HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 5666 EAST STATE STREET P.O.BOX: 1
1.01 CITY: ROCKFORD STATE: IL ZIP CODE: 61108-2472 COUNTY: WINNEBAGO 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

	COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N) V 4	XVIII 5	XIX 6	
2	HOSPITAL	SAINT ANTHONY MEDICAL CENTER	14-0233	07/01/1966	N	P	O	2
3	SUBPROVIDER I							3
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF							6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA							9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE							12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16

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

18 TYPE OF CONTROL 1 18

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1 19
20 SUBPROVIDER I 20

OTHER INFORMATION

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

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 'Y' OR 'N' FOR NO. NO NO 21.01

21.02 HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE. 21.02

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 40420 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. 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?	YES		25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	YES		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.	YES		25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO		25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO		25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO	25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO	25.06
26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:			26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.			26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:			26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO		27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.			28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st			28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) If YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.			28.02
	A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)			
28.03	STAFFING	0.00	NO	28.03
28.04	RECRUITMENT	0.00	NO	28.04
28.05	RETENTION OF EMPLOYEES	0.00	NO	28.05
28.06	TRAINING	0.00	NO	28.06
28.07	OTHER (SPECIFY)		NO	28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO		29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	NO		30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.			30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?			30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)			30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.			30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

MISCELLANEOUS COST REPORTING INFORMATION

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

		V	XVIII	XIX	
	PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL	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.	YES 149006	40

40.01 NAME: OSF HEATLHCARE SYSTEM FI/CONTRACTOR'S NAME: WISCONSIN PHYSICIAN SERVICEFI/CONTRACTOR'S NUMBER: 52280 40.01
40.02 STREET: 800 N.E. GLEN OAK AVENUE P.O.BOX: 40.02
40.03 CITY: PEORIA STATE: IL ZIP CODE: 61603 40.03

41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES	41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES	42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO	43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	NO	44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO	45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?		45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?		45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?		45.03
46	IF YOU ARE PARTICIPATING IN THE 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 1	PART B 2	OUTPATIENT ASC 3	OUTPATIENT RADIOLOGY 4	OUTPATIENT DIAGNOSTIC 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: PAID LOSSES: AND/OR SELF INSURANCE: 3342900		54
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	NO	54.01
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.	NO	55

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

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

MULTICAMPUS

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

SETTLEMENT DATA

63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)	YES	12/02/2010		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	199	72635			19329		3123		1
2	HMO					7522				2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF									3
4	HOSPITAL ADULTS & PEDS - SWING BED NF									4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS	199	72635			19329		3123		5
6	INTENSIVE CARE UNIT	36	13140			4440		994		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							498		11
12	TOTAL HOSPITAL	235	85775			23769		4615		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	235								25
26	OBSERVATION BED DAYS							222		26
27	AMBULANCE TRIPS									27
28	EMPLOYEE DISCOUNT DAYS									28
29	LABOR & DELIVERY DAYS									29

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I
(CONTINUED)

	COMPONENT	-----I/P DAYS / O/P VISITS / TRIPS---- OBS. BEDS NOT ADMITTED 6.02	TOTAL ALL PATIENTS 6	OBS. BEDS ADMITTED 6.01	OBS. BEDS NOT ADMITTED 6.02	---INTERNS & RES FTES---- TOTAL 7	LESS I&R REPL NON-PHYS ANES 8	NET 9	--FULL TIME EQUIV-- EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		41427								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		41427								5
6	INTENSIVE CARE UNIT		10055								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		1381								11
12	TOTAL HOSPITAL		52863			.50		.50	1925.00	2.00	12
13	RPCH VISITS										13
14	SUBPROVIDER I										14
15	SKILLED NURSING FACILITY										15
16	NURSING FACILITY										16
17	OTHER LONG TERM CARE										17
18	HOME HEALTH AGENCY										18
20	ASC (DISTINCT PART)										20
21	HOSPICE (DISTINCT PART)										21
23	O/P REHAB PROVIDER										23
24	RHC I										24
25	TOTAL					.50		.50	1925.00	2.00	25
26	OBSERVATION BED DAYS		2350								26
27	AMBULANCE TRIPS										27
28	EMPLOYEE DISCOUNT DAYS										28
29	LABOR & DELIVERY DAYS										29

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I
(CONTINUED)

	COMPONENT	DISCHARGES TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15	
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		4449	928	10516	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		4449	928	10516	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 1	RECLASS. OF SALARIES FROM WKST. A-6 2	ADJUSTED SALARIES (COL.1 + COL.2) 3	PAID HOURS RELATED TO SALARY IN COL.3 4	AVERAGE HOURLY WAGE (COL.3 / COL.4) 5	DATA SOURCE 6	
	SALARIES							
1	TOTAL SALARIES	132563274	560060	133123334	4123059.00	32.29		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A	389851		389851	2073.00	188.06		4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B	5785937		5785937	30983.00	186.75		5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)							6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	34504446	635649	35140095	596891.00	58.87		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	622017		622017	10433.00	59.62		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	5706892		5706892	118768.00	48.05		10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	12182971		12182971	192299.00	63.35		11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	26730534		26730534			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	6467561		6467561			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	51301		51301			CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B	781891		781891			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	83	-83					21
22	ADMINISTRATIVE & GENERAL	17378440	7277	17385717	688359.00	25.26		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	1124639		1124639	6051.96	185.83		22.01
23	MAINTENANCE & REPAIRS	1224352	5888	1230240	52280.00	23.53		23
24	OPERATION OF PLANT	655241	354	655595	21453.00	30.56		24
25	LAUNDRY & LINEN SERVICE	145151	521	145672	11153.00	13.06		25
26	HOUSEKEEPING	1448578	6602	1455180	123060.00	11.82		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	1411570	-932957	478613	40169.00	11.91		27
27.01	DIETARY UNDER CONTRACT	263947		263947	5740.00	45.98		27.01
28	CAFETERIA	195261	500230	695491	44901.00	15.49		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	2147778	8914	2156692	48499.00	44.47		30
31	CENTRAL SERVICES AND SUPPLY	1480167	3987	1484154	94204.00	15.75		31
32	PHARMACY	2973885	14060	2987945	81815.00	36.52		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	1252214	4411	1256625	66753.00	18.82		33
34	SOCIAL SERVICE	438740	1330	440070	16930.00	25.99		34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION — WORKSHEET S-3 PART III

	PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED 1	RECLASS. OF SALARIES FROM WKST. A-6 2	ADJUSTED SALARIES (COL.1 + COL.2) 3	PAID HOURS RELATED TO SALARY IN COL.3 4	AVERAGE HOURLY WAGE (COL.3 / COL.4) 5	
1	NET SALARIES	128165923	560060	128725983	4103867.96	31.37	1
2	EXCLUDED AREA SALARIES	34504446	635649	35140095	596891.00	58.87	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	93661477	-75589	93585888	3506976.96	26.69	3
4	SUBTOTAL OTHER WAGES & REL COSTS	18511880		18511880	321499.00	57.58	4
5	SUBTOTAL WAGE-RELATED COSTS	26781835		26781835		28.62%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	138955192	-75589	138879603	3828475.96	36.28	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	32140046	-379466	31760580	1301367.96	24.41	13

HOSPITAL UNCOMPENSATED CARE DATA

UNCOMPENSATED CARE INFORMATION			1
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?		2
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04		2.01
2.01	IS IT AT THE TIME OF ADMISSION?		2.02
2.02	IS IT AT THE TIME OF FIRST BILLING?		2.03
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?		2.04
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)		3
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?		4
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?		5
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?		6
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?		7
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?		8
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01		8.01
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?		9
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04		9.01
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?		9.02
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?		9.03
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?		9.04
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?		10
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?		11
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		11.01
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?		11.02
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?		11.03
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?		11.04
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?		12
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?		13
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?		14
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01		14.01
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?		14.02
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?		15
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?		16
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	43601069	17
17	REVENUE RELATED TO UNCOMPENSATED CARE	74572107	17.01
17.01	GROSS MEDICAID REVENUES		18
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS		19
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)		20
20	RESTRICTED GRANTS		21
21	NON-RESTRICTED GRANTS	118173176	22
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES		23
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	0.298728	24
24	COST TO CHARGE RATIO		25
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST		26
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS		27
27	TOTAL SCHIP COST	74572107	28
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	22276776	29
29	TOTAL GROSS MEDICAID COST	43601069	30
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	13024860	31
31	UNCOMPENSATED CARE COST	22276776	32
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL		

WORKSHEET A

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

		COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI-FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST-MENTS 6	NET EXP FOR ALLOCATION 7	
		GENERAL SERVICE COST CENTERS								1
1	0100	OLD CAP REL COSTS-BLDG & FIXT								2
2	0200	OLD CAP REL COSTS-MVBLE EQUIP		4175098	4175098	61887	4236985		4236985	3
3	0300	NEW CAP REL COSTS-BLDG & FIXT		6141559	6141559	91036	6232595		6232595	4
4	0400	NEW CAP REL COSTS-MVBLE EQUIP	83	32728585	32728668	1961799	34690467	-629706	34060761	5
5	0500	EMPLOYEE BENEFITS	17378440	39559278	56937718	-42539	56895179	2211712	59106891	6
6	0600	ADMINISTRATIVE & GENERAL	1224352	2855097	4079449	-915103	3164346	-166490	2997856	7
7	0700	MAINTENANCE & REPAIRS	655241	3603517	4258758	3244	4262002	-110617	4151385	8
8	0800	OPERATION OF PLANT	145151	878296	1023447	721	1024168	-200	1023968	9
9	0900	LAUNDRY & LINEN SERVICE	1448578	447229	1895807	7202	1903009	-843	1902166	10
10	1000	HOUSEKEEPING	1411570	1793593	3205163	-1974644	1230519	-1300	1229219	11
11	1100	DIETARY	195261	686	195947	1055100	1251047	-60	1250987	12
12	1200	CAFETERIA								13
13	1300	MAINTENANCE OF PERSONNEL	2147778	146021	2293799	10673	2304472	-91451	2213021	14
14	1400	NURSING ADMINISTRATION	1488167	511899	1992066	7345	1999411	-3358	1996053	15
15	1500	CENTRAL SERVICES & SUPPLY	2973885	135738	3109623	14787	3124410	-727	3123683	16
16	1600	PHARMACY	1252214	363011	1615225	6219	1621444	-3149	1618295	17
17	1700	MEDICAL RECORDS & LIBRARY	438740	25816	464556	2178	466734	-4531	462203	18
18	1800	SOCIAL SERVICE								20
20	2000	NONPHYSICIAN ANESTHETISTS	1707320	426717	2134037	8466	2142503	-2134037	8466	21
21	2100	NURSING SCHOOL	111724	5194	116918	556	117474		117474	21.01
21.01	2101	MEDTECH SCHOOL	542458	169100	711558	2657	714215	-174307	539908	21.02
21.02	2102	PARAMED TRAINING		69539	69539		69539	-32325	37214	22
22	2200	I&R SERVICES-SALARY & FRINGES A								23
23	2300	I&R SERVICES-OTHER PRGM COSTS A								24
24	2400	PARAMED ED PRGM-(SPECIFY)								
		INPATIENT ROUTINE SERV COST CENTERS								
25	2500	ADULTS & PEDIATRICS	18613295	2183613	20796908	-1572306	19224602	-45353	19179249	25
26	2600	INTENSIVE CARE UNIT	6899220	1469772	8368992	34321	8403313	-34783	8368530	26
33	3300	NURSERY				304739	304739	-11306	293433	33
		ANCILLARY SERVICE COST CENTERS								
37	3700	OPERATING ROOM	5826130	24178622	30004752	-19702871	10301881	-13001	10288880	37
38	3800	RECOVERY ROOM	904718	142382	1047100	4500	1051600		1051600	38
39	3900	DELIVERY ROOM & LABOR ROOM				1360160	1360160	-51889	1308271	39
40	4000	ANESTHESIOLOGY		1711764	1711764		1711764	-201396	1510368	40
41	4100	RADIOLOGY-DIAGNOSTIC	3213288	2192243	5405531	-1741218	3664313	-32784	3631529	41
41.01	3230	CAT SCAN	805004	1475619	2280623	788969	3069592	-63286	3006306	41.01
41.02	3630	ULTRA SOUND	1129102	265626	1394728	242675	1637403	-4224	1633179	41.02
41.03	3430	MAGNETIC RESONANCE IMAGING	532987	1161676	1694663	818849	2513512	-48473	2465039	41.03
41.04	3450	NUCLEAR MEDICINE DIAGNOSTIC	605721	1131117	1736838	522617	2259455	-10714	2248741	41.04
41.05	3480	ONCOLOGY	5455510	1034710	6490220	27107	6517327	-2955027	3562300	41.05
44	4400	LABORATORY	5752255	2848255	8600510	256765	8857275	-11102	8846173	44
44.01	4401	LITHOTRIPTER		65566	65566		65566		65566	44.01
46.30	4650	BLOOD CLOTTING FACTORS ADMIN CO								46.30
47	4700	BLOOD STORING, PROCESSING & TRA		2176697	2176697		2176697		2176697	47
49	4900	RESPIRATORY THERAPY	1862191	373962	2236153	-211351	2024802	-3755	2021047	49
50	5000	PHYSICAL THERAPY	1617506	445131	2062637	8036	2070673	-59135	2011538	50
51	5100	OCCUPATIONAL THERAPY	186671	5798	192469	928	193397		193397	51
52	5200	SPEECH PATHOLOGY	232114	3219	235333	1154	236487		236487	52
53	5300	ELECTROCARDIOLOGY	396639	45952	442591	1972	444563	1348	445911	53
53.01	3160	CARDIAC REHAB	391770	125262	517032	-570	516462	-52	516410	53.01
54	5400	ELECTROENCEPHALOGRAPHY	580360	294859	875219	2885	878104	-1960	876144	54
55	5500	MEDICAL SUPPLIES CHARGED TO PAT		877734	877734	8674985	9552719	-3977	9548742	55
55.30	5530	IMPL. DEV. CHARGED TO PATIENT				19094831	19094831		19094831	55.30
56	5600	DRUGS CHARGED TO PATIENTS		18839285	18839285		18839285		18839285	56
56.01	5601	NUTRITIONAL SUPPORT	188078	5806	194884	939	195823	-200	195623	56.01
56.02	3340	GASTROENTEROLOGY	651267	509849	1161116	-262403	898713		898713	56.02
58.01	5801	SURGERY/CARDIAC AMB DAY CARE	2337472	686008	3023480	-138354	2885126	-33390	2851736	58.01
59	3161	CARDIOPULMONARY	1682411	8257337	9939748	-7393380	2546368	-41729	2504639	59
		OUTPATIENT SERVICE COST CENTERS								
60	6000	CLINIC	256639	906245	1162884	1272	1164156	-800	1163356	60
61	6100	EMERGENCY	7186020	4034376	11220396	35685	11256081	-4224392	7031689	61
62	6200	OBSERVATION BEDS (NON-DISTINCT								62
63.50	6310	RHC								63.50
63.60	6320	FQHC								63.60
		OTHER REIMBURSABLE COST CENTERS								
65	6500	AMBULANCE SERVICES	736695	1905195	2641890	3671	2645561	1339	2646900	65
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

