

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

WORKSHEET S  
 PARTS I & II

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

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY RML SPECIALTY HOSPITAL (14-2010) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 06/01/2008 AND ENDING 05/31/2009, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
1	HOSPITAL	2	3	4	1
2	SUBPROVIDER I	-413424	-1924		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	-413424	-1924		100

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 5601 SOUTH COUNTY LINE ROAD  
 1.01 CITY: HINSDALE STATE: IL

P.O.BOX: 1  
 ZIP CODE: 60521 COUNTY: COOK 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)				
				V 4	XVIII 5	XIX 6		
2	HOSPITAL	RML SPECIALTY HOSPITAL	14-2010	06/01/1997	N	P	N	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: 06/01/2008	TO: 05/31/2009				17
18	TYPE OF CONTROL		1	2				18
			5					
19	HOSPITAL		2					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	16974	21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.		1					21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.		1					21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO.			NO				21.06
21.07	DOES THIS HOSPITAL QUALIFY AS AN SCH WITH UNDER 100 BEDS OR FEWER BEDS UNDER MIPPA 147? ENTER 'Y' FOR YES AND 'N' FOR NO (SEE INSTRUCTIONS).			NO				21.07
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?			NO				22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW			NO				23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.							23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.							24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.							24.01
25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?			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.				28.02
A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)					
28.03	STAFFING	0.00	N		28.03
28.04	RECRUITMENT	0.00	N		28.04
28.05	RETENTION OF EMPLOYEES	0.00	N		28.05
28.06	TRAINING	0.00	N		28.06
28.07	OTHER (SPECIFY)				28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO			29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	NO			30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.				30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?				30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)				30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.				30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO			31
MISCELLANEOUS COST REPORTING INFORMATION					
32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	NO			32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.	NO			33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?	NO			34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	NO			35
PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL					
		V	XVIII	XIX	
		1	2	3	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	YES	NO	36
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	NO	NO	36.01
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?				37.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? YES 38  
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? NO 38.01  
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? NO 38.02  
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? NO 38.03  
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? NO 38.04

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE. YES 40

40.01 NAME: FI/CONTRACTOR'S NAME: FI/CONTRACTOR'S NUMBER: 40.01  
 40.02 STREET: P.O.BOX: 40.02  
 40.03 CITY: STATE: ZIP CODE: 40.03

41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? YES 41  
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? YES 42  
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? YES 42.01  
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? NO 42.02  
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS? YES 43  
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY? YES 44  
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? NO 45  
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.

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: AND/OR SELF INSURANCE: PREMIUMS: 565853 PAID LOSSES: AND/OR SELF INSURANCE:						54
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.				NO		54.01
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.				NO		55
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.				DATE / / Y/N 1 NO LIMIT 2 0.00 Y/N 3 NO FEES 4		56
57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?				NO		57
58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.				NO		58
58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)						58.01
59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)				YES		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:		STATE:	ZIP CODE	CBSA		FTE/ CAMPUS	
	1		2	3	4		5	
SETTLEMENT DATA								
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)	NO						63

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH PATIENT HOURS 2.01	-----I/P DAYS / O/P VISITS / TRIPS-----			OBS. BEDS ADMITTED 5.01	
				TITLE V 3	TITLE XVIII 4	LTCH NONCOVERED DAYS 4.01		TITLE XIX 5
1 HOSPITAL ADULTS & PEDS, EXCL SWING BED, OBSERV & HOSPICE DAYS	90	32850			16310		1085	1
2 HMO								2
3 HOSPITAL ADULTS & PEDS - SWING BED SNF								3
4 HOSPITAL ADULTS & PEDS - SWING BED NF								4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS	90	32850			16310		1085	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	90	32850			16310		1085	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	90							25
26 OBSERVATION BED DAYS								26
27 AMBULANCE TRIPS								27
28 EMPLOYEE DISCOUNT DAYS								28

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I  
 (CONTINUED)

COMPONENT	-----I/P DAYS / O/P VISITS / TRIPS-----				---INTERNS & RES FTES---			--FULL TIME EQUIV--	
	OBS. BEDS NOT ADMITTED	TOTAL ALL PATIENTS	OBS. BEDS ADMITTED	OBS. BEDS NOT ADMITTED	TOTAL	LESS I&R REPL NON- PHYS ANES	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS
	5.02	6	6.01	6.02	7	8	9	10	11
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		24671							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		24671							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		24671						335.39	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								335.39	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-----				TOTAL ALL PATIENTS
	TITLE V	TITLE XVIII	TITLE XIX		
	12	13	14	15	
1 HOSPITAL ADULTS & PEDIATRICS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		485	20	745	1
2 HMO XIX					2
3 HOSPITAL ADULTS & PEDIATRICS - SWING BED SNF					3
4 HOSPITAL ADULTS & PEDIATRICS - SWING BED NF					4
5 TOTAL ADULTS & PEDIATRICS 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		485	20	745	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

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
GENERAL SERVICE COST CENTERS								
1 0100								1
2 0200								2
3 0300								3
4 0400								4
5 0500								5
6.01 0630	205883	3621166	3827049	-4392	3822657	-20	3822637	5
6.01 0630	176407	37613	214020		214020		214020	6.01
6.02 0640	770809	125877	896686	-5	896681	-654	896027	6.02
6.03 0650	221380	45453	266833		266833	-7727	259106	6.03
6.04 0660	2839947	5651681	8491628	-4594	8487034	-3417355	5069679	6.04
7 0700	106880	67849	174729	-38794	135935		135935	7
8 0800	570523	952988	1523511	-51	1523460		1523460	8
9 0900		129535	129535		129535		129535	9
10 1000	345975	149945	495920	-558	495362		495362	10
11 1100	296656	195167	491823	-258594	233229	-5452	227777	11
12 1200				176425	176425	-52561	123864	12
13 1300								13
14 1400	479390	33128	512518		512518		512518	14
15 1500								15
16 1600								16
17 1700	182517	35060	217577		217577	-16544	201033	17
18 1800	441769	131484	573253		573253	-17	573236	18
20 2000								20
21 2100								21
22 2200								22
23 2300								23
24 2400								24
INPATIENT ROUTINE SERV COST CENTERS								
25 2500	7944379	2296047	10240426	-1243600	8996826	-205	8996621	25
ANCILLARY SERVICE COST CENTERS								
37 3700	89511	313188	402699	-90336	312363		312363	37
41 4100	279204	52479	331683	-12390	319293	-5755	313538	41
43 4300		35302	35302	-11303	23999		23999	43
44 4400	45322	861149	906471	-15872	890599	148528	1039127	44
46.30 4650								46.30
49 4900	3515298	1198987	4714285	-764223	3950062	-773306	3176756	49
49.01 4901	9845	4233	14078	72	14150		14150	49.01
50 5000	210304	188014	398318	-27086	371232		371232	50
51 5100	92803	165354	258157	-5367	252790		252790	51
52 5200	208480	18142	226622	-924	225698		225698	52
52.01 5201	171114	13183	184297		184297	-184297		52.01
55 5500		202586	202586	2217355	2419941		2419941	55
56 5600	734960	2054959	2789919	84883	2874802	-800	2874002	56
57 5700		655530	655530	-188	655342		655342	57
58.01 3630	48355	9578	57933	-458	57475		57475	58.01
58.02 3230		9025	9025		9025		9025	58.02
OUTPATIENT SERVICE COST CENTERS								
61 6100	458831	187099	645930		645930	-645930		61
62 6200								62
63.50 6310								63.50
63.60 6320								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 6910								69.10
69.20 6920								69.20
69.30 6930								69.30
69.40 6940								69.40
71 7100								71
SPECIAL PURPOSE COST CENTERS								
85.01 8510								85.01
85.02 8520								85.02
85.03 8530								85.03
90 9000		53816	53816	-53816				90
95	20446542	22537890	42984432		42984432	-4962095	38022337	95
NONREIMBURSABLE COST CENTERS								
96.01 9601								96.01
101	20446542	22537890	42984432		42984432	-4962095	38022337	101

