

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 PROVENA ST. JOSEPH MEDICAL CENTER (14-0007) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2010 AND ENDING 12/31/2010, 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	1	2	3	4
2	SUBPROVIDER I	1687212	95014		1
2.01	SUBPROVIDER II	-3437	1		2
3	SWING BED - SNF	94899			2.01
4	SWING BED - NF				3
5	SKILLED NURSING FACILITY				4
6	NURSING FACILITY				5
7	HOME HEALTH AGENCY				6
8	OUTPATIENT REHABILITATION PROVIDER				7
9	HEALTH CLINIC				8
100	TOTAL	1778674	95015		9
					100

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 333 NORTH MADISON STREET P.O.BOX: 1
 1.01 CITY: JOLIET STATE: IL ZIP CODE: 60435 COUNTY: CHAMPAIGN 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	PROVENA ST. JOSEPH MEDICAL CENTER	14-0007	07/01/1966	N	P	O	2
3	SUBPROVIDER I	SJMC PHYSICAL MED & REHAB	14-T007	09/07/1987	N	P	O	3
3.01	SUBPROVIDER II	SJMC PSYCH UNIT	14-S007	09/01/1984	N	P	O	3.01
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: 01/01/2010	TO: 12/31/2010				17
18	TYPE OF CONTROL		1	2				18
19	TYPE OF HOSPITAL/SUBPROVIDER							19
20	HOSPITAL			1				20
20.01	SUBPROVIDER I			5				20.01
	SUBPROVIDER II			4				20.01

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? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 'Y' OR 'N' FOR NO.			YES	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 (OR APPLICABLE EXTENSION) OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105, MIPPA 147, ACA 3121, OR MMEA 108? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES OR 'N' FOR NO.			NO				21.06
21.07	DOES THIS HOSPITAL QUALIFY AS AN SCH WITH 100 OR FEWER BEDS UNDER MIPPA 147? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS). IS THIS AN SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121 OR MMEA SECTION 108? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS).			NO	NO			21.07
21.08	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS? ENTER IN COLUMN 1, 1 IF IT IS BASED ON DATE OF ADMISSION, 2 IF IT IS BASED ON CENSUS DAYS, OR 3 IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE LAST COST REPORTING PERIOD? ENTER IN COLUMN 2, 'Y' FOR YES AND 'N' FOR NO.						NO	21.08
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?							22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW							23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.			NO				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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	NO		25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	NO		25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	NO		25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO		25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO		25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO	25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO	25.06
25.07	HAS YOUR FACILITY'S TRAINED RESIDENTS IN NON-PROVIDER SETTING DURING THE COST REPORTING PERIOD? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1.	NO		25.07
25.08	IF LINE 25.07 IS YES, ENTER IN COLUMN 1 THE WEIGHTED NUMBER OF NON-PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. IF LINE 25.07 IS YES, ENTER IN COLUMN 1 THE UNWEIGHTED NUMBER OF NON-PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. USE LINES 25.09 THROUGH 25.59 AS NECESSARY TO IDENTIFY THE PROGRAM NAME IN COLUMN 1, THE PROGRAM CODE IN COLUMN 2, AND THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS BY SPECIALTY IN COLUMN 3 FOR EACH PRIMARY CARE SPECIALTY PROGRAM IN WHICH RESIDENTS ARE TRAINED.	0.00		25.08
			PROGRAM CODE (2)	RESIDENT FTEs (3)
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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

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	NO	28.03	
28.04	RECRUITMENT	0.00	NO	28.04	
28.05	RETENTION OF EMPLOYEES	0.00	NO	28.05	
28.06	TRAINING	0.00	NO	28.06	
28.07	OTHER (SPECIFY)		NO	28.07	
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?		NO	29	
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.		NO	30	
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.			30.01	
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?			30.02	
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)			30.03	
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.			30.04	
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		NO	31	
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		NO	31.01	
31.02	IS THIS A RURAL HOSPITAL SUB II QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		NO	31.02	
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	
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER II (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?		NO	35.01	
PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL					
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?		V 1	XVIII 2	XIX 3
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	NO	36
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	YES	YES	NO	36.01
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?	NO	NO	NO	37
TITLE XIX INPATIENT HOSPITAL SERVICES					
38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?		NO	38	
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	YES		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	

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, YES 148003 40
 CHAPTER 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COL. 2
 THE HOME OFFICE CHAIN NUMBER. (SEE INST.) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION,
 ENTER THE NAME AND ADDRESS OF THE HOME OFFICE ON LINES 40.01-40.03.
 40.01 NAME: PROVENA HEALTH FI/CONTRACTOR'S NAME: FI/CONTRACTOR'S NUMBER: 40.01
 40.02 STREET: 19065 HICKORY CREEK DRIVE, SUITE 300 P.O.BOX: 40.02
 40.03 CITY: MOKENA, IL 60448 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? NO 42
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? NO 42.01
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? NO 42.02
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS? NO 43
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY? 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	
48.01 SUBPROVIDER II	N	N	N	N	N	48.01	
49 SKILLED NURSING FACILITY	N	N				49	
50 HOME HEALTH AGENCY	N	N				50	
52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?				NO		52	
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.				NO		52.01	
53 IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.						53	
53.01 MDH PERIOD: BEGINNING: ENDING:						53.01	
54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 139356 PAID LOSSES: 1100000 AND/OR SELF INSURANCE: 3390343						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	
			DATE	Y/N	LIMIT	Y/N	FEES
			0	1	2	3	4
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.			/ /	NO	0.00	NO	
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.				YES			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)				NO			58.01
59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)				NO			59

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)	YES					60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)	NO					60.01
MULTICAMPUS							
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.	NO					61
	COUNTY:		STATE:	ZIP CODE	CBSA	FTE/ CAMPUS	
	1		2	3	4	5	
SETTLEMENT DATA							
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)	YES		04/30/2011			63
MISCELLANEOUS DATA							
64	DOES THIS HOSPITAL HAVE DIRECT ASSIGNMENT OF COST FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO.	YES					64

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	340	124100			43268		11481	1
2 HMO							2098	2
2.01 HMO (IRF PPS Sub)							107	2.01
3 HOSPITAL ADULTS & PEDS - SWING BED SNF								3
4 HOSPITAL ADULTS & PEDS - SWING BED NF								4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS	340	124100			43268		11481	5
6 INTENSIVE CARE UNIT	20	7300			3497		413	6
7 CORONARY CARE UNIT								7
8 BURN INTENSIVE CARE UNIT								8
9 SURGICAL INTENSIVE CARE UNIT	17	6205			3042			9
10 NEO NATAL INTENSIVE CARE								10
11 NURSERY							2739	11
12 TOTAL HOSPITAL	377	137605			49807		14633	12
13 RPCH VISITS								13
14 SUBPROVIDER I	31	11315			4940		57	14
14.01 SUBPROVIDER II	38	13870			2362		1901	14.01
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	446							25
26 OBSERVATION BED DAYS							1371	26
27 AMBULANCE TRIPS								27
28 EMPLOYEE DISCOUNT DAYS								28
29 LABOR & DELIVERY DAYS							359	29

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

COMPONENT	-----I/P DAYS / O/P VISITS / TRIPS-----				---INTERNS & RES FTES---			--FULL TIME EQUIV--	
	OBS.		OBS.		LESS I&R			EMPLOYEES ON PAYROLL	NONPAID WORKERS
	BEDS NOT ADMITTED	TOTAL ALL PATIENTS	BEDS ADMITTED	BEDS NOT ADMITTED	TOTAL	REPL NON- PHYS ANES	NET		
5.02	6	6.01	6.02	7	8	9	10	11	
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		80334							1
2 HMO XIX									2
2.01 HMO (IRF PPS Sub)									2.01
3 HOSPITAL ADULTS & PEDS - SWING BED SNF									3
4 HOSPITAL ADULTS & PEDS - SWING BED NF									4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS		80334							5
6 INTENSIVE CARE UNIT		6867							6
7 CORONARY CARE UNIT									7
8 BURN INTENSIVE CARE UNIT									8
9 SURGICAL INTENSIVE CARE UNIT		5724							9
10 NEO NATAL INTENSIVE CARE									10
11 NURSERY		5566							11
12 TOTAL HOSPITAL		98491						1982.37	12
13 RPCH VISITS									13
14 SUBPROVIDER I		6517						33.06	14
14.01 SUBPROVIDER II		6871						35.02	14.01
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								2050.45	25
26 OBSERVATION BED DAYS		10659							26
27 AMBULANCE TRIPS									27
28 EMPLOYEE DISCOUNT DAYS									28
29 LABOR & DELIVERY DAYS		678							29

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		10026	4156	24307	1
2	HMO XIX					2
2.01	HMO (IRF PPS Sub)					2.01
3	HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4	HOSPITAL ADULTS & PEDS - SWING BED NF					4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6	INTENSIVE CARE UNIT					6
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	NEO NATAL INTENSIVE CARE					10
11	NURSERY					11
12	TOTAL HOSPITAL		10026	4156	24307	12
13	RPCH VISITS					13
14	SUBPROVIDER I		429	6	557	14
14.01	SUBPROVIDER II		294	283	1026	14.01
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
29	LABOR & DELIVERY DAYS					29

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED	RECLASS. OF SALARIES	ADJUSTED SALARIES	PAID HOURS RELATED TO SALARY	AVERAGE HOURLY WAGE	DATA SOURCE	WORKSHEET S-3 PART II
		FROM WKST. A-6	(COL.1 + COL.2)	IN COL.3	(COL.3 / COL.4)		
1 SALARIES	1	2	3	4	5	6	
1 TOTAL SALARIES	128248743	-3759372	124489371	4264933.00	29.19		1
2 NON-PHYSICIAN ANESTHETIST PART A							2
3 NON-PHYSICIAN ANESTHETIST PART B							3
4 PHYSICIAN - PART A	304397		304397	2080.00	146.34		4
4.01 TEACHING PHYSICIAN SALARIES							4.01
5 PHYSICIAN - PART B							5
5.01 NON-PHYSICIAN - PART B							5.01
6 INTERNS & RESIDENTS (IN APPR PGM)							6
6.01 CONTRACT SERVICES, I&R							6.01
7 HOME OFFICE PERSONNEL							7
8 SNF							8
8.01 EXCLUDED AREA SALARIES	6138774	-193498	5945276	169505.38	35.07		8.01
OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR	1120507		1120507	17230.00	65.03		9
9.01 PHARMACY SERVICES UNDER CONTRACT							9.01
9.02 LABORATORY SERVICES UNDER CONTRACT							9.02
9.03 MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10 CONTRACT LABOR: PHYSICIAN PART A	1332230		1332230	6206.00	214.67	ONCALL \$ NO HRS	10
10.01 TEACHING PHYSICIAN UNDER CONTRACT							10.01
11 HOME OFFICE SALARIES & WAGE REL COSTS	11841185		11841185	293067.00	40.40		11
12 HOME OFFICE: PHYSICIAN PART A							12
12.01 TEACHING PHYSICIAN SALARIES							12.01
WAGE-RELATED COSTS							
13 WAGE RELATED COSTS (CORE)	34550966		34550966			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS	1526730		1526730			CMS 339	15
16 NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17 NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18 PHYSICIAN PART A						CMS 339	18
18.01 PART A TEACHING PHYSICIANS						CMS 339	18.01
19 PHYSICIAN PART B						CMS 339	19
19.01 WAGE RELATED COSTS (RHC/FQHC)						CMS 339	19.01
20 INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
OVERHEAD COSTS - DIRECT SALARIES							
21 EMPLOYEE BENEFITS	1317015	-841224	475791	6873.75	69.22		21
22 ADMINISTRATIVE & GENERAL	14090920	-2918148	11172772	420446.45	26.57		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT	4012208		4012208	41591.00	96.47		22.01
23 MAINTENANCE & REPAIRS							23
24 OPERATION OF PLANT	3391573		3391573	131845.20	25.72		24
25 LAUNDRY & LINEN SERVICE	166895		166895	12249.75	13.62		25
26 HOUSEKEEPING	2730427		2730427	207988.14	13.13		26
26.01 HOUSEKEEPING UNDER CONTRACT							26.01
27 DIETARY	3220622	-1984562	1236060	88707.00	13.93		27
27.01 DIETARY UNDER CONTRACT	522946		522946	11566.00	45.21		27.01
28 CAFETERIA		1984562	1984562	125361.00	15.83		28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	4362770		4362770	108107.25	40.36		30
31 CENTRAL SERVICES AND SUPPLY	1476528		1476528	82516.98	17.89		31
32 PHARMACY	3725400		3725400	96431.64	38.63		32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	3290885		3290885	156679.36	21.00		33
34 SOCIAL SERVICE							34
35 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART III

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS. OF SALARIES	ADJUSTED SALARIES	PAID HOURS RELATED TO SALARY	AVERAGE HOURLY WAGE	
		FROM WKST. A-6	(COL.1 + COL.2)	IN COL.3	(COL.3 / COL.4)	
1 NET SALARIES	132783897	-3759372	129024525	4318090.00	29.88	1
2 EXCLUDED AREA SALARIES	6138774	-193498	5945276	169505.38	35.07	2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	126645123	-3565874	123079249	4148584.62	29.67	3
4 SUBTOTAL OTHER WAGES & REL COSTS	14293922		14293922	316503.00	45.16	4
5 SUBTOTAL WAGE-RELATED COSTS	34550966		34550966		28.07%	5
6 TOTAL (SUM OF LINES 3 THRU 5)	175490011	-3565874	171924137	4465087.62	38.50	6
7 NET SALARIES						7
8 EXCLUDED AREA SALARIES						8
9 SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)						9
10 SUBTOTAL OTHER WAGES & REL COSTS						10
11 SUBTOTAL WAGE-RELATED COSTS						11
12 TOTAL (SUM OF LINES 9 THRU 11)						12
13 TOTAL OVERHEAD COSTS	42308189	-3759372	38548817	1490363.52	25.87	13

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?		1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04		2
2.01	IS IT AT THE TIME OF ADMISSION?		2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?		2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?		2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)		2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?		3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?		4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?		5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?		6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?		7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01		8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?		8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04		9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?		9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?		9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?		9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?		9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?		10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04		11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?		11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?		11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?		11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?		11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?		12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?		13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01		14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?		14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?		14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?		15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?		16
17	REVENUE RELATED TO UNCOMPENSATED CARE		17
17.01	GROSS MEDICAID REVENUES	35844288	17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS		18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)		19
20	RESTRICTED GRANTS	189173	20
21	NON-RESTRICTED GRANTS		21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	36033461	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.218195	24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST		25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS		26
27	TOTAL SCHIP COST		27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	184349604	28
29	TOTAL GROSS MEDICAID COST	40224162	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	77619731	30
31	UNCOMPENSATED CARE COST	16936237	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	40224162	32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
GENERAL SERVICE COST CENTERS								
1 0100 OLD CAP REL COSTS-BLDG & FIXT								1
2 0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3 0300 NEW CAP REL COSTS-BLDG & FIXT		20204955	20204955	2791908	22996863	-3443544	19553319	3
4 0400 NEW CAP REL COSTS-MVBLE EQUIP				9717683	9717683	5685625	15403308	4
5 0500 EMPLOYEE BENEFITS	1317015	38153830	39470845	-3042	39467803	-367464	39100339	5
6 0600 ADMINISTRATIVE & GENERAL	14090920	51870469	65961389	1355452	67316841	-13699523	53617318	6
7 0700 MAINTENANCE & REPAIRS								7
8 0800 OPERATION OF PLANT	3391573	9331816	12723389	-9867	12713522	-16088	12697434	8
9 0900 LAUNDRY & LINEN SERVICE	166895	1092324	1259219	-1600	1257619		1257619	9
10 1000 HOUSEKEEPING	2730427	1448044	4178471	-6195	4172276		4172276	10
11 1100 DIETARY	3220622	3098733	6319355	-3944317	2375038	-99782	2275256	11
12 1200 CAFETERIA				3927288	3927288	-1862141	2065147	12
13 1300 MAINTENANCE OF PERSONNEL								13
14 1400 NURSING ADMINISTRATION	4362770	292231	4655001	-1180	4653821	-115945	4537876	14
15 1500 CENTRAL SERVICES & SUPPLY	1476528	3847052	5323580	-2503720	2819860	-104	2819756	15
16 1600 PHARMACY	3725400	16301942	20027342	-700469	19326873	-6485	19320388	16
17 1700 MEDICAL RECORDS & LIBRARY	3290885	1370378	4661263	-1507	4659756	-116	4659640	17
18 1800 SOCIAL SERVICE								18
20 2000 NONPHYSICIAN ANESTHETISTS								20
21 2100 NURSING SCHOOL								21
22 2200 I&R SERVICES-SALARY & FRINGES A								22
23 2300 I&R SERVICES-OTHER PRGM COSTS A								23
24 2400 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 2500 ADULTS & PEDIATRICS	35486092	4068297	39554389	-5278345	34276044	-374539	33901505	25
26 2600 INTENSIVE CARE UNIT	5663637	1706747	7370384	-312950	7057434	-293913	6763521	26
27 2700 CORONARY CARE UNIT								27
29 2900 SURGICAL INTENSIVE CARE UNIT	4082119	1247037	5329156	-248655	5080501	-283203	4797298	29
30 2060 NEO NATAL INTENSIVE CARE								30
31 3100 SUBPROVIDER I	2033044	177737	2210781	-55128	2155653	-70000	2085653	31
31.01 3101 SUBPROVIDER II	2229275	350349	2579624	-233627	2345997	-292604	2053393	31.01
33 3300 NURSERY	1595735	84742	1680477	-54151	1626326		1626326	33
ANCILLARY SERVICE COST CENTERS								
37 3700 OPERATING ROOM	7759527	25451381	33210908	-22244866	10966042	-776225	10189817	37
38 3800 RECOVERY ROOM								38
39 3900 DELIVERY ROOM & LABOR ROOM								39
40 4000 ANESTHESIOLOGY								40
41 4100 RADIOLOGY-DIAGNOSTIC	9420947	5052971	14473918	-1587218	12886700	-691416	12195284	41
42 4200 RADIOLOGY-THERAPEUTIC								42
43 4300 RADIOISOTOPE								43
44 4400 LABORATORY	14361	13986435	14000796	-2600845	11399951	-68375	11331576	44
46.30 4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 4700 BLOOD STORING, PROCESSING & TRA								47
49 4900 RESPIRATORY THERAPY	2280640	639862	2920502	-244140	2676362	-7875	2668487	49
50 5000 PHYSICAL THERAPY	6346232	2034606	8380838	-146790	8234048	-199240	8034808	50
51 5100 OCCUPATIONAL THERAPY								51
52 5200 SPEECH PATHOLOGY								52
53 5300 ELECTROCARDIOLOGY	3358501	7931756	11290257	-7486769	3803488	-166038	3637450	53
54 5400 ELECTROENCEPHALOGRAPHY	356300	63023	419323	-19326	399997	-38297	361700	54
55 5500 MEDICAL SUPPLIES CHARGED TO PAT				17664901	17664901		17664901	55
55.30 5530 IMPL. DEV. CHARGED TO PATIENT				20890319	20890319		20890319	55.30
56 5600 DRUGS CHARGED TO PATIENTS								56
57 5700 RENAL DIALYSIS								57
58 5800 ASC (NON-DISTINCT PART)								58
59 3140 OTHER	541488	31646	573134	3845782	4418916		4418916	59
59.10 3551 OP PSYCH	135703	37	135740	223908	359648		359648	59.10
59.97 3997 CARDIAC REHABILITATION	539595	15820	555415	-6643	548772	-3497	545275	59.97
59.98 3998 HYPERBARIC OXYGEN THERAPY								59.98
59.99 3999 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 6000 CLINIC								60
61 6100 EMERGENCY	6756057	1884024	8640081	-567467	8072614	-17486	8055128	61
62 6200 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS								62
71 7100 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 8510 PANCREAS ACQUISITION								85.01
85.02 8520 INTESTINAL ACQUISITION								85.02
85.03 8530 ISLET CELL ACQUISITION								85.03
88 8800 INTEREST EXPENSE		12045972	12045972	-12045972				88
95 SUBTOTALS	126372288	223784216	350156504	112452	350268956	-17208275	333060681	95
NONREIMBURSABLE COST CENTERS								
98.01 9801 OTHER NRCC	1876455	1748017	3624472	-112452	3512020		3512020	98.01
100 7950 OTHER NON-REIMBURSABLE								100

