

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

WORKSHEET S  
PARTS I & II

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

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY NORWEGIAN AMERICAN HOSPITAL (14-0206) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2008 AND ENDING 09/30/2009, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII	TITLE XIX	
		PART A	PART B	
1	HOSPITAL	2	3	4
2	SUBPROVIDER I	420947	85172	1
3	SWING BED - SNF			2
4	SWING BED - NF			3
5	SKILLED NURSING FACILITY			4
6	NURSING FACILITY			5
7	HOME HEALTH AGENCY			6
8	OUTPATIENT REHABILITATION PROVIDER			7
9	HEALTH CLINIC			8
100	TOTAL	420947	85172	9
				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: 1044 NORTH FRANCISCO P.O.BOX: 1  
 1.01 CITY: CHICAGO STATE: IL ZIP CODE: 60622 COUNTY: COOK 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)			2	
				V 4	XVIII 5	XIX 6		
2	HOSPITAL	NORWEGIAN AMERICAN HOSPITAL	14-0206	07/01/1966	N	P	O	2
3	SUBPROVIDER I	NORWEGIAN AMERICAN HOSP - PSYCH	14-S206	10/01/2006	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							9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE							12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16
17	COST REPORTING PERIOD (MM/DD/YYYY)		FROM: 10/01/2008	TO: 09/30/2009				17
18	TYPE OF CONTROL		1	2				18
19	HOSPITAL		1					19
20	SUBPROVIDER I		4					20

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.							21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106?			YES				21.01
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.							21.02
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.			1	N		N 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 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO.			NO				21.06
21.07	DOES THIS HOSPITAL QUALIFY AS AN SCH WITH UNDER 100 BEDS OR FEWER BEDS UNDER MIPPA 147? ENTER 'Y' FOR YES AND 'N' FOR NO (SEE INSTRUCTIONS).			NO				21.07
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?			YES				25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?			YES				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.			YES				25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.			NO				25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2			NO				25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)			NO		NO		25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)			NO		NO		25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

OTHER INFORMATION

26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:				26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.				26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: 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
		NO	YES	NO	36.01
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?				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?	NO	42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO	43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	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 NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.		46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC				
	1	2	3	4	5				
47	HOSPITAL	N	N	N	N	47			
48	SUBPROVIDER I	N	N	N	N	48			
49	SKILLED NURSING FACILITY	N	N			49			
50	HOME HEALTH AGENCY	N	N			50			
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?				NO	52			
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.				NO	52.01			
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53			
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01			
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:					54			
	PREMIUMS: 5885928	PAID LOSSES:		AND/OR SELF INSURANCE:					
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.				NO	54.01			
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.				NO	55			
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.			DATE	Y/N	LIMIT	Y/N	FEE\$	
				0	1	2	3	4	
56				/ /	NO	0.00	NO		56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?				NO				57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.				NO				58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)								58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)				NO				59

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? 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.)	YES	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	TITLE NONCOVERED DAYS 4.01		TITLE XIX 5
1 HOSPITAL ADULTS & PEDS, EXCL SWING BED, OBSERV & HOSPICE DAYS	150	54750			9867		17342	1
2 HMO							4140	2
3 HOSPITAL ADULTS & PEDS - SWING BED SNF								3
4 HOSPITAL ADULTS & PEDS - SWING BED NF								4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS	150	54750			9867		17342	5
6 INTENSIVE CARE UNIT	12	4380			1388		618	6
6.01 NICU	12	4380					339	6.01
7 CORONARY CARE UNIT								7
8 BURN INTENSIVE CARE UNIT								8
9 SURGICAL INTENSIVE CARE UNIT								9
10 OTHER SPECIAL CARE (SPECIFY)								10
11 NURSERY							2366	11
12 TOTAL HOSPITAL	174	63510			11255		20665	12
13 RPCH VISITS								13
14 SUBPROVIDER I	12	4380			1382		1539	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	186							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		32696							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		32696							5
6 INTENSIVE CARE UNIT									6
6.01 NICU		1434							6.01
7 CORONARY CARE UNIT									7
8 BURN INTENSIVE CARE UNIT									8
9 SURGICAL INTENSIVE CARE UNIT									9
10 OTHER SPECIAL CARE (SPECIFY)									10
11 NURSERY		3254							11
12 TOTAL HOSPITAL		40710			2.26		2.26	716.55	12
13 RPCH VISITS									13
14 SUBPROVIDER I		3472						11.73	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					2.26		2.26	728.28	25
26 OBSERVATION BED DAYS		2483		2483					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		2075	4328	9480	1
2	HMO XIX					2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4	HOSPITAL ADULTS & PEDS - SWING BED NF					4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6	INTENSIVE CARE UNIT					6
6.01	NICU					6.01
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		2075	4328	9480	12
13	RPCH VISITS					13
14	SUBPROVIDER I		189	220	1535	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.	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
		A-6	3	4	5		
1 SALARIES							
2 TOTAL SALARIES	40669075	2900	40671975	1501051.00	27.10		1
3 NON-PHYSICIAN ANESTHETIST PART A							2
4 NON-PHYSICIAN ANESTHETIST PART B							3
5 PHYSICIAN - PART A							4
4.01 TEACHING PHYSICIAN SALARIES							4.01
5.02 PHYSICIAN - PART B	2352414		2352414	32473.00	72.44	A82 WP & LD REP	5
6.01 NON-PHYSICIAN - PART B							5.01
6 INTERNS & RESIDENTS (IN APPR PGM)	78718		78718	4688.00	16.79	LABOR DIST RPT	6
7 CONTRACT SERVICES, I&R							6.01
8 HOME OFFICE PERSONNEL							7
8.01 SNF							8
8.01 EXCLUDED AREA SALARIES	2433709		2433709	72619.00	33.51		8.01
9 OTHER WAGES & RELATED COSTS							
9.01 CONTRACT LABOR	2264938		2264938	26143.00	86.64		9
9.02 PHARMACY SERVICES UNDER CONTRACT							9.01
9.03 LABORATORY SERVICES UNDER CONTRACT							9.02
9.03 MANAGEMENT AND ADMINISTRATIVE SERVICES'	2791500		2791500	16486.00	169.33		9.03
10 CONTRACT LABOR: PHYSICIAN PART A	163901		163901	1300.00	126.08	A-8-2 WP	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
13 WAGE-RELATED COSTS							
13 WAGE RELATED COSTS (CORE)	6085750		6085750			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS	402055		402055			CMS 339	15
16 NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17 NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18 PHYSICIAN PART A						CMS 339	18
18.01 PART A TEACHING PHYSICIANS						CMS 339	18.01
19 PHYSICIAN PART B	217823		217823			CMS 339	19
19.01 WAGE RELATED COSTS (RHC/FQHC)							19.01
20 INTERNS & RESIDENTS (IN APPR PGM)	13004		13004			CMS 339	20
21 OVERHEAD COSTS - DIRECT SALARIES							
21 EMPLOYEE BENEFITS	1941908		1941908	108803.00	17.85		21
22 ADMINISTRATIVE & GENERAL	2511185		2511185	51777.00	48.50		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT	1340573		1340573	22603.00	59.31		22.01
23 MAINTENANCE & REPAIRS							23
24 OPERATION OF PLANT	1378475		1378475	70968.00	19.42		24
25 LAUNDRY & LINEN SERVICE							25
26 HOUSEKEEPING	834596		834596	81598.00	10.23		26
26.01 HOUSEKEEPING UNDER CONTRACT	180416		180416	4696.00	38.42		26.01
27 DIETARY	752321	-207047	545274	45134.00	12.08		27
27.01 DIETARY UNDER CONTRACT	415688		415688	12952.00	32.09		27.01
28 CAFETERIA		207047	207047	17138.00	12.08		28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	895917		895917	21080.00	42.50		30
31 CENTRAL SERVICES AND SUPPLY	318789		318789	18124.00	17.59		31
32 PHARMACY	963917		963917	40104.00	24.04		32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	552390		552390	32472.00	17.01		33
34 SOCIAL SERVICE	492486		492486	18571.00	26.52		34
35 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST.	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
		A-6	3	4	5	
1 NET SALARIES	40174620	2900	40177520	1504141.00	26.71	1
2 EXCLUDED AREA SALARIES	2433709		2433709	72619.00	33.51	2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	37740911	2900	37743811	1431522.00	26.37	3
4 SUBTOTAL OTHER WAGES & REL COSTS	5220339		5220339	43929.00	118.84	4
5 SUBTOTAL WAGE-RELATED COSTS	6085750		6085750		16.12%	5
6 TOTAL (SUM OF LINES 3 THRU 5)	49047000	2900	49049900	1475451.00	33.24	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	12578661		12578661	546020.00	23.04	13

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	17
17.01	GROSS MEDICAID REVENUES	58571475 17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	19
20	RESTRICTED GRANTS	20
21	NON-RESTRICTED GRANTS	21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	58571475 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.309286 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	133615815 28
29	TOTAL GROSS MEDICAID COST	41325501 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	25574066 30
31	UNCOMPENSATED CARE COST	7909701 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	41325501 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								1
2	0200								2
3	0300								3
4	0400		1095817	1095817	1785226	2881043	-488380	2392663	4
5	0500				2838832	2838832	-388519	2450313	5
5.01	0501	367169	339910	707079	3409838	4116917	-10	4116907	5.01
5.02	0502	216330	319780	536110	-43072	493038	-84848	408190	5.02
5.03	0503		2323661	2323661	-546171	1777490	-12520	1764970	5.03
5.04	0504	676223	214068	890291	-74215	816076		816076	5.04
6	0600	682186	840321	1522507	-82184	1440323	-115	1440208	6
7	0700	2511185	20719024	23230209	-287767	22942442	-2035236	20907206	7
8	0800								8
9	0900	1378475	3073100	4451575	-455807	3995768		3995768	9
10	1000				405534	405534		405534	10
11	1100	834596	1352804	2187400	-514967	1672433	-50	1672383	11
12	1200	752321	1755866	2508187	-872382	1635805	-432894	1202911	12
13	1300				690280	690280	-335497	354783	13
14	1400								14
15	1500	895917	335996	1231913	-89617	1142296		1142296	15
16	1600	318789	471525	790314	-250410	539904		539904	16
17	1700	963917	3029669	3993586	-158475	3835111	-4004	3831107	17
18	1800	552390	657533	1209923	-70448	1139475	-5353	1134122	18
20	2000	492486	141720	634206	-49921	584285		584285	20
21	2100								21
22	2200								22
23	2300	78718	46871	125589	7651	133240		133240	23
24	2400				25950	25950		25950	24
INPATIENT ROUTINE SERV COST CENTERS									
25	2500	10398301	4647705	15046006	-2118346	12927660	-1257517	11670143	25
26	2600	1823275	1618278	3441553	-306018	3135535	-90000	3045535	26
26.01	2600	1076946	289933	1366879	-373683	993196	-681	992515	26.01
31	3100	761978	318771	1080749		1080749		1080749	31
33	3300				1100777	1100777		1100777	33
ANCILLARY SERVICE COST CENTERS									
37	3700	2111567	2363469	4475036	-368653	4106383	-87500	4018883	37
39	3900	2093914	812602	2906516	-373654	2532862		2532862	39
40	4000	37377	766192	803569	-42629	760940	-581834	179106	40
41	4100	1932106	4188952	6121058	-510222	5610836	-2135705	3475131	41
44	4400	1315286	2523093	3838379	-233384	3604995		3604995	44
46.30	4650								46.30
49	4900	774838	379824	1154662	-105544	1049118		1049118	49
50	5000	295753	96150	391903	-33813	358090	-13835	344255	50
53	5300	206751	145809	352560	-72815	279745		279745	53
54	5400		1540	1540	-1475	65		65	54
55	5500				190810	190810		190810	55
56	5600								56
58.01	3950		503338	503338		503338		503338	58.01
58.02	3120	380542	1066963	1447505	-172173	1275332	-24000	1251332	58.02
OUTPATIENT SERVICE COST CENTERS									
60	6000	2728754	1136041	3864795	24326	3889121	-2134101	1755020	60
60.01	6001								60.01
60.02	6002	54542	76932	131474	-1148	130326	-8165	122161	60.02
60.03	6003								60.03
60.04	6004	383471	268528	651999	-44966	607033	-85415	521618	60.04
60.05	4040	-2900	141840	138940	-13296	125644	-42000	83644	60.05
61	6100	1904141	3478315	5382456	-359148	5023308	-1225677	3797631	61
62	6200								62
63.50	6310								63.50
63.60	6320								63.60
OTHER REIMBURSABLE COST CENTERS									
69.10	6910								69.10
69.20	6920								69.20
69.30	6930								69.30
69.40	6940								69.40
71	7100								71
SPECIAL PURPOSE COST CENTERS									
85.01	8510								85.01
85.02	8520								85.02
85.03	8530								85.03
88	8800		1907732	1907732	-1907732				88
95		38997344	63449672	102447016	-54911	102392105	-11473856	90918249	95
NONREIMBURSABLE COST CENTERS									
96	9600								96
98	9800	193864	36560	230424	-22063	208361		208361	98