RECLASSIFICATIONS

WORKSHEET A-6  
 PAGE 1

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----				1
			COST CENTER	LINE #	SALARY	OTHER	
2			2	3	4	5	
1	CAFETERIA COSTS	A	CAFETERIA	12	127780	48645	1
2	MEDICAL SUPPLIES	B	MEDICAL SUPPLIES CHARGED TO P	55		2217355	2
3		B	PULMONARY REHAB	49.01		72	3
4		B					4
5		B					5
6		B					6
7		B					7
8		B					8
9		B					9
10		B					10
11		B					11
12		B					12
13		B					13
14		B					14
15		B					15
16		B					16
17		B					17
18		B					18
19		B					19
20	DRUGS	C	DRUGS CHARGED TO PATIENTS	56		95123	20
21		C					21
22		C					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				127780	2361195	36

RECLASSIFICATIONS

WORKSHEET A-6  
 PAGE 1

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	10
1 CAFETERIA COSTS	A	DIETARY	11	127780	48645	1
2 MEDICAL SUPPLIES	B	ADMITTING	6.02		5	2
3	B	OTHER ADMINISTRATIVE & GENERA	6.04		4594	3
4	B	MAINTENANCE & REPAIRS	7		38794	4
5	B	HOUSEKEEPING	10		558	5
6	B	OPERATION OF PLANT	8		51	6
7	B	ADULTS & PEDIATRICS	25		1153169	7
8	B	RESPIRATORY THERAPY	49		764223	8
9	B	DRUGS CHARGED TO PATIENTS	56		10240	9
10	B	OPERATING ROOM	37		90036	10
11	B	DIETARY	11		82169	11
12	B	RADIOLOGY-DIAGNOSTIC	41		12390	12
13	B	LABORATORY	44		15872	13
14	B	ULTRASOUND	58.01		458	14
15	B	RADIOISOTOPE	43		11303	15
16	B	PHYSICAL THERAPY	50		27086	16
17	B	OCCUPATIONAL THERAPY	51		5367	17
18	B	SPEECH PATHOLOGY	52		924	18
19	B	RENAL DIALYSIS	57		188	19
20 DRUGS	C	EMPLOYEE BENEFITS	5		4392	20
21	C	ADULTS & PEDIATRICS	25		90431	21
22	C	OPERATING ROOM	37		300	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				127780	2361195	36

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

WORKSHEET A-7  
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND								1
2 LAND IMPROVEMENTS								2
3 BUILDINGS AND FIXTURES								3
4 BUILDING IMPROVEMENTS	14255904	698879		698879		14954783		4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	9751382	2074606		2074606	398201	11427787		6
7 SUBTOTAL	24007286	2773485		2773485	398201	26382570		7
8 RECONCILING ITEMS								8
9 TOTAL	24007286	2773485		2773485	398201	26382570		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	
	1	2	3	4	5	6	7	
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT	14954783		14954783	.566843	30505			30505 3
4 NEW CAP REL COSTS-MVBLE EQUIP	11427787		11427787	.433157	23311			23311 4
5 TOTAL	26382570		26382570	1.000000	53816			53816 5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	839292	1028849		30505			1898646 3
4 NEW CAP REL COSTS-MVBLE EQUIP	1005612		168520	23311			1197443 4
5 TOTAL	1844904	1028849	168520	53816			3096089 5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	839292	1028849					1868141 3
4 NEW CAP REL COSTS-MVBLE EQUIP	1005612		168520				1174132 4
5 TOTAL	1844904	1028849	168520				3042273 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			WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4		
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)						9
10 TELEVISION AND RADIO SERVICE						10
11 PARKING LOT						11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-720615				12
13 SALE OF SCRAP, WASTE, ETC.						13
14 RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1	148528				14
15 LAUNDRY AND LINEN SERVICE						15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-52561	CAFETERIA	12		16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS						17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS						18
19 SALE OF DRUGS TO OTHER THAN PATIENTS						19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS						20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)						21
22 VENDING MACHINES						22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES						23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT						24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		RESPIRATORY THERAPY	49		25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		PHYSICAL THERAPY	50		26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST A-8-3		HOME HEALTH AGENCY	71		27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89		28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1		29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2		30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3		31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4		32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20		33
34 PHYSICIANS' ASSISTANT						34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4		OCCUPATIONAL THERAPY	51		35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4					36
37 BAD DEBTS	A	-992154	OTHER ADMINISTRATIVE & GENERAL	6.04		37
37.01 MEDICAL RECORDS PHOTOCOPYING	B	-16544	MEDICAL RECORDS & LIBRARY	17		37.01
37.05 RESEARCH AND DEVELOPMENT	A	-487	OTHER ADMINISTRATIVE & GENERAL	6.04		37.05
37.06 MARKETING	A	-578	ADMITTING	6.02		37.06
37.07 PULMONARY EXPENSE	A	-773185	RESPIRATORY THERAPY	49		37.07
37.08 OTHER REVENUE - A & G	B	-1017	OTHER ADMINISTRATIVE & GENERAL	6.04		37.08
37.09 OTHER REVENUE - ADMITTING	B	-76	ADMITTING	6.02		37.09
37.10 OTHER REVENUE - NURSING	B	-205	ADULTS & PEDIATRICS	25		37.10
37.11 OTHER REVENUE - HR	B	-20	EMPLOYEE BENEFITS	5		37.11
37.13 OTHER REVENUE - PHARMACY	B	-800	DRUGS CHARGED TO PATIENTS	56		37.13
37.15 OTHER REVENUE - MISCELLANEOUS	B	-21534	OTHER ADMINISTRATIVE & GENERAL	6.04		37.15
37.16 OTHER REVENUE - DIETARY	B	-5452	DIETARY	11		37.16
37.17 OTHER REVENUE - RADIOLOGY	B	-5755	RADIOLOGY-DIAGNOSTIC	41		37.17
37.19 LOYOLA FELLOWSHIPS	A	-155110	EMERGENCY	61		37.19
37.20 LOYOLA MISCELLANEOUS	A	-800	OTHER ADMINISTRATIVE & GENERAL	6.04		37.20
37.22 ENTERTAINMENT EXPENSE	A	-20895	OTHER ADMINISTRATIVE & GENERAL	6.04		37.22
37.23 MEMBERSHIP DUES	A	-12368	OTHER ADMINISTRATIVE & GENERAL	6.04		37.23
37.24 UNFUNDED SELF INSURANCE	A	28085	OTHER ADMINISTRATIVE & GENERAL	6.04		37.24
37.25 OTHER REVENUE - MEDICAL ADMINISTR	B	-18014	OTHER ADMINISTRATIVE & GENERAL	6.04		37.25
37.26 OTHER REVENUE - RESPIRATORY	B	-121	RESPIRATORY THERAPY	49		37.26
37.27 PSYCHOLOGY BENEFITS/BILLING	A	-15818	PSYCHOLOGY	52.01		37.27
37.28 EMERGENCY BENEFITS/BILLING	A	-25877	EMERGENCY	61		37.28
37.31 OTHER REVENUE - PATIENT ACCOUNTS	B	-7727	PATIENT ACCOUNTS	6.03		37.31
38 MARKETING - ADMIN	A	-400	OTHER ADMINISTRATIVE & GENERAL	6.04		38
39 PROVIDER RELATIONS MARKETING	A	-43806	OTHER ADMINISTRATIVE & GENERAL	6.04		39
40 FUND RAISING	A	-152711	OTHER ADMINISTRATIVE & GENERAL	6.04		40
41 OTHER REVENUE - CARE COORD	B	-17	SOCIAL SERVICE	18		41
42 MEDICAID PROVIDER TAX	A	-2094061	OTHER ADMINISTRATIVE & GENERAL	6.04		42
43						43
44						44

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
45					45
46					46
47					47
48					48
49					49
50 TOTAL		-4962095			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	44	LABORATORY	LABORATORY SERVICES	703207	597660	105547	1
2	57	RENAL DIALYSIS	RENAL DIALYSIS	654861	654861		2
3	44	LABORATORY	BLOOD BANK	286364	243383	42981	3
4							4
5		TOTALS		1644432	1495904	148528	5