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	
100.01 7951 SHARED SERVICES								100.01
100.02 7952 CASE MANAGEMENT								100.02
100.04 7953 OUTPATIENT PHARMACY								100.04
100.05 7954 PRIMARY CARE PHYSICIAN								100.05
100.06 7955 PATIENT SITTEES								100.06
101 TOTAL	128248743	225532233	353780976		353780976	-17208275	336572701	101

RECLASSIFICATIONS

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----					
			COST CENTER 2	LINE # 3	SALARY 4	OTHER 5		
1	CAFETERIA	A	CAFETERIA	12	1984562	1942726	1	
2	CAPITAL INSURANCE	B	NEW CAP REL COSTS-BLDG & FIXT	3		293808	2	
3	CAPITAL INSURANCE	B	NEW CAP REL COSTS-MVBLE EQUIP	4		58268	3	
4	INTEREST	C	NEW CAP REL COSTS-BLDG & FIXT	3		12045972	4	
5	INTEREST	C	NEW CAP REL COSTS-BLDG & FIXT	3		2211	5	
6	MEDICAL SUPPLIES AND IMPLANTS	D	MEDICAL SUPPLIES CHARGED TO P	55		17664901	6	
7	MEDICAL SUPPLIES AND IMPLANTS	D	IMPL. DEV. CHARGED TO PATIENT	55.30		20890319	7	
8		D	ADMINISTRATIVE & GENERAL	6		1709739	8	
9		D					9	
10		D					10	
11		D					11	
12		D					12	
13		D					13	
14		D					14	
15		D					15	
16		D					16	
17		D					17	
18		D					18	
19		D					19	
20		D					20	
21		D					21	
22		D					22	
23		D					23	
24		D					24	
25		D					25	
26		D					26	
27		D					27	
28		D					28	
29		D					29	
30		D					30	
31		D					31	
32	ALLOCATED SALARY TO OTHER	E	ADMINISTRATIVE & GENERAL	6		2918148	32	
33		E	EMPLOYEE BENEFITS	5		841224	33	
34	MME	F	NEW CAP REL COSTS-MVBLE EQUIP	4		9659415	34	
35		F	NEW CAP REL COSTS-BLDG & FIXT	3		109332	35	
36	SUBTOTAL					1984562	68136063	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	10
1 CAFETERIA	A	DIETARY	11	1984562	1942726	1
2 CAPITAL INSURANCE	B	ADMINISTRATIVE & GENERAL	6		293808	9 2
3 CAPITAL INSURANCE	B	ADMINISTRATIVE & GENERAL	6		58268	9 3
4 INTEREST	C	INTEREST EXPENSE	88		12045972	11 4
5 INTEREST	C	ADMINISTRATIVE & GENERAL	6		2211	11 5
6 MEDICAL SUPPLIES AND IMPLANTS	D	EMPLOYEE BENEFITS	5		3042	6
7 MEDICAL SUPPLIES AND IMPLANTS	D	OPERATION OF PLANT	8		9867	7
8	D	LAUNDRY & LINEN SERVICE	9		1600	8
9	D	HOUSEKEEPING	10		6195	9
10	D	DIETARY	11		17029	10
11	D	NURSING ADMINISTRATION	14		1180	11
12	D	CENTRAL SERVICES & SUPPLY	15		2503720	12
13	D	PHARMACY	16		700469	13
14	D	MEDICAL RECORDS & LIBRARY	17		1507	14
15	D	ADULTS & PEDIATRICS	25		1432558	15
16	D	INTENSIVE CARE UNIT	26		312950	16
17	D	SURGICAL INTENSIVE CARE UNIT	29		248655	17
18	D	SUBPROVIDER I	31		55128	18
19	D	SUBPROVIDER II	31.01		9719	19
20	D	NURSERY	33		54151	20
21	D	OPERATING ROOM	37		22244866	21
22	D	RADIOLOGY-DIAGNOSTIC	41		1587218	22
23	D	LABORATORY	44		2600845	23
24	D	RESPIRATORY THERAPY	49		244140	24
25	D	PHYSICAL THERAPY	50		146790	25
26	D	ELECTROCARDIOLOGY	53		7486769	26
27	D	ELECTROENCEPHALOGRAPHY	54		19326	27
28	D	OTHER	59		5	28
29	D	CARDIAC REHABILITATION	59.97		6643	29
30	D	EMERGENCY	61		567467	30
31	D	OTHER NRCC	98.01		3120	31
32 ALLOCATED SALARY TO OTHER	E	ADMINISTRATIVE & GENERAL	6	2918148		32
33	E	EMPLOYEE BENEFITS	5	841224		33
34 MME	F	NEW CAP REL COSTS-BLDG & FIXT	3		9659415	9 34
35	F	OTHER NRCC	98.01		109332	9 35
36 SUBTOTAL				5743934	64376691	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE					
		1	COST CENTER 2	LINE # 3	SALARY 4	OTHER 5	
1 IV THERAPY	G		OTHER	59	3450235	395552	1
2 OP PSYCH	H		OP PSYCH	59.10	193498	30410	2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36 TOTAL RECLASSIFICATIONS					5628295	68562025	36

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 2

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1 IV THERAPY	G	ADULTS & PEDIATRICS	25	3450235	395552	1
2 OP PSYCH	H	SUBPROVIDER II	31.01	193498	30410	2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
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21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				9387667	64802653	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	2288085				403490	1884595		1
2 LAND IMPROVEMENTS	3263878				53339	3208539	3150989	2
3 BUILDINGS AND FIXTURES	323535597	2328351		2328351	766610	325097338	39018284	3
4 BUILDING IMPROVEMENTS	1439521					1439521		4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	132461457	10670487		10670487	3417344	139714600	62248998	6
7 SUBTOTAL	462988538	12998838		12998838	4642783	471344593	104418271	7
8 RECONCILING ITEMS								8
9 TOTAL	462988538	12998838		12998838	4642783	471344593	104418271	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	331629993		331629993	.703583				3
4 NEW CAP REL COSTS-MVBLE EQUIP	139714600		139714600	.296417				4
5 TOTAL	471344593		471344593	1.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	10750362		8802957				19553319 3
4 NEW CAP REL COSTS-MVBLE EQUIP	15403308						15403308 4
5 TOTAL	26153670		8802957				34956627 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	20204955						20204955 3
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 TOTAL	20204955						20204955 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	B	-22992	ADMINISTRATIVE & GENERAL	6		6
7 REFUNDS AND REBATES OF EXPENSES						7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS	B	-77195	NEW CAP REL COSTS-BLDG & FIXT	3	9	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	-6298316				12
13 SALE OF SCRAP, WASTE, ETC.						13
14 RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1	-7287895				14
15 LAUNDRY AND LINEN SERVICE						15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-1834502	CAFETERIA	12		16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS						17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS						18
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-6485	PHARMACY	16		19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS						20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)						21
22 VENDING MACHINES	B	-27639	CAFETERIA	12		22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES						23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT						24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		RESPIRATORY THERAPY	49		25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		PHYSICAL THERAPY	50		26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST A-8-3		HOME HEALTH AGENCY	71		27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89		28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1		29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2		30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3		31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4		32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20		33
34 PHYSICIANS' ASSISTANT						34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4					35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4					36
37 MISC INCOME	B	-740	EMPLOYEE BENEFITS	5		37
38 MISC INCOME	B	-239197	ADMINISTRATIVE & GENERAL	6		38
39 MISC INCOME	B	-14000	NURSING ADMINISTRATION	14		39
39.01 MISC INCOME	B	-104	CENTRAL SERVICES & SUPPLY	15		39.01
40 MISC INCOME	B	-116	MEDICAL RECORDS & LIBRARY	17		40
41 MISC INCOME	B	-25810	SUBPROVIDER II	31.01		41
42 MISC INCOME	B	-24240	RADIOLOGY-DIAGNOSTIC	41		42
43 MISC INCOME	B	-1340	LABORATORY	44		43
44 MISC INCOME	B	-52947	PHYSICAL THERAPY	50		44
45 MISC INCOME	B	-3497	CARDIAC REHABILITATION	59.97		45
46 RENTAL INCOME	B	-6691	NEW CAP REL COSTS-BLDG & FIXT	3	9	46
46.01 RENTAL INCOME	B	-5100	NEW CAP REL COSTS-BLDG & FIXT	3	9	46.01
47 MAINTENANCE REVENUE	B	-10800	OPERATION OF PLANT	8		47
48 GIFT SHOP	B	-237088	ADMINISTRATIVE & GENERAL	6		48
49 AUXILIARY	B	-58449	ADMINISTRATIVE & GENERAL	6		49
49.01 PLANT OP	B	-5288	OPERATION OF PLANT	8		49.01
49.02 FOOD OTHER	B	-99782	DIETARY	11		49.02
49.03 SEMINAR REVENUE	B	-5696	NURSING ADMINISTRATION	14		49.03
49.04 SEMINAR REVENUE	B	-14170	ADULTS & PEDIATRICS	25		49.04
49.05 SEMINAR REVENUE	B	-710	INTENSIVE CARE UNIT	26		49.05
49.06 SILVER RECOVERY	B	-26074	RADIOLOGY-DIAGNOSTIC	41		49.06
49.07 SILVER RECOVERY	B	-1159	ELECTROCARDIOLOGY	53		49.07
49.08 UBIT REVENUE	B	-25036	LABORATORY	44		49.08
49.09 EMT REVENUE	B	-460	EMERGENCY	61		49.09
49.10 NONALLOWABLE EXP	A	-944	ADMINISTRATIVE & GENERAL	6		49.10
49.11 MARKETING OFFSET	A	-525642	ADMINISTRATIVE & GENERAL	6		49.11
49.12 DUES LOBBYING PORTION	A	-12906	ADMINISTRATIVE & GENERAL	6		49.12
49.13 NRCC DEPR EXP	A	-109332	NEW CAP REL COSTS-BLDG & FIXT	3	9	49.13
49.14 PATIENT TRANSPORTATION	A	-145933	PHYSICAL THERAPY	50		49.14
50 TOTAL		-17208275				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	5	EMPLOYEE BENEFITS	5064476	5413500	-349024	1
2	6	ADMINISTRATIVE & GENERAL	19635958	28501963	-8866005	2
3	26	INTENSIVE CARE UNIT	584763	867966	-283203	3
4	29	SURGICAL INTENSIVE CARE UNIT	584763	867966	-283203	4
4.01	41	RADIOLOGY-DIAGNOSTIC	1363577	1468440	-104863	4.01
4.02	3	NEW CAP REL COSTS-BLDG & FIXT	8718678	11963904	-3245226	11 4.02
4.03	4	NEW CAP REL COSTS-MVBLE EQUIP	5685625		5685625	9 4.03
4.04	44	LABORATORY	11028742	10870738	158004	4.04
5		TOTALS	52666582	59954477	-7287895	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.

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----

SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B		PROVENA HEALTH		
2					
3					
4					
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
1	2	3	4	5	6	7	8	9
1	5 EMPLOYEE BENEFITS A	17700	17700		186700	1	90	5
2	6 ADMINISTRATIVE & GENERAL A	3767536	3732736	34800	186700	348	31236	1562
3	14 NURSING ADMINISTRATION A	96249	96249		133400	1	64	3
4	25 ADULTS & PEDIATRICS A	665104	224591	440513	153400	4132	304735	15237
5	26 INTENSIVE CARE UNIT A	10000	10000		186700	1	90	5
6	31 SUBPROVIDER I A	70000	70000		153400	1	74	4
7	31.01 SUBPROVIDER II A	289730	258630	31100	153400	311	22936	1147
8	37 OPERATING ROOM A	806923	738573	68350	186700	342	30698	1535
9	41 RADIOLOGY-DIAGNOSTIC A	536239	536239		153400	1	74	4
10	44 LABORATORY A	200003	200003		186700	1	90	5
11	49 RESPIRATORY THERAPY A	30000		30000	153400	300	22125	1106
12	50 PHYSICAL THERAPY A	3950		3950	186700	40	3590	180
13	53 ELECTROCARDIOLOGY A	195038	161438	33600	186700	336	30159	1508
14	54 ELECTROENCEPHALOGRAPHY A	38297	38297		153400	1	74	4
15	61 EMERGENCY A	52750	3000	49750	186700	398	35724	1786
101	TOTAL	6779519	6087456	692063		6214	481759	24091

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	LINE NO.	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
		11	12	13	14	15	16	17	18
	1	5 EMPLOYEE BENEFITS	A				90		17700
	2	6 ADMINISTRATIVE & GENERAL	A				31236	3564	3736300
	3	14 NURSING ADMINISTRATION	A				64		96249
	4	25 ADULTS & PEDIATRICS	A				304735	135778	360369
	5	26 INTENSIVE CARE UNIT	A				90		10000
	6	31 SUBPROVIDER I	A				74		70000
	7	31.01 SUBPROVIDER II	A				22936	8164	266794
	8	37 OPERATING ROOM	A				30698	37652	776225
	9	41 RADIOLOGY-DIAGNOSTIC	A				74		536239
	10	44 LABORATORY	A				90		200003
	11	49 RESPIRATORY THERAPY	A				22125	7875	7875
	12	50 PHYSICAL THERAPY	A				3590	360	360
	13	53 ELECTROCARDIOLOGY	A				30159	3441	164879
	14	54 ELECTROENCEPHALOGRAPHY	A				74		38297
	15	61 EMERGENCY	A				35724	14026	17026
101		TOTAL					481759	210860	6298316