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSI- FICATIONS	RECLASS. TRIAL BALANCE	ADJUST- MENTS	NET EXP FOR ALLOCATION	
		1	2	3	4	5	6	7	
98.01	9801 PROHEALTH SERVICES	1303200	890706	2193906	160235	2354141	-1811183	542958	98.01
98.02	9802 AUXILIARY	174667	151563	326230	-83261	242969		242969	98.02
101	TOTAL	40669075	64528501	105197576		105197576	-13285039	91912537	101

RECLASSIFICATIONS

WORKSHEET A-6  
 PAGE 1

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
		2	3	4	5	
1 PROPERTY INSURANCE	A	NEW CAP REL COSTS-BLDG & FIXT	3		93000	1
2						2
3						3
4 EQUIP DEPRECIATION	B	NEW CAP REL COSTS-MVBLE EQUIP	4		1993277	4
5						5
6 CHARGEABLE SUPPLIES	C	MEDICAL SUPPLIES CHARGED TO P	55		190810	6
7						7
8 SHARED CAFETERIA EXP	D	CAFETERIA	12	207047	483233	8
9						9
10 UTILIZATION REVIEW	E	MEDICAL RECORDS & LIBRARY	17		42975	10
11						11
12 DEPRECIATION CHARGED TO DEPTS	F	NEW CAP REL COSTS-BLDG & FIXT	3		2623326	12
13	F					13
14	F					14
15	F					15
16	F					16
17	F					17
18	F					18
19	F					19
20	F					20
21	F					21
22	F					22
23	F					23
24	F					24
25	F					25
26	F					26
27	F					27
28	F					28
29	F					29
30	F					30
31	F					31
32	F					32
33	F					33
34	F					34
35	F					35
36 SUBTOTAL				207047	5426621	36

RECLASSIFICATIONS

WORKSHEET A-6  
 PAGE 1

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1 PROPERTY INSURANCE	A	ADMINISTRATIVE & GENERAL	6		93000	12 1
2						2
3						3
4 EQUIP DEPRECIATION	B	NEW CAP REL COSTS-BLDG & FIXT	3		1993277	9 4
5						5
6 CHARGEABLE SUPPLIES	C	CENTRAL SERVICES & SUPPLY	15		190810	6
7						7
8 SHARED CAFETERIA EXP	D	DIETARY	11	207047	483233	8
9						9
10 UTILIZATION REVIEW	E	ADMINISTRATIVE & GENERAL	6		42975	10
11						11
12 DEPRECIATION CHARGED TO DEPTS	F	EMPLOYEE BENEFITS	5		3941	9 12
13	F	COMMUNICATIONS	5.01		21481	13
14	F	DATA PROCESSING	5.02		546171	14
15	F	ADMITTING	5.03		8755	15
16	F	CASHIERING	5.04		8420	16
17	F	ADMINISTRATIVE & GENERAL	6		84266	17
18	F	OPERATION OF PLANT	8		302377	18
19	F	HOUSEKEEPING	10		5052	19
20	F	DIETARY	11		65820	20
21	F	NURSING ADMINISTRATION	14		4407	21
22	F	CENTRAL SERVICES & SUPPLY	15		27319	22
23	F	PHARMACY	16		63064	23
24	F	MEDICAL RECORDS & LIBRARY	17		45598	24
25	F	SOCIAL SERVICE	18		695	25
26	F	ADULTS & PEDIATRICS	25		154062	26
27	F	INTENSIVE CARE UNIT	26		64063	27
28	F	NICU	26.01		10119	28
29	F	OPERATING ROOM	37		160961	29
30	F	DELIVERY ROOM & LABOR ROOM	39		168646	30
31	F	ANESTHESIOLOGY	40		38849	31
32	F	RADIOLOGY-DIAGNOSTIC	41		326944	32
33	F	LABORATORY	44		103559	33
34	F	RESPIRATORY THERAPY	49		30720	34
35	F	PHYSICAL THERAPY	50		2718	35
36 SUBTOTAL				207047	5051302	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1	F				1
2	F				2
3	F				3
4	F				4
5	F				5
6	F				6
7	F				7
8	F				8
9	F				9
10	F				10
11	F				11
12					12
13					13
14					14
15 INTEREST EXPENSE	G	NEW CAP REL COSTS-BLDG & FIXT	3		1062177 15
16	G	NEW CAP REL COSTS-MVBLE EQUIP	4		845555 16
17					17
18					18
19 PHYSICIAN BENEFITS	H	ADMINISTRATIVE & GENERAL	6		206779 19
20	H	I&R SERVICES-SALARY & FRINGES	22		15744 20
21	H	CLINIC	60		264284 21
22	H	PROHEALTH SERVICES	98.01		224380 22
23					23
24					24
25					25
26 LAUNDRY COSTS	I	LAUNDRY & LINEN SERVICE	9		405534 26
27					27
28 PODIATRY DR MED EDUC COST	J	I&R SERVICES-OTHER PRGM COSTS	23		25950 28
29					29
30 EMPLOYEE BENEFITS CHARGED	K	EMPLOYEE BENEFITS	5		4124386 30
31	K	HEALTHWORKS CLINIC	60.02		3998 31
32	K				32
33	K				33
34	K				34
35	K				35
36 SUBTOTAL				207047	12605408 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	F	ELECTROCARDIOLOGY	53		52614	1
2	F	ELECTROENCEPHALOGRAPHY	54		1475	2
3	F	CARDIAC CATH LAB	58.02		133695	3
4	F	CLINIC	60		11397	4
5	F	HEALTHWORKS CLINIC	60.02		5146	5
6	F	WOUND CARE THERAPY	60.04		6685	6
7	F	FAMILY PRACTICE CLINIC	60.05		3038	7
8	F	EMERGENCY	61		62523	8
9	F	PHYSICIANS' PRIVATE OFFICES	98		2500	9
10	F	PROHEALTH SERVICES	98.01		12985	10
11	F	AUXILIARY	98.02		83261	11
12						12
13						13
14						14
15	INTEREST EXPENSE	INTEREST EXPENSE	88		1907732	11 15
16						11 16
17						17
18						18
19	PHYSICIAN BENEFITS	FAMILY PRACTICE CLINIC	60.05		580	19
20		EMPLOYEE BENEFITS	5		710607	20
21						21
22						22
23						23
24						24
25						25
26	LAUNDRY COSTS	HOUSEKEEPING	10		405534	26
27						27
28	PODIATRY DR MED EDUC COST	ADMINISTRATIVE & GENERAL	6		25950	28
29						29
30	EMPLOYEE BENEFITS CHARGED	COMMUNICATIONS	5.01		21591	30
31		ADMITTING	5.03		65460	31
32		CASHIERING	5.04		73764	32
33		ADMINISTRATIVE & GENERAL	6		248355	33
34		OPERATION OF PLANT	8		153430	34
35		HOUSEKEEPING	10		104381	35
36	SUBTOTAL			207047	9144005	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER 2	LINE # 3	SALARY 4	
1	K				1
2	K				2
3	K				3
4	K				4
5	K				5
6	K				6
7	K				7
8	K				8
9	K				9
10	K				10
11	K				11
12	K				12
13	K				13
14	K				14
15	K				15
16	K				16
17	K				17
18	K				18
19	K				19
20	K				20
21	K				21
22	K				22
23	K				23
24	K				24
25	K				25
26	K				26
27					27
28 NURSERY COSTS	L	NURSERY	33	930616	170161 28
29	L				29
30					30
31					31
32 TFR OF NEGATIVE SALARY TO OTHER	M	FAMILY PRACTICE CLINIC	60.05	2900	32
33					33
34					34
35					35
36 TOTAL RECLASSIFICATIONS				1140563	12775569 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1	K	DIETARY	11		116282	1
2	K	NURSING ADMINISTRATION	14		85210	2
3	K	CENTRAL SERVICES & SUPPLY	15		32281	3
4	K	PHARMACY	16		95411	4
5	K	MEDICAL RECORDS & LIBRARY	17		67825	5
6	K	SOCIAL SERVICE	18		49226	6
7	K	I&R SERVICES-SALARY & FRINGES	22		8093	7
8	K	ADULTS & PEDIATRICS	25		1119445	8
9	K	INTENSIVE CARE UNIT	26		241955	9
10	K	NICU	26.01		107626	10
11	K	OPERATING ROOM	37		207692	11
12	K	DELIVERY ROOM & LABOR ROOM	39		205008	12
13	K	ANESTHESIOLOGY	40		3780	13
14	K	RADIOLOGY-DIAGNOSTIC	41		183278	14
15	K	LABORATORY	44		129825	15
16	K	RESPIRATORY THERAPY	49		74824	16
17	K	PHYSICAL THERAPY	50		31095	17
18	K	ELECTROCARDIOLOGY	53		20201	18
19	K	CARDIAC CATH LAB	58.02		38478	19
20	K	CLINIC	60		228561	20
21	K	WOUND CARE THERAPY	60.04		38281	21
22	K	FAMILY PRACTICE CLINIC	60.05		9678	22
23	K	EMERGENCY	61		296625	23
24	K	PHYSICIANS' PRIVATE OFFICES	98		19563	24
25	K	PROHEALTH SERVICES	98.01		51160	25
26						26
27						27
28	NURSERY COSTS	L ADULTS & PEDIATRICS	25	709958	134881	28
29		L NICU	26.01	220658	35280	29
30						30
31						31
32	TFR OF NEGATIVE SALARY TO OTHER	M FAMILY PRACTICE CLINIC	60.05		2900	32
33						33
34						34
35						35
36	TOTAL RECLASSIFICATIONS			1137663	12778469	36

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

WORKSHEET A-7  
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	4440013	89900		89900		4529913		1
2 LAND IMPROVEMENTS	3112770					3112770		2
3 BUILDINGS AND FIXTURES	41634404				558457	41075947		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	15167358	1374277		1374277		16541635		5
6 MOVABLE EQUIPMENT	37740659				415401	37325258		6
7 SUBTOTAL	102095204	1464177		1464177	973858	102585523		7
8 RECONCILING ITEMS								8
9 TOTAL	102095204	1464177		1464177	973858	102585523		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF		OTHER CAPITAL	TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	RELATED COSTS	
	1	2	3	4	5	6	7	
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT	57617582		57617582	.606866				3
4 NEW CAP REL COSTS-MVBLE EQUIP	37325258		37325258	.393134				4
5 TOTAL	94942840		94942840	1.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	1725540		574123	93000			2392663
4 NEW CAP REL COSTS-MVBLE EQUIP	1993277		457036				2450313
5 TOTAL	3718817		1031159	93000			4842976

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	1095817						1095817
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 TOTAL	1095817						1095817

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES	B	-488054	NEW CAP REL COSTS-BLDG & FIXT	3	11 3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT	B	-388519	NEW CAP REL COSTS-MVBLE EQUIP	4	11 4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-3985	ADMINISTRATIVE & GENERAL	6	6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-64140	COMMUNICATIONS	5.01	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-7464858			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1				14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-335497	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-4004	PHARMACY	16	19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-5353	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				36
37 MISC REVENUE	B	-65142	ADMINISTRATIVE & GENERAL	6	37
37.01 MISC COMMUNICATIONS INCOME	B	-20708	COMMUNICATIONS	5.01	37.01
37.02 INFO SYSTEM USER FEES	B	-12500	DATA PROCESSING	5.02	37.02
37.03 EMPLOYEE BENEFIT MISC REV	B	-10	EMPLOYEE BENEFITS	5	37.03
37.04 MISC XRAY REV	B	-1581	RADIOLOGY-DIAGNOSTIC	41	37.04
37.06 CLINIC RENTAL INCOME & OTHERS	B	-161663	CLINIC	60	37.06
37.08 WOUND CARE MISC INCOME	B	-415	WOUND CARE THERAPY	60.04	37.08
37.10 MISC BUSINESS OFFICE REV	B	-115	CASHIERING	5.04	37.10
37.11 INFO SYSTEM - MISC REV	B	-20	DATA PROCESSING	5.02	37.11
37.14 MISC PT REV	B	-13835	PHYSICAL THERAPY	50	37.14
38					38
38.01 FAMILY PRACTICE - MOB RENT	B	-42000	FAMILY PRACTICE CLINIC	60.05	38.01
38.05 MISC NURSE PT ED	B	-1172	ADULTS & PEDIATRICS	25	38.05
38.06 MISC DIETARY	B	-432894	DIETARY	11	38.06
38.07 MISC HOSPITAL SERVICES	B	-50	HOUSEKEEPING	10	38.07
38.10 ANESTHESIA- MISC REV	B	-225	ANESTHESIOLOGY	40	38.10
39					39
40 MISC INCOME	B	-681	NICU	26.01	40
40.01 HOUSE PHYSICIANS	A	-1531302	ADMINISTRATIVE & GENERAL	6	40.01
40.02 PROHEALTH PHYSICIAN COMP	A	-1811183	PROHEALTH SERVICES	98.01	40.02
40.04 REAL ESTATE TAXES	A	-141374	ADMINISTRATIVE & GENERAL	6	13 40.04
40.07 OTHER MME DEP	A	-326	NEW CAP REL COSTS-BLDG & FIXT	3	9 40.07
41 OTHER LOBBYING EXP	A	-205833	ADMINISTRATIVE & GENERAL	6	41
42 NONALLOWABLE LEGAL FEES	A	-32625	ADMINISTRATIVE & GENERAL	6	42
43					43
44 SPORTING EVENT TICKETS	A	-25445	ADMINISTRATIVE & GENERAL	6	44
45 IHA LOBBYING PORTION	A	-26803	ADMINISTRATIVE & GENERAL	6	45
46 MCHC LOBBYING PORTION	A	-2727	ADMINISTRATIVE & GENERAL	6	46
47					47
48					48

