

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

WORKSHEET S  
 PARTS I & II

INTERMEDIARY [ ] AUDITED DATE RECEIVED \_\_\_\_\_ [ ] INITIAL [ XX ] RE-OPENING 1  
 USE ONLY: [ ] DESK REVIEWED INTERMEDIARY NO. \_\_\_\_\_ [ ] FINAL [ XX ] MCR CODE 1

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY OTTAWA REGIONAL HOSPITAL & HEALTHCARE CE (14-0110) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 05/01/2009 AND ENDING 04/30/2010, 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.

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

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
1	HOSPITAL	2	3	4	
2	SUBPROVIDER I	527943	-278470	2047994	1
3	SWING BED - SNF	116627		958347	2
4	SWING BED - NF				3
5	SKILLED NURSING FACILITY				4
6	NURSING FACILITY				5
7	HOME HEALTH AGENCY		-285		6
8	OUTPATIENT REHABILITATION PROVIDER				7
9	HEALTH CLINIC				8
100	TOTAL	644570	-278755	3006341	100

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 1100 EAST NORRIS DRIVE P.O.BOX: 1  
 1.01 CITY: OTTAWA STATE: IL ZIP CODE: 61350 COUNTY: LASALLE 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	OTTAWA REGIONAL HOSPITAL & HEALTHC	14-0110	07/01/1966	N	P	O	2
3	SUBPROVIDER I	OTTAWA REGIONAL PSYCHIATRIC UNIT	14-S110	05/01/1984	N	P	O	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	OTTAWA VISITING NURSING SERVICE	14-7048	11/01/1985	N	P	N	9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE	HOSPICE OF COMMUNITY HOSPITAL	14-1570	02/01/1984				12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16
17	COST REPORTING PERIOD (MM/DD/YYYY)		FROM: 05/01/2009	TO: 04/30/2010				17
18	TYPE OF CONTROL		1	2				18
19	HOSPITAL			1				19
20	SUBPROVIDER I			4				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				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	N		Y 16974	21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.			1				21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.			1				21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO.			YES				21.06
21.07	DOES THIS HOSPITAL QUALIFY AS AN SCH WITH UNDER 100 BEDS OR FEWER BEDS UNDER MIPPA 147? ENTER 'Y' FOR YES AND 'N' FOR NO (SEE INSTRUCTIONS).			NO				21.07
21.08	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS? ENTER IN COLUMN 1, 1 IF IT IS BASED ON DATE OF ADMISSION, 2 IF IT IS BASED ON CENSUS DAYS, OR 3 IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE LAST COST REPORTING PERIOD? ENTER IN COLUMN 2, 'Y' FOR YES AND 'N' FOR NO.							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
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31.01

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 (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	NO			35

		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.	NO			40
40.01	NAME:	FI/CONTRACTOR'S NAME:	FI/CONTRACTOR'S NUMBER:		40.01
40.02	STREET:		P.O. BOX:		40.02
40.03	CITY:		STATE:	ZIP CODE:	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES			41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES			42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	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 NCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.				46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
	1	2	3	4	5	
47	HOSPITAL	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	48
49	SKILLED NURSING FACILITY	N	N			49
50	HOME HEALTH AGENCY	N	N			50
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?					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.					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			1		53
53.01	MDH PERIOD: BEGINNING: 05/01/2009 ENDING: 04/30/2010					53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: PAID LOSSES: AND/OR SELF INSURANCE:					54
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.					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.					55

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

		DATE	Y/N	LIMIT	Y/N	FEE\$
		0	1	2	3	4
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.	/ /	NO	0.00	NO	56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		YES			57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		NO			58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)					58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO			59
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		YES			60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)		NO			60.01
MULTICAMPUS						
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.		NO			61
	COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS	
	1	2	3	4	5	
SETTLEMENT DATA						
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)		YES	07/31/2010		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-----					OBS. BEDS ADMITTED 5.01
				TITLE V 3	TITLE XVIII 4	NONCOVERED DAYS 4.01	TITLE XIX 5		
1 HOSPITAL ADULTS & PEDS, EXCL SWING BED, OBSERV & HOSPICE DAYS	82	29930			3767		1593		1
2 HMO					393		319		2
3 HOSPITAL ADULTS & PEDS - SWING BED SNF									3
4 HOSPITAL ADULTS & PEDS - SWING BED NF									4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS	82	29930			3767		1593		5
6 INTENSIVE CARE UNIT	8	2920			466		78		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							658		11
12 TOTAL HOSPITAL	90	32850			4233		2329		12
13 RPCH VISITS									13
14 SUBPROVIDER I	28	10220			1672		1202		14
15 SKILLED NURSING FACILITY									15
16 NURSING FACILITY									16
17 OTHER LONG TERM CARE									17
18 HOME HEALTH AGENCY					7929				18
20 ASC (DISTINCT PART)									20
21 HOSPICE (DISTINCT PART)									21
23 O/P REHAB PROVIDER									23
24 RHC I									24
25 TOTAL	118								25
26 OBSERVATION BED DAYS									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-----				---INTERNS & RES FTES---			--FULL TIME EQUIV--	
	OBS.		OBS.		LESS I&R			EMPLOYEES ON PAYROLL	NONPAID WORKERS
	BEDS NOT ADMITTED	TOTAL ALL PATIENTS	BEDS ADMITTED	BEDS NOT ADMITTED	TOTAL	REPL NON- PHYS ANES	NET		
5.02	6	6.01	6.02	7	8	9	10	11	
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		7664							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		7664							5
6 INTENSIVE CARE UNIT		891							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		942							11
12 TOTAL HOSPITAL		9497						513.84	12
13 RPCH VISITS									13
14 SUBPROVIDER I		4309						37.08	14
15 SKILLED NURSING FACILITY									15
16 NURSING FACILITY									16
17 OTHER LONG TERM CARE									17
18 HOME HEALTH AGENCY		11197						21.04	18
20 ASC (DISTINCT PART)									20
21 HOSPICE (DISTINCT PART)								3.52	21
23 O/P REHAB PROVIDER									23
24 RHC I									24
25 TOTAL								575.48	25
26 OBSERVATION BED DAYS		1284		1284					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)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		1290	602	2969	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		1290	602	2969	12
13	RPCH VISITS					13
14	SUBPROVIDER I		304	294	935	14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
1	SALARIES	1	2	3	4	5	6	
1	TOTAL SALARIES	30325316		30325316	1201604.00	25.24		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B	90082		90082	1241.00	72.59		3
4	PHYSICIAN - PART A	683350		683350	4712.00	145.02		4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B	1631295		1631295	12046.00	135.42		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	3317875	144031	3461906	142631.00	24.27		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	653687		653687	8055.00	81.15		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	1148804		1148804	11046.00	104.00		10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS							11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	10000629		10000629			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	1288901		1288901			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B	17637		17637			CMS 339	17
18	PHYSICIAN PART A	92156		92156			CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B	219735		219735			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	375350		375350	14799.00	25.36		21
22	ADMINISTRATIVE & GENERAL	2886609	-55327	2831282	127080.00	22.28		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	847744		847744	6537.00	129.68		22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT	1021907		1021907	52108.00	19.61		24
25	LAUNDRY & LINEN SERVICE	38550		38550	3270.00	11.79		25
26	HOUSEKEEPING	735509		735509	65689.00	11.20		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	790125		790125	54841.00	14.41		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA							28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	1055799		1055799	30323.00	34.82		30
31	CENTRAL SERVICES AND SUPPLY	192697		192697	13900.00	13.86		31
32	PHARMACY	805648		805648	22128.00	36.41		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	1224489		1224489	62985.00	19.44		33
34	SOCIAL SERVICE	161512		161512	6240.00	25.88		34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
1		1	2	3	4	5	
1	NET SALARIES	29451683		29451683	1194854.00	24.65	1
2	EXCLUDED AREA SALARIES	3317875	144031	3461906	142631.00	24.27	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	26133808	-144031	25989777	1052223.00	24.70	3
4	SUBTOTAL OTHER WAGES & REL COSTS	1802491		1802491	19101.00	94.37	4
5	SUBTOTAL WAGE-RELATED COSTS	10092785		10092785		38.83%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	38029084	-144031	37885053	1071324.00	35.36	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	10135939	-55327	10080612	459900.00	21.92	13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7048

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: LASALLE

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		649		125	774	1
2 UNDUPLICATED CENSUS COUNT		597.00		50.00	647.00	2

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK:	STAFF 1	CONTRACT 2	TOTAL 3	
40.00				
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)	1.00		1.00	4
5 OTHER ADMINISTRATIVE PERSONNEL	7.27	.07	7.34	5
6 DIRECT NURSING SERVICE	6.81	.19	7.00	6
7 NURSING SUPERVISOR	1.00		1.00	7
8 PHYSICAL THERAPY SERVICE	2.26	.67	2.93	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE				10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE				12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE				14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE	2.71		2.71	16
17 HOME HEALTH AIDE SUPERVISOR				17
18 OTHER (SPECIFY)				18

HOME HEALTH AGENCY MSA CODES

19 HOW MANY MSAs IN COLUMN 1 OR CBSAs IN COLUMN 1.01 DID YOU PROVIDE SERVICES TO DURING THIS COST REPORTING PERIOD	1	1.01	1	19
20 LIST THOSE MSA CODE(S) IN COLUMN 1 AND CBSA CODE(S) IN COLUMN 1.01 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE)			16974	20

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7048

WORKSHEET S-4  
 (CONTINUED)

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

	FULL EPISODES				SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL 7	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4				
21	SKILLED NURSING VISITS	3829		172	77		4078	21
22	SKILLED NURSING VISIT CHARGES	899612		40592	17980		958184	22
23	PHYSICAL THERAPY VISITS	2957		14	62		3033	23
24	PHYSICAL THERAPY VISIT CHARGES	694844		3304	14632		712780	24
25	OCCUPATIONAL THERAPY VISITS	19			5		24	25
26	OCCUPATIONAL THERAPY VISIT CHARGES	4484			1180		5664	26
27	SPEECH PATHOLOGY VISITS	52		2			54	27
28	SPEECH PATHOLOGY VISIT CHARGES	12208		472			12680	28
29	MEDICAL SOCIAL SERVICE VISITS	84		3	4		91	29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	19664		708	944		21316	30
31	HOME HEALTH AIDE VISITS	631		5	13		649	31
32	HOME HEALTH AIDE VISIT CHARGES	84077		670	1706		86453	32
33	TOTAL VISITS	7572		196	161		7929	33
34	OTHER CHARGES							34
35	TOTAL CHARGES	1714889		45746	36442		1797077	35
36	TOTAL NUMBER OF EPISODES	513		70	14		597	36
37	TOTAL NUMBER OF OUTLIER EPISODES							37
38	TOTAL MEDICAL SUPPLY CHARGES	61192		2550	1073		64815	38

HOSPICE IDENTIFICATION DATA

HOSPICE NO.: 14-1570

WORKSHEET S-9  
 PARTS I & II

PART I - ENROLLMENT DAYS

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL 6
1 CONTINUOUS HOME CARE						1
2 ROUTINE HOME CARE	4186	165			352	4703 2
3 INPATIENT RESPITE CARE	4					4 3
4 GENERAL INPATIENT CARE	38	5			4	47 4
5 TOTAL HOSPICE DAYS	4228	170			356	4754 5

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	100	6			11	117 6
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE						7
8 AVERAGE LENGTH OF STAY	42.28	28.33			32.36	40.63 8
9 UNDUPLICATED CENSUS COUNT	100	6				106 9

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?		1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04		2
2.01	IS IT AT THE TIME OF ADMISSION?		2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?		2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?		2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)		2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?		3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?		4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?		5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?		6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?		7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01		8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?		8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04		9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?		9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?		9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?		9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?		9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?		10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04		11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?		11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?		11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?		11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?		11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?		12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?		13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01		14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?		14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?		14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?		15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?		16
17	REVENUE RELATED TO UNCOMPENSATED CARE		17
17.01	GROSS MEDICAID REVENUES	5949031	17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS		18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)		19
20	RESTRICTED GRANTS	20982	20
21	NON-RESTRICTED GRANTS		21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	5970013	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.391795	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	28042134	28
29	TOTAL GROSS MEDICAID COST	10986768	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	10208957	30
31	UNCOMPENSATED CARE COST	3999818	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	10986768	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		2235537	2235537	-1840865	394672	-43333	351339	1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP				101	101		101	2
3	0300 NEW CAP REL COSTS-BLDG & FIXT				3149996	3149996	344570	3494566	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				2727074	2727074	34829	2761903	4
5	0500 EMPLOYEE BENEFITS	375350	9543393	9918743	2069656	11988399	-2883	11985516	5
6	0600 ADMINISTRATIVE & GENERAL	2886609	8145580	11032189	-1324682	9707507	-3816117	5891390	6
8	0800 OPERATION OF PLANT	1021907	1990951	3012858	-51764	2961094	-28864	2932230	8
9	0900 LAUNDRY & LINEN SERVICE	38550	269231	307781	-2678	305103		305103	9
10	1000 HOUSEKEEPING	735509	186082	921591	-55077	866514		866514	10
11	1100 DIETARY	790125	820031	1610156	-67132	1543024	-368469	1174555	11
12	1200 CAFETERIA								12
14	1400 NURSING ADMINISTRATION	1055799	188151	1243950	-112289	1131661		1131661	14
15	1500 CENTRAL SERVICES & SUPPLY	192697	472294	664991	-437322	227669		227669	15
16	1600 PHARMACY	805648	1879388	2685036	-1742474	942562		942562	16
17	1700 MEDICAL RECORDS & LIBRARY	1224489	553527	1778016	-126382	1651634	-2789	1648845	17
18	1800 SOCIAL SERVICE	161512	14229	175741	-11952	163789		163789	18
20	2000 NONPHYSICIAN ANESTHETISTS				146423	146423	-146423		20
24	2400 PARAMED ED PRGM-(SPECIFY)	68177	47785	115962	-12962	103000	-2755	100245	24
	INPATIENT ROUTINE SERV COST CENTERS								
25	2500 ADULTS & PEDIATRICS	3302168	701081	4003249	-605522	3397727	-38538	3359189	25
26	2600 INTENSIVE CARE UNIT	687424	131179	818603	-73322	745281		745281	26
31	3100 SUBPROVIDER I	1693257	203960	1897217	60668	1957885	-929	1956956	31
33	3300 NURSERY	178363	39443	217806	-16867	200939		200939	33
	ANCILLARY SERVICE COST CENTERS								
37	3700 OPERATING ROOM	888569	3098263	3986832	-264656	3722176	-10500	3711676	37
38	3800 RECOVERY ROOM	170338	19531	189869	-12309	177560		177560	38
39	3900 DELIVERY ROOM & LABOR ROOM				169321	169321		169321	39
40	4000 ANESTHESIOLOGY	816489	1402119	2218608	-198983	2019625	-1512387	507238	40
41	4100 RADIOLOGY-DIAGNOSTIC	1914352	2598894	4513246	-1236167	3277079	-1870	3275209	41
41.01	3430 MAGNETIC RESONANCE IMAGING MRI	175112	689082	864194	-527412	336782		336782	41.01
44	4400 LABORATORY	914164	1859383	2773547	-114464	2659083		2659083	44
48	4800 INTRAVENOUS THERAPY	374923	178414	553337		553337		553337	48
49	4900 RESPIRATORY THERAPY	541921	274132	816053	-60267	755786	-49	755737	49
50	5000 PHYSICAL THERAPY	1428382	411845	1840227	-162725	1677502		1677502	50
51	5100 OCCUPATIONAL THERAPY	43678	170313	213991	-3097	210894		210894	51
52	5200 SPEECH PATHOLOGY	82415	149312	231727	-8188	223539		223539	52
53	5300 ELECTROCARDIOLOGY				175476	175476	-65491	109985	53
54	5400 ELECTROENCEPHALOGRAPHY				2310	2310		2310	54
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				321191	321191		321191	55
56	5600 DRUGS CHARGED TO PATIENTS				1625183	1625183	-15221	1609962	56
58	5800 ASC (NON-DISTINCT PART)	2967855	1155253	4123108	-576053	3547055	-986335	2560720	58
59	3160 CARDIAC REHAB								59
59.01	3550 PSYCHIATRIC/PSYCHOLOGICAL SERVI	1869147	304718	2173865	-382554	1791311	-813558	977753	59.01
59.97	3997 CARDIAC REHABILITATION				43489	43489	-6175	37314	59.97
	OUTPATIENT SERVICE COST CENTERS								
61	6100 EMERGENCY	1363946	1367665	2731611	-78912	2652699	-189737	2462962	61
62	6200 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS								62
71	7100 HOME HEALTH AGENCY	1238431	368658	1607089	-130186	1476903	-9899	1467004	71
	SPECIAL PURPOSE COST CENTERS								
88	8800 INTEREST EXPENSE		147245	147245	-147245				88
93	9300 HOSPICE	151863	175524	327387	-11493	315894	-48050	267844	93
94	6950 HOMEMAKER	166147	62662	228809	238	229047	-2930	226117	94
95	SUBTOTALS	30325316	41854855	72180171	95125	72275296	-7733903	64541393	95
	NONREIMBURSABLE COST CENTERS								
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN								96
98	9800 PHYSICIANS' PRIVATE OFFICES		370548	370548	-95125	275423		275423	98
101	TOTAL	30325316	42225403	72550719		72550719	-7733903	64816816	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER
			LINE #			
1	1	2	3	4	5	
1 INSURANCE	A	OLD CAP REL COSTS-BLDG & FIXT	1			9534 1
2	A	OLD CAP REL COSTS-MVBLE EQUIP	2			45 2
3	A	NEW CAP REL COSTS-BLDG & FIXT	3			57453 3
4	A	NEW CAP REL COSTS-MVBLE EQUIP	4			26967 4
5						5 5
6 ESTABLISH COST CENTER	B	DELIVERY ROOM & LABOR ROOM	39		209694	14143 6
7						7 7
8 EQUIPMENT RENTALS	C	NEW CAP REL COSTS-MVBLE EQUIP	4			16475 8
9	C					9 9
10	C					10 10
11	C					11 11
12						12 12
13 DEPARTMENTAL SALARIES AND FEES	D	ELECTROCARDIOLOGY	53		109985	65491 13
14	D	ELECTROENCEPHALOGRAPHY	54		2310	14 14
15	D	CARDIAC REHABILITATION	59.97		37314	6175 15
16						16 16
17 ER CLERICAL	E	EMERGENCY	61		55327	17 17
18						18 18
19 SUPERVISOR SALARY	F	HOMEMAKER	94		27296	19 19
20						20 20
21						21 21
22 C SECTION COSTS	G	OPERATING ROOM	37		51072	3444 22
23						23 23
24 CLOSE ACCOUNT	H	OLD CAP REL COSTS-BLDG & FIXT	1			147245 24
25						25 25
26 CRNA FEES	I	NONPHYSICIAN ANESTHETISTS	20			146423 26
27						27 27
28 DEPRECIATION SEGREGATION	J	NEW CAP REL COSTS-BLDG & FIXT	3			2721691 28
29	J	OLD CAP REL COSTS-MVBLE EQUIP	2			56 29
30						30 30
31						31 31
32 MOB HOSPITAL STORAGE	K	ADMINISTRATIVE & GENERAL	6			21868 32
33						33 33
34 PSYCHIATRIC ADMINISTRATION	L	SUBPROVIDER I	31		144031	53067 34
35						35 35
36 SUBTOTAL					637029	3290077 36

RECLASSIFICATIONS

WORKSHEET A-6  
 PAGE 1

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7	
			LINE #	SALARY	OTHER	REF.	
1	1	6	7	8	9	10	
1 INSURANCE	A	ADMINISTRATIVE & GENERAL	6		93999	12 1	
2	A					12 2	
3	A					12 3	
4	A					12 4	
5						5	
6 ESTABLISH COST CENTER	B	ADULTS & PEDIATRICS	25	209694	14143	6	
7						7	
8 EQUIPMENT RENTALS	C	ASC (NON-DISTINCT PART)	58		3105	10 8	
9	C	CENTRAL SERVICES & SUPPLY	15		248	9	
10	C	ADULTS & PEDIATRICS	25		3422	10	
11	C	OPERATING ROOM	37		9700	11	
12						12	
13 DEPARTMENTAL SALARIES AND FEES	D	ASC (NON-DISTINCT PART)	58	149609	71666	13	
14	D					14	
15	D					15	
16						16	
17 ER CLERICAL	E	ADMINISTRATIVE & GENERAL	6	55327		17	
18						18	
19 SUPERVISOR SALARY	F	HOME HEALTH AGENCY	71	27296		19	
20						20	
21						21	
22 C SECTION COSTS	G	DELIVERY ROOM & LABOR ROOM	39	51072	3444	22	
23						23	
24 CLOSE ACCOUNT	H	INTEREST EXPENSE	88		147245	11 24	
25						25	
26 CRNA FEES	I	ANESTHESIOLOGY	40		146423	26	
27						27	
28 DEPRECIATION SEGREGATION	J	OLD CAP REL COSTS-BLDG & FIXT	1		1997644	9 28	
29	J	NEW CAP REL COSTS-MVBLE EQUIP	4		724103	9 29	
30						30	
31						31	
32 MOB HOSPITAL STORAGE	K	PHYSICIANS' PRIVATE OFFICES	98		21868	32	
33						33	
34 PSYCHIATRIC ADMINISTRATION	L	PSYCHIATRIC/PSYCHOLOGICAL SER	59.01	144031	53067	34	
35						35	
36 SUBTOTAL				637029	3290077	36	

RECLASSIFICATIONS

WORKSHEET A-6  
 PAGE 2

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 COST OF GOODS SOLD	M	MEDICAL SUPPLIES CHARGED TO P	55		321191
2	M	DRUGS CHARGED TO PATIENTS	56		1625183
3					3
4 FICA	N	EMPLOYEE BENEFITS	5		2070754
5	N				5
6	N				6
7	N				7
8	N				8
9	N				9
10	N				10
11	N				11
12	N				12
13	N				13
14	N				14
15	N				15
16	N				16
17	N				17
18	N				18
19	N				19
20	N				20
21	N				21
22	N				22
23	N				23
24	N				24
25	N				25
26	N				26
27	N				27
28	N				28
29	N				29
30	N				30
31	N				31
32	N				32
33	N				33
34	N				34
35	N				35
36 SUBTOTAL				637029	7307205

RECLASSIFICATIONS

WORKSHEET A-6  
 PAGE 2

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1 COST OF GOODS SOLD	M	CENTRAL SERVICES & SUPPLY	15		321191	1
2	M	PHARMACY	16		1625183	2
3						3
4 FICA	N	ADMINISTRATIVE & GENERAL	6		200742	4
5	N	OPERATION OF PLANT	8		83161	5
6	N	LAUNDRY & LINEN SERVICE	9		2678	6
7	N	HOUSEKEEPING	10		51950	7
8	N	DIETARY	11		55642	8
9	N	NURSING ADMINISTRATION	14		76293	9
10	N	CENTRAL SERVICES & SUPPLY	15		14017	10
11	N	PHARMACY	16		56171	11
12	N	MEDICAL RECORDS & LIBRARY	17		88767	12
13	N	SOCIAL SERVICE	18		11796	13
14	N	PARAMED ED PRGM-(SPECIFY)	24		5194	14
15	N	ADULTS & PEDIATRICS	25		257392	15
16	N	INTENSIVE CARE UNIT	26		53606	16
17	N	SUBPROVIDER I	31		122524	17
18	N	NURSERY	33		13239	18
19	N	OPERATING ROOM	37		65080	19
20	N	RECOVERY ROOM	38		12309	20
21	N	ANESTHESIOLOGY	40		33957	21
22	N	RADIOLOGY-DIAGNOSTIC	41		138838	22
23	N	MAGNETIC RESONANCE IMAGING MR	41.01		13140	23
24	N	LABORATORY	44		66043	24
25	N	RESPIRATORY THERAPY	49		39596	25
26	N	PHYSICAL THERAPY	50		102420	26
27	N	OCCUPATIONAL THERAPY	51		3097	27
28	N	SPEECH PATHOLOGY	52		5769	28
29	N	ASC (NON-DISTINCT PART)	58		179066	29
30	N	PSYCHIATRIC/PSYCHOLOGICAL SER	59.01		106951	30
31	N	EMERGENCY	61		97725	31
32	N	HOME HEALTH AGENCY	71		90620	32
33	N	HOSPICE	93		11493	33
34	N	HOMEMAKER	94		11478	34
35						35
36 SUBTOTAL				637029	7307205	36

RECLASSIFICATIONS

WORKSHEET A-6  
 PAGE 3

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	
	1	2	3	4	5
1					1
2 CONSOLIDATE EQUIP DEPRECIATION	O	NEW CAP REL COSTS-MVBLE EQUIP	4		3407735 2
3	O				3
4	O				4
5	O				5
6	O				6
7	O				7
8	O				8
9	O				9
10	O				10
11	O				11
12	O				12
13	O				13
14	O				14
15	O				15
16	O				16
17	O				17
18	O				18
19	O				19
20	O				20
21	O				21
22	O				22
23	O				23
24	O				24
25	O				25
26	O				26
27	O				27
28	O				28
29	O				29
30	O				30
31					31
32					32
33 NORRIS BLDG OVERHEAD	P	NEW CAP REL COSTS-BLDG & FIXT	3		370852 33
34	P	OPERATION OF PLANT	8		76286 34
35	P	PHYSICIANS' PRIVATE OFFICES	98		207986 35
36 SUBTOTAL				637029	11370064 36

