OSF HEALTHCARE

800 N.E. Glen Oak Avenue, Peoria, Illinois 61603-3200 Phone (309) 655-2850

February 25, 2010

Ms. Debra Conklin
Wisconsin Physician Service
Medicare Audit & Reimbursement
3333 Farnam St. Suite 700
Omaha, NE 68131

RE: Saint Anthony Medical Center
Rockford, Illinois
Provider No.: 14-0233
FYE 9/30/09

Dear Ms. Conklin:

The following are enclosed:

1. One original signature page for the HCFA-2552-96
2. One electronic disk containing the following files:
   a. Working Trial Balance
   b. A-6 and A-8 adjustments
   c. PSR Crosswalk
   d. Medicare Bad Debt Logs
   e. Audited financial statements for year ended 9/30/09
   f. W/S A & C grouping work papers and supporting documentation
   g. W/S S-3 Pt II work papers
3. HCFA 339 with supporting schedules

Protested Items:

1. **Understated IPPS Standardized Amount** – Section 1861(v)(1)(A) of the Social Security Act requires the Secretary to take into account costs such that "the necessary costs of efficiently delivering covered services to individuals covered by [Medicare] will not be borne by individuals not so covered, and the costs with respect to individuals not so covered will not be borne by [Medicare]." We contend that the Secretary's failure to distinguish between patient discharges and transfers during the implementation of the inpatient prospective payment system resulted in an understatement of the Federal DRG Prospective Payment amounts paid to this hospital in the current and prior fiscal years and results in the costs of the Medicare program being borne by those not enrolled in the program, in direct violation of one of the principal tenants of Medicare reimbursement as set forth in the Social Security Act.. In order to protect our appeal rights on this issue, we are filing the reimbursement impact as a Protested Item in our Medicare Cost Report. The reimbursement impact during our cost reporting period October 01, 2008 through September 30, 2009 is $598,244 and is set forth in the attached worksheet.

2. **Budget Neutrality Adjustment Calculation** – We contend that CMS' calculation and application of the budget neutrality adjustment for the effect of the wage index rural floor is, and has been erroneously duplicating for the current and past federal fiscal years. As a result, the adjustments are not budget-neutral in accordance with the requirement in section 4410(b) of the Balanced Budget Act of 1997 but instead have systematically understated the rates paid under the inpatient prospective payment system for cost reporting period October 1, 2008 through September 30, 2009. The estimated reimbursement impact amount of CMS' error is $228,050 and is set forth in the attached worksheet.

If you have any questions or need further information, please contact me at (309) 655-2855.

Sincerely,

Carole M. Wahl

Carole M. Wahl
Third-Party Reimbursement Coordinator

Enclosures
cc: Dave Stenerson

****
COMPU-MAX CMS-2552-96 EDIT REPORT
****

I. OPTIONS SELECTED:
OPTION 20, 6
OPTION 21, 7, 8,10
OPTION 40
OPTION 60, 5

COMPU-MAX - CMS-2552-96 - SETTLEMENT SUMMARY, VERSION 2009.08

		TITLE V	TITLE XVIII PART A	TITLE XVIII PART B	TITLE XIX	
		1	2	3	4	
1	HOSPITAL		293181	80624		1
2	SUBPROVIDER I					2
3	SWING BED - SNF					3
4	SWING BED - NF					4
5	SKILLED NURSING FACILITY					5
6	NURSING FACILITY					6
7	HOME HEALTH AGENCY					7
8	O/P REHAB PROVIDER					8
9	HEALTH CLINIC					9
100	TOTAL		293181	80624		100

****
Explanation of error code types:

1000 - The '1000' level error codes (in the range from 1000-1999) are CMS-required Electronic Cost Report (ECR) edit messages. These will prohibit ECR file generation by Compu-Max for submission to your Medicare Fiscal Intermediary, and will be used by the FI as a basis of rejection should your file be received by the FI with such errors.

2000 - Errors in the range of 2000-2999 are CMS-required edits that identify potential inconsistencies and/or missing data items. These items should be resolved at the provider site and appropriate worksheets and/or data submitted with the cost report. Failure to submit the appropriate data with your cost report may result in payments being withheld pending resolution of the issue(s).

**** - KPMG error messages check for additional possible errors not included with the CMS-required edits, and cannot be used as a basis for rejection of the ECR data file or the cost report.

(*) - Error messages marked with an asterisk (*) at the end of the message indicate a logical problem with the cost report, and data must be corrected before a valid cost report can be generated.

(I) - Messages preceded by (I) are informational and are not errors.

****

II. 1000 LEVEL ERRORS
****

III. 2000 LEVEL ERRORS
****

2027 - WKST C, PART I, LINE 56.01, COL 11 SHOULD NOT BE MORE THAN 100% OR LESS THAN .1%

IV. KPMG LEVEL ERRORS
****
(KPMG edits cannot be used as a basis of cost report or ECR file rejection.)

**** - THERE IS NO AMOUNT ENTERED ON WKST A-8-1, LINE 4.12 COL. 4 OR 5, BUT THERE IS A WKST A LINE NUMBER ENTERED IN COL. 1.

**** - THERE IS NO AMOUNT ENTERED ON WKST A-8-1, LINE 4.13 COL. 4 OR 5, BUT THERE IS A WKST A LINE NUMBER ENTERED IN COL. 1.

**** - IF WKST S-3, PART II, LINE 22.01, COL 3 IS GREATER THAN ZERO, COL 5 SHOULD BE >= $13 AND <= $175
AVE HOURLY WAGE FOR CONTRACT A&G = $244.27

**** - IF WKST S-3, PART II, LINE 4 , COL 3 IS GREATER THAN ZERO, COL 5 SHOULD BE >= $50 AND <= $200
AVE HOURLY WAGE FOR PHYSICIAN PART A = $218.59

**** - IF WKST S-3, PART III, LINE 2, COL 3 IS GREATER THAN ZERO, COL 5 SHOULD BE >= $5 AND <= $45
AVE HOURLY WAGE FOR EXCLUDED SERVICES = $50.64

**** - WORKSHEET A, COLUMN 7, LINE 21 EQUALS 0 BUT THERE ARE STATISTICS IN COLUMN 21 OF WORKSHEET B-1

**** - WORKSHEET B-1, LINE 21 HAS STATISTICS, BUT
THERE IS NO COST ON WORKSHEET A, COLUMN 7

**** - THE MCR CODE HAS NOT BEEN ENTERED ON WORKSHEET S, PART I. (FI USE ONLY)

V. INFORMATIONAL MESSAGES
****

(I) - A NURSING & ALLIED HEALTH MANAGED CARE AMOUNT HAS BEEN ENTERED
ON WORKSHEET E, PART A, LINE 11.01

(I) - THE TOTAL CALCULATED FOR WORKSHEET A-8-1, PART B, COLUMN 6, HAS BEEN
TRANSFERRED TO WORKSHEET A-8, LINE 14. THE TOTAL FOR WORKSHEET A-8
THAT YOU INPUT HAS BEEN INCREASED BY $4,619,774

(I) - THE TOTAL CALCULATED FOR WORKSHEET A-8-2, COLUMN 18, HAS BEEN
TRANSFERRED TO WORKSHEET A-8, LINE 12. THE TOTAL FOR WORKSHEET A-8
THAT YOU INPUT HAS BEEN DECREASED BY $8,011,583

(I) - A PROTESTED AMOUNT HAS BEEN ENTERED ON WORKSHEET E, PART A, LINE 30
FOR A PPS FACILITY (HOSPITAL)

(I) - WORKSHEET E, PART A, LINE 2.01 IS GREATER THAN 500,000. PLEASE REVIEW
AS ADDITIONAL RECONCILIATION MAY BE REQUIRED BASED ON CMS CR 2785.

ECR TO COMPU-MAX FILE CONVERSION UTILITY
TRANSMITTAL #20 - CMS-2552-96

ELECTRONIC FILE NAME: C:\255296\CMTEMP\EC140233.09A

COMPU-MAX FILE NAME: C:\255296\CMTEMP\CRECTEMP

PROVIDER NUMBER: 14-0233

SOFTWARE VENDOR: Q01
KPMG LLP - COMPU-MAX MICRO - DATE APPROVED: 06/28/07

CREATION DATE: 2/24/2010

CREATION TIME: 14:07

PROVIDER NAME: SAINT ANTHONY MEDICAL CENTER

FISCAL YEAR BEGINNING: 10/01/2008

FISCAL YEAR ENDING: 09/30/2009

ECR FINGERPRINT:

REMARKS:

****
ELECTRONIC REPORTING FILE VALIDATION AND EDIT REPORT
****

CMS REQUIRED EDITS ARE APPLIED AT TWO LEVELS:
LEVEL I EDITS ARE THOSE WHICH TEST THE FORMAT OF THE DATA TO IDENTIFY FOR CORRECTION THOSE ERROR CONDITIONS WHICH MAY RESULT IN A COST REPORT REJECTION. INTERMEDIARIES MAY REJECT ALL ELECTRONIC COST REPORTING FILES WHICH CONTAIN ONE OR MORE LEVEL I EDIT ERRORS. LEVEL I EDITS ARE IDENTIFIED WITH NUMBERS BETWEEN 1000 AND 1999.
LEVEL II EDITS IDENTIFY POTENTIAL INCONSISTENCIES AND/OR MISSING DATA ITEMS. THESE ITEMS SHOULD BE RESOLVED AT THE PROVIDER SITE AND APPROPRIATE WORKSHEETS AND/OR DATA SUBMITTED WITH THE COST REPORT. FAILURE TO SUBMIT THE APPROPRIATE DATA WITH YOUR COST REPORT MAY RESULT IN PAYMENTS BEING WITHHELD PENDING RESOLUTION OF THE ISSUE(S). LEVEL II EDITS ARE IDENTIFIED WITH NUMBERS BETWEEN 2000 AND 2999.

WORKSHEET A COST CENTER LIST: (THE ASTERISK INDICATES THAT THERE IS NO DIRECT INPUT DATA ASSOCIATED WITH THE COST CENTER)

CMS EDIT NO.			
1	OLD CAP REL COSTS-BLDG & FIXT	0100	**
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	**
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	**
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	**
21	NURSING SCHOOL	2100	
21 1	MEDTECH SCHOOL	2101	
21 2	PARAMED TRAINING	2102	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	**
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	**
24	PARAMED ED PRGM-(SPECIFY)	2400	**
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41 1	CAT SCAN	3230	

****
ELECTRONIC REPORTING FILE VALIDATION AND EDIT REPORT (CONTINUED)
****

CMS EDIT NO.			
41 2	ULTRA SOUND	3630	
41 3	MAGNETIC RESONANCE IMAGING	3430	
41 4	NUCLEAR MEDICINE DIAGNOSTIC	3450	
41 5	ONCOLOGY	3480	
44	LABORATORY	4400	
44 1	LITHOTRIPTER	4401	
4630	BLOOD CLOTTING FACTORS ADMIN COSTS	4650	**
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
53 1	CARDIAC REHAB	3160	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
56 1	NUTRITIONAL SUPPORT	5601	
56 2	GASTROENTEROLOGY	3340	
58 1	SURGERY/CARDIAC AMB DAY CARE	5801	
59	CARDIOPULMONARY	3161	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	**
6350	RHC	6310	**
6360	FQHC	6320	**
65	AMBULANCE SERVICES	6500	
6910	CMHC	6910	**
6920	OUTPATIENT PHYSICAL THERAPY	6920	**
6930	OUTPATIENT OCCUPATIONAL THERAPY	6930	**
6940	OUTPATIENT SPEECH PATHOLOGY	6940	**
71	HOME HEALTH AGENCY	7100	**
85 1	PANCREAS ACQUISITION	8510	**
85 2	INTESTINAL ACQUISITION	8520	**
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99 1	CONVENT	9901	
99 2	OTHER NON-REIMBURSABLE	9902	

****
ELECTRONIC REPORTING FILE VALIDATION AND EDIT REPORT (CONTINUED)
****

CMS
EDIT NO.

WORKSHEET E-1 - INTERIM PAYMENT SUMMARY

		PART A	PART B	TOTAL
1	HOSPITAL	47819349	18514577	66333926
2	SUBPROVIDER I			
3	SWING-BED SNF			
4	SKILLED NURSING FAC			
5	HOME HEALTH AGENCY I			
6	CORF			
	TOTAL	47819349	18514577	66333926

WORKSHEET S - SETTLEMENT SUMMARY

		TITLE V	TITLE XVIII PART A	TITLE XVIII PART B	TITLE XIX	
		1	2	3	4	
1	HOSPITAL		293181	80624		1
2	SUBPROVIDER I					2
3	SWING BED - SNF					3
4	SWING BED - NF					4
5	SKILLED NURSING FACILITY					5
6	NURSING FACILITY					6
7	HOME HEALTH AGENCY					7
8	CORF					8
9	HEALTH CLINIC					9
100	TOTAL		293181	80624		100

PROVIDER NO. 14-0233 SAINT ANTHONY MEDICAL CENTER | KPMG LLP COMPU-MAX MICRO SYSTEM | VERSION: 2009.05
PERIOD FROM 10/01/2008 TO 09/30/2009 | IN LIEU OF FORM CMS-2552-96 (11/98) | 02/24/2010 14:07

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

WORKSHEET S
PARTS I & II

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

PART I - CERTIFICATION

CHECK APPLICABLE BOX	XX ELECTRONICALLY FILED COST REPORT	DATE: 02/24/2010
	__ MANUALLY SUBMITTED COST REPORT	TIME: 14:07

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 SAINT ANTHONY MEDICAL CENTER (14-0233) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2008 AND ENDING 09/30/2009, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR Encryption: 02/24/2010 14:07
10d0OUHVWo9VBcnJMUbnd9nvIR2RV0
R9F:n0QG5WJyC4S1tQ5WrwTtn.tJo0
cCcC1ZMTYb0qToWB

PI Encryption: 02/24/2010 14:07
d6G4YsR0iF3qHR7OJhPby3EpMYLtp0
Hud410mCHPW33ALwWuCbK3nQDS7J2L
ddZU8ALWsm02XMeC

(SIGNED) D d E Mc
OFFICER OR ADMINISTRATOR OF PROVIDER(S)

Senior Vice President, CFO
TITLE

February 24, 2010
DATE

PART II - SETTLEMENT SUMMARY

		TITLE V	TITLE XVIII		TITLE XIX	
			PART A	PART B		
		1	2	3	4	
1	HOSPITAL		293181	80624		1
2	SUBPROVIDER I					2
3	SWING BED - SNF					3
4	SWING BED - NF					4
5	SKILLED NURSING FACILITY					5
6	NURSING FACILITY					6
7	HOME HEALTH AGENCY					7
8	OUTPATIENT REHABILITATION PROVIDER					8
9	HEALTH CLINIC					9
100	TOTAL		293181	80624		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 OMD 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: 5666 EAST STATE STREET P.O.BOX: 1

1.01 CITY: ROCKFORD STATE: IL ZIP CODE: 61108-2472 COUNTY: WINNEBAGO 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	SAINT ANTHONY MEDICAL CENTER	14-0233	07/01/1966	N	P	O	2
3	SUBPROVIDER I							3
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF							6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA							9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE							12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16

17	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 10/01/2008	TO: 09/30/2009	17
		1	2	
18	TYPE OF CONTROL	1		18

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL	1	19
20	SUBPROVIDER I		20

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.				21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106?	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.	1	N	N 40420	21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.	1			21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.	1			21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO.	NO			21.06
21.07	DOES THIS HOSPITAL QUALIFY AS AN SCH WITH UNDER 100 BEDS OR FEWER BEDS UNDER MIPPA 147? ENTER 'Y' FOR YES AND 'N' FOR NO (SEE INSTRUCTIONS).	NO			21.07
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?	NO			22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW	NO			23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COl. 3.				23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.				23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.				23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.				23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.				23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.				23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.				23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.				24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.				24.01
25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	NO			25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	NO			25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	NO			25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO			25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO			25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)				25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)				25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA WORKSHEET S-2 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES	38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO	38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO	38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO	38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO	38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	YES 149006	40
40.01	NAME: OSF HEATLHCARE SYSTEM FI/CONTRACTOR'S NAME: WISCONSIN PHYSICIAN SERVICEFI/CONTRACTOR'S NUMBER: 52280		40.01
40.02	STREET: 800 N.E. GLEN OAK AVENUE P.O.BOX:		40.02
40.03	CITY: PEORIA STATE: IL ZIP CODE: 61603		40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES	41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO	43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	NO	44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO	45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?		45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?		45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?		45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.		46

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

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

52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?	NO	52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.	NO	52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.		53
53.01	MDH PERIOD: BEGINNING: ENDING:		53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:		54
	PREMIUMS: PAID LOSSES: AND/OR SELF INSURANCE: 7973899		
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

		DATE	Y/N	LIMIT	Y/N	FEES	
		0	1	2	3	4	
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.	/ /	NO	0.00	NO		56

57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?	YES	57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.	NO	58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)		58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)	NO	59

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)	NO					60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)						60.01
MULTICAMPUS							
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.	NO					61
		COUNTY: 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)	YES	12/30/2009				63

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I

	COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH PATIENT HOURS 2.01	I/P DAYS / O/P VISITS / TRIPS TITLE V 3	TITLE XVIII 4	LTCH NONCOVERED DAYS 4.01	TITLE XIX 5	OBS. BEDS ADMITTED 5.01	
1	HOSPITAL ADULTS & PEDS, EXCL SWING BED, OBSERV & HOSPICE DAYS	199	72635			20929		2999		1
2	HMO					7025				2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF									3
4	HOSPITAL ADULTS & PEDS - SWING BED NF									4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS	199	72635			20929		2999		5
6	INTENSIVE CARE UNIT	36	13140			5032		870		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							417		11
12	TOTAL HOSPITAL	235	85775			25961		4286		12
13	RPCH VISITS									13
14	SUBPROVIDER I									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	235								25
26	OBSERVATION BED DAYS									26
27	AMBULANCE TRIPS									27
28	EMPLOYEE DISCOUNT DAYS									28

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I
(CONTINUED)

	COMPONENT	I/P DAYS OBS. BEDS NOT ADMITTED 5.02	I/P DAYS TOTAL ALL PATIENTS 6	O/P VISITS / TRIPS OBS. BEDS ADMITTED 6.01	O/P VISITS / TRIPS OBS. BEDS NOT ADMITTED 6.02	INTERNS & RES FTES TOTAL 7	INTERNS & RES FTES LESS I&R REPL NON-PHYS ANES 8	INTERNS & RES FTES NET 9	FULL TIME EQUIV EMPLOYEES ON PAYROLL 10	FULL TIME EQUIV NONPAID WORKERS 11	
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		44693								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		44693								5
6	INTENSIVE CARE UNIT		10441								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		1552								11
12	TOTAL HOSPITAL		56686						1922.00	2.00	12
13	RPCH VISITS										13
14	SUBPROVIDER I										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								1922.00	2.00	25
26	OBSERVATION BED DAYS										26
27	AMBULANCE TRIPS										27
28	EMPLOYEE DISCOUNT DAYS										28

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I
(CONTINUED)

	COMPONENT	DISCHARGES TITLE V 12	DISCHARGES TITLE XVIII 13	DISCHARGES TITLE XIX 14	DISCHARGES TOTAL ALL PATIENTS 15	
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		4644	827	11142	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		4644	827	11142	12
13	RPCH VISITS					13
14	SUBPROVIDER I					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 — WORKSHEET S-3 PART II

	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	
	SALARIES	1	2	3	4	5	6	
1	TOTAL SALARIES	123318603	505294	123823897	4067744.00	30.44		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A	756749		756749	3462.00	218.59		4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B	6372061		6372061	30942.00	205.94		5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)							6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	26912728	430808	27343536	539925.00	50.64		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	1646474		1646474	30225.00	54.47		9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10	CONTRACT LABOR: PHYSICIAN PART A							10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	11130572		11130572	178569.00	62.33		11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	25788646	284800	26073446			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	4824891	39918	4864809			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18	PHYSICIAN PART A	836108	242	836350			CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B	585391	2162	587553			CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS							21
22	ADMINISTRATIVE & GENERAL	16415342	503964	16919306	660858.00	25.60		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	1228170		1228170	5028.00	244.27		22.01
23	MAINTENANCE & REPAIRS	1396755	-300	1396455	57177.00	24.42		23
24	OPERATION OF PLANT	740270	600	740870	22757.00	32.56		24
25	LAUNDRY & LINEN SERVICE	147161		147161	11404.00	12.90		25
26	HOUSEKEEPING	1514966	300	1515266	127499.00	11.88		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	1453150	-967903	485247	40855.00	11.88		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA	186242	537733	723975	47500.00	15.24		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	2026283	300	2026583	52161.00	38.85		30
31	CENTRAL SERVICES AND SUPPLY	1461902	150	1462052	96932.00	15.08		31
32	PHARMACY	2774574		2774574	76468.00	36.28		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	1196000		1196000	63380.00	18.87		33
34	SOCIAL SERVICE	427211	210	427421	16274.00	26.26		34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION — WORKSHEET S-3 PART III

	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)	
		1	2	3	4	5	
1	NET SALARIES	118174712	505294	118680006	4041830.00	29.36	1
2	EXCLUDED AREA SALARIES	26912728	430808	27343536	539925.00	50.64	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	91261984	74486	91336470	3501905.00	26.08	3
4	SUBTOTAL OTHER WAGES & REL COSTS	12777046		12777046	208794.00	61.19	4
5	SUBTOTAL WAGE-RELATED COSTS	26624754	285042	26909796		29.46%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	130663784	359528	131023312	3710699.00	35.31	6
7	NET SALARIES						7
8	EXCLUDED AREA SALARIES						8
9	SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)						9
10	SUBTOTAL OTHER WAGES & REL COSTS						10
11	SUBTOTAL WAGE-RELATED COSTS						11
12	TOTAL (SUM OF LINES 9 THRU 11)						12
13	TOTAL OVERHEAD COSTS	30968026	75054	31043080	1278293.00	24.28	13