PROVIDER NO. 14-0206 NORWEGIAN AMERICAN HOSPITAL  
PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2009.08  
02/26/2010 08:42

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7	
			COST CENTER 3	LINE NO. 4	REF 5	
49						49
50 TOTAL		-13285039				50

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	25	ADULTS & PEDIATRICS	1256345	1256345					
2	26	INTENSIVE CARE UNIT	90000	90000					
3	37	OPERATING ROOM	87500	87500					
4	40	ANESTHESIOLOGY	581609	581609					
5	41	RADIOLOGY-DIAGNOSTIC	2134124	2134124					
6	58.02	CARDIAC CATH LAB	24000	24000					
7	60	CLINIC	1972438	1972438					
8	60.02	HEALTHWORKS CLINIC	8165	8165					
9	60.04	WOUND CARE THERAPY	85000	85000					
10	61	EMERGENCY	1336427	1172526	163901	177200	1300	110750	5538
101		TOTAL	7575608	7411707	163901		1300	110750	5538

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
10	11	12	13	14	15	16	17	18
1	25 ADULTS & PEDIATRICS		VARIOUS					1256345
2	26 INTENSIVE CARE UNIT		ICU					90000
3	37 OPERATING ROOM		SURGERY					87500
4	40 ANESTHESIOLOGY		ANESTHESIOLOGY					581609
5	41 RADIOLOGY-DIAGNOSTIC		RADIOLOGY					2134124
6	58.02 CARDIAC CATH LAB		CARDIAC CATH					24000
7	60 CLINIC		CLINICS					1972438
8	60.02 HEALTHWORKS CLINIC		HEALTH WORKS					8165
9	60.04 WOUND CARE THERAPY		WOUND CARE					85000
10	61 EMERGENCY		EMERGENCY			110750	53151	1225677
101	TOTAL					110750	53151	7464858

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	EMPLOYEE BENEFITS 5	NON PATIENT PHONES 5.01	DATA PROCESSING 5.02	ADMITTING 5.03	CASHIERS 5.04	
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	2392663	2392663							3
4 NEW CAP REL COSTS-MVBLE EQUIP	2450313		2450313						4
5 EMPLOYEE BENEFITS	4116907	27785	3681	4148373					5
5.01 COMMUNICATIONS	408190	3708	20064	23010	454972				5.01
5.02 DATA PROCESSING	1764970	58497	510150			2360727			5.02
5.03 ADMITTING	816076	55332	8178	71926	7072	193150	1151734		5.03
5.04 CASHIERING	1440208	13249	7865	72560	36539	278995		1849416	5.04
6 ADMINISTRATIVE & GENERAL	20907206	50630	78708	267100	73081	171689			6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	3995768	200671	282435	146620	21216	21461			8
9 LAUNDRY & LINEN SERVICE	405534	33876							9
10 HOUSEKEEPING	1672383	32422	4719	88771		42922			10
11 DIETARY	1202911	68599	61479	57998	12966	42922			11
12 CAFETERIA	354783	31079		22022	1179				12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	1142296	22201	4116	95293	9429				14
15 CENTRAL SERVICES & SUPPLY	539904	101794	25517	33908	1179	128767			15
16 PHARMACY	3831107	44493	58905	102526	11787	150228			16
17 MEDICAL RECORDS & LIBRARY	1134122	45800	42591	58754	25931	21461			17
18 SOCIAL SERVICE	584285	1408	649	52383	9429				18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A	133240			8373	1179				22
23 I&R SERVICES-OTHER PRGM COSTS A	25950	1104							23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	11670143	383944	143901	1030496	44790	300456	286345	291645	25
26 INTENSIVE CARE UNIT	3045535	57917	59838	193931		42922	44012	42393	26
26.01 NICU	992515	7820	9452	91078			27455	26445	26.01
31 SUBPROVIDER I	1080749	48698		81047			33449	32218	31
33 NURSERY	1100777	27841		98984	3536	42922	35027	33738	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	4018883	168221	150345	224595	28288	85845	85523	180307	37
39 DELIVERY ROOM & LABOR ROOM	2532862	29423	157523	222717	2357	42922	65830	71076	39
40 ANESTHESIOLOGY	179106	6146	36287	3976	3536		12636	22732	40
41 RADIOLOGY-DIAGNOSTIC	3475131	89962	305381	205507	23574	64383	58657	210719	41
44 LABORATORY	3604995	75122	96729	139899	28288	386305	160509	310647	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	1049118	22532	28694	82415	5893	42922	59668	63194	49
50 PHYSICAL THERAPY	344255	23857	2539	31457	3536	42922	4516	12906	50
53 ELECTROCARDIOLOGY	279745	29230	49144	21991	9429	42922	15619	26576	53
54 ELECTROENCEPHALOGRAPHY	65	4002	1378			42922	804	1143	54
55 MEDICAL SUPPLIES CHARGED TO PAT	190810						5401	8400	55
56 DRUGS CHARGED TO PATIENTS							182374	234457	56
58.01 ACUTE DIALYSIS	503338						11044	10772	58.01
58.02 CARDIAC CATH LAB	1251332	19625	124878	40476			19592	40435	58.02
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	1755020	34060	10645	290241	8251	128767	213	20313	60
60.01 PH CLINIC									60.01
60.02 HEALTHWORKS CLINIC	122161	11041	4807	5801	5893		4	1141	60.02
60.03 DENTAL CLINIC									60.03
60.04 WOUND CARE THERAPY	521618	29754	6244	40788	5893		268	37890	60.04
60.05 FAMILY PRACTICE CLINIC	83644	38642	2838					2318	60.05
61 EMERGENCY	3797631	69482	58399	202532	14144	42922	42788	167951	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	90918249	1969967	2358079	4109175	425505	2360727	1151734	1849416	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		5769			1179				96
98 PHYSICIANS' PRIVATE OFFICES	208361	416927	2335	20620	22395				98
98.01 PROHEALTH SERVICES	542958		12129		5893				98.01

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP-	NEW CAP-	EMPLOYEE	NON	DATA			CASHIERS
	FOR COST	REL COSTS	REL COSTS	BENEFITS	PATIENT	PROCESSING	ADMITTING		
	ALLOCATION	BLDG&FIXT	MOV EQUIP		PHONES	5.02	5.03	5.04	
	0	3	4	5	5.01				
98.02 AUXILIARY	242969		77770	18578					98.02
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	91912537	2392663	2450313	4148373	454972	2360727	1151734	1849416	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	ADMINI-	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	
		STRATIVE & GENERAL 6	OF PLANT 8	AND LINEN SERVICE 9	KEEPING 10	11	12	ADMINI- STRATION 14	
	5A								
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
5.01 COMMUNICATIONS									5.01
5.02 DATA PROCESSING									5.02
5.03 ADMITTING									5.03
5.04 CASHIERING									5.04
6 ADMINISTRATIVE & GENERAL	21548414	21548414							6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	4668171	1429585	6097756						8
9 LAUNDRY & LINEN SERVICE	439410	134565	104180	678155					9
10 HOUSEKEEPING	1841217	563856	99710		2504783				10
11 DIETARY	1446875	443092	210964		89656	2190587			11
12 CAFETERIA	409063	125272	95579		40619		670533		12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	1273335	389947	68275		29015		12400	1772972	14
15 CENTRAL SERVICES & SUPPLY	831069	254507	313051		133041		10662		15
16 PHARMACY	4199046	1285920	136832		58151		23600		16
17 MEDICAL RECORDS & LIBRARY	1328659	406890	140850		59859		19108		17
18 SOCIAL SERVICE	648154	198491	4329		1840		10931		18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A	142792	43729					2754		22
23 I&R SERVICES-OTHER PRGM COSTS A	27054	8285	3395		1443				23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	14151720	4333872	1180759	216954	501801	1813527	217974	866391	25
26 INTENSIVE CARE UNIT	3486548	1067724	178114	28925	75695	184481	29856	118668	26
26.01 NICU	1154765	353636	24050	24749	10221		16415	65246	26.01
31 SUBPROVIDER I	1276161	390813	149763		63646	192579	14359	57072	31
33 NURSERY	1342825	411228	85619	11459	36387				33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	4942007	1513445	517337	122812	219859		45585	181190	37
39 DELIVERY ROOM & LABOR ROOM	3124710	956914	90486	103329	38455		37873	150537	39
40 ANESTHESIOLOGY	264419	80976	18901		8032		1371		40
41 RADIOLOGY-DIAGNOSTIC	4433314	1357663	276664	48820	117577		37543		41
44 LABORATORY	4802494	1470721	231025		98181		32034		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	1354436	414784	69293		29448		17260		49
50 PHYSICAL THERAPY	465988	142705	73368	12548	31180		4823		50
53 ELECTROCARDIOLOGY	474656	145359	89892		38202		6047		53
54 ELECTROENCEPHALOGRAPHY	50314	15408	12308		5231				54
55 MEDICAL SUPPLIES CHARGED TO PAT	204611	62660							55
56 DRUGS CHARGED TO PATIENTS	416831	127651							56
58.01 ACUTE DIALYSIS	525154	160824							58.01
58.02 CARDIAC CATH LAB	1496338	458240	60352		25649		4811		58.02
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	2247510	688280	104746	24916	44515		43774	173989	60
60.01 PH CLINIC									60.01
60.02 HEALTHWORKS CLINIC	150848	46196	33953	1082	14430		2228		60.02
60.03 DENTAL CLINIC									60.03
60.04 WOUND CARE THERAPY	642455	196746	91505	3618	38888		9315		60.04
60.05 FAMILY PRACTICE CLINIC	127442	39028	118837	1106	50504		1224		60.05
61 EMERGENCY	4395849	1346189	213680	77837	90810		40224	159879	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	90334654	21065201	4797817	678155	1952335	2190587	642171	1772972	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	6948	2128	17741		7539				96
98 PHYSICIANS' PRIVATE OFFICES	670638	205377	1282198		544909		8385		98
98.01 PROHEALTH SERVICES	560980	171795					17529		98.01

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	ADMINI- STRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINI- STRATION
	5A	6	8	9	10	11	12	14
98.02 AUXILIARY	339317	103913					2448	98.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	91912537	21548414	6097756	678155	2504783	2190587	670533	1772972 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I/R-SALARY AND FRINGES 22	I/R-OTHER PROGRAM COSTS 23	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
5.01 COMMUNICATIONS									5.01
5.02 DATA PROCESSING									5.02
5.03 ADMITTING									5.03
5.04 CASHIERING									5.04
6 ADMINISTRATIVE & GENERAL									6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE									9
10 HOUSEKEEPING									10
11 DIETARY									11
12 CAFETERIA									12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION									14
15 CENTRAL SERVICES & SUPPLY	1542330								15
16 PHARMACY		5703549							16
17 MEDICAL RECORDS & LIBRARY	28		1955394						17
18 SOCIAL SERVICE	22			863767					18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A	44				189319				22
23 I&R SERVICES-OTHER PRGM COSTS A						40177			23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	152193		308377	751477	170387	36159	24701591	-206546	25
26 INTENSIVE CARE UNIT	107473		44825	34551			5356860		26
26.01 NICU	16096		27962				1693140		26.01
31 SUBPROVIDER I	5417		34067				2183877		31
33 NURSERY			35674				1923192		33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	572200		190651	25913			8330999		37
39 DELIVERY ROOM & LABOR ROOM	58890		75154				4636348		39
40 ANESTHESIOLOGY	40498		24037				438234		40
41 RADIOLOGY-DIAGNOSTIC	14570		222809				6508960		41
44 LABORATORY	43283		328341				7006079		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	52294		66820				2004335		49
50 PHYSICAL THERAPY	989		13646				745247		50
53 ELECTROCARDIOLOGY	1939		28101				784196		53
54 ELECTROENCEPHALOGRAPHY	12		1209				84482		54
55 MEDICAL SUPPLIES CHARGED TO PAT	74983		8882				351136		55
56 DRUGS CHARGED TO PATIENTS	3131	5703549	247908				6499070		56
58.01 ACUTE DIALYSIS	200		11390				697568		58.01
58.02 CARDIAC CATH LAB	274870		42755				2363015		58.02
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	25560		21478		18932	4018	3397718	-22950	60
60.01 PH CLINIC									60.01
60.02 HEALTHWORKS CLINIC	2447		1207				252391		60.02
60.03 DENTAL CLINIC									60.03
60.04 WOUND CARE THERAPY	28511		40063				1051101		60.04
60.05 FAMILY PRACTICE CLINIC	1138		2451				341730		60.05
61 EMERGENCY	63170		177587	51826			6617051		61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	1539958	5703549	1955394	863767	189319	40177	87968320	-229496	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN							34356		96
98 PHYSICIANS' PRIVATE OFFICES							2711507		98
98.01 PROHEALTH SERVICES	1419						751723		98.01

