLOCATED HOSPICE A & G 28
1 ADMINISTRATIVE AND GENERAL					1593		1593	1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE					86311		86311	402
5.20 NURSING CARE-CONTINUOUS HOM								5.20
6 PHYSICAL THERAPY								6
7 OCCUPATIONAL THERAPY								7
8 SPEECH/LANGUAGE PATHOLOGY								8
9 MEDICAL SOCIAL SERV. - DIRE					103849		103849	484
10 SPIRITUAL COUNSELING					9115		9115	42
11 DIETARY COUNSELING					638		638	3
12 COUNSELING - OTHER								12
13 HOME HLTH AIDE & HOMEMAKERS					79503		79503	370
13.20 HH AIDE & HMKR-CONT. HOME C								13.20
14 OTHER								14
15 DRUGS,BIOLOGICALS & INFUSIO					38687		38687	180
15.30 ANALGESICS								15.30
15.31 SEDATIVES / HYPNOTICS								15.31
15.32 OTHER - SPECIFY								15.32
16 DURABLE MED. EQUIP./OXYGEN					21869		21869	102
17 PATIENT TRANSPORTATION								17
18 IMAGING SERVICES								18
19 LABS AND DIAGNOSTICS								19
20 MEDICAL SUPPLIES					2056		2056	10
21 OUTPAT. SERV.(INCL.E/R DEPT								21
22 RADIATION THERAPY								22
23 CHEMOTHERAPY								23
24 OTHER								24
25 BEREAVEMENT PROGRAM COSTS								25
26 VOLUNTEER PROGRAM COSTS								26
27 FUNDRAISING								27
28 OTHER PROGRAM COSTS								28
29 TOTALS					343621		343621	29
30 UNIT COST MULTIPLIER								.004658

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 14-1570

WORKSHEET K-5
 PART I

HOSPICE COST CENTER	TOTAL HOSPICE COSTS 29	
1 ADMINISTRATIVE AND GENERAL		1
2 INPATIENT - GENERAL CARE		2
3 INPATIENT - RESPITE CARE		3
4 PHYSICIAN SERVICES		4
5 NURSING CARE	86713	5
5.20 NURSING CARE-CONTINUOUS HOM		5.20
6 PHYSICAL THERAPY		6
7 OCCUPATIONAL THERAPY		7
8 SPEECH/LANGUAGE PATHOLOGY		8
9 MEDICAL SOCIAL SERV. - DIRE	104333	9
10 SPIRITUAL COUNSELING	9157	10
11 DIETARY COUNSELING	641	11
12 COUNSELING - OTHER		12
13 HOME HLTH AIDE & HOMEMAKERS	79873	13
13.20 HH AIDE & HMKR-CONT. HOME C		13.20
14 OTHER		14
15 DRUGS,BIOLOGICALS & INFUSIO	38867	15
15.30 ANALGESICS		15.30
15.31 SEDATIVES / HYPNOTICS		15.31
15.32 OTHER - SPECIFY		15.32
16 DURABLE MED. EQUIP./OXYGEN	21971	16
17 PATIENT TRANSPORTATION		17
18 IMAGING SERVICES		18
19 LABS AND DIAGNOSTICS		19
20 MEDICAL SUPPLIES	2066	20
21 OUTPAT. SERV.(INCL.E/R DEPT		21
22 RADIATION THERAPY		22
23 CHEMOTHERAPY		23
24 OTHER		24
25 BEREAVEMENT PROGRAM COSTS		25
26 VOLUNTEER PROGRAM COSTS		26
27 FUNDRAISING		27
28 OTHER PROGRAM COSTS		28
29 TOTALS	343621	29
30 UNIT COST MULTIPLIER		30

