

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

WORKSHEET S  
 PARTS I & II

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

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY THOREK HOSPITAL AND MEDICAL CTR (14-0115) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2009 AND ENDING 06/30/2010, 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	1
2	SUBPROVIDER I	-608179	365551		2
3	SWING BED - SNF				3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	-608179	365551		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: 850 WEST IRVING PARK ROAD P.O.BOX: 1  
 1.01 CITY: CHICAGO STATE: IL ZIP CODE: 60613 COUNTY: COOK 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)				
				V	XVIII	XIX		
2	HOSPITAL	THOREK HOSPITAL AND MEDICAL CTR	14-0115	07/01/1966	N	P	O	2
3	SUBPROVIDER I							3
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF							6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA							9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE							12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16
17	COST REPORTING PERIOD (MM/DD/YYYY)		FROM: 07/01/2009	TO: 06/30/2010				17
18	TYPE OF CONTROL		1	2				18

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1 19  
 20 SUBPROVIDER I 20

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.							21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 'Y' OR 'N' FOR NO.		YES					21.01
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.							21.02
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.		1	N		N	16974	21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.		1					21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.		1					21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO.		NO					21.06
21.07	DOES THIS HOSPITAL QUALIFY AS AN SCH WITH 100 OR FEWER BEDS UNDER MIPPA 147? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS). IS THIS AN SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS).		NO		NO			21.07
21.08	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS? ENTER IN COLUMN 1, 1 IF IT IS BASED ON DATE OF ADMISSION, 2 IF IT IS BASED ON CENSUS DAYS, OR 3 IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE LAST COST REPORTING PERIOD? ENTER IN COLUMN 2, 'Y' FOR YES AND 'N' FOR NO.							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
<p>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)</p>					
28.03	STAFFING	0.00		NO	28.03
28.04	RECRUITMENT	0.00		NO	28.04
28.05	RETENTION OF EMPLOYEES	0.00		NO	28.05
28.06	TRAINING	0.00		NO	28.06
28.07	OTHER (SPECIFY)			NO	28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?			NO	29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.			NO	30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.				30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?				30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)				30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.				30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).			NO	31

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

MISCELLANEOUS COST REPORTING INFORMATION

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

PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL

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

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
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40.01	NAME:	FI/CONTRACTOR'S NAME:	FI/CONTRACTOR'S NUMBER:	40.01
40.02	STREET:		P.O.BOX:	40.02
40.03	CITY:		STATE: ZIP CODE:	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES		41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES		42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES		42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES		42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	YES		43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	YES		44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO		45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?			45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?			45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?			45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.			46

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

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

52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?	NO			52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.	NO			52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				53
53.01	MDH PERIOD: BEGINNING: ENDING:				53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 2824981 PAID LOSSES: AND/OR SELF INSURANCE:				54
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	NO			54.01
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.	NO			55

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?		NO			57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		NO			58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)					58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO			59
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO			60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)					60.01
MULTICAMPUS						
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.		NO			61
	COUNTY:	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	10/05/2010		63

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH PATIENT HOURS 2.01	-----I/P DAYS / O/P VISITS / TRIPS-----				
				TITLE V 3	TITLE XVIII 4	LTCH NONCOVERED DAYS 4.01	TITLE XIX 5	OBS. BEDS ADMITTED 5.01
1 HOSPITAL ADULTS & PEDS, EXCL SWING BED, OBSERV & HOSPICE DAYS	144	52560			9219		11501	1
2 HMO					24		421	2
3 HOSPITAL ADULTS & PEDS - SWING BED SNF								3
4 HOSPITAL ADULTS & PEDS - SWING BED NF								4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS	144	52560			9219		11501	5
6 INTENSIVE CARE UNIT	11	4015			798		996	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	155	56575			10017		12497	12
13 RPCH VISITS								13
14 SUBPROVIDER I								14
15 SKILLED NURSING FACILITY								15
16 NURSING FACILITY								16
17 OTHER LONG TERM CARE								17
18 HOME HEALTH AGENCY								18
20 ASC (DISTINCT PART)								20
21 HOSPICE (DISTINCT PART)								21
23 O/P REHAB PROVIDER								23
24 RHC I								24
25 TOTAL	155							25
26 OBSERVATION BED DAYS							223	11 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. BEDS NOT ADMITTED	TOTAL ALL PATIENTS	OBS. BEDS ADMITTED	OBS. BEDS NOT ADMITTED	TOTAL	LESS I&R REPL NON- PHYS ANES	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS
	5.02	6	6.01	6.02	7	8	9	10	11
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		25276							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		25276							5
6 INTENSIVE CARE UNIT		2497							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		27773						331.00	12
13 RPCH VISITS									13
14 SUBPROVIDER I									14
15 SKILLED NURSING FACILITY									15
16 NURSING FACILITY									16
17 OTHER LONG TERM CARE									17
18 HOME HEALTH AGENCY									18
20 ASC (DISTINCT PART)									20
21 HOSPICE (DISTINCT PART)									21
23 O/P REHAB PROVIDER									23
24 RHC I									24
25 TOTAL								331.00	25
26 OBSERVATION BED DAYS	212	1061	21	1040					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	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS		
	12	13	14	15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		2078	3301	6705	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		2078	3301	6705	12
13	RPCH VISITS					13
14	SUBPROVIDER I					14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3  
 PART II

PART II - WAGE DATA	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	
	1	2	3	4	5	6	
SALARIES							
1 TOTAL SALARIES	18743321		18743321	689041.00	27.20		1
2 NON-PHYSICIAN ANESTHETIST PART A							2
3 NON-PHYSICIAN ANESTHETIST PART B							3
4 PHYSICIAN - PART A							4
4.01 TEACHING PHYSICIAN SALARIES							4.01
5 PHYSICIAN - PART B							5
5.01 NON-PHYSICIAN - PART B							5.01
6 INTERNS & RESIDENTS (IN APPR PGM)	80072	-80072					6
6.01 CONTRACT SERVICES, I&R							6.01
7 HOME OFFICE PERSONNEL							7
8 SNF							8
8.01 EXCLUDED AREA SALARIES	564330	247100	811430	20520.00	39.54		8.01
OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR	1259529		1259529	17327.00	72.69		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	110687		110687	673.00	164.47 HBP WP		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)	2395177		2395177			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS	74353		74353			CMS 339	15
16 NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17 NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18 PHYSICIAN PART A						CMS 339	18
18.01 PART A TEACHING PHYSICIANS						CMS 339	18.01
19 PHYSICIAN PART B						CMS 339	19
19.01 WAGE RELATED COSTS (RHC/FQHC)							19.01
20 INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
OVERHEAD COSTS - DIRECT SALARIES							
21 EMPLOYEE BENEFITS	104044		104044	4089.00	25.44		21
22 ADMINISTRATIVE & GENERAL	2961515	-76380	2885135	91907.00	31.39		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23 MAINTENANCE & REPAIRS							23
24 OPERATION OF PLANT	461875		461875	19555.00	23.62		24
25 LAUNDRY & LINEN SERVICE							25
26 HOUSEKEEPING							26
26.01 HOUSEKEEPING UNDER CONTRACT	549066		549066	42519.00	12.91		26.01
27 DIETARY	449357	-100851	348506	31269.00	11.15		27
27.01 DIETARY UNDER CONTRACT							27.01
28 CAFETERIA		100851	100851	9049.00	11.14		28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	415440		415440	11010.00	37.73		30
31 CENTRAL SERVICES AND SUPPLY	66396		66396	6247.00	10.63		31
32 PHARMACY	634511	-90648	543863	18835.00	28.88		32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	372775		372775	17270.00	21.59		33
34 SOCIAL SERVICE	400690		400690	14193.00	28.23		34
35 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3  
 PART III

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	
	1	2	3	4	5	
1 NET SALARIES	19212315	80072	19292387	731560.00	26.37	1
2 EXCLUDED AREA SALARIES	564330	247100	811430	20520.00	39.54	2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	18647985	-167028	18480957	711040.00	25.99	3
4 SUBTOTAL OTHER WAGES & REL COSTS	1370216		1370216	18000.00	76.12	4
5 SUBTOTAL WAGE-RELATED COSTS	2395177		2395177		12.96%	5
6 TOTAL (SUM OF LINES 3 THRU 5)	22413378	-167028	22246350	729040.00	30.51	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	6415669	-167028	6248641	265943.00	23.50	13

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?		1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04		2
2.01	IS IT AT THE TIME OF ADMISSION?		2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?		2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?		2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)		2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?		3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?		4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?		5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?		6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?		7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01		8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?		8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04		9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?		9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?		9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?		9.03
9.04	IS IT BECAUSE YOUR INSTIUTION 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	14765235	17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS		18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)		19
20	RESTRICTED GRANTS		20
21	NON-RESTRICTED GRANTS		21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	14765235	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.335241	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	43582555	28
29	TOTAL GROSS MEDICAID COST	14610659	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	2282749	30
31	UNCOMPENSATED CARE COST	765271	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	14610659	32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER			SALARIES	OTHER	TOTAL	RECLASSI- FICATIONS	RECLASS. TRIAL BALANCE	ADJUST- MENTS	NET EXP FOR ALLOCATION	
			1	2	3	4	5	6	7	
GENERAL SERVICE COST CENTERS										
1	0100	OLD CAP REL COSTS-BLDG & FIXT								1
2	0200	OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300	NEW CAP REL COSTS-BLDG & FIXT		3594186	3594186	-766365	2827821	-876082	1951739	3
4	0400	NEW CAP REL COSTS-MVBLE EQUIP				1697216	1697216	-1178	1696038	4
5	0500	EMPLOYEE BENEFITS	104044	2609754	2713798		2713798	-98293	2615505	5
6	0600	ADMINISTRATIVE & GENERAL	2961515	12745870	15707385	-351499	15355886	-1540754	13815132	6
7	0700	MAINTENANCE & REPAIRS								7
8	0800	OPERATION OF PLANT	461875	1530198	1992073		1992073		1992073	8
9	0900	LAUNDRY & LINEN SERVICE				239822	239822		239822	9
10	1000	HOUSEKEEPING		655974	655974		655974		655974	10
11	1100	DIETARY	449357	786738	1236095	-277422	958673		958673	11
12	1200	CAFETERIA				277422	277422	-96444	180978	12
13	1300	MAINTENANCE OF PERSONNEL								13
14	1400	NURSING ADMINISTRATION	415440	77559	492999		492999	-3394	489605	14
15	1500	CENTRAL SERVICES & SUPPLY	66396	203281	269677	1943839	2213516		2213516	15
16	1600	PHARMACY	634511	3867479	4501990	-3774765	727225	-4311	722914	16
17	1700	MEDICAL RECORDS & LIBRARY	372775	452176	824951		824951	-25309	799642	17
18	1800	SOCIAL SERVICE	400690	65989	466679		466679	-11855	454824	18
20	2000	NONPHYSICIAN ANESTHETISTS								20
21	2100	NURSING SCHOOL								21
22	2200	I&R SERVICES-SALARY & FRINGES A	80072		80072	-80072				22
23	2300	I&R SERVICES-OTHER PRGM COSTS A		1608	1608	-1608				23
24	2400	PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS										
25	2500	ADULTS & PEDIATRICS	4730044	1127724	5857768	-163589	5694179	-168710	5525469	25
26	2600	INTENSIVE CARE UNIT	1087951	188741	1276692	-56625	1220067		1220067	26
ANCILLARY SERVICE COST CENTERS										
37	3700	OPERATING ROOM	849877	1618906	2468783	-1103055	1365728	-13208	1352520	37
38	3800	RECOVERY ROOM		-57	-57	57				38
40	4000	ANESTHESIOLOGY	273	611132	611405	-52754	558651	-400273	158378	40
41	4100	RADIOLOGY-DIAGNOSTIC	732334	805036	1537370	-61991	1475379		1475379	41
41.01	3630	ULTRASOUND	142925	15191	158116	-3078	155038		155038	41.01
44	4400	LABORATORY	930689	1811999	2742688	-4280	2738408	-75760	2662648	44
46.30	4650	BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	4900	RESPIRATORY THERAPY	610803	93621	704424	-38386	666038		666038	49
50	5000	PHYSICAL THERAPY		422537	422537	-1921	420616		420616	50
51	5100	OCCUPATIONAL THERAPY								51
52	5200	SPEECH PATHOLOGY								52
53	5300	ELECTROCARDIOLOGY	118674	42903	161577	-11220	150357		150357	53
53.01	3120	CARDIAC CATH LAB	246	125945	126191	-79248	46943		46943	53.01
54	5400	ELECTROENCEPHALOGRAPHY		1409	1409	-1409				54
54.01	3950	SLEEP LAB								54.01
55	5500	MEDICAL SUPPLIES CHARGED TO PAT								55
55.30	5530	IMPL. DEV. CHARGED TO PATIENT								55.30
56	5600	DRUGS CHARGED TO PATIENTS				3423420	3423420		3423420	56
57	5700	RENAL DIALYSIS		212901	212901		212901		212901	57
58	5800	ASC (NON-DISTINCT PART)	508579	68811	577390	-18119	559271		559271	58
58.01	3480	ONCOLOGY	128353	58084	186437	-32223	154214		154214	58.01
58.02	3340	GI LAB	15850	167617	183467	-119980	63487		63487	58.02
59.97	3997	CARDIAC REHABILITATION								59.97
59.98	3998	HYPERBARIC OXYGEN THERAPY								59.98
59.99	3999	LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS										
60	6000	CLINIC	740531	156105	896636	-14678	881958	-519102	362856	60
60.01	6001	WOUND CARE CENTER	85079	28071	113150	-24365	88785		88785	60.01
61	6100	EMERGENCY	1550108	965816	2515924	-109697	2406227	-1417733	988494	61
62	6200	OBSERVATION BEDS (NON-DISTINCT)								62
63.50	6310	RHC								63.50
63.60	6320	FQHC								63.60
OTHER REIMBURSABLE COST CENTERS										
69.10	6910	CMHC								69.10
69.20	6920	OUTPATIENT PHYSICAL THERAPY								69.20
69.30	6930	OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	6940	OUTPATIENT SPEECH PATHOLOGY								69.40
71	7100	HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS										
85.01	8510	PANCREAS ACQUISITION								85.01
85.02	8520	INTESTINAL ACQUISITION								85.02
85.03	8530	ISLET CELL ACQUISITION								85.03
88	8800	INTEREST EXPENSE		889385	889385	-889385				88
95		SUBTOTALS	18178991	36002689	54181680	-455958	53725722	-5252406	48473316	95
NONREIMBURSABLE COST CENTERS										
96.01	9601	SENIOR HEALTH	254776	45888	300664		300664	-28700	271964	96.01
98	9800	PHYSICIANS' PRIVATE OFFICES	309554	66337	375891		375891	-261483	114408	98

