

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 [ XX ] MCR CODE 1

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY HARRISBURG MEDICAL CENTER, INC. (14-0210) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2008 AND ENDING 06/30/2009, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

PART II - SETTLEMENT SUMMARY

TITLE V		TITLE XVIII		TITLE XIX	
		PART A	PART B		
1	HOSPITAL	2	3	4	
2	SUBPROVIDER I	144480	-144767	231430	1
3	SWING BED - SNF	-34555	-4	584830	2
4	SWING BED - NF				3
5	SKILLED NURSING FACILITY				4
6	NURSING FACILITY				5
7	HOME HEALTH AGENCY		3		6
8	OUTPATIENT REHABILITATION PROVIDER				7
9	RURAL HEALTH CLINIC I		75669		8
100	TOTAL	109925	-69099	816260	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: 100 HOSPITAL DRIVE P.O.BOX: 1  
 1.01 CITY: HARRISBURG STATE: IL ZIP CODE: 62946 COUNTY: SALINE 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)				
				V 4	XVIII 5	XIX 6		
2	HOSPITAL	HARRISBURG MEDICAL CENTER, INC.	14-0210	07/01/1966	N	P	O	2
3	SUBPROVIDER I	HARRISBURG MEDICAL CENTER, INC.	14-S210	06/19/1989	N	P	O	3
4	SWING BEDS - SNF	HARRISBURG MEDICAL CENTER, INC.	14-U210	11/03/1988	N	P	N	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	HARRISBURG MEDICAL CENTER, INC.	14-7419	08/15/1985	N	P	N	9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE							12
14	HOSP-BASED RHC	ELDORADO PRIMARY CARE	14-3473	12/31/2001	N	O	N	14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16

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

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 19  
 20 SUBPROVIDER I 20

OTHER INFORMATION

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

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? NO 21.01

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

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 2 Y 14 21.03

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

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

21.06 DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO. YES 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). YES 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? NO 25

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

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

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

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

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

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR 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.	2			26	
26.01	ENTER THE APPLICABLE SCH DATES:	BEGINNING: 07/01/2008	ENDING: 06/30/2009		26.01	
26.02	ENTER THE APPLICABLE SCH DATES:	BEGINNING: 07/01/2007	ENDING: 06/30/2008		26.02	
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.	YES	11/03/1988		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	
<p>A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)</p>						
28.03	STAFFING	0.00		N	28.03	
28.04	RECRUITMENT	0.00		N	28.04	
28.05	RETENTION OF EMPLOYEES	0.00		N	28.05	
28.06	TRAINING	0.00		N	28.06	
28.07	OTHER (SPECIFY)				28.07	
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO			29	
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	NO			30	
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.				30.01	
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?				30.02	
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)				30.03	
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.				30.04	
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO			31	
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	
<p>MISCELLANEOUS COST REPORTING INFORMATION</p>						
32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	NO			32	
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.	NO			33	
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?	NO			34	
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	NO			35	
<p>PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL</p>						
		V	XVIII	XIX		
		1	2	3		
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	YES	NO	36	
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	NO	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 NHCMP DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.		46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC				
	1	2	3	4	5				
47	HOSPITAL	N	N	N	N	47			
48	SUBPROVIDER I	N	N	N	N	48			
49	SKILLED NURSING FACILITY	N	N			49			
50	HOME HEALTH AGENCY	N	N			50			
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?				NO	52			
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.				NO	52.01			
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53			
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01			
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: PAID LOSSES: AND/OR SELF INSURANCE:					54			
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.				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.)	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: 1	STATE: 2	ZIP CODE 3
		CBSA 4	FTE/ CAMPUS 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  
 (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		1249	217	1984	1
2	HMO XIX					2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4	HOSPITAL ADULTS & PEDS - SWING BED NF					4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6	INTENSIVE CARE UNIT					6
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		1249	217	1984	12
13	RPCH VISITS					13
14	SUBPROVIDER I		267	341	976	14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
1	SALARIES	1	2	3	4	5	6	
1	TOTAL SALARIES	17434299		17434299	797660.00	21.86		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B	388568		388568	4160.00	93.41		3
4	PHYSICIAN - PART A							4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B	1821066		1821066	16640.00	109.44		5
5.01	NON-PHYSICIAN - PART B	140920		140920	4160.00	33.88		5.01
6	INTERNS & RESIDENTS (IN APPR PGM)							6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	2338461	-79213	2259248	120483.00	18.75		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	16832		16832	299.00	56.29	INVOICE SUPPORT	9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10	CONTRACT LABOR: PHYSICIAN PART A	6000		6000	60.00	100.00		10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS							11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	3465653		3465653			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	556343		556343			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B	19329		19329			CMS 339	17
18	PHYSICIAN PART A						CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B	82109		82109			CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)	169786		169786				19.01
20	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	26264		26264	2580.60	10.18		21
22	ADMINISTRATIVE & GENERAL	1970629	162482	2133111	124495.70	17.13		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT	387585		387585	22844.00	16.97		24
25	LAUNDRY & LINEN SERVICE	55051		55051	4185.00	13.15		25
26	HOUSEKEEPING	370471		370471	39371.91	9.41		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	422306		422306	38559.44	10.95		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA							28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	205854		205854	6392.00	32.20		30
31	CENTRAL SERVICES AND SUPPLY	86871	-36572	50299	4049.96	12.42		31
32	PHARMACY	454675		454675	15371.20	29.58		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	305644		305644	22598.75	13.52		33
34	SOCIAL SERVICE							34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
1		1	2	3	4	5	
1	NET SALARIES	15083745		15083745	772700.00	19.52	1
2	EXCLUDED AREA SALARIES	2338461	-79213	2259248	120483.00	18.75	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	12745284	79213	12824497	652217.00	19.66	3
4	SUBTOTAL OTHER WAGES & REL COSTS	22832		22832	359.00	63.60	4
5	SUBTOTAL WAGE-RELATED COSTS	3465653		3465653		27.02%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	16233769	79213	16312982	652576.00	25.00	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	4285350	125910	4411260	280448.56	15.73	13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7419

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: SALINE

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		2184			2184	1
2 UNDUPLICATED CENSUS COUNT		230.00			230.00	2

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK:	STAFF 1	CONTRACT 2	TOTAL 3	
.00				
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)	1.01		1.01	4
5 OTHER ADMINISTRATIVE PERSONNEL	1.70		1.70	5
6 DIRECT NURSING SERVICE	4.51		4.51	6
7 NURSING SUPERVISOR				7
8 PHYSICAL THERAPY SERVICE	1.92		1.92	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE	.06		.06	10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE	.19		.19	12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE				14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE	1.05		1.05	16
17 HOME HEALTH AIDE SUPERVISOR				17
18 OTHER (SPECIFY)				18

HOME HEALTH AGENCY MSA CODES

19 HOW MANY MSAs IN COLUMN 1 OR CBSAs IN COLUMN 1.01 DID YOU PROVIDE SERVICES TO DURING THIS COST REPORTING PERIOD	1	1	1.01	19
20 LIST THOSE MSA CODE(S) IN COLUMN 1 AND CBSA CODE(S) IN COLUMN 1.01 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE)	9914		99914	20

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7419

WORKSHEET S-4  
 (CONTINUED)

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

	FULL EPISODES				SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL 7	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4				
21	SKILLED NURSING VISITS	2270	41	44	25		2380	21
22	SKILLED NURSING VISIT CHARGES	487198	8815	9460	5375		510848	22
23	PHYSICAL THERAPY VISITS	1749		51			1800	23
24	PHYSICAL THERAPY VISIT CHARGES	377028		11016			388044	24
25	OCCUPATIONAL THERAPY VISITS	116					116	25
26	OCCUPATIONAL THERAPY VISIT CHARGES	27002					27002	26
27	SPEECH PATHOLOGY VISITS	189		10			199	27
28	SPEECH PATHOLOGY VISIT CHARGES	44024		2330			46354	28
29	MEDICAL SOCIAL SERVICE VISITS							29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES							30
31	HOME HEALTH AIDE VISITS	45			2		47	31
32	HOME HEALTH AIDE VISIT CHARGES	4950			220		5170	32
33	TOTAL VISITS	4369	41	105	27		4542	33
34	OTHER CHARGES							34
35	TOTAL CHARGES	940202	8815	22806	5595		977418	35
36	TOTAL NUMBER OF EPISODES	310		19	7		336	36
37	TOTAL NUMBER OF OUTLIER EPISODES		1				1	37
38	TOTAL MEDICAL SUPPLY CHARGES	25478	1161	777			27416	38



RHC I  
 COMPONENT NO: 14-3473

WORKSHEET S-8

PROVIDER-BASED RURAL HEALTH CLINIC/  
 FEDERALLY QUALIFIED HEALTH CENTER  
 PROVIDER STATISTICAL DATA

CHECK APPLICABLE BOX: [ XX ] RHC [ ] FQHC

CLINIC ADDRESS AND IDENTIFICATION:

1 STREET: 1007 US ROUTE 45 1  
 1.01 CITY: ELDORADO STATE: IL ZIP CODE: 62930 COUNTY: SALINE 1.01  
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER 'R' FOR RURAL OR 'U' FOR URBAN 2

SOURCE OF FEDERAL FUNDS:

	GRANT AWARD	DATE	
	1	2	
3 COMMUNITY HEALTH CENTER (SECTION 330(d), PHS ACT)		/ /	3
4 MIGRANT HEALTH CENTER (SECTION 329(d), PHS ACT)		/ /	4
5 HEALTH SERVICES FOR HOMELESS (SECTION 340(d), PHS ACT)		/ /	5
6 APPALACHIAN REGIONAL COMMISSION		/ /	6
7 LOOK-ALIKES		/ /	7
8 OTHER		/ /	8

PHYSICIAN INFORMATION:

9 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT  
 PHYSICIAN NAME BILLING NO. 9

10 SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD  
 PHYSICIAN NAME HOURS 10

11 DOES THIS FACILITY OPERATE AS OTHER THAN AN RHC OR FQHC? NO 11  
 IF YES, INDICATE NUMBER OF OTHER OPERATIONS IN COLUMN 2  
 (ENTER IN SUBSCRIPTS OF LINE 12 THE TYPE OF OTHER OPERATION(S) AND THE OPERATING HOURS)

FACILITY HOURS OF OPERATIONS (1)

TYPE OPERATION	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY				
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO			
12 CLINIC	0		1	2	3	4	5	6	7	8	9	10	11	12	13	14	12
				8	5	8	5	8	5	8	5	8	5				

(1) ENTER CLINIC HRS OF OPERATION ON LNE 12 & OTHER TYPE OPERATIONS ON SUBSCRIPTS OF LNE 12 (BOTH TYPE & HRS OF OPERATION)  
 LIST HOURS OF OPERATION BASED ON A 24 HOUR CLOCK. FOR EXAMPLE: 8:00AM IS 0800, 6:30PM IS 1830, AND MIDNIGHT IS 2400.

13 HAVE YOU RECEIVED AN APPROVAL FOR AN EXCEPTION TO THE PRODUCTIVITY STANDARD? NO 13  
 14 IS THIS A CONSOLIDATED COST REPORT AS DEFINED IN CMS PUB 27, SECTION 508(D)? NO 14  
 IF YES, ENTER IN COLUMN 2 THE NUMBER OF PROVIDERS IN THIS COST REPORT.  
 LIST THE NAMES OF ALL PROVIDERS AND NUMBERS BELOW.  
 15 PROVIDER NAME: PROVIDER NUMBER: - V XVIII XIX 15  
 16 HAVE YOU PROVIDED ALL OR SUBSTANTIALLY ALL GME COSTS? IF YES, ENTER IN COLUMNS 2, 3, AND 4 THE NUMBER OF MEDICARE VISITS PERFORMED BY INTERNS AND RESIDENTS. NO 16  
 17 HAS THE HOSPITAL'S BED SIZE CHANGED TO LESS THAN 50 BEDS DURING THE YEAR FOR COST REPORTING PERIODS OVERLAPPING 7/1/2001? ENTER 'Y' FOR YES AND 'N' FOR NO. NO 17  
 IF YES, SEE INSTRUCTIONS.

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	1010932 17
17.01	GROSS MEDICAID REVENUES	11690575 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	12701507 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.469685 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	11690575 28
29	TOTAL GROSS MEDICAID COST	5490888 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	1010932 30
31	UNCOMPENSATED CARE COST	474820 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	5490888 32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

	COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
	GENERAL SERVICE COST CENTERS								
1	0100 OLD CAP REL COSTS-BLDG & FIXT								1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1975582	1975582	-1095776	879806	-167605	712201	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				1086822	1086822	120037	1206859	4
5	0500 EMPLOYEE BENEFITS	26264	4281144	4307408	-47008	4260400	-37710	4222690	5
6	0600 ADMINISTRATIVE & GENERAL	1970629	3611192	5581821	86930	5668751	-343745	5325006	6
8	0800 OPERATION OF PLANT	387585	635298	1022883		1022883	83	1022966	8
9	0900 LAUNDRY & LINEN SERVICE	55051	97467	152518		152518		152518	9
10	1000 HOUSEKEEPING	370471	64211	434682		434682		434682	10
11	1100 DIETARY	422306	265874	688180		688180	-107043	581137	11
12	1200 CAFETERIA								12
14	1400 NURSING ADMINISTRATION	205854	7656	213510		213510		213510	14
15	1500 CENTRAL SERVICES & SUPPLY	86871	998986	1085857	-1012019	73838		73838	15
16	1600 PHARMACY	454675	2222735	2677410	-2185418	491992		491992	16
17	1700 MEDICAL RECORDS & LIBRARY	305644	40750	346394		346394	-402	345992	17
18	1800 SOCIAL SERVICE								18
20	2000 NONPHYSICIAN ANESTHETISTS								20
	INPATIENT ROUTINE SERV COST CENTERS								
25	2500 ADULTS & PEDIATRICS	2757374	305945	3063319	-286859	2776460	-132743	2643717	25
31	3100 SUBPROVIDER I	1679912	96817	1776729		1776729	-26586	1750143	31
	ANCILLARY SERVICE COST CENTERS								
37	3700 OPERATING ROOM	414134	111592	525726		525726	184	525910	37
40	4000 ANESTHESIOLOGY	587429	33140	620569		620569	-590884	29685	40
41	4100 RADIOLOGY-DIAGNOSTIC	351118	102150	453268		453268		453268	41
44	4400 LABORATORY	647845	1015505	1663350	235822	1899172	-218	1898954	44
48	4800 INTRAVENOUS THERAPY				81342	81342		81342	48
49	4900 RESPIRATORY THERAPY	366488	50500	416988		416988	-7360	409628	49
50	5000 PHYSICAL THERAPY	653183	25618	678801		678801	362	679163	50
53	5300 ELECTROCARDIOLOGY	52935	51340	104275		104275	-24326	79949	53
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				694855	694855		694855	55
56	5600 DRUGS CHARGED TO PATIENTS				2185418	2185418		2185418	56
58	5800 ASC (NON-DISTINCT PART)	409742	76488	486230		486230	245	486475	58
59	3450 NUCLEAR MEDICINE	113203	180196	293399		293399	-56500	236899	59
59.01	3230 CAT SCAN	174899	158386	333285		333285	34	333319	59.01
59.02	3630 ULTRASOUND	162991	10921	173912		173912		173912	59.02
59.03	3440 MAMMOGRAPHY	49834	63619	113453		113453		113453	59.03
59.04	3140 CARDIAC REHAB	69201	29917	99118		99118		99118	59.04
59.05	3190 FAITH CTR-CHEMOTHERAPY	116133	8749	124882		124882		124882	59.05
59.06	3950 ROUTINE ANCILLARY				286859	286859		286859	59.06
	OUTPATIENT SERVICE COST CENTERS								
61	6100 EMERGENCY	1695914	251346	1947260	-2757	1944503	-1108385	836118	61
62	6200 OBSERVATION BEDS (NON-DISTINCT								62
63	4950 DAY PSYCHIATRIC	748883	8603	757486		757486	-578505	178981	63
63.50	6310 RHC	1439182	246878	1686060	5733	1691793		1691793	63.50
63.60	6320 FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
71	7100 HOME HEALTH AGENCY	578312	134858	713170	-64328	648842	-20726	628116	71
	SPECIAL PURPOSE COST CENTERS								
95	SUBTOTALS	17354062	17163463	34517525	-30384	34487141	-3081793	31405348	95
	NONREIMBURSABLE COST CENTERS								
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN	30294	569	30863		30863		30863	96
98	9800 PHYSICIANS' PRIVATE OFFICES	49943	32279	82222	7118	89340		89340	98
98.01	9801 DIALYSIS								98.01
98.03	9802 ORTHO CLINIC				23266	23266		23266	98.03
101	TOTAL	17434299	17196311	34630610		34630610	-3081793	31548817	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
1		2	3	4	5	
1 DEPRECIATION	A	NEW CAP REL COSTS-MVBLE EQUIP	4		1060708	1
2 DEPRECIATION	A	HOME HEALTH AGENCY	71		14885	2
3 DEPRECIATION	A	RHC	63.50		41994	3
4 DEPRECIATION	A	ORTHO CLINIC	98.03		23266	4
5 DEPRECIATION	A	PHYSICIANS' PRIVATE OFFICES	98		7118	5
6 MEDICAL SUPPLIES	B	MEDICAL SUPPLIES CHARGED TO P	55		694855	6
7 BLOOD	B	LABORATORY	44		235822	7
8 DRUGS	C	DRUGS CHARGED TO PATIENTS	56		2185418	8
9 ROUTINE OP ANCILLARY SERVICES	H	ROUTINE ANCILLARY	59.06	258379	28480	9
10 HHA BILLER	I	ADMINISTRATIVE & GENERAL	6	79213		10
11 MEDICAL STAFF DIRECTOR	M	ADMINISTRATIVE & GENERAL	6		2757	11
12 INSURANCE	N	NEW CAP REL COSTS-BLDG & FIXT	3		52195	12
13 INSURANCE	N	NEW CAP REL COSTS-MVBLE EQUIP	4		26114	13
14 IV THERAPY	O	INTRAVENOUS THERAPY	48	36572	44770	14
15 EPC BILLING & ADMITTING	Q	ADMINISTRATIVE & GENERAL	6	83269		15
16 EPC PHYSICIAN FRINGES	S	RHC	63.50		47008	16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				457433	4465390	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7	
			LINE #	SALARY	OTHER	REF.	
1	1	6	7	8	9	10	10
1 DEPRECIATION	A	NEW CAP REL COSTS-BLDG & FIXT	3		1060708		9 1
2 DEPRECIATION	A	NEW CAP REL COSTS-BLDG & FIXT	3		14885		9 2
3 DEPRECIATION	A	NEW CAP REL COSTS-BLDG & FIXT	3		41994		9 3
4 DEPRECIATION	A	NEW CAP REL COSTS-BLDG & FIXT	3		23266		9 4
5 DEPRECIATION	A	NEW CAP REL COSTS-BLDG & FIXT	3		7118		9 5
6 MEDICAL SUPPLIES	B	CENTRAL SERVICES & SUPPLY	15		694855		6
7 BLOOD	B	CENTRAL SERVICES & SUPPLY	15		235822		7
8 DRUGS	C	PHARMACY	16		2185418		8
9 ROUTINE OP ANCILLARY SERVICES	H	ADULTS & PEDIATRICS	25	258379	28480		9
10 HHA BILLER	I	HOME HEALTH AGENCY	71	79213			10
11 MEDICAL STAFF DIRECTOR	M	EMERGENCY	61		2757		11
12 INSURANCE	N	ADMINISTRATIVE & GENERAL	6		52195		12 12
13 INSURANCE	N	ADMINISTRATIVE & GENERAL	6		26114		12 13
14 IV THERAPY	O	CENTRAL SERVICES & SUPPLY	15	36572	44770		14
15 EPC BILLING & ADMITTING	Q	RHC	63.50	83269			15
16 EPC PHYSICIAN FRINGES	S	EMPLOYEE BENEFITS	5		47008		16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36 TOTAL RECLASSIFICATIONS				457433	4465390		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	402864	17137		17137		420001		1
2 LAND IMPROVEMENTS	398025					398025		2
3 BUILDINGS AND FIXTURES	18741045	358161		358161		19099206		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	9632480				73599	9558881		6
7 SUBTOTAL	29174414	375298		375298	73599	29476113		7
8 RECONCILING ITEMS								8
9 TOTAL	29174414	375298		375298	73599	29476113		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	19497231		19497231	.671020				3
4 NEW CAP REL COSTS-MVBLE EQUIP	9558881		9558881	.328980				4
5 TOTAL	29056112		29056112	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	566642		93364	52195			712201 3
4 NEW CAP REL COSTS-MVBLE EQUIP	1180745			26114			1206859 4
5 TOTAL	1747387		93364	78309			1919060 5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	1714613		260969				1975582 3
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 TOTAL	1714613		260969				1975582 5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES	B	-173569	NEW CAP REL COSTS-BLDG & FIXT	3	11 3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-5180	ADMINISTRATIVE & GENERAL	6	6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)					9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-2095201			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	-88987	DIETARY	11	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-402	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES	B	-4449	ADMINISTRATIVE & GENERAL	6	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 LIFELINE	A	-19478	HOME HEALTH AGENCY	71	37
38 PHYSICIAN RECRUITMENT	A	-44258	ADMINISTRATIVE & GENERAL	6	38
38.01 PHYSICIAN LOANS	A	-58900	ADMINISTRATIVE & GENERAL	6	38.01
39 CRNA WAGES	A	-388568	ANESTHESIOLOGY	40	39
39.01 CRNA BENEFITS	A	-1565	EMPLOYEE BENEFITS	5	39.01
40 EMERGENCY ROOM PHYS BENEFITS	A	-1918	EMPLOYEE BENEFITS	5	40
40.01 MD FRINGES - CLINCIS	A	-1290	EMPLOYEE BENEFITS	5	40.01
41 PSYCH PHYSICIAN FRINGES	A	-31281	EMPLOYEE BENEFITS	5	41
41.01 PSYCH PHYSICIAN TRAVEL	A	-8055	SUBPROVIDER I	31	41.01
42 DR ENCISO REVENUES	B	-14100	DAY PSYCHIATRIC	63	42
43 ER MD MISC EXPENSE	A	-19580	EMERGENCY	61	43
44 AMORTIZATION OF BOND COSTS	A	5964	NEW CAP REL COSTS-BLDG & FIXT	3	11 44
45 LAB	B	-218	LABORATORY	44	45
46 HHC SCREENINGS	B	-1248	HOME HEALTH AGENCY	71	46
47 OTHER INCOME	B	-66705	ADMINISTRATIVE & GENERAL	6	47
48					48
49 MISSIONS EXPENSE	A	-2334	ADMINISTRATIVE & GENERAL	6	49
49.02 CAPITALIZED INTEREST	A	83	OPERATION OF PLANT	8	49.02
49.03 CAPITALIZED INTEREST	A	362	PHYSICAL THERAPY	50	49.03
49.04 CAPITALIZED INTEREST	A	245	ASC (NON-DISTINCT PART)	58	49.04
49.05 CAPITALIZED INTEREST	A	215	EMERGENCY	61	49.05
49.06 CAPITALIZED INTEREST	A	34	CAT SCAN	59.01	49.06
49.07 CAPITALIZED INTEREST	A	184	OPERATING ROOM	37	49.07
49.20 PHYSICIAN BILLING WAGES	A	-4109	ADMINISTRATIVE & GENERAL	6	49.20
49.21 PHYSICIAN BILLING FRINGE BENEFIT	A	-1256	EMPLOYEE BENEFITS	5	49.21
49.22 DONATED MEALS	A	-18056	DIETARY	11	49.22
49.24 COMM RELATIONS	A	-7805	ADMINISTRATIVE & GENERAL	6	49.24
49.25 ALCOHOL	A	-55	ADMINISTRATIVE & GENERAL	6	49.25
49.26 IHA LOBBYING	A	-15476	ADMINISTRATIVE & GENERAL	6	49.26
49.27 AHA LOBBYING	A	-4158	ADMINISTRATIVE & GENERAL	6	49.27

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 REF
			COST CENTER 3	LINE NO. 4	
49.28 ADVERTISING	A	-118062	ADMINISTRATIVE & GENERAL	6	49.28
49.33 NON-ALLOWABLE TRAVEL	A	-495	ADMINISTRATIVE & GENERAL	6	49.33
49.34 DUE - ROTARY CLUB	A	-400	EMPLOYEE BENEFITS	5	49.34
49.35 OTHER ADMIN DUES	A	-325	ADMINISTRATIVE & GENERAL	6	49.35
49.36 TV DEPRECIATION	A	-1940	NEW CAP REL COSTS-MVBLE EQUIP	4	9 49.36
49.37 PENALTIES	A	-487	ADMINISTRATIVE & GENERAL	6	49.37
49.38 INSURANCE SETTLEMENTS	A	-2547	ADMINISTRATIVE & GENERAL	6	49.38
49.39 IHREF CONTRIBUTION EXPENSE	A	-8400	ADMINISTRATIVE & GENERAL	6	49.39
49.40 DEPRECIATION ADJUSTMENT	A	121977	NEW CAP REL COSTS-MVBLE EQUIP	4	9 49.40
50 TOTAL		-3081793			50

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

WORKSHEET A-8-1

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

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

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

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

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

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

(1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
LINE NO.	1	2	3	4	5	6	7	8	9
1	31	SUBPROVIDER I	MEDICAL FEES	29800		29800	138700	169	563
2	63	DAY PSYCHIATRIC	SALARIED-DR	564405	563405				
3	61	EMERGENCY	SALARIED-DR	908650	908650				
4	44	LABORATORY	MEDICAL FEES	6000		6000	208000	60	300
5	53	ELECTROCARDIOLOGY	MEDICAL FEES	24326	24236				
6	59	NUCLEAR MEDICINE	SALARIED-DR	56500	56500				
7	61	EMERGENCY	MEDICAL FEES #47	158834	158834				
8	25	ADULTS & PEDIATRICS	HOSPITALISTS MEDICA	132743	132743				
9	40	ANESTHESIOLOGY	SALARIED-DR	202316	202316				
10	49	RESPIRATORY THERAPY	RESP THER MEDICAL F	7360	7360				
11	59.04	CARDIAC REHAB	CARDIAC REHAB MEDIC	26144		26144	159800	350	1344
12	61	EMERGENCY	EMER MEDICAL FEES #	21536	21536				
101		TOTAL		2138614	2075580	61944		579	2207

PROVIDER NO. 14-0210 HARRISBURG MEDICAL CENTER, INC  
 PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08  
 11/29/2009 15:29

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11		12	13	14	15	16	17	18
1	31	SUBPROVIDER I	MEDICAL FEES				11269	18531	18531
2	63	DAY PSYCHIATRIC	SALARIED-DR						564405
3	61	EMERGENCY	SALARIED-DR						908650
4	44	LABORATORY	MEDICAL FEES				6000		
5	53	ELECTROCARDIOLOGY	MEDICAL FEES						24326
6	59	NUCLEAR MEDICINE	SALARIED-DR						56500
7	61	EMERGENCY	MEDICAL FEES #47						158834
8	25	ADULTS & PEDIATRICS	HOSPITALISTS MEDICA						132743
9	40	ANESTHESIOLOGY	SALARIED-DR						202316
10	49	RESPIRATORY THERAPY	RESP THER MEDICAL F						7360
11	59.04	CARDIAC REHAB	CARDIAC REHAB MEDIC				26889		
12	61	EMERGENCY	EMER MEDICAL FEES #						21536
101		TOTAL					44158	18531	2095201