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				TYPE OF BUSINESS	
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP			
1	2	3	4	5	6		
1	B		LOYOLA UNIVERSITY MEDICAL CTR		HOSPITAL		1
2	B		RUSH UNIVERSITY MEDICAL CENTER		HOSPITAL		2
3	B		RML HEALTH PROVIDERS		PARTNERSHIP		3
4							4
5							5

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT	
LINE NO.	1	2	3	4	5	6	7	8	9
1	6.04	OTHER ADMINISTRATIVE & G DR. F	36000		36000	177200	250	21298	1065
2	6.04	OTHER ADMINISTRATIVE & G DR. D	21100		21100	177200	53	4515	226
3	6.04	OTHER ADMINISTRATIVE & G DR. T	36000		36000	177200	360	30669	1533
4	6.04	OTHER ADMINISTRATIVE & G DR. J	36000		36000	177200	360	30669	1533
5	6.04	OTHER ADMINISTRATIVE & G DR. RP	36000		36000	177200	480	40892	2045
6	6.04	OTHER ADMINISTRATIVE & G DR. B	25838		25838	177200	150	12779	639
7	6.04	OTHER ADMINISTRATIVE & G DR. RIP	14363		14363	177200	96	8178	409
8	52.01	PSYCHOLOGY AGGREGATE	168479	168479					
9	61	EMERGENCY AGGREGATE	464943	464943					
10	6.04	OTHER ADMINISTRATIVE & G UROLOGY	11000	11000					
11	6.04	OTHER ADMINISTRATIVE & G NEUROLOGY	15000	15000					
101		TOTAL	864723	659422	205301		1749	149000	7450

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11	12	13	14	15	16	17	18
1	6.04 OTHER ADMINISTRATIVE & G DR. F					21298	14702	14702
2	6.04 OTHER ADMINISTRATIVE & G DR. D					4515	16585	16585
3	6.04 OTHER ADMINISTRATIVE & G DR. T					30669	5331	5331
4	6.04 OTHER ADMINISTRATIVE & G DR. J					30669	5331	5331
5	6.04 OTHER ADMINISTRATIVE & G DR. RP					40892		
6	6.04 OTHER ADMINISTRATIVE & G DR. B					12779	13059	13059
7	6.04 OTHER ADMINISTRATIVE & G DR. RIP					8178	6185	6185
8	52.01 PSYCHOLOGY							168479
9	61 EMERGENCY							464943
10	6.04 OTHER ADMINISTRATIVE & G UROLOGY							11000
11	6.04 OTHER ADMINISTRATIVE & G NEUROLOGY							15000
101	TOTAL					149000	61193	720615