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSI- FICATIONS	RECLASS. TRIAL BALANCE	ADJUST- MENTS	NET EXP FOR ALLOCATION	
		1	2	3	4	5	6	7	
98.01	9801 RETAIL PHARMACY				304067	304067		304067	98.01
99	9900 NONPAID WORKERS				151891	151891		151891	99
101	TOTAL	18743321	36114914	54858235		54858235	-5542589	49315646	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE		SALARY	OTHER
		COST CENTER	LINE #		
	1	2	3	4	5
1 DEPRECIATION	A	NEW CAP REL COSTS-MVBLE EQUIP	4		1697216
2					2
3					3
4 INSURANCE	B	NEW CAP REL COSTS-BLDG & FIXT	3		41466
5					4
6					5
7 DRUGS CHARGED	C	DRUGS CHARGED TO PATIENTS	56		3423420
8					6
9					7
10 SUPPLIES CHARGED	D	CENTRAL SERVICES & SUPPLY	15		2115304
11	D				8
12	D				9
13	D				10
14	D				11
15	D				12
16	D				13
17	D				14
18	D				15
19	D				16
20	D				17
21	D				18
22	D				19
23	D				20
24	D				21
25	D				22
26	D				23
27	D				24
28	D				25
29	D				26
30	D				27
31					28
32					29
33					30
34					31
35 CAFETERIA COSTS	E	CAFETERIA	12	100851	176571
36 SUBTOTAL				100851	7453977

RECLASSIFICATIONS

WORKSHEET A-6  
 PAGE 1

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7	
			LINE #	SALARY	OTHER	REF.	
	1	6	7	8	9	10	
1 DEPRECIATION	A	NEW CAP REL COSTS-BLDG & FIXT	3		1697216	9	1
2							2
3							3
4 INSURANCE	B	ADMINISTRATIVE & GENERAL	6		41466	12	4
5							5
6							6
7 DRUGS CHARGED	C	PHARMACY	16		3423420		7
8							8
9							9
10 SUPPLIES CHARGED	D	CENTRAL SERVICES & SUPPLY	15		171465		10
11	D	PHARMACY	16		47278		11
12	D	ADULTS & PEDIATRICS	25		163589		12
13	D	INTENSIVE CARE UNIT	26		56625		13
14	D	OPERATING ROOM	37		1102998		14
15	D	ANESTHESIOLOGY	40		52754		15
16	D	RADIOLOGY-DIAGNOSTIC	41		61991		16
17	D	ULTRASOUND	41.01		3078		17
18	D	LABORATORY	44		4280		18
19	D	RESPIRATORY THERAPY	49		38386		19
20	D	PHYSICAL THERAPY	50		1921		20
21	D	ELECTROCARDIOLOGY	53		11220		21
22	D	CARDIAC CATH LAB	53.01		79248		22
23	D	ELECTROENCEPHALOGRAPHY	54		1409		23
24	D	ASC (NON-DISTINCT PART)	58		18119		24
25	D	ONCOLOGY	58.01		32223		25
26	D	GI LAB	58.02		119980		26
27	D	CLINIC	60		14678		27
28	D	WOUND CARE CENTER	60.01		24365		28
29	D	EMERGENCY	61		109697		29
30							30
31							31
32							32
33							33
34							34
35 CAFETERIA COSTS	E	DIETARY	11	100851	176571		35
36 SUBTOTAL				100851	7453977		36

RECLASSIFICATIONS

WORKSHEET A-6  
 PAGE 2

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
1	1	2	3	4	5
1					1
2					2
3 INTEREST	F	NEW CAP REL COSTS-BLDG & FIXT	3		889385 3
4					4
5					5
6 MARKETING EXP	G	NONPAID WORKERS	99	156452	6
7	G	ADMINISTRATIVE & GENERAL	6		4561 7
8					8
9					9
10 RECOVERY ROOM	J	RECOVERY ROOM	38		57 10
11					11
12					12
13 I & R	K	ADMINISTRATIVE & GENERAL	6	80072	1608 13
14	K				14
15					15
16					16
17 RETAIL PHARMACY	L	RETAIL PHARMACY	98.01	90648	213419 17
18					18
19					19
20 LAUNDRY AND LINEN	M	LAUNDRY & LINEN SERVICE	9		239822 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				428023	8802829 36

RECLASSIFICATIONS

WORKSHEET A-6  
 PAGE 2

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE		OTHER	WKST A-7 REF.
			LINE #	SALARY		
1	1	6	7	8	9	10
1						1
2						2
3 INTEREST	F	INTEREST EXPENSE	88		889385	11 3
4						4
5						5
6 MARKETING EXP	G	ADMINISTRATIVE & GENERAL	6	156452		6
7	G	NONPAID WORKERS	99		4561	7
8						8
9						9
10 RECOVERY ROOM	J	OPERATING ROOM	37		57	10
11						11
12						12
13 I & R	K	I&R SERVICES-SALARY & FRINGES	22	80072		13
14	K	I&R SERVICES-OTHER PRGM COSTS	23		1608	14
15						15
16						16
17 RETAIL PHARMACY	L	PHARMACY	16	90648	213419	17
18						18
19						19
20 LAUNDRY AND LINEN	M	ADMINISTRATIVE & GENERAL	6		239822	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				428023	8802829	36

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

WORKSHEET A-7  
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
		PURCHASE 2	DONATION 3	TOTAL 4			
1 LAND	9426777					9426777	1
2 LAND IMPROVEMENTS	1515394				4000	1511394	2
3 BUILDINGS AND FIXTURES	29375543					29375543	3
4 BUILDING IMPROVEMENTS	16291356	3811309		3811309		20102665	4
5 FIXED EQUIPMENT	4097087				75397	4021690	5
6 MOVABLE EQUIPMENT	19987495	802333		802333		20789828	6
7 SUBTOTAL	80693652	4613642		4613642	79397	85227897	7
8 RECONCILING ITEMS							8
9 TOTAL	80693652	4613642		4613642	79397	85227897	9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
 PARTS III & IV

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT							1	
2 OLD CAP REL COSTS-MVBLE EQUIP							2	
3 NEW CAP REL COSTS-BLDG & FIXT	1258127		652146	41466			1951739 3	
4 NEW CAP REL COSTS-MVBLE EQUIP	1696038						1696038 4	
5 TOTAL	2954165		652146	41466			3647777 5	

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT							1	
2 OLD CAP REL COSTS-MVBLE EQUIP							2	
3 NEW CAP REL COSTS-BLDG & FIXT	3594186						3594186 3	
4 NEW CAP REL COSTS-MVBLE EQUIP							4	
5 TOTAL	3594186						3594186 5	

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO.	WKST A-7 REF
			COST CENTER	3		
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT		1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP		2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES	B	-15898	NEW CAP REL COSTS-BLDG & FIXT		3	11 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	-36	ADMINISTRATIVE & GENERAL		6	6
7 REFUNDS AND REBATES OF EXPENSES						7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS	B	-462999	NEW CAP REL COSTS-BLDG & FIXT		3	9 8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	B	-50379	ADMINISTRATIVE & GENERAL		6	9
10 TELEVISION AND RADIO SERVICE						10
11 PARKING LOT						11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-2539996				12
13 SALE OF SCRAP, WASTE, ETC.						13
14 RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1					14
15 LAUNDRY AND LINEN SERVICE						15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-96444	CAFETERIA		12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS						17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS						18
19 SALE OF DRUGS TO OTHER THAN PATIENTS						19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-17809	MEDICAL RECORDS & LIBRARY		17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)						21
22 VENDING MACHINES	B	-2364	ADMINISTRATIVE & GENERAL		6	22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES						23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT						24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		RESPIRATORY THERAPY		49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		PHYSICAL THERAPY		50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST A-8-3		HOME HEALTH AGENCY		71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF		89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT		1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP		2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT		3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP		4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS		20	33
34 PHYSICIANS' ASSISTANT						34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4		OCCUPATIONAL THERAPY		51	35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4		SPEECH PATHOLOGY		52	36
37 MISC INCOME	B	-37626	ADMINISTRATIVE & GENERAL		6	37
38 1985 SERIES E BOND INTEREST	A	-221341	NEW CAP REL COSTS-BLDG & FIXT		3	11 38
39 ENTERTAINMENT	A	-96901	ADMINISTRATIVE & GENERAL		6	39
40 PATIENT PHONE	A	-1178	NEW CAP REL COSTS-MVBLE EQUIP		4	9 40
41 SPACE RENTAL IRVING PARK RD	B	-190674	NEW CAP REL COSTS-BLDG & FIXT		3	9 41
42						42
43 MEDICAL STAFF APPLICATION FEES	B	1022	ADMINISTRATIVE & GENERAL		6	43
44 POB PRO FEES	A	-261483	PHYSICIANS' PRIVATE OFFICES		98	44
44.10 SENIOR HEALTH	A	-28700	SENIOR HEALTH		96.01	44.10
45 IHA DUES - LOBBYING PORTION	A	-5880	ADMINISTRATIVE & GENERAL		6	45
46						46
46.01 AUDIT JE-BANK FEES	A	2812	ADMINISTRATIVE & GENERAL		6	46.01
46.02 AUDIT JE-EMP. BENEFITS	A	-94085	EMPLOYEE BENEFITS		5	46.02
46.03 AUDIT JE-DEPRECIATION	A	14830	NEW CAP REL COSTS-BLDG & FIXT		3	9 46.03
47						47
47.01 TRAVEL EXP - SUB ACCT 7368	A	-3394	NURSING ADMINISTRATION		14	47.01
47.02 TRAVEL EXP - SUB ACCT 7368	A	-46653	ADULTS & PEDIATRICS		25	47.02
47.03 TRAVEL EXP - SUB ACCT 7368	A	-10	EMERGENCY		61	47.03
47.04 TRAVEL EXP- SUB ACCT 7368	A	-4218	ADMINISTRATIVE & GENERAL		6	47.04
47.07 APPRAISAL EXP FOR POB	A	-4500	ADMINISTRATIVE & GENERAL		6	47.07
48 BAD DEBTS	A	-1236512	ADMINISTRATIVE & GENERAL		6	48
48.01 I & R NON OP REV	B	-2085	ADMINISTRATIVE & GENERAL		6	48.01
48.02 MEDICARE PREMIUM PAID FOR RETIRED	A	-4208	EMPLOYEE BENEFITS		5	48.02
48.03 EXTRAORDINARY GAIN	B	-5772	ADMINISTRATIVE & GENERAL		6	48.03
48.04 NON ALLOWABLE COST	A	-129375	CLINIC		60	48.04
49 ADVERTISING	A	-733	ADMINISTRATIVE & GENERAL		6	49
50 TOTAL		-5542589				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 ADJUSTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1						
2						
3						
4						
5	TOTALS					