NHCMQ DEMONSTRATION STATISTICAL DATA WORKSHEET S-7
STATISTICAL DATA

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

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	39325774	17
17.01	GROSS MEDICAID REVENUES	67868004	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	107193778	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.303332	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	67868004	28
29	TOTAL GROSS MEDICAID COST	20586537	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	39325774	30
31	UNCOMPENSATED CARE COST	11928766	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	20586537	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		3880527	3880527	60736	3941263		3941263	3
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		5784703	5784703	90538	5875241	-1405	5873836	4
5	0500	EMPLOYEE BENEFITS		31771312	31771312	451809	32223121	-500047	31723074	5
6	0600	ADMINISTRATIVE & GENERAL	16415342	42214707	58630049	393516	59023565	2472725	61496290	6
7	0700	MAINTENANCE & REPAIRS	1396755	2591536	3988291		3988291	-2212	3986079	7
8	0800	OPERATION OF PLANT	740270	3970710	4710980		4710980	-98084	4612896	8
9	0900	LAUNDRY & LINEN SERVICE	147161	1101389	1248550		1248550		1248550	9
10	1000	HOUSEKEEPING	1514966	436191	1951157		1951157	-190	1950967	10
11	1100	DIETARY	1453150	1915022	3368172	-2098546	1269626	60	1269686	11
12	1200	CAFETERIA	186242	223	186465	1166409	1352874	210	1353084	12
13	1300	MAINTENANCE OF PERSONNEL								13
14	1400	NURSING ADMINISTRATION	2026283	165616	2191899		2191899	-3581	2188318	14
15	1500	CENTRAL SERVICES & SUPPLY	1461902	537213	1999115		1999115	-150	1998965	15
16	1600	PHARMACY	2774574	215567	2990141		2990141	-11321	2978820	16
17	1700	MEDICAL RECORDS & LIBRARY	1196000	338909	1534909		1534909	-2319	1532590	17
18	1800	SOCIAL SERVICE	427211	20547	447758		447758	-1060	446698	18
20	2000	NONPHYSICIAN ANESTHETISTS								20
21	2100	NURSING SCHOOL	1652459	378571	2031030		2031030	-2031030		21
21.01	2101	MEDTECH SCHOOL	112138	5502	117640		117640		117640	21.01
21.02	2102	PARAMED TRAINING	620247	72517	692764		692764	-193245	499519	21.02
22	2200	I&R SERVICES-SALARY & FRINGES A								22
23	2300	I&R SERVICES-OTHER PRGM COSTS A								23
24	2400	PARAMED ED PRGM-(SPECIFY)								24
		INPATIENT ROUTINE SERV COST CENTERS								
25	2500	ADULTS & PEDIATRICS	19460433	2169525	21629958	-2037844	19592114	-44029	19548085	25
26	2600	INTENSIVE CARE UNIT	7050786	1234935	8285721		8285721	300	8286021	26
33	3300	NURSERY				479509	479509	-23662	455847	33
		ANCILLARY SERVICE COST CENTERS								
37	3700	OPERATING ROOM	5463899	25163782	30627681		30627681	300	30627981	37
38	3800	RECOVERY ROOM	932839	61113	993952		993952	300	994252	38
39	3900	DELIVERY ROOM & LABOR ROOM				1558335	1558335	-78007	1480328	39
40	4000	ANESTHESIOLOGY		1718027	1718027		1718027	-86029	1631998	40
41	4100	RADIOLOGY-DIAGNOSTIC	2969242	1673025	4642267	-849097	3793170	-42790	3750380	41
41.01	3230	CAT SCAN	860342	1972041	2832383	339344	3171727	-27864	3143863	41.01
41.02	3630	ULTRA SOUND	1082954	323960	1406914	56116	1463030	-1868	1461162	41.02
41.03	3430	MAGNETIC RESONANCE IMAGING	579124	1831513	2410637	289213	2699850	-21653	2678197	41.03
41.04	3450	NUCLEAR MEDICINE DIAGNOSTIC	486874	1176021	1662895	164424	1827319	-5584	1821735	41.04
41.05	3480	ONCOLOGY	5214396	1171857	6386253		6386253	-3729506	2656747	41.05
44	4400	LABORATORY	5073389	3562617	8636006		8636006	-45995	8590011	44
44.01	4401	LITHOTRIPTER		118825	118825		118825		118825	44.01
46.30	4650	BLOOD CLOTTING FACTORS ADMIN CO								46.30
47	4700	BLOOD STORING, PROCESSING & TRA		2423920	2423920		2423920		2423920	47
49	4900	RESPIRATORY THERAPY	2005961	387110	2393071		2393071	-2639	2390432	49
50	5000	PHYSICAL THERAPY	1651951	633831	2285782		2285782	-300	2285482	50
51	5100	OCCUPATIONAL THERAPY	186908	4489	191397		191397		191397	51
52	5200	SPEECH PATHOLOGY	238957	3609	242566		242566		242566	52
53	5300	ELECTROCARDIOLOGY	381193	54929	436122		436122	-76	436046	53
53.01	3160	CARDIAC REHAB	217512	125595	343107	-2474	340633		340633	53.01
54	5400	ELECTROENCEPHALOGRAPHY	558641	305445	864086		864086	-1460	862626	54
55	5500	MEDICAL SUPPLIES CHARGED TO PAT		1127543	1127543		1127543	-14	1127529	55
56	5600	DRUGS CHARGED TO PATIENTS		18348553	18348553		18348553		18348553	56
56.01	5601	NUTRITIONAL SUPPORT	191106	4105	195211		195211		195211	56.01
56.02	3340	GASTROENTEROLOGY	640454	525110	1165564		1165564	300	1165864	56.02
58.01	5801	SURGERY/CARDIAC AMB DAY CARE	2623085	677616	3300701		3300701	-3257	3297444	58.01
59	3161	CARDIOPULMONARY	1709796	8832155	10541951		10541951	-20312	10521639	59
		OUTPATIENT SERVICE COST CENTERS								
61	6100	EMERGENCY	7086177	4010690	11096867		11096867	-3974089	7122778	61
62	6200	OBSERVATION BEDS (NON-DISTINCT								62
63.50	6310	RHC								63.50
63.60	6320	FQHC								63.60
		OTHER REIMBURSABLE COST CENTERS								
65	6500	AMBULANCE SERVICES	782648	1778116	2560764		2560764		2560764	65
69.10	6910	CMHC								69.10
69.20	6920	OUTPATIENT PHYSICAL THERAPY								69.20
69.30	6930	OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	6940	OUTPATIENT SPEECH PATHOLOGY								69.40
71	7100	HOME HEALTH AGENCY								71
		SPECIAL PURPOSE COST CENTERS								
85.01	8510	PANCREAS ACQUISITION								85.01
85.02	8520	INTESTINAL ACQUISITION								85.02
95		SUBTOTALS	99573367	176820819	276394186	61988	276456174	-8479583	267976591	95
		NONREIMBURSABLE COST CENTERS								
96	9600	GIFT, FLOWER, COFFEE SHOP & CAN	160368	447802	608170		608170	-150	608020	96

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	
98	9800	PHYSICIANS' PRIVATE OFFICES	20143633	17345623	37539256	-994125	36545131	510	36545641	98
99.01	9901	CONVENT		25341	25341		25341		25341	99.01
99.02	9902	OTHER NON-REIMBURSABLE	3391235	-2202125	1189110	932137	2121247		2121247	99.02
101		TOTAL	123318603	192437460	315756063		315756063	-8479223	307276840	101

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	FIRE INSURANCE	A	NEW CAP REL COSTS-BLDG & FIXT	3		60736	1
2		A	NEW CAP REL COSTS-MVBLE EQUIP	4		90538	2
3	CAFETERIA RECLASS	B	CAFETERIA	12	795346	929181	3
4	NURSERY RECLASS	C	NURSERY	33	354225	125284	4
5	LABOR AND DELIVERY RECLASS	D	DELIVERY ROOM & LABOR ROOM	39	1151181	407154	5
6	CFH-RCC IMAGING	E	CAT SCAN	41.01	202214	137130	6
7		E	ULTRA SOUND	41.02	33439	22677	7
8		E	MAGNETIC RESONANCE IMAGING	41.03	172341	116872	8
9		E	NUCLEAR MEDICINE DIAGNOSTIC	41.04	97980	66444	9
10	EMPLOYEE BENEFIT RECLASS	F	EMPLOYEE BENEFITS	5		996599	10
11	TEAM AWARD	H	ADMINISTRATIVE & GENERAL	6		13155	11
12		H	ADMINISTRATIVE & GENERAL	6	600		12
13		H	MAINTENANCE & REPAIRS	7		300	13
14		H	OPERATION OF PLANT	8	600		14
15		H	HOUSEKEEPING	10	300		15
16		H	DIETARY	11		60	16
17		H	CAFETERIA	12		210	17
18		H	NURSING ADMINISTRATION	14	300		18
19		H	CENTRAL SERVICES & SUPPLY	15	150		19
20		H	SOCIAL SERVICE	18	210		20
21		H	NURSING SCHOOL	21		300	21
22		H	ADULTS & PEDIATRICS	25	2370		22
23		H	INTENSIVE CARE UNIT	26		300	23
24		H	OPERATING ROOM	37		300	24
25		H	RECOVERY ROOM	38		300	25
26		H	RADIOLOGY-DIAGNOSTIC	41		1050	26
27		H	CAT SCAN	41.01	90		27
28		H	ONCOLOGY	41.05	210		28
29		H	LABORATORY	44	220		29
30		H	PHYSICAL THERAPY	50	300		30
31		H	ELECTROENCEPHALOGRAPHY	54		300	31
32		H	GASTROENTEROLOGY	56.02		300	32
33		H	SURGERY/CARDIAC AMB DAY CARE	58.01		90	33
34		H	CARDIOPULMONARY	59		300	34
35		H	EMERGENCY	61	750		35
36	SUBTOTAL				2812826	2969580	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE				WKST A-7 REF.	
			COST CENTER	LINE #	SALARY	OTHER		
		1	6	7	8	9	10	
1	FIRE INSURANCE	A	ADMINISTRATIVE & GENERAL	6		151274	9	1
2		A					9	2
3	CAFETERIA RECLASS	B	DIETARY	11	795346	929181		3
4	NURSERY RECLASS	C	ADULTS & PEDIATRICS	25	354225	125284		4
5	LABOR AND DELIVERY RECLASS	D	ADULTS & PEDIATRICS	25	1151181	407154		5
6	CFH-RCC IMAGING	E	RADIOLOGY-DIAGNOSTIC	41	202214	137130		6
7		E	RADIOLOGY-DIAGNOSTIC	41	33439	22677		7
8		E	RADIOLOGY-DIAGNOSTIC	41	172341	116872		8
9		E	RADIOLOGY-DIAGNOSTIC	41	97980	66444		9
10	EMPLOYEE BENEFIT RECLASS	F	PHYSICIANS' PRIVATE OFFICES	98		996599		10
11	TEAM AWARD	H	ADMINISTRATIVE & GENERAL	6	13155			11
12		H	ADMINISTRATIVE & GENERAL	6		600		12
13		H	MAINTENANCE & REPAIRS	7	300			13
14		H	OPERATION OF PLANT	8		600		14
15		H	HOUSEKEEPING	10		300		15
16		H	DIETARY	11	60			16
17		H	CAFETERIA	12	210			17
18		H	NURSING ADMINISTRATION	14		300		18
19		H	CENTRAL SERVICES & SUPPLY	15		150		19
20		H	SOCIAL SERVICE	18		210		20
21		H	NURSING SCHOOL	21	300			21
22		H	ADULTS & PEDIATRICS	25		2370		22
23		H	INTENSIVE CARE UNIT	26	300			23
24		H	OPERATING ROOM	37	300			24
25		H	RECOVERY ROOM	38	300			25
26		H	RADIOLOGY-DIAGNOSTIC	41	1050			26
27		H	CAT SCAN	41.01		90		27
28		H	ONCOLOGY	41.05		210		28
29		H	LABORATORY	44		220		29
30		H	PHYSICAL THERAPY	50		300		30
31		H	ELECTROENCEPHALOGRAPHY	54	300			31
32		H	GASTROENTEROLOGY	56.02	300			32
33		H	SURGERY/CARDIAC AMB DAY CARE	58.01	90			33
34		H	CARDIOPULMONARY	59	300			34
35		H	EMERGENCY	61		750		35
36	SUBTOTAL				2823691	2958715		36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1		H	GIFT, FLOWER, COFFEE SHOP & C	96	150		1
2		H	PHYSICIANS' PRIVATE OFFICES	98		510	2
3	VACATION	I	ADMINISTRATIVE & GENERAL	6	544790		3
4	CARDIAC REHAB	J	PHYSICIANS' PRIVATE OFFICES	98	1568	906	4
5	DIETARY RECLASS	K	OTHER NON-REIMBURSABLE	99.02	429900	502237	5
6		K					6
7	PHONE	G	ADMINISTRATIVE & GENERAL	6		28271	7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36	TOTAL RECLASSIFICATIONS				3789234	3501504	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE				WKST A-7 REF.	
			COST CENTER	LINE #	SALARY	OTHER		
		1	6	7	8	9	10	
1		H	GIFT, FLOWER, COFFEE SHOP & C	96		150		1
2		H	PHYSICIANS' PRIVATE OFFICES	98	510			2
3	VACATION	I	EMPLOYEE BENEFITS	5		544790		3
4	CARDIAC REHAB	J	CARDIAC REHAB	53.01	1568	906		4
5	DIETARY RECLASS	K	DIETARY	11	172497	201522		5
6		K	CAFETERIA	12	257403	300715		6
7	PHONE	G	ADMINISTRATIVE & GENERAL	6	26271			7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34								34
35								35
36	TOTAL RECLASSIFICATIONS				3283940	4006798		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 PURCHASE 2	ACQUISITIONS DONATION 3	ACQUISITIONS TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
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 PURCHASE 2	ACQUISITIONS DONATION 3	ACQUISITIONS TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
1	LAND	2950359	889561		889561	250057	3589863		1
2	LAND IMPROVEMENTS	3619752	10350		10350		3630102		2
3	BUILDINGS AND FIXTURES	109343333	9059817		9059817	4758353	113644797		3
4	BUILDING IMPROVEMENTS	150578					150578		4
5	FIXED EQUIPMENT	98579087	8006385		8006385		106585472		5
6	MOVABLE EQUIPMENT	143559					143559		6
7	SUBTOTAL	214786668	17966113		17966113	5008410	227744371		7
8	RECONCILING ITEMS								8
9	TOTAL	214786668	17966113		17966113	5008410	227744371		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
PARTS III & IV

	DESCRIPTION	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL	
		COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		1	2	3	4	5	6	7	8	
1	OLD CAP REL COSTS-BLDG & FIXT				.000000					1
2	OLD CAP REL COSTS-MVBLE EQUIP				.000000					2
3	NEW CAP REL COSTS-BLDG & FIXT				.000000					3
4	NEW CAP REL COSTS-MVBLE EQUIP				.000000					4
5	TOTAL				.000000					5

	DESCRIPTION	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL	
		SUMMARY OF OLD AND NEW CAPITAL							
		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	3941263						3941263	3
4	NEW CAP REL COSTS-MVBLE EQUIP	5873836						5873836	4
5	TOTAL	9815099						9815099	5

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

	DESCRIPTION	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL	
		SUMMARY OF OLD AND NEW CAPITAL							
		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	3880527						3880527	3
4	NEW CAP REL COSTS-MVBLE EQUIP	5784703						5784703	4
5	TOTAL	9665230						9665230	5

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 COST CENTER 3	LINE NO. 4	WKST A-7 REF 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			NEW CAP REL COSTS-BLDG & FIXT	3		3
4	INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4		4
5	INVESTMENT INCOME-OTHER						5
6	TRADE, QUANTITY, AND TIME DISCOUNTS						6
7	REFUNDS AND REBATES OF EXPENSES						7
8	RENTAL OF PROVIDER SPACE BY SUPPLIERS						8
9	TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-61283	ADMINISTRATIVE & GENERAL	6		9
10	TELEVISION AND RADIO SERVICE	A	-31497	ADMINISTRATIVE & GENERAL	6		10
11	PARKING LOT						11
12	PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-8011583				12
13	SALE OF SCRAP, WASTE, ETC.						13
14	RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1	4619774				14
15	LAUNDRY AND LINEN SERVICE						15
16	CAFETERIA - EMPLOYEES AND GUESTS						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	-2319	MEDICAL RECORDS & LIBRARY	17		20
21	NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)	B	-1944745	NURSING SCHOOL	21		21
22	VENDING MACHINES						22
23	INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES						23
24	INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT						24
25	ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		RESPIRATORY THERAPY	49		25
26	ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		PHYSICAL THERAPY	50		26
27	ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST A-8-3		HOME HEALTH AGENCY	71		27
28	UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89		28
29	DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1		29
30	DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2		30
31	DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3		31
32	DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4		32
33	NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20		33
34	PHYSICIANS' ASSISTANT						34
35	ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4					35
36	ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4					36
37	ALTERNATE BIRHTING CENTER	B	-1482	ADULTS & PEDIATRICS	25		37
38	ALTERNATE BIRTHING CENTER	B	-849	NURSERY	33		38
39	ALTERNATE BIRTHING CENTER	B	-2759	DELIVERY ROOM & LABOR ROOM	39		39
40	TRAUMA CENTER	B	-9175	EMERGENCY	61		40
41	ECHOCARDIOLOGY	B	-252	ULTRA SOUND	41.02		41
42	ELECTROCARDIOLOGY	B	-76	ELECTROCARDIOLOGY	53		42
43	CASE MANAGEMENT	B	-9	NURSING ADMINISTRATION	14		43
44	LAB	B	-447	LABORATORY	44		44
45	MED SUPPLIES SOLD TO PTS	B	-14	MEDICAL SUPPLIES CHARGED TO PAT	55		45
46	RADIOLOGY - DIAGNOSTIC	B	-4222	RADIOLOGY-DIAGNOSTIC	41		46
47	CHEMOTHERAPY	B	-23165	ONCOLOGY	41.05		47
48	RADIATION THERAPY	B	-2514	ONCOLOGY	41.05		48
48.01	RADIATION THERAPY ADMIN	B	-112800	ONCOLOGY	41.05		48.01
48.02	ULTRASOUND	B	-1616	ULTRA SOUND	41.02		48.02
48.03	PHYSICAL THERAPY	A	-85455	ADMINISTRATIVE & GENERAL	6		48.03
48.04	PROPERTY TAXES	A	-38952	ADMINISTRATIVE & GENERAL	6		48.04
49	CARDIAC CATH SVCS	B	-3500	CARDIOPULMONARY	59		49
49.01	PROFESSIONAL DEVELOPMENT	B	-32012	ADMINISTRATIVE & GENERAL	6		49.01
49.02	PARAMEDICAL EDUCATION	B	-65503	PARAMED TRAINING	21.02		49.02
49.03	ADVERTISING	A	-45673	ADMINISTRATIVE & GENERAL	6		49.03
49.04	ADVERTISING	A	-86585	NURSING SCHOOL	21		49.04
49.05	ADVERTISING	A	-1371600	ADMINISTRATIVE & GENERAL	6		49.05
49.06	OCC MED PORTION OF EE HLTH SVCS	A	-81780	ADMINISTRATIVE & GENERAL	6		49.06
49.07	PHYSICIAN RECRUITMENT	A	-59764	ADMINISTRATIVE & GENERAL	6		49.07
49.08	LOBBYING EXPENSE	A	-38247	ADMINISTRATIVE & GENERAL	6		49.08
49.09	INTEREST INCOME	A	-5590	ADMINISTRATIVE & GENERAL	6		49.09
49.10	UNEMPLOYMENT	A	92062	EMPLOYEE BENEFITS	5		49.10
49.11	INTEREST INCOME CORP	A	-11709	ADMINISTRATIVE & GENERAL	6		49.11
49.12	ORGANIZATIONAL DEVELOPMENT	B	-1405	NEW CAP REL COSTS-MVBLE EQUIP	4	9	49.12
49.13	PRINTING AND DUPLICATING	B	-3605	ADMINISTRATIVE & GENERAL	6		49.13

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 COST CENTER 3	LINE NO. 4	WKST A-7 REF 5
49.14	HOUSEKEEPING	B	-490	HOUSEKEEPING	10	49.14
49.15	PLANT OPERATIONS	B	-65227	OPERATION OF PLANT	8	49.15
49.16	PLANT MAINTENANCE	B	-1131	MAINTENANCE & REPAIRS	7	49.16
49.17	BIOMED SERVICES	B	-781	MAINTENANCE & REPAIRS	7	49.17
49.18	SOCIAL WORK	B	-850	SOCIAL SERVICE	18	49.18
49.19	GENERAL ACCOUNTING	B	-70159	ADMINISTRATIVE & GENERAL	6	49.19
49.20	PATIENT ACCOUNTING	B	-212697	ADMINISTRATIVE & GENERAL	6	49.20
49.21	HOSPITAL ADMINISTRATION	B	-3767	ADMINISTRATIVE & GENERAL	6	49.21
49.22	PERSONNEL	B	-2821	ADMINISTRATIVE & GENERAL	6	49.22
49.23	EMPLOYEE HEALTH SERVICES	B	-11020	ADMINISTRATIVE & GENERAL	6	49.23
49.24	CHAPLAINCY	B	-13956	ADMINISTRATIVE & GENERAL	6	49.24
49.26	MEDICAL STAFF ADMIN	B	-54145	ADMINISTRATIVE & GENERAL	6	49.26
49.27	PRE-EMPLOY PHYSICALS	A	-6718	EMPLOYEE BENEFITS	5	49.27
49.28	ER EMPLOYED PHYSICIANS BENEFITS	A	-585391	EMPLOYEE BENEFITS	5	49.28
49.29	INSERVICE EDUCATION NURSING	B	-4500	ADMINISTRATIVE & GENERAL	6	49.29
49.30	TEAM AWARD	A	600	ADMINISTRATIVE & GENERAL	6	49.30
49.31	TEAM AWARD	A	-300	MAINTENANCE & REPAIRS	7	49.31
49.32	TEAM AWARD	A	600	OPERATION OF PLANT	8	49.32
49.33	TEAM AWARD	A	300	HOUSEKEEPING	10	49.33
49.34	TEAM AWARDS	A	60	DIETARY	11	49.34
49.35	TEAM AWARDS	A	210	CAFETERIA	12	49.35
49.36	TEAM AWARD	A	-300	NURSING ADMINISTRATION	14	49.36
49.37	TEAM AWARD	A	-150	CENTRAL SERVICES & SUPPLY	15	49.37
49.38	TEAM AWARD	A	-210	SOCIAL SERVICE	18	49.38
49.39	TEAM AWARD	A	300	NURSING SCHOOL	21	49.39
49.40	TEAM AWARD	A	-2370	ADULTS & PEDIATRICS	25	49.40
49.41	TEAM AWARD	A	300	INTENSIVE CARE UNIT	26	49.41
49.42	TEAM AWARD	A	300	OPERATING ROOM	37	49.42
49.43	TEAM AWARD	A	300	RECOVERY ROOM	38	49.43
49.44	TEAM AWARD	A	1050	RADIOLOGY-DIAGNOSTIC	41	49.44
49.45	TEAM AWARD	A	-90	CAT SCAN	41.01	49.45
49.46	TEAM AWARD	A	-210	ONCOLOGY	41.05	49.46
49.47	TEAM AWARD	A	-220	LABORATORY	44	49.47
49.48	TEAM AWARD	A	-300	PHYSICAL THERAPY	50	49.48
49.49	TEAM AWARD	A	300	ELECTROENCEPHALOGRAPHY	54	49.49
49.50	TEAM AWARD	A	300	GASTROENTEROLOGY	56.02	49.50
49.51	TEAM AWARD	A	-90	SURGERY/CARDIAC AMB DAY CARE	58.01	49.51
49.52	TEAM AWARD	A	300	CARDIOPULMONARY	59	49.52
49.53	TEAM AWARD	A	-750	EMERGENCY	61	49.53
49.54	TEAM AWARD	A	-150	GIFT, FLOWER, COFFEE SHOP & CAN	96	49.54
49.55	TEAM AWARD	A	510	PHYSICIANS' PRIVATE OFFICES	98	49.55
49.56	DISASTER PREPAREDNESS	B	-239	ADMINISTRATIVE & GENERAL	6	49.56
49.57	OUTPATIENT REGISTRATION	B	-125	ADMINISTRATIVE & GENERAL	6	49.57
49.58	MEDICAL LIBRARY	B	-435	ADMINISTRATIVE & GENERAL	6	49.58
49.59	CON LIBRARY	B	-1555	ADMINISTRATIVE & GENERAL	6	49.59
49.99	EXECUTIVE COMPENSATION	A	-13155	ADMINISTRATIVE & GENERAL	6	49.99
50	TOTAL		-8479223			50