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP	NEW CAP	EMPLOYEE	PURCHASING	ADMITTING	PATIENT	SUBTOTAL
	FOR COST	BLDGS &	MOVABLE	BENEFITS			ACCOUNTS	
	ALLOCATION	FIXTURES	EQUIPMENT					
	0	3	4	5	6.01	6.02	6.03	5A
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	1898646	1898646						3
4 NEW CAP REL COSTS-MVBLE EQUIP	1197443		1197443					4
5 EMPLOYEE BENEFITS	3822637	13301	2474	3838412				5
6.01 PURCHASING	214020	69560	1016	33797	318393			6.01
6.02 ADMITTING	896027	29770	4220	147675	527	1078219		6.02
6.03 PATIENT ACCOUNTS	259106	30219	70	42413	24		331832	6.03
6.04 OTHER ADMINISTRATIVE & GENERAL	5069679	492420	435390	544088	5527			6.04
7 MAINTENANCE & REPAIRS	135935	6538	392	20476	118			7
8 OPERATION OF PLANT	1523460	170686	7606	109303	5601			8
9 LAUNDRY & LINEN SERVICE	129535	10133	2899					9
10 HOUSEKEEPING	495362	47115	7244	66283	7673			10
11 DIETARY	227777	150960	27108	32354	5671			11
12 CAFETERIA	123864	52102		24481				12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	512518	8493	453	91843				14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY	201033	44171	3556	34967	280			17
18 SOCIAL SERVICE	573236	24939	2208	84636	234			18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	8996621	488782	313401	1522018	12353	387601	119254	11840030 25
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	312363		21214	17149	24	5679	1748	358177 37
41 RADIOLOGY-DIAGNOSTIC	313538	44755	180700	53491	419	13360	4112	610375 41
43 RADIOSOTOPE	23999	6291				593	183	31066 43
44 LABORATORY	1039127	34735	174	8683	14799	31333	9644	1138495 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	3176756		155966	673475	301	259328	79823	4345649 49
49.01 PULMONARY REHAB	14150	42329	6778	1886				65143 49.01
50 PHYSICAL THERAPY	371232	37431	2771	40291	202	9801	3017	464745 50
51 OCCUPATIONAL THERAPY	252790	20288		17780		8304	2556	301718 51
52 SPEECH PATHOLOGY	225698	7909		39941	6	9350	2878	285782 52
52.01 PSYCHOLOGY		8695	728	32783				42206 52.01
55 MEDICAL SUPPLIES CHARGED TO PAT	2419941				139489	105576	32497	2697503 55
56 DRUGS CHARGED TO PATIENTS	2874002	40150	3699	140807	125098	211658	65150	3460564 56
57 RENAL DIALYSIS	655342	2696			30	26389	8123	692580 57
58.01 ULTRASOUND	57475	2494	15001	9264		3258	1003	88495 58.01
58.02 CT SCAN	9025	8291	1645		17	5989	1844	26811 58.02
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		3393	730	48528				52651 61
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OPT								69.20
69.30 CMHC								69.30
69.40 OPT								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	38022337	1898646	1197443	3838412	318393	1078219	331832	38022337 95
NONREIMBURSABLE COST CENTERS								
96.01 OFFSITE RESPIRATORY								96.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	38022337	1898646	1197443	3838412	318393	1078219	331832	38022337 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	OTHER A&G 6.04	MAIN- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS- TRATION 14	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 PURCHASING									6.01
6.02 ADMITTING									6.02
6.03 PATIENT ACCOUNTS									6.03
6.04 OTHER ADMINISTRATIVE & GENERAL	6547104								6.04
7 MAINTENANCE & REPAIRS	34001	197460							7
8 OPERATION OF PLANT	377879		2194535						8
9 LAUNDRY & LINEN SERVICE	29655		20473	192695					9
10 HOUSEKEEPING	129730		95194		848601				10
11 DIETARY	92329		305010		124506	965715			11
12 CAFETERIA	41695		105271		42972		390385		12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	127573		17159		7005		9251	774295	14
15 CENTRAL SERVICES & SUPPLY									15
16 PHARMACY									16
17 MEDICAL RECORDS & LIBRARY	59076		89247		36431		5649		17
18 SOCIAL SERVICE	142538		50389		20569		10838		18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	2462822	128595	987569	192695	403127	965715	236334	767748	25
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	74504						2015	6547	37
41 RADIOLOGY-DIAGNOSTIC	126963	1442	90427		36913		5506		41
43 RADIOISOTOPE	6462		12711		5189				43
44 LABORATORY	236816		70181		28648		2142		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	903930	63697					80645		49
49.01 PULMONARY REHAB	13550		85524		34911		571		49.01
50 PHYSICAL THERAPY	96671	601	75628		30872		6443		50
51 OCCUPATIONAL THERAPY	62760		40992		16733		2634		51
52 SPEECH PATHOLOGY	59445		15979		6523		5030		52
52.01 PSYCHOLOGY	8779		17568		7171		3174		52.01
55 MEDICAL SUPPLIES CHARGED TO PAT	561102								55
56 DRUGS CHARGED TO PATIENTS	719825	3125	81121		33114		14393		56
57 RENAL DIALYSIS	144062		5447		2224				57
58.01 ULTRASOUND	18408		5039		2057		730		58.01
58.02 CT SCAN	5577		16751		6838				58.02
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	10952		6855		2798		5030		61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OPT									69.20
69.30 CMHC									69.30
69.40 OPT									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	6547104	197460	2194535	192695	848601	965715	390385	774295	95
NONREIMBURSABLE COST CENTERS									
96.01 OFFSITE RESPIRATORY									96.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	6547104	197460	2194535	192695	848601	965715	390385	774295	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	17	18	25	26	27	
GENERAL SERVICE COST CENTERS						
1 OLD CAP REL COSTS-BLDG & FIXT						1
2 OLD CAP REL COSTS-MVBLE EQUIP						2
3 NEW CAP REL COSTS-BLDG & FIXT						3
4 NEW CAP REL COSTS-MVBLE EQUIP						4
5 EMPLOYEE BENEFITS						5
6.01 PURCHASING						6.01
6.02 ADMITTING						6.02
6.03 PATIENT ACCOUNTS						6.03
6.04 OTHER ADMINISTRATIVE & GENERAL						6.04
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	474410					17
18 SOCIAL SERVICE		909587				18
20 NONPHYSICIAN ANESTHETISTS						20
21 NURSING SCHOOL						21
22 I&R SERVICES-SALARY & FRINGES A						22
23 I&R SERVICES-OTHER PRGM COSTS A						23
24 PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	170552	909587	19064774		19064774	25
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	2499		443742		443742	37
41 RADIOLOGY-DIAGNOSTIC	5878		877504		877504	41
43 RADIOISOTOPE	261		55689		55689	43
44 LABORATORY	13786		1490068		1490068	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	114099		5508020		5508020	49
49.01 PULMONARY REHAB			199699		199699	49.01
50 PHYSICAL THERAPY	4312		679272		679272	50
51 OCCUPATIONAL THERAPY	3654		428491		428491	51
52 SPEECH PATHOLOGY	4114		376873		376873	52
52.01 PSYCHOLOGY			78898		78898	52.01
55 MEDICAL SUPPLIES CHARGED TO PAT	46451		3305056		3305056	55
56 DRUGS CHARGED TO PATIENTS	93125		4405267		4405267	56
57 RENAL DIALYSIS	11611		855924		855924	57
58.01 ULTRASOUND	1433		116162		116162	58.01
58.02 CT SCAN	2635		58612		58612	58.02
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY			78286		78286	61
62 OBSERVATION BEDS (NON-DISTINCT)						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
69.10 CMHC						69.10
69.20 OPT						69.20
69.30 CMHC						69.30
69.40 OPT						69.40
71 HOME HEALTH AGENCY						71
SPECIAL PURPOSE COST CENTERS						
85.01 PANCREAS ACQUISITION						85.01
85.02 INTESTINAL ACQUISITION						85.02
85.03 ISLET CELL ACQUISITION						85.03
95 SUBTOTALS	474410	909587	38022337		38022337	95
NONREIMBURSABLE COST CENTERS						
96.01 OFFSITE RESPIRATORY						96.01
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL	474410	909587	38022337		38022337	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	NEW CAP	CAP REL	EMPLOYEE	PURCHASING	ADMITTING	PATIENT	
	CAP-REL COSTS	BLDGS & FIXTURES	MOVABLE EQUIPMENT	COST TO BE ALLOC 4A	BENEFITS	6.01	6.02	ACCOUNTS 6.03	
	0	3	4		5				
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		13301	2474	15775	15775				5
6.01 PURCHASING		69560	1016	70576	139	70715			6.01
6.02 ADMITTING	15986	29770	4220	49976	607	117	50700		6.02
6.03 PATIENT ACCOUNTS		30219	70	30289	174	5		30468	6.03
6.04 OTHER ADMINISTRATIVE & GENERAL		492420	435390	927810	2235	1228			6.04
7 MAINTENANCE & REPAIRS		6538	392	6930	84	26			7
8 OPERATION OF PLANT		170686	7606	178292	449	1244			8
9 LAUNDRY & LINEN SERVICE		10133	2899	13032					9
10 HOUSEKEEPING		47115	7244	54359	272	1704			10
11 DIETARY	64	150960	27108	178132	133	1260			11
12 CAFETERIA		52102		52102	101				12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		8493	453	8946	377				14
15 CENTRAL SERVICES & SUPPLY									15
16 PHARMACY									16
17 MEDICAL RECORDS & LIBRARY		44171	3556	47727	144	62			17
18 SOCIAL SERVICE		24939	2208	27147	348	52			18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	117287	488782	313401	919470	6258	2744	18213	10962	25
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM			21214	21214	70	5	267	160	37
41 RADIOLOGY-DIAGNOSTIC		44755	180700	225455	220	93	628	377	41
43 RADIOISOTOPE		6291		6291			28	17	43
44 LABORATORY		34735	174	34909	36	3287	1474	885	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY			155966	155966	2767	67	12199	7325	49
49.01 PULMONARY REHAB		42329	6778	49107	8				49.01
50 PHYSICAL THERAPY		37431	2771	40202	166	45	461	277	50
51 OCCUPATIONAL THERAPY		20288		20288	73		391	235	51
52 SPEECH PATHOLOGY		7909		7909	164	1	440	264	52
52.01 PSYCHOLOGY		8695	728	9423	135				52.01
55 MEDICAL SUPPLIES CHARGED TO PAT	202586			202586		30979	4966	2982	55
56 DRUGS CHARGED TO PATIENTS		40150	3699	43849	578	27785	9957	5978	56
57 RENAL DIALYSIS		2696		2696		7	1241	745	57
58.01 ULTRASOUND		2494	15001	17495	38		153	92	58.01
58.02 CT SCAN		8291	1645	9936		4	282	169	58.02
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY		3393	730	4123	199				61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OPT									69.20
69.30 CMHC									69.30
69.40 OPT									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	335923	1898646	1197443	3432012	15775	70715	50700	30468	95
NONREIMBURSABLE COST CENTERS									
96.01 OFFSITE RESPIRATORY									96.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	335923	1898646	1197443	3432012	15775	70715	50700	30468	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	OTHER A&G 6.04	MAIN- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS- TRATION 14	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 PURCHASING									6.01
6.02 ADMITTING									6.02
6.03 PATIENT ACCOUNTS									6.03
6.04 OTHER ADMINISTRATIVE & GENERAL	931273								6.04
7 MAINTENANCE & REPAIRS	4836	11876							7
8 OPERATION OF PLANT	53749		233734						8
9 LAUNDRY & LINEN SERVICE	4218		2181	19431					9
10 HOUSEKEEPING	18453		10139		84927				10
11 DIETARY	13133		32486		12460	237604			11
12 CAFETERIA	5931		11212		4301		73647		12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	18146		1828		701		1745	31743	14
15 CENTRAL SERVICES & SUPPLY									15
16 PHARMACY									16
17 MEDICAL RECORDS & LIBRARY	8403		9505		3646		1066		17
18 SOCIAL SERVICE	20275		5367		2058		2045		18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
25 INPATIENT ROUTINE SERV COST CENTERS									
ADULTS & PEDIATRICS	350327	7734	105182	19431	40344	237604	44584	31475	25
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	10597						380	268	37
41 RADIOLOGY-DIAGNOSTIC	18059	87	9631		3694		1039		41
43 RADIOISOTOPE	919		1354		519				43
44 LABORATORY	33685		7475		2867		404		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	128575	3831					15214		49
49.01 PULMONARY REHAB	1927		9109		3494		108		49.01
50 PHYSICAL THERAPY	13750	36	8055		3090		1215		50
51 OCCUPATIONAL THERAPY	8927		4366		1675		497		51
52 SPEECH PATHOLOGY	8455		1702		653		949		52
52.01 PSYCHOLOGY	1249		1871		718		599		52.01
55 MEDICAL SUPPLIES CHARGED TO PAT	79811								55
56 DRUGS CHARGED TO PATIENTS	102388	188	8640		3314		2715		56
57 RENAL DIALYSIS	20491		580		223				57
58.01 ULTRASOUND	2618		537		206		138		58.01
58.02 CT SCAN	793		1784		684				58.02
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	1558		730		280		949		61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OPT									69.20
69.30 CMHC									69.30
69.40 OPT									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	931273	11876	233734	19431	84927	237604	73647	31743	95
NONREIMBURSABLE COST CENTERS									
96.01 OFFSITE RESPIRATORY									96.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	931273	11876	233734	19431	84927	237604	73647	31743	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26	TOTAL 27	
GENERAL SERVICE COST CENTERS						
1 OLD CAP REL COSTS-BLDG & FIXT						1
2 OLD CAP REL COSTS-MVBLE EQUIP						2
3 NEW CAP REL COSTS-BLDG & FIXT						3
4 NEW CAP REL COSTS-MVBLE EQUIP						4
5 EMPLOYEE BENEFITS						5
6.01 PURCHASING						6.01
6.02 ADMITTING						6.02
6.03 PATIENT ACCOUNTS						6.03
6.04 OTHER ADMINISTRATIVE & GENERAL						6.04
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	70553					17
18 SOCIAL SERVICE		57292				18
20 NONPHYSICIAN ANESTHETISTS						20
21 NURSING SCHOOL						21
22 I&R SERVICES-SALARY & FRINGES A						22
23 I&R SERVICES-OTHER PRGM COSTS A						23
24 PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	25360	57292	1876980		1876980	25
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	372		33333		33333	37
41 RADIOLOGY-DIAGNOSTIC	874		260157		260157	41
43 RADIOISOTOPE	39		9167		9167	43
44 LABORATORY	2050		87072		87072	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	16970		342914		342914	49
49.01 PULMONARY REHAB			63753		63753	49.01
50 PHYSICAL THERAPY	641		67938		67938	50
51 OCCUPATIONAL THERAPY	543		36995		36995	51
52 SPEECH PATHOLOGY	612		21149		21149	52
52.01 PSYCHOLOGY			13995		13995	52.01
55 MEDICAL SUPPLIES CHARGED TO PAT	6909		328233		328233	55
56 DRUGS CHARGED TO PATIENTS	13851		219243		219243	56
57 RENAL DIALYSIS	1727		27710		27710	57
58.01 ULTRASOUND	213		21490		21490	58.01
58.02 CT SCAN	392		14044		14044	58.02
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY			7839		7839	61
62 OBSERVATION BEDS (NON-DISTINCT)						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
69.10 CMHC						69.10
69.20 OPT						69.20
69.30 CMHC						69.30
69.40 OPT						69.40
71 HOME HEALTH AGENCY						71
SPECIAL PURPOSE COST CENTERS						
85.01 PANCREAS ACQUISITION						85.01
85.02 INTESTINAL ACQUISITION						85.02
85.03 ISLET CELL ACQUISITION						85.03
95 SUBTOTALS	70553	57292	3432012		3432012	95
NONREIMBURSABLE COST CENTERS						
96.01 OFFSITE RESPIRATORY						96.01
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL	70553	57292	3432012		3432012	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	PURCHASING	ADMITTING	PATIENT	RECON- CILIATION
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES	SUPPLIES EXPENSE	CHARGES	ACCOUNTS CHARGES	
	3	4	5	6.01	6.02	6.03	6A.04
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	84506						3
4 NEW CAP REL COSTS-MVBLE EQUIP		11427784					4
5 EMPLOYEE BENEFITS	592	23614	20035128				5
6.01 PURCHASING	3096	9695	176407	5061369			6.01
6.02 ADMITTING	1325	40272	770809	8377	107227431		6.02
6.03 PATIENT ACCOUNTS	1345	669	221380	382		107227431	6.03
6.04 OTHER ADMINISTRATIVE & GENERA	21917	4155101	2839947	87863			-6547104 6.04
7 MAINTENANCE & REPAIRS	291	3744	106880	1878			7
8 OPERATION OF PLANT	7597	72586	570523	89042			8
9 LAUNDRY & LINEN SERVICE	451	27664					9
10 HOUSEKEEPING	2097	69136	345975	121972			10
11 DIETARY	6719	258703	168876	90157			11
12 CAFETERIA	2319		127780				12
13 MAINTENANCE OF PERSONNEL							13
14 NURSING ADMINISTRATION	378	4323	479390				14
15 CENTRAL SERVICES & SUPPLY							15
16 PHARMACY							16
17 MEDICAL RECORDS & LIBRARY	1966	33937	182517	4455			17
18 SOCIAL SERVICE	1110	21068	441769	3718			18
20 NONPHYSICIAN ANESTHETISTS							20
21 NURSING SCHOOL							21
22 I&R SERVICES-SALARY & FRINGES							22
23 I&R SERVICES-OTHER PRGM COSTS							23
24 PARAMED ED PRGM-(SPECIFY)							24
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	21755	2990949	7944379	196369	38543300	38543300	25
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		202456	89511	380	564809	564809	37
41 RADIOLOGY-DIAGNOSTIC	1992	1724520	279204	6668	1328681	1328681	41
43 RADIOISOTOPE	280				59009	59009	43
44 LABORATORY	1546	1660	45322	235261	3116116	3116116	44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		1488468	3515298	4783	25790967	25790967	49
49.01 PULMONARY REHAB	1884	64686	9845				49.01
50 PHYSICAL THERAPY	1666	26448	210304	3206	974782	974782	50
51 OCCUPATIONAL THERAPY	903		92803	1	825872	825872	51
52 SPEECH PATHOLOGY	352		208480	101	929881	929881	52
52.01 PSYCHOLOGY	387	6948	171114				52.01
55 MEDICAL SUPPLIES CHARGED TO P				2217355	10499879	10499879	55
56 DRUGS CHARGED TO PATIENTS	1787	35304	734960	1988651	21050027	21050027	56
57 RENAL DIALYSIS	120			481	2624471	2624471	57
58.01 ULTRASOUND	111	143165	48355		323996	323996	58.01
58.02 CT SCAN	369	15700		269	595641	595641	58.02
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY	151	6968	253300				61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
69.10 CMHC							69.10
69.20 OPT							69.20
69.30 CMHC							69.30
69.40 OPT							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
95 SUBTOTALS	84506	11427784	20035128	5061369	107227431	107227431	-6547104 95
NONREIMBURSABLE COST CENTERS							
96.01 OFFSITE RESPIRATORY							96.01