RECLASSIFICATIONS

WORKSHEET A-6  
 PAGE 3

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1						1
2 CONSOLIDATE EQUIP DEPRECIATION	O	EMPLOYEE BENEFITS	5		1098	9 2
3	O	ADMINISTRATIVE & GENERAL	6		341358	3
4	O	OPERATION OF PLANT	8		44889	4
5	O	HOUSEKEEPING	10		3127	5
6	O	DIETARY	11		11490	6
7	O	NURSING ADMINISTRATION	14		35996	7
8	O	CENTRAL SERVICES & SUPPLY	15		101866	8
9	O	PHARMACY	16		61120	9
10	O	MEDICAL RECORDS & LIBRARY	17		37615	10
11	O	SOCIAL SERVICE	18		156	11
12	O	PARAMED ED PRGM-(SPECIFY)	24		7768	12
13	O	ADULTS & PEDIATRICS	25		120871	13
14	O	INTENSIVE CARE UNIT	26		19716	14
15	O	SUBPROVIDER I	31		13906	15
16	O	NURSERY	33		3628	16
17	O	OPERATING ROOM	37		244392	17
18	O	ANESTHESIOLOGY	40		18603	18
19	O	RADIOLOGY-DIAGNOSTIC	41		1097329	19
20	O	MAGNETIC RESONANCE IMAGING MR	41.01		514272	20
21	O	LABORATORY	44		48421	21
22	O	RESPIRATORY THERAPY	49		20671	22
23	O	PHYSICAL THERAPY	50		60305	23
24	O	SPEECH PATHOLOGY	52		2419	24
25	O	ASC (NON-DISTINCT PART)	58		172607	25
26	O	PSYCHIATRIC/PSYCHOLOGICAL SER	59.01		78505	26
27	O	EMERGENCY	61		36514	27
28	O	HOME HEALTH AGENCY	71		22322	28
29	O	HOMEMAKER	94		15580	29
30	O	PHYSICIANS' PRIVATE OFFICES	98		271191	30
31						31
32						32
33 NORRIS BLDG OVERHEAD	P	ADMINISTRATIVE & GENERAL	6		655124	9 33
34	P					34
35	P					35
36 SUBTOTAL				637029	11370064	36

RECLASSIFICATIONS

WORKSHEET A-6  
 PAGE 4

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1					
2					
3	MERCURY CIRCLE OVERHEAD	Q	HOME HEALTH AGENCY	71	10052
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36	TOTAL RECLASSIFICATIONS			637029	11380116

RECLASSIFICATIONS

WORKSHEET A-6  
 PAGE 4

EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	COST CENTER 6	DECREASE			WKST A-7 REF. 10
			LINE # 7	SALARY 8	OTHER 9	
1						1
2						2
3 MERCURY CIRCLE OVERHEAD	Q	PHYSICIANS' PRIVATE OFFICES	98		10052	3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				637029	11380116	36

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

WORKSHEET A-7  
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	105342					105342		1
2 LAND IMPROVEMENTS	111906					111906		2
3 BUILDINGS AND FIXTURES	9559973					9559973		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	399914				399914			6
7 SUBTOTAL	10177135				399914	9777221		7
8 RECONCILING ITEMS								8
9 TOTAL	10177135				399914	9777221		9

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND								1
2 LAND IMPROVEMENTS	2757161	653115		653115		3410276		2
3 BUILDINGS AND FIXTURES	40385288	14624982		14624982		55010270		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	26534919	2308843		2308843	1343393	27500369		6
7 SUBTOTAL	69677368	17586940		17586940	1343393	85920915		7
8 RECONCILING ITEMS								8
9 TOTAL	69677368	17586940		17586940	1343393	85920915		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF		OTHER CAPITAL	TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	RELATED COSTS	
	1	2	3	4	5	6	7	
1 OLD CAP REL COSTS-BLDG & FIXT	9671879		9671879	.101178				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT	58420546		58420546	.611140				3
4 NEW CAP REL COSTS-MVBLE EQUIP	27500369		27500369	.287682				4
5 TOTAL	95592794		95592794	1.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT	194560		147245	9534			351339	1
2 OLD CAP REL COSTS-MVBLE EQUIP	56			45			101	2
3 NEW CAP REL COSTS-BLDG & FIXT	3437113			57453			3494566	3
4 NEW CAP REL COSTS-MVBLE EQUIP	2718461	16475		26967			2761903	4
5 TOTAL	6350190	16475	147245	93999			6607909	5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT	2235537						2235537	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 TOTAL	2235537						2235537	5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED			WKST A-7 REF
			COST CENTER	LINE NO.	5	
	1	2	3	4	5	
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	11	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2		2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3		3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4		4
5 INVESTMENT INCOME-OTHER						5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-7346	ADMINISTRATIVE & GENERAL	6		6
7 REFUNDS AND REBATES OF EXPENSES						7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS	B	-15795	OPERATION OF PLANT	8		8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-10665	ADMINISTRATIVE & GENERAL	6		9
10 TELEVISION AND RADIO SERVICE	A	-4127	OPERATION OF PLANT	8		10
11 PARKING LOT						11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST					
	A-8-2	-3583498				12
13 SALE OF SCRAP, WASTE, ETC.	B	-1870	RADIOLOGY-DIAGNOSTIC	41		13
14 RELATED ORGANIZATION TRANSACTIONS	WKST					
	A-8-1					14
15 LAUNDRY AND LINEN SERVICE						15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-368317	DIETARY	11		16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS						17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS	B	-49	RESPIRATORY THERAPY	49		18
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-15221	DRUGS CHARGED TO PATIENTS	56		19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-2789	MEDICAL RECORDS & LIBRARY	17		20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)	B	-2755	PARAMED ED PRGM-(SPECIFY)	24		21
22 VENDING MACHINES	B	-621	OPERATION OF PLANT	8		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		RESPIRATORY THERAPY	49		25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		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	A	34829	NEW CAP REL COSTS-MVBLE EQUIP	4	9	32
33 NON-PHYSICIAN ANESTHETIST	A	-146423	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 HOSPICE PHYSICIAN FEES	A	-17500	HOSPICE	93		37
38						38
39 COMMUNITY EDUCATION REVENUE	B	-14691	ADMINISTRATIVE & GENERAL	6		39
40 TRUSTEE FEES	A	3499	ADMINISTRATIVE & GENERAL	6		40
41 EXECUTIVE ALCOHOL	A	-100	ADMINISTRATIVE & GENERAL	6		41
42 MISCELLANEOUS REVENUE	B	-9750	ADULTS & PEDIATRICS	25		42
43 MISCELLANEOUS REVENUE	B	-28708	ADULTS & PEDIATRICS	25		43
44 MALPRACTICE PREMIUMS	A	1000000	ADMINISTRATIVE & GENERAL	6		44
45 NON ALLOWABLE TAXES	A	-18000	ADMINISTRATIVE & GENERAL	6		45
46 EMPLOYEE DINNER DANCE ALCOHOL	A	-1555	EMPLOYEE BENEFITS	5		46
46.01 NEWBORN LIQUOR	A	-127	DIETARY	11		46.01
47 ADVERTISING	A	-925	ADMINISTRATIVE & GENERAL	6		47
47.01 ADVERTISING	A	-8108	HOME HEALTH AGENCY	71		47.01
47.02 ADVERTISING	A	-2026	HOSPICE	93		47.02
47.03 ADVERTISING	A	-601	ASC (NON-DISTINCT PART)	58		47.03
47.04 ADVERTISING	A	-2930	HOMEMAKER	94		47.04
47.05 ADVERTISING	A	-3227	ADMINISTRATIVE & GENERAL	6		47.05
47.06 ADVERTISING	A	-929	SUBPROVIDER I	31		47.06
47.07 ADVERTISING	A	-45431	ADMINISTRATIVE & GENERAL	6		47.07
47.08 ADVERTISING	A	-1791	HOME HEALTH AGENCY	71		47.08
48 AHA LOBBYING FEES	A	-4344	ADMINISTRATIVE & GENERAL	6		48
49 IHA LOBBYING FEES	A	-21596	ADMINISTRATIVE & GENERAL	6		49
49.02 HOSPICE LOBBYING FEES	B	-159	HOSPICE	93		49.02
49.03 CABLE SERVICE	A	-8321	OPERATION OF PLANT	8		49.03
49.04 PHYSICIAN GUARANTEES	A	-257563	ADMINISTRATIVE & GENERAL	6		49.04
49.05 PSYCHIATRIC WINE	A	-84	PSYCHIATRIC/PSYCHOLOGICAL SERVI	59.01		49.05
49.06 ALCOHOL GOLF OUTING	A	-410	ADMINISTRATIVE & GENERAL	6		49.06
49.07 ALCOHOL CHRISTMAS PARTY	A	-1264	ADMINISTRATIVE & GENERAL	6		49.07
49.08 INVESTMENT CONSULTING FEES	A	212204	ADMINISTRATIVE & GENERAL	6		49.08
49.10 ROTARY FEES	A	-1160	ADMINISTRATIVE & GENERAL	6		49.10

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7
			COST CENTER	LINE NO.	
	1	2	3	4	5
49.12 PHYSICIAN RECRUITING EXPENSE	A	-1349	ADMINISTRATIVE & GENERAL	6	49.12
49.13 PHYSICIAN PLANTS	A	-261	ADMINISTRATIVE & GENERAL	6	49.13
49.16 BAD DEBT EXPENSE	A	-2871793	ADMINISTRATIVE & GENERAL	6	49.16
49.17 CONTRIBUTIONS UNITED WAY	A	-21851	ADMINISTRATIVE & GENERAL	6	49.17
49.20 FUND RAISING POSTAGE	A	-330	ADMINISTRATIVE & GENERAL	6	49.20
49.22 HOSPICE REVENUE	B	-6190	HOSPICE	93	49.22
49.26 GOLF OUTING ALCOHOL	A	-1661	ADMINISTRATIVE & GENERAL	6	49.26
49.30 NURSES LIQUOR	A	-80	ADULTS & PEDIATRICS	25	49.30
49.31 PHYSICIAN GIFTS	A	-537	ADMINISTRATIVE & GENERAL	6	49.31
49.32 LIQUOR LICENSE RENEWAL	A	-450	ADMINISTRATIVE & GENERAL	6	49.32
49.33 CHAMBER OF COMMERCE ALCOHOL	A	-25	DIETARY	11	49.33
49.34 IMPROPER INTEREST CAPITALIZATION	A	365504	NEW CAP REL COSTS-BLDG & FIXT	3	9 49.34
49.36 PHYSICIAN SMUCK ALCOHOL	A	-100	ADMINISTRATIVE & GENERAL	6	49.36
49.37 CONVACARE RESP REVENUE	B	-22175	HOSPICE	93	49.37
49.38 JOLIET JACKJAMMER TICKETS	A	-1328	EMPLOYEE BENEFITS	5	49.38
49.39 AMORTIZATION START UP COSTS	A	2871	NEW CAP REL COSTS-BLDG & FIXT	3	9 49.39
49.40 MEDICAID TAX ASSESSMENT - APPEAL	A	-1704674	ADMINISTRATIVE & GENERAL	6	49.40
49.41 DEPARTMENT MANAGERS PARTY ALCOHOL	A	-171	ADMINISTRATIVE & GENERAL	6	49.41
49.42 NEW PHYSICIAN RECEPTION ALCOHOL	A	-37	ADMINISTRATIVE & GENERAL	6	49.42
49.43 EMPLOYEE CHRISTMAS PARTY ALCOHOL	A	-1768	ADMINISTRATIVE & GENERAL	6	49.43
49.44 GOLF OUTING FEES	A	-1805	ADMINISTRATIVE & GENERAL	6	49.44
49.45 PATIENT TRANSPORTATION	A	-7328	ADMINISTRATIVE & GENERAL	6	49.45
49.46 GOODWILL AMORTIZATION	A	-43333	OLD CAP REL COSTS-BLDG & FIXT	1	9 49.46
49.49 BOARD CHRISTMAS PARTY ALCOHOL	A	-525	ADMINISTRATIVE & GENERAL	6	49.49
49.50 PHYSICIAN CHRISTMAS PARTY	A	-57	ADMINISTRATIVE & GENERAL	6	49.50
49.51 REIMBURSEMENT CONSULTANT ALCOHOL	A	-160	ADMINISTRATIVE & GENERAL	6	49.51
49.53 PHYSICIAN CHRISTMAS PARTY	A	-1197	ADMINISTRATIVE & GENERAL	6	49.53
49.54 GOLF OUTINGS	A	-2648	ADMINISTRATIVE & GENERAL	6	49.54
49.55 BOARD MEMBERS CHRISTMAS ALCOHOL G	A	-961	ADMINISTRATIVE & GENERAL	6	49.55
49.56 BOARD MEMBERS GIFTS	A	-722	ADMINISTRATIVE & GENERAL	6	49.56
49.58 STRATEGIC GROWTH COMMITTEE ALCOHO	A	-78	ADMINISTRATIVE & GENERAL	6	49.58
49.59 ANNUAL MEETING RECAP ALCOHOL	A	-357	ADMINISTRATIVE & GENERAL	6	49.59
49.60 CORPORATE COMPLIANCE LIQUOR	A	-41	ADMINISTRATIVE & GENERAL	6	49.60
49.61 UNITED WAY KICKOFF EXPENSE	A	-100	ADMINISTRATIVE & GENERAL	6	49.61
49.62 CREDIT CARD DUES	A	-110	ADMINISTRATIVE & GENERAL	6	49.62
49.63 CAPITALIZED TAXES FUTURE CLINIC S	A	-22000	ADMINISTRATIVE & GENERAL	6	49.63
49.64 WELCOME BASKET CONTRIBUTION	A	-1140	ADMINISTRATIVE & GENERAL	6	49.64
49.65 PHYSICIAN GOLF OUTING	A	-410	ADMINISTRATIVE & GENERAL	6	49.65
49.66 BOARD MEMBERS GOLF OUTING	A	-117	ADMINISTRATIVE & GENERAL	6	49.66
49.67 CHAMBER OF COMMERCE GOLF OUTING	A	-360	ADMINISTRATIVE & GENERAL	6	49.67
49.68 AMORTIZED CAPITALIZED INTEREST	A	-23805	NEW CAP REL COSTS-BLDG & FIXT	3	9 49.68
50 TOTAL		-7733903			50

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

WORKSHEET A-8-1

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

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

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

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

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

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
LINE NO.	2	3	4	5	6	7	8	9
1 37	OPERATING ROOM	15000		15000	208000	45	4500	225
3 44	LABORATORY	100000		100000	215700	1105	114591	5730
4 53	ELECTROCARDIOLOGY	65491	65491					
6 61	EMERGENCY	2000		2000	177200	20	1704	85
7 61	EMERGENCY	1025604		1025604	177200	9815	836163	41808
8 58	ASC (NON-DISTINCT PART)	182355	136766	45589	177200	368	31351	1568
9 58	ASC (NON-DISTINCT PART)	439063	313340	125723	177200	641	54608	2730
10 58	ASC (NON-DISTINCT PART)	186923	142391	44532	177200	351	29903	1495
11 58	ASC (NON-DISTINCT PART)	192007	96396	95611	177200	1006	85703	4285
12 58	ASC (NON-DISTINCT PART)	145254	122914	22340	177200	261	22235	1112
13 58	ASC (NON-DISTINCT PART)	83015	63725	19290	177200	224	19083	954
14 59.97	CARDIAC REHABILITATION	6175	6175					
16 40	ANESTHESIOLOGY	425016	425016					
17 40	ANESTHESIOLOGY	425012	425012					
18 40	ANESTHESIOLOGY	382091	288549	93542	200300	509	49016	2451
19 40	ANESTHESIOLOGY	413448	259817	153631	200300	874	84164	4208
21 59.01	PSYCHIATRIC/PSYCHOLOGICA	306662	203968	102694	154100	697	51638	2582
22 59.01	PSYCHIATRIC/PSYCHOLOGICA	125714	102054	23660	154100	282	20892	1045
24 59.01	PSYCHIATRIC/PSYCHOLOGICA	219306	180999	38307	154100	363	26893	1345
25 59.01	PSYCHIATRIC/PSYCHOLOGICA	274625	250708	23917	154100	181	13410	671
101	TOTAL	5014761	3083321	1931440		16742	1445854	72294

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11	12	13	14	15	16	17	18
1	37 OPERATING ROOM		LEVISAY			4500	10500	10500
3	44 LABORATORY		TOMAS			114591		
4	53 ELECTROCARDIOLOGY		GHAFOOR					65491
6	61 EMERGENCY		POWELL			1704	296	296
7	61 EMERGENCY		MIDWEST EMERGENCY			836163	189441	189441
8	58 ASC (NON-DISTINCT PART)		GUERRERO			31351	14238	151004
9	58 ASC (NON-DISTINCT PART)		SWONG			54608	71115	384455
10	58 ASC (NON-DISTINCT PART)		CABALFIN			29903	14629	157020
11	58 ASC (NON-DISTINCT PART)		TORSHIZI			85703	9908	106304
12	58 ASC (NON-DISTINCT PART)		TALARICO M			22235	105	123019
13	58 ASC (NON-DISTINCT PART)		TALARICO A			19083	207	63932
14	59.97 CARDIAC REHABILITATION		BENEVIDAS					6175
16	40 ANESTHESIOLOGY		MALIK					425016
17	40 ANESTHESIOLOGY		ST. MARYS ANESTHESI					425012
18	40 ANESTHESIOLOGY		BAYLEY			49016	44526	333075
19	40 ANESTHESIOLOGY		WANG			84164	69467	329284
21	59.01 PSYCHIATRIC/PSYCHOLOGICA		GLAVIN			51638	51056	255024
22	59.01 PSYCHIATRIC/PSYCHOLOGICA		DYERS			20892	2768	104822
24	59.01 PSYCHIATRIC/PSYCHOLOGICA		KASTENBURG			26893	11414	192413
25	59.01 PSYCHIATRIC/PSYCHOLOGICA		CHUPREVICH			13410	10507	261215
101	TOTAL					1445854	500177	3583498

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP	OLD CAP	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	SUBTOTAL	ADMINIS-	
	FOR COST	BLDGS &	MOVABLE	BLDGS &	MOVABLE	BENEFITS		TRATIVE &	
	ALLOCATION	FIXTURES	EQUIPMENT	FIXTURES	EQUIPMENT		5A	GENERAL	
	0	1	2	3	4	5		6	
GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT	351339	351339						1
2	OLD CAP REL COSTS-MVBLE EQUIP	101		101					2
3	NEW CAP REL COSTS-BLDG & FIXT	3494566			3494566				3
4	NEW CAP REL COSTS-MVBLE EQUIP	2761903				2761903			4
5	EMPLOYEE BENEFITS	11985516	2032		20207	827	12008582		5
6	ADMINISTRATIVE & GENERAL	5891390	37803		376003	452585	1135217	7892998	7892998 6
8	OPERATION OF PLANT	2932230	73119	101	727273	33820	409739	4176282	579079 8
9	LAUNDRY & LINEN SERVICE	305103	1997		19865		15457	342422	47480 9
10	HOUSEKEEPING	866514	1481		14733	2356	294906	1179990	163616 10
11	DIETARY	1174555	10034		99807	8657	316805	1609858	223221 11
12	CAFETERIA		7319		72798			80117	11109 12
14	NURSING ADMINISTRATION	1131661	2883		28680	27120	423328	1613672	223750 14
15	CENTRAL SERVICES & SUPPLY	227669	2248		22361	77754	77263	407295	56475 15
16	PHARMACY	942562	3335		33168	46049	323029	1348143	186932 16
17	MEDICAL RECORDS & LIBRARY	1648845	2242		22300	28340	490965	2192692	304036 17
18	SOCIAL SERVICE	163789	850		8453	118	64759	237969	32997 18
20	NONPHYSICIAN ANESTHETISTS								20
24	PARAMED ED PRGM-(SPECIFY)	100245	1546		15377	5853	27336	150357	20848 24
INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	3359189	26540		263979	93645	1239933	4983286	690977 25
26	INTENSIVE CARE UNIT	745281	3693		36731	14855	275626	1076186	149223 26
31	SUBPROVIDER I	1956956	18410		183111	10477	736670	2905624	402891 31
33	NURSERY	200939	1329		13223	2733	71516	289740	40175 33
ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	3711676	17117		170250	191439	376754	4467236	619422 37
38	RECOVERY ROOM	177560	1425		14169		68298	261452	36253 38
39	DELIVERY ROOM & LABOR ROOM	169321	2001		19905		63600	254827	35334 39
40	ANESTHESIOLOGY	507238	1050		10446	14016	327375	860125	119264 40
41	RADIOLOGY-DIAGNOSTIC	3275209	18361		182628	826757	767569	5070524	703073 41
41.01	MAGNETIC RESONANCE IMAGING MRI	336782	154		1530	387465	70212	796143	110392 41.01
44	LABORATORY	2659083	7086		70483	36482	366539	3139673	435344 44
48	INTRAVENOUS THERAPY	553337	243		2415		150327	706322	97938 48
49	RESPIRATORY THERAPY	755737	2258		22461	15574	217286	1013316	140505 49
50	PHYSICAL THERAPY	1677502	29460		293022	45435	572717	2618136	363028 50
51	OCCUPATIONAL THERAPY	210894	1688		16786		17513	246881	34232 51
52	SPEECH PATHOLOGY	223539	1748		17389	1823	33045	277544	38484 52
53	ELECTROCARDIOLOGY	109985	164		1630		44099	155878	21614 53
54	ELECTROENCEPHALOGRAPHY	2310	219		2174		926	5629	781 54
55	MEDICAL SUPPLIES CHARGED TO PAT	321191						321191	44536 55
56	DRUGS CHARGED TO PATIENTS	1609962						1609962	223236 56
58	ASC (NON-DISTINCT PART)	2560720	32182		320092	137054	1129990	4180038	579600 58
59	CARDIAC REHAB								59
59.01	PSYCHIATRIC/PSYCHOLOGICAL SERVI	977753	30779		306144	59148	691694	2065518	286403 59.01
59.97	CARDIAC REHABILITATION	37314	279		2777		14961	55331	7672 59.97
OUTPATIENT SERVICE COST CENTERS									
61	EMERGENCY	2462962	5324		52953	28916	569065	3119220	432508 61
62	OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS								62
71	HOME HEALTH AGENCY	1467004				44598	485611	1997213	276932 71
SPECIAL PURPOSE COST CENTERS									
93	HOSPICE	267844					60890	328734	45582 93
94	HOMEMAKER	226117				11738	77562	315417	43735 94
95	SUBTOTALS	64541393	348399	101	3465323	2605634	12008582	64352941	7828677 95
NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN		1526		15175			16701	2316 96
98	PHYSICIANS' PRIVATE OFFICES	275423	1414		14068	156269		447174	62005 98
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	TOTAL	64816816	351339	101	3494566	2761903	12008582	64816816	7892998 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY
	OF PLANT	& LINEN	KEEPING			ADMINIS-	SERVICES &	
	8	9	10	11	12	TRATION	SUPPLY	16
						14	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
8 OPERATION OF PLANT	4755361							8
9 LAUNDRY & LINEN SERVICE	39840	429742						9
10 HOUSEKEEPING	29547		1373153					10
11 DIETARY	200170		46929	2080178				11
12 CAFETERIA	146000		17598	1626699	1881523			12
14 NURSING ADMINISTRATION	57520		41063		66160	2002165		14
15 CENTRAL SERVICES & SUPPLY	44846		3030		33248		544894	15
16 PHARMACY	66522		17598		55095			16
17 MEDICAL RECORDS & LIBRARY	44724		11732		161512	291638	490	17
18 SOCIAL SERVICE	16953		2192		14472			18
20 NONPHYSICIAN ANESTHETISTS								20
24 PARAMED ED PRGM-(SPECIFY)	30839		16760		8370	15116		24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	529427	129002	469288	218612	203250	367003	2248	25
26 INTENSIVE CARE UNIT	73666	17003	41063	15251	30817	55645	9319	26
31 SUBPROVIDER I	367241	14986	46929	157328	138407	249920		31
33 NURSERY	26520	1449	5866		456	822		33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	341448	40713	100562		106211	191785	113192	37
38 RECOVERY ROOM	28417	3656	4190		9162	16546		38
39 DELIVERY ROOM & LABOR ROOM	39921		8896		10464	18894		39
40 ANESTHESIOLOGY	20949				32849		2506	40
41 RADIOLOGY-DIAGNOSTIC	366272	57222	18952		204533			41
41.01 MAGNETIC RESONANCE IMAGING MRI	3068		8380		16845			41.01
44 LABORATORY	141358		46929		105106		3817	44
48 INTRAVENOUS THERAPY	4844				40258		9392	48
49 RESPIRATORY THERAPY	45047		3030		38216			49
50 PHYSICAL THERAPY	587674	15904	70393		143687			50
51 OCCUPATIONAL THERAPY	33664	15904			2960			51
52 SPEECH PATHOLOGY	34875	15904			5521			52
53 ELECTROCARDIOLOGY	3270				10119			53
54 ELECTROENCEPHALOGRAPHY	4359				211			54
55 MEDICAL SUPPLIES CHARGED TO PAT							401350	55
56 DRUGS CHARGED TO PATIENTS								56
58 ASC (NON-DISTINCT PART)	641968	35225	120255	40915	216571	391059		58
59 CARDIAC REHAB								59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI	613992	17547	63689	15691	109137	197070		59.01
59.97 CARDIAC REHABILITATION	5570				3430			59.97
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	106200	65227	140787	5682	114456	206667	2580	61
62 OBSERVATION BEDS (NON-DISTINCT								62
OTHER REIMBURSABLE COST CENTERS								
71 HOME HEALTH AGENCY			31974					71
SPECIAL PURPOSE COST CENTERS								
93 HOSPICE			1547					93
94 HOMEMAKER								94
95 SUBTOTALS	4696711	429742	1339632	2080178	1881523	2002165	544894	1674290
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	30435							96
98 PHYSICIANS' PRIVATE OFFICES	28215		33521					98
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	4755361	429742	1373153	2080178	1881523	2002165	544894	1674290