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I/R-SALARY AND FRINGES 22	I/R-OTHER PROGRAM COSTS 23	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26
98.02 AUXILIARY	953						446631	98.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	1542330	5703549	1955394	863767	189319	40177	91912537	-229496 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION		TOTAL	
		27	
GENERAL SERVICE COST CENTERS			
1	OLD CAP REL COSTS-BLDG & FIXT		1
2	OLD CAP REL COSTS-MVBLE EQUIP		2
3	NEW CAP REL COSTS-BLDG & FIXT		3
4	NEW CAP REL COSTS-MVBLE EQUIP		4
5	EMPLOYEE BENEFITS		5
5.01	COMMUNICATIONS		5.01
5.02	DATA PROCESSING		5.02
5.03	ADMITTING		5.03
5.04	CASHIERING		5.04
6	ADMINISTRATIVE & GENERAL		6
7	MAINTENANCE & REPAIRS		7
8	OPERATION OF PLANT		8
9	LAUNDRY & LINEN SERVICE		9
10	HOUSEKEEPING		10
11	DIETARY		11
12	CAFETERIA		12
13	MAINTENANCE OF PERSONNEL		13
14	NURSING ADMINISTRATION		14
15	CENTRAL SERVICES & SUPPLY		15
16	PHARMACY		16
17	MEDICAL RECORDS & LIBRARY		17
18	SOCIAL SERVICE		18
20	NONPHYSICIAN ANESTHETISTS		20
21	NURSING SCHOOL		21
22	I&R SERVICES-SALARY & FRINGES A		22
23	I&R SERVICES-OTHER PRGM COSTS A		23
24	PARAMED ED PRGM-(SPECIFY)		24
INPATIENT ROUTINE SERV COST CENTERS			
25	ADULTS & PEDIATRICS	24495045	25
26	INTENSIVE CARE UNIT	5356860	26
26.01	NICU	1693140	26.01
31	SUBPROVIDER I	2183877	31
33	NURSERY	1923192	33
ANCILLARY SERVICE COST CENTERS			
37	OPERATING ROOM	8330999	37
39	DELIVERY ROOM & LABOR ROOM	4636348	39
40	ANESTHESIOLOGY	438234	40
41	RADIOLOGY-DIAGNOSTIC	6508960	41
44	LABORATORY	7006079	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO		46.30
49	RESPIRATORY THERAPY	2004335	49
50	PHYSICAL THERAPY	745247	50
53	ELECTROCARDIOLOGY	784196	53
54	ELECTROENCEPHALOGRAPHY	84482	54
55	MEDICAL SUPPLIES CHARGED TO PAT	351136	55
56	DRUGS CHARGED TO PATIENTS	6499070	56
58.01	ACUTE DIALYSIS	697568	58.01
58.02	CARDIAC CATH LAB	2363015	58.02
OUTPATIENT SERVICE COST CENTERS			
60	CLINIC	3374768	60
60.01	PH CLINIC		60.01
60.02	HEALTHWORKS CLINIC	252391	60.02
60.03	DENTAL CLINIC		60.03
60.04	WOUND CARE THERAPY	1051101	60.04
60.05	FAMILY PRACTICE CLINIC	341730	60.05
61	EMERGENCY	6617051	61
62	OBSERVATION BEDS (NON-DISTINCT)		62
63.50	RHC		63.50
63.60	FQHC		63.60
OTHER REIMBURSABLE COST CENTERS			
69.10	CMHC		69.10
69.20	OUTPATIENT PHYSICAL THERAPY		69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY		69.30
69.40	OUTPATIENT SPEECH PATHOLOGY		69.40
71	HOME HEALTH AGENCY		71
SPECIAL PURPOSE COST CENTERS			
85.01	PANCREAS ACQUISITION		85.01
85.02	INTESTINAL ACQUISITION		85.02
85.03	ISLET CELL ACQUISITION		85.03
95	SUBTOTALS	87738824	95
NONREIMBURSABLE COST CENTERS			
96	GIFT, FLOWER, COFFEE SHOP & CAN	34356	96
98	PHYSICIANS' PRIVATE OFFICES	2711507	98
98.01	PROHEALTH SERVICES	751723	98.01

PROVIDER NO. 14-0206 NORWEGIAN AMERICAN HOSPITAL  
PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (9/97)

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

COST CENTER DESCRIPTION	TOTAL	
	27	
98.02 AUXILIARY	446631	98.02
101 CROSS FOOT ADJUSTMENTS		101
102 NEGATIVE COST CENTER		102
103 TOTAL	91683041	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	NON PATIENT PHONES 5.01	DATA PROCESSING 5.02	ADMITTING 5.03	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS		27785	3681	31466	31466				5
5.01 COMMUNICATIONS		3708	20064	23772	175	23947			5.01
5.02 DATA PROCESSING		58497	510150	568647		1427	570074		5.02
5.03 ADMITTING		55332	8178	63510	546	372	46642	111070	5.03
5.04 CASHIERING		13249	7865	21114	551	1923	67372		5.04
6 ADMINISTRATIVE & GENERAL		50630	78708	129338	2027	3850	41460		6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT		200671	282435	483106	1112	1117	5182		8
9 LAUNDRY & LINEN SERVICE		33876		33876					9
10 HOUSEKEEPING		32422	4719	37141	674		10365		10
11 DIETARY		68599	61479	130078	440	682	10365		11
12 CAFETERIA		31079		31079	167	62			12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		22201	4116	26317	723	496			14
15 CENTRAL SERVICES & SUPPLY		101794	25517	127311	257	62	31095		15
16 PHARMACY		44493	58905	103398	778	620	36277		16
17 MEDICAL RECORDS & LIBRARY		45800	42591	88391	446	1365	5182		17
18 SOCIAL SERVICE		1408	649	2057	397	496			18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A					64	62			22
23 I&R SERVICES-OTHER PRGM COSTS A		1104		1104					23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS		383944	143901	527845	7810	2357	72555	27575	25
26 INTENSIVE CARE UNIT		57917	59838	117755	1471		10365	4246	26
26.01 NICU		7820	9452	17272	691			2649	26.01
31 SUBPROVIDER I		48698		48698	615			3227	31
33 NURSERY		27841		27841	751	186	10365	3380	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		168221	150345	318566	1704	1489	20730	8252	37
39 DELIVERY ROOM & LABOR ROOM		29423	157523	186946	1690	124	10365	6351	39
40 ANESTHESIOLOGY		6146	36287	42433	30	186		1219	40
41 RADIOLOGY-DIAGNOSTIC		89962	305381	395343	1559	1241	15547	5659	41
44 LABORATORY		75122	96729	171851	1061	1489	93287	15486	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY		22532	28694	51226	625	310	10365	5757	49
50 PHYSICAL THERAPY		23857	2539	26396	239	186	10365	436	50
53 ELECTROCARDIOLOGY		29230	49144	78374	167	496	10365	1507	53
54 ELECTROENCEPHALOGRAPHY		4002	1378	5380			10365	78	54
55 MEDICAL SUPPLIES CHARGED TO PAT								521	55
56 DRUGS CHARGED TO PATIENTS								17596	56
58.01 ACUTE DIALYSIS								1066	58.01
58.02 CARDIAC CATH LAB		19625	124878	144503	307			1890	58.02
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		34060	10645	44705	2202	434	31095	21	60
60.01 PH CLINIC									60.01
60.02 HEALTHWORKS CLINIC		11041	4807	15848	44	310			60.02
60.03 DENTAL CLINIC									60.03
60.04 WOUND CARE THERAPY		29754	6244	35998	309	310		26	60.04
60.05 FAMILY PRACTICE CLINIC		38642	2838	41480					60.05
61 EMERGENCY		69482	58399	127881	1537	744	10365	4128	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS		1969967	2358079	4328046	31169	22396	570074	111070	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		5769		5769		62			96
98 PHYSICIANS' PRIVATE OFFICES		416927	2335	419262	156	1179			98
98.01 PROHEALTH SERVICES			12129	12129		310			98.01

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP-	NEW CAP-	CAP REL	EMPLOYEE	NON	DATA	ADMITTING
	CAP-REL	REL COSTS	REL COSTS	COST TO	BENEFITS	PATIENT		
	COSTS	BLDG&FIXT	MOV EQUIP	BE ALLOC		PHONES	PROCESSING	
	0	3	4	4A	5	5.01	5.02	5.03
98.02 AUXILIARY			77770	77770	141			98.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL		2392663	2450313	4842976	31466	23947	570074	111070 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	CASHIERS	ADMINI- STRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINI- STRATION	
	5.04	6	8	9	10	11	12	14	
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
5.01 COMMUNICATIONS									5.01
5.02 DATA PROCESSING									5.02
5.03 ADMITTING									5.03
5.04 CASHIERING	90960								5.04
6 ADMINISTRATIVE & GENERAL		176675							6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT		11722	502239						8
9 LAUNDRY & LINEN SERVICE		1103	8581	43560					9
10 HOUSEKEEPING		4623	8213		61016				10
11 DIETARY		3633	17376		2184	164758			11
12 CAFETERIA		1027	7872		989		41196		12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		3197	5623		707		762	37825	14
15 CENTRAL SERVICES & SUPPLY		2087	25784		3241		655		15
16 PHARMACY		10544	11270		1417		1450		16
17 MEDICAL RECORDS & LIBRARY		3336	11601		1458		1174		17
18 SOCIAL SERVICE		1628	357		45		672		18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A		359					169		22
23 I&R SERVICES-OTHER PRGM COSTS A		68	280		35				23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	14361	35526	97253	13936	12224	136399	13392	18482	25
26 INTENSIVE CARE UNIT	2087	8755	14670	1858	1844	13875	1834	2532	26
26.01 NICU	1302	2900	1981	1590	249		1009	1392	26.01
31 SUBPROVIDER I	1586	3204	12335		1550	14484	882	1218	31
33 NURSERY	1661	3372	7052	736	886				33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	8878	12409	42610	7889	5356		2801	3866	37
39 DELIVERY ROOM & LABOR ROOM	3500	7846	7453	6637	937		2327	3212	39
40 ANESTHESIOLOGY	1119	664	1557		196		84		40
41 RADIOLOGY-DIAGNOSTIC	10376	11132	22787	3136	2864		2307		41
44 LABORATORY	15192	12059	19028		2392		1968		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	3112	3401	5707		717		1060		49
50 PHYSICAL THERAPY	635	1170	6043	806	760		296		50
53 ELECTROCARDIOLOGY	1309	1192	7404		931		372		53
54 ELECTROENCEPHALOGRAPHY	56	126	1014		127				54
55 MEDICAL SUPPLIES CHARGED TO PAT	414	514							55
56 DRUGS CHARGED TO PATIENTS	11545	1047							56
58.01 ACUTE DIALYSIS	530	1319							58.01
58.02 CARDIAC CATH LAB	1991	3757	4971		625		296		58.02
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	1000	5643	8627	1600	1084		2689	3712	60
60.01 PH CLINIC									60.01
60.02 HEALTHWORKS CLINIC	56	379	2797	69	352		137		60.02
60.03 DENTAL CLINIC									60.03
60.04 WOUND CARE THERAPY	1866	1613	7537	232	947		572		60.04
60.05 FAMILY PRACTICE CLINIC	114	320	9788	71	1230		75		60.05
61 EMERGENCY	8270	11038	17600	5000	2212		2471	3411	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	90960	172713	395171	43560	47559	164758	39454	37825	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		17	1461		184				96
98 PHYSICIANS' PRIVATE OFFICES		1684	105607		13273		515		98
98.01 PROHEALTH SERVICES		1409					1077		98.01