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP	NEW CAP	EMPLOYEE	SUBTOTAL	ADMINIS-	OPERATION	LAUNDRY
	FOR COST	BLDGS &	MOVABLE	BENEFITS		TRATIVE &	OF PLANT	& LINEN
	ALLOCATION	FIXTURES	EQUIPMENT		5A	GENERAL	8	SERVICE
	0	3	4	5		6		9
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	19553319	19553319						3
4 NEW CAP REL COSTS-MVBLE EQUIP	15403308		15403308					4
5 EMPLOYEE BENEFITS	39100339	91549	15314	39207202				5
6 ADMINISTRATIVE & GENERAL	53617318	4713397	1282825	3532294	63145834	63145834		6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT	12697434	2885078	1774423	1072253	18429188	4256074	22685262	8
9 LAUNDRY & LINEN SERVICE	1257619	128767	5604	52764	1444754	333654	246231	2024639 9
10 HOUSEKEEPING	4172276	241383	175917	863230	5452806	1259282	461577	10
11 DIETARY	2275256	192288	73420	390783	2931747	677064	367735	11
12 CAFETERIA	2065147	271719	103752	627423	3068041	708540	519586	12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	4537876	77545	176953	1379298	6171672	1425298	148283	14
15 CENTRAL SERVICES & SUPPLY	2819756	435135	330816	466807	4052514	935896	832074	15
16 PHARMACY	19320388	59027	35797	1177793	20593005	4755790	112872	16
17 MEDICAL RECORDS & LIBRARY	4659640	159203	57982	1040420	5917245	1366540	304431	17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	33901505	4882431	1193124	10128261	50105321	11571506	9336281	1455849 25
26 INTENSIVE CARE UNIT	6763521	558385	347076	1790570	9459552	2184608	1067754	132283 26
27 CORONARY CARE UNIT								27
29 SURGICAL INTENSIVE CARE UNIT	4797298	435878	230164	1290570	6753910	1559761	833494	55709 29
30 NEO NATAL INTENSIVE CARE								30
31 SUBPROVIDER I	2085653	342984	22300	642751	3093688	714462	655861	105350 31
31.01 SUBPROVIDER II	2053393	462522	46998	643615	3206528	740522	884443	171390 31.01
33 NURSEY	1626326	172967	69439	504495	2373227	548078	330750	103247 33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	10189817	791120	2429772	2453190	15863899	3663641	1512796	37
38 RECOVERY ROOM								38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC	12195284	888889	4811027	2978451	20873651	4820603	1699752	41
42 RADIOLOGY-THERAPEUTIC								42
43 RADIOISOTOPE								43
44 LABORATORY	11331576	262791	2268	4540	11601175	2679199	502513	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA								47
49 RESPIRATORY THERAPY	2668487	44079	106504	721029	3540099	817558	84289	49
50 PHYSICAL THERAPY	8034808	23414	212966	2006374	10277562	2373521	44773	50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY	3637450	366117	1540597	1061797	6605961	1525594	700096	53
54 ELECTROENCEPHALOGRAPHY	361700	82300	36304	112645	592949	136937	157376	54
55 MEDICAL SUPPLIES CHARGED TO PAT	17664901				17664901	4079568		55
55.30 IMPL. DEV. CHARGED TO PATIENT	20890319				20890319	4824452		55.30
56 DRUGS CHARGED TO PATIENTS								56
57 RENAL DIALYSIS								57
58 ASC (NON-DISTINCT PART)								58
59 OTHER	4418916		45727	1261991	5726634	1322520		59
59.10 OP PSYCH	359648		6773	104078	470499	108658		59.10
59.97 CARDIAC REHABILITATION	545275	118755	20909	170594	855533	197579	227086	59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
61 EMERGENCY	8055128	651058	208850	2135941	11050977	2552135	1244965	811 61
62 OBSERVATION BEDS (NON-DISTINCT								62
71 OTHER REIMBURSABLE COST CENTERS								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	333060681	19338781	15363601	38613957	332213191	62139040	22275018	2024639 95
NONREIMBURSABLE COST CENTERS								
98.01 OTHER NRCC	3512020	214538	39707	593245	4359510	1006794	410244	98.01
100 OTHER NON-REIMBURSABLE								100
100.01 SHARED SERVICES								100.01

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION	NEW CAP BLDGS & FIXTURES	NEW CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS	SUBTOTAL	ADMINIS- TRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	0	3	4	5	5A	6	8	9
100.02CASE MANAGEMENT								100.02
100.04OUTPATIENT PHARMACY								100.04
100.05PRIMARY CARE PHYSICIAN								100.05
100.06PATIENT SITTEES								100.06
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	336572701	19553319	15403308	39207202	336572701	63145834	22685262	2024639 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SUBTOTAL 25
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL								6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING	7173665							10
11 DIETARY	350886	4327432						11
12 CAFETERIA	91322	12003	4399492					12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	50578		145371	7941202				14
15 CENTRAL SERVICES & SUPPLY	25992		110966		5957442			15
16 PHARMACY	10537		129679			25601883		16
17 MEDICAL RECORDS & LIBRARY	17562		210714				7816492	17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	3115824	3266192	1393464	3997201			795957	85037595 25
26 INTENSIVE CARE UNIT	527207	276862	199554	572427			147147	14567394 26
27 CORONARY CARE UNIT								27
29 SURGICAL INTENSIVE CARE UNIT	185453	230773	160001	458969			115315	10353385 29
30 NEO NATAL INTENSIVE CARE								30
31 SUBPROVIDER I	299956	262745	92476	265271			41425	5531234 31
31.01 SUBPROVIDER II	528963	277019	84224	241600			41630	6176319 31.01
33 NURSERY	46012		56028	160719			27548	3645609 33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	740408		307330	881589			587860	23557523 37
38 RECOVERY ROOM								38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC	283448		393624				1525608	29596686 41
42 RADIOLOGY-THERAPEUTIC								42
43 RADIOISOTOPE								43
44 LABORATORY	142602		1007				1074147	16000643 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA								47
49 RESPIRATORY THERAPY	24587		108168				153786	4728487 49
50 PHYSICAL THERAPY	178077		247694				198968	13320595 50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY	148573		133763				451949	9565936 53
54 ELECTROENCEPHALOGRAPHY	12293		18182				26117 943854	54
55 MEDICAL SUPPLIES CHARGED TO PAT					5957442		579259	28281170 55
55.30 IMPL. DEV. CHARGED TO PATIENT							498542	26213313 55.30
56 DRUGS CHARGED TO PATIENTS						25601883	820282	26422165 56
57 RENAL DIALYSIS								57
58 ASC (NON-DISTINCT PART)								58
59 OTHER			164141	470844			106337	7790476 59
59.10 OP PSYCH			13762	39478			7145	639542 59.10
59.97 CARDIAC REHABILITATION			22685				9636	1312519 59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
61 EMERGENCY	393385	1838	297400	853104			607834	17002449 61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS								62
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	7173665	4327432	4290233	7941202	5957442	25601883	7816492	330686894 95
NONREIMBURSABLE COST CENTERS								
98.01 OTHER NRCC			109259					5885807 98.01
100 OTHER NON-REIMBURSABLE								100
100.01 SHARED SERVICES								100.01

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL
	10	11	12	14	15	16	17	25
100.02CASE MANAGEMENT								100.02
100.04OUTPATIENT PHARMACY								100.04
100.05PRIMARY CARE PHYSICIAN								100.05
100.06PATIENT SITTEES								100.06
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	7173665	4327432	4399492	7941202	5957442	25601883	7816492	336572701 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
GENERAL SERVICE COST CENTERS			
1 OLD CAP REL COSTS-BLDG & FIXT			1
2 OLD CAP REL COSTS-MVBLE EQUIP			2
3 NEW CAP REL COSTS-BLDG & FIXT			3
4 NEW CAP REL COSTS-MVBLE EQUIP			4
5 EMPLOYEE BENEFITS			5
6 ADMINISTRATIVE & GENERAL			6
7 MAINTENANCE & REPAIRS			7
8 OPERATION OF PLANT			8
9 LAUNDRY & LINEN SERVICE			9
10 HOUSEKEEPING			10
11 DIETARY			11
12 CAFETERIA			12
13 MAINTENANCE OF PERSONNEL			13
14 NURSING ADMINISTRATION			14
15 CENTRAL SERVICES & SUPPLY			15
16 PHARMACY			16
17 MEDICAL RECORDS & LIBRARY			17
18 SOCIAL SERVICE			18
20 NONPHYSICIAN ANESTHETISTS			20
21 NURSING SCHOOL			21
22 I&R SERVICES-SALARY & FRINGES A			22
23 I&R SERVICES-OTHER PRGM COSTS A			23
24 PARAMED ED PRGM-(SPECIFY)			24
INPATIENT ROUTINE SERV COST CENTERS			
25 ADULTS & PEDIATRICS	85037595		25
26 INTENSIVE CARE UNIT	14567394		26
27 CORONARY CARE UNIT			27
29 SURGICAL INTENSIVE CARE UNIT	10353385		29
30 NEO NATAL INTENSIVE CARE			30
31 SUBPROVIDER I	5531234		31
31.01 SUBPROVIDER II	6176319		31.01
33 NURSERY	3645609		33
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	23557523		37
38 RECOVERY ROOM			38
39 DELIVERY ROOM & LABOR ROOM			39
40 ANESTHESIOLOGY			40
41 RADIOLOGY-DIAGNOSTIC	29596686		41
42 RADIOLOGY-THERAPEUTIC			42
43 RADIOISOTOPE			43
44 LABORATORY	16000643		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA			47
49 RESPIRATORY THERAPY	4728487		49
50 PHYSICAL THERAPY	13320595		50
51 OCCUPATIONAL THERAPY			51
52 SPEECH PATHOLOGY			52
53 ELECTROCARDIOLOGY	9565936		53
54 ELECTROENCEPHALOGRAPHY	943854		54
55 MEDICAL SUPPLIES CHARGED TO PAT	28281170		55
55.30 IMPL. DEV. CHARGED TO PATIENT	26213313		55.30
56 DRUGS CHARGED TO PATIENTS	26422165		56
57 RENAL DIALYSIS			57
58 ASC (NON-DISTINCT PART)			58
59 OTHER	7790476		59
59.10 OP PSYCH	639542		59.10
59.97 CARDIAC REHABILITATION	1312519		59.97
59.98 HYPERBARIC OXYGEN THERAPY			59.98
59.99 LITHOTRIPSY			59.99
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC			60
61 EMERGENCY	17002449		61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS			62
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	330686894		95
NONREIMBURSABLE COST CENTERS			
98.01 OTHER NRCC	5885807		98.01
100 OTHER NON-REIMBURSABLE			100
100.01 SHARED SERVICES			100.01

PROVIDER NO. 14-0007 PROVENA ST. JOSEPH MEDICAL CEN
PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03
05/26/2011 07:45

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
100.02CASE MANAGEMENT			100.02
100.04OUTPATIENT PHARMACY			100.04
100.05PRIMARY CARE PHYSICIAN			100.05
100.06PATIENT SITTEES			100.06
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 TOTAL		336572701	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS		91549	15314	106863	106863			5
6 ADMINISTRATIVE & GENERAL	82791	4713397	1282825	6079013	9631	6088644		6
7 MAINTENANCE & REPAIRS		128767	5604	134371	144	32172	57309	7
8 OPERATION OF PLANT	207093	2885078	1774423	4866594	2924	410381	5279899	8
9 LAUNDRY & LINEN SERVICE		128767	5604	134371	144	32172	57309	223996 9
10 HOUSEKEEPING		241383	175917	417300	2354	121423	107430	10
11 DIETARY	546	192288	73420	266254	1065	65284	85589	11
12 CAFETERIA		271719	103752	375471	1711	68319	120931	12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION		77545	176953	254498	3761	137431	34512	14
15 CENTRAL SERVICES & SUPPLY	174446	435135	330816	940397	1273	90241	193662	15
16 PHARMACY	1059554	59027	35797	1154378	3211	458565	26270	16
17 MEDICAL RECORDS & LIBRARY		159203	57982	217185	2837	131765	70855	17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS		4882431	1193124	6075555	27576	1115720	2172981	161068 25
26 INTENSIVE CARE UNIT		558385	347076	905461	4882	210645	248515	14635 26
27 CORONARY CARE UNIT								27
29 SURGICAL INTENSIVE CARE UNIT		435878	230164	666042	3519	150396	193992	6163 29
30 NEO NATAL INTENSIVE CARE								30
31 SUBPROVIDER I		342984	22300	365284	1752	68890	152649	11655 31
31.01 SUBPROVIDER II		462522	46998	509520	1755	71403	205850	18962 31.01
33 NURSERY		172967	69439	242406	1376	52847	76981	11423 33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	24336	791120	2429772	3245228	6689	353257	352097	37
38 RECOVERY ROOM								38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC	508464	888889	4811027	6208380	8121	464814	395610	41
42 RADIOLOGY-THERAPEUTIC								42
43 RADIOISOTOPE								43
44 LABORATORY	17771	262791	2268	282830	12	258335	116958	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA								47
49 RESPIRATORY THERAPY	12138	44079	106504	162721	1966	78831	19618	49
50 PHYSICAL THERAPY	929134	23414	212966	1165514	5470	228861	10421	50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY	89774	366117	1540597	1996488	2895	147102	162944	53
54 ELECTROENCEPHALOGRAPHY		82300	36304	118604	307	13204	36629	54
55 MEDICAL SUPPLIES CHARGED TO PAT						393362		55
55.30 IMPL. DEV. CHARGED TO PATIENT						465186		55.30
56 DRUGS CHARGED TO PATIENTS								56
57 RENAL DIALYSIS								57
58 ASC (NON-DISTINCT PART)								58
59 OTHER			45727	45727	3441	127521		59
59.10 OP PSYCH			6773	6773	284	10477		59.10
59.97 CARDIAC REHABILITATION		118755	20909	139664	465	19051	52853	59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
61 EMERGENCY		651058	208850	859908	5824	246083	289760	90 61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS								62
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	3106047	19338781	15363601	37808429	105245	5991566	5184416	223996 95
NONREIMBURSABLE COST CENTERS								
98.01 OTHER NRCC	495616	214538	39707	749861	1618	97078	95483	98.01
100 OTHER NON-REIMBURSABLE								100
100.01 SHARED SERVICES								100.01

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9
100.02CASE MANAGEMENT								100.02
100.04OUTPATIENT PHARMACY								100.04
100.05PRIMARY CARE PHYSICIAN								100.05
100.06PATIENT SITTEES								100.06
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	3601663	19553319	15403308	38558290	106863	6088644	5279899	223996 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL
	10	11	12	14	15	16	17	25
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL								6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING	648507							10
11 DIETARY	31720	449912						11
12 CAFETERIA	8256	1248	575936					12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	4572		19031	453805				14
15 CENTRAL SERVICES & SUPPLY	2350		14526		1242449			15
16 PHARMACY	953		16976			1660353		16
17 MEDICAL RECORDS & LIBRARY	1588		27585				451815	17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	281674	339577	182416	228423			45995	10630985 25
26 INTENSIVE CARE UNIT	47660	28785	26123	32712			8503	1527921 26
27 CORONARY CARE UNIT								27
29 SURGICAL INTENSIVE CARE UNIT	16765	23993	20946	26228			6664	1114708 29
30 NEO NATAL INTENSIVE CARE								30
31 SUBPROVIDER I	27116	27317	12106	15159			2394	684322 31
31.01 SUBPROVIDER II	47819	28801	11026	13806			2406	911348 31.01
33 NURSERY	4160		7335	9184			1592	407304 33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	66934		40233	50379			33970	4148787 37
38 RECOVERY ROOM								38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC	25624		51529				88291	7242369 41
42 RADIOLOGY-THERAPEUTIC								42
43 RADIOISOTOPE								43
44 LABORATORY	12891		132				62070	733228 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA								47
49 RESPIRATORY THERAPY	2223		14160				8887	288406 49
50 PHYSICAL THERAPY	16098		32425				11497	1470286 50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY	13431		17511				26116	2366487 53
54 ELECTROENCEPHALOGRAPHY	1111		2380				1509	173744 54
55 MEDICAL SUPPLIES CHARGED TO PAT					1242449		33473	1669284 55
55.30 IMPL. DEV. CHARGED TO PATIENT							28809	493995 55.30
56 DRUGS CHARGED TO PATIENTS						1660353	47400	1707753 56
57 RENAL DIALYSIS								57
58 ASC (NON-DISTINCT PART)								58
59 OTHER			21488	26907			6145	231229 59
59.10 OP PSYCH			1802	2256			413	22005 59.10
59.97 CARDIAC REHABILITATION			2970				557	215560 59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
61 EMERGENCY	35562	191	38933	48751			35124	1560226 61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS								62
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	648507	449912	561633	453805	1242449	1660353	451815	37599947 95
NONREIMBURSABLE COST CENTERS								
98.01 OTHER NRCC			14303					958343 98.01
100 OTHER NON-REIMBURSABLE								100
100.01 SHARED SERVICES								100.01

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL
	10	11	12	14	15	16	17	25
100.02CASE MANAGEMENT								100.02
100.04OUTPATIENT PHARMACY								100.04
100.05PRIMARY CARE PHYSICIAN								100.05
100.06PATIENT SITTEES								100.06
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	648507	449912	575936	453805	1242449	1660353	451815	38558290 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
GENERAL SERVICE COST CENTERS			
1 OLD CAP REL COSTS-BLDG & FIXT			1
2 OLD CAP REL COSTS-MVBLE EQUIP			2
3 NEW CAP REL COSTS-BLDG & FIXT			3
4 NEW CAP REL COSTS-MVBLE EQUIP			4
5 EMPLOYEE BENEFITS			5
6 ADMINISTRATIVE & GENERAL			6
7 MAINTENANCE & REPAIRS			7
8 OPERATION OF PLANT			8
9 LAUNDRY & LINEN SERVICE			9
10 HOUSEKEEPING			10
11 DIETARY			11
12 CAFETERIA			12
13 MAINTENANCE OF PERSONNEL			13
14 NURSING ADMINISTRATION			14
15 CENTRAL SERVICES & SUPPLY			15
16 PHARMACY			16
17 MEDICAL RECORDS & LIBRARY			17
18 SOCIAL SERVICE			18
20 NONPHYSICIAN ANESTHETISTS			20
21 NURSING SCHOOL			21
22 I&R SERVICES-SALARY & FRINGES A			22
23 I&R SERVICES-OTHER PRGM COSTS A			23
24 PARAMED ED PRGM-(SPECIFY)			24
INPATIENT ROUTINE SERV COST CENTERS			
25 ADULTS & PEDIATRICS	10630985		25
26 INTENSIVE CARE UNIT	1527921		26
27 CORONARY CARE UNIT			27
29 SURGICAL INTENSIVE CARE UNIT	1114708		29
30 NEO NATAL INTENSIVE CARE			30
31 SUBPROVIDER I	684322		31
31.01 SUBPROVIDER II	911348		31.01
33 NURSERY	407304		33
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	4148787		37
38 RECOVERY ROOM			38
39 DELIVERY ROOM & LABOR ROOM			39
40 ANESTHESIOLOGY			40
41 RADIOLOGY-DIAGNOSTIC	7242369		41
42 RADIOLOGY-THERAPEUTIC			42
43 RADIOISOTOPE			43
44 LABORATORY	733228		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA			47
49 RESPIRATORY THERAPY	288406		49
50 PHYSICAL THERAPY	1470286		50
51 OCCUPATIONAL THERAPY			51
52 SPEECH PATHOLOGY			52
53 ELECTROCARDIOLOGY	2366487		53
54 ELECTROENCEPHALOGRAPHY	173744		54
55 MEDICAL SUPPLIES CHARGED TO PAT	1669284		55
55.30 IMPL. DEV. CHARGED TO PATIENT	493995		55.30
56 DRUGS CHARGED TO PATIENTS	1707753		56
57 RENAL DIALYSIS			57
58 ASC (NON-DISTINCT PART)			58
59 OTHER	231229		59
59.10 OP PSYCH	22005		59.10
59.97 CARDIAC REHABILITATION	215560		59.97
59.98 HYPERBARIC OXYGEN THERAPY			59.98
59.99 LITHOTRIPSY			59.99
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC			60
61 EMERGENCY	1560226		61
62 OBSERVATION BEDS (NON-DISTINCT			62
OTHER REIMBURSABLE COST CENTERS			
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	37599947		95
NONREIMBURSABLE COST CENTERS			
98.01 OTHER NRCC	958343		98.01
100 OTHER NON-REIMBURSABLE			100
100.01 SHARED SERVICES			100.01