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS WORKSHEET A-8-1

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

	LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ-USTMENTS	WKST A-7 REF	
	1	2	3	4	5	6	7	
1	6	ADMINISTRATIVE & GENERAL	A&G	17794418	18828606	-1034188		1
2	8	OPERATION OF PLANT	OPERATION OF PLANT	575658	609115	-33457		2
3	14	NURSING ADMINISTRATION	NURSING ADMIN	56291	59563	-3272		3
4								4
4.02	6	ADMINISTRATIVE & GENERAL	CORPORATE OFFICE INTEREST	5829579		5829579		4.02
4.03	41.03	MAGNETIC RESONANCE IMAGING	MOBILE MRI	10601	13520	-2919		4.03
4.04	41	RADIOLOGY-DIAGNOSTIC	RADIOLOGY ST FRANCIS INC	464723	504341	-39618		4.04
4.05	59	CARDIOPULMONARY	CARDIAC CATH ST FRANCIS I	200727	217839	-17112		4.05
4.06	41.04	NUCLEAR MEDICINE DIAGNOSTIC	NUC MED-ST FRANCIS INC	65503	71087	-5584		4.06
4.07	41.03	MAGNETIC RESONANCE IMAGING	MRI- ST FRANCIS INC	219759	238493	-18734		4.07
4.08	41.01	CAT SCAN	CT SCAN ST FRANCIS INC	325802	353576	-27774		4.08
4.09	41.05	ONCOLOGY	ONCOLOGY ST FRANCIS INC	318450	345597	-27147		4.09
4.10	41.04	NUCLEAR MEDICINE DIAGNOSTIC	MOBILE MRI	159668	159668			4.10
4.11	6	ADMINISTRATIVE & GENERAL	SISTER SERVICES	63001	63001			4.11
4.14	44	LABORATORY	OSF SYSTEM LAB	610995	610995			4.14
5		TOTALS		26695175	22075401	4619774		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	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
	1	2	3	4	5	6	
			-------- RELATED ORGANIZATION(S) AND/OR HOME OFFICE ----------				
1	B	OSF HEALTHCARE	100.00				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 LINE NO. 1	COST CENTER/ PHYSICIAN IDENTIFIER 2		TOTAL REMUNERATION INCL FRINGES 3	PROFESSIONAL COMPONENT 4	PROVIDER COMPONENT 5	RCE AMOUNT 6	PHYSICIAN/ PROVIDER COMPONENT HOURS 7	UNADJUSTED RCE LIMIT 8	PERCENT OF UNADJUSTED RCE LIMIT 9
1	25	ADULTS & PEDIATRICS	ALTERNATE BIRTHING	15170		15170	171400	1	82	4
2	33	NURSERY	ALTERNATE BIRTHING	8693		8693	171400	1	82	4
3	39	DELIVERY ROOM & LABOR RO	ALTERNATE BIRTHING	28251		28251	171400	1	82	4
4	61	EMERGENCY	EMERGENCY ROOM	3355984	3153676	202308	171400	1180	97237	4862
5	41.05	ONCOLOGY	ONCOLOGY	3481913	3215044	266869	171400	1040	85700	4285
6	21.02	PARAMED TRAINING	PARAMEDICAL EDUCATI	229758		229758	171400	1238	102016	5101
7	6	ADMINISTRATIVE & GENERAL	MEDICAL STAFF ADMIN	5700		5700	171400	1	82	4
8	26	INTENSIVE CARE UNIT	OTHER INTENSIVE CAR	15910		15910	171400	198	16316	816
9	25	ADULTS & PEDIATRICS	ALTERNATE BIRTHING	3435		3435	171400	1	82	4
10	33	NURSERY	ALTERNATE BIRTHING	1968		1968	171400	1	82	4
11	39	DELIVERY ROOM & LABOR RO	ALTERNATE BIRTHING	6397		6397	171400	1	82	4
12	25	ADULTS & PEDIATRICS	ALTERNATE BIRTHING	6054		6054	171400	91	7499	375
13	33	NURSERY	ALTERNATE BIRTHING	3470		3470	171400	52	4285	214
14	39	DELIVERY ROOM & LABOR RO	ALTERNATE BIRHTING	11276		11276	171400	169	13926	696
15	25	ADULTS & PEDIATRICS	ALTERNATE BIRTHING	2474		2474	171400	1	82	4
16	33	NURSERY	ALTERNATE BIRTHING	1418		1418	171400	1	82	4
17	39	DELIVERY ROOM & LABOR RO	ALTERNATE BIRTHING	4608		4608	171400	1	82	4
18	25	ADULTS & PEDIATRICS	ALTERNATE BIRTHING	4727		4727	171400	1	82	4
19	33	NURSERY	ALTERNATE BIRTHING	2709		2709	171400	1	82	4
20	39	DELIVERY ROOM & LABOR RO	ALTERNATE BIRTHING	8804		8804	171400	1	82	4
21	25	ADULTS & PEDIATRICS	ALTERNATE BIRTHING	4093		4093	171400	1	82	4
22	33	NURSERY	ALTERNATE BIRTHING	2345		2345	171400	1	82	4
23	39	DELIVERY ROOM & LABOR RO	ALTERNATE BIRTHING	7622		7622	171400	1	82	4
24	25	ADULTS & PEDIATRICS	ALTERNATE BIRTHING	100914		100914	171400	2422	199582	9979
25	33	NURSERY	ALTERNATE BIRTHING	57834		57834	171400	1388	114377	5719
26	39	DELIVERY ROOM & LABOR RO	ALTERNATE BIRTHING	187952		187952	171400	4511	371724	18586
27	25	ADULTS & PEDIATRICS	ALTERNATE BIRTHING	2861		2861	171400	43	3543	177
28	33	NURSERY	ALTERNATE BIRTHING	1640		1640	171400	24	1978	99
29	39	DELIVERY ROOM & LABOR RO	ALTERNATE BIRTHING	5329		5329	171400	80	6592	330
30	25	ADULTS & PEDIATRICS	ALTERNATE BIRTHING	7085		7085	171400	106	8735	437
31	33	NURSERY	ALTERNATE BIRTHING	4061		4061	171400	61	5027	251
32	39	DELIVERY ROOM & LABOR RO	ALTERNATE BIRTHING	13197		13197	171400	198	16316	816
33	25	ADULTS & PEDIATRICS	ALTERNATE BIRTHING	1331		1331	171400	20	1648	82
34	33	NURSERY	ALTERNATE BIRTHING	762		762	171400	11	906	45
35	39	DELIVERY ROOM & LABOR RO	ALTERNATE BIRTHING	2478		2478	171400	37	3049	152
36	25	ADULTS & PEDIATRICS	ALTERNATE BIRTHING	1663		1663	171400	25	2060	103
37	33	NURSERY	ALTERNATE BIRTHING	953		953	171400	14	1154	58
38	39	DELIVERY ROOM & LABOR RO	ALTERNATE BIRTHING	3098		3098	171400	47	3873	194
39	25	ADULTS & PEDIATRICS	ALTERNATE BIRTHING	2229		2229	171400	34	2802	140
40	33	NURSERY	ALTERNATE BIRTHING	1277		1277	171400	19	1566	78
41	39	DELIVERY ROOM & LABOR RO	ALTERNATE BIRTHING	4151		4151	171400	62	5109	255
42	25	ADULTS & PEDIATRICS	ALTERNATE BIRTHING	10770		10770	171400	1	82	4
43	33	NURSERY	ALTERNATE BIRTHING	6172		6172	171400	1	82	4
44	39	DELIVERY ROOM & LABOR RO	ALTERNATE BIRTHING	20058		20058	171400	1	82	4
45	61	EMERGENCY	TRAUMA CENTER	1427275		1427275	171400	8760	721858	36093
46	61	EMERGENCY	TRAUMA CENTER	323750		323750	171400	8760	721858	36093
47	61	EMERGENCY	TRAUMA CENTER	28060		28060	171400	2928	241278	12064
48	61	EMERGENCY	TRAUMA CENTER	10500		10500	171400	1008	83063	4153
49	61	EMERGENCY	TRAUMA CENTER	114300		114300	171400	2743	226034	11302
50	61	EMERGENCY	TRAUMA CENTER	99720		99720	171400	8760	721858	36093
51	61	EMERGENCY	TRAUMA CENTER	7776		7776	171400	778	64110	3206
52	61	EMERGENCY	TRAUMA CENTER	159720		159720	171400	3485	287177	14359
53	61	EMERGENCY	TRAUMA CENTER	418552		418552	171400	8760	721858	36093
54	61	EMERGENCY	TRAUMA CENTER	51370		51370	171400	1121	92375	4619
55	61	EMERGENCY	TRAUMA CENTER	267667		267667	171400	8030	661703	33085
56	61	EMERGENCY	TRAUMA CENTER	5250		5250	171400	504	41532	2077
57	61	EMERGENCY	TRAUMA CENTER	7000		7000	171400	96	7911	396
58	26	INTENSIVE CARE UNIT	MED SURG INTENSIVE	61025		61025	171400	810	66747	3337
59	58.01	SURGERY/CARDIAC AMB DAY	OTHER AMBULATORY SE	18000		18000	171400	180	14833	742
60	37	OPERATING ROOM	SURGERY	120250		120250	204100	8760	859575	42979
61	40	ANESTHESIOLOGY	ANESTHESIOLOGY	929600		929600	200300	8760	843571	42179
62	44	LABORATORY	LAB	100625		100625	219500	524	55297	2765
63	41.05	ONCOLOGY	RADIATION THERAPY A	243269		243269	171400	920	75812	3791
64	41	RADIOLOGY-DIAGNOSTIC	RADIATION ADMINISTR	73000		73000	171400	5840	481238	24062
65	49	RESPIRATORY THERAPY	RESPIRATORY THERAPY	15000		15000	171400	150	12361	618
66	56.02	GASTROENTEROLOGY	GASTRO-INTESTINAL S	10000		10000	171400	260	21425	1071
67	54	ELECTROENCEPHALOGRAPHY	SLEEP LAB	10000		10000	171400	100	8240	412
68	6	ADMINISTRATIVE & GENERAL	OTHER HEALTH PROF E	66000		66000	171400	960	79108	3955
69	18	SOCIAL SERVICE	SOCIAL WORK SVCS	18000		18000	171400	8760	721858	36093
70	16	PHARMACY	PHARMACY	25000		25000	171400	166	13679	684
71	6	ADMINISTRATIVE & GENERAL	COMPUTER SERVICES E	2160		2160	171400	24	1978	99
72	6	ADMINISTRATIVE & GENERAL	HOSPITAL ADMIN	3067		3067	171400	34	2802	140
73	6	ADMINISTRATIVE & GENERAL	MEDICAL STAFF ADMIN	1350		1350	171400	14	1154	58
74	6	ADMINISTRATIVE & GENERAL	MEDICAL STAFF ADMIN	1500		1500	171400	15	1236	62
75	6	ADMINISTRATIVE & GENERAL	MEDICAL STAFF ADMIN	3000		3000	171400	19	1566	78
76	6	ADMINISTRATIVE & GENERAL	MEDICAL STAFF ADMIN	8000		8000	171400	53	4367	218
77	6	ADMINISTRATIVE & GENERAL	MEDICAL STAFF ADMIN	3300		3300	171400	22	1813	91
78	6	ADMINISTRATIVE & GENERAL	MEDICAL STAFF ADMIN	1050		1050	171400	11	906	45
79	6	ADMINISTRATIVE & GENERAL	QUALITY IMPROVEMENT	23965		23965	171400	301	24804	1240
80	6	ADMINISTRATIVE & GENERAL	HEART INSTITUTE	2750		2750	171400	11	906	45
81	6	ADMINISTRATIVE & GENERAL	HEART INSTITUTE	40500		40500	171400	162	13349	667
82	6	ADMINISTRATIVE & GENERAL	HEART INSTITUTE	37750		37750	171400	151	12443	622
101		TOTAL		12387695	6368720	6018975		105829	8992261	449612

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

	WKST A LINE NO. 10	COST CENTER/ PHYSICIAN IDENTIFIER 11		COST OF MEMBERSHIP & CONTIN. EDUCATION 12	PROVIDER COMPONENT SHARE OF COLUMN 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COLUMN 14 15	ADJUSTED RCE LIMIT 16	RCE DIS-ALLOWANCE 17	ADJUST-MENT 18
1	25	ADULTS & PEDIATRICS	ALTERNATE BIRTHING					82	15088	15088
2	33	NURSERY	ALTERNATE BIRTHING					82	8611	8611
3	39	DELIVERY ROOM & LABOR RO	ALTERNATE BIRTHING					82	28169	28169
4	61	EMERGENCY	EMERGENCY ROOM					97237	105071	3258747
5	41.05	ONCOLOGY	ONCOLOGY					85700	181169	3396213
6	21.02	PARAMED TRAINING	PARAMEDICAL EDUCATI					102016	127742	127742
7	6	ADMINISTRATIVE & GENERAL	MEDICAL STAFF ADMIN					82	5618	5618
8	26	INTENSIVE CARE UNIT	OTHER INTENSIVE CAR					16316		
9	25	ADULTS & PEDIATRICS	ALTERNATE BIRTHING					82	3353	3353
10	33	NURSERY	ALTERNATE BIRTHING					82	1886	1886
11	39	DELIVERY ROOM & LABOR RO	ALTERNATE BIRTHING					82	6315	6315
12	25	ADULTS & PEDIATRICS	ALTERNATE BIRTHING					7499		
13	33	NURSERY	ALTERNATE BIRTHING					4285		
14	39	DELIVERY ROOM & LABOR RO	ALTERNATE BIRHTING					13926		
15	25	ADULTS & PEDIATRICS	ALTERNATE BIRTHING					82	2392	2392
16	33	NURSERY	ALTERNATE BIRTHING					82	1336	1336
17	39	DELIVERY ROOM & LABOR RO	ALTERNATE BIRTHING					82	4526	4526
18	25	ADULTS & PEDIATRICS	ALTERNATE BIRTHING					82	4645	4645
19	33	NURSERY	ALTERNATE BIRTHING					82	2627	2627
20	39	DELIVERY ROOM & LABOR RO	ALTERNATE BIRTHING					82	8722	8722
21	25	ADULTS & PEDIATRICS	ALTERNATE BIRTHING					82	4011	4011
22	33	NURSERY	ALTERNATE BIRTHING					82	2263	2263
23	39	DELIVERY ROOM & LABOR RO	ALTERNATE BIRTHING					82	7540	7540
24	25	ADULTS & PEDIATRICS	ALTERNATE BIRTHING					199582		
25	33	NURSERY	ALTERNATE BIRTHING					114377		
26	39	DELIVERY ROOM & LABOR RO	ALTERNATE BIRTHING					371724		
27	25	ADULTS & PEDIATRICS	ALTERNATE BIRTHING					3543		
28	33	NURSERY	ALTERNATE BIRTHING					1978		
29	39	DELIVERY ROOM & LABOR RO	ALTERNATE BIRTHING					6592		
30	25	ADULTS & PEDIATRICS	ALTERNATE BIRTHING					8735		
31	33	NURSERY	ALTERNATE BIRTHING					5027		
32	39	DELIVERY ROOM & LABOR RO	ALTERNATE BIRTHING					16316		
33	25	ADULTS & PEDIATRICS	ALTERNATE BIRTHING					1648		
34	33	NURSERY	ALTERNATE BIRTHING					906		
35	39	DELIVERY ROOM & LABOR RO	ALTERNATE BIRTHING					3049		
36	25	ADULTS & PEDIATRICS	ALTERNATE BIRTHING					2060		
37	33	NURSERY	ALTERNATE BIRTHING					1154		
38	39	DELIVERY ROOM & LABOR RO	ALTERNATE BIRTHING					3873		
39	25	ADULTS & PEDIATRICS	ALTERNATE BIRTHING					2802		
40	33	NURSERY	ALTERNATE BIRTHING					1566		
41	39	DELIVERY ROOM & LABOR RO	ALTERNATE BIRTHING					5109		
42	25	ADULTS & PEDIATRICS	ALTERNATE BIRTHING					82	10688	10688
43	33	NURSERY	ALTERNATE BIRTHING					82	6090	6090
44	39	DELIVERY ROOM & LABOR RO	ALTERNATE BIRTHING					82	19976	19976
45	61	EMERGENCY	TRAUMA CENTER					721858	705417	705417
46	61	EMERGENCY	TRAUMA CENTER					721858		
47	61	EMERGENCY	TRAUMA CENTER					241278		
48	61	EMERGENCY	TRAUMA CENTER					83063		
49	61	EMERGENCY	TRAUMA CENTER					226034		
50	61	EMERGENCY	TRAUMA CENTER					721858		
51	61	EMERGENCY	TRAUMA CENTER					64110		
52	61	EMERGENCY	TRAUMA CENTER					287177		
53	61	EMERGENCY	TRAUMA CENTER					721858		
54	61	EMERGENCY	TRAUMA CENTER					92375		
55	61	EMERGENCY	TRAUMA CENTER					661703		
56	61	EMERGENCY	TRAUMA CENTER					41532		
57	61	EMERGENCY	TRAUMA CENTER					7911		
58	26	INTENSIVE CARE UNIT	MED SURG INTENSIVE					66747		
59	58.01	SURGERY/CARDIAC AMB DAY	OTHER AMBULATORY SE					14833	3167	3167
60	37	OPERATING ROOM	SURGERY					859575		
61	40	ANESTHESIOLOGY	ANESTHESIOLOGY					843571	86029	86029
62	44	LABORATORY	LAB					55297	45328	45328
63	41.05	ONCOLOGY	RADIATION THERAPY A					75812	167457	167457
64	41	RADIOLOGY-DIAGNOSTIC	RADIATION ADMINISTR					481238		
65	49	RESPIRATORY THERAPY	RESPIRATORY THERAPY					12361	2639	2639
66	56.02	GASTROENTEROLOGY	GASTRO-INTESTINAL S					21425		
67	54	ELECTROENCEPHALOGRAPHY	SLEEP LAB					8240	1760	1760
68	6	ADMINISTRATIVE & GENERAL	OTHER HEALTH PROF E					79108		
69	18	SOCIAL SERVICE	SOCIAL WORK SVCS					721858		
70	16	PHARMACY	PHARMACY					13679	11321	11321
71	6	ADMINISTRATIVE & GENERAL	COMPUTER SERVICES E					1978	182	182
72	6	ADMINISTRATIVE & GENERAL	HOSPITAL ADMIN					2802	265	265
73	6	ADMINISTRATIVE & GENERAL	MEDICAL STAFF ADMIN					1154	196	196
74	6	ADMINISTRATIVE & GENERAL	MEDICAL STAFF ADMIN					1236	264	264
75	6	ADMINISTRATIVE & GENERAL	MEDICAL STAFF ADMIN					1566	1434	1434
76	6	ADMINISTRATIVE & GENERAL	MEDICAL STAFF ADMIN					4367	3633	3633
77	6	ADMINISTRATIVE & GENERAL	MEDICAL STAFF ADMIN					1813	1487	1487
78	6	ADMINISTRATIVE & GENERAL	MEDICAL STAFF ADMIN					906	144	144
79	6	ADMINISTRATIVE & GENERAL	QUALITY IMPROVEMENT					24804		
80	6	ADMINISTRATIVE & GENERAL	HEART INSTITUTE					906	1844	1844
81	6	ADMINISTRATIVE & GENERAL	HEART INSTITUTE					13349	27151	27151
82	6	ADMINISTRATIVE & GENERAL	HEART INSTITUTE					12443	25307	25307
101		TOTAL						8992261	1642863	8011583

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINIS-TRATIVE & GENERAL 6	MAIN-TENANCE & REPAIRS 7	OPERATION OF PLANT 8	
	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	3941263	3941263							3
4	NEW CAP REL COSTS-MVBLE EQUIP	5873836		5873836						4
5	EMPLOYEE BENEFITS	31723074			31723074					5
6	ADMINISTRATIVE & GENERAL	61496290	402442	873590	4569685	67342007	67342007			6
7	MAINTENANCE & REPAIRS	3986079	408110	59204	377164	4830557	1355783	6186340		7
8	OPERATION OF PLANT	4612896	85476	91425	200099	4989896	1400504	168902	6559302	8
9	LAUNDRY & LINEN SERVICE	1248550			39746	1288296	361583			9
10	HOUSEKEEPING	1950967	63446	1025	409254	2424692	680533	125370	136660	10
11	DIETARY	1269686	58191	42254	131059	1501190	421336	114985	125340	11
12	CAFETERIA	1353084	65016		195536	1613636	452896	128473	140042	12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION	2188318	9172	54714	547354	2799558	785746	18125	19757	14
15	CENTRAL SERVICES & SUPPLY	1998965	64636	53743	394881	2512225	705101	127722	139223	15
16	PHARMACY	2978820	53968	56070	749376	3838234	1077269	106642	116245	16
17	MEDICAL RECORDS & LIBRARY	1532590	29376	4456	323024	1889446	530307	58048	63275	17
18	SOCIAL SERVICE	446698	3603		115441	565742	158786	7119	7760	18
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL		384205	98202	446227	928634	260638	759195	827560	21
21.01	MEDTECH SCHOOL	117640	2462		30287	150389	42209	4866	5304	21.01
21.02	PARAMED TRAINING	499519	28633	20129	167521	715802	200903	56578	61673	21.02
22	I&R SERVICES-SALARY & FRINGES A									22
23	I&R SERVICES-OTHER PRGM COSTS A									23
24	PARAMED ED PRGM-(SPECIFY)									24
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	19548085	503297	173331	4850059	25074772	7037686	994523	1084077	25
26	INTENSIVE CARE UNIT	8286021	189437	242625	1904245	10622328	2981348	374331	408040	26
33	NURSERY	455847	15692	9204	95672	576415	161781	31008	33800	33
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	30627981	264683	734341	1475647	33102652	9290855	523019	570116	37
38	RECOVERY ROOM	994252	72792	1904	251867	1320815	370711	143838	156790	38
39	DELIVERY ROOM & LABOR ROOM	1480328	51010	22232	310919	1864489	523302	100796	109873	39
40	ANESTHESIOLOGY	1631998	1355	20414		1653767	464159	2678	2919	40
41	RADIOLOGY-DIAGNOSTIC	3750380	103953	509172	665013	5028518	1411344	205413	223910	41
41.01	CAT SCAN	3143863	12288	114667	287007	3557825	998568	24281	26467	41.01
41.02	ULTRA SOUND	1461162	24435	210261	301523	1997381	560601	48283	52631	41.02
41.03	MAGNETIC RESONANCE IMAGING	2678197	41532	120318	202961	3043008	854075	82067	89457	41.03
41.04	NUCLEAR MEDICINE DIAGNOSTIC	1821735	10230	33963	157961	2023889	568041	20215	22035	41.04
41.05	ONCOLOGY	2656747	149591	723785	540056	4070179	1142369	295595	322213	41.05
44	LABORATORY	8590011	95491	328792	1370316	10384610	2914628	188692	205684	44
44.01	LITHOTRIPTER	118825	5098			123923	34781	10075	10982	44.01
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
47	BLOOD STORING, PROCESSING & TRA	2423920		573		2424493	680478			47
49	RESPIRATORY THERAPY	2390432	29599	97969	541784	3059784	858783	58489	63756	49
50	PHYSICAL THERAPY	2285482	91136	22283	446252	2845153	798543	180087	196304	50
51	OCCUPATIONAL THERAPY	191397	11941	968	50481	254787	71511	23595	25719	51
52	SPEECH PATHOLOGY	242566	2479		64539	309584	86890	4899	5340	52
53	ELECTROCARDIOLOGY	436046	9660	19256	102955	567917	159396	19088	20807	53
53.01	CARDIAC REHAB	340633		6500	58324	405457	113799			53.01
54	ELECTROENCEPHALOGRAPHY	862626	23278	85027	150801	1121732	314834	45997	50139	54
55	MEDICAL SUPPLIES CHARGED TO PAT	1127529		126694		1254223	352020			55
56	DRUGS CHARGED TO PATIENTS	18348553	1231	129026		18478810	5186411	2433	2652	56
56.01	NUTRITIONAL SUPPORT	195211	5528	17	51615	252371	70832	10924	11907	56.01
56.02	GASTROENTEROLOGY	1165864	41829	109707	172897	1490297	418279	82655	90098	56.02
58.01	SURGERY/CARDIAC AMB DAY CARE	3297444	38887	43920	708437	4088688	1147564	76842	83762	58.01
59	CARDIOPULMONARY	10521639	67817	389426	461713	11440595	3211009	134008	146076	59
	OUTPATIENT SERVICE COST CENTERS									
61	EMERGENCY	7122778	130982	81780	1062320	8397860	2357011	258823	282130	61
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES	2560764	13048	8239	211383	2793434	784028	25783	28104	65
69.10	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40	OUTPATIENT SPEECH PATHOLOGY									69.40
71	HOME HEALTH AGENCY									71
	SPECIAL PURPOSE COST CENTERS									
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02
95	SUBTOTALS	267976591	3667035	5721206	25193401	261020060	54359231	5644462	5968627	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN	608020	5743	7792	43354	664909	186619	11348	12370	96