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	CASHIERS 5.04	ADMINI-	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING
		STRATIVE & GENERAL 6	OF PLANT 8	AND LINEN SERVICE 9	KEEPING 10	11	12	ADMINI- STRATION 14
98.02 AUXILIARY		852					150	98.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	90960	176675	502239	43560	61016	164758	41196	37825 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I/R-SALARY AND FRINGES 22	I/R-OTHER PROGRAM COSTS 23	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
5.01 COMMUNICATIONS								5.01
5.02 DATA PROCESSING								5.02
5.03 ADMITTING								5.03
5.04 CASHIERING								5.04
6 ADMINISTRATIVE & GENERAL								6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA								12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION								14
15 CENTRAL SERVICES & SUPPLY	190492							15
16 PHARMACY		165754						16
17 MEDICAL RECORDS & LIBRARY	3		112956					17
18 SOCIAL SERVICE	3			5655				18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A	5				659			22
23 I&R SERVICES-OTHER PRGM COSTS A						1487		23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	18797		17806	4920			1021238	25
26 INTENSIVE CARE UNIT	13274		2588	226			197380	26
26.01 NICU	1988		1615				34638	26.01
31 SUBPROVIDER I	669		1967				90435	31
33 NURSERY			2060				58290	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	70673		11008	170			516401	37
39 DELIVERY ROOM & LABOR ROOM	7273		4339				249000	39
40 ANESTHESIOLOGY	5002		1388				53878	40
41 RADIOLOGY-DIAGNOSTIC	1800		12865				486616	41
44 LABORATORY	5346		19009				358168	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	6459		3858				92597	49
50 PHYSICAL THERAPY	122		788				48242	50
53 ELECTROCARDIOLOGY	239		1623				103979	53
54 ELECTROENCEPHALOGRAPHY	1		70				17217	54
55 MEDICAL SUPPLIES CHARGED TO PAT	9261		513				11223	55
56 DRUGS CHARGED TO PATIENTS	387	165754	14314				210643	56
58.01 ACUTE DIALYSIS	25		658				3598	58.01
58.02 CARDIAC CATH LAB	33949		2469				194758	58.02
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	3157		1240				107209	60
60.01 PH CLINIC								60.01
60.02 HEALTHWORKS CLINIC	302		70				20364	60.02
60.03 DENTAL CLINIC								60.03
60.04 WOUND CARE THERAPY	3521		2313				55244	60.04
60.05 FAMILY PRACTICE CLINIC	141		141				53360	60.05
61 EMERGENCY	7802		10254	339			213052	61
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	190199	165754	112956	5655			4197530	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN							7493	96
98 PHYSICIANS' PRIVATE OFFICES							541676	98
98.01 PROHEALTH SERVICES	175						15100	98.01

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I/R-SALARY AND FRINGES 22	I/R-OTHER PROGRAM COSTS 23	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26
98.02 AUXILIARY	118						79031	98.02
101 CROSS FOOT ADJUSTMENTS					659	1487	2146	101
102 NEGATIVE COST CENTER								102
103 TOTAL	190492	165754	112956	5655	659	1487	4842976	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION		TOTAL	
		27	
GENERAL SERVICE COST CENTERS			
1	OLD CAP REL COSTS-BLDG & FIXT		1
2	OLD CAP REL COSTS-MVBLE EQUIP		2
3	NEW CAP REL COSTS-BLDG & FIXT		3
4	NEW CAP REL COSTS-MVBLE EQUIP		4
5	EMPLOYEE BENEFITS		5
5.01	COMMUNICATIONS		5.01
5.02	DATA PROCESSING		5.02
5.03	ADMITTING		5.03
5.04	CASHIERING		5.04
6	ADMINISTRATIVE & GENERAL		6
7	MAINTENANCE & REPAIRS		7
8	OPERATION OF PLANT		8
9	LAUNDRY & LINEN SERVICE		9
10	HOUSEKEEPING		10
11	DIETARY		11
12	CAFETERIA		12
13	MAINTENANCE OF PERSONNEL		13
14	NURSING ADMINISTRATION		14
15	CENTRAL SERVICES & SUPPLY		15
16	PHARMACY		16
17	MEDICAL RECORDS & LIBRARY		17
18	SOCIAL SERVICE		18
20	NONPHYSICIAN ANESTHETISTS		20
21	NURSING SCHOOL		21
22	I&R SERVICES-SALARY & FRINGES A		22
23	I&R SERVICES-OTHER PRGM COSTS A		23
24	PARAMED ED PRGM-(SPECIFY)		24
INPATIENT ROUTINE SERV COST CENTERS			
25	ADULTS & PEDIATRICS	1021238	25
26	INTENSIVE CARE UNIT	197380	26
26.01	NICU	34638	26.01
31	SUBPROVIDER I	90435	31
33	NURSERY	58290	33
ANCILLARY SERVICE COST CENTERS			
37	OPERATING ROOM	516401	37
39	DELIVERY ROOM & LABOR ROOM	249000	39
40	ANESTHESIOLOGY	53878	40
41	RADIOLOGY-DIAGNOSTIC	486616	41
44	LABORATORY	358168	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO		46.30
49	RESPIRATORY THERAPY	92597	49
50	PHYSICAL THERAPY	48242	50
53	ELECTROCARDIOLOGY	103979	53
54	ELECTROENCEPHALOGRAPHY	17217	54
55	MEDICAL SUPPLIES CHARGED TO PAT	11223	55
56	DRUGS CHARGED TO PATIENTS	210643	56
58.01	ACUTE DIALYSIS	3598	58.01
58.02	CARDIAC CATH LAB	194758	58.02
OUTPATIENT SERVICE COST CENTERS			
60	CLINIC	107209	60
60.01	PH CLINIC		60.01
60.02	HEALTHWORKS CLINIC	20364	60.02
60.03	DENTAL CLINIC		60.03
60.04	WOUND CARE THERAPY	55244	60.04
60.05	FAMILY PRACTICE CLINIC	53360	60.05
61	EMERGENCY	213052	61
62	OBSERVATION BEDS (NON-DISTINCT)		62
63.50	RHC		63.50
63.60	FQHC		63.60
OTHER REIMBURSABLE COST CENTERS			
69.10	CMHC		69.10
69.20	OUTPATIENT PHYSICAL THERAPY		69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY		69.30
69.40	OUTPATIENT SPEECH PATHOLOGY		69.40
71	HOME HEALTH AGENCY		71
SPECIAL PURPOSE COST CENTERS			
85.01	PANCREAS ACQUISITION		85.01
85.02	INTESTINAL ACQUISITION		85.02
85.03	ISLET CELL ACQUISITION		85.03
95	SUBTOTALS	4197530	95
NONREIMBURSABLE COST CENTERS			
96	GIFT, FLOWER, COFFEE SHOP & CAN	7493	96
98	PHYSICIANS' PRIVATE OFFICES	541676	98
98.01	PROHEALTH SERVICES	15100	98.01

PROVIDER NO. 14-0206 NORWEGIAN AMERICAN HOSPITAL  
PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2009.08  
02/26/2010 08:42

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
PART III

COST CENTER DESCRIPTION	TOTAL	
	27	
98.02 AUXILIARY	79031	98.02
101 CROSS FOOT ADJUSTMENTS	2146	101
102 NEGATIVE COST CENTER		102
103 TOTAL	4842976	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP- REL COSTS MOV EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS GROSS SALARIES	NON PATIENT PHONES (NUMBER OF PHONES)	DATA PROCESSING (MACHINE TIME)	ADMITTING INPATIENT REVENUE	CASHIERS GROSS REVENUE	
	3	4	5	5.01	5.02	5.03	5.04	
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	260059							3
4 NEW CAP REL COSTS-MVBLE EQUIP		2623326						4
5 EMPLOYEE BENEFITS	3020	3941	39001606					5
5.01 COMMUNICATIONS	403	21481	216330	386				5.01
5.02 DATA PROCESSING	6358	546171		23	110			5.02
5.03 ADMITTING	6014	8755	676223	6	9	170177695		5.03
5.04 CASHIERING	1440	8420	682186	31	13		283681439	5.04
6 ADMINISTRATIVE & GENERAL	5503	84266	2511185	62	8			6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT	21811	302377	1378475	18	1			8
9 LAUNDRY & LINEN SERVICE	3682							9
10 HOUSEKEEPING	3524	5052	834596		2			10
11 DIETARY	7456	65820	545274	11	2			11
12 CAFETERIA	3378		207047	1				12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	2413	4407	895917	8				14
15 CENTRAL SERVICES & SUPPLY	11064	27319	318789	1	6			15
16 PHARMACY	4836	63064	963917	10	7			16
17 MEDICAL RECORDS & LIBRARY	4978	45598	552390	22	1			17
18 SOCIAL SERVICE	153	695	492486	8				18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES			78718	1				22
23 I&R SERVICES-OTHER PRGM COSTS	120							23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	41731	154062	9688343	38	14	42312956	44737700	25
26 INTENSIVE CARE UNIT	6295	64063	1823275		2	6502932	6502932	26
26.01 NICU	850	10119	856288			4056636	4056636	26.01
31 SUBPROVIDER I	5293		761978			4942214	4942214	31
33 NURSERY	3026		930616	3	2	5175373	5175373	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	18284	160961	2111567	24	4	12636318	27658633	37
39 DELIVERY ROOM & LABOR ROOM	3198	168646	2093914	2	2	9726644	10902953	39
40 ANESTHESIOLOGY	668	38849	37377	3		1866959	3487092	40
41 RADIOLOGY-DIAGNOSTIC	9778	326944	1932106	20	3	8666862	32323886	41
44 LABORATORY	8165	103559	1315286	24	18	23715882	47637542	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	2449	30720	774838	5	2	8816196	9693886	49
50 PHYSICAL THERAPY	2593	2718	295753	3	2	667286	1979742	50
53 ELECTROCARDIOLOGY	3177	52614	206751	8	2	2307759	4076701	53
54 ELECTROENCEPHALOGRAPHY	435	1475			2	118851	175383	54
55 MEDICAL SUPPLIES CHARGED TO P						798041	1288533	55
56 DRUGS CHARGED TO PATIENTS						26946448	35965185	56
58.01 ACUTE DIALYSIS						1631739	1652395	58.01
58.02 CARDIAC CATH LAB	2133	133695	380542			2894832	6202599	58.02
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	3702	11397	2728754	7	6	31502	3115931	60
60.01 PH CLINIC								60.01
60.02 HEALTHWORKS CLINIC	1200	5146	54542	5		555	175101	60.02
60.03 DENTAL CLINIC								60.03
60.04 WOUND CARE THERAPY	3234	6685	383471	5		39665	5812167	60.04
60.05 FAMILY PRACTICE CLINIC	4200	3038					355521	60.05
61 EMERGENCY	7552	62523	1904141	12	2	6322045	25763334	61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	214116	2524580	38633075	361	110	170177695	283681439	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	627			1				96

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP-	NEW CAP-	EMPLOYEE	NON	DATA	ADMITTING	CASHIERS	
	REL COSTS BLDG&FIXT (SQUARE FEET)	REL COSTS MOV EQUIP (DOLLAR VALUE)	BENEFITS GROSS SALARIES	PATIENT PHONES (NUMBER OF PHONES)	PROCESSING (MACHINE TIME)	INPATIENT REVENUE	GROSS REVENUE	
	3	4	5	5.01	5.02	5.03	5.04	
98 PHYSICIANS' PRIVATE OFFICES	45316	2500	193864	19				98
98.01 PROHEALTH SERVICES		12985		5				98.01
98.02 AUXILIARY		83261	174667					98.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	2392663	2450313	4148373	454972	2360727	1151734	1849416	103
104 UNIT COST MULT-WS B PT I		.934048		1178.683938		.006768		104
104 UNIT COST MULT-WS B PT I	9.200462		.106364		21461.154545		.006519	104
105 COST TO BE ALLOC PER B PT II								105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III			31466	23947	570074	111070	90960	107
108 UNIT COST MULT-WS B PT III				62.038860		.000653		108
108 UNIT COST MULT-WS B PT III			.000807		5182.490909		.000321	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION 6A	ADMINI- STRATIVE & GENERAL ACCUM COST 6	OPERATION OF PLANT SQUARE FEET 8	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSE- KEEPING SQUARE FEET 10	DIETARY (MEALS SERVED) 11	CAFETERIA (MEALS SERVED) 12	NURSING ADMINI- STRATION (DIRECT NRSG HRS) 14
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
5.01 COMMUNICATIONS								5.01
5.02 DATA PROCESSING								5.02
5.03 ADMITTING								5.03
5.04 CASHIERING								5.04
6 ADMINISTRATIVE & GENERAL	-21548414	70364123						6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT		4668171	215510					8
9 LAUNDRY & LINEN SERVICE		439410	3682	309685				9
10 HOUSEKEEPING		1841217	3524		208304			10
11 DIETARY		1446875	7456		7456	118482		11
12 CAFETERIA		409063	3378		3378		54778	12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION		1273335	2413		2413		1013	36440 14
15 CENTRAL SERVICES & SUPPLY		831069	11064		11064		871	15
16 PHARMACY		4199046	4836		4836		1928	16
17 MEDICAL RECORDS & LIBRARY		1328659	4978		4978		1561	17
18 SOCIAL SERVICE		648154	153		153		893	18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES		142792					225	22
23 I&R SERVICES-OTHER PRGM COSTS		27054	120		120			23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS		14151720	41731	99074	41731	98088	17807	17807 25
26 INTENSIVE CARE UNIT		3486548	6295	13209	6295	9978	2439	2439 26
26.01 NICU		1154765	850	11302	850		1341	1341 26.01
31 SUBPROVIDER I		1276161	5293		5293	10416	1173	1173 31
33 NURSERY		1342825	3026	5233	3026			33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		4942007	18284	56083	18284		3724	3724 37
39 DELIVERY ROOM & LABOR ROOM		3124710	3198	47186	3198		3094	3094 39
40 ANESTHESIOLOGY		264419	668		668		112	112 40
41 RADIOLOGY-DIAGNOSTIC		4433314	9778	22294	9778		3067	3067 41
44 LABORATORY		4802494	8165		8165		2617	2617 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		1354436	2449		2449		1410	1410 49
50 PHYSICAL THERAPY		465988	2593	5730	2593		394	394 50
53 ELECTROCARDIOLOGY		474656	3177		3177		494	494 53
54 ELECTROENCEPHALOGRAPHY		50314	435		435			54
55 MEDICAL SUPPLIES CHARGED TO P		204611						55
56 DRUGS CHARGED TO PATIENTS		416831						56
58.01 ACUTE DIALYSIS		525154						58.01
58.02 CARDIAC CATH LAB		1496338	2133		2133		393	393 58.02
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		2247510	3702	11378	3702		3576	3576 60
60.01 PH CLINIC								60.01
60.02 HEALTHWORKS CLINIC		150848	1200	494	1200		182	182 60.02
60.03 DENTAL CLINIC								60.03
60.04 WOUND CARE THERAPY		642455	3234	1652	3234		761	761 60.04
60.05 FAMILY PRACTICE CLINIC		127442	4200	505	4200		100	100 60.05
61 EMERGENCY		4395849	7552	35545	7552		3286	3286 61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	-21548414	68786240	169567	309685	162361	118482	52461	36440 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C		6948	627		627			96