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI-FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST-MENTS 6	NET EXP FOR ALLOCATION 7	
95		SUBTOTALS	101157025	173389653	274546678	1466191	276012869	-8991430	267021439	95
		NONREIMBURSABLE COST CENTERS								
96	9600	GIFT, FLOWER, COFFEE SHOP & CAN	168531	414947	583478	68834	652312	-1020	651292	96
98	9800	PHYSICIANS' PRIVATE OFFICES	28199457	11595849	39795306	-2477660	37317646	36610	37354256	98
99	9900	NONPAID WORKERS								99
99.01	9901	CONVENT		25782	25782		25782		25782	99.01
99.02	9902	OTHER NON-REIMBURSABLE	3038261	-2203402	834859	942635	1777494	-1050	1776444	99.02
101		TOTAL	132563274	183222829	315786103		315786103	-8956890	306829213	101

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	FIRE INSURANCE	A	NEW CAP REL COSTS-BLDG & FIXT	3		61887	1
2		A	NEW CAP REL COSTS-MVBLE EQUIP	4		91036	2
3	CAFETERIA RECLASS	B	CAFETERIA	12	755536	843675	3
4	NURSERY RECLASS	C	NURSERY	33	228663	74936	4
5	LABOR AND DELIVERY RECLASS	D	DELIVERY ROOM & LABOR ROOM	39	1020605	334467	5
6	CFH-RCC IMAGING	E	CAT SCAN	41.01	313346	454024	6
7		E	ULTRA SOUND	41.02	44244	64108	7
8		E	MAGNETIC RESONANCE IMAGING	41.03	255941	370847	8
9		E	NUCLEAR MEDICINE DIAGNOSTIC	41.04	137062	198596	9
10	EMPLOYEE BENEFIT RECLASS	F	EMPLOYEE BENEFITS	5		2620611	10
11	TEAM AWARD	H	ADMINISTRATIVE & GENERAL	6		45853	11
12		H	MAINTENANCE & REPAIRS	7		200	12
13		H	OPERATION OF PLANT	8		2890	13
14		H	LAUNDRY & LINEN SERVICE	9		200	14
15		H	HOUSEKEEPING	10		600	15
16		H	DIETARY	11		1300	16
17		H	CAFETERIA	12		60	17
18		H	NURSING ADMINISTRATION	14		1759	18
19		H	CENTRAL SERVICES & SUPPLY	15		3358	19
20		H	PHARMACY	16		727	20
21		H	MEDICAL RECORDS & LIBRARY	17		1808	21
22		H	SOCIAL SERVICE	18		848	22
23		H	NURSING SCHOOL	21		5056	23
24		H	PARAMED TRAINING	21.02		8158	24
25		H	ADULTS & PEDIATRICS	25	995		25
26		H	INTENSIVE CARE UNIT	26	1548		26
27		H	NURSERY	33	537		27
28		H	OPERATING ROOM	37	4690		28
29		H	DELIVERY ROOM & LABOR ROOM	39	2398		29
30		H	RADIOLOGY-DIAGNOSTIC	41		2268	30
31		H	CAT SCAN	41.01		200	31
32		H	ULTRA SOUND	41.02		400	32
33		H	MAGNETIC RESONANCE IMAGING	41.03		200	33
34		H	NUCLEAR MEDICINE DIAGNOSTIC	41.04		400	34
35		H	ONCOLOGY	41.05		5192	35
36	SUBTOTAL				2765565	5195664	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
		1	6	7	8	9	10
1	FIRE INSURANCE	A	ADMINISTRATIVE & GENERAL	6		152923	9 1
2		A					9 2
3	CAFETERIA RECLASS	B	DIETARY	11	755536	843675	3
4	NURSERY RECLASS	C	ADULTS & PEDIATRICS	25	228663	74936	4
5	LABOR AND DELIVERY RECLASS	D	ADULTS & PEDIATRICS	25	1020605	334467	5
6	CFH-RCC IMAGING	E	RADIOLOGY-DIAGNOSTIC	41	313346	454024	6
7		E	RADIOLOGY-DIAGNOSTIC	41	44244	64108	7
8		E	RADIOLOGY-DIAGNOSTIC	41	255941	370847	8
9		E	RADIOLOGY-DIAGNOSTIC	41	137062	198596	9
10	EMPLOYEE BENEFIT RECLASS	F	PHYSICIANS' PRIVATE OFFICES	98		2620611	10
11	TEAM AWARD	H	ADMINISTRATIVE & GENERAL	6	45853		11
12		H	MAINTENANCE & REPAIRS	7	200		12
13		H	OPERATION OF PLANT	8	2890		13
14		H	LAUNDRY & LINEN SERVICE	9	200		14
15		H	HOUSEKEEPING	10	600		15
16		H	DIETARY	11	1300		16
17		H	CAFETERIA	12	60		17
18		H	NURSING ADMINISTRATION	14	1759		18
19		H	CENTRAL SERVICES & SUPPLY	15	3358		19
20		H	PHARMACY	16	727		20
21		H	MEDICAL RECORDS & LIBRARY	17	1808		21
22		H	SOCIAL SERVICE	18	848		22
23		H	NURSING SCHOOL	21	5056		23
24		H	PARAMED TRAINING	21.02	8158		24
25		H	ADULTS & PEDIATRICS	25		995	25
26		H	INTENSIVE CARE UNIT	26		1548	26