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1570

WORKSHEET K-5
 PART II

HOSPICE 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	OPERATION OF PLANT SQUARE FEET
	1	2	3	4	5	6A	6	8
1 ADMINISTRATIVE AND GENERAL								1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE					60414		75490	5
5.20 NURSING CARE-CONTINUOUS HOM								5.20
6 PHYSICAL THERAPY								6
7 OCCUPATIONAL THERAPY								7
8 SPEECH/LANGUAGE PATHOLOGY								8
9 MEDICAL SOCIAL SERV. - DIRE					424223		90830	9
10 SPIRITUAL COUNSELING					6240		7972	10
11 DIETARY COUNSELING							558	11
12 COUNSELING - OTHER								12
13 HOME HLTH AIDE & HOMEMAKERS					15315		69536	13
13.20 HH AIDE & HMKR-CONT. HOME C								13.20
14 OTHER								14
15 DRUGS,BIOLOGICALS & INFUSIO							33837	15
15.30 ANALGESICS								15.30
15.31 SEDATIVES / HYPNOTICS								15.31
15.32 OTHER - SPECIFY								15.32
16 DURABLE MED. EQUIP./OXYGEN							19127	16
17 PATIENT TRANSPORTATION								17
18 IMAGING SERVICES								18
19 LABS AND DIAGNOSTICS								19
20 MEDICAL SUPPLIES							1798	20
21 OUTPAT. SERV.(INCL.E/R DEPT								21
22 RADIATION THERAPY								22
23 CHEMOTHERAPY								23
24 OTHER								24
25 BEREAVEMENT PROGRAM COSTS								25
26 VOLUNTEER PROGRAM COSTS								26
27 FUNDRAISING								27
28 OTHER PROGRAM COSTS								28
29 TOTAL					506192		299148	29
30 TOTAL COST TO BE ALLOCATED					55027		42880	30
31 UNIT COST MULTIPLIER					.108708		.143340	31
31 UNIT COST MULTIPLIER								31

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1570

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	CAFETERIA MEALS SERVED	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY TIME SPENT
	9	10	11	12	14	15	16	17
1 ADMINISTRATIVE AND GENERAL		48						1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE								5
5.20 NURSING CARE-CONTINUOUS HOM								5.20
6 PHYSICAL THERAPY								6
7 OCCUPATIONAL THERAPY								7
8 SPEECH/LANGUAGE PATHOLOGY								8
9 MEDICAL SOCIAL SERV. - DIRE								9
10 SPIRITUAL COUNSELING								10
11 DIETARY COUNSELING								11
12 COUNSELING - OTHER								12
13 HOME HLTH AIDE & HOMEMAKERS								13
13.20 HH AIDE & HMKR-CONT. HOME C								13.20
14 OTHER								14
15 DRUGS,BIOLOGICALS & INFUSIO								15
15.30 ANALGESICS								15.30
15.31 SEDATIVES / HYPNOTICS								15.31
15.32 OTHER - SPECIFY								15.32
16 DURABLE MED. EQUIP./OXYGEN								16
17 PATIENT TRANSPORTATION								17
18 IMAGING SERVICES								18
19 LABS AND DIAGNOSTICS								19
20 MEDICAL SUPPLIES								20
21 OUTPAT. SERV.(INCL.E/R DEPT								21
22 RADIATION THERAPY								22
23 CHEMOTHERAPY								23
24 OTHER								24
25 BEREAVEMENT PROGRAM COSTS								25
26 VOLUNTEER PROGRAM COSTS								26
27 FUNDRAISING								27
28 OTHER PROGRAM COSTS								28
29 TOTAL		48						29
30 TOTAL COST TO BE ALLOCATED		1593						30
31 UNIT COST MULTIPLIER								31
31 UNIT COST MULTIPLIER		33.187500						31

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 14-1570
 STATISTICAL BASIS

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	SOCIAL	NONPHYSIC.	PARAMED	
	SERVICE	ANESTHET.	EDUCATION	
	TIME	ASSIGNED	ASSIGNED	
	SPENT	TIME	TIME	
	18	20	24	
1 ADMINISTRATIVE AND GENERAL				1
2 INPATIENT - GENERAL CARE				2
3 INPATIENT - RESPITE CARE				3
4 PHYSICIAN SERVICES				4
5 NURSING CARE				5
5.20 NURSING CARE-CONTINUOUS HOM				5.20
6 PHYSICAL THERAPY				6
7 OCCUPATIONAL THERAPY				7
8 SPEECH/LANGUAGE PATHOLOGY				8
9 MEDICAL SOCIAL SERV. - DIRE				9
10 SPIRITUAL COUNSELING				10
11 DIETARY COUNSELING				11
12 COUNSELING - OTHER				12
13 HOME HLTH AIDE & HOMEMAKERS				13
13.20 HH AIDE & HMKR-CONT. HOME C				13.20
14 OTHER				14
15 DRUGS,BIOLOGICALS & INFUSIO				15
15.30 ANALGESICS				15.30
15.31 SEDATIVES / HYPNOTICS				15.31
15.32 OTHER - SPECIFY				15.32
16 DURABLE MED. EQUIP./OXYGEN				16
17 PATIENT TRANSPORTATION				17
18 IMAGING SERVICES				18
19 LABS AND DIAGNOSTICS				19
20 MEDICAL SUPPLIES				20
21 OUTPAT. SERV.(INCL.E/R DEPT				21
22 RADIATION THERAPY				22
23 CHEMOTHERAPY				23
24 OTHER				24
25 BEREAVEMENT PROGRAM COSTS				25
26 VOLUNTEER PROGRAM COSTS				26
27 FUNDRAISING				27
28 OTHER PROGRAM COSTS				28
29 TOTAL				29
30 TOTAL COST TO BE ALLOCATED				30
31 UNIT COST MULTIPLIER				31
31 UNIT COST MULTIPLIER				31