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON-	ADMINI-	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	
	CILATION	STRATIVE	OF	AND LINEN	KEEPING			ADMINI-	
		& GENERAL	PLANT	SERVICE		(MEALS	(MEALS	STRATION	
		ACCUM	SQUARE	(POUNDS OF	SQUARE	SERVED)	SERVED)	(DIRECT	
	6A	COST	FEET	LAUNDRY)	FEET			NRSNG HRS)	
		6	8	9	10	11	12	14	
98 PHYSICIANS' PRIVATE OFFICES		670638	45316		45316		685	98	
98.01 PROHEALTH SERVICES		560980					1432	98.01	
98.02 AUXILIARY		339317					200	98.02	
101 CROSS FOOT ADJUSTMENTS								101	
102 NEGATIVE COST CENTER								102	
103 COST TO BE ALLOC PER B PT I		21548414	6097756	678155	2504783	2190587	670533	1772972	103
104 UNIT COST MULT-WS B PT I			28.294539		12.024651		12.240918		104
104 UNIT COST MULT-WS B PT I		.306241		2.189822		18.488775		48.654555	104
105 COST TO BE ALLOC PER B PT II								105	
106 UNIT COST MULT-WS B PT II								106	
106 UNIT COST MULT-WS B PT II								106	
107 COST TO BE ALLOC PER B PT III		176675	502239	43560	61016	164758	41196	37825	107
108 UNIT COST MULT-WS B PT III			2.330467		.292918		.752054		108
108 UNIT COST MULT-WS B PT III		.002511		.140659		1.390574		1.038008	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE (TIME SPENT)	I/R-SALARY AND FRINGES (ASSIGNED TIME)	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME)	
	15	16	17	18	22	23	
GENERAL SERVICE COST CENTERS							
1							1
2							2
3							3
4							4
5							5
5.01							5.01
5.02							5.02
5.03							5.03
5.04							5.04
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15	4281171						15
16		100					16
17		78	283681439				17
18		62			100		18
20							20
21							21
22		121			100		22
23						100	23
24							24
INPATIENT ROUTINE SERV COST CENTERS							
25	422454		44737700	87	90	90	25
26	298322		6502932	4			26
26.01	44680		4056636				26.01
31	15037		4942214				31
33			5175373				33
ANCILLARY SERVICE COST CENTERS							
37	1588306		27658633	3			37
39	163467		10902953				39
40	112414		3487092				40
41	40444		32323886				41
44	120144		47637542				44
46.30							46.30
49	145156		9693886				49
50	2744		1979742				50
53	5382		4076701				53
54	33		175383				54
55	208135		1288533				55
56	8690	100	35965185				56
58.01	555		1652395				58.01
58.02	762979		6202599				58.02
OUTPATIENT SERVICE COST CENTERS							
60	70949		3115931		10	10	60
60.01							60.01
60.02	6792		175101				60.02
60.03							60.03
60.04	79140		5812167				60.04
60.05	3159		355521				60.05
61	175345		25763334	6			61
62							62
63.50							63.50
63.60							63.60
OTHER REIMBURSABLE COST CENTERS							
69.10							69.10
69.20							69.20
69.30							69.30
69.40							69.40
71							71
SPECIAL PURPOSE COST CENTERS							
85.01							85.01
85.02							85.02
85.03							85.03
95	4274588	100	283681439	100	100	100	95
NONREIMBURSABLE COST CENTERS							
96							96

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE (TIME SPENT)	I/R-SALARY AND FRINGES (ASSIGNED TIME)	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME)	
	15	16	17	18	22	23	
98 PHYSICIANS' PRIVATE OFFICES							98
98.01 PROHEALTH SERVICES	3938						98.01
98.02 AUXILIARY	2645						98.02
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	1542330	5703549	1955394	863767	189319	40177	103
104 UNIT COST MULT-WS B PT I	.360259		.006893		1893.190000		104
104 UNIT COST MULT-WS B PT I		57035.490000		8637.670000		401.770000	104
105 COST TO BE ALLOC PER B PT II							105
106 UNIT COST MULT-WS B PT II							106
106 UNIT COST MULT-WS B PT II							106
107 COST TO BE ALLOC PER B PT III	190492	165754	112956	5655	659	1487	107
108 UNIT COST MULT-WS B PT III	.044495		.000398		6.590000		108
108 UNIT COST MULT-WS B PT III		1657.540000		56.550000		14.870000	108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT		DISALLOWANCE		
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	24495045		24495045		24495045	25
26 INTENSIVE CARE UNIT	5356860		5356860		5356860	26
26.01 NICU	1693140		1693140		1693140	26.01
31 SUBPROVIDER I	2183877		2183877		2183877	31
33 NURSERY	1923192		1923192		1923192	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	8330999		8330999		8330999	37
39 DELIVERY ROOM & LABOR ROOM	4636348		4636348		4636348	39
40 ANESTHESIOLOGY	438234		438234		438234	40
41 RADIOLOGY-DIAGNOSTIC	6508960		6508960		6508960	41
44 LABORATORY	7006079		7006079		7006079	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	2004335		2004335		2004335	49
50 PHYSICAL THERAPY	745247		745247		745247	50
53 ELECTROCARDIOLOGY	784196		784196		784196	53
54 ELECTROENCEPHALOGRAPHY	84482		84482		84482	54
55 MEDICAL SUPPLIES CHARGED TO	351136		351136		351136	55
56 DRUGS CHARGED TO PATIENTS	6499070		6499070		6499070	56
58.01 ACUTE DIALYSIS	697568		697568		697568	58.01
58.02 CARDIAC CATH LAB	2363015		2363015		2363015	58.02
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	3374768		3374768		3374768	60
60.01 PH CLINIC						60.01
60.02 HEALTHWORKS CLINIC	252391		252391		252391	60.02
60.03 DENTAL CLINIC						60.03
60.04 WOUND CARE THERAPY	1051101		1051101		1051101	60.04
60.05 FAMILY PRACTICE CLINIC	341730		341730		341730	60.05
61 EMERGENCY	6617051		6617051	53151	6670202	61
62 OBSERVATION BEDS (NON-DISTI	1728913		1728913		1728913	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	89467737		89467737	53151	89520888	101
102 LESS OBSERVATION BEDS	1728913		1728913		1728913	102
103 TOTAL	87738824		87738824	53151	87791975	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	39736312		39736312			25
26 INTENSIVE CARE UNIT	6502932		6502932			26
26.01 NICU	4056636		4056636			26.01
31 SUBPROVIDER I	4942214		4942214			31
33 NURSERY	5175373		5175373			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	12636318	15022315	27658633	.301208	.301208	.301208 37
39 DELIVERY ROOM & LABOR ROOM	9726644	1176309	10902953	.425238	.425238	.425238 39
40 ANESTHESIOLOGY	1866959	1620133	3487092	.125673	.125673	.125673 40
41 RADIOLOGY-DIAGNOSTIC	8666862	23657024	32323886	.201367	.201367	.201367 41
44 LABORATORY	23715882	23921660	47637542	.147071	.147071	.147071 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	8816196	877690	9693886	.206763	.206763	.206763 49
50 PHYSICAL THERAPY	667286	1312456	1979742	.376436	.376436	.376436 50
53 ELECTROCARDIOLOGY	2307759	1768942	4076701	.192360	.192360	.192360 53
54 ELECTROENCEPHALOGRAPHY	118851	56532	175383	.481700	.481700	.481700 54
55 MEDICAL SUPPLIES CHARGED TO	798041	490492	1288533	.272508	.272508	.272508 55
56 DRUGS CHARGED TO PATIENTS	26946448	9018737	35965185	.180704	.180704	.180704 56
58.01 ACUTE DIALYSIS	1631739	20656	1652395	.422156	.422156	.422156 58.01
58.02 CARDIAC CATH LAB	2894832	3307767	6202599	.380972	.380972	.380972 58.02
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	31502	3084429	3115931	1.083069	1.083069	1.083069 60
60.01 PH CLINIC						60.01
60.02 HEALTHWORKS CLINIC	555	174546	175101	1.441402	1.441402	1.441402 60.02
60.03 DENTAL CLINIC						60.03
60.04 WOUND CARE THERAPY	39665	5772502	5812167	.180845	.180845	.180845 60.04
60.05 FAMILY PRACTICE CLINIC		355521	355521	.961209	.961209	.961209 60.05
61 EMERGENCY	6322045	19441289	25763334	.256840	.256840	.256840 61
62 OBSERVATION BEDS (NON-DISTI	2576644	2424744	5001388	.345687	.345687	.345687 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	170177695	113503744	283681439			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	170177695	113503744	283681439			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS				1021238		1021238	25
26 INTENSIVE CARE UNIT				197380		197380	26
26.01 NICU				34638		34638	26.01
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I				90435		90435	31
33 NURSERY				58290		58290	33
101 TOTAL				1401981		1401981	101