27		H	NURSERY	33		537	27
28		H	OPERATING ROOM	37		4690	28
29		H	DELIVERY ROOM & LABOR ROOM	39		2398	29
30		H	RADIOLOGY-DIAGNOSTIC	41	2268		30
31		H	CAT SCAN	41.01	200		31
32		H	ULTRA SOUND	41.02	400		32
33		H	MAGNETIC RESONANCE IMAGING	41.03	200		33
34		H	NUCLEAR MEDICINE DIAGNOSTIC	41.04	400		34
35		H	ONCOLOGY	41.05	5192		35
36	SUBTOTAL				2836874	5124355	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
		1	2	3	4	5	
1		H	LABORATORY	44		8872	1
2		H	RESPIRATORY THERAPY	49		236	2
3		H	PHYSICAL THERAPY	50		1689	3
4		H	ELECTROCARDIOLOGY	53		200	4
5		H	ELECTROENCEPHALOGRAPHY	54		200	5
6		H	NUTRITIONAL SUPPORT	56.01		200	6
7		H	SURGERY/CARDIAC AMB DAY CARE	58.01		1499	7
8		H	CARDIOPULMONARY	59		5560	8
9		H	CLINIC	60		800	9
10		H	EMERGENCY	61		11074	10
11		H	AMBULANCE SERVICES	65	1339		11
12		H	GIFT, FLOWER, COFFEE SHOP & C	96		1020	12
13		H	PHYSICIANS' PRIVATE OFFICES	98	36610		13
14		H	OTHER NON-REIMBURSABLE	99.02		1050	14
15	VACATION	I	EMPLOYEE BENEFITS	5	658729		15
16	CARDIAC REHAB	J	PHYSICIANS' PRIVATE OFFICES	98	1901	608	16
17	DIETARY RECLASS	K	OTHER NON-REIMBURSABLE	99.02	437178	488177	17
18		K					18
19	PHONE	G	ADMINISTRATIVE & GENERAL	6		32909	19
20	RCA RENT EXPENSE RECLASS	L	LABORATORY	44		35817	20
21		L	ULTRA SOUND	41.02		95966	21
22		L	NUCLEAR MEDICINE DIAGNOSTIC	41.04		82515	22
23	CFH RCC RENT EXPENSE RECLASS	M	ADMINISTRATIVE & GENERAL	6		24345	23
24		M	RADIOLOGY-DIAGNOSTIC	41		84713	24
25		M	CAT SCAN	41.01		230336	25
26		M	ULTRA SOUND	41.02		32523	26
27		M	MAGNETIC RESONANCE IMAGING	41.03		188138	27
28		M	NUCLEAR MEDICINE DIAGNOSTIC	41.04		100752	28
29		M	LABORATORY	44		192383	29
30		M	GIFT, FLOWER, COFFEE SHOP & C	96		68001	30
31	VACATION RECLASS	N	ADMINISTRATIVE & GENERAL	6	86039		31
32		N	MAINTENANCE & REPAIRS	7	6088		32
33		N	OPERATION OF PLANT	8	3244		33
34		N	LAUNDRY & LINEN SERVICE	9	721		34
35		N	HOUSEKEEPING	10	7202		35
36	SUBTOTAL				4004616	6885247	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	DECREASE SALARY	DECREASE OTHER	WKST A-7 REF.
		1	6	7	8	9	10
1		H	LABORATORY	44	8872		1
2		H	RESPIRATORY THERAPY	49	236		2
3		H	PHYSICAL THERAPY	50	1689		3
4		H	ELECTROCARDIOLOGY	53	200		4
5		H	ELECTROENCEPHALOGRAPHY	54	200		5
6		H	NUTRITIONAL SUPPORT	56.01	200		6
7		H	SURGERY/CARDIAC AMB DAY CARE	58.01	1499		7
8		H	CARDIOPULMONARY	59	5560		8
9		H	CLINIC	60	800		9
10		H	EMERGENCY	61	11074		10
11		H	AMBULANCE SERVICES	65		1339	11
12		H	GIFT, FLOWER, COFFEE SHOP & C	96	1020		12
13		H	PHYSICIANS' PRIVATE OFFICES	98		36610	13
14		H	OTHER NON-REIMBURSABLE	99.02	1050		14
15	VACATION	I	EMPLOYEE BENEFITS	5		658729	15
16	CARDIAC REHAB	J	CARDIAC REHAB	53.01	1901	608	16
17	DIETARY RECLASS	K	DIETARY	11	178490	199312	17
18		K	CAFETERIA	12	258688	288865	18
19	PHONE	G	ADMINISTRATIVE & GENERAL	6	32909		19
20	RCA RENT EXPENSE RECLASS	L	CAT SCAN	41.01		35817	20
21		L	CAT SCAN	41.01		95966	21
22		L	CAT SCAN	41.01		82515	22
23	CFH RCC RENT EXPENSE RECLASS	M	MAINTENANCE & REPAIRS	7		24345	23
24		M	MAINTENANCE & REPAIRS	7		84713	24
25		M	MAINTENANCE & REPAIRS	7		230336	25
26		M	MAINTENANCE & REPAIRS	7		32523	26
27		M	MAINTENANCE & REPAIRS	7		188138	27
28		M	MAINTENANCE & REPAIRS	7		100752	28
29		M	MAINTENANCE & REPAIRS	7		192383	29
30		M	MAINTENANCE & REPAIRS	7		68001	30
31	VACATION RECLASS	N	EMPLOYEE BENEFITS	5	658812		31
32		N					32
33		N					33
34		N					34
35		N					35
36	SUBTOTAL				4000074	7445307	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