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

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

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

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT		
LINE NO.	2	3	4	5	6	7	8	9		
2	6	ADMINISTRATIVE & GENERAL	MEDICAL AFFAIRS	4900		4900	177200	28	2385	119
3	6	ADMINISTRATIVE & GENERAL	ADMINISTRATION PHY	95067	95067					
4	6	ADMINISTRATIVE & GENERAL	RESIDENCY PHYSICIAN	44643		44643	177200	538	45833	2292
6	16	PHARMACY	PHARMACY PHYSICIAN	8400		8400	177200	48	4089	204
7	17	MEDICAL RECORDS & LIBRAR	HEALTH INFO MGMT PH	7500	7500					
8	18	SOCIAL SERVICE	DISCHG PLAN PHYSICI	70912		70912	177200	759	64661	3233
9	18	SOCIAL SERVICE	DISCHG PLAN PHYSICI	17531		17531	177200	140	11927	596
11	25	ADULTS & PEDIATRICS	MED/SIURG NORTH PHY	23100		23100	138700	132	8802	440
12	25	ADULTS & PEDIATRICS	MED/SURG PSYCH PHY	79503	79503					
13	25	ADULTS & PEDIATRICS	MED/SURG PSYCH PHY	49000		49000	154100	280	20744	1037
16	37	OPERATING ROOM	O.R. PHY FEES	17608	9852	7756	208000	44	4400	220
18	40	ANESTHESIOLOGY	AGGREGATE FEES	400273	400273					
20	44	LABORATORY	LAB PHY FEES	75760	75760					
22	49	RESPIRATORY THERAPY	RESP. THERAPY PHY	19313		19313	177200	234	19935	997
24	60	CLINIC	AMB CARE/CLINIC PHY	356727	356727					
25	60	CLINIC	AMB CARE/CLINIC PHY	33000	33000					
27	61	EMERGENCY	ER PHY FEES	662066	662066					
28	61	EMERGENCY	ER - HOUSE PHYSICIA	755657	755657					
101		TOTAL		2720960	2475405	245555		2203	182776	9138

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
2 6	ADMINISTRATIVE & GENERAL	MEDICAL AFFAIRS				2385	2515	2515
3 6	ADMINISTRATIVE & GENERAL	ADMINISTRATION PHY						95067
4 6	ADMINISTRATIVE & GENERAL	RESIDENCY PHYSICIAN				45833		
6 16	PHARMACY	PHARMACY PHYSICIAN				4089	4311	4311
7 17	MEDICAL RECORDS & LIBRAR	HEALTH INFO MGMT PH						7500
8 18	SOCIAL SERVICE	DISCHG PLAN PHYSICI				64661	6251	6251
9 18	SOCIAL SERVICE	DISCHG PLAN PHYSICI				11927	5604	5604
11 25	ADULTS & PEDIATRICS	MED/SIURG NORTH PHY				8802	14298	14298
12 25	ADULTS & PEDIATRICS	MED/SURG PSYCH PHY						79503
13 25	ADULTS & PEDIATRICS	MED/SURG PSYCH PHY				20744	28256	28256
16 37	OPERATING ROOM	O.R. PHY FEES				4400	3356	13208
18 40	ANESTHESIOLOGY	AGGREGATE FEES						400273
20 44	LABORATORY	LAB PHY FEES						75760
22 49	RESPIRATORY THERAPY	RESP. THERAPY PHY				19935		
24 60	CLINIC	AMB CARE/CLINIC PHY						356727
25 60	CLINIC	AMB CARE/CLINIC PHY						33000
27 61	EMERGENCY	ER PHY FEES						662066
28 61	EMERGENCY	ER - HOUSE PHYSICIA						755657
101	TOTAL					182776	64591	2539996

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINIS-TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT	1951739	1951739							3
4 NEW CAP REL COSTS-MVBLE EQUIP	1696038		1696038						4
5 EMPLOYEE BENEFITS	2615505	8659	7525	2631689					5
6 ADMINISTRATIVE & GENERAL	13815132	309394	268859	407355	14800740	14800740			6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	1992073	682028	592679	65213	3331993	1428832	4760825		8
9 LAUNDRY & LINEN SERVICE	239822				239822	102841		342663	9
10 HOUSEKEEPING	655974	5869	5100		666943	286000	29363	11800	10
11 DIETARY	958673	45278	39346	49206	1092503	468489	226512		11
12 CAFETERIA	180978	26848	23330	14239	245395	105231	134310		12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	489605			58656	548261	235106			14
15 CENTRAL SERVICES & SUPPLY	2213516	44037	38267	9375	2305195	988518	220301	194	15
16 PHARMACY	722914	12513	10873	76789	823089	352959	62597		16
17 MEDICAL RECORDS & LIBRARY	799642	12287	10677	52632	875238	375321	61468		17
18 SOCIAL SERVICE	454824	8901	7735	56574	528034	226433	44528		18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	5525469	342215	297381	667829	6832894	2930083	1711988	227537	25
26 INTENSIVE CARE UNIT	1220067	25687	22321	153609	1421684	609649	128502	22274	26
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	1352520	83623	72667	119995	1628805	698467	418337	36594	37
38 RECOVERY ROOM									38
40 ANESTHESIOLOGY	158378	2604	2263	39	163284	70020	13028		40
41 RADIOLOGY-DIAGNOSTIC	1475379	70449	61219	103399	1710446	733477	352433	23888	41
41.01 ULTRASOUND	155038	1814	1576	20180	178608	76591	9075		41.01
44 LABORATORY	2662648	45778	39781	131405	2879612	1234841	229013		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	666038	24211	21039	86240	797528	341998	121121		49
50 PHYSICAL THERAPY	420616	19737	17151		457504	196188	98736	853	50
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY									52
53 ELECTROCARDIOLOGY	150357			16756	167113	71662			53
53.01 CARDIAC CATH LAB	46943	12497	10859	35	70334	30161	62517		53.01
54 ELECTROENCEPHALOGRAPHY									54
54.01 SLEEP LAB									54.01
55 MEDICAL SUPPLIES CHARGED TO PAT									55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS	3423420				3423420	1468038			56
57 RENAL DIALYSIS	212901	564	490		213955	91749	2823		57
58 ASC (NON-DISTINCT PART)	559271	64257	55839	71807	751174	322120	321457		58
58.01 ONCOLOGY	154214	12368	10747	18122	195451	83814	61871		58.01
58.02 GI LAB	63487			2238	65725	28184		11384	58.02
59.97 CARDIAC REHABILITATION									59.97
59.98 HYPERBARIC OXYGEN THERAPY									59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	362856	61298	53267	104556	581977	249565	306654		60
60.01 WOUND CARE CENTER	88785	6853	5955	12012	113605	48716	34283		60.01
61 EMERGENCY	988494	13932	12107	218861	1233394	528906	69696	8139	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	48473316	1943701	1689053	2517122	48343726	14383959	4720613	342663	95
NONREIMBURSABLE COST CENTERS									
96.01 SENIOR HEALTH	271964			35972	307936	132050			96.01
98 PHYSICIANS' PRIVATE OFFICES	114408	5136	4463	43706	167713	71919	25692		98
98.01 RETAIL PHARMACY	304067	2902	2522	12799	322290	138205	14520		98.01

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION		NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9
99	NONPAID WORKERS	151891			22090	173981	74607		99
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	TOTAL	49315646	1951739	1696038	2631689	49315646	14800740	4760825	342663 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE									9
10 HOUSEKEEPING	994106								10
11 DIETARY	47591	1835095							11
12 CAFETERIA	28219		513155						12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION			10666	794033					14
15 CENTRAL SERVICES & SUPPLY	46286		6049		3566543				15
16 PHARMACY	13152		18268			1270065			16
17 MEDICAL RECORDS & LIBRARY	12915		16736				1341678		17
18 SOCIAL SERVICE	9356		13751					822102	18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	359697	1670106	186791	506955		27755	279523	715375	25
26 INTENSIVE CARE UNIT	26999	164989	29378	79732		5279	41863	85845	26
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	87895		30084	81647		38301	31482		37
38 RECOVERY ROOM									38
40 ANESTHESIOLOGY	2737					49163	11694		40
41 RADIOLOGY-DIAGNOSTIC	74048		25063			43221	179225		41
41.01 ULTRASOUND	1907		5202				23097		41.01
44 LABORATORY	48117		33713			32	178159		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	25448		22825				33094		49
50 PHYSICAL THERAPY	20745						7289		50
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY									52
53 ELECTROCARDIOLOGY			4900			4015	32039		53
53.01 CARDIAC CATH LAB	13135					269	17134		53.01
54 ELECTROENCEPHALOGRAPHY									54
54.01 SLEEP LAB									54.01
55 MEDICAL SUPPLIES CHARGED TO PAT					3022365		61326		55
55.30 IMPL. DEV. CHARGED TO PATIENT					544178		13837		55.30
56 DRUGS CHARGED TO PATIENTS						1079060	297704		56
57 RENAL DIALYSIS	593						5309		57
58 ASC (NON-DISTINCT PART)	67540		15001			1678	15876		58
58.01 ONCOLOGY	13000		4880	13243		6163	28397		58.01
58.02 GI LAB			1069			116	13765		58.02
59.97 CARDIAC REHABILITATION									59.97
59.98 HYPERBARIC OXYGEN THERAPY									59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	64430		31132			6766	12562	3094	60
60.01 WOUND CARE CENTER	7203		3690	10014		465	9354		60.01
61 EMERGENCY	14644		37746	102442		5307	48949	17788	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	985657	1835095	496944	794033	3566543	1267590	1341678	822102	95
NONREIMBURSABLE COST CENTERS									
96.01 SENIOR HEALTH			8932			1943			96.01
98 PHYSICIANS' PRIVATE OFFICES	5398		5706			532			98
98.01 RETAIL PHARMACY	3051		1573						98.01

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION		HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
		10	11	12	14	15	16	17	18
99	NONPAID WORKERS								99
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	TOTAL	994106	1835095	513155	794033	3566543	1270065	1341678	822102 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
GENERAL SERVICE COST CENTERS				
1				1
2				2
3				3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
20				20
21				21
22				22
23				23
24				24
INPATIENT ROUTINE SERV COST CENTERS				
25	15448704		15448704	25
26	2616194		2616194	26
ANCILLARY SERVICE COST CENTERS				
37	3051612		3051612	37
38				38
40	309926		309926	40
41	3141801		3141801	41
41.01	294480		294480	41.01
44	4603487		4603487	44
46.30				46.30
49	1342014		1342014	49
50	781315		781315	50
51				51
52				52
53	279729		279729	53
53.01	193550		193550	53.01
54				54
54.01				54.01
55	3083691		3083691	55
55.30	558015		558015	55.30
56	6268222		6268222	56
57	314429		314429	57
58	1494846		1494846	58
58.01	406819		406819	58.01
58.02	120243		120243	58.02
59.97				59.97
59.98				59.98
59.99				59.99
OUTPATIENT SERVICE COST CENTERS				
60	1256180		1256180	60
60.01	227330		227330	60.01
61	2067011		2067011	61
62				62
63.50				63.50
63.60				63.60
OTHER REIMBURSABLE COST CENTERS				
69.10				69.10
69.20				69.20
69.30				69.30
69.40				69.40
71				71
SPECIAL PURPOSE COST CENTERS				
85.01				85.01
85.02				85.02
85.03				85.03
95	47859598		47859598	95
NONREIMBURSABLE COST CENTERS				
96.01	450861		450861	96.01
98	276960		276960	98
98.01	479639		479639	98.01