APPORTIONMENT OF HOSPICE SHARED SERVICES

HOSPICE NO.: 14-1570

WORKSHEET K-5
 PART III

PART III - COMPUTATION OF TOTAL HOSPICE SHARED COSTS

	WKST C, PART I, COL. 9, LINE 0	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3
ANCILLARY SERVICE COST CENTERS				
1	PHYSICAL THERAPY	50	0.645482	1
2	OCCUPATIONAL THERAPY	51	0.681483	2
3	SPEECH/LANGUAGE PATHOLOGY	52	1.437126	3
4	DRUGS, BIOLOGICALS AND INFUSION	56	0.494031	4
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	67		5
6	LABS AND DIAGNOSTICS	44	0.195150	6
7	MEDICAL SUPPLIES	55	0.522825	7
8	OUTPATIENT SERVICES (INCL. E/R DEPT)	61	0.391788	8
9	RADIATION THERAPY	41	0.223154	9
9.01	MAGNETIC RESONANCE IMAGING MRI	41.01	0.151823	9.01
10	CARDIAC REHAB	59	0.319429	10
10.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	59.01	3.681741	10.01
11	TOTALS			11

CALCULATION OF HOSPICE PER DIEM COST

HOSPICE NO.: 14-1570

WORKSHEET K-6

COMPUTATION OF PER DIEM COST		TITLE XVIII 1	TITLE XIX 2	OTHER 3	TOTAL 4	
1	TOTAL COST				343621	1
2	TOTAL UNDUPLICATED DAYS				3281	2
3	AGGREGATE COST PER DIEM				104.73	3
4	UNDUPLICATED MEDICARE DAYS	2876				4
5	AGGREGATE MEDICARE COST	301203				5
6	UNDUPLICATED MEDICAID DAYS		67			6
7	AGGREGATE MEDICAID COST		7017			7
8	UNDUPLICATED SNF DAYS					8
9	AGGREGATE SNF COST					9
10	UNDUPLICATED NF DAYS					10
11	AGGREGATE NF COST					11
12	OTHER UNDUPLICATED DAYS			338		12
13	AGGREGATE COST FOR OTHER DAYS			35399		13