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
100.02CASE MANAGEMENT			100.02
100.04OUTPATIENT PHARMACY			100.04
100.05PRIMARY CARE PHYSICIAN			100.05
100.06PATIENT SITTERS			100.06
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 TOTAL		38558290	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL	OPERATION OF PLANT	
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	GROSS SALARIES		ACCUM COST	SQUARE FEET	
	3	4	5	6A	6	8	
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	974576						3
4 NEW CAP REL COSTS-MVBLE EQUIP		8918869					4
5 EMPLOYEE BENEFITS	4563	8867	124013580				5
6 ADMINISTRATIVE & GENERAL	234925	742785	11172772	-63145834	273426867		6
7 MAINTENANCE & REPAIRS							7
8 OPERATION OF PLANT	143798	1027432	3391573		18429188	591291	8
9 LAUNDRY & LINEN SERVICE	6418	3245	166895		1444754	6418	9
10 HOUSEKEEPING	12031	101860	2730427		5452806	12031	10
11 DIETARY	9584	42512	1236060		2931747	9585	11
12 CAFETERIA	13543	60075	1984562		3068041	13543	12
13 MAINTENANCE OF PERSONNEL							13
14 NURSING ADMINISTRATION	3865	102460	4362770		6171672	3865	14
15 CENTRAL SERVICES & SUPPLY	21688	191550	1476528		4052514	21688	15
16 PHARMACY	2942	20727	3725400		20593005	2942	16
17 MEDICAL RECORDS & LIBRARY	7935	33573	3290885		5917245	7935	17
18 SOCIAL SERVICE							18
20 NONPHYSICIAN ANESTHETISTS							20
21 NURSING SCHOOL							21
22 I&R SERVICES-SALARY & FRINGES							22
23 I&R SERVICES-OTHER PRGM COSTS							23
24 PARAMED ED PRGM-(SPECIFY)							24
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	243350	690846	32035857		50105321	243350	25
26 INTENSIVE CARE UNIT	27831	200965	5663637		9459552	27831	26
27 CORONARY CARE UNIT							27
29 SURGICAL INTENSIVE CARE UNIT	21725	133270	4082119		6753910	21725	29
30 NEO NATAL INTENSIVE CARE							30
31 SUBPROVIDER I	17095	12912	2033044		3093688	17095	31
31.01 SUBPROVIDER II	23053	27213	2035777		3206528	23053	31.01
33 NURSERY	8621	40207	1595735		2373227	8621	33
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	39431	1406894	7759527		15863899	39431	37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC	44304	2785695	9420947		20873651	44304	41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY	13098	1313	14361		11601175	13098	44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY	2197	61668	2280640		3540099	2197	49
50 PHYSICAL THERAPY	1167	123312	6346232		10277562	1167	50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY	18248	892041	3358501		6605961	18248	53
54 ELECTROENCEPHALOGRAPHY	4102	21021	356300		592949	4102	54
55 MEDICAL SUPPLIES CHARGED TO P					17664901		55
55.30 IMPL. DEV. CHARGED TO PATIENT					20890319		55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59 OTHER		26477	3991723		5726634		59
59.10 OP PSYCH		3922	329201		470499		59.10
59.97 CARDIAC REHABILITATION	5919	12107	539595		855533	5919	59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY	32450	120929	6756057		11050977	32450	61
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
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	963883	8895878	122137125	-63145834	269067357	580598	95
NONREIMBURSABLE COST CENTERS							
98.01 OTHER NRCC	10693	22991	1876455		4359510	10693	98.01

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET 3	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE 4	EMPLOYEE BENEFITS GROSS SALARIES 5	RECON- CILIATION 6A	ADMINIS- TRATIVE & GENERAL ACCUM COST 6	OPERATION OF PLANT SQUARE FEET 8	
100 OTHER NON-REIMBURSABLE							100
100.01 SHARED SERVICES							100.01
100.02 CASE MANAGEMENT							100.02
100.04 OUTPATIENT PHARMACY							100.04
100.05 PRIMARY CARE PHYSICIAN							100.05
100.06 PATIENT SITTERS							100.06
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	19553319	15403308	39207202		63145834	22685262	103
104 UNIT COST MULT-WS B PT I		1.727047				38.365647	
104 UNIT COST MULT-WS B PT I	20.063411		.316152		.230942		104
105 COST TO BE ALLOC PER B PT II							104
106 UNIT COST MULT-WS B PT II							105
106 UNIT COST MULT-WS B PT II							106
107 COST TO BE ALLOC PER B PT III			106863		6088644	5279899	106
108 UNIT COST MULT-WS B PT III						8.929443	107
108 UNIT COST MULT-WS B PT III			.000862		.022268		108
							108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE-KEEPING PATIENT DAYS 10	DIETARY MEALS SERVED 11	CAFETERIA FTE'S 12	NURSING ADMINISTRATION FTE'S 14	CENTRAL SERVICES & SUPPLY SUPPLIES 15	PHARMACY COSTED REQUIS. 16
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT							3
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 EMPLOYEE BENEFITS							5
6 ADMINISTRATIVE & GENERAL							6
7 MAINTENANCE & REPAIRS							7
8 OPERATION OF PLANT							8
9 LAUNDRY & LINEN SERVICE	2477930						9
10 HOUSEKEEPING		20424					10
11 DIETARY		999	360168				11
12 CAFETERIA		260	999	157281			12
13 MAINTENANCE OF PERSONNEL							13
14 NURSING ADMINISTRATION		144		5197	98969		14
15 CENTRAL SERVICES & SUPPLY		74		3967		38555222	15
16 PHARMACY		30		4636			16
17 MEDICAL RECORDS & LIBRARY		50		7533			17
18 SOCIAL SERVICE							18
20 NONPHYSICIAN ANESTHETISTS							20
21 NURSING SCHOOL							21
22 I&R SERVICES-SALARY & FRINGES							22
23 I&R SERVICES-OTHER PRGM COSTS							23
24 PARAMED ED PRGM-(SPECIFY)							24
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	1781794	8871	271842	49816	49816		25
26 INTENSIVE CARE UNIT	161899	1501	23043	7134	7134		26
27 CORONARY CARE UNIT							27
29 SURGICAL INTENSIVE CARE UNIT	68182	528	19207	5720	5720		29
30 NEO NATAL INTENSIVE CARE							30
31 SUBPROVIDER I	128937	854	21868	3306	3306		31
31.01 SUBPROVIDER II	209762	1506	23056	3011	3011		31.01
33 NURSERY	126363	131		2003	2003		33
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		2108		10987	10987		37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC		807		14072			41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY		406		36			44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY		70		3867			49
50 PHYSICAL THERAPY		507		8855			50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		423		4782			53
54 ELECTROENCEPHALOGRAPHY		35		650			54
55 MEDICAL SUPPLIES CHARGED TO P						38555222	55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59 OTHER				5868	5868		59
59.10 OP PSYCH				492	492		59.10
59.97 CARDIAC REHABILITATION				811			59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY	993	1120	153	10632	10632		61
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS							62
71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS							71
NONREIMBURSABLE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
95 SUBTOTALS	2477930	20424	360168	153375	98969	38555222	12844161
98.01 OTHER NRCC				3906			98.01

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE-KEEPING PATIENT DAYS 10	DIETARY MEALS SERVED 11	CAFETERIA FTE'S 12	NURSING ADMINISTRATION FTE'S 14	CENTRAL SERVICES & SUPPLY SUPPLIES 15	PHARMACY COSTED REQUIS. 16	
100 OTHER NON-REIMBURSABLE								100
100.01 SHARED SERVICES								100.01
100.02 CASE MANAGEMENT								100.02
100.04 OUTPATIENT PHARMACY								100.04
100.05 PRIMARY CARE PHYSICIAN								100.05
100.06 PATIENT SITTEES								100.06
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	2024639	7173665	4327432	4399492	7941202	5957442	25601883	103
104 UNIT COST MULT-WS B PT I	.817069		12.015037		80.239287		1.993270	
104 UNIT COST MULT-WS B PT I		351.237025		27.972177		.154517		104
105 COST TO BE ALLOC PER B PT II								104
106 UNIT COST MULT-WS B PT II								105
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III	223996	648507	449912	575936	453805	1242449	1660353	106
108 UNIT COST MULT-WS B PT III	.090396		1.249173		4.585325		.129269	107
108 UNIT COST MULT-WS B PT III		31.752203		3.661828		.032225		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY GROSS REVENUE	
17		
GENERAL SERVICE COST CENTERS		
1		1
2		2
3		3
4		4
5		5
6		6
7		7
8		8
9		9
10		10
11		11
12		12
13		13
14		14
15		15
16		16
17	1515558591	17
18		18
20		20
21		21
22		22
23		23
24		24
INPATIENT ROUTINE SERV COST CENTERS		
25	154344958	25
26	28533494	26
27		27
29	22360794	29
30		30
31	8032849	31
31.01	8072607	31.01
33	5341771	33
ANCILLARY SERVICE COST CENTERS		
37	113992624	37
38		38
39		39
40		40
41	295685995	41
42		42
43		43
44	208289080	44
46.30		46.30
47		47
49	29820913	49
50	38582150	50
51		51
52		52
53	87637903	53
54	5064447	54
55	112324769	55
55.30	96672826	55.30
56	159061784	56
57		57
58		58
59	20619919	59
59.10	1385408	59.10
59.97	1868483	59.97
59.98		59.98
59.99		59.99
OUTPATIENT SERVICE COST CENTERS		
60		60
61	117865817	61
62		62
OTHER REIMBURSABLE COST CENTERS		
71		71
SPECIAL PURPOSE COST CENTERS		
85.01		85.01
85.02		85.02
85.03		85.03
95	1515558591	95
NONREIMBURSABLE COST CENTERS		
98.01		98.01

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY GROSS REVENUE 17	
100 OTHER NON-REIMBURSABLE		100
100.01 SHARED SERVICES		100.01
100.02 CASE MANAGEMENT		100.02
100.04 OUTPATIENT PHARMACY		100.04
100.05 PRIMARY CARE PHYSICIAN		100.05
100.06 PATIENT SITTERS		100.06
101 CROSS FOOT ADJUSTMENTS		101
102 NEGATIVE COST CENTER		102
103 COST TO BE ALLOC PER B PT I	7816492	103
104 UNIT COST MULT-WS B PT I	.005157	104
104 UNIT COST MULT-WS B PT I		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	451815	107
108 UNIT COST MULT-WS B PT III	.000298	108
108 UNIT COST MULT-WS B PT III		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	85037595		85037595	135778	85173373	25
26 INTENSIVE CARE UNIT	14567394		14567394		14567394	26
27 CORONARY CARE UNIT						27
29 SURGICAL INTENSIVE CARE UNI	10353385		10353385		10353385	29
30 NEO NATAL INTENSIVE CARE						30
31 SUBPROVIDER I	5531234		5531234		5531234	31
31.01 SUBPROVIDER II	6176319		6176319	8164	6184483	31.01
33 NURSERY	3645609		3645609		3645609	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	23557523		23557523	37652	23595175	37
38 RECOVERY ROOM						38
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC	29596686		29596686		29596686	41
42 RADIOLOGY-THERAPEUTIC						42
43 RADIOISOTOPE						43
44 LABORATORY	16000643		16000643		16000643	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &						47
49 RESPIRATORY THERAPY	4728487		4728487	7875	4736362	49
50 PHYSICAL THERAPY	13320595		13320595	360	13320955	50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY	9565936		9565936	3441	9569377	53
54 ELECTROENCEPHALOGRAPHY	943854		943854		943854	54
55 MEDICAL SUPPLIES CHARGED TO	28281170		28281170		28281170	55
55.30 IMPL. DEV. CHARGED TO PATIE	26213313		26213313		26213313	55.30
56 DRUGS CHARGED TO PATIENTS	26422165		26422165		26422165	56
57 RENAL DIALYSIS						57
58 ASC (NON-DISTINCT PART)						58
59 OTHER	7790476		7790476		7790476	59
59.10 OP PSYCH	639542		639542		639542	59.10
59.97 CARDIAC REHABILITATION	1312519		1312519		1312519	59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
61 EMERGENCY	17002449		17002449	14026	17016475	61
62 OBSERVATION BEDS (NON-DISTI	9977250		9977250		9977250	62
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	340664144		340664144	207296	340871440	101
102 LESS OBSERVATION BEDS	9977250		9977250		9977250	102
103 TOTAL	330686894		330686894	207296	330894190	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL 8			
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	136791196		136791196			25
26 INTENSIVE CARE UNIT	28533494		28533494			26
27 CORONARY CARE UNIT						27
29 SURGICAL INTENSIVE CARE UNI	22360794		22360794			29
30 NEO NATAL INTENSIVE CARE						30
31 SUBPROVIDER I	8032849		8032849			31
31.01 SUBPROVIDER II	8072607		8072607			31.01
33 NURSERY	5341771		5341771			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	60805586	53187038	113992624	.206658	.206658	.206989 37
38 RECOVERY ROOM						38
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC	103577503	192108492	295685995	.100095	.100095	.100095 41
42 RADIOLOGY-THERAPEUTIC						42
43 RADIOISOTOPE						43
44 LABORATORY	114315058	93974022	208289080	.076819	.076819	.076819 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &						47
49 RESPIRATORY THERAPY	27298986	2521927	29820913	.158563	.158563	.158827 49
50 PHYSICAL THERAPY	19125840	19456310	38582150	.345253	.345253	.345262 50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY	45870498	41767405	87637903	.109153	.109153	.109192 53
54 ELECTROENCEPHALOGRAPHY	2136510	2927937	5064447	.186369	.186369	.186369 54
55 MEDICAL SUPPLIES CHARGED TO	80432466	31892303	112324769	.251780	.251780	.251780 55
55.30 IMPL. DEV. CHARGED TO PATIE	72321556	24351270	96672826	.271155	.271155	.271155 55.30
56 DRUGS CHARGED TO PATIENTS	121499261	37562523	159061784	.166113	.166113	.166113 56
57 RENAL DIALYSIS						57
58 ASC (NON-DISTINCT PART)						58
59 OTHER	24917	20595002	20619919	.377813	.377813	.377813 59
59.10 OP PSYCH	563107	822301	1385408	.461627	.461627	.461627 59.10
59.97 CARDIAC REHABILITATION	284253	1584230	1868483	.702452	.702452	.702452 59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
61 EMERGENCY	39118130	78747687	117865817	.144253	.144253	.144372 61
62 OBSERVATION BEDS (NON-DISTI		17553762	17553762	.568382	.568382	.568382 62
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	896506382	619052209	1515558591			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	896506382	619052209	1515558591			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS				10630985		10630985	25
26 INTENSIVE CARE UNIT				1527921		1527921	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT				1114708		1114708	29
30 NEO NATAL INTENSIVE CARE							30
31 SUBPROVIDER I				684322		684322	31
31.01 SUBPROVIDER II				911348		911348	31.01
33 NURSERY				407304		407304	33
101 TOTAL				15276588		15276588	101