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	PARAMED EDUCATION 24	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26	TOTAL 27	
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT							3
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 EMPLOYEE BENEFITS							5
6 ADMINISTRATIVE & GENERAL							6
8 OPERATION OF PLANT							8
9 LAUNDRY & LINEN SERVICE							9
10 HOUSEKEEPING							10
11 DIETARY							11
12 CAFETERIA							12
14 NURSING ADMINISTRATION							14
15 CENTRAL SERVICES & SUPPLY							15
16 PHARMACY							16
17 MEDICAL RECORDS & LIBRARY	3006824						17
18 SOCIAL SERVICE	805	305388					18
20 NONPHYSICIAN ANESTHETISTS							20
24 PARAMED ED PRGM-(SPECIFY)			242290				24
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	259767	278695	159411	8290966		8290966	25
26 INTENSIVE CARE UNIT	34182	20639		1522994		1522994	26
31 SUBPROVIDER I	291533			4574859		4574859	31
33 NURSERY	29571			394599		394599	33
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	29863			6010432		6010432	37
38 RECOVERY ROOM	8198			367874		367874	38
39 DELIVERY ROOM & LABOR ROOM	1317			369653		369653	39
40 ANESTHESIOLOGY	8417			1044110		1044110	40
41 RADIOLOGY-DIAGNOSTIC	824973		5347	7250896		7250896	41
41.01 MAGNETIC RESONANCE IMAGING MRI				934828		934828	41.01
44 LABORATORY	31400			3903627		3903627	44
48 INTRAVENOUS THERAPY	1903			860657		860657	48
49 RESPIRATORY THERAPY	659		15707	1256480		1256480	49
50 PHYSICAL THERAPY	54823			3853645		3853645	50
51 OCCUPATIONAL THERAPY	13102			346743		346743	51
52 SPEECH PATHOLOGY	26204			398532		398532	52
53 ELECTROCARDIOLOGY				190881		190881	53
54 ELECTROENCEPHALOGRAPHY				10980		10980	54
55 MEDICAL SUPPLIES CHARGED TO PAT				767077		767077	55
56 DRUGS CHARGED TO PATIENTS	2415		26735	3536638		3536638	56
58 ASC (NON-DISTINCT PART)	528317	1582	2005	6737535		6737535	58
59 CARDIAC REHAB							59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI	593021			3962068		3962068	59.01
59.97 CARDIAC REHABILITATION				72003		72003	59.97
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY	266354	4472	33085	4497238		4497238	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS							62
71 HOME HEALTH AGENCY				2306119		2306119	71
SPECIAL PURPOSE COST CENTERS							
93 HOSPICE				375863		375863	93
94 HOMEMAKER				359152		359152	94
95 SUBTOTALS	3006824	305388	242290	64196449		64196449	95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN				49452		49452	96
98 PHYSICIANS' PRIVATE OFFICES				570915		570915	98
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	3006824	305388	242290	64816816		64816816	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP	OLD CAP	CAP REL	EMPLOYEE	ADMINIS-	OPERATION	LAUNDRY
	CAP-REL COSTS 0	BLDGS & FIXTURES 1	MOVABLE EQUIPMENT 2	COST TO BE ALLOC 4A	BENEFITS 5	TRATIVE & GENERAL 6	OF PLANT 8	& LINEN SERVICE 9
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
4								4
5		2032		2032	2032			5
6		37803		37803	193	37996		6
8		73119	101	73220	69	2786	76075	8
9		1997		1997	3	228	637	2865 9
10		1481		1481	50	787	473	10
11		10034		10034	54	1074	3202	11
12		7319		7319		53	2336	12
14		2883		2883	72	1076	920	14
15		2248		2248	13	272	717	15
16		3335		3335	55	899	1064	16
17		2242		2242	83	1463	715	17
18		850		850	11	159	271	18
20								20
24		1546		1546	5	100	493	24
INPATIENT ROUTINE SERV COST CENTERS								
25		26540		26540	204	3324	8470	861 25
26		3693		3693	47	718	1178	113 26
31		18410		18410	125	1938	5875	100 31
33		1329		1329	12	193	424	10 33
ANCILLARY SERVICE COST CENTERS								
37		17117		17117	64	2980	5462	271 37
38		1425		1425	12	174	455	24 38
39		2001		2001	11	170	639	39
40		1050		1050	56	574	335	40
41		18361		18361	130	3410	5860	381 41
41.01		154		154	12	531	49	41.01
44		7086		7086	62	2094	2261	44
48		243		243	25	471	77	48
49		2258		2258	37	676	721	49
50		29460		29460	97	1746	9401	106 50
51		1688		1688	3	165	539	106 51
52		1748		1748	6	185	558	106 52
53		164		164	7	104	52	53
54		219		219		4	70	54
55						214		55
56						1074		56
58		32182		32182	192	2788	10273	235 58
59								59
59.01		30779		30779	117	1378	9822	117 59.01
59.97		279		279	3	37	89	59.97
OUTPATIENT SERVICE COST CENTERS								
61		5324		5324	97	2081	1699	435 61
62								62
OTHER REIMBURSABLE COST CENTERS								
71					82	1332		71
SPECIAL PURPOSE COST CENTERS								
93					10	219		93
94					13	210		94
95		348399	101	348500	2032	37687	75137	2865 95
NONREIMBURSABLE COST CENTERS								
96		1526		1526		11	487	96
98		1414		1414		298	451	98
101								101
102								102
103		351339	101	351440	2032	37996	76075	2865 103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	10	11	12	14	15	16	17	18	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE									9
10 HOUSEKEEPING	2791								10
11 DIETARY	95	14459							11
12 CAFETERIA	36	11307	21051						12
14 NURSING ADMINISTRATION	83		740	5774					14
15 CENTRAL SERVICES & SUPPLY	6		372		3628				15
16 PHARMACY	36		616			6005			16
17 MEDICAL RECORDS & LIBRARY	24		1807	841	3		7178		17
18 SOCIAL SERVICE	4		162				2	1459	18
20 NONPHYSICIAN ANESTHETISTS									20
24 PARAMED ED PRGM-(SPECIFY)	34		94	44					24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	957	1520	2274	1058	15		620	1331	25
26 INTENSIVE CARE UNIT	83	106	345	160	62		82	99	26
31 SUBPROVIDER I	95	1094	1549	721			696		31
33 NURSERY	12		5	2			71		33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	204		1188	553	754		71		37
38 RECOVERY ROOM	9		103	48			20		38
39 DELIVERY ROOM & LABOR ROOM	18		117	54			3		39
40 ANESTHESIOLOGY			368		17		20		40
41 RADIOLOGY-DIAGNOSTIC	39		2288				1967		41
41.01 MAGNETIC RESONANCE IMAGING MRI	17		188						41.01
44 LABORATORY	95		1176		25		75		44
48 INTRAVENOUS THERAPY			450		63		5		48
49 RESPIRATORY THERAPY	6		428				2		49
50 PHYSICAL THERAPY	143		1608				131		50
51 OCCUPATIONAL THERAPY			33				31		51
52 SPEECH PATHOLOGY			62				63		52
53 ELECTROCARDIOLOGY			113						53
54 ELECTROENCEPHALOGRAPHY			2						54
55 MEDICAL SUPPLIES CHARGED TO PAT					2672				55
56 DRUGS CHARGED TO PATIENTS						6005	6		56
58 ASC (NON-DISTINCT PART)	244	284	2423	1129			1261	8	58
59 CARDIAC REHAB									59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI	129	109	1221	568			1416		59.01
59.97 CARDIAC REHABILITATION			38						59.97
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	286	39	1281	596	17		636	21	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS									62
71 HOME HEALTH AGENCY	65								71
SPECIAL PURPOSE COST CENTERS									
93 HOSPICE	3								93
94 HOMEMAKER									94
95 SUBTOTALS	2723	14459	21051	5774	3628	6005	7178	1459	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN									96
98 PHYSICIANS' PRIVATE OFFICES	68								98
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	2791	14459	21051	5774	3628	6005	7178	1459	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	24	25	26	27
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6 ADMINISTRATIVE & GENERAL				6
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
18 SOCIAL SERVICE				18
20 NONPHYSICIAN ANESTHETISTS				20
24 PARAMED ED PRGM-(SPECIFY)	2316			24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS		47174		25 47174
26 INTENSIVE CARE UNIT		6686		26 6686
31 SUBPROVIDER I		30603		31 30603
33 NURSERY		2058		33 2058
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM		28664		37 28664
38 RECOVERY ROOM		2270		38 2270
39 DELIVERY ROOM & LABOR ROOM		3013		39 3013
40 ANESTHESIOLOGY		2420		40 2420
41 RADIOLOGY-DIAGNOSTIC		32436		41 32436
41.01 MAGNETIC RESONANCE IMAGING MRI		951		41.01 951
44 LABORATORY		12874		44 12874
48 INTRAVENOUS THERAPY		1334		48 1334
49 RESPIRATORY THERAPY		4128		49 4128
50 PHYSICAL THERAPY		42692		50 42692
51 OCCUPATIONAL THERAPY		2565		51 2565
52 SPEECH PATHOLOGY		2728		52 2728
53 ELECTROCARDIOLOGY		440		53 440
54 ELECTROENCEPHALOGRAPHY		295		54 295
55 MEDICAL SUPPLIES CHARGED TO PAT		2886		55 2886
56 DRUGS CHARGED TO PATIENTS		7085		56 7085
58 ASC (NON-DISTINCT PART)		51019		58 51019
59 CARDIAC REHAB				59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI		45656		59.01 45656
59.97 CARDIAC REHABILITATION		446		59.97 446
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY		12512		61 12512
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS				62
71 HOME HEALTH AGENCY		1479		71 1479
SPECIAL PURPOSE COST CENTERS				
93 HOSPICE		232		93 232
94 HOME MAKER		223		94 223
95 SUBTOTALS		344869		95 344869
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN		2024		96 2024
98 PHYSICIANS' PRIVATE OFFICES		2231		98 2231
101 CROSS FOOT ADJUSTMENTS	2316	2316		101 2316
102 NEGATIVE COST CENTER				102
103 TOTAL	2316	351440		103 351440

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4									4
5		20207	827	21034	21034				5
6		376003	452585	828588	1988	830576			6
8		727273	33820	761093	717	60936	822746		8
9		19865		19865	27	4996	6893	31781	9
10		14733	2356	17089	516	17217	5112		10
11		99807	8657	108464	555	23489	34632		11
12		72798		72798		1169	25260		12
14		28680	27120	55800	741	23545	9952		14
15		22361	77754	100115	135	5943	7759		15
16		33168	46049	79217	566	19671	11509		16
17		22300	28340	50640	860	31994	7738		17
18		8453	118	8571	113	3472	2933		18
20									20
24		15377	5853	21230	48	2194	5336		24
INPATIENT ROUTINE SERV COST CENTERS									
25		263979	93645	357624	2179	72711	91599	9541	25
26		36731	14855	51586	483	15703	12745	1257	26
31		183111	10477	193588	1290	42396	63538	1108	31
33		13223	2733	15956	125	4228	4588	107	33
ANCILLARY SERVICE COST CENTERS									
37		170250	191439	361689	660	65181	59075	3011	37
38		14169		14169	120	3815	4917	270	38
39		19905		19905	111	3718	6907		39
40		10446	14016	24462	573	12550	3625		40
41		182628	826757	1009385	1344	73985	63370	4232	41
41.01		1530	387465	388995	123	11617	531		41.01
44		70483	36482	106965	642	45811	24457		44
48		2415		2415	263	10306	838		48
49		22461	15574	38035	380	14785	7794		49
50		293022	45435	338457	1003	38201	101676	1176	50
51		16786		16786	31	3602	5824	1176	51
52		17389	1823	19212	58	4050	6034	1176	52
53		1630		1630	77	2274	566		53
54		2174		2174	2	82	754		54
55						4686			55
56						23491			56
58		320092	137054	457146	1978	60991	111069	2605	58
59									59
59.01		306144	59148	365292	1211	30138	106229	1298	59.01
59.97		2777		2777	26	807	964		59.97
OUTPATIENT SERVICE COST CENTERS									
61		52953	28916	81869	996	45513	18374	4824	61
62									62
OTHER REIMBURSABLE COST CENTERS									
71			44598	44598	850	29141			71
SPECIAL PURPOSE COST CENTERS									
93					107	4797			93
94			11738	11738	136	4602			94
95		3465323	2605634	6070957	21034	823807	812598	31781	95
NONREIMBURSABLE COST CENTERS									
96		15175		15175		244	5266		96
98		14068	156269	170337		6525	4882		98
101									101
102									102
103		3494566	2761903	6256469	21034	830576	822746	31781	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	10	11	12	14	15	16	17	18	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE									9
10 HOUSEKEEPING	39934								10
11 DIETARY	1365	168505							11
12 CAFETERIA	512	131772	231511						12
14 NURSING ADMINISTRATION	1194		8141	99373					14
15 CENTRAL SERVICES & SUPPLY	88		4091		118131				15
16 PHARMACY	512		6779			118254			16
17 MEDICAL RECORDS & LIBRARY	341		19873	14475	106		126027		17
18 SOCIAL SERVICE	64		1781				34	16968	18
20 NONPHYSICIAN ANESTHETISTS									20
24 PARAMED ED PRGM-(SPECIFY)	487		1030	750					24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	13647	17709	25009	18215	487		10888	15485	25
26 INTENSIVE CARE UNIT	1194	1235	3792	2762	2020		1433	1147	26
31 SUBPROVIDER I	1365	12744	17030	12404			12219		31
33 NURSERY	171		56	41			1239		33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	2925		13069	9519	24540		1252		37
38 RECOVERY ROOM	122		1127	821			344		38
39 DELIVERY ROOM & LABOR ROOM	259		1288	938			55		39
40 ANESTHESIOLOGY			4042		543		353		40
41 RADIOLOGY-DIAGNOSTIC	551		25167				34576		41
41.01 MAGNETIC RESONANCE IMAGING MRI	244		2073						41.01
44 LABORATORY	1365		12933		827		1316		44
48 INTRAVENOUS THERAPY			4954		2036		80		48
49 RESPIRATORY THERAPY	88		4702				28		49
50 PHYSICAL THERAPY	2047		17680				2298		50
51 OCCUPATIONAL THERAPY			364				549		51
52 SPEECH PATHOLOGY			679				1098		52
53 ELECTROCARDIOLOGY			1245						53
54 ELECTROENCEPHALOGRAPHY			26						54
55 MEDICAL SUPPLIES CHARGED TO PAT					87013				55
56 DRUGS CHARGED TO PATIENTS						118254	101		56
58 ASC (NON-DISTINCT PART)	3497	3314	26646	19410			22144	88	58
59 CARDIAC REHAB									59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI	1852	1271	13429	9781			24856		59.01
59.97 CARDIAC REHABILITATION			422						59.97
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	4094	460	14083	10257	559		11164	248	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS									62
71 HOME HEALTH AGENCY	930								71
SPECIAL PURPOSE COST CENTERS									
93 HOSPICE	45								93
94 HOMEMAKER									94
95 SUBTOTALS	38959	168505	231511	99373	118131	118254	126027	16968	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN									96
98 PHYSICIANS' PRIVATE OFFICES	975								98
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	39934	168505	231511	99373	118131	118254	126027	16968	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	24	25	26	27
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6 ADMINISTRATIVE & GENERAL				6
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
18 SOCIAL SERVICE				18
20 NONPHYSICIAN ANESTHETISTS				20
24 PARAMED ED PRGM-(SPECIFY)	31075			24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS		635094		635094
26 INTENSIVE CARE UNIT		95357		95357
31 SUBPROVIDER I		357682		357682
33 NURSERY		26511		26511
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM		540921		540921
38 RECOVERY ROOM		25705		25705
39 DELIVERY ROOM & LABOR ROOM		33181		33181
40 ANESTHESIOLOGY		46148		46148
41 RADIOLOGY-DIAGNOSTIC		1212610		1212610
41.01 MAGNETIC RESONANCE IMAGING MRI		403583		403583
44 LABORATORY		194316		194316
48 INTRAVENOUS THERAPY		20892		20892
49 RESPIRATORY THERAPY		65812		65812
50 PHYSICAL THERAPY		502538		502538
51 OCCUPATIONAL THERAPY		28332		28332
52 SPEECH PATHOLOGY		32307		32307
53 ELECTROCARDIOLOGY		5792		5792
54 ELECTROENCEPHALOGRAPHY		3038		3038
55 MEDICAL SUPPLIES CHARGED TO PAT		91699		91699
56 DRUGS CHARGED TO PATIENTS		141846		141846
58 ASC (NON-DISTINCT PART)		708888		708888
59 CARDIAC REHAB				59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI		555357		555357
59.97 CARDIAC REHABILITATION		4996		4996
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY		192441		192441
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS				62
71 HOME HEALTH AGENCY		75519		75519
SPECIAL PURPOSE COST CENTERS				
93 HOSPICE		4949		4949
94 HOME MAKER		16476		16476
95 SUBTOTALS		6021990		6021990
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN		20685		20685
98 PHYSICIANS' PRIVATE OFFICES		182719		182719
101 CROSS FOOT ADJUSTMENTS	31075	31075		31075
102 NEGATIVE COST CENTER				102
103 TOTAL	31075	6256469		6256469

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	RECON-	ADMINIS-
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES		
	1	2	3	4	5	6A	6
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT	173630						1
2 OLD CAP REL COSTS-MVBLE EQUIP		101					2
3 NEW CAP REL COSTS-BLDG & FIXT			173630				3
4 NEW CAP REL COSTS-MVBLE EQUIP				3665796			4
5 EMPLOYEE BENEFITS	1004		1004	1098	29949966		5
6 ADMINISTRATIVE & GENERAL	18682		18682	600703	2831282	-7892998	56923818
8 OPERATION OF PLANT	36135	101	36135	44889	1021907		4176282
9 LAUNDRY & LINEN SERVICE	987		987		38550		342422
10 HOUSEKEEPING	732		732	3127	735509		1179990
11 DIETARY	4959		4959	11490	790125		1609858
12 CAFETERIA	3617		3617				80117
14 NURSING ADMINISTRATION	1425		1425	35996	1055799		1613672
15 CENTRAL SERVICES & SUPPLY	1111		1111	103201	192697		407295
16 PHARMACY	1648		1648	61120	805648		1348143
17 MEDICAL RECORDS & LIBRARY	1108		1108	37615	1224489		2192692
18 SOCIAL SERVICE	420		420	156	161512		237969
20 NONPHYSICIAN ANESTHETISTS							20
24 PARAMED ED PRGM-(SPECIFY)	764		764	7768	68177		150357
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	13116		13116	124293	3092474		4983286
26 INTENSIVE CARE UNIT	1825		1825	19716	687424		1076186
31 SUBPROVIDER I	9098		9098	13906	1837288		2905624
33 NURSERY	657		657	3628	178363		289740
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	8459		8459	254092	939641		4467236
38 RECOVERY ROOM	704		704		170338		261452
39 DELIVERY ROOM & LABOR ROOM	989		989		158622		254827
40 ANESTHESIOLOGY	519		519	18603	816489		860125
41 RADIOLOGY-DIAGNOSTIC	9074		9074	1097329	1914352		5070524
41.01 MAGNETIC RESONANCE IMAGING MR	76		76	514272	175112		796143
44 LABORATORY	3502		3502	48421	914164		3139673
48 INTRAVENOUS THERAPY	120		120		374923		706322
49 RESPIRATORY THERAPY	1116		1116	20671	541921		1013316
50 PHYSICAL THERAPY	14559		14559	60305	1428382		2618136
51 OCCUPATIONAL THERAPY	834		834		43678		246881
52 SPEECH PATHOLOGY	864		864	2419	82415		277544
53 ELECTROCARDIOLOGY	81		81		109985		155878
54 ELECTROENCEPHALOGRAPHY	108		108		2310		5629
55 MEDICAL SUPPLIES CHARGED TO P							321191
56 DRUGS CHARGED TO PATIENTS							1609962
58 ASC (NON-DISTINCT PART)	15904		15904	181908	2818246		4180038
59 CARDIAC REHAB							59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SER	15211		15211	78505	1725116		2065518
59.97 CARDIAC REHABILITATION	138		138		37314		55331
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY	2631		2631	38380	1419273		3119220
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS							62
71 HOME HEALTH AGENCY				59194	1211135		1997213
SPECIAL PURPOSE COST CENTERS							
93 HOSPICE					151863		328734
94 HOMEMAKER				15580	193443		315417
95 SUBTOTALS	172177	101	172177	3458385	29949966	-7892998	56459943
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & C	754		754				16701
98 PHYSICIANS' PRIVATE OFFICES	699		699	207411			447174
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	351339	101	3494566	2761903	12008582		7892998
104 UNIT COST MULT-WS B PT I		1.000000		.753425			104
104 UNIT COST MULT-WS B PT I	2.023492		20.126510		.400955		.138659
105 COST TO BE ALLOC PER B PT II					2032		37996
106 UNIT COST MULT-WS B PT II							106
106 UNIT COST MULT-WS B PT II					.000068		.000667
107 COST TO BE ALLOC PER B PT III					21034		830576
108 UNIT COST MULT-WS B PT III							108
108 UNIT COST MULT-WS B PT III					.000702		.014591

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	SQUARE FEET 8	POUNDS OF LAUNDRY 9	HOURS OF SERVICE 10	MEALS SERVED 11	FTES SERVED 12	HOURS SUPERVISED 14	COSTED REQUIS. 15	COSTED REQUIS. 16
GENERAL SERVICE COST CENTERS								
1	OLD CAP REL COSTS-BLDG & FIXT							1
2	OLD CAP REL COSTS-MVBLE EQUIP							2
3	NEW CAP REL COSTS-BLDG & FIXT							3
4	NEW CAP REL COSTS-MVBLE EQUIP							4
5	EMPLOYEE BENEFITS							5
6	ADMINISTRATIVE & GENERAL							6
8	OPERATION OF PLANT	117809						8
9	LAUNDRY & LINEN SERVICE	987	551808					9
10	HOUSEKEEPING	732		42603				10
11	DIETARY	4959		1456	236514			11
12	CAFETERIA	3617		546	184954			12
14	NURSING ADMINISTRATION	1425		1274		391607		14
15	CENTRAL SERVICES & SUPPLY	1111		94		13770	480025	15
16	PHARMACY	1648		546		6920	103499	16
17	MEDICAL RECORDS & LIBRARY	1108		364		11467		17
18	SOCIAL SERVICE	420		68		33616	69921	18
20	NONPHYSICIAN ANESTHETISTS					3012	93	20
24	PARAMED ED PRGM-(SPECIFY)	764		520		1742	3624	24
INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	13116	165646	14560	24856	42303	87990	427
26	INTENSIVE CARE UNIT	1825	21832	1274	1734	6414	13341	1770
31	SUBPROVIDER I	9098	19243	1456	17888	28807	59919	
33	NURSERY	657	1861	182		95	197	
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	8459	52277	3120		22106	45981	21500
38	RECOVERY ROOM	704	4695	130		1907	3967	
39	DELIVERY ROOM & LABOR ROOM	989		276		2178	4530	
40	ANESTHESIOLOGY	519				6837		476
41	RADIOLOGY-DIAGNOSTIC	9074	73475	588		42570		
41.01	MAGNETIC RESONANCE IMAGING MR	76		260		3506		
44	LABORATORY	3502		1456		21876		725
48	INTRAVENOUS THERAPY	120				8379	1784	
49	RESPIRATORY THERAPY	1116		94		7954		
50	PHYSICAL THERAPY	14559	20421	2184		29906		
51	OCCUPATIONAL THERAPY	834	20421			616		
52	SPEECH PATHOLOGY	864	20421			1149		
53	ELECTROCARDIOLOGY	81				2106		
54	ELECTROENCEPHALOGRAPHY	108				44		
55	MEDICAL SUPPLIES CHARGED TO P						76234	
56	DRUGS CHARGED TO PATIENTS							1625183
58	ASC (NON-DISTINCT PART)	15904	45231	3731	4652	45076	93758	
59	CARDIAC REHAB							
59.01	PSYCHIATRIC/PSYCHOLOGICAL SER	15211	22531	1976	1784	22715	47248	
59.97	CARDIAC REHABILITATION	138				714		
OUTPATIENT SERVICE COST CENTERS								
61	EMERGENCY	2631	83754	4368	646	23822	49549	490
62	OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS							
71	HOME HEALTH AGENCY			992				
93	SPECIAL PURPOSE COST CENTERS							
94	HOSPICE			48				
94	HOMEMAKER							
95	SUBTOTALS	116356	551808	41563	236514	391607	480025	103499
NONREIMBURSABLE COST CENTERS								
96	GIFT, FLOWER, COFFEE SHOP & C	754						
98	PHYSICIANS' PRIVATE OFFICES	699		1040				
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOC PER B PT I	4755361	429742	1373153	2080178	1881523	2002165	544894
104	UNIT COST MULT-WS B PT I	40.365006		32.231369		4.804620		5.264727
104	UNIT COST MULT-WS B PT I		.778789		8.795158		4.170960	1.030216
105	COST TO BE ALLOC PER B PT II	76075	2865	2791	14459	21051	5774	3628
106	UNIT COST MULT-WS B PT II	.645749		.065512		.053755		.035053
106	UNIT COST MULT-WS B PT II		.005192		.061134		.012029	.003695
107	COST TO BE ALLOC PER B PT III	822746	31781	39934	168505	231511	99373	118131
108	UNIT COST MULT-WS B PT III	6.983728		.937352		.591182		1.141373
108	UNIT COST MULT-WS B PT III		.057594		.712453		.207016	.072763