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP	NEW CAP	EMPLOYEE	SUBTOTAL	ADMINIS-	OPERATION	LAUNDRY	
	FOR COST	BLDGS &	MOVABLE	BENEFITS		TRATIVE &	OF PLANT	& LINEN	
	ALLOCATION	FIXTURES	EQUIPMENT			GENERAL		SERVICE	
	0	3	4	5	5A	6	8	9	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT	712201	712201							3
4 NEW CAP REL COSTS-MVBLE EQUIP	1206859		1206859						4
5 EMPLOYEE BENEFITS	4222690	5504	4549	4232743					5
6 ADMINISTRATIVE & GENERAL	5325006	105800	238700	630115	6299621	6299621			6
8 OPERATION OF PLANT	1022966	67396	13024	114491	1217877	303858	1521735		8
9 LAUNDRY & LINEN SERVICE	152518	12451	7211	16262	188442	47016	28505	263963	9
10 HOUSEKEEPING	434682	5007	308	109436	549433	137082	11462		10
11 DIETARY	581137	14486	6369	124748	726740	181320	33163		11
12 CAFETERIA		9264			9264	2311	21207		12
14 NURSING ADMINISTRATION	213510		154	60809	274473	68480			14
15 CENTRAL SERVICES & SUPPLY	73838	5579	47199	14858	141474	35297	12772		15
16 PHARMACY	491992	8851	102672	134310	737825	184086	20263		16
17 MEDICAL RECORDS & LIBRARY	345992	11420	10570	90286	458268	114337	26144		17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	2643717	95965	73430	738199	3551311	886043	219692	88031	25
31 SUBPROVIDER I	1750143	87770	11133	496241	2345287	585144	200933	40378	31
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	525910	58235	35708	122334	742187	185174	133319	21107	37
40 ANESTHESIOLOGY	29685		7654		37339	9316			40
41 RADIOLOGY-DIAGNOSTIC	453268	33998	165359	103719	756344	188706	77832	11733	41
44 LABORATORY	1898954	20946	22667	191371	2133938	532413	47953		44
48 INTRAVENOUS THERAPY	81342			10803	92145	22990			48
49 RESPIRATORY THERAPY	409628	8682	13246	108259	539815	134683	19877	10750	49
50 PHYSICAL THERAPY	679163	44143	12717	192948	928971	231776	101057	13634	50
53 ELECTROCARDIOLOGY	79949	3769	8504	15637	107859	26911	8629		53
55 MEDICAL SUPPLIES CHARGED TO PAT	694855				694855	173365			55
56 DRUGS CHARGED TO PATIENTS	2185418				2185418	545257			56
58 ASC (NON-DISTINCT PART)	486475	38873	101472	121037	747857	186589	88994	30021	58
59 NUCLEAR MEDICINE	236899	3647	379	33440	274365	68454	8350		59
59.01 CAT SCAN	333319	4257	136565	51665	525806	131188	9745		59.01
59.02 ULTRASOUND	173912	4716	50922	48147	277697	69285	10797		59.02
59.03 MAMMOGRAPHY	113453	2841	117740	14721	248755	62064	6504		59.03
59.04 CARDIAC REHAB	99118	3844	8400	20442	131804	32885	8801		59.04
59.05 FAITH CTR-CHEMOTHERAPY	124882	8748	3944	34305	171879	42883	20027		59.05
59.06 ROUTINE ANCILLARY	286859			76324	363183	90613			59.06
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	836118	17093	4664	152552	1010427	252100	39131	37559	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63 DAY PSYCHIATRIC	178981	22503	1434	51962	254880	63592	51516		63
63.50 RHC	1691793			182188	1873981	467555		10750	63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
71 HOME HEALTH AGENCY	628116			147432	775548	193498			71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	31405348	705788	1206694	4209041	31375068	6256271	1206673	263963	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	30863	6413	165	8949	46390	11574	14682		96
98 PHYSICIANS' PRIVATE OFFICES	89340			14753	104093	25971	218942		98
98.01 DIALYSIS							81438		98.01
98.03 ORTHO CLINIC	23266				23266	5805			98.03
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	31548817	712201	1206859	4232743	31548817	6299621	1521735	263963	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL
	10	11	12	14	15	16	17	25
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL								6
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING	697977							10
11 DIETARY		941223						11
12 CAFETERIA		481213	513995					12
14 NURSING ADMINISTRATION			6851	349804				14
15 CENTRAL SERVICES & SUPPLY			4351		193894			15
16 PHARMACY	13509		16474		62	972219		16
17 MEDICAL RECORDS & LIBRARY			24221				622970	17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	265682	281608	128588	142409	2551		53141	5619056 25
31 SUBPROVIDER I	97717	165507	101024	111884	353		57683	3705910 31
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	48633		18728	20741	16799		14644	1201332 37
40 ANESTHESIOLOGY					1766		11112	59533 40
41 RADIOLOGY-DIAGNOSTIC			21177		502		16673	1072967 41
44 LABORATORY	45031		38772		307		85936	2884350 44
48 INTRAVENOUS THERAPY			2434		9624		4164	131357 48
49 RESPIRATORY THERAPY	11708		19749		3754		38122	778458 49
50 PHYSICAL THERAPY	12158		27250		393		28342	1343581 50
53 ELECTROCARDIOLOGY			3106		2		6856	153363 53
55 MEDICAL SUPPLIES CHARGED TO PAT					149346		25972	1043538 55
56 DRUGS CHARGED TO PATIENTS						972219	88457	3791351 56
58 ASC (NON-DISTINCT PART)	60792		16392	18154	274		27465	1176538 58
59 NUCLEAR MEDICINE			8049		109		14947	374274 59
59.01 CAT SCAN			8099		4933		93545	773316 59.01
59.02 ULTRASOUND			6801		2		14057	378639 59.02
59.03 MAMMOGRAPHY			2303		64		4790	324480 59.03
59.04 CARDIAC REHAB					20		3133	176643 59.04
59.05 FAITH CTR-CHEMOTHERAPY			4706		93		2695	242283 59.05
59.06 ROUTINE ANCILLARY			13454	14900			5483	487633 59.06
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	80605		27046	29953	1049		19284	1497154 61
62 OBSERVATION BEDS (NON-DISTINCT								62
63 DAY PSYCHIATRIC			10621	11763	31		6469	398872 63
63.50 RHC	47282				1499			2401067 63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
71 HOME HEALTH AGENCY	14860				354			984260 71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	697977	928328	510196	349804	193887	972219	622970	30999955 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN			3799					76445 96
98 PHYSICIANS' PRIVATE OFFICES		12895			7			361908 98
98.01 DIALYSIS								81438 98.01
98.03 ORTHO CLINIC								29071 98.03
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	697977	941223	513995	349804	193894	972219	622970	31548817 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
GENERAL SERVICE COST CENTERS			
1 OLD CAP REL COSTS-BLDG & FIXT			1
2 OLD CAP REL COSTS-MVBLE EQUIP			2
3 NEW CAP REL COSTS-BLDG & FIXT			3
4 NEW CAP REL COSTS-MVBLE EQUIP			4
5 EMPLOYEE BENEFITS			5
6 ADMINISTRATIVE & GENERAL			6
8 OPERATION OF PLANT			8
9 LAUNDRY & LINEN SERVICE			9
10 HOUSEKEEPING			10
11 DIETARY			11
12 CAFETERIA			12
14 NURSING ADMINISTRATION			14
15 CENTRAL SERVICES & SUPPLY			15
16 PHARMACY			16
17 MEDICAL RECORDS & LIBRARY			17
18 SOCIAL SERVICE			18
20 NONPHYSICIAN ANESTHETISTS			20
INPATIENT ROUTINE SERV COST CENTERS			
25 ADULTS & PEDIATRICS	5619056		25
31 SUBPROVIDER I	3705910		31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	1201332		37
40 ANESTHESIOLOGY	59533		40
41 RADIOLOGY-DIAGNOSTIC	1072967		41
44 LABORATORY	2884350		44
48 INTRAVENOUS THERAPY	131357		48
49 RESPIRATORY THERAPY	778458		49
50 PHYSICAL THERAPY	1343581		50
53 ELECTROCARDIOLOGY	153363		53
55 MEDICAL SUPPLIES CHARGED TO PAT	1043538		55
56 DRUGS CHARGED TO PATIENTS	3791351		56
58 ASC (NON-DISTINCT PART)	1176538		58
59 NUCLEAR MEDICINE	374274		59
59.01 CAT SCAN	773316		59.01
59.02 ULTRASOUND	378639		59.02
59.03 MAMMOGRAPHY	324480		59.03
59.04 CARDIAC REHAB	176643		59.04
59.05 FAITH CTR-CHEMOTHERAPY	242283		59.05
59.06 ROUTINE ANCILLARY	487633		59.06
OUTPATIENT SERVICE COST CENTERS			
61 EMERGENCY	1497154		61
62 OBSERVATION BEDS (NON-DISTINCT			62
63 DAY PSYCHIATRIC	398872		63
63.50 RHC	2401067		63.50
63.60 FQHC			63.60
OTHER REIMBURSABLE COST CENTERS			
71 HOME HEALTH AGENCY	984260		71
SPECIAL PURPOSE COST CENTERS			
95 SUBTOTALS	30999955		95
NONREIMBURSABLE COST CENTERS			
96 GIFT, FLOWER, COFFEE SHOP & CAN	76445		96
98 PHYSICIANS' PRIVATE OFFICES	361908		98
98.01 DIALYSIS	81438		98.01
98.03 ORTHO CLINIC	29071		98.03
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 TOTAL	31548817		103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS		5504	4549	10053	10053				5
6 ADMINISTRATIVE & GENERAL	3892	105800	238700	348392	1497	349889			6
8 OPERATION OF PLANT	708	67396	13024	81128	272	16876	98276		8
9 LAUNDRY & LINEN SERVICE		12451	7211	19662	39	2611	1841	24153	9
10 HOUSEKEEPING	48	5007	308	5363	260	7613	740		10
11 DIETARY		14486	6369	20855	296	10070	2142		11
12 CAFETERIA		9264		9264		128	1370		12
14 NURSING ADMINISTRATION			154	154	145	3803			14
15 CENTRAL SERVICES & SUPPLY	48	5579	47199	52826	35	1960	825		15
16 PHARMACY	132	8851	102672	111655	319	10224	1309		16
17 MEDICAL RECORDS & LIBRARY	56	11420	10570	22046	215	6350	1688		17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	2141	95965	73430	171536	1749	49224	14189	8053	25
31 SUBPROVIDER I	713	87770	11133	99616	1179	32499	12977	3695	31
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	3551	58235	35708	97494	291	10284	8610	1931	37
40 ANESTHESIOLOGY	53		7654	7707		517			40
41 RADIOLOGY-DIAGNOSTIC	172	33998	165359	199529	246	10481	5027	1074	41
44 LABORATORY	7	20946	22667	43620	455	29570	3097		44
48 INTRAVENOUS THERAPY					26	1277			48
49 RESPIRATORY THERAPY	17619	8682	13246	39547	257	7480	1284	984	49
50 PHYSICAL THERAPY	6050	44143	12717	62910	459	12873	6526	1248	50
53 ELECTROCARDIOLOGY	21995	3769	8504	34268	37	1495	557		53
55 MEDICAL SUPPLIES CHARGED TO PAT						9629			55
56 DRUGS CHARGED TO PATIENTS						30283			56
58 ASC (NON-DISTINCT PART)		38873	101472	140345	288	10363	5747	2747	58
59 NUCLEAR MEDICINE		3647	379	4026	79	3802	539		59
59.01 CAT SCAN	24	4257	136565	140846	123	7286	629		59.01
59.02 ULTRASOUND	32	4716	50922	55670	114	3848	697		59.02
59.03 MAMMOGRAPHY		2841	117740	120581	35	3447	420		59.03
59.04 CARDIAC REHAB		3844	8400	12244	49	1826	568		59.04
59.05 FAITH CTR-CHEMOTHERAPY		8748	3944	12692	82	2382	1293		59.05
59.06 ROUTINE ANCILLARY					181	5033			59.06
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	1089	17093	4664	22846	363	14001	2527	3437	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63 DAY PSYCHIATRIC	414	22503	1434	24351	123	3532	3327		63
63.50 RHC	1439			1439	433	25968		984	63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
71 HOME HEALTH AGENCY	19503			19503	350	10747			71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	79686	705788	1206694	1992168	9997	347482	77929	24153	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		6413	165	6578	21	643	948		96
98 PHYSICIANS' PRIVATE OFFICES					35	1442	14140		98
98.01 DIALYSIS							5259		98.01
98.03 ORTHO CLINIC						322			98.03
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	79686	712201	1206859	1998746	10053	349889	98276	24153	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL
	10	11	12	14	15	16	17	25
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL								6
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING	13976							10
11 DIETARY		33363						11
12 CAFETERIA		17057	27819					12
14 NURSING ADMINISTRATION			371	4473				14
15 CENTRAL SERVICES & SUPPLY			236		55882			15
16 PHARMACY	271		892		18	124688		16
17 MEDICAL RECORDS & LIBRARY			1311				31610	17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	5319	9982	6957	1821	735		2695	272260 25
31 SUBPROVIDER I	1957	5867	5468	1431	102		2925	167716 31
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	974		1014	265	4842		743	126448 37
40 ANESTHESIOLOGY					509		563	9296 40
41 RADIOLOGY-DIAGNOSTIC			1146		145		846	218494 41
44 LABORATORY	902		2098		88		4358	84188 44
48 INTRAVENOUS THERAPY			132		2774		211	4420 48
49 RESPIRATORY THERAPY	234		1069		1082		1933	53870 49
50 PHYSICAL THERAPY	243		1475		113		1437	87284 50
53 ELECTROCARDIOLOGY			168				348	36873 53
55 MEDICAL SUPPLIES CHARGED TO PAT					43044		1317	53990 55
56 DRUGS CHARGED TO PATIENTS						124688	4486	159457 56
58 ASC (NON-DISTINCT PART)	1217		887	232	79		1393	163298 58
59 NUCLEAR MEDICINE			436		31		758	9671 59
59.01 CAT SCAN			438		1422		4761	155505 59.01
59.02 ULTRASOUND			368				713	61410 59.02
59.03 MAMMOGRAPHY			125		18		243	124869 59.03
59.04 CARDIAC REHAB					6		159	14852 59.04
59.05 FAITH CTR-CHEMOTHERAPY			255		27		137	16868 59.05
59.06 ROUTINE ANCILLARY			728	191			278	6411 59.06
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	1614		1464	383	302		978	47915 61
62 OBSERVATION BEDS (NON-DISTINCT								62
63 DAY PSYCHIATRIC			575	150	9		328	32395 63
63.50 RHC	947				432			30203 63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
71 HOME HEALTH AGENCY	298				102			31000 71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	13976	32906	27613	4473	55880	124688	31610	1968693 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN			206					8396 96
98 PHYSICIANS' PRIVATE OFFICES		457			2			16076 98
98.01 DIALYSIS								5259 98.01
98.03 ORTHO CLINIC								322 98.03
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	13976	33363	27819	4473	55882	124688	31610	1998746 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
GENERAL SERVICE COST CENTERS			
1 OLD CAP REL COSTS-BLDG & FIXT			1
2 OLD CAP REL COSTS-MVBLE EQUIP			2
3 NEW CAP REL COSTS-BLDG & FIXT			3
4 NEW CAP REL COSTS-MVBLE EQUIP			4
5 EMPLOYEE BENEFITS			5
6 ADMINISTRATIVE & GENERAL			6
8 OPERATION OF PLANT			8
9 LAUNDRY & LINEN SERVICE			9
10 HOUSEKEEPING			10
11 DIETARY			11
12 CAFETERIA			12
14 NURSING ADMINISTRATION			14
15 CENTRAL SERVICES & SUPPLY			15
16 PHARMACY			16
17 MEDICAL RECORDS & LIBRARY			17
18 SOCIAL SERVICE			18
20 NONPHYSICIAN ANESTHETISTS			20
INPATIENT ROUTINE SERV COST CENTERS			
25 ADULTS & PEDIATRICS	272260		25
31 SUBPROVIDER I	167716		31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	126448		37
40 ANESTHESIOLOGY	9296		40
41 RADIOLOGY-DIAGNOSTIC	218494		41
44 LABORATORY	84188		44
48 INTRAVENOUS THERAPY	4420		48
49 RESPIRATORY THERAPY	53870		49
50 PHYSICAL THERAPY	87284		50
53 ELECTROCARDIOLOGY	36873		53
55 MEDICAL SUPPLIES CHARGED TO PAT	53990		55
56 DRUGS CHARGED TO PATIENTS	159457		56
58 ASC (NON-DISTINCT PART)	163298		58
59 NUCLEAR MEDICINE	9671		59
59.01 CAT SCAN	155505		59.01
59.02 ULTRASOUND	61410		59.02
59.03 MAMMOGRAPHY	124869		59.03
59.04 CARDIAC REHAB	14852		59.04
59.05 FAITH CTR-CHEMOTHERAPY	16868		59.05
59.06 ROUTINE ANCILLARY	6411		59.06
OUTPATIENT SERVICE COST CENTERS			
61 EMERGENCY	47915		61
62 OBSERVATION BEDS (NON-DISTINCT)			62
63 DAY PSYCHIATRIC	32395		63
63.50 RHC	30203		63.50
63.60 FQHC			63.60
OTHER REIMBURSABLE COST CENTERS			
71 HOME HEALTH AGENCY	31000		71
SPECIAL PURPOSE COST CENTERS			
95 SUBTOTALS	1968693		95
NONREIMBURSABLE COST CENTERS			
96 GIFT, FLOWER, COFFEE SHOP & CAN	8396		96
98 PHYSICIANS' PRIVATE OFFICES	16076		98
98.01 DIALYSIS	5259		98.01
98.03 ORTHO CLINIC	322		98.03
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 TOTAL	1998746		103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES		ACCUM COST	SQUARE FEET	POUNDS OF LAUNDRY	
	3	4	5	6A	6	8	9	
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	75959							3
4 NEW CAP REL COSTS-MVBLE EQUIP		1060708						4
5 EMPLOYEE BENEFITS	587	3998	14328986					5
6 ADMINISTRATIVE & GENERAL	11284	209793	2133111	-6299621	25249196			6
8 OPERATION OF PLANT	7188	11447	387585		1217877	70894		8
9 LAUNDRY & LINEN SERVICE	1328	6338	55051		188442	1328	20135	9
10 HOUSEKEEPING	534	271	370471		549433	534		10
11 DIETARY	1545	5598	422306		726740	1545		11
12 CAFETERIA	988				9264	988		12
14 NURSING ADMINISTRATION		135	205854		274473			14
15 CENTRAL SERVICES & SUPPLY	595	41483	50299		141474	595		15
16 PHARMACY	944	90238	454675		737825	944		16
17 MEDICAL RECORDS & LIBRARY	1218	9290	305644		458268	1218		17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	10235	64538	2498995		3551311	10235	6715	25
31 SUBPROVIDER I	9361	9785	1679912		2345287	9361	3080	31
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	6211	31384	414134		742187	6211	1610	37
40 ANESTHESIOLOGY		6727			37339			40
41 RADIOLOGY-DIAGNOSTIC	3626	145334	351118		756344	3626	895	41
44 LABORATORY	2234	19922	647845		2133938	2234		44
48 INTRAVENOUS THERAPY			36572		92145			48
49 RESPIRATORY THERAPY	926	11642	366488		539815	926	820	49
50 PHYSICAL THERAPY	4708	11177	653183		928971	4708	1040	50
53 ELECTROCARDIOLOGY	402	7474	52935		107859	402		53
55 MEDICAL SUPPLIES CHARGED TO P					694855			55
56 DRUGS CHARGED TO PATIENTS					2185418			56
58 ASC (NON-DISTINCT PART)	4146	89184	409742		747857	4146	2290	58
59 NUCLEAR MEDICINE	389	333	113203		274365	389		59
59.01 CAT SCAN	454	120027	174899		525806	454		59.01
59.02 ULTRASOUND	503	44755	162991		277697	503		59.02
59.03 MAMMOGRAPHY	303	103482	49834		248755	303		59.03
59.04 CARDIAC REHAB	410	7383	69201		131804	410		59.04
59.05 FAITH CTR-CHEMOTHERAPY	933	3466	116133		171879	933		59.05
59.06 ROUTINE ANCILLARY			258379		363183			59.06
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	1823	4099	516429		1010427	1823	2865	61
62 OBSERVATION BEDS (NON-DISTINC								62
63 DAY PSYCHIATRIC	2400	1260	175905		254880	2400		63
63.50 RHC			616756		1873981		820	63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
71 HOME HEALTH AGENCY			499099		775548			71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	75275	1060563	14248749	-6299621	25075447	56216	20135	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	684	145	30294		46390	684		96
98 PHYSICIANS' PRIVATE OFFICES			49943		104093	10200		98
98.01 DIALYSIS						3794		98.01
98.03 ORTHO CLINIC					23266			98.03
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	712201	1206859	4232743		6299621	1521735	263963	103
104 UNIT COST MULT-WS B PT I		1.137786				21.464934		104
104 UNIT COST MULT-WS B PT I	9.376124		.295397		.249498		13.109660	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			10053		349889	98276	24153	107
108 UNIT COST MULT-WS B PT III						1.386239		108
108 UNIT COST MULT-WS B PT III			.000702		.013857		1.199553	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	
	HOURS OF SERVICE	MEALS SERVED	MEALS SERVED	14	15	16	17	
	10	11	12					
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL								6
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING	1550							10
11 DIETARY		122479						11
12 CAFETERIA		62619	479579					12
14 NURSING ADMINISTRATION			6392	294703				14
15 CENTRAL SERVICES & SUPPLY			4060		902096			15
16 PHARMACY	30		15371		290	2185418		16
17 MEDICAL RECORDS & LIBRARY			22599				61945532	17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	590	36645	119977	119977	11868		5283967	25
31 SUBPROVIDER I	217	21537	94260	94260	1644		5735652	31
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	108		17474	17474	78160		1456065	37
40 ANESTHESIOLOGY					8215		1104875	40
41 RADIOLOGY-DIAGNOSTIC			19759		2334		1657895	41
44 LABORATORY	100		36176		1428		8544895	44
48 INTRAVENOUS THERAPY			2271		44774		414069	48
49 RESPIRATORY THERAPY	26		18427		17465		3790636	49
50 PHYSICAL THERAPY	27		25425		1827		2818153	50
53 ELECTROCARDIOLOGY			2898		8		681691	53
55 MEDICAL SUPPLIES CHARGED TO P					694855		2582457	55
56 DRUGS CHARGED TO PATIENTS						2185418	8795551	56
58 ASC (NON-DISTINCT PART)	135		15294	15294	1274		2730972	58
59 NUCLEAR MEDICINE			7510		506		1486227	59
59.01 CAT SCAN			7557		22949		9303084	59.01
59.02 ULTRASOUND			6346		7		1397726	59.02
59.03 MAMMOGRAPHY			2149		296		476280	59.03
59.04 CARDIAC REHAB					92		311504	59.04
59.05 FAITH CTR-CHEMOTHERAPY			4391		433		267930	59.05
59.06 ROUTINE ANCILLARY			12553	12553			545207	59.06
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	179		25235	25235	4879		1917423	61
62 OBSERVATION BEDS (NON-DISTINC								62
63 DAY PSYCHIATRIC			9910	9910	142		643273	63
63.50 RHC	105				6972			63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
71 HOME HEALTH AGENCY	33				1646			71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	1550	120801	476034	294703	902064	2185418	61945532	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C			3545					96
98 PHYSICIANS' PRIVATE OFFICES		1678			32			98
98.01 DIALYSIS								98.01
98.03 ORTHO CLINIC								98.03
CROSS FOOT ADJUSTMENTS								
101 NEGATIVE COST CENTER								101
102 COST TO BE ALLOC PER B PT I	697977	941223	513995	349804	193894	972219	622970	102
104 UNIT COST MULT-WS B PT I	450.307742		1.071763		.214937		.010057	104
104 UNIT COST MULT-WS B PT I		7.684770		1.186971		.444866		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	13976	33363	27819	4473	55882	124688	31610	107
108 UNIT COST MULT-WS B PT III	9.016774		.058007		.061947		.000510	108
108 UNIT COST MULT-WS B PT III		.272398		.015178		.057055		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	5619056		5619056		5619056	25
31 SUBPROVIDER I	3705910		3705910	18531	3724441	31
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1201332		1201332		1201332	37
40 ANESTHESIOLOGY	59533		59533		59533	40
41 RADIOLOGY-DIAGNOSTIC	1072967		1072967		1072967	41
44 LABORATORY	2884350		2884350		2884350	44
48 INTRAVENOUS THERAPY	131357		131357		131357	48
49 RESPIRATORY THERAPY	778458		778458		778458	49
50 PHYSICAL THERAPY	1343581		1343581		1343581	50
53 ELECTROCARDIOLOGY	153363		153363		153363	53
55 MEDICAL SUPPLIES CHARGED TO	1043538		1043538		1043538	55
56 DRUGS CHARGED TO PATIENTS	3791351		3791351		3791351	56
58 ASC (NON-DISTINCT PART)	1176538		1176538		1176538	58
59 NUCLEAR MEDICINE	374274		374274		374274	59
59.01 CAT SCAN	773316		773316		773316	59.01
59.02 ULTRASOUND	378639		378639		378639	59.02
59.03 MAMMOGRAPHY	324480		324480		324480	59.03
59.04 CARDIAC REHAB	176643		176643		176643	59.04
59.05 FAITH CTR-CHEMOTHERAPY	242283		242283		242283	59.05
59.06 ROUTINE ANCILLARY	487633		487633		487633	59.06
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	1497154		1497154		1497154	61
62 OBSERVATION BEDS (NON-DISTI	410263		410263		410263	62
63 DAY PSYCHIATRIC	398872		398872		398872	63
63.50 RHC	2401067		2401067		2401067	63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	30425958		30425958	18531	30444489	101
102 LESS OBSERVATION BEDS	410263		410263		410263	102
103 TOTAL	30015695		30015695	18531	30034226	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	5086092		5086092			25
31 SUBPROVIDER I	5735652		5735652			31
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	323751	1132313	1456064	.825054	.825054	.825054 37
40 ANESTHESIOLOGY	331884	772991	1104875	.053882	.053882	.053882 40
41 RADIOLOGY-DIAGNOSTIC	375705	1282190	1657895	.647186	.647186	.647186 41
44 LABORATORY	2389474	6155421	8544895	.337552	.337552	.337552 44
48 INTRAVENOUS THERAPY	265835	148234	414069	.317235	.317235	.317235 48
49 RESPIRATORY THERAPY	2514587	1276049	3790636	.205363	.205363	.205363 49
50 PHYSICAL THERAPY	499333	2318821	2818154	.476759	.476759	.476759 50
53 ELECTROCARDIOLOGY	181541	500151	681692	.224974	.224974	.224974 53
55 MEDICAL SUPPLIES CHARGED TO	1180546	1401911	2582457	.404087	.404087	.404087 55
56 DRUGS CHARGED TO PATIENTS	3118273	5677278	8795551	.431053	.431053	.431053 56
58 ASC (NON-DISTINCT PART)	286526	2444446	2730972	.430813	.430813	.430813 58
59 NUCLEAR MEDICINE	33537	1452690	1486227	.251828	.251828	.251828 59
59.01 CAT SCAN	1407627	7895457	9303084	.083125	.083125	.083125 59.01
59.02 ULTRASOUND	405465	992261	1397726	.270896	.270896	.270896 59.02
59.03 MAMMOGRAPHY	412	475868	476280	.681280	.681280	.681280 59.03
59.04 CARDIAC REHAB	1904	309600	311504	.567065	.567065	.567065 59.04
59.05 FAITH CTR-CHEMOTHERAPY	752	267119	267871	.904476	.904476	.904476 59.05
59.06 ROUTINE ANCILLARY	429329	115878	545207	.894400	.894400	.894400 59.06
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	246655	1670768	1917423	.780816	.780816	.780816 61
62 OBSERVATION BEDS (NON-DISTI	21831	176044	197875	2.073344	2.073344	2.073344 62
63 DAY PSYCHIATRIC	11095	632178	643273	.620066	.620066	.620066 63
63.50 RHC		1960570	1960570	1.224678	1.224678	1.224678 63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	24847806	39058238	63906044			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	24847806	39058238	63906044			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 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS				272260	5474	266786	25
26 INTENSIVE CARE UNIT							26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I				167716		167716	31
33 NURSERY							33
101 TOTAL				439976		434502	101