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
99 NONPAID WORKERS	248588		248588	99
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	49315646		49315646	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS		8659	7525	16184	16184				5
6 ADMINISTRATIVE & GENERAL		309394	268859	578253	2504	580757			6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT		682028	592679	1274707	401	56064	1331172		8
9 LAUNDRY & LINEN SERVICE						4035		4035	9
10 HOUSEKEEPING		5869	5100	10969		11222	8210	139	10
11 DIETARY		45278	39346	84624	303	18382	63335		11
12 CAFETERIA		26848	23330	50178	88	4129	37554		12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION					361	9225			14
15 CENTRAL SERVICES & SUPPLY		44037	38267	82304	58	38787	61598	2	15
16 PHARMACY		12513	10873	23386	472	13849	17503		16
17 MEDICAL RECORDS & LIBRARY		12287	10677	22964	324	14727	17187		17
18 SOCIAL SERVICE		8901	7735	16636	348	8885	12450		18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS		342215	297381	639596	4109	114983	478689	2680	25
26 INTENSIVE CARE UNIT		25687	22321	48008	944	23921	35930	262	26
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		83623	72667	156290	738	27406	116971	431	37
38 RECOVERY ROOM									38
40 ANESTHESIOLOGY		2604	2263	4867		2747	3643		40
41 RADIOLOGY-DIAGNOSTIC		70449	61219	131668	636	28780	98544	281	41
41.01 ULTRASOUND		1814	1576	3390	124	3005	2537		41.01
44 LABORATORY		45778	39781	85559	808	48452	64034		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY		24211	21039	45250	530	13419	33867		49
50 PHYSICAL THERAPY		19737	17151	36888		7698	27608	10	50
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY									52
53 ELECTROCARDIOLOGY					103	2812			53
53.01 CARDIAC CATH LAB		12497	10859	23356		1183	17480		53.01
54 ELECTROENCEPHALOGRAPHY									54
54.01 SLEEP LAB									54.01
55 MEDICAL SUPPLIES CHARGED TO PAT									55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS						57602			56
57 RENAL DIALYSIS		564	490	1054		3600	789		57
58 ASC (NON-DISTINCT PART)		64257	55839	120096	441	12639	89882		58
58.01 ONCOLOGY		12368	10747	23115	111	3289	17300		58.01
58.02 GI LAB					14	1106		134	58.02
59.97 CARDIAC REHABILITATION									59.97
59.98 HYPERBARIC OXYGEN THERAPY									59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		61298	53267	114565	643	9792	85743		60
60.01 WOUND CARE CENTER		6853	5955	12808	74	1912	9586		60.01
61 EMERGENCY		13932	12107	26039	1345	20753	19488	96	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS		1943701	1689053	3632754	15479	564404	1319928	4035	95
NONREIMBURSABLE COST CENTERS									
96.01 SENIOR HEALTH					221	5181			96.01
98 PHYSICIANS' PRIVATE OFFICES		5136	4463	9599	269	2822	7184		98
98.01 RETAIL PHARMACY		2902	2522	5424	79	5423	4060		98.01

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9
99 NONPAID WORKERS					136	2927		99
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL		1951739	1696038	3647777	16184	580757	1331172	4035 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL	
	KEEPING			ADMINIS-	SERVICES &		RECORDS &	SERVICE	
	10	11	12	TRATION	SUPPLY	16	LIBRARY	18	
				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
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE									9
10 HOUSEKEEPING	30540								10
11 DIETARY	1462	168106							11
12 CAFETERIA	867		92816						12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION			1929	11515					14
15 CENTRAL SERVICES & SUPPLY	1422		1094		185265				15
16 PHARMACY	404		3304			58918			16
17 MEDICAL RECORDS & LIBRARY	397		3027				58626		17
18 SOCIAL SERVICE	287		2487					41093	18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	11051	152992	33788	7352		1288	12224	35758	25
26 INTENSIVE CARE UNIT	829	15114	5314	1156		245	1831	4291	26
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	2700		5441	1184		1777	1377		37
38 RECOVERY ROOM									38
40 ANESTHESIOLOGY	84					2281	511		40
41 RADIOLOGY-DIAGNOSTIC	2275		4533			2005	7838		41
41.01 ULTRASOUND	59		941				1010		41.01
44 LABORATORY	1478		6098			2	7791		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	782		4128				1447		49
50 PHYSICAL THERAPY	637						319		50
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY									52
53 ELECTROCARDIOLOGY			886			186	1401		53
53.01 CARDIAC CATH LAB	404					13	749		53.01
54 ELECTROENCEPHALOGRAPHY									54
54.01 SLEEP LAB									54.01
55 MEDICAL SUPPLIES CHARGED TO PAT					156998		2682		55
55.30 IMPL. DEV. CHARGED TO PATIENT					28267		605		55.30
56 DRUGS CHARGED TO PATIENTS						50055	12972		56
57 RENAL DIALYSIS	18						232		57
58 ASC (NON-DISTINCT PART)	2075		2713			78	694		58
58.01 ONCOLOGY	399		883	192		286	1242		58.01
58.02 GI LAB			193			5	602		58.02
59.97 CARDIAC REHABILITATION									59.97
59.98 HYPERBARIC OXYGEN THERAPY									59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	1979		5631			314	549	155	60
60.01 WOUND CARE CENTER	221		667	145		22	409		60.01
61 EMERGENCY	450		6827	1486		246	2141	889	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	30280	168106	89884	11515	185265	58803	58626	41093	95
NONREIMBURSABLE COST CENTERS									
96.01 SENIOR HEALTH			1616			90			96.01
98 PHYSICIANS' PRIVATE OFFICES	166		1032			25			98
98.01 RETAIL PHARMACY	94		284						98.01

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION		HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
		10	11	12	14	15	16	17	18
99	NONPAID WORKERS								99
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	TOTAL	30540	168106	92816	11515	185265	58918	58626	41093 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6 ADMINISTRATIVE & GENERAL				6
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
18 SOCIAL SERVICE				18
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES A				22
23 I&R SERVICES-OTHER PRGM COSTS A				23
24 PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	1494510		1494510	25
26 INTENSIVE CARE UNIT	137845		137845	26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	314315		314315	37
38 RECOVERY ROOM				38
40 ANESTHESIOLOGY	14133		14133	40
41 RADIOLOGY-DIAGNOSTIC	276560		276560	41
41.01 ULTRASOUND	11066		11066	41.01
44 LABORATORY	214222		214222	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	99423		99423	49
50 PHYSICAL THERAPY	73160		73160	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY				52
53 ELECTROCARDIOLOGY	5388		5388	53
53.01 CARDIAC CATH LAB	43185		43185	53.01
54 ELECTROENCEPHALOGRAPHY				54
54.01 SLEEP LAB				54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	159680		159680	55
55.30 IMPL. DEV. CHARGED TO PATIENT	28872		28872	55.30
56 DRUGS CHARGED TO PATIENTS	120629		120629	56
57 RENAL DIALYSIS	5693		5693	57
58 ASC (NON-DISTINCT PART)	228618		228618	58
58.01 ONCOLOGY	46817		46817	58.01
58.02 GI LAB	2054		2054	58.02
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	219371		219371	60
60.01 WOUND CARE CENTER	25844		25844	60.01
61 EMERGENCY	79760		79760	61
62 OBSERVATION BEDS (NON-DISTINCT				62
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
69.10 CMHC				69.10
69.20 OUTPATIENT PHYSICAL THERAPY				69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY				69.30
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
85.03 ISLET CELL ACQUISITION				85.03
95 SUBTOTALS	3601145		3601145	95
NONREIMBURSABLE COST CENTERS				
96.01 SENIOR HEALTH	7108		7108	96.01
98 PHYSICIANS' PRIVATE OFFICES	21097		21097	98
98.01 RETAIL PHARMACY	15364		15364	98.01

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
PART III

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
99 NONPAID WORKERS	3063		3063	99
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	3647777		3647777	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	RECON-	ADMINIS-	OPERATION	LAUNDRY
	BLDG & FIXTURES	MOVABLE EQUIPMENT	BENEFITS		TRATIVE & GENERAL	OF PLANT	& LINEN SERVICE
	SQUARE FEET	SQUARE FEET	GROSS SALARIES	CILATION	ACCUM COST	SQUARE FEET	POUNDS OF LAUNDRY
	3	4	5	6A	6	8	9
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	242080						3
4 NEW CAP REL COSTS-MVBLE EQUIP		242080					4
5 EMPLOYEE BENEFITS	1074	1074	18639277				5
6 ADMINISTRATIVE & GENERAL	38375	38375	2885135	-14800740	34514906		6
7 MAINTENANCE & REPAIRS							7
8 OPERATION OF PLANT	84594	84594	461875			118037	8
9 LAUNDRY & LINEN SERVICE						239822	231464
10 HOUSEKEEPING	728	728			666943	728	7971
11 DIETARY	5616	5616	348506		1092503	5616	
12 CAFETERIA	3330	3330	100851		245395	3330	
13 MAINTENANCE OF PERSONNEL							
14 NURSING ADMINISTRATION			415440		548261		
15 CENTRAL SERVICES & SUPPLY	5462	5462	66396		2305195	5462	131
16 PHARMACY	1552	1552	543863		823089	1552	
17 MEDICAL RECORDS & LIBRARY	1524	1524	372775		875238	1524	
18 SOCIAL SERVICE	1104	1104	400690		528034	1104	
20 NONPHYSICIAN ANESTHETISTS							
21 NURSING SCHOOL							
22 I&R SERVICES-SALARY & FRINGES							
23 I&R SERVICES-OTHER PRGM COSTS							
24 PARAMED ED PRGM-(SPECIFY)							
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	42446	42446	4730044		6832894	42446	153697
26 INTENSIVE CARE UNIT	3186	3186	1087951		1421684	3186	15046
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	10372	10372	849877		1628805	10372	24719
38 RECOVERY ROOM							
40 ANESTHESIOLOGY	323	323	273		163284	323	
41 RADIOLOGY-DIAGNOSTIC	8738	8738	732334		1710446	8738	16136
41.01 ULTRASOUND	225	225	142925		178608	225	
44 LABORATORY	5678	5678	930689		2879612	5678	
46.30 BLOOD CLOTTING FACTORS ADMIN							
49 RESPIRATORY THERAPY	3003	3003	610803		797528	3003	
50 PHYSICAL THERAPY	2448	2448			457504	2448	576
51 OCCUPATIONAL THERAPY							
52 SPEECH PATHOLOGY							
53 ELECTROCARDIOLOGY			118674		167113		
53.01 CARDIAC CATH LAB	1550	1550	246		70334	1550	
54 ELECTROENCEPHALOGRAPHY							
54.01 SLEEP LAB							
55 MEDICAL SUPPLIES CHARGED TO P							
55.30 IMPL. DEV. CHARGED TO PATIENT							
56 DRUGS CHARGED TO PATIENTS					3423420		
57 RENAL DIALYSIS	70	70			213955	70	
58 ASC (NON-DISTINCT PART)	7970	7970	508579		751174	7970	
58.01 ONCOLOGY	1534	1534	128353		195451	1534	
58.02 GI LAB			15850		65725		7690
59.97 CARDIAC REHABILITATION							
59.98 HYPERBARIC OXYGEN THERAPY							
59.99 LITHOTRIPSY							
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	7603	7603	740531		581977	7603	
60.01 WOUND CARE CENTER	850	850	85079		113605	850	
61 EMERGENCY	1728	1728	1550108		1233394	1728	5498
62 OBSERVATION BEDS (NON-DISTINC							
63.50 RHC							
63.60 FQHC							
OTHER REIMBURSABLE COST CENTERS							
69.10 CMHC							
69.20 OUTPATIENT PHYSICAL THERAPY							
69.30 OUTPATIENT OCCUPATIONAL THERA							
69.40 OUTPATIENT SPEECH PATHOLOGY							
71 HOME HEALTH AGENCY							
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							
85.02 INTESTINAL ACQUISITION							
85.03 ISLET CELL ACQUISITION							
95 SUBTOTALS	241083	241083	17827847	-14800740	33542986	117040	231464
NONREIMBURSABLE COST CENTERS							
96.01 SENIOR HEALTH			254776		307936		