		1	2	3	4	5	
1		N	DIETARY	11	2369		1
2		N	CAFETERIA	12	3442		2
3		N	NURSING ADMINISTRATION	14	10673		3
4		N	CENTRAL SERVICES & SUPPLY	15	7345		4
5		N	PHARMACY	16	14787		5
6		N	MEDICAL RECORDS & LIBRARY	17	6219		6
7		N	SOCIAL SERVICE	18	2178		7
8		N	NURSING SCHOOL	21	8466		8
9		N	MEDTECH SCHOOL	21.01	556		9
10		N	PARAMED TRAINING	21.02	2657		10
11		N	ADULTS & PEDIATRICS	25	86365		11
12		N	INTENSIVE CARE UNIT	26	34321		12
13		N	NURSERY	33	1140		13
14		N	OPERATING ROOM	37	29000		14
15		N	RECOVERY ROOM	38	4500		15
16		N	DELIVERY ROOM & LABOR ROOM	39	5088		16
17		N	RADIOLOGY-DIAGNOSTIC	41	12237		17
18		N	CAT SCAN	41.01	5561		18
19		N	ULTRA SOUND	41.02	5834		19
20		N	MAGNETIC RESONANCE IMAGING	41.03	3923		20
21		N	NUCLEAR MEDICINE DIAGNOSTIC	41.04	3692		21
22		N	ONCOLOGY	41.05	27107		22
23		N	LABORATORY	44	28565		23
24		N	RESPIRATORY THERAPY	49	9260		24
25		N	PHYSICAL THERAPY	50	8036		25
26		N	OCCUPATIONAL THERAPY	51	928		26
27		N	SPEECH PATHOLOGY	52	1154		27
28		N	ELECTROCARDIOLOGY	53	1972		28
29		N	CARDIAC REHAB	53.01	1939		29
30		N	ELECTROENCEPHALOGRAPHY	54	2885		30
31		N	NUTRITIONAL SUPPORT	56.01	939		31
32		N	GASTROENTEROLOGY	56.02	3239		32
33		N	SURGERY/CARDIAC AMB DAY CARE	58.01	11618		33
34		N	CARDIOPULMONARY	59	8340		34
35		N	CLINIC	60	1272		35
36	SUBTOTAL				4362223	6885247	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	DECREASE COST CENTER 6	DECREASE LINE # 7	DECREASE SALARY 8	DECREASE OTHER 9	WKST A-7 REF. 10
1		N					1
2		N					2
3		N					3
4		N					4
5		N					5
6		N					6
7		N					7
8		N					8
9		N					9
10		N					10
11		N					11
12		N					12
13		N					13
14		N					14
15		N					15
16		N					16
17		N					17
18		N					18
19		N					19
20		N					20
21		N					21
22		N					22
23		N					23
24		N					24
25		N					25
26		N					26
27		N					27
28		N					28
29		N					29
30		N					30
31		N					31
32		N					32
33		N					33
34		N					34
35		N					35
36	SUBTOTAL				4000074	7445307	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	COST CENTER 2	INCREASE LINE # 3	SALARY 4	OTHER 5	
1		N	EMERGENCY	61	35685		1
2		N	AMBULANCE SERVICES	65	3671		2
3		N	GIFT, FLOWER, COFFEE SHOP & C	96	833		3
4		N	PHYSICIANS' PRIVATE OFFICES	98	140442		4
5		N	OTHER NON-REIMBURSABLE	99.02	17280		5
6	MEDICAL/SURGICAL SUPPLIES RECLASS	O	MEDICAL SUPPLIES CHARGED TO P	55		5686790	6
7		O	MEDICAL SUPPLIES CHARGED TO P	55		220611	7
8		O	MEDICAL SUPPLIES CHARGED TO P	55		265642	8
9		O	MEDICAL SUPPLIES CHARGED TO P	55		149972	9
10		O	MEDICAL SUPPLIES CHARGED TO P	55		2351970	10
11	IMPLANTABLE MEDICAL DEVICES	P	IMPL. DEV. CHARGED TO PATIENT	55.30		14045081	11
12		P	IMPL. DEV. CHARGED TO PATIENT	55.30		5049750	12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36	TOTAL RECLASSIFICATIONS				4560134	34655063	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE COST CENTER	DECREASE LINE #	DECREASE SALARY	DECREASE OTHER	WKST A-7 REF.
		1	6	7	8	9	10
1		N					1
2		N					2
3		N					3
4		N					4
5		N					5
6	MEDICAL/SURGICAL SUPPLIES RECLASS	O	OPERATING ROOM	37		5686790	6
7		O	RESPIRATORY THERAPY	49		220611	7
8		O	GASTROENTEROLOGY	56.02		265642	8
9		O	SURGERY/CARDIAC AMB DAY CARE	58.01		149972	9
10		O	CARDIOPULMONARY	59		2351970	10
11	IMPLANTABLE MEDICAL DEVICES	P	OPERATING ROOM	37		14045081	11
12		P	CARDIOPULMONARY	59		5049750	12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36	TOTAL RECLASSIFICATIONS				4000074	35215123	36

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

WORKSHEET A-7
PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS PURCHASE 2	ACQUISITIONS DONATION 3	ACQUISITIONS TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
1	LAND	3589863					3589863		1
2	LAND IMPROVEMENTS	3630102					3630102		2
3	BUILDINGS AND FIXTURES	113644796	1839326		1839326		115484122		3
4	BUILDING IMPROVEMENTS	150578	254040		254040		404618		4
5	FIXED EQUIPMENT	106585472	4856749		4856749	1928182	109514039		5
6	MOVABLE EQUIPMENT	143559					143559		6
7	SUBTOTAL	227744370	6950115		6950115	1928182	232766303		7
8	RECONCILING ITEMS								8
9	TOTAL	227744370	6950115		6950115	1928182	232766303		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
PARTS III & IV

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

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL: DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL	
		9	10	11	12	13	14	15	
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT	4236985						4236985	3
4	NEW CAP REL COSTS-MVBLE EQUIP	6232595						6232595	4
5	TOTAL	10469580						10469580	5

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

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL: DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL	
		9	10	11	12	13	14	15	
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT	4175098						4175098	3
4	NEW CAP REL COSTS-MVBLE EQUIP	6141559						6141559	4
5	TOTAL	10316657						10316657	5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO. 4	WKST A-7 REF 5
1	INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2	INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3	INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4	INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5	INVESTMENT INCOME-OTHER					5
6	TRADE, QUANTITY, AND TIME DISCOUNTS					6
7	REFUNDS AND REBATES OF EXPENSES					7
8	RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9	TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-73450	ADMINISTRATIVE & GENERAL	6	9
10	TELEVISION AND RADIO SERVICE	A	-32534	ADMINISTRATIVE & GENERAL	6	10
11	PARKING LOT					11
12	PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-7566933			12
13	SALE OF SCRAP, WASTE, ETC.					13
14	RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1	3769928			14
15	LAUNDRY AND LINEN SERVICE					15
16	CAFETERIA - EMPLOYEES AND GUESTS					16
17	RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18	SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19	SALE OF DRUGS TO OTHER THAN PATIENTS					19
20	SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-1341	MEDICAL RECORDS & LIBRARY	17	20
21	NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)	B	-2022924	NURSING SCHOOL	21	21
22	VENDING MACHINES					22
23	INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24	INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25	ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		RESPIRATORY THERAPY	49	25
26	ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		PHYSICAL THERAPY	50	26
27	ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST A-8-3		HOME HEALTH AGENCY	71	27
28	UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29	DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30	DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31	DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32	DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33	NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34	PHYSICIANS' ASSISTANT					34
35	ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				35
36	ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				36
37	ALTERNATE BIRHTING CENTER	B	-5514	ADULTS & PEDIATRICS	25	37
37.01	ALTERNATE BIRTHING CENTER	B	-1449	NURSERY	33	37.01
37.02	ALTERNATE BIRTHING CENTER	B	-6469	DELIVERY ROOM & LABOR ROOM	39	37.02
38	ER PHYSICIANS	B	-500	EMERGENCY	61	38
39	SURGERY-GENERAL (MAJOR)	B	-17691	OPERATING ROOM	37	39
40	PARAMEDICAL EDUCATION	B	-70585	PARAMED TRAINING	21.02	40
40.01	PROFESSIONAL DEVELOPMENT	B	-5730	ADMINISTRATIVE & GENERAL	6	40.01
41	CHEMOTHERAPY	B	-13380	ONCOLOGY	41.05	41
42	ELECTROCARDIOLOGY	B	1548	ELECTROCARDIOLOGY	53	42
43						43
44	LAB	B	-2230	LABORATORY	44	44
45	MED SUPPLIES SOLD TO PTS	B	-3977	MEDICAL SUPPLIES CHARGED TO PAT	55	45
46	RADIOLOGY - DIAGNOSTIC	B	-5029	RADIOLOGY-DIAGNOSTIC	41	46
47						47
47.01	PLANT MAINTENANCE-OFF CAMPUS	B	-165391	MAINTENANCE & REPAIRS	7	47.01
48						48
48.01	RADIATION THERAPY ADMIN	B	-124800	ONCOLOGY	41.05	48.01
48.02	CARDIAC REHAB	B	-52	CARDIAC REHAB	53.01	48.02
48.03	PHYSICAL THERAPY	B	-56647	PHYSICAL THERAPY	50	48.03
48.04	PROPERTY TAXES	A	-34880	ADMINISTRATIVE & GENERAL	6	48.04
49	ADVERTISING	A	-240	NURSERY	33	49
49.01	ADVERTISING	A	-5289	EMERGENCY	61	49.01
49.02	ADVERTISING	A	-140	SURGERY/CARDIAC AMB DAY CARE	58.01	49.02
49.03	ADVERTISING	A	-106057	NURSING SCHOOL	21	49.03
49.04	ADVERTISING	A	-1050	ADULTS & PEDIATRICS	25	49.04
49.05	ADVERTISING	A	-1072	DELIVERY ROOM & LABOR ROOM	39	49.05
49.06	ADVERTISING	A	-4533	SOCIAL SERVICE	18	49.06
49.07	PHYSICIAN RECRUITMENT	A	-33401	ADMINISTRATIVE & GENERAL	6	49.07
49.08	LOBBYING EXPENSE	A	-33751	ADMINISTRATIVE & GENERAL	6	49.08
49.09	INTEREST INCOME	A	-20437	ADMINISTRATIVE & GENERAL	6	49.09

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO. 4	WKST A-7 REF 5
49.10	UNEMPLOYMENT	A	163265	EMPLOYEE BENEFITS	5	49.10
49.11	INTEREST INCOME CORP	A	-6133	ADMINISTRATIVE & GENERAL	6	49.11
49.13	PRINTING AND DUPLICATING	B	-558	ADMINISTRATIVE & GENERAL	6	49.13
49.14	HOUSEKEEPING	B	-243	HOUSEKEEPING	10	49.14
49.15	PLANT OPERATIONS	B	-65227	OPERATION OF PLANT	8	49.15
49.16	PLANT MAINTENANCE	B	-118	MAINTENANCE & REPAIRS	7	49.16
49.17	BIOMED SERVICES	B	-781	MAINTENANCE & REPAIRS	7	49.17
49.18	SOCIAL WORK	B	850	SOCIAL SERVICE	18	49.18
49.19	GENERAL ACCOUNTING	B	-8391	ADMINISTRATIVE & GENERAL	6	49.19
49.20	PATIENT ACCOUNTING	B	-133394	ADMINISTRATIVE & GENERAL	6	49.20
49.21	HOSPITAL ADMINISTRATION	B	-7867	ADMINISTRATIVE & GENERAL	6	49.21
49.22	PERSONNEL	B	-2610	ADMINISTRATIVE & GENERAL	6	49.22
49.23	EMPLOYEE HEALTH SERVICES	B	-10062	ADMINISTRATIVE & GENERAL	6	49.23
49.24	CHAPLAINCY	B	-14130	ADMINISTRATIVE & GENERAL	6	49.24
49.26	MEDICAL STAFF ADMIN	B	-47175	ADMINISTRATIVE & GENERAL	6	49.26
49.27	PRE-EMPLOY PHYSICALS	A	-11080	EMPLOYEE BENEFITS	5	49.27
49.28	ER EMPLOYED PHYSICIANS BENEFITS	A	-781891	EMPLOYEE BENEFITS	5	49.28
49.29	INSERVICE EDUCATION NURSING	B	-6325	ADMINISTRATIVE & GENERAL	6	49.29
49.30	TEAM AWARD	A	-45853	ADMINISTRATIVE & GENERAL	6	49.30
49.31	TEAM AWARD	A	-200	MAINTENANCE & REPAIRS	7	49.31
49.32	TEAM AWARD	A	-2890	OPERATION OF PLANT	8	49.32
49.33	TEAM AWARD	A	-600	HOUSEKEEPING	10	49.33
49.34	TEAM AWARD	A	-1300	DIETARY	11	49.34
49.35	TEAM AWARD	A	-60	CAFETERIA	12	49.35
49.36	TEAM AWARD	A	-1759	NURSING ADMINISTRATION	14	49.36
49.37	TEAM AWARD	A	-3358	CENTRAL SERVICES & SUPPLY	15	49.37
49.38	TEAM AWARD	A	-848	SOCIAL SERVICE	18	49.38
49.39	TEAM AWARD	A	-5056	NURSING SCHOOL	21	49.39
49.40	TEAM AWARD	A	995	ADULTS & PEDIATRICS	25	49.40
49.41	TEAM AWARD	A	1548	INTENSIVE CARE UNIT	26	49.41
49.42	TEAM AWARD	A	4690	OPERATING ROOM	37	49.42
49.43	TEAM AWARD	A	2398	DELIVERY ROOM & LABOR ROOM	39	49.43
49.44	TEAM AWARD	A	-2268	RADIOLOGY-DIAGNOSTIC	41	49.44
49.45	TEAM AWARD	A	-200	CAT SCAN	41.01	49.45
49.46	TEAM AWARD	A	-5192	ONCOLOGY	41.05	49.46
49.47	TEAM AWARD	A	-8872	LABORATORY	44	49.47
49.48	TEAM AWARD	A	-1689	PHYSICAL THERAPY	50	49.48
49.49	TEAM AWARD	A	-200	ELECTROENCEPHALOGRAPHY	54	49.49
49.50	TEAM AWARD	A	-200	NUTRITIONAL SUPPORT	56.01	49.50
49.51	TEAM AWARD	A	-1499	SURGERY/CARDIAC AMB DAY CARE	58.01	49.51
49.52	TEAM AWARD	A	-5560	CARDIOPULMONARY	59	49.52
49.53	TEAM AWARD	A	-11074	EMERGENCY	61	49.53
49.54	TEAM AWARD	A	-1020	GIFT, FLOWER, COFFEE SHOP & CAN	96	49.54
49.55	TEAM AWARD	A	36610	PHYSICIANS' PRIVATE OFFICES	98	49.55
49.56	DISASTER PREPAREDNESS	B	-10982	ADMINISTRATIVE & GENERAL	6	49.56
49.57	TRANSCRIPTION SERVICES	B	-10927	ADMINISTRATIVE & GENERAL	6	49.57
49.59	CON LIBRARY	B	-525	ADMINISTRATIVE & GENERAL	6	49.59
49.60	QUALITY IMPROVEMENT	B	-821	ADMINISTRATIVE & GENERAL	6	49.60
49.61	ADVERTISING	A	-551	RADIOLOGY-DIAGNOSTIC	41	49.61
49.62	ADVERTISING	A	-799	PHYSICAL THERAPY	50	49.62
49.63	ADVERTISING	A	-1256330	ADMINISTRATIVE & GENERAL	6	49.63
49.64	TEAM AWARD	A	-200	LAUNDRY & LINEN SERVICE	9	49.64
49.65	TEAM AWARD	A	-727	PHARMACY	16	49.65
49.66	TEAM AWARD	A	-1808	MEDICAL RECORDS & LIBRARY	17	49.66
49.67	TEAM AWARD	A	-8158	PARAMED TRAINING	21.02	49.67
49.68	TEAM AWARD	A	537	NURSERY	33	49.68
49.69	TEAM AWARD	A	-400	ULTRA SOUND	41.02	49.69
49.70	TEAM AWARD	A	-200	MAGNETIC RESONANCE IMAGING	41.03	49.70
49.71	TEAM AWARD	A	-400	NUCLEAR MEDICINE DIAGNOSTIC	41.04	49.71
49.72	TEAM AWARD	A	-236	RESPIRATORY THERAPY	49	49.72
49.73	TEAM AWARD	A	-200	ELECTROCARDIOLOGY	53	49.73
49.74	TEAM AWARD	A	1339	AMBULANCE SERVICES	65	49.74
49.75	TEAM AWARD	A	-1050	OTHER NON-REIMBURSABLE	99.02	49.75
49.76	TEAM AWARD	A	-800	CLINIC	60	49.76
49.77	RUSH RESIDENT PROGRAM P/Y EXPENSE	A	-32325	I&R SERVICES-SALARY & FRINGES A	22	49.77
50	TOTAL		-8956890			50

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

WORKSHEET A-8-1

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

	LINE NO. 1	COST CENTER 2	EXPENSE ITEMS 3	AMOUNT OF ALLOWABLE COST 4	AMOUNT (INCL IN WKST A, COL 5) 5	NET ADJ-USTMENTS 6	WKST A-7 REF 7	
1	6	ADMINISTRATIVE & GENERAL	A&G	19514923	21092422	-1577499		1
2	8	OPERATION OF PLANT	OPERATION OF PLANT	525755	568255	-42500		2
3	14	NURSING ADMINISTRATION	NURSING ADMIN	60903	65826	-4923		3
4								4
4.02	6	ADMINISTRATIVE & GENERAL	CORPORATE OFFICE INTEREST	5625074		5625074		4.02
4.03	41.03	MAGNETIC RESONANCE IMAGING	MOBILE MRI	8040	9440	-1400		4.03
4.04	41	RADIOLOGY-DIAGNOSTIC	RADIOLOGY ST FRANCIS INC	191419	216355	-24936		4.04
4.05	59	CARDIOPULMONARY	CARDIAC CATH ST FRANCIS I	277650	313819	-36169		4.05
4.06	41.04	NUCLEAR MEDICINE DIAGNOSTIC	NUC MED-ST FRANCIS INC	79173	89487	-10314		4.06
4.07	41.03	MAGNETIC RESONANCE IMAGING	MRI- ST FRANCIS INC	359822	406695	-46873		4.07
4.08	41.01	CAT SCAN	CT SCAN ST FRANCIS INC	484283	547369	-63086		4.08
4.09	41.05	ONCOLOGY	ONCOLOGY ST FRANCIS INC	334865	378487	-43622		4.09
4.11	6	ADMINISTRATIVE & GENERAL	SISTER SERVICES	63586	63586			4.11
4.14	44	LABORATORY	OSF SYSTEM LAB	663605	663605			4.14
4.15	41.02	ULTRA SOUND	ULTRA SOUND ST FRANCIS IN	29357	33181	-3824		4.15
5		TOTALS		28218455	24448527	3769928		5

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

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

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

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

	WKST A LINE NO. 1	COST CENTER/ PHYSICIAN IDENTIFIER 2		TOTAL REMUNERATION INCL FRINGES 3	PROFESSIONAL COMPONENT 4	PROVIDER COMPONENT 5	RCE AMOUNT 6	PHYSICIAN/ PROVIDER COMPONENT HOURS 7	UNADJUSTED RCE LIMIT 8	PERCENT OF UNADJUSTED RCE LIMIT 9
1	25	ADULTS & PEDIATRICS	ALTERNATE BIRTHING	23363		23363	171400	1	82	4
2	33	NURSERY	ALTERNATE BIRTHING	6141		6141	171400	1	82	4
3	39	DELIVERY ROOM & LABOR RO	ALTERNATE BIRTHING	27410		27410	171400	1	82	4
4	61	EMERGENCY	EMERGENCY ROOM	3438766	3298937	139829	171400	796	65593	3280
5	41.05	ONCOLOGY	ONCOLOGY	2698925	2486979	211946	171400	1040	85700	4285
6	21.02	PARAMED TRAINING	PARAMEDICAL EDUCATI	179781		179781	171400	1022	84217	4211
7	6	ADMINISTRATIVE & GENERAL	MEDICAL STAFF ADMIN	25948		25948	171400	250	20601	1030
8	26	INTENSIVE CARE UNIT	OTHER INTENSIVE CAR	76462		76462	171400	487	40131	2007
9	25	ADULTS & PEDIATRICS	ALTERNATE BIRTHING	4269		4269	171400	1	82	4
10	33	NURSERY	ALTERNATE BIRTHING	1122		1122	171400	1	82	4
11	39	DELIVERY ROOM & LABOR RO	ALTERNATE BIRTHING	5009		5009	171400	1	82	4
12	25	ADULTS & PEDIATRICS	ALTERNATE BIRTHING	7882		7882	171400	118	9724	486
13	33	NURSERY	ALTERNATE BIRTHING	2072		2072	171400	31	2555	128
14	39	DELIVERY ROOM & LABOR RO	ALTERNATE BIRHTING	9247		9247	171400	139	11454	573
15	25	ADULTS & PEDIATRICS	ALTERNATE BIRTHING	4598		4598	171400	1	82	4
16	33	NURSERY	ALTERNATE BIRTHING	1208		1208	171400	1	82	4
17	39	DELIVERY ROOM & LABOR RO	ALTERNATE BIRTHING	5394		5394	171400	1	82	4
18	25	ADULTS & PEDIATRICS	ALTERNATE BIRTHING	4269		4269	171400	1	82	4
19	33	NURSERY	ALTERNATE BIRTHING	1122		1122	171400	1	82	4
20	39	DELIVERY ROOM & LABOR RO	ALTERNATE BIRTHING	5009		5009	171400	1	82	4
21	25	ADULTS & PEDIATRICS	ALTERNATE BIRTHING	3695		3695	171400	1	82	4
22	33	NURSERY	ALTERNATE BIRTHING	971		971	171400	1	82	4
23	39	DELIVERY ROOM & LABOR RO	ALTERNATE BIRTHING	4334		4334	171400	1	82	4
24	25	ADULTS & PEDIATRICS	ALTERNATE BIRTHING	137518		137518	171400	3300	271933	13597
25	33	NURSERY	ALTERNATE BIRTHING	36147		36