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	35179	9867			29.03	286439	25
26 INTENSIVE CARE UNIT	3326	1388			59.34	82364	26
26.01 NICU	1434				24.15		26.01
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I	3472	1382			26.05	36001	31
33 NURSERY	3254				17.91		33
101 TOTAL	46665	12637				404804	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0206) [ ] SUB III [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	----- OLD CAPITAL -----		----- NEW CAPITAL -----	
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		516401	27658633	3704724			.018671	69171 37
39 DELIVERY ROOM & LABOR ROOM		249000	10902953	61912			.022838	1414 39
40 ANESTHESIOLOGY		53878	3487092	436409			.015451	6743 40
41 RADIOLOGY-DIAGNOSTIC		486616	32323886	3386276			.015054	50977 41
44 LABORATORY		358168	47637542	8000888			.007519	60159 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		92597	9693886	3324263			.009552	31753 49
50 PHYSICAL THERAPY		48242	1979742	324113			.024368	7898 50
53 ELECTROCARDIOLOGY		103979	4076701	962532			.025506	24550 53
54 ELECTROENCEPHALOGRAPHY		17217	175383	47503			.098168	4663 54
55 MEDICAL SUPPLIES CHARGED TO P		11223	1288533	202081			.008710	1760 55
56 DRUGS CHARGED TO PATIENTS		210643	35965185	9791029			.005857	57346 56
58.01 ACUTE DIALYSIS		3598	1652395	911728			.002177	1985 58.01
58.02 CARDIAC CATH LAB		194758	6202599	1709630			.031399	53681 58.02
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		107209	3115931	534			.034407	18 60
60.01 PH CLINIC								60.01
60.02 HEALTHWORKS CLINIC		20364	175101				.116299	60.02
60.03 DENTAL CLINIC								60.03
60.04 WOUND CARE THERAPY		55244	5812167	25861			.009505	246 60.04
60.05 FAMILY PRACTICE CLINIC		53360	355521				.150090	60.05
61 EMERGENCY		213052	25763334	2169081			.008270	17938 61
62 OBSERVATION BEDS (NON-DISTINC		72082	5001388	589576			.014412	8497 62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		2867631	223267972	35648140				398799 101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL COSTS	TOTAL	PER DIEM	INPATIENT	INPATIENT
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT		PATIENT DAYS		PROGRAM DAYS	PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					35179		9867	25
26 INTENSIVE CARE UNIT					3326		1388	26
26.01 NICU					1434			26.01
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I					3472		1382	31
33 NURSERY					3254			33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					46665		12637	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0206) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
58.01 ACUTE DIALYSIS							58.01
58.02 CARDIAC CATH LAB							58.02
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 PH CLINIC							60.01
60.02 HEALTHWORKS CLINIC							60.02
60.03 DENTAL CLINIC							60.03
60.04 WOUND CARE THERAPY							60.04
60.05 FAMILY PRACTICE CLINIC							60.05
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0206) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM PASS THROUGH COSTS	
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		27658633			3704724		2193179 37
39 DELIVERY ROOM & LABOR ROOM		10902953			61912		6597 39
40 ANESTHESIOLOGY		3487092			436409		200680 40
41 RADIOLOGY-DIAGNOSTIC		32323886			3386276		2789101 41
44 LABORATORY		47637542			8000888		984968 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		9693886			3324263		123985 49
50 PHYSICAL THERAPY		1979742			324113		50
53 ELECTROCARDIOLOGY		4076701			962532		343860 53
54 ELECTROENCEPHALOGRAPHY		175383			47503		9206 54
55 MEDICAL SUPPLIES CHARGED TO P		1288533			202081		72480 55
56 DRUGS CHARGED TO PATIENTS		35965185			9791029		2218785 56
58.01 ACUTE DIALYSIS		1652395			911728		58.01
58.02 CARDIAC CATH LAB		6202599			1709630		1761911 58.02
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		3115931			534		594025 60
60.01 PH CLINIC							60.01
60.02 HEALTHWORKS CLINIC		175101					447 60.02
60.03 DENTAL CLINIC							60.03
60.04 WOUND CARE THERAPY		5812167			25861		2114204 60.04
60.05 FAMILY PRACTICE CLINIC		355521					60.05
61 EMERGENCY		25763334			2169081		1821836 61
62 OBSERVATION BEDS (NON-DISTINC		5001388			589576		263803 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		223267972			35648140		15499067 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (14-0206)	[ ]	SUB IV	[ ]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA
BOXES	[ ]	TITLE XIX	[ ]	SUB II	[ ]	NF		
			[ ]	SUB III	[ ]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
58.01 ACUTE DIALYSIS					58.01
58.02 CARDIAC CATH LAB					58.02
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 PH CLINIC					60.01
60.02 HEALTHWORKS CLINIC					60.02
60.03 DENTAL CLINIC					60.03
60.04 WOUND CARE THERAPY					60.04
60.05 FAMILY PRACTICE CLINIC					60.05
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0206) [ ] 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
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.301208	.301208	.301208			37
39 DELIVERY ROOM & LABOR ROOM	.425238	.425238	.425238			39
40 ANESTHESIOLOGY	.125673	.125673	.125673			40
41 RADIOLOGY-DIAGNOSTIC	.201367	.201367	.201367			41
44 LABORATORY	.147071	.147071	.147071			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.206763	.206763	.206763			49
50 PHYSICAL THERAPY	.376436	.376436	.376436			50
53 ELECTROCARDIOLOGY	.192360	.192360	.192360			53
54 ELECTROENCEPHALOGRAPHY	.481700	.481700	.481700			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.272508	.272508	.272508			55
56 DRUGS CHARGED TO PATIENTS	.180704	.180704	.180704			56
58.01 ACUTE DIALYSIS	.422156	.422156	.422156			58.01
58.02 CARDIAC CATH LAB	.380972	.380972	.380972			58.02
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	1.083069	1.083069	1.083069			60
60.01 PH CLINIC						60.01
60.02 HEALTHWORKS CLINIC	1.441402	1.441402	1.441402			60.02
60.03 DENTAL CLINIC						60.03
60.04 WOUND CARE THERAPY	.180845	.180845	.180845			60.04
60.05 FAMILY PRACTICE CLINIC	.961209	.961209	.961209			60.05
61 EMERGENCY	.256840	.256840	.256840			61
62 OBSERVATION BEDS (NON-DISTINCT	.345687	.345687	.345687			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.180704	1
2 PROGRAM VACCINE CHARGES		2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS		3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0206) [ ] 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 DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
37 ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		2193179						37
39 DELIVERY ROOM & LABOR ROOM		6597						39
40 ANESTHESIOLOGY		200680						40
41 RADIOLOGY-DIAGNOSTIC		2789101						41
44 LABORATORY		984968						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		123985						49
50 PHYSICAL THERAPY								50
53 ELECTROCARDIOLOGY		343860						53
54 ELECTROENCEPHALOGRAPHY		9206						54
55 MEDICAL SUPPLIES CHARGED TO PA		72480						55
56 DRUGS CHARGED TO PATIENTS		2218785						56
58.01 ACUTE DIALYSIS								58.01
58.02 CARDIAC CATH LAB		1761911	2666					58.02
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		594025						60
60.01 PH CLINIC								60.01
60.02 HEALTHWORKS CLINIC		447						60.02
60.03 DENTAL CLINIC								60.03
60.04 WOUND CARE THERAPY		2114204						60.04
60.05 FAMILY PRACTICE CLINIC								60.05
61 EMERGENCY		1821836						61
62 OBSERVATION BEDS (NON-DISTINCT		263803						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD								65.03
101 SUBTOTAL		15499067	2666					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		15499067	2666					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0206) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		660603					37
39 DELIVERY ROOM & LABOR ROOM		2805					39
40 ANESTHESIOLOGY		25220					40
41 RADIOLOGY-DIAGNOSTIC		561633					41
44 LABORATORY		144860					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		25636					49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY		66145					53
54 ELECTROENCEPHALOGRAPHY		4435					54
55 MEDICAL SUPPLIES CHARGED TO PAT		19751					55
56 DRUGS CHARGED TO PATIENTS		400943					56
58.01 ACUTE DIALYSIS							58.01
58.02 CARDIAC CATH LAB		671239	1016				58.02
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		643370					60
60.01 PH CLINIC							60.01
60.02 HEALTHWORKS CLINIC		644					60.02
60.03 DENTAL CLINIC							60.03
60.04 WOUND CARE THERAPY		382343					60.04
60.05 FAMILY PRACTICE CLINIC							60.05
61 EMERGENCY		467920					61
62 OBSERVATION BEDS (NON-DISTINCT		91193					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL		4168740	1016				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		4168740	1016				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-S206) [ ] SUB IV [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	----- OLD CAPITAL -----		----- NEW CAPITAL -----	
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		516401	27658633				.018671	37
39 DELIVERY ROOM & LABOR ROOM		249000	10902953				.022838	39
40 ANESTHESIOLOGY		53878	3487092				.015451	40
41 RADIOLOGY-DIAGNOSTIC		486616	32323886	34054			.015054	513 41
44 LABORATORY		358168	47637542	246745			.007519	1855 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		92597	9693886	9306			.009552	89 49
50 PHYSICAL THERAPY		48242	1979742	8758			.024368	213 50
53 ELECTROCARDIOLOGY		103979	4076701	17245			.025506	440 53
54 ELECTROENCEPHALOGRAPHY		17217	175383	523			.098168	51 54
55 MEDICAL SUPPLIES CHARGED TO P		11223	1288533	1292			.008710	11 55
56 DRUGS CHARGED TO PATIENTS		210643	35965185	370732			.005857	2171 56
58.01 ACUTE DIALYSIS		3598	1652395				.002177	58.01
58.02 CARDIAC CATH LAB		194758	6202599	2077			.031399	65 58.02
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		107209	3115931				.034407	60
60.01 PH CLINIC								60.01
60.02 HEALTHWORKS CLINIC		20364	175101				.116299	60.02
60.03 DENTAL CLINIC								60.03
60.04 WOUND CARE THERAPY		55244	5812167				.009505	60.04
60.05 FAMILY PRACTICE CLINIC		53360	355521				.150090	60.05
61 EMERGENCY		213052	25763334	146498			.008270	1212 61
62 OBSERVATION BEDS (NON-DISTINC		72082	5001388				.014412	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		2867631	223267972	837230				6620 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-S206) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
58.01 ACUTE DIALYSIS							58.01
58.02 CARDIAC CATH LAB							58.02
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 PH CLINIC							60.01
60.02 HEALTHWORKS CLINIC							60.02
60.03 DENTAL CLINIC							60.03
60.04 WOUND CARE THERAPY							60.04
60.05 FAMILY PRACTICE CLINIC							60.05
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S206) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF [ ]  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		27658633					37
39 DELIVERY ROOM & LABOR ROOM		10902953					39
40 ANESTHESIOLOGY		3487092					40
41 RADIOLOGY-DIAGNOSTIC		32323886			34054		41
44 LABORATORY		47637542			246745		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		9693886			9306		49
50 PHYSICAL THERAPY		1979742			8758		50
53 ELECTROCARDIOLOGY		4076701			17245		53
54 ELECTROENCEPHALOGRAPHY		175383			523		54
55 MEDICAL SUPPLIES CHARGED TO P		1288533			1292		55
56 DRUGS CHARGED TO PATIENTS		35965185			370732		56
58.01 ACUTE DIALYSIS		1652395					58.01
58.02 CARDIAC CATH LAB		6202599			2077		58.02
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		3115931					60
60.01 PH CLINIC							60.01
60.02 HEALTHWORKS CLINIC		175101					60.02
60.03 DENTAL CLINIC							60.03
60.04 WOUND CARE THERAPY		5812167					60.04
60.05 FAMILY PRACTICE CLINIC		355521					60.05
61 EMERGENCY		25763334			146498		61
62 OBSERVATION BEDS (NON-DISTINC		5001388					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		223267972			837230		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-S206)	[ ]	SNF	[ ]	TEFRA
BOXES	[ ]	TITLE XIX	[ ]	SUB II	[ ]	NF		
			[ ]	SUB III	[ ]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
58.01 ACUTE DIALYSIS					58.01
58.02 CARDIAC CATH LAB					58.02
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 PH CLINIC					60.01
60.02 HEALTHWORKS CLINIC					60.02
60.03 DENTAL CLINIC					60.03
60.04 WOUND CARE THERAPY					60.04
60.05 FAMILY PRACTICE CLINIC					60.05
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0206)	SUB I (PPS) (14-S206)	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)	35179	3472					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	35179	3472					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	35179	3472					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)	9867	1382					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) (14-0206)	SUB I (PPS) (14-S206)	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	24495045	2183877					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	24495045	2183877					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	46914650	4942214					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	46914650	4942214					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.522119	.441882					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1333.60	1423.45					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	24495045	2183877					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) (14-0206)	SUB I (PPS) (14-S206)	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	696.30	629.00					38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	6870392	869278					39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	6870392	869278					41
		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5		
42	NURSERY (TITLES V AND XIX ONLY)							42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS							
43	INTENSIVE CARE UNIT	5356860	3326	1610.60	1388	2235513		43
43.01	NICU	1693140	1434	1180.71				43.01
44	CORONARY CARE UNIT							44
45	BURN INTENSIVE CARE UNIT							45
46	SURGICAL INTENSIVE CARE UNIT							46
47	OTHER SPECIAL CARE (SPECIFY)							47
		HOSPITAL (PPS) (14-0206)	SUB I (PPS) (14-S206)	SUB II	SUB III	SUB IV		
		1	1	1	1	1		
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	7704231	158001					48
49	TOTAL PROGRAM INPATIENT COSTS	16810136	1027279					49
PASS THROUGH COST ADJUSTMENTS								
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	368803	36001					50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	398799	6620					51
52	TOTAL PROGRAM EXCLUDABLE COST	767602	42621					52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	16042534	984658					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) (14-0206)	SUB I (PPS) (14-S206)	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)  
 (14-0206)(14-S206)  
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	2483	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	696.30	84
85 OBSERVATION BED COST	1728913	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	HOSPITAL ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		24495045		1728913		86
87 NEW CAPITAL-RELATED COST	1021238	24495045	.041692	1728913	72082	87
88 NON PHYSICIAN ANESTHETIST		24495045		1728913		88
89 MEDICAL EDUCATION		24495045		1728913		89