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0110)	HOSPITAL (14-0110)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
					CAPITAL FEDERAL AMOUNT
2	605874				2
					CAPITAL DRG OTHER THAN OUTLIER
3					3
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997
3.01	1738				3.01
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997
4					4
					INDIRECT MEDICAL EDUCATION ADJUSTMENT
					TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI, LN.18]
4.01		0.00		0.00	4.01
					NO. OF INTERNS & RESIDENTS [E,PT A, LN.3.17][x E-3,PT VI, LN.1]
4.02					4.02
					INDIRECT MEDICAL EDUCATION PERCENTAGE
4.03					4.03
					INDIRECT MEDICAL EDUCATION ADJUSTMENT
					DISPROPORTIONATE SHARE ADJUSTMENT
5	0.0288				5
					% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS
5.01					5.01
					% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I
5.02					5.02
					SUM OF LINES 5 AND 5.01
5.03					5.03
					ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE
5.04					5.04
					DISPROPORTIONATE SHARE ADJUSTMENT
6	607612				6
					TOTAL PROSPECTIVE CAPITAL PAYMENTS
PART II - HOLD HARMLESS METHOD					
1					1
					NEW CAPITAL
2					2
					OLD CAPITAL
3					3
					TOTAL CAPITAL
4					4
					RATIO OF NEW CAPITAL TO TOTAL CAPITAL
5					5
					TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE
6					6
					REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT
7					7
					REDUCED OLD CAPITAL AMOUNT
8					8
					HOLD HARMLESS PAYMENT FOR NEW CAPITAL
9					9
					SUBTOTAL
10					10
					PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)
PART III - PAYMENT UNDER REASONABLE COST					
1					1
					PROGRAM INPATIENT ROUTINE CAPITAL COST
2					2
					PROGRAM INPATIENT ANCILLARY CAPITAL COST
3					3
					TOTAL INPATIENT PROGRAM CAPITAL
4					4
					CAPITAL COST PAYMENT FACTOR
5					5
					TOTAL INPATIENT PROGRAM CAPITAL COST
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
					PROGRAM INPATIENT CAPITAL COSTS
2					2
					PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES
3					3
					NET PROGRAM INPATIENT CAPITAL COSTS
4					4
					APPLICABLE EXCEPTION PERCENTAGE
5					5
					CAPITAL COST FOR COMPARISON TO PAYMENTS
6					6
					PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES
7					7
					ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES
8					8
					CAPITAL MINIMUM PAYMENT LEVEL
9					9
					CURRENT YEAR CAPITAL PAYMENTS
10					10
					CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS
11					11
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT
12					12
					NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS
13					13
					CURRENT YEAR EXCEPTION PAYMENT
14					14
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD
15					15
					CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)
16					16
					CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)
17					17
					CURRENT YEAR EXCEPTION OFFSET AMOUNT

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
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
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
31 SUBPROVIDER I					31
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MAGNETIC RESONANCE IMAGING MRI					41.01
44 LABORATORY					44
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PAT					55
56 DRUGS CHARGED TO PATIENTS					56
58 ASC (NON-DISTINCT PART)					58
59 CARDIAC REHAB					59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI					59.01
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
OTHER REIMBURSABLE COST CENTERS					
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
93 HOSPICE					93
94 HOMEMAKER					94
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN					96
98 PHYSICIANS' PRIVATE OFFICES					98
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	42.11		15.90				58.01 25
26 INTENSIVE CARE UNIT	51.60		10.50				62.10 26
33 NURSERY			69.07				69.07 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	13.49	13.91	4.66				32.06 37
38 RECOVERY ROOM	8.70	10.55	3.72				22.97 38
39 DELIVERY ROOM & LABOR ROOM	0.23	0.10	88.35				88.68 39
40 ANESTHESIOLOGY	4.61	5.39	2.96				12.96 40
41 RADIOLOGY-DIAGNOSTIC	11.09	17.51	1.76				30.36 41
41.01 MAGNETIC RESONANCE IMAGING MRI	3.80	17.95	0.58				22.33 41.01
44 LABORATORY	17.44	0.07	3.46				20.97 44
48 INTRAVENOUS THERAPY	34.20	3.67	13.91				51.78 48
49 RESPIRATORY THERAPY	53.42	4.42	5.81				63.65 49
50 PHYSICAL THERAPY	8.89	7.59	0.62				17.10 50
51 OCCUPATIONAL THERAPY	4.22	2.12	0.57				6.91 51
52 SPEECH PATHOLOGY	0.06	24.81					24.87 52
53 ELECTROCARDIOLOGY	31.79	14.79	2.55				49.13 53
54 ELECTROENCEPHALOGRAPHY	13.00	13.97	1.52				28.49 54
55 MEDICAL SUPPLIES CHARGED TO PAT	24.26	16.64	12.81				53.71 55
56 DRUGS CHARGED TO PATIENTS	27.36	10.34	6.51				44.21 56
58 ASC (NON-DISTINCT PART)	4.93	27.61	0.50				33.04 58
59 CARDIAC REHAB	4.41	25.82	0.82				31.05 59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI		40.99	0.03				41.02 59.01
61 EMERGENCY	13.16	8.94	2.33				24.43 61
62 OBSERVATION BEDS (NON-DISTINCT		27.46					27.46 62
101 TOTAL CHARGES	13.01	10.39	3.37				26.77 101