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL	SOCIAL	PARAMED	
	RECORDS & LIBRARY	SERVICE	EDUCATION	
	TIME SPENT	TIME SPENT	ASSIGNED TIME	
	17	18	24	
GENERAL SERVICE COST CENTERS				
1				1
2				2
3				3
4				4
5				5
6				6
8				8
9				9
10				10
11				11
12				12
14				14
15				15
16				16
17	41080			17
18	11	4439		18
20				20
24			725	24
INPATIENT ROUTINE SERV COST CENTERS				
25	3549	4051	477	25
26	467	300		26
31	3983			31
33	404			33
ANCILLARY SERVICE COST CENTERS				
37	408			37
38	112			38
39	18			39
40	115			40
41	11271		16	41
41.01				41.01
44	429			44
48	26			48
49	9		47	49
50	749			50
51	179			51
52	358			52
53				53
54				54
55				55
56	33		80	56
58	7218	23	6	58
59				59
59.01	8102			59.01
59.97				59.97
OUTPATIENT SERVICE COST CENTERS				
61	3639	65	99	61
62				62
OTHER REIMBURSABLE COST CENTERS				
71				71
SPECIAL PURPOSE COST CENTERS				
93				93
94				94
95	41080	4439	725	95
NONREIMBURSABLE COST CENTERS				
96				96
98				98
101				101
102				102
103	3006824	305388	242290	103
104	73.194352		334.193103	104
104		68.796576		104
105	7178	1459	2316	105
106	.174732		3.194483	106
106		.328678		106
107	126027	16968	31075	107
108	3.067843		42.862069	108
108		3.822483		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	8290966		8290966		8290966	25
26 INTENSIVE CARE UNIT	1522994		1522994		1522994	26
31 SUBPROVIDER I	4574859		4574859		4574859	31
33 NURSERY	394599		394599		394599	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	6010432		6010432	10500	6020932	37
38 RECOVERY ROOM	367874		367874		367874	38
39 DELIVERY ROOM & LABOR ROOM	369653		369653		369653	39
40 ANESTHESIOLOGY	1044110		1044110	113993	1158103	40
41 RADIOLOGY-DIAGNOSTIC	7250896		7250896		7250896	41
41.01 MAGNETIC RESONANCE IMAGING	934828		934828		934828	41.01
44 LABORATORY	3903627		3903627		3903627	44
48 INTRAVENOUS THERAPY	860657		860657		860657	48
49 RESPIRATORY THERAPY	1256480		1256480		1256480	49
50 PHYSICAL THERAPY	3853645		3853645		3853645	50
51 OCCUPATIONAL THERAPY	346743		346743		346743	51
52 SPEECH PATHOLOGY	398532		398532		398532	52
53 ELECTROCARDIOLOGY	190881		190881		190881	53
54 ELECTROENCEPHALOGRAPHY	10980		10980		10980	54
55 MEDICAL SUPPLIES CHARGED TO	767077		767077		767077	55
56 DRUGS CHARGED TO PATIENTS	3536638		3536638		3536638	56
58 ASC (NON-DISTINCT PART)	6737535		6737535	110202	6847737	58
59 CARDIAC REHAB						59
59.01 PSYCHIATRIC/PSYCHOLOGICAL S	3962068		3962068	75745	4037813	59.01
59.97 CARDIAC REHABILITATION	72003		72003		72003	59.97
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	4497238		4497238	189737	4686975	61
62 OBSERVATION BEDS (NON-DISTI	1189716		1189716		1189716	62
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	62345031		62345031	500177	62845208	101
102 LESS OBSERVATION BEDS	1189716		1189716		1189716	102
103 TOTAL	61155315		61155315	500177	61655492	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL 8			
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	10651279		10651279			25
26 INTENSIVE CARE UNIT	1664727		1664727			26
31 SUBPROVIDER I	5988211		5988211			31
33 NURSERY	630198		630198			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	6220175	12414573	18634748	.322539	.322539	.323102 37
38 RECOVERY ROOM	465215	1405840	1871055	.196613	.196613	.196613 38
39 DELIVERY ROOM & LABOR ROOM	1542733	1101705	2644438	.139785	.139785	.139785 39
40 ANESTHESIOLOGY	1427389	4090595	5517984	.189219	.189219	.209878 40
41 RADIOLOGY-DIAGNOSTIC	5912240	25054313	30966553	.234153	.234153	.234153 41
41.01 MAGNETIC RESONANCE IMAGING	246492	5234580	5481072	.170556	.170556	.170556 41.01
44 LABORATORY	7674812	12694207	20369019	.191645	.191645	.191645 44
48 INTRAVENOUS THERAPY	1564395	597976	2162371	.398015	.398015	.398015 48
49 RESPIRATORY THERAPY	5591988	1429859	7021847	.178939	.178939	.178939 49
50 PHYSICAL THERAPY	716492	5521503	6237995	.617770	.617770	.617770 50
51 OCCUPATIONAL THERAPY	54935	375761	430696	.805076	.805076	.805076 51
52 SPEECH PATHOLOGY	189	305426	305615	1.304033	1.304033	1.304033 52
53 ELECTROCARDIOLOGY	895328	958122	1853450	.102987	.102987	.102987 53
54 ELECTROENCEPHALOGRAPHY	18410	29982	48392	.226897	.226897	.226897 54
55 MEDICAL SUPPLIES CHARGED TO	1119682	509488	1629170	.470839	.470839	.470839 55
56 DRUGS CHARGED TO PATIENTS	4737027	3335365	8072392	.438115	.438115	.438115 56
58 ASC (NON-DISTINCT PART)	561886	7988429	8550315	.787987	.787987	.800875 58
59 CARDIAC REHAB						59
59.01 PSYCHIATRIC/PSYCHOLOGICAL S	14724	1147990	1162714	3.407603	3.407603	3.472748 59.01
59.97 CARDIAC REHABILITATION	41707	718760	760467	.094683	.094683	.094683 59.97
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	3286002	8651729	11937731	.376725	.376725	.392619 61
62 OBSERVATION BEDS (NON-DISTI OTHER REIMBURSABLE COST CENTERS		1497577	1497577	.794427	.794427	.794427 62
101 SUBTOTAL	61026236	95063780	156090016			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	61026236	95063780	156090016			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
25 INPAT ROUTINE SERV COST CTRS							25
26 ADULTS & PEDIATRICS	47174		47174	635094		635094	26
27 INTENSIVE CARE UNIT	6686		6686	95357		95357	27
28 CORONARY CARE UNIT							28
29 BURN INTENSIVE CARE UNIT							29
30 SURGICAL INTENSIVE CARE UNIT							30
31 OTHER SPECIAL CARE (SPECIFY)							31
33 SUBPROVIDER I	30603		30603	357682		357682	33
101 NURSERY	2058		2058	26511		26511	101
101 TOTAL	86521		86521	1114644		1114644	101

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
25 INPAT ROUTINE SERV COST CTRS							25
26 ADULTS & PEDIATRICS	8948	3767	5.27	19852	70.98	267382	26
27 INTENSIVE CARE UNIT	891	466	7.50	3495	107.02	49871	27
28 CORONARY CARE UNIT							28
29 BURN INTENSIVE CARE UNIT							29
30 SURGICAL INTENSIVE CARE UNIT							30
31 OTHER SPECIAL CARE (SPECIFY)							31
33 SUBPROVIDER I	4309	1672	7.10	11871	83.01	138793	33
101 NURSERY	942		2.18		28.14		101
101 TOTAL	15090	5905		35218		456046	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0110) [ ] SUB III [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	28664	540921	18634748	3124952	.001538	4806	.029028	90711 37
38 RECOVERY ROOM	2270	25705	1871055	161594	.001213	196	.013738	2220 38
39 DELIVERY ROOM & LABOR ROOM	3013	33181	2644438	3173	.001139	4	.012547	40 39
40 ANESTHESIOLOGY	2420	46148	5517984	440331	.000439	193	.008363	3682 40
41 RADIOLOGY-DIAGNOSTIC	32436	1212610	30966553	3145966	.001047	3294	.039159	123193 41
41.01 MAGNETIC RESONANCE IMAGING MR	951	403583	5481072	120123	.000174	21	.073632	8845 41.01
44 LABORATORY	12874	194316	20369019	3419585	.000632	2161	.009540	32623 44
48 INTRAVENOUS THERAPY	1334	20892	2162371	722477	.000617	446	.009662	6981 48
49 RESPIRATORY THERAPY	4128	65812	7021847	3521049	.000588	2070	.009372	32999 49
50 PHYSICAL THERAPY	42692	502538	6237995	507286	.006844	3472	.080561	40867 50
51 OCCUPATIONAL THERAPY	2565	28332	430696	41080	.005955	245	.065782	2702 51
52 SPEECH PATHOLOGY	2728	32307	305615	173	.008926	2	.105711	18 52
53 ELECTROCARDIOLOGY	440	5792	1853450	533786	.000237	127	.003125	1668 53
54 ELECTROENCEPHALOGRAPHY	295	3038	48392	7217	.006096	44	.062779	453 54
55 MEDICAL SUPPLIES CHARGED TO P	2886	91699	1629170	382830	.001771	678	.056286	21548 55
56 DRUGS CHARGED TO PATIENTS	7085	141846	8072392	2065323	.000878	1813	.017572	36292 56
58 ASC (NON-DISTINCT PART)	51019	708888	8550315	480804	.005967	2869	.082908	39862 58
59 CARDIAC REHAB								59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SER	45656	555357	1162714		.039267		.477639	59.01
59.97 CARDIAC REHABILITATION	446	4996	760467	24898	.000586	15	.006570	164 59.97
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	12512	192441	11937731	1479770	.001048	1551	.016120	23854 61
62 OBSERVATION BEDS (NON-DISTINC	6769	91133	1497577		.004520		.060854	62
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	263183	4901535	137155601	20182417		24007		468722 101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	NURSING	ALLIED	ALL OTHER	SWING-BED	TOTAL COSTS	
	ANESTHETIST	SCHOOL	HEALTH	MEDICAL	ADJUSTMENT		
	COST	COST	COSTS	COSTS	AMOUNT	4	
	1	2	2.01	2.02	3		
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS			159411			159411	25
26 INTENSIVE CARE UNIT							26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
33 NURSERY							33
34 SKILLED NURSING FACILITY							34
35 NURSING FACILITY							35
101 TOTAL			159411			159411	101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	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	8948	17.82	3767	67128	25
26 INTENSIVE CARE UNIT	891		466		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	4309		1672		31
33 NURSERY	942				33
34 SKILLED NURSING FACILITY					34
35 NURSING FACILITY					35
101 TOTAL	15090		5905	67128	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0110) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	ALL OTHER MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC				5347			5347
41.01 MAGNETIC RESONANCE IMAGING MR							41.01
44 LABORATORY							44
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY				15707			15707
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS				26735			26735
58 ASC (NON-DISTINCT PART)				2005			2005
59 CARDIAC REHAB							59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SER							59.01
59.97 CARDIAC REHABILITATION							59.97
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY				33085			33085
62 OBSERVATION BEDS (NON-DISTINC				22875			22875
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				105754			105754

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0110) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		18634748			3124952		4610162 37
38 RECOVERY ROOM		1871055			161594		332133 38
39 DELIVERY ROOM & LABOR ROOM		2644438			3173		1751 39
40 ANESTHESIOLOGY		5517984			440331		1179891 40
41 RADIOLOGY-DIAGNOSTIC	5347	30966553	.000173	.000173	3145966	544	8551591 41
41.01 MAGNETIC RESONANCE IMAGING MR		5481072			120123		1302896 41.01
44 LABORATORY		20369019			3419585		116936 44
48 INTRAVENOUS THERAPY		2162371			722477		145546 48
49 RESPIRATORY THERAPY	15707	7021847	.002237	.002237	3521049	7877	493481 49
50 PHYSICAL THERAPY		6237995			507286		662554 50
51 OCCUPATIONAL THERAPY		430696			41080		7301 51
52 SPEECH PATHOLOGY		305615			173		85310 52
53 ELECTROCARDIOLOGY		1853450			533786		373284 53
54 ELECTROENCEPHALOGRAPHY		48392			7217		5472 54
55 MEDICAL SUPPLIES CHARGED TO P		1629170			382830		387778 55
56 DRUGS CHARGED TO PATIENTS	26735	8072392	.003312	.003312	2065323	6840	1172758 56
58 ASC (NON-DISTINCT PART)	2005	8550315	.000234	.000234	480804	113	3746397 58
59 CARDIAC REHAB							
59.01 PSYCHIATRIC/PSYCHOLOGICAL SER		1162714					363097 59.01
59.97 CARDIAC REHABILITATION		760467			24898		283522 59.97
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY	33085	11937731	.002771	.002771	1479770	4100	1601552 61
62 OBSERVATION BEDS (NON-DISTINC	22875	1497577	.015275	.015275			521184 62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	105754	137155601			20182417	19474	25944596 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0110) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC			1479		41
41.01 MAGNETIC RESONANCE IMAGING MR					41.01
44 LABORATORY					44
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY			1104		49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS			3884		56
58 ASC (NON-DISTINCT PART)			877		58
59 CARDIAC REHAB					59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SER					59.01
59.97 CARDIAC REHABILITATION					59.97
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY			4438		61
62 OBSERVATION BEDS (NON-DISTINC			7961		62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL			19743		101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0110) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			----- PROGRAM CHARGES -----		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
37 ANCILLARY SERVICE COST CENTERS						
38 OPERATING ROOM	.322539	.322539	.322539			37
39 RECOVERY ROOM	.196613	.196613	.196613			38
40 DELIVERY ROOM & LABOR ROOM	.139785	.139785	.139785			39
41 ANESTHESIOLOGY	.189219	.189219	.189219			40
42 RADIOLOGY-DIAGNOSTIC	.234153	.234153	.234153			41
43.01 MAGNETIC RESONANCE IMAGING MRI	.170556	.170556	.170556			41.01
44 LABORATORY	.191645	.191645	.191645			44
45 INTRAVENOUS THERAPY	.398015	.398015	.398015			48
46 RESPIRATORY THERAPY	.178939	.178939	.178939			49
47 PHYSICAL THERAPY	.617770	.617770	.617770			50
48 OCCUPATIONAL THERAPY	.805076	.805076	.805076			51
49 SPEECH PATHOLOGY	1.304033	1.304033	1.304033			52
50 ELECTROCARDIOLOGY	.102987	.102987	.102987			53
51 ELECTROENCEPHALOGRAPHY	.226897	.226897	.226897			54
52 MEDICAL SUPPLIES CHARGED TO PAT	.470839	.470839	.470839			55
53 DRUGS CHARGED TO PATIENTS	.438115	.438115	.438115			56
54 ASC (NON-DISTINCT PART)	.787987	.787987	.787987			58
55 CARDIAC REHAB						59
56.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI	3.407603	3.407603	3.407603			59.01
56.97 CARDIAC REHABILITATION	.094683	.094683	.094683			59.97
57 OUTPATIENT SERVICE COST CENTERS						
58 EMERGENCY	.376725	.376725	.376725			61
59 OBSERVATION BEDS (NON-DISTINCT	.794427	.794427	.794427			62
60 OTHER REIMBURSABLE COST CENTERS						
61.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
61.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
61.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	1	.438115	1
2 PROGRAM VACCINE CHARGES	2	7823	2
2.01 PROGRAM VACCINE CHARGES			2.01
3 PROGRAM COSTS		3427	3
3.01 PROGRAM COSTS			3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0110) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER-VICES	ALL OTHER	PPS SER-VICES	PPS SER-VICES	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
37 ANCILLARY SERVICE COST CENTERS		4610162						37
38 OPERATING ROOM		332133						38
39 RECOVERY ROOM		1751						39
40 DELIVERY ROOM & LABOR ROOM		1179891						40
41 ANESTHESIOLOGY		8551591						41
41.01 RADIOLOGY-DIAGNOSTIC		1302896						41.01
44 MAGNETIC RESONANCE IMAGING MRI		116936						44
48 LABORATORY		145546						48
49 INTRAVENOUS THERAPY		493481						49
50 RESPIRATORY THERAPY		662554						50
51 PHYSICAL THERAPY		7301						51
52 OCCUPATIONAL THERAPY		85310						52
53 SPEECH PATHOLOGY		373284						53
54 ELECTROCARDIOLOGY		5472						54
55 ELECTROENCEPHALOGRAPHY		387778						55
56 MEDICAL SUPPLIES CHARGED TO PA		1172758						56
58 DRUGS CHARGED TO PATIENTS		3746397						58
59 ASC (NON-DISTINCT PART)								59
59.01 CARDIAC REHAB		363097						59.01
59.97 PSYCHIATRIC/PSYCHOLOGICAL SERV		283522						59.97
61 CARDIAC REHABILITATION								
62 OUTPATIENT SERVICE COST CENTERS		1601552						61
EMERGENCY		521184						62
62 OBSERVATION BEDS (NON-DISTINCT								
65.01 OTHER REIMBURSABLE COST CENTERS								
65.02 AMBULANCE SERVICES (2ND PERIOD								65.01
65.03 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD								65.03
101 SUBTOTAL		25944596						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		25944596						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0110) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		1486957					37
38 RECOVERY ROOM		65302					38
39 DELIVERY ROOM & LABOR ROOM		245					39
40 ANESTHESIOLOGY		223258					40
41 RADIOLOGY-DIAGNOSTIC		2002381					41
41.01 MAGNETIC RESONANCE IMAGING MRI		222217					41.01
44 LABORATORY		22410					44
48 INTRAVENOUS THERAPY		57929					48
49 RESPIRATORY THERAPY		88303					49
50 PHYSICAL THERAPY		409306					50
51 OCCUPATIONAL THERAPY		5878					51
52 SPEECH PATHOLOGY		111247					52
53 ELECTROCARDIOLOGY		38443					53
54 ELECTROENCEPHALOGRAPHY		1242					54
55 MEDICAL SUPPLIES CHARGED TO PAT		182581					55
56 DRUGS CHARGED TO PATIENTS		513803					56
58 ASC (NON-DISTINCT PART)		2952112					58
59 CARDIAC REHAB							59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI		1237290					59.01
59.97 CARDIAC REHABILITATION		26845					59.97
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		603345					61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS		414043					62
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL		10665137					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		10665137					104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB III [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S110) [ ] SUB IV [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	28664	540921	18634748	3173	.001538	5	.029028	92 37
38 RECOVERY ROOM	2270	25705	1871055	752	.001213	1	.013738	10 38
39 DELIVERY ROOM & LABOR ROOM	3013	33181	2644438		.001139		.012547	39
40 ANESTHESIOLOGY	2420	46148	5517984	1996	.000439	1	.008363	17 40
41 RADIOLOGY-DIAGNOSTIC	32436	1212610	30966553	106688	.001047	112	.039159	4178 41
41.01 MAGNETIC RESONANCE IMAGING MR	951	403583	5481072	13752	.000174	2	.073632	1013 41.01
44 LABORATORY	12874	194316	20369019	446986	.000632	282	.009540	4264 44
48 INTRAVENOUS THERAPY	1334	20892	2162371	1237	.000617	1	.009662	12 48
49 RESPIRATORY THERAPY	4128	65812	7021847	90138	.000588	53	.009372	845 49
50 PHYSICAL THERAPY	42692	502538	6237995	19244	.006844	132	.080561	1550 50
51 OCCUPATIONAL THERAPY	2565	28332	430696	347	.005955	2	.065782	23 51
52 SPEECH PATHOLOGY	2728	32307	305615		.008926		.105711	52
53 ELECTROCARDIOLOGY	440	5792	1853450	47198	.000237	11	.003125	147 53
54 ELECTROENCEPHALOGRAPHY	295	3038	48392	2049	.006096	12	.062779	129 54
55 MEDICAL SUPPLIES CHARGED TO P	2886	91699	1629170	7819	.001771	14	.056286	440 55
56 DRUGS CHARGED TO PATIENTS	7085	141846	8072392	389569	.000878	342	.017572	6846 56
58 ASC (NON-DISTINCT PART)	51019	708888	8550315	28882	.005967	172	.082908	2395 58
59 CARDIAC REHAB								59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SER	45656	555357	1162714		.039267		.477639	59.01
59.97 CARDIAC REHABILITATION	446	4996	760467		.000586		.006570	59.97
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	12512	192441	11937731	200786	.001048	210	.016120	3237 61
62 OBSERVATION BEDS (NON-DISTINC	6769	91133	1497577		.004520		.060854	62
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	263183	4901535	137155601	1360616		1352		25198 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S110) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	ALL OTHER MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC				5347			5347
41.01 MAGNETIC RESONANCE IMAGING MR							41.01
44 LABORATORY							44
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY				15707			15707
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS				26735			26735
58 ASC (NON-DISTINCT PART)				2005			2005
59 CARDIAC REHAB							59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SER							59.01
59.97 CARDIAC REHABILITATION							59.97
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY				33085			33085
62 OBSERVATION BEDS (NON-DISTINC				22875			22875
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				105754			105754

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S110) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF [ ] ICF/MR  
 [ ] SUB III

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		18634748			3173		37
38 RECOVERY ROOM		1871055			752		38
39 DELIVERY ROOM & LABOR ROOM		2644438					39
40 ANESTHESIOLOGY		5517984			1996		40
41 RADIOLOGY-DIAGNOSTIC	5347	30966553	.000173	.000173	106688	18	41
41.01 MAGNETIC RESONANCE IMAGING MR		5481072			13752		41.01
44 LABORATORY		20369019			446986		44
48 INTRAVENOUS THERAPY		2162371			1237		48
49 RESPIRATORY THERAPY	15707	7021847	.002237	.002237	90138	202	49
50 PHYSICAL THERAPY		6237995			19244		50
51 OCCUPATIONAL THERAPY		430696			347		51
52 SPEECH PATHOLOGY		305615					52
53 ELECTROCARDIOLOGY		1853450			47198		53
54 ELECTROENCEPHALOGRAPHY		48392			2049		54
55 MEDICAL SUPPLIES CHARGED TO P		1629170			7819		55
56 DRUGS CHARGED TO PATIENTS	26735	8072392	.003312	.003312	389569	1290	56
58 ASC (NON-DISTINCT PART)	2005	8550315	.000234	.000234	28882	7	58
59 CARDIAC REHAB							59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SER		1162714					59.01
59.97 CARDIAC REHABILITATION		760467					59.97
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY	33085	11937731	.002771	.002771	200786	556	61
62 OBSERVATION BEDS (NON-DISTINC	22875	1497577	.015275	.015275			62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	105754	137155601			1360616	2073	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S110) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MAGNETIC RESONANCE IMAGING MR					41.01
44 LABORATORY					44
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
58 ASC (NON-DISTINCT PART)					58
59 CARDIAC REHAB					59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SER					59.01
59.97 CARDIAC REHABILITATION					59.97
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
25 INPAT ROUTINE SERV COST CTRS							25
25 ADULTS & PEDIATRICS	47174		47174	635094		635094	25
26 INTENSIVE CARE UNIT	6686		6686	95357		95357	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	30603		30603	357682		357682	31
33 NURSERY	2058		2058	26511		26511	33
101 TOTAL	86521		86521	1114644		1114644	101

