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

WORKSHEET S
PARTS I & II

INTERMEDIARY USE ONLY: [ ] AUDITED [ ] DESK REVIEWED

DATE RECEIVED _____ [ ] INITIAL [ ] RE-OPENING
INTERMEDIARY NO. _____ [ ] FINAL [ ] MCR CODE

PART I - CERTIFICATION

CHECK APPLICABLE BOX

XX ELECTRONICALLY FILED COST REPORT
__ MANUALLY SUBMITTED COST REPORT

DATE: 02/24/2011
TIME: 09:04

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 ST. MARY MEDICAL CENTER (14-0064) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2009 AND ENDING 09/30/2010, 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.

ECR Encryption: 02/24/2011 09:04
ygCvhUtb7E82.1bMOwQTJU8ZVjGbJ0
71ZcH02YOCNJKNt0MtJhAyimVwhqur
g5xe0CRVN:0FP6CR

PI Encryption: 02/24/2011 09:04
XbWWgFpD:2p:hgif33izeAEx6AvZh0
1gmtn0FJ9mXQoz1wXV7vhV:Hu8M8c7
kSYL76k3Nf0NZXMS

(SIGNED) [signature]
OFFICER OR ADMINISTRATOR OF PROVIDER(S)

Senior Vice President, CFO
TITLE

2/24/11
DATE

PART II - SETTLEMENT SUMMARY

| | | TITLE V | TITLE XVIII PART A | TITLE XVIII PART B | TITLE XIX | |
|---|---|---|---|---|---|---|
| | | 1 | 2 | 3 | 4 | |
| 1 | HOSPITAL | | 682178 | -37458 | | 1 |
| 2 | SUBPROVIDER I | | | | | 2 |
| 3 | SWING BED - SNF | | | | | 3 |
| 4 | SWING BED - NF | | | | | 4 |
| 5 | SKILLED NURSING FACILITY | | | | | 5 |
| 6 | NURSING FACILITY | | | | | 6 |
| 7 | HOME HEALTH AGENCY | | | | | 7 |
| 8 | OUTPATIENT REHABILITATION PROVIDER | | | | | 8 |
| 9 | HEALTH CLINIC | | | | | 9 |
| 100 | TOTAL | | 682178 | -37458 | | 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: 3333 N. SEMINARY P.O.BOX: 1
1.01 CITY: GALESBURG STATE: IL ZIP CODE: 61401 COUNTY: KNOX 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 | ST. MARY MEDICAL CENTER | 14-0064 | 07/01/1966 | N | P | O | 2 |
| 3 | SUBPROVIDER I | | | | | | | 3 |
| 4 | SWING BEDS - SNF | | | | | | | 4 |
| 5 | SWING BEDS - NF | | | | | | | 5 |
| 6 | HOSPITAL-BASED SNF | | | | | | | 6 |
| 7 | HOSPITAL-BASED NF | | | | | | | 7 |
| 8 | HOSPITAL-BASED OLTC | | | | | | | 8 |
| 9 | HOSPITAL-BASED HHA | | | | | | | 9 |
| 11 | SEPARATELY CERTIFIED ASC | | | | | | | 11 |
| 12 | HOSPITAL-BASED HOSPICE | | | | | | | 12 |
| 14 | HOSP-BASED RHC | | | | | | | 14 |
| 15 | OUTPATIENT REHABILITATION PROVID | | | | | | | 15 |
| 16 | RENAL DIALYSIS | | | | | | | 16 |

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 10/01/2009 TO: 09/30/2010 17
1 2

18 TYPE OF CONTROL 1 18

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1 19
20 SUBPROVIDER I 20

OTHER INFORMATION

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

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? 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. 2 Y Y 21.03

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

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

21.06 DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO. 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). NO NO 21.07
IS THIS AN SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121?
ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS).

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? NO 22

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW NO 23

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COl. 3. 23.01

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.02

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.03

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.04

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. 23.05

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.06

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.07

24 IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3. 24

24.01 IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3. 24.01

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) | | | 25.05 |
| 25.06 | HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) | | | 25.06 |
| 26 | IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. | | | 26 |
| 26.01 | ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING: | | | 26.01 |
| 26.03 | IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA. | | | 26.03 |
| 26.04 | IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING: | | | 26.04 |
| 27 | DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2. | NO | | 27 |
| 28 | IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02. | | | 28 |
| 28.01 | IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st | | | 28.01 |
| 28.02 | ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) If YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY. | | | 28.02 |
| | A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS) | | | |
| 28.03 | STAFFING | 0.00 | 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 |

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

MISCELLANEOUS COST REPORTING INFORMATION

| | | | |
|---|---|---|---|
| 32 | IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2. | NO | 32 |
| 33 | IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2. | NO | 33 |
| 34 | IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA? | NO | 34 |
| 35 | HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? | NO | 35 |

PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL

| | | V | XVIII | XIX | |
|---|---|---|---|---|---|
| | | 1 | 2 | 3 | |
| 36 | DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? | NO | YES | NO | 36 |
| 36.01 | DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320? | NO | NO | NO | 36.01 |
| 37 | DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? | NO | NO | NO | 37 |
| 37.01 | IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE? | | | | 37.01 |

TITLE XIX INPATIENT HOSPITAL SERVICES

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

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

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

| | | | |
|---|---|---|---|
| 52 | DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? | NO | 52 |
| 52.01 | IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV. | NO | 52.01 |
| 53 | IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. | 1 | 53 |
| 53.01 | MDH PERIOD: BEGINNING: 10/01/2009 ENDING: 09/30/2010 | | 53.01 |
| 54 | LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: PAID LOSSES: AND/OR SELF INSURANCE: 268080 | | 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 |

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

| | | DATE 0 | Y/N 1 | LIMIT 2 | Y/N 3 | FEES 4 | |
|---|---|---|---|---|---|---|---|
| 56 | ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. | / / | NO | 0.00 | NO | | 56 |
| 57 | ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? | | NO | | | | 57 |
| 58 | ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. | | NO | | | | 58 |
| 58.01 | IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS) | | | | | | 58.01 |
| 59 | ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS) | | NO | | | | 59 |
| 60 | ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS) | | NO | | | | 60 |
| 60.01 | IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.) | | | | | | 60.01 |

MULTICAMPUS

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 61 | DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5. | | NO | | | | 61 |
| | | COUNTY: 1 | STATE: 2 | ZIP CODE 3 | CBSA 4 | FTE/ CAMPUS 5 | |

SETTLEMENT DATA

| | | | | | |
|---|---|---|---|---|---|
| 63 | WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy) | YES | 12/10/2010 | | 63 |

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I

| | COMPONENT | NO. OF BEDS 1 | BED DAYS AVAILABLE 2 | CAH PATIENT HOURS 2.01 | I/P DAYS / O/P VISITS / TRIPS: TITLE V 3 | TITLE XVIII 4 | LTCH NONCOVERED DAYS 4.01 | TITLE XIX 5 | OBS. BEDS ADMITTED 5.01 | |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | HOSPITAL ADULTS & PEDS, EXCL SWING BED, OBSERV & HOSPICE DAYS | 90 | 32850 | | | 7984 | | 1518 | | 1 |
| 2 | HMO | | | | | 1701 | | | | 2 |
| 3 | HOSPITAL ADULTS & PEDS - SWING BED SNF | | | | | | | | | 3 |
| 4 | HOSPITAL ADULTS & PEDS - SWING BED NF | | | | | | | | | 4 |
| 5 | TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS | 90 | 32850 | | | 7984 | | 1518 | | 5 |
| 6 | INTENSIVE CARE UNIT | 9 | 3285 | | | 1155 | | 167 | | 6 |
| 7 | CORONARY CARE UNIT | | | | | | | | | 7 |
| 8 | BURN INTENSIVE CARE UNIT | | | | | | | | | 8 |
| 9 | SURGICAL INTENSIVE CARE UNIT | | | | | | | | | 9 |
| 10 | OTHER SPECIAL CARE (SPECIFY) | | | | | | | | | 10 |
| 11 | NURSERY | | | | | | | 428 | | 11 |
| 12 | TOTAL HOSPITAL | 99 | 36135 | | | 9139 | | 2113 | | 12 |
| 13 | RPCH VISITS | | | | | | | | | 13 |
| 14 | SUBPROVIDER I | | | | | | | | | 14 |
| 15 | SKILLED NURSING FACILITY | | | | | | | | | 15 |
| 16 | NURSING FACILITY | | | | | | | | | 16 |
| 17 | OTHER LONG TERM CARE | | | | | | | | | 17 |
| 18 | HOME HEALTH AGENCY | | | | | | | | | 18 |
| 20 | ASC (DISTINCT PART) | | | | | | | | | 20 |
| 21 | HOSPICE (DISTINCT PART) | | | | | | | | | 21 |
| 23 | O/P REHAB PROVIDER | | | | | | | | | 23 |
| 24 | RHC I | | | | | | | | | 24 |
| 25 | TOTAL | 99 | | | | | | | | 25 |
| 26 | OBSERVATION BED DAYS | | | | | | | 204 | | 26 |
| 27 | AMBULANCE TRIPS | | | | | | | | | 27 |
| 28 | EMPLOYEE DISCOUNT DAYS | | | | | | | | | 28 |
| 29 | LABOR & DELIVERY DAYS | | | | | | | | | 29 |

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I
(CONTINUED)

| | COMPONENT | -----I/P DAYS / O/P VISITS / TRIPS---- OBS. BEDS NOT ADMITTED 5.02 | TOTAL ALL PATIENTS 6 | OBS. BEDS ADMITTED 6.01 | OBS. BEDS NOT ADMITTED 6.02 | ---INTERNS & RES FTES---- TOTAL 7 | LESS I&R REPL NON-PHYS ANES 8 | NET 9 | --FULL TIME EQUIV-- EMPLOYEES ON PAYROLL 10 | NONPAID WORKERS 11 | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS | | 13700 | | | | | | | | 1 |
| 2 | HMO XIX | | | | | | | | | | 2 |
| 3 | HOSPITAL ADULTS & PEDS - SWING BED SNF | | | | | | | | | | 3 |
| 4 | HOSPITAL ADULTS & PEDS - SWING BED NF | | | | | | | | | | 4 |
| 5 | TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS | | 13700 | | | | | | | | 5 |
| 6 | INTENSIVE CARE UNIT | | 1956 | | | | | | | | 6 |
| 7 | CORONARY CARE UNIT | | | | | | | | | | 7 |
| 8 | BURN INTENSIVE CARE UNIT | | | | | | | | | | 8 |
| 9 | SURGICAL INTENSIVE CARE UNIT | | | | | | | | | | 9 |
| 10 | OTHER SPECIAL CARE (SPECIFY) | | | | | | | | | | 10 |
| 11 | NURSERY | | 592 | | | | | | | | 11 |
| 12 | TOTAL HOSPITAL | | 16248 | | | | | | 562.70 | 2.00 | 12 |
| 13 | RPCH VISITS | | | | | | | | | | 13 |
| 14 | SUBPROVIDER I | | | | | | | | | | 14 |
| 15 | SKILLED NURSING FACILITY | | | | | | | | | | 15 |
| 16 | NURSING FACILITY | | | | | | | | | | 16 |
| 17 | OTHER LONG TERM CARE | | | | | | | | | | 17 |
| 18 | HOME HEALTH AGENCY | | | | | | | | | | 18 |
| 20 | ASC (DISTINCT PART) | | | | | | | | | | 20 |
| 21 | HOSPICE (DISTINCT PART) | | | | | | | | | | 21 |
| 23 | O/P REHAB PROVIDER | | | | | | | | | | 23 |
| 24 | RHC I | | | | | | | | | | 24 |
| 25 | TOTAL | | | | | | | | 562.70 | 2.00 | 25 |
| 26 | OBSERVATION BED DAYS | | 1484 | | | | | | | | 26 |
| 27 | AMBULANCE TRIPS | | | | | | | | | | 27 |
| 28 | EMPLOYEE DISCOUNT DAYS | | | | | | | | | | 28 |
| 29 | LABOR & DELIVERY DAYS | | | | | | | | | | 29 |

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I
(CONTINUED)

| | COMPONENT | DISCHARGES TITLE V 12 | TITLE XVIII 13 | TITLE XIX 14 | TOTAL ALL PATIENTS 15 | |
|---|---|---|---|---|---|---|
| 1 | HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS | | 2007 | 499 | 3956 | 1 |
| 2 | HMO XIX | | | | | 2 |
| 3 | HOSPITAL ADULTS & PEDS - SWING BED SNF | | | | | 3 |
| 4 | HOSPITAL ADULTS & PEDS - SWING BED NF | | | | | 4 |
| 5 | TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS | | | | | 5 |
| 6 | INTENSIVE CARE UNIT | | | | | 6 |
| 7 | CORONARY CARE UNIT | | | | | 7 |
| 8 | BURN INTENSIVE CARE UNIT | | | | | 8 |
| 9 | SURGICAL INTENSIVE CARE UNIT | | | | | 9 |
| 10 | OTHER SPECIAL CARE (SPECIFY) | | | | | 10 |
| 11 | NURSERY | | | | | 11 |
| 12 | TOTAL HOSPITAL | | 2007 | 499 | 3956 | 12 |
| 13 | RPCH VISITS | | | | | 13 |
| 14 | SUBPROVIDER I | | | | | 14 |
| 15 | SKILLED NURSING FACILITY | | | | | 15 |
| 16 | NURSING FACILITY | | | | | 16 |
| 17 | OTHER LONG TERM CARE | | | | | 17 |
| 18 | HOME HEALTH AGENCY | | | | | 18 |
| 20 | ASC (DISTINCT PART) | | | | | 20 |
| 21 | HOSPICE (DISTINCT PART) | | | | | 21 |
| 23 | O/P REHAB PROVIDER | | | | | 23 |
| 24 | RHC I | | | | | 24 |
| 25 | TOTAL | | | | | 25 |
| 26 | OBSERVATION BED DAYS | | | | | 26 |
| 27 | AMBULANCE TRIPS | | | | | 27 |
| 28 | EMPLOYEE DISCOUNT DAYS | | | | | 28 |

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PART II

| | PART II - WAGE DATA | AMOUNT REPORTED | RECLASS. OF SALARIES FROM WKST. A-6 | ADJUSTED SALARIES (COL.1 + COL.2) | PAID HOURS RELATED TO SALARY IN COL.3 | AVERAGE HOURLY WAGE (COL.3 / COL.4) | DATA SOURCE | |
|---|---|---|---|---|---|---|---|---|
| | SALARIES | 1 | 2 | 3 | 4 | 5 | 6 | |
| 1 | TOTAL SALARIES | 31139739 | 176617 | 31316356 | 1200217.82 | 26.09 | | 1 |
| 2 | NON-PHYSICIAN ANESTHETIST PART A | | | | | | | 2 |
| 3 | NON-PHYSICIAN ANESTHETIST PART B | 1525632 | | 1525632 | 15990.71 | 95.41 | | 3 |
| 4 | PHYSICIAN - PART A | 507421 | | 507421 | 2602.37 | 194.98 | | 4 |
| 4.01 | TEACHING PHYSICIAN SALARIES | | | | | | | 4.01 |
| 5 | PHYSICIAN - PART B | 2163217 | | 2163217 | 11094.32 | 194.98 | | 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 | 3540965 | 308879 | 3849844 | 88026.72 | 43.73 | | 8.01 |
| | OTHER WAGES & RELATED COSTS | | | | | | | |
| 9 | CONTRACT LABOR | 71098 | | 71098 | 2191.00 | 32.45 | | 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 | 177200 | | 177200 | 6736.00 | 26.31 | | 10 |
| 10.01 | TEACHING PHYSICIAN UNDER CONTRACT | | | | | | | 10.01 |
| 11 | HOME OFFICE SALARIES & WAGE REL COSTS | 3056938 | | 3056938 | 49034.00 | 62.34 | | 11 |
| 12 | HOME OFFICE: PHYSICIAN PART A | | | | | | | 12 |
| 12.01 | TEACHING PHYSICIAN SALARIES | | | | | | | 12.01 |
| | WAGE-RELATED COSTS | | | | | | | |
| 13 | WAGE RELATED COSTS (CORE) | 8090427 | | 8090427 | | | CMS 339 | 13 |
| 14 | WAGE RELATED COSTS (OTHER) | | | | | | CMS 339 | 14 |
| 15 | EXCLUDED AREAS | 906398 | | 906398 | | | CMS 339 | 15 |
| 16 | NON-PHYSICIAN ANESTHETIST PART A | | | | | | CMS 339 | 16 |
| 17 | NON-PHYSICIAN ANESTHETIST PART B | 297915 | | 297915 | | | CMS 339 | 17 |
| 18 | PHYSICIAN PART A | 78563 | | 78563 | | | CMS 339 | 18 |
| 18.01 | PART A TEACHING PHYSICIANS | | | | | | CMS 339 | 18.01 |
| 19 | PHYSICIAN PART B | 334928 | | 334928 | | | CMS 339 | 19 |
| 19.01 | WAGE RELATED COSTS (RHC/FQHC) | | | | | | | 19.01 |
| 20 | INTERNS & RESIDENTS (IN APPR PGM) | | | | | | CMS 339 | 20 |
| | OVERHEAD COSTS - DIRECT SALARIES | | | | | | | |
| 21 | EMPLOYEE BENEFITS | 550632 | -550632 | | | | | 21 |
| 22 | ADMINISTRATIVE & GENERAL | 3508152 | 403810 | 3911962 | 161388.45 | 24.24 | | 22 |
| 22.01 | ADMINISTRATIVE & GENERAL UNDER CONTACT | 246290 | | 246290 | 1770.30 | 139.12 | | 22.01 |
| 23 | MAINTENANCE & REPAIRS | 548429 | 7000 | 555429 | 30209.35 | 18.39 | | 23 |
| 24 | OPERATION OF PLANT | 90560 | 1400 | 91960 | 3628.45 | 25.34 | | 24 |
| 25 | LAUNDRY & LINEN SERVICE | | | | | | | 25 |
| 26 | HOUSEKEEPING | 573165 | | 573165 | 58907.71 | 9.73 | | 26 |
| 26.01 | HOUSEKEEPING UNDER CONTRACT | | | | | | | 26.01 |
| 27 | DIETARY | 598473 | -451280 | 147193 | 12499.19 | 11.78 | | 27 |
| 27.01 | DIETARY UNDER CONTRACT | | | | | | | 27.01 |
| 28 | CAFETERIA | | 359470 | 359470 | 30528.52 | 11.77 | | 28 |
| 29 | MAINTENANCE OF PERSONNEL | | | | | | | 29 |
| 30 | NURSING ADMINISTRATION | 554500 | 9100 | 563600 | 18669.92 | 30.19 | | 30 |
| 31 | CENTRAL SERVICES AND SUPPLY | 104949 | 1500 | 106449 | 7834.13 | 13.59 | | 31 |
| 32 | PHARMACY | | | | | | | 32 |
| 33 | MEDICAL RECORDS & MEDICAL RECORDS LIBR | 674266 | 11850 | 686116 | 46416.27 | 14.78 | | 33 |
| 34 | SOCIAL SERVICE | 82108 | 13350 | 95458 | 4260.18 | 22.41 | | 34 |
| 35 | OTHER GENERAL SERVICE | | | | | | | 35 |

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PART III

| | PART III - HOSPITAL WAGE INDEX SUMMARY | AMOUNT REPORTED | RECLASS. OF SALARIES FROM WKST. A-6 | ADJUSTED SALARIES (COL.1 + COL.2) | PAID HOURS RELATED TO SALARY IN COL.3 | AVERAGE HOURLY WAGE (COL.3 / COL.4) | |
|---|---|---|---|---|---|---|---|
| | | 1 | 2 | 3 | 4 | 5 | |
| 1 | NET SALARIES | 27697180 | 176617 | 27873797 | 1174903.09 | 23.72 | 1 |
| 2 | EXCLUDED AREA SALARIES | 3540965 | 308879 | 3849844 | 88026.72 | 43.73 | 2 |
| 3 | SUBTOTAL SALARIES (LINE 1 MINUS LINE 2) | 24156215 | -132262 | 24023953 | 1086876.37 | 22.10 | 3 |
| 4 | SUBTOTAL OTHER WAGES & REL COSTS | 3305236 | | 3305236 | 57961.00 | 57.03 | 4 |
| 5 | SUBTOTAL WAGE-RELATED COSTS | 8168990 | | 8168990 | | 34.00% | 5 |
| 6 | TOTAL (SUM OF LINES 3 THRU 5) | 35630441 | -132262 | 35498179 | 1144837.37 | 31.01 | 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 | 7531524 | -194432 | 7337092 | 376112.47 | 19.51 | 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 | 20908035 | 17 |
| 17.01 | GROSS MEDICAID REVENUES | 28758683 | 17.01 |
| 18 | REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS | | 18 |
| 19 | REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS) | | 19 |
| 20 | RESTRICTED GRANTS | | 20 |
| 21 | NON-RESTRICTED GRANTS | | 21 |
| 22 | TOTAL GROSS UNCOMPENSATED CARE REVENUES | 49666718 | 22 |
| 23 | TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS | | 23 |
| 24 | COST TO CHARGE RATIO | 0.258710 | 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 | 28758683 | 28 |
| 29 | TOTAL GROSS MEDICAID COST | 7440159 | 29 |
| 30 | OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS) | 20908035 | 30 |
| 31 | UNCOMPENSATED CARE COST | 5409118 | 31 |
| 32 | TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL | 7440159 | 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 | | 1117529 | 1117529 | 7789 | 1125318 | | 1125318 | 3 |
| 4 | 0400 | NEW CAP REL COSTS-MVBLE EQUIP | | 1683809 | 1683809 | 38717 | 1722526 | | 1722526 | 4 |
| 5 | 0500 | EMPLOYEE BENEFITS | 550632 | 9832510 | 10383142 | -387806 | 9995336 | -731848 | 9263488 | 5 |
| 6 | 0600 | ADMINISTRATIVE & GENERAL | 3508152 | 9973736 | 13481888 | 362402 | 13844290 | -940296 | 12903994 | 6 |
| 7 | 0700 | MAINTENANCE & REPAIRS | 548429 | 787084 | 1335513 | 7000 | 1342513 | -6139 | 1336374 | 7 |
| 8 | 0800 | OPERATION OF PLANT | 90560 | 1125931 | 1216491 | 1400 | 1217891 | -16251 | 1201640 | 8 |
| 9 | 0900 | LAUNDRY & LINEN SERVICE | | 276340 | 276340 | | 276340 | | 276340 | 9 |
| 10 | 1000 | HOUSEKEEPING | 573165 | 204547 | 777712 | | 777712 | -52 | 777660 | 10 |
| 11 | 1100 | DIETARY | 598473 | 600806 | 1199279 | -907403 | 291876 | | 291876 | 11 |
| 12 | 1200 | CAFETERIA | | | | 712814 | 712814 | | 712814 | 12 |
| 13 | 1300 | MAINTENANCE OF PERSONNEL | | | | | | | | 13 |
| 14 | 1400 | NURSING ADMINISTRATION | 554500 | 39560 | 594060 | 9100 | 603160 | | 603160 | 14 |
| 15 | 1500 | CENTRAL SERVICES & SUPPLY | 104949 | 182870 | 287819 | 1500 | 289319 | | 289319 | 15 |
| 16 | 1600 | PHARMACY | | | | | | | | 16 |
| 17 | 1700 | MEDICAL RECORDS & LIBRARY | 674266 | 139472 | 813738 | 11850 | 825588 | -23823 | 801765 | 17 |
| 18 | 1800 | SOCIAL SERVICE | 82108 | 45368 | 127476 | 13350 | 140826 | | 140826 | 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 | 4299542 | 390414 | 4689956 | 47750 | 4737706 | -1093 | 4736613 | 25 |
| 26 | 2600 | INTENSIVE CARE UNIT | 943445 | 120286 | 1063731 | 8150 | 1071881 | | 1071881 | 26 |
| 33 | 3300 | NURSERY | 215151 | 23900 | 239051 | 2200 | 241251 | -283 | 240968 | 33 |
| | | ANCILLARY SERVICE COST CENTERS | | | | | | | | |
| 37 | 3700 | OPERATING ROOM | 1186132 | 4893184 | 6079316 | 14900 | 6094216 | -813 | 6093403 | 37 |
| 38 | 3800 | RECOVERY ROOM | 931344 | 111103 | 1042447 | 10650 | 1053097 | | 1053097 | 38 |
| 39 | 3900 | DELIVERY ROOM & LABOR ROOM | 544881 | 59917 | 604798 | 3300 | 608098 | | 608098 | 39 |
| 40 | 4000 | ANESTHESIOLOGY | 1556082 | 212787 | 1768869 | 5250 | 1774119 | -1525632 | 248487 | 40 |
| 41 | 4100 | RADIOLOGY-DIAGNOSTIC | 1204772 | 1047094 | 2251866 | 15400 | 2267266 | -37186 | 2230080 | 41 |
| 41.10 | 3230 | C.T.SCAN | 327922 | 1089763 | 1417685 | 3100 | 1420785 | -29986 | 1390799 | 41.10 |
| 41.20 | 3430 | M.R.I. | 216183 | 551470 | 767653 | 2250 | 769903 | -13124 | 756779 | 41.20 |
| 43 | 4300 | RADIOISOTOPE | 160736 | 387417 | 548153 | 1500 | 549653 | -3261 | 546392 | 43 |
| 44 | 4400 | LABORATORY | 1004154 | 1022329 | 2026483 | 11850 | 2038333 | -250 | 2038083 | 44 |
| 46.30 | 4650 | BLOOD CLOTTING FACTORS ADMIN CO | | | | | | | | 46.30 |
| 47 | 4700 | BLOOD STORING, PROCESSING & TRA | | 533576 | 533576 | | 533576 | | 533576 | 47 |
| 49 | 4900 | RESPIRATORY THERAPY | 622096 | 175229 | 797325 | -45818 | 751507 | -13000 | 738507 | 49 |
| 49.10 | 3620 | CARDIAC STRESS LAB | 356844 | 230307 | 587151 | 3500 | 590651 | -62084 | 528567 | 49.10 |
| 49.20 | 3160 | CARDIO PULMONARY REHAB | 226004 | 8033 | 234037 | -116419 | 117618 | | 117618 | 49.20 |
| 50 | 5000 | PHYSICAL THERAPY | 687699 | 50345 | 738044 | -51397 | 686647 | -3895 | 682752 | 50 |
| 51 | 5100 | OCCUPATIONAL THERAPY | 248058 | -10238 | 237820 | 42461 | 280281 | -735 | 279546 | 51 |
| 52 | 5200 | SPEECH PATHOLOGY | 110146 | 860 | 111006 | 19886 | 130892 | | 130892 | 52 |
| 53 | 5300 | ELECTROCARDIOLOGY | | 2000 | 2000 | | 2000 | | 2000 | 53 |
| 53.10 | 5301 | CARDIAC CATHETERIZATION | 92462 | 439136 | 531598 | 1000 | 532598 | -8436 | 524162 | 53.10 |
| 54 | 5400 | ELECTROENCEPHALOGRAPHY | 123421 | 23813 | 147234 | 55318 | 202552 | | 202552 | 54 |
| 56 | 5600 | DRUGS CHARGED TO PATIENTS | 876268 | 2943961 | 3820229 | 7650 | 3827879 | -6654 | 3821225 | 56 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | | | | | |
| 61 | 6100 | EMERGENCY | 4380198 | 487329 | 4867527 | 15650 | 4883177 | -2492877 | 2390300 | 61 |
| 62 | 6200 | OBSERVATION BEDS (NON-DISTINCT | | | | | | | | 62 |
| 63.50 | 6310 | RHC | | | | | | | | 63.50 |
| 63.60 | 6320 | FQHC | | | | | | | | 63.60 |
| | | OTHER REIMBURSABLE COST CENTERS | | | | | | | | |
| 69.10 | 6910 | CMHC | | | | | | | | 69.10 |
| 69.20 | 6920 | OPT | | | | | | | | 69.20 |
| 69.30 | 6930 | CMHC | | | | | | | | 69.30 |
| 69.40 | 6940 | OPT | | | | | | | | 69.40 |
| 71 | 7100 | HOME HEALTH AGENCY | | | | | | | | 71 |
| | | SPECIAL PURPOSE COST CENTERS | | | | | | | | |
| 85.01 | 8510 | PANCREAS ACQUISITION | | | | | | | | 85.01 |
| 85.02 | 8520 | INTESTINAL ACQUISITION | | | | | | | | 85.02 |
| 95 | | SUBTOTALS | 27598774 | 40803577 | 68402351 | -71156 | 68331195 | -5917718 | 62413477 | 95 |
| | | NONREIMBURSABLE COST CENTERS | | | | | | | | |
| 96 | 9600 | GIFT, FLOWER, COFFEE SHOP & CAN | 47986 | 77533 | 125519 | 1927 | 127446 | | 127446 | 96 |
| 98 | 9800 | PHYSICIANS' PRIVATE OFFICES | 2979222 | 5310070 | 8289292 | -268770 | 8020522 | | 8020522 | 98 |
| 99 | 9900 | NONPAID WORKERS | | 9680 | 9680 | 3918 | 13598 | | 13598 | 99 |
| 100 | 7950 | PRIVATE HOME CARE | | | | | | | | 100 |
| 100.01 | 7958 | NON-PATIENT DIETARY | | | | 207339 | 207339 | | 207339 | 100.01 |
| 100.10 | 7951 | AMBULANCE SERVICE | | 17744 | 17744 | | 17744 | | 17744 | 100.10 |
| 100.30 | 7952 | FUND DEVELOPMENT | 82958 | 39963 | 122921 | 1650 | 124571 | | 124571 | 100.30 |
| 100.40 | 7953 | DEV & PUBLIC RELATIONS | 47651 | 533835 | 581486 | 1000 | 582486 | | 582486 | 100.40 |
| 100.50 | 7954 | OCCUPATIONAL MED CLINIC | 383148 | 107804 | 490952 | 5173 | 496125 | | 496125 | 100.50 |

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 | |
|---|---|---|---|---|---|---|---|---|---|
| 100.60 7955 | FOUNDATION | | 58742 | 58742 | | 58742 | | 58742 | 100.60 |
| 100.70 7956 | SHARED SALARIES | | | | | | | | 100.70 |
| 100.80 7957 | FITNESS CENTER | | | | 118919 | 118919 | | 118919 | 100.80 |
| 101 | TOTAL | 31139739 | 46958948 | 78098687 | | 78098687 | -5917718 | 72180969 | 101 |