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINIS-TRATIVE & GENERAL 6	MAIN-TENANCE & REPAIRS 7	OPERATION OF PLANT 8	
98	PHYSICIANS' PRIVATE OFFICES	36545641	209443	116928	5454280	42326292	11879613	413863	451131	98
99.01	CONVENT	25341	2975	118		28434	7981	5878	6408	99.01
99.02	OTHER NON-REIMBURSABLE	2121247	56067	27792	1032039	3237145	908563	110789	120766	99.02
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	307276840	3941263	5873836	31723074	307276840	67342007	6186340	6559302	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	
	GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6	ADMINISTRATIVE & GENERAL									6
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT									8
9	LAUNDRY & LINEN SERVICE	1649879								9
10	HOUSEKEEPING		3367255							10
11	DIETARY		65713	2228564						11
12	CAFETERIA		73421		2408468					12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION		10358		41984	3675528				14
15	CENTRAL SERVICES & SUPPLY	32599	72992		77946	89817	3757625			15
16	PHARMACY		60945		61554	111665	1090	5373644		16
17	MEDICAL RECORDS & LIBRARY		33174		51016		1643		2626909	17
18	SOCIAL SERVICE		4069		13214		137			18
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL		433872		43991		4293	274		21
21.01	MEDTECH SCHOOL		2781		2844	5158				21.01
21.02	PARAMED TRAINING		32334		12880		1417			21.02
22	I&R SERVICES-SALARY & FRINGES A									22
23	I&R SERVICES-OTHER PRGM COSTS A									23
24	PARAMED ED PRGM-(SPECIFY)									24
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	802770	568358	1881876	557833	1011961	541695	26894	204760	25
26	INTENSIVE CARE UNIT	191764	213927	215840	200552	363821	304120	11200	138777	26
33	NURSERY	10280	17721		9200	16689	9117	2251	3819	33
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	96908	298900		166765	302526	1154287	92771	383234	37
38	RECOVERY ROOM	37749	82202		20406	37019	19128		16104	38
39	DELIVERY ROOM & LABOR ROOM	33408	57604		29773	54012	29631	7319	12408	39
40	ANESTHESIOLOGY		1530				138693	1573720	27759	40
41	RADIOLOGY-DIAGNOSTIC	19524	117391		86477	156909	40700	73260	73085	41
41.01	CAT SCAN	23146	13876		28770	52230	10843	83419	169293	41.01
41.02	ULTRA SOUND	17435	27593		24755	44954	5695	3034	53593	41.02
41.03	MAGNETIC RESONANCE IMAGING	17077	46901		17730	32023	3417	14976	78487	41.03
41.04	NUCLEAR MEDICINE DIAGNOSTIC		11552		13381	24300	2265	38490	66181	41.04
41.05	ONCOLOGY	25427	168930	40563	67408	96493	68422		106002	41.05
44	LABORATORY	56	107836		153550	278555	130980	7407	309251	44
44.01	LITHOTRIPTER		5758						3421	44.01
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
47	BLOOD STORING, PROCESSING & TRA						917		32567	47
49	RESPIRATORY THERAPY	300	33426		55867	101348	39919	6108	63156	49
50	PHYSICAL THERAPY		102918		50013	90728	914		27360	50
51	OCCUPATIONAL THERAPY		13484		4516	8193			4081	51
52	SPEECH PATHOLOGY		2799		6022	10924	20		2013	52
53	ELECTROCARDIOLOGY	11749	10909		15389	27916	10594	1686	25325	53
53.01	CARDIAC REHAB				6691	12137	1890		2537	53.01
54	ELECTROENCEPHALOGRAPHY	2597	26287		18232	33075	2389		16822	54
55	MEDICAL SUPPLIES CHARGED TO PAT						272290	40	18093	55
56	DRUGS CHARGED TO PATIENTS		1390				11285		275621	56
56.01	NUTRITIONAL SUPPORT		6243		5018	9103	43	1662	544	56.01
56.02	GASTROENTEROLOGY	9958	47236		14218	25792	31664	8	21597	56.02
58.01	SURGERY/CARDIAC AMB DAY CARE	85529	43914	18292	71255	129264	124128	7335	29129	58.01
59	CARDIOPULMONARY	30107	76584	21698	45329	82231	469091	20463	252715	59
	OUTPATIENT SERVICE COST CENTERS									
61	EMERGENCY	201398	147915	50295	121435	185703	259592	9909	190881	61
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES		14735		19905	36109	218		18294	65
69.10	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40	OUTPATIENT SPEECH PATHOLOGY									69.40
71	HOME HEALTH AGENCY									71
	SPECIAL PURPOSE COST CENTERS									
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02
95	SUBTOTALS	1649781	3057578	2228564	2115919	3430655	3692527	1982226	2626909	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN		6485		11709					96

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		9	10	11	12	14	15	16	17	
98	PHYSICIANS' PRIVATE OFFICES		236518		143849	7586	64023	3374295		98
99.01	CONVENT	98	3359					17123		99.01
99.02	OTHER NON-REIMBURSABLE		63315		136991	237287	1075			99.02
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	1649879	3367255	2238564	2408468	3675528	3757625	5373644	2626909	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	SOCIAL SERVICE	NURSING SCHOOL	MEDTECH SCHOOL	PARAMED TRAINING	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		18	21	21.01	21.02	25	26	27	
	GENERAL SERVICE COST CENTERS								
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT								3
4	NEW CAP REL COSTS-MVBLE EQUIP								4
5	EMPLOYEE BENEFITS								5
6	ADMINISTRATIVE & GENERAL								6
7	MAINTENANCE & REPAIRS								7
8	OPERATION OF PLANT								8
9	LAUNDRY & LINEN SERVICE								9
10	HOUSEKEEPING								10
11	DIETARY								11
12	CAFETERIA								12
13	MAINTENANCE OF PERSONNEL								13
14	NURSING ADMINISTRATION								14
15	CENTRAL SERVICES & SUPPLY								15
16	PHARMACY								16
17	MEDICAL RECORDS & LIBRARY								17
18	SOCIAL SERVICE	756827							18
20	NONPHYSICIAN ANESTHETISTS								20
21	NURSING SCHOOL		3258457						21
21.01	MEDTECH SCHOOL			213551					21.01
21.02	PARAMED TRAINING				1081587				21.02
22	I&R SERVICES-SALARY & FRINGES A								22
23	I&R SERVICES-OTHER PRGM COSTS A								23
24	PARAMED ED PRGM-(SPECIFY)								24
	INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	613503	1720337			42121045		42121045	25
26	INTENSIVE CARE UNIT	143324	781082			16950454		16950454	26
33	NURSERY		73162			945243		945243	33
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM		83467			46065500		46065500	37
38	RECOVERY ROOM					2204762		2204762	38
39	DELIVERY ROOM & LABOR ROOM		238034			3060649		3060649	39
40	ANESTHESIOLOGY					3865225		3865225	40
41	RADIOLOGY-DIAGNOSTIC					7436531		7436531	41
41.01	CAT SCAN					4988718		4988718	41.01
41.02	ULTRA SOUND					2835955		2835955	41.02
41.03	MAGNETIC RESONANCE IMAGING					4279218		4279218	41.03
41.04	NUCLEAR MEDICINE DIAGNOSTIC					2790349		2790349	41.04
41.05	ONCOLOGY		64918			6468519		6468519	41.05
44	LABORATORY			213551		14894800		14894800	44
44.01	LITHOTRIPTER					188940		188940	44.01
46.30	BLOOD CLOTTING FACTORS ADMIN CO								46.30
47	BLOOD STORING, PROCESSING & TRA					3138455		3138455	47
49	RESPIRATORY THERAPY					4340936		4340936	49
50	PHYSICAL THERAPY					4292020		4292020	50
51	OCCUPATIONAL THERAPY					405886		405886	51
52	SPEECH PATHOLOGY					428491		428491	52
53	ELECTROCARDIOLOGY					870776		870776	53
53.01	CARDIAC REHAB		25761			568272		568272	53.01
54	ELECTROENCEPHALOGRAPHY					1632104		1632104	54
55	MEDICAL SUPPLIES CHARGED TO PAT					1896666		1896666	55
56	DRUGS CHARGED TO PATIENTS					23958602		23958602	56
56.01	NUTRITIONAL SUPPORT					368647		368647	56.01
56.02	GASTROENTEROLOGY		51523			2283325		2283325	56.02
58.01	SURGERY/CARDIAC AMB DAY CARE		85527			5991229		5991229	58.01
59	CARDIOPULMONARY		31944			15961850		15961850	59
	OUTPATIENT SERVICE COST CENTERS								
61	EMERGENCY		102702		1081587	13647241		13647241	61
62	OBSERVATION BEDS (NON-DISTINCT								62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	AMBULANCE SERVICES					3720610		3720610	65
69.10	CMHC								69.10
69.20	OUTPATIENT PHYSICAL THERAPY								69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	OUTPATIENT SPEECH PATHOLOGY								69.40
71	HOME HEALTH AGENCY								71
	SPECIAL PURPOSE COST CENTERS								
85.01	PANCREAS ACQUISITION								85.01
85.02	INTESTINAL ACQUISITION								85.02
95	SUBTOTALS	756827	3258457	213551	1081587	242601018		242601018	95
	NONREIMBURSABLE COST CENTERS								
96	GIFT, FLOWER, COFFEE SHOP & CAN					893440		893440	96

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	SOCIAL SERVICE	NURSING SCHOOL	MEDTECH SCHOOL	PARAMED TRAINING	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		18	21	21.01	21.02	25	26	27	
98	PHYSICIANS' PRIVATE OFFICES					58897170		58897170	98
99.01	CONVENT					69281		69281	99.01
99.02	OTHER NON-REIMBURSABLE					4815931		4815931	99.02
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	TOTAL	756827	325845?	213551	1081587	307276840		307276840	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS	NEW CAP BLDGS & FIXTURES	NEW CAP MOVABLE EQUIPMENT	CAP REL COST TO BE ALLOC	ADMINIS-TRATIVE & GENERAL	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		0	3	4	4A	6	7	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									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6	ADMINISTRATIVE & GENERAL	3433038	402442	873590	4709070	4709070				6
7	MAINTENANCE & REPAIRS	1221173	408110	59204	1688487	94805	1783292			7
8	OPERATION OF PLANT	924	85476	91425	177825	97932	48688	324445		8
9	LAUNDRY & LINEN SERVICE					25284			25284	9
10	HOUSEKEEPING		63446	1025	64471	47587	36140	6760		10
11	DIETARY	2738	58191	42254	103183	29462	33146	6200		11
12	CAFETERIA		65016		65016	31669	37034	6927		12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION	23	9172	54714	63909	54944	5225	977		14
15	CENTRAL SERVICES & SUPPLY	462596	64636	53743	580975	49305	36817	6886	500	15
16	PHARMACY	231	53968	56070	110269	75329	30741	5750		16
17	MEDICAL RECORDS & LIBRARY	1236	29376	4456	35068	37082	16733	3130		17
18	SOCIAL SERVICE		3603		3603	11103	2052	384		18
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL	19	384205	98202	482426	18225	218848	40934		21
21.01	MEDTECH SCHOOL		2462		2462	2952	1403	262		21.01
21.02	PARAMED TRAINING	23	28633	20129	48785	14048	16309	3051		21.02
22	I&R SERVICES-SALARY & FRINGES A									22
23	I&R SERVICES-OTHER PRGM COSTS A									23
24	PARAMED ED PRGM-(SPECIFY)									24
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	58	503297	173331	676686	492117	286688	53623	12300	25
26	INTENSIVE CARE UNIT	15	189437	242625	432077	208474	107906	20183	2939	26
33	NURSERY		15692	9204	24896	11313	8938	1672	158	33
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	21898	264683	734341	1020922	649673	150767	28200	1485	37
38	RECOVERY ROOM		72792	1904	74696	25922	41463	7755	578	38
39	DELIVERY ROOM & LABOR ROOM		51010	22232	73242	36592	29056	5435	512	39
40	ANESTHESIOLOGY		1355	20414	21769	32457	772	144		40
41	RADIOLOGY-DIAGNOSTIC	134682	103953	509172	747807	98690	59213	11075	299	41
41.01	CAT SCAN	488140	12288	114667	615095	69826	6999	1309	355	41.01
41.02	ULTRA SOUND		24435	210261	234696	39201	13918	2603	267	41.02
41.03	MAGNETIC RESONANCE IMAGING	1037558	41532	120318	1199408	59722	23657	4425	262	41.03
41.04	NUCLEAR MEDICINE DIAGNOSTIC	105649	10230	33963	149842	39721	5827	1090		41.04
41.05	ONCOLOGY	1220	149591	723785	874596	79881	85209	15938	390	41.05
44	LABORATORY	513	95491	328792	424796	203808	54393	10174	1	44
44.01	LITHOTRIPTER		5098		5098	2432	2904	543		44.01
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
47	BLOOD STORING, PROCESSING & TRA			573	573	47583				47
49	RESPIRATORY THERAPY	40947	29599	97969	168515	60051	16860	3154	5	49
50	PHYSICAL THERAPY	1655	91136	22283	115074	55839	51912	9710		50
51	OCCUPATIONAL THERAPY		11941	968	12909	5000	6801	1272		51
52	SPEECH PATHOLOGY		2479		2479	6076	1412	264		52
53	ELECTROCARDIOLOGY	13	9660	19256	28929	11146	5502	1029	180	53
53.01	CARDIAC REHAB	109667		6500	116167	7957				53.01
54	ELECTROENCEPHALOGRAPHY	113217	23278	85027	221522	22015	13259	2480	40	54
55	MEDICAL SUPPLIES CHARGED TO PAT	43361		126694	170055	24615				55
56	DRUGS CHARGED TO PATIENTS	538	1231	129026	130795	362665	701	131		56
56.01	NUTRITIONAL SUPPORT		5528	17	5545	4953	3149	589		56.01
56.02	GASTROENTEROLOGY	19	41829	109707	151555	29249	23826	4457	153	56.02
58.01	SURGERY/CARDIAC AMB DAY CARE	25	38887	43920	82832	80245	22151	4143	1311	58.01
59	CARDIOPULMONARY	39	67817	389426	457282	224533	38630	7225	461	59
	OUTPATIENT SERVICE COST CENTERS									
61	EMERGENCY	10554	130982	81780	223316	164816	74609	13955	3086	61
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES	1558226	13048	8239	1579513	54824	7432	1390		65
69.10	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40	OUTPATIENT SPEECH PATHOLOGY									69.40
71	HOME HEALTH AGENCY									71
	SPECIAL PURPOSE COST CENTERS									
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02
95	SUBTOTALS	8789995	3667035	5721206	18178236	3801123	1627090	295229	25282	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN		5743	7792	13535	13050	3271	612		96

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	ADMINIS-TRATIVE & GENERAL 6	MAIN-TENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	
98	PHYSICIANS' PRIVATE OFFICES	789454	209443	116928	1115825	830807	119301	22314		98
99.01	CONVENT		2975	118	3093	558	1694	317	2	99.01
99.02	OTHER NON-REIMBURSABLE	178554	56067	27792	262413	63532	31936	5973		99.02
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	9758003	3941063	5873836	19573102	4709070	1783292	324445	25284	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		10	11	12	14	15	16	17	18	
	GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6	ADMINISTRATIVE & GENERAL									6
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT									8
9	LAUNDRY & LINEN SERVICE									9
10	HOUSEKEEPING	154958								10
11	DIETARY	3024	175015							11
12	CAFETERIA	3379		144025						12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION	477		2511	128043					14
15	CENTRAL SERVICES & SUPPLY	3359		4661	3129	685632				15
16	PHARMACY	2805		3681	3890	199	232664			16
17	MEDICAL RECORDS & LIBRARY	1527		3051		300		96891		17
18	SOCIAL SERVICE	187		790		25			18144	18
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL	19966		2631		783	12			21
21.01	MEDTECH SCHOOL	128		170	180					21.01
21.02	PARAMED TRAINING	1488		770		259				21.02
22	I&R SERVICES-SALARY & FRINGES A									22
23	I&R SERVICES-OTHER PRGM COSTS A									23
24	PARAMED ED PRGM-(SPECIFY)									24
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	26154	147790	33361	35250	98840	1164	7549	14708	25
26	INTENSIVE CARE UNIT	9845	16950	11993	12674	55491	485	5116	3436	26
33	NURSERY	815		550	581	1664	97	141		33
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	13755		9972	10539	210613	4017	14174		37
38	RECOVERY ROOM	3783		1220	1290	3490		594		38
39	DELIVERY ROOM & LABOR ROOM	2651		1780	1882	5407	317	457		39
40	ANESTHESIOLOGY	70				25307	68138	1023		40
41	RADIOLOGY-DIAGNOSTIC	5402		5171	5466	7426	3172	2694		41
41.01	CAT SCAN	639		1720	1820	1978	3612	6241		41.01
41.02	ULTRA SOUND	1270		1480	1566	1039	131	1976		41.02
41.03	MAGNETIC RESONANCE IMAGING	2158		1060	1116	623	648	2894		41.03
41.04	NUCLEAR MEDICINE DIAGNOSTIC	532		800	847	413	1666	2440		41.04
41.05	ONCOLOGY	7774	3185	4031	3362	12485		3908		41.05
44	LABORATORY	4963		9182	9704	23899	321	11401		44
44.01	LITHOTRIPTER	265						126		44.01
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
47	BLOOD STORING, PROCESSING & TRA					167		1201		47
49	RESPIRATORY THERAPY	1538		3341	3531	7284	264	2328		49
50	PHYSICAL THERAPY	4736		2991	3161	167		1009		50
51	OCCUPATIONAL THERAPY	621		270	285			150		51
52	SPEECH PATHOLOGY	129		360	381	4		74		52
53	ELECTROCARDIOLOGY	502		920	973	1933	73	934		53
53.01	CARDIAC REHAB			400	423	345		94		53.01
54	ELECTROENCEPHALOGRAPHY	1210		1090	1152	436		620		54
55	MEDICAL SUPPLIES CHARGED TO PAT					49683	2	667		55
56	DRUGS CHARGED TO PATIENTS	64				2059		10162		56
56.01	NUTRITIONAL SUPPORT	287		300	317	8	72	20		56.01
56.02	GASTROENTEROLOGY	2174		850	899	5778		796		56.02
58.01	SURGERY/CARDIAC AMB DAY CARE	2021	1436	4261	4503	22649	318	1074		58.01
59	CARDIOPULMONARY	3524	1704	2711	2865	85593	886	9317		59
	OUTPATIENT SERVICE COST CENTERS									
61	EMERGENCY	6807	3950	7262	6469	47367	429	7037		61
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES	678		1190	1258	40		674		65
69.10	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40	OUTPATIENT SPEECH PATHOLOGY									69.40
71	HOME HEALTH AGENCY									71
	SPECIAL PURPOSE COST CENTERS									
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02
95	SUBTOTALS	140707	175015	126531	119513	673754	85824	96891	18144	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN	298		700						96

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		10	11	12	14	15	16	17	18	
98	PHYSICIANS' PRIVATE OFFICES	10684		8602	264	11682	146099			98
99.01	CONVENT	155					741			99.01
99.02	OTHER NON-REIMBURSABLE	2914		8192	8266	196				99.02
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	154958	175015	144025	128043	685632	232664	96891	18144	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	NURSING SCHOOL	MEDTECH SCHOOL	PARAMED TRAINING	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		21	21.01	21.02	25	26	27	
	GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT							1
2	OLD CAP REL COSTS-MVBLE EQUIP							2
3	NEW CAP REL COSTS-BLDG & FIXT							3
4	NEW CAP REL COSTS-MVBLE EQUIP							4
5	EMPLOYEE BENEFITS							5
6	ADMINISTRATIVE & GENERAL							6
7	MAINTENANCE & REPAIRS							7
8	OPERATION OF PLANT							8
9	LAUNDRY & LINEN SERVICE							9
10	HOUSEKEEPING							10
11	DIETARY							11
12	CAFETERIA							12
13	MAINTENANCE OF PERSONNEL							13
14	NURSING ADMINISTRATION							14
15	CENTRAL SERVICES & SUPPLY							15
16	PHARMACY							16
17	MEDICAL RECORDS & LIBRARY							17
18	SOCIAL SERVICE							18
20	NONPHYSICIAN ANESTHETISTS							20
21	NURSING SCHOOL	783825						21
21.01	MEDTECH SCHOOL		7557					21.01
21.02	PARAMED TRAINING			84710				21.02
22	I&R SERVICES-SALARY & FRINGES A							22
23	I&R SERVICES-OTHER PRGM COSTS A							23
24	PARAMED ED PRGM-(SPECIFY)							24
	INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS				1886230		1886230	25
26	INTENSIVE CARE UNIT				887569		887569	26
33	NURSERY				50825		50825	33
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM				2114117		2114117	37
38	RECOVERY ROOM				160791		160791	38
39	DELIVERY ROOM & LABOR ROOM				157331		157331	39
40	ANESTHESIOLOGY				149680		149680	40
41	RADIOLOGY-DIAGNOSTIC				946415		946415	41
41.01	CAT SCAN				709594		709594	41.01
41.02	ULTRA SOUND				298147		298147	41.02
41.03	MAGNETIC RESONANCE IMAGING				1295973		1295973	41.03
41.04	NUCLEAR MEDICINE DIAGNOSTIC				203178		203178	41.04
41.05	ONCOLOGY				1090759		1090759	41.05
44	LABORATORY				752642		752642	44
44.01	LITHOTRIPTER				11368		11368	44.01
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
47	BLOOD STORING, PROCESSING & TRA				49524		49524	47
49	RESPIRATORY THERAPY				266871		266871	49
50	PHYSICAL THERAPY				244599		244599	50
51	OCCUPATIONAL THERAPY				27308		27308	51
52	SPEECH PATHOLOGY				11179		11179	52
53	ELECTROCARDIOLOGY				52121		52121	53
53.01	CARDIAC REHAB				125386		125386	53.01
54	ELECTROENCEPHALOGRAPHY				263824		263824	54
55	MEDICAL SUPPLIES CHARGED TO PAT				245022		245022	55
56	DRUGS CHARGED TO PATIENTS				506577		506577	56
56.01	NUTRITIONAL SUPPORT				15240		15240	56.01
56.02	GASTROENTEROLOGY				219737		219737	56.02
58.01	SURGERY/CARDIAC AMB DAY CARE				226944		226944	58.01
59	CARDIOPULMONARY				834731		834731	59
	OUTPATIENT SERVICE COST CENTERS							
61	EMERGENCY				559103		559103	61
62	OBSERVATION BEDS (NON-DISTINCT							62
63.50	RHC							63.50
63.60	FQHC							63.60
	OTHER REIMBURSABLE COST CENTERS							
65	AMBULANCE SERVICES				1646999		1646999	65
69.10	CMHC							69.10
69.20	OUTPATIENT PHYSICAL THERAPY							69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40	OUTPATIENT SPEECH PATHOLOGY							69.40
71	HOME HEALTH AGENCY							71
	SPECIAL PURPOSE COST CENTERS							
85.01	PANCREAS ACQUISITION							85.01
85.02	INTESTINAL ACQUISITION							85.02
95	SUBTOTALS				16009784		16009784	95
	NONREIMBURSABLE COST CENTERS							
96	GIFT, FLOWER, COFFEE SHOP & CAN				31466		31466	96