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	90993	43268			116.83	5055000	25
26 INTENSIVE CARE UNIT	6867	3497			222.50	778083	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT	5724	3042			194.74	592399	29
30 NEO NATAL INTENSIVE CARE							30
31 SUBPROVIDER I	6517	4940			105.01	518749	31
31.01 SUBPROVIDER II	6871	2362			132.64	313296	31.01
33 NURSERY	5566				73.18		33
101 TOTAL	122538	57109				7257527	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0007) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT	----	----	RATIO OF	RATIO OF	CAPITAL	CAPITAL
	CAPITAL	CAPITAL			OLD CAPITAL	NEW CAPITAL				
	RELATED	RELATED	CHARGES	PROGRAM	CHARGES	COSTS	CHARGES	CHARGES	COSTS	COSTS
	1	2	3	4	5	6	7	8		
ANCILLARY SERVICE COST CENTERS										
37 OPERATING ROOM		4148787	113992624	32531890			.036395	1183998	37	
38 RECOVERY ROOM									38	
39 DELIVERY ROOM & LABOR ROOM									39	
40 ANESTHESIOLOGY									40	
41 RADIOLOGY-DIAGNOSTIC		7242369	295685995	55686641			.024493	1363933	41	
42 RADIOLOGY-THERAPEUTIC									42	
43 RADIOISOTOPE									43	
44 LABORATORY		733228	208289080	67265990			.003520	236776	44	
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30	
47 BLOOD STORING, PROCESSING & T									47	
49 RESPIRATORY THERAPY		288406	29820913	15029480			.009671	145350	49	
50 PHYSICAL THERAPY		1470286	38582150	7674832			.038108	292472	50	
51 OCCUPATIONAL THERAPY									51	
52 SPEECH PATHOLOGY									52	
53 ELECTROCARDIOLOGY		2366487	87637903	24943728			.027003	673555	53	
54 ELECTROENCEPHALOGRAPHY		173744	5064447	1516187			.034307	52016	54	
55 MEDICAL SUPPLIES CHARGED TO P		1669284	112324769	39584664			.014861	588268	55	
55.30 IMPL. DEV. CHARGED TO PATIENT			493995	96672826	31298596		.005110	159936	55.30	
56 DRUGS CHARGED TO PATIENTS		1707753	159061784	63121735			.010736	677675	56	
57 RENAL DIALYSIS									57	
58 ASC (NON-DISTINCT PART)									58	
59 OTHER		231229	20619919				.011214		59	
59.10 OP PSYCH		22005	1385408				.015883		59.10	
59.97 CARDIAC REHABILITATION		215560	1868483	14959			.115366	1726	59.97	
59.98 HYPERBARIC OXYGEN THERAPY									59.98	
59.99 LITHOTRIPSY									59.99	
OUTPATIENT SERVICE COST CENTERS										
60 CLINIC									60	
61 EMERGENCY		1560226	117865817	16457841			.013237	217852	61	
62 OBSERVATION BEDS (NON-DISTINC		1245320	17553762				.070943		62	
OTHER REIMBURSABLE COST CENTERS										
101 TOTAL		23568679	1306425880	355126543				5593557	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					90993		43268	25
26 INTENSIVE CARE UNIT					6867		3497	26
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT					5724		3042	29
30 NEO NATAL INTENSIVE CARE								30
31 SUBPROVIDER I					6517		4940	31
31.01 SUBPROVIDER II					6871		2362	31.01
33 NURSEERY					5566			33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					122538		57109	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0007) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59 OTHER							59
59.10 OP PSYCH							59.10
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
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 (14-0007) [] 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	PROGRAM
	3.01	4	5	5.01	6	7	CHARGES
							8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		113992624			32531890		13565683
38 RECOVERY ROOM							
39 DELIVERY ROOM & LABOR ROOM							
40 ANESTHESIOLOGY							
41 RADIOLOGY-DIAGNOSTIC		295685995			55686641		46233777
42 RADIOLOGY-THERAPEUTIC							
43 RADIOISOTOPE							
44 LABORATORY		208289080			67265990		3815125
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							
49 RESPIRATORY THERAPY		29820913			15029480		687732
50 PHYSICAL THERAPY		38582150			7674832		1175195
51 OCCUPATIONAL THERAPY							
52 SPEECH PATHOLOGY							
53 ELECTROCARDIOLOGY		87637903			24943728		15372066
54 ELECTROENCEPHALOGRAPHY		5064447			1516187		893836
55 MEDICAL SUPPLIES CHARGED TO P		112324769			39584664		9362506
55.30 IMPL. DEV. CHARGED TO PATIENT		96672826			31298596		8715769
56 DRUGS CHARGED TO PATIENTS		159061784			63121735		10667272
57 RENAL DIALYSIS							
58 ASC (NON-DISTINCT PART)							
59 OTHER		20619919					6418052
59.10 OP PSYCH		1385408					16525
59.97 CARDIAC REHABILITATION		1868483			14959		655559
59.98 HYPERBARIC OXYGEN THERAPY							
59.99 LITHOTRIPSY							
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							
61 EMERGENCY		117865817			16457841		10425604
62 OBSERVATION BEDS (NON-DISTINC		17553762					4103705
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		1306425880			355126543		132108406

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0007) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF [] ICF/MR
 [] SUB III

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
59 OTHER					59
59.10 OP PSYCH					59.10
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL	8.01	8.02	9	9.01	9.02

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0007) [] 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	OUTPATIENT	OTHER
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT
	1	1.01	1.02	SURGICAL	CENTER	DIAGNOSTIC
				2	3	4
37 ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.206658	.206658	.206658			37
38 RECOVERY ROOM						38
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC	.100095	.100095	.100095			41
42 RADIOLOGY-THERAPEUTIC						42
43 RADIOISOTOPE						43
44 LABORATORY	.076819	.076819	.076819			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA						47
49 RESPIRATORY THERAPY	.158563	.158563	.158563			49
50 PHYSICAL THERAPY	.345253	.345253	.345253			50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY	.109153	.109153	.109153			53
54 ELECTROENCEPHALOGRAPHY	.186369	.186369	.186369			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.251780	.251780	.251780			55
55.30 IMPL. DEV. CHARGED TO PATIENT	.271155	.271155	.271155			55.30
56 DRUGS CHARGED TO PATIENTS	.166113	.166113	.166113			56
57 RENAL DIALYSIS						57
58 ASC (NON-DISTINCT PART)						58
59 OTHER	.377813	.377813	.377813			59
59.10 OP PSYCH	.461627	.461627	.461627			59.10
59.97 CARDIAC REHABILITATION	.702452	.702452	.702452			59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
60 OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
61 EMERGENCY	.144253	.144253	.144253			61
62 OBSERVATION BEDS (NON-DISTINCT	.568382	.568382	.568382			62
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						
104 NET CHARGES						103
						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES						1
2 PROGRAM VACCINE CHARGES						.166113 1
2.01 PROGRAM VACCINE CHARGES						15602 2
3 PROGRAM COSTS						2.01 3
3.01 PROGRAM COSTS						2592 3
						3.01 3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0007) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER- VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
37 ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		13565683						37
38 RECOVERY ROOM								38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC		46233777						41
42 RADIOLOGY-THERAPEUTIC								42
43 RADIOISOTOPE								43
44 LABORATORY		3815125						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR								47
49 RESPIRATORY THERAPY		687732						49
50 PHYSICAL THERAPY		1175195						50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		15372066						53
54 ELECTROENCEPHALOGRAPHY		893836						54
55 MEDICAL SUPPLIES CHARGED TO PA		9362506						55
55.30 IMPL. DEV. CHARGED TO PATIENT		8715769						55.30
56 DRUGS CHARGED TO PATIENTS		10667272						56
57 RENAL DIALYSIS								57
58 ASC (NON-DISTINCT PART)								58
59 OTHER		6418052						59
59.10 OP PSYCH		16525						59.10
59.97 CARDIAC REHABILITATION		655559						59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
60 OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
61 EMERGENCY		10425604						61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)		4103705						62
65.01 AMBULANCE SERVICES (2ND PERIOD)								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56)								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56)								65.03
101 SUBTOTAL		132108406						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		132108406						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0007) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		2803457					37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC		4627770					41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY		293074					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA							47
49 RESPIRATORY THERAPY		109049					49
50 PHYSICAL THERAPY		405740					50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		1677907					53
54 ELECTROENCEPHALOGRAPHY		166583					54
55 MEDICAL SUPPLIES CHARGED TO PAT		2357292					55
55.30 IMPL. DEV. CHARGED TO PATIENT		2363324					55.30
56 DRUGS CHARGED TO PATIENTS		1771973					56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59 OTHER		2424823					59
59.10 OP PSYCH		7628					59.10
59.97 CARDIAC REHABILITATION		460499					59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY		1503925					61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS		2332472					62
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL		23305516					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		23305516					104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-T007) [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT	----	----	RATIO OF	RATIO OF	CAPITAL	CAPITAL
	CAPITAL	CAPITAL			OLD CAPITAL	NEW CAPITAL				
	RELATED	RELATED	CHARGES	PROGRAM	CHARGES	COSTS	CHARGES	CHARGES	COSTS	COSTS
	1	2	3	4	5	6	7	8		
ANCILLARY SERVICE COST CENTERS										
37 OPERATING ROOM		4148787	113992624	27567			.036395	1003	37	
38 RECOVERY ROOM									38	
39 DELIVERY ROOM & LABOR ROOM									39	
40 ANESTHESIOLOGY									40	
41 RADIOLOGY-DIAGNOSTIC		7242369	295685995	510287			.024493	12498	41	
42 RADIOLOGY-THERAPEUTIC									42	
43 RADIOISOTOPE									43	
44 LABORATORY		733228	208289080	1698417			.003520	5978	44	
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30	
47 BLOOD STORING, PROCESSING & T									47	
49 RESPIRATORY THERAPY		288406	29820913	421712			.009671	4078	49	
50 PHYSICAL THERAPY		1470286	38582150	6068886			.038108	231273	50	
51 OCCUPATIONAL THERAPY									51	
52 SPEECH PATHOLOGY									52	
53 ELECTROCARDIOLOGY		2366487	87637903	302084			.027003	8157	53	
54 ELECTROENCEPHALOGRAPHY		173744	5064447	14730			.034307	505	54	
55 MEDICAL SUPPLIES CHARGED TO P		1669284	112324769	747053			.014861	11102	55	
55.30 IMPL. DEV. CHARGED TO PATIENT			493995	96672826	154554		.005110	790	55.30	
56 DRUGS CHARGED TO PATIENTS		1707753	159061784	2124777			.010736	22812	56	
57 RENAL DIALYSIS									57	
58 ASC (NON-DISTINCT PART)									58	
59 OTHER		231229	20619919				.011214		59	
59.10 OP PSYCH		22005	1385408				.015883		59.10	
59.97 CARDIAC REHABILITATION		215560	1868483				.115366		59.97	
59.98 HYPERBARIC OXYGEN THERAPY									59.98	
59.99 LITHOTRIPSY									59.99	
OUTPATIENT SERVICE COST CENTERS										
60 CLINIC									60	
61 EMERGENCY		1560226	117865817	4256			.013237	56	61	
62 OBSERVATION BEDS (NON-DISTINC		1245320	17553762				.070943		62	
OTHER REIMBURSABLE COST CENTERS										
101 TOTAL		23568679	1306425880	12074323				298252	101	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-T007) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59 OTHER							59
59.10 OP PSYCH							59.10
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-T007) [] 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		113992624			27567		37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC		295685995			510287	300	41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY		208289080			1698417		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY		29820913			421712	2786	49
50 PHYSICAL THERAPY		38582150			6068886		50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		87637903			302084		53
54 ELECTROENCEPHALOGRAPHY		5064447			14730		54
55 MEDICAL SUPPLIES CHARGED TO P		112324769			747053	256	55
55.30 IMPL. DEV. CHARGED TO PATIENT		96672826			154554		55.30
56 DRUGS CHARGED TO PATIENTS		159061784			2124777	1499	56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59 OTHER		20619919					59
59.10 OP PSYCH		1385408					59.10
59.97 CARDIAC REHABILITATION		1868483					59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY		117865817			4256		61
62 OBSERVATION BEDS (NON-DISTINC		17553762					62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		1306425880			12074323	4841	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-T007) [] 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
ANCILLARY SERVICE COST CENTERS	8.01	8.02	9	9.01	9.02
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
59 OTHER					59
59.10 OP PSYCH					59.10
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-T007) [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
37 ANCILLARY SERVICE COST CENTERS						
38 OPERATING ROOM	.206658	.206658	.206658			37
39 RECOVERY ROOM						38
40 DELIVERY ROOM & LABOR ROOM						39
41 ANESTHESIOLOGY						40
42 RADIOLOGY-DIAGNOSTIC	.100095	.100095	.100095			41
43 RADIOLOGY-THERAPEUTIC						42
44 RADIOISOTOPE						43
44 LABORATORY	.076819	.076819	.076819			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA						47
49 RESPIRATORY THERAPY	.158563	.158563	.158563			49
50 PHYSICAL THERAPY	.345253	.345253	.345253			50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY	.109153	.109153	.109153			53
54 ELECTROENCEPHALOGRAPHY	.186369	.186369	.186369			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.251780	.251780	.251780			55
55.30 IMPL. DEV. CHARGED TO PATIENT	.271155	.271155	.271155			55.30
56 DRUGS CHARGED TO PATIENTS	.166113	.166113	.166113			56
57 RENAL DIALYSIS						57
58 ASC (NON-DISTINCT PART)						58
59 OTHER	.377813	.377813	.377813			59
59.10 OP PSYCH	.461627	.461627	.461627			59.10
59.97 CARDIAC REHABILITATION	.702452	.702452	.702452			59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
60 OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
61 EMERGENCY	.144253	.144253	.144253			61
62 OBSERVATION BEDS (NON-DISTINCT	.568382	.568382	.568382			62
62 OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						
104 NET CHARGES						103 104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.166113	1
2 PROGRAM VACCINE CHARGES		2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS		3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-T007) [] 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.)	PPS SER-VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM								37
38 RECOVERY ROOM								38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC			300					41
42 RADIOLOGY-THERAPEUTIC								42
43 RADIOISOTOPE								43
44 LABORATORY								44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR								47
49 RESPIRATORY THERAPY		2786						49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY								53
54 ELECTROENCEPHALOGRAPHY								54
55 MEDICAL SUPPLIES CHARGED TO PA		256						55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		1499						56
57 RENAL DIALYSIS								57
58 ASC (NON-DISTINCT PART)								58
59 OTHER								59
59.10 OP PSYCH								59.10
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
61 EMERGENCY								61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)								62
65.01 AMBULANCE SERVICES (2ND PERIOD)								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56)								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56)								65.03
101 SUBTOTAL		4841						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		4841						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-T007) [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS (COLUMNS 1.01x5.04)	I/P PART B CHARGES (SEE INSTRU.)	I/P PART B COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10	11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC			30				41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA							47
49 RESPIRATORY THERAPY			442				49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO PAT			64				55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS			249				56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59 OTHER							59
59.10 OP PSYCH							59.10
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS							62
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL			785				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES			785				104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (14-S007)

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT	RATIO OF		RATIO OF		
	CAPITAL	CAPITAL			COST TO	CAPITAL	COST TO	CAPITAL	
	RELATED	RELATED	CHARGES	PROGRAM	CHARGES	COSTS	CHARGES	COSTS	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		4148787	113992624	33276			.036395	1211	37
38 RECOVERY ROOM									38
39 DELIVERY ROOM & LABOR ROOM									39
40 ANESTHESIOLOGY									40
41 RADIOLOGY-DIAGNOSTIC		7242369	295685995	169542			.024493	4153	41
42 RADIOLOGY-THERAPEUTIC									42
43 RADIOISOTOPE									43
44 LABORATORY		733228	208289080	781226			.003520	2750	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
47 BLOOD STORING, PROCESSING & T									47
49 RESPIRATORY THERAPY		288406	29820913	67712			.009671	655	49
50 PHYSICAL THERAPY		1470286	38582150	17325			.038108	660	50
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY									52
53 ELECTROCARDIOLOGY		2366487	87637903	46192			.027003	1247	53
54 ELECTROENCEPHALOGRAPHY		173744	5064447	4131			.034307	142	54
55 MEDICAL SUPPLIES CHARGED TO P		1669284	112324769	13145			.014861	195	55
55.30 IMPL. DEV. CHARGED TO PATIENT			493995	96672826	122		.005110	1	55.30
56 DRUGS CHARGED TO PATIENTS		1707753	159061784	655692			.010736	7040	56
57 RENAL DIALYSIS									57
58 ASC (NON-DISTINCT PART)									58
59 OTHER		231229	20619919				.011214		59
59.10 OP PSYCH		22005	1385408				.015883		59.10
59.97 CARDIAC REHABILITATION		215560	1868483	50			.115366	6	59.97
59.98 HYPERBARIC OXYGEN THERAPY									59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC									60
61 EMERGENCY		1560226	117865817	439571			.013237	5819	61
62 OBSERVATION BEDS (NON-DISTINC		1245320	17553762				.070943		62
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		23568679	1306425880	2227984				23879	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (14-S007) [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59 OTHER							59
59.10 OP PSYCH							59.10
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (14-S007) [] 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	
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		113992624			33276		37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC		295685995			169542		41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY		208289080			781226		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY		29820913			67712		49
50 PHYSICAL THERAPY		38582150			17325		50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		87637903			46192		53
54 ELECTROENCEPHALOGRAPHY		5064447			4131		54
55 MEDICAL SUPPLIES CHARGED TO P		112324769			13145		55
55.30 IMPL. DEV. CHARGED TO PATIENT		96672826			122		55.30
56 DRUGS CHARGED TO PATIENTS		159061784			655692		56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59 OTHER		20619919					59
59.10 OP PSYCH		1385408					59.10
59.97 CARDIAC REHABILITATION		1868483			50		59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY		117865817			439571		61
62 OBSERVATION BEDS (NON-DISTINC		17553762					62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		1306425880			2227984		1297 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (14-S007) [] 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
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
59 OTHER					59
59.10 OP PSYCH					59.10
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [XX] SUB II (14-S007) [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES			
	PART II	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER	
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT	
	1	1.01	1.02	SURGICAL	CENTER	DIAGNOSTIC	
				2	3	4	
37 ANCILLARY SERVICE COST CENTERS							37
38 OPERATING ROOM	.206658	.206658	.206658				38
39 RECOVERY ROOM							39
40 DELIVERY ROOM & LABOR ROOM							40
41 ANESTHESIOLOGY							41
42 RADIOLOGY-DIAGNOSTIC	.100095	.100095	.100095				42
43 RADIOLOGY-THERAPEUTIC							43
44 RADIOISOTOPE							44
44 LABORATORY	.076819	.076819	.076819				44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA							47
49 RESPIRATORY THERAPY	.158563	.158563	.158563				49
50 PHYSICAL THERAPY	.345253	.345253	.345253				50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY	.109153	.109153	.109153				53
54 ELECTROENCEPHALOGRAPHY	.186369	.186369	.186369				54
55 MEDICAL SUPPLIES CHARGED TO PAT	.251780	.251780	.251780				55
55.30 IMPL. DEV. CHARGED TO PATIENT	.271155	.271155	.271155				55.30
56 DRUGS CHARGED TO PATIENTS	.166113	.166113	.166113				56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59 OTHER	.377813	.377813	.377813				59
59.10 OP PSYCH	.461627	.461627	.461627				59.10
59.97 CARDIAC REHABILITATION	.702452	.702452	.702452				59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
60 OUTPATIENT SERVICE COST CENTERS							60
61 CLINIC							61
61 EMERGENCY	.144253	.144253	.144253				61
62 OBSERVATION BEDS (NON-DISTINCT	.568382	.568382	.568382				62
62 OTHER REIMBURSABLE COST CENTERS							62
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							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	.166113	1
2 PROGRAM VACCINE CHARGES		2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS		3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [XX] SUB II (14-S007) [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1) (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM								37
38 RECOVERY ROOM								38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC		444						41
42 RADIOLOGY-THERAPEUTIC								42
43 RADIOISOTOPE								43
44 LABORATORY								44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR								47
49 RESPIRATORY THERAPY								49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		853						53
54 ELECTROENCEPHALOGRAPHY								54
55 MEDICAL SUPPLIES CHARGED TO PA								55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS								56
57 RENAL DIALYSIS								57
58 ASC (NON-DISTINCT PART)								58
59 OTHER								59
59.10 OP PSYCH								59.10
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
61 EMERGENCY								61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS								62
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56								65.03
101 SUBTOTAL		1297						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		1297						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [XX] SUB II (14-S007) [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS (COLUMNS 1.01x5.04	I/P PART B CHARGES (SEE INSTRU.)	I/P PART B COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10	11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC			44				41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY			93				53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO PAT							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59 OTHER							59
59.10 OP PSYCH							59.10
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS							62
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL			137				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES			137				104