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	7717	5226			34.57	180663	25
26 INTENSIVE CARE UNIT							26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I	6430	2020			26.08	52682	31
33 NURSERY							33
101 TOTAL	14147	7246				233345	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0210) [ ] SUB III [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----		
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		126448	1456064	181315			.086842	15746	37
40 ANESTHESIOLOGY		9296	1104875	144613			.008414	1217	40
41 RADIOLOGY-DIAGNOSTIC		218494	1657895	323837			.131790	42678	41
44 LABORATORY		84188	8544895	1905365			.009852	18772	44
48 INTRAVENOUS THERAPY		4420	414069	176011			.010675	1879	48
49 RESPIRATORY THERAPY		53870	3790636	1744171			.014211	24786	49
50 PHYSICAL THERAPY		87284	2818154	246875			.030972	7646	50
53 ELECTROCARDIOLOGY		36873	681692	141399			.054090	7648	53
55 MEDICAL SUPPLIES CHARGED TO P		53990	2582457	768278			.020906	16062	55
56 DRUGS CHARGED TO PATIENTS		159457	8795551	1624430			.018129	29449	56
58 ASC (NON-DISTINCT PART)		163298	2730972	208411			.059795	12462	58
59 NUCLEAR MEDICINE		9671	1486227	20841			.006507	136	59
59.01 CAT SCAN		155505	9303084	1123564			.016715	18780	59.01
59.02 ULTRASOUND		61410	1397726	293690			.043936	12904	59.02
59.03 MAMMOGRAPHY		124869	476280				.262176		59.03
59.04 CARDIAC REHAB		14852	311504	1902			.047678	91	59.04
59.05 FAITH CTR-CHEMOTHERAPY		16868	267871	752			.062971	47	59.05
59.06 ROUTINE ANCILLARY		6411	545207	359898			.011759	4232	59.06
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY		47915	1917423	154215			.024989	3854	61
62 OBSERVATION BEDS (NON-DISTINC		20286	197875	17949			.102519	1840	62
63 DAY PSYCHIATRIC		32395	643273				.050360		63
63.50 RHC			1960570						63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		1487800	51123730	9437516				220229	101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL COSTS	TOTAL	PER DIEM	INPATIENT	INPATIENT
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT		PATIENT DAYS		PROGRAM DAYS	PROGRAM PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					7717		5226	25
26 INTENSIVE CARE UNIT								26
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I					6430		2020	31
33 NURSERY								33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					14147		7246	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0210) [ ] 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
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
58 ASC (NON-DISTINCT PART)							58
59 NUCLEAR MEDICINE							59
59.01 CAT SCAN							59.01
59.02 ULTRASOUND							59.02
59.03 MAMMOGRAPHY							59.03
59.04 CARDIAC REHAB							59.04
59.05 FAITH CTR-CHEMOTHERAPY							59.05
59.06 ROUTINE ANCILLARY							59.06
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63 DAY PSYCHIATRIC							63
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 (14-0210) [ ] 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 CHARGES	
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		1456064			181315		209612 37
40 ANESTHESIOLOGY		1104875			144613		137315 40
41 RADIOLOGY-DIAGNOSTIC		1657895			323837		183342 41
44 LABORATORY		8544895			1905365		103594 44
48 INTRAVENOUS THERAPY		414069			176011		29403 48
49 RESPIRATORY THERAPY		3790636			1744171		242675 49
50 PHYSICAL THERAPY		2818154			246875		2487 50
53 ELECTROCARDIOLOGY		681692			141399		85832 53
55 MEDICAL SUPPLIES CHARGED TO P		2582457			768278		235647 55
56 DRUGS CHARGED TO PATIENTS		8795551			1624430		1745589 56
58 ASC (NON-DISTINCT PART)		2730972			208411		562560 58
59 NUCLEAR MEDICINE		1486227			20841		274231 59
59.01 CAT SCAN		9303084			1123564		1269446 59.01
59.02 ULTRASOUND		1397726			293690		194206 59.02
59.03 MAMMOGRAPHY		476280					59.03
59.04 CARDIAC REHAB		311504			1902		108039 59.04
59.05 FAITH CTR-CHEMOTHERAPY		267871			752		101729 59.05
59.06 ROUTINE ANCILLARY		545207			359898		53617 59.06
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		1917423			154215		214278 61
62 OBSERVATION BEDS (NON-DISTINC		197875			17949		40108 62
63 DAY PSYCHIATRIC		643273					33806 63
63.50 RHC		1960570					63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		51123730			9437516		5827516 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0210) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM	193457				37
40 ANESTHESIOLOGY	128451				40
41 RADIOLOGY-DIAGNOSTIC	176245				41
44 LABORATORY	57701				44
48 INTRAVENOUS THERAPY	24770				48
49 RESPIRATORY THERAPY	276262				49
50 PHYSICAL THERAPY	457				50
53 ELECTROCARDIOLOGY	100219				53
55 MEDICAL SUPPLIES CHARGED TO P	199345				55
56 DRUGS CHARGED TO PATIENTS	1479772				56
58 ASC (NON-DISTINCT PART)	490221				58
59 NUCLEAR MEDICINE	320719				59
59.01 CAT SCAN	1314096				59.01
59.02 ULTRASOUND	206261				59.02
59.03 MAMMOGRAPHY					59.03
59.04 CARDIAC REHAB	89103				59.04
59.05 FAITH CTR-CHEMOTHERAPY	63004				59.05
59.06 ROUTINE ANCILLARY	61435				59.06
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY	201360				61
62 OBSERVATION BEDS (NON-DISTINC	34373				62
63 DAY PSYCHIATRIC	53065				63
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL	5470316				101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0210) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			----- PROGRAM CHARGES -----		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
37 ANCILLARY SERVICE COST CENTERS						
40 OPERATING ROOM	.825054	.825054	.825054			37
41 ANESTHESIOLOGY	.053882	.053882	.053882			40
44 RADIOLOGY-DIAGNOSTIC	.647186	.647186	.647186			41
48 LABORATORY	.337552	.337552	.337552			44
49 INTRAVENOUS THERAPY	.317235	.317235	.317235			48
50 RESPIRATORY THERAPY	.205363	.205363	.205363			49
53 PHYSICAL THERAPY	.476759	.476759	.476759			50
55 ELECTROCARDIOLOGY	.224974	.224974	.224974			53
56 MEDICAL SUPPLIES CHARGED TO PAT	.404087	.404087	.404087			55
58 DRUGS CHARGED TO PATIENTS	.431053	.431053	.431053			56
59 ASC (NON-DISTINCT PART)	.430813	.430813	.430813			58
59.01 NUCLEAR MEDICINE	.251828	.251828	.251828			59
59.02 CAT SCAN	.083125	.083125	.083125			59.01
59.03 ULTRASOUND	.270896	.270896	.270896			59.02
59.04 MAMMOGRAPHY	.681280	.681280	.681280			59.03
59.05 CARDIAC REHAB	.567065	.567065	.567065			59.04
59.06 FAITH CTR-CHEMOTHERAPY	.904476	.904476	.904476			59.05
59.06 ROUTINE ANCILLARY	.894400	.894400	.894400			59.06
61 OUTPATIENT SERVICE COST CENTERS						
62 EMERGENCY	.780816	.780816	.780816			61
63 OBSERVATION BEDS (NON-DISTINCT)	2.073344	2.073344	2.073344			62
63.50 DAY PSYCHIATRIC	.620066	.620066	.620066			63
63.60 RHC	1.224678	1.224678	1.224678			63.50
63.60 FQHC						63.60
65.01 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	.431053	1
2 PROGRAM VACCINE CHARGES	288	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	124	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 (14-0210) [ ] 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 SURGICAL CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
	5	5.01	5.02	5.03	5.04			
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		209612		193457				37
40 ANESTHESIOLOGY		137315		128451				40
41 RADIOLOGY-DIAGNOSTIC		183342	178	176245				41
44 LABORATORY		103594		57701				44
48 INTRAVENOUS THERAPY		29403		24770				48
49 RESPIRATORY THERAPY		242675		276262				49
50 PHYSICAL THERAPY		2487		457				50
53 ELECTROCARDIOLOGY		85832		100219				53
55 MEDICAL SUPPLIES CHARGED TO PA		235647		199345				55
56 DRUGS CHARGED TO PATIENTS		1745589		1479772				56
58 ASC (NON-DISTINCT PART)		562560		490221				58
59 NUCLEAR MEDICINE		274231		320719				59
59.01 CAT SCAN		1269446		1314096				59.01
59.02 ULTRASOUND		194206		206261				59.02
59.03 MAMMOGRAPHY								59.03
59.04 CARDIAC REHAB		108039		89103				59.04
59.05 FAITH CTR-CHEMOTHERAPY		101729		63004				59.05
59.06 ROUTINE ANCILLARY		53617	826	61435				59.06
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		214278		201360				61
62 OBSERVATION BEDS (NON-DISTINCT)		40108		34373				62
63 DAY PSYCHIATRIC		33806	1621	53065				63
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		5827516	2625	5470316				101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		5827516	2625	5470316				104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0210) [ ] 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		172941		159612			37
40 ANESTHESIOLOGY		7399		6921			40
41 RADIOLOGY-DIAGNOSTIC		118656	115	114063			41
44 LABORATORY		34968		19477			44
48 INTRAVENOUS THERAPY		9328		7858			48
49 RESPIRATORY THERAPY		49836		56734			49
50 PHYSICAL THERAPY		1186		218			50
53 ELECTROCARDIOLOGY		19310		22547			53
55 MEDICAL SUPPLIES CHARGED TO PAT		95222		80553			55
56 DRUGS CHARGED TO PATIENTS		752441		637860			56
58 ASC (NON-DISTINCT PART)		242358		211194			58
59 NUCLEAR MEDICINE		69059		80766			59
59.01 CAT SCAN		105523		109234			59.01
59.02 ULTRASOUND		52610		55875			59.02
59.03 MAMMOGRAPHY							59.03
59.04 CARDIAC REHAB		61265		50527			59.04
59.05 FAITH CTR-CHEMOTHERAPY		92011		56986			59.05
59.06 ROUTINE ANCILLARY		47955	739	54947			59.06
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		167312		157225			61
62 OBSERVATION BEDS (NON-DISTINCT)		83158		71267			62
63 DAY PSYCHIATRIC		20962	1005	32904			63
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		2203500	1859	1986768			101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		2203500	1859	1986768			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-S210) [ ] SUB IV [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		126448	1456064	349			.086842	30 37
40 ANESTHESIOLOGY		9296	1104875	20302			.008414	171 40
41 RADIOLOGY-DIAGNOSTIC		218494	1657895	8462			.131790	1115 41
44 LABORATORY		84188	8544895	99486			.009852	980 44
48 INTRAVENOUS THERAPY		4420	414069	1350			.010675	14 48
49 RESPIRATORY THERAPY		53870	3790636	51393			.014211	730 49
50 PHYSICAL THERAPY		87284	2818154	5176			.030972	160 50
53 ELECTROCARDIOLOGY		36873	681692	6465			.054090	350 53
55 MEDICAL SUPPLIES CHARGED TO P		53990	2582457	19353			.020906	405 55
56 DRUGS CHARGED TO PATIENTS		159457	8795551	314705			.018129	5705 56
58 ASC (NON-DISTINCT PART)		163298	2730972	1881			.059795	112 58
59 NUCLEAR MEDICINE		9671	1486227				.006507	59
59.01 CAT SCAN		155505	9303084	61282			.016715	1024 59.01
59.02 ULTRASOUND		61410	1397726	1258			.043936	55 59.02
59.03 MAMMOGRAPHY		124869	476280				.262176	59.03
59.04 CARDIAC REHAB		14852	311504				.047678	59.04
59.05 FAITH CTR-CHEMOTHERAPY		16868	267871				.062971	59.05
59.06 ROUTINE ANCILLARY		6411	545207				.011759	59.06
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		47915	1917423	14098			.024989	352 61
62 OBSERVATION BEDS (NON-DISTINC		20286	197875				.102519	62
63 DAY PSYCHIATRIC		32395	643273	1880			.050360	95 63
63.50 RHC			1960570					63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		1487800	51123730	607440				11298 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-S210) [ ] 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
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
58 ASC (NON-DISTINCT PART)							58
59 NUCLEAR MEDICINE							59
59.01 CAT SCAN							59.01
59.02 ULTRASOUND							59.02
59.03 MAMMOGRAPHY							59.03
59.04 CARDIAC REHAB							59.04
59.05 FAITH CTR-CHEMOTHERAPY							59.05
59.06 ROUTINE ANCILLARY							59.06
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63 DAY PSYCHIATRIC							63
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-S210) [ ] 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	CHARGES	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		1456064			349		37
40 ANESTHESIOLOGY		1104875			20302		40
41 RADIOLOGY-DIAGNOSTIC		1657895			8462		27 41
44 LABORATORY		8544895			99486		44
48 INTRAVENOUS THERAPY		414069			1350		48
49 RESPIRATORY THERAPY		3790636			51393		49
50 PHYSICAL THERAPY		2818154			5176		50
53 ELECTROCARDIOLOGY		681692			6465		110 53
55 MEDICAL SUPPLIES CHARGED TO P		2582457			19353		55
56 DRUGS CHARGED TO PATIENTS		8795551			314705		56
58 ASC (NON-DISTINCT PART)		2730972			1881		58
59 NUCLEAR MEDICINE		1486227					59
59.01 CAT SCAN		9303084			61282		59.01
59.02 ULTRASOUND		1397726			1258		59.02
59.03 MAMMOGRAPHY		476280					59.03
59.04 CARDIAC REHAB		311504					59.04
59.05 FAITH CTR-CHEMOTHERAPY		267871					59.05
59.06 ROUTINE ANCILLARY		545207					59.06
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		1917423			14098		61
62 OBSERVATION BEDS (NON-DISTINC		197875					62
63 DAY PSYCHIATRIC		643273			1880		63
63.50 RHC		1960570					63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		51123730			607440		137 101