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	PURCHASING	ADMITTING	PATIENT	RECON- CILIATION
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES	SUPPLIES EXPENSE	CHARGES	ACCOUNTS CHARGES	
	3	4	5	6.01	6.02	6.03	6A.04
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	1898646	1197443	3838412	318393	1078219	331832	103
104 UNIT COST MULT-WS B PT I		.104783		.062906		.003095	104
104 UNIT COST MULT-WS B PT I	22.467588		.191584		.010055		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			15775	70715	50700	30468	107
108 UNIT COST MULT-WS B PT III				.013972		.000284	108
108 UNIT COST MULT-WS B PT III			.000787		.000473		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OTHER A&G	MAIN- TENANCE & REPAIRS WORK ORDERS	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA FTES	NURSING ADMINIS- TRATION FTES	
	6.04	7	8	9	10	11	12	14	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4									4
5									5
6.01									6.01
6.02									6.02
6.03									6.03
6.04	31475233								6.04
7	163459	1643							7
8	1816656		48343						8
9	142567		451	231935					9
10	623677		2097		45795				10
11	443870		6719		6719	24409			11
12	200447		2319		2319		24601		12
13									13
14	613307		378		378		583	15020	14
15									15
16									16
17	284007		1966		1966		356		17
18	685253		1110		1110		683		18
20									20
21									21
22									22
23									23
24									24
INPATIENT ROUTINE SERV COST CENTERS									
25	11840030	1070	21755	231935	21755	24409	14893	14893	25
ADULTS & PEDIATRICS									
ANCILLARY SERVICE COST CENTERS									
37	358177						127	127	37
41	610375	12	1992		1992		347		41
43	31066		280		280				43
44	1138495		1546		1546		135		44
46.30									46.30
49	4345649	530					5082		49
49.01	65143		1884		1884		36		49.01
50	464745	5	1666		1666		406		50
51	301718		903		903		166		51
52	285782		352		352		317		52
52.01	42206		387		387		200		52.01
55	2697503								55
56	3460564	26	1787		1787		907		56
57	692580		120		120				57
58.01	88495		111		111		46		58.01
58.02	26811		369		369				58.02
OUTPATIENT SERVICE COST CENTERS									
61	52651		151		151		317		61
62									62
63.50									63.50
63.60									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10									69.10
69.20									69.20
69.30									69.30
69.40									69.40
71									71
SPECIAL PURPOSE COST CENTERS									
85.01									85.01
85.02									85.02
85.03									85.03
95	31475233	1643	48343	231935	45795	24409	24601	15020	95
SUBTOTALS									
NONREIMBURSABLE COST CENTERS									
96.01									96.01