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS				10630985		10630985	25
26 INTENSIVE CARE UNIT				1527921		1527921	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT				1114708		1114708	29
30 NEO NATAL INTENSIVE CARE							30
31 SUBPROVIDER I				684322		684322	31
31.01 SUBPROVIDER II				911348		911348	31.01
33 NURSERY				407304		407304	33
101 TOTAL				15276588		15276588	101

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	90993	11481			116.83	1341325	25
26 INTENSIVE CARE UNIT	6867	413			222.50	91893	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT	5724				194.74		29
30 NEO NATAL INTENSIVE CARE							30
31 SUBPROVIDER I	6517	57			105.01	5986	31
31.01 SUBPROVIDER II	6871	1901			132.64	252149	31.01
33 NURSERY	5566	2739			73.18	200440	33
101 TOTAL	122538	16591				1891793	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0007) [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT	----	----	RATIO OF	RATIO OF	CAPITAL
	CAPITAL	CAPITAL			OLD CAPITAL	NEW CAPITAL			
	RELATED	RELATED	CHARGES	PROGRAM	CHARGES	COSTS	CHARGES	CAPITAL	COSTS
	COST	COST		CHARGES					
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		4148787	113992624				.036395		37
38 RECOVERY ROOM									38
39 DELIVERY ROOM & LABOR ROOM									39
40 ANESTHESIOLOGY									40
41 RADIOLOGY-DIAGNOSTIC		7242369	295685995				.024493		41
42 RADIOLOGY-THERAPEUTIC									42
43 RADIOISOTOPE									43
44 LABORATORY		733228	208289080				.003520		44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
47 BLOOD STORING, PROCESSING & T									47
49 RESPIRATORY THERAPY		288406	29820913				.009671		49
50 PHYSICAL THERAPY		1470286	38582150				.038108		50
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY									52
53 ELECTROCARDIOLOGY		2366487	87637903				.027003		53
54 ELECTROENCEPHALOGRAPHY		173744	5064447				.034307		54
55 MEDICAL SUPPLIES CHARGED TO P		1669284	112324769				.014861		55
55.30 IMPL. DEV. CHARGED TO PATIENT			493995				.005110		55.30
56 DRUGS CHARGED TO PATIENTS		1707753	159061784				.010736		56
57 RENAL DIALYSIS									57
58 ASC (NON-DISTINCT PART)									58
59 OTHER		231229	20619919				.011214		59
59.10 OP PSYCH		22005	1385408				.015883		59.10
59.97 CARDIAC REHABILITATION		215560	1868483				.115366		59.97
59.98 HYPERBARIC OXYGEN THERAPY									59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC									60
61 EMERGENCY		1560226	117865817				.013237		61
62 OBSERVATION BEDS (NON-DISTINC		1245320	17553762				.070943		62
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		23568679	1306425880						101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	INPATIENT
	ANESTHETIST	EDUCATION	ADJUSTMENT	COSTS	PATIENT		PROGRAM	PROGRAM
	COST	COST	AMOUNT		DAYS	DIEM	DAYS	PASS THRU
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					90993		11481	25
26 INTENSIVE CARE UNIT					6867		413	26
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT					5724			29
30 NEO NATAL INTENSIVE CARE								30
31 SUBPROVIDER I					6517		57	31
31.01 SUBPROVIDER II					6871		1901	31.01
33 NURSEERY					5566		2739	33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					122538		16591	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0007)	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST	NONPHYSICIAN ANESTHETIST	MEDICAL EDUCATION				
	COST 1	COST 1.01	COST 2				
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59 OTHER							59
59.10 OP PSYCH							59.10
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
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 (14-0007) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		113992624					37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC		295685995					41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY		208289080					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY		29820913					49
50 PHYSICAL THERAPY		38582150					50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		87637903					53
54 ELECTROENCEPHALOGRAPHY		5064447					54
55 MEDICAL SUPPLIES CHARGED TO P		112324769					55
55.30 IMPL. DEV. CHARGED TO PATIENT		96672826					55.30
56 DRUGS CHARGED TO PATIENTS		159061784					56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59 OTHER		20619919					59
59.10 OP PSYCH		1385408					59.10
59.97 CARDIAC REHABILITATION		1868483					59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY		117865817					61
62 OBSERVATION BEDS (NON-DISTINC		17553762					62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		1306425880					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0007)	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
59 OTHER					59
59.10 OP PSYCH					59.10
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-T007) [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT	----	----	RATIO OF	RATIO OF	CAPITAL
	CAPITAL	CAPITAL			OLD CAPITAL	NEW CAPITAL			
	RELATED	RELATED	CHARGES	PROGRAM	CHARGES	COSTS	CHARGES	CAPITAL	COSTS
	COST	COST		CHARGES					
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		4148787	113992624				.036395		37
38 RECOVERY ROOM									38
39 DELIVERY ROOM & LABOR ROOM									39
40 ANESTHESIOLOGY									40
41 RADIOLOGY-DIAGNOSTIC		7242369	295685995				.024493		41
42 RADIOLOGY-THERAPEUTIC									42
43 RADIOISOTOPE									43
44 LABORATORY		733228	208289080				.003520		44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
47 BLOOD STORING, PROCESSING & T									47
49 RESPIRATORY THERAPY		288406	29820913				.009671		49
50 PHYSICAL THERAPY		1470286	38582150				.038108		50
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY									52
53 ELECTROCARDIOLOGY		2366487	87637903				.027003		53
54 ELECTROENCEPHALOGRAPHY		173744	5064447				.034307		54
55 MEDICAL SUPPLIES CHARGED TO P		1669284	112324769				.014861		55
55.30 IMPL. DEV. CHARGED TO PATIENT			493995				.005110		55.30
56 DRUGS CHARGED TO PATIENTS		1707753	159061784				.010736		56
57 RENAL DIALYSIS									57
58 ASC (NON-DISTINCT PART)									58
59 OTHER		231229	20619919				.011214		59
59.10 OP PSYCH		22005	1385408				.015883		59.10
59.97 CARDIAC REHABILITATION		215560	1868483				.115366		59.97
59.98 HYPERBARIC OXYGEN THERAPY									59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC									60
61 EMERGENCY		1560226	117865817				.013237		61
62 OBSERVATION BEDS (NON-DISTINC		1245320	17553762				.070943		62
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		23568679	1306425880						101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[XX]	SUB I (14-T007)	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59 OTHER							59
59.10 OP PSYCH							59.10
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-T007) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		113992624					37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC		295685995					41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY		208289080					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY		29820913					49
50 PHYSICAL THERAPY		38582150					50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		87637903					53
54 ELECTROENCEPHALOGRAPHY		5064447					54
55 MEDICAL SUPPLIES CHARGED TO P		112324769					55
55.30 IMPL. DEV. CHARGED TO PATIENT		96672826					55.30
56 DRUGS CHARGED TO PATIENTS		159061784					56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59 OTHER		20619919					59
59.10 OP PSYCH		1385408					59.10
59.97 CARDIAC REHABILITATION		1868483					59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY		117865817					61
62 OBSERVATION BEDS (NON-DISTINC		17553762					62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		1306425880					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[XX]	SUB I (14-T007)	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
59 OTHER					59
59.10 OP PSYCH					59.10
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [XX] SUB II (14-S007) [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT	----	----	RATIO OF	RATIO OF	CAPITAL
	CAPITAL	CAPITAL			OLD CAPITAL	NEW CAPITAL			
	RELATED	RELATED	CHARGES	PROGRAM	CHARGES	COSTS	CHARGES	CHARGES	COSTS
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		4148787	113992624				.036395		37
38 RECOVERY ROOM									38
39 DELIVERY ROOM & LABOR ROOM									39
40 ANESTHESIOLOGY									40
41 RADIOLOGY-DIAGNOSTIC		7242369	295685995				.024493		41
42 RADIOLOGY-THERAPEUTIC									42
43 RADIOISOTOPE									43
44 LABORATORY		733228	208289080				.003520		44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
47 BLOOD STORING, PROCESSING & T									47
49 RESPIRATORY THERAPY		288406	29820913				.009671		49
50 PHYSICAL THERAPY		1470286	38582150				.038108		50
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY									52
53 ELECTROCARDIOLOGY		2366487	87637903				.027003		53
54 ELECTROENCEPHALOGRAPHY		173744	5064447				.034307		54
55 MEDICAL SUPPLIES CHARGED TO P		1669284	112324769				.014861		55
55.30 IMPL. DEV. CHARGED TO PATIENT			493995				.005110		55.30
56 DRUGS CHARGED TO PATIENTS		1707753	159061784				.010736		56
57 RENAL DIALYSIS									57
58 ASC (NON-DISTINCT PART)									58
59 OTHER		231229	20619919				.011214		59
59.10 OP PSYCH		22005	1385408				.015883		59.10
59.97 CARDIAC REHABILITATION		215560	1868483				.115366		59.97
59.98 HYPERBARIC OXYGEN THERAPY									59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC									60
61 EMERGENCY		1560226	117865817				.013237		61
62 OBSERVATION BEDS (NON-DISTINC		1245320	17553762				.070943		62
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		23568679	1306425880						101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[XX]	SUB II (14-S007)	[]	NF	[]	OTHER
			[]	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
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59 OTHER							59
59.10 OP PSYCH							59.10
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [XX] SUB II (14-S007) [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		113992624					37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC		295685995					41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY		208289080					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY		29820913					49
50 PHYSICAL THERAPY		38582150					50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		87637903					53
54 ELECTROENCEPHALOGRAPHY		5064447					54
55 MEDICAL SUPPLIES CHARGED TO P		112324769					55
55.30 IMPL. DEV. CHARGED TO PATIENT		96672826					55.30
56 DRUGS CHARGED TO PATIENTS		159061784					56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59 OTHER		20619919					59
59.10 OP PSYCH		1385408					59.10
59.97 CARDIAC REHABILITATION		1868483					59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY		117865817					61
62 OBSERVATION BEDS (NON-DISTINC		17553762					62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		1306425880					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[XX]	SUB II (14-S007)	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
ANCILLARY SERVICE COST CENTERS	8.01	8.02	9	9.01	9.02
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
59 OTHER					59
59.10 OP PSYCH					59.10
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0007)	SUB I (PPS) (14-T007)	SUB II (PPS) (14-S007)	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)	90993	6517	6871				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	90993	6517	6871				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	90993	6517	6871				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)	43268	4940	2362				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) (14-0007)	SUB I (PPS) (14-T007)	SUB II (PPS) (14-S007)	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	85173373	5531234	6184483				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	85173373	5531234	6184483				27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	190666673	8032850	8072607				28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	190666673	8032850	8072607				30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.446713	.688577	.766107				31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	2095.40	1232.60	1174.88				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	85173373	5531234	6184483				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) (14-0007)	SUB I (PPS) (14-T007)	SUB II (PPS) (14-S007)	SUB III	SUB IV	
	1	1	1	1	1	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS						
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	936.04	848.74	900.08		38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	40500579	4192776	2125989		39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	40500579	4192776	2125989		41
		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLES V AND XIX ONLY)					42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	14567394	6867	2121.36	3497	7418396 43
44	CORONARY CARE UNIT					44
45	BURN INTENSIVE CARE UNIT					45
46	SURGICAL INTENSIVE CARE UNIT	10353385	5724	1808.77	3042	5502278 46
47	NEO NATAL INTENSIVE CARE					47
		HOSPITAL (PPS) (14-0007)	SUB I (PPS) (14-T007)	SUB II (PPS) (14-S007)	SUB III	SUB IV
		1	1	1	1	1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	56843442	2968887	282180		48
49	TOTAL PROGRAM INPATIENT COSTS	110264695	7161663	2408169		49
PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	6425482	518749	313296		50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	5593557	298252	23879		51
52	TOTAL PROGRAM EXCLUDABLE COST	12019039	817001	337175		52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	98245656	6344662	2070994		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) (14-0007)	SUB I (PPS) (14-T007)	SUB II (PPS) (14-S007)	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS) (PPS) (PPS)
 (14-0007)(14-T007)(14-S007)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	10659	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	936.04	84
85 OBSERVATION BED COST	9977250	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	HOSPITAL ROUTINE COST (FROM LINE 27)	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST (FROM LINE 85)	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4	
	COST 1	2	3	4	5
86 OLD CAPITAL-RELATED COST	85173373		9977250		86
87 NEW CAPITAL-RELATED COST	10630985	85173373	.124816	9977250	1245320
88 NON PHYSICIAN ANESTHETIST	85173373	85173373		9977250	88
89 MEDICAL EDUCATION	85173373	85173373		9977250	89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS	HOSPITAL	SUB I	SUB II	SUB III	SUB IV	NF
	(OTHER) (14-0007)	(OTHER) (14-T007)	(OTHER) (14-S007)			
	1	1	1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	90993	6517	6871			1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	90993	6517	6871			2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	90993	6517	6871			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)	11481	57	1901			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	5566					15
16 TITLE V OR XIX NURSERY DAYS	2739					16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0007)	SUB I (OTHER) (14-T007)	SUB II (OTHER) (14-S007)	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	85037595	5531234	6176319				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	85037595	5531234	6176319				27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	190666673	8032850	8072607				28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	190666673	8032850	8072607				30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.446001	.688577	.765096				31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	2095.40	1232.60	1174.88				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	85037595	5531234	6176319				37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0007)	SUB I (OTHER) (14-T007)	SUB II (OTHER) (14-S007)	SUB III	SUB IV	
	1	1	1	1	1	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS						
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	934.55	848.74	898.90		38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	10729569	48378	1708809		39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	10729569	48378	1708809		41
		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLES V AND XIX ONLY)	3645609	5566	654.98	2739	1793990 42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	14567394	6867	2121.36	413	876122 43
44	CORONARY CARE UNIT					44
45	BURN INTENSIVE CARE UNIT					45
46	SURGICAL INTENSIVE CARE UNIT	10353385	5724	1808.77		46
47	NEO NATAL INTENSIVE CARE					47
		HOSPITAL (OTHER) (14-0007)	SUB I (OTHER) (14-T007)	SUB II (OTHER) (14-S007)	SUB III	SUB IV
		1	1	1	1	1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST					48
49	TOTAL PROGRAM INPATIENT COSTS	13399681	48378	1708809		49
PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1633658	5986	252149		50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					51
52	TOTAL PROGRAM EXCLUDABLE COST	1633658	5986	252149		52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS					53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0007)	SUB I (OTHER) (14-T007)	SUB II (OTHER) (14-S007)	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	6	1	1	54
55			283			55
56						56
57						57
58						58
58.01						58.01
58.02						58.02
58.03						58.03
58.04						58.04
59						59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