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-S210) [ ] 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
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
44 LABORATORY						44
48 INTRAVENOUS THERAPY						48
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
53 ELECTROCARDIOLOGY						53
55 MEDICAL SUPPLIES CHARGED TO P						55
56 DRUGS CHARGED TO PATIENTS						56
58 ASC (NON-DISTINCT PART)						58
59 NUCLEAR MEDICINE						59
59.01 CAT SCAN						59.01
59.02 ULTRASOUND						59.02
59.03 MAMMOGRAPHY						59.03
59.04 CARDIAC REHAB						59.04
59.05 FAITH CTR-CHEMOTHERAPY						59.05
59.06 ROUTINE ANCILLARY						59.06
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINC						62
63 DAY PSYCHIATRIC						63
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 [ ] HOSPITAL [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-S210) [ ] 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	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER	
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT	
	1	1.01	1.02	SURGICAL		DIAGNOSTIC	
				CENTER			
				2	3	4	
37 ANCILLARY SERVICE COST CENTERS							
40 OPERATING ROOM	.825054	.825054	.825054				37
41 ANESTHESIOLOGY	.053882	.053882	.053882				40
44 RADIOLOGY-DIAGNOSTIC	.647186	.647186	.647186				41
44 LABORATORY	.337552	.337552	.337552				44
48 INTRAVENOUS THERAPY	.317235	.317235	.317235				48
49 RESPIRATORY THERAPY	.205363	.205363	.205363				49
50 PHYSICAL THERAPY	.476759	.476759	.476759				50
53 ELECTROCARDIOLOGY	.224974	.224974	.224974				53
55 MEDICAL SUPPLIES CHARGED TO PAT	.404087	.404087	.404087				55
56 DRUGS CHARGED TO PATIENTS	.431053	.431053	.431053				56
58 ASC (NON-DISTINCT PART)	.430813	.430813	.430813				58
59 NUCLEAR MEDICINE	.251828	.251828	.251828				59
59.01 CAT SCAN	.083125	.083125	.083125				59.01
59.02 ULTRASOUND	.270896	.270896	.270896				59.02
59.03 MAMMOGRAPHY	.681280	.681280	.681280				59.03
59.04 CARDIAC REHAB	.567065	.567065	.567065				59.04
59.05 FAITH CTR-CHEMOTHERAPY	.904476	.904476	.904476				59.05
59.06 ROUTINE ANCILLARY	.894400	.894400	.894400				59.06
61 OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY	.780816	.780816	.780816				61
62 OBSERVATION BEDS (NON-DISTINCT)	2.073344	2.073344	2.073344				62
63 DAY PSYCHIATRIC	.620066	.620066	.620066				63
63.50 RHC	1.224678	1.224678	1.224678				63.50
63.60 FQHC							63.60
65.01 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	.431053	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 [ ] HOSPITAL [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-S210) [ ] 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 (SEE INSTRU.)	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
37 ANCILLARY SERVICE COST CENTERS								
40 OPERATING ROOM								37
41 ANESTHESIOLOGY								40
44 RADIOLOGY-DIAGNOSTIC			27					41
48 LABORATORY								44
49 INTRAVENOUS THERAPY								48
50 RESPIRATORY THERAPY								49
53 PHYSICAL THERAPY								50
55 ELECTROCARDIOLOGY			110					53
56 MEDICAL SUPPLIES CHARGED TO PA								55
58 DRUGS CHARGED TO PATIENTS								56
59 ASC (NON-DISTINCT PART)								58
59.01 NUCLEAR MEDICINE								59
59.02 CAT SCAN								59.01
59.03 ULTRASOUND								59.02
59.04 MAMMOGRAPHY								59.03
59.05 CARDIAC REHAB								59.04
59.06 FAITH CTR-CHEMOTHERAPY								59.05
59.07 ROUTINE ANCILLARY								59.06
61 OUTPATIENT SERVICE COST CENTERS								
62 EMERGENCY								61
63 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 DAY PSYCHIATRIC								63
63.60 RHC								63.50
65.01 FQHC								63.60
65.02 OTHER REIMBURSABLE COST CENTERS								
65.03 AMBULANCE SERVICES (2ND PERIOD)								65.01
101 AMBULANCE SERVICES (3RD PERIOD)								65.02
102 AMBULANCE SERVICES (4TH PERIOD)								65.03
103 SUBTOTAL			137					101
104 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES			137					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-S210) [ ] 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)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS (COLUMNS 1.01x5.03	PPS SERVICES (COLUMNS (COLUMNS 1.01x5.04	I/P PART B CHARGES (SEE INSTRU.)	I/P PART B COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10	11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC			17				41
44 LABORATORY							44
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY			25				53
55 MEDICAL SUPPLIES CHARGED TO PAT							55
56 DRUGS CHARGED TO PATIENTS							56
58 ASC (NON-DISTINCT PART)							58
59 NUCLEAR MEDICINE							59
59.01 CAT SCAN							59.01
59.02 ULTRASOUND							59.02
59.03 MAMMOGRAPHY							59.03
59.04 CARDIAC REHAB							59.04
59.05 FAITH CTR-CHEMOTHERAPY							59.05
59.06 ROUTINE ANCILLARY							59.06
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINCT							62
63 DAY PSYCHIATRIC							63
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			42				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES			42				104

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				272260	5474	266786
26 INTENSIVE CARE UNIT						
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				167716		167716
33 NURSERY						
101 TOTAL				439976		434502

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	7717	642			34.57	22194
26 INTENSIVE CARE UNIT						
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	6430	2462			26.08	64209
33 NURSERY						
101 TOTAL	14147	3104				86403

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0210) [ ] SUB III [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----		
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		126448	1456064	63394			.086842	5505	37
40 ANESTHESIOLOGY		9296	1104875	43579			.008414	367	40
41 RADIOLOGY-DIAGNOSTIC		218494	1657895	30061			.131790	3962	41
44 LABORATORY		84188	8544895	216735			.009852	2135	44
48 INTRAVENOUS THERAPY		4420	414069	23320			.010675	249	48
49 RESPIRATORY THERAPY		53870	3790636	150736			.014211	2142	49
50 PHYSICAL THERAPY		87284	2818154	13170			.030972	408	50
53 ELECTROCARDIOLOGY		36873	681692	13874			.054090	750	53
55 MEDICAL SUPPLIES CHARGED TO P		53990	2582457	106992			.020906	2237	55
56 DRUGS CHARGED TO PATIENTS		159457	8795551	168541			.018129	3055	56
58 ASC (NON-DISTINCT PART)		163298	2730972	21240			.059795	1270	58
59 NUCLEAR MEDICINE		9671	1486227	4104			.006507	27	59
59.01 CAT SCAN		155505	9303084	177229			.016715	2962	59.01
59.02 ULTRASOUND		61410	1397726	26278			.043936	1155	59.02
59.03 MAMMOGRAPHY		124869	476280				.262176		59.03
59.04 CARDIAC REHAB		14852	311504				.047678		59.04
59.05 FAITH CTR-CHEMOTHERAPY		16868	267871				.062971		59.05
59.06 ROUTINE ANCILLARY		6411	545207	25937			.011759	305	59.06
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY		47915	1917423	22446			.024989	561	61
62 OBSERVATION BEDS (NON-DISTINC		20286	197875	3882			.102519	398	62
63 DAY PSYCHIATRIC		32395	643273				.050360		63
63.50 RHC			1960570						63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		1487800	51123730	1111518				27488	101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL COSTS	TOTAL	PER DIEM	INPATIENT	INPATIENT
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT		PATIENT DAYS		PROGRAM DAYS	PROGRAM PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					7717		642	25
26 INTENSIVE CARE UNIT								26
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I					6430		2462	31
33 NURSERY								33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					14147		3104	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0210) [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
58 ASC (NON-DISTINCT PART)							58
59 NUCLEAR MEDICINE							59
59.01 CAT SCAN							59.01
59.02 ULTRASOUND							59.02
59.03 MAMMOGRAPHY							59.03
59.04 CARDIAC REHAB							59.04
59.05 FAITH CTR-CHEMOTHERAPY							59.05
59.06 ROUTINE ANCILLARY							59.06
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63 DAY PSYCHIATRIC							63
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 (14-0210) [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	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		1456064			63394		37
40 ANESTHESIOLOGY		1104875			43579		40
41 RADIOLOGY-DIAGNOSTIC		1657895			30061		41
44 LABORATORY		8544895			216735		44
48 INTRAVENOUS THERAPY		414069			23320		48
49 RESPIRATORY THERAPY		3790636			150736		49
50 PHYSICAL THERAPY		2818154			13170		50
53 ELECTROCARDIOLOGY		681692			13874		53
55 MEDICAL SUPPLIES CHARGED TO P		2582457			106992		55
56 DRUGS CHARGED TO PATIENTS		8795551			168541		56
58 ASC (NON-DISTINCT PART)		2730972			21240		58
59 NUCLEAR MEDICINE		1486227			4104		59
59.01 CAT SCAN		9303084			177229		59.01
59.02 ULTRASOUND		1397726			26278		59.02
59.03 MAMMOGRAPHY		476280					59.03
59.04 CARDIAC REHAB		311504					59.04
59.05 FAITH CTR-CHEMOTHERAPY		267871					59.05
59.06 ROUTINE ANCILLARY		545207			25937		59.06
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		1917423			22446		61
62 OBSERVATION BEDS (NON-DISTINC		197875			3882		62
63 DAY PSYCHIATRIC		643273					63
63.50 RHC		1960570					63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		51123730			1111518		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0210) [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
58 ASC (NON-DISTINCT PART)					58
59 NUCLEAR MEDICINE					59
59.01 CAT SCAN					59.01
59.02 ULTRASOUND					59.02
59.03 MAMMOGRAPHY					59.03
59.04 CARDIAC REHAB					59.04
59.05 FAITH CTR-CHEMOTHERAPY					59.05
59.06 ROUTINE ANCILLARY					59.06
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63 DAY PSYCHIATRIC					63
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL	8.01	8.02	9	9.01	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB III [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] SUB I (14-S210) [ ] SUB IV [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----		
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		126448	1456064				.086842	37	
40 ANESTHESIOLOGY		9296	1104875	2752			.008414	23 40	
41 RADIOLOGY-DIAGNOSTIC		218494	1657895	8113			.131790	1069 41	
44 LABORATORY		84188	8544895	125947			.009852	1241 44	
48 INTRAVENOUS THERAPY		4420	414069	2069			.010675	22 48	
49 RESPIRATORY THERAPY		53870	3790636	64071			.014211	911 49	
50 PHYSICAL THERAPY		87284	2818154	1292			.030972	40 50	
53 ELECTROCARDIOLOGY		36873	681692	16457			.054090	890 53	
55 MEDICAL SUPPLIES CHARGED TO P		53990	2582457	22862			.020906	478 55	
56 DRUGS CHARGED TO PATIENTS		159457	8795551	311791			.018129	5652 56	
58 ASC (NON-DISTINCT PART)		163298	2730972				.059795	58	
59 NUCLEAR MEDICINE		9671	1486227				.006507	59	
59.01 CAT SCAN		155505	9303084	40688			.016715	680 59.01	
59.02 ULTRASOUND		61410	1397726	3101			.043936	136 59.02	
59.03 MAMMOGRAPHY		124869	476280	206			.262176	54 59.03	
59.04 CARDIAC REHAB		14852	311504				.047678	59.04	
59.05 FAITH CTR-CHEMOTHERAPY		16868	267871				.062971	59.05	
59.06 ROUTINE ANCILLARY		6411	545207	7818			.011759	92 59.06	
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY		47915	1917423	22796			.024989	570 61	
62 OBSERVATION BEDS (NON-DISTINC		20286	197875				.102519	62	
63 DAY PSYCHIATRIC		32395	643273	223			.050360	11 63	
63.50 RHC			1960570					63.50	
63.60 FQHC								63.60	
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		1487800	51123730	630186				11869 101	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] SUB I (14-S210) [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
58 ASC (NON-DISTINCT PART)							58
59 NUCLEAR MEDICINE							59
59.01 CAT SCAN							59.01
59.02 ULTRASOUND							59.02
59.03 MAMMOGRAPHY							59.03
59.04 CARDIAC REHAB							59.04
59.05 FAITH CTR-CHEMOTHERAPY							59.05
59.06 ROUTINE ANCILLARY							59.06
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63 DAY PSYCHIATRIC							63
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 [ ] TITLE XVIII-PT A [XX] SUB I (14-S210) [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] 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 CHARGES	PROGRAM CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		1456064					37
40 ANESTHESIOLOGY		1104875			2752		40
41 RADIOLOGY-DIAGNOSTIC		1657895			8113		41
44 LABORATORY		8544895			125947		44
48 INTRAVENOUS THERAPY		414069			2069		48
49 RESPIRATORY THERAPY		3790636			64071		49
50 PHYSICAL THERAPY		2818154			1292		50
53 ELECTROCARDIOLOGY		681692			16457		53
55 MEDICAL SUPPLIES CHARGED TO P		2582457			22862		55
56 DRUGS CHARGED TO PATIENTS		8795551			311791		56
58 ASC (NON-DISTINCT PART)		2730972					58
59 NUCLEAR MEDICINE		1486227					59
59.01 CAT SCAN		9303084			40688		59.01
59.02 ULTRASOUND		1397726			3101		59.02
59.03 MAMMOGRAPHY		476280			206		59.03
59.04 CARDIAC REHAB		311504					59.04
59.05 FAITH CTR-CHEMOTHERAPY		267871					59.05
59.06 ROUTINE ANCILLARY		545207			7818		59.06
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		1917423			22796		61
62 OBSERVATION BEDS (NON-DISTINC		197875					62
63 DAY PSYCHIATRIC		643273			223		63
63.50 RHC		1960570					63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		51123730			630186		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] SUB I (14-S210) [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
44 LABORATORY						44
48 INTRAVENOUS THERAPY						48
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
53 ELECTROCARDIOLOGY						53
55 MEDICAL SUPPLIES CHARGED TO P						55
56 DRUGS CHARGED TO PATIENTS						56
58 ASC (NON-DISTINCT PART)						58
59 NUCLEAR MEDICINE						59
59.01 CAT SCAN						59.01
59.02 ULTRASOUND						59.02
59.03 MAMMOGRAPHY						59.03
59.04 CARDIAC REHAB						59.04
59.05 FAITH CTR-CHEMOTHERAPY						59.05
59.06 ROUTINE ANCILLARY						59.06
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINC						62
63 DAY PSYCHIATRIC						63
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

INPATIENT DAYS	HOSPITAL	SUB I	SUB II	SUB III	SUB IV	SNF	
	(PPS) (14-0210)	(PPS) (14-S210)					
	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	8373	6430					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	7717	6430					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1033						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6684	6430					4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	300						5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	299						6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	28						7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	29						8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	5226	2020					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	300						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	299						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) (14-0210)	SUB I (PPS) (14-S210)	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	174.94						17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	180.51						18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	112.67						19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	116.26						20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	5619056	3724441					21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	52482						22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	53972						23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	3155						24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	3372						25
26 TOTAL SWING-BED COST	112981						26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	5506075	3724441					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	5406725	5735652					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	605869						29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4800856	5735652					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.018375	.649349					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	586.51						32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	718.26	892.01					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	5506075	3724441					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) (14-0210)	SUB I (PPS) (14-S210)	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	713.50	579.23				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3728751	1170045				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3728751	1170045				41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						43
44 INTENSIVE CARE UNIT						44
45 CORONARY CARE UNIT						45
46 BURN INTENSIVE CARE UNIT						46
47 SURGICAL INTENSIVE CARE UNIT						47
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-0210)	SUB I (PPS) (14-S210)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	3333601	217238				48
49 TOTAL PROGRAM INPATIENT COSTS	7062352	1387283				49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	180663	52682				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	220229	11298				51
52 TOTAL PROGRAM EXCLUDABLE COST	400892	63980				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	6661460	1323303				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) (14-0210)	SUB I (PPS) (14-S210)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
55						55
56						56
57						57
58						58
58.01						58.01
58.02						58.02
58.03						58.03
58.04						58.04
59						59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60	52482					60
61	53972					61
62	106454					62
63						63
64						64
65						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

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

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PARTS III & IV

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

HOSPITAL	SUB I	SUB II	SUB III	SUB IV
(PPS)	(PPS)			
(14-0210)	(14-S210)			
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	575	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	713.50	84
85 OBSERVATION BED COST	410263	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST	ROUTINE COST (FROM LINE 27)	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST (FROM LINE 85)	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4	
	1	2	3	4	5	
86 OLD CAPITAL-RELATED COST		5506075		410263		86
87 NEW CAPITAL-RELATED COST	272260	5506075	.049447	410263	20286	87
88 NON PHYSICIAN ANESTHETIST		5506075		410263		88
89 MEDICAL EDUCATION		5506075		410263		89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS	HOSPITAL	SUB I	SUB II	SUB III	SUB IV	NF	
	(OTHER) (14-0210)	(OTHER) (14-S210)					
	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	8373	6430					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	7717	6430					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1033						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6684	6430					4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	300						5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	299						6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	28						7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	29						8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	642	2462					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 [ ] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0210)	SUB I (OTHER) (14-S210)	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT							
	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	174.94						17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	180.51						18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	112.67						19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	116.26						20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	5619056	3705910					21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	52482						22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	53972						23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	3155						24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	3372						25
26 TOTAL SWING-BED COST	112981						26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	5506075	3705910					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	5406725	5735652					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	605869						29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4800856	5735652					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.018375	.646118					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	586.51						32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	718.26	892.01					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	5506075	3705910					37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0210)	SUB I (OTHER) (14-S210)	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	713.50	576.35				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	458067	1418974				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	458067	1418974				41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						43
44 INTENSIVE CARE UNIT						44
45 CORONARY CARE UNIT						45
46 BURN INTENSIVE CARE UNIT						46
47 SURGICAL INTENSIVE CARE UNIT						47
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (OTHER) (14-0210)	SUB I (OTHER) (14-S210)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	391711	238972				48
49 TOTAL PROGRAM INPATIENT COSTS	849778	1657946				49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	22194	64209				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	27488	11869				51
52 TOTAL PROGRAM EXCLUDABLE COST	49682	76078				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS						53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0210)	SUB I (OTHER) (14-S210)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54						54
55		341				55
56						56
57						57
58						58
58.01						58.01
58.02						58.02
58.03						58.03
58.04						58.04
59						59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

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

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

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

PROVIDER NO. 14-0210 HARRISBURG MEDICAL CENTER, INC  
PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08  
11/29/2009 15:29