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

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL	7
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6		
UTILIZATION PERCENTAGES BASED ON DAYS								
31 SUBPROVIDER I	28.61		34.53				63.14	31
UTILIZATION PERCENTAGES BASED ON CHARGES								
37 OPERATING ROOM			0.06				0.06	37
38 RECOVERY ROOM			0.13				0.13	38
41 RADIOLOGY-DIAGNOSTIC	0.18		0.39				0.57	41
41.01 MAGNETIC RESONANCE IMAGING MRI	0.09		0.25				0.34	41.01
44 LABORATORY	1.67		3.76				5.43	44
48 INTRAVENOUS THERAPY	0.02		0.12				0.14	48
49 RESPIRATORY THERAPY	1.55		1.31				2.86	49
50 PHYSICAL THERAPY	0.26		0.22				0.48	50
51 OCCUPATIONAL THERAPY			0.11				0.11	51
53 ELECTROCARDIOLOGY	2.06		3.93				5.99	53
54 ELECTROENCEPHALOGRAPHY	0.72		3.24				3.96	54
55 MEDICAL SUPPLIES CHARGED TO PAT	0.28		0.40				0.68	55
56 DRUGS CHARGED TO PATIENTS	4.04		4.87				8.91	56
58 ASC (NON-DISTINCT PART)	0.03						0.03	58
59 CARDIAC REHAB			0.10				0.10	59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI	0.12						0.12	59.01
61 EMERGENCY	1.43		3.57				5.00	61
101 TOTAL CHARGES	0.68		1.24				1.92	101

COST CENTER		---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS								
1	OLD CAP REL COSTS-BLDG & FIXT	867327	1.39	-867327	-2.57			1
2	OLD CAP REL COSTS-MVBLE EQUIP	100		-100				2
3	NEW CAP REL COSTS-BLDG & FIXT	2869821	4.59	-2869821	-8.51			3
4	NEW CAP REL COSTS-MVBLE EQUIP	2297786	3.67	-2297786	-6.81			4
5	EMPLOYEE BENEFITS	12451669	19.90	-12451669	-36.92			5
6	ADMINISTRATIVE & GENERAL	5934219	9.49	-5934219	-17.60			6
8	OPERATION OF PLANT	3023601	4.83	-3023601	-8.97			8
9	LAUNDRY & LINEN SERVICE	288451	.46	-288451	-.86			9
10	HOUSEKEEPING	842985	1.35	-842985	-2.50			10
11	DIETARY	1157713	1.85	-1157713	-3.43			11
12	CAFETERIA							12
14	NURSING ADMINISTRATION	1055896	1.69	-1055896	-3.13			14
15	CENTRAL SERVICES & SUPPLY	227620	.36	-227620	-.67			15
16	PHARMACY	939176	1.50	-939176	-2.78			16
17	MEDICAL RECORDS & LIBRARY	1499608	2.40	-1499608	-4.45			17
18	SOCIAL SERVICE	162251	.26	-162251	-.48			18
20	NONPHYSICIAN ANESTHETISTS							20
24	PARAMED ED PRGM-(SPECIFY)	107390	.17	-107390	-.32			24
INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	3492630	5.58	5117596	15.17	8610226	13.76	25
26	INTENSIVE CARE UNIT	439213	.70	664100	1.97	1103313	1.76	26
31	SUBPROVIDER I	1976787	3.16	2884564	8.55	4861351	7.77	31
33	NURSERY	144331	.23	196696	.58	341027	.55	33
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	3630523	5.80	2267138	6.72	5897661	9.43	37
38	RECOVERY ROOM	179934	.29	217066	.64	397000	.63	38
39	DELIVERY ROOM & LABOR ROOM	189936	.30	244413	.72	434349	.69	39
40	ANESTHESIOLOGY	322049	.51	626088	1.86	948137	1.52	40
41	RADIOLOGY-DIAGNOSTIC	2863339	4.58	3723079	11.04	6586418	10.53	41
41.01	MAGNETIC RESONANCE IMAGING MRI	253967	.41	613516	1.82	867483	1.39	41.01
44	LABORATORY	2622869	4.19	1314832	3.90	3937701	6.29	44
48	INTRAVENOUS THERAPY	569361	.91	338036	1.00	907397	1.45	48
49	RESPIRATORY THERAPY	766987	1.23	560971	1.66	1327958	2.12	49
50	PHYSICAL THERAPY	1617314	2.59	2280442	6.76	3897756	6.23	50
51	OCCUPATIONAL THERAPY	136710	.22	172727	.51	309437	.49	51
52	SPEECH PATHOLOGY	182292	.29	187285	.56	369577	.59	52
53	ELECTROCARDIOLOGY	164026	.26	239594	.71	403620	.65	53
54	ELECTROENCEPHALOGRAPHY	995		12017	.04	13012	.02	54
55	MEDICAL SUPPLIES CHARGED TO PAT	277224	.44	431693	1.28	708917	1.13	55
56	DRUGS CHARGED TO PATIENTS	1438065	2.30	1947301	5.77	3385366	5.41	56
58	ASC (NON-DISTINCT PART)	2181549	3.49	3700830	10.97	5882379	9.40	58
59	CARDIAC REHAB	107945	.17	70126	.21	178071	.28	59
59.01	PSYCHIATRIC/PSYCHOLOGICAL SERVI	861129	1.38	2389672	7.09	3250801	5.20	59.01
61	EMERGENCY	2267398	3.62	2131861	6.32	4399259	7.03	61
62	OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS							62
OUTPATIENT SERVICE COST CENTERS								
71	HOME HEALTH AGENCY	1329284	2.12	868664	2.58	2197948	3.51	71