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
25 INPAT ROUTINE SERV COST CTRS							25
25 ADULTS & PEDIATRICS	8948	1593	5.27	8395	70.98	113071	25
26 INTENSIVE CARE UNIT	891	78	7.50	585	107.02	8348	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	4309	1202	7.10	8534	83.01	99778	31
33 NURSERY	942	658	2.18	1434	28.14	18516	33
101 TOTAL	15090	3531		18948		239713	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0110) [ ] SUB III [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD CAPITAL		NEW CAPITAL		---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	RELATED COST	RELATED COST	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	28664	540921	18634748	805435	.001538	1239	.029028	23380 37
38 RECOVERY ROOM	2270	25705	1871055	77754	.001213	94	.013738	1068 38
39 DELIVERY ROOM & LABOR ROOM	3013	33181	2644438	1001958	.001139	1141	.012547	12572 39
40 ANESTHESIOLOGY	2420	46148	5517984	328738	.000439	144	.008363	2749 40
41 RADIOLOGY-DIAGNOSTIC	32436	1212610	30966553	599608	.001047	628	.039159	23480 41
41.01 MAGNETIC RESONANCE IMAGING MR	951	403583	5481072	19277	.000174	3	.073632	1419 41.01
44 LABORATORY	12874	194316	20369019	726803	.000632	459	.009540	6934 44
48 INTRAVENOUS THERAPY	1334	20892	2162371	282970	.000617	175	.009662	2734 48
49 RESPIRATORY THERAPY	4128	65812	7021847	589535	.000588	347	.009372	5525 49
50 PHYSICAL THERAPY	42692	502538	6237995	24088	.006844	165	.080561	1941 50
51 OCCUPATIONAL THERAPY	2565	28332	430696	1299	.005955	8	.065782	85 51
52 SPEECH PATHOLOGY	2728	32307	305615		.008926		.105711	52
53 ELECTROCARDIOLOGY	440	5792	1853450	41371	.000237	10	.003125	129 53
54 ELECTROENCEPHALOGRAPHY	295	3038	48392	1014	.006096	6	.062779	64 54
55 MEDICAL SUPPLIES CHARGED TO P	2886	91699	1629170	229415	.001771	406	.056286	12913 55
56 DRUGS CHARGED TO PATIENTS	7085	141846	8072392	530999	.000878	466	.017572	9331 56
58 ASC (NON-DISTINCT PART)	51019	708888	8550315	42110	.005967	251	.082908	3491 58
59 CARDIAC REHAB								59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SER	45656	555357	1162714		.039267		.477639	59.01
59.97 CARDIAC REHABILITATION	446	4996	760467	7804	.000586	5	.006570	51 59.97
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	12512	192441	11937731	294267	.001048	308	.016120	4744 61
62 OBSERVATION BEDS (NON-DISTINC	6769	91133	1497577		.004520		.060854	62
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	263183	4901535	137155601	5604445		5855		112610 101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	NURSING	ALLIED	ALL OTHER	SWING-BED	TOTAL	
	ANESTHETIST	SCHOOL	HEALTH	MEDICAL			
	COST	COST	COSTS	EDUCATION	ADJUSTMENT	COSTS	
	1	2	2.01	2.02	3	4	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS			159411			159411	25
26 INTENSIVE CARE UNIT							26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
33 NURSERY							33
34 SKILLED NURSING FACILITY							34
35 NURSING FACILITY							35
101 TOTAL			159411			159411	101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

	COST CENTER DESCRIPTION	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	8948	17.82	1593	28387	25
26	INTENSIVE CARE UNIT	891		78		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	4309		1202		31
33	NURSERY	942		658		33
34	SKILLED NURSING FACILITY					34
35	NURSING FACILITY					35
101	TOTAL	15090		3531	28387	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0110) [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	ALL OTHER MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC				5347			5347
41.01 MAGNETIC RESONANCE IMAGING MR							41.01
44 LABORATORY							44
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY				15707			15707
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS				26735			26735
58 ASC (NON-DISTINCT PART)				2005			2005
59 CARDIAC REHAB							59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SER							59.01
59.97 CARDIAC REHABILITATION							59.97
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY				33085			33085
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS							62
101 TOTAL				82879			82879

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0110) [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		18634748			805435		37
38 RECOVERY ROOM		1871055			77754		38
39 DELIVERY ROOM & LABOR ROOM		2644438			1001958		39
40 ANESTHESIOLOGY		5517984			328738		40
41 RADIOLOGY-DIAGNOSTIC	5347	30966553	.000173	.000173	599608	104	41
41.01 MAGNETIC RESONANCE IMAGING MR		5481072			19277		41.01
44 LABORATORY		20369019			726803		44
48 INTRAVENOUS THERAPY		2162371			282970		48
49 RESPIRATORY THERAPY	15707	7021847	.002237	.002237	589535	1319	49
50 PHYSICAL THERAPY		6237995			24088		50
51 OCCUPATIONAL THERAPY		430696			1299		51
52 SPEECH PATHOLOGY		305615					52
53 ELECTROCARDIOLOGY		1853450			41371		53
54 ELECTROENCEPHALOGRAPHY		48392			1014		54
55 MEDICAL SUPPLIES CHARGED TO P		1629170			229415		55
56 DRUGS CHARGED TO PATIENTS	26735	8072392	.003312	.003312	530999	1759	56
58 ASC (NON-DISTINCT PART)	2005	8550315	.000234	.000234	42110	10	58
59 CARDIAC REHAB							59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SER		1162714					59.01
59.97 CARDIAC REHABILITATION		760467			7804		59.97
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY	33085	11937731	.002771	.002771	294267	815	61
62 OBSERVATION BEDS (NON-DISTINC		1497577					62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	82879	137155601			5604445	4007	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	<input type="checkbox"/>	TITLE V	<input checked="" type="checkbox"/>	HOSPITAL (14-0110)	<input type="checkbox"/>	SUB IV	<input type="checkbox"/>	PPS
APPLICABLE	<input type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	SUB I	<input type="checkbox"/>	SNF	<input type="checkbox"/>	TEFRA
BOXES	<input checked="" type="checkbox"/>	TITLE XIX	<input type="checkbox"/>	SUB II	<input type="checkbox"/>	NF	<input type="checkbox"/>	OTHER
			<input type="checkbox"/>	SUB III	<input type="checkbox"/>	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MAGNETIC RESONANCE IMAGING MR					41.01
44 LABORATORY					44
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
58 ASC (NON-DISTINCT PART)					58
59 CARDIAC REHAB					59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SER					59.01
59.97 CARDIAC REHABILITATION					59.97
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB III [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] SUB I (14-S110) [ ] SUB IV [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST		NEW CAPITAL RELATED COST		INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	1	2	3	4		RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	28664	540921	18634748	4101	.001538	6	.029028	119	37
38 RECOVERY ROOM	2270	25705	1871055	1109	.001213	1	.013738	15	38
39 DELIVERY ROOM & LABOR ROOM	3013	33181	2644438	55	.001139		.012547	1	39
40 ANESTHESIOLOGY	2420	46148	5517984	2682	.000439	1	.008363	22	40
41 RADIOLOGY-DIAGNOSTIC	32436	1212610	30966553	39326	.001047	41	.039159	1540	41
41.01 MAGNETIC RESONANCE IMAGING MR	951	403583	5481072	19931	.000174	3	.073632	1468	41.01
44 LABORATORY	12874	194316	20369019	543800	.000632	344	.009540	5188	44
48 INTRAVENOUS THERAPY	1334	20892	2162371	1319	.000617	1	.009662	13	48
49 RESPIRATORY THERAPY	4128	65812	7021847	51394	.000588	30	.009372	482	49
50 PHYSICAL THERAPY	42692	502538	6237995	10277	.006844	70	.080561	828	50
51 OCCUPATIONAL THERAPY	2565	28332	430696	134	.005955	1	.065782	9	51
52 SPEECH PATHOLOGY	2728	32307	305615		.008926		.105711		52
53 ELECTROCARDIOLOGY	440	5792	1853450	40511	.000237	10	.003125	127	53
54 ELECTROENCEPHALOGRAPHY	295	3038	48392	2267	.006096	14	.062779	142	54
55 MEDICAL SUPPLIES CHARGED TO P	2886	91699	1629170	7195	.001771	13	.056286	405	55
56 DRUGS CHARGED TO PATIENTS	7085	141846	8072392	277018	.000878	243	.017572	4868	56
58 ASC (NON-DISTINCT PART)	51019	708888	8550315		.005967		.082908		58
59 CARDIAC REHAB									59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SER	45656	555357	1162714		.039267		.477639		59.01
59.97 CARDIAC REHABILITATION	446	4996	760467		.000586		.006570		59.97
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	12512	192441	11937731	276295	.001048	290	.016120	4454	61
62 OBSERVATION BEDS (NON-DISTINC	6769	91133	1497577		.004520		.060854		62
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL	263183	4901535	137155601	1277414		1068		19681	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] SUB I (14-S110) [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	ALL OTHER MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC				5347			5347
41.01 MAGNETIC RESONANCE IMAGING MR							41.01
44 LABORATORY							44
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY				15707			15707
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS				26735			26735
58 ASC (NON-DISTINCT PART)				2005			2005
59 CARDIAC REHAB							59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SER							59.01
59.97 CARDIAC REHABILITATION							59.97
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY				33085			33085
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				82879			82879

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] SUB I (14-S110) [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH			CHARGES	COST TO	RATIO OF COST	
	COSTS	CHARGES	CHARGES	TO	TO CHARGES	CHARGES	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		18634748			4101		37
38 RECOVERY ROOM		1871055			1109		38
39 DELIVERY ROOM & LABOR ROOM		2644438			55		39
40 ANESTHESIOLOGY		5517984			2682		40
41 RADIOLOGY-DIAGNOSTIC	5347	30966553	.000173	.000173	39326	7	41
41.01 MAGNETIC RESONANCE IMAGING MR		5481072			19931		41.01
44 LABORATORY		20369019			543800		44
48 INTRAVENOUS THERAPY		2162371			1319		48
49 RESPIRATORY THERAPY	15707	7021847	.002237	.002237	51394	115	49
50 PHYSICAL THERAPY		6237995			10277		50
51 OCCUPATIONAL THERAPY		430696			134		51
52 SPEECH PATHOLOGY		305615					52
53 ELECTROCARDIOLOGY		1853450			40511		53
54 ELECTROENCEPHALOGRAPHY		48392			2267		54
55 MEDICAL SUPPLIES CHARGED TO P		1629170			7195		55
56 DRUGS CHARGED TO PATIENTS	26735	8072392	.003312	.003312	277018	917	56
58 ASC (NON-DISTINCT PART)	2005	8550315	.000234	.000234			58
59 CARDIAC REHAB							59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SER		1162714					59.01
59.97 CARDIAC REHABILITATION		760467					59.97
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY	33085	11937731	.002771	.002771	276295	766	61
62 OBSERVATION BEDS (NON-DISTINC		1497577					62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	82879	137155601			1277414	1805	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ]	TITLE V	[ ]	HOSPITAL	[ ]	SUB IV	[ ]	PPS
APPLICABLE	[ ]	TITLE XVIII-PT A	[XX]	SUB I (14-S110)	[ ]	SNF	[ ]	TEFRA
BOXES	[XX]	TITLE XIX	[ ]	SUB II	[ ]	NF	[ ]	OTHER
			[ ]	SUB III	[ ]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MAGNETIC RESONANCE IMAGING MR					41.01
44 LABORATORY					44
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
58 ASC (NON-DISTINCT PART)					58
59 CARDIAC REHAB					59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SER					59.01
59.97 CARDIAC REHABILITATION					59.97
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

[ ] TITLE V-INPT

[XX] TITLE XVIII-PART A

[ ] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS	HOSPITAL	SUB I	SUB II	SUB III	SUB IV	SNF	
	(PPS) (14-0110)	(PPS) (14-S110)					
	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	8948	4309					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	8948	4309					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	8948	4309					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)	3767	1672					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) (14-0110)	SUB I (PPS) (14-S110)	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	8290966	4574859					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	8290966	4574859					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	10651279	5988211					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	10651279	5988211					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.778401	.763978					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1190.35	1389.70					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	8290966	4574859					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) (14-0110)	SUB I (PPS) (14-S110)	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	926.57	1061.70				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3490389	1775162				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3490389	1775162				41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	1522994	891	1709.31	466	796538	43
45 CORONARY CARE UNIT						44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-0110)	SUB I (PPS) (14-S110)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	5921193	425015				48
49 TOTAL PROGRAM INPATIENT COSTS	10208120	2200177				49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	407728	150664				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	512203	28623				51
52 TOTAL PROGRAM EXCLUDABLE COST	919931	179287				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	9288189	2020890				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) (14-0110)	SUB I (PPS) (14-S110)	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

TITLE XVIII-PART A

TITLE XIX-INPT

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV  
 (PPS) (PPS)  
 (14-0110)(14-S110)  
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1284	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	926.57	84
85 OBSERVATION BED COST	1189716	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST	HOSPITAL ROUTINE COST (FROM LINE 27)	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST (FROM LINE 85)	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4	
	1	2	3	4	5	
86 OLD CAPITAL-RELATED COST	47174	8290966	.005690	1189716	6769	86
87 NEW CAPITAL-RELATED COST	635094	8290966	.076601	1189716	91133	87
88 NON PHYSICIAN ANESTHETIST		8290966		1189716		88
89 NURSING SCHOOL		8290966		1189716		89
89.01 ALLIED HEALTH	159411	8290966	.019227	1189716	22875	89.01
89.02 ALL OTHER		8290966		1189716		89.02

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS	HOSPITAL	SUB I	SUB II	SUB III	SUB IV	NF	
	(OTHER) (14-0110)	(OTHER) (14-S110)					
	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	8948	4309					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	8948	4309					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	8948	4309					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)	1593	1202					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	942						15
16 TITLE V OR XIX NURSERY DAYS	658						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) (14-0110)	SUB I (OTHER) (14-S110)	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	8290966	4574859					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	8290966	4574859					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	10651279	5988211					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	10651279	5988211					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.778401	.763978					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1190.35	1389.70					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	8290966	4574859					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) (14-0110)	SUB I (OTHER) (14-S110)	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	926.57	1061.70				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1476026	1276163				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1476026	1276163				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)	394599	942	418.89	658	275630	42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	1522994	891	1709.31	78	133326	43
45 CORONARY CARE UNIT						44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47

	HOSPITAL (OTHER) (14-0110)	SUB I (OTHER) (14-S110)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	1484280	368585				48
49 TOTAL PROGRAM INPATIENT COSTS	3369262	1644748				49

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	178736	108312				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	122472	22554				51
52 TOTAL PROGRAM EXCLUDABLE COST	301208	130866				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS						53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0110)	SUB I (OTHER) (14-S110)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
55		294				55
56						56
57						57
58						58
58.01						58.01
58.02						58.02
58.03						58.03
58.04						58.04
59						59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

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

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

NF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PARTS III & IV

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

HOSPITAL (OTHER) (14-0110)	SUB I (OTHER) (14-S110)	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1284	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	926.57	84
85 OBSERVATION BED COST	1189716	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V [XX] HOSPITAL (14-0110) [ ] SNF [XX] PPS  
 [XX] TITLE XVIII-PT A [ ] SUB I [ ] NF [ ] TEFRA  
 [ ] TITLE XIX [ ] SUB II [ ] S/B-SNF [ ] OTHER  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		3451389		25
26 INTENSIVE CARE UNIT		870652		26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.323102	3124952	1009678	37
38 RECOVERY ROOM	.196613	161594	31771	38
39 DELIVERY ROOM & LABOR ROOM	.139785	3173	444	39
40 ANESTHESIOLOGY	.209878	440331	92416	40
41 RADIOLOGY-DIAGNOSTIC	.234153	3145966	736637	41
41.01 MAGNETIC RESONANCE IMAGING MRI	.170556	120123	20488	41.01
44 LABORATORY	.191645	3419585	655346	44
48 INTRAVENOUS THERAPY	.398015	722477	287557	48
49 RESPIRATORY THERAPY	.178939	3521049	630053	49
50 PHYSICAL THERAPY	.617770	507286	313386	50
51 OCCUPATIONAL THERAPY	.805076	41080	33073	51
52 SPEECH PATHOLOGY	1.304033	173	226	52
53 ELECTROCARDIOLOGY	.102987	533786	54973	53
54 ELECTROENCEPHALOGRAPHY	.226897	7217	1638	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.470839	382830	180251	55
56 DRUGS CHARGED TO PATIENTS	.438115	2065323	904849	56
58 ASC (NON-DISTINCT PART)	.800875	480804	385064	58
59 CARDIAC REHAB				59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI	3.472748			59.01
59.97 CARDIAC REHABILITATION	.094683	24898	2357	59.97
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.392619	1479770	580986	61
62 OBSERVATION BEDS (NON-DISTINCT	.794427			62
OTHER REIMBURSABLE COST CENTERS				
101 TOTAL		20182417	5921193	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		20182417		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-S110)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I		1597734		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.323102	3173	1025	37
38 RECOVERY ROOM	.196613	752	148	38
39 DELIVERY ROOM & LABOR ROOM	.139785			39
40 ANESTHESIOLOGY	.209878	1996	419	40
41 RADIOLOGY-DIAGNOSTIC	.234153	106688	24981	41
41.01 MAGNETIC RESONANCE IMAGING MRI	.170556	13752	2345	41.01
44 LABORATORY	.191645	446986	85663	44
48 INTRAVENOUS THERAPY	.398015	1237	492	48
49 RESPIRATORY THERAPY	.178939	90138	16129	49
50 PHYSICAL THERAPY	.617770	19244	11888	50
51 OCCUPATIONAL THERAPY	.805076	347	279	51
52 SPEECH PATHOLOGY	1.304033			52
53 ELECTROCARDIOLOGY	.102987	47198	4861	53
54 ELECTROENCEPHALOGRAPHY	.226897	2049	465	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.470839	7819	3681	55
56 DRUGS CHARGED TO PATIENTS	.438115	389569	170676	56
58 ASC (NON-DISTINCT PART)	.800875	28882	23131	58
59 CARDIAC REHAB				59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI	3.472748			59.01
59.97 CARDIAC REHABILITATION	.094683			59.97
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.392619	200786	78832	61
62 OBSERVATION BEDS (NON-DISTINCT	.794427			62
OTHER REIMBURSABLE COST CENTERS				
101 TOTAL		1360616	425015	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		1360616		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V	[XX] HOSPITAL (14-0110)	[ ] SNF	[ ] PPS
[ ] TITLE XVIII-PT A	[ ] SUB I	[ ] NF	[ ] TEFRA
[XX] TITLE XIX	[ ] SUB II	[ ] S/B-SNF	[XX] OTHER
	[ ] SUB III	[ ] S/B-NF	
	[ ] SUB IV	[ ] ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		1821780		25
26 INTENSIVE CARE UNIT		145497		26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.322539	805435	259784	37
38 RECOVERY ROOM	.196613	77754	15287	38
39 DELIVERY ROOM & LABOR ROOM	.139785	1001958	140059	39
40 ANESTHESIOLOGY	.189219	328738	62203	40
41 RADIOLOGY-DIAGNOSTIC	.234153	599608	140400	41
41.01 MAGNETIC RESONANCE IMAGING MRI	.170556	19277	3288	41.01
44 LABORATORY	.191645	726803	139288	44
48 INTRAVENOUS THERAPY	.398015	282970	112626	48
49 RESPIRATORY THERAPY	.178939	589535	105491	49
50 PHYSICAL THERAPY	.617770	24088	14881	50
51 OCCUPATIONAL THERAPY	.805076	1299	1046	51
52 SPEECH PATHOLOGY	1.304033			52
53 ELECTROCARDIOLOGY	.102987	41371	4261	53
54 ELECTROENCEPHALOGRAPHY	.226897	1014	230	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.470839	229415	108018	55
56 DRUGS CHARGED TO PATIENTS	.438115	530999	232639	56
58 ASC (NON-DISTINCT PART)	.787987	42110	33182	58
59 CARDIAC REHAB				59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI	3.407603			59.01
59.97 CARDIAC REHABILITATION	.094683	7804	739	59.97
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.376725	294267	110858	61
62 OBSERVATION BEDS (NON-DISTINCT	.794427			62
OTHER REIMBURSABLE COST CENTERS				
101 TOTAL		5604445	1484280	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		5604445		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V	[ ] HOSPITAL	[ ] SNF	[ ] PPS
[ ] TITLE XVIII-PT A	[XX] SUB I (14-S110)	[ ] NF	[ ] TEFRA
[XX] TITLE XIX	[ ] SUB II	[ ] S/B-SNF	[XX] OTHER
	[ ] SUB III	[ ] S/B-NF	
	[ ] SUB IV	[ ] ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I		1139944		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.322539	4101	1323	37
38 RECOVERY ROOM	.196613	1109	218	38
39 DELIVERY ROOM & LABOR ROOM	.139785	55	8	39
40 ANESTHESIOLOGY	.189219	2682	507	40
41 RADIOLOGY-DIAGNOSTIC	.234153	39326	9208	41
41.01 MAGNETIC RESONANCE IMAGING MRI	.170556	19931	3399	41.01
44 LABORATORY	.191645	543800	104217	44
48 INTRAVENOUS THERAPY	.398015	1319	525	48
49 RESPIRATORY THERAPY	.178939	51394	9196	49
50 PHYSICAL THERAPY	.617770	10277	6349	50
51 OCCUPATIONAL THERAPY	.805076	134	108	51
52 SPEECH PATHOLOGY	1.304033			52
53 ELECTROCARDIOLOGY	.102987	40511	4172	53
54 ELECTROENCEPHALOGRAPHY	.226897	2267	514	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.470839	7195	3388	55
56 DRUGS CHARGED TO PATIENTS	.438115	277018	121366	56
58 ASC (NON-DISTINCT PART)	.787987			58
59 CARDIAC REHAB				59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI	3.407603			59.01
59.97 CARDIAC REHABILITATION	.094683			59.97
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.376725	276295	104087	61
62 OBSERVATION BEDS (NON-DISTINCT	.794427			62
OTHER REIMBURSABLE COST CENTERS				
101 TOTAL		1277414	368585	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		1277414		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0110)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	2681006					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	2173262					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	2752307					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1						1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	24068					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	86.48					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [ FOR CR PERIODS ENDING ] [ ON OR AFTER 7/1/2005 ] [E-3,PT.VI, LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00		0.00			3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS						3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00					3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0110)	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4	0.0288					4
4.01	0.2788					4.01
4.02	0.3076					4.02
4.03	0.1408					4.03
4.04	1071006					4.04
5						5
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6	8701649					6
7	8758214					7
7.01						7.01
8	8744073					8
9	628436					9
10						10
11						11
11.01	11130					11.01
11.02						11.02
12						12
13						13
14	67128					14
15	19474					15
16	9470241					16
17	23492					17
18	9446749					18
19	1012836					19
20	801					20
21	258317					21
21.01	180822					21.01
21.02	188603					21.02
22	8613934					22



CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0110) 1	HOSPITAL (14-0110) 1.01	HOSPITAL (14-0110) 1.02	
1 MEDICAL AND OTHER SERVICES	3427			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	10645394			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	6031900			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.722			1.03
1.04 LINE 1.01 TIMES LINE 1.03	7685974			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04	78.48			1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT	1405963			1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101	19743			1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	3427			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	7823			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	7823			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	7823			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	4396			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	3427			17
17.01 TOTAL PPS PAYMENTS	7457606			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0110) 1	HOSPITAL (14-0110) 1.01	HOSPITAL (14-0110) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	1343105		18.01
19 SUBTOTAL	6117928		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	6117928		23
24 PRIMARY PAYER PAYMENTS	1701		24
25 SUBTOTAL	6116227		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	225530		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	157871		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	172214		27.02
28 SUBTOTAL	6274098		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	6274098		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	6552568		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-278470		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	145991		36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S110)	SUB I (14-S110)	SUB I (14-S110)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S110)	SUB I (14-S110)	SUB I (14-S110)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL			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			23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL			25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL			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			32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 HOSPITAL (14-0110)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B			
	PART A		PART B			
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4		
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		7927975		6549038	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	10/02/2009	106813	10/02/2009	3530	3.01
PROGRAM	.02	04/16/2010	51203			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		158016		3530	3.99
4 TOTAL INTERIM PAYMENTS			8085991		6552568	4
TO BE COMPLETED BY INTERMEDIARY						
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM	.01				5.01
	TO	.02		NONE		5.02
	PROVIDER	.03			NONE	5.03
	PROVIDER	.50				5.50
	TO	.51		NONE		5.51
	PROGRAM	.52			NONE	5.52
SUBTOTAL		.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO					
	PROVIDER	.01	527943			6.01
	PROVIDER TO	.02			-278470	6.02
	PROGRAM					
7 TOTAL MEDICARE PROGRAM LIABILITY			8613934		6274098	7
NAME OF INTERMEDIARY: _____			INTERMEDIARY NUMBER: _____			
SIGNATURE OF AUTHORIZED PERSON: _____			DATE (MO/DAY/YR): _____			



CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART I

MEDICARE PART A SERVICES - TEFRA

HOSPITAL SUB I SUB II SUB III SUB IV  
 (14-S110)