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET 3	NEW CAP MOVABLE EQUIPMENT SQUARE FEET 4	EMPLOYEE BENEFITS GROSS SALARIES 5	RECON- CILATION 6A	ADMINIS- TRATIVE & GENERAL ACCUM COST 6	OPERATION OF PLANT SQUARE FEET 8	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	
98 PHYSICIANS' PRIVATE OFFICES	637	637	309554		167713	637		98
98.01 RETAIL PHARMACY	360	360	90648		322290	360		98.01
99 NONPAID WORKERS			156452		173981			99
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	1951739	1696038	2631689		14800740	4760825	342663	103
104 UNIT COST MULT-WS B PT I		7.006105				40.333328		104
104 UNIT COST MULT-WS B PT I	8.062372		.141191		.428822		1.480416	104
105 COST TO BE ALLOC PER B PT II								105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III			16184		580757	1331172	4035	107
108 UNIT COST MULT-WS B PT III						11.277582		108
108 UNIT COST MULT-WS B PT III			.000868		.016826		.017433	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	SQUARE FEET	MEALS SERVED	FTE'S	DIRECT NRNSG HRS	COSTED REQUIS.	COSTED REQUIS.	GROSS REVENUE	TIME SPENT
	10	11	12	14	15	16	17	18
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL								6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING	117309							10
11 DIETARY	5616	83319						11
12 CAFETERIA	3330		25450					12
13 MAINTENANCE OF PERSONNEL				529	14510			13
14 NURSING ADMINISTRATION				300		3564537		14
15 CENTRAL SERVICES & SUPPLY	5462							15
16 PHARMACY	1552			906			4029405	16
17 MEDICAL RECORDS & LIBRARY	1524			830				17
18 SOCIAL SERVICE	1104			682			142761671	18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES								22
23 I&R SERVICES-OTHER PRGM COSTS								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	42446	75828	9264	9264		88054	29742862	23125 25
26 INTENSIVE CARE UNIT	3186	7491	1457	1457		16748	4454453	2775 26
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	10372		1492	1492		121515	3349857	37
38 RECOVERY ROOM								38
40 ANESTHESIOLOGY	323					155976	1244279	40
41 RADIOLOGY-DIAGNOSTIC	8738		1243			137122	19070514	41
41.01 ULTRASOUND	225		258				2457636	41.01
44 LABORATORY	5678		1672			103	18957170	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	3003		1132				3521364	49
50 PHYSICAL THERAPY	2448						775556	50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY			243			12739	3409125	53
53.01 CARDIAC CATH LAB	1550					855	1823205	53.01
54 ELECTROENCEPHALOGRAPHY								54
54.01 SLEEP LAB								54.01
55 MEDICAL SUPPLIES CHARGED TO P					3020665		6525423	55
55.30 IMPL. DEV. CHARGED TO PATIENT					543872		1472355	55.30
56 DRUGS CHARGED TO PATIENTS						3423420	31677061	56
57 RENAL DIALYSIS	70						564889	57
58 ASC (NON-DISTINCT PART)	7970		744			5323	1689247	58
58.01 ONCOLOGY	1534		242	242		19553	3021578	58.01
58.02 GI LAB			53			367	1464663	58.02
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	7603		1544			21466	1336627	100 60
60.01 WOUND CARE CENTER	850		183	183		1474	995334	60.01
61 EMERGENCY	1728		1872	1872		16837	5208473	575 61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	116312	83319	24646	14510	3564537	4021552	142761671	26575 95
NONREIMBURSABLE COST CENTERS								
96.01 SENIOR HEALTH			443			6164		96.01

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	SQUARE FEET	MEALS SERVED	FTE'S	DIRECT NRSING HRS	COSTED REQUIS.	COSTED REQUIS.	GROSS REVENUE	TIME SPENT
	10	11	12	14	15	16	17	18
98 PHYSICIANS' PRIVATE OFFICES		637		283			1689	
98.01 RETAIL PHARMACY		360		78				
99 NONPAID WORKERS								
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOC PER B PT I	994106	1835095	513155	794033	3566543	1270065	1341678	822102
104 UNIT COST MULT-WS B PT I	8.474252		20.163261		1.000563		.009398	
104 UNIT COST MULT-WS B PT I		22.024928		54.723156		.315199		30.935165
105 COST TO BE ALLOC PER B PT II								
106 UNIT COST MULT-WS B PT II								
106 UNIT COST MULT-WS B PT II								
107 COST TO BE ALLOC PER B PT III	30540	168106	92816	11515	185265	58918	58626	41093
108 UNIT COST MULT-WS B PT III	.260338		3.646994		.051974		.000411	
108 UNIT COST MULT-WS B PT III		2.017619		.793591		.014622		1.546303

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

GENERAL SERVICE COST CENTERS		
1	OLD CAP REL COSTS-BLDG & FIXT	1
2	OLD CAP REL COSTS-MVBLE EQUIP	2
3	NEW CAP REL COSTS-BLDG & FIXT	3
4	NEW CAP REL COSTS-MVBLE EQUIP	4
5	EMPLOYEE BENEFITS	5
6	ADMINISTRATIVE & GENERAL	6
7	MAINTENANCE & REPAIRS	7
8	OPERATION OF PLANT	8
9	LAUNDRY & LINEN SERVICE	9
10	HOUSEKEEPING	10
11	DIETARY	11
12	CAFETERIA	12
13	MAINTENANCE OF PERSONNEL	13
14	NURSING ADMINISTRATION	14
15	CENTRAL SERVICES & SUPPLY	15
16	PHARMACY	16
17	MEDICAL RECORDS & LIBRARY	17
18	SOCIAL SERVICE	18
20	NONPHYSICIAN ANESTHETISTS	20
21	NURSING SCHOOL	21
22	I&R SERVICES-SALARY & FRINGES	22
23	I&R SERVICES-OTHER PRGM COSTS	23
24	PARAMED ED PRGM-(SPECIFY)	24
INPATIENT ROUTINE SERV COST CENTERS		
25	ADULTS & PEDIATRICS	25
26	INTENSIVE CARE UNIT	26
ANCILLARY SERVICE COST CENTERS		
37	OPERATING ROOM	37
38	RECOVERY ROOM	38
40	ANESTHESIOLOGY	40
41	RADIOLOGY-DIAGNOSTIC	41
41.01	ULTRASOUND	41.01
44	LABORATORY	44
46.30	BLOOD CLOTTING FACTORS ADMIN	46.30
49	RESPIRATORY THERAPY	49
50	PHYSICAL THERAPY	50
51	OCCUPATIONAL THERAPY	51
52	SPEECH PATHOLOGY	52
53	ELECTROCARDIOLOGY	53
53.01	CARDIAC CATH LAB	53.01
54	ELECTROENCEPHALOGRAPHY	54
54.01	SLEEP LAB	54.01
55	MEDICAL SUPPLIES CHARGED TO P	55
55.30	IMPL. DEV. CHARGED TO PATIENT	55.30
56	DRUGS CHARGED TO PATIENTS	56
57	RENAL DIALYSIS	57
58	ASC (NON-DISTINCT PART)	58
58.01	ONCOLOGY	58.01
58.02	GI LAB	58.02
59.97	CARDIAC REHABILITATION	59.97
59.98	HYPERBARIC OXYGEN THERAPY	59.98
59.99	LITHOTRIPSY	59.99
OUTPATIENT SERVICE COST CENTERS		
60	CLINIC	60
60.01	WOUND CARE CENTER	60.01
61	EMERGENCY	61
62	OBSERVATION BEDS (NON-DISTINC	62
63.50	RHC	63.50
63.60	FQHC	63.60
OTHER REIMBURSABLE COST CENTERS		
69.10	CMHC	69.10
69.20	OUTPATIENT PHYSICAL THERAPY	69.20
69.30	OUTPATIENT OCCUPATIONAL THERA	69.30
69.40	OUTPATIENT SPEECH PATHOLOGY	69.40
71	HOME HEALTH AGENCY	71
SPECIAL PURPOSE COST CENTERS		
85.01	PANCREAS ACQUISITION	85.01
85.02	INTESTINAL ACQUISITION	85.02
85.03	ISLET CELL ACQUISITION	85.03
95	SUBTOTALS	95
NONREIMBURSABLE COST CENTERS		
96.01	SENIOR HEALTH	96.01

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

98	PHYSICIANS' PRIVATE OFFICES	98
98.01	RETAIL PHARMACY	98.01
99	NONPAID WORKERS	99
101	CROSS FOOT ADJUSTMENTS	101
102	NEGATIVE COST CENTER	102
103	COST TO BE ALLOC PER B PT I	103
104	UNIT COST MULT-WS B PT I	104
104	UNIT COST MULT-WS B PT I	104
105	COST TO BE ALLOC PER B PT II	105
106	UNIT COST MULT-WS B PT II	106
106	UNIT COST MULT-WS B PT II	106
107	COST TO BE ALLOC PER B PT III	107
108	UNIT COST MULT-WS B PT III	108
108	UNIT COST MULT-WS B PT III	108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	15448704		15448704	42554	15491258	25
26 INTENSIVE CARE UNIT	2616194		2616194		2616194	26
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	3051612		3051612	3356	3054968	37
38 RECOVERY ROOM						38
40 ANESTHESIOLOGY	309926		309926		309926	40
41 RADIOLOGY-DIAGNOSTIC	3141801		3141801		3141801	41
41.01 ULTRASOUND	294480		294480		294480	41.01
44 LABORATORY	4603487		4603487		4603487	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	1342014		1342014		1342014	49
50 PHYSICAL THERAPY	781315		781315		781315	50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY	279729		279729		279729	53
53.01 CARDIAC CATH LAB	193550		193550		193550	53.01
54 ELECTROENCEPHALOGRAPHY						54
54.01 SLEEP LAB						54.01
55 MEDICAL SUPPLIES CHARGED TO	3083691		3083691		3083691	55
55.30 IMPL. DEV. CHARGED TO PATIE	558015		558015		558015	55.30
56 DRUGS CHARGED TO PATIENTS	6268222		6268222		6268222	56
57 RENAL DIALYSIS	314429		314429		314429	57
58 ASC (NON-DISTINCT PART)	1494846		1494846		1494846	58
58.01 ONCOLOGY	406819		406819		406819	58.01
58.02 GI LAB	120243		120243		120243	58.02
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	1256180		1256180		1256180	60
60.01 WOUND CARE CENTER	227330		227330		227330	60.01
61 EMERGENCY	2067011		2067011		2067011	61
62 OBSERVATION BEDS (NON-DISTI	624070		624070		624070	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	48483668		48483668	45910	48529578	101
102 LESS OBSERVATION BEDS	624070		624070		624070	102
103 TOTAL	47859598		47859598	45910	47905508	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	28194443		28194443			25
26 INTENSIVE CARE UNIT	4454453		4454453			26
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1621554	1728303	3349857	.910968	.910968	.911970 37
38 RECOVERY ROOM						38
40 ANESTHESIOLOGY	491852	752427	1244279	.249081	.249081	.249081 40
41 RADIOLOGY-DIAGNOSTIC	6240304	12830210	19070514	.164747	.164747	.164747 41
41.01 ULTRASOUND	623463	1834173	2457636	.119822	.119822	.119822 41.01
44 LABORATORY	10126936	8830234	18957170	.242836	.242836	.242836 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	3403180	118184	3521364	.381106	.381106	.381106 49
50 PHYSICAL THERAPY	297759	477797	775556	1.007426	1.007426	1.007426 50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY	1952644	1456481	3409125	.082053	.082053	.082053 53
53.01 CARDIAC CATH LAB	1006351	816854	1823205	.106159	.106159	.106159 53.01
54 ELECTROENCEPHALOGRAPHY						54
54.01 SLEEP LAB						54.01
55 MEDICAL SUPPLIES CHARGED TO	3942653	2582770	6525423	.472566	.472566	.472566 55
55.30 IMPL. DEV. CHARGED TO PATIE	891100	581255	1472355	.378995	.378995	.378995 55.30
56 DRUGS CHARGED TO PATIENTS	15563908	16113153	31677061	.197879	.197879	.197879 56
57 RENAL DIALYSIS	547192	17697	564889	.556621	.556621	.556621 57
58 ASC (NON-DISTINCT PART)	392512	1296735	1689247	.884919	.884919	.884919 58
58.01 ONCOLOGY	170125	2851453	3021578	.134638	.134638	.134638 58.01
58.02 GI LAB	432686	1031977	1464663	.082096	.082096	.082096 58.02
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	4200	1332427	1336627	.939813	.939813	.939813 60
60.01 WOUND CARE CENTER	172974	822360	995334	.228396	.228396	.228396 60.01
61 EMERGENCY	1840884	3367589	5208473	.396855	.396855	.396855 61
62 OBSERVATION BEDS (NON-DISTI	130872	1417547	1548419	.403037	.403037	.403037 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	82502045	60259626	142761671			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	82502045	60259626	142761671			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----		
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST
	1	2	3	4	5	6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				1494510		1494510
26 INTENSIVE CARE UNIT				137845		137845
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY						
101 TOTAL				1632355		1632355