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OTHER A&G ACCUM COST	MAIN- TENANCE & REPAIRS WORK ORDERS	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA FTES	NURSING ADMINIS- TRATION FTES
	6.04	7	8	9	10	11	12	14
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	6547104	197460	2194535	192695	848601	965715	390385	774295 103
104 UNIT COST MULT-WS B PT I	.208008		45.395093		18.530429		15.868664	104
104 UNIT COST MULT-WS B PT I		120.182593		.830815		39.563890		51.550932 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	931273	11876	233734	19431	84927	237604	73647	31743 107
108 UNIT COST MULT-WS B PT III	.029587		4.834909		1.854504		2.993659	108
108 UNIT COST MULT-WS B PT III		7.228241		.083778		9.734278		2.113382 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL	SOCIAL	
	RECORDS & LIBRARY CHARGES	SERVICE PATIENT DAYS	
	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
6.01 PURCHASING			6.01
6.02 ADMITTING			6.02
6.03 PATIENT ACCOUNTS			6.03
6.04 OTHER ADMINISTRATIVE & GENERA			6.04
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	107227431		17
18 SOCIAL SERVICE		24671	18
20 NONPHYSICIAN ANESTHETISTS			20
21 NURSING SCHOOL			21
22 I&R SERVICES-SALARY & FRINGES			22
23 I&R SERVICES-OTHER PRGM COSTS			23
24 PARAMED ED PRGM-(SPECIFY)			24
INPATIENT ROUTINE SERV COST CENTERS			
25 ADULTS & PEDIATRICS	38543300	24671	25
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	564809		37
41 RADIOLOGY-DIAGNOSTIC	1328681		41
43 RADIOISOTOPE	59009		43
44 LABORATORY	3116116		44
46.30 BLOOD CLOTTING FACTORS ADMIN			46.30
49 RESPIRATORY THERAPY	25790967		49
49.01 PULMONARY REHAB			49.01
50 PHYSICAL THERAPY	974782		50
51 OCCUPATIONAL THERAPY	825872		51
52 SPEECH PATHOLOGY	929881		52
52.01 PSYCHOLOGY			52.01
55 MEDICAL SUPPLIES CHARGED TO P	10499879		55
56 DRUGS CHARGED TO PATIENTS	21050027		56
57 RENAL DIALYSIS	2624471		57
58.01 ULTRASOUND	323996		58.01
58.02 CT SCAN	595641		58.02
OUTPATIENT SERVICE COST CENTERS			
61 EMERGENCY			61
62 OBSERVATION BEDS (NON-DISTINC			62
63.50 RHC			63.50
63.60 FQHC			63.60
OTHER REIMBURSABLE COST CENTERS			
69.10 CMHC			69.10
69.20 OPT			69.20
69.30 CMHC			69.30
69.40 OPT			69.40
71 HOME HEALTH AGENCY			71
SPECIAL PURPOSE COST CENTERS			
85.01 PANCREAS ACQUISITION			85.01
85.02 INTESTINAL ACQUISITION			85.02
85.03 ISLET CELL ACQUISITION			85.03
95 SUBTOTALS	107227431	24671	95
NONREIMBURSABLE COST CENTERS			
96.01 OFFSITE RESPIRATORY			96.01

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL	SOCIAL	
	RECORDS & LIBRARY CHARGES	SERVICE PATIENT DAYS	
	17	18	
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 COST TO BE ALLOC PER B PT I	474410	909587	103
104 UNIT COST MULT-WS B PT I	.004424		104
104 UNIT COST MULT-WS B PT I		36.868672	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	70553	57292	107
108 UNIT COST MULT-WS B PT III	.000658		108
108 UNIT COST MULT-WS B PT III		2.322241	108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT		DISALLOWANCE		
	1	2	3	4	5	
25 INPATIENT ROUTINE SERV COST CENTERS						
ADULTS & PEDIATRICS	19064774		19064774		19064774	25
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	443742		443742		443742	37
41 RADIOLOGY-DIAGNOSTIC	877504		877504		877504	41
43 RADIOISOTOPE	55689		55689		55689	43
44 LABORATORY	1490068		1490068		1490068	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	5508020		5508020		5508020	49
49.01 PULMONARY REHAB	199699		199699		199699	49.01
50 PHYSICAL THERAPY	679272		679272		679272	50
51 OCCUPATIONAL THERAPY	428491		428491		428491	51
52 SPEECH PATHOLOGY	376873		376873		376873	52
52.01 PSYCHOLOGY	78898		78898		78898	52.01
55 MEDICAL SUPPLIES CHARGED TO	3305056		3305056		3305056	55
56 DRUGS CHARGED TO PATIENTS	4405267		4405267		4405267	56
57 RENAL DIALYSIS	855924		855924		855924	57
58.01 ULTRASOUND	116162		116162		116162	58.01
58.02 CT SCAN	58612		58612		58612	58.02
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	78286		78286		78286	61
62 OBSERVATION BEDS (NON-DISTI						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	38022337		38022337		38022337	101
102 LESS OBSERVATION BEDS						102
103 TOTAL	38022337		38022337		38022337	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL 8			
25 INPATIENT ROUTINE SERV COST CENTERS						
ADULTS & PEDIATRICS	38543300		38543300			25
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	564809		564809	.785650	.785650	.785650 37
41 RADIOLOGY-DIAGNOSTIC	1295854	32827	1328681	.660432	.660432	.660432 41
43 RADIOISOTOPE	52741	6269	59010	.943721	.943721	.943721 43
44 LABORATORY	3078435	37681	3116116	.478181	.478181	.478181 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	25790967		25790967	.213564	.213564	.213564 49
49.01 PULMONARY REHAB	105		105	1901.895238	1901.895238	1901.895238 49.01
50 PHYSICAL THERAPY	970062	4720	974782	.696845	.696845	.696845 50
51 OCCUPATIONAL THERAPY	823968	1904	825872	.518835	.518835	.518835 51
52 SPEECH PATHOLOGY	926809	3073	929882	.405291	.405291	.405291 52
52.01 PSYCHOLOGY						52.01
55 MEDICAL SUPPLIES CHARGED TO	10499879		10499879	.314771	.314771	.314771 55
56 DRUGS CHARGED TO PATIENTS	21050027		21050027	.209276	.209276	.209276 56
57 RENAL DIALYSIS	2381130	243341	2624471	.326132	.326132	.326132 57
58.01 ULTRASOUND	321014	2982	323996	.358529	.358529	.358529 58.01
58.02 CT SCAN	582448	13193	595641	.098402	.098402	.098402 58.02
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTI						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	106881548	345990	107227538			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	106881548	345990	107227538			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				1876980		1876980
26 INTENSIVE CARE UNIT						
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY						
101 TOTAL				1876980		1876980

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	24671	16310			76.08	1240865
26 INTENSIVE CARE UNIT						
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY						
101 TOTAL	24671	16310				1240865