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

HOSPITAL (OTHER) (14-0210)	SUB I (OTHER) (14-S210)	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	575	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	713.50	84
85 OBSERVATION BED COST	410263	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V [XX] HOSPITAL (14-0210) [ ] SNF [XX] PPS  
 [XX] TITLE XVIII-PT A [ ] SUB I [ ] NF [ ] TEFRA  
 [ ] TITLE XIX [ ] SUB II [ ] S/B-SNF [ ] OTHER  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		3411010		25
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.825054	181315	149595	37
40 ANESTHESIOLOGY	.053882	144613	7792	40
41 RADIOLOGY-DIAGNOSTIC	.647186	323837	209583	41
44 LABORATORY	.337552	1905365	643160	44
48 INTRAVENOUS THERAPY	.317235	176011	55837	48
49 RESPIRATORY THERAPY	.205363	1744171	358188	49
50 PHYSICAL THERAPY	.476759	246875	117700	50
53 ELECTROCARDIOLOGY	.224974	141399	31811	53
55 MEDICAL SUPPLIES CHARGED TO PAT	.404087	768278	310451	55
56 DRUGS CHARGED TO PATIENTS	.431053	1624430	700215	56
58 ASC (NON-DISTINCT PART)	.430813	208411	89786	58
59 NUCLEAR MEDICINE	.251828	20841	5248	59
59.01 CAT SCAN	.083125	1123564	93396	59.01
59.02 ULTRASOUND	.270896	293690	79559	59.02
59.03 MAMMOGRAPHY	.681280			59.03
59.04 CARDIAC REHAB	.567065	1902	1079	59.04
59.05 FAITH CTR-CHEMOTHERAPY	.904476	752	680	59.05
59.06 ROUTINE ANCILLARY	.894400	359898	321893	59.06
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.780816	154215	120414	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	2.073344	17949	37214	62
63 DAY PSYCHIATRIC	.620066			63
63.50 RHC	1.224678			63.50
63.60 FQHC				63.60
101 TOTAL		9437516	3333601	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		9437516		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 type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input checked="" type="checkbox"/> S/B-SNF (14-U210)	<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
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.825054			37
40 ANESTHESIOLOGY	.053882			40
41 RADIOLOGY-DIAGNOSTIC	.647186	5232	3386	41
44 LABORATORY	.337552	41941	14157	44
48 INTRAVENOUS THERAPY	.317235	6944	2203	48
49 RESPIRATORY THERAPY	.205363	73062	15004	49
50 PHYSICAL THERAPY	.476759	174368	83132	50
53 ELECTROCARDIOLOGY	.224974	3346	753	53
55 MEDICAL SUPPLIES CHARGED TO PAT	.404087	79913	32292	55
56 DRUGS CHARGED TO PATIENTS	.431053	110452	47611	56
58 ASC (NON-DISTINCT PART)	.430813			58
59 NUCLEAR MEDICINE	.251828			59
59.01 CAT SCAN	.083125	4864	404	59.01
59.02 ULTRASOUND	.270896	3722	1008	59.02
59.03 MAMMOGRAPHY	.681280			59.03
59.04 CARDIAC REHAB	.567065			59.04
59.05 FAITH CTR-CHEMOTHERAPY	.904476			59.05
59.06 ROUTINE ANCILLARY	.894400			59.06
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.780816			61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	2.073344			62
63 DAY PSYCHIATRIC	.620066			63
63.50 RHC	1.224678			63.50
63.60 FQHC				63.60
101 TOTAL		503844	199950	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		503844		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V [XX] HOSPITAL (14-0210) [ ] SNF [ ] PPS  
 [ ] TITLE XVIII-PT A [ ] SUB I [ ] NF [ ] TEFRA  
 [XX] TITLE XIX [ ] SUB II [ ] S/B-SNF [XX] OTHER  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		489554		25
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.825054	63394	52303	37
40 ANESTHESIOLOGY	.053882	43579	2348	40
41 RADIOLOGY-DIAGNOSTIC	.647186	30061	19455	41
44 LABORATORY	.337552	216735	73159	44
48 INTRAVENOUS THERAPY	.317235	23320	7398	48
49 RESPIRATORY THERAPY	.205363	150736	30956	49
50 PHYSICAL THERAPY	.476759	13170	6279	50
53 ELECTROCARDIOLOGY	.224974	13874	3121	53
55 MEDICAL SUPPLIES CHARGED TO PAT	.404087	106992	43234	55
56 DRUGS CHARGED TO PATIENTS	.431053	168541	72650	56
58 ASC (NON-DISTINCT PART)	.430813	21240	9150	58
59 NUCLEAR MEDICINE	.251828	4104	1034	59
59.01 CAT SCAN	.083125	177229	14732	59.01
59.02 ULTRASOUND	.270896	26278	7119	59.02
59.03 MAMMOGRAPHY	.681280			59.03
59.04 CARDIAC REHAB	.567065			59.04
59.05 FAITH CTR-CHEMOTHERAPY	.904476			59.05
59.06 ROUTINE ANCILLARY	.894400	25937	23198	59.06
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.780816	22446	17526	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	2.073344	3882	8049	62
63 DAY PSYCHIATRIC	.620066			63
63.50 RHC	1.224678			63.50
63.60 FQHC				63.60
101 TOTAL		1111518	391711	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		1111518		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-S210)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
31 SUBPROVIDER I		1910434		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.825054			37
40 ANESTHESIOLOGY	.053882	2752	148	40
41 RADIOLOGY-DIAGNOSTIC	.647186	8113	5251	41
44 LABORATORY	.337552	125947	42514	44
48 INTRAVENOUS THERAPY	.317235	2069	656	48
49 RESPIRATORY THERAPY	.205363	64071	13158	49
50 PHYSICAL THERAPY	.476759	1292	616	50
53 ELECTROCARDIOLOGY	.224974	16457	3702	53
55 MEDICAL SUPPLIES CHARGED TO PAT	.404087	22862	9238	55
56 DRUGS CHARGED TO PATIENTS	.431053	311791	134398	56
58 ASC (NON-DISTINCT PART)	.430813			58
59 NUCLEAR MEDICINE	.251828			59
59.01 CAT SCAN	.083125	40688	3382	59.01
59.02 ULTRASOUND	.270896	3101	840	59.02
59.03 MAMMOGRAPHY	.681280	206	140	59.03
59.04 CARDIAC REHAB	.567065			59.04
59.05 FAITH CTR-CHEMOTHERAPY	.904476			59.05
59.06 ROUTINE ANCILLARY	.894400	7818	6992	59.06
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.780816	22796	17799	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	2.073344			62
63 DAY PSYCHIATRIC	.620066	223	138	63
63.50 RHC	1.224678			63.50
63.60 FQHC				63.60
101 TOTAL		630186	238972	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		630186		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0210)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	1431415					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	1348443					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	2938678					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	14659					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	44.70					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [ FOR CR PERIODS ENDING ] [ ON OR AFTER 7/1/2005 ] [E-3,PT.VI, LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00		0.00			3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS						3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00					3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0210)	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4						4
4.01						4.01
4.02						4.02
4.03						4.03
4.04						4.04
5						5
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6	5733195					6
7	6059605					7
7.01						7.01
8	6059605					8
9	469072					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16	6528677					16
17	1723					17
18	6526954					18
19	831691					19
20	26940					20
21	298082					21
21.01	208657					21.01
21.02	274793					21.02
22	5876980					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0210)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	5876980					26
27						27
28	5732500					28
28.01						28.01
29	144480					29
30						30
50						50
51						51
52						52
53						53
54						54
55						55
56						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0210) 1	HOSPITAL (14-0210) 1.01	HOSPITAL (14-0210) 1.02	
1 MEDICAL AND OTHER SERVICES	1983			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	2203500	1986768		1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	1641392	1478551		1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.850	0.850		1.03
1.04 LINE 1.01 TIMES LINE 1.03	1872975	1688753		1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04	87.64	87.55		1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT		178672		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	1983			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	2913			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	2913			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	2913			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	930			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	1983			17
17.01 TOTAL PPS PAYMENTS	3298615			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0210) 1	HOSPITAL (14-0210) 1.01	HOSPITAL (14-0210) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	2523		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	810815		18.01
19 SUBTOTAL	2487260		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	2487260		23
24 PRIMARY PAYER PAYMENTS	225		24
25 SUBTOTAL	2487035		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	253166		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	177216		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	235832		27.02
28 SUBTOTAL	2664251		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	2664251		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	2809018		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-144767		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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S210)	SUB I (14-S210)	SUB I (14-S210)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	42			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	37			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	37			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S210) 1	SUB I (14-S210) 1.01	SUB I (14-S210) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	7		18.01
19 SUBTOTAL	30		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	30		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	30		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	30		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	30		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	34		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-4		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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

	HOSPITAL (14-0210) OCTOBER 1, 1997 PRIOR TO ON OR AFTER	
	1 1.01	
1 STANDARD OVERHEAD AMOUNTS (ASC FEES)		1
2 DEDUCTIBLES		2
3 SUBTOTAL		3
4 80 PERCENT OF LINE 3		4
5 ASC PORTION OF BLEND		5
6 OUTPATIENT ASC COST		6
COMPUTATION OF LESSER OF COST OR CHARGES		
7 TOTAL CHARGES		7
CUSTOMARY CHARGES		
8 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		8
9 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)		9
10 RATIO OF LINE 8 TO LINE 9		10
11 TOTAL CUSTOMARY CHARGES		11
12 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		12
13 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		13
14 LESSER OF COST OR CHARGES		14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15 DEDUCTIBLES AND COINSURANCE		15
16 TOTAL		16
17 HOSPITAL SPECIFIC PORTION OF BLEND		17
18 ASC BLENDED AMOUNT		18
19 LESSER OF LINES 16 OR 18		19
20 PART B DEDUCTIBLES AND COINSURANCE		20
21 ASC PAYMENT AMOUNT		21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

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

HOSPITAL  
(14-0210)  
OCTOBER 1, 1997  
PRIOR TO ON OR AFTER  
1 1.01

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

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

HOSPITAL  
(14-0210)  
OCTOBER 1, 1997  
PRIOR TO ON OR AFTER  
1 1.01

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 HOSPITAL (14-0210)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B		
	PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		5484900		2309050	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.		143900		499968	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	12/29/2008 26700 07/02/2009 77000		NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	103700			3.99
4 TOTAL INTERIM PAYMENTS		5732500		2809018	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52			NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM		144480	-144767	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		5876980		2664251	7

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

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 SUBPROVIDER I (14-S210)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B		
	PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1369451		32	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.		98200		2	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.	.01 PROGRAM .02 TO .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	01/22/2009 19100		NONE 3.01 3.02 NONE 3.03 3.04 3.05 3.50 3.51 NONE 3.52 3.53 3.54	
SUBTOTAL	.99	19100			3.99
4 TOTAL INTERIM PAYMENTS		1486751		34	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52			NONE 5.01 5.02 5.03 5.50 5.51 5.52	
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM		-34555	-4	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		1452196		30	7
NAME OF INTERMEDIARY: _____			INTERMEDIARY NUMBER: _____		
SIGNATURE OF AUTHORIZED PERSON: _____			DATE (MO/DAY/YR): _____		

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 SWING BED SKILLED NURSING FACILITY (14-U210)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	PART A			
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		205638		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				3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02			3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03	NONE		3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04			3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.05			3.05
	.50			3.50
	PROVIDER .51			3.51
	TO .52	NONE		3.52
	PROGRAM .53			3.53
	.54			3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		205638		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02	NONE		5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51	NONE		5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01			6.01
	PROVIDER TO .02			6.02
	PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY		205638		7

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT  
 SWING BEDS

SUPPLEMENTAL  
 WORKSHEET E-2

COMPUTATION OF NET COST OF COVERED SERVICES

	TITLE V	--- TITLE XVIII ---		--- TITLE XIX ---	
	S/B NF	S/B SNF	S/B SNF	S/B SNF	S/B NF
	1	1	2	1	1
		PART A (14-U210)		PART B (14-U210)	
1	INPATIENT ROUTINE SERVICES - SWING BED - SNF	213122			1
2	INPATIENT ROUTINE SERVICES - SWING BED - NF				2
3	ANCILLARY SERVICES				3
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM				4
5	PROGRAM DAYS	599			5
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM				6
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY				7
8	SUBTOTAL	213122			8
9	PRIMARY PAYER PAYMENTS				9
10	SUBTOTAL	213122			10
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)				11
12	SUBTOTAL	213122			12
13	COINSURANCE BILLED TO PROGRAM PATIENTS (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	7484			13
14	80% OF PART B COSTS				14
15	SUBTOTAL	205638			15
16	OTHER ADJUSTMENTS				16
17	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PHYSICIAN PROFESSIONAL SERVICES)				17
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES				17.01
18	TOTAL	205638			18
19	SEQUESTRATION ADJUSTMENT				19
20	INTERIM PAYMENTS	205638			20
20.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)				20.01
21	BALANCE DUE PROVIDER/PROGRAM				21
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART I

MEDICARE PART A SERVICES - TEFRA

HOSPITAL SUB I SUB II SUB III SUB IV  
 (14-S210)

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)	1521366				1.08
1.09	NET IPF PPS OUTLIER PAYMENTS	3139				1.09
1.10	NET IPF PPS ECT PAYMENTS	10561				1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)					1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)					1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	17.616438				1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS	1535066				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	1535066				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	1535066				4
5	PRIMARY PAYER PAYMENTS					5
6	SUBTOTAL	1535066				6
7	DEDUCTIBLES	156558				7
8	SUBTOTAL	1378508				8
9	COINSURANCE	9056				9
10	SUBTOTAL	1369452				10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	118206				11
11.01	REDUCED REIMBURSABLE BAD DEBTS	82744				11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	113988				11.02
12	SUBTOTAL	1452196				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-S210)	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	1452196				17
18	SEQUESTRATION ADJUSTMENT					18
19	INTERIM PAYMENTS	1486751				19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					19.01
20	BALANCE DUE PROVIDER/PROGRAM	-34555				20
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					21
	TO BE COMPLETED BY INTERMEDIARY					
50	ORIGINAL OUTLIER AMOUNT					50
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					52
53	OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)					53

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

WORKSHEET E-3  
 PART III

	[ ] TITLE V	[ ] TITLE XVIII	[XX] TITLE XIX				
		HOSPITAL (14-0210) (OTHER)	SUB I (14-S210) (OTHER)	SUB II	SUB III	SUB IV	NF I
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	
1	INPATIENT HOSPITAL/SNF/NF SERVICES	849778	1657946				1
2	MEDICAL AND OTHER SERVICES						2
3	INTERNS AND RESIDENTS						3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O						4
5	COST OF TEACHING PHYSICIANS						5
6	SUBTOTAL	849778	1657946				6
7	INPATIENT PRIMARY PAYER PAYMENTS						7
8	OUTPATIENT PRIMARY PAYER PAYMENTS						8
9	SUBTOTAL	849778	1657946				9
	COMPUTATION OF LESSER OF COST OR CHARGES						
10	ROUTINE SERVICE CHARGES	5619056	3705910				10
11	ANCILLARY SERVICE CHARGES	1111518	630186				11
12	INTERNS AND RESIDENTS SERVICE CHARGES						12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE						13
14	TEACHING PHYSICIANS						14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION						15
16	TOTAL REASONABLE CHARGES	6730574	4336096				16
	CUSTOMARY CHARGES						
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)						18
19	RATIO OF LINE 17 TO LINE 18						19
20	TOTAL CUSTOMARY CHARGES	6730574	4336096				20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	5880796	2678150				21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						22
23	COST OF COVERED SERVICES	849778	1657946				23
	PROSPECTIVE PAYMENT AMOUNT						
24	OTHER THAN OUTLIER PAYMENTS						24
25	OUTLIER PAYMENTS						25
26	PROGRAM CAPITAL PAYMENTS						26
27	CAPITAL EXCEPTION PAYMENTS						27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS						28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS						29
30	SUBTOTAL	849778	1657946				30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)						31
32	LESSER OF LINES 30 OR 31	849778	1657946				32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)						33

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

WORKSHEET E-3  
 PART III

	[ ] TITLE V	[ ] TITLE XVIII	[XX] TITLE XIX			NF I
	HOSPITAL (14-0210) (OTHER)	SUB I (14-S210) (OTHER)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT					
35	EXCESS OF REASONABLE COST					34
36	849778	1657946				35
37	COINSURANCE					36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,					37
38	REIMBURSABLE BAD DEBTS					38
38.01	REDUCED REIMBURSABLE BAD DEBTS					38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					38.02
39	UTILIZATION REVIEW					39
40	849778	1657946				40
41	INPATIENT ROUTINE SERVICE COST					41
42	MEDICARE INPATIENT ROUTINE CHARGES					42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE					43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)					44
45	RATIO OF LINE 43 TO LINE 44					45
46	TOTAL CUSTOMARY CHARGES					46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST					47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES					48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM UTILIZATION					49
50	OTHER ADJUSTMENTS					50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS					51
52	849778	1657946				52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT					53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					54
55	849778	1657946				55
56	SEQUESTRATION ADJUSTMENT					56
57	618348	1073116				57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					57.01
58	231430	584830				58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2					59

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	1402788			1
2	TEMPORARY INVESTMENTS	7101311			2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	7853845			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-1451905			6
7	INVENTORY	842237			7
8	PREPAID EXPENSES	637626			8
9	OTHER CURRENT ASSETS	25073			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	16410975			11
FIXED ASSETS					
12	LAND	818026			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS				13
13.01	ACCUMULATED DEPRECIATION				13.01
14	BUILDINGS	19099206			14
14.01	ACCUMULATED DEPRECIATION				14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT				16
16.01	ACCUMULATED DEPRECIATION				16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	9558881			18
18.01	ACCUMULATED DEPRECIATION	-15489202			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	13986911			21
OTHER ASSETS					
22	INVESTMENTS	357600			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	340171			25
26	TOTAL OTHER ASSETS	697771			26
27	TOTAL ASSETS	31095657			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	566611			28
29	SALARIES, WAGES & FEES PAYABLE	1658560			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	325971			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	330462			35
36	TOTAL CURRENT LIABILITIES	2881604			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE	5520373			37
38	NOTES PAYABLE				38
39	UNSECURED LOANS				39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41	OTHER LONG TERM LIABILITIES	74106			41
42	TOTAL LONG TERM LIABILITIES	5594479			42
43	TOTAL LIABILITIES	8476083			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	22619574			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	22619574			51
52	TOTAL LIABILITIES AND FUND BALANCES	31095657			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	23846359			1
2 NET INCOME (LOSS)	-1226786			2
3 TOTAL	22619573			3
4 ADDITIONS (CREDIT ADJUSTMENTS)	1			4
5 NEW ADDITION TRANSFER ACCOUNT				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS	1			10
11 SUBTOTAL	22619574			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 FONDATION LOSS FOR THE YEAR				13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	22619574			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	5086092		5086092	2
4 SUBPROVIDER I	5735652		5735652	4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	10821744		10821744	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT				12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	10821744		10821744	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	13489722		51123730	18
18.50 ANCILLARY SERVICES		37634008		18.50
18.60 OUTPATIENT SERVICES		1960570	1960570	18.60
19 RHC				19
20 FQHC				20
21 HOME HEALTH AGENCY		1439296	1439296	21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
25 HOSPICE				25
26 PHYSICIAN AND CRNA CHARGES	1602671	2136265	3738936	26
27 CLINIC REVENUE		278789	278789	27
28 TOTAL PATIENT REVENUES	25914137	43448928	69363065	28