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	NURSING SCHOOL	MEDTECH SCHOOL	PARAMED TRAINING	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		21	21.01	21.02	25	26	27	
98	PHYSICIANS' PRIVATE OFFICES				2265778		2265778	98
99.01	CONVENT				6560		6560	99.01
99.02	OTHER NON-REIMBURSABLE				383422		383422	99.02
101	CROSS FOOT ADJUSTMENTS	783825	7557	84710	876092		876092	101
102	NEGATIVE COST CENTER							102
103	TOTAL	783825	7557	84710	19573102		19573102	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET 3	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE 4	EMPLOYEE BENEFITS GROSS SALARIES 5	RECON-CILIATION 6A	ADMINIS-TRATIVE & GENERAL ACCUM COST 6	MAIN-TENANCE & REPAIRS SQUARE FEET 7	OPERATION OF PLANT SQUARE FEET 8	
	GENERAL SERVICE COST CENTERS								
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT	476957							3
4	NEW CAP REL COSTS-MVBLE EQUIP		5923599						4
5	EMPLOYEE BENEFITS			117455177					5
6	ADMINISTRATIVE & GENERAL	48702	880991	16919306	-67342007	239934833			6
7	MAINTENANCE & REPAIRS	49388	59706	1396455		4830557	378867		7
8	OPERATION OF PLANT	10344	92200	740870		4989896	10344	368523	8
9	LAUNDRY & LINEN SERVICE			147161		1288296			9
10	HOUSEKEEPING	7678	1034	1515266		2424692	7678	7678	10
11	DIETARY	7042	42612	485247		1501190	7042	7042	11
12	CAFETERIA	7868		723975		1613636	7868	7868	12
13	MAINTENANCE OF PERSONNEL								13
14	NURSING ADMINISTRATION	1110	55178	2026583		2799558	1110	1110	14
15	CENTRAL SERVICES & SUPPLY	7822	54198	1462052		2512225	7822	7822	15
16	PHARMACY	6531	56545	2774574		3838234	6531	6531	16
17	MEDICAL RECORDS & LIBRARY	3555	4494	1196000		1889446	3555	3555	17
18	SOCIAL SERVICE	436		427421		565742	436	436	18
20	NONPHYSICIAN ANESTHETISTS								20
21	NURSING SCHOOL	46495	99034	1652159		928634	46495	46495	21
21.01	MEDTECH SCHOOL	298		112138		150389	298	298	21.01
21.02	PARAMED TRAINING	3465	20300	620247		715802	3465	3465	21.02
22	I&R SERVICES-SALARY & FRINGES								22
23	I&R SERVICES-OTHER PRGM COSTS								23
24	PARAMED ED PRGM-(SPECIFY)								24
	INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	60907	174799	17957397		25074772	60907	60907	25
26	INTENSIVE CARE UNIT	22925	244681	7050486		10622328	22925	22925	26
33	NURSERY	1899	9282	354225		576415	1899	1899	33
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	32031	740562	5463599		33102652	32031	32031	37
38	RECOVERY ROOM	8809	1920	932539		1320815	8809	8809	38
39	DELIVERY ROOM & LABOR ROOM	6173	22420	1151181		1864489	6173	6173	39
40	ANESTHESIOLOGY	164	20587			1653767	164	164	40
41	RADIOLOGY-DIAGNOSTIC	12580	513486	2462218		5028518	12580	12580	41
41.01	CAT SCAN	1487	115638	1062646		3557825	1487	1487	41.01
41.02	ULTRA SOUND	2957	212042	1116393		1997381	2957	2957	41.02
41.03	MAGNETIC RESONANCE IMAGING	5026	121337	751465		3043008	5026	5026	41.03
41.04	NUCLEAR MEDICINE DIAGNOSTIC	1238	34251	584854		2023889	1238	1238	41.04
41.05	ONCOLOGY	18103	729917	1999562		4070179	18103	18103	41.05
44	LABORATORY	11556	331578	5073609		10384610	11556	11556	44
44.01	LITHOTRIPTER	617				123923	617	617	44.01
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
47	BLOOD STORING, PROCESSING & T		578			2424493			47
49	RESPIRATORY THERAPY	3582	98799	2005961		3059784	3582	3582	49
50	PHYSICAL THERAPY	11029	22472	1652251		2845153	11029	11029	50
51	OCCUPATIONAL THERAPY	1445	976	186908		254787	1445	1445	51
52	SPEECH PATHOLOGY	300		238957		309584	300	300	52
53	ELECTROCARDIOLOGY	1169	19419	381193		567917	1169	1169	53
53.01	CARDIAC REHAB		6555	215944		405457			53.01
54	ELECTROENCEPHALOGRAPHY	2817	85747	558341		1121732	2817	2817	54
55	MEDICAL SUPPLIES CHARGED TO P		127767			1254223			55
56	DRUGS CHARGED TO PATIENTS	149	130119			18478810	149	149	56
56.01	NUTRITIONAL SUPPORT	669	17	191106		252371	669	669	56.01
56.02	GASTROENTEROLOGY	5062	110636	640154		1490297	5062	5062	56.02
58.01	SURGERY/CARDIAC AMB DAY CARE	4706	44292	2622995		4088688	4706	4706	58.01
59	CARDIOPULMONARY	8207	392725	1709496		11440595	8207	8207	59
	OUTPATIENT SERVICE COST CENTERS								
61	EMERGENCY	15851	82473	3933251		8397860	15851	15851	61
62	OBSERVATION BEDS (NON-DISTINC								62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	AMBULANCE SERVICES	1579	8309	782648		2793434	1579	1579	65
69.10	CMHC								69.10
69.20	OUTPATIENT PHYSICAL THERAPY								69.20
69.30	OUTPATIENT OCCUPATIONAL THERA								69.30
69.40	OUTPATIENT SPEECH PATHOLOGY								69.40
71	HOME HEALTH AGENCY								71
	SPECIAL PURPOSE COST CENTERS								
85.01	PANCREAS ACQUISITION								85.01
85.02	INTESTINAL ACQUISITION								85.02

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET 3	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE 4	EMPLOYEE BENEFITS GROSS SALARIES 5	RECON-CILIATION 6A	ADMINIS-TRATIVE & GENERAL ACCUM COST 6	MAIN-TENANCE & REPAIRS SQUARE FEET 7	OPERATION OF PLANT SQUARE FEET 8	
95	SUBTOTALS	443771	5769676	93278833	-67342007	143678053	345681	335337	95
	NONREIMBURSABLE COST CENTERS								
96	GIFT, FLOWER, COFFEE SHOP & C	695	7858	160518		664909	695	695	96
98	PHYSICIANS' PRIVATE OFFICES	25346	117919	20194691		42326292	25346	25346	98
99.01	CONVENT	360	119			28434	360	360	99.01
99.02	OTHER NON-REIMBURSABLE	6785	28027	3621135		3037145	6785	6785	99.02
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	COST TO BE ALLOC PER B PT I	3941263	5873836	31723074		67342007	6186340	6559302	103
104	UNIT COST MULT-WS B PT I		.991599				16.328527		104
104	UNIT COST MULT-WS B PT I	8.263351		.270087		.280668		17.798895	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					4709070	1783292	324445	107
108	UNIT COST MULT-WS B PT III						4.706908		108
108	UNIT COST MULT-WS B PT III					.019626		.880393	108

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE-KEEPING SQUARE FEET 10	DIETARY MEALS SERVED 11	CAFETERIA FTE'S 12	NURSING ADMINIS-TRATION DIRECT NRSING HRS 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	PHARMACY COSTED REQUIS. 16	MEDICAL RECORDS & LIBRARY GROSS REVENUE 17	
	GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6	ADMINISTRATIVE & GENERAL									6
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT									8
9	LAUNDRY & LINEN SERVICE	1811168								9
10	HOUSEKEEPING		360845							10
11	DIETARY		7042	159605						11
12	CAFETERIA		7868		14399					12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION		1110		251	2519504				14
15	CENTRAL SERVICES & SUPPLY	35786	7822		466	61568	7850544			15
16	PHARMACY		6531		368	76544	2277	665952		16
17	MEDICAL RECORDS & LIBRARY		3555		305		3432		800462251	17
18	SOCIAL SERVICE		436		79		287			18
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL		46495		263		8969	34		21
21.01	MEDTECH SCHOOL		298		17	3536				21.01
21.02	PARAMED TRAINING		3465		77		2961			21.02
22	I&R SERVICES-SALARY & FRINGES									22
23	I&R SERVICES-OTHER PRGM COSTS									23
24	PARAMED ED PRGM-(SPECIFY)									24
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	881248	60907	134776	3335	693680	1131725	3333	62388919	25
26	INTENSIVE CARE UNIT	210510	22925	15458	1199	249392	635376	1388	42284169	26
33	NURSERY	11285	1899		55	11440	19048	279	1163478	33
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	106381	32031		997	207376	2411572	11497	116831908	37
38	RECOVERY ROOM	41439	8809		122	25376	39962		4906717	38
39	DELIVERY ROOM & LABOR ROOM	36674	6173		178	37024	61905	907	3780760	39
40	ANESTHESIOLOGY		164				289761	195030	8457874	40
41	RADIOLOGY-DIAGNOSTIC	21433	12580		517	107558	85031	9079	22268514	41
41.01	CAT SCAN	25409	1487		172	35803	22653	10338	51582305	41.01
41.02	ULTRA SOUND	19139	2957		148	30815	11898	376	16329338	41.02
41.03	MAGNETIC RESONANCE IMAGING	18746	5026		106	21951	7139	1856	23914266	41.03
41.04	NUCLEAR MEDICINE DIAGNOSTIC		1238		80	16657	4733	4770	20164724	41.04
41.05	ONCOLOGY	27913	18103	2905	403	66144	142949		32298093	41.05
44	LABORATORY	62	11556		918	190944	273648	918	94226258	44
44.01	LITHOTRIPTER		617						1042275	44.01
46.30	BLOOD CLOTTING FACTORS ADMIN									46.30
47	BLOOD STORING, PROCESSING & T						1916		9922853	47
49	RESPIRATORY THERAPY	329	3582		334	69472	83400	757	19243214	49
50	PHYSICAL THERAPY		11029		299	62192	1910		8336236	50
51	OCCUPATIONAL THERAPY		1445		27	5616			1243511	51
52	SPEECH PATHOLOGY		300		36	7488	42		613331	52
53	ELECTROCARDIOLOGY	12898	1169		92	19136	22134	209	7716309	53
53.01	CARDIAC REHAB				40	8320	3949		773007	53.01
54	ELECTROENCEPHALOGRAPHY	2851	2817		109	22672	4991		5125507	54
55	MEDICAL SUPPLIES CHARGED TO P						568876	5	5512820	55
56	DRUGS CHARGED TO PATIENTS		149				23578		83979643	56
56.01	NUTRITIONAL SUPPORT		669		30	6240	90	206	165867	56.01
56.02	GASTROENTEROLOGY	10931	5062		85	17680	66153	1	6580562	56.02
58.01	SURGERY/CARDIAC AMB DAY CARE	93890	4706	1310	426	88608	259333	909	8875468	58.01
59	CARDIOPULMONARY	33050	8207	1554	271	56368	980039	2536	77000303	59
	OUTPATIENT SERVICE COST CENTERS									
61	EMERGENCY	221086	15851	3602	726	127296	542348	1228	58160046	61
62	OBSERVATION BEDS (NON-DISTINC									62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES		1579		119	24752	455		5573976	65
69.10	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20
69.30	OUTPATIENT OCCUPATIONAL THERA									69.30
69.40	OUTPATIENT SPEECH PATHOLOGY									69.40
71	HOME HEALTH AGENCY									71
	SPECIAL PURPOSE COST CENTERS									
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE-KEEPING SQUARE FEET 10	DIETARY MEALS SERVED 11	CAFETERIA FTE'S 12	NURSING ADMINIS-TRATION DIRECT NRSING HRS 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	PHARMACY COSTED REQUIS. 16	MEDICAL RECORDS & LIBRARY GROSS REVENUE 17	
95	SUBTOTALS	1811060	327659	159605	12650	2351648	7714540	245656	800462251	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & C		695		70					96
98	PHYSICIANS' PRIVATE OFFICES		25346		860	5200	133759	418174		98
99.01	CONVENT	108	360					2122		99.01
99.02	OTHER NON-REIMBURSABLE		6785		819	162656	2245			99.02
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	COST TO BE ALLOC PER B PT I	1649879	3367255	2228564	2408468	3675528	3757625	5373644	2626909	103
104	UNIT COST MULT-WS B PT I	.910948		13.962996		1.458830		8.069116		104
104	UNIT COST MULT-WS B PT I		9.331583		167.266338		.478645		.003282	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	25284	154958	175015	144025	128043	685632	232664	96891	107
108	UNIT COST MULT-WS B PT III	.013960		1.096551		.050821		.349371		108
108	UNIT COST MULT-WS B PT III		.429431		10.002431		.087336		.000121	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	SOCIAL SERVICE	NURSING SCHOOL	MEDTECH SCHOOL	PARAMED TRAINING	
		PATIENT DAYS	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	
		18	21	21.01	21.02	
	GENERAL SERVICE COST CENTERS					
1	OLD CAP REL COSTS-BLDG & FIXT					1
2	OLD CAP REL COSTS-MVBLE EQUIP					2
3	NEW CAP REL COSTS-BLDG & FIXT					3
4	NEW CAP REL COSTS-MVBLE EQUIP					4
5	EMPLOYEE BENEFITS					5
6	ADMINISTRATIVE & GENERAL					6
7	MAINTENANCE & REPAIRS					7
8	OPERATION OF PLANT					8
9	LAUNDRY & LINEN SERVICE					9
10	HOUSEKEEPING					10
11	DIETARY					11
12	CAFETERIA					12
13	MAINTENANCE OF PERSONNEL					13
14	NURSING ADMINISTRATION					14
15	CENTRAL SERVICES & SUPPLY					15
16	PHARMACY					16
17	MEDICAL RECORDS & LIBRARY					17
18	SOCIAL SERVICE	55134				18
20	NONPHYSICIAN ANESTHETISTS					20
21	NURSING SCHOOL		18973			21
21.01	MEDTECH SCHOOL			100		21.01
21.02	PARAMED TRAINING				100	21.02
22	I&R SERVICES-SALARY & FRINGES					22
23	I&R SERVICES-OTHER PRGM COSTS					23
24	PARAMED ED PRGM-(SPECIFY)					24
	INPATIENT ROUTINE SERV COST CENTERS					
25	ADULTS & PEDIATRICS	44693	10017			25
26	INTENSIVE CARE UNIT	10441	4548			26
33	NURSERY		426			33
	ANCILLARY SERVICE COST CENTERS					
37	OPERATING ROOM		486			37
38	RECOVERY ROOM					38
39	DELIVERY ROOM & LABOR ROOM		1386			39
40	ANESTHESIOLOGY					40
41	RADIOLOGY-DIAGNOSTIC					41
41.01	CAT SCAN					41.01
41.02	ULTRA SOUND					41.02
41.03	MAGNETIC RESONANCE IMAGING					41.03
41.04	NUCLEAR MEDICINE DIAGNOSTIC					41.04
41.05	ONCOLOGY		378			41.05
44	LABORATORY			100		44
44.01	LITHOTRIPTER					44.01
46.30	BLOOD CLOTTING FACTORS ADMIN					46.30
47	BLOOD STORING, PROCESSING & T					47
49	RESPIRATORY THERAPY					49
50	PHYSICAL THERAPY					50
51	OCCUPATIONAL THERAPY					51
52	SPEECH PATHOLOGY					52
53	ELECTROCARDIOLOGY					53
53.01	CARDIAC REHAB		150			53.01
54	ELECTROENCEPHALOGRAPHY					54
55	MEDICAL SUPPLIES CHARGED TO P					55
56	DRUGS CHARGED TO PATIENTS					56
56.01	NUTRITIONAL SUPPORT					56.01
56.02	GASTROENTEROLOGY		300			56.02
58.01	SURGERY/CARDIAC AMB DAY CARE		498			58.01
59	CARDIOPULMONARY		186			59
	OUTPATIENT SERVICE COST CENTERS					
61	EMERGENCY		598		100	61
62	OBSERVATION BEDS (NON-DISTINC					62
63.50	RHC					63.50
63.60	FQHC					63.60
	OTHER REIMBURSABLE COST CENTERS					
65	AMBULANCE SERVICES					65
69.10	CMHC					69.10
69.20	OUTPATIENT PHYSICAL THERAPY					69.20
69.30	OUTPATIENT OCCUPATIONAL THERA					69.30
69.40	OUTPATIENT SPEECH PATHOLOGY					69.40
71	HOME HEALTH AGENCY					71
	SPECIAL PURPOSE COST CENTERS					
85.01	PANCREAS ACQUISITION					85.01
85.02	INTESTINAL ACQUISITION					85.02

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	SOCIAL SERVICE	NURSING SCHOOL	MEDTECH SCHOOL	PARAMED TRAINING	
		PATIENT DAYS	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	
		18	21	21.01	21.02	
95	SUBTOTALS	55134	18973	100	100	95
	NONREIMBURSABLE COST CENTERS					
96	GIFT, FLOWER, COFFEE SHOP & C					96
98	PHYSICIANS' PRIVATE OFFICES					98
99.01	CONVENT					99.01
99.02	OTHER NON-REIMBURSABLE					99.02
101	CROSS FOOT ADJUSTMENTS					101
102	NEGATIVE COST CENTER					102
103	COST TO BE ALLOC PER B PT I	756827	3258457	213551	1081587	103
104	UNIT COST MULT-WS B PT I	13.727047		2135.510000		104
104	UNIT COST MULT-WS B PT I		171.741791		10815.870000	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	18144	783825	7557	84710	107
108	UNIT COST MULT-WS B PT III	.329089		75.570000		108
108	UNIT COST MULT-WS B PT III		41.312655		847.100000	108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
	INPATIENT ROUTINE SERV COST CENTERS						
25	ADULTS & PEDIATRICS	42121045		42121045	40177	42161222	25
26	INTENSIVE CARE UNIT	16950454		16950454		16950454	26
33	NURSERY	945243		945243	22813	968056	33
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM	46065500		46065500		46065500	37
38	RECOVERY ROOM	2204762		2204762		2204762	38
39	DELIVERY ROOM & LABOR ROOM	3060649		3060649	75248	3135897	39
40	ANESTHESIOLOGY	3865225		3865225	86029	3951254	40
41	RADIOLOGY-DIAGNOSTIC	7436531		7436531		7436531	41
41.01	CAT SCAN	4988718		4988718		4988718	41.01
41.02	ULTRA SOUND	2835955		2835955		2835955	41.02
41.03	MAGNETIC RESONANCE IMAGING	4279218		4279218		4279218	41.03
41.04	NUCLEAR MEDICINE DIAGNOSTIC	2790349		2790349		2790349	41.04
41.05	ONCOLOGY	6468519		6468519	348626	6817145	41.05
44	LABORATORY	14894800		14894800	45328	14940128	44
44.01	LITHOTRIPTER	188940		188940		188940	44.01
46.30	BLOOD CLOTTING FACTORS ADMI						46.30
47	BLOOD STORING, PROCESSING &	3138455		3138455		3138455	47
49	RESPIRATORY THERAPY	4340936		4340936	2639	4343575	49
50	PHYSICAL THERAPY	4292020		4292020		4292020	50
51	OCCUPATIONAL THERAPY	405886		405886		405886	51
52	SPEECH PATHOLOGY	428491		428491		428491	52
53	ELECTROCARDIOLOGY	870776		870776		870776	53
53.01	CARDIAC REHAB	568272		568272		568272	53.01
54	ELECTROENCEPHALOGRAPHY	1632104		1632104	1760	1633864	54
55	MEDICAL SUPPLIES CHARGED TO	1896666		1896666		1896666	55
56	DRUGS CHARGED TO PATIENTS	23958602		23958602		23958602	56
56.01	NUTRITIONAL SUPPORT	368647		368647		368647	56.01
56.02	GASTROENTEROLOGY	2283325		2283325		2283325	56.02
58.01	SURGERY/CARDIAC AMB DAY CAR	5991229		5991229	3167	5994396	58.01
59	CARDIOPULMONARY	15961850		15961850		15961850	59
	OUTPATIENT SERVICE COST CENTERS						
61	EMERGENCY	13647241		13647241	810488	14457729	61
62	OBSERVATION BEDS (NON-DISTI						62
63.50	RHC						63.50
63.60	FQHC						63.60
	OTHER REIMBURSABLE COST CENTERS						
65	AMBULANCE SERVICES	3720610		3720610		3720610	65
101	SUBTOTAL	242601018		242601018	1436275	244037293	101
102	LESS OBSERVATION BEDS						102
103	TOTAL	242601018		242601018	1436275	244037293	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I (CONT)

	COST CENTER DESCRIPTION	CHARGES			COST OR OTHER RATIO	TEFRA INPATIENT RATIO	PPS INPATIENT RATIO	
		INPATIENT 6	OUTPATIENT 7	TOTAL 8	9	10	11	
	INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	61780025		61780025				25
26	INTENSIVE CARE UNIT	42257856		42257856				26
33	NURSERY	1122470		1122470				33
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	82803142	34028767	116831909	.394289	.394289	.394289	37
38	RECOVERY ROOM	2544101	2362616	4906717	.449335	.449335	.449335	38
39	DELIVERY ROOM & LABOR ROOM	3647491	133269	3780760	.809533	.809533	.829436	39
40	ANESTHESIOLOGY	4963217	3494657	8457874	.456997	.456997	.467169	40
41	RADIOLOGY-DIAGNOSTIC	8104151	14164363	22268514	.333948	.333948	.333948	41
41.01	CAT SCAN	17771335	33810970	51582305	.096714	.096714	.096714	41.01
41.02	ULTRA SOUND	5990094	10339244	16329338	.173672	.173672	.173672	41.02
41.03	MAGNETIC RESONANCE IMAGING	5138742	18775525	23914267	.178940	.178940	.178940	41.03
41.04	NUCLEAR MEDICINE DIAGNOSTIC	3012263	17152461	20164724	.138378	.138378	.138378	41.04
41.05	ONCOLOGY	599951	31698142	32298093	.200276	.200276	.211070	41.05
44	LABORATORY	45659815	48566443	94226258	.158075	.158075	.158556	44
44.01	LITHOTRIPTER	40583	1001692	1042275	.181277	.181277	.181277	44.01
46.30	BLOOD CLOTTING FACTORS ADMI							46.30
47	BLOOD STORING, PROCESSING &	7971650	1951203	9922853	.316286	.316286	.316286	47
49	RESPIRATORY THERAPY	17962790	1280424	19243214	.225583	.225583	.225720	49
50	PHYSICAL THERAPY	3287908	5048328	8336236	.514863	.514863	.514863	50
51	OCCUPATIONAL THERAPY	660098	583413	1243511	.326403	.326403	.326403	51
52	SPEECH PATHOLOGY	323946	289385	613331	.698629	.698629	.698629	52
53	ELECTROCARDIOLOGY	2428223	5288086	7716309	.112849	.112849	.112849	53
53.01	CARDIAC REHAB	2838	770169	773007	.735145	.735145	.735145	53.01
54	ELECTROENCEPHALOGRAPHY	484504	4641003	5125507	.318428	.318428	.318771	54
55	MEDICAL SUPPLIES CHARGED TO	5103338	409482	5512820	.344046	.344046	.344046	55
56	DRUGS CHARGED TO PATIENTS	42262253	41717390	83979643	.285291	.285291	.285291	56
56.01	NUTRITIONAL SUPPORT		165867	165867	2.222546	2.222546	2.222546	56.01
56.02	GASTROENTEROLOGY	2663646	3916916	6580562	.346980	.346980	.346980	56.02
58.01	SURGERY/CARDIAC AMB DAY CAR	2385719	6489749	8875468	.675032	.675032	.675389	58.01
59	CARDIOPULMONARY	34870692	42129611	77000303	.207296	.207296	.207296	59
	OUTPATIENT SERVICE COST CENTERS							
61	EMERGENCY	15999566	42160480	58160046	.234650	.234650	.248585	61
62	OBSERVATION BEDS (NON-DISTI							62
63.50	RHC							63.50
63.60	FQHC							63.60
	OTHER REIMBURSABLE COST CENTERS							
65	AMBULANCE SERVICES	2407402	3166574	5573976	.667497	.667497	.667497	65
101	SUBTOTAL	424249809	375536229	799786038				101
102	LESS OBSERVATION BEDS							102
103	TOTAL	424249809	375536229	799786038				103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

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

	COST CENTER DESCRIPTION	OLD CAPITAL: CAPITAL RELATED COST (1)	OLD CAPITAL: SWING-BED ADJUSTMENT (2)	OLD CAPITAL: REDUCED CAPITAL RELATED COST (3)	NEW CAPITAL: CAPITAL RELATED COST (4)	NEW CAPITAL: SWING-BED ADJUSTMENT (5)	NEW CAPITAL: REDUCED CAPITAL RELATED COST (6)	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS				1886230		1886230	25
26	INTENSIVE CARE UNIT				887569		887569	26
27	CORONARY CARE UNIT							27
28	BURN INTENSIVE CARE UNIT							28
29	SURGICAL INTENSIVE CARE UNIT							29
30	OTHER SPECIAL CARE (SPECIFY)							30
31	SUBPROVIDER I							31
33	NURSERY				50825		50825	33
101	TOTAL				2824624		2824624	101

	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS (7)	INPATIENT PROGRAM DAYS (8)	OLD CAPITAL: PER DIEM (9)	OLD CAPITAL: INPATIENT PROGRAM CAPITAL COST (10)	NEW CAPITAL: PER DIEM (11)	NEW CAPITAL: INPATIENT PROGRAM CAPITAL COST (12)	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS	44693	20929			42.20	883204	25
26	INTENSIVE CARE UNIT	10441	5032			85.01	427770	26
27	CORONARY CARE UNIT							27
28	BURN INTENSIVE CARE UNIT							28
29	SURGICAL INTENSIVE CARE UNIT							29
30	OTHER SPECIAL CARE (SPECIFY)							30
31	SUBPROVIDER I							31
33	NURSERY	1552				32.75		33
101	TOTAL	56686	25961				1310974	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
PART II

CHECK APPLICABLE BOXES	[ ] TITLE V	[XX] HOSPITAL (14-0233)	[ ] SUB III	[XX] PPS			
	[XX] TITLE XVIII-PT A	[ ] SUB I	[ ] SUB IV	[ ] TEFRA			
	[ ] TITLE XIX	[ ] SUB II					