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-2010) [ ] SUB III [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	----	OLD CAPITAL	----	NEW CAPITAL	----
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		33333	564809	399232			.059016	23561	37
41 RADIOLOGY-DIAGNOSTIC		260157	1328681	832934			.195801	163089	41
43 RADIOISOTOPE		9167	59010	40715			.155347	6325	43
44 LABORATORY		87072	3116116	2132629			.027942	59590	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
49 RESPIRATORY THERAPY		342914	25790967	17114999			.013296	227561	49
49.01 PULMONARY REHAB		63753	105			607.171429			49.01
50 PHYSICAL THERAPY		67938	974782	565467			.069696	39411	50
51 OCCUPATIONAL THERAPY		36995	825872	493737			.044795	22117	51
52 SPEECH PATHOLOGY		21149	929882	584667			.022744	13298	52
52.01 PSYCHOLOGY		13995							52.01
55 MEDICAL SUPPLIES CHARGED TO P		328233	10499879	7019045			.031261	219422	55
56 DRUGS CHARGED TO PATIENTS		219243	21050027	14096209			.010415	146812	56
57 RENAL DIALYSIS		27710	2624471	1832312			.010558	19346	57
58.01 ULTRASOUND		21490	323996	209988			.066328	13928	58.01
58.02 CT SCAN		14044	595641	386895			.023578	9122	58.02
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY		7839							61
62 OBSERVATION BEDS (NON-DISTINC									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		1555032	68684238	45708829				963582	101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER	DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	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					24671		16310	25
26	INTENSIVE CARE UNIT								26
27	CORONARY CARE UNIT								27
28	BURN INTENSIVE CARE UNIT								28
29	SURGICAL INTENSIVE CARE UNIT								29
30	OTHER SPECIAL CARE (SPECIFY)								30
31	SUBPROVIDER I								31
33	NURSERY								33
34	SKILLED NURSING FACILITY								34
35	NURSING FACILITY								35
101	TOTAL					24671		16310	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (14-2010)	[ ]	SUB IV	[ ]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA
BOXES	[ ]	TITLE XIX	[ ]	SUB II	[ ]	NF		
			[ ]	SUB III	[ ]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST	NONPHYSICIAN ANESTHETIST	MEDICAL EDUCATION				
	COST	COST	COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
41 RADIOLOGY-DIAGNOSTIC							41
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
49.01 PULMONARY REHAB							49.01
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
52.01 PSYCHOLOGY							52.01
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58.01 ULTRASOUND							58.01
58.02 CT SCAN							58.02
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-2010) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		564809			399232		37
41 RADIOLOGY-DIAGNOSTIC		1328681			832934	32827	41
43 RADIOISOTOPE		59010			40715	6269	43
44 LABORATORY		3116116			2132629	37681	44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		25790967			17114999		49
49.01 PULMONARY REHAB		105					49.01
50 PHYSICAL THERAPY		974782			565467	4720	50
51 OCCUPATIONAL THERAPY		825872			493737	1904	51
52 SPEECH PATHOLOGY		929882			584667	3073	52
52.01 PSYCHOLOGY							52.01
55 MEDICAL SUPPLIES CHARGED TO P		10499879			7019045		55
56 DRUGS CHARGED TO PATIENTS		21050027			14096209		56
57 RENAL DIALYSIS		2624471			1832312	243341	57
58.01 ULTRASOUND		323996			209988	2982	58.01
58.02 CT SCAN		595641			386895	13193	58.02
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		68684238			45708829	345990	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (14-2010)	[ ]	SUB IV	[ ]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA
BOXES	[ ]	TITLE XIX	[ ]	SUB II	[ ]	NF		
			[ ]	SUB III	[ ]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
41 RADIOLOGY-DIAGNOSTIC					41
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
49.01 PULMONARY REHAB					49.01
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
52.01 PSYCHOLOGY					52.01
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58.01 ULTRASOUND					58.01
58.02 CT SCAN					58.02
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-2010) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			----- PROGRAM CHARGES -----		
	PART II	PART I	PART II	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	COL. 8	COL. 9	COL. 9	2	3	4
	1	1.01	1.02			
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.785650	.785650	.785650			37
41 RADIOLOGY-DIAGNOSTIC	.660432	.660432	.660432			41
43 RADIOISOTOPE	.943721	.943721	.943721			43
44 LABORATORY	.478181	.478181	.478181			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.213564	.213564	.213564			49
49.01 PULMONARY REHAB	1901.895238	1901.895238	1901.895238			49.01
50 PHYSICAL THERAPY	.696845	.696845	.696845			50
51 OCCUPATIONAL THERAPY	.518835	.518835	.518835			51
52 SPEECH PATHOLOGY	.405291	.405291	.405291			52
52.01 PSYCHOLOGY						52.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.314771	.314771	.314771			55
56 DRUGS CHARGED TO PATIENTS	.209276	.209276	.209276			56
57 RENAL DIALYSIS	.326132	.326132	.326132			57
58.01 ULTRASOUND	.358529	.358529	.358529			58.01
58.02 CT SCAN	.098402	.098402	.098402			58.02
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINCT						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.209276	1
2 PROGRAM VACCINE CHARGES		2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS		3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-2010) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1) (SEE INSTRU.) 5	PPS SER- VICES (SEE INSTRU.) 5.01	ALL OTHER (SEE INSTRU.) 5.02	PPS SER- VICES (SEE INSTRU.) 5.03	PPS SER- VICES (SEE INSTRU.) 5.04	OUTPATIENT AMBULATORY SURGICAL CENTER 6	OUTPATIENT RADIOLOGY 7	OTHER OUTPATIENT DIAGNOSTIC 8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM								37
41 RADIOLOGY-DIAGNOSTIC		32827						41
43 RADIOISOTOPE		6269						43
44 LABORATORY		37681						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY								49
49.01 PULMONARY REHAB								49.01
50 PHYSICAL THERAPY		4720						50
51 OCCUPATIONAL THERAPY		1904						51
52 SPEECH PATHOLOGY		3073						52
52.01 PSYCHOLOGY								52.01
55 MEDICAL SUPPLIES CHARGED TO PA								55
56 DRUGS CHARGED TO PATIENTS								56
57 RENAL DIALYSIS		243341						57
58.01 ULTRASOUND		2982						58.01
58.02 CT SCAN		13193						58.02
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY								61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
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		345990						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		345990						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-2010) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B CHARGES (SEE INSTRU.)	I/P PART B COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10	11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
41 RADIOLOGY-DIAGNOSTIC		21680					41
43 RADIOISOTOPE		5916					43
44 LABORATORY		18018					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY							49
49.01 PULMONARY REHAB							49.01
50 PHYSICAL THERAPY		3289					50
51 OCCUPATIONAL THERAPY		988					51
52 SPEECH PATHOLOGY		1245					52
52.01 PSYCHOLOGY							52.01
55 MEDICAL SUPPLIES CHARGED TO PAT							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS		79361					57
58.01 ULTRASOUND		1069					58.01
58.02 CT SCAN		1298					58.02
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
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		132864					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		132864					104

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-2010)	SUB I	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	24671						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	24671						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	24671						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)	16310						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) (14-2010)	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	19064774						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	19064774						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	38543300						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	38543300						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.494633						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1562.29						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	19064774						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) (14-2010)	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	772.76					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	12603716					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	12603716					41
	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST	
	1	2	3	4	5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT						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) (14-2010)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	12334603					48
49 TOTAL PROGRAM INPATIENT COSTS	24938319					49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1240865					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	963582					51
52 TOTAL PROGRAM EXCLUDABLE COST	2204447					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	22733872					53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-2010)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

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

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

SNF

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) (14-2010)	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	772.76	84
85 OBSERVATION BED COST		85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL			TOTAL	
	ROUTINE COST	COLUMN 1 DIVIDED BY	OBSERVATION BED COST	OBSERVATION BED PASS-THROUGH COST
COST	(FROM LINE 27)	COLUMN 2	(FROM LINE 85)	COL 3 TIMES COL 4
1	2	3	4	5

86 OLD CAPITAL-RELATED COST		19064774		86
87 NEW CAPITAL-RELATED COST	1876980	19064774	.098453	87
88 NON PHYSICIAN ANESTHETIST		19064774		88
89 MEDICAL EDUCATION		19064774		89