COST CENTER		--- DIRECT COSTS ---	---	-- ALLOCATED OVERHEAD --	---	--- TOTAL COSTS ---	---
		AMOUNT	%	AMOUNT	%	AMOUNT	%
SPECIAL PURPOSE COST CENTERS							
93	HOSPICE	244121	.39	99500	.30	343621	.55
94	HOMEMAKER	239393	.38	151487	.45	390880	.62
NONREIMBURSABLE COST CENTERS							
96	GIFT, FLOWER, COFFEE SHOP & CAN			50147	.15	50147	.08
98	PHYSICIANS' PRIVATE OFFICES	334303	.53	224172	.66	558475	.89
101	CROSS FOOT ADJUSTMENTS						
102	NEGATIVE COST CENTER						
103	TOTAL	62559287	100.00	0	.00	62559287	100.00

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	493550	16512034	.029890	2228193	66601	37
38 RECOVERY ROOM	27495	1604662	.017134	139628	2392	38
39 DELIVERY ROOM & LABOR ROOM	46273	1158020	.039959	2652	106	39
40 ANESTHESIOLOGY	52414	3882282	.013501	178985	2416	40
41 RADIOLOGY-DIAGNOSTIC	1014834	29515060	.034383	3271947	112499	41
41.01 MAGNETIC RESONANCE IMAGING MRI	426125	5713771	.074579	217022	16186	41.01
44 LABORATORY	208239	20177824	.010320	3519600	36323	44
48 INTRAVENOUS THERAPY	17598	2117045	.008312	723991	6018	48
49 RESPIRATORY THERAPY	73620	6403789	.011496	3421122	39329	49
50 PHYSICAL THERAPY	536674	6038518	.088875	536679	47698	50
51 OCCUPATIONAL THERAPY	30364	454064	.066872	19167	1282	51
52 SPEECH PATHOLOGY	35978	257164	.139903	161	22	52
53 ELECTROCARDIOLOGY	13604	1528325	.008902	485837	4325	53
54 ELECTROENCEPHALOGRAPHY	3392	65842	.051517	8557	440	54
55 MEDICAL SUPPLIES CHARGED TO PAT	88373	1355935	.065175	328991	21442	55
56 DRUGS CHARGED TO PATIENTS	139604	6852541	.020373	1874521	38190	56
58 ASC (NON-DISTINCT PART)	690565	8120362	.085041	400573	34065	58
59 CARDIAC REHAB	13196	557467	.023672	24572	582	59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI	510449	882952	.578117			59.01
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	204615	11228664	.018222	1478150	26935	61
62 OBSERVATION BEDS (NON-DISTINCT	80927	1322665	.061185			62
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL	4707889	125748986		18860348	456851	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS								
25	ADULTS & PEDIATRICS	649889		649889	9733	66.77	4099	273690 25
26	INTENSIVE CARE UNIT	93086		93086	876	106.27	452	48034 26
101	TOTAL	742975		742975			4551	321724 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS 321724

MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS 456851

TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS 778575

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)	9158673
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	23181441
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.395

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	1713821
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	2327711
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.736

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)	778575
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.034

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x (WKST B, PART I, COLUMN 27 - COLUMNS 21 & 24 / WKST C, PART I, COLUMN 8) LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66) (SEE CR 5238))	9719583
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	21677923
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.448