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----		
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST
	7	8	9	10	11	12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	26337	9219			56.75	523178
26 INTENSIVE CARE UNIT	2497	798			55.20	44050
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY						
101 TOTAL	28834	10017				567228

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0115) [ ] SUB III [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	INPATIENT PROGRAM CHARGES	OLD CAPITAL		NEW CAPITAL		
	RELATED COST	RELATED COST		RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	5	6	7	8	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		314315	3349857	451165		.093829	42332	37
38 RECOVERY ROOM								38
40 ANESTHESIOLOGY		14133	1244279	160150		.011358	1819	40
41 RADIOLOGY-DIAGNOSTIC		276560	19070514	2642399		.014502	38320	41
41.01 ULTRASOUND		11066	2457636	281125		.004503	1266	41.01
44 LABORATORY		214222	18957170	4007325		.011300	45283	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		99423	3521364	1622215		.028234	45802	49
50 PHYSICAL THERAPY		73160	775556	177813		.094332	16773	50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		5388	3409125	985808		.001580	1558	53
53.01 CARDIAC CATH LAB		43185	1823205	401302		.023686	9505	53.01
54 ELECTROENCEPHALOGRAPHY								54
54.01 SLEEP LAB								54.01
55 MEDICAL SUPPLIES CHARGED TO P		159680	6525423	1745271		.024470	42707	55
55.30 IMPL. DEV. CHARGED TO PATIENT		28872	1472355	337579		.019609	6620	55.30
56 DRUGS CHARGED TO PATIENTS		120629	31677061	6492184		.003808	24722	56
57 RENAL DIALYSIS		5693	564889	196123		.010078	1977	57
58 ASC (NON-DISTINCT PART)		228618	1689247	148034		.135337	20034	58
58.01 ONCOLOGY		46817	3021578	133729		.015494	2072	58.01
58.02 GI LAB		2054	1464663	206066		.001402	289	58.02
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		219371	1336627	2586		.164123	424	60
60.01 WOUND CARE CENTER		25844	995334	83791		.025965	2176	60.01
61 EMERGENCY		79760	5208473	624583		.015314	9565	61
62 OBSERVATION BEDS (NON-DISTINC		60207	1548419	36626		.038883	1424	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		2028997	110112775	20735874			314668	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	MEDICAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	INPATIENT
		ANESTHETIST	EDUCATION	ADJUSTMENT	TOTAL	PATIENT	DIEM	PROGRAM	PROGRAM
		COST	COST	AMOUNT	COSTS	DAYS		DAYS	PASS THRU
		1	2	3	4	5	6	7	8
	INPAT ROUTINE SERV COST CTRS								
25	ADULTS & PEDIATRICS					26337		9219	25
26	INTENSIVE CARE UNIT					2497		798	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					28834		10017	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0115) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST	NONPHYSICIAN ANESTHETIST	MEDICAL EDUCATION				
	COST	COST	COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC CATH LAB							53.01
54 ELECTROENCEPHALOGRAPHY							54
54.01 SLEEP LAB							54.01
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
58.01 ONCOLOGY							58.01
58.02 GI LAB							58.02
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 WOUND CARE CENTER							60.01
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0115) [ ] 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	PROGRAM
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	CHARGES
							8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		3349857			451165		438358
38 RECOVERY ROOM							
40 ANESTHESIOLOGY		1244279			160150		134871
41 RADIOLOGY-DIAGNOSTIC		19070514			2642399		3591883
41.01 ULTRASOUND		2457636			281125		157848
44 LABORATORY		18957170			4007325		148902
46.30 BLOOD CLOTTING FACTORS ADMIN							
49 RESPIRATORY THERAPY		3521364			1622215		77050
50 PHYSICAL THERAPY		775556			177813		
51 OCCUPATIONAL THERAPY							
52 SPEECH PATHOLOGY							
53 ELECTROCARDIOLOGY		3409125			985808		503657
53.01 CARDIAC CATH LAB		1823205			401302		305375
54 ELECTROENCEPHALOGRAPHY							
54.01 SLEEP LAB							
55 MEDICAL SUPPLIES CHARGED TO P		6525423			1745271		660658
55.30 IMPL. DEV. CHARGED TO PATIENT		1472355			337579		109953
56 DRUGS CHARGED TO PATIENTS		31677061			6492184		5997293
57 RENAL DIALYSIS		564889			196123		
58 ASC (NON-DISTINCT PART)		1689247			148034		261855
58.01 ONCOLOGY		3021578			133729		525465
58.02 GI LAB		1464663			206066		193656
59.97 CARDIAC REHABILITATION							
59.98 HYPERBARIC OXYGEN THERAPY							
59.99 LITHOTRIPSY							
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1336627			2586		728500
60.01 WOUND CARE CENTER		995334			83791		231152
61 EMERGENCY		5208473			624583		327883
62 OBSERVATION BEDS (NON-DISTINC		1548419			36626		484812
63.50 RHC							
63.60 FQHC							
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		110112775			20735874		14879171

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0115) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC CATH LAB					53.01
54 ELECTROENCEPHALOGRAPHY					54
54.01 SLEEP LAB					54.01
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
58.01 ONCOLOGY					58.01
58.02 GI LAB					58.02
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 WOUND CARE CENTER					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0115) [ ] 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
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.910968	.910968	.910968			37
38 RECOVERY ROOM						38
40 ANESTHESIOLOGY	.249081	.249081	.249081			40
41 RADIOLOGY-DIAGNOSTIC	.164747	.164747	.164747			41
41.01 ULTRASOUND	.119822	.119822	.119822			41.01
44 LABORATORY	.242836	.242836	.242836			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.381106	.381106	.381106			49
50 PHYSICAL THERAPY	1.007426	1.007426	1.007426			50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY	.082053	.082053	.082053			53
53.01 CARDIAC CATH LAB	.106159	.106159	.106159			53.01
54 ELECTROENCEPHALOGRAPHY						54
54.01 SLEEP LAB						54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.472566	.472566	.472566			55
55.30 IMPL. DEV. CHARGED TO PATIENT	.378995	.378995	.378995			55.30
56 DRUGS CHARGED TO PATIENTS	.197879	.197879	.197879			56
57 RENAL DIALYSIS	.556621	.556621	.556621			57
58 ASC (NON-DISTINCT PART)	.884919	.884919	.884919			58
58.01 ONCOLOGY	.134638	.134638	.134638			58.01
58.02 GI LAB	.082096	.082096	.082096			58.02
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.939813	.939813	.939813			60
60.01 WOUND CARE CENTER	.228396	.228396	.228396			60.01
61 EMERGENCY	.396855	.396855	.396855			61
62 OBSERVATION BEDS (NON-DISTINCT	.403037	.403037	.403037			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.197879	1
2 PROGRAM VACCINE CHARGES	12643	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	2502	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 (14-0115) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER- VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		438358						37
38 RECOVERY ROOM								38
40 ANESTHESIOLOGY		134871						40
41 RADIOLOGY-DIAGNOSTIC		3591883						41
41.01 ULTRASOUND		157848						41.01
44 LABORATORY		148902						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		77050						49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		503657						53
53.01 CARDIAC CATH LAB		305375						53.01
54 ELECTROENCEPHALOGRAPHY								54
54.01 SLEEP LAB								54.01
55 MEDICAL SUPPLIES CHARGED TO PA		660658						55
55.30 IMPL. DEV. CHARGED TO PATIENT		109953						55.30
56 DRUGS CHARGED TO PATIENTS		5997293						56
57 RENAL DIALYSIS								57
58 ASC (NON-DISTINCT PART)		261855						58
58.01 ONCOLOGY		525465						58.01
58.02 GI LAB		193656						58.02
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		728500						60
60.01 WOUND CARE CENTER		231152						60.01
61 EMERGENCY		327883						61
62 OBSERVATION BEDS (NON-DISTINCT		484812						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD								65.03
101 SUBTOTAL		14879171						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		14879171						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0115) [ ] 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		399330					37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY		33594					40
41 RADIOLOGY-DIAGNOSTIC		591752					41
41.01 ULTRASOUND		18914					41.01
44 LABORATORY		36159					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		29364					49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		41327					53
53.01 CARDIAC CATH LAB		32418					53.01
54 ELECTROENCEPHALOGRAPHY							54
54.01 SLEEP LAB							54.01
55 MEDICAL SUPPLIES CHARGED TO PAT		312205					55
55.30 IMPL. DEV. CHARGED TO PATIENT		41672					55.30
56 DRUGS CHARGED TO PATIENTS		1186738					56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)		231720					58
58.01 ONCOLOGY		70748					58.01
58.02 GI LAB		15898					58.02
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		684654					60
60.01 WOUND CARE CENTER		52794					60.01
61 EMERGENCY		130122					61
62 OBSERVATION BEDS (NON-DISTINCT		195397					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL		4104806					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		4104806					104

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----		
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST
	1	2	3	4	5	6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				1494510		1494510
26 INTENSIVE CARE UNIT				137845		137845
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY						
101 TOTAL				1632355		1632355

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----		
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST
	7	8	9	10	11	12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	26337	11501			56.75	652682
26 INTENSIVE CARE UNIT	2497	996			55.20	54979
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY						
101 TOTAL	28834	12497				707661

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0115) [ ] 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	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		314315	3349857				.093829	37
38 RECOVERY ROOM								38
40 ANESTHESIOLOGY		14133	1244279				.011358	40
41 RADIOLOGY-DIAGNOSTIC		276560	19070514				.014502	41
41.01 ULTRASOUND		11066	2457636				.004503	41.01
44 LABORATORY		214222	18957170				.011300	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		99423	3521364				.028234	49
50 PHYSICAL THERAPY		73160	775556				.094332	50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		5388	3409125				.001580	53
53.01 CARDIAC CATH LAB		43185	1823205				.023686	53.01
54 ELECTROENCEPHALOGRAPHY								54
54.01 SLEEP LAB								54.01
55 MEDICAL SUPPLIES CHARGED TO P		159680	6525423				.024470	55
55.30 IMPL. DEV. CHARGED TO PATIENT		28872	1472355				.019609	55.30
56 DRUGS CHARGED TO PATIENTS		120629	31677061				.003808	56
57 RENAL DIALYSIS		5693	564889				.010078	57
58 ASC (NON-DISTINCT PART)		228618	1689247				.135337	58
58.01 ONCOLOGY		46817	3021578				.015494	58.01
58.02 GI LAB		2054	1464663				.001402	58.02
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		219371	1336627				.164123	60
60.01 WOUND CARE CENTER		25844	995334				.025965	60.01
61 EMERGENCY		79760	5208473				.015314	61
62 OBSERVATION BEDS (NON-DISTINC		60207	1548419				.038883	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		2028997	110112775					101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

	COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	INPATIENT
		ANESTHETIST	EDUCATION	ADJUSTMENT	TOTAL	PATIENT	DIEM	PROGRAM	PROGRAM
		COST	COST	AMOUNT	COSTS	DAYS		DAYS	PASS THRU
		1	2	3	4	5	6	7	8
	INPAT ROUTINE SERV COST CTRS								
25	ADULTS & PEDIATRICS					26337		11501	25
26	INTENSIVE CARE UNIT					2497		996	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					28834		12497	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0115) [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST	NONPHYSICIAN ANESTHETIST	MEDICAL EDUCATION				
	COST	COST	COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC CATH LAB							53.01
54 ELECTROENCEPHALOGRAPHY							54
54.01 SLEEP LAB							54.01
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
58.01 ONCOLOGY							58.01
58.02 GI LAB							58.02
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 WOUND CARE CENTER							60.01
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0115) [ ] 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	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		3349857					37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY		1244279					40
41 RADIOLOGY-DIAGNOSTIC		19070514					41
41.01 ULTRASOUND		2457636					41.01
44 LABORATORY		18957170					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		3521364					49
50 PHYSICAL THERAPY		775556					50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		3409125					53
53.01 CARDIAC CATH LAB		1823205					53.01
54 ELECTROENCEPHALOGRAPHY							54
54.01 SLEEP LAB							54.01
55 MEDICAL SUPPLIES CHARGED TO P		6525423					55
55.30 IMPL. DEV. CHARGED TO PATIENT		1472355					55.30
56 DRUGS CHARGED TO PATIENTS		31677061					56
57 RENAL DIALYSIS		564889					57
58 ASC (NON-DISTINCT PART)		1689247					58
58.01 ONCOLOGY		3021578					58.01
58.02 GI LAB		1464663					58.02
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1336627					60
60.01 WOUND CARE CENTER		995334					60.01
61 EMERGENCY		5208473					61
62 OBSERVATION BEDS (NON-DISTINC		1548419					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		110112775					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0115) [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	
	8.01	8.02	9	9.01	9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
38 RECOVERY ROOM						38
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
41.01 ULTRASOUND						41.01
44 LABORATORY						44
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY						53
53.01 CARDIAC CATH LAB						53.01
54 ELECTROENCEPHALOGRAPHY						54
54.01 SLEEP LAB						54.01
55 MEDICAL SUPPLIES CHARGED TO P						55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS						56
57 RENAL DIALYSIS						57
58 ASC (NON-DISTINCT PART)						58
58.01 ONCOLOGY						58.01
58.02 GI LAB						58.02
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
60.01 WOUND CARE CENTER						60.01
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL						101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0115)	SUB I	SUB II	SUB III	SUB IV	SNF
INPATIENT DAYS	1	1	1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	26337					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	26337					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	26337					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)	9219					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) (14-0115)	SUB I	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	15491258						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	15491258						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	28194443						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	28194443						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.549444						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1070.53						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	15491258						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) (14-0115)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	588.19					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	5422524					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	5422524					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	2616194	2497	1047.73	798	836089	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) (14-0115)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	5610983					48
49 TOTAL PROGRAM INPATIENT COSTS	11869596					49

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	567228					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	314668					51
52 TOTAL PROGRAM EXCLUDABLE COST	881896					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	10987700					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) (14-0115)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

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

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PARTS III & IV

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

HOSPITAL (PPS) (14-0115)	SUB I	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1061	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	588.19	84
85 OBSERVATION BED COST	624070	85

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

86 OLD CAPITAL-RELATED COST		15491258		624070		86
87 NEW CAPITAL-RELATED COST	1494510	15491258	.096474	624070	60207	87
88 NON PHYSICIAN ANESTHETIST		15491258		624070		88
89 MEDICAL EDUCATION		15491258		624070		89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0115)	SUB I	SUB II	SUB III	SUB IV	NF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	26337						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	26337						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	26337						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)	11501						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 [ ] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0115)	SUB I	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	15448704						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	15448704						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	28194443						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	28194443						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.547934						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1070.53						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	15448704						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) (14-0115)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	586.58					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	6746257					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	6746257					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	2616194	2497	1047.73	996	1043539	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) (14-0115)	SUB I	SUB II	SUB III	SUB IV	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	1	1	1	1	1	48
49 TOTAL PROGRAM INPATIENT COSTS	7789796					49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	707661					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52 TOTAL PROGRAM EXCLUDABLE COST	707661					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) (14-0115)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

[ ] TITLE V-INPT [ ] 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) (14-0115)	SUB I	SUB II	SUB III	SUB IV
		1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1061	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	588.19	84
85 OBSERVATION BED COST	624070	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V [XX] HOSPITAL (14-0115) [ ] 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		10439378		25
26 INTENSIVE CARE UNIT		1631803		26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.911970	451165	411449	37
38 RECOVERY ROOM				38
40 ANESTHESIOLOGY	.249081	160150	39890	40
41 RADIOLOGY-DIAGNOSTIC	.164747	2642399	435327	41
41.01 ULTRASOUND	.119822	281125	33685	41.01
44 LABORATORY	.242836	4007325	973123	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.381106	1622215	618236	49
50 PHYSICAL THERAPY	1.007426	177813	179133	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY				52
53 ELECTROCARDIOLOGY	.082053	985808	80889	53
53.01 CARDIAC CATH LAB	.106159	401302	42602	53.01
54 ELECTROENCEPHALOGRAPHY				54
54.01 SLEEP LAB				54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.472566	1745271	824756	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.378995	337579	127941	55.30
56 DRUGS CHARGED TO PATIENTS	.197879	6492184	1284667	56
57 RENAL DIALYSIS	.556621	196123	109166	57
58 ASC (NON-DISTINCT PART)	.884919	148034	130998	58
58.01 ONCOLOGY	.134638	133729	18005	58.01
58.02 GI LAB	.082096	206066	16917	58.02
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.939813	2586	2430	60
60.01 WOUND CARE CENTER	.228396	83791	19138	60.01
61 EMERGENCY	.396855	624583	247869	61
62 OBSERVATION BEDS (NON-DISTINCT	.403037	36626	14762	62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		20735874	5610983	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		20735874		103



CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0115)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	2902623					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	2902623					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	5805247					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	42926					2.01
INDIRECT MEDICAL EDUCATION ADJUSTMENT						
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	152.15					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [ FOR CR PERIODS ENDING ] [ ON OR AFTER 7/1/2005 ] [E-3,PT.VI, LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00	0.00				3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.16
RES. IN INIT YRS						
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 (14-0115)	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						4
4.01						4.01
4.02						4.02
4.03						4.03
4.04						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						6
7						7
7.01						7.01
8						8
9						9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
21.01						21.01
21.02						21.02
22						22



CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0115) 1	HOSPITAL (14-0115) 1.01	HOSPITAL (14-0115) 1.02	
1 MEDICAL AND OTHER SERVICES	2502			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	4104806			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	3728328			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.820			1.03
1.04 LINE 1.01 TIMES LINE 1.03	3365941			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	2502			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	12643			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	12643			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	12643			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	10141			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	2502			17
17.01 TOTAL PPS PAYMENTS	3728328			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0115) 1	HOSPITAL (14-0115) 1.01	HOSPITAL (14-0115) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	885396		18.01
19 SUBTOTAL	2845434		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	2845434		23
24 PRIMARY PAYER PAYMENTS	406		24
25 SUBTOTAL	2845028		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	506934		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	354854		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	489993		27.02
28 SUBTOTAL	3199882		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 PSR RECONCILIATION	-321		30
30.01 PENULTIMATE YR GME	10266		30.01
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	3209827		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	2844276		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	365551		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 (14-0115)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT	
	1	2	3	4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		42926		2844276	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.		18512760		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.					
PROGRAM .01					3.01
TO .02					3.02
PROVIDER .03		NONE		NONE	3.03
TO .04					3.04
PROVIDER .05					3.05
TO .50	10/09/2009	312987			3.50
PROVIDER .51	06/11/2010	506223			3.51
TO .52				NONE	3.52
PROGRAM .53					3.53
PROGRAM .54					3.54
SUBTOTAL	.99	-819210			3.99
4 TOTAL INTERIM PAYMENTS		17736476		2844276	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.					
PROGRAM .01					5.01
TO .02		NONE		NONE	5.02
PROVIDER .03					5.03
PROVIDER .50					5.50
TO .51		NONE		NONE	5.51
PROGRAM .52					5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.				365551	
PROGRAM TO .01					6.01
PROVIDER TO .02		-608179			6.02
PROGRAM					
7 TOTAL MEDICARE PROGRAM LIABILITY		17128297		3209827	7

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

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

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

WORKSHEET E-3  
 PART III

	[ ] TITLE V	[ ] TITLE XVIII	[XX] TITLE XIX		
	HOSPITAL (14-0115) (OTHER)	SUB I	SUB II	SUB III	
		SUB IV	NF I		
1	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1
2	INPATIENT HOSPITAL/SNF/NF SERVICES	7789796			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	7789796			6
8	INPATIENT PRIMARY PAYER PAYMENTS				7
9	OUTPATIENT PRIMARY PAYER PAYMENTS				8
	SUBTOTAL	7789796			9
	COMPUTATION OF LESSER OF COST OR CHARGES				
10	ROUTINE SERVICE CHARGES				10
11	ANCILLARY SERVICE CHARGES				11
12	INTERNS AND RESIDENTS SERVICE CHARGES				12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE				13
14	TEACHING PHYSICIANS				14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION				15
16	TOTAL REASONABLE CHARGES				16
	CUSTOMARY CHARGES				
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE				17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				18
19	RATIO OF LINE 17 TO LINE 18				19
20	TOTAL CUSTOMARY CHARGES				20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST				21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	7789796			22
23	COST OF COVERED SERVICES	7789796			23
	PROSPECTIVE PAYMENT AMOUNT				
24	OTHER THAN OUTLIER PAYMENTS				24
25	OUTLIER PAYMENTS				25
26	PROGRAM CAPITAL PAYMENTS				26
27	CAPITAL EXCEPTION PAYMENTS				27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS				28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS				29
30	SUBTOTAL	7789796			30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED				31
32	LESSER OF LINES 30 OR 31	7789796			32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)				33

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

WORKSHEET E-3  
 PART III

	[ ] TITLE V	[ ] TITLE XVIII	[XX] TITLE XIX				
		HOSPITAL (14-0115) (OTHER)	SUB I	SUB II	SUB III	SUB IV	NF I
		1	1	1	1	1	1
COMPUTATION OF REIMBURSEMENT SETTLEMENT							
34 EXCESS OF REASONABLE COST		7789796					34
35 SUBTOTAL							35
36 COINSURANCE							36
37 SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,							37
38 REIMBURSABLE BAD DEBTS							38
38.01 REDUCED REIMBURSABLE BAD DEBTS							38.01
38.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)							38.02
39 UTILIZATION REVIEW							39
40 SUBTOTAL							40
41 INPATIENT ROUTINE SERVICE COST							41
42 MEDICARE INPATIENT ROUTINE CHARGES							42
43 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE							43
44 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)							44
45 RATIO OF LINE 43 TO LINE 44							45
46 TOTAL CUSTOMARY CHARGES							46
47 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST							47
48 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES							48
49 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM UTILIZATION							49
50 OTHER ADJUSTMENTS							50
51 AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS							51
52 SUBTOTAL							52
53 INDIRECT MEDICAL EDUCATION ADJUSTMENT							53
54 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS							54
55 TOTAL AMOUNT PAYABLE TO THE PROVIDER							55
56 SEQUESTRATION ADJUSTMENT							56
57 INTERIM PAYMENTS							57
57.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)							57.01
58 BALANCE DUE PROVIDER/PROGRAM							58
59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2							59