1	INPATIENT HOSPITAL SERVICES					1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)					1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)					1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)					1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)					1.04
1.05	OUTLIER PAYMENTS					1.05
1.06	TOTAL PPS PAYMENTS					1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT					1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)					
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)	1313239				1.08
1.09	NET IPF PPS OUTLIER PAYMENTS	92864				1.09
1.10	NET IPF PPS ECT PAYMENTS					1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)					1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)					1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	11.805479				1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS	1406103				1.19
1.20	STOP LESS PAYMENT FLOOR					1.20
1.21	ADJUSTED NET PAYMENT FLOOR					1.21
1.22	STOP LOSS ADJUSTMENT					1.22
1.23	TOTAL IPF PPS PAYMENTS	1406103				1.23
	INPATIENT REHABILITATION FACILITY (IRF)					
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)					1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)					1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)					1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.41
1.42	MEDICAL EDUCATION ADJUSTMENT					1.42
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL	1406103				4
5	PRIMARY PAYER PAYMENTS					5
6	SUBTOTAL	1406103				6
7	DEDUCTIBLES	224192				7
8	SUBTOTAL	1181911				8
9	COINSURANCE	4806				9
10	SUBTOTAL	1177105				10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	163648				11
11.01	REDUCED REIMBURSABLE BAD DEBTS	114554				11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	144603				11.02
12	SUBTOTAL	1291659				12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S110)	SUB II	SUB III	SUB IV	
13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		2073				13.01
14 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION						14
15 OTHER ADJUSTMENTS						15
16 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						16
17 TOTAL AMOUNT PAYABLE TO THE PROVIDER		1293732				17
18 SEQUESTRATION ADJUSTMENT						18
19 INTERIM PAYMENTS		1177105				19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20 BALANCE DUE PROVIDER/PROGRAM		116627				20
21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2		1015				21
50 TO BE COMPLETED BY INTERMEDIARY ORIGINAL OUTLIER AMOUNT						50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)						51
52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						52
53 OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)						53

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

WORKSHEET E-3  
 PART III

	[ ] TITLE V	[ ] TITLE XVIII	[XX] TITLE XIX			
	HOSPITAL (14-0110) (OTHER)	SUB I (14-S110) (OTHER)	SUB II	SUB III	SUB IV	NF I
	1	1	1	1	1	1
1	COMPUTATION OF NET COST OF COVERED SERVICES					
2	INPATIENT HOSPITAL/SNF/NF SERVICES	3369262				1
3	MEDICAL AND OTHER SERVICES					2
4	INTERNS AND RESIDENTS					3
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O					4
6	COST OF TEACHING PHYSICIANS					5
7	SUBTOTAL	3369262				6
8	INPATIENT PRIMARY PAYER PAYMENTS					7
9	OUTPATIENT PRIMARY PAYER PAYMENTS					8
10	SUBTOTAL	3369262				9
11	COMPUTATION OF LESSER OF COST OR CHARGES					
12	ROUTINE SERVICE CHARGES	1967277				10
13	ANCILLARY SERVICE CHARGES	5604445				11
14	INTERNS AND RESIDENTS SERVICE CHARGES					12
15	ORGAN ACQUISITION CHARGES, NET OF REVENUE					13
16	TEACHING PHYSICIANS					14
17	INCENTIVE FROM TARGET AMOUNT COMPUTATION					15
18	TOTAL REASONABLE CHARGES	7571722				16
19	4202460	2417358				
20	772610					
21	CUSTOMARY CHARGES					
22	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE					17
23	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM					18
24	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN					
25	ACCORDANCE WITH 42 CFR 413.13(E)					
26	RATIO OF LINE 17 TO LINE 18					19
27	TOTAL CUSTOMARY CHARGES	7571722				20
28	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	4202460				21
29	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES					22
30	COST OF COVERED SERVICES	3369262				23
31	PROSPECTIVE PAYMENT AMOUNT					
32	OTHER THAN OUTLIER PAYMENTS					24
33	OUTLIER PAYMENTS					25
34	PROGRAM CAPITAL PAYMENTS					26
35	CAPITAL EXCEPTION PAYMENTS					27
36	ROUTINE SERVICE OTHER PASS THROUGH COSTS					28
37	ANCILLARY SERVICE OTHER PASS THROUGH COSTS					29
38	SUBTOTAL	3369262				30
39	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)					31
40	LESSER OF LINES 30 OR 31	3369262				32
41	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)					33

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

WORKSHEET E-3  
 PART III

	[ ] TITLE V	[ ] TITLE XVIII	[XX] TITLE XIX			NF I
	HOSPITAL (14-0110) (OTHER)	SUB I (14-S110) (OTHER)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT					
35	EXCESS OF REASONABLE COST					34
36	3369262	1644748				35
37	383151	61586				36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,					37
38	REIMBURSABLE BAD DEBTS					38
38.01	REDUCED REIMBURSABLE BAD DEBTS					38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE					38.02
	BENEFICIARIES (SEE INSTRUCTIONS)					
39	UTILIZATION REVIEW					39
40	2986111	1583162				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					44
	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN					
	ACCORDANCE WITH 42 CFR 413.13(E)					
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					49
	UTILIZATION					
50	OTHER ADJUSTMENTS					50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING					51
	DEPRECIABLE ASSETS					
52	2986111	1583162				52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT					53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					54
55	2986111	1583162				55
56	SEQUESTRATION ADJUSTMENT					56
57	938117	624815				57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					57.01
58	2047994	958347				58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT					59
	SECTION 115.2					

BALANCE SHEET

WORKSHEET G

ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
<b>CURRENT ASSETS</b>				
1 CASH ON HAND AND IN BANKS	1580500			1
2 TEMPORARY INVESTMENTS	4392149			2
3 NOTES RECEIVABLE	271004			3
4 ACCOUNTS RECEIVABLE	20752558			4
5 OTHER RECEIVABLES	2435852			5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-18496898			6
7 INVENTORY	1815617			7
8 PREPAID EXPENSES	674749			8
9 OTHER CURRENT ASSETS	114			9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS	13425645			11
<b>FIXED ASSETS</b>				
12 LAND	1180846			12
12.01 ACCUMULATED DEPRECIATION				12.01
13 LAND IMPROVEMENTS	2446678			13
13.01 ACCUMULATED DEPRECIATION	-2023602			13.01
14 BUILDINGS	61233454			14
14.01 ACCUMULATED DEPRECIATION	-28273041			14.01
15 LEASEHOLD IMPROVEMENTS				15
15.01 ACCUMULATED AMORTIZATION				15.01
16 FIXED EQUIPMENT				16
16.01 ACCUMULATED DEPRECIATION				16.01
17 AUTOMOBILES AND TRUCKS	680623			17
17.01 ACCUMULATED DEPRECIATION	-611686			17.01
18 MAJOR MOVABLE EQUIPMENT	28940483			18
18.01 ACCUMULATED DEPRECIATION	-18438917			18.01
19 MINOR EQUIPMENT DEPRECIABLE				19
19.01 ACCUMULATED DEPRECIATION				19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE				20
21 TOTAL FIXED ASSETS	45134838			21
<b>OTHER ASSETS</b>				
22 INVESTMENTS	44649968			22
23 DEPOSITS ON LEASES				23
24 DUE FROM OWNERS/OFFICERS				24
25 OTHER ASSETS	8935160			25
26 TOTAL OTHER ASSETS	53585128			26
27 TOTAL ASSETS	112145611			27
<b>LIABILITIES AND FUND BALANCES</b>				
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
<b>CURRENT LIABILITIES</b>				
28 ACCOUNTS PAYABLE	2297259			28
29 SALARIES, WAGES & FEES PAYABLE	2639888			29
30 PAYROLL TAXES PAYABLE	1125570			30
31 NOTES & LOANS PAYABLE (SHORT TERM)	635000			31
32 DEFERRED INCOME				32
33 ACCELERATED PAYMENTS				33
34 DUE TO OTHER FUNDS	690363			34
35 OTHER CURRENT LIABILITIES	1693850			35
36 TOTAL CURRENT LIABILITIES	9081930			36
<b>LONG-TERM LIABILITIES</b>				
37 MORTGAGE PAYABLE				37
38 NOTES PAYABLE	12988448			38
39 UNSECURED LOANS				39
40 LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41 OTHER LONG TERM LIABILITIES	1651824			41
42 TOTAL LONG TERM LIABILITIES	14640272			42
43 TOTAL LIABILITIES	23722202			43
<b>CAPITAL ACCOUNTS</b>				
44 GENERAL FUND BALANCE	88423409			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	88423409			51
52 TOTAL LIABILITIES AND FUND BALANCES	112145611			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	81617987			1
2 NET INCOME (LOSS)	6805422			2
3 TOTAL	88423409			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	88423409			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13				13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	88423409			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				
2 HOSPITAL	8546373		8546373	1
4 SUBPROVIDER I	6006190		6006190	2
5 SWING BED - SNF				4
6 SWING BED - NF				5
7 SKILLED NURSING FACILITY				6
8 NURSING FACILITY				7
9 OTHER LONG TERM CARE				8
10 TOTAL GENERAL INPATIENT CARE SERVICES	14552563		14552563	9
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
12 INTENSIVE CARE UNIT	1674372		1674372	10
13 CORONARY CARE UNIT				11
14 BURN INTENSIVE CARE UNIT				12
15 SURGICAL INTENSIVE CARE UNIT				13
16 OTHER SPECIAL CARE (SPECIFY)				14
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	1674372		1674372	15
18 TOTAL INPATIENT ROUTINE CARE SERVICES	16226935		16226935	16
19 ANCILLARY SERVICES	43959218	101336784	145296002	17
20 OUTPATIENT SERVICES	107770	3444969	3552739	18
21 HOME HEALTH AGENCY		4654618	4654618	19
22 AMBULANCE				20
23 CORF				21
24 ASC				22
25 HOSPICE				23
26 TOTAL PATIENT REVENUES	60293923	109436371	169730294	24
				25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		72550719	26
27 ROUNDING	8		27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		8	33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		72550727	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	169730294	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	101222531	2
3	NET PATIENT REVENUES	68507763	3
4	LESS - TOTAL OPERATING EXPENSES	72550727	4
5	NET INCOME FROM SERVICE TO PATIENTS	-4042964	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	1187325	6
7	INCOME FROM INVESTMENTS	58214	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	9750	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	368317	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS	15795	15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS	49	16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	15221	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	2789	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)	14691	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	621	21
22	RENTAL OF HOSPITAL SPACE	384480	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	UNREALIZED NET GAINS IN INVESTMENTS	7884522	24
24.01	INVESTMENT INCOME SELF INSURANCE	222372	24.01
24.02	COMMUNITY EDUCATION REVENUE	22175	24.02
24.03	MISCELLANEOUS REVENUE	28708	24.03
24.04	PRIVATE SERVICE GRANT	840	24.04
24.05	AD CARE	4344	24.05
24.06	HOSPITAL COMM INCOME	20232	24.06
24.07	ENDOWMENT INCOME	11033	24.07
24.08	GAIN ON SALE OF ASSETS		24.08
24.09	MISCELLANEOUS INCOME	7346	24.09
24.10	BIO TERRISM GRANTS	20142	24.10
24.11	EMS GRANT REVENUE	5800	24.11
24.12	RADIOLOGY FILM REVENUE	1870	24.12
24.13	SCARCITY PAYMENTS		24.13
24.14	EMS REVENUE	2755	24.14
24.15	INTEREST PROJECT INCOME	1397	24.15
24.16	FUNDED DEPRECIATION INCOME	933035	24.16
24.17	EQUITY INVESTMENT IN CORP	193298	24.17
24.18	CANCER LLC INVESTMENT INCOME	110558	24.18
24.19	AMERICAN EXPRESS REBATES	12850	24.19
24.20	CLINIC TRANSCRIPTS	50	24.20
24.21	SLEEP LAB RENT	79662	24.21
25	TOTAL OTHER INCOME	11620241	25
26	TOTAL	7577277	26
27	CONSULTING FEES SELF INSURANCE	212204	27
27.01	INVESTMENTS TRUSTEE FEES		27.01
27.02	ONCOLOGY EQUITY LOSS	386422	27.02
27.03	CHANGE IN INTEREST IN RELATED ORGAN	136000	27.03
27.04	LOSS ON FIXED ASSET DISPOSITION	34829	27.04
27.05	INVESTMENT LOSS ON SELF INSURANCE		27.05
27.06	FUND RAISING EXPENSE	2400	27.06
28			28
29			29
30	TOTAL OTHER EXPENSES	771855	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	6805422	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7048

WORKSHEET H

	SALARIES	EMPLOYEE	TRANS-	CONTRACTED/	OTHER	TOTAL HHA
	1	BENEFITS	PORTATION	PURCH SVCS	COSTS	COST
		2	3	4	5	6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDG & FIXTURES						1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE						3
4 TRANSPORTATION						4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	390487	28272	3896	9368	47818	479841 5
6 SKILLED NURSING CARE	571485	42015	40274	25509	37543	716826 6
7 PHYSICAL THERAPY	249841	18467	16261	90153	608	375330 7
8 OCCUPATIONAL THERAPY						8
9 SPEECH PATHOLOGY						9
10 MEDICAL SOCIAL SERVICES						10
11 HOME HEALTH AIDE	26618	1866	4116		40	32640 11
12 SUPPLIES						12
13 DRUGS						13
13.20 COST OF ADMINISTERING VACCINES					2452	2452 13.20
14 DME						14
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						15
16 RESPIRATORY THERAPY						16
17 PRIVATE DUTY NURSING						17
18 CLINIC						18
19 HEALTH PROMOTION ACTIVITIES						19
20 DAY CARE PROGRAM						20
21 HOME DELIVERED MEALS PROGRAM						21
22 HOMEMAKER SERVICE						22
23 ALL OTHERS						23
23.50 TELEMEDICINE						23.50
24 TOTAL	1238431	90620	64547	125030	88461	1607089 24

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7048

WORKSHEET H  
 (CONTINUED)

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	
GENERAL SERVICE COST CENTER					
1 CAPITAL RELATED-BLDG & FIXTURES					1
2 CAPITAL RELATED-MOVABLE EQUIPMENT					2
3 PLANT OPERATION & MAINTENANCE					3
4 TRANSPORTATION					4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	-67437	412404	-8108	404296	5
6 SKILLED NURSING CARE	-49162	667664	-1791	665873	6
7 PHYSICAL THERAPY	-32246	343084		343084	7
8 OCCUPATIONAL THERAPY	4660	4660		4660	8
9 SPEECH PATHOLOGY	8541	8541		8541	9
10 MEDICAL SOCIAL SERVICES	7324	7324		7324	10
11 HOME HEALTH AIDE	-1866	30774		30774	11
12 SUPPLIES					12
13 DRUGS					13
13.20 COST OF ADMINISTERING VACCINES		2452		2452	13.20
14 DME					14
HHA NONREIMBURSABLE SERVICES					
15 HOME DIALYSIS AIDE SERVICES					15
16 RESPIRATORY THERAPY					16
17 PRIVATE DUTY NURSING					17
18 CLINIC					18
19 HEALTH PROMOTION ACTIVITIES					19
20 DAY CARE PROGRAM					20
21 HOME DELIVERED MEALS PROGRAM					21
22 HOMEMAKER SERVICE					22
23 ALL OTHERS					23
23.50 TELEMEDICINE					23.50
24 TOTAL	-130186	1476903	-9899	1467004	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7048

WORKSHEET H-4  
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL BLDGS & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATN MAINT	& TRANSPORT- ATION	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6
	0	1	2	3	4			
GENERAL SERVICE COST CENTER								
1 CAPITAL RELATED-BLDG & FIXT								1
2 CAPITAL RELATED-MOVABLE EQUIP								2
3 PLANT OPERATION & MAINTENANCE								3
4 TRANSPORTATION								4
5 ADMINISTRATIVE AND GENERAL	404296					404296	404296	5
HHA REIMBURSABLE SERVICES								
6 SKILLED NURSING CARE	665873					665873	253324	919197 6
7 PHYSICAL THERAPY	343084					343084	130523	473607 7
8 OCCUPATIONAL THERAPY	4660					4660	1773	6433 8
9 SPEECH PATHOLOGY	8541					8541	3249	11790 9
10 MEDICAL SOCIAL SERVICES	7324					7324	2786	10110 10
11 HOME HEALTH AIDE	30774					30774	11708	42482 11
12 SUPPLIES								12
13 DRUGS								13
13.20 COST OF ADMINISTERING VACCINES	2452					2452	933	3385 13.20
14 DME								14
HHA NONREIMBURSABLE SERVICES								
15 HOME DIALYSIS AIDE SERVICES								15
16 RESPIRATORY THERAPY								16
17 PRIVATE DUTY NURSING								17
18 CLINIC								18
19 HEALTH PROMOTION ACTIVITIES								19
20 DAY CARE PROGRAM								20
21 HOME DELIVERED MEALS PROGRAM								21
22 HOMEMAKER SERVICE								22
23 ALL OTHERS								23
23.50 TELEMEDICINE								23.50
24 TOTAL	1467004					1467004		1467004 24

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7048

WORKSHEET H-4  
 PART II

	CAP REL BLDGS & FIXTURES (SQUARE FEET) 1	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDG & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-404296	1062708	5
6 SKILLED NURSING CARE						665873	6
7 PHYSICAL THERAPY						343084	7
8 OCCUPATIONAL THERAPY						4660	8
9 SPEECH PATHOLOGY						8541	9
10 MEDICAL SOCIAL SERVICES						7324	10
11 HOME HEALTH AIDE						30774	11
12 SUPPLIES							12
13 DRUGS							13
13.20 COST OF ADMINISTERING VACCINES						2452	13.20
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING							17
18 CLINIC							18
19 HEALTH PROMOTION ACTIVITIES							19
20 DAY CARE PROGRAM							20
21 HOME DELIVERED MEALS PROGRAM							21
22 HOMEMAKER SERVICE							22
23 ALL OTHERS							23
23.50 TELEMEDICINE							23.50
24 TOTAL					-404296	1062708	24
25 COST TO BE ALLOC (PER W/S H)						404296	25
26 UNIT COST MULTIPLIER						.380439	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7048

WORKSHEET H-5  
 PART I

HHA COST CENTER	HHA TRIAL BALANCE	OLD CAP BLDGS & FIXTURES	OLD CAP MOVABLE EQUIPMENT	NEW CAP BLDGS & FIXTURES	NEW CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS	SUBTOTAL	ADMINIS-TRATIVE & GENERAL	
	0	1	2	3	4	5	5A	6	
1 ADMINISTRATIVE AND GENERAL					44296	145623	189919	26334	1
2 SKILLED NURSING CARE	919197				132	228208	1147537	159119	2
3 PHYSICAL THERAPY	473607				170	96308	570085	79047	3
4 OCCUPATIONAL THERAPY	6433					89	6522	904	4
5 SPEECH PATHOLOGY	11790					3674	15464	2144	5
6 MEDICAL SOCIAL SERVICES	10110					1036	11146	1545	6
7 HOME HEALTH AIDE	42482					10673	53155	7370	7
8 SUPPLIES									8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC	3385						3385	469	9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTALS	1467004				44598	485611	1997213	276932	20
21 UNIT COST MULTIPLIER									21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7048

WORKSHEET H-5  
 PART I

HHA COST CENTER	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	8	9	10	11	12	14	15	16
1 ADMINISTRATIVE AND GENERAL			31974					1
2 SKILLED NURSING CARE								2
3 PHYSICAL THERAPY								3
4 OCCUPATIONAL THERAPY								4
5 SPEECH PATHOLOGY								5
6 MEDICAL SOCIAL SERVICES								6
7 HOME HEALTH AIDE								7
8 SUPPLIES								8
9 DRUGS								9
9.20 COST OF ADMINISTERING VACC								9.20
10 DME								10
11 HOME DIALYSIS AIDE SERVICE								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIE								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGR								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE								19.50
20 TOTALS			31974					20
21 UNIT COST MULTIPLIER								21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7048

WORKSHEET H-5  
 PART I

HHA COST CENTER	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSIC. ANESTHET.	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL	ALLOCATED HHA A & G
	17	18	20	24	25	26	27	28
1 ADMINISTRATIVE AND GENERAL					248227		248227	1
2 SKILLED NURSING CARE					1306656		1306656	2
3 PHYSICAL THERAPY					649132		649132	3
4 OCCUPATIONAL THERAPY					7426		7426	4
5 SPEECH PATHOLOGY					17608		17608	5
6 MEDICAL SOCIAL SERVICES					12691		12691	6
7 HOME HEALTH AIDE					60525		60525	7
8 SUPPLIES								8
9 DRUGS								9
9.20 COST OF ADMINISTERING VACC					3854		3854	9.20
10 DME								10
11 HOME DIALYSIS AIDE SERVICE								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIE								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGR								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE								19.50
20 TOTALS					2306119		2306119	20
21 UNIT COST MULTIPLIER								.120622

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7048

WORKSHEET H-5  
 PART I

HHA COST CENTER	TOTAL HHA COSTS	
	29	
1 ADMINISTRATIVE AND GENERAL		1
2 SKILLED NURSING CARE	1464266	2
3 PHYSICAL THERAPY	727432	3
4 OCCUPATIONAL THERAPY	8322	4
5 SPEECH PATHOLOGY	19732	5
6 MEDICAL SOCIAL SERVICES	14222	6
7 HOME HEALTH AIDE	67826	7
8 SUPPLIES		8
9 DRUGS		9
9.20 COST OF ADMINISTERING VACC	4319	9.20
10 DME		10
11 HOME DIALYSIS AIDE SERVICE		11
12 RESPIRATORY THERAPY		12
13 PRIVATE DUTY NURSING		13
14 CLINIC		14
15 HEALTH PROMOTION ACTIVITIE		15
16 DAY CARE PROGRAM		16
17 HOME DELIVERED MEALS PROGR		17
18 HOMEMAKER SERVICE		18
19 ALL OTHERS		19
19.50 TELEMEDICINE		19.50
20 TOTALS	2306119	20
21 UNIT COST MULTIPLIER		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 14-7048

WORKSHEET H-5  
 PART II

HHA COST CENTER	OLD CAP BLDGS & FIXTURES SQUARE FEET	OLD CAP MOVABLE EQUIPMENT DOLLAR VALUE	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET
	1	2	3	4	5	6A	6	8
1 ADMINISTRATIVE AND GENERAL				58793	363191		189919	1
2 SKILLED NURSING CARE				175	569163		1147537	2
3 PHYSICAL THERAPY				226	240196		570085	3
4 OCCUPATIONAL THERAPY					222		6522	4
5 SPEECH PATHOLOGY					9162		15464	5
6 MEDICAL SOCIAL SERVICES					2583		11146	6
7 HOME HEALTH AIDE					26618		53155	7
8 SUPPLIES								8
9 DRUGS								9
9.20 COST OF ADMINISTERING VACC							3385	9.20
10 DME								10
11 HOME DIALYSIS AIDE SERVICE								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIE								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGR								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE								19.50
20 TOTALS				59194	1211135		1997213	20
21 TOTAL COST TO BE ALLOCATED				44598	485611		276932	21
22 UNIT COST MULTIPLIER					.400955		.138659	22
22 UNIT COST MULTIPLIER				.753421				22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 14-7048

WORKSHEET H-5  
 PART II

HHA COST CENTER	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE-KEEPING HOURS OF SERVICE 10	DIETARY MEALS SERVED 11	CAFETERIA FTES SERVED 12	NURSING ADMINIS-TRATION HOURS SUPERVISED 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	PHARMACY COSTED REQUIS. 16	MEDICAL RECORDS & LIBRARY TIME SPENT 17	
1 ADMINISTRATIVE AND GENERAL			992						1
2 SKILLED NURSING CARE									2
3 PHYSICAL THERAPY									3
4 OCCUPATIONAL THERAPY									4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE									7
8 SUPPLIES									8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTALS			992						20
21 TOTAL COST TO BE ALLOCATED			31974						21
22 UNIT COST MULTIPLIER									22
22 UNIT COST MULTIPLIER			32.231855						22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 14-7048

WORKSHEET H-5  
 PART II

HHA COST CENTER	SOCIAL SERVICE	NONPHYSIC. ANESTHET.	PARAMED EDUCATION	
	TIME SPENT	ASSIGNED TIME	ASSIGNED TIME	
	18	20	24	
1 ADMINISTRATIVE AND GENERAL				1
2 SKILLED NURSING CARE				2
3 PHYSICAL THERAPY				3
4 OCCUPATIONAL THERAPY				4
5 SPEECH PATHOLOGY				5
6 MEDICAL SOCIAL SERVICES				6
7 HOME HEALTH AIDE				7
8 SUPPLIES				8
9 DRUGS				9
9.20 COST OF ADMINISTERING VACC				9.20
10 DME				10
11 HOME DIALYSIS AIDE SERVICE				11
12 RESPIRATORY THERAPY				12
13 PRIVATE DUTY NURSING				13
14 CLINIC				14
15 HEALTH PROMOTION ACTIVITIE				15
16 DAY CARE PROGRAM				16
17 HOME DELIVERED MEALS PROGR				17
18 HOMEMAKER SERVICE				18
19 ALL OTHERS				19
19.50 TELEMEDICINE				19.50
20 TOTALS				20
21 TOTAL COST TO BE ALLOCATED				21
22 UNIT COST MULTIPLIER				22
22 UNIT COST MULTIPLIER				22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7048