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V [XX] HOSPITAL (14-2010) [ ] SNF [XX] PPS  
 [XX] TITLE XVIII-PT A [ ] SUB I [ ] NF [ ] TEFRA  
 [ ] TITLE XIX [ ] SUB II [ ] S/B-SNF [ ] OTHER  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		25648438		25
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.785650	399232	313657	37
41 RADIOLOGY-DIAGNOSTIC	.660432	832934	550096	41
43 RADIOISOTOPE	.943721	40715	38424	43
44 LABORATORY	.478181	2132629	1019783	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.213564	17114999	3655148	49
49.01 PULMONARY REHAB	1901.895238			49.01
50 PHYSICAL THERAPY	.696845	565467	394043	50
51 OCCUPATIONAL THERAPY	.518835	493737	256168	51
52 SPEECH PATHOLOGY	.405291	584667	236960	52
52.01 PSYCHOLOGY				52.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.314771	7019045	2209392	55
56 DRUGS CHARGED TO PATIENTS	.209276	14096209	2949998	56
57 RENAL DIALYSIS	.326132	1832312	597576	57
58.01 ULTRASOUND	.358529	209988	75287	58.01
58.02 CT SCAN	.098402	386895	38071	58.02
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY				61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS				62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		45708829	12334603	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		45708829		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-2010) 1	HOSPITAL (14-2010) 1.01	HOSPITAL (14-2010) 1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	132864			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	100744			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.939			1.03
1.04 LINE 1.01 TIMES LINE 1.03	124759			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04	80.75			1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS	100744			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-2010) 1	HOSPITAL (14-2010) 1.01	HOSPITAL (14-2010) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	15275		18.01
19 SUBTOTAL	85469		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	85469		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	85469		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL	85469		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	85469		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	87393		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-1924		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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 HOSPITAL (14-2010)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B		
	PART A		PART B		
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT	
	1	2	3	4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		26070275		87393	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.					
PROGRAM .01					3.01
TO .02					3.02
PROVIDER .03		NONE		NONE	3.03
TO .04					3.04
PROVIDER .05					3.05
TO .50	08/29/2008	192763			3.50
PROVIDER .51	12/19/2008	28849			3.51
TO .52	06/04/2009	1361473		NONE	3.52
PROGRAM .53					3.53
PROGRAM .54					3.54
SUBTOTAL .99		-1583085			3.99
4 TOTAL INTERIM PAYMENTS		24487190		87393	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.					
PROGRAM .01					5.01
TO .02		NONE		NONE	5.02
PROVIDER .03					5.03
PROVIDER .50					5.50
TO .51		NONE		NONE	5.51
PROGRAM .52					5.52
SUBTOTAL .99					5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.					
PROGRAM TO .01					6.01
PROVIDER TO .02		-413424		-1924	6.02
PROGRAM					
7 TOTAL MEDICARE PROGRAM LIABILITY		24073766		85469	7
NAME OF INTERMEDIARY: _____			INTERMEDIARY NUMBER: _____		
SIGNATURE OF AUTHORIZED PERSON: _____			DATE (MO/DAY/YR): _____		

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL (14-2010)	SUB I	SUB II	SUB III	SUB IV	
1						1
1.01						1.01
1.02	24856802					1.02
1.03						1.03
1.04						1.04
1.05	975029					1.05
1.06	25831831					1.06
1.07						1.07
1.08						1.08
1.09						1.09
1.10						1.10
1.11						1.11
1.12						1.12
1.13						1.13
1.14						1.14
1.15						1.15
1.16						1.16
1.17						1.17
1.18						1.18
1.19						1.19
1.20						1.20
1.21						1.21
1.22						1.22
1.23						1.23
1.35						1.35
1.36						1.36
1.37						1.37
1.38						1.38
1.39						1.39
1.40						1.40
1.41						1.41
1.42						1.42
2						2
3						3
4	25831831					4
5						5
6	25831831					6
7	19808					7
8	25812023					8
9	2207858					9
10	23604165					10
11	670859					11
11.01	469601					11.01
11.02	567788					11.02
12	24073766					12
13						13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL (14-2010)	SUB I	SUB II	SUB III	SUB IV	
13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)						13.01
14 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION						14
15 OTHER ADJUSTMENTS						15
16 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						16
17 TOTAL AMOUNT PAYABLE TO THE PROVIDER	24073766					17
18 SEQUESTRATION ADJUSTMENT						18
19 INTERIM PAYMENTS	24487190					19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20 BALANCE DUE PROVIDER/PROGRAM	-413424					20
21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						21
TO BE COMPLETED BY INTERMEDIARY						
50 ORIGINAL OUTLIER AMOUNT						50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)						51
52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						52
53 OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)						53

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	3201026			1
2	TEMPORARY INVESTMENTS	2790950			2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	7256638			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-870000			6
7	INVENTORY				7
8	PREPAID EXPENSES	977009			8
9	OTHER CURRENT ASSETS	421495			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	13777118			11
FIXED ASSETS					
12	LAND				12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS				13
13.01	ACCUMULATED DEPRECIATION				13.01
14	BUILDINGS				14
14.01	ACCUMULATED DEPRECIATION				14.01
15	LEASEHOLD IMPROVEMENTS	14954783			15
15.01	ACCUMULATED AMORTIZATION	-7002995			15.01
16	FIXED EQUIPMENT				16
16.01	ACCUMULATED DEPRECIATION				16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	11427787			18
18.01	ACCUMULATED DEPRECIATION	-6952167			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	12427408			21
OTHER ASSETS					
22	INVESTMENTS	4445023			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	1090124			25
26	TOTAL OTHER ASSETS	5535147			26
27	TOTAL ASSETS	31739673			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	1884939			28
29	SALARIES, WAGES & FEES PAYABLE	1938791			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	1193155			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	2372087			35
36	TOTAL CURRENT LIABILITIES	7388972			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE	2733333			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	2804930			41
42	TOTAL LONG TERM LIABILITIES	5538263			42
43	TOTAL LIABILITIES	12927235			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	18812438			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	18812438			51
52	TOTAL LIABILITIES AND FUND BALANCES	31739673			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	18524030			1
2 NET INCOME (LOSS)	1013539			2
3 TOTAL	19537569			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 PENSION-RELATED CHANGES	24612			5
6 UNREALIZED GAIN ON INVESTMENTS	58337			6
7				7
8				8
9				9
10 TOTAL ADDITIONS	82949			10
11 SUBTOTAL	19620518			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 UNREALIZED LOSS ON INVESTMENTS				13
14 PARTNERSHIP DISTRIBUTION	808080			14
15 PENSION-RELATED CHANGES				15
16				16
17				17
18 TOTAL DEDUCTIONS	808080			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	18812438			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	38543300		38543300	2
4 SUBPROVIDER I				4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	38543300		38543300	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT				12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE				17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	38543300		38543300	18
19 ANCILLARY SERVICES	68338034	345990	68684024	19
20 OUTPATIENT SERVICES				20
18.50 RHC				18.50
18.60 FQHC				18.60
21 HOME HEALTH AGENCY				21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
25 HOSPICE				25
26 OTHER	1881191		1881191	26
27 TOTAL PATIENT REVENUES	108762525	345990	109108515	27

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		42984432	26
27 ROUNDING			27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS			33
34 ROUNDING	-2		34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS	-2		39
40 TOTAL OPERATING EXPENSES		42984430	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	109108515	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	66367842	2
3	NET PATIENT REVENUES	42740673	3
4	LESS - TOTAL OPERATING EXPENSES	42984430	4
5	NET INCOME FROM SERVICE TO PATIENTS	-243757	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	836206	6
7	INCOME FROM INVESTMENTS	296626	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	52561	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	16564	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	COLLECTION FEES	7707	24
24.01	FACILITY RENTAL FEES		24.01
24.02	CONSULTING REVENUE		24.02
24.03	OTHER	49517	24.03
25	TOTAL OTHER INCOME	1259181	25
26	TOTAL	1015424	26
27	LOSS ON SALE OF ASSETS	1885	27
28			28
29			29
30	TOTAL OTHER EXPENSES	1885	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	1013539	31