	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPATIENT PROGRAM CHARGES 4	OLD CAPITAL RATIO OF COST TO CHARGES 5	OLD CAPITAL COSTS 6	NEW CAPITAL RATIO OF COST TO CHARGES 7	NEW CAPITAL COSTS 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	2114117	116831909	31007022				.018095	561072	37
38	RECOVERY ROOM	160791	4906717	951444				.032770	31179	38
39	DELIVERY ROOM & LABOR ROOM	157331	3780760	14199				.041614	591	39
40	ANESTHESIOLOGY	149680	8457874	1831470				.017697	32412	40
41	RADIOLOGY-DIAGNOSTIC	946415	22268514	3816219				.042500	162189	41
41.01	CAT SCAN	709594	51582305	6642396				.013757	91379	41.01
41.02	ULTRA SOUND	298147	16329338	3058810				.018258	55848	41.02
41.03	MAGNETIC RESONANCE IMAGING	1295973	23914267	2371655				.054192	128525	41.03
41.04	NUCLEAR MEDICINE DIAGNOSTIC	203178	20164724	1371386				.010076	13818	41.04
41.05	ONCOLOGY	1090759	32298093	300337				.033772	10143	41.05
44	LABORATORY	752642	94226258	21737035				.007988	173635	44
44.01	LITHOTRIPTER	11368	1042275	15529				.010907	169	44.01
46.30	BLOOD CLOTTING FACTORS ADMIN									46.30
47	BLOOD STORING, PROCESSING & T	49524	9922853	3938370				.004991	19656	47
49	RESPIRATORY THERAPY	266871	19243214	9514707				.013868	131950	49
50	PHYSICAL THERAPY	244599	8336236	1659750				.029342	48700	50
51	OCCUPATIONAL THERAPY	27308	1243511	354253				.021960	7779	51
52	SPEECH PATHOLOGY	11179	613331	198347				.018227	3615	52
53	ELECTROCARDIOLOGY	52121	7716309	1246282				.006755	8419	53
53.01	CARDIAC REHAB	125386	773007	1994				.162206	323	53.01
54	ELECTROENCEPHALOGRAPHY	263824	5125507	253932				.051473	13071	54
55	MEDICAL SUPPLIES CHARGED TO P	245022	5512820	2385597				.044446	106030	55
56	DRUGS CHARGED TO PATIENTS	506577	83979643	19749563				.006032	119129	56
56.01	NUTRITIONAL SUPPORT	15240	165867					.091881		56.01
56.02	GASTROENTEROLOGY	219737	6580562	1308688				.033392	43700	56.02
58.01	SURGERY/CARDIAC AMB DAY CARE	226944	8875468	1097077				.025570	28052	58.01
59	CARDIOPULMONARY	834731	77000303	17003513				.010841	184335	59
	OUTPATIENT SERVICE COST CENTERS									
61	EMERGENCY	559103	58160046	6225692				.009613	59848	61
62	OBSERVATION BEDS (NON-DISTINC									62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES									65
101	TOTAL	11538161	689051711	138055267					2035567	101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL COST 2	ALLIED HEALTH COSTS 2.01	ALL OTHER MEDICAL EDUCATION COSTS 2.02	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS		1720337				1720337	25
26	INTENSIVE CARE UNIT		781082				781082	26
27	CORONARY CARE UNIT							27
28	BURN INTENSIVE CARE UNIT							28
29	SURGICAL INTENSIVE CARE UNIT							29
30	OTHER SPECIAL CARE (SPECIFY)							30
31	SUBPROVIDER I							31
33	NURSERY		73162				73162	33
34	SKILLED NURSING FACILITY							34
35	NURSING FACILITY							35
101	TOTAL		2574581				2574581	101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS WORKSHEET D PART III

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

	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
	INPAT ROUTINE SERV COST CTRS					
25	ADULTS & PEDIATRICS	44693	38.49	20929	805557	25
26	INTENSIVE CARE UNIT	10441	74.81	5032	376444	26
27	CORONARY CARE UNIT					27
28	BURN INTENSIVE CARE UNIT					28
29	SURGICAL INTENSIVE CARE UNIT					29
30	OTHER SPECIAL CARE (SPECIFY)					30
31	SUBPROVIDER I					31
33	NURSERY	1552	47.14			33
34	SKILLED NURSING FACILITY					34
35	NURSING FACILITY					35
101	TOTAL	56686		25961	1182001	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (14-0233)	[ ]	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	NONPHYSICIAN ANESTHETIST COST	OUTPATIENT NONPHYSICIAN ANESTHETIST COST	NURSING SCHOOL COST	ALLIED HEALTH COSTS	ALL OTHER MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS	
		1	1.01	2	2.01	2.02	2.03	3	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM			83467				83467	37
38	RECOVERY ROOM								38
39	DELIVERY ROOM & LABOR ROOM			238034				238034	39
40	ANESTHESIOLOGY								40
41	RADIOLOGY-DIAGNOSTIC								41
41.01	CAT SCAN								41.01
41.02	ULTRA SOUND								41.02
41.03	MAGNETIC RESONANCE IMAGING								41.03
41.04	NUCLEAR MEDICINE DIAGNOSTIC								41.04
41.05	ONCOLOGY			64918				64918	41.05
44	LABORATORY			213551				213551	44
44.01	LITHOTRIPTER								44.01
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
47	BLOOD STORING, PROCESSING & T								47
49	RESPIRATORY THERAPY								49
50	PHYSICAL THERAPY								50
51	OCCUPATIONAL THERAPY								51
52	SPEECH PATHOLOGY								52
53	ELECTROCARDIOLOGY								53
53.01	CARDIAC REHAB			25761				25761	53.01
54	ELECTROENCEPHALOGRAPHY								54
55	MEDICAL SUPPLIES CHARGED TO P								55
56	DRUGS CHARGED TO PATIENTS								56
56.01	NUTRITIONAL SUPPORT								56.01
56.02	GASTROENTEROLOGY			51523				51523	56.02
58.01	SURGERY/CARDIAC AMB DAY CARE			85527				85527	58.01
59	CARDIOPULMONARY			31944				31944	59
	OUTPATIENT SERVICE COST CENTERS								
61	EMERGENCY			1184289				1184289	61
62	OBSERVATION BEDS (NON-DISTINC								62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	AMBULANCE SERVICES								65
101	TOTAL			1979014				1979014	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS WORKSHEET D PART IV

CHECK	[ ] TITLE V	[XX] HOSPITAL (14-0233)	[ ] 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 PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	83467	116831909	.000714	.000714	31007022	22139	6806437	37
38	RECOVERY ROOM		4906717			951444		395189	38
39	DELIVERY ROOM & LABOR ROOM	238034	3780760	.062959	.062959	14199	894	329	39
40	ANESTHESIOLOGY		8457874			1831470		678296	40
41	RADIOLOGY-DIAGNOSTIC		22268514			3816219		2862495	41
41.01	CAT SCAN		51582305			6642396		9406041	41.01
41.02	ULTRA SOUND		16329338			3058810		3139945	41.02
41.03	MAGNETIC RESONANCE IMAGING		23914267			2371655		4589045	41.03
41.04	NUCLEAR MEDICINE DIAGNOSTIC		20164724			1371386		5848596	41.04
41.05	ONCOLOGY	64918	32298093	.002010	.002010	300337	604	11077713	41.05
44	LABORATORY	213551	94226258	.002266	.002266	21737035	49256	1492213	44
44.01	LITHOTRIPTER		1042275			15529		290576	44.01
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
47	BLOOD STORING, PROCESSING & T		9922853			3938370		1025763	47
49	RESPIRATORY THERAPY		19243214			9514707		416080	49
50	PHYSICAL THERAPY		8336236			1659750		476	50
51	OCCUPATIONAL THERAPY		1243511			354253		935	51
52	SPEECH PATHOLOGY		613331			198347			52
53	ELECTROCARDIOLOGY		7716309			1246282		1828393	53
53.01	CARDIAC REHAB	25761	773007	.033326	.033326	1994	66	363159	53.01
54	ELECTROENCEPHALOGRAPHY		5125507			253932		1246165	54
55	MEDICAL SUPPLIES CHARGED TO P		5512820			2385597		114820	55
56	DRUGS CHARGED TO PATIENTS		83979643			19749563		15490138	56
56.01	NUTRITIONAL SUPPORT		165867					7137	56.01
56.02	GASTROENTEROLOGY	51523	6580562	.007830	.007830	1308688	10247	1493535	56.02
58.01	SURGERY/CARDIAC AMB DAY CARE	85527	8875468	.009636	.009636	1097077	10571	2062591	58.01
59	CARDIOPULMONARY	31944	77000303	.000415	.000415	17003513	7056	19995904	59
	OUTPATIENT SERVICE COST CENTERS								
61	EMERGENCY	1184289	58160046	.020363	.020363	6225692	126774	4964047	61
62	OBSERVATION BEDS (NON-DISTINC								62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	AMBULANCE SERVICES								65
101	TOTAL	1979014	689051711			138055267	227607	95596018	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (14-0233)	[ ]	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			4860			37
38	RECOVERY ROOM						38
39	DELIVERY ROOM & LABOR ROOM			21			39
40	ANESTHESIOLOGY						40
41	RADIOLOGY-DIAGNOSTIC						41
41.01	CAT SCAN						41.01
41.02	ULTRA SOUND						41.02
41.03	MAGNETIC RESONANCE IMAGING						41.03
41.04	NUCLEAR MEDICINE DIAGNOSTIC						41.04
41.05	ONCOLOGY			22266			41.05
44	LABORATORY			3381			44
44.01	LITHOTRIPTER						44.01
46.30	BLOOD CLOTTING FACTORS ADMIN						46.30
47	BLOOD STORING, PROCESSING & T						47
49	RESPIRATORY THERAPY						49
50	PHYSICAL THERAPY						50
51	OCCUPATIONAL THERAPY						51
52	SPEECH PATHOLOGY						52
53	ELECTROCARDIOLOGY						53
53.01	CARDIAC REHAB			12103			53.01
54	ELECTROENCEPHALOGRAPHY						54
55	MEDICAL SUPPLIES CHARGED TO P						55
56	DRUGS CHARGED TO PATIENTS						56
56.01	NUTRITIONAL SUPPORT						56.01
56.02	GASTROENTEROLOGY			11694			56.02
58.01	SURGERY/CARDIAC AMB DAY CARE			19875			58.01
59	CARDIOPULMONARY			8298			59
	OUTPATIENT SERVICE COST CENTERS						
61	EMERGENCY			101083			61
62	OBSERVATION BEDS (NON-DISTINC						62
63.50	RHC						63.50
63.60	FQHC						63.60
	OTHER REIMBURSABLE COST CENTERS						
65	AMBULANCE SERVICES						65
101	TOTAL			183581			101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK APPLICABLE BOXES	[ ] TITLE V - O/P	[XX] HOSPITAL (14-0233)	[ ] SNF
	[XX] TITLE XVIII-PT B	[ ] SUB I	[ ] NF
	[ ] 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, PART II COL. 8	PART I COL. 9	PART II COL. 9	PROGRAM CHARGES - OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC	
		1	1.01	1.02	2	3	4	
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	.394289	.394289	.394289				37
38	RECOVERY ROOM	.449335	.449335	.449335				38
39	DELIVERY ROOM & LABOR ROOM	.809533	.809533	.809533				39
40	ANESTHESIOLOGY	.456997	.456997	.456997				40
41	RADIOLOGY-DIAGNOSTIC	.333948	.333948	.333948				41
41.01	CAT SCAN	.096714	.096714	.096714				41.01
41.02	ULTRA SOUND	.173672	.173672	.173672				41.02
41.03	MAGNETIC RESONANCE IMAGING	.178940	.178940	.178940				41.03
41.04	NUCLEAR MEDICINE DIAGNOSTIC	.138378	.138378	.138378				41.04
41.05	ONCOLOGY	.200276	.200276	.200276				41.05
44	LABORATORY	.158075	.158075	.158075				44
44.01	LITHOTRIPTER	.181277	.181277	.181277				44.01
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
47	BLOOD STORING, PROCESSING & TRA	.316286	.316286	.316286				47
49	RESPIRATORY THERAPY	.225583	.225583	.225583				49
50	PHYSICAL THERAPY	.514863	.514863	.514863				50
51	OCCUPATIONAL THERAPY	.326403	.326403	.326403				51
52	SPEECH PATHOLOGY	.698629	.698629	.698629				52
53	ELECTROCARDIOLOGY	.112849	.112849	.112849				53
53.01	CARDIAC REHAB	.735145	.735145	.735145				53.01
54	ELECTROENCEPHALOGRAPHY	.318428	.318428	.318428				54
55	MEDICAL SUPPLIES CHARGED TO PAT	.344046	.344046	.344046				55
56	DRUGS CHARGED TO PATIENTS	.285291	.285291	.285291				56
56.01	NUTRITIONAL SUPPORT	2.222546	2.222546	2.222546				56.01
56.02	GASTROENTEROLOGY	.346980	.346980	.346980				56.02
58.01	SURGERY/CARDIAC AMB DAY CARE	.675032	.675032	.675032				58.01
59	CARDIOPULMONARY	.207296	.207296	.207296				59
	OUTPATIENT SERVICE COST CENTERS							
61	EMERGENCY	.234650	.234650	.234650				61
62	OBSERVATION BEDS (NON-DISTINCT							62
63.50	RHC							63.50
63.60	FQHC							63.60
	OTHER REIMBURSABLE COST CENTERS							
65	AMBULANCE SERVICES	.667497	.667497	.667497				65
65.01	AMBULANCE SERVICES (2ND PERIOD)	.667497	.667497					65.01
65.02	AMBULANCE SERVICES (3RD PERIOD)	.667497	.667497					65.02
65.03	AMBULANCE SERVICES (4TH PERIOD)	.667497	.667497					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	
1	DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.285291	1
2	PROGRAM VACCINE CHARGES	23192	2
2.01	PROGRAM VACCINE CHARGES		2.01
3	PROGRAM COSTS	6616	3
3.01	PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK APPLICABLE BOXES	[ ] TITLE V - O/P	[XX] HOSPITAL (14-0233)	[ ] SNF
	[XX] TITLE XVIII-PT B	[ ] SUB I	[ ] NF
	[ ] TITLE XIX - O/P	[ ] SUB II	[ ] S/B-SNF
		[ ] SUB III	[ ] S/B-NF
		[ ] SUB IV	[ ] ICF/MR

	COST CENTER DESCRIPTION	PROGRAM CHARGES ALL OTHER (1) (SEE INSTRU.) 5	PROGRAM CHARGES PPS SERVICES (SEE INSTRU.) 5.01	PROGRAM CHARGES ALL OTHER (SEE INSTRU.) 5.02	PROGRAM CHARGES PPS SERVICES (SEE INSTRU.) 5.03	PROGRAM CHARGES PPS SERVICES (SEE INSTRU.) 5.04	PROGRAM COST OUTPATIENT AMBULATORY SURGICAL CENTER 6	PROGRAM COST OUTPATIENT RADIOLOGY 7	PROGRAM COST OTHER OUTPATIENT DIAGNOSTIC 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		6806437							37
38	RECOVERY ROOM		395189							38
39	DELIVERY ROOM & LABOR ROOM		329							39
40	ANESTHESIOLOGY		678296							40
41	RADIOLOGY-DIAGNOSTIC		2862495							41
41.01	CAT SCAN		9406041							41.01
41.02	ULTRA SOUND		3139945							41.02
41.03	MAGNETIC RESONANCE IMAGING		4589045							41.03
41.04	NUCLEAR MEDICINE DIAGNOSTIC		5848596							41.04
41.05	ONCOLOGY		11077713							41.05
44	LABORATORY		1492213							44
44.01	LITHOTRIPTER		290576							44.01
46.30	BLOOD CLOTTING FACTORS ADMIN C									46.30
47	BLOOD STORING, PROCESSING & TR		1025763							47
49	RESPIRATORY THERAPY		416080							49
50	PHYSICAL THERAPY		476							50
51	OCCUPATIONAL THERAPY		935							51
52	SPEECH PATHOLOGY									52
53	ELECTROCARDIOLOGY		1828393							53
53.01	CARDIAC REHAB		363159							53.01
54	ELECTROENCEPHALOGRAPHY		1246165							54
55	MEDICAL SUPPLIES CHARGED TO PA		114820							55
56	DRUGS CHARGED TO PATIENTS		15490138	2625						56
56.01	NUTRITIONAL SUPPORT		7137							56.01
56.02	GASTROENTEROLOGY		1493535							56.02
58.01	SURGERY/CARDIAC AMB DAY CARE		2062591							58.01
59	CARDIOPULMONARY		19995904							59
	OUTPATIENT SERVICE COST CENTERS									
61	EMERGENCY		4964047							61
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES									65
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		95596018	2625						101
102	CRNA CHARGES									102
103	PBP CLINIC LAB									103
104	NET CHARGES		95596018	2625						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK APPLICABLE BOXES	[ ]	TITLE V - O/P	[XX]	HOSPITAL (14-0233)	[ ] SNF
	[XX]	TITLE XVIII-PT B	[ ]	SUB I	[ ] NF
	[ ]	TITLE XIX - O/P	[ ]	SUB II	[ ] S/B-SNF
			[ ]	SUB III	[ ] S/B-NF
			[ ]	SUB IV	[ ] ICF/MR

	COST CENTER DESCRIPTION	PROGRAM COST ALL OTHER (COLS 1x5) 9	PROGRAM COST PPS SERVICES (COLUMNS 1.01x5.01) 9.01	PROGRAM COST ALL OTHER (COLUMNS 1.01x5.02) 9.02	PROGRAM COST PPS SERVICES (COLUMNS 1.01x5.03 9.03	PROGRAM COST PPS SERVICES (COLUMNS 1.01x5.04 9.04	HOSPITAL I/P PART B CHARGES (SEE INSTRU.) 10	HOSPITAL I/P PART B COST (COLUMNS 1.02x10) 11	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM		2683703						37
38	RECOVERY ROOM		177572						38
39	DELIVERY ROOM & LABOR ROOM		266						39
40	ANESTHESIOLOGY		309979						40
41	RADIOLOGY-DIAGNOSTIC		955924						41
41.01	CAT SCAN		909696						41.01
41.02	ULTRA SOUND		545321						41.02
41.03	MAGNETIC RESONANCE IMAGING		821164						41.03
41.04	NUCLEAR MEDICINE DIAGNOSTIC		809317						41.04
41.05	ONCOLOGY		2218600						41.05
44	LABORATORY		235882						44
44.01	LITHOTRIPTER		52675						44.01
46.30	BLOOD CLOTTING FACTORS ADMIN CO								46.30
47	BLOOD STORING, PROCESSING & TRA		324434						47
49	RESPIRATORY THERAPY		93861						49
50	PHYSICAL THERAPY		245						50
51	OCCUPATIONAL THERAPY		305						51
52	SPEECH PATHOLOGY								52
53	ELECTROCARDIOLOGY		206332						53
53.01	CARDIAC REHAB		266975						53.01
54	ELECTROENCEPHALOGRAPHY		396814						54
55	MEDICAL SUPPLIES CHARGED TO PAT		39503						55
56	DRUGS CHARGED TO PATIENTS		4419197	749					56
56.01	NUTRITIONAL SUPPORT		15862						56.01
56.02	GASTROENTEROLOGY		518227						56.02
58.01	SURGERY/CARDIAC AMB DAY CARE		1392315						58.01
59	CARDIOPULMONARY		4145071						59
	OUTPATIENT SERVICE COST CENTERS								
61	EMERGENCY		1164814						61
62	OBSERVATION BEDS (NON-DISTINCT								62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	AMBULANCE SERVICES								65
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		22704054	749					101
102	CRNA CHARGES								102
103	LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS								103
104	NET CHARGES		22704054	749					104

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

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

	COST CENTER DESCRIPTION	OLD CAPITAL: CAPITAL RELATED COST 1	OLD CAPITAL: SWING-BED ADJUSTMENT 2	OLD CAPITAL: REDUCED CAPITAL RELATED COST 3	NEW CAPITAL: CAPITAL RELATED COST 4	NEW CAPITAL: SWING-BED ADJUSTMENT 5	NEW CAPITAL: REDUCED CAPITAL RELATED COST 6	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS				1886230		1886230	25
26	INTENSIVE CARE UNIT				887569		887569	26
27	CORONARY CARE UNIT							27
28	BURN INTENSIVE CARE UNIT							28
29	SURGICAL INTENSIVE CARE UNIT							29
30	OTHER SPECIAL CARE (SPECIFY)							30
31	SUBPROVIDER I							31
33	NURSERY				50825		50825	33
101	TOTAL				2824624		2824624	101

	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL: PER DIEM 9	OLD CAPITAL: INPATIENT PROGRAM CAPITAL COST 10	NEW CAPITAL: PER DIEM 11	NEW CAPITAL: INPATIENT PROGRAM CAPITAL COST 12	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS	44693	2999			42.20	126558	25
26	INTENSIVE CARE UNIT	10441	870			85.01	73959	26
27	CORONARY CARE UNIT							27
28	BURN INTENSIVE CARE UNIT							28
29	SURGICAL INTENSIVE CARE UNIT							29
30	OTHER SPECIAL CARE (SPECIFY)							30
31	SUBPROVIDER I							31
33	NURSERY	1552	417			32.75	13657	33
101	TOTAL	56686	4286				214174	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
PART II

CHECK	[ ] TITLE V	[XX] HOSPITAL (14-0233)	[ ] 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 CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPATIENT PROGRAM CHARGES 4	---- OLD CAPITAL ---- RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	---- NEW CAPITAL ---- RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		2114117	116831909				.018095		37
38	RECOVERY ROOM		160791	4906717				.032770		38
39	DELIVERY ROOM & LABOR ROOM		157331	3780760				.041614		39
40	ANESTHESIOLOGY		149680	8457874				.017697		40
41	RADIOLOGY-DIAGNOSTIC		946415	22268514				.042500		41
41.01	CAT SCAN		709594	51582305				.013757		41.01
41.02	ULTRA SOUND		298147	16329338				.018258		41.02
41.03	MAGNETIC RESONANCE IMAGING		1295973	23914267				.054192		41.03
41.04	NUCLEAR MEDICINE DIAGNOSTIC		203178	20164724				.010076		41.04
41.05	ONCOLOGY		1090759	32298093				.033772		41.05
44	LABORATORY		752642	94226258				.007988		44
44.01	LITHOTRIPTER		11368	1042275				.010907		44.01
46.30	BLOOD CLOTTING FACTORS ADMIN									46.30
47	BLOOD STORING, PROCESSING & T		49524	9922853				.004991		47
49	RESPIRATORY THERAPY		266871	19243214				.013868		49
50	PHYSICAL THERAPY		244599	8336236				.029342		50
51	OCCUPATIONAL THERAPY		27308	1243511				.021960		51
52	SPEECH PATHOLOGY		11179	613331				.018227		52
53	ELECTROCARDIOLOGY		52121	7716309				.006755		53
53.01	CARDIAC REHAB		125386	773007				.162206		53.01
54	ELECTROENCEPHALOGRAPHY		263824	5125507				.051473		54
55	MEDICAL SUPPLIES CHARGED TO P		245022	5512820				.044446		55
56	DRUGS CHARGED TO PATIENTS		506577	83979643				.006032		56
56.01	NUTRITIONAL SUPPORT		15240	165867				.091881		56.01
56.02	GASTROENTEROLOGY		219737	6580562				.033392		56.02
58.01	SURGERY/CARDIAC AMB DAY CARE		226944	8875468				.025570		58.01
59	CARDIOPULMONARY		834731	77000303				.010841		59
	OUTPATIENT SERVICE COST CENTERS									
61	EMERGENCY		559103	58160046				.009613		61
62	OBSERVATION BEDS (NON-DISTINC									62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES									65
101	TOTAL		11538161	689051711						101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL COST 2	ALLIED HEALTH COSTS 2.01	ALL OTHER MEDICAL EDUCATION COSTS 2.02	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS		1720337				1720337	25
26	INTENSIVE CARE UNIT		781082				781082	26
27	CORONARY CARE UNIT							27
28	BURN INTENSIVE CARE UNIT							28
29	SURGICAL INTENSIVE CARE UNIT							29
30	OTHER SPECIAL CARE (SPECIFY)							30
31	SUBPROVIDER I							31
33	NURSERY		73162				73162	33
34	SKILLED NURSING FACILITY							34
35	NURSING FACILITY							35
101	TOTAL		2574581				2574581	101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
	INPAT ROUTINE SERV COST CTRS					
25	ADULTS & PEDIATRICS	44693	38.49	2999	115432	25
26	INTENSIVE CARE UNIT	10441	74.81	870	65085	26
27	CORONARY CARE UNIT					27
28	BURN INTENSIVE CARE UNIT					28
29	SURGICAL INTENSIVE CARE UNIT					29
30	OTHER SPECIAL CARE (SPECIFY)					30
31	SUBPROVIDER I					31
33	NURSERY	1552	47.14	417	19657	33
34	SKILLED NURSING FACILITY					34
35	NURSING FACILITY					35
101	TOTAL	56686		4286	200174	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (14-0233)	[ ]	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	NONPHYSICIAN ANESTHETIST COST	OUTPATIENT NONPHYSICIAN ANESTHETIST COST	NURSING SCHOOL COST	ALLIED HEALTH COSTS	ALL OTHER MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS	
		1	1.01	2	2.01	2.02	2.03	3	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM			83467				83467	37
38	RECOVERY ROOM								38
39	DELIVERY ROOM & LABOR ROOM			238034				238034	39
40	ANESTHESIOLOGY								40
41	RADIOLOGY-DIAGNOSTIC								41
41.01	CAT SCAN								41.01
41.02	ULTRA SOUND								41.02
41.03	MAGNETIC RESONANCE IMAGING								41.03
41.04	NUCLEAR MEDICINE DIAGNOSTIC								41.04
41.05	ONCOLOGY			64918				64918	41.05
44	LABORATORY			213551				213551	44
44.01	LITHOTRIPTER								44.01
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
47	BLOOD STORING, PROCESSING & T								47
49	RESPIRATORY THERAPY								49
50	PHYSICAL THERAPY								50
51	OCCUPATIONAL THERAPY								51
52	SPEECH PATHOLOGY								52
53	ELECTROCARDIOLOGY								53
53.01	CARDIAC REHAB			25761				25761	53.01
54	ELECTROENCEPHALOGRAPHY								54
55	MEDICAL SUPPLIES CHARGED TO P								55
56	DRUGS CHARGED TO PATIENTS								56
56.01	NUTRITIONAL SUPPORT								56.01
56.02	GASTROENTEROLOGY			51523				51523	56.02
58.01	SURGERY/CARDIAC AMB DAY CARE			85527				85527	58.01
59	CARDIOPULMONARY			31944				31944	59
	OUTPATIENT SERVICE COST CENTERS								
61	EMERGENCY			1184289				1184289	61
62	OBSERVATION BEDS (NON-DISTINC								62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	AMBULANCE SERVICES								65
101	TOTAL			1979014				1979014	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (14-0233)	[ ]	SUB IV	[ ]	PPS
APPLICABLE	[ ]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA
BOXES	[XX]	TITLE XIX	[ ]	SUB II	[ ]	NF	[ ]	OTHER
			[ ]	SUB III	[ ]	ICF/MR		

	COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	83467	116831909	.000714	.000714				37
38	RECOVERY ROOM		4906717						38
39	DELIVERY ROOM & LABOR ROOM	238034	3780760	.062959	.062959				39
40	ANESTHESIOLOGY		8457874						40
41	RADIOLOGY-DIAGNOSTIC		22268514						41
41.01	CAT SCAN		51582305						41.01
41.02	ULTRA SOUND		16329338						41.02
41.03	MAGNETIC RESONANCE IMAGING		23914267						41.03
41.04	NUCLEAR MEDICINE DIAGNOSTIC		20164724						41.04
41.05	ONCOLOGY	64918	32298093	.002010	.002010				41.05
44	LABORATORY	213551	94226258	.002266	.002266				44
44.01	LITHOTRIPTER		1042275						44.01
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
47	BLOOD STORING, PROCESSING & T		9922853						47
49	RESPIRATORY THERAPY		19243214						49
50	PHYSICAL THERAPY		8336236						50
51	OCCUPATIONAL THERAPY		1243511						51
52	SPEECH PATHOLOGY		613331						52
53	ELECTROCARDIOLOGY		7716309						53
53.01	CARDIAC REHAB	25761	773007	.033326	.033326				53.01
54	ELECTROENCEPHALOGRAPHY		5125507						54
55	MEDICAL SUPPLIES CHARGED TO P		5512820						55
56	DRUGS CHARGED TO PATIENTS		83979643						56
56.01	NUTRITIONAL SUPPORT		165867						56.01
56.02	GASTROENTEROLOGY	51523	6580562	.007830	.007830				56.02
58.01	SURGERY/CARDIAC AMB DAY CARE	85527	8875468	.009636	.009636				58.01
59	CARDIOPULMONARY	31944	77000303	.000415	.000415				59
	OUTPATIENT SERVICE COST CENTERS								
61	EMERGENCY	1184289	58160046	.020363	.020363				61
62	OBSERVATION BEDS (NON-DISTINC								62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	AMBULANCE SERVICES								65
101	TOTAL	1979014	689051711						101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (14-0233)	[ ]	SUB IV	[ ]	PPS	
APPLICABLE	[ ]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA	
BOXES	[XX]	TITLE XIX	[ ]	SUB II	[ ]	NF	[ ]	OTHER	
			[ ]	SUB III	[ ]	ICF/MR			

	COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM						37
38	RECOVERY ROOM						38
39	DELIVERY ROOM & LABOR ROOM						39
40	ANESTHESIOLOGY						40
41	RADIOLOGY-DIAGNOSTIC						41
41.01	CAT SCAN						41.01
41.02	ULTRA SOUND						41.02
41.03	MAGNETIC RESONANCE IMAGING						41.03
41.04	NUCLEAR MEDICINE DIAGNOSTIC						41.04
41.05	ONCOLOGY						41.05
44	LABORATORY						44
44.01	LITHOTRIPTER						44.01
46.30	BLOOD CLOTTING FACTORS ADMIN						46.30
47	BLOOD STORING, PROCESSING & T						47
49	RESPIRATORY THERAPY						49
50	PHYSICAL THERAPY						50
51	OCCUPATIONAL THERAPY						51
52	SPEECH PATHOLOGY						52
53	ELECTROCARDIOLOGY						53
53.01	CARDIAC REHAB						53.01
54	ELECTROENCEPHALOGRAPHY						54
55	MEDICAL SUPPLIES CHARGED TO P						55
56	DRUGS CHARGED TO PATIENTS						56
56.01	NUTRITIONAL SUPPORT						56.01
56.02	GASTROENTEROLOGY						56.02
58.01	SURGERY/CARDIAC AMB DAY CARE						58.01
59	CARDIOPULMONARY						59
	OUTPATIENT SERVICE COST CENTERS						
61	EMERGENCY						61
62	OBSERVATION BEDS (NON-DISTINC						62
63.50	RHC						63.50
63.60	FQHC						63.60
	OTHER REIMBURSABLE COST CENTERS						
65	AMBULANCE SERVICES						65
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 (PPS) (14-0233) 1	SUB I 1	SUB II 1	SUB III 1	SUB IV 1	SNF 1	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	44693						1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	44693						2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	44693						4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	20929						9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15	TOTAL NURSERY DAYS							15
16	TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

		HOSPITAL (PPS) (14-0233)	SUB I	SUB II	SUB III	SUB IV	SNF	
	SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	42161222						21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26	TOTAL SWING-BED COST							26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	42161222						27
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	61595847						28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	61595847						30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.684482						31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1378.20						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	42161222						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) (14-0233)	SUB I	SUB II	SUB III	SUB IV	
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	943.35					38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	19743372					39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	19743372					41

		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42	NURSERY (TITLES V AND XIX ONLY)						42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	INTENSIVE CARE UNIT	16950454	10441	1623.45	5032	8169200	43
44	CORONARY CARE UNIT						44
45	BURN INTENSIVE CARE UNIT						45
46	SURGICAL INTENSIVE CARE UNIT						46
47	OTHER SPECIAL CARE (SPECIFY)						47

		HOSPITAL (PPS) (14-0233)	SUB I	SUB II	SUB III	SUB IV	
		1	1	1	1	1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	37543242					48
49	TOTAL PROGRAM INPATIENT COSTS	65455814					49
	PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	2492975					50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	2263174					51
52	TOTAL PROGRAM EXCLUDABLE COST	4756149					52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	60699665					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

	TARGET AMOUNT AND LIMITATION COMPUTATION	HOSPITAL (PPS) (14-0233) 1	SUB I 1	SUB II 1	SUB III 1	SUB IV 1	
54	PROGRAM DISCHARGES						54
55	TARGET AMOUNT PER DISCHARGE						55
56	TARGET AMOUNT						56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58	BONUS PAYMENT						58
58.01	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03	IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04	RELIEF PAYMENT						58.04
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03	PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05	REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06	REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07	REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

	HOSPITAL (PPS) (14-0233) 1	SUB I 1	SUB II 1	SUB III 1	SUB IV 1	
PART IV - COMPUTATION OF OBSERVATION BED COST						
83 TOTAL OBSERVATION BEDS						83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	943.35					84
85 OBSERVATION BED COST						85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		42161222				86
87 NEW CAPITAL-RELATED COST	1886230	42161222	.044739			87
88 NON PHYSICIAN ANESTHETIST		42161222				88
89 NURSING SCHOOL	1720337	42161222	.040804			89
89.01 ALLIED HEALTH		42161222				89.01
89.02 ALL OTHER		42161222				89.02

COMPUTATION OF INPATIENT OPERATING COST WORKSHEET D-1
PART I

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

PART I - ALL PROVIDER COMPONENTS

		HOSPITAL (OTHER) (14-0233)	SUB I	SUB II	SUB III	SUB IV	NF	
	INPATIENT DAYS	1	1	1	1	1	1	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	44693						1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	44693						2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	44693						4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2999						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	1552						15
16	TITLE V OR XIX NURSERY DAYS	417						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) (14-0233)	SUB I	SUB II	SUB III	SUB IV	NF	
	SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	42121045						21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26	TOTAL SWING-BED COST							26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	42121045						27
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	61595847						28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	61595847						30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.683829						31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1378.20						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	42121045						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) (14-0233)	SUB I	SUB II	SUB III	SUB IV	
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	942.45					38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2826408					39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2826408					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)	945243	1552	609.05	417	253974	42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	INTENSIVE CARE UNIT	16950454	10441	1623.45	870	1412402	43
44	CORONARY CARE UNIT						44
45	BURN INTENSIVE CARE UNIT						45
46	SURGICAL INTENSIVE CARE UNIT						46
47	OTHER SPECIAL CARE (SPECIFY)						47

		HOSPITAL (OTHER) (14-0233)	SUB I	SUB II	SUB III	SUB IV	
		1	1	1	1	1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST						48
49	TOTAL PROGRAM INPATIENT COSTS	4492784					49
	PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	414348					50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52	TOTAL PROGRAM EXCLUDABLE COST	414348					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

	TARGET AMOUNT AND LIMITATION COMPUTATION	HOSPITAL (OTHER) (14-0233) 1	SUB I 1	SUB II 1	SUB III 1	SUB IV 1	
54	PROGRAM DISCHARGES						54
55	TARGET AMOUNT PER DISCHARGE						55
56	TARGET AMOUNT						56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58	BONUS PAYMENT						58
58.01	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03	IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04	RELIEF PAYMENT						58.04
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03	PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05	REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06	REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07	REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

	HOSPITAL (OTHER) (14-0233)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
PART IV - COMPUTATION OF OBSERVATION BED COST						
83 TOTAL OBSERVATION BEDS						83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	943.35					84
85 OBSERVATION BED COST						85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V
[XX] TITLE XVIII-PT A
[ ] TITLE XIX

[XX] HOSPITAL (14-0233)
[ ] SUB I
[ ] SUB II
[ ] SUB III
[ ] SUB IV

[ ] SNF
[ ] NF
[ ] S/B-SNF
[ ] S/B-NF
[ ] ICF/MR

[XX] PPS
[ ] TEFRA
[ ] OTHER

	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
25	ADULTS & PEDIATRICS		29412113		25
26	INTENSIVE CARE UNIT		20572560		26
	ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	.394289	31007022	12225728	37
38	RECOVERY ROOM	.449335	951444	427517	38
39	DELIVERY ROOM & LABOR ROOM	.829436	14199	11777	39
40	ANESTHESIOLOGY	.467169	1831470	855606	40
41	RADIOLOGY-DIAGNOSTIC	.333948	3816219	1274419	41
41.01	CAT SCAN	.096714	6642396	642413	41.01
41.02	ULTRA SOUND	.173672	3058810	531230	41.02
41.03	MAGNETIC RESONANCE IMAGING	.178940	2371655	424384	41.03
41.04	NUCLEAR MEDICINE DIAGNOSTIC	.138378	1371386	189770	41.04
41.05	ONCOLOGY	.211070	300337	63392	41.05
44	LABORATORY	.158556	21737035	3446537	44
44.01	LITHOTRIPTER	.181277	15529	2815	44.01
46.30	BLOOD CLOTTING FACTORS ADMIN CO				46.30
47	BLOOD STORING, PROCESSING & TRA	.316286	3938370	1245651	47
49	RESPIRATORY THERAPY	.225720	9514707	2147660	49
50	PHYSICAL THERAPY	.514863	1659750	854544	50
51	OCCUPATIONAL THERAPY	.326403	354253	115629	51
52	SPEECH PATHOLOGY	.698629	198347	138571	52
53	ELECTROCARDIOLOGY	.112849	1246282	140642	53
53.01	CARDIAC REHAB	.735145	1994	1466	53.01
54	ELECTROENCEPHALOGRAPHY	.318771	253932	80946	54
55	MEDICAL SUPPLIES CHARGED TO PAT	.344046	2385597	820755	55
56	DRUGS CHARGED TO PATIENTS	.285291	19749563	5634373	56
56.01	NUTRITIONAL SUPPORT	2.222546			56.01
56.02	GASTROENTEROLOGY	.346980	1308688	454089	56.02
58.01	SURGERY/CARDIAC AMB DAY CARE	.675389	1097077	740954	58.01
59	CARDIOPULMONARY	.207296	17003513	3524760	59
	OUTPATIENT SERVICE COST CENTERS				
61	EMERGENCY	.248585	6225692	1547614	61
62	OBSERVATION BEDS (NON-DISTINCT				62
	OTHER REIMBURSABLE COST CENTERS				
63.50	RHC				63.50
63.60	FQHC				63.60
65	AMBULANCE SERVICES				65
101	TOTAL		138055267	37543242	101
102	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103	NET CHARGES		138055267		103

INPATIENT ANCILLARY COST APPORTIONMENT — WORKSHEET D-4

[ ] TITLE V	[XX] HOSPITAL (14-0233)	[ ] 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 TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
25	ADULTS & PEDIATRICS				25
26	INTENSIVE CARE UNIT				26
	ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	.394289			37
38	RECOVERY ROOM	.449335			38
39	DELIVERY ROOM & LABOR ROOM	.809533			39
40	ANESTHESIOLOGY	.456997			40
41	RADIOLOGY-DIAGNOSTIC	.333948			41
41.01	CAT SCAN	.096714			41.01
41.02	ULTRA SOUND	.173672			41.02
41.03	MAGNETIC RESONANCE IMAGING	.178940			41.03
41.04	NUCLEAR MEDICINE DIAGNOSTIC	.138378			41.04
41.05	ONCOLOGY	.200276			41.05
44	LABORATORY	.158075			44
44.01	LITHOTRIPTER	.181277			44.01
46.30	BLOOD CLOTTING FACTORS ADMIN CO				46.30
47	BLOOD STORING, PROCESSING & TRA	.316286			47
49	RESPIRATORY THERAPY	.225583			49
50	PHYSICAL THERAPY	.514863			50
51	OCCUPATIONAL THERAPY	.326403			51
52	SPEECH PATHOLOGY	.698629			52
53	ELECTROCARDIOLOGY	.112849			53
53.01	CARDIAC REHAB	.735145			53.01
54	ELECTROENCEPHALOGRAPHY	.318428			54
55	MEDICAL SUPPLIES CHARGED TO PAT	.344046			55
56	DRUGS CHARGED TO PATIENTS	.285291			56
56.01	NUTRITIONAL SUPPORT	2.222546			56.01
56.02	GASTROENTEROLOGY	.346980			56.02
58.01	SURGERY/CARDIAC AMB DAY CARE	.675032			58.01
59	CARDIOPULMONARY	.207296			59
	OUTPATIENT SERVICE COST CENTERS				
61	EMERGENCY	.234650			61
62	OBSERVATION BEDS (NON-DISTINCT				62
	OTHER REIMBURSABLE COST CENTERS				
63.50	RHC				63.50
63.60	FQHC				63.60
65	AMBULANCE SERVICES				65
101	TOTAL				101
102	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103	NET CHARGES				103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		HOSPITAL (14-0233)	SUB I	SUB II	SUB III	SUB IV	
	DRG AMOUNT						
1	OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1						1
1.01	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	10224732					1.01
1.02	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	30674196					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	4711157					2.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT						
3	BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	235.00					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..						3.16
3.17	SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	RES. IN INIT YRS 0.00					3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		HOSPITAL (14-0233)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO						3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO						3.19
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19						3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1						3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1						3.22
3.23	IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1 [SUM OF LINES][PLUS E-3,PT.VI] [3.21-3.23][LINE 23]						3.23
3.24	SUM OF LINES 3.21-3.23 0 0						3.24
	DISPROPORTIONATE SHARE ADJUSTMENT						
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS						4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS						4.01
4.02	SUM OF 4 AND 4.01						4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE						4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT						4.04
	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES						
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317						5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317						5.01
5.02	DIVIDE LINE 5.01 BY LINE 5						5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317						5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK						5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS						5.05
5.06	TOTAL ADDITIONAL PAYMENT						5.06
6	SUBTOTAL	45610085					6
7	HOSPITAL SPECIFIC PAYMENTS						7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)						7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	45610085					8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	3578266					9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL						10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT						11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE	811577					11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES						11.02
12	NET ORGAN ACQUISITION COST						12
13	COST OF TEACHING PHYSICIANS						13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS	1182001					14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	227607					15
16	TOTAL	51409536					16
17	PRIMARY PAYER PAYMENTS	42676					17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	51366860					18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3476364					19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	144514					20
21	REIMBURSABLE BAD DEBTS	523640					21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	366548					21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES						21.02
22	SUBTOTAL	48112530					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		HOSPITAL (14-0233)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION						23
24	OTHER ADJUSTMENTS						24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						25
26	AMOUNT DUE PROVIDER	48112530					26
27	SEQUESTRATION ADJUSTMENT						27
28	INTERIM PAYMENTS	47819349					28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						28.01
29	BALANCE DUE PROVIDER (PROGRAM)	293181					29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	826294					30
	TO BE COMPLETED BY INTERMEDIARY						
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01						50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01						51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)						52
53	CAPITAL OUTLIER RECONILIATION AMOUNT (SEE INSTRUCTIONS)						53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)						55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

		HOSPITAL (14-0233) 1	HOSPITAL (14-0233) 1.01	HOSPITAL (14-0233) 1.02	
1	MEDICAL AND OTHER SERVICES	7365			1
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	22520473			1.01
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	5710680	17132041		1.02
1.03	1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.840	0.840		1.03
1.04	LINE 1.01 TIMES LINE 1.03	18917197			1.04
1.05	LINE 1.02 DIVIDED BY LINE 1.04	30.19			1.05
1.06	TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07	AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101	183581			1.07
2	INTERNS AND RESIDENTS				2
3	ORGAN ACQUISITIONS				3
4	COST OF TEACHING PHYSICIANS				4
5	TOTAL COST	7365			5
	COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6	ANCILLARY SERVICE CHARGES	25817			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	25817			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	25817			14
15	EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	18452			15
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17	LESSER OF COST OR CHARGES	7365			17
17.01	TOTAL PPS PAYMENTS	23026302			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

		HOSPITAL (14-0233) 1	HOSPITAL (14-0233) 1.01	HOSPITAL (14-0233) 1.02	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18	DEDUCTIBLES AND COINSURANCE				18
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	5086501			18.01
19	SUBTOTAL	17947166			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	17947166			23
24	PRIMARY PAYER PAYMENTS	4263			24
25	SUBTOTAL	17942903			25
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
26	COMPOSITE RATE ESRD				26
27	BAD DEBTS	931712			27
27.01	REDUCED REIMBURSABLE BAD DEBTS	652198			27.01
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)				27.02
28	SUBTOTAL	18595101			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)	-100			30.99
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS				31
32	SUBTOTAL	18595201			32
33	SEQUESTRATION ADJUSTMENT				33
34	INTERIM PAYMENTS	18514577			34
34.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)				34.01
35	BALANCE DUE PROVIDER/PROGRAM	80624			35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2				36
	TO BE COMPLETED BY CONTRACTOR				
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)				50
51	OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT				51
52	THE RATE USED TO CALCULATE THE TIME VALUE				52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)				53
54	TOTAL (SUM OF LINES 51 AND 53)				54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

		HOSPITAL (14-0233) 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 (14-0233) 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 (14-0233) OCTOBER 1, 1997 PRIOR TO 1	ON OR AFTER 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 (14-0233)

WORKSHEET E-1

DESCRIPTION			INPATIENT PART A MM/DD/YYYY 1	INPATIENT PART A AMOUNT 2	PART B MM/DD/YYYY 3	PART B AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				47533649		18514577	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.				NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		.01	04/30/2009	385700			3.01
	PROGRAM TO PROVIDER	.02					3.02
		.03				NONE	3.03
		.04					3.04
		.05					3.05
		.50					3.50
	PROVIDER TO PROGRAM	.51					3.51
		.52		NONE		NONE	3.52
		.53					3.53
		.54					3.54
SUBTOTAL		.99		385700			3.99
4 TOTAL INTERIM PAYMENTS				47819349		18514577	4
TO BE COMPLETED BY INTERMEDIARY							
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM TO PROVIDER	.01					5.01
		.02		NONE		NONE	5.02
		.03					5.03
		.50					5.50
	PROVIDER TO PROGRAM	.51		NONE		NONE	5.51
		.52					5.52
SUBTOTAL		.99					5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER	.01		293181		80624	6.01
	PROVIDER TO PROGRAM	.02					6.02
7 TOTAL MEDICARE PROGRAM LIABILITY				48112530		18595201	7

NAME OF INTERMEDIARY: _____ INTERMEDIARY NUMBER: _____

SIGNATURE OF AUTHORIZED PERSON: _____ DATE (MO/DAY/YR): _____

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 (14-0233) (OTHER)	SUB I	SUB II	SUB III	SUB IV	NF I	
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	1	
1	INPATIENT HOSPITAL/SNF/NF SERVICES	4492784						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	4492784						6
7	INPATIENT PRIMARY PAYER PAYMENTS							7
8	OUTPATIENT PRIMARY PAYER PAYMENTS							8
9	SUBTOTAL	4492784						9
	COMPUTATION OF LESSER OF COST OR CHARGES							
10	ROUTINE SERVICE CHARGES							10
11	ANCILLARY SERVICE CHARGES							11
12	INTERNS AND RESIDENTS SERVICE CHARGES							12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE							13
14	TEACHING PHYSICIANS							14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION							15
16	TOTAL REASONABLE CHARGES							16
	CUSTOMARY CHARGES							
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE							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							20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST							21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	4492784						22
23	COST OF COVERED SERVICES	4492784						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	4492784						30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED							31
32	LESSER OF LINES 30 OR 31	4492784						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

		HOSPITAL (14-0233) (OTHER)	SUB I	SUB II	SUB III	SUB IV	NF I	
		1	1	1	1	1	1	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT							
34	EXCESS OF REASONABLE COST	4492784						34
35	SUBTOTAL							35
36	COINSURANCE							36
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,							37
38	REIMBURSABLE BAD DEBTS							38
38.01	REDUCED REIMBURSABLE BAD DEBTS							38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)							38.02
39	UTILIZATION REVIEW							39
40	SUBTOTAL							40
41	INPATIENT ROUTINE SERVICE COST							41
42	MEDICARE INPATIENT ROUTINE CHARGES							42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE							43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)							44
45	RATIO OF LINE 43 TO LINE 44							45
46	TOTAL CUSTOMARY CHARGES							46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST							47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES							48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM UTILIZATION							49
50	OTHER ADJUSTMENTS							50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS							51
52	SUBTOTAL							52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT							53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS							54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER							55
56	SEQUESTRATION ADJUSTMENT							56
57	INTERIM PAYMENTS							57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)							57.01
58	BALANCE DUE PROVIDER/PROGRAM							58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2							59