WORKSHEET H-6  
 PARTS I & II

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

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

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	VISITS	COST PER VISIT	
			1	2	3	4	5	
1	SKILLED NURSING CARE	2	1464266		1464266	6280	233.16	1
2	PHYSICAL THERAPY	3	727432		727432	3919	185.62	2
3	OCCUPATIONAL THERAPY	4	8322		8322	37	224.92	3
4	SPEECH PATHOLOGY	5	19732		19732	88	224.23	4
5	MEDICAL SOCIAL SERV	6	14222		14222	99	143.66	5
6	HOME HEALTH AIDE SERV	7	67826		67826	774	87.63	6
7	TOTAL		2301800		2301800	11197		7
LIMITATION COST COMPUTATION			MSA				PROGRAM	
PATIENT SERVICES			NO.				COST	
			1	2	3	4	LIMITS	
8	SKILLED NURSING CARE							8
9	PHYSICAL THERAPY							9
10	OCCUPATIONAL THERAPY							10
11	SPEECH PATHOLOGY							11
12	MEDICAL SOCIAL SERV							12
13	HOME HEALTH AIDE SERV							13
14	TOTAL							14
SUPPLIES AND DRUGS COST COMPUTATIONS		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL		
OTHER PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	CHARGES	RATIO	
			1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8		48189	48189	102348	.470835	15
16	COST OF DRUGS	9		2452	2452	5597	.438092	16
16.20	COST OF ADMINISTERING VACCINES	9.20	4319		4319	5597	.771663	16.20
PER BENEFICIARY COST LIMITATION:						MSA		
						NO.	AMOUNT	
						1	2	
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4							17
18	PER BENEFICIARY COST LIMITATION							18
19	PER BENEFICIARY COST LIMITATION							19

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7048

WORKSHEET H-6  
 PARTS I & II  
 (CONTINUED)

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

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

COST PER VISIT COMPUTATION		PROGRAM VISITS				COST OF SERVICES				TOTAL
		PART B		PART B		PART B		PART B		PROGRAM
		NOT SUBJ TO	SUBJECT TO	NOT SUBJ TO	SUBJECT TO	NOT SUBJ TO	SUBJECT TO	NOT SUBJ TO	SUBJECT TO	COST
PATIENT SERVICES		PART A	DEDUCTIBLES & COINSUR	PART A	DEDUCTIBLES & COINSUR	PART A	DEDUCTIBLES & COINSUR	PART A	DEDUCTIBLES & COINSUR	
		6	7	8	9	10	11	12		
1	SKILLED NURSING CARE	2371	1707		552822	398004		950826		1
2	PHYSICAL THERAPY	1917	1116		355834	207152		562986		2
3	OCCUPATIONAL THERAPY	18	6		4049	1350		5399		3
4	SPEECH PATHOLOGY	44	10		9866	2242		12108		4
5	MEDICAL SOCIAL SERV	42	49		6034	7039		13073		5
6	HOME HEALTH AIDE SERV	415	234		36366	20505		56871		6
7	TOTAL	4807	3122		964971	636292		1601263		7

  

LIMITATION COST COMPUTATION		PROGRAM VISITS				COST OF SERVICES				TOTAL
		PART B		PART B		PART B		PART B		PROGRAM
		NOT SUBJ TO	SUBJECT TO	NOT SUBJ TO	SUBJECT TO	NOT SUBJ TO	SUBJECT TO	NOT SUBJ TO	SUBJECT TO	COST
PATIENT SERVICES		PART A	DEDUCTIBLES & COINSUR	PART A	DEDUCTIBLES & COINSUR	PART A	DEDUCTIBLES & COINSUR	PART A	DEDUCTIBLES & COINSUR	
		6	7	8	9	10	11	12		
8	SKILLED NURSING CARE									8
9	PHYSICAL THERAPY									9
10	OCCUPATIONAL THERAPY									10
11	SPEECH PATHOLOGY									11
12	MEDICAL SOCIAL SERV									12
13	HOME HEALTH AIDE SERV									13
14	TOTAL									14

  

SUPPLIES AND DRUGS COST COMPUTATIONS		PROGRAM COVERED CHARGES				COST OF SERVICES				
		PART B DEDUCT. & COINSUR.		PART B DEDUCT. & COINSUR.		PART B DEDUCT. & COINSUR.		PART B DEDUCT. & COINSUR.		
		FEE	NOT	FEE	NOT	FEE	NOT	FEE	NOT	
OTHER PATIENT SERVICES		PART A	REIMBURSED	SUBJECT TO	SUBJECT TO	PART A	REIMBURSED	SUBJECT TO	SUBJECT TO	
		6	7	7.01	8	9	10	10.01	11	
15	COST OF MEDICAL SUPPLIES	35560			29255	16743			13774	15
16	COST OF DRUGS				1888				827	16
16.20	COST OF ADMINISTERING VA		1226				946		16.20	

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7048

WORKSHEET H-6  
 PARTS II & III

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

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

	FROM WKST C, PART I, COL 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I	
	1	2	3	4	5	
1	PHYSICAL THERAPY 50	.617770			COL 2, LINE 2	1
2	OCCUPATIONAL THERAPY 51	.805076			COL 2, LINE 3	2
3	SPEECH PATHOLOGY 52	1.304033			COL 2, LINE 4	3
4	MEDICAL SUPPLIES CHARGED TO PA 55	.470839	102348	48189	COL 2, LINE 15	4
5	DRUGS CHARGED TO PATIENTS 56	.438115	5597	2452	COL 2, LINE 16	5

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE

	FROM PART I COL. 5	COST PER VISIT	PROGRAM VISITS PRIOR TO 1/1/98	PROGRAM VISITS FROM 1/1/98 THRU 12/31/98	PROGRAM COST PRIOR TO 1/1/98	PROGRAM COST FROM 1/1/98 THRU 12/31/98	PROGRAM VISITS ON OR AFTER 1/1/99	
	1	2	3	4	5	6	7	
1	PHYSICAL THERAPY 2	185.62	2.01	3	3.01	4	5	1
2	OCCUPATIONAL THERAPY 3	224.92						2
3	SPEECH PATHOLOGY 4	224.23						3
4	TOTAL							4

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7048

WORKSHEET H-7  
 PARTS I & II

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

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

DESCRIPTION	PART A 1	----- PART B -----		
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
1 REASONABLE COST OF PROGRAM SERVICES				
2 REASONABLE COST OF SERVICES		946	827	1
2 TOTAL CHARGES	1123905	737987		2
CUSTOMARY CHARGES				
3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				3
4 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)				4
5 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				5
6 TOTAL CUSTOMARY CHARGES	1123905	737987		6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	1123905	737041		7
8 EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES			827	8
9 PRIMARY PAYOR PAYMENTS				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	802134	527865	10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	11710	10750	10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	7814	6038	10.04
10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.05
10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES			10.06
10.07 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			10.07
10.08 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			10.08
10.09 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.09
10.10 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC EPISODES			10.10
10.11 TOTAL OTHER PAYMENTS		2205	10.11
10.12 DME PAYMENTS			10.12
10.13 OXYGEN PAYMENTS			10.13
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS			10.14
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCL COINSURANCE)		6	11
12 SUBTOTAL	821658	548625	12
13 EXCESS REASONABLE COST		827	13
14 SUBTOTAL	821658	547798	14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST	821658	547798	16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	821658	547798	18
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			19
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR OR DECREASE IN PROGRAM UTILIZATION			20
21 OTHER ADJUSTMENTS (SPECIFY):			21
22 SUBTOTAL	821658	547798	22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL	821658	547798	24
25 TOTAL INTERIM PAYMENTS	821658	548083	25
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			25.01
26 BALANCE DUE PROVIDER/PROGRAM		-285	26
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			27

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

HHA NO.: 14-7048

WORKSHEET H-8

DESCRIPTION	PART A		PART B		
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		821658		548083	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM	.01				3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02				3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03	NONE		NONE	3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04				3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.05				3.05
	.50				3.50
	PROVIDER .51				3.51
	TO .52	NONE		NONE	3.52
	PROGRAM .53				3.53
	.54				3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		821658		548083	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02	NONE		NONE	5.02
	PROVIDER .03				5.03
	PROVIDER .50				5.50
	TO .51	NONE		NONE	5.51
	PROGRAM .52				5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01				6.01
	PROVIDER TO .02			-285	6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		821658		547798	7

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

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

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1570

WORKSHEET K

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANS- PORTATION 3	CONTRACTED SERVICES 4	OTHER 5	TOTAL 6	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED COSTS-BLDG AND FIXT.							1
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.							2
3 PLANT OPERATION AND MAINTENANCE							3
4 TRANSPORTATION - STAFF							4
5 VOLUNTEER SERVICE COORDINATION							5
6 ADMINISTRATIVE AND GENERAL	202	15	22	2465	2783	5487	6
INPATIENT CARE SERVICE							
7 INPATIENT - GENERAL CARE							7
8 INPATIENT - RESPITE CARE							8
VISITING SERVICES							
9 PHYSICIAN SERVICES				17500		17500	9
10 NURSING CARE	77608	5873	7752	3500		94733	10
10.20 NURSING CARE-CONTINUOUS HOME CARE							10.20
11 PHYSICAL THERAPY							11
12 OCCUPATIONAL THERAPY							12
13 SPEECH/LANGUAGE PATHOLOGY							13
14 MEDICAL SOCIAL SERVICES	48285	3654	2689			54628	14
15 SPIRITUAL COUNSELING	7818	592	1525			9935	15
16 DIETARY COUNSELING					176	176	16
17 COUNSELING - OTHER							17
18 HOME HEALTH AIDE AND HOMEMAKER	17951	1359	4566	66671		90547	18
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE							18.20
19 OTHER							19
OTHER HOSPICE SERVICE COSTS							
20 DRUGS, BIOLOGICAL & INFUSION THERAPY					30829	30829	20
20.30 ANALGESICS							20.30
20.31 SEDATIVES / HYPNOTICS							20.31
20.32 OTHER - SPECIFY							20.32
21 DURABLE MEDICAL EQUIPMENT/OXYGEN					22533	22533	21
22 PATIENT TRANSPORTATION							22
23 IMAGING SERVICES							23
24 LABS AND DIAGNOSTICS							24
25 MEDICAL SUPPLIES					1019	1019	25
26 OUTPATIENT SERVICES (INCLUDING E/R DEPT.)							26
27 RADIATION THERAPY							27
28 CHEMOTHERAPY							28
29 OTHER							29
HOSPICE NONREIMBURSABLE SERVICE							
30 BEREAVEMENT PROGRAM COSTS							30
31 VOLUNTEER PROGRAM COSTS							31
32 FUNDRAISING							32
33 OTHER PROGRAM COSTS							33
34 TOTAL	151864	11493	16554	90136	57340	327387	34

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1570

WORKSHEET K  
 (CONTINUED)

	RECLASSIFI- CATION 7	SUBTOTAL 8	ADJUSTMENTS 9	TOTAL 10	
1					1
2					2
3					3
4					4
5					5
6	-15	5472	-2185	3287	6
7					7
8					8
9		17500	-17500		9
10	-5873	88860		88860	10
10.20					10.20
11					11
12					12
13					13
14	-3654	50974		50974	14
15	-592	9343		9343	15
16		176		176	16
17					17
18	-1359	89188	-28365	60823	18
18.20					18.20
19					19
20		30829		30829	20
20.30					20.30
20.31					20.31
20.32					20.32
21		22533		22533	21
22					22
23					23
24					24
25		1019		1019	25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34	-11493	315894	-48050	267844	34

HOSPICE COMPENSATION ANALYSIS - SALARIES AND WAGES

HOSPICE NO.: 14-1570

WORKSHEET K-1

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1									1
2									2
3									3
4									4
5									5
6								202	202 6
7									7
8									8
9									9
10					77608				77608 10
10.20									10.20
11									11
12									12
13									13
14			48285						48285 14
15								7818	7818 15
16									16
17									17
18							17951		17951 18
18.20									18.20
19									19
20									20
20.30									20.30
20.31									20.31
20.32									20.32
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34			48285		77608		17951	8020	151864 34

HOSPICE COMPENSATION ANALYSIS - EMPLOYEE BENEFITS (PAYROLL RELATED)

HOSPICE NO.: 14-1570

WORKSHEET K-2

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1	GENERAL SERVICE COST CENTER								
2	CAP REL COSTS-BLDG AND FIXT.								1
3	CAP REL COSTS-MOVABLE EQUIP.								2
4	PLANT OPERATION & MAINT.								3
5	TRANSPORTATION - STAFF								4
6	VOLUNTEER SERVICE COORD.								5
7	ADMINISTRATIVE AND GENERAL								15
8	INPATIENT CARE SERVICE								15
9	INPATIENT - GENERAL CARE								7
10	INPATIENT - RESPITE CARE								8
11	VISITING SERVICES								
12	PHYSICIAN SERVICES								9
13	NURSING CARE								5873
14	NURSING CARE-CONT.HOME CARE								5873
15	PHYSICAL THERAPY								10.20
16	OCCUPATIONAL THERAPY								11
17	SPEECH/LANGUAGE PATHOLOGY								12
18	MEDICAL SOCIAL SERVICES								13
19	SPIRITUAL COUNSELING								3654
20	DIETARY COUNSELING								592
21	COUNSELING - OTHER								16
22	HH AIDE AND HOMEMAKER								17
23	HH AIDE & HMKR-CONT.HME CARE								1359
24	OTHER								1359
25	OTHER HOSPICE SERVICE COSTS								18
26	DRUGS, BIOL. & INFUS. THER.								18.20
27	ANALGESICS								19
28	SEDATIVES / HYPNOTICS								20
29	OTHER - SPECIFY								20.30
30	DURABLE MED. EQUIP./OXYGEN								20.31
31	PATIENT TRANSPORTATION								20.32
32	IMAGING SERVICES								21
33	LABS AND DIAGNOSTICS								22
34	MEDICAL SUPPLIES								23
35	OUTPAT.SERV.(INCL.E/R DEPT.)								24
36	RADIATION THERAPY								25
37	CHEMOTHERAPY								26
38	OTHER								27
39	HOSPICE NONREIMBURSABLE SERVICE								28
40	BEREAVEMENT PROGRAM COSTS								29
41	VOLUNTEER PROGRAM COSTS								30
42	FUNDRAISING								31
43	OTHER PROGRAM COSTS								32
44	TOTAL								33
			3654		5873		1359	607	11493

HOSPICE COMPENSATION ANALYSIS - CONTRACTED SERVICES/PURCHASED SERVICES HOSPICE NO.: 14-1570 WORKSHEET K-3

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9	
1	GENERAL SERVICE COST CENTER									
2	CAP REL COSTS-BLDG AND FIXT.								1	
3	CAP REL COSTS-MOVABLE EQUIP.								2	
4	PLANT OPERATION & MAINT.								3	
5	TRANSPORTATION - STAFF								4	
6	VOLUNTEER SERVICE COORD.								5	
7	ADMINISTRATIVE AND GENERAL								6	
8	INPATIENT CARE SERVICE								2465	
9	INPATIENT - GENERAL CARE								7	
10	INPATIENT - RESPITE CARE								8	
11	VISITING SERVICES									
12	PHYSICIAN SERVICES	17500						17500	9	
13	NURSING CARE								3500	10
14	NURSING CARE-CONT.HOME CARE									10.20
15	PHYSICAL THERAPY									11
16	OCCUPATIONAL THERAPY									12
17	SPEECH/LANGUAGE PATHOLOGY									13
18	MEDICAL SOCIAL SERVICES									14
19	SPIRITUAL COUNSELING									15
20	DIETARY COUNSELING									16
21	COUNSELING - OTHER									17
22	HH AIDE AND HOMEMAKER								66671	18
23	HH AIDE & HMKR-CONT.HME CARE									18.20
24	OTHER									19
25	OTHER HOSPICE SERVICE COSTS									
26	DRUGS, BIOL. & INFUS. THER.									20
27	ANALGESICS									20.30
28	SEDATIVES / HYPNOTICS									20.31
29	OTHER - SPECIFY									20.32
30	DURABLE MED. EQUIP./OXYGEN									21
31	PATIENT TRANSPORTATION									22
32	IMAGING SERVICES									23
33	LABS AND DIAGNOSTICS									24
34	MEDICAL SUPPLIES									25
35	OUTPAT.SERV.(INCL.E/R DEPT.)									26
36	RADIATION THERAPY									27
37	CHEMOTHERAPY									28
38	OTHER									29
39	HOSPICE NONREIMBURSABLE SERVICE									
40	BEREAVEMENT PROGRAM COSTS									30
41	VOLUNTEER PROGRAM COSTS									31
42	FUNDRAISING									32
43	OTHER PROGRAM COSTS									33
44	TOTAL	17500			3500		66671	2465	90136	34

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE NO.: 14-1570

WORKSHEET K-4  
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COST BLDG & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATN & MAINT	TRANSPO- RTATION	VOLUNTEER SERV. CO- ORDINATOR	SUBTOTAL 5A	ADMIN & GENERAL 6	TOTAL 7
1									1
2									2
3									3
4									4
5									5
6		3287					3287	3287	6
7									7
8									8
9									9
10		88860					88860	1104	89964
10.20									10.20
11									11
12									12
13									13
14		50974					50974	633	51607
15		9343					9343	116	9459
16		176					176	2	178
17									17
18		60823					60823	756	61579
18.20									18.20
19									19
20									20
20.30									20.30
20.31									20.31
20.32									20.32
21		22533					22533	280	22813
22									22
23									23
24									24
25		1019					1019	13	1032
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34		267844					267844		267844

COST ALLOCATION - HOSPICE STATISTICAL BASIS

HOSPICE NO.: 14-1570

WORKSHEET K-4  
 PART II

	CAP REL COST BLDG & FIXTURES (SQUARE FEET)	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE)	PLANT OPERATN & MAINT (SQUARE FEET)	TRANSPO- RTATION (MILEAGE)	VOLUNTEER SERV. CO- ORDINATOR (HOURS)	RECONCIL- IATION 6A	ADMIN & GENERAL (ACCUM COST) 6
	1	2	3	4	5	6A	6
GENERAL SERVICE COST CENTER							
1 CAP REL COSTS-BLDG AND FIXT.							1
2 CAP REL COSTS-MOVABLE EQUIP.							2
3 PLANT OPERATION & MAINT.							3
4 TRANSPORTATION - STAFF							4
5 VOLUNTEER SERVICE COORD.							5
6 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE						-3287	264557 6
7 INPATIENT - GENERAL CARE							7
8 INPATIENT - RESPITE CARE VISITING SERVICES							8
9 PHYSICIAN SERVICES							9
10 NURSING CARE							88860 10
10.20 NURSING CARE-CONTINUOUS HOME							10.20
11 PHYSICAL THERAPY							11
12 OCCUPATIONAL THERAPY							12
13 SPEECH/LANGUAGE PATHOLOGY							13
14 MEDICAL SOCIAL SERVICES							50974 14
15 SPIRITUAL COUNSELING							9343 15
16 DIETARY COUNSELING							176 16
17 COUNSELING - OTHER							17
18 HH AIDE AND HOME MAKER							60823 18
18.20 HH AIDE & HMKR-CONT. HOME CA							18.20
19 OTHER							19
OTHER HOSPICE SERVICE COSTS							
20 DRUGS, BIOL. & INFUS. THER.							30829 20
20.30 ANALGESICS							20.30
20.31 SEDATIVES / HYPNOTICS							20.31
20.32 OTHER - SPECIFY							20.32
21 DURABLE MED. EQUIP./OXYGEN							22533 21
22 PATIENT TRANSPORTATION							22
23 IMAGING SERVICES							23
24 LABS AND DIAGNOSTICS							24
25 MEDICAL SUPPLIES							1019 25
26 OUTPAT.SERV.(INCL.E/R DEPT.)							26
27 RADIATION THERAPY							27
28 CHEMOTHERAPY							28
29 OTHER							29
HOSPICE NONREIMBURSABLE SERVICE							
30 BEREAVEMENT PROGRAM COSTS							30
31 VOLUNTEER PROGRAM COSTS							31
32 FUNDRAISING							32
33 OTHER PROGRAM COSTS							33
34 COST TO BE ALLOCATED							3287 34
35 UNIT COST MULTIPLIER							.012425 35

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE NO.: 14-1570

WORKSHEET K-5  
 PART I

HOSPICE COST CENTER	HOSPICE TRIAL BALANCE 0	OLD CAP BLDGS & FIXTURES 1	OLD CAP MOVABLE EQUIPMENT 2	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINIS- TRATIVE & GENERAL 6	
1 ADMINISTRATIVE AND GENERAL						5707	5707	791	1
2 INPATIENT - GENERAL CARE									2
3 INPATIENT - RESPITE CARE									3
4 PHYSICIAN SERVICES									4
5 NURSING CARE	89964					28237	118201	16390	5
5.20 NURSING CARE-CONTINUOUS HOM									5.20
6 PHYSICAL THERAPY									6
7 OCCUPATIONAL THERAPY									7
8 SPEECH/LANGUAGE PATHOLOGY									8
9 MEDICAL SOCIAL SERV. - DIRE	51607					17569	69176	9592	9
10 SPIRITUAL COUNSELING	9459					2845	12304	1706	10
11 DIETARY COUNSELING	178						178	25	11
12 COUNSELING - OTHER									12
13 HOME HLTH AIDE & HOMEMAKERS	61579					6532	68111	9444	13
13.20 HH AIDE & HMKR-CONT. HOME C									13.20
14 OTHER									14
15 DRUGS,BIOLOGICALS & INFUSIO	31212						31212	4328	15
15.30 ANALGESICS									15.30
15.31 SEDATIVES / HYPNOTICS									15.31
15.32 OTHER - SPECIFY									15.32
16 DURABLE MED. EQUIP./OXYGEN	22813						22813	3163	16
17 PATIENT TRANSPORTATION									17
18 IMAGING SERVICES									18
19 LABS AND DIAGNOSTICS									19
20 MEDICAL SUPPLIES	1032						1032	143	20
21 OUTPAT. SERV.(INCL.E/R DEPT									21
22 RADIATION THERAPY									22
23 CHEMOTHERAPY									23
24 OTHER									24
25 BEREAVEMENT PROGRAM COSTS									25
26 VOLUNTEER PROGRAM COSTS									26
27 FUNDRAISING									27
28 OTHER PROGRAM COSTS									28
29 TOTALS	267844					60890	328734	45582	29
30 UNIT COST MULTIPLIER									30

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE NO.: 14-1570

WORKSHEET K-5  
 PART I

HOSPICE COST CENTER	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	8	9	10	11	12	14	15	16
1 ADMINISTRATIVE AND GENERAL			1547					1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE								5
5.20 NURSING CARE-CONTINUOUS HOM								5.20
6 PHYSICAL THERAPY								6
7 OCCUPATIONAL THERAPY								7
8 SPEECH/LANGUAGE PATHOLOGY								8
9 MEDICAL SOCIAL SERV. - DIRE								9
10 SPIRITUAL COUNSELING								10
11 DIETARY COUNSELING								11
12 COUNSELING - OTHER								12
13 HOME HLTH AIDE & HOMEMAKERS								13
13.20 HH AIDE & HMKR-CONT. HOME C								13.20
14 OTHER								14
15 DRUGS,BIOLOGICALS & INFUSIO								15
15.30 ANALGESICS								15.30
15.31 SEDATIVES / HYPNOTICS								15.31
15.32 OTHER - SPECIFY								15.32
16 DURABLE MED. EQUIP./OXYGEN								16
17 PATIENT TRANSPORTATION								17
18 IMAGING SERVICES								18
19 LABS AND DIAGNOSTICS								19
20 MEDICAL SUPPLIES								20
21 OUTPAT. SERV.(INCL.E/R DEPT								21
22 RADIATION THERAPY								22
23 CHEMOTHERAPY								23
24 OTHER								24
25 BEREAVEMENT PROGRAM COSTS								25
26 VOLUNTEER PROGRAM COSTS								26
27 FUNDRAISING								27
28 OTHER PROGRAM COSTS								28
29 TOTALS			1547					29
30 UNIT COST MULTIPLIER								30