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		34630610	26
27 ADD (SPECIFY)			27
28 BAD DEBT	2300756		28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		2300756	33
34 DEDUCT (SPECIFY)		-9	34
35 OVER/SHORT			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS		-9	39
40 TOTAL OPERATING EXPENSES		36931357	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	69363065	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	32984087	2
3	NET PATIENT REVENUES	36378978	3
4	LESS - TOTAL OPERATING EXPENSES	36931357	4
5	NET INCOME FROM SERVICE TO PATIENTS	-552379	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	62055	6
7	INCOME FROM INVESTMENTS	182359	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	5180	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	88979	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	402	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	4449	21
22	RENTAL OF HOSPITAL SPACE	66495	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	CLINIC RENT		24
24.01	DIALYSIS BUILDING RENT		24.01
24.02	HHC SCREENINGS	1248	24.02
24.03	DIABETIC SKILLS		24.03
24.04	SCHOOL SCREENINGS		24.04
24.05	PULMONARY - OTHER REV		24.05
24.06	OTHER	66932	24.06
24.07	GRANTS	17125	24.07
24.08	FLEXIBLE SPENDING	425	24.08
24.09	PSYCH INCOME	14100	24.09
24.14	HOLDING VALUE GAINS		24.14
25	TOTAL OTHER INCOME	509749	25
26	TOTAL	-42630	26
27			27
27.01	OTHER	10	27.01
27.02	LOSS ON DISPOSAL OF ASSETS	9364	27.02
27.03	FOUNDATION EXPENSE	103121	27.03
27.04	HOLDING VALUE GAINS/LOSS	1071661	27.04
28			28
29			29
30	TOTAL OTHER EXPENSES	1184156	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-1226786	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7419

WORKSHEET H

	SALARIES	EMPLOYEE	TRANS-	CONTRACTED/	OTHER	TOTAL HHA
	1	BENEFITS	PORTATION	PURCH SVCS	COSTS	COST
		2	3	4	5	6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDG & FIXTURES						1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE						3
4 TRANSPORTATION						4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	200179			2788	70236	273203 5
6 SKILLED NURSING CARE	218846		35404			254250 6
7 PHYSICAL THERAPY	104774		22080			126854 7
8 OCCUPATIONAL THERAPY	3831		1285			5116 8
9 SPEECH PATHOLOGY	16769		2276			19045 9
10 MEDICAL SOCIAL SERVICES						10
11 HOME HEALTH AIDE	33913		789			34702 11
12 SUPPLIES						12
13 DRUGS						13
13.20 COST OF ADMINISTERING VACCINES						13.20
14 DME						14
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						15
16 RESPIRATORY THERAPY						16
17 PRIVATE DUTY NURSING						17
18 CLINIC						18
19 HEALTH PROMOTION ACTIVITIES						19
20 DAY CARE PROGRAM						20
21 HOME DELIVERED MEALS PROGRAM						21
22 HOMEMAKER SERVICE						22
23 ALL OTHERS						23
23.50 TELEMEDICINE						23.50
24 TOTAL	578312		61834	2788	70236	713170 24

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7419

WORKSHEET H  
 (CONTINUED)

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	
GENERAL SERVICE COST CENTER					
1 CAPITAL RELATED-BLDG & FIXTURES					1
2 CAPITAL RELATED-MOVABLE EQUIPMENT					2
3 PLANT OPERATION & MAINTENANCE					3
4 TRANSPORTATION					4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	-64328	208875	-20726	188149	5
6 SKILLED NURSING CARE		254250		254250	6
7 PHYSICAL THERAPY		126854		126854	7
8 OCCUPATIONAL THERAPY		5116		5116	8
9 SPEECH PATHOLOGY		19045		19045	9
10 MEDICAL SOCIAL SERVICES					10
11 HOME HEALTH AIDE		34702		34702	11
12 SUPPLIES					12
13 DRUGS					13
13.20 COST OF ADMINISTERING VACCINES					13.20
14 DME					14
HHA NONREIMBURSABLE SERVICES					
15 HOME DIALYSIS AIDE SERVICES					15
16 RESPIRATORY THERAPY					16
17 PRIVATE DUTY NURSING					17
18 CLINIC					18
19 HEALTH PROMOTION ACTIVITIES					19
20 DAY CARE PROGRAM					20
21 HOME DELIVERED MEALS PROGRAM					21
22 HOMEMAKER SERVICE					22
23 ALL OTHERS					23
23.50 TELEMEDICINE					23.50
24 TOTAL	-64328	648842	-20726	628116	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7419

WORKSHEET H-4  
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL BLDGS & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATN MAINT	& TRANSPORT- ATION	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6
	0	1	2	3	4			
GENERAL SERVICE COST CENTER								
1 CAPITAL RELATED-BLDG & FIXT								1
2 CAPITAL RELATED-MOVABLE EQUIP								2
3 PLANT OPERATION & MAINTENANCE								3
4 TRANSPORTATION								4
5 ADMINISTRATIVE AND GENERAL	188149					188149	188149	5
HHA REIMBURSABLE SERVICES								
6 SKILLED NURSING CARE	254250					254250	108965	363215 6
7 PHYSICAL THERAPY	126854					126854	54087	180941 7
8 OCCUPATIONAL THERAPY	5116					5116	2181	7297 8
9 SPEECH PATHOLOGY	19045					19045	8120	27165 9
10 MEDICAL SOCIAL SERVICES								10
11 HOME HEALTH AIDE	34702					34702	14796	49498 11
12 SUPPLIES								12
13 DRUGS								13
13.20 COST OF ADMINISTERING VACCINES								13.20
14 DME								14
HHA NONREIMBURSABLE SERVICES								
15 HOME DIALYSIS AIDE SERVICES								15
16 RESPIRATORY THERAPY								16
17 PRIVATE DUTY NURSING								17
18 CLINIC								18
19 HEALTH PROMOTION ACTIVITIES								19
20 DAY CARE PROGRAM								20
21 HOME DELIVERED MEALS PROGRAM								21
22 HOMEMAKER SERVICE								22
23 ALL OTHERS								23
23.50 TELEMEDICINE								23.50
24 TOTAL	628116					628116		628116 24

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7419

WORKSHEET H-4  
 PART II

	CAP REL BLDGS & FIXTURES (SQUARE FEET) 1	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDG & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-188149	441277	5
6 SKILLED NURSING CARE					1310	255560	6
7 PHYSICAL THERAPY						126854	7
8 OCCUPATIONAL THERAPY						5116	8
9 SPEECH PATHOLOGY						19045	9
10 MEDICAL SOCIAL SERVICES							10
11 HOME HEALTH AIDE						34702	11
12 SUPPLIES							12
13 DRUGS							13
13.20 COST OF ADMINISTERING VACCINES							13.20
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING							17
18 CLINIC							18
19 HEALTH PROMOTION ACTIVITIES							19
20 DAY CARE PROGRAM							20
21 HOME DELIVERED MEALS PROGRAM							21
22 HOMEMAKER SERVICE							22
23 ALL OTHERS							23
23.50 TELEMEDICINE							23.50
24 TOTAL					-186839	441277	24
25 COST TO BE ALLOC (PER W/S H)						188149	25
26 UNIT COST MULTIPLIER						.426374	26





ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7419

WORKSHEET H-5  
 PART I

HHA COST CENTER	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	NONPHYSIC. ANESTHET. 20	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29	
1 ADMINISTRATIVE AND GENERAL				59508		59508			1
2 SKILLED NURSING CARE				534613		534613	34403	569016	2
3 PHYSICAL THERAPY				264757		264757	17037	281794	3
4 OCCUPATIONAL THERAPY				10532		10532	678	11210	4
5 SPEECH PATHOLOGY				40131		40131	2582	42713	5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE				74365		74365	4785	79150	7
8 SUPPLIES				354		354	23	377	8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTALS				984260		984260	59508	984260	20
21 UNIT COST MULTIPLIER							.064350		21



ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 14-7419

WORKSHEET H-5  
 PART II

HHA COST CENTER	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE-KEEPING HOURS OF SERVICE 10	DIETARY MEALS SERVED 11	CAFETERIA MEALS SERVED 12	NURSING ADMINIS-TRATION DIRECT NRSING HRS 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	PHARMACY COSTED REQUIS. 16	MEDICAL RECORDS & LIBRARY GROSS REVENUE 17	
1 ADMINISTRATIVE AND GENERAL			33						1
2 SKILLED NURSING CARE									2
3 PHYSICAL THERAPY									3
4 OCCUPATIONAL THERAPY									4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE									7
8 SUPPLIES						1646			8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTALS			33			1646			20
21 TOTAL COST TO BE ALLOCATED			14860			354			21
22 UNIT COST MULTIPLIER									22
22 UNIT COST MULTIPLIER		450.303030				.215067			22

PROVIDER NO. 14-0210 HARRISBURG MEDICAL CENTER, INC  
PERIOD FROM 07/01/2008 TO 06/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (05/2007)

VERSION: 2009.08  
11/29/2009 15:29

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
STATISTICAL BASIS

HHA NO.: 14-7419

WORKSHEET H-5  
PART II

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

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7419

WORKSHEET H-6  
 PARTS I & II

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

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

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	VISITS	COST PER VISIT	
		2	1	2	3	4	5	
1	SKILLED NURSING CARE	2	569016		569016	3858	147.49	1
2	PHYSICAL THERAPY	3	281794		281794	2406	117.12	2
3	OCCUPATIONAL THERAPY	4	11210		11210	140	80.07	3
4	SPEECH PATHOLOGY	5	42713		42713	248	172.23	4
5	MEDICAL SOCIAL SERV	6						5
6	HOME HEALTH AIDE SERV	7	79150		79150	86	920.35	6
7	TOTAL		983883		983883	6738		7

  

LIMITATION COST COMPUTATION		MSA				PROGRAM	
PATIENT SERVICES		NO.				COST LIMITS	
		1	2	3	4	5	
8	SKILLED NURSING CARE	9914					8
9	PHYSICAL THERAPY	9914					9
10	OCCUPATIONAL THERAPY	9914					10
11	SPEECH PATHOLOGY	9914					11
12	MEDICAL SOCIAL SERV	9914					12
13	HOME HEALTH AIDE SERV	9914					13
14	TOTAL						14

  

SUPPLIES AND DRUGS COST COMPUTATIONS		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	RATIO	
OTHER PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	CHARGES		
		8	1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8	377	16435	16812	40673	.413345	15
16	COST OF DRUGS	9						16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20

  

PER BENEFICIARY COST LIMITATION:		MSA	AMOUNT	
		NO.		
		1	2	
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4	9914		17
18	PER BENEFICIARY COST LIMITATION	9914		18
19	PER BENEFICIARY COST LIMITATION			19





CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7419

WORKSHEET H-7  
 PARTS I & II

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

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

DESCRIPTION	PART A 1	----- PART B -----		
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
1 REASONABLE COST OF PROGRAM SERVICES				1
2 REASONABLE COST OF SERVICES				2
3 TOTAL CHARGES	604858	399976		2
CUSTOMARY CHARGES				
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				3
5 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)				4
6 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				5
7 TOTAL CUSTOMARY CHARGES	604858	399976		6
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	604858	399976		7
9 EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES				8
PRIMARY PAYOR PAYMENTS				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	489442	306607	10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS		2078	10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	1759	2332	10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	5151	3212	10.04
10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.05
10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES			10.06
10.07 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			10.07
10.08 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			10.08
10.09 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.09
10.10 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC EPISODES			10.10
10.11 TOTAL OTHER PAYMENTS			10.11
10.12 DME PAYMENTS			10.12
10.13 OXYGEN PAYMENTS			10.13
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS			10.14
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCL COINSURANCE)			11
12 SUBTOTAL	496352	314229	12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL	496352	314229	14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST	496352	314229	16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	496352	314229	18
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			19
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR OR DECREASE IN PROGRAM UTILIZATION			20
21 OTHER ADJUSTMENTS (SPECIFY):			21
22 SUBTOTAL	496352	314229	22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL	496352	314229	24
25 TOTAL INTERIM PAYMENTS	496352	314226	25
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			25.01
26 BALANCE DUE PROVIDER/PROGRAM		3	26
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			27

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

HHA NO.: 14-7419

WORKSHEET H-8

DESCRIPTION	PART A		PART B		
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		496352		314226	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM					3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .01				3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .02				3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .03	NONE		NONE	3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROVIDER .04				3.05
	TO .05				3.50
	PROVIDER .51				3.51
	TO .52	NONE		NONE	3.52
	PROGRAM .53				3.53
	.54				3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		496352		314226	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02	NONE		NONE	5.02
	PROVIDER .03				5.03
	PROVIDER .50				5.50
	TO .51	NONE		NONE	5.51
	PROGRAM .52				5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01			3	6.01
	PROVIDER TO .02				6.02
PROGRAM					
7 TOTAL MEDICARE PROGRAM LIABILITY		496352		314229	7

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

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

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0210)	HOSPITAL (14-0210)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
					CAPITAL FEDERAL AMOUNT
2		468594			2
					CAPITAL DRG OTHER THAN OUTLIER
3					3
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997
3.01		478			3.01
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997
4					4
					INDIRECT MEDICAL EDUCATION ADJUSTMENT
					TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD
					[ E-3,PT VI,LN.18]
					[E,PT A,LN.3.17][x E-3,PT VI,LN.1]
4.01		0.00		0.00	4.01
					NO. OF INTERNS & RESIDENTS
4.02					4.02
					INDIRECT MEDICAL EDUCATION PERCENTAGE
4.03					4.03
					INDIRECT MEDICAL EDUCATION ADJUSTMENT
					DISPROPORTIONATE SHARE ADJUSTMENT
5					5
					% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS
5.01					5.01
					% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I
5.02					5.02
					SUM OF LINES 5 AND 5.01
5.03					5.03
					ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE
5.04					5.04
					DISPROPORTIONATE SHARE ADJUSTMENT
6		469072			6
					TOTAL PROSPECTIVE CAPITAL PAYMENTS
PART II - HOLD HARMLESS METHOD					
1					1
					NEW CAPITAL
2					2
					OLD CAPITAL
3					3
					TOTAL CAPITAL
4					4
					RATIO OF NEW CAPITAL TO TOTAL CAPITAL
5					5
					TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE
6					6
					REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT
7					7
					REDUCED OLD CAPITAL AMOUNT
8					8
					HOLD HARMLESS PAYMENT FOR NEW CAPITAL
9					9
					SUBTOTAL
10					10
					PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)
PART III - PAYMENT UNDER REASONABLE COST					
1					1
					PROGRAM INPATIENT ROUTINE CAPITAL COST
2					2
					PROGRAM INPATIENT ANCILLARY CAPITAL COST
3					3
					TOTAL INPATIENT PROGRAM CAPITAL
4					4
					CAPITAL COST PAYMENT FACTOR
5					5
					TOTAL INPATIENT PROGRAM CAPITAL COST
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
					PROGRAM INPATIENT CAPITAL COSTS
2					2
					PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES
3					3
					NET PROGRAM INPATIENT CAPITAL COSTS
4					4
					APPLICABLE EXCEPTION PERCENTAGE
5					5
					CAPITAL COST FOR COMPARISON TO PAYMENTS
6					6
					PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES
7					7
					ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES
8					8
					CAPITAL MINIMUM PAYMENT LEVEL
9					9
					CURRENT YEAR CAPITAL PAYMENTS
10					10
					CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS
11					11
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT
12					12
					NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS
13					13
					CURRENT YEAR EXCEPTION PAYMENT
14					14
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD
15					15
					CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)
16					16
					CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)
17					17
					CURRENT YEAR EXCEPTION OFFSET AMOUNT

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
31 SUBPROVIDER I					31
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
55 MEDICAL SUPPLIES CHARGED TO PAT					55
56 DRUGS CHARGED TO PATIENTS					56
58 ASC (NON-DISTINCT PART)					58
59 NUCLEAR MEDICINE					59
59.01 CAT SCAN					59.01
59.02 ULTRASOUND					59.02
59.03 MAMMOGRAPHY					59.03
59.04 CARDIAC REHAB					59.04
59.05 FAITH CTR-CHEMOTHERAPY					59.05
59.06 ROUTINE ANCILLARY					59.06
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
63 DAY PSYCHIATRIC					63
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN					96
98 PHYSICIANS' PRIVATE OFFICES					98
98.01 DIALYSIS					98.01
98.03 ORTHO CLINIC					98.03
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

RHC I  
 COMPONENT NO: 14-3473

WORKSHEET M-1

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/  
 FEDERALLY QUALIFIED HEALTH CENTER COSTS