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V [XX] HOSPITAL (14-0206) [ ] SNF [XX] PPS  
 [XX] TITLE XVIII-PT A [ ] SUB I [ ] NF [ ] TEFRA  
 [ ] TITLE XIX [ ] SUB II [ ] S/B-SNF [ ] OTHER  
 [ ] SUB III  
 [ ] SUB IV [ ] S/B-NF  
 [ ] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		12187232		25
26 INTENSIVE CARE UNIT		2992198		26
26.01 NICU				26.01
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.301208	3704724	1115893	37
39 DELIVERY ROOM & LABOR ROOM	.425238	61912	26327	39
40 ANESTHESIOLOGY	.125673	436409	54845	40
41 RADIOLOGY-DIAGNOSTIC	.201367	3386276	681884	41
44 LABORATORY	.147071	8000888	1176699	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.206763	3324263	687335	49
50 PHYSICAL THERAPY	.376436	324113	122008	50
53 ELECTROCARDIOLOGY	.192360	962532	185153	53
54 ELECTROENCEPHALOGRAPHY	.481700	47503	22882	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.272508	202081	55069	55
56 DRUGS CHARGED TO PATIENTS	.180704	9791029	1769278	56
58.01 ACUTE DIALYSIS	.422156	911728	384891	58.01
58.02 CARDIAC CATH LAB	.380972	1709630	651321	58.02
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.083069	534	578	60
60.01 PH CLINIC				60.01
60.02 HEALTHWORKS CLINIC	1.441402			60.02
60.03 DENTAL CLINIC				60.03
60.04 WOUND CARE THERAPY	.180845	25861	4677	60.04
60.05 FAMILY PRACTICE CLINIC	.961209			60.05
61 EMERGENCY	.258903	2169081	561582	61
62 OBSERVATION BEDS (NON-DISTINCT)	.345687	589576	203809	62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		35648140	7704231	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		35648140		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-S206)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
26.01 NICU				26.01
31 SUBPROVIDER I		1959939		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.301208			37
39 DELIVERY ROOM & LABOR ROOM	.425238			39
40 ANESTHESIOLOGY	.125673			40
41 RADIOLOGY-DIAGNOSTIC	.201367	34054	6857	41
44 LABORATORY	.147071	246745	36289	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.206763	9306	1924	49
50 PHYSICAL THERAPY	.376436	8758	3297	50
53 ELECTROCARDIOLOGY	.192360	17245	3317	53
54 ELECTROENCEPHALOGRAPHY	.481700	523	252	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.272508	1292	352	55
56 DRUGS CHARGED TO PATIENTS	.180704	370732	66993	56
58.01 ACUTE DIALYSIS	.422156			58.01
58.02 CARDIAC CATH LAB	.380972	2077	791	58.02
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.083069			60
60.01 PH CLINIC				60.01
60.02 HEALTHWORKS CLINIC	1.441402			60.02
60.03 DENTAL CLINIC				60.03
60.04 WOUND CARE THERAPY	.180845			60.04
60.05 FAMILY PRACTICE CLINIC	.961209			60.05
61 EMERGENCY	.258903	146498	37929	61
62 OBSERVATION BEDS (NON-DISTINCT	.345687			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		837230	158001	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		837230		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (14-0206)	SUB I	SUB II	SUB III	SUB IV	
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1						1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	3057322					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	9171967					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	457235					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	167.20					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	2.68					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	2.68					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	2.26					3.13
3.14 CURRENT YEAR ALLOWABLE FTE	2.26					3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	2.00					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	2.00					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	2.09				3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0206)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.012500				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.012497				3.19
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19	0.012497				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1					3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	20814				3.22
3.23	IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1 [SUM OF LINES][PLUS E-3,PT.VI] [ 3.21-3.23 ][ LINE 23 ]	62443				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	83257 0 83257				3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.2571				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.6093				4.01
4.02	SUM OF 4 AND 4.01	0.8664				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.6069				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	7421955				4.04
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317					5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317					5.01
5.02	DIVIDE LINE 5.01 BY LINE 5					5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317					5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK					5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS					5.05
5.06	TOTAL ADDITIONAL PAYMENT					5.06
6	SUBTOTAL	20191736				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	20191736				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	1231501				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	45794				11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE					11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES					11.02
12	NET ORGAN ACQUISITION COST					12
13	COST OF TEACHING PHYSICIANS					13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS					14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS					15
16	TOTAL	21469031				16
17	PRIMARY PAYER PAYMENTS	69166				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	21399865				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1154105				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	287719				20
21	REIMBURSABLE BAD DEBTS	1119975				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	783983				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	936446				21.02
22	SUBTOTAL	20742024				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0206)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	20742024					26
27						27
28	20321077					28
28.01						28.01
29	420947					29
30	829620					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 (14-0206) 1	HOSPITAL (14-0206) 1.01	HOSPITAL (14-0206) 1.02	
1 MEDICAL AND OTHER SERVICES	1016			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	4168740			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	2964868			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.836			1.03
1.04 LINE 1.01 TIMES LINE 1.03	3485067			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04	85.07			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	1016			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	2666			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	2666			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	2666			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	1650			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	1016			17
17.01 TOTAL PPS PAYMENTS	2964868			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0206) 1	HOSPITAL (14-0206) 1.01	HOSPITAL (14-0206) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	547		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	713130		18.01
19 SUBTOTAL	2252207		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	10747		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	2262954		23
24 PRIMARY PAYER PAYMENTS	1793		24
25 SUBTOTAL	2261161		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	485789		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	340052		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	430070		27.02
28 SUBTOTAL	2601213		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	2601213		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	2516041		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	85172		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S206)	SUB I (14-S206)	SUB I (14-S206)	
	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-S206) 1	SUB I (14-S206) 1.01	SUB I (14-S206) 1.02	
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18 DEDUCTIBLES AND COINSURANCE				18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO				18.01
LINE 17.01				
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
TO BE COMPLETED BY CONTRACTOR				
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)				50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT				51
52 THE RATE USED TO CALCULATE THE TIME VALUE				52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)				53
54 TOTAL (SUM OF LINES 51 AND 53)				54



ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 SUBPROVIDER I (14-S206)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		943998		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		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	NONE      NONE	NONE      NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		943998		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	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			6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		943998		7

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART I

MEDICARE PART A SERVICES - TEFRA

HOSPITAL SUB I SUB II SUB III SUB IV  
 (14-S206)

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)	1066874				1.08
1.09	NET IPF PPS OUTLIER PAYMENTS					1.09
1.10	NET IPF PPS ECT PAYMENTS					1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)	2.00				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)	9.512329				1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS	1066874				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	1066874				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	1066874				4
5	PRIMARY PAYER PAYMENTS	7152				5
6	SUBTOTAL	1059722				6
7	DEDUCTIBLES	93951				7
8	SUBTOTAL	965771				8
9	COINSURANCE	21773				9
10	SUBTOTAL	943998				10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)					11
11.01	REDUCED REIMBURSABLE BAD DEBTS					11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					11.02
12	SUBTOTAL	943998				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-S206)	SUB II	SUB III	SUB IV	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)					13.01
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					14
15	OTHER ADJUSTMENTS					15
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					16
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER	943998				17
18	SEQUESTRATION ADJUSTMENT					18
19	INTERIM PAYMENTS	943998				19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					19.01
20	BALANCE DUE PROVIDER/PROGRAM					20
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					21
	TO BE COMPLETED BY INTERMEDIARY					
50	ORIGINAL OUTLIER AMOUNT					50
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					52
53	OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)					53

DIRECT GRADUATE MEDICAL EDUCATION (GME)  
 & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3  
 PART IV

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT		
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS	1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE	2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS	2.01
3	AGGREGATE APPROVED AMOUNT	3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	1.98 3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]	3.03
3.04	FTE ADJUSTMENT CAP	1.98 3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	3.09
3.10	SEE INSTRUCTIONS	3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	2.26 3.11
3.12	SEE INSTRUCTIONS	2.26 3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	2.00 3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	2.00 3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	2.09 3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	2.09 3.16
3.17	SEE INSTRUCTIONS	87617.66 3.17
3.18	SEE INSTRUCTIONS	183121 3.18

DIRECT GRADUATE MEDICAL EDUCATION (GME)  
 & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3  
 PART IV  
 (CONT)

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

3.19	SEE INSTRUCTIONS			3.19
3.20	SEE INSTRUCTIONS			3.20
3.21	SEE INSTRUCTIONS			3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		0.00	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		0.00	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001			3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		183121	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		12637	4
5	TOTAL INPATIENT DAYS		40928	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.308762	6
		[LINE 6 x ] [E-3,PART 6]		
		[LINE 3.25] [ LINE 11 ]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 56541		56541	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD			6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		40928	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS		100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD			6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR			6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE		100.00	6.07
		[PRIOR TO ] [E-3,PART 6]		
		[ 422 ] [ LINE 12 ]		
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS 0		0	6.08
	PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD			
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS			7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES			8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES			9
10	MEDICARE O/P ESRD CHARGES			10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS			11

DIRECT GRADUATE MEDICAL EDUCATION (GME)  
 & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3  
 PART IV  
 (CONT)

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

APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
PART A REASONABLE COST		
12	REASONABLE COST	17837415 12
13	ORGAN ACQUISITION COSTS	13
14	COST OF TEACHING PHYSICIANS	14
15	PRIMARY PAYER PAYMENTS	76318 15
16	TOTAL PART A REASONABLE COST	17761097 16
PART B REASONABLE COST		
17	REASONABLE COST	4169756 17
18	PRIMARY PAYER PAYMENTS	1793 18
19	TOTAL PART B REASONABLE COST	4167963 19
20	TOTAL REASONABLE COST	21929060 20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.809934 21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.190066 22
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
23	TOTAL PROGRAM GME PAYMENT	23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	56541 23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	45794 24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	10747 25

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	16103308			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	25104742			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-11856363			6
7	INVENTORY	1252671			7
8	PREPAID EXPENSES	1115855			8
9	OTHER CURRENT ASSETS	4212197			9
10	DUE FROM OTHER FUNDS	199160			10
11	TOTAL CURRENT ASSETS	36131570			11
FIXED ASSETS					
12	LAND	4529913			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	3112770			13
13.01	ACCUMULATED DEPRECIATION	-2960756			13.01
14	BUILDINGS	41075947			14
14.01	ACCUMULATED DEPRECIATION	-26540218			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT	16541635			16
16.01	ACCUMULATED DEPRECIATION	-11580027			16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	37325256			18
18.01	ACCUMULATED DEPRECIATION	-30218887			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	31285633			21
OTHER ASSETS					
22	INVESTMENTS	6176711			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	16508993			25
26	TOTAL OTHER ASSETS	22685704			26
27	TOTAL ASSETS	90102907			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	6383289			28
29	SALARIES, WAGES & FEES PAYABLE				29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	1375285			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	6901438			35
36	TOTAL CURRENT LIABILITIES	14660012			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE	23024539			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	15629159			41
42	TOTAL LONG TERM LIABILITIES	38653698			42
43	TOTAL LIABILITIES	53313710			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	36789197			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	36789197			51
52	TOTAL LIABILITIES AND FUND BALANCES	90102907			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	35753051			1
2 NET INCOME (LOSS)	1423403			2
3 TOTAL	37176454			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	37176454			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 ADJ TO FUND BALANCE	387257			13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	387257			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	36789197			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	46914650		46914650	1
4 SUBPROVIDER I	4942214		4942214	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	51856864		51856864	9
10.01 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11 INTENSIVE CARE UNIT	6514632		6514632	10
12 NICU	4976807		4976807	10.01
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	11491439		11491439	15
18 TOTAL INPATIENT ROUTINE CARE SERVICES	63348303		63348303	16
19 ANCILLARY SERVICES	107188062	126459796	233647858	17
20 OUTPATIENT SERVICES		3515163	3515163	18
21 RHC				18.50
22 FQHC				18.60
23 HOME HEALTH AGENCY				19
24 AMBULANCE				20
25 CORF				21
26 ASC				22
27 HOSPICE				23
28				24
29 TOTAL PATIENT REVENUES	170536365	129974959	300511324	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		105197576	26
27 ADD (SPECIFY)			27
28 BAD DEBT EXPENSES	12195300		28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		12195300	33
34 DEDUCT (SPECIFY)			34
35 ROUNDING		-9	35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS		-9	39
40 TOTAL OPERATING EXPENSES		117392867	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	300511324	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	182808577	2
3	NET PATIENT REVENUES	117702747	3
4	LESS - TOTAL OPERATING EXPENSES	117392867	4
5	NET INCOME FROM SERVICE TO PATIENTS	309880	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	284724	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	NET ASSETS RELEASED	201250	24
24.01	INVESTMENT IN JOINT VENTURES	588850	24.01
24.02	OTHER OPERATING INCOME	35700	24.02
24.03	INCOME FROM CENTENNIAL MEDICAL MGMT	2999	24.03
25	TOTAL OTHER INCOME	1113523	25
26	TOTAL	1423403	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	1423403	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0206)	SUB I	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1					1
2					2
3	1011110				3
3.01					3.01
4	20596				
4	102.62				4
4.01					4.01
4.02					4.02
4.03					4.03
5					5
5.01					5.01
5.02					5.02
5.03					5.03
5.04					5.04
6	1231501				6
PART II - HOLD HARMLESS METHOD					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
PART III - PAYMENT UNDER REASONABLE COST					
1					1
2					2
3					3
4					4
5					5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17

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
5.01 COMMUNICATIONS					5.01
5.02 DATA PROCESSING					5.02
5.03 ADMITTING					5.03
5.04 CASHIERING					5.04
6 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES					22
23 I&R SERVICES-OTHER PRGM COSTS					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
26.01 NICU					26.01
31 SUBPROVIDER I					31
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN C					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PA					55
56 DRUGS CHARGED TO PATIENTS					56
58.01 ACUTE DIALYSIS					58.01
58.02 CARDIAC CATH LAB					58.02
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 PH CLINIC					60.01
60.02 HEALTHWORKS CLINIC					60.02
60.03 DENTAL CLINIC					60.03
60.04 WOUND CARE THERAPY					60.04
60.05 FAMILY PRACTICE CLINIC					60.05
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAP					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CA					96
98 PHYSICIANS' PRIVATE OFFICES					98
98.01 PROHEALTH SERVICES					98.01

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	4A	25	26	27	
98.02 AUXILIARY						98.02
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL						103
104 TOTAL STATISTICAL BASIS						104
105 UNIT COST MULTIPLIER						105
105 UNIT COST MULTIPLIER						105