NF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

HOSPITAL (OTHER) (14-0007)	SUB I (OTHER) (14-T007)	SUB II (OTHER) (14-S007)	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	10659	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	936.04	84
85 OBSERVATION BED COST	9977250	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0007) [] 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		64073358		25
26 INTENSIVE CARE UNIT		14837235		26
27 CORONARY CARE UNIT				27
29 SURGICAL INTENSIVE CARE UNIT		11932263		29
30 NEO NATAL INTENSIVE CARE				30
31 SUBPROVIDER I				31
31.01 SUBPROVIDER II				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.206989	32531890	6733743	37
38 RECOVERY ROOM				38
39 DELIVERY ROOM & LABOR ROOM				39
40 ANESTHESIOLOGY				40
41 RADIOLOGY-DIAGNOSTIC	.100095	55686641	5573954	41
42 RADIOLOGY-THERAPEUTIC				42
43 RADIOISOTOPE				43
44 LABORATORY	.076819	67265990	5167306	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA				47
49 RESPIRATORY THERAPY	.158827	15029480	2387087	49
50 PHYSICAL THERAPY	.345262	7674832	2649828	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY				52
53 ELECTROCARDIOLOGY	.109192	24943728	2723656	53
54 ELECTROENCEPHALOGRAPHY	.186369	1516187	282570	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.251780	39584664	9966627	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.271155	31298596	8486771	55.30
56 DRUGS CHARGED TO PATIENTS	.166113	63121735	10485341	56
57 RENAL DIALYSIS				57
58 ASC (NON-DISTINCT PART)				58
59 OTHER	.377813			59
59.10 OP PSYCH	.461627			59.10
59.97 CARDIAC REHABILITATION	.702452	14959	10508	59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC				60
61 EMERGENCY	.144372	16457841	2376051	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.568382			62
101 TOTAL		355126543	56843442	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		355126543		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [] HOSPITAL [] SNF [XX] PPS
 [XX] TITLE XVIII-PT A [XX] SUB I (14-T007) [] 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				25
26 INTENSIVE CARE UNIT				26
27 CORONARY CARE UNIT				27
29 SURGICAL INTENSIVE CARE UNIT				29
30 NEO NATAL INTENSIVE CARE				30
31 SUBPROVIDER I		5828705		31
31.01 SUBPROVIDER II				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.206989	27567	5706	37
38 RECOVERY ROOM				38
39 DELIVERY ROOM & LABOR ROOM				39
40 ANESTHESIOLOGY				40
41 RADIOLOGY-DIAGNOSTIC	.100095	510287	51077	41
42 RADIOLOGY-THERAPEUTIC				42
43 RADIOISOTOPE				43
44 LABORATORY	.076819	1698417	130471	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA				47
49 RESPIRATORY THERAPY	.158827	421712	66979	49
50 PHYSICAL THERAPY	.345262	6068886	2095356	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY				52
53 ELECTROCARDIOLOGY	.109192	302084	32985	53
54 ELECTROENCEPHALOGRAPHY	.186369	14730	2745	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.251780	747053	188093	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.271155	154554	41908	55.30
56 DRUGS CHARGED TO PATIENTS	.166113	2124777	352953	56
57 RENAL DIALYSIS				57
58 ASC (NON-DISTINCT PART)				58
59 OTHER	.377813			59
59.10 OP PSYCH	.461627			59.10
59.97 CARDIAC REHABILITATION	.702452			59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC				60
61 EMERGENCY	.144372	4256	614	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.568382			62
101 TOTAL		12074323	2968887	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		12074323		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [] HOSPITAL [] SNF [XX] PPS
 [XX] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [] TITLE XIX [XX] SUB II (14-S007) [] 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				25
26 INTENSIVE CARE UNIT				26
27 CORONARY CARE UNIT				27
29 SURGICAL INTENSIVE CARE UNIT				29
30 NEO NATAL INTENSIVE CARE				30
31 SUBPROVIDER I				31
31.01 SUBPROVIDER II		2922113		31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.206989	33276	6888	37
38 RECOVERY ROOM				38
39 DELIVERY ROOM & LABOR ROOM				39
40 ANESTHESIOLOGY				40
41 RADIOLOGY-DIAGNOSTIC	.100095	169542	16970	41
42 RADIOLOGY-THERAPEUTIC				42
43 RADIOISOTOPE				43
44 LABORATORY	.076819	781226	60013	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA				47
49 RESPIRATORY THERAPY	.158827	67712	10754	49
50 PHYSICAL THERAPY	.345262	17325	5982	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY				52
53 ELECTROCARDIOLOGY	.109192	46192	5044	53
54 ELECTROENCEPHALOGRAPHY	.186369	4131	770	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.251780	13145	3310	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.271155	122	33	55.30
56 DRUGS CHARGED TO PATIENTS	.166113	655692	108919	56
57 RENAL DIALYSIS				57
58 ASC (NON-DISTINCT PART)				58
59 OTHER	.377813			59
59.10 OP PSYCH	.461627			59.10
59.97 CARDIAC REHABILITATION	.702452	50	35	59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC				60
61 EMERGENCY	.144372	439571	63462	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.568382			62
101 TOTAL		2227984	282180	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		2227984		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0007) [] SNF [] PPS
 [] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [XX] TITLE XIX [] SUB II [] S/B-SNF [XX] OTHER
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
27 CORONARY CARE UNIT			27
29 SURGICAL INTENSIVE CARE UNIT			29
30 NEO NATAL INTENSIVE CARE			30
31 SUBPROVIDER I			31
31.01 SUBPROVIDER II			31.01
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.206658		37
38 RECOVERY ROOM			38
39 DELIVERY ROOM & LABOR ROOM			39
40 ANESTHESIOLOGY			40
41 RADIOLOGY-DIAGNOSTIC	.100095		41
42 RADIOLOGY-THERAPEUTIC			42
43 RADIOISOTOPE			43
44 LABORATORY	.076819		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA			47
49 RESPIRATORY THERAPY	.158563		49
50 PHYSICAL THERAPY	.345253		50
51 OCCUPATIONAL THERAPY			51
52 SPEECH PATHOLOGY			52
53 ELECTROCARDIOLOGY	.109153		53
54 ELECTROENCEPHALOGRAPHY	.186369		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.251780		55
55.30 IMPL. DEV. CHARGED TO PATIENT	.271155		55.30
56 DRUGS CHARGED TO PATIENTS	.166113		56
57 RENAL DIALYSIS			57
58 ASC (NON-DISTINCT PART)			58
59 OTHER	.377813		59
59.10 OP PSYCH	.461627		59.10
59.97 CARDIAC REHABILITATION	.702452		59.97
59.98 HYPERBARIC OXYGEN THERAPY			59.98
59.99 LITHOTRIPSY			59.99
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC			60
61 EMERGENCY	.144253		61
62 OBSERVATION BEDS (NON-DISTINCT	.568382		62
OTHER REIMBURSABLE COST CENTERS			
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-T007)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
27 CORONARY CARE UNIT			27
29 SURGICAL INTENSIVE CARE UNIT			29
30 NEO NATAL INTENSIVE CARE			30
31 SUBPROVIDER I			31
31.01 SUBPROVIDER II			31.01
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.206658		37
38 RECOVERY ROOM			38
39 DELIVERY ROOM & LABOR ROOM			39
40 ANESTHESIOLOGY			40
41 RADIOLOGY-DIAGNOSTIC	.100095		41
42 RADIOLOGY-THERAPEUTIC			42
43 RADIOISOTOPE			43
44 LABORATORY	.076819		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA			47
49 RESPIRATORY THERAPY	.158563		49
50 PHYSICAL THERAPY	.345253		50
51 OCCUPATIONAL THERAPY			51
52 SPEECH PATHOLOGY			52
53 ELECTROCARDIOLOGY	.109153		53
54 ELECTROENCEPHALOGRAPHY	.186369		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.251780		55
55.30 IMPL. DEV. CHARGED TO PATIENT	.271155		55.30
56 DRUGS CHARGED TO PATIENTS	.166113		56
57 RENAL DIALYSIS			57
58 ASC (NON-DISTINCT PART)			58
59 OTHER	.377813		59
59.10 OP PSYCH	.461627		59.10
59.97 CARDIAC REHABILITATION	.702452		59.97
59.98 HYPERBARIC OXYGEN THERAPY			59.98
59.99 LITHOTRIPSY			59.99
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC			60
61 EMERGENCY	.144253		61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.568382		62
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input checked="" type="checkbox"/> SUB II (14-S007)	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
27 CORONARY CARE UNIT			27
29 SURGICAL INTENSIVE CARE UNIT			29
30 NEO NATAL INTENSIVE CARE			30
31 SUBPROVIDER I			31
31.01 SUBPROVIDER II			31.01
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.206658		37
38 RECOVERY ROOM			38
39 DELIVERY ROOM & LABOR ROOM			39
40 ANESTHESIOLOGY			40
41 RADIOLOGY-DIAGNOSTIC	.100095		41
42 RADIOLOGY-THERAPEUTIC			42
43 RADIOISOTOPE			43
44 LABORATORY	.076819		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA			47
49 RESPIRATORY THERAPY	.158563		49
50 PHYSICAL THERAPY	.345253		50
51 OCCUPATIONAL THERAPY			51
52 SPEECH PATHOLOGY			52
53 ELECTROCARDIOLOGY	.109153		53
54 ELECTROENCEPHALOGRAPHY	.186369		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.251780		55
55.30 IMPL. DEV. CHARGED TO PATIENT	.271155		55.30
56 DRUGS CHARGED TO PATIENTS	.166113		56
57 RENAL DIALYSIS			57
58 ASC (NON-DISTINCT PART)			58
59 OTHER	.377813		59
59.10 OP PSYCH	.461627		59.10
59.97 CARDIAC REHABILITATION	.702452		59.97
59.98 HYPERBARIC OXYGEN THERAPY			59.98
59.99 LITHOTRIPSY			59.99
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC			60
61 EMERGENCY	.144253		61
62 OBSERVATION BEDS (NON-DISTINCT	.568382		62
OTHER REIMBURSABLE COST CENTERS			
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (14-0007)	SUB I	SUB II	SUB III	SUB IV	
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	59472386					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	19824128					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS						1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1						1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	2584056					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	347.80					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI,LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00					3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS						3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00					3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0007)	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4	0.0308					4
4.01	0.1723					4.01
4.02	0.2031					4.02
4.03	0.0597					4.03
4.04	4734002					4.04
5						5
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6	86614572					6
7						7
7.01						7.01
8	86614572					8
9	7217395					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16	93831967					16
17	73836					17
18	93758131					18
19	7062888					19
20	399575					20
21	1269338					21
21.01	888537					21.01
21.02	975275					21.02
22	87184205					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0007)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	87184205					26
27						27
28	85496993					28
28.01						28.01
29	1687212					29
30	63486					30
50						50
51						51
52						52
53						53
54						54
55						55
56						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0007) 1	HOSPITAL (14-0007) 1.01	HOSPITAL (14-0007) 1.02	
1 MEDICAL AND OTHER SERVICES	2592			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	23305516			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	20441838			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	2592			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	15602			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	15602			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	15602			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	13010			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	2592			17
17.01 TOTAL PPS PAYMENTS	20441838			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0007) 1	HOSPITAL (14-0007) 1.01	HOSPITAL (14-0007) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	17989		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	4658116		18.01
19 SUBTOTAL	15768325		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	15768325		23
24 PRIMARY PAYER PAYMENTS	1271		24
25 SUBTOTAL	15767054		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	786577		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	550604		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	611922		27.02
28 SUBTOTAL	16317658		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)	-62		30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	16317720		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	16222706		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	95014		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 RECONILATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)			51
52 THE RATE USED TO CALCULATE THE TIME VALUE MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW TIME VALUE OF MONEY (SEE INSTRUCTIONS)			52
53 FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-T007)	SUB I (14-T007)	SUB I (14-T007)
	1	1.01	1.02
1 MEDICAL AND OTHER SERVICES			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	785		1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	914		1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO			1.03
1.04 LINE 1.01 TIMES LINE 1.03			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04			1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT			1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101			1.07
2 INTERNS AND RESIDENTS			2
3 ORGAN ACQUISITIONS			3
4 COST OF TEACHING PHYSICIANS			4
5 TOTAL COST			5
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
6 ANCILLARY SERVICE CHARGES			6
7 INTERNS AND RESIDENTS SERVICE CHARGES			7
8 ORGAN ACQUISITION CHARGES			8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS			9
10 TOTAL REASONABLE CHARGES			10
CUSTOMARY CHARGES			
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)			12
13 RATIO OF LINE 11 TO LINE 12			13
14 TOTAL CUSTOMARY CHARGES			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			16
17 LESSER OF COST OR CHARGES			17
17.01 TOTAL PPS PAYMENTS	914		17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-T007) 1	SUB I (14-T007) 1.01	SUB I (14-T007) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	187		18.01
19 SUBTOTAL	727		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	727		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	727		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	727		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	727		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	726		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	1		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 ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)			51
52 THE RATE USED TO CALCULATE THE TIME VALUE MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW TIME VALUE OF MONEY (SEE INSTRUCTIONS)			52
53 FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB II (14-S007) 1	SUB II (14-S007) 1.01	SUB II (14-S007) 1.02	
1				1
1.01				1.01
MEDICAL AND OTHER SERVICES				
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	137			
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	154			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2				2
3				3
4				4
5				5
INTERNS AND RESIDENTS				
ORGAN ACQUISITIONS				
COST OF TEACHING PHYSICIANS				
TOTAL COST				
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
6				6
7				7
8				8
9				9
10				10
ANCILLARY SERVICE CHARGES				
INTERNS AND RESIDENTS SERVICE CHARGES				
ORGAN ACQUISITION CHARGES				
CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				
TOTAL REASONABLE CHARGES				
CUSTOMARY CHARGES				
11				11
12				12
13				13
14				14
15				15
16				16
17				17
17.01	154			17.01
AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				
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)				
RATIO OF LINE 11 TO LINE 12				
TOTAL CUSTOMARY CHARGES				
EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				
EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				
LESSER OF COST OR CHARGES				
TOTAL PPS PAYMENTS				

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB II (14-S007) 1	SUB II (14-S007) 1.01	SUB II (14-S007) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	31		18.01
19 SUBTOTAL	123		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	123		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	123		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	123		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	123		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	123		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)			51
52 THE RATE USED TO CALCULATE THE TIME VALUE MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW TIME VALUE OF MONEY (SEE INSTRUCTIONS)			52
53 FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER II (14-S007)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1705589		123 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	.01			3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02			3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03	NONE		3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04			3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.05			3.05
	.50			3.50
	PROVIDER .51			3.51
	TO .52	NONE		3.52
	PROGRAM .53			3.53
	.54			3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		1705589		123 4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02	NONE		5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51	NONE		5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01	94899		6.01
	PROVIDER TO .02			6.02
	PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY		1800488		123 7
NAME OF INTERMEDIARY: _____			INTERMEDIARY NUMBER: _____	
SIGNATURE OF AUTHORIZED PERSON: _____			DATE (MO/DAY/YR): _____	

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-T007)	SUB II (14-S007)	SUB III	SUB IV	
1	INPATIENT HOSPITAL SERVICES					1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)					1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)	6025205				1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	0.0185				1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)	119968				1.04
1.05	OUTLIER PAYMENTS	208162				1.05
1.06	TOTAL PPS PAYMENTS	6353335				1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT					1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)					
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)		1807399			1.08
1.09	NET IPF PPS OUTLIER PAYMENTS		100330			1.09
1.10	NET IPF PPS ECT PAYMENTS		6795			1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)					1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)					1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		18.824658			1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS		1914524			1.19
1.20	STOP LESS PAYMENT FLOOR					1.20
1.21	ADJUSTED NET PAYMENT FLOOR					1.21
1.22	STOP LOSS ADJUSTMENT					1.22
1.23	TOTAL IPF PPS PAYMENTS		1914524			1.23
	INPATIENT REHABILITATION FACILITY (IRF)					
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)					1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)					1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)		17.854795			1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.41
1.42	MEDICAL EDUCATION ADJUSTMENT					1.42
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL	6353335	1914524			4
5	PRIMARY PAYER PAYMENTS					5
6	SUBTOTAL	6353335	1914524			6
7	DEDUCTIBLES	26400	158336			7
8	SUBTOTAL	6326935	1756188			8
9	COINSURANCE	10450	50600			9
10	SUBTOTAL	6316485	1705588			10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	4263	135571			11
11.01	REDUCED REIMBURSABLE BAD DEBTS	2984	94900			11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					11.02
12	SUBTOTAL	6319469	1800488			12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-T007)	SUB II (14-S007)	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		6319469	1800488			17
18 SEQUESTRATION ADJUSTMENT						18
19 INTERIM PAYMENTS		6322906	1705589			19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20 BALANCE DUE PROVIDER/PROGRAM		-3437	94899			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 PPS AMOUNT OR ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)						50
51 OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)						51
52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)						53

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX	
	HOSPITAL (14-0007) (OTHER)	SUB I (14-T007) (OTHER)	SUB II (14-S007) (OTHER)	SUB III SUB IV NF I
	1	1	1	1 1 1
1	COMPUTATION OF NET COST OF COVERED SERVICES			
2	INPATIENT HOSPITAL/SNF/NF SERVICES	13399681	48378	1708809
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS			
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O			
6	COST OF TEACHING PHYSICIANS			
7	SUBTOTAL	13399681	48378	1708809
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
10	SUBTOTAL	13399681	48378	1708809
11	COMPUTATION OF LESSER OF COST OR CHARGES			
12	ROUTINE SERVICE CHARGES			
13	ANCILLARY SERVICE CHARGES			
14	INTERNS AND RESIDENTS SERVICE CHARGES			
15	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
16	TEACHING PHYSICIANS			
17	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
18	TOTAL REASONABLE CHARGES			
19	CUSTOMARY CHARGES			
20	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE			
21	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM			
22	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN			
23	ACCORDANCE WITH 42 CFR 413.13(E)			
24	RATIO OF LINE 17 TO LINE 18			
25	TOTAL CUSTOMARY CHARGES			
26	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
27	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13399681	48378	1708809
28	COST OF COVERED SERVICES	13399681	48378	1708809
29	PROSPECTIVE PAYMENT AMOUNT			
30	OTHER THAN OUTLIER PAYMENTS			
31	OUTLIER PAYMENTS			
32	PROGRAM CAPITAL PAYMENTS			
33	CAPITAL EXCEPTION PAYMENTS			
34	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
35	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
36	SUBTOTAL	13399681	48378	1708809
37	CUSTOMARY CHARGES (TITLE XIX PPS COVERED			
38	LESSER OF LINES 30 OR 31	13399681	48378	1708809
39	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX				
		HOSPITAL (14-0007) (OTHER) 1	SUB I (14-T007) (OTHER) 1	SUB II (14-S007) (OTHER) 1	SUB III 1	SUB IV 1	NF I 1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT						
34	EXCESS OF REASONABLE COST	13399681	48378	1708809			34
35	SUBTOTAL						35
36	COINSURANCE						36
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,						37
38	REIMBURSABLE BAD DEBTS						38
38.01	REDUCED REIMBURSABLE BAD DEBTS						38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)						38.02
39	UTILIZATION REVIEW						39
40	SUBTOTAL						40
41	INPATIENT ROUTINE SERVICE COST						41
42	MEDICARE INPATIENT ROUTINE CHARGES						42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)						44
45	RATIO OF LINE 43 TO LINE 44						45
46	TOTAL CUSTOMARY CHARGES						46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM UTILIZATION						49
50	OTHER ADJUSTMENTS						50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS						51
52	SUBTOTAL						52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT						53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS						54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER						55
56	SEQUESTRATION ADJUSTMENT						56
57	INTERIM PAYMENTS						57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						57.01
58	BALANCE DUE PROVIDER/PROGRAM						58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2)						59