RECLASSIFICATIONS



| | EXPLANATION OF RECLASSIFICATION ENTRY | CODE | COST CENTER | INCREASE LINE # | SALARY | OTHER | |
|---|---|---|---|---|---|---|---|
| | | 1 | 2 | 3 | 4 | 5 | |
| 1 | CONVENT DEPRECIATION RECLASS | A | NONPAID WORKERS | 99 | | 3918 | 1 |
| 2 | | A | | | | | 2 |
| 3 | PHYSICIANS' FRIVATE PRACTICE | B | PHYSICIANS' PRIVATE OFFICES | 98 | | 1428 | 3 |
| 4 | | B | PHYSICIANS' PRIVATE OFFICES | 98 | | 3312 | 4 |
| 5 | | B | PHYSICIANS' PRIVATE OFFICES | 98 | | 3705 | 5 |
| 6 | | B | PHYSICIANS' PRIVATE OFFICES | 98 | | 6767 | 6 |
| 7 | | B | PHYSICIANS' PRIVATE OFFICES | 98 | | 634 | 7 |
| 8 | | B | | | | | 8 |
| 9 | DEPREC RECLASS | C | GIFT, FLOWER, COFFEE SHOP & C | 96 | | 77 | 9 |
| 10 | | C | OCCUPATIONAL MED CLINIC | 100.50 | | 1823 | 10 |
| 11 | | C | FUND DEVELOPMENT | 100.30 | | 150 | 11 |
| 12 | PROPERTY INSURANCE RECLASS | D | NEW CAP REL COSTS-BLDG & FIXT | 3 | | 26996 | 12 |
| 13 | | D | NEW CAP REL COSTS-MVBLE EQUIP | 4 | | 41324 | 13 |
| 14 | PHYSICIAN BENEFIT RECLASS | E | EMPLOYEE BENEFITS | 5 | | 366355 | 14 |
| 15 | DIETARY ALLOWANCE | F | CAFETERIA | 12 | 433654 | 426264 | 15 |
| 16 | EKG SALARY RECLASS | G | ELECTROENCEPHALOGRAPHY | 54 | 53818 | | 16 |
| 17 | CARDIO PULMONARY REHAB | H | FITNESS CENTER | 100.80 | 114880 | 4039 | 17 |
| 18 | EMPLOYEE BENEFITS | I | ADMINISTRATIVE & GENERAL | 6 | 335510 | | 18 |
| 19 | TEAM AWARD RECLASS | J | ADMINISTRATIVE & GENERAL | 6 | 95212 | | 19 |
| 20 | | J | MAINTENANCE & REPAIRS | 7 | 7000 | | 20 |
| 21 | | J | OPERATION OF PLANT | 8 | 1400 | | 21 |
| 22 | | J | DIETARY | 11 | 12750 | | 22 |
| 23 | | J | NURSING ADMINISTRATION | 14 | 9100 | | 23 |
| 24 | | J | CENTRAL SERVICES & SUPPLY | 15 | 1500 | | 24 |
| 25 | | J | MEDICAL RECORDS & LIBRARY | 17 | 11850 | | 25 |
| 26 | | J | SOCIAL SERVICE | 18 | 13350 | | 26 |
| 27 | | J | ADULTS & PEDIATRICS | 25 | 47750 | | 27 |
| 28 | | J | INTENSIVE CARE UNIT | 26 | 8150 | | 28 |
| 29 | | J | NURSERY | 33 | 2200 | | 29 |
| 30 | | J | OPERATING ROOM | 37 | 14900 | | 30 |
| 31 | | J | RECOVERY ROOM | 38 | 10650 | | 31 |
| 32 | | J | DELIVERY ROOM & LABOR ROOM | 39 | 3300 | | 32 |
| 33 | | J | ANESTHESIOLOGY | 40 | 5250 | | 33 |
| 34 | | J | RADIOLOGY-DIAGNOSTIC | 41 | 15400 | | 34 |
| 35 | | J | C.T.SCAN | 41.10 | 3100 | | 35 |
| 36 | SUBTOTAL | | | | 1200724 | 886792 | 36 |

RECLASSIFICATIONS



| | EXPLANATION OF RECLASSIFICATION ENTRY | CODE 1 | DECREASE COST CENTER 6 | LINE # 7 | SALARY 8 | OTHER 9 | WKST A-7 REF. 10 |
|---|---|---|---|---|---|---|---|
| 1 | CONVENT DEPRECIATION RECLASS | A | NEW CAP REL COSTS-BLDG & FIXT | 3 | | 3918 | 9 1 |
| 2 | | A | | | | | 9 2 |
| 3 | PHYSICIANS' PRIVATE PRACTICE | B | NEW CAP REL COSTS-BLDG & FIXT | 3 | | 1428 | 9 3 |
| 4 | | B | NEW CAP REL COSTS-BLDG & FIXT | 3 | | 3312 | 9 4 |
| 5 | | B | NEW CAP REL COSTS-BLDG & FIXT | 3 | | 3705 | 9 5 |
| 6 | | B | NEW CAP REL COSTS-BLDG & FIXT | 3 | | 6767 | 9 6 |
| 7 | | B | NEW CAP REL COSTS-MVBLE EQUIP | 4 | | 634 | 9 7 |
| 8 | | B | | | | | 9 8 |
| 9 | DEPREC RECLASS | C | NEW CAP REL COSTS-BLDG & FIXT | 3 | | 77 | 9 9 |
| 10 | | C | NEW CAP REL COSTS-MVBLE EQUIP | 4 | | 1823 | 9 10 |
| 11 | | C | NEW CAP REL COSTS-MVBLE EQUIP | 4 | | 150 | 9 11 |
| 12 | PROPERTY INSURANCE RECLASS | D | ADMINISTRATIVE & GENERAL | 6 | | 26996 | 9 12 |
| 13 | | D | ADMINISTRATIVE & GENERAL | 6 | | 41324 | 9 13 |
| 14 | PHYSICIAN BENEFIT RECLASS | E | PHYSICIANS' PRIVATE OFFICES | 98 | | 366355 | 14 |
| 15 | DIETARY ALLOWANCE | F | DIETARY | 11 | 433654 | 426264 | 15 |
| 16 | EKG SALARY RECLASS | G | RESPIRATORY THERAPY | 49 | 53818 | | 16 |
| 17 | CARDIO PULMONARY REHAB | H | CARDIO PULMONARY REHAB | 49.20 | 114880 | 4039 | 17 |
| 18 | EMPLOYEE BENEFITS | I | EMPLOYEE BENEFITS | 5 | | 335510 | 18 |
| 19 | TEAM AWARD RECLASS | J | EMPLOYEE BENEFITS | 5 | 418651 | | 19 |
| 20 | | J | | | | | 20 |
| 21 | | J | | | | | 21 |
| 22 | | J | | | | | 22 |
| 23 | | J | | | | | 23 |
| 24 | | J | | | | | 24 |
| 25 | | J | | | | | 25 |
| 26 | | J | | | | | 26 |
| 27 | | J | | | | | 27 |
| 28 | | J | | | | | 28 |
| 29 | | J | | | | | 29 |
| 30 | | J | | | | | 30 |
| 31 | | J | | | | | 31 |
| 32 | | J | | | | | 32 |
| 33 | | J | | | | | 33 |
| 34 | | J | | | | | 34 |
| 35 | | J | | | | | 35 |
| 36 | SUBTOTAL | | | | 1021003 | 1222302 | 36 |

RECLASSIFICATIONS



| | EXPLANATION OF RECLASSIFICATION ENTRY | CODE | COST CENTER | INCREASE LINE # | SALARY | OTHER | |
|---|---|---|---|---|---|---|---|
| | | 1 | 2 | 3 | 4 | 5 | |
| 1 | | J | M.R.I. | 41.20 | 2250 | | 1 |
| 2 | | J | RADIOISOTOPE | 43 | 1500 | | 2 |
| 3 | | J | LABORATORY | 44 | 11850 | | 3 |
| 4 | | J | RESPIRATORY THERAPY | 49 | 8000 | | 4 |
| 5 | | J | CARDIAC STRESS LAB | 49.10 | 3500 | | 5 |
| 6 | | J | CARDIO PULMONARY REHAB | 49.20 | 2500 | | 6 |
| 7 | | J | PHYSICAL THERAPY | 50 | 7950 | | 7 |
| 8 | | J | OCCUPATIONAL THERAPY | 51 | 2000 | | 8 |
| 9 | | J | SPEECH PATHOLOGY | 52 | 1000 | | 9 |
| 10 | | J | CARDIAC CATHETERIZATION | 53.10 | 1000 | | 10 |
| 11 | | J | ELECTROENCEPHALOGRAPHY | 54 | 1500 | | 11 |
| 12 | | J | DRUGS CHARGED TO PATIENTS | 56 | 7650 | | 12 |
| 13 | | J | EMERGENCY | 61 | 15650 | | 13 |
| 14 | | J | GIFT, FLOWER, COFFEE SHOP & C | 96 | 1850 | | 14 |
| 15 | | J | PHYSICIANS' PRIVATE OFFICES | 98 | 81739 | | 15 |
| 16 | | J | FUND DEVELOPMENT | 100.30 | 1500 | | 16 |
| 17 | | J | DEV & PUBLIC RELATIONS | 100.40 | 1000 | | 17 |
| 18 | | J | OCCUPATIONAL MED CLINIC | 100.50 | 3350 | | 18 |
| 19 | | J | | | | | 19 |
| 20 | TEAM AWARD A-8 ADJ RECLASS | K | EMPLOYEE BENEFITS | 5 | | 131981 | 20 |
| 21 | | K | | | | | 21 |
| 22 | NON - PATIENT DIETARY REVENUE | L | NON-PATIENT DIETARY | 100.01 | 104560 | 102779 | 22 |
| 23 | | L | | | | | 23 |
| 24 | PHONES SALARIES | M | ADMINISTRATIVE & GENERAL | 6 | | 26912 | 24 |
| 25 | REHAB ADMIN RECLASS | N | PHYSICAL THERAPY | 50 | 93822 | 5331 | 25 |
| 26 | | N | OCCUPATIONAL THERAPY | 51 | 38286 | 2175 | 26 |
| 27 | | N | SPEECH PATHOLOGY | 52 | 17871 | 1015 | 27 |
| 28 | | | | | | | 28 |
| 29 | | | | | | | 29 |
| 30 | | | | | | | 30 |
| 31 | | | | | | | 31 |
| 32 | | | | | | | 32 |
| 33 | | | | | | | 33 |
| 34 | | | | | | | 34 |
| 35 | | | | | | | 35 |
| 36 | TOTAL RECLASSIFICATIONS | | | | 1611052 | 1156985 | 36 |

RECLASSIFICATIONS



| | EXPLANATION OF RECLASSIFICATION ENTRY | CODE 1 | DECREASE COST CENTER 6 | DECREASE LINE # 7 | DECREASE SALARY 8 | DECREASE OTHER 9 | WKST A-7 REF. 10 |
|---|---|---|---|---|---|---|---|
| 1 | | J | | | | | 1 |
| 2 | | J | | | | | 2 |
| 3 | | J | | | | | 3 |
| 4 | | J | | | | | 4 |
| 5 | | J | | | | | 5 |
| 6 | | J | | | | | 6 |
| 7 | | J | | | | | 7 |
| 8 | | J | | | | | 8 |
| 9 | | J | | | | | 9 |
| 10 | | J | | | | | 10 |
| 11 | | J | | | | | 11 |
| 12 | | J | | | | | 12 |
| 13 | | J | | | | | 13 |
| 14 | | J | | | | | 14 |
| 15 | | J | | | | | 15 |
| 16 | | J | | | | | 16 |
| 17 | | J | | | | | 17 |
| 18 | | J | | | | | 18 |
| 19 | | J | | | | | 19 |
| 20 | TEAM AWARD A-8 ADJ RECLASS | K | EMPLOYEE BENEFITS | 5 | 131981 | | 20 |
| 21 | | K | | | | | 21 |
| 22 | NON - PATIENT DIETARY REVENUE | L | DIETARY | 11 | 30376 | 29859 | 22 |
| 23 | | L | CAFETERIA | 12 | 74184 | 72920 | 23 |
| 24 | PHONES SALARIES | M | ADMINISTRATIVE & GENERAL | 6 | 26912 | | 24 |
| 25 | REHAB ADMIN RECLASS | N | PHYSICAL THERAPY | 50 | 149979 | 8521 | 25 |
| 26 | | N | | | | | 26 |
| 27 | | N | | | | | 27 |
| 28 | | | | | | | 28 |
| 29 | | | | | | | 29 |
| 30 | | | | | | | 30 |
| 31 | | | | | | | 31 |
| 32 | | | | | | | 32 |
| 33 | | | | | | | 33 |
| 34 | | | | | | | 34 |
| 35 | | | | | | | 35 |
| 36 | TOTAL RECLASSIFICATIONS | | | | 1434435 | 1333602 | 36 |

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

WORKSHEET A-7
PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

| | DESCRIPTION | BEGINNING BALANCES 1 | ACQUISITIONS PURCHASE 2 | ACQUISITIONS DONATION 3 | ACQUISITIONS TOTAL 4 | DISPOSALS AND RETIREMENTS 5 | ENDING BALANCE 6 | FULLY DEPRECIATED ASSETS 7 | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | LAND | 314848 | | | | | 314848 | | 1 |
| 2 | LAND IMPROVEMENTS | 925068 | | | | | 925068 | | 2 |
| 3 | BUILDINGS AND FIXTURES | 33508009 | 105370 | | 105370 | | 33613379 | | 3 |
| 4 | BUILDING IMPROVEMENTS | 38298 | | | | | 38298 | | 4 |
| 5 | FIXED EQUIPMENT | 147855 | | | | | 147855 | | 5 |
| 6 | MOVABLE EQUIPMENT | 33207327 | 691632 | | 691632 | | 33898959 | | 6 |
| 7 | SUBTOTAL | 68141405 | 797002 | | 797002 | | 68938407 | | 7 |
| 8 | RECONCILING ITEMS | | | | | | | | 8 |
| 9 | TOTAL | 68141405 | 797002 | | 797002 | | 68938407 | | 9 |

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
PARTS III & IV

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

SUMMARY OF OLD AND NEW CAPITAL

| | DESCRIPTION | DEPRECIATION 9 | LEASE 10 | INTEREST 11 | INSURANCE 12 | TAXES 13 | OTHER CAPITAL-RELATED COSTS 14 | TOTAL 15 | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | OLD CAP REL COSTS-BLDG & FIXT | | | | | | | | 1 |
| 2 | OLD CAP REL COSTS-MVBLE EQUIP | | | | | | | | 2 |
| 3 | NEW CAP REL COSTS-BLDG & FIXT | 1125318 | | | | | | 1125318 | 3 |
| 4 | NEW CAP REL COSTS-MVBLE EQUIP | 1722526 | | | | | | 1722526 | 4 |
| 5 | TOTAL | 2847844 | | | | | | 2847844 | 5 |

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

SUMMARY OF OLD AND NEW CAPITAL

| | DESCRIPTION | DEPRECIATION 9 | LEASE 10 | INTEREST 11 | INSURANCE 12 | TAXES 13 | OTHER CAPITAL-RELATED COSTS 14 | TOTAL 15 | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | OLD CAP REL COSTS-BLDG & FIXT | | | | | | | | 1 |
| 2 | OLD CAP REL COSTS-MVBLE EQUIP | | | | | | | | 2 |
| 3 | NEW CAP REL COSTS-BLDG & FIXT | 1117529 | | | | | | 1117529 | 3 |
| 4 | NEW CAP REL COSTS-MVBLE EQUIP | 1683809 | | | | | | 1683809 | 4 |
| 5 | TOTAL | 2801338 | | | | | | 2801338 | 5 |

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

| | DESCRIPTION | BASIS 1 | AMOUNT 2 | EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3 | LINE NO. 4 | WKST A-7 REF 5 |
|---|---|---|---|---|---|---|
| 1 | INVESTMENT INCOME-OLD BLDGS & FIXTURES | | | OLD CAP REL COSTS-BLDG & FIXT | 1 | 1 |
| 2 | INVESTMENT INCOME-OLD MOVABLE EQUIPMENT | | | OLD CAP REL COSTS-MVBLE EQUIP | 2 | 2 |
| 3 | INVESTMENT INCOME-NEW BLDGS & FIXTURES | | | NEW CAP REL COSTS-BLDG & FIXT | 3 | 3 |
| 4 | INVESTMENT INCOME-NEW MOVABLE EQUIPMENT | | | NEW CAP REL COSTS-MVBLE EQUIP | 4 | 4 |
| 5 | INVESTMENT INCOME-OTHER | | | | | 5 |
| 6 | TRADE, QUANTITY, AND TIME DISCOUNTS | | | | | 6 |
| 7 | REFUNDS AND REBATES OF EXPENSES | | | | | 7 |
| 8 | RENTAL OF PROVIDER SPACE BY SUPPLIERS | | | | | 8 |
| 9 | TELEPHONE SERVICES (PAY STATIONS EXCL) | A | -69102 | ADMINISTRATIVE & GENERAL | 6 | 9 |
| 10 | TELEVISION AND RADIO SERVICE | | | | | 10 |
| 11 | PARKING LOT | | | | | 11 |
| 12 | PROVIDER-BASED PHYSICIAN ADJUSTMENT | WKST A-8-2 | -2608377 | | | 12 |
| 13 | SALE OF SCRAP, WASTE, ETC. | | | | | 13 |
| 14 | RELATED ORGANIZATION TRANSACTIONS | WKST A-8-1 | -713789 | | | 14 |
| 15 | LAUNDRY AND LINEN SERVICE | | | | | 15 |
| 16 | CAFETERIA - EMPLOYEES AND GUESTS | | | | | 16 |
| 17 | RENTAL OF QUARTERS TO EMPLOYEES & OTHERS | | | | | 17 |
| 18 | SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS | | | | | 18 |
| 19 | SALE OF DRUGS TO OTHER THAN PATIENTS | B | -6654 | DRUGS CHARGED TO PATIENTS | 56 | 19 |
| 20 | SALE OF MEDICAL RECORDS AND ABSTRACTS | B | -23823 | MEDICAL RECORDS & LIBRARY | 17 | 20 |
| 21 | NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.) | | | | | 21 |
| 22 | VENDING MACHINES | | | | | 22 |
| 23 | INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES | | | | | 23 |
| 24 | INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT | | | | | 24 |
| 25 | ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL | WKST A-8-4 | | RESPIRATORY THERAPY | 49 | 25 |
| 26 | ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL | WKST A-8-4 | | PHYSICAL THERAPY | 50 | 26 |
| 27 | ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION | WKST A-8-3 | | HOME HEALTH AGENCY | 71 | 27 |
| 28 | UTIL REVIEW-PHYSICIANS' COMPENSATION | | | UTILIZATION REVIEW-SNF | 89 | 28 |
| 29 | DEPRECIATION--OLD BUILDINGS & FIXTURES | | | OLD CAP REL COSTS-BLDG & FIXT | 1 | 29 |
| 30 | DEPRECIATION--OLD MOVABLE EQUIPMENT | | | OLD CAP REL COSTS-MVBLE EQUIP | 2 | 30 |
| 31 | DEPRECIATION--NEW BUILDINGS & FIXTURES | | | NEW CAP REL COSTS-BLDG & FIXT | 3 | 31 |
| 32 | DEPRECIATION--NEW MOVABLE EQUIPMENT | | | NEW CAP REL COSTS-MVBLE EQUIP | 4 | 32 |
| 33 | NON-PHYSICIAN ANESTHETIST | | | NONPHYSICIAN ANESTHETISTS | 20 | 33 |
| 34 | PHYSICIANS' ASSISTANT | | | | | 34 |
| 35 | ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL | WKST WKST A-8-4 | | | | 35 |
| 36 | ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL | WKST WKST A-8-4 | | | | 36 |
| 37 | | | | | | 37 |
| 37.04 | NEWBORN | B | -283 | NURSERY | 33 | 37.04 |
| 37.06 | RADIOLOGY | B | -370 | RADIOLOGY-DIAGNOSTIC | 41 | 37.06 |
| 37.07 | OCCUPATIONAL THERAPY | B | -735 | OCCUPATIONAL THERAPY | 51 | 37.07 |
| 37.08 | HOUSEKEEPING | B | -52 | HOUSEKEEPING | 10 | 37.08 |
| 37.09 | PLANT MAINTENANCE | B | -6139 | MAINTENANCE & REPAIRS | 7 | 37.09 |
| 37.13 | COMMUNITY HEALTH EDUCATION | B | -10311 | ADMINISTRATIVE & GENERAL | 6 | 37.13 |
| 37.14 | PROPERTY TAX | A | -91565 | ADMINISTRATIVE & GENERAL | 6 | 37.14 |
| 37.15 | CRNA SALARIES | A | -1525632 | ANESTHESIOLOGY | 40 | 37.15 |
| 37.17 | ER & CRNA EMPLOYEE BENEFITS | A | -632843 | EMPLOYEE BENEFITS | 5 | 37.17 |
| 37.18 | UNEMPLOYMENT CLAIMS | A | 32976 | EMPLOYEE BENEFITS | 5 | 37.18 |
| 37.19 | PHYSICIAN RECRUITMENT | A | -801 | ADMINISTRATIVE & GENERAL | 6 | 37.19 |
| 37.20 | IHA, AHA CHA DUES | A | -23067 | ADMINISTRATIVE & GENERAL | 6 | 37.20 |
| 37.21 | CLINICAL LABORATORY SVCS | B | -250 | LABORATORY | 44 | 37.21 |
| 37.22 | PHYSICAL THERAPY | B | -3145 | PHYSICAL THERAPY | 50 | 37.22 |
| 37.23 | CHAPLAINCY SVCS | B | -1087 | ADMINISTRATIVE & GENERAL | 6 | 37.23 |
| 37.30 | TEAM ACCRUAL | A | -131981 | EMPLOYEE BENEFITS | 5 | 37.30 |
| 37.31 | FINANCE CHG ON PT ACCTS | B | -50487 | ADMINISTRATIVE & GENERAL | 6 | 37.31 |
| 38 | OBSTETRICS ACUTE | B | -1093 | ADULTS & PEDIATRICS | 25 | 38 |
| 39 | EMERGENCY SERVICES | B | -500 | EMERGENCY | 61 | 39 |
| 40 | | | | | | 40 |
| 41 | DISASTER PREPAREDNESS | B | -38014 | ADMINISTRATIVE & GENERAL | 6 | 41 |
| 42 | | | | | | 42 |
| 43 | INFECTION CONTROL | B | -760 | ADMINISTRATIVE & GENERAL | 6 | 43 |
| 44 | CARDIOLOGY SVCS | B | -9084 | CARDIAC STRESS LAB | 49.10 | 44 |
| 45 | REHABILITATION | B | -750 | PHYSICAL THERAPY | 50 | 45 |
| 46 | | | | | | 46 |
| 47 | | | | | | 47 |
| 48 | | | | | | 48 |
| 49 | | | | | | 49 |

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

| | DESCRIPTION | BASIS 1 | AMOUNT 2 | EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3 | LINE NO. 4 | WKST A-7 REF 5 |
|---|---|---|---|---|---|---|
| 50 | TOTAL | | -5917718 | | | 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. 1 | COST CENTER 2 | EXPENSE ITEMS 3 | AMOUNT OF ALLOWABLE COST 4 | AMOUNT (INCL IN WKST A, COL 5) 5 | NET ADJ-USTMENTS 6 | WKST A-7 REF 7 | |
|---|---|---|---|---|---|---|---|---|
| 1 | 18 | SOCIAL SERVICE | SISTER SERVICES | 40812 | 40812 | | | 1 |
| 2 | 6 | ADMINISTRATIVE & GENERAL | SISTER SERVICES | 16296 | 16296 | | | 2 |
| 3 | 6 | ADMINISTRATIVE & GENERAL | CORPORATE OFFICE CHARGES | 4852077 | 5457179 | -605102 | | 3 |
| 4 | 8 | OPERATION OF PLANT | CORPORATE OFFICE CHARGES | 130312 | 146563 | -16251 | | 4 |
| 4.02 | 37 | OPERATING ROOM | SFI PURCHASED MAINT | 7094 | 7907 | -813 | | 4.02 |
| 4.03 | 41 | RADIOLOGY-DIAGNOSTIC | SFI PURCHASED MAINT | 312370 | 348162 | -35792 | | 4.03 |
| 4.04 | 41.10 | C.T.SCAN | SFI PURCHASED MAINT | 217509 | 242432 | -24923 | | 4.04 |
| 4.05 | 41.20 | M.R.I. | SFI PURCHASED MAINT | 114534 | 127658 | -13124 | | 4.05 |
| 4.06 | 43 | RADIOISOTOPE | SFI PURCHASED MAINT | 28452 | 31713 | -3261 | | 4.06 |
| 4.07 | 53.10 | CARDIAC CATHETERIZATION | SFI PURCHASED MAINT | 73628 | 82064 | -8436 | | 4.07 |
| 4.08 | 41 | RADIOLOGY-DIAGNOSTIC | SFI PURCHASED SERVICES | 42149 | 43173 | -1024 | | 4.08 |
| 4.09 | 41.10 | C.T.SCAN | SFI PURCHASED SERVICES | 208304 | 213367 | -5063 | | 4.09 |
| 4.10 | 44 | LABORATORY | SYSTEMS LAB | 484584 | 484584 | | | 4.10 |
| 5 | | TOTALS | | 6528121 | 7241910 | -713789 | | 5 |

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

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

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

| | SYMBOL (1) 1 | NAME 2 | PERCENT OF OWNERSHIP 3 | RELATED ORGANIZATION(S) AND/OR HOME OFFICE: NAME 4 | PERCENT OF OWNERSHIP 5 | TYPE OF BUSINESS 6 | |
|---|---|---|---|---|---|---|---|
| 1 | B | OSF HEALTHCARE SYSTEMS | 100.00 | | | | 1 |
| 2 | | | | | | | 2 |
| 3 | | | | | | | 3 |
| 4 | | | | | | | 4 |
| 5 | | | | | | | 5 |

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

| | WKST A LINE NO. 1 | COST CENTER/ PHYSICIAN IDENTIFIER 2 | | TOTAL REMUNERA-TION INCL FRINGES 3 | PROFES-SIONAL COMPONENT 4 | PROVIDER COMPONENT 5 | RCE AMOUNT 6 | PHYSICIAN/ PROVIDER COMPONENT HOURS 7 | UNAD-JUSTED RCE LIMIT 8 | PERCENT OF UNAD-JUSTED RCE LIMIT 9 |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 49.10 | CARDIAC STRESS LAB | CARD | 53000 | 53000 | | 142500 | | | |
| 2 | 49 | RESPIRATORY THERAPY | RESP THERAPY | 13000 | 13000 | | 142500 | | | |
| 3 | 61 | EMERGENCY | ER | 2670639 | 2163218 | 507421 | 142500 | 2602 | 178262 | 8913 |
| 4 | 6 | ADMINISTRATIVE & GENERAL | PALLITIVE CARE | 50000 | 50000 | | 142500 | | | |
| 5 | 61 | EMERGENCY | TRAUMA CALL | 177200 | | 177200 | 142500 | 6736 | 461481 | 23074 |
| 101 | | TOTAL | | 2963839 | 2279218 | 684621 | | 9338 | 639743 | 31987 |

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

| | WKST A LINE NO. 10 | COST CENTER/ PHYSICIAN IDENTIFIER 11 | | COST OF MEMBERSHIP & CONTIN. EDUCATION 12 | PROVIDER COMPONENT SHARE OF COLUMN 12 13 | PHYSICIAN COST OF MALPRACTICE INSURANCE 14 | PROVIDER COMPONENT SHARE OF COLUMN 14 15 | ADJUSTED RCE LIMIT 16 | RCE DIS-ALLOWANCE 17 | ADJUST-MENT 18 |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 49.10 | CARDIAC STRESS LAB | CARD | | | | | | | 53000 |
| 2 | 49 | RESPIRATORY THERAPY | RESP THERAPY | | | | | | | 13000 |
| 3 | 61 | EMERGENCY | ER | | | | | 178262 | 329159 | 2492377 |
| 4 | 6 | ADMINISTRATIVE & GENERAL | PALLITIVE CARE | | | | | | | 50000 |
| 5 | 61 | EMERGENCY | TRAUMA CALL | | | | | 461481 | | |
| 101 | | TOTAL | | | | | | 639743 | 329159 | 2608377 |

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

| | COST CENTER DESCRIPTION | NET EXP FOR COST ALLOCATION 0 | NEW CAP BLDGS & FIXTURES 3 | NEW CAP MOVABLE EQUIPMENT 4 | EMPLOYEE BENEFITS 5 | SUBTOTAL 5A | ADMINIS-TRATIVE & GENERAL 6 | MAIN-TENANCE & REPAIRS 7 | OPERATION OF PLANT 8 | |
|---|---|---|---|---|---|---|---|---|---|---|
| | GENERAL SERVICE COST CENTERS | | | | | | | | | |
| 1 | OLD CAP REL COSTS-BLDG & FIXT | | | | | | | | | 1 |
| 2 | OLD CAP REL COSTS-MVBLE EQUIP | | | | | | | | | 2 |
| 3 | NEW CAP REL COSTS-BLDG & FIXT | 1125318 | 1125318 | | | | | | | 3 |
| 4 | NEW CAP REL COSTS-MVBLE EQUIP | 1722526 | | 1722526 | | | | | | 4 |
| 5 | EMPLOYEE BENEFITS | 9263488 | | | 9263488 | | | | | 5 |
| 6 | ADMINISTRATIVE & GENERAL | 12903994 | 233197 | 643548 | 1311677 | 15092416 | 15092416 | | | 6 |
| 7 | MAINTENANCE & REPAIRS | 1336374 | 145075 | 190 | 186235 | 1667874 | 440934 | 2108808 | | 7 |
| 8 | OPERATION OF PLANT | 1201640 | 58653 | 1827 | 30834 | 1292954 | 341817 | 165570 | 1800341 | 8 |
| 9 | LAUNDRY & LINEN SERVICE | 276340 | 4980 | | | 281320 | 74372 | 14059 | 13025 | 9 |
| 10 | HOUSEKEEPING | 777660 | 5015 | 4066 | 192182 | 978923 | 258797 | 14158 | 13117 | 10 |
| 11 | DIETARY | 291876 | 21638 | 11509 | 49354 | 374377 | 98974 | 61081 | 56589 | 11 |
| 12 | CAFETERIA | 712814 | 14338 | | 120530 | 847682 | 224101 | 40475 | 37499 | 12 |
| 13 | MAINTENANCE OF PERSONNEL | | | | | | | | | 13 |
| 14 | NURSING ADMINISTRATION | 603160 | 2450 | 86057 | 185975 | 880642 | 232814 | 6916 | 6407 | 14 |
| 15 | CENTRAL SERVICES & SUPPLY | 289319 | 14800 | 39528 | 35692 | 379339 | 100285 | 41779 | 38707 | 15 |
| 16 | PHARMACY | | | | | | | | | 16 |
| 17 | MEDICAL RECORDS & LIBRARY | 801765 | 5377 | 6922 | 230054 | 1044118 | 276032 | 15178 | 14062 | 17 |
| 18 | SOCIAL SERVICE | 140826 | 1190 | | 32007 | 174023 | 46006 | 3359 | 3112 | 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 | 4736613 | 159629 | 3656 | 1457654 | 6357552 | 1680740 | 450608 | 417471 | 25 |
| 26 | INTENSIVE CARE UNIT | 1071881 | 13234 | 4233 | 319069 | 1408417 | 372342 | 37357 | 34610 | 26 |
| 33 | NURSERY | 240968 | 5206 | 1982 | 72878 | 321034 | 84871 | 14696 | 13616 | 33 |
| | ANCILLARY SERVICE COST CENTERS | | | | | | | | | |
| 37 | OPERATING ROOM | 6093403 | 46223 | 171279 | 402705 | 6713610 | 1774870 | 130481 | 120886 | 37 |
| 38 | RECOVERY ROOM | 1053097 | 35073 | 1923 | 315850 | 1405943 | 371688 | 99005 | 91725 | 38 |
| 39 | DELIVERY ROOM & LABOR ROOM | 608098 | 21658 | 13491 | 183805 | 827052 | 218647 | 61138 | 56642 | 39 |
| 40 | ANESTHESIOLOGY | 248487 | 321 | 71678 | 11970 | 332456 | 87891 | 907 | 840 | 40 |
| 41 | RADIOLOGY-DIAGNOSTIC | 2230080 | 59371 | 268015 | 409122 | 2966588 | 784274 | 167597 | 155273 | 41 |
| 41.10 | C.T.SCAN | 1390799 | 10357 | | 110991 | 1512147 | 399765 | 29237 | 27087 | 41.10 |
| 41.20 | M.R.I. | 756779 | 5302 | | 73240 | 835321 | 220833 | 14966 | 13865 | 41.20 |
| 43 | RADIOISOTOPE | 546392 | 2766 | | 54398 | 603556 | 159561 | 7809 | 7235 | 43 |
| 44 | LABORATORY | 2038083 | 19936 | 110897 | 340665 | 2509581 | 663455 | 56277 | 52138 | 44 |
| 46.30 | BLOOD CLOTTING FACTORS ADMIN CO | | | | | | | | | 46.30 |
| 47 | BLOOD STORING, PROCESSING & TRA | 533576 | | | | 533576 | 141061 | | | 47 |
| 49 | RESPIRATORY THERAPY | 738507 | 6024 | 24372 | 193225 | 962128 | 254357 | 17006 | 15756 | 49 |
| 49.10 | CARDIAC STRESS LAB | 528567 | 9057 | 15133 | 120823 | 673580 | 178074 | 25566 | 23686 | 49.10 |
| 49.20 | CARDIO PULMONARY REHAB | 117618 | 909 | 981 | 38098 | 157606 | 41666 | 2565 | 2376 | 49.20 |
| 50 | PHYSICAL THERAPY | 682752 | 46519 | 12927 | 214421 | 956619 | 252900 | 131317 | 121660 | 50 |
| 51 | OCCUPATIONAL THERAPY | 279546 | 13495 | 2991 | 96681 | 392713 | 103821 | 38094 | 35293 | 51 |
| 52 | SPEECH PATHOLOGY | 130892 | 12601 | 4983 | 43259 | 191735 | 50689 | 35571 | 32956 | 52 |
| 53 | ELECTROCARDIOLOGY | 2000 | 562 | 12697 | | 15259 | 4034 | 1587 | 1471 | 53 |
| 53.10 | CARDIAC CATHETERIZATION | 524162 | 6853 | 57417 | 31338 | 619770 | 163848 | 19345 | 17922 | 53.10 |
| 54 | ELECTROENCEPHALOGRAPHY | 202552 | 4704 | 22065 | 59931 | 289252 | 76469 | 13279 | 12303 | 54 |
| 56 | DRUGS CHARGED TO PATIENTS | 3821225 | 8429 | 37560 | 296377 | 4163591 | 1100724 | 23795 | 22045 | 56 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | | | | |
| 61 | EMERGENCY | 2390300 | 46509 | 77945 | 748599 | 3263353 | 862729 | 131289 | 121634 | 61 |
| 62 | OBSERVATION BEDS (NON-DISTINCT | | | | | | | | | 62 |
| 63.50 | RHC | | | | | | | | | 63.50 |
| 63.60 | FQHC | | | | | | | | | 63.60 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | | | | | |
| 69.10 | CMHC | | | | | | | | | 69.10 |
| 69.20 | OPT | | | | | | | | | 69.20 |
| 69.30 | CMHC | | | | | | | | | 69.30 |
| 69.40 | OPT | | | | | | | | | 69.40 |
| 71 | HOME HEALTH AGENCY | | | | | | | | | 71 |
| | SPECIAL PURPOSE COST CENTERS | | | | | | | | | |
| 85.01 | PANCREAS ACQUISITION | | | | | | | | | 85.01 |
| 85.02 | INTESTINAL ACQUISITION | | | | | | | | | 85.02 |
| 95 | SUBTOTALS | 62413477 | 1041451 | 1709872 | 7972639 | 61026107 | 12143441 | 1872067 | 1581008 | 95 |
| | NONREIMBURSABLE COST CENTERS | | | | | | | | | |
| 96 | GIFT, FLOWER, COFFEE SHOP & CAN | 127446 | | | 16710 | 144156 | 38110 | | | 96 |
| 98 | PHYSICIANS' PRIVATE OFFICES | 8020522 | 36840 | 649 | 1026337 | 9084348 | 2401595 | 103993 | 96346 | 98 |
| 99 | NONPAID WORKERS | 13598 | 21814 | | | 35412 | 9362 | 61577 | 57049 | 99 |
| 100 | PRIVATE HOME CARE | | | | | | | | | 100 |
| 100.01 | NON-PATIENT DIETARY | 207339 | | | 35059 | 242398 | 64083 | | | 100.01 |
| 100.10 | AMBULANCE SERVICE | 17744 | | | | 17744 | 4691 | | | 100.10 |
| 100.30 | FUND DEVELOPMENT | 124571 | 728 | 153 | 28319 | 153771 | 40652 | 2055 | 1904 | 100.30 |
| 100.40 | DEV & PUBLIC RELATIONS | 582486 | 1727 | | 16313 | 600526 | 158760 | 4875 | 4517 | 100.40 |
| 100.50 | OCCUPATIONAL MED CLINIC | 496125 | 13515 | 1865 | 129592 | 641097 | 169486 | 38151 | 35345 | 100.50 |