BALANCE SHEET

WORKSHEET G

	ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
		1	2	3	4	
	CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	3876171				1
2	TEMPORARY INVESTMENTS					2
3	NOTES RECEIVABLE					3
4	ACCOUNTS RECEIVABLE	133934349				4
5	OTHER RECEIVABLES	2433506				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-86338637				6
7	INVENTORY	5706198				7
8	PREPAID EXPENSES					8
9	OTHER CURRENT ASSETS	5552555				9
10	DUE FROM OTHER FUNDS					10
11	TOTAL CURRENT ASSETS	65164142				11
	FIXED ASSETS					
12	LAND	3589863				12
12.01	ACCUMULATED DEPRECIATION					12.01
13	LAND IMPROVEMENTS	3630102				13
13.01	ACCUMULATED DEPRECIATION	-3325904				13.01
14	BUILDINGS	118137355				14
14.01	ACCUMULATED DEPRECIATION	-52235229				14.01
15	LEASEHOLD IMPROVEMENTS					15
15.01	ACCUMULATED AMORTIZATION					15.01
16	FIXED EQUIPMENT	143559				16
16.01	ACCUMULATED DEPRECIATION					16.01
17	AUTOMOBILES AND TRUCKS					17
17.01	ACCUMULATED DEPRECIATION					17.01
18	MAJOR MOVABLE EQUIPMENT	106736051				18
18.01	ACCUMULATED DEPRECIATION	-82796441				18.01
19	MINOR EQUIPMENT DEPRECIABLE					19
19.01	ACCUMULATED DEPRECIATION					19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE					20
21	TOTAL FIXED ASSETS	93879356				21
	OTHER ASSETS					
22	INVESTMENTS	7610647				22
23	DEPOSITS ON LEASES					23
24	DUE FROM OWNERS/OFFICERS					24
25	OTHER ASSETS	3751531				25
26	TOTAL OTHER ASSETS	11362178				26
27	TOTAL ASSETS	170405676				27

	LIABILITIES AND FUND BALANCES	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
		1	2	3	4	
	CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	8263853				28
29	SALARIES, WAGES & FEES PAYABLE	12067909				29
30	PAYROLL TAXES PAYABLE					30
31	NOTES & LOANS PAYABLE (SHORT TERM)					31
32	DEFERRED INCOME					32
33	ACCELERATED PAYMENTS					33
34	DUE TO OTHER FUNDS	10615487				34
35	OTHER CURRENT LIABILITIES	7243492				35
36	TOTAL CURRENT LIABILITIES	38190741				36
	LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE					37
38	NOTES PAYABLE					38
39	UNSECURED LOANS					39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66					40
41	OTHER LONG TERM LIABILITIES	4582112				41
42	TOTAL LONG TERM LIABILITIES	4582112				42
43	TOTAL LIABILITIES	42772853				43
	CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	127632823				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	127632823				51
52	TOTAL LIABILITIES AND FUND BALANCES	170405676				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		138312737				1
2	NET INCOME (LOSS)		-9578351				2
3	TOTAL		128734386				3
4	ADDITIONS (CREDIT ADJUSTMENTS)						4
5	CONTRIBUTION ACTIVITY	-101563					5
6	TRANSFER TO AFFILIATES	-1000000					6
7							7
8							8
9							9
10	TOTAL ADDITIONS		-1101563				10
11	SUBTOTAL		127632823				11
12	DEDUCTIONS (DEBIT ADJUSTMENTS)						12
13							13
14							14
15							15
16							16
17							17
18	TOTAL DEDUCTIONS						18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		127632823				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	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	HOSPITAL	61595847		61595847	1
2	SUBPROVIDER I				2
4	SWING BED - SNF				4
5	SWING BED - NF				5
6	SKILLED NURSING FACILITY				6
7	NURSING FACILITY				7
8	OTHER LONG TERM CARE				8
9	TOTAL GENERAL INPATIENT CARE SERVICES	61595847		61595847	9
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10	INTENSIVE CARE UNIT	42257856		42257856	10
11	CORONARY CARE UNIT				11
12	BURN INTENSIVE CARE UNIT				12
13	SURGICAL INTENSIVE CARE UNIT				13
14	OTHER SPECIAL CARE (SPECIFY)				14
15	TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	42257856		42257856	15
16	TOTAL INPATIENT ROUTINE CARE SERVICES	103853703		103853703	16
17	ANCILLARY SERVICES	320419693	433799617	754219310	17
18	OUTPATIENT SERVICES				18
18.50	RHC				18.50
18.60	FQHC				18.60
19	HOME HEALTH AGENCY				19
20	AMBULANCE				20
21	CORF				21
22	ASC				22
23	HOSPICE				23
24					24
25	TOTAL PATIENT REVENUES	424273396	433799617	858073013	25

PART II - OPERATING EXPENSES

		1	2	
26	OPERATING EXPENSES		315756063	26
27	ADD (SPECIFY)			27
28	BAD DEBT	13767241		28
29				29
30				30
31				31
32				32
33	TOTAL ADDITIONS		13767241	33
34	DEDUCT (SPECIFY)			34
35				35
36				36
37				37
38				38
39	TOTAL DEDUCTIONS			39
40	TOTAL OPERATING EXPENSES		329523304	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

	DESCRIPTION		
1	TOTAL PATIENT REVENUES	858073013	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	546863057	2
3	NET PATIENT REVENUES	311209956	3
4	LESS - TOTAL OPERATING EXPENSES	329523304	4
5	NET INCOME FROM SERVICE TO PATIENTS	-18313348	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	INVESTMENT	454946	24
24.01	CONTRIBUTIONS	774323	24.01
24.02	OTHER	6904113	24.02
24.03	NET ASSETS RELEASED FROM RESTRICION	365123	24.03
24.04	UNREAL GAIN/LOSS ASSETS REL CAP	236492	24.04
25	TOTAL OTHER INCOME	8734997	25
26	TOTAL	-9578351	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-9578351	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

		HOSPITAL (14-0233) (14-0233)	SUB I	SUB II	SUB III	SUB IV	
	PART I - FULLY PROSPECTIVE METHOD						
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS						
	CAPITAL FEDERAL AMOUNT						1
2	CAPITAL DRG OTHER THAN OUTLIER	3378813					2
3	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997						3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997	129849					3.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT						
4	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E,PT A,LN.3.17][E-3,PT VI,LN.18][x E-3,PT VI,LN.1]						4
4.01	NO. OF INTERNS & RESIDENTS 0.00 0.00						4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE						4.02
4.03	INDIRECT MEDICAL EDUCATON ADJUSTMENT						4.03
	DISPROPORTIONATE SHARE ADJUSTMENT						
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS	0.0253					5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I	0.0756					5.01
5.02	SUM OF LINES 5 AND 5.01	0.1009					5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0206					5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	69604					5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	3578266					6
	PART II - HOLD HARMLESS METHOD						
1	NEW CAPITAL						1
2	OLD CAPITAL						2
3	TOTAL CAPITAL						3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL						4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE						5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT						6
7	REDUCED OLD CAPITAL AMOUNT						7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL						8
9	SUBTOTAL						9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)						10
	PART III - PAYMENT UNDER REASONABLE COST						
1	PROGRAM INPATIENT ROUTINE CAPITAL COST						1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST						2
3	TOTAL INPATIENT PROGRAM CAPITAL						3
4	CAPITAL COST PAYMENT FACTOR						4
5	TOTAL INPATIENT PROGRAM CAPITAL COST						5
	PART IV - COMPUTATION OF EXCEPTION PAYMENTS						
1	PROGRAM INPATIENT CAPITAL COSTS						1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES						2
3	NET PROGRAM INPATIENT CAPITAL COSTS						3
4	APPLICABLE EXCEPTION PERCENTAGE						4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS						5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES						6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES						7
8	CAPITAL MINIMUM PAYMENT LEVEL						8
9	CURRENT YEAR CAPITAL PAYMENTS						9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS						10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT						11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS						12
13	CURRENT YEAR EXCEPTION PAYMENT						13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD						14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)						15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)						16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT						17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

	COST CENTER DESCRIPTION	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		0	4A	25	26	27	
	GENERAL SERVICE COST CENTERS						
1	OLD CAP REL COSTS-BLDG & FIXT						1
2	OLD CAP REL COSTS-MVBLE EQUIP						2
3	NEW CAP REL COSTS-BLDG & FIXT						3
4	NEW CAP REL COSTS-MVBLE EQUIP						4
5	EMPLOYEE BENEFITS						5
6	ADMINISTRATIVE & GENERAL						6
7	MAINTENANCE & REPAIRS						7
8	OPERATION OF PLANT						8
9	LAUNDRY & LINEN SERVICE						9
10	HOUSEKEEPING						10
11	DIETARY						11
12	CAFETERIA						12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION						14
15	CENTRAL SERVICES & SUPPLY						15
16	PHARMACY						16
17	MEDICAL RECORDS & LIBRARY						17
18	SOCIAL SERVICE						18
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
21.01	MEDTECH SCHOOL						21.01
21.02	PARAMED TRAINING						21.02
22	I&R SERVICES-SALARY & FRINGES						22
23	I&R SERVICES-OTHER PRGM COSTS						23
24	PARAMED ED PRGM-(SPECIFY)						24
	INPATIENT ROUTINE SERV COST CENTERS						
25	ADULTS & PEDIATRICS						25
26	INTENSIVE CARE UNIT						26
33	NURSERY						33
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM						37
38	RECOVERY ROOM						38
39	DELIVERY ROOM & LABOR ROOM						39
40	ANESTHESIOLOGY						40
41	RADIOLOGY-DIAGNOSTIC						41
41.01	CAT SCAN						41.01
41.02	ULTRA SOUND						41.02
41.03	MAGNETIC RESONANCE IMAGING						41.03
41.04	NUCLEAR MEDICINE DIAGNOSTIC						41.04
41.05	ONCOLOGY						41.05
44	LABORATORY						44
44.01	LITHOTRIPTER						44.01
46.30	BLOOD CLOTTING FACTORS ADMIN C						46.30
47	BLOOD STORING, PROCESSING & TR						47
49	RESPIRATORY THERAPY						49
50	PHYSICAL THERAPY						50
51	OCCUPATIONAL THERAPY						51
52	SPEECH PATHOLOGY						52
53	ELECTROCARDIOLOGY						53
53.01	CARDIAC REHAB						53.01
54	ELECTROENCEPHALOGRAPHY						54
55	MEDICAL SUPPLIES CHARGED TO PA						55
56	DRUGS CHARGED TO PATIENTS						56
56.01	NUTRITIONAL SUPPORT						56.01
56.02	GASTROENTEROLOGY						56.02
58.01	SURGERY/CARDIAC AMB DAY CARE						58.01
59	CARDIOPULMONARY						59
	OUTPATIENT SERVICE COST CENTERS						
61	EMERGENCY						61
62	OBSERVATION BEDS (NON-DISTINCT						62
63.50	RHC						63.50
63.60	FQHC						63.60
	OTHER REIMBURSABLE COST CENTERS						
65	AMBULANCE SERVICES						65
69.10	CMHC						69.10
69.20	OUTPATIENT PHYSICAL THERAPY						69.20
69.30	OUTPATIENT OCCUPATIONAL THERAP						69.30
69.40	OUTPATIENT SPEECH PATHOLOGY						69.40
71	HOME HEALTH AGENCY						71
	SPECIAL PURPOSE COST CENTERS						
85.01	PANCREAS ACQUISITION						85.01
85.02	INTESTINAL ACQUISITION						85.02
95	SUBTOTALS						95
	NONREIMBURSABLE COST CENTERS						
96	GIFT, FLOWER, COFFEE SHOP & CA						96

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

	COST CENTER DESCRIPTION	EXTRAORDI-NARY CAP-REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		0	4A	25	26	27	
98	PHYSICIANS' PRIVATE OFFICES						98
99.01	CONVENT						99.01
99.02	OTHER NON-REIMBURSABLE						99.02
101	CROSS FOOT ADJUSTMENTS						101
102	NEGATIVE COST CENTER						102
103	TOTAL						103
104	TOTAL STATISTICAL BASIS						104
105	UNIT COST MULTIPLIER						105
105	UNIT COST MULTIPLIER						105

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

HOSPITAL

	COST CENTERS	TITLE XVIII PART A 1	TITLE XVIII PART B 2	TITLE XIX INPATIENT 3	TITLE XIX OUTPATIENT 4	TITLE V INPATIENT 5	TITLE V OUTPATIENT 6	TOTAL THIRD PARTY UTIL 7	
UTILIZATION PERCENTAGES BASED ON DAYS									
25	ADULTS & PEDIATRICS	46.83		6.71				53.54	25
26	INTENSIVE CARE UNIT	49.19		7.33				56.52	26
33	NURSERY			26.87				26.87	33
UTILIZATION PERCENTAGES BASED ON CHARGES									
37	OPERATING ROOM	26.54	5.83					32.37	37
38	RECOVERY ROOM	19.39	8.05					27.44	38
39	DELIVERY ROOM & LABOR ROOM	0.38	0.01					0.39	39
40	ANESTHESIOLOGY	21.65	8.02					29.67	40
41	RADIOLOGY-DIAGNOSTIC	17.14	12.85					29.99	41
41.01	CAT SCAN	12.88	18.24					31.12	41.01
41.02	ULTRA SOUND	18.73	19.23					37.96	41.02
41.03	MAGNETIC RESONANCE IMAGING	9.92	19.19					29.11	41.03
41.04	NUCLEAR MEDICINE DIAGNOSTIC	6.80	29.00					35.80	41.04
41.05	ONCOLOGY	0.93	34.30					35.23	41.05
44	LABORATORY	23.07	1.58					24.65	44
44.01	LITHOTRIPTER	1.49	27.88					29.37	44.01
47	BLOOD STORING, PROCESSING & TRA	39.69	10.34					50.03	47
49	RESPIRATORY THERAPY	49.44	2.16					51.60	49
50	PHYSICAL THERAPY	19.91	0.01					19.92	50
51	OCCUPATIONAL THERAPY	28.49	0.08					28.57	51
52	SPEECH PATHOLOGY	32.34						32.34	52
53	ELECTROCARDIOLOGY	16.15	23.70					39.85	53
53.01	CARDIAC REHAB	0.26	46.98					47.24	53.01
54	ELECTROENCEPHALOGRAPHY	4.95	24.31					29.26	54
55	MEDICAL SUPPLIES CHARGED TO PAT	43.27	2.08					45.35	55
56	DRUGS CHARGED TO PATIENTS	23.52	18.45					41.97	56
56.01	NUTRITIONAL SUPPORT		4.30					4.30	56.01
56.02	GASTROENTEROLOGY	19.89	22.70					42.59	56.02
58.01	SURGERY/CARDIAC AMB DAY CARE	12.36	23.24					35.60	58.01
59	CARDIOPULMONARY	22.08	25.97					48.05	59
61	EMERGENCY	10.70	8.54					19.24	61
101	TOTAL CHARGES	17.26	11.95					29.21	101

	COST CENTER	--- DIRECT COSTS --- AMOUNT	%	-- ALLOCATED OVERHEAD -- AMOUNT	%	--- TOTAL COSTS --- 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	3941263	1.28	-3941263	-3.10			3
4	NEW CAP REL COSTS-MVBLE EQUIP	5873836	1.91	-5873836	-4.62			4
5	EMPLOYEE BENEFITS	31723074	10.32	-31723074	-24.94			5
6	ADMINISTRATIVE & GENERAL	61496290	20.01	-61496290	-48.34			6
7	MAINTENANCE & REPAIRS	3986079	1.30	-3986079	-3.13			7
8	OPERATION OF PLANT	4612896	1.50	-4612896	-3.63			8
9	LAUNDRY & LINEN SERVICE	1248550	.41	-1248550	-.98			9
10	HOUSEKEEPING	1950967	.63	-1950967	-1.53			10
11	DIETARY	1269686	.41	-1269686	-1.00			11
12	CAFETERIA	1353084	.44	-1353084	-1.06			12
13	MAINTENANCE OF PERSONNEL							13
14	NURSING ADMINISTRATION	2188318	.71	-2188318	-1.72			14
15	CENTRAL SERVICES & SUPPLY	1998965	.65	-1998965	-1.57			15
16	PHARMACY	2978820	.97	-2978820	-2.34			16
17	MEDICAL RECORDS & LIBRARY	1532590	.50	-1532590	-1.20			17
18	SOCIAL SERVICE	446698	.15	-446698	-.35			18
20	NONPHYSICIAN ANESTHETISTS							20
21	NURSING SCHOOL							21
21.01	MEDTECH SCHOOL	117640	.04	-117640	-.09			21.01
21.02	PARAMED TRAINING	499519	.16	-499519	-.39			21.02
22	I&R SERVICES-SALARY & FRINGES A							22
23	I&R SERVICES-OTHER PRGM COSTS A							23
24	PARAMED ED PRGM-(SPECIFY)							24
	INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	19548085	6.36	22572960	17.74	42121045	13.71	25
26	INTENSIVE CARE UNIT	8286021	2.70	8664433	6.81	16950454	5.52	26
33	NURSERY	455847	.15	489396	.38	945243	.31	33
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	30627981	9.97	15437519	12.13	46065500	14.99	37
38	RECOVERY ROOM	994252	.32	1210510	.95	2204762	.72	38
39	DELIVERY ROOM & LABOR ROOM	1480328	.48	1580321	1.24	3060649	1.00	39
40	ANESTHESIOLOGY	1631998	.53	2233227	1.76	3865225	1.26	40
41	RADIOLOGY-DIAGNOSTIC	3750380	1.22	3686151	2.90	7436531	2.42	41
41.01	CAT SCAN	3143863	1.02	1844855	1.45	4988718	1.62	41.01
41.02	ULTRA SOUND	1461162	.48	1374793	1.08	2835955	.92	41.02
41.03	MAGNETIC RESONANCE IMAGING	2678197	.87	1601021	1.26	4279218	1.39	41.03
41.04	NUCLEAR MEDICINE DIAGNOSTIC	1821735	.59	968614	.76	2790349	.91	41.04
41.05	ONCOLOGY	2656747	.86	3811772	3.00	6468519	2.11	41.05
44	LABORATORY	8590011	2.80	6304789	4.96	14894800	4.85	44
44.01	LITHOTRIPTER	118825	.04	70115	.06	188940	.06	44.01
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
47	BLOOD STORING, PROCESSING & TRA	2423920	.79	714535	.56	3138455	1.02	47
49	RESPIRATORY THERAPY	2390432	.78	1950504	1.53	4340936	1.41	49
50	PHYSICAL THERAPY	2285482	.74	2006538	1.58	4292020	1.40	50

	COST CENTER	--- DIRECT COSTS --- AMOUNT	%	-- ALLOCATED OVERHEAD -- AMOUNT	%	--- TOTAL COSTS --- AMOUNT	%	
51	OCCUPATIONAL THERAPY	191397	.06	214489	.17	405886	.13	51
52	SPEECH PATHOLOGY	242566	.08	185925	.15	428491	.14	52
53	ELECTROCARDIOLOGY	436046	.14	434730	.34	870776	.28	53
53.01	CARDIAC REHAB	340633	.11	227639	.18	568272	.18	53.01
54	ELECTROENCEPHALOGRAPHY	862626	.28	769478	.60	1632104	.53	54
55	MEDICAL SUPPLIES CHARGED TO PAT	1127529	.37	769137	.60	1896666	.62	55
56	DRUGS CHARGED TO PATIENTS	18348553	5.97	5610049	4.41	23958602	7.80	56
56.01	NUTRITIONAL SUPPORT	195211	.06	173436	.14	368647	.12	56.01
56.02	GASTROENTEROLOGY	1165864	.38	1117461	.88	2283325	.74	56.02
58.01	SURGERY/CARDIAC AMB DAY CARE	3297444	1.07	2693785	2.12	5991229	1.95	58.01
59	CARDIOPULMONARY	10521639	3.42	5440211	4.28	15961850	5.19	59
61	EMERGENCY	7122778	2.32	6524463	5.13	13647241	4.44	61
62	OBSERVATION BEDS (NON-DISTINCT							62
63.50	RHC							63.50
63.60	FQHC							63.60
	OTHER REIMBURSABLE COST CENTERS							
65	AMBULANCE SERVICES	2560764	.83	1159846	.91	3720610	1.21	65
	OUTPATIENT SERVICE COST CENTERS							
69.10	CMHC							69.10
69.20	OUTPATIENT PHYSICAL THERAPY							69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40	OUTPATIENT SPEECH PATHOLOGY							69.40
71	HOME HEALTH AGENCY							71
	SPECIAL PURPOSE COST CENTERS							
85.01	PANCREAS ACQUISITION							85.01
85.02	INTESTINAL ACQUISITION							85.02
	NONREIMBURSABLE COST CENTERS							
96	GIFT, FLOWER, COFFEE SHOP & CAN	608020	.20	285420	.22	893440	.29	96
98	PHYSICIANS' PRIVATE OFFICES	36545641	11.89	22351529	17.57	58897170	19.17	98
99.01	CONVENT	25341	.01	43940	.03	69281	.02	99.01
99.02	OTHER NON-REIMBURSABLE	2121247	.69	2694684	2.12	4815931	1.57	99.02
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	TOTAL	307276840	100.00	0	.00	307276840	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	2114117	116831909	.018095	31007022	561072	37
38	RECOVERY ROOM	160791	4906717	.032770	951444	31179	38
39	DELIVERY ROOM & LABOR ROOM	157331	3780760	.041614	14199	591	39
40	ANESTHESIOLOGY	149680	8457874	.017697	1831470	32412	40
41	RADIOLOGY-DIAGNOSTIC	946415	22268514	.042500	3816219	162189	41
41.01	CAT SCAN	709594	51582305	.013757	6642396	91379	41.01
41.02	ULTRA SOUND	298147	16329338	.018258	3058810	55848	41.02
41.03	MAGNETIC RESONANCE IMAGING	1295973	23914267	.054192	2371655	128525	41.03
41.04	NUCLEAR MEDICINE DIAGNOSTIC	203178	20164724	.010076	1371386	13818	41.04
41.05	ONCOLOGY	1090759	32298093	.033772	300337	10143	41.05
44	LABORATORY	752642	94226258	.007988	21737035	173635	44
44.01	LITHOTRIPTER	11368	1042275	.010907	15529	169	44.01
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
47	BLOOD STORING, PROCESSING & TRA	49524	9922853	.004991	3938370	19656	47
49	RESPIRATORY THERAPY	266871	19243214	.013868	9514707	131950	49
50	PHYSICAL THERAPY	244599	8336236	.029342	1659750	48700	50
51	OCCUPATIONAL THERAPY	27308	1243511	.021960	354253	7779	51
52	SPEECH PATHOLOGY	11179	613331	.018227	198347	3615	52
53	ELECTROCARDIOLOGY	52121	7716309	.006755	1246282	8419	53
53.01	CARDIAC REHAB	125386	773007	.162206	1994	323	53.01
54	ELECTROENCEPHALOGRAPHY	263824	5125507	.051473	253932	13071	54
55	MEDICAL SUPPLIES CHARGED TO PAT	245022	5512820	.044446	2385597	106030	55
56	DRUGS CHARGED TO PATIENTS	506577	83979643	.006032	19749563	119129	56
56.01	NUTRITIONAL SUPPORT	15240	165867	.091881			56.01
56.02	GASTROENTEROLOGY	219737	6580562	.033392	1308688	43700	56.02
58.01	SURGERY/CARDIAC AMB DAY CARE	226944	8875468	.025570	1097077	28052	58.01
59	CARDIOPULMONARY	834731	77000303	.010841	17003513	184335	59
	OUTPATIENT SERVICE COST CENTERS						
61	EMERGENCY	559103	58160046	.009613	6225692	59848	61
62	OBSERVATION BEDS (NON-DISTINCT						62
	OTHER REIMBURSABLE COST CENTERS						
63.50	RHC						63.50
63.60	FQHC						63.60
65	AMBULANCE SERVICES						65
101	TOTAL	11538161	689051711		138055267	2035567	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	1886230		1886230	44693	42.20	20929	883204 25
26	INTENSIVE CARE UNIT	887569		887569	10441	85.01	5032	427770 26
101	TOTAL	2773799		2773799			25961	1310974 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS	1310974
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS	2035567
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS	3346541
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)	4644
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)	25961
PER DISCHARGE CAPITAL COSTS	720.62
PER DIEM CAPITAL COSTS	128.91

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)	60699665
2.	HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	188039940
3.	RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.323

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)	3346541
2.	RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.018

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1.	TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x (WKST B, PART I, COLUMN 27 - COLUMNS 21 & 24 / WKST C, PART I, COLUMN 8) LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66) (SEE CR 5238))	22519919
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)	95594607
3.	RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.236