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	22515000			1
2	TEMPORARY INVESTMENTS	1509000			2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	56083000			4
5	OTHER RECEIVABLES	2682000			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	6890000			7
8	PREPAID EXPENSES	7344000			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS	473000			10
11	TOTAL CURRENT ASSETS	97496000			11
FIXED ASSETS					
12	LAND	248558000			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				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT				16
16.01	ACCUMULATED DEPRECIATION				16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT				18
18.01	ACCUMULATED DEPRECIATION				18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	248558000			21
OTHER ASSETS					
22	INVESTMENTS				22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	3692000			25
26	TOTAL OTHER ASSETS	3692000			26
27	TOTAL ASSETS	349746000			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	26439000			28
29	SALARIES, WAGES & FEES PAYABLE				29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)				31
32	DEFERRED INCOME	6222000			32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS	4807000			34
35	OTHER CURRENT LIABILITIES	37384000			35
36	TOTAL CURRENT LIABILITIES	74852000			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE				38
39	UNSECURED LOANS				39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41	OTHER LONG TERM LIABILITIES	4191000			41
42	TOTAL LONG TERM LIABILITIES	4191000			42
43	TOTAL LIABILITIES	79043000			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	270703000			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	270703000			51
52	TOTAL LIABILITIES AND FUND BALANCES	349746000			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	254023568			1
2 NET INCOME (LOSS)	15303651			2
3 TOTAL	269327219			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 TRANSFERS FROM CORPORATE	1375781			5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS	1375781			10
11 SUBTOTAL	270703000			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13				13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	270703000			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	175088420		175088420	2
2.01 SUBPROVIDER I				2.01
4 SUBPROVIDER II				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
TOTAL GENERAL INPATIENT CARE SERVICES	175088420		175088420	
10 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				10
11 INTENSIVE CARE UNIT				11
12 CORONARY CARE UNIT				12
13 BURN INTENSIVE CARE UNIT				13
14 SURGICAL INTENSIVE CARE UNIT				14
15 NEO NATAL INTENSIVE CARE				15
TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE				16
16 TOTAL INPATIENT ROUTINE CARE SERVICES	175088420		175088420	17
17 ANCILLARY SERVICES	721436777		721436777	18
18 OUTPATIENT SERVICES		626255063	626255063	19
19 HOME HEALTH AGENCY				20
20 AMBULANCE				21
21 CORF				22
22 ASC				23
23 HOSPICE				24
24 TOTAL PATIENT REVENUES	896525197	626255063	1522780260	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		353780976	26
27 ADD (SPECIFY)			27
28 BAD DEBTS	34338119		28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		34338119	33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		388119095	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	1522780260	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	1123562048	2
3	NET PATIENT REVENUES	399218212	3
4	LESS - TOTAL OPERATING EXPENSES	388119095	4
5	NET INCOME FROM SERVICE TO PATIENTS	11099117	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	491085	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	ASSETS RELEASED FROM RESTRICTIONS	251475	24
24.01	UNRESTRICTED CONTRIBUTIONS	168429	24.01
24.02	OTHER OPERATING REVENUE	3361992	24.02
24.03	MISC	-59121	24.03
24.04	MISC	234116	24.04
24.05	IMPAIRMENTS	-243442	24.05
25	TOTAL OTHER INCOME	4204534	25
26	TOTAL	15303651	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	15303651	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0007) (14-0007)	SUB I	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS				1
	CAPITAL FEDERAL AMOUNT				
2	CAPITAL DRG OTHER THAN OUTLIER	6505053			2
3	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997				3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997	439130			3.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT				
4	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI,LN.18]				4
4.01	NO. OF INTERNS & RESIDENTS [E,PT A,LN.3.17][x E-3,PT VI,LN.1]	0.00	0.00		4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE				4.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT				4.03
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS	0.0308			5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I	0.1723			5.01
5.02	SUM OF LINES 5 AND 5.01	0.2031			5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0420			5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	273212			5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	7217395			6
PART II - HOLD HARMLESS METHOD					
1	NEW CAPITAL				1
2	OLD CAPITAL				2
3	TOTAL CAPITAL				3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL				4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE				5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT				6
7	REDUCED OLD CAPITAL AMOUNT				7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL				8
9	SUBTOTAL				9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)				10
PART III - PAYMENT UNDER REASONABLE COST					
1	PROGRAM INPATIENT ROUTINE CAPITAL COST				1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST				2
3	TOTAL INPATIENT PROGRAM CAPITAL				3
4	CAPITAL COST PAYMENT FACTOR				4
5	TOTAL INPATIENT PROGRAM CAPITAL COST				5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1	PROGRAM INPATIENT CAPITAL COSTS				1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES				2
3	NET PROGRAM INPATIENT CAPITAL COSTS				3
4	APPLICABLE EXCEPTION PERCENTAGE				4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS				5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES				6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES				7
8	CAPITAL MINIMUM PAYMENT LEVEL				8
9	CURRENT YEAR CAPITAL PAYMENTS				9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS				10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT				11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS				12
13	CURRENT YEAR EXCEPTION PAYMENT				13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD				14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)				15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)				16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT				17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES					22
23 I&R SERVICES-OTHER PRGM COSTS					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
27 CORONARY CARE UNIT					27
29 SURGICAL INTENSIVE CARE UNIT					29
30 NEO NATAL INTENSIVE CARE					30
31 SUBPROVIDER I					31
31.01 SUBPROVIDER II					31.01
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN C					46.30
47 BLOOD STORING, PROCESSING & TR					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PA					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
59 OTHER					59
59.10 OP PSYCH					59.10
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
OTHER REIMBURSABLE COST CENTERS					
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
98.01 OTHER NRCC					98.01
100 OTHER NON-REIMBURSABLE					100
100.01 SHARED SERVICES					100.01

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	4A	25	26	27	
100.02 CASE MANAGEMENT						100.02
100.04 OUTPATIENT PHARMACY						100.04
100.05 PRIMARY CARE PHYSICIAN						100.05
100.06 PATIENT SITTERS						100.06
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL						103
104 TOTAL STATISTICAL BASIS						104
105 UNIT COST MULTIPLIER						105
105 UNIT COST MULTIPLIER						105

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	47.55		12.62				60.17 25
26 INTENSIVE CARE UNIT	50.92		6.01				56.93 26
29 SURGICAL INTENSIVE CARE UNIT	53.14						53.14 29
33 NURSERY			49.21				49.21 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	28.54	11.90					40.44 37
41 RADIOLOGY-DIAGNOSTIC	18.83	15.64					34.47 41
44 LABORATORY	32.29	1.83					34.12 44
49 RESPIRATORY THERAPY	50.40	2.31					52.71 49
50 PHYSICAL THERAPY	19.89	3.05					22.94 50
53 ELECTROCARDIOLOGY	28.46	17.54					46.00 53
54 ELECTROENCEPHALOGRAPHY	29.94	17.65					47.59 54
55 MEDICAL SUPPLIES CHARGED TO PAT	35.24	8.34					43.58 55
55.30 IMPL. DEV. CHARGED TO PATIENT	32.38	9.02					41.40 55.30
56 DRUGS CHARGED TO PATIENTS	39.68	6.71					46.39 56
59 OTHER		31.13					31.13 59
59.10 OP PSYCH		1.19					1.19 59.10
59.97 CARDIAC REHABILITATION	0.80	35.09					35.89 59.97
61 EMERGENCY	13.96	8.85					22.81 61
62 OBSERVATION BEDS (NON-DISTINCT		23.38					23.38 62
101 TOTAL CHARGES	23.43	8.72					32.15 101

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

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31 SUBPROVIDER I	75.80		0.87				76.67 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.02						0.02 37
41 RADIOLOGY-DIAGNOSTIC	0.17						0.17 41
44 LABORATORY	0.82						0.82 44
49 RESPIRATORY THERAPY	1.41	0.01					1.42 49
50 PHYSICAL THERAPY	15.73						15.73 50
53 ELECTROCARDIOLOGY	0.34						0.34 53
54 ELECTROENCEPHALOGRAPHY	0.29						0.29 54
55 MEDICAL SUPPLIES CHARGED TO PAT	0.67						0.67 55
55.30 IMPL. DEV. CHARGED TO PATIENT	0.16						0.16 55.30
56 DRUGS CHARGED TO PATIENTS	1.34						1.34 56
101 TOTAL CHARGES	0.80						0.80 101

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

SUBPROVIDER II

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31.01 SUBPROVIDER II	34.38		27.67				62.05 31.01
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.03						0.03 37
41 RADIOLOGY-DIAGNOSTIC	0.06						0.06 41
44 LABORATORY	0.38						0.38 44
49 RESPIRATORY THERAPY	0.23						0.23 49
50 PHYSICAL THERAPY	0.04						0.04 50
53 ELECTROCARDIOLOGY	0.05						0.05 53
54 ELECTROENCEPHALOGRAPHY	0.08						0.08 54
55 MEDICAL SUPPLIES CHARGED TO PAT	0.01						0.01 55
56 DRUGS CHARGED TO PATIENTS	0.41						0.41 56
61 EMERGENCY	0.37						0.37 61
101 TOTAL CHARGES	0.15						0.15 101

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---			
	AMOUNT	%	AMOUNT	%	AMOUNT	%		
GENERAL SERVICE COST CENTERS								
1	OLD CAP REL COSTS-BLDG & FIXT						1	
2	OLD CAP REL COSTS-MVBLE EQUIP						2	
3	NEW CAP REL COSTS-BLDG & FIXT	19553319	5.81	-19553319	-10.77		3	
4	NEW CAP REL COSTS-MVBLE EQUIP	15403308	4.58	-15403308	-8.49		4	
5	EMPLOYEE BENEFITS	39100339	11.62	-39100339	-21.55		5	
6	ADMINISTRATIVE & GENERAL	53617318	15.93	-53617318	-29.54		6	
7	MAINTENANCE & REPAIRS						7	
8	OPERATION OF PLANT	12697434	3.77	-12697434	-7.00		8	
9	LAUNDRY & LINEN SERVICE	1257619	.37	-1257619	-.69		9	
10	HOUSEKEEPING	4172276	1.24	-4172276	-2.30		10	
11	DIETARY	2275256	.68	-2275256	-1.25		11	
12	CAFETERIA	2065147	.61	-2065147	-1.14		12	
13	MAINTENANCE OF PERSONNEL						13	
14	NURSING ADMINISTRATION	4537876	1.35	-4537876	-2.50		14	
15	CENTRAL SERVICES & SUPPLY	2819756	.84	-2819756	-1.55		15	
16	PHARMACY	19320388	5.74	-19320388	-10.65		16	
17	MEDICAL RECORDS & LIBRARY	4659640	1.38	-4659640	-2.57		17	
18	SOCIAL SERVICE						18	
20	NONPHYSICIAN ANESTHETISTS						20	
21	NURSING SCHOOL						21	
22	I&R SERVICES-SALARY & FRINGES A						22	
23	I&R SERVICES-OTHER PRGM COSTS A						23	
24	PARAMED ED PRGM-(SPECIFY)						24	
INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	33901505	10.07	51136090	28.18	85037595	25.27	25
26	INTENSIVE CARE UNIT	6763521	2.01	7803873	4.30	14567394	4.33	26
27	CORONARY CARE UNIT							27
29	SURGICAL INTENSIVE CARE UNIT	4797298	1.43	5556087	3.06	10353385	3.08	29
30	NEO NATAL INTENSIVE CARE							30
31	SUBPROVIDER I	2085653	.62	3445581	1.90	5531234	1.64	31
31.01	SUBPROVIDER II	2053393	.61	4122926	2.27	6176319	1.84	31.01
33	NURSERY	1626326	.48	2019283	1.11	3645609	1.08	33
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	10189817	3.03	13367706	7.37	23557523	7.00	37
38	RECOVERY ROOM							38
39	DELIVERY ROOM & LABOR ROOM							39
40	ANESTHESIOLOGY							40
41	RADIOLOGY-DIAGNOSTIC	12195284	3.62	17401402	9.59	29596686	8.79	41
42	RADIOLOGY-THERAPEUTIC							42
43	RADIOISOTOPE							43
44	LABORATORY	11331576	3.37	4669067	2.57	16000643	4.75	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
47	BLOOD STORING, PROCESSING & TRA							47
49	RESPIRATORY THERAPY	2668487	.79	2060000	1.14	4728487	1.40	49
50	PHYSICAL THERAPY	8034808	2.39	5285787	2.91	13320595	3.96	50
51	OCCUPATIONAL THERAPY							51

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY	3637450	1.08	5928486	3.27	9565936	2.84	53
54 ELECTROENCEPHALOGRAPHY	361700	.11	582154	.32	943854	.28	54
55 MEDICAL SUPPLIES CHARGED TO PAT	17664901	5.25	10616269	5.85	28281170	8.40	55
55.30 IMPL. DEV. CHARGED TO PATIENT	20890319	6.21	5322994	2.93	26213313	7.79	55.30
56 DRUGS CHARGED TO PATIENTS			26422165	14.56	26422165	7.85	56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59 OTHER	4418916	1.31	3371560	1.86	7790476	2.31	59
59.10 OP PSYCH	359648	.11	279894	.15	639542	.19	59.10
59.97 CARDIAC REHABILITATION	545275	.16	767244	.42	1312519	.39	59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
60 CLINIC							60
61 EMERGENCY	8055128	2.39	8947321	4.93	17002449	5.05	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS OUTPATIENT SERVICE COST CENTERS							62
71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS							71
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
NONREIMBURSABLE COST CENTERS							
98.01 OTHER NRCC	3512020	1.04	2373787	1.31	5885807	1.75	98.01
100 OTHER NON-REIMBURSABLE							100
100.01 SHARED SERVICES							100.01
100.02 CASE MANAGEMENT							100.02
100.04 OUTPATIENT PHARMACY							100.04
100.05 PRIMARY CARE PHYSICIAN							100.05
100.06 PATIENT SITTEES							100.06
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	336572701	100.00	0	.00	336572701	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	4148787	113992624	.036395	32531890	1183998	37
38 RECOVERY ROOM						38
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC	7242369	295685995	.024493	55686641	1363933	41
42 RADIOLOGY-THERAPEUTIC						42
43 RADIOISOTOPE						43
44 LABORATORY	733228	208289080	.003520	67265990	236776	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA						47
49 RESPIRATORY THERAPY	288406	29820913	.009671	15029480	145350	49
50 PHYSICAL THERAPY	1470286	38582150	.038108	7674832	292472	50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY	2366487	87637903	.027003	24943728	673555	53
54 ELECTROENCEPHALOGRAPHY	173744	5064447	.034307	1516187	52016	54
55 MEDICAL SUPPLIES CHARGED TO PAT	1669284	112324769	.014861	39584664	588268	55
55.30 IMPL. DEV. CHARGED TO PATIENT	493995	96672826	.005110	31298596	159936	55.30
56 DRUGS CHARGED TO PATIENTS	1707753	159061784	.010736	63121735	677675	56
57 RENAL DIALYSIS						57
58 ASC (NON-DISTINCT PART)						58
59 OTHER	231229	20619919	.011214			59
59.10 OP PSYCH	22005	1385408	.015883			59.10
59.97 CARDIAC REHABILITATION	215560	1868483	.115366	14959	1726	59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
61 EMERGENCY	1560226	117865817	.013237	16457841	217852	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	1245320	17553762	.070943			62
101 TOTAL	23568679	1306425880		355126543	5593557	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT		PATIENT			INPATIENT
	COSTS	AMOUNT	COST	DAYS	DIEM	PROGRAM	PPS CAPITAL
	1	2	3	4	5	6	7
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	10630985		10630985	90993	116.83	43268	5055000 25
26 INTENSIVE CARE UNIT	1527921		1527921	6867	222.50	3497	778083 26
27 CORONARY CARE UNIT							27
29 SURGICAL INTENSIVE CARE UNIT	1114708		1114708	5724	194.74	3042	592399 29
30 NEO NATAL INTENSIVE CARE							30
101 TOTAL	13273614		13273614			49807	6425482 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS						6425482	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS						5593557	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS						12019039	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)						10026	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)						49807	
PER DISCHARGE CAPITAL COSTS						1198.79	
PER DIEM CAPITAL COSTS						241.31	

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	98245656
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	445969399
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.220

COST TO CHARGE RATIO FOR REHAB SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	7161663
2. TOTAL MEDICARE CHARGES [(WKST D-1 PART II LINE 41 DIVIDED BY (WKST C PART I LINE 31 COLUMN 3 DIVIDED BY COLUMN 6)] PLUS WKST D-4 COLUMN 2 LINE 103	18163368
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.394

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	2408169
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31.01 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	5150097
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.468

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8)	12019039
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.027

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	22899776
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	130933211
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.175