BALANCE SHEET

WORKSHEET G

ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
<b>CURRENT ASSETS</b>				
1 CASH ON HAND AND IN BANKS	16593399			1
2 TEMPORARY INVESTMENTS				2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	19516531			4
5 OTHER RECEIVABLES	171192			5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-17108537			6
7 INVENTORY	1063469			7
8 PREPAID EXPENSES	938213			8
9 OTHER CURRENT ASSETS	11306968			9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS	32481235			11
<b>FIXED ASSETS</b>				
12 LAND	9426777			12
12.01 ACCUMULATED DEPRECIATION				12.01
13 LAND IMPROVEMENTS	1511394			13
13.01 ACCUMULATED DEPRECIATION	-1131957			13.01
14 BUILDINGS	49460105			14
14.01 ACCUMULATED DEPRECIATION	-27100105			14.01
15 LEASEHOLD IMPROVEMENTS	18103			15
15.01 ACCUMULATED AMORTIZATION	-18103			15.01
16 FIXED EQUIPMENT	4021690			16
16.01 ACCUMULATED DEPRECIATION	-3277720			16.01
17 AUTOMOBILES AND TRUCKS				17
17.01 ACCUMULATED DEPRECIATION				17.01
18 MAJOR MOVABLE EQUIPMENT	20789828			18
18.01 ACCUMULATED DEPRECIATION	-13477691			18.01
19 MINOR EQUIPMENT DEPRECIABLE				19
19.01 ACCUMULATED DEPRECIATION				19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE				20
21 TOTAL FIXED ASSETS	40222321			21
<b>OTHER ASSETS</b>				
22 INVESTMENTS	124904591			22
23 DEPOSITS ON LEASES				23
24 DUE FROM OWNERS/OFFICERS				24
25 OTHER ASSETS	484616			25
26 TOTAL OTHER ASSETS	125389207			26
27 TOTAL ASSETS	198092763			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	1453060			28
29 SALARIES, WAGES & FEES PAYABLE				29
30 PAYROLL TAXES PAYABLE				30
31 NOTES & LOANS PAYABLE (SHORT TERM)	967118			31
32 DEFERRED INCOME				32
33 ACCELERATED PAYMENTS				33
34 DUE TO OTHER FUNDS				34
35 OTHER CURRENT LIABILITIES	21976146			35
36 TOTAL CURRENT LIABILITIES	24396324			36
<b>LONG-TERM LIABILITIES</b>				
37 MORTGAGE PAYABLE				37
38 NOTES PAYABLE	15504895			38
39 UNSECURED LOANS				39
40 LOANS FROM OWNERS .01 PRIOR TO 7/1/66				40
.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	6000000			41
42 TOTAL LONG TERM LIABILITIES	21504895			42
43 TOTAL LIABILITIES	45901219			43
<b>CAPITAL ACCOUNTS</b>				
44 GENERAL FUND BALANCE	152191544			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	152191544			51
52 TOTAL LIABILITIES AND FUND BALANCES	198092763			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	130198772			1
2 NET INCOME (LOSS)	22001358			2
3 TOTAL	152200130			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	152200130			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 RECONCILING DIFFERENCE	8586			13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	8586			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	152191544			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
GENERAL INPATIENT ROUTINE CARE SERVICES				
1 HOSPITAL	28225315		28225315	1
2 SUBPROVIDER I				2
4 SWING BED - SNF				4
5 SWING BED - NF				5
6 SKILLED NURSING FACILITY				6
7 NURSING FACILITY				7
8 OTHER LONG TERM CARE				8
9 TOTAL GENERAL INPATIENT CARE SERVICES	28225315		28225315	9
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10 INTENSIVE CARE UNIT	4454453		4454453	10
11 CORONARY CARE UNIT				11
12 BURN INTENSIVE CARE UNIT				12
13 SURGICAL INTENSIVE CARE UNIT				13
14 OTHER SPECIAL CARE (SPECIFY)				14
15 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	4454453		4454453	15
16 TOTAL INPATIENT ROUTINE CARE SERVICES	32679768		32679768	16
17 ANCILLARY SERVICES	49622277		49622277	17
18 OUTPATIENT SERVICES		61353839	61353839	18
18.50 RHC				18.50
18.60 FQHC				18.60
19 HOME HEALTH AGENCY				19
20 AMBULANCE				20
21 CORF				21
22 ASC				22
23 HOSPICE				23
24				24
25 TOTAL PATIENT REVENUES	82302045	61353839	143655884	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		54858235	26
27 ADD (SPECIFY)			27
28 AUDIT JE - BANK FEES	2812		28
29 AUDIT JE - DEPRECIATION	14830		29
30			30
31			31
32			32
33 TOTAL ADDITIONS		17642	33
34 DEDUCT (SPECIFY)			34
35 AUDIT JE - EMPLOYEE BENEFITS	-94085		35
36 AUDIT JE - REDUCTION IN BAD DEBT	-500000		36
37			37
38			38
39 TOTAL DEDUCTIONS	-594085		39
40 TOTAL OPERATING EXPENSES		54281792	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	143655884	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	81931971	2
3	NET PATIENT REVENUES	61723913	3
4	LESS - TOTAL OPERATING EXPENSES	54281792	4
5	NET INCOME FROM SERVICE TO PATIENTS	7442121	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	200	6
7	INCOME FROM INVESTMENTS	5515000	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	36	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	95444	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	17809	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	2364	21
22	RENTAL OF HOSPITAL SPACE	653673	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	UNREALIZED GAIN ON INVESTMENT	8260054	24
24.01	OTHER INCOME	14657	24.01
25	TOTAL OTHER INCOME	14559237	25
26	TOTAL	22001358	26
27	UNREALIZED LOSS		27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	22001358	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0115)	HOSPITAL (14-0115)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
2	955878				2
3					3
3.01	2681				3.01
4					4
4.01					4.01
4.02					4.02
4.03					4.03
5	0.1829				5
5.01	0.4652				5.01
5.02	0.6481				5.02
5.03	0.1402				5.03
5.04	134014				5.04
6	1092573				6
PART II - HOLD HARMLESS METHOD					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
PART III - PAYMENT UNDER REASONABLE COST					
1					1
2					2
3					3
4					4
5					5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES					22
23 I&R SERVICES-OTHER PRGM COSTS					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN C					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC CATH LAB					53.01
54 ELECTROENCEPHALOGRAPHY					54
54.01 SLEEP LAB					54.01
55 MEDICAL SUPPLIES CHARGED TO PA					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
58.01 ONCOLOGY					58.01
58.02 GI LAB					58.02
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 WOUND CARE CENTER					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAP					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96.01 SENIOR HEALTH					96.01
98 PHYSICIANS' PRIVATE OFFICES					98
98.01 RETAIL PHARMACY					98.01

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL 4A	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
99 NONPAID WORKERS						99
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL	0					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	35.00		43.67				78.67 25
26 INTENSIVE CARE UNIT	31.96		39.89				71.85 26
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	13.47	13.09					26.56 37
40 ANESTHESIOLOGY	12.87	10.84					23.71 40
41 RADIOLOGY-DIAGNOSTIC	13.86	18.83					32.69 41
41.01 ULTRASOUND	11.44	6.42					17.86 41.01
44 LABORATORY	21.14	0.79					21.93 44
49 RESPIRATORY THERAPY	46.07	2.19					48.26 49
50 PHYSICAL THERAPY	22.93						22.93 50
53 ELECTROCARDIOLOGY	28.92	14.77					43.69 53
53.01 CARDIAC CATH LAB	22.01	16.75					38.76 53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	26.75	10.12					36.87 55
55.30 IMPL. DEV. CHARGED TO PATIENT	22.93	7.47					30.40 55.30
56 DRUGS CHARGED TO PATIENTS	20.49	18.93					39.42 56
57 RENAL DIALYSIS	34.72						34.72 57
58 ASC (NON-DISTINCT PART)	8.76	15.50					24.26 58
58.01 ONCOLOGY	4.43	17.39					21.82 58.01
58.02 GI LAB	14.07	13.22					27.29 58.02
60 CLINIC	0.19	54.50					54.69 60
60.01 WOUND CARE CENTER	8.42	23.22					31.64 60.01
61 EMERGENCY	11.99	6.30					18.29 61
62 OBSERVATION BEDS (NON-DISTINCT)	2.37	31.31					33.68 62
101 TOTAL CHARGES	14.52	10.42					24.94 101

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT						1
2	OLD CAP REL COSTS-MVBLE EQUIP						2
3	NEW CAP REL COSTS-BLDG & FIXT	1951739	3.96	-1951739	-6.78		3
4	NEW CAP REL COSTS-MVBLE EQUIP	1696038	3.44	-1696038	-5.89		4
5	EMPLOYEE BENEFITS	2615505	5.30	-2615505	-9.09		5
6	ADMINISTRATIVE & GENERAL	13815132	28.01	-13815132	-47.99		6
7	MAINTENANCE & REPAIRS						7
8	OPERATION OF PLANT	1992073	4.04	-1992073	-6.92		8
9	LAUNDRY & LINEN SERVICE	239822	.49	-239822	-.83		9
10	HOUSEKEEPING	655974	1.33	-655974	-2.28		10
11	DIETARY	958673	1.94	-958673	-3.33		11
12	CAFETERIA	180978	.37	-180978	-.63		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	489605	.99	-489605	-1.70		14
15	CENTRAL SERVICES & SUPPLY	2213516	4.49	-2213516	-7.69		15
16	PHARMACY	722914	1.47	-722914	-2.51		16
17	MEDICAL RECORDS & LIBRARY	799642	1.62	-799642	-2.78		17
18	SOCIAL SERVICE	454824	.92	-454824	-1.58		18
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A						22
23	I&R SERVICES-OTHER PRGM COSTS A						23
24	PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	5525469	11.20	9923235	34.47	15448704	31.33
26	INTENSIVE CARE UNIT	1220067	2.47	1396127	4.85	2616194	5.30
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	1352520	2.74	1699092	5.90	3051612	6.19
38	RECOVERY ROOM						38
40	ANESTHESIOLOGY	158378	.32	151548	.53	309926	.63
41	RADIOLOGY-DIAGNOSTIC	1475379	2.99	1666422	5.79	3141801	6.37
41.01	ULTRASOUND	155038	.31	139442	.48	294480	.60
44	LABORATORY	2662648	5.40	1940839	6.74	4603487	9.33
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
49	RESPIRATORY THERAPY	666038	1.35	675976	2.35	1342014	2.72
50	PHYSICAL THERAPY	420616	.85	360699	1.25	781315	1.58
51	OCCUPATIONAL THERAPY						51
52	SPEECH PATHOLOGY						52
53	ELECTROCARDIOLOGY	150357	.30	129372	.45	279729	.57
53.01	CARDIAC CATH LAB	46943	.10	146607	.51	193550	.39
54	ELECTROENCEPHALOGRAPHY						54
54.01	SLEEP LAB						54.01
55	MEDICAL SUPPLIES CHARGED TO PAT			3083691	10.71	3083691	6.25
55.30	IMPL. DEV. CHARGED TO PATIENT			558015	1.94	558015	1.13
56	DRUGS CHARGED TO PATIENTS	3423420	6.94	2844802	9.88	6268222	12.71
57	RENAL DIALYSIS	212901	.43	101528	.35	314429	.64

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
58 ASC (NON-DISTINCT PART)	559271	1.13	935575	3.25	1494846	3.03	58
58.01 ONCOLOGY	154214	.31	252605	.88	406819	.82	58.01
58.02 GI LAB	63487	.13	56756	.20	120243	.24	58.02
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
60 CLINIC	362856	.74	893324	3.10	1256180	2.55	60
60.01 WOUND CARE CENTER	88785	.18	138545	.48	227330	.46	60.01
61 EMERGENCY	988494	2.00	1078517	3.75	2067011	4.19	61
62 OBSERVATION BEDS (NON-DISTINCT)							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
NONREIMBURSABLE COST CENTERS							
96.01 SENIOR HEALTH	271964	.55	178897	.62	450861	.91	96.01
98 PHYSICIANS' PRIVATE OFFICES	114408	.23	162552	.56	276960	.56	98
98.01 RETAIL PHARMACY	304067	.62	175572	.61	479639	.97	98.01
99 NONPAID WORKERS	151891	.31	96697	.34	248588	.50	99
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	49315646	100.00	0	.00	49315646	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	314315	3349857	.093829	451165	42332	37
38 RECOVERY ROOM						38
40 ANESTHESIOLOGY	14133	1244279	.011358	160150	1819	40
41 RADIOLOGY-DIAGNOSTIC	276560	19070514	.014502	2642399	38320	41
41.01 ULTRASOUND	11066	2457636	.004503	281125	1266	41.01
44 LABORATORY	214222	18957170	.011300	4007325	45283	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	99423	3521364	.028234	1622215	45802	49
50 PHYSICAL THERAPY	73160	775556	.094332	177813	16773	50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY	5388	3409125	.001580	985808	1558	53
53.01 CARDIAC CATH LAB	43185	1823205	.023686	401302	9505	53.01
54 ELECTROENCEPHALOGRAPHY						54
54.01 SLEEP LAB						54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	159680	6525423	.024470	1745271	42707	55
55.30 IMPL. DEV. CHARGED TO PATIENT	28872	1472355	.019609	337579	6620	55.30
56 DRUGS CHARGED TO PATIENTS	120629	31677061	.003808	6492184	24722	56
57 RENAL DIALYSIS	5693	564889	.010078	196123	1977	57
58 ASC (NON-DISTINCT PART)	228618	1689247	.135337	148034	20034	58
58.01 ONCOLOGY	46817	3021578	.015494	133729	2072	58.01
58.02 GI LAB	2054	1464663	.001402	206066	289	58.02
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	219371	1336627	.164123	2586	424	60
60.01 WOUND CARE CENTER	25844	995334	.025965	83791	2176	60.01
61 EMERGENCY	79760	5208473	.015314	624583	9565	61
62 OBSERVATION BEDS (NON-DISTINCT	60207	1548419	.038883	36626	1424	62
OTHER REIMBURSABLE COST CENTERS						
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	2028997	110112775		20735874	314668	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	1494510		1494510	26337	56.75	9219	523178 25
26	INTENSIVE CARE UNIT	137845		137845	2497	55.20	798	44050 26
101	TOTAL	1632355		1632355			10017	567228 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							567228	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							314668	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							881896	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)							2078	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)							10017	
PER DISCHARGE CAPITAL COSTS							424.40	
PER DIEM CAPITAL COSTS							88.04	

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)	10987700
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	32807055
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.335

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)	881896
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.027

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	4104806
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (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)	14879171
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.276