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

| COST CENTER DESCRIPTION | NET EXP FOR COST ALLOCATION 0 | NEW CAP BLDGS & FIXTURES 3 | NEW CAP MOVABLE EQUIPMENT 4 | EMPLOYEE BENEFITS 5 | SUBTOTAL 5A | ADMINIS-TRATIVE & GENERAL 6 | MAIN-TENANCE & REPAIRS 7 | OPERATION OF PLANT 8 | |
|---|---|---|---|---|---|---|---|---|---|
| 100.60FOUNDATION | 58742 | | | | 58742 | 15530 | | | 100.60 |
| 100.70SHARED SALARIES | | | | | | | | | 100.70 |
| 100.80FITNESS CENTER | 118919 | 9243 | 9987 | 38519 | 176668 | 46706 | 26090 | 24172 | 100.80 |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | | | 101 |
| 102 NEGATIVE COST CENTER | | | | | | | | | 102 |
| 103 TOTAL | 72180969 | 1125318 | 1722526 | 9263488 | 72180969 | 15092416 | 2108808 | 1800341 | 103 |

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

| | COST CENTER DESCRIPTION | LAUNDRY & LINEN SERVICE 9 | HOUSE-KEEPING 10 | DIETARY 11 | CAFETERIA 12 | NURSING ADMINIS-TRATION 14 | CENTRAL SERVICES & SUPPLY 15 | MEDICAL RECORDS + LIBRARY 17 | SOCIAL SERVICE 18 | |
|---|---|---|---|---|---|---|---|---|---|---|
| | GENERAL SERVICE COST CENTERS | | | | | | | | | |
| 1 | OLD CAP REL COSTS-BLDG & FIXT | | | | | | | | | 1 |
| 2 | OLD CAP REL COSTS-MVBLE EQUIP | | | | | | | | | 2 |
| 3 | NEW CAP REL COSTS-BLDG & FIXT | | | | | | | | | 3 |
| 4 | NEW CAP REL COSTS-MVBLE EQUIP | | | | | | | | | 4 |
| 5 | EMPLOYEE BENEFITS | | | | | | | | | 5 |
| 6 | ADMINISTRATIVE & GENERAL | | | | | | | | | 6 |
| 7 | MAINTENANCE & REPAIRS | | | | | | | | | 7 |
| 8 | OPERATION OF PLANT | | | | | | | | | 8 |
| 9 | LAUNDRY & LINEN SERVICE | 382776 | | | | | | | | 9 |
| 10 | HOUSEKEEPING | | 1264995 | | | | | | | 10 |
| 11 | DIETARY | | 40348 | 631369 | | | | | | 11 |
| 12 | CAFETERIA | | 26736 | | 1176493 | | | | | 12 |
| 13 | MAINTENANCE OF PERSONNEL | | | | | | | | | 13 |
| 14 | NURSING ADMINISTRATION | | 4568 | | 25699 | 1157046 | | | | 14 |
| 15 | CENTRAL SERVICES & SUPPLY | | 27598 | | 10886 | | 598594 | | | 15 |
| 16 | PHARMACY | | | | | | | | | 16 |
| 17 | MEDICAL RECORDS & LIBRARY | | 10026 | | 64421 | | 1135 | 1424972 | | 17 |
| 18 | SOCIAL SERVICE | | 2219 | | 5804 | | 67 | | 234590 | 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 | 170263 | 297658 | 536739 | 290718 | 548944 | 106178 | 102041 | 197802 | 25 |
| 26 | INTENSIVE CARE UNIT | 31924 | 24677 | 76626 | 57144 | 107902 | 25274 | 22392 | 28241 | 26 |
| 33 | NURSERY | | 9708 | | 11001 | 20774 | 2324 | 4264 | 8547 | 33 |
| | ANCILLARY SERVICE COST CENTERS | | | | | | | | | |
| 37 | OPERATING ROOM | 27790 | 86191 | | 79840 | 150758 | 242651 | 175029 | | 37 |
| 38 | RECOVERY ROOM | 31808 | 65399 | | 48741 | 92036 | 24465 | 40151 | | 38 |
| 39 | DELIVERY ROOM & LABOR ROOM | 28097 | 40385 | | 25439 | 48035 | 12053 | 8368 | | 39 |
| 40 | ANESTHESIOLOGY | | 599 | | 25237 | | 28055 | 40467 | | 40 |
| 41 | RADIOLOGY-DIAGNOSTIC | 15541 | 110709 | | 82179 | | 15538 | 85350 | | 41 |
| 41.10 | C.T.SCAN | | 19313 | | 21425 | | 26651 | 154910 | | 41.10 |
| 41.20 | M.R.I. | | 9886 | | 11117 | | 689 | 62813 | | 41.20 |
| 43 | RADIOISOTOPE | | 5158 | | 7796 | | 661 | 32973 | | 43 |
| 44 | LABORATORY | | 37174 | | 74007 | | 19654 | 253052 | | 44 |
| 46.30 | BLOOD CLOTTING FACTORS ADMIN CO | | | | | | | | | 46.30 |
| 47 | BLOOD STORING, PROCESSING & TRA | | | | | | | 9316 | | 47 |
| 49 | RESPIRATORY THERAPY | | 11234 | | 41147 | | 6266 | 64783 | | 49 |
| 49.10 | CARDIAC STRESS LAB | 7654 | 16888 | | 19289 | | 2491 | 27154 | | 49.10 |
| 49.20 | CARDIO PULMONARY REHAB | | 1694 | | 1155 | | 76 | 3804 | | 49.20 |
| 50 | PHYSICAL THERAPY | 12210 | 86743 | | 34621 | | 1957 | 27880 | | 50 |
| 51 | OCCUPATIONAL THERAPY | | 25164 | | 14495 | | 123 | 8165 | | 51 |
| 52 | SPEECH PATHOLOGY | | 23497 | | 6555 | | 64 | 2797 | | 52 |
| 53 | ELECTROCARDIOLOGY | | 1048 | | | | 593 | 10913 | | 53 |
| 53.10 | CARDIAC CATHETERIZATION | 7654 | 12778 | | 4880 | | 3249 | 14202 | | 53.10 |
| 54 | ELECTROENCEPHALOGRAPHY | 7654 | 8772 | | 7594 | | 173 | 10294 | | 54 |
| 56 | DRUGS CHARGED TO PATIENTS | | 15718 | | 41147 | | 2570 | 162632 | | 56 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | | | | |
| 61 | EMERGENCY | 34527 | 86725 | | 118879 | 188597 | 61032 | 101222 | | 61 |
| 62 | OBSERVATION BEDS (NON-DISTINCT | | | | | | | | | 62 |
| 63.50 | RHC | | | | | | | | | 63.50 |
| 63.60 | FQHC | | | | | | | | | 63.60 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | | | | | |
| 69.10 | CMHC | | | | | | | | | 69.10 |
| 69.20 | OPT | | | | | | | | | 69.20 |
| 69.30 | CMHC | | | | | | | | | 69.30 |
| 69.40 | OPT | | | | | | | | | 69.40 |
| 71 | HOME HEALTH AGENCY | | | | | | | | | 71 |
| | SPECIAL PURPOSE COST CENTERS | | | | | | | | | |
| 85.01 | PANCREAS ACQUISITION | | | | | | | | | 85.01 |
| 85.02 | INTESTINAL ACQUISITION | | | | | | | | | 85.02 |
| 95 | SUBTOTALS | 375122 | 1108613 | 613365 | 1131216 | 1157046 | 583989 | 1424972 | 234590 | 95 |
| | NONREIMBURSABLE COST CENTERS | | | | | | | | | |
| 96 | GIFT, FLOWER, COFFEE SHOP & CAN | | | | 3754 | | 41 | | | 96 |
| 98 | PHYSICIANS' PRIVATE OFFICES | | 68694 | | 1068 | | 12704 | | | 98 |
| 99 | NONPAID WORKERS | | 40676 | 18004 | | | 74 | | | 99 |
| 100 | PRIVATE HOME CARE | | | | | | | | | 100 |
| 100.01 | NON-PATIENT DIETARY | | | | | | | | | 100.01 |
| 100.10 | AMBULANCE SERVICE | | | | | | | | | 100.10 |
| 100.30 | FUND DEVELOPMENT | | 1357 | | 4562 | | 56 | | | 100.30 |
| 100.40 | DEV & PUBLIC RELATIONS | | 3220 | | 3350 | | 22 | | | 100.40 |
| 100.50 | OCCUPATIONAL MED CLINIC | 7654 | 25201 | | 20906 | | 933 | | | 100.50 |

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

| COST CENTER DESCRIPTION | LAUNDRY & LINEN SERVICE 9 | HOUSE-KEEPING 10 | DIETARY 11 | CAFETERIA 12 | NURSING ADMINIS-TRATION 14 | CENTRAL SERVICES & SUPPLY 15 | MEDICAL RECORDS + LIBRARY 17 | SOCIAL SERVICE 18 | |
|---|---|---|---|---|---|---|---|---|---|
| 100.60 FOUNDATION | | | | | | | | | 100.60 |
| 100.70 SHARED SALARIES | | | | | | | | | 100.70 |
| 100.80 FITNESS CENTER | | 17234 | | 11637 | | 775 | | | 100.80 |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | | | 101 |
| 102 NEGATIVE COST CENTER | | | | | | | | | 102 |
| 103 TOTAL | 382776 | 1264995 | 631369 | 1176493 | 1157046 | 598594 | 1424972 | 234590 | 103 |

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

| | COST CENTER DESCRIPTION | SUBTOTAL | I&R COST & POST STEP-DOWN ADJS | TOTAL | |
|---|---|---|---|---|---|
| | | 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 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 | 11156714 | | 11156714 | 25 |
| 26 | INTENSIVE CARE UNIT | 2226906 | | 2226906 | 26 |
| 33 | NURSERY | 490835 | | 490835 | 33 |
| | ANCILLARY SERVICE COST CENTERS | | | | |
| 37 | OPERATING ROOM | 9502106 | | 9502106 | 37 |
| 38 | RECOVERY ROOM | 2270961 | | 2270961 | 38 |
| 39 | DELIVERY ROOM & LABOR ROOM | 1325856 | | 1325856 | 39 |
| 40 | ANESTHESIOLOGY | 516452 | | 516452 | 40 |
| 41 | RADIOLOGY-DIAGNOSTIC | 4383049 | | 4383049 | 41 |
| 41.10 | C.T.SCAN | 2190535 | | 2190535 | 41.10 |
| 41.20 | M.R.I. | 1169490 | | 1169490 | 41.20 |
| 43 | RADIOISOTOPE | 824749 | | 824749 | 43 |
| 44 | LABORATORY | 3665338 | | 3665338 | 44 |
| 46.30 | BLOOD CLOTTING FACTORS ADMIN CO | | | | 46.30 |
| 47 | BLOOD STORING, PROCESSING & TRA | 683953 | | 683953 | 47 |
| 49 | RESPIRATORY THERAPY | 1372677 | | 1372677 | 49 |
| 49.10 | CARDIAC STRESS LAB | 974382 | | 974382 | 49.10 |
| 49.20 | CARDIO PULMONARY REHAB | 210942 | | 210942 | 49.20 |
| 50 | PHYSICAL THERAPY | 1625907 | | 1625907 | 50 |
| 51 | OCCUPATIONAL THERAPY | 617868 | | 617868 | 51 |
| 52 | SPEECH PATHOLOGY | 343864 | | 343864 | 52 |
| 53 | ELECTROCARDIOLOGY | 34905 | | 34905 | 53 |
| 53.10 | CARDIAC CATHETERIZATION | 863648 | | 863648 | 53.10 |
| 54 | ELECTROENCEPHALOGRAPHY | 425790 | | 425790 | 54 |
| 56 | DRUGS CHARGED TO PATIENTS | 5532222 | | 5532222 | 56 |
| | OUTPATIENT SERVICE COST CENTERS | | | | |
| 61 | EMERGENCY | 4969987 | | 4969987 | 61 |
| 62 | OBSERVATION BEDS (NON-DISTINCT | | | | 62 |
| 63.50 | RHC | | | | 63.50 |
| 63.60 | FQHC | | | | 63.60 |
| | OTHER REIMBURSABLE COST CENTERS | | | | |
| 69.10 | CMHC | | | | 69.10 |
| 69.20 | OPT | | | | 69.20 |
| 69.30 | CMHC | | | | 69.30 |
| 69.40 | OPT | | | | 69.40 |
| 71 | HOME HEALTH AGENCY | | | | 71 |
| | SPECIAL PURPOSE COST CENTERS | | | | |
| 85.01 | PANCREAS ACQUISITION | | | | 85.01 |
| 85.02 | INTESTINAL ACQUISITION | | | | 85.02 |
| 95 | SUBTOTALS | 57379136 | | 57379136 | 95 |
| | NONREIMBURSABLE COST CENTERS | | | | |
| 96 | GIFT, FLOWER, COFFEE SHOP & CAN | 186061 | | 186061 | 96 |
| 98 | PHYSICIANS' PRIVATE OFFICES | 11768748 | | 11768748 | 98 |
| 99 | NONPAID WORKERS | 222154 | | 222154 | 99 |
| 100 | PRIVATE HOME CARE | | | | 100 |
| 100.01 | NON-PATIENT DIETARY | 306481 | | 306481 | 100.01 |
| 100.10 | AMBULANCE SERVICE | 22435 | | 22435 | 100.10 |
| 100.30 | FUND DEVELOPMENT | 204357 | | 204357 | 100.30 |
| 100.40 | DEV & PUBLIC RELATIONS | 775270 | | 775270 | 100.40 |
| 100.50 | OCCUPATIONAL MED CLINIC | 938773 | | 938773 | 100.50 |

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

| COST CENTER DESCRIPTION | SUBTOTAL | I&R COST & POST STEP-DOWN ADJS | TOTAL | |
|---|---|---|---|---|
| | 25 | 26 | 27 | |
| 100.60FOUNDATION | 74272 | | 74272 | 100.60 |
| 100.70SHARED SALARIES | | | | 100.70 |
| 100.80FITNESS CENTER | 303282 | | 303282 | 100.80 |
| 101 CROSS FOOT ADJUSTMENTS | | | | 101 |
| 102 NEGATIVE COST CENTER | | | | 102 |
| 103 TOTAL | 72180969 | | 72180969 | 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 | ADMINIS-TRATIVE & GENERAL 6 | MAIN-TENANCE & REPAIRS 7 | 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 | | | | | | | | | 5 |
| 6 | ADMINISTRATIVE & GENERAL | 1214130 | 233197 | 643548 | 2090875 | 2090875 | | | | 6 |
| 7 | MAINTENANCE & REPAIRS | 7022 | 145075 | 190 | 152287 | 61086 | 213373 | | | 7 |
| 8 | OPERATION OF PLANT | | 58653 | 1827 | 60480 | 47354 | 16753 | 124587 | | 8 |
| 9 | LAUNDRY & LINEN SERVICE | | 4980 | | 4980 | 10303 | 1422 | 901 | 17606 | 9 |
| 10 | HOUSEKEEPING | | 5015 | 4066 | 9081 | 35853 | 1433 | 908 | | 10 |
| 11 | DIETARY | | 21638 | 11509 | 33147 | 13712 | 6180 | 3916 | | 11 |
| 12 | CAFETERIA | | 14338 | | 14338 | 31046 | 4095 | 2595 | | 12 |
| 13 | MAINTENANCE OF PERSONNEL | | | | | | | | | 13 |
| 14 | NURSING ADMINISTRATION | | 2450 | 86057 | 88507 | 32254 | 700 | 443 | | 14 |
| 15 | CENTRAL SERVICES & SUPPLY | | 14800 | 39528 | 54328 | 13893 | 4227 | 2679 | | 15 |
| 16 | PHARMACY | | | | | | | | | 16 |
| 17 | MEDICAL RECORDS & LIBRARY | 10740 | 5377 | 6922 | 23039 | 38241 | 1536 | 973 | | 17 |
| 18 | SOCIAL SERVICE | | 1190 | | 1190 | 6374 | 340 | 215 | | 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 | 14724 | 159629 | 3656 | 178009 | 232845 | 45594 | 28891 | 7832 | 25 |
| 26 | INTENSIVE CARE UNIT | 2427 | 13234 | 4233 | 19894 | 51583 | 3780 | 2395 | 1468 | 26 |
| 33 | NURSERY | | 5206 | 1982 | 7188 | 11758 | 1487 | 942 | | 33 |
| | ANCILLARY SERVICE COST CENTERS | | | | | | | | | |
| 37 | OPERATING ROOM | 103270 | 46223 | 171279 | 320772 | 245886 | 13202 | 8366 | 1278 | 37 |
| 38 | RECOVERY ROOM | | 35073 | 1923 | 36996 | 51493 | 10017 | 6348 | 1463 | 38 |
| 39 | DELIVERY ROOM & LABOR ROOM | | 21658 | 13491 | 35149 | 30291 | 6186 | 3920 | 1292 | 39 |
| 40 | ANESTHESIOLOGY | | 321 | 71678 | 71999 | 12176 | 92 | 58 | | 40 |
| 41 | RADIOLOGY-DIAGNOSTIC | 201407 | 59371 | 268015 | 528793 | 108651 | 16958 | 10745 | 715 | 41 |
| 41.10 | C.T.SCAN | 324241 | 10357 | | 334598 | 55382 | 2958 | 1874 | | 41.10 |
| 41.20 | M.R.I. | 401603 | 5302 | | 406905 | 30594 | 1514 | 959 | | 41.20 |
| 43 | RADIOISOTOPE | | 2766 | | 2766 | 22105 | 790 | 501 | | 43 |
| 44 | LABORATORY | | 19936 | 110897 | 130833 | 91913 | 5694 | 3608 | | 44 |
| 46.30 | BLOOD CLOTTING FACTORS ADMIN CO | | | | | | | | | 46.30 |
| 47 | BLOOD STORING, PROCESSING & TRA | | | | | 19542 | | | | 47 |
| 49 | RESPIRATORY THERAPY | 40507 | 6024 | 24372 | 70903 | 35238 | 1721 | 1090 | | 49 |
| 49.10 | CARDIAC STRESS LAB | | 9057 | 15133 | 24190 | 24670 | 2587 | 1639 | 352 | 49.10 |
| 49.20 | CARDIO PULMONARY REHAB | | 909 | 981 | 1890 | 5772 | 260 | 164 | | 49.20 |
| 50 | PHYSICAL THERAPY | 10221 | 46519 | 12927 | 69667 | 35036 | 13287 | 8419 | 562 | 50 |
| 51 | OCCUPATIONAL THERAPY | | 13495 | 2991 | 16486 | 14383 | 3854 | 2442 | | 51 |
| 52 | SPEECH PATHOLOGY | 264 | 12601 | 4983 | 17848 | 7022 | 3599 | 2281 | | 52 |
| 53 | ELECTROCARDIOLOGY | | 562 | 12697 | 13259 | 559 | 161 | 102 | | 53 |
| 53.10 | CARDIAC CATHETERIZATION | | 6853 | 57417 | 64270 | 22699 | 1957 | 1240 | 352 | 53.10 |
| 54 | ELECTROENCEPHALOGRAPHY | 1170 | 4704 | 22065 | 27939 | 10594 | 1344 | 851 | 352 | 54 |
| 56 | DRUGS CHARGED TO PATIENTS | | 8429 | 37560 | 45989 | 152492 | 2408 | 1526 | | 56 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | | | | |
| 61 | EMERGENCY | | 46509 | 77945 | 124454 | 119520 | 13284 | 8417 | 1588 | 61 |
| 62 | OBSERVATION BEDS (NON-DISTINCT | | | | | | | | | 62 |
| 63.50 | RHC | | | | | | | | | 63.50 |
| 63.60 | FQHC | | | | | | | | | 63.60 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | | | | | |
| 69.10 | CMHC | | | | | | | | | 69.10 |
| 69.20 | OPT | | | | | | | | | 69.20 |
| 69.30 | CMHC | | | | | | | | | 69.30 |
| 69.40 | OPT | | | | | | | | | 69.40 |
| 71 | HOME HEALTH AGENCY | | | | | | | | | 71 |
| | SPECIAL PURPOSE COST CENTERS | | | | | | | | | |
| 85.01 | PANCREAS ACQUISITION | | | | | | | | | 85.01 |
| 85.02 | INTESTINAL ACQUISITION | | | | | | | | | 85.02 |
| 95 | SUBTOTALS | 2331726 | 1041451 | 1709872 | 5083049 | 1682320 | 189420 | 109408 | 17254 | 95 |
| | NONREIMBURSABLE COST CENTERS | | | | | | | | | |
| 96 | GIFT, FLOWER, COFFEE SHOP & CAN | | | | | 5280 | | | | 96 |
| 98 | PHYSICIANS' PRIVATE OFFICES | 23476 | 36840 | 649 | 60965 | 332723 | 10522 | 6667 | | 98 |
| 99 | NONPAID WORKERS | | 21814 | | 21814 | 1297 | 6230 | 3948 | | 99 |
| 100 | PRIVATE HOME CARE | | | | | | | | | 100 |
| 100.01 | NON-PATIENT DIETARY | | | | | 8878 | | | | 100.01 |
| 100.10 | AMBULANCE SERVICE | | | | | 650 | | | | 100.10 |
| 100.30 | FUND DEVELOPMENT | | 728 | 153 | 881 | 5632 | 208 | 132 | | 100.30 |
| 100.40 | DEV & PUBLIC RELATIONS | | 1727 | | 1727 | 21994 | 493 | 313 | | 100.40 |
| 100.50 | OCCUPATIONAL MED CLINIC | 135 | 13515 | 1865 | 15515 | 23480 | 3860 | 2446 | 352 | 100.50 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

| COST CENTER DESCRIPTION | DIR ASSGND CAP-REL COSTS 0 | NEW CAP BLDGS & FIXTURES 3 | NEW CAP MOVABLE EQUIPMENT 4 | CAP REL COST TO BE ALLOC 4A | ADMINIS-TRATIVE & GENERAL 6 | MAIN-TENANCE & REPAIRS 7 | OPERATION OF PLANT 8 | LAUNDRY & LINEN SERVICE 9 | |
|---|---|---|---|---|---|---|---|---|---|
| 100.60FOUNDATION | | | | | 2151 | | | | 100.60 |
| 100.70SHARED SALARIES | | | | | | | | | 100.70 |
| 100.80FITNESS CENTER | | 9243 | 9987 | 19230 | 6470 | 2640 | 1673 | | 100.80 |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | | | 101 |
| 102 NEGATIVE COST CENTER | | | | | | | | | 102 |
| 103 TOTAL | 2355337 | 1125318 | 1722526 | 5203181 | 2090875 | 213373 | 124587 | 17606 | 103 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

| | COST CENTER DESCRIPTION | HOUSE-KEEPING | DIETARY | CAFETERIA | NURSING ADMINIS-TRATION | CENTRAL SERVICES & SUPPLY | MEDICAL RECORDS + LIBRARY | SOCIAL SERVICE | SUBTOTAL | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 10 | 11 | 12 | 14 | 15 | 17 | 18 | 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 | 47275 | | | | | | | | 10 |
| 11 | DIETARY | 1508 | 58463 | | | | | | | 11 |
| 12 | CAFETERIA | 999 | | 53073 | | | | | | 12 |
| 13 | MAINTENANCE OF PERSONNEL | | | | | | | | | 13 |
| 14 | NURSING ADMINISTRATION | 171 | | 1159 | 123234 | | | | | 14 |
| 15 | CENTRAL SERVICES & SUPPLY | 1031 | | 491 | | 76649 | | | | 15 |
| 16 | PHARMACY | | | | | | | | | 16 |
| 17 | MEDICAL RECORDS & LIBRARY | 375 | | 2906 | | 145 | 67215 | | | 17 |
| 18 | SOCIAL SERVICE | 83 | | 262 | | 9 | | 8473 | | 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 | 11126 | 49701 | 13114 | 58466 | 13596 | 4812 | 7144 | 651130 | 25 |
| 26 | INTENSIVE CARE UNIT | 922 | 7095 | 2578 | 11492 | 3236 | 1056 | 1020 | 106519 | 26 |
| 33 | NURSERY | 363 | | 496 | 2213 | 298 | 201 | 309 | 25255 | 33 |
| | ANCILLARY SERVICE COST CENTERS | | | | | | | | | |
| 37 | OPERATING ROOM | 3221 | | 3602 | 16057 | 31070 | 8254 | | 651708 | 37 |
| 38 | RECOVERY ROOM | 2444 | | 2199 | 9803 | 3133 | 1894 | | 125790 | 38 |
| 39 | DELIVERY ROOM & LABOR ROOM | 1509 | | 1148 | 5116 | 1543 | 395 | | 96549 | 39 |
| 40 | ANESTHESIOLOGY | 22 | | 1138 | | 3592 | 1908 | | 90985 | 40 |
| 41 | RADIOLOGY-DIAGNOSTIC | 4137 | | 3707 | | 1990 | 4025 | | 679721 | 41 |
| 41.10 | C.T.SCAN | 722 | | 967 | | 3413 | 7305 | | 407219 | 41.10 |
| 41.20 | M.R.I. | 369 | | 501 | | 88 | 2962 | | 443892 | 41.20 |
| 43 | RADIOISOTOPE | 193 | | 352 | | 85 | 1555 | | 28347 | 43 |
| 44 | LABORATORY | 1389 | | 3339 | | 2517 | 11948 | | 251241 | 44 |
| 46.30 | BLOOD CLOTTING FACTORS ADMIN CO | | | | | | | | | 46.30 |
| 47 | BLOOD STORING, PROCESSING & TRA | | | | | | 439 | | 19981 | 47 |
| 49 | RESPIRATORY THERAPY | 420 | | 1856 | | 802 | 3055 | | 115085 | 49 |
| 49.10 | CARDIAC STRESS LAB | 631 | | 870 | | 319 | 1281 | | 56539 | 49.10 |
| 49.20 | CARDIO PULMONARY REHAB | 63 | | 52 | | 10 | 179 | | 8390 | 49.20 |
| 50 | PHYSICAL THERAPY | 3242 | | 1562 | | 251 | 1315 | | 133341 | 50 |
| 51 | OCCUPATIONAL THERAPY | 940 | | 654 | | 16 | 385 | | 39160 | 51 |
| 52 | SPEECH PATHOLOGY | 878 | | 296 | | 8 | 132 | | 32064 | 52 |
| 53 | ELECTROCARDIOLOGY | 39 | | | | 76 | 515 | | 14711 | 53 |
| 53.10 | CARDIAC CATHETERIZATION | 478 | | 220 | | 416 | 670 | | 92302 | 53.10 |
| 54 | ELECTROENCEPHALOGRAPHY | 328 | | 343 | | 22 | 485 | | 42258 | 54 |
| 56 | DRUGS CHARGED TO PATIENTS | 587 | | 1856 | | 329 | 7670 | | 212857 | 56 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | | | | |
| 61 | EMERGENCY | 3241 | | 5363 | 20087 | 7815 | 4774 | | 308543 | 61 |
| 62 | OBSERVATION BEDS (NON-DISTINCT | | | | | | | | | 62 |
| 63.50 | RHC | | | | | | | | | 63.50 |
| 63.60 | FQHC | | | | | | | | | 63.60 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | | | | | |
| 69.10 | CMHC | | | | | | | | | 69.10 |
| 69.20 | OPT | | | | | | | | | 69.20 |
| 69.30 | CMHC | | | | | | | | | 69.30 |
| 69.40 | OPT | | | | | | | | | 69.40 |
| 71 | HOME HEALTH AGENCY | | | | | | | | | 71 |
| | SPECIAL PURPOSE COST CENTERS | | | | | | | | | |
| 85.01 | PANCREAS ACQUISITION | | | | | | | | | 85.01 |
| 85.02 | INTESTINAL ACQUISITION | | | | | | | | | 85.02 |
| 95 | SUBTOTALS | 41431 | 56796 | 51031 | 123234 | 74779 | 67215 | 8473 | 4623587 | 95 |
| | NONREIMBURSABLE COST CENTERS | | | | | | | | | |
| 96 | GIFT, FLOWER, COFFEE SHOP & CAN | | | 169 | | 5 | | | 5454 | 96 |
| 98 | PHYSICIANS' PRIVATE OFFICES | 2567 | | 48 | | 1627 | | | 415119 | 98 |
| 99 | NONPAID WORKERS | 1520 | 1667 | | | 10 | | | 36486 | 99 |
| 100 | PRIVATE HOME CARE | | | | | | | | | 100 |
| 100.01 | NON-PATIENT DIETARY | | | | | | | | 8878 | 100.01 |
| 100.10 | AMBULANCE SERVICE | | | | | | | | 650 | 100.10 |
| 100.30 | FUND DEVELOPMENT | 51 | | 206 | | 7 | | | 7117 | 100.30 |
| 100.40 | DEV & PUBLIC RELATIONS | 120 | | 151 | | 3 | | | 24801 | 100.40 |
| 100.50 | OCCUPATIONAL MED CLINIC | 942 | | 943 | | 119 | | | 47657 | 100.50 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

| COST CENTER DESCRIPTION | HOUSE-KEEPING | DIETARY | CAFETERIA | NURSING ADMINIS-TRATION | CENTRAL SERVICES & SUPPLY | MEDICAL RECORDS + LIBRARY | SOCIAL SERVICE | SUBTOTAL | |
|---|---|---|---|---|---|---|---|---|---|
| | 10 | 11 | 12 | 14 | 15 | 17 | 18 | 25 | |
| 100.60FOUNDATION | | | | | | | | 2151 | 100.60 |
| 100.70SHARED SALARIES | | | | | | | | | 100.70 |
| 100.80FITNESS CENTER | 644 | | 525 | | 99 | | | 31281 | 100.80 |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | | | 101 |
| 102 NEGATIVE COST CENTER | | | | | | | | | 102 |
| 103 TOTAL | 47275 | 58463 | 53073 | 123234 | 76649 | 67215 | 8473 | 5203181 | 103 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

| | COST CENTER DESCRIPTION | I&R COST & POST STEP-DOWN ADJS 26 | TOTAL 27 | |
|---|---|---|---|---|
| | GENERAL SERVICE COST CENTERS | | | |
| 1 | OLD CAP REL COSTS-BLDG & FIXT | | | 1 |
| 2 | OLD CAP REL COSTS-MVBLE EQUIP | | | 2 |
| 3 | NEW CAP REL COSTS-BLDG & FIXT | | | 3 |
| 4 | NEW CAP REL COSTS-MVBLE EQUIP | | | 4 |
| 5 | EMPLOYEE BENEFITS | | | 5 |
| 6 | 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 | | 651130 | 25 |
| 26 | INTENSIVE CARE UNIT | | 106519 | 26 |
| 33 | NURSERY | | 25255 | 33 |
| | ANCILLARY SERVICE COST CENTERS | | | |
| 37 | OPERATING ROOM | | 651708 | 37 |
| 38 | RECOVERY ROOM | | 125790 | 38 |
| 39 | DELIVERY ROOM & LABOR ROOM | | 86549 | 39 |
| 40 | ANESTHESIOLOGY | | 90985 | 40 |
| 41 | RADIOLOGY-DIAGNOSTIC | | 679721 | 41 |
| 41.10 | C.T.SCAN | | 407219 | 41.10 |
| 41.20 | M.R.I. | | 443892 | 41.20 |
| 43 | RADIOISOTOPE | | 28347 | 43 |
| 44 | LABORATORY | | 251241 | 44 |
| 46.30 | BLOOD CLOTTING FACTORS ADMIN CO | | | 46.30 |
| 47 | BLOOD STORING, PROCESSING & TRA | | 19981 | 47 |
| 49 | RESPIRATORY THERAPY | | 115085 | 49 |
| 49.10 | CARDIAC STRESS LAB | | 56539 | 49.10 |
| 49.20 | CARDIO PULMONARY REHAB | | 8390 | 49.20 |
| 50 | PHYSICAL THERAPY | | 133341 | 50 |
| 51 | OCCUPATIONAL THERAPY | | 39160 | 51 |
| 52 | SPEECH PATHOLOGY | | 32064 | 52 |
| 53 | ELECTROCARDIOLOGY | | 14711 | 53 |
| 53.10 | CARDIAC CATHETERIZATION | | 92302 | 53.10 |
| 54 | ELECTROENCEPHALOGRAPHY | | 42258 | 54 |
| 56 | DRUGS CHARGED TO PATIENTS | | 212857 | 56 |
| | OUTPATIENT SERVICE COST CENTERS | | | |
| 61 | EMERGENCY | | 308543 | 61 |
| 62 | OBSERVATION BEDS (NON-DISTINCT | | | 62 |
| 63.50 | RHC | | | 63.50 |
| 63.60 | FQHC | | | 63.60 |
| | OTHER REIMBURSABLE COST CENTERS | | | |
| 69.10 | CMHC | | | 69.10 |
| 69.20 | OPT | | | 69.20 |
| 69.30 | CMHC | | | 69.30 |
| 69.40 | OPT | | | 69.40 |
| 71 | HOME HEALTH AGENCY | | | 71 |
| | SPECIAL PURPOSE COST CENTERS | | | |
| 85.01 | PANCREAS ACQUISITION | | | 85.01 |
| 85.02 | INTESTINAL ACQUISITION | | | 85.02 |
| 95 | SUBTOTALS | | 4623587 | 95 |
| | NONREIMBURSABLE COST CENTERS | | | |
| 96 | GIFT, FLOWER, COFFEE SHOP & CAN | | 5454 | 96 |
| 98 | PHYSICIANS' PRIVATE OFFICES | | 415119 | 98 |
| 99 | NONPAID WORKERS | | 36486 | 99 |
| 100 | PRIVATE HOME CARE | | | 100 |
| 100.01 | NON-PATIENT DIETARY | | 8878 | 100.01 |
| 100.10 | AMBULANCE SERVICE | | 650 | 100.10 |
| 100.30 | FUND DEVELOPMENT | | 7117 | 100.30 |
| 100.40 | DEV & PUBLIC RELATIONS | | 24801 | 100.40 |
| 100.50 | OCCUPATIONAL MED CLINIC | | 47657 | 100.50 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

| COST CENTER DESCRIPTION | I&R COST & POST STEP-DOWN ADJS 26 | TOTAL 27 | |
|---|---|---|---|
| 100.60FOUNDATION | | 2151 | 100.60 |
| 100.70SHARED SALARIES | | | 100.70 |
| 100.80FITNESS CENTER | | 31281 | 100.80 |
| 101 CROSS FOOT ADJUSTMENTS | | | 101 |
| 102 NEGATIVE COST CENTER | | | 102 |
| 103 TOTAL | | 5203181 | 103 |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| | COST CENTER DESCRIPTION | NEW CAP BLDGS & FIXTURES SQUARE FEET 3 | NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE 4 | EMPLOYEE BENEFITS GROSS SALARIES 5 | RECON-CILIATION 6A | ADMINIS-TRATIVE & GENERAL ACCUM COST 6 | MAIN-TENANCE & REPAIRS SQUARE FEET 7 | |
|---|---|---|---|---|---|---|---|---|
| | 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 | 224149 | | | | | | 3 |
| 4 | NEW CAP REL COSTS-MVBLE EQUIP | | 1683811 | | | | | 4 |
| 5 | EMPLOYEE BENEFITS | | | 27627507 | | | | 5 |
| 6 | ADMINISTRATIVE & GENERAL | 46450 | 629082 | 3911962 | -15092416 | 57088553 | | 6 |
| 7 | MAINTENANCE & REPAIRS | 28897 | 186 | 555429 | | 1667874 | 148802 | 7 |
| 8 | OPERATION OF PLANT | 11683 | 1786 | 91960 | | 1292954 | 11683 | 8 |
| 9 | LAUNDRY & LINEN SERVICE | 992 | | | | 281320 | 992 | 9 |
| 10 | HOUSEKEEPING | 999 | 3975 | 573165 | | 978923 | 999 | 10 |
| 11 | DIETARY | 4310 | 11250 | 147193 | | 374377 | 4310 | 11 |
| 12 | CAFETERIA | 2856 | | 359470 | | 847682 | 2856 | 12 |
| 13 | MAINTENANCE OF PERSONNEL | | | | | | | 13 |
| 14 | NURSING ADMINISTRATION | 488 | 84123 | 563600 | | 880642 | 488 | 14 |
| 15 | CENTRAL SERVICES & SUPPLY | 2948 | 38640 | 106449 | | 379339 | 2948 | 15 |
| 16 | PHARMACY | | | | | | | 16 |
| 17 | MEDICAL RECORDS & LIBRARY | 1071 | 6766 | 686116 | | 1044118 | 1071 | 17 |
| 18 | SOCIAL SERVICE | 237 | | 95458 | | 174023 | 237 | 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 | 31796 | 3574 | 4347292 | | 6357552 | 31796 | 25 |
| 26 | INTENSIVE CARE UNIT | 2636 | 4138 | 951595 | | 1408417 | 2636 | 26 |
| 33 | NURSERY | 1037 | 1937 | 217351 | | 321034 | 1037 | 33 |
| | ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 37 | OPERATING ROOM | 9207 | 167429 | 1201032 | | 6713610 | 9207 | 37 |
| 38 | RECOVERY ROOM | 6986 | 1880 | 941994 | | 1405943 | 6986 | 38 |
| 39 | DELIVERY ROOM & LABOR ROOM | 4314 | 13188 | 548181 | | 827052 | 4314 | 39 |
| 40 | ANESTHESIOLOGY | 64 | 70067 | 35700 | | 332456 | 64 | 40 |
| 41 | RADIOLOGY-DIAGNOSTIC | 11826 | 261991 | 1220172 | | 2966588 | 11826 | 41 |
| 41.10 | C.T.SCAN | 2063 | | 331022 | | 1512147 | 2063 | 41.10 |
| 41.20 | M.R.I. | 1056 | | 218433 | | 835321 | 1056 | 41.20 |
| 43 | RADIOISOTOPE | 551 | | 162236 | | 603556 | 551 | 43 |
| 44 | LABORATORY | 3971 | 108405 | 1016004 | | 2509581 | 3971 | 44 |
| 46.30 | BLOOD CLOTTING FACTORS ADMIN | | | | | | | 46.30 |
| 47 | BLOOD STORING, PROCESSING & T | | | | | 533576 | | 47 |
| 49 | RESPIRATORY THERAPY | 1200 | 23824 | 576278 | | 962128 | 1200 | 49 |
| 49.10 | CARDIAC STRESS LAB | 1804 | 14793 | 360344 | | 673580 | 1804 | 49.10 |
| 49.20 | CARDIO PULMONARY REHAB | 181 | 959 | 113624 | | 157606 | 181 | 49.20 |
| 50 | PHYSICAL THERAPY | 9266 | 12636 | 639492 | | 956619 | 9266 | 50 |
| 51 | OCCUPATIONAL THERAPY | 2688 | 2924 | 288344 | | 392713 | 2688 | 51 |
| 52 | SPEECH PATHOLOGY | 2510 | 4871 | 129017 | | 191735 | 2510 | 52 |
| 53 | ELECTROCARDIOLOGY | 112 | 12412 | | | 15259 | 112 | 53 |
| 53.10 | CARDIAC CATHETERIZATION | 1365 | 56127 | 93462 | | 619770 | 1365 | 53.10 |
| 54 | ELECTROENCEPHALOGRAPHY | 937 | 21569 | 178739 | | 289252 | 937 | 54 |
| 56 | DRUGS CHARGED TO PATIENTS | 1679 | 36716 | 883918 | | 4163591 | 1679 | 56 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 61 | EMERGENCY | 9264 | 76193 | 2232631 | | 3263353 | 9264 | 61 |
| 62 | OBSERVATION BEDS (NON-DISTINC | | | | | | | 62 |
| 63.50 | RHC | | | | | | | 63.50 |
| 63.60 | FQHC | | | | | | | 63.60 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 69.10 | CMHC | | | | | | | 69.10 |
| 69.20 | OPT | | | | | | | 69.20 |
| 69.30 | CMHC | | | | | | | 69.30 |
| 69.40 | OPT | | | | | | | 69.40 |
| 71 | HOME HEALTH AGENCY | | | | | | | 71 |
| | SPECIAL PURPOSE COST CENTERS | | | | | | | |
| 85.01 | PANCREAS ACQUISITION | | | | | | | 85.01 |
| 85.02 | INTESTINAL ACQUISITION | | | | | | | 85.02 |
| 95 | SUBTOTALS | 207444 | 1671441 | 23777663 | -15092416 | 45933691 | 132097 | 95 |
| | NONREIMBURSABLE COST CENTERS | | | | | | | |
| 96 | GIFT, FLOWER, COFFEE SHOP & C | | | 49836 | | 144156 | | 96 |
| 98 | PHYSICIANS' PRIVATE OFFICES | 7338 | 634 | 3060961 | | 9084348 | 7338 | 98 |
| 99 | NONPAID WORKERS | 4345 | | | | 35412 | 4345 | 99 |
| 100 | PRIVATE HOME CARE | | | | | | | 100 |
| 100.01 | NON-PATIENT DIETARY | | | 104560 | | 242398 | | 100.01 |
| 100.10 | AMBULANCE SERVICE | | | | | 17744 | | 100.10 |
| 100.30 | FUND DEVELOPMENT | 145 | 150 | 84458 | | 153771 | 145 | 100.30 |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| | COST CENTER DESCRIPTION | NEW CAP BLDGS & FIXTURES SQUARE FEET 3 | NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE 4 | EMPLOYEE BENEFITS GROSS SALARIES 5 | RECON-CILIATION 6A | ADMINIS-TRATIVE & GENERAL ACCUM COST 6 | MAIN-TENANCE & REPAIRS SQUARE FEET 7 | |
|---|---|---|---|---|---|---|---|---|
| 100.40 | DEV & PUBLIC RELATIONS | 344 | | 48651 | | 600526 | 344 | 100.40 |
| 100.50 | OCCUPATIONAL MED CLINIC | 2692 | 1823 | 386498 | | 641097 | 2692 | 100.50 |
| 100.60 | FOUNDATION | | | | | 58742 | | 100.60 |
| 100.70 | SHARED SALARIES | | | | | | | 100.70 |
| 100.80 | FITNESS CENTER | 1841 | 9763 | 114880 | | 176668 | 1841 | 100.80 |
| 101 | CROSS FOOT ADJUSTMENTS | | | | | | | 101 |
| 102 | NEGATIVE COST CENTER | | | | | | | 102 |
| 103 | COST TO BE ALLOC PER B PT I | 1125318 | 1722526 | 9263488 | | 15092416 | 2108808 | 103 |
| 104 | UNIT COST MULT-WS B PT I | | 1.022992 | | | | 14.171906 | |
| 104 | UNIT COST MULT-WS B PT I | 5.020402 | | .335299 | | .264369 | | 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 | | | | | 2090875 | 213373 | 106 |
| 108 | UNIT COST MULT-WS B PT III | | | | | | 1.433939 | 107 |
| 108 | UNIT COST MULT-WS B PT III | | | | | .036625 | | 108 |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| | COST CENTER DESCRIPTION | OPERATION OF PLANT SQUARE FEET 8 | LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9 | HOUSE-KEEPING SQUARE FEET 10 | DIETARY MEALS SERVED 11 | CAFETERIA FTE'S 12 | NURSING ADMINIS-TRATION DIRECT NRSING HRS 14 | CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15 | |
|---|---|---|---|---|---|---|---|---|---|
| | 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 | 137119 | | | | | | | 8 |
| 9 | LAUNDRY & LINEN SERVICE | 992 | 496223 | | | | | | 9 |
| 10 | HOUSEKEEPING | 999 | | 135128 | | | | | 10 |
| 11 | DIETARY | 4310 | | 4310 | 75747 | | | | 11 |
| 12 | CAFETERIA | 2856 | | 2856 | | 40744 | | | 12 |
| 13 | MAINTENANCE OF PERSONNEL | | | | | | | | 13 |
| 14 | NURSING ADMINISTRATION | 488 | | 488 | | 890 | 21221 | | 14 |
| 15 | CENTRAL SERVICES & SUPPLY | 2948 | | 2948 | | 377 | | 1992299 | 15 |
| 16 | PHARMACY | | | | | | | | 16 |
| 17 | MEDICAL RECORDS & LIBRARY | 1071 | | 1071 | | 2231 | | 3776 | 17 |
| 18 | SOCIAL SERVICE | 237 | | 237 | | 201 | | 224 | 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 | 31796 | 220724 | 31796 | 64394 | 10068 | 10068 | 353391 | 25 |
| 26 | INTENSIVE CARE UNIT | 2636 | 41385 | 2636 | 9193 | 1979 | 1979 | 84121 | 26 |
| 33 | NURSERY | 1037 | | 1037 | | 381 | 381 | 7735 | 33 |
| | ANCILLARY SERVICE COST CENTERS | | | | | | | | |
| 37 | OPERATING ROOM | 9207 | 36027 | 9207 | | 2765 | 2765 | 807609 | 37 |
| 38 | RECOVERY ROOM | 6986 | 41235 | 6986 | | 1688 | 1688 | 81426 | 38 |
| 39 | DELIVERY ROOM & LABOR ROOM | 4314 | 36424 | 4314 | | 881 | 881 | 40117 | 39 |
| 40 | ANESTHESIOLOGY | 64 | | 64 | | 874 | | 93375 | 40 |
| 41 | RADIOLOGY-DIAGNOSTIC | 11826 | 20147 | 11826 | | 2846 | | 51715 | 41 |
| 41.10 | C.T.SCAN | 2063 | | 2063 | | 742 | | 88703 | 41.10 |
| 41.20 | M.R.I. | 1056 | | 1056 | | 385 | | 2294 | 41.20 |
| 43 | RADIOISOTOPE | 551 | | 551 | | 270 | | 2201 | 43 |
| 44 | LABORATORY | 3971 | | 3971 | | 2563 | | 65415 | 44 |
| 46.30 | BLOOD CLOTTING FACTORS ADMIN | | | | | | | | 46.30 |
| 47 | BLOOD STORING, PROCESSING & T | | | | | | | | 47 |
| 49 | RESPIRATORY THERAPY | 1200 | | 1200 | | 1425 | | 20855 | 49 |
| 49.10 | CARDIAC STRESS LAB | 1804 | 9923 | 1804 | | 668 | | 8292 | 49.10 |
| 49.20 | CARDIO PULMONARY REHAB | 181 | | 181 | | 40 | | 253 | 49.20 |
| 50 | PHYSICAL THERAPY | 9266 | 15829 | 9266 | | 1199 | | 6512 | 50 |
| 51 | OCCUPATIONAL THERAPY | 2688 | | 2688 | | 502 | | 411 | 51 |
| 52 | SPEECH PATHOLOGY | 2510 | | 2510 | | 227 | | 212 | 52 |
| 53 | ELECTROCARDIOLOGY | 112 | | 112 | | | | 1973 | 53 |
| 53.10 | CARDIAC CATHETERIZATION | 1365 | 9923 | 1365 | | 169 | | 10815 | 53.10 |
| 54 | ELECTROENCEPHALOGRAPHY | 937 | 9923 | 937 | | 263 | | 575 | 54 |
| 56 | DRUGS CHARGED TO PATIENTS | 1679 | | 1679 | | 1425 | | 8554 | 56 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | | | |
| 61 | EMERGENCY | 9264 | 44760 | 9264 | | 4117 | 3459 | 203132 | 61 |
| 62 | OBSERVATION BEDS (NON-DISTINC | | | | | | | | 62 |
| 63.50 | RHC | | | | | | | | 63.50 |
| 63.60 | FQHC | | | | | | | | 63.60 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | | | | |
| 69.10 | CMHC | | | | | | | | 69.10 |
| 69.20 | OPT | | | | | | | | 69.20 |
| 69.30 | CMHC | | | | | | | | 69.30 |
| 69.40 | OPT | | | | | | | | 69.40 |
| 71 | HOME HEALTH AGENCY | | | | | | | | 71 |
| | SPECIAL PURPOSE COST CENTERS | | | | | | | | |
| 85.01 | PANCREAS ACQUISITION | | | | | | | | 85.01 |
| 85.02 | INTESTINAL ACQUISITION | | | | | | | | 85.02 |
| 95 | SUBTOTALS | 120414 | 486300 | 118423 | 73587 | 39176 | 21221 | 1943686 | 95 |
| | NONREIMBURSABLE COST CENTERS | | | | | | | | |
| 96 | GIFT, FLOWER, COFFEE SHOP & C | | | | | 130 | | 136 | 96 |
| 98 | PHYSICIANS' PRIVATE OFFICES | 7338 | | 7338 | | 37 | | 42283 | 98 |
| 99 | NONPAID WORKERS | 4345 | | 4345 | 2160 | | | 247 | 99 |
| 100 | PRIVATE HOME CARE | | | | | | | | 100 |
| 100.01 | NON-PATIENT DIETARY | | | | | | | | 100.01 |
| 100.10 | AMBULANCE SERVICE | | | | | | | | 100.10 |
| 100.30 | FUND DEVELOPMENT | 145 | | 145 | | 158 | | 187 | 100.30 |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| | COST CENTER DESCRIPTION | OPERATION OF PLANT SQUARE FEET 8 | LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9 | HOUSE-KEEPING SQUARE FEET 10 | DIETARY MEALS SERVED 11 | CAFETERIA FTE'S 12 | NURSING ADMINIS-TRATION DIRECT NRSING HRS 14 | CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15 | |
|---|---|---|---|---|---|---|---|---|---|
| 100.40 | DEV & PUBLIC RELATIONS | 344 | | 344 | | 116 | | 73 | 100.40 |
| 100.50 | OCCUPATIONAL MED CLINIC | 2692 | 9923 | 2692 | | 724 | | 3106 | 100.50 |
| 100.60 | FOUNDATION | | | | | | | | 100.60 |
| 100.70 | SHARED SALARIES | | | | | | | | 100.70 |
| 100.80 | FITNESS CENTER | 1841 | | 1841 | | 403 | | 2581 | 100.80 |
| 101 | CROSS FOOT ADJUSTMENTS | | | | | | | | 101 |
| 102 | NEGATIVE COST CENTER | | | | | | | | 102 |
| 103 | COST TO BE ALLOC PER B PT I | 1800341 | 382776 | 1264995 | 631369 | 1176493 | 1157046 | 598594 | 103 |
| 104 | UNIT COST MULT-WS B PT I | 13.129770 | | 9.361457 | | 28.875245 | | .300454 | |
| 104 | UNIT COST MULT-WS B PT I | | .771379 | | 8.335234 | | 54.523632 | | 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 | 124587 | 17606 | 47275 | 58463 | 53073 | 123234 | 76649 | 106 |
| 108 | UNIT COST MULT-WS B PT III | .908605 | | .349853 | | 1.302597 | | .038473 | 107 |
| 108 | UNIT COST MULT-WS B PT III | | .035480 | | .771819 | | 5.807172 | | 108 |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| | COST CENTER DESCRIPTION | MEDICAL RECORDS + LIBRARY GROSS CHARGES 17 | SOCIAL SERVICE PATIENT DAYS 18 | |
|---|---|---|---|---|
| | GENERAL SERVICE COST CENTERS | | | |
| 1 | OLD CAP REL COSTS-BLDG & FIXT | | | 1 |
| 2 | OLD CAP REL COSTS-MVBLE EQUIP | | | 2 |
| 3 | NEW CAP REL COSTS-BLDG & FIXT | | | 3 |
| 4 | NEW CAP REL COSTS-MVBLE EQUIP | | | 4 |
| 5 | EMPLOYEE BENEFITS | | | 5 |
| 6 | ADMINISTRATIVE & GENERAL | | | 6 |
| 7 | MAINTENANCE & REPAIRS | | | 7 |
| 8 | OPERATION OF PLANT | | | 8 |
| 9 | LAUNDRY & LINEN SERVICE | | | 9 |
| 10 | HOUSEKEEPING | | | 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 | 221789353 | | 17 |
| 18 | SOCIAL SERVICE | | 16248 | 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 | 15881841 | 13700 | 25 |
| 26 | INTENSIVE CARE UNIT | 3485162 | 1956 | 26 |
| 33 | NURSERY | 663620 | 592 | 33 |
| | ANCILLARY SERVICE COST CENTERS | | | |
| 37 | OPERATING ROOM | 27241802 | | 37 |
| 38 | RECOVERY ROOM | 6249255 | | 38 |
| 39 | DELIVERY ROOM & LABOR ROOM | 1302457 | | 39 |
| 40 | ANESTHESIOLOGY | 6298325 | | 40 |
| 41 | RADIOLOGY-DIAGNOSTIC | 13283969 | | 41 |
| 41.10 | C.T.SCAN | 24110433 | | 41.10 |
| 41.20 | M.R.I. | 9776314 | | 41.20 |
| 43 | RADIOISOTOPE | 5131933 | | 43 |
| 44 | LABORATORY | 39389470 | | 44 |
| 46.30 | BLOOD CLOTTING FACTORS ADMIN | | | 46.30 |
| 47 | BLOOD STORING, PROCESSING & T | 1450027 | | 47 |
| 49 | RESPIRATORY THERAPY | 10082995 | | 49 |
| 49.10 | CARDIAC STRESS LAB | 4226310 | | 49.10 |
| 49.20 | CARDIO PULMONARY REHAB | 592005 | | 49.20 |
| 50 | PHYSICAL THERAPY | 4339275 | | 50 |
| 51 | OCCUPATIONAL THERAPY | 1270891 | | 51 |
| 52 | SPEECH PATHOLOGY | 435294 | | 52 |
| 53 | ELECTROCARDIOLOGY | 1698596 | | 53 |
| 53.10 | CARDIAC CATHETERIZATION | 2210407 | | 53.10 |
| 54 | ELECTROENCEPHALOGRAPHY | 1602139 | | 54 |
| 56 | DRUGS CHARGED TO PATIENTS | 25312366 | | 56 |
| | OUTPATIENT SERVICE COST CENTERS | | | |
| 61 | EMERGENCY | 15754467 | | 61 |
| 62 | OBSERVATION BEDS (NON-DISTINC | | | 62 |
| 63.50 | RHC | | | 63.50 |
| 63.60 | FQHC | | | 63.60 |
| | OTHER REIMBURSABLE COST CENTERS | | | |
| 69.10 | CMHC | | | 69.10 |
| 69.20 | OPT | | | 69.20 |
| 69.30 | CMHC | | | 69.30 |
| 69.40 | OPT | | | 69.40 |
| 71 | HOME HEALTH AGENCY | | | 71 |
| | SPECIAL PURPOSE COST CENTERS | | | |
| 85.01 | PANCREAS ACQUISITION | | | 85.01 |
| 85.02 | INTESTINAL ACQUISITION | | | 85.02 |
| 95 | SUBTOTALS | 221789353 | 16248 | 95 |
| | NONREIMBURSABLE COST CENTERS | | | |
| 96 | GIFT, FLOWER, COFFEE SHOP & C | | | 96 |
| 98 | PHYSICIANS' PRIVATE OFFICES | | | 98 |
| 99 | NONPAID WORKERS | | | 99 |
| 100 | PRIVATE HOME CARE | | | 100 |
| 100.01 | NON-PATIENT DIETARY | | | 100.01 |
| 100.10 | AMBULANCE SERVICE | | | 100.10 |
| 100.30 | FUND DEVELOPMENT | | | 100.30 |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| | COST CENTER DESCRIPTION | MEDICAL RECORDS + LIBRARY GROSS CHARGES 17 | SOCIAL SERVICE PATIENT DAYS 18 | |
|---|---|---|---|---|
| 100.40 | DEV & PUBLIC RELATIONS | | | 100.40 |
| 100.50 | OCCUPATIONAL MED CLINIC | | | 100.50 |
| 100.60 | FOUNDATION | | | 100.60 |
| 100.70 | SHARED SALARIES | | | 100.70 |
| 100.80 | FITNESS CENTER | | | 100.80 |
| 101 | CROSS FOOT ADJUSTMENTS | | | 101 |
| 102 | NEGATIVE COST CENTER | | | 102 |
| 103 | COST TO BE ALLOC PER B PT I | 1424972 | 234590 | 103 |
| 104 | UNIT COST MULT-WS B PT I | .006425 | | 104 |
| 104 | UNIT COST MULT-WS B PT I | | 14.438085 | 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 | 67215 | 8473 | 107 |
| 108 | UNIT COST MULT-WS B PT III | .000303 | | 108 |
| 108 | UNIT COST MULT-WS B PT III | | .521480 | 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 | 11156714 | | 11156714 | | 11156714 | 25 |
| 26 | INTENSIVE CARE UNIT | 2226906 | | 2226906 | | 2226906 | 26 |
| 33 | NURSERY | 490835 | | 490835 | | 490835 | 33 |
| | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 37 | OPERATING ROOM | 9502106 | | 9502106 | | 9502106 | 37 |
| 38 | RECOVERY ROOM | 2270961 | | 2270961 | | 2270961 | 38 |
| 39 | DELIVERY ROOM & LABOR ROOM | 1325856 | | 1325856 | | 1325856 | 39 |
| 40 | ANESTHESIOLOGY | 516452 | | 516452 | | 516452 | 40 |
| 41 | RADIOLOGY-DIAGNOSTIC | 4383049 | | 4383049 | | 4383049 | 41 |
| 41.10 | C.T.SCAN | 2190535 | | 2190535 | | 2190535 | 41.10 |
| 41.20 | M.R.I. | 1169490 | | 1169490 | | 1169490 | 41.20 |
| 43 | RADIOISOTOPE | 824749 | | 824749 | | 824749 | 43 |
| 44 | LABORATORY | 3665338 | | 3665338 | | 3665338 | 44 |
| 46.30 | BLOOD CLOTTING FACTORS ADMI | | | | | | 46.30 |
| 47 | BLOOD STORING, PROCESSING & | 683953 | | 683953 | | 683953 | 47 |
| 49 | RESPIRATORY THERAPY | 1372677 | | 1372677 | | 1372677 | 49 |
| 49.10 | CARDIAC STRESS LAB | 974382 | | 974382 | | 974382 | 49.10 |
| 49.20 | CARDIO PULMONARY REHAB | 210942 | | 210942 | | 210942 | 49.20 |
| 50 | PHYSICAL THERAPY | 1625907 | | 1625907 | | 1625907 | 50 |
| 51 | OCCUPATIONAL THERAPY | 617868 | | 617868 | | 617868 | 51 |
| 52 | SPEECH PATHOLOGY | 343864 | | 343864 | | 343864 | 52 |
| 53 | ELECTROCARDIOLOGY | 34905 | | 34905 | | 34905 | 53 |
| 53.10 | CARDIAC CATHETERIZATION | 863648 | | 863648 | | 863648 | 53.10 |
| 54 | ELECTROENCEPHALOGRAPHY | 425790 | | 425790 | | 425790 | 54 |
| 56 | DRUGS CHARGED TO PATIENTS | 5532222 | | 5532222 | | 5532222 | 56 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 61 | EMERGENCY | 4969987 | | 4969987 | 329159 | 5299146 | 61 |
| 62 | OBSERVATION BEDS (NON-DISTI | 1090399 | | 1090399 | | 1090399 | 62 |
| 63.50 | RHC | | | | | | 63.50 |
| 63.60 | FQHC | | | | | | 63.60 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 101 | SUBTOTAL | 58469535 | | 58469535 | 329159 | 58798694 | 101 |
| 102 | LESS OBSERVATION BEDS | 1090399 | | 1090399 | | 1090399 | 102 |
| 103 | TOTAL | 57379136 | | 57379136 | 329159 | 57708295 | 103 |

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I (CONT)

| | COST CENTER DESCRIPTION | CHARGES INPATIENT 6 | CHARGES OUTPATIENT 7 | CHARGES TOTAL 8 | COST OR OTHER RATIO 9 | TEFRA INPATIENT RATIO 10 | PPS INPATIENT RATIO 11 | |
|---|---|---|---|---|---|---|---|---|
| | INPATIENT ROUTINE SERV COST CENTERS | | | | | | | |
| 25 | ADULTS & PEDIATRICS | 14444165 | | 14444165 | | | | 25 |
| 26 | INTENSIVE CARE UNIT | 3485162 | | 3485162 | | | | 26 |
| 33 | NURSERY | 663620 | | 663620 | | | | 33 |
| | ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 37 | OPERATING ROOM | 8190701 | 19051101 | 27241802 | .348806 | .348806 | .348806 | 37 |
| 38 | RECOVERY ROOM | 1250728 | 4998527 | 6249255 | .363397 | .363397 | .363397 | 38 |
| 39 | DELIVERY ROOM & LABOR ROOM | 1026455 | 276002 | 1302457 | 1.017965 | 1.017965 | 1.017965 | 39 |
| 40 | ANESTHESIOLOGY | 2106866 | 4191459 | 6298325 | .081998 | .081998 | .081998 | 40 |
| 41 | RADIOLOGY-DIAGNOSTIC | 2401036 | 10882933 | 13283969 | .329950 | .329950 | .329950 | 41 |
| 41.10 | C.T.SCAN | 4043339 | 20067094 | 24110433 | .090854 | .090854 | .090854 | 41.10 |
| 41.20 | M.R.I. | 534954 | 9241360 | 9776314 | .119625 | .119625 | .119625 | 41.20 |
| 43 | RADIOISOTOPE | 403974 | 4727959 | 5131933 | .160709 | .160709 | .160709 | 43 |
| 44 | LABORATORY | 12585061 | 26804408 | 39389469 | .093054 | .093054 | .093054 | 44 |
| 46.30 | BLOOD CLOTTING FACTORS ADMI | | | | | | | 46.30 |
| 47 | BLOOD STORING, PROCESSING & | 1053630 | 396397 | 1450027 | .471683 | .471683 | .471683 | 47 |
| 49 | RESPIRATORY THERAPY | 9134482 | 948513 | 10082995 | .136138 | .136138 | .136138 | 49 |
| 49.10 | CARDIAC STRESS LAB | 1344737 | 2881573 | 4226310 | .230551 | .230551 | .230551 | 49.10 |
| 49.20 | CARDIO PULMONARY REHAB | 878 | 591127 | 592005 | .356318 | .356318 | .356318 | 49.20 |
| 50 | PHYSICAL THERAPY | 1176705 | 3162570 | 4339275 | .374696 | .374696 | .374696 | 50 |
| 51 | OCCUPATIONAL THERAPY | 559812 | 711079 | 1270891 | .486169 | .486169 | .486169 | 51 |
| 52 | SPEECH PATHOLOGY | 233112 | 202182 | 435294 | .789958 | .789958 | .789958 | 52 |
| 53 | ELECTROCARDIOLOGY | 506325 | 1192271 | 1698596 | .020549 | .020549 | .020549 | 53 |
| 53.10 | CARDIAC CATHETERIZATION | 916496 | 1293911 | 2210407 | .390719 | .390719 | .390719 | 53.10 |
| 54 | ELECTROENCEPHALOGRAPHY | 23069 | 1579070 | 1602139 | .265763 | .265763 | .265763 | 54 |
| 56 | DRUGS CHARGED TO PATIENTS | 14570080 | 10742285 | 25312365 | .218558 | .218558 | .218558 | 56 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 61 | EMERGENCY | 3099497 | 12654970 | 15754467 | .315465 | .315465 | .336358 | 61 |
| 62 | OBSERVATION BEDS (NON-DISTI | | 1437676 | 1437676 | .758446 | .758446 | .758446 | 62 |
| 63.50 | RHC | | | | | | | 63.50 |
| 63.60 | FQHC | | | | | | | 63.60 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 101 | SUBTOTAL | 83754884 | 138034467 | 221789351 | | | | 101 |
| 102 | LESS OBSERVATION BEDS | | | | | | | 102 |
| 103 | TOTAL | 83754884 | 138034467 | 221789351 | | | | 103 |

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS

WORKSHEET C
PART II

| | COST CENTER DESCRIPTION | TOTAL COST (WORKSHEET B PART I COL 27) | CAPITAL COST (W/S B,SUM OF PTS II & III,COL 27) | OPERATING COST NET OF CAPITAL COST | CAPITAL REDUCTION | |
|---|---|---|---|---|---|---|
| | | 1 | 2 | 3 | 4 | |
| | ANCILLARY SERVICE COST CENTERS | | | | | |
| 37 | OPERATING ROOM | 9502106 | 651708 | 8850398 | | 37 |
| 38 | RECOVERY ROOM | 2270961 | 125790 | 2145171 | | 38 |
| 39 | DELIVERY ROOM & LABOR ROOM | 1325856 | 86549 | 1239307 | | 39 |
| 40 | ANESTHESIOLOGY | 516452 | 90985 | 425467 | | 40 |
| 41 | RADIOLOGY-DIAGNOSTIC | 4383049 | 679721 | 3703328 | | 41 |
| 41.10 | C.T.SCAN | 2190535 | 407219 | 1783316 | | 41.10 |
| 41.20 | M.R.I. | 1169490 | 443892 | 725598 | | 41.20 |
| 43 | RADIOISOTOPE | 824749 | 28347 | 796402 | | 43 |
| 44 | LABORATORY | 3665338 | 251241 | 3414097 | | 44 |
| 46.30 | BLOOD CLOTTING FACTORS ADMI | | | | | 46.30 |
| 47 | BLOOD STORING, PROCESSING & | 683953 | 19981 | 663972 | | 47 |
| 49 | RESPIRATORY THERAPY | 1372677 | 115085 | 1257592 | | 49 |
| 49.10 | CARDIAC STRESS LAB | 974382 | 56539 | 917843 | | 49.10 |
| 49.20 | CARDIO PULMONARY REHAB | 210942 | 8390 | 202552 | | 49.20 |
| 50 | PHYSICAL THERAPY | 1625907 | 133341 | 1492566 | | 50 |
| 51 | OCCUPATIONAL THERAPY | 617868 | 39160 | 578708 | | 51 |
| 52 | SPEECH PATHOLOGY | 343864 | 32064 | 311800 | | 52 |
| 53 | ELECTROCARDIOLOGY | 34905 | 14711 | 20194 | | 53 |
| 53.10 | CARDIAC CATHETERIZATION | 863648 | 92302 | 771346 | | 53.10 |
| 54 | ELECTROENCEPHALOGRAPHY | 425790 | 42258 | 383532 | | 54 |
| 56 | DRUGS CHARGED TO PATIENTS | 5532222 | 212857 | 5319365 | | 56 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | |
| 61 | EMERGENCY | 4969987 | 308543 | 4661444 | | 61 |
| 62 | OBSERVATION BEDS (NON-DISTI | 1090399 | 63638 | 1026761 | | 62 |
| 63.50 | RHC | | | | | 63.50 |
| 63.60 | FQHC | | | | | 63.60 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | |
| 101 | SUBTOTAL | 44595080 | 3904321 | 40690759 | | 101 |
| 102 | LESS OBSERVATION BEDS | 1090399 | 63638 | 1026761 | | 102 |
| 103 | TOTAL | 43504681 | 3840683 | 39663998 | | 103 |

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS

WORKSHEET C
PART II (CONT)

| | COST CENTER DESCRIPTION | OPERATING COST REDUCTION AMOUNT 5 | COST NET OF CAPITAL & OPERATING REDUCTION 6 | TOTAL CHARGES (WORKSHEET C PART I COL 8) 7 | OUTPATIENT COST TO CHARGE RATIO 8 | I/P PART B COST TO CHARGE RATIO 9 | |
|---|---|---|---|---|---|---|---|
| | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 37 | OPERATING ROOM | | 9502106 | 27241802 | .348806 | .348806 | 37 |
| 38 | RECOVERY ROOM | | 2270961 | 6249255 | .363397 | .363397 | 38 |
| 39 | DELIVERY ROOM & LABOR ROOM | | 1325856 | 1302457 | 1.017965 | 1.017965 | 39 |
| 40 | ANESTHESIOLOGY | | 516452 | 6298325 | .081998 | .081998 | 40 |
| 41 | RADIOLOGY-DIAGNOSTIC | | 4383049 | 13283969 | .329950 | .329950 | 41 |
| 41.10 | C.T.SCAN | | 2190535 | 24110433 | .090854 | .090854 | 41.10 |
| 41.20 | M.R.I. | | 1169490 | 9776314 | .119625 | .119625 | 41.20 |
| 43 | RADIOISOTOPE | | 824749 | 5131933 | .160709 | .160709 | 43 |
| 44 | LABORATORY | | 3665338 | 39389469 | .093054 | .093054 | 44 |
| 46.30 | BLOOD CLOTTING FACTORS ADMI | | | | | | 46.30 |
| 47 | BLOOD STORING, PROCESSING & | | 683953 | 1450027 | .471683 | .471683 | 47 |
| 49 | RESPIRATORY THERAPY | | 1372677 | 10082995 | .136138 | .136138 | 49 |
| 49.10 | CARDIAC STRESS LAB | | 974382 | 4226310 | .230551 | .230551 | 49.10 |
| 49.20 | CARDIO PULMONARY REHAB | | 210942 | 592005 | .356318 | .356318 | 49.20 |
| 50 | PHYSICAL THERAPY | | 1625907 | 4339275 | .374696 | .374696 | 50 |
| 51 | OCCUPATIONAL THERAPY | | 617868 | 1270891 | .486169 | .486169 | 51 |
| 52 | SPEECH PATHOLOGY | | 343864 | 435294 | .789958 | .789958 | 52 |
| 53 | ELECTROCARDIOLOGY | | 34905 | 1698596 | .020549 | .020549 | 53 |
| 53.10 | CARDIAC CATHETERIZATION | | 863648 | 2210407 | .390719 | .390719 | 53.10 |
| 54 | ELECTROENCEPHALOGRAPHY | | 425790 | 1602139 | .265763 | .265763 | 54 |
| 56 | DRUGS CHARGED TO PATIENTS | | 5532222 | 25312365 | .218558 | .218558 | 56 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 61 | EMERGENCY | | 4969987 | 15754467 | .315465 | .315465 | 61 |
| 62 | OBSERVATION BEDS (NON-DISTI | | 1090399 | 1437676 | .758446 | .758446 | 62 |
| 63.50 | RHC | | | | | | 63.50 |
| 63.60 | FQHC | | | | | | 63.60 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 101 | SUBTOTAL | | 44595080 | 203196404 | | | 101 |
| 102 | LESS OBSERVATION BEDS | | 1090399 | 1437676 | | | 102 |
| 103 | TOTAL | | 43504681 | 201758728 | | | 103 |

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

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

| | COST CENTER DESCRIPTION | OLD CAPITAL CAPITAL RELATED COST 1 | OLD CAPITAL SWING-BED ADJUSTMENT 2 | OLD CAPITAL REDUCED CAPITAL RELATED COST 3 | NEW CAPITAL CAPITAL RELATED COST 4 | NEW CAPITAL SWING-BED ADJUSTMENT 5 | NEW CAPITAL REDUCED CAPITAL RELATED COST 6 | |
|---|---|---|---|---|---|---|---|---|
| | INPAT ROUTINE SERV COST CTRS | | | | | | | |
| 25 | ADULTS & PEDIATRICS | | | | 651130 | | 651130 | 25 |
| 26 | INTENSIVE CARE UNIT | | | | 106519 | | 106519 | 26 |
| 27 | CORONARY CARE UNIT | | | | | | | 27 |
| 28 | BURN INTENSIVE CARE UNIT | | | | | | | 28 |
| 29 | SURGICAL INTENSIVE CARE UNIT | | | | | | | 29 |
| 30 | OTHER SPECIAL CARE (SPECIFY) | | | | | | | 30 |
| 31 | SUBPROVIDER I | | | | | | | 31 |
| 33 | NURSERY | | | | 25255 | | 25255 | 33 |
| 101 | TOTAL | | | | 782904 | | 782904 | 101 |

| | COST CENTER DESCRIPTION | TOTAL PATIENT DAYS 7 | INPATIENT PROGRAM DAYS 8 | OLD CAPITAL PER DIEM 9 | OLD CAPITAL INPATIENT PROGRAM CAPITAL COST 10 | NEW CAPITAL PER DIEM 11 | NEW CAPITAL INPATIENT PROGRAM CAPITAL COST 12 | |
|---|---|---|---|---|---|---|---|---|
| | INPAT ROUTINE SERV COST CTRS | | | | | | | |
| 25 | ADULTS & PEDIATRICS | 15184 | 7984 | | | 42.88 | 342354 | 25 |
| 26 | INTENSIVE CARE UNIT | 1956 | 1155 | | | 54.46 | 62901 | 26 |
| 27 | CORONARY CARE UNIT | | | | | | | 27 |
| 28 | BURN INTENSIVE CARE UNIT | | | | | | | 28 |
| 29 | SURGICAL INTENSIVE CARE UNIT | | | | | | | 29 |
| 30 | OTHER SPECIAL CARE (SPECIFY) | | | | | | | 30 |
| 31 | SUBPROVIDER I | | | | | | | 31 |
| 33 | NURSERY | 592 | | | | 42.66 | | 33 |
| 101 | TOTAL | 17732 | 9139 | | | | 405255 | 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
PART II

| CHECK APPLICABLE BOXES | | | | | | | |
|---|---|---|---|---|---|---|---|
| [ ] | TITLE V | [XX] | HOSPITAL (14-0064) | [ ] | SUB III | [XX] | PPS |
| [XX] | TITLE XVIII-PT A | [ ] | SUB I | [ ] | SUB IV | [ ] | TEFRA |
| [ ] | TITLE XIX | [ ] | SUB II | | | | |

| | COST CENTER DESCRIPTION | OLD CAPITAL RELATED COST 1 | NEW CAPITAL RELATED COST 2 | TOTAL CHARGES 3 | INPATIENT PROGRAM CHARGES 4 | ---- OLD CAPITAL ---- RATIO OF COST TO CHARGES 5 | CAPITAL COSTS 6 | ---- NEW CAPITAL ---- RATIO OF COST TO CHARGES 7 | CAPITAL COSTS 8 | |
|---|---|---|---|---|---|---|---|---|---|---|
| | ANCILLARY SERVICE COST CENTERS | | | | | | | | | |
| 37 | OPERATING ROOM | | 651708 | 27241802 | 4335871 | | | .023923 | 103727 | 37 |
| 38 | RECOVERY ROOM | | 125790 | 6249255 | 685605 | | | .020129 | 13801 | 38 |
| 39 | DELIVERY ROOM & LABOR ROOM | | 86549 | 1302457 | | | | .066451 | | 39 |
| 40 | ANESTHESIOLOGY | | 90985 | 6298325 | 1113979 | | | .014446 | 16093 | 40 |
| 41 | RADIOLOGY-DIAGNOSTIC | | 679721 | 13283969 | 1662463 | | | .051169 | 85067 | 41 |
| 41.10 | C.T.SCAN | | 407219 | 24110433 | 2387256 | | | .016890 | 40321 | 41.10 |
| 41.20 | M.R.I. | | 443892 | 9776314 | 287530 | | | .045405 | 13055 | 41.20 |
| 43 | RADIOISOTOPE | | 28347 | 5131933 | 209936 | | | .005524 | 1160 | 43 |
| 44 | LABORATORY | | 251241 | 39389469 | 7849986 | | | .006378 | 50067 | 44 |
| 46.30 | BLOOD CLOTTING FACTORS ADMIN | | | | | | | | | 46.30 |
| 47 | BLOOD STORING, PROCESSING & T | | 19981 | 1450027 | 640177 | | | .013780 | 8822 | 47 |
| 49 | RESPIRATORY THERAPY | | 115085 | 10082935 | 6012097 | | | .011414 | 68622 | 49 |
| 49.10 | CARDIAC STRESS LAB | | 56539 | 4226310 | 913790 | | | .013378 | 12225 | 49.10 |
| 49.20 | CARDIO PULMONARY REHAB | | 8390 | 592005 | 878 | | | .014172 | 12 | 49.20 |
| 50 | PHYSICAL THERAPY | | 133341 | 4339275 | 779099 | | | .030729 | 23941 | 50 |
| 51 | OCCUPATIONAL THERAPY | | 39160 | 1270891 | 400958 | | | .030813 | 12355 | 51 |
| 52 | SPEECH PATHOLOGY | | 32064 | 435294 | 180157 | | | .073661 | 13271 | 52 |
| 53 | ELECTROCARDIOLOGY | | 14711 | 1698596 | 445500 | | | .008661 | 3858 | 53 |
| 53.10 | CARDIAC CATHETERIZATION | | 92302 | 2210407 | 715432 | | | .041758 | 29875 | 53.10 |
| 54 | ELECTROENCEPHALOGRAPHY | | 42258 | 1602139 | 15867 | | | .026376 | 419 | 54 |
| 56 | DRUGS CHARGED TO PATIENTS | | 212857 | 25312365 | 8416068 | | | .008409 | 70771 | 56 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | | | | |
| 61 | EMERGENCY | | 308543 | 15754467 | 1827973 | | | .019584 | 35799 | 61 |
| 62 | OBSERVATION BEDS (NON-DISTINC | | 63638 | 1437676 | | | | .044264 | | 62 |
| 63.50 | RHC | | | | | | | | | 63.50 |
| 63.60 | FQHC | | | | | | | | | 63.60 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | | | | | |
| 101 | TOTAL | | 3904321 | 203196404 | 38880622 | | | | 603261 | 101 |

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

| | COST CENTER DESCRIPTION | NONPHYSICIAN ANESTHETIST COST 1 | 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 | | | | | 15184 | | 7984 | | 25 |
| 26 | INTENSIVE CARE UNIT | | | | | 1956 | | 1155 | | 26 |
| 27 | CORONARY CARE UNIT | | | | | | | | | 27 |
| 28 | BURN INTENSIVE CARE UNIT | | | | | | | | | 28 |
| 29 | SURGICAL INTENSIVE CARE UNIT | | | | | | | | | 29 |
| 30 | OTHER SPECIAL CARE (SPECIFY) | | | | | | | | | 30 |
| 31 | SUBPROVIDER I | | | | | | | | | 31 |
| 33 | NURSERY | | | | | 592 | | | | 33 |
| 34 | SKILLED NURSING FACILITY | | | | | | | | | 34 |
| 35 | NURSING FACILITY | | | | | | | | | 35 |
| 101 | TOTAL | | | | | 17732 | | 9139 | | 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

| CHECK APPLICABLE BOXES | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | [ ] | TITLE V | [XX] | HOSPITAL (14-0064) | [ ] | SUB IV | [ ] | PPS |
| | [XX] | TITLE XVIII-PT A | [ ] | SUB I | [ ] | SNF | [ ] | TEFRA |
| | [ ] | TITLE XIX | [ ] | SUB II | [ ] | NF | | |
| | | | [ ] | SUB III | [ ] | ICF/MR | | |

| | COST CENTER DESCRIPTION | NONPHYSICIAN ANESTHETIST COST 1 | OUTPATIENT NONPHYSICIAN ANESTHETIST COST 1.01 | MEDICAL EDUCATION COST 2 | N/A 2.01 | N/A 2.02 | N/A 2.03 | TOTAL COSTS 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 |
| 41.10 | C.T.SCAN | | | | | | | | 41.10 |
| 41.20 | M.R.I. | | | | | | | | 41.20 |
| 43 | RADIOISOTOPE | | | | | | | | 43 |
| 44 | LABORATORY | | | | | | | | 44 |
| 46.30 | BLOOD CLOTTING FACTORS ADMIN | | | | | | | | 46.30 |
| 47 | BLOOD STORING, PROCESSING & T | | | | | | | | 47 |
| 49 | RESPIRATORY THERAPY | | | | | | | | 49 |
| 49.10 | CARDIAC STRESS LAB | | | | | | | | 49.10 |
| 49.20 | CARDIO PULMONARY REHAB | | | | | | | | 49.20 |
| 50 | PHYSICAL THERAPY | | | | | | | | 50 |
| 51 | OCCUPATIONAL THERAPY | | | | | | | | 51 |
| 52 | SPEECH PATHOLOGY | | | | | | | | 52 |
| 53 | ELECTROCARDIOLOGY | | | | | | | | 53 |
| 53.10 | CARDIAC CATHETERIZATION | | | | | | | | 53.10 |
| 54 | ELECTROENCEPHALOGRAPHY | | | | | | | | 54 |
| 56 | DRUGS CHARGED TO PATIENTS | | | | | | | | 56 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | | | |
| 61 | EMERGENCY | | | | | | | | 61 |
| 62 | OBSERVATION BEDS (NON-DISTINC | | | | | | | | 62 |
| 63.50 | RHC | | | | | | | | 63.50 |
| 63.60 | FQHC | | | | | | | | 63.60 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | | | | |
| 101 | TOTAL | | | | | | | | 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

| CHECK APPLICABLE BOXES | | | | | | | |
|---|---|---|---|---|---|---|---|
| [ ] | TITLE V | [XX] | HOSPITAL (14-0064) | [ ] | SUB IV | [ ] | PPS |
| [XX] | TITLE XVIII-PT A | [ ] | SUB I | [ ] | SNF | [ ] | TEFRA |
| [ ] | TITLE XIX | [ ] | SUB II | [ ] | NF | | |
| | | [ ] | SUB III | [ ] | ICF/MR | | |

| | COST CENTER DESCRIPTION | OUTPATIENT PASS THROUGH COSTS 3.01 | TOTAL CHARGES 4 | RATIO OF COST TO CHARGES 5 | OUTPATIENT RATIO OF COST TO CHARGES 5.01 | INPATIENT PROGRAM CHARGES 6 | INPATIENT PROGRAM PASS THROUGH COSTS 7 | OUTPATIENT PROGRAM CHARGES 8 | |
|---|---|---|---|---|---|---|---|---|---|
| | ANCILLARY SERVICE COST CENTERS | | | | | | | | |
| 37 | OPERATING ROOM | | 27241802 | | | 4335871 | | 7236427 | 37 |
| 38 | RECOVERY ROOM | | 6249255 | | | 685605 | | 1653525 | 38 |
| 39 | DELIVERY ROOM & LABOR ROOM | | 1302457 | | | | | | 39 |
| 40 | ANESTHESIOLOGY | | 6298325 | | | 1113979 | | 1224371 | 40 |
| 41 | RADIOLOGY-DIAGNOSTIC | | 13283969 | | | 1662463 | | 2219227 | 41 |
| 41.10 | C.T.SCAN | | 24110433 | | | 2387256 | | 5580363 | 41.10 |
| 41.20 | M.R.I. | | 9776314 | | | 287530 | | 2142782 | 41.20 |
| 43 | RADIOISOTOPE | | 5131933 | | | 209936 | | 1600387 | 43 |
| 44 | LABORATORY | | 39389469 | | | 7849986 | | 636091 | 44 |
| 46.30 | BLOOD CLOTTING FACTORS ADMIN | | | | | | | | 46.30 |
| 47 | BLOOD STORING, PROCESSING & T | | 1450027 | | | 640177 | | 250862 | 47 |
| 49 | RESPIRATORY THERAPY | | 10082995 | | | 6012097 | | 277233 | 49 |
| 49.10 | CARDIAC STRESS LAB | | 4226310 | | | 913790 | | 730688 | 49.10 |
| 49.20 | CARDIO PULMONARY REHAB | | 592005 | | | 878 | | 316782 | 49.20 |
| 50 | PHYSICAL THERAPY | | 4339275 | | | 779099 | | | 50 |
| 51 | OCCUPATIONAL THERAPY | | 1270891 | | | 400958 | | | 51 |
| 52 | SPEECH PATHOLOGY | | 435294 | | | 180157 | | | 52 |
| 53 | ELECTROCARDIOLOGY | | 1698596 | | | 445500 | | 629208 | 53 |
| 53.10 | CARDIAC CATHETERIZATION | | 2210407 | | | 715432 | | 452690 | 53.10 |
| 54 | ELECTROENCEPHALOGRAPHY | | 1602139 | | | 15867 | | 329504 | 54 |
| 56 | DRUGS CHARGED TO PATIENTS | | 25312365 | | | 8416068 | | 3557187 | 56 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | | | |
| 61 | EMERGENCY | | 15754467 | | | 1827973 | | 2200534 | 61 |
| 62 | OBSERVATION BEDS (NON-DISTINC | | 1437676 | | | | | | 62 |
| 63.50 | RHC | | | | | | | | 63.50 |
| 63.60 | FQHC | | | | | | | | 63.60 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | | | | |
| 101 | TOTAL | | 203196404 | | | 38880622 | | 31037881 | 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

| CHECK APPLICABLE BOXES | | | | | | | |
|---|---|---|---|---|---|---|---|
| [ ] | TITLE V | [XX] | HOSPITAL (14-0064) | [ ] | SUB IV | [ ] | PPS |
| [XX] | TITLE XVIII-PT A | [ ] | SUB I | [ ] | SNF | [ ] | TEFRA |
| [ ] | TITLE XIX | [ ] | SUB II | [ ] | NF | | |
| | | [ ] | SUB III | [ ] | ICF/MR | | |

| | COST CENTER DESCRIPTION | OUTPATIENT PROGRAM CHARGES 8.01 | OUTPATIENT PROGRAM CHARGES 8.02 | OUTPATIENT PROGRAM PASS THROUGH COSTS 9 | OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01 | OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02 | |
|---|---|---|---|---|---|---|---|
| | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 37 | OPERATING ROOM | | | | | | 37 |
| 38 | RECOVERY ROOM | | | | | | 38 |
| 39 | DELIVERY ROOM & LABOR ROOM | | | | | | 39 |
| 40 | ANESTHESIOLOGY | | | | | | 40 |
| 41 | RADIOLOGY-DIAGNOSTIC | | | | | | 41 |
| 41.10 | C.T.SCAN | | | | | | 41.10 |
| 41.20 | M.R.I. | | | | | | 41.20 |
| 43 | RADIOISOTOPE | | | | | | 43 |
| 44 | LABORATORY | | | | | | 44 |
| 46.30 | BLOOD CLOTTING FACTORS ADMIN | | | | | | 46.30 |
| 47 | BLOOD STORING, PROCESSING & T | | | | | | 47 |
| 49 | RESPIRATORY THERAPY | | | | | | 49 |
| 49.10 | CARDIAC STRESS LAB | | | | | | 49.10 |
| 49.20 | CARDIO PULMONARY REHAB | | | | | | 49.20 |
| 50 | PHYSICAL THERAPY | | | | | | 50 |
| 51 | OCCUPATIONAL THERAPY | | | | | | 51 |
| 52 | SPEECH PATHOLOGY | | | | | | 52 |
| 53 | ELECTROCARDIOLOGY | | | | | | 53 |
| 53.10 | CARDIAC CATHETERIZATION | | | | | | 53.10 |
| 54 | ELECTROENCEPHALOGRAPHY | | | | | | 54 |
| 56 | DRUGS CHARGED TO PATIENTS | | | | | | 56 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 61 | EMERGENCY | | | | | | 61 |
| 62 | OBSERVATION BEDS (NON-DISTINC | | | | | | 62 |
| 63.50 | RHC | | | | | | 63.50 |
| 63.60 | FQHC | | | | | | 63.60 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 101 | TOTAL | | | | | | 101 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

| CHECK APPLICABLE BOXES | | | | |
|---|---|---|---|---|
| [ ] TITLE V - O/P | [XX] HOSPITAL (14-0064) | [ ] SNF |
| [XX] TITLE XVIII-PT B | [ ] SUB I | [ ] NF |
| [ ] TITLE XIX - O/P | [ ] SUB II | [ ] S/B-SNF |
| | [ ] SUB III | [ ] S/B-NF |
| | [ ] SUB IV | [ ] ICF/MR |

| | COST CENTER DESCRIPTION | COST TO CHARGE RATIO FROM WORKSHEET C, PART II COL. 8 1 | PART I COL. 9 1.01 | PART II COL. 9 1.02 | --------- PROGRAM CHARGES --------- OUTPATIENT AMBULATORY SURGICAL CENTER 2 | OUTPATIENT RADIOLOGY 3 | OTHER OUTPATIENT DIAGNOSTIC 4 | |
|---|---|---|---|---|---|---|---|---|
| | ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 37 | OPERATING ROOM | .348806 | .348806 | .348806 | | | | 37 |
| 38 | RECOVERY ROOM | .363397 | .363397 | .363397 | | | | 38 |
| 39 | DELIVERY ROOM & LABOR ROOM | 1.017965 | 1.017965 | 1.017965 | | | | 39 |
| 40 | ANESTHESIOLOGY | .081998 | .081998 | .081998 | | | | 40 |
| 41 | RADIOLOGY-DIAGNOSTIC | .329950 | .329950 | .329950 | | | | 41 |
| 41.10 | C.T.SCAN | .090854 | .090854 | .090854 | | | | 41.10 |
| 41.20 | M.R.I. | .119625 | .119625 | .119625 | | | | 41.20 |
| 43 | RADIOISOTOPE | .160709 | .160709 | .160709 | | | | 43 |
| 44 | LABORATORY | .093054 | .093054 | .093054 | | | | 44 |
| 46.30 | BLOOD CLOTTING FACTORS ADMIN CO | | | | | | | 46.30 |
| 47 | BLOOD STORING, PROCESSING & TRA | .471683 | .471683 | .471683 | | | | 47 |
| 49 | RESPIRATORY THERAPY | .136138 | .136138 | .136138 | | | | 49 |
| 49.10 | CARDIAC STRESS LAB | .230551 | .230551 | .230551 | | | | 49.10 |
| 49.20 | CARDIO PULMONARY REHAB | .356318 | .356318 | .356318 | | | | 49.20 |
| 50 | PHYSICAL THERAPY | .374696 | .374696 | .374696 | | | | 50 |
| 51 | OCCUPATIONAL THERAPY | .486169 | .486169 | .486169 | | | | 51 |
| 52 | SPEECH PATHOLOGY | .789958 | .789958 | .789958 | | | | 52 |
| 53 | ELECTROCARDIOLOGY | .020549 | .020549 | .020549 | | | | 53 |
| 53.10 | CARDIAC CATHETERIZATION | .390719 | .390719 | .390719 | | | | 53.10 |
| 54 | ELECTROENCEPHALOGRAPHY | .265763 | .265763 | .265763 | | | | 54 |
| 56 | DRUGS CHARGED TO PATIENTS | .218558 | .218558 | .218558 | | | | 56 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 61 | EMERGENCY | .315465 | .315465 | .315465 | | | | 61 |
| 62 | OBSERVATION BEDS (NON-DISTINCT | .758446 | .758446 | .758446 | | | | 62 |
| 63.50 | RHC | | | | | | | 63.50 |
| 63.60 | FQHC | | | | | | | 63.60 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 65.01 | AMBULANCE CHARGES (S-2 LINE 56. | | | | | | | 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 | |
|---|---|---|---|
| 1 | DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES | .218558 | 1 |
| 2 | PROGRAM VACCINE CHARGES | 4796 | 2 |
| 2.01 | PROGRAM VACCINE CHARGES | | 2.01 |
| 3 | PROGRAM COSTS | 1048 | 3 |
| 3.01 | PROGRAM COSTS | | 3.01 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

| CHECK APPLICABLE BOXES | | | | | | |
|---|---|---|---|---|---|---|
| | [ ] | TITLE V - O/P | [XX] | HOSPITAL (14-0064) | [ ] | SNF |
| | [XX] | TITLE XVIII-PT B | [ ] | SUB I | [ ] | NF |
| | [ ] | TITLE XIX - O/P | [ ] | SUB II | [ ] | S/B-SNF |
| | | | [ ] | SUB III | [ ] | S/B-NF |
| | | | [ ] | SUB IV | [ ] | ICF/MR |

| | COST CENTER DESCRIPTION | PROGRAM CHARGES: ALL OTHER (1) (SEE INSTRU.) 5 | PROGRAM CHARGES: PPS SERVICES (SEE INSTRU.) 5.01 | PROGRAM CHARGES: ALL OTHER (SEE INSTRU.) 5.02 | PROGRAM CHARGES: PPS SERVICES (SEE INSTRU.) 5.03 | PROGRAM CHARGES: PPS SERVICES (SEE INSTRU.) 5.04 | PROGRAM COST: OUTPATIENT AMBULATORY SURGICAL CENTER 6 | PROGRAM COST: OUTPATIENT RADIOLOGY 7 | PROGRAM COST: OTHER OUTPATIENT DIAGNOSTIC 8 | |
|---|---|---|---|---|---|---|---|---|---|---|
| | ANCILLARY SERVICE COST CENTERS | | | | | | | | | |
| 37 | OPERATING ROOM | | 7236427 | | | | | | | 37 |
| 38 | RECOVERY ROOM | | 1653525 | | | | | | | 38 |
| 39 | DELIVERY ROOM & LABOR ROOM | | | | | | | | | 39 |
| 40 | ANESTHESIOLOGY | | 1224371 | | | | | | | 40 |
| 41 | RADIOLOGY-DIAGNOSTIC | | 2219227 | | | | | | | 41 |
| 41.10 | C.T.SCAN | | 5580383 | | | | | | | 41.10 |
| 41.20 | M.R.I. | | 2142782 | | | | | | | 41.20 |
| 43 | RADIOISOTOPE | | 1600387 | | | | | | | 43 |
| 44 | LABORATORY | | 636091 | | | | | | | 44 |
| 46.30 | BLOOD CLOTTING FACTORS ADMIN C | | | | | | | | | 46.30 |
| 47 | BLOOD STORING, PROCESSING & TR | | 250862 | | | | | | | 47 |
| 49 | RESPIRATORY THERAPY | | 277233 | | | | | | | 49 |
| 49.10 | CARDIAC STRESS LAB | | 730688 | | | | | | | 49.10 |
| 49.20 | CARDIO PULMONARY REHAB | | 316782 | | | | | | | 49.20 |
| 50 | PHYSICAL THERAPY | | | | | | | | | 50 |
| 51 | OCCUPATIONAL THERAPY | | | | | | | | | 51 |
| 52 | SPEECH PATHOLOGY | | | | | | | | | 52 |
| 53 | ELECTROCARDIOLOGY | | 629208 | | | | | | | 53 |
| 53.10 | CARDIAC CATHETERIZATION | | 452690 | | | | | | | 53.10 |
| 54 | ELECTROENCEPHALOGRAPHY | | 329504 | | | | | | | 54 |
| 56 | DRUGS CHARGED TO PATIENTS | | 3557187 | | | | | | | 56 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | | | | |
| 61 | EMERGENCY | | 2200534 | | | | | | | 61 |
| 62 | OBSERVATION BEDS (NON-DISTINCT | | | | | | | | | 62 |
| 63.50 | RHC | | | | | | | | | 63.50 |
| 63.60 | FQHC | | | | | | | | | 63.60 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | | | | | |
| 65.01 | AMBULANCE CHARGES (S-2 LINE 56 | | | | | | | | | 65.01 |
| 65.02 | AMBULANCE CHARGES (S-2 LINE 56 | | | | | | | | | 65.02 |
| 65.03 | AMBULANCE CHARGES (S-2 LINE 56 | | | | | | | | | 65.03 |
| 101 | SUBTOTAL | | 31037881 | | | | | | | 101 |
| 102 | CRNA CHARGES | | | | | | | | | 102 |
| 103 | PBP CLINIC LAB | | | | | | | | | 103 |
| 104 | NET CHARGES | | 31037881 | | | | | | | 104 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

| CHECK APPLICABLE BOXES | | | | |
|---|---|---|---|---|
| [ ] TITLE V - O/P | [XX] HOSPITAL (14-0064) | [ ] SNF |
| [XX] TITLE XVIII-PT B | [ ] SUB I | [ ] NF |
| [ ] TITLE XIX - O/P | [ ] SUB II | [ ] S/B-SNF |
| | [ ] SUB III | [ ] S/B-NF |
| | [ ] SUB IV | [ ] ICF/MR |

| | COST CENTER DESCRIPTION | PROGRAM COST ALL OTHER (COLS 1x5) 9 | PROGRAM COST PPS SERVICES (COLUMNS 1.01x5.01) 9.01 | PROGRAM COST ALL OTHER (COLUMNS 1.01x5.02) 9.02 | PROGRAM COST PPS SERVICES (COLUMNS 1.01x5.03 9.03 | PROGRAM COST PPS SERVICES (COLUMNS 1.01x5.04 9.04 | HOSPITAL I/P PART B CHARGES (SEE INSTRU.) 10 | HOSPITAL I/P PART B COST (COLUMNS 1.02x10) 11 | |
|---|---|---|---|---|---|---|---|---|---|
| | ANCILLARY SERVICE COST CENTERS | | | | | | | | |
| 37 | OPERATING ROOM | | 2524109 | | | | | | 37 |
| 38 | RECOVERY ROOM | | 600886 | | | | | | 38 |
| 39 | DELIVERY ROOM & LABOR ROOM | | | | | | | | 39 |
| 40 | ANESTHESIOLOGY | | 100396 | | | | | | 40 |
| 41 | RADIOLOGY-DIAGNOSTIC | | 732234 | | | | | | 41 |
| 41.10 | C.T.SCAN | | 507000 | | | | | | 41.10 |
| 41.20 | M.R.I. | | 256330 | | | | | | 41.20 |
| 43 | RADIOISOTOPE | | 257197 | | | | | | 43 |
| 44 | LABORATORY | | 59191 | | | | | | 44 |
| 46.30 | BLOOD CLOTTING FACTORS ADMIN CO | | | | | | | | 46.30 |
| 47 | BLOOD STORING, PROCESSING & TRA | | 118327 | | | | | | 47 |
| 49 | RESPIRATORY THERAPY | | 37742 | | | | | | 49 |
| 49.10 | CARDIAC STRESS LAB | | 168461 | | | | | | 49.10 |
| 49.20 | CARDIO PULMONARY REHAB | | 112875 | | | | | | 49.20 |
| 50 | PHYSICAL THERAPY | | | | | | | | 50 |
| 51 | OCCUPATIONAL THERAPY | | | | | | | | 51 |
| 52 | SPEECH PATHOLOGY | | | | | | | | 52 |
| 53 | ELECTROCARDIOLOGY | | 12930 | | | | | | 53 |
| 53.10 | CARDIAC CATHETERIZATION | | 176875 | | | | | | 53.10 |
| 54 | ELECTROENCEPHALOGRAPHY | | 87570 | | | | | | 54 |
| 56 | DRUGS CHARGED TO PATIENTS | | 777452 | | | | | | 56 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | | | |
| 61 | EMERGENCY | | 694191 | | | | | | 61 |
| 62 | OBSERVATION BEDS (NON-DISTINCT | | | | | | | | 62 |
| 63.50 | RHC | | | | | | | | 63.50 |
| 63.60 | FQHC | | | | | | | | 63.60 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | | | | |
| 65.01 | AMBULANCE CHARGES (S-2 LINE 56. | | | | | | | | 65.01 |
| 65.02 | AMBULANCE CHARGES (S-2 LINE 56. | | | | | | | | 65.02 |
| 65.03 | AMBULANCE CHARGES (S-2 LINE 56. | | | | | | | | 65.03 |
| 101 | SUBTOTAL | | 7223766 | | | | | | 101 |
| 102 | CRNA CHARGES | | | | | | | | 102 |
| 103 | LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS | | | | | | | | 103 |
| 104 | NET CHARGES | | 7223766 | | | | | | 104 |

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

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

| | COST CENTER DESCRIPTION | OLD CAPITAL CAPITAL RELATED COST 1 | OLD CAPITAL SWING-BED ADJUSTMENT 2 | OLD CAPITAL REDUCED CAPITAL RELATED COST 3 | NEW CAPITAL CAPITAL RELATED COST 4 | NEW CAPITAL SWING-BED ADJUSTMENT 5 | NEW CAPITAL REDUCED CAPITAL RELATED COST 6 | |
|---|---|---|---|---|---|---|---|---|
| | INPAT ROUTINE SERV COST CTRS | | | | | | | |
| 25 | ADULTS & PEDIATRICS | | | | 651130 | | 651130 | 25 |
| 26 | INTENSIVE CARE UNIT | | | | 106519 | | 106519 | 26 |
| 27 | CORONARY CARE UNIT | | | | | | | 27 |
| 28 | BURN INTENSIVE CARE UNIT | | | | | | | 28 |
| 29 | SURGICAL INTENSIVE CARE UNIT | | | | | | | 29 |
| 30 | OTHER SPECIAL CARE (SPECIFY) | | | | | | | 30 |
| 31 | SUBPROVIDER I | | | | | | | 31 |
| 33 | NURSERY | | | | 25255 | | 25255 | 33 |
| 101 | TOTAL | | | | 782904 | | 782904 | 101 |

| | COST CENTER DESCRIPTION | TOTAL PATIENT DAYS 7 | INPATIENT PROGRAM DAYS 8 | OLD CAPITAL PER DIEM 9 | OLD CAPITAL INPATIENT PROGRAM CAPITAL COST 10 | NEW CAPITAL PER DIEM 11 | NEW CAPITAL INPATIENT PROGRAM CAPITAL COST 12 | |
|---|---|---|---|---|---|---|---|---|
| | INPAT ROUTINE SERV COST CTRS | | | | | | | |
| 25 | ADULTS & PEDIATRICS | 15184 | 1518 | | | 42.88 | 65092 | 25 |
| 26 | INTENSIVE CARE UNIT | 1956 | 167 | | | 54.46 | 9095 | 26 |
| 27 | CORONARY CARE UNIT | | | | | | | 27 |
| 28 | BURN INTENSIVE CARE UNIT | | | | | | | 28 |
| 29 | SURGICAL INTENSIVE CARE UNIT | | | | | | | 29 |
| 30 | OTHER SPECIAL CARE (SPECIFY) | | | | | | | 30 |
| 31 | SUBPROVIDER I | | | | | | | 31 |
| 33 | NURSERY | 592 | 428 | | | 42.66 | 18258 | 33 |
| 101 | TOTAL | 17732 | 2113 | | | | 92445 | 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
PART II

| CHECK APPLICABLE BOXES | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| [ ] | TITLE V | [XX] | HOSPITAL (14-0064) | [ ] | SUB III | [ ] | PPS |
| [ ] | TITLE XVIII-PT A | [ ] | SUB I | [ ] | SUB IV | [ ] | TEFRA |
| [XX] | TITLE XIX | [ ] | SUB II | [XX] | OTHER | | |

| | COST CENTER DESCRIPTION | OLD CAPITAL RELATED COST 1 | NEW CAPITAL RELATED COST 2 | TOTAL CHARGES 3 | INPATIENT PROGRAM CHARGES 4 | ---- OLD CAPITAL ---- RATIO OF COST TO CHARGES 5 | CAPITAL COSTS 6 | ---- NEW CAPITAL ---- RATIO OF COST TO CHARGES 7 | CAPITAL COSTS 8 | |
|---|---|---|---|---|---|---|---|---|---|---|
| | ANCILLARY SERVICE COST CENTERS | | | | | | | | | |
| 37 | OPERATING ROOM | | 651708 | 27241802 | | | | .023923 | | 37 |
| 38 | RECOVERY ROOM | | 125790 | 6249255 | | | | .020129 | | 38 |
| 39 | DELIVERY ROOM & LABOR ROOM | | 86549 | 1302457 | | | | .066451 | | 39 |
| 40 | ANESTHESIOLOGY | | 90985 | 6298325 | | | | .014446 | | 40 |
| 41 | RADIOLOGY-DIAGNOSTIC | | 679721 | 13283969 | | | | .051169 | | 41 |
| 41.10 | C.T.SCAN | | 407219 | 24110433 | | | | .016890 | | 41.10 |
| 41.20 | M.R.I. | | 443892 | 9776314 | | | | .045405 | | 41.20 |
| 43 | RADIOISOTOPE | | 28347 | 5131933 | | | | .005524 | | 43 |
| 44 | LABORATORY | | 251241 | 39389469 | | | | .006378 | | 44 |
| 46.30 | BLOOD CLOTTING FACTORS ADMIN | | | | | | | | | 46.30 |
| 47 | BLOOD STORING, PROCESSING & T | | 19981 | 1450027 | | | | .013780 | | 47 |
| 49 | RESPIRATORY THERAPY | | 115085 | 10082995 | | | | .011414 | | 49 |
| 49.10 | CARDIAC STRESS LAB | | 56539 | 4226310 | | | | .013378 | | 49.10 |
| 49.20 | CARDIO PULMONARY REHAB | | 8390 | 592005 | | | | .014172 | | 49.20 |
| 50 | PHYSICAL THERAPY | | 133341 | 4339275 | | | | .030729 | | 50 |
| 51 | OCCUPATIONAL THERAPY | | 39160 | 1270891 | | | | .030813 | | 51 |
| 52 | SPEECH PATHOLOGY | | 32064 | 435294 | | | | .073661 | | 52 |
| 53 | ELECTROCARDIOLOGY | | 14711 | 1698596 | | | | .008661 | | 53 |
| 53.10 | CARDIAC CATHETERIZATION | | 92302 | 2210407 | | | | .041758 | | 53.10 |
| 54 | ELECTROENCEPHALOGRAPHY | | 42258 | 1602139 | | | | .026376 | | 54 |
| 56 | DRUGS CHARGED TO PATIENTS | | 212857 | 25312365 | | | | .008409 | | 56 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | | | | |
| 61 | EMERGENCY | | 308543 | 15754467 | | | | .019584 | | 61 |
| 62 | OBSERVATION BEDS (NON-DISTINC | | 63638 | 1437676 | | | | .044264 | | 62 |
| 63.50 | RHC | | | | | | | | | 63.50 |
| 63.60 | FQHC | | | | | | | | | 63.60 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | | | | | |
| 101 | TOTAL | | 3904321 | 203196404 | | | | | | 101 |

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

| | COST CENTER DESCRIPTION | NONPHYSICIAN ANESTHETIST COST 1 | 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 | | | | | 15184 | | 1518 | | 25 |
| 26 | INTENSIVE CARE UNIT | | | | | 1956 | | 167 | | 26 |
| 27 | CORONARY CARE UNIT | | | | | | | | | 27 |
| 28 | BURN INTENSIVE CARE UNIT | | | | | | | | | 28 |
| 29 | SURGICAL INTENSIVE CARE UNIT | | | | | | | | | 29 |
| 30 | OTHER SPECIAL CARE (SPECIFY) | | | | | | | | | 30 |
| 31 | SUBPROVIDER I | | | | | | | | | 31 |
| 33 | NURSERY | | | | | 592 | | 428 | | 33 |
| 34 | SKILLED NURSING FACILITY | | | | | | | | | 34 |
| 35 | NURSING FACILITY | | | | | | | | | 35 |
| 101 | TOTAL | | | | | 17732 | | 2113 | | 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

| CHECK APPLICABLE BOXES | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | [ ] | TITLE V | [XX] | HOSPITAL (14-0064) | [ ] | SUB IV | [ ] | PPS |
| | [ ] | TITLE XVIII-PT A | [ ] | SUB I | [ ] | SNF | [ ] | TEFRA |
| | [XX] | TITLE XIX | [ ] | SUB II | [ ] | NF | [ ] | OTHER |
| | | | [ ] | SUB III | [ ] | ICF/MR | | |

| | COST CENTER DESCRIPTION | NONPHYSICIAN ANESTHETIST COST 1 | OUTPATIENT NONPHYSICIAN ANESTHETIST COST 1.01 | MEDICAL EDUCATION COST 2 | N/A 2.01 | N/A 2.02 | N/A 2.03 | TOTAL COSTS 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 |
| 41.10 | C.T.SCAN | | | | | | | | 41.10 |
| 41.20 | M.R.I. | | | | | | | | 41.20 |
| 43 | RADIOISOTOPE | | | | | | | | 43 |
| 44 | LABORATORY | | | | | | | | 44 |
| 46.30 | BLOOD CLOTTING FACTORS ADMIN | | | | | | | | 46.30 |
| 47 | BLOOD STORING, PROCESSING & T | | | | | | | | 47 |
| 49 | RESPIRATORY THERAPY | | | | | | | | 49 |
| 49.10 | CARDIAC STRESS LAB | | | | | | | | 49.10 |
| 49.20 | CARDIO PULMONARY REHAB | | | | | | | | 49.20 |
| 50 | PHYSICAL THERAPY | | | | | | | | 50 |
| 51 | OCCUPATIONAL THERAPY | | | | | | | | 51 |
| 52 | SPEECH PATHOLOGY | | | | | | | | 52 |
| 53 | ELECTROCARDIOLOGY | | | | | | | | 53 |
| 53.10 | CARDIAC CATHETERIZATION | | | | | | | | 53.10 |
| 54 | ELECTROENCEPHALOGRAPHY | | | | | | | | 54 |
| 56 | DRUGS CHARGED TO PATIENTS | | | | | | | | 56 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | | | |
| 61 | EMERGENCY | | | | | | | | 61 |
| 62 | OBSERVATION BEDS (NON-DISTINC | | | | | | | | 62 |
| 63.50 | RHC | | | | | | | | 63.50 |
| 63.60 | FQHC | | | | | | | | 63.60 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | | | | |
| 101 | TOTAL | | | | | | | | 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

| CHECK APPLICABLE BOXES | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | [ ] | TITLE V | [XX] | HOSPITAL (14-0064) | [ ] | SUB IV | [ ] | PPS |
| | [ ] | TITLE XVIII-PT A | [ ] | SUB I | [ ] | SNF | [ ] | TEFRA |
| | [XX] | TITLE XIX | [ ] | SUB II | [ ] | NF | [ ] | OTHER |
| | | | [ ] | SUB III | [ ] | ICF/MR | | |

| | COST CENTER DESCRIPTION | OUTPATIENT PASS THROUGH COSTS 3.01 | TOTAL CHARGES 4 | RATIO OF COST TO CHARGES 5 | OUTPATIENT RATIO OF COST TO CHARGES 5.01 | INPATIENT PROGRAM CHARGES 6 | INPATIENT PROGRAM PASS THROUGH COSTS 7 | OUTPATIENT PROGRAM CHARGES 8 | |
|---|---|---|---|---|---|---|---|---|---|
| | ANCILLARY SERVICE COST CENTERS | | | | | | | | |
| 37 | OPERATING ROOM | | 27241802 | | | | | | 37 |
| 38 | RECOVERY ROOM | | 6249255 | | | | | | 38 |
| 39 | DELIVERY ROOM & LABOR ROOM | | 1302457 | | | | | | 39 |
| 40 | ANESTHESIOLOGY | | 6298325 | | | | | | 40 |
| 41 | RADIOLOGY-DIAGNOSTIC | | 13283969 | | | | | | 41 |
| 41.10 | C.T.SCAN | | 24110433 | | | | | | 41.10 |
| 41.20 | M.R.I. | | 9776314 | | | | | | 41.20 |
| 43 | RADIOISOTOPE | | 5131933 | | | | | | 43 |
| 44 | LABORATORY | | 39389469 | | | | | | 44 |
| 46.30 | BLOOD CLOTTING FACTORS ADMIN | | | | | | | | 46.30 |
| 47 | BLOOD STORING, PROCESSING & T | | 1450027 | | | | | | 47 |
| 49 | RESPIRATORY THERAPY | | 10082995 | | | | | | 49 |
| 49.10 | CARDIAC STRESS LAB | | 4226310 | | | | | | 49.10 |
| 49.20 | CARDIO PULMONARY REHAB | | 592005 | | | | | | 49.20 |
| 50 | PHYSICAL THERAPY | | 4339275 | | | | | | 50 |
| 51 | OCCUPATIONAL THERAPY | | 1270891 | | | | | | 51 |
| 52 | SPEECH PATHOLOGY | | 435294 | | | | | | 52 |
| 53 | ELECTROCARDIOLOGY | | 1698596 | | | | | | 53 |
| 53.10 | CARDIAC CATHETERIZATION | | 2210407 | | | | | | 53.10 |
| 54 | ELECTROENCEPHALOGRAPHY | | 1602139 | | | | | | 54 |
| 56 | DRUGS CHARGED TO PATIENTS | | 25312365 | | | | | | 56 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | | | |
| 61 | EMERGENCY | | 15754467 | | | | | | 61 |
| 62 | OBSERVATION BEDS (NON-DISTINC | | 1437676 | | | | | | 62 |
| 63.50 | RHC | | | | | | | | 63.50 |
| 63.60 | FQHC | | | | | | | | 63.60 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | | | | |
| 101 | TOTAL | | 203196404 | | | | | | 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

| CHECK APPLICABLE BOXES | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | [ ] | TITLE V | [XX] | HOSPITAL (14-0064) | [ ] | SUB IV | [ ] | PPS |
| | [ ] | TITLE XVIII-PT A | [ ] | SUB I | [ ] | SNF | [ ] | TEFRA |
| | [XX] | TITLE XIX | [ ] | SUB II | [ ] | NF | [ ] | OTHER |
| | | | [ ] | SUB III | [ ] | ICF/MR | | |

| | COST CENTER DESCRIPTION | OUTPATIENT PROGRAM CHARGES 8.01 | OUTPATIENT PROGRAM CHARGES 8.02 | OUTPATIENT PROGRAM PASS THROUGH COSTS 9 | OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01 | OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02 | |
|---|---|---|---|---|---|---|---|
| | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 37 | OPERATING ROOM | | | | | | 37 |
| 38 | RECOVERY ROOM | | | | | | 38 |
| 39 | DELIVERY ROOM & LABOR ROOM | | | | | | 39 |
| 40 | ANESTHESIOLOGY | | | | | | 40 |
| 41 | RADIOLOGY-DIAGNOSTIC | | | | | | 41 |
| 41.10 | C.T.SCAN | | | | | | 41.10 |
| 41.20 | M.R.I. | | | | | | 41.20 |
| 43 | RADIOISOTOPE | | | | | | 43 |
| 44 | LABORATORY | | | | | | 44 |
| 46.30 | BLOOD CLOTTING FACTORS ADMIN | | | | | | 46.30 |
| 47 | BLOOD STORING, PROCESSING & T | | | | | | 47 |
| 49 | RESPIRATORY THERAPY | | | | | | 49 |
| 49.10 | CARDIAC STRESS LAB | | | | | | 49.10 |
| 49.20 | CARDIO PULMONARY REHAB | | | | | | 49.20 |
| 50 | PHYSICAL THERAPY | | | | | | 50 |
| 51 | OCCUPATIONAL THERAPY | | | | | | 51 |
| 52 | SPEECH PATHOLOGY | | | | | | 52 |
| 53 | ELECTROCARDIOLOGY | | | | | | 53 |
| 53.10 | CARDIAC CATHETERIZATION | | | | | | 53.10 |
| 54 | ELECTROENCEPHALOGRAPHY | | | | | | 54 |
| 56 | DRUGS CHARGED TO PATIENTS | | | | | | 56 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 61 | EMERGENCY | | | | | | 61 |
| 62 | OBSERVATION BEDS (NON-DISTINC | | | | | | 62 |
| 63.50 | RHC | | | | | | 63.50 |
| 63.60 | FQHC | | | | | | 63.60 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 101 | TOTAL | | | | | | 101 |

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) (14-0064) | SUB I | SUB II | SUB III | SUB IV | SNF | |
|---|---|---|---|---|---|---|---|---|
| | INPATIENT DAYS | 1 | 1 | 1 | 1 | 1 | 1 | |
| 1 | INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN) | 15184 | | | | | | 1 |
| 2 | INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS) | 15184 | | | | | | 2 |
| 3 | PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | | | | | | | 3 |
| 4 | SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | 15184 | | | | | | 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) | 7984 | | | | | | 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) (14-0064) | SUB I | SUB II | SUB III | SUB IV | SNF | |
|---|---|---|---|---|---|---|---|
| SWING-BED ADJUSTMENT | 1 | 1 | 1 | 1 | 1 | 1 | |
| 17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 17 |
| 18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 18 |
| 19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 19 |
| 20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 20 |
| 21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST | 11156714 | | | | | | 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 | 11156714 | | | | | | 27 |
| PRIVATE ROOM DIFFERENTIAL ADJUSTMENT | | | | | | | |
| 28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) | 13481714 | | | | | | 28 |
| 29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | | | | | | | 29 |
| 30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | 13481714 | | | | | | 30 |
| 31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO | .827544 | | | | | | 31 |
| 32 AVERAGE PRIVATE ROOM PER DIEM CHARGE | | | | | | | 32 |
| 33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE | 887.89 | | | | | | 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 | 11156714 | | | | | | 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) (14-0064) | SUB I | SUB II | SUB III | SUB IV | |
|---|---|---|---|---|---|---|---|
| | PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS | 1 | 1 | 1 | 1 | 1 | |
| 38 | ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM | 734.77 | | | | | 38 |
| 39 | PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST | 5866404 | | | | | 39 |
| 40 | MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM | | | | | | 40 |
| 41 | TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST | 5866404 | | | | | 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 | 2226906 | 1956 | 1138.50 | 1155 | 1314968 | 43 |
| 44 | CORONARY CARE UNIT | | | | | | 44 |
| 45 | BURN INTENSIVE CARE UNIT | | | | | | 45 |
| 46 | SURGICAL INTENSIVE CARE UNIT | | | | | | 46 |
| 47 | OTHER SPECIAL CARE (SPECIFY) | | | | | | 47 |

| | | HOSPITAL (PPS) (14-0064) | SUB I | SUB II | SUB III | SUB IV | |
|---|---|---|---|---|---|---|---|
| | | 1 | 1 | 1 | 1 | 1 | |
| 48 | PROGRAM INPATIENT ANCILLARY SERVICE COST | 8124654 | | | | | 48 |
| 49 | TOTAL PROGRAM INPATIENT COSTS | 15306026 | | | | | 49 |
| | PASS THROUGH COST ADJUSTMENTS | | | | | | |
| 50 | PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES | 405255 | | | | | 50 |
| 51 | PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES | 603261 | | | | | 51 |
| 52 | TOTAL PROGRAM EXCLUDABLE COST | 1008516 | | | | | 52 |
| 53 | TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS | 14297510 | | | | | 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) (14-0064) | SUB I | SUB II | SUB III | SUB IV | |
|---|---|---|---|---|---|---|---|
| | TARGET AMOUNT AND LIMITATION COMPUTATION | 1 | 1 | 1 | 1 | 1 | |
| 54 | PROGRAM DISCHARGES | | | | | | 54 |
| 55 | TARGET AMOUNT PER DISCHARGE | | | | | | 55 |
| 56 | TARGET AMOUNT | | | | | | 56 |
| 57 | DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT | | | | | | 57 |
| 58 | BONUS PAYMENT | | | | | | 58 |
| 58.01 | LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET | | | | | | 58.01 |
| 58.02 | LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET | | | | | | 58.02 |
| 58.03 | IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT | | | | | | 58.03 |
| 58.04 | RELIEF PAYMENT | | | | | | 58.04 |
| 59 | ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT | | | | | | 59 |
| 59.01 | ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY) | | | | | | 59.01 |
| 59.02 | PROGRAM DISCHARGES PRIOR TO JULY 1 | | | | | | 59.02 |
| 59.03 | PROGRAM DISCHARGES AFTER JULY 1 | | | | | | 59.03 |
| 59.04 | PROGRAM DISCHARGES (SEE INSTRUCTIONS) | | | | | | 59.04 |
| 59.05 | REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1 | | | | | | 59.05 |
| 59.06 | REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 | | | | | | 59.06 |
| 59.07 | REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY) | | | | | | 59.07 |
| 59.08 | REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.) | | | | | | 59.08 |
| | PROGRAM INPATIENT ROUTINE SWING BED COST | | | | | | |
| 60 | MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | 60 |
| 61 | MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | 61 |
| 62 | TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS | | | | | | 62 |
| 63 | TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | 63 |
| 64 | TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | 64 |
| 65 | TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS | | | | | | 65 |

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

| | HOSPITAL (PPS) (14-0064) | SUB I | SUB II | SUB III | SUB IV | |
|---|---|---|---|---|---|---|
| | 1 | 1 | 1 | 1 | 1 | |
| PART IV - COMPUTATION OF OBSERVATION BED COST | | | | | | |
| 83 TOTAL OBSERVATION BEDS | 1484 | | | | | 83 |
| 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM | 734.77 | | | | | 84 |
| 85 OBSERVATION BED COST | 1090399 | | | | | 85 |

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

| | | COST 1 | ROUTINE COST (FROM LINE 27) 2 | COLUMN 1 DIVIDED BY COLUMN 2 3 | TOTAL OBSERVATION BED COST (FROM LINE 85) 4 | OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5 | |
|---|---|---|---|---|---|---|---|
| 86 | OLD CAPITAL-RELATED COST | | 11156714 | | 1090399 | | 86 |
| 87 | NEW CAPITAL-RELATED COST | 651130 | 11156714 | .058362 | 1090399 | 63638 | 87 |
| 88 | NON PHYSICIAN ANESTHETIST | | 11156714 | | 1090399 | | 88 |
| 89 | MEDICAL EDUCATION | | 11156714 | | 1090399 | | 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 (OTHER) (14-0064) 1 | SUB I 1 | SUB II 1 | SUB III 1 | SUB IV 1 | NF 1 | |
|---|---|---|---|---|---|---|---|---|
| 1 | INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN) | 15184 | | | | | | 1 |
| 2 | INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS) | 15184 | | | | | | 2 |
| 3 | PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | | | | | | | 3 |
| 4 | SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | 15184 | | | | | | 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) | 1518 | | | | | | 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 | 592 | | | | | | 15 |
| 16 | TITLE V OR XIX NURSERY DAYS | 428 | | | | | | 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) (14-0064) | SUB I | SUB II | SUB III | SUB IV | NF | |
|---|---|---|---|---|---|---|---|---|
| | SWING-BED ADJUSTMENT | 1 | 1 | 1 | 1 | 1 | 1 | |
| 17 | MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 17 |
| 18 | MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 18 |
| 19 | MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 19 |
| 20 | MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 20 |
| 21 | TOTAL GENERAL INPATIENT ROUTINE SERVICE COST | 11156714 | | | | | | 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 | 11156714 | | | | | | 27 |
| | PRIVATE ROOM DIFFERENTIAL ADJUSTMENT | | | | | | | |
| 28 | GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) | 13481714 | | | | | | 28 |
| 29 | PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | | | | | | | 29 |
| 30 | SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | 13481714 | | | | | | 30 |
| 31 | GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO | .827544 | | | | | | 31 |
| 32 | AVERAGE PRIVATE ROOM PER DIEM CHARGE | | | | | | | 32 |
| 33 | AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE | 887.89 | | | | | | 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 | 11156714 | | | | | | 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) (14-0064) | SUB I | SUB II | SUB III | SUB IV | |
|---|---|---|---|---|---|---|---|
| | PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS | 1 | 1 | 1 | 1 | 1 | |
| 38 | ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM | 734.77 | | | | | 38 |
| 39 | PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST | 1115381 | | | | | 39 |
| 40 | MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM | | | | | | 40 |
| 41 | TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST | 1115381 | | | | | 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) | 490835 | 592 | 829.11 | 428 | 354859 | 42 |
| | INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS | | | | | | |
| 43 | INTENSIVE CARE UNIT | 2226906 | 1956 | 1138.50 | 167 | 190130 | 43 |
| 44 | CORONARY CARE UNIT | | | | | | 44 |
| 45 | BURN INTENSIVE CARE UNIT | | | | | | 45 |
| 46 | SURGICAL INTENSIVE CARE UNIT | | | | | | 46 |
| 47 | OTHER SPECIAL CARE (SPECIFY) | | | | | | 47 |

| | | HOSPITAL (OTHER) (14-0064) | SUB I | SUB II | SUB III | SUB IV | |
|---|---|---|---|---|---|---|---|
| | | 1 | 1 | 1 | 1 | 1 | |
| 48 | PROGRAM INPATIENT ANCILLARY SERVICE COST | | | | | | 48 |
| 49 | TOTAL PROGRAM INPATIENT COSTS | 1660370 | | | | | 49 |
| | PASS THROUGH COST ADJUSTMENTS | | | | | | |
| 50 | PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES | 92445 | | | | | 50 |
| 51 | PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES | | | | | | 51 |
| 52 | TOTAL PROGRAM EXCLUDABLE COST | 92445 | | | | | 52 |
| 53 | TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS | | | | | | 53 |

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

| | TARGET AMOUNT AND LIMITATION COMPUTATION | HOSPITAL (OTHER) (14-0064) | SUB I | SUB II | SUB III | SUB IV | |
|---|---|---|---|---|---|---|---|
| | | 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 [ ] 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) (14-0064) | SUB I | SUB II | SUB III | SUB IV | |
|---|---|---|---|---|---|---|
| | 1 | 1 | 1 | 1 | 1 | |
| PART IV - COMPUTATION OF OBSERVATION BED COST | | | | | | |
| 83 TOTAL OBSERVATION BEDS | 1484 | | | | | 83 |
| 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM | 734.77 | | | | | 84 |
| 85 OBSERVATION BED COST | 1090399 | | | | | 85 |

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

[XX] HOSPITAL (14-0064)
[ ] SUB I
[ ] SUB II
[ ] SUB III
[ ] SUB IV

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

[XX] PPS
[ ] TEFRA
[ ] OTHER

| | COST CENTER DESCRIPTION | RATIO OF COST TO CHARGES 1 | INPATIENT PROGRAM CHARGES 2 | INPATIENT PROGRAM COSTS 3 | |
|---|---|---|---|---|---|
| | INPATIENT ROUTINE SERVICE COST CENTERS | | | | |
| 25 | ADULTS & PEDIATRICS | | 7811050 | | 25 |
| 26 | INTENSIVE CARE UNIT | | 1903295 | | 26 |
| | ANCILLARY SERVICE COST CENTERS | | | | |
| 37 | OPERATING ROOM | .348806 | 4335871 | 1512378 | 37 |
| 38 | RECOVERY ROOM | .363397 | 685605 | 249147 | 38 |
| 39 | DELIVERY ROOM & LABOR ROOM | 1.017965 | | | 39 |
| 40 | ANESTHESIOLOGY | .081998 | 1113979 | 91344 | 40 |
| 41 | RADIOLOGY-DIAGNOSTIC | .329950 | 1662463 | 548530 | 41 |
| 41.10 | C.T.SCAN | .090854 | 2387256 | 216892 | 41.10 |
| 41.20 | M.R.I. | .119625 | 287530 | 34396 | 41.20 |
| 43 | RADIOISOTOPE | .160709 | 209936 | 33739 | 43 |
| 44 | LABORATORY | .093054 | 7849986 | 730473 | 44 |
| 46.30 | BLOOD CLOTTING FACTORS ADMIN CO | | | | 46.30 |
| 47 | BLOOD STORING, PROCESSING & TRA | .471683 | 640177 | 301961 | 47 |
| 49 | RESPIRATORY THERAPY | .136138 | 6012097 | 818475 | 49 |
| 49.10 | CARDIAC STRESS LAB | .230551 | 913790 | 210675 | 49.10 |
| 49.20 | CARDIO PULMONARY REHAB | .356318 | 878 | 313 | 49.20 |
| 50 | PHYSICAL THERAPY | .374696 | 779099 | 291925 | 50 |
| 51 | OCCUPATIONAL THERAPY | .486169 | 400958 | 194933 | 51 |
| 52 | SPEECH PATHOLOGY | .789958 | 180157 | 142316 | 52 |
| 53 | ELECTROCARDIOLOGY | .020549 | 445500 | 9155 | 53 |
| 53.10 | CARDIAC CATHETERIZATION | .390719 | 715432 | 279533 | 53.10 |
| 54 | ELECTROENCEPHALOGRAPHY | .265763 | 15867 | 4217 | 54 |
| 56 | DRUGS CHARGED TO PATIENTS | .218558 | 8416068 | 1839399 | 56 |
| | OUTPATIENT SERVICE COST CENTERS | | | | |
| 61 | EMERGENCY | .336358 | 1827973 | 614853 | 61 |
| 62 | OBSERVATION BEDS (NON-DISTINCT | .758446 | | | 62 |
| | OTHER REIMBURSABLE COST CENTERS | | | | |
| 63.50 | RHC | | | | 63.50 |
| 63.60 | FQHC | | | | 63.60 |
| 101 | TOTAL | | 38880622 | 8124654 | 101 |
| 102 | LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES | | | | 102 |
| 103 | NET CHARGES | | 38880622 | | 103 |

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

[XX] HOSPITAL (14-0064)
[ ] SUB I
[ ] SUB II
[ ] SUB III
[ ] SUB IV

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

[ ] PPS
[ ] TEFRA
[XX] OTHER

| | COST CENTER DESCRIPTION | RATIO OF COST TO CHARGES 1 | INPATIENT PROGRAM CHARGES 2 | INPATIENT PROGRAM COSTS 3 | |
|---|---|---|---|---|---|
| | INPATIENT ROUTINE SERVICE COST CENTERS | | | | |
| 25 | ADULTS & PEDIATRICS | | | | 25 |
| 26 | INTENSIVE CARE UNIT | | | | 26 |
| | ANCILLARY SERVICE COST CENTERS | | | | |
| 37 | OPERATING ROOM | .348806 | | | 37 |
| 38 | RECOVERY ROOM | .363397 | | | 38 |
| 39 | DELIVERY ROOM & LABOR ROOM | 1.017965 | | | 39 |
| 40 | ANESTHESIOLOGY | .081998 | | | 40 |
| 41 | RADIOLOGY-DIAGNOSTIC | .329950 | | | 41 |
| 41.10 | C.T.SCAN | .090854 | | | 41.10 |
| 41.20 | M.R.I. | .119625 | | | 41.20 |
| 43 | RADIOISOTOPE | .160709 | | | 43 |
| 44 | LABORATORY | .093054 | | | 44 |
| 46.30 | BLOOD CLOTTING FACTORS ADMIN CO | | | | 46.30 |
| 47 | BLOOD STORING, PROCESSING & TRA | .471683 | | | 47 |
| 49 | RESPIRATORY THERAPY | .136138 | | | 49 |
| 49.10 | CARDIAC STRESS LAB | .230551 | | | 49.10 |
| 49.20 | CARDIO PULMONARY REHAB | .356318 | | | 49.20 |
| 50 | PHYSICAL THERAPY | .374696 | | | 50 |
| 51 | OCCUPATIONAL THERAPY | .486169 | | | 51 |
| 52 | SPEECH PATHOLOGY | .789958 | | | 52 |
| 53 | ELECTROCARDIOLOGY | .020549 | | | 53 |
| 53.10 | CARDIAC CATHETERIZATION | .390719 | | | 53.10 |
| 54 | ELECTROENCEPHALOGRAPHY | .265763 | | | 54 |
| 56 | DRUGS CHARGED TO PATIENTS | .218558 | | | 56 |
| | OUTPATIENT SERVICE COST CENTERS | | | | |
| 61 | EMERGENCY | .315465 | | | 61 |
| 62 | OBSERVATION BEDS (NON-DISTINCT | .758446 | | | 62 |
| | OTHER REIMBURSABLE COST CENTERS | | | | |
| 63.50 | RHC | | | | 63.50 |
| 63.60 | FQHC | | | | 63.60 |
| 101 | TOTAL | | | | 101 |
| 102 | LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES | | | | 102 |
| 103 | NET CHARGES | | | | 103 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

| | | HOSPITAL (14-0064) | SUB I | SUB II | SUB III | SUB IV | |
|---|---|---|---|---|---|---|---|
| | DRG AMOUNT | | | | | | |
| 1 | OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1 | | | | | | 1 |
| 1.01 | OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1 | 3061312 | | | | | 1.01 |
| 1.02 | OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS | 9183935 | | | | | 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 | 109600 | | | | | 2.01 |
| | INDIRECT MEDICAL EDUCATION ADJUSTMENT | | | | | | |
| 3 | BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD | 94.93 | | | | | 3 |
| 3.01 | NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I | | | | | | 3.01 |
| 3.02 | INDIRECT MEDICAL EDUCATION PERCENTAGE | | | | | | 3.02 |
| 3.03 | INDIRECT MEDICAL EDUCATION ADJUSTMENT | | | | | | 3.03 |
| 3.04 | FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996 | | | | | | 3.04 |
| 3.05 | FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) | | | | | | 3.05 |
| 3.06 | ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [ FOR CR PERIODS ENDING ON OR AFTER 7/1/2005 ] [E-3,PT.VI,LN.15][PLUS LN.3.06] | | | | | | 3.06 |
| 3.07 | SUM OF LINES 3.04-3.06 | 0.00 | 0.00 | | | | 3.07 |
| 3.08 | FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS | | | | | | 3.08 |
| 3.09 | FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1 | | | | | | 3.09 |
| 3.10 | FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1 | | | | | | 3.10 |
| 3.11 | FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09 | | | | | | 3.11 |
| 3.12 | FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10 | | | | | | 3.12 |
| 3.13 | FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS | | | | | | 3.13 |
| 3.14 | CURRENT YEAR ALLOWABLE FTE | | | | | | 3.14 |
| 3.15 | TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE.. | | | | | | 3.15 |
| 3.16 | TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. | | | | | | 3.16 |
| 3.17 | SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO | RES. IN INIT YRS 0.00 | | | | | 3.17 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

| | | HOSPITAL (14-0064) | SUB I | SUB II | SUB III | SUB IV | |
|---|---|---|---|---|---|---|---|
| 3.18 | CURRENT YEAR RESIDENT TO BED RATIO | | | | | | 3.18 |
| 3.19 | PRIOR YEAR RESIDENT TO BED RATIO | | | | | | 3.19 |
| 3.20 | FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 | | | | | | 3.20 |
| 3.21 | IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1 | | | | | | 3.21 |
| 3.22 | IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1 | | | | | | 3.22 |
| 3.23 | IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1 | | | | | | 3.23 |
| | [SUM OF LINES][PLUS E-3,PT.VI] | | | | | | |
| | [ 3.21-3.23 ][ LINE 23 ] | | | | | | |
| 3.24 | SUM OF LINES 3.21-3.23 0 0 | | | | | | 3.24 |
| | DISPROPORTIONATE SHARE ADJUSTMENT | | | | | | |
| 4 | PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS | 0.0283 | | | | | 4 |
| 4.01 | PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS | 0.1300 | | | | | 4.01 |
| 4.02 | SUM OF 4 AND 4.01 | 0.1583 | | | | | 4.02 |
| 4.03 | ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE | 0.0304 | | | | | 4.03 |
| 4.04 | DISPROPORTIONATE SHARE ADJUSTMENT | 372256 | | | | | 4.04 |
| | ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES | | | | | | |
| 5 | TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317 | | | | | | 5 |
| 5.01 | TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317 | | | | | | 5.01 |
| 5.02 | DIVIDE LINE 5.01 BY LINE 5 | | | | | | 5.02 |
| 5.03 | TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317 | | | | | | 5.03 |
| 5.04 | RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK | | | | | | 5.04 |
| 5.05 | AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS | | | | | | 5.05 |
| 5.06 | TOTAL ADDITIONAL PAYMENT | | | | | | 5.06 |
| 6 | SUBTOTAL | 12727103 | | | | | 6 |
| 7 | HOSPITAL SPECIFIC PAYMENTS | 19923326 | | | | | 7 |
| 7.01 | HOSPITAL SPECIFIC PAYMENTS (1996 HSR) | | | | | | 7.01 |
| 8 | TOTAL PAYMENT FOR INPATIENT OPERATING COSTS | 18124270 | | | | | 8 |
| 9 | PAYMENT FOR INPATIENT PROGRAM CAPITAL | 1007488 | | | | | 9 |
| 10 | EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL | | | | | | 10 |
| 11 | DIRECT GRADUATE MEDICAL EDUCATION PAYMENT | | | | | | 11 |
| 11.01 | NURSING AND ALLIED HEALTH MANAGED CARE | | | | | | 11.01 |
| 11.02 | ADD-ON PAYMENT FOR NEW TECHNOLOGIES | | | | | | 11.02 |
| 12 | NET ORGAN ACQUISITION COST | | | | | | 12 |
| 13 | COST OF TEACHING PHYSICIANS | | | | | | 13 |
| 14 | ROUTINE SERVICE OTHER PASS THROUGH COSTS | | | | | | 14 |
| 15 | ANCILLARY SERVICE OTHER PASS THROUGH COSTS | | | | | | 15 |
| 16 | TOTAL | 19131758 | | | | | 16 |
| 17 | PRIMARY PAYER PAYMENTS | 4058 | | | | | 17 |
| 18 | TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES | 19127700 | | | | | 18 |
| 19 | DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES | 1507356 | | | | | 19 |
| 20 | COINSURANCE BILLED TO PROGRAM BENEFICIARIES | 12701 | | | | | 20 |
| 21 | REIMBURSABLE BAD DEBTS | 333825 | | | | | 21 |
| 21.01 | REDUCED PROGRAM REIMBURSABLE BAD DEBTS | 233678 | | | | | 21.01 |
| 21.02 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES | | | | | | 21.02 |
| 22 | SUBTOTAL | 17841321 | | | | | 22 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

| | | HOSPITAL (14-0064) | SUB I | SUB II | SUB III | SUB IV | |
|---|---|---|---|---|---|---|---|
| 23 | RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION | | | | | | 23 |
| 24 | OTHER ADJUSTMENTS | | | | | | 24 |
| 25 | AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS | | | | | | 25 |
| 26 | AMOUNT DUE PROVIDER | 17841321 | | | | | 26 |
| 27 | SEQUESTRATION ADJUSTMENT | | | | | | 27 |
| 28 | INTERIM PAYMENTS | 17159143 | | | | | 28 |
| 28.01 | TENTATIVE SETTLEMENT (FOR FI USE ONLY) | | | | | | 28.01 |
| 29 | BALANCE DUE PROVIDER (PROGRAM) | 682178 | | | | | 29 |
| 30 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2 | 253968 | | | | | 30 |
| | TO BE COMPLETED BY INTERMEDIARY | | | | | | |
| 50 | OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01 | | | | | | 50 |
| 51 | CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01 | | | | | | 51 |
| 52 | OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.) | | | | | | 52 |
| 53 | CAPITAL OUTLIER RECONILIATION AMOUNT (SEE INSTRUCTIONS) | | | | | | 53 |
| 54 | THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY | | | | | | 54 |
| 55 | TIME VALUE OF MONEY (SEE INSTRUCTIONS) | | | | | | 55 |
| 56 | CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS) | | | | | | 56 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

| | | HOSPITAL (14-0064) 1 | HOSPITAL (14-0064) 1.01 | HOSPITAL (14-0064) 1.02 | |
|---|---|---|---|---|---|
| 1 | MEDICAL AND OTHER SERVICES | 1048 | | | 1 |
| 1.01 | MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000 | 7223766 | | | 1.01 |
| 1.02 | PPS PAYMENTS RECEIVED INCLUDING OUTLIERS | 6073863 | | | 1.02 |
| 1.03 | 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO | 0.777 | | | 1.03 |
| 1.04 | LINE 1.01 TIMES LINE 1.03 | 5612866 | | | 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 | 1048 | | | 5 |
| | COMPUTATION OF LESSER OF COST OR CHARGES | | | | |
| | REASONABLE CHARGES | | | | |
| 6 | ANCILLARY SERVICE CHARGES | 4796 | | | 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 | 4796 | | | 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 | 4796 | | | 14 |
| 15 | EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST | 3748 | | | 15 |
| 16 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | | | | 16 |
| 17 | LESSER OF COST OR CHARGES | 1048 | | | 17 |
| 17.01 | TOTAL PPS PAYMENTS | 6073863 | | | 17.01 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

| | | HOSPITAL (14-0064) 1 | HOSPITAL (14-0064) 1.01 | HOSPITAL (14-0064) 1.02 | |
|---|---|---|---|---|---|
| | COMPUTATION OF REIMBURSEMENT SETTLEMENT | | | | |
| 18 | DEDUCTIBLES AND COINSURANCE | 1514973 | | | 18 |
| 18.01 | DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01 | | | | 18.01 |
| 19 | SUBTOTAL | 4559938 | | | 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 | 4559938 | | | 23 |
| 24 | PRIMARY PAYER PAYMENTS | | | | 24 |
| 25 | SUBTOTAL | 4559938 | | | 25 |
| | REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) | | | | |
| 26 | COMPOSITE RATE ESRD | | | | 26 |
| 27 | BAD DEBTS | 296027 | | | 27 |
| 27.01 | REDUCED REIMBURSABLE BAD DEBTS | 207219 | | | 27.01 |
| 27.02 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS) | | | | 27.02 |
| 28 | SUBTOTAL | 4767157 | | | 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 | 4767157 | | | 32 |
| 33 | SEQUESTRATION ADJUSTMENT | | | | 33 |
| 34 | INTERIM PAYMENTS | 4804615 | | | 34 |
| 34.01 | TENTATIVE SETTLEMENT (FOR FI USE ONLY) | | | | 34.01 |
| 35 | BALANCE DUE PROVIDER/PROGRAM | -37458 | | | 35 |
| 36 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2 | | | | 36 |
| | TO BE COMPLETED BY CONTRACTOR | | | | |
| 50 | ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS) | | | | 50 |
| 51 | OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT | | | | 51 |
| 52 | THE RATE USED TO CALCULATE THE TIME VALUE | | | | 52 |
| 53 | TIME VALUE OF MONEY (SEE INSTRUCTIONS) | | | | 53 |
| 54 | TOTAL (SUM OF LINES 51 AND 53) | | | | 54 |

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1

HOSPITAL (14-0064)

| DESCRIPTION | | | INPATIENT PART A MM/DD/YYYY 1 | INPATIENT PART A AMOUNT 2 | PART B MM/DD/YYYY 3 | PART B AMOUNT 4 | |
|---|---|---|---|---|---|---|---|
| 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER | | | | 17146543 | | 4772415 | 1 |
| 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO. | | | | NONE | | NONE | 2 |
| 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. | | .01 | | | | | 3.01 |
| | PROGRAM | .02 | 04/26/2010 | 12600 | 04/26/2010 | 32200 | 3.02 |
| | TO | .03 | | | | | 3.03 |
| | PROVIDER | .04 | | | | | 3.04 |
| | | .05 | | | | | 3.05 |
| | | .50 | | | | | 3.50 |
| | PROVIDER | .51 | | | | | 3.51 |
| | TO | .52 | | NONE | | NONE | 3.52 |
| | PROGRAM | .53 | | | | | 3.53 |
| | | .54 | | | | | 3.54 |
| SUBTOTAL | | .99 | | 12600 | | 32200 | 3.99 |
| 4 TOTAL INTERIM PAYMENTS | | | | 17159143 | | 4804615 | 4 |
| TO BE COMPLETED BY INTERMEDIARY | | | | | | | |
| 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. | PROGRAM | .01 | | | | | 5.01 |
| | TO | .02 | | | | | 5.02 |
| | PROVIDER | .03 | | | | | 5.03 |
| | PROVIDER | .50 | | | | | 5.50 |
| | TO | .51 | | | | | 5.51 |
| | PROGRAM | .52 | | | | | 5.52 |
| SUBTOTAL | | .99 | | | | | 5.99 |
| 6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT. | PROGRAM TO PROVIDER | .01 | | | | | 6.01 |
| | PROVIDER TO PROGRAM | .02 | | | | | 6.02 |
| 7 TOTAL MEDICARE PROGRAM LIABILITY | | | | | | | 7 |

NAME OF INTERMEDIARY: _____

INTERMEDIARY NUMBER: _____

SIGNATURE OF AUTHORIZED PERSON: _____

DATE (MO/DAY/YR): _____

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

WORKSHEET E-3
PART III

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

| | | HOSPITAL (14-0064) (OTHER) | SUB I | SUB II | SUB III | SUB IV | NF I | |
|---|---|---|---|---|---|---|---|---|
| | COMPUTATION OF NET COST OF COVERED SERVICES | 1 | 1 | 1 | 1 | 1 | 1 | |
| 1 | INPATIENT HOSPITAL/SNF/NF SERVICES | 1660370 | | | | | | 1 |
| 2 | MEDICAL AND OTHER SERVICES | | | | | | | 2 |
| 3 | INTERNS AND RESIDENTS | | | | | | | 3 |
| 4 | ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O | | | | | | | 4 |
| 5 | COST OF TEACHING PHYSICIANS | | | | | | | 5 |
| 6 | SUBTOTAL | 1660370 | | | | | | 6 |
| 7 | INPATIENT PRIMARY PAYER PAYMENTS | | | | | | | 7 |
| 8 | OUTPATIENT PRIMARY PAYER PAYMENTS | | | | | | | 8 |
| 9 | SUBTOTAL | 1660370 | | | | | | 9 |
| | COMPUTATION OF LESSER OF COST OR CHARGES | | | | | | | |
| 10 | ROUTINE SERVICE CHARGES | | | | | | | 10 |
| 11 | ANCILLARY SERVICE CHARGES | | | | | | | 11 |
| 12 | INTERNS AND RESIDENTS SERVICE CHARGES | | | | | | | 12 |
| 13 | ORGAN ACQUISITION CHARGES, NET OF REVENUE | | | | | | | 13 |
| 14 | TEACHING PHYSICIANS | | | | | | | 14 |
| 15 | INCENTIVE FROM TARGET AMOUNT COMPUTATION | | | | | | | 15 |
| 16 | TOTAL REASONABLE CHARGES | | | | | | | 16 |
| | CUSTOMARY CHARGES | | | | | | | |
| 17 | AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE | | | | | | | 17 |
| 18 | AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E) | | | | | | | 18 |
| 19 | RATIO OF LINE 17 TO LINE 18 | | | | | | | 19 |
| 20 | TOTAL CUSTOMARY CHARGES | | | | | | | 20 |
| 21 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST | | | | | | | 21 |
| 22 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | 1660370 | | | | | | 22 |
| 23 | COST OF COVERED SERVICES | 1660370 | | | | | | 23 |
| | PROSPECTIVE PAYMENT AMOUNT | | | | | | | |
| 24 | OTHER THAN OUTLIER PAYMENTS | | | | | | | 24 |
| 25 | OUTLIER PAYMENTS | | | | | | | 25 |
| 26 | PROGRAM CAPITAL PAYMENTS | | | | | | | 26 |
| 27 | CAPITAL EXCEPTION PAYMENTS | | | | | | | 27 |
| 28 | ROUTINE SERVICE OTHER PASS THROUGH COSTS | | | | | | | 28 |
| 29 | ANCILLARY SERVICE OTHER PASS THROUGH COSTS | | | | | | | 29 |
| 30 | SUBTOTAL | 1660370 | | | | | | 30 |
| 31 | CUSTOMARY CHARGES (TITLE XIX PPS COVERED | | | | | | | 31 |
| 32 | LESSER OF LINES 30 OR 31 | 1660370 | | | | | | 32 |
| 33 | DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT) | | | | | | | 33 |

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

WORKSHEET E-3
PART III

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

| | | HOSPITAL (14-0064) (OTHER) | SUB I | SUB II | SUB III | SUB IV | NF I | |
|---|---|---|---|---|---|---|---|---|
| | | 1 | 1 | 1 | 1 | 1 | 1 | |
| | COMPUTATION OF REIMBURSEMENT SETTLEMENT | | | | | | | |
| 34 | EXCESS OF REASONABLE COST | 1660370 | | | | | | 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 | 925224 | | | | 1 |
| 2 | TEMPORARY INVESTMENTS | | | | | 2 |
| 3 | NOTES RECEIVABLE | | | | | 3 |
| 4 | ACCOUNTS RECEIVABLE | 38267883 | | | | 4 |
| 5 | OTHER RECEIVABLES | 231770 | | | | 5 |
| 6 | ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE | -26064185 | | | | 6 |
| 7 | INVENTORY | 990028 | | | | 7 |
| 8 | PREPAID EXPENSES | | | | | 8 |
| 9 | OTHER CURRENT ASSETS | -291581 | | | | 9 |
| 10 | DUE FROM OTHER FUNDS | | | | | 10 |
| 11 | TOTAL CURRENT ASSETS | 14059139 | | | | 11 |
| | FIXED ASSETS | | | | | |
| 12 | LAND | 314848 | | | | 12 |
| 12.01 | ACCUMULATED DEPRECIATION | | | | | 12.01 |
| 13 | LAND IMPROVEMENTS | 925068 | | | | 13 |
| 13.01 | ACCUMULATED DEPRECIATION | -863214 | | | | 13.01 |
| 14 | BUILDINGS | 33613378 | | | | 14 |
| 14.01 | ACCUMULATED DEPRECIATION | -18436854 | | | | 14.01 |
| 15 | LEASEHOLD IMPROVEMENTS | 38298 | | | | 15 |
| 15.01 | ACCUMULATED AMORTIZATION | -38298 | | | | 15.01 |
| 16 | FIXED EQUIPMENT | 33898959 | | | | 16 |
| 16.01 | ACCUMULATED DEPRECIATION | -28813320 | | | | 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 | 147855 | | | | 20 |
| 21 | TOTAL FIXED ASSETS | 20786720 | | | | 21 |
| | OTHER ASSETS | | | | | |
| 22 | INVESTMENTS | 53508312 | | | | 22 |
| 23 | DEPOSITS ON LEASES | | | | | 23 |
| 24 | DUE FROM OWNERS/OFFICERS | | | | | 24 |
| 25 | OTHER ASSETS | 4969221 | | | | 25 |
| 26 | TOTAL OTHER ASSETS | 58477533 | | | | 26 |
| 27 | TOTAL ASSETS | 93323392 | | | | 27 |

| | LIABILITIES AND FUND BALANCES | GENERAL FUND | SPECIFIC PURPOSE FUND | ENDOWMENT FUND | PLANT FUND | |
|---|---|---|---|---|---|---|
| | | 1 | 2 | 3 | 4 | |
| | CURRENT LIABILITIES | | | | | |
| 28 | ACCOUNTS PAYABLE | 2077019 | | | | 28 |
| 29 | SALARIES, WAGES & FEES PAYABLE | 4206331 | | | | 29 |
| 30 | PAYROLL TAXES PAYABLE | | | | | 30 |
| 31 | NOTES & LOANS PAYABLE (SHORT TERM) | | | | | 31 |
| 32 | DEFERRED INCOME | | | | | 32 |
| 33 | ACCELERATED PAYMENTS | | | | | 33 |
| 34 | DUE TO OTHER FUNDS | 4154950 | | | | 34 |
| 35 | OTHER CURRENT LIABILITIES | 12802 | | | | 35 |
| 36 | TOTAL CURRENT LIABILITIES | 10451102 | | | | 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<br>.02 ON OR AFTER 7/1/66 | | | | | 40 |
| 41 | OTHER LONG TERM LIABILITIES | 117100 | | | | 41 |
| 42 | TOTAL LONG TERM LIABILITIES | 117100 | | | | 42 |
| 43 | TOTAL LIABILITIES | 10568202 | | | | 43 |
| | CAPITAL ACCOUNTS | | | | | |
| 44 | GENERAL FUND BALANCE | 82755190 | | | | 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 | 82755190 | | | | 51 |
| 52 | TOTAL LIABILITIES AND FUND BALANCES | 93323392 | | | | 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 | 76004222 | | | | 1 |
| 2 | NET INCOME (LOSS) | 6377184 | | | | 2 |
| 3 | TOTAL | 82381406 | | | | 3 |
| 4 | ADDITIONS (CREDIT ADJUSTMENTS) | | | | | 4 |
| 5 | | | | | | 5 |
| 6 | | | | | | 6 |
| 7 | | | | | | 7 |
| 8 | | | | | | 8 |
| 9 | | | | | | 9 |
| 10 | TOTAL ADDITIONS | | | | | 10 |
| 11 | SUBTOTAL | 82381406 | | | | 11 |
| 12 | DEDUCTIONS (DEBIT ADJUSTMENTS) | | | | | 12 |
| 13 | CHANGE IN RESTRICTED ASSETS -373784 | | | | | 13 |
| 14 | | | | | | 14 |
| 15 | | | | | | 15 |
| 16 | | | | | | 16 |
| 17 | | | | | | 17 |
| 18 | TOTAL DEDUCTIONS | -373784 | | | | 18 |
| 19 | FUND BALANCE AT END OF PERIOD PER BALANCE SHEET | 82755190 | | | | 19 |

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
PARTS I & II

PART I - PATIENT REVENUES

| | REVENUE CENTER | INPATIENT 1 | OUTPATIENT 2 | TOTAL 3 | |
|---|---|---|---|---|---|
| | GENERAL INPATIENT ROUTINE CARE SERVICES | | | | |
| 1 | HOSPITAL | 14094834 | | 14094834 | 1 |
| 2 | SUBPROVIDER I | | | | 2 |
| 4 | SWING BED - SNF | | | | 4 |
| 5 | SWING BED - NF | | | | 5 |
| 6 | SKILLED NURSING FACILITY | | | | 6 |
| 7 | NURSING FACILITY | | | | 7 |
| 8 | OTHER LONG TERM CARE | | | | 8 |
| 9 | TOTAL GENERAL INPATIENT CARE SERVICES | 14094834 | | 14094834 | 9 |
| | INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES | | | | |
| 10 | INTENSIVE CARE UNIT | 3351660 | | 3351660 | 10 |
| 11 | CORONARY CARE UNIT | | | | 11 |
| 12 | BURN INTENSIVE CARE UNIT | | | | 12 |
| 13 | SURGICAL INTENSIVE CARE UNIT | | | | 13 |
| 14 | OTHER SPECIAL CARE (SPECIFY) | | | | 14 |
| 15 | TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE | 3351660 | | 3351660 | 15 |
| 16 | TOTAL INPATIENT ROUTINE CARE SERVICES | 17446494 | | 17446494 | 16 |
| 17 | ANCILLARY SERVICES | 65217398 | 155659007 | 220876405 | 17 |
| 18 | OUTPATIENT SERVICES | | 12348341 | 12348341 | 18 |
| 18.50 | RHC | | | | 18.50 |
| 18.60 | FQHC | | | | 18.60 |
| 19 | HOME HEALTH AGENCY | | | | 19 |
| 20 | AMBULANCE | | | | 20 |
| 21 | CORF | | | | 21 |
| 22 | ASC | | | | 22 |
| 23 | HOSPICE | | | | 23 |
| 24 | | | | | 24 |
| 25 | TOTAL PATIENT REVENUES | 82663892 | 168007348 | 250671240 | 25 |

PART II - OPERATING EXPENSES

| | | 1 | 2 | |
|---|---|---|---|---|
| 26 | OPERATING EXPENSES | | 78098687 | 26 |
| 27 | ADD (SPECIFY) | | | 27 |
| 28 | BAD DEBTS | 7649921 | | 28 |
| 29 | | | | 29 |
| 30 | | | | 30 |
| 31 | | | | 31 |
| 32 | | | | 32 |
| 33 | TOTAL ADDITIONS | | 7649921 | 33 |
| 34 | DEDUCT (SPECIFY) | | | 34 |
| 35 | | | | 35 |
| 36 | | | | 36 |
| 37 | | | | 37 |
| 38 | | | | 38 |
| 39 | TOTAL DEDUCTIONS | | | 39 |
| 40 | TOTAL OPERATING EXPENSES | | 85748608 | 40 |

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

| | DESCRIPTION | | |
|---|---|---|---|
| 1 | TOTAL PATIENT REVENUES | 250671240 | 1 |
| 2 | LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS | 162187523 | 2 |
| 3 | NET PATIENT REVENUES | 88483717 | 3 |
| 4 | LESS - TOTAL OPERATING EXPENSES | 85748608 | 4 |
| 5 | NET INCOME FROM SERVICE TO PATIENTS | 2735109 | 5 |
| 6 | CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC. | 301554 | 6 |
| 7 | INCOME FROM INVESTMENTS | 2721028 | 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 | 207339 | 14 |
| 15 | REVENUE FROM RENTAL OF LIVING QUARTERS | | 15 |
| 16 | REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS | | 16 |
| 17 | REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS | | 17 |
| 18 | REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS | | 18 |
| 19 | TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.) | | 19 |
| 20 | REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN | | 20 |
| 21 | RENTAL OF VENDING MACHINES | | 21 |
| 22 | RENTAL OF HOSPITAL SPACE | | 22 |
| 23 | GOVERNMENTAL APPROPRIATIONS | | 23 |
| 24 | OTHER REVENUE | 412154 | 24 |
| 25 | TOTAL OTHER INCOME | 3642075 | 25 |
| 26 | TOTAL | 6377184 | 26 |
| 27 | CUMULATIVE EFFECT | | 27 |
| 28 | | | 28 |
| 29 | | | 29 |
| 30 | TOTAL OTHER EXPENSES | | 30 |
| 31 | NET INCOME (OR LOSS) FOR THE PERIOD | 6377184 | 31 |

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

| | | HOSPITAL (14-0064) (14-0064) | 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 | 1001771 | | | | | 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 | 5717 | | | | | 3.01 |
| | INDIRECT MEDICAL EDUCATION ADJUSTMENT | | | | | | |
| 4 | TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E,PT A,LN.3.17] [ E-3,PT VI,LN.18] [x E-3,PT VI,LN.1] | | | | | | 4 |
| 4.01 | NO. OF INTERNS & RESIDENTS 0.00 0.00 | | | | | | 4.01 |
| 4.02 | INDIRECT MEDICAL EDUCATION PERCENTAGE | | | | | | 4.02 |
| 4.03 | INDIRECT MEDICAL EDUCATON ADJUSTMENT | | | | | | 4.03 |
| | DISPROPORTIONATE SHARE ADJUSTMENT | | | | | | |
| 5 | % OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS | | | | | | 5 |
| 5.01 | % OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I | | | | | | 5.01 |
| 5.02 | SUM OF LINES 5 AND 5.01 | | | | | | 5.02 |
| 5.03 | ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE | | | | | | 5.03 |
| 5.04 | DISPROPORTIONATE SHARE ADJUSTMENT | | | | | | 5.04 |
| 6 | TOTAL PROSPECTIVE CAPITAL PAYMENTS | 1007488 | | | | | 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 |
| 33 | NURSERY | | | | | | 33 |
| | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 37 | OPERATING ROOM | | | | | | 37 |
| 38 | RECOVERY ROOM | | | | | | 38 |
| 39 | DELIVERY ROOM & LABOR ROOM | | | | | | 39 |
| 40 | ANESTHESIOLOGY | | | | | | 40 |
| 41 | RADIOLOGY-DIAGNOSTIC | | | | | | 41 |
| 41.10 | C.T.SCAN | | | | | | 41.10 |
| 41.20 | M.R.I. | | | | | | 41.20 |
| 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 |
| 49.10 | CARDIAC STRESS LAB | | | | | | 49.10 |
| 49.20 | CARDIO PULMONARY REHAB | | | | | | 49.20 |
| 50 | PHYSICAL THERAPY | | | | | | 50 |
| 51 | OCCUPATIONAL THERAPY | | | | | | 51 |
| 52 | SPEECH PATHOLOGY | | | | | | 52 |
| 53 | ELECTROCARDIOLOGY | | | | | | 53 |
| 53.10 | CARDIAC CATHETERIZATION | | | | | | 53.10 |
| 54 | ELECTROENCEPHALOGRAPHY | | | | | | 54 |
| 56 | DRUGS CHARGED TO PATIENTS | | | | | | 56 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 61 | EMERGENCY | | | | | | 61 |
| 62 | OBSERVATION BEDS (NON-DISTINCT | | | | | | 62 |
| 63.50 | RHC | | | | | | 63.50 |
| 63.60 | FQHC | | | | | | 63.60 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 69.10 | CMHC | | | | | | 69.10 |
| 69.20 | OPT | | | | | | 69.20 |
| 69.30 | CMHC | | | | | | 69.30 |
| 69.40 | OPT | | | | | | 69.40 |
| 71 | HOME HEALTH AGENCY | | | | | | 71 |
| | SPECIAL PURPOSE COST CENTERS | | | | | | |
| 85.01 | PANCREAS ACQUISITION | | | | | | 85.01 |
| 85.02 | INTESTINAL ACQUISITION | | | | | | 85.02 |
| 95 | SUBTOTALS | | | | | | 95 |
| | NONREIMBURSABLE COST CENTERS | | | | | | |
| 96 | GIFT, FLOWER, COFFEE SHOP & CA | | | | | | 96 |
| 98 | PHYSICIANS' PRIVATE OFFICES | | | | | | 98 |
| 99 | NONPAID WORKERS | | | | | | 99 |
| 100 | PRIVATE HOME CARE | | | | | | 100 |
| 100.01 | NON-PATIENT DIETARY | | | | | | 100.01 |
| 100.10 | AMBULANCE SERVICE | | | | | | 100.10 |
| 100.30 | FUND DEVELOPMENT | | | | | | 100.30 |
| 100.40 | DEV & PUBLIC RELATIONS | | | | | | 100.40 |
| 100.50 | OCCUPATIONAL MED CLINIC | | | | | | 100.50 |

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 | |
| 100.60 | FOUNDATION | | | | | | 100.60 |
| 100.70 | SHARED SALARIES | | | | | | 100.70 |
| 100.80 | FITNESS CENTER | | | | | | 100.80 |
| 101 | CROSS FOOT ADJUSTMENTS | | | | | | 101 |
| 102 | NEGATIVE COST CENTER | | | | | | 102 |
| 103 | TOTAL | | | | | | 103 |
| 104 | TOTAL STATISTICAL BASIS | | | | | | 104 |
| 105 | UNIT COST MULTIPLIER | | | | | | 105 |
| 105 | UNIT COST MULTIPLIER | | | | | | 105 |

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

HOSPITAL

| | COST CENTERS | TITLE XVIII PART A 1 | TITLE XVIII PART B 2 | TITLE XIX INPATIENT 3 | TITLE XIX OUTPATIENT 4 | TITLE V INPATIENT 5 | TITLE V OUTPATIENT 6 | TOTAL THIRD PARTY UTIL 7 | |
|---|---|---|---|---|---|---|---|---|---|
| UTILIZATION PERCENTAGES BASED ON DAYS | | | | | | | | | |
| 25 | ADULTS & PEDIATRICS | 52.58 | | 10.00 | | | | 62.58 | 25 |
| 26 | INTENSIVE CARE UNIT | 59.05 | | 8.54 | | | | 67.59 | 26 |
| 33 | NURSERY | | | 72.30 | | | | 72.30 | 33 |
| UTILIZATION PERCENTAGES BASED ON CHARGES | | | | | | | | | |
| 37 | OPERATING ROOM | 15.92 | 26.56 | | | | | 42.48 | 37 |
| 38 | RECOVERY ROOM | 10.97 | 26.46 | | | | | 37.43 | 38 |
| 40 | ANESTHESIOLOGY | 17.69 | 19.44 | | | | | 37.13 | 40 |
| 41 | RADIOLOGY-DIAGNOSTIC | 12.51 | 16.71 | | | | | 29.22 | 41 |
| 41.10 | C.T.SCAN | 9.90 | 23.15 | | | | | 33.05 | 41.10 |
| 41.20 | M.R.I. | 2.94 | 21.92 | | | | | 24.86 | 41.20 |
| 43 | RADIOISOTOPE | 4.09 | 31.18 | | | | | 35.27 | 43 |
| 44 | LABORATORY | 19.93 | 1.61 | | | | | 21.54 | 44 |
| 47 | BLOOD STORING, PROCESSING & TRA | 44.15 | 17.30 | | | | | 61.45 | 47 |
| 49 | RESPIRATORY THERAPY | 59.63 | 2.75 | | | | | 62.38 | 49 |
| 49.10 | CARDIAC STRESS LAB | 21.62 | 17.29 | | | | | 38.91 | 49.10 |
| 49.20 | CARDIO PULMONARY REHAB | 0.15 | 53.51 | | | | | 53.66 | 49.20 |
| 50 | PHYSICAL THERAPY | 17.95 | | | | | | 17.95 | 50 |
| 51 | OCCUPATIONAL THERAPY | 31.55 | | | | | | 31.55 | 51 |
| 52 | SPEECH PATHOLOGY | 41.39 | | | | | | 41.39 | 52 |
| 53 | ELECTROCARDIOLOGY | 26.23 | 37.04 | | | | | 63.27 | 53 |
| 53.10 | CARDIAC CATHETERIZATION | 32.37 | 20.48 | | | | | 52.85 | 53.10 |
| 54 | ELECTROENCEPHALOGRAPHY | 0.99 | 20.57 | | | | | 21.56 | 54 |
| 56 | DRUGS CHARGED TO PATIENTS | 33.25 | 14.05 | | | | | 47.30 | 56 |
| 61 | EMERGENCY | 11.60 | 13.97 | | | | | 25.57 | 61 |
| 101 | TOTAL CHARGES | 17.53 | 13.99 | | | | | 31.52 | 101 |

| | COST CENTER | --- DIRECT COSTS --- AMOUNT | % | -- ALLOCATED OVERHEAD -- AMOUNT | % | --- TOTAL COSTS --- AMOUNT | % | |
|---|---|---|---|---|---|---|---|---|
| | GENERAL SERVICE COST CENTERS | | | | | | | |
| 1 | OLD CAP REL COSTS-BLDG & FIXT | | | | | | | 1 |
| 2 | OLD CAP REL COSTS-MVBLE EQUIP | | | | | | | 2 |
| 3 | NEW CAP REL COSTS-BLDG & FIXT | 1125318 | 1.56 | -1125318 | -3.58 | | | 3 |
| 4 | NEW CAP REL COSTS-MVBLE EQUIP | 1722526 | 2.39 | -1722526 | -5.48 | | | 4 |
| 5 | EMPLOYEE BENEFITS | 9263488 | 12.83 | -9263488 | -29.46 | | | 5 |
| 6 | ADMINISTRATIVE & GENERAL | 12903994 | 17.88 | -12903994 | -41.03 | | | 6 |
| 7 | MAINTENANCE & REPAIRS | 1336374 | 1.85 | -1336374 | -4.25 | | | 7 |
| 8 | OPERATION OF PLANT | 1201640 | 1.66 | -1201640 | -3.82 | | | 8 |
| 9 | LAUNDRY & LINEN SERVICE | 276340 | .38 | -276340 | -.88 | | | 9 |
| 10 | HOUSEKEEPING | 777660 | 1.08 | -777660 | -2.47 | | | 10 |
| 11 | DIETARY | 291876 | .40 | -291876 | -.93 | | | 11 |
| 12 | CAFETERIA | 712814 | .99 | -712814 | -2.27 | | | 12 |
| 13 | MAINTENANCE OF PERSONNEL | | | | | | | 13 |
| 14 | NURSING ADMINISTRATION | 603160 | .84 | -603160 | -1.92 | | | 14 |
| 15 | CENTRAL SERVICES & SUPPLY | 289319 | .40 | -289319 | -.92 | | | 15 |
| 16 | PHARMACY | | | | | | | 16 |
| 17 | MEDICAL RECORDS & LIBRARY | 801765 | 1.11 | -801765 | -2.55 | | | 17 |
| 18 | SOCIAL SERVICE | 140826 | .20 | -140826 | -.45 | | | 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 | 4736613 | 6.56 | 6420101 | 20.42 | 11156714 | 15.46 | 25 |
| 26 | INTENSIVE CARE UNIT | 1071881 | 1.48 | 1155025 | 3.67 | 2226906 | 3.09 | 26 |
| 33 | NURSERY | 240968 | .33 | 249867 | .79 | 490835 | .68 | 33 |
| | ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 37 | OPERATING ROOM | 6093403 | 8.44 | 3408703 | 10.84 | 9502106 | 13.16 | 37 |
| 38 | RECOVERY ROOM | 1053097 | 1.46 | 1217864 | 3.87 | 2270961 | 3.15 | 38 |
| 39 | DELIVERY ROOM & LABOR ROOM | 608098 | .84 | 717758 | 2.28 | 1325856 | 1.84 | 39 |
| 40 | ANESTHESIOLOGY | 248487 | .34 | 267965 | .85 | 516452 | .72 | 40 |
| 41 | RADIOLOGY-DIAGNOSTIC | 2230080 | 3.09 | 2152969 | 6.85 | 4383049 | 6.07 | 41 |
| 41.10 | C.T.SCAN | 1390799 | 1.93 | 799736 | 2.54 | 2190535 | 3.03 | 41.10 |
| 41.20 | M.R.I. | 756779 | 1.05 | 412711 | 1.31 | 1169490 | 1.62 | 41.20 |
| 43 | RADIOISOTOPE | 546392 | .76 | 278357 | .89 | 824749 | 1.14 | 43 |
| 44 | LABORATORY | 2038083 | 2.82 | 1627255 | 5.17 | 3665338 | 5.08 | 44 |
| 46.30 | BLOOD CLOTTING FACTORS ADMIN CO | | | | | | | 46.30 |
| 47 | BLOOD STORING, PROCESSING & TRA | 533576 | .74 | 150377 | .48 | 683953 | .95 | 47 |
| 49 | RESPIRATORY THERAPY | 738507 | 1.02 | 634170 | 2.02 | 1372677 | 1.90 | 49 |
| 49.10 | CARDIAC STRESS LAB | 528567 | .73 | 445815 | 1.42 | 974382 | 1.35 | 49.10 |
| 49.20 | CARDIO PULMONARY REHAB | 117618 | .16 | 93324 | .30 | 210942 | .29 | 49.20 |
| 50 | PHYSICAL THERAPY | 682752 | .95 | 943155 | 3.00 | 1625907 | 2.25 | 50 |
| 51 | OCCUPATIONAL THERAPY | 279546 | .39 | 338322 | 1.08 | 617868 | .86 | 51 |
| 52 | SPEECH PATHOLOGY | 130892 | .18 | 212972 | .68 | 343864 | .48 | 52 |
| 53 | ELECTROCARDIOLOGY | 2000 | | 32905 | .10 | 34905 | .05 | 53 |

| | COST CENTER | --- DIRECT COSTS --- AMOUNT | % | -- ALLOCATED OVERHEAD -- AMOUNT | % | --- TOTAL COSTS --- AMOUNT | % | |
|---|---|---|---|---|---|---|---|---|
| 53.10 | CARDIAC CATHETERIZATION | 524162 | .73 | 339486 | 1.08 | 863648 | 1.20 | 53.10 |
| 54 | ELECTROENCEPHALOGRAPHY | 202552 | .28 | 223238 | .71 | 425790 | .59 | 54 |
| 56 | DRUGS CHARGED TO PATIENTS | 3821225 | 5.29 | 1710997 | 5.44 | 5532222 | 7.66 | 56 |
| 61 | EMERGENCY | 2390300 | 3.31 | 2579687 | 8.20 | 4969987 | 6.89 | 61 |
| 62 | OBSERVATION BEDS (NON-DISTINCT | | | | | | | 62 |
| 63.50 | RHC | | | | | | | 63.50 |
| 63.60 | FQHC | | | | | | | 63.60 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 69.10 | CMHC | | | | | | | 69.10 |
| 69.20 | OPT | | | | | | | 69.20 |
| 69.30 | CMHC | | | | | | | 69.30 |
| 69.40 | OPT | | | | | | | 69.40 |
| 71 | HOME HEALTH AGENCY | | | | | | | 71 |
| | SPECIAL PURPOSE COST CENTERS | | | | | | | |
| 85.01 | PANCREAS ACQUISITION | | | | | | | 85.01 |
| 85.02 | INTESTINAL ACQUISITION | | | | | | | 85.02 |
| | NONREIMBURSABLE COST CENTERS | | | | | | | |
| 96 | GIFT, FLOWER, COFFEE SHOP & CAN | 127446 | .18 | 58615 | .19 | 186061 | .26 | 96 |
| 98 | PHYSICIANS' PRIVATE OFFICES | 8020522 | 11.11 | 3748226 | 11.92 | 11768748 | 16.30 | 98 |
| 99 | NONPAID WORKERS | 13598 | .02 | 208556 | .66 | 222154 | .31 | 99 |
| 100 | PRIVATE HOME CARE | | | | | | | 100 |
| 100.01 | NON-PATIENT DIETARY | 207339 | .29 | 99142 | .32 | 306481 | .42 | 100.01 |
| 100.10 | AMBULANCE SERVICE | 17744 | .02 | 4691 | .01 | 22435 | .03 | 100.10 |
| 100.30 | FUND DEVELOPMENT | 124571 | .17 | 79786 | .25 | 204357 | .28 | 100.30 |
| 100.40 | DEV & PUBLIC RELATIONS | 582486 | .81 | 192784 | .61 | 775270 | 1.07 | 100.40 |
| 100.50 | OCCUPATIONAL MED CLINIC | 496125 | .69 | 442648 | 1.41 | 938773 | 1.30 | 100.50 |
| 100.60 | FOUNDATION | 58742 | .08 | 15530 | .05 | 74272 | .10 | 100.60 |
| 100.70 | SHARED SALARIES | | | | | | | 100.70 |
| 100.80 | FITNESS CENTER | 118919 | .16 | 184363 | .59 | 303282 | .42 | 100.80 |
| 101 | CROSS FOOT ADJUSTMENTS | | | | | | | 101 |
| 102 | NEGATIVE COST CENTER | | | | | | | 102 |
| 103 | TOTAL | 72180969 | 100.00 | 0 | .00 | 72180969 | 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 | 651708 | 27241802 | .023923 | 4335871 | 103727 | 37 |
| 38 | RECOVERY ROOM | 125790 | 6249255 | .020129 | 685605 | 13801 | 38 |
| 39 | DELIVERY ROOM & LABOR ROOM | 86549 | 1302457 | .066451 | | | 39 |
| 40 | ANESTHESIOLOGY | 90985 | 6298325 | .014446 | 1113979 | 16093 | 40 |
| 41 | RADIOLOGY-DIAGNOSTIC | 679721 | 13283969 | .051169 | 1662463 | 85067 | 41 |
| 41.10 | C.T.SCAN | 407219 | 24110433 | .016890 | 2387256 | 40321 | 41.10 |
| 41.20 | M.R.I. | 443892 | 9776314 | .045405 | 287530 | 13055 | 41.20 |
| 43 | RADIOISOTOPE | 28347 | 5131933 | .005524 | 209936 | 1160 | 43 |
| 44 | LABORATORY | 251241 | 39389469 | .006378 | 7849986 | 50067 | 44 |
| 46.30 | BLOOD CLOTTING FACTORS ADMIN CO | | | | | | 46.30 |
| 47 | BLOOD STORING, PROCESSING & TRA | 19981 | 1450027 | .013780 | 640177 | 8822 | 47 |
| 49 | RESPIRATORY THERAPY | 115085 | 10082995 | .011414 | 6012097 | 68622 | 49 |
| 49.10 | CARDIAC STRESS LAB | 56539 | 4226310 | .013378 | 913790 | 12225 | 49.10 |
| 49.20 | CARDIO PULMONARY REHAB | 8390 | 592005 | .014172 | 878 | 12 | 49.20 |
| 50 | PHYSICAL THERAPY | 133341 | 4339275 | .030729 | 779099 | 23941 | 50 |
| 51 | OCCUPATIONAL THERAPY | 39160 | 1270891 | .030813 | 400958 | 12355 | 51 |
| 52 | SPEECH PATHOLOGY | 32064 | 435294 | .073661 | 180157 | 13271 | 52 |
| 53 | ELECTROCARDIOLOGY | 14711 | 1698596 | .008661 | 445500 | 3858 | 53 |
| 53.10 | CARDIAC CATHETERIZATION | 92302 | 2210407 | .041758 | 715432 | 29875 | 53.10 |
| 54 | ELECTROENCEPHALOGRAPHY | 42258 | 1602139 | .026376 | 15867 | 419 | 54 |
| 56 | DRUGS CHARGED TO PATIENTS | 212857 | 25312365 | .008409 | 8416068 | 70771 | 56 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 61 | EMERGENCY | 308543 | 15754467 | .019584 | 1827973 | 35799 | 61 |
| 62 | OBSERVATION BEDS (NON-DISTINCT | 63638 | 1437676 | .044264 | | | 62 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 63.50 | RHC | | | | | | 63.50 |
| 63.60 | FQHC | | | | | | 63.60 |
| 101 | TOTAL | 3904321 | 203196404 | | 38880622 | 603261 | 101 |

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

| | COST CENTER DESCRIPTION | CAPITAL RELATED COSTS 1 | SWING-BED ADJUSTMENT AMOUNT 2 | TOTAL COST 3 | TOTAL PATIENT DAYS 4 | PER DIEM 5 | INPATIENT PROGRAM DAYS 6 | MEDICARE INPATIENT PPS CAPITAL COSTS 7 | |
|---|---|---|---|---|---|---|---|---|---|
| | INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | | | |
| 25 | ADULTS & PEDIATRICS | 651130 | | 651130 | 15184 | 42.88 | 7984 | 342354 | 25 |
| 26 | INTENSIVE CARE UNIT | 106519 | | 106519 | 1956 | 54.46 | 1155 | 62901 | 26 |
| 101 | TOTAL | 757649 | | 757649 | | | 9139 | 405255 | 101 |

| | |
|---|---|
| MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS | 405255 |
| MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS | 603261 |
| TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS | 1008516 |
| MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13) | 2007 |
| MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4) | 9139 |
| PER DISCHARGE CAPITAL COSTS | 502.50 |
| PER DIEM CAPITAL COSTS | 110.35 |

## 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) | 14297510 |
| 2. | HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT) | 48594967 |
| 3. | RATIO OF COST TO CHARGES (LINE 1 / LINE 2) | .294 |

## 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) | 1008516 |
| 2. | RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2) | .021 |

## 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) | 7223766 |
| 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) | 31037881 |
| 3. | RATIO OF COST TO CHARGES (LINE 1 / LINE 2) | .233 |

ECR TO COMPU-MAX FILE CONVERSION UTILITY
TRANSMITTAL #22 - CMS-2552-96

ELECTRONIC FILE NAME: C:\255296\CMTEMP\EC140064.10A

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

PROVIDER NUMBER: 14-0064

SOFTWARE VENDOR: S01
KPMG LLP - COMPU-MAX MICRO - DATE APPROVED: 02/19/10

CREATION DATE: 2/24/2011

CREATION TIME: 09:04

PROVIDER NAME: ST. MARY MEDICAL CENTER

FISCAL YEAR BEGINNING: 10/01/2009

FISCAL YEAR ENDING: 09/30/2010

ECR FINGERPRINT:

REMARKS:

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

CMS REQUIRED EDITS ARE APPLIED AT TWO LEVELS:

LEVEL I EDITS ARE THOSE WHICH TEST THE FORMAT OF THE DATA TO IDENTIFY FOR CORRECTION THOSE ERROR CONDITIONS WHICH MAY RESULT IN A COST REPORT REJECTION. INTERMEDIARIES MAY REJECT ALL ELECTRONIC COST REPORTING FILES WHICH CONTAIN ONE OR MORE LEVEL I EDIT ERRORS. LEVEL I EDITS ARE IDENTIFIED WITH NUMBERS BETWEEN 1000 AND 1999.

LEVEL II EDITS IDENTIFY POTENTIAL INCONSISTENCIES AND/OR MISSING DATA ITEMS. THESE ITEMS SHOULD BE RESOLVED AT THE PROVIDER SITE AND APPROPRIATE WORKSHEETS AND/OR DATA SUBMITTED WITH THE COST REPORT. FAILURE TO SUBMIT THE APPROPRIATE DATA WITH YOUR COST REPORT MAY RESULT IN PAYMENTS BEING WITHHELD PENDING RESOLUTION OF THE ISSUE(S). LEVEL II EDITS ARE IDENTIFIED WITH NUMBERS BETWEEN 2000 AND 2999.

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

| CMS EDIT NO. | | | |
|---|---|---|---|
| 1 | OLD CAP REL COSTS-BLDG & FIXT | 0100 | ** |
| 2 | OLD CAP REL COSTS-MVBLE EQUIP | 0200 | ** |
| 3 | NEW CAP REL COSTS-BLDG & FIXT | 0300 | |
| 4 | NEW CAP REL COSTS-MVBLE EQUIP | 0400 | |
| 5 | EMPLOYEE BENEFITS | 0500 | |
| 6 | ADMINISTRATIVE & GENERAL | 0600 | |
| 7 | MAINTENANCE & REPAIRS | 0700 | |
| 8 | OPERATION OF PLANT | 0800 | |
| 9 | LAUNDRY & LINEN SERVICE | 0900 | |
| 10 | HOUSEKEEPING | 1000 | |
| 11 | DIETARY | 1100 | |
| 12 | CAFETERIA | 1200 | |
| 13 | MAINTENANCE OF PERSONNEL | 1300 | ** |
| 14 | NURSING ADMINISTRATION | 1400 | |
| 15 | CENTRAL SERVICES & SUPPLY | 1500 | |
| 16 | PHARMACY | 1600 | ** |
| 17 | MEDICAL RECORDS & LIBRARY | 1700 | |
| 18 | SOCIAL SERVICE | 1800 | |
| 20 | NONPHYSICIAN ANESTHETISTS | 2000 | ** |
| 21 | NURSING SCHOOL | 2100 | ** |
| 22 | I&R SERVICES-SALARY & FRINGES APPRVD | 2200 | ** |
| 23 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 2300 | ** |
| 24 | PARAMED ED PRGM-(SPECIFY) | 2400 | ** |
| 25 | ADULTS & PEDIATRICS | 2500 | |
| 26 | INTENSIVE CARE UNIT | 2600 | |
| 33 | NURSERY | 3300 | |
| 37 | OPERATING ROOM | 3700 | |
| 38 | RECOVERY ROOM | 3800 | |
| 39 | DELIVERY ROOM & LABOR ROOM | 3900 | |
| 40 | ANESTHESIOLOGY | 4000 | |
| 41 | RADIOLOGY-DIAGNOSTIC | 4100 | |
| 4110 | C.T.SCAN | 3230 | |
| 4120 | M.R.I. | 3430 | |
| 43 | RADIOISOTOPE | 4300 | |

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

| CMS EDIT NO. | | | |
|---|---|---|---|
| 44 | LABORATORY | 4400 | |
| 4630 | BLOOD CLOTTING FACTORS ADMIN COSTS | 4650 | ** |
| 47 | BLOOD STORING, PROCESSING & TRANS. | 4700 | |
| 49 | RESPIRATORY THERAPY | 4900 | |
| 4910 | CARDIAC STRESS LAB | 3620 | |
| 4920 | CARDIO PULMONARY REHAB | 3160 | |
| 50 | PHYSICAL THERAPY | 5000 | |
| 51 | OCCUPATIONAL THERAPY | 5100 | |
| 52 | SPEECH PATHOLOGY | 5200 | |
| 53 | ELECTROCARDIOLOGY | 5300 | |
| 5310 | CARDIAC CATHETERIZATION | 5301 | |
| 54 | ELECTROENCEPHALOGRAPHY | 5400 | |
| 56 | DRUGS CHARGED TO PATIENTS | 5600 | |
| 61 | EMERGENCY | 6100 | |
| 62 | OBSERVATION BEDS (NON-DISTINCT PART) | 6200 | |
| 6350 | RHC | 6310 | ** |
| 6360 | FQHC | 6320 | ** |
| 6910 | CMHC | 6910 | ** |
| 6920 | OPT | 6920 | ** |
| 6930 | CMHC | 6930 | ** |
| 6940 | OPT | 6940 | ** |
| 71 | HOME HEALTH AGENCY | 7100 | ** |
| 85 1 | PANCREAS ACQUISITION | 8510 | ** |
| 85 2 | INTESTINAL ACQUISITION | 8520 | ** |
| 96 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 9600 | |
| 98 | PHYSICIANS' PRIVATE OFFICES | 9800 | |
| 99 | NONPAID WORKERS | 9900 | |
| 100 | PRIVATE HOME CARE | 7950 | ** |
| 100 1 | NON-PATIENT DIETARY | 7958 | |
| 10010 | AMBULANCE SERVICE | 7951 | |
| 10030 | FUND DEVELOPMENT | 7952 | |
| 10040 | DEV & PUBLIC RELATIONS | 7953 | |
| 10050 | OCCUPATIONAL MED CLINIC | 7954 | |
| 10060 | FOUNDATION | 7955 | |
| 10070 | SHARED SALARIES | 7956 | ** |
| 10080 | FITNESS CENTER | 7957 | |

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

CMS
EDIT NO.

WORKSHEET E-1 - INTERIM PAYMENT SUMMARY

| | | PART A | PART B | TOTAL |
|---|---|---|---|---|
| 1 | HOSPITAL | 17159143 | 4804615 | 21963758 |
| 2 | SUBPROVIDER I | | | |
| 3 | SWING-BED SNF | | | |
| 4 | SKILLED NURSING FAC | | | |
| 5 | HOME HEALTH AGENCY I | | | |
| 6 | CORF | | | |
| | TOTAL | 17159143 | 4804615 | 21963758 |

WORKSHEET S - SETTLEMENT SUMMARY

| | | TITLE V 1 | TITLE XVIII PART A 2 | TITLE XVIII PART B 3 | TITLE XIX 4 | |
|---|---|---|---|---|---|---|
| 1 | HOSPITAL | | 682178 | -37458 | | 1 |
| 2 | SUBPROVIDER 1 | | | | | 2 |
| 3 | SWING BED - SNF | | | | | 3 |
| 4 | SWING BED - NF | | | | | 4 |
| 5 | SKILLED NURSING FACILITY | | | | | 5 |
| 6 | NURSING FACILITY | | | | | 6 |
| 7 | HOME HEALTH AGENCY | | | | | 7 |
| 8 | CORF | | | | | 8 |
| 9 | HEALTH CLINIC | | | | | 9 |
| 100 | TOTAL | | 682178 | -37458 | | 100 |

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

I. OPTIONS SELECTED:
OPTION 14
OPTION 20, 6
OPTION 60, 5

COMPU-MAX - CMS-2552-96 - SETTLEMENT SUMMARY, VERSION 2010.09

| | | TITLE V 1 | TITLE XVIII PART A 2 | TITLE XVIII PART B 3 | TITLE XIX 4 | |
|---|---|---|---|---|---|---|
| 1 | HOSPITAL | | 682178 | -37458 | | 1 |
| 2 | SUBPROVIDER I | | | | | 2 |
| 3 | SWING BED - SNF | | | | | 3 |
| 4 | SWING BED - NF | | | | | 4 |
| 5 | SKILLED NURSING FACILITY | | | | | 5 |
| 6 | NURSING FACILITY | | | | | 6 |
| 7 | HOME HEALTH AGENCY | | | | | 7 |
| 8 | O/P REHAB PROVIDER | | | | | 8 |
| 9 | HEALTH CLINIC | | | | | 9 |
| 100 | TOTAL | | 682178 | -37458 | | 100 |

**********
Explanation of error code types:

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

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

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

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

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

**********

II. 1000 LEVEL ERRORS
**********

III. 2000 LEVEL ERRORS
**********

2027 - WKST C, PART I, LINE 39, COL 11 SHOULD NOT BE MORE THAN 100% OR LESS THAN .1%

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

**** - IF WKST S-3, PART II, LINE 10 , COL 3 IS GREATER THAN ZERO, COL 5 SHOULD BE >= $50 AND <= $200
AVE HOURLY WAGE FOR PHYSICIAN PART A = $26.31

**** - WORKSHEET B-1, LINE 100.10 DOES NOT HAVE ANY STATISTICS BUT THERE IS COST ON THAT LINE ON WORKSHEET A, COLUMN 7

**** - WORKSHEET B-1, LINE 100.60 DOES NOT HAVE ANY STATISTICS BUT THERE IS COST ON THAT LINE ON WORKSHEET A, COLUMN 7

V. INFORMATIONAL MESSAGES
**********

(I) - THE TOTAL CALCULATED FOR WORKSHEET A-8-1, PART B, COLUMN 6, HAS BEEN TRANSFERRED TO WORKSHEET A-8, LINE 14. THE TOTAL FOR WORKSHEET A-8 THAT YOU INPUT HAS BEEN DECREASED BY $713,789

(I) - THE TOTAL CALCULATED FOR WORKSHEET A-8-2, COLUMN 18, HAS BEEN TRANSFERRED TO WORKSHEET A-8, LINE 12. THE TOTAL FOR WORKSHEET A-8 THAT YOU INPUT HAS BEEN DECREASED BY $2,608,377

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