CHECK [ XX ] RHC  
 APPLICABLE BOX: [ ] FQHC

	COMPEN- SATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATIONS 4	RECLASSIFIED TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION 7	
FACILITY HEALTH CARE STAFF COSTS								
1 PHYSICIAN	663016		663016	29099	692115		692115	1
2 PHYSICIAN ASSISTANT								2
3 NURSE PRACTITIONER	200124		200124	13130	213254		213254	3
4 VISITING NURSE								4
5 OTHER NURSE								5
6 CLINICAL PSYCHOLOGIST	50455		50455	4779	55234		55234	6
7 CLINICAL SOCIAL WORKER	21031		21031		21031		21031	7
8 LABORATORY TECHNICIAN								8
9 OTHER FACILITY HEALTH CARE STAFF COSTS								9
10 SUBTOTAL (SUM OF LINES 1-9)	934626		934626	47008	981634		981634	10
COSTS UNDER AGREEMENT								
11 PHYSICIAN SERVICES UNDER AGREEMENT								11
12 PHYSICIAN SUPERVISION UNDER AGREEMENT								12
13 OTHER COSTS UNDER AGREEMENT								13
14 SUBTOTAL (SUM OF LINES 11-13)								14
OTHER HEALTH CARE COSTS								
15 MEDICAL SUPPLIES		29707	29707		29707		29707	15
16 TRANSPORTATION (HEALTH CARE STAFF)		10165	10165		10165		10165	16
17 DEPRECIATION-MEDICAL EQUIPMENT				41994	41994		41994	17
18 PROFESSIONAL LIABILITY INSURANCE								18
19 OTHER HEALTH CARE COSTS								19
20 ALLOWABLE GME COSTS								20
21 SUBTOTAL (SUM OF LINES 15-20)		39872	39872	41994	81866		81866	21
22 TOTAL COSTS OF HEALTH CARE SERVICES	934626	39872	974498	89002	1063500		1063500	22
COSTS OTHER THAN RHC/FQHC SERVICES								
23 PHARMACY								23
24 DENTAL								24
25 OPTOMETRY								25
26 ALL OTHER NONREIMBURSABLE COSTS								26
27 NONALLOWABLE GME COSTS								27
28 TOTAL NONREIMBURSABLE COSTS								28
FACILITY OVERHEAD								
29 FACILITY COSTS		61012	61012		61012		61012	29
30 ADMINISTRATIVE COSTS	504556	145994	650550	-83269	567281		567281	30
31 TOTAL FACILITY OVERHEAD	504556	207006	711562	-83269	628293		628293	31
32 TOTAL FACILITY COSTS	1439182	246878	1686060	5733	1691793		1691793	32

RHC I  
 COMPONENT NO: 14-3473

WORKSHEET M-2

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES

CHECK [ XX ] RHC  
 APPLICABLE BOX: [ ] FQHC

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL	TOTAL VISITS	PRODUCTIVITY STANDARD	MINIMUM VISITS	GREATER OF COL. 2 OR COL. 4	
	1	2	3	4	5	
1 PHYSICIANS	2.80	8798	4200	11760		1
2 PHYSICIAN ASSISTANTS			2100			2
3 NURSE PRACTITIONERS	2.76	8609	2100	5796		3
4 SUBTOTAL	5.56	17407		17556	17556	4
5 VISITING NURSE						5
6 CLINICAL PSYCHOLOGIST	0.64	622			622	6
7 CLINICAL SOCIAL WORKER	0.18	519			519	7
8 TOTAL FTEs AND VISITS	6.38	18548			18697	8
9 PHYSICIAN SERVICES UNDER AGREEMENTS						9

DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES

10 TOTAL COSTS OF HEALTH CARE SERVICES					1063500	10
11 TOTAL NONREIMBURSABLE COSTS						11
12 COST OF ALL SERVICES (EXCLUDING OVERHEAD)					1063500	12
13 RATIO OF RHC/FQHC SERVICES					1.000000	13
14 TOTAL FACILITY OVERHEAD					628293	14
15 PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY					709274	15
16 TOTAL OVERHEAD					1337567	16
17 ALLOWABLE GME OVERHEAD						17
18 SUBTRACT LINE 17 FROM LINE 16					1337567	18
19 OVERHEAD APPLICABLE TO RHC/FQHC SERVICES					1337567	19
20 TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES					2401067	20

RHC I  
 COMPONENT NO: 14-3473

WORKSHEET M-3

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES

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

DETERMINATION OF RATE FOR RHC/FQHC SERVICES

1	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES	2401067	1
2	COST OF VACCINES AND THEIR ADMINISTRATION	40694	2
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE	2360373	3
4	TOTAL VISITS	18697	4
5	PHYSICIANS VISITS UNDER AGREEMENT		5
6	TOTAL ADJUSTED VISITS	18697	6
7	ADJUSTED COST PER VISIT	126.24	7

CALCULATION OF LIMIT(1)  
 PRIOR TO ON OR AFTER  
 JANUARY 1 JANUARY 1 (SEE INSTR.)  
 1 2 3

8	PER VISIT PAYMENT LIMIT	72.76	75.23	8
9	RATE FOR PROGRAM COVERED VISITS	126.24	126.24	9

CALCULATION OF SETTLEMENT

10	PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES	2081	2131	10
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES	262705	269017	11
12	PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES	466	485	12
13	PROGRAM COVERED COST FROM MENTAL HEALTH SERVICES	58828	61226	13
14	LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES	36768	38266	14
15	GRADUATE MEDICAL EDUCATION PASS THROUGH COST			15
16	TOTAL PROGRAM COST		606756	16
16.01	PRIMARY PAYOR PAYMENTS		485	16.01
17	LESS: BENEFICIARY DEDUCTIBLE		60773	17
18	NET PROGRAM COST EXCLUDING VACCINES		545498	18
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE		436398	19
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION		36096	20
21	TOTAL REIMBURSABLE PROGRAM COST		472494	21
22	REIMBURSABLE BAD DEBTS		11699	22
22.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			22.01
23	OTHER ADJUSTMENTS			23
24	NET REIMBURSABLE AMOUNT		484193	24
25	INTERIM PAYMENTS		408524	25
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			25.01
26	BALANCE DUE COMPONENT/PROGRAM		75669	26
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, CHAPTER I, SECTION 115.2			27

(1) LINES 8 THROUGH 14: FISCAL YEAR PROVIDERS USE COLUMNS 1 & 2, CALENDAR YEAR PROVIDERS USE COLUMN 2 ONLY.

RHC I  
 COMPONENT NO: 14-3473

WORKSHEET M-4

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

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

	PNEUMOCOCCAL 1	INFLUENZA 2	
1 HEALTH CARE STAFF COSTS	981634	981634	1
2 RATIO OF PNEUMOCOCCAL AND INFLUNZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME	0.002000	0.013748	2
3 PNEUMOCOCCAL AND INFUENZA VACCINE HEALTH CARE STAFF COST	1963	13496	3
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFUENZA VACCINE	325	2241	4
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE	2288	15737	5
6 TOTAL DIRECT COST OF THE FACILITY	1063500	1063500	6
7 TOTAL OVERHEAD	1337567	1337567	7
8 RATIO OF PNEUMOCOCCAL AND INFUENZA VACCINE DIRECT COST TO TOTAL DIECT COST	0.002151	0.014797	8
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE	2877	19792	9
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION	5165	35529	10
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS	37	255	11
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION	139.59	139.33	12
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO MEDICARE BENEFICIARIES	36	223	13
14 MEDICARE COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION	5025	31071	14
15 TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION		40694	15
16 TOTAL MEDICARE COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION		36096	16

PROVIDER NO. 14-0210 HARRISBURG MEDICAL CENTER, INC  
PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08  
11/29/2009 15:29

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER  
FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

RHC I  
COMPONENT NO: 14-3473

WORKSHEET M-5

CHECK [ XX ] RHC  
APPLICABLE BOX: [ ] FQHC

DESCRIPTION	PART B		AMOUNT	
	1	2		
	MM/DD/YYYY			
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER			388224	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 TO .05 PROVIDER .50 PROVIDER .51 TO .52 PROGRAM .53 .54	01/22/2009	20300	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99		20300	3.99
4 TOTAL INTERIM PAYMENTS			408524	4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52		NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM		75669	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY			484193	7
NAME OF INTERMEDIARY: _____			INTERMEDIARY NUMBER: _____	
SIGNATURE OF AUTHORIZED PERSON: _____			DATE (MO/DAY/YR): _____	

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL	7
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6		
UTILIZATION PERCENTAGES BASED ON DAYS								
25 ADULTS & PEDIATRICS	67.72		8.32				76.04	25
UTILIZATION PERCENTAGES BASED ON CHARGES								
37 OPERATING ROOM	12.45	14.40	4.35				31.20	37
40 ANESTHESIOLOGY	13.09	12.43	3.94				29.46	40
41 RADIOLOGY-DIAGNOSTIC	19.53	11.06	1.81				32.40	41
44 LABORATORY	22.30	1.21	2.54				26.05	44
48 INTRAVENOUS THERAPY	42.51	7.10	5.63				55.24	48
49 RESPIRATORY THERAPY	46.01	6.40	3.98				56.39	49
50 PHYSICAL THERAPY	8.76	0.09	0.47				9.32	50
53 ELECTROCARDIOLOGY	20.74	12.59	2.04				35.37	53
55 MEDICAL SUPPLIES CHARGED TO PAT	29.75	9.12	4.14				43.01	55
56 DRUGS CHARGED TO PATIENTS	18.47	19.85	1.92				40.24	56
58 ASC (NON-DISTINCT PART)	7.63	20.60	0.78				29.01	58
59 NUCLEAR MEDICINE	1.40	18.45	0.28				20.13	59
59.01 CAT SCAN	12.08	13.65	1.91				27.64	59.01
59.02 ULTRASOUND	21.01	13.89	1.88				36.78	59.02
59.04 CARDIAC REHAB	0.61	34.68					35.29	59.04
59.05 FAITH CTR-CHEMOTHERAPY	0.28	37.98					38.26	59.05
59.06 ROUTINE ANCILLARY	66.01	9.83	4.76				80.60	59.06
61 EMERGENCY	8.04	11.18	1.17				20.39	61
62 OBSERVATION BEDS (NON-DISTINCT	9.07	20.27	1.96				31.30	62
63 DAY PSYCHIATRIC		5.26					5.26	63
101 TOTAL CHARGES	14.77	9.12	1.74				25.63	101

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

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL	7
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6		
UTILIZATION PERCENTAGES BASED ON DAYS								
31 SUBPROVIDER I	31.42		38.29				69.71	31
UTILIZATION PERCENTAGES BASED ON CHARGES								
37 OPERATING ROOM	0.02						0.02	37
40 ANESTHESIOLOGY	1.84		0.25				2.09	40
41 RADIOLOGY-DIAGNOSTIC	0.51		0.49				1.00	41
44 LABORATORY	1.16		1.47				2.63	44
48 INTRAVENOUS THERAPY	0.33		0.50				0.83	48
49 RESPIRATORY THERAPY	1.36		1.69				3.05	49
50 PHYSICAL THERAPY	0.18		0.05				0.23	50
53 ELECTROCARDIOLOGY	0.95	0.02	2.41				3.38	53
55 MEDICAL SUPPLIES CHARGED TO PAT	0.75		0.89				1.64	55
56 DRUGS CHARGED TO PATIENTS	3.58		3.54				7.12	56
58 ASC (NON-DISTINCT PART)	0.07						0.07	58
59.01 CAT SCAN	0.66		0.44				1.10	59.01
59.02 ULTRASOUND	0.09		0.22				0.31	59.02
59.03 MAMMOGRAPHY			0.04				0.04	59.03
59.06 ROUTINE ANCILLARY			1.43				1.43	59.06
61 EMERGENCY	0.74		1.19				1.93	61
63 DAY PSYCHIATRIC	0.29		0.03				0.32	63
101 TOTAL CHARGES	0.95		0.99				1.94	101

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT						1
2	OLD CAP REL COSTS-MVBLE EQUIP						2
3	NEW CAP REL COSTS-BLDG & FIXT	712201	2.26	-712201	-4.82		3
4	NEW CAP REL COSTS-MVBLE EQUIP	1206859	3.83	-1206859	-8.16		4
5	EMPLOYEE BENEFITS	4222690	13.38	-4222690	-28.56		5
6	ADMINISTRATIVE & GENERAL	5325006	16.88	-5325006	-36.02		6
8	OPERATION OF PLANT	1022966	3.24	-1022966	-6.92		8
9	LAUNDRY & LINEN SERVICE	152518	.48	-152518	-1.03		9
10	HOUSEKEEPING	434682	1.38	-434682	-2.94		10
11	DIETARY	581137	1.84	-581137	-3.93		11
12	CAFETERIA						12
14	NURSING ADMINISTRATION	213510	.68	-213510	-1.44		14
15	CENTRAL SERVICES & SUPPLY	73838	.23	-73838	-.50		15
16	PHARMACY	491992	1.56	-491992	-3.33		16
17	MEDICAL RECORDS & LIBRARY	345992	1.10	-345992	-2.34		17
18	SOCIAL SERVICE						18
20	NONPHYSICIAN ANESTHETISTS						20
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	2643717	8.38	2975339	20.13	5619056	17.81
31	SUBPROVIDER I	1750143	5.55	1955767	13.23	3705910	11.75
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	525910	1.67	675422	4.57	1201332	3.81
40	ANESTHESIOLOGY	29685	.09	29848	.20	59533	.19
41	RADIOLOGY-DIAGNOSTIC	453268	1.44	619699	4.19	1072967	3.40
44	LABORATORY	1898954	6.02	985396	6.67	2884350	9.14
48	INTRAVENOUS THERAPY	81342	.26	50015	.34	131357	.42
49	RESPIRATORY THERAPY	409628	1.30	368830	2.49	778458	2.47
50	PHYSICAL THERAPY	679163	2.15	664418	4.49	1343581	4.26
53	ELECTROCARDIOLOGY	79949	.25	73414	.50	153363	.49
55	MEDICAL SUPPLIES CHARGED TO PAT	694855	2.20	348683	2.36	1043538	3.31
56	DRUGS CHARGED TO PATIENTS	2185418	6.93	1605933	10.86	3791351	12.02
58	ASC (NON-DISTINCT PART)	486475	1.54	690063	4.67	1176538	3.73
59	NUCLEAR MEDICINE	236899	.75	137375	.93	374274	1.19
59.01	CAT SCAN	333319	1.06	439997	2.98	773316	2.45
59.02	ULTRASOUND	173912	.55	204727	1.38	378639	1.20
59.03	MAMMOGRAPHY	113453	.36	211027	1.43	324480	1.03
59.04	CARDIAC REHAB	99118	.31	77525	.52	176643	.56
59.05	FAITH CTR-CHEMOTHERAPY	124882	.40	117401	.79	242283	.77
59.06	ROUTINE ANCILLARY	286859	.91	200774	1.36	487633	1.55
61	EMERGENCY	836118	2.65	661036	4.47	1497154	4.75
62	OBSERVATION BEDS (NON-DISTINCT						62
63	DAY PSYCHIATRIC	178981	.57	219891	1.49	398872	1.26
63.50	RHC	1691793	5.36	709274	4.80	2401067	7.61
63.60	FQHC						63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
71	HOME HEALTH AGENCY	628116	1.99	356144	2.41	984260	3.12

COST CENTER		--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
SPECIAL PURPOSE COST CENTERS								
NONREIMBURSABLE COST CENTERS								
96	GIFT, FLOWER, COFFEE SHOP & CAN	30863	.10	45582	.31	76445	.24	96
98	PHYSICIANS' PRIVATE OFFICES	89340	.28	272568	1.84	361908	1.15	98
98.01	DIALYSIS			81438	.55	81438	.26	98.01
98.03	ORTHO CLINIC	23266	.07	5805	.04	29071	.09	98.03
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	TOTAL	31548817	100.00	0	.00	31548817	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	126448	1456064	.086842	181315	15746	37
40 ANESTHESIOLOGY	9296	1104875	.008414	144613	1217	40
41 RADIOLOGY-DIAGNOSTIC	218494	1657895	.131790	323837	42678	41
44 LABORATORY	84188	8544895	.009852	1905365	18772	44
48 INTRAVENOUS THERAPY	4420	414069	.010675	176011	1879	48
49 RESPIRATORY THERAPY	53870	3790636	.014211	1744171	24786	49
50 PHYSICAL THERAPY	87284	2818154	.030972	246875	7646	50
53 ELECTROCARDIOLOGY	36873	681692	.054090	141399	7648	53
55 MEDICAL SUPPLIES CHARGED TO PAT	53990	2582457	.020906	768278	16062	55
56 DRUGS CHARGED TO PATIENTS	159457	8795551	.018129	1624430	29449	56
58 ASC (NON-DISTINCT PART)	163298	2730972	.059795	208411	12462	58
59 NUCLEAR MEDICINE	9671	1486227	.006507	20841	136	59
59.01 CAT SCAN	155505	9303084	.016715	1123564	18780	59.01
59.02 ULTRASOUND	61410	1397726	.043936	293690	12904	59.02
59.03 MAMMOGRAPHY	124869	476280	.262176			59.03
59.04 CARDIAC REHAB	14852	311504	.047678	1902	91	59.04
59.05 FAITH CTR-CHEMOTHERAPY	16868	267871	.062971	752	47	59.05
59.06 ROUTINE ANCILLARY	6411	545207	.011759	359898	4232	59.06
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	47915	1917423	.024989	154215	3854	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	20286	197875	.102519	17949	1840	62
63 DAY PSYCHIATRIC	32395	643273	.050360			63
63.50 RHC		1960570				63.50
63.60 FQHC						63.60
101 TOTAL	1487800	53084300		9437516	220229	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS								
25	ADULTS & PEDIATRICS	266786	5474	272260	7717	34.57	5226	180663 25
101	TOTAL	266786	5474	272260			5226	180663 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							180663	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							220229	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							400892	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)							1249	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)							5226	
PER DISCHARGE CAPITAL COSTS							320.97	
PER DIEM CAPITAL COSTS							76.71	

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	6661460
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	12848526
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.518

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	1387283
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	2388101
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.581

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8)	400892
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.031

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	4188864
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	11294888
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.371