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 14-1570

WORKSHEET K-5  
 PART I

HOSPICE COST CENTER	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	NONPHYSIC. ANESTHET. 20	PARAMED EDUCATION 24	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	SUBTOTAL 27	ALLOCATED HOSPICE A & G 28
1 ADMINISTRATIVE AND GENERAL					8045		8045	1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE					134591		134591	5
5.20 NURSING CARE-CONTINUOUS HOM								5.20
6 PHYSICAL THERAPY								6
7 OCCUPATIONAL THERAPY								7
8 SPEECH/LANGUAGE PATHOLOGY								8
9 MEDICAL SOCIAL SERV. - DIRE					78768		78768	9
10 SPIRITUAL COUNSELING					14010		14010	10
11 DIETARY COUNSELING					203		203	11
12 COUNSELING - OTHER								12
13 HOME HLTH AIDE & HOMEMAKERS					77555		77555	13
13.20 HH AIDE & HMKR-CONT. HOME C								13.20
14 OTHER								14
15 DRUGS,BIOLOGICALS & INFUSIO					35540		35540	15
15.30 ANALGESICS								15.30
15.31 SEDATIVES / HYPNOTICS								15.31
15.32 OTHER - SPECIFY								15.32
16 DURABLE MED. EQUIP./OXYGEN					25976		25976	16
17 PATIENT TRANSPORTATION								17
18 IMAGING SERVICES								18
19 LABS AND DIAGNOSTICS								19
20 MEDICAL SUPPLIES					1175		1175	20
21 OUTPAT. SERV.(INCL.E/R DEPT								21
22 RADIATION THERAPY								22
23 CHEMOTHERAPY								23
24 OTHER								24
25 BEREAVEMENT PROGRAM COSTS								25
26 VOLUNTEER PROGRAM COSTS								26
27 FUNDRAISING								27
28 OTHER PROGRAM COSTS								28
29 TOTALS					375863		375863	29
30 UNIT COST MULTIPLIER								.021872 30

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 14-1570

WORKSHEET K-5  
 PART I

HOSPICE COST CENTER	TOTAL HOSPICE COSTS 29	
1 ADMINISTRATIVE AND GENERAL		1
2 INPATIENT - GENERAL CARE		2
3 INPATIENT - RESPITE CARE		3
4 PHYSICIAN SERVICES		4
5 NURSING CARE	137536	5
5.20 NURSING CARE-CONTINUOUS HOM		5.20
6 PHYSICAL THERAPY		6
7 OCCUPATIONAL THERAPY		7
8 SPEECH/LANGUAGE PATHOLOGY		8
9 MEDICAL SOCIAL SERV. - DIRE	80491	9
10 SPIRITUAL COUNSELING	14316	10
11 DIETARY COUNSELING	207	11
12 COUNSELING - OTHER		12
13 HOME HLTH AIDE & HOMEMAKERS	79251	13
13.20 HH AIDE & HMKR-CONT. HOME C		13.20
14 OTHER		14
15 DRUGS,BIOLOGICALS & INFUSIO	36317	15
15.30 ANALGESICS		15.30
15.31 SEDATIVES / HYPNOTICS		15.31
15.32 OTHER - SPECIFY		15.32
16 DURABLE MED. EQUIP./OXYGEN	26544	16
17 PATIENT TRANSPORTATION		17
18 IMAGING SERVICES		18
19 LABS AND DIAGNOSTICS		19
20 MEDICAL SUPPLIES	1201	20
21 OUTPAT. SERV.(INCL.E/R DEPT		21
22 RADIATION THERAPY		22
23 CHEMOTHERAPY		23
24 OTHER		24
25 BEREAVEMENT PROGRAM COSTS		25
26 VOLUNTEER PROGRAM COSTS		26
27 FUNDRAISING		27
28 OTHER PROGRAM COSTS		28
29 TOTALS	375863	29
30 UNIT COST MULTIPLIER		30

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
 STATISTICAL BASIS

HOSPICE NO.: 14-1570

WORKSHEET K-5  
 PART II

HOSPICE COST CENTER	OLD CAP BLDGS & FIXTURES SQUARE FEET	OLD CAP MOVABLE EQUIPMENT DOLLAR VALUE	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET
	1	2	3	4	5	6A	6	8
1 ADMINISTRATIVE AND GENERAL					15686		5707	1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE					77608		118201	5
5.20 NURSING CARE-CONTINUOUS HOM								5.20
6 PHYSICAL THERAPY								6
7 OCCUPATIONAL THERAPY								7
8 SPEECH/LANGUAGE PATHOLOGY								8
9 MEDICAL SOCIAL SERV. - DIRE					48285		69176	9
10 SPIRITUAL COUNSELING					7818		12304	10
11 DIETARY COUNSELING							178	11
12 COUNSELING - OTHER								12
13 HOME HLTH AIDE & HOMEMAKERS					17951		68111	13
13.20 HH AIDE & HMKR-CONT. HOME C								13.20
14 OTHER								14
15 DRUGS,BIOLOGICALS & INFUSIO							31212	15
15.30 ANALGESICS								15.30
15.31 SEDATIVES / HYPNOTICS								15.31
15.32 OTHER - SPECIFY								15.32
16 DURABLE MED. EQUIP./OXYGEN							22813	16
17 PATIENT TRANSPORTATION								17
18 IMAGING SERVICES								18
19 LABS AND DIAGNOSTICS								19
20 MEDICAL SUPPLIES							1032	20
21 OUTPAT. SERV.(INCL.E/R DEPT								21
22 RADIATION THERAPY								22
23 CHEMOTHERAPY								23
24 OTHER								24
25 BEREAVEMENT PROGRAM COSTS								25
26 VOLUNTEER PROGRAM COSTS								26
27 FUNDRAISING								27
28 OTHER PROGRAM COSTS								28
29 TOTAL					167348		328734	29
30 TOTAL COST TO BE ALLOCATED					60890		45582	30
31 UNIT COST MULTIPLIER					.363853		.138659	31
31 UNIT COST MULTIPLIER								31

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
 STATISTICAL BASIS

HOSPICE NO.: 14-1570

WORKSHEET K-5  
 PART II

HOSPICE COST CENTER	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	CAFETERIA FTES SERVED	NURSING ADMINIS-TRATION HOURS SUPERVISED	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY TIME SPENT
	9	10	11	12	14	15	16	17
1 ADMINISTRATIVE AND GENERAL		48						1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE								5
5.20 NURSING CARE-CONTINUOUS HOM								5.20
6 PHYSICAL THERAPY								6
7 OCCUPATIONAL THERAPY								7
8 SPEECH/LANGUAGE PATHOLOGY								8
9 MEDICAL SOCIAL SERV. - DIRE								9
10 SPIRITUAL COUNSELING								10
11 DIETARY COUNSELING								11
12 COUNSELING - OTHER								12
13 HOME HLTH AIDE & HOMEMAKERS								13
13.20 HH AIDE & HMKR-CONT. HOME C								13.20
14 OTHER								14
15 DRUGS,BIOLOGICALS & INFUSIO								15
15.30 ANALGESICS								15.30
15.31 SEDATIVES / HYPNOTICS								15.31
15.32 OTHER - SPECIFY								15.32
16 DURABLE MED. EQUIP./OXYGEN								16
17 PATIENT TRANSPORTATION								17
18 IMAGING SERVICES								18
19 LABS AND DIAGNOSTICS								19
20 MEDICAL SUPPLIES								20
21 OUTPAT. SERV.(INCL.E/R DEPT								21
22 RADIATION THERAPY								22
23 CHEMOTHERAPY								23
24 OTHER								24
25 BEREAVEMENT PROGRAM COSTS								25
26 VOLUNTEER PROGRAM COSTS								26
27 FUNDRAISING								27
28 OTHER PROGRAM COSTS								28
29 TOTAL		48						29
30 TOTAL COST TO BE ALLOCATED		1547						30
31 UNIT COST MULTIPLIER								31
31 UNIT COST MULTIPLIER		32.229167						31

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 14-1570  
 STATISTICAL BASIS

WORKSHEET K-5  
 PART II

HOSPICE COST CENTER	SOCIAL	NONPHYSIC.	PARAMED	
	SERVICE	ANESTHET.	EDUCATION	
	TIME	ASSIGNED	ASSIGNED	
	SPENT	TIME	TIME	
	18	20	24	
1 ADMINISTRATIVE AND GENERAL				1
2 INPATIENT - GENERAL CARE				2
3 INPATIENT - RESPITE CARE				3
4 PHYSICIAN SERVICES				4
5 NURSING CARE				5
5.20 NURSING CARE-CONTINUOUS HOM				5.20
6 PHYSICAL THERAPY				6
7 OCCUPATIONAL THERAPY				7
8 SPEECH/LANGUAGE PATHOLOGY				8
9 MEDICAL SOCIAL SERV. - DIRE				9
10 SPIRITUAL COUNSELING				10
11 DIETARY COUNSELING				11
12 COUNSELING - OTHER				12
13 HOME HLTH AIDE & HOMEMAKERS				13
13.20 HH AIDE & HMKR-CONT. HOME C				13.20
14 OTHER				14
15 DRUGS,BIOLOGICALS & INFUSIO				15
15.30 ANALGESICS				15.30
15.31 SEDATIVES / HYPNOTICS				15.31
15.32 OTHER - SPECIFY				15.32
16 DURABLE MED. EQUIP./OXYGEN				16
17 PATIENT TRANSPORTATION				17
18 IMAGING SERVICES				18
19 LABS AND DIAGNOSTICS				19
20 MEDICAL SUPPLIES				20
21 OUTPAT. SERV.(INCL.E/R DEPT				21
22 RADIATION THERAPY				22
23 CHEMOTHERAPY				23
24 OTHER				24
25 BEREAVEMENT PROGRAM COSTS				25
26 VOLUNTEER PROGRAM COSTS				26
27 FUNDRAISING				27
28 OTHER PROGRAM COSTS				28
29 TOTAL				29
30 TOTAL COST TO BE ALLOCATED				30
31 UNIT COST MULTIPLIER				31
31 UNIT COST MULTIPLIER				31

APPORTIONMENT OF HOSPICE SHARED SERVICES

HOSPICE NO.: 14-1570

WORKSHEET K-5  
 PART III

PART III - COMPUTATION OF TOTAL HOSPICE SHARED COSTS

	WKST C, PART I, COL. 9, LINE 0	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3
ANCILLARY SERVICE COST CENTERS				
1	PHYSICAL THERAPY	50	0.617770	1
2	OCCUPATIONAL THERAPY	51	0.805076	2
3	SPEECH/LANGUAGE PATHOLOGY	52	1.304033	3
4	DRUGS, BIOLOGICALS AND INFUSION	56	0.438115	4
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	67		5
6	LABS AND DIAGNOSTICS	44	0.191645	6
7	MEDICAL SUPPLIES	55	0.470839	7
8	OUTPATIENT SERVICES (INCL. E/R DEPT)	61	0.376725	8
9	RADIATION THERAPY	41	0.234153	9
9.01	MAGNETIC RESONANCE IMAGING MRI	41.01	0.170556	9.01
10	CARDIAC REHAB	59		10
10.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	59.01	3.407603	10.01
10.97	CARDIAC REHABILITATION	59.97	0.094683	10.97
11	TOTALS			11

CALCULATION OF HOSPICE PER DIEM COST

HOSPICE NO.: 14-1570

WORKSHEET K-6

COMPUTATION OF PER DIEM COST	TITLE XVIII 1	TITLE XIX 2	OTHER 3	TOTAL 4	
1 TOTAL COST				375863	1
2 TOTAL UNDUPLICATED DAYS				4754	2
3 AGGREGATE COST PER DIEM				79.06	3
4 UNDUPLICATED MEDICARE DAYS	4228				4
5 AGGREGATE MEDICARE COST	334266				5
6 UNDUPLICATED MEDICAID DAYS		170			6
7 AGGREGATE MEDICAID COST		13440			7
8 UNDUPLICATED SNF DAYS					8
9 AGGREGATE SNF COST					9
10 UNDUPLICATED NF DAYS					10
11 AGGREGATE NF COST					11
12 OTHER UNDUPLICATED DAYS			356		12
13 AGGREGATE COST FOR OTHER DAYS			28145		13

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0110)	HOSPITAL (14-0110)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
					CAPITAL FEDERAL AMOUNT
2		626047			2
					CAPITAL DRG OTHER THAN OUTLIER
3					3
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997
3.01		2389			3.01
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997
4					4
					INDIRECT MEDICAL EDUCATION ADJUSTMENT
					TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD
					[ E-3,PT VI,LN.18]
					[E,PT A,LN.3.17][x E-3,PT VI,LN.1]
4.01		0.00		0.00	4.01
					NO. OF INTERNS & RESIDENTS
4.02					4.02
					INDIRECT MEDICAL EDUCATION PERCENTAGE
4.03					4.03
					INDIRECT MEDICAL EDUCATION ADJUSTMENT
					DISPROPORTIONATE SHARE ADJUSTMENT
5					5
					% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS
5.01		0.0288			5.01
					% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I
5.02					5.02
					SUM OF LINES 5 AND 5.01
5.03					5.03
					ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE
5.04					5.04
					DISPROPORTIONATE SHARE ADJUSTMENT
6		628436			6
					TOTAL PROSPECTIVE CAPITAL PAYMENTS
PART II - HOLD HARMLESS METHOD					
1					1
					NEW CAPITAL
2					2
					OLD CAPITAL
3					3
					TOTAL CAPITAL
4					4
					RATIO OF NEW CAPITAL TO TOTAL CAPITAL
5					5
					TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE
6					6
					REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT
7					7
					REDUCED OLD CAPITAL AMOUNT
8					8
					HOLD HARMLESS PAYMENT FOR NEW CAPITAL
9					9
					SUBTOTAL
10					10
					PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)
PART III - PAYMENT UNDER REASONABLE COST					
1					1
					PROGRAM INPATIENT ROUTINE CAPITAL COST
2					2
					PROGRAM INPATIENT ANCILLARY CAPITAL COST
3					3
					TOTAL INPATIENT PROGRAM CAPITAL
4					4
					CAPITAL COST PAYMENT FACTOR
5					5
					TOTAL INPATIENT PROGRAM CAPITAL COST
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
					PROGRAM INPATIENT CAPITAL COSTS
2					2
					PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES
3					3
					NET PROGRAM INPATIENT CAPITAL COSTS
4					4
					APPLICABLE EXCEPTION PERCENTAGE
5					5
					CAPITAL COST FOR COMPARISON TO PAYMENTS
6					6
					PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES
7					7
					ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES
8					8
					CAPITAL MINIMUM PAYMENT LEVEL
9					9
					CURRENT YEAR CAPITAL PAYMENTS
10					10
					CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS
11					11
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT
12					12
					NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS
13					13
					CURRENT YEAR EXCEPTION PAYMENT
14					14
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD
15					15
					CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)
16					16
					CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)
17					17
					CURRENT YEAR EXCEPTION OFFSET AMOUNT

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
31 SUBPROVIDER I					31
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MAGNETIC RESONANCE IMAGING MRI					41.01
44 LABORATORY					44
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PA					55
56 DRUGS CHARGED TO PATIENTS					56
58 ASC (NON-DISTINCT PART)					58
59 CARDIAC REHAB					59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SERV					59.01
59.97 CARDIAC REHABILITATION					59.97
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS					62
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
93 HOSPICE					93
94 HOMEMAKER					94
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CA					96
98 PHYSICIANS' PRIVATE OFFICES					98
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL					103
104 TOTAL STATISTICAL BASIS					104
105 UNIT COST MULTIPLIER					105
105 UNIT COST MULTIPLIER					105

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	42.10		17.80				59.90 25
26 INTENSIVE CARE UNIT	52.30		8.75				61.05 26
33 NURSERY			69.85				69.85 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	16.77	24.74	4.32				45.83 37
38 RECOVERY ROOM	8.64	17.75	4.16				30.55 38
39 DELIVERY ROOM & LABOR ROOM	0.12	0.07	37.89				38.08 39
40 ANESTHESIOLOGY	7.98	21.38	5.96				35.32 40
41 RADIOLOGY-DIAGNOSTIC	10.16	27.62	1.94				39.72 41
41.01 MAGNETIC RESONANCE IMAGING MRI	2.19	23.77	0.35				26.31 41.01
44 LABORATORY	16.79	0.57	3.57				20.93 44
48 INTRAVENOUS THERAPY	33.41	6.73	13.09				53.23 48
49 RESPIRATORY THERAPY	50.14	7.03	8.40				65.57 49
50 PHYSICAL THERAPY	8.13	10.62	0.39				19.14 50
51 OCCUPATIONAL THERAPY	9.54	1.70	0.30				11.54 51
52 SPEECH PATHOLOGY	0.06	27.91					27.97 52
53 ELECTROCARDIOLOGY	28.80	20.14	2.23				51.17 53
54 ELECTROENCEPHALOGRAPHY	14.91	11.31	2.10				28.32 54
55 MEDICAL SUPPLIES CHARGED TO PAT	23.50	23.80	14.08				61.38 55
56 DRUGS CHARGED TO PATIENTS	25.59	14.53	6.58				46.70 56
58 ASC (NON-DISTINCT PART)	5.62	43.82	0.49				49.93 58
59.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI		31.23					31.23 59.01
59.97 CARDIAC REHABILITATION	3.27	37.28	1.03				41.58 59.97
61 EMERGENCY	12.40	13.42	2.47				28.29 61
62 OBSERVATION BEDS (NON-DISTINCT		34.80					34.80 62
101 TOTAL CHARGES	12.93	16.62	3.59				33.14 101

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

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL 7
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31 SUBPROVIDER I	38.80		27.90				66.70 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.02		0.02				0.04 37
38 RECOVERY ROOM	0.04		0.06				0.10 38
40 ANESTHESIOLOGY	0.04		0.05				0.09 40
41 RADIOLOGY-DIAGNOSTIC	0.34		0.13				0.47 41
41.01 MAGNETIC RESONANCE IMAGING MRI	0.25		0.36				0.61 41.01
44 LABORATORY	2.19		2.67				4.86 44
48 INTRAVENOUS THERAPY	0.06		0.06				0.12 48
49 RESPIRATORY THERAPY	1.28		0.73				2.01 49
50 PHYSICAL THERAPY	0.31		0.16				0.47 50
51 OCCUPATIONAL THERAPY	0.08		0.03				0.11 51
53 ELECTROCARDIOLOGY	2.55		2.19				4.74 53
54 ELECTROENCEPHALOGRAPHY	4.23		4.68				8.91 54
55 MEDICAL SUPPLIES CHARGED TO PAT	0.48		0.44				0.92 55
56 DRUGS CHARGED TO PATIENTS	4.83		3.43				8.26 56
58 ASC (NON-DISTINCT PART)	0.34						0.34 58
61 EMERGENCY	1.68		2.31				3.99 61
101 TOTAL CHARGES	0.87		0.82				1.69 101

COST CENTER	---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT	351339	.54	-351339	-1.03		1
2	OLD CAP REL COSTS-MVBLE EQUIP	101		-101			2
3	NEW CAP REL COSTS-BLDG & FIXT	3494566	5.39	-3494566	-10.28		3
4	NEW CAP REL COSTS-MVBLE EQUIP	2761903	4.26	-2761903	-8.13		4
5	EMPLOYEE BENEFITS	11985516	18.49	-11985516	-35.27		5
6	ADMINISTRATIVE & GENERAL	5891390	9.09	-5891390	-17.34		6
8	OPERATION OF PLANT	2932230	4.52	-2932230	-8.63		8
9	LAUNDRY & LINEN SERVICE	305103	.47	-305103	-.90		9
10	HOUSEKEEPING	866514	1.34	-866514	-2.55		10
11	DIETARY	1174555	1.81	-1174555	-3.46		11
12	CAFETERIA						12
14	NURSING ADMINISTRATION	1131661	1.75	-1131661	-3.33		14
15	CENTRAL SERVICES & SUPPLY	227669	.35	-227669	-.67		15
16	PHARMACY	942562	1.45	-942562	-2.77		16
17	MEDICAL RECORDS & LIBRARY	1648845	2.54	-1648845	-4.85		17
18	SOCIAL SERVICE	163789	.25	-163789	-.48		18
20	NONPHYSICIAN ANESTHETISTS						20
24	PARAMED ED PRGM-(SPECIFY)	100245	.15	-100245	-.30		24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	3359189	5.18	4931777	14.51	8290966	12.79
26	INTENSIVE CARE UNIT	745281	1.15	777713	2.29	1522994	2.35
31	SUBPROVIDER I	1956956	3.02	2617903	7.70	4574859	7.06
33	NURSERY	200939	.31	193660	.57	394599	.61
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	3711676	5.73	2298756	6.77	6010432	9.27
38	RECOVERY ROOM	177560	.27	190314	.56	367874	.57
39	DELIVERY ROOM & LABOR ROOM	169321	.26	200332	.59	369653	.57
40	ANESTHESIOLOGY	507238	.78	536872	1.58	1044110	1.61
41	RADIOLOGY-DIAGNOSTIC	3275209	5.05	3975687	11.70	7250896	11.19
41.01	MAGNETIC RESONANCE IMAGING MRI	336782	.52	598046	1.76	934828	1.44
44	LABORATORY	2659083	4.10	1244544	3.66	3903627	6.02
48	INTRAVENOUS THERAPY	553337	.85	307320	.90	860657	1.33
49	RESPIRATORY THERAPY	755737	1.17	500743	1.47	1256480	1.94
50	PHYSICAL THERAPY	1677502	2.59	2176143	6.40	3853645	5.95
51	OCCUPATIONAL THERAPY	210894	.33	135849	.40	346743	.53
52	SPEECH PATHOLOGY	223539	.34	174993	.52	398532	.61
53	ELECTROCARDIOLOGY	109985	.17	80896	.24	190881	.29
54	ELECTROENCEPHALOGRAPHY	2310		8670	.03	10980	.02
55	MEDICAL SUPPLIES CHARGED TO PAT	321191	.50	445886	1.31	767077	1.18
56	DRUGS CHARGED TO PATIENTS	1609962	2.48	1926676	5.67	3536638	5.46
58	ASC (NON-DISTINCT PART)	2560720	3.95	4176815	12.29	6737535	10.39
59	CARDIAC REHAB						
59.01	PSYCHIATRIC/PSYCHOLOGICAL SERVI	977753	1.51	2984315	8.78	3962068	6.11
59.97	CARDIAC REHABILITATION	37314	.06	34689	.10	72003	.11
61	EMERGENCY	2462962	3.80	2034276	5.99	4497238	6.94
62	OBSERVATION BEDS (NON-DISTINCT)						

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
71 HOME HEALTH AGENCY	1467004	2.26	839115	2.47	2306119	3.56	71
SPECIAL PURPOSE COST CENTERS							
93 HOSPICE	267844	.41	108019	.32	375863	.58	93
94 HOMEMAKER	226117	.35	133035	.39	359152	.55	94
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN			49452	.15	49452	.08	96
98 PHYSICIANS' PRIVATE OFFICES	275423	.42	295492	.87	570915	.88	98
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	64816816	100.00	0	.00	64816816	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	TOTAL	RATIO	INPATIENT	MEDICARE	
	RELATED		CAPITAL		PROGRAM	
	COSTS	CHARGES	COST TO	CHARGES	PPS CAPITAL	
	1	2	CHARGES	4	COSTS	5
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	569585	18634748	.030566	3124952	95517	37
38 RECOVERY ROOM	27975	1871055	.014951	161594	2416	38
39 DELIVERY ROOM & LABOR ROOM	36194	2644438	.013686	3173	44	39
40 ANESTHESIOLOGY	48568	5517984	.008802	440331	3875	40
41 RADIOLOGY-DIAGNOSTIC	1245046	30966553	.040206	3145966	126487	41
41.01 MAGNETIC RESONANCE IMAGING MRI	404534	5481072	.073806	120123	8866	41.01
44 LABORATORY	207190	20369019	.010172	3419585	34784	44
48 INTRAVENOUS THERAPY	22226	2162371	.010279	722477	7427	48
49 RESPIRATORY THERAPY	69940	7021847	.009960	3521049	35069	49
50 PHYSICAL THERAPY	545230	6237995	.087405	507286	44339	50
51 OCCUPATIONAL THERAPY	30897	430696	.071737	41080	2947	51
52 SPEECH PATHOLOGY	35035	305615	.114637	173	20	52
53 ELECTROCARDIOLOGY	6232	1853450	.003362	533786	1795	53
54 ELECTROENCEPHALOGRAPHY	3333	48392	.068875	7217	497	54
55 MEDICAL SUPPLIES CHARGED TO PAT	94585	1629170	.058057	382830	22226	55
56 DRUGS CHARGED TO PATIENTS	148931	8072392	.018450	2065323	38105	56
58 ASC (NON-DISTINCT PART)	759907	8550315	.088875	480804	42731	58
59 CARDIAC REHAB						59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI	601013	1162714	.516906			59.01
59.97 CARDIAC REHABILITATION	5442	760467	.007156	24898	179	59.97
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	204953	11937731	.017168	1479770	25405	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	97902	1497577	.065374			62
101 TOTAL	5164718	137155601		20182417	492729	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	682268		682268	8948	76.25	3767	287234 25
26	INTENSIVE CARE UNIT	102043		102043	891	114.52	466	53366 26
101	TOTAL	784311		784311			4233	340600 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							340600	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							492729	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							833329	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)							1290	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)							4233	
PER DISCHARGE CAPITAL COSTS							645.99	
PER DIEM CAPITAL COSTS							196.86	

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)	9288189
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	24504458
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.379

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	2198104
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	2958350
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.743

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)	833329
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.034

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x (WKST B, PART I, COLUMN 27 - COLUMNS 21 & 24 / WKST C, PART I, COLUMN 8) LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66) (SEE CR 5238))	10126918
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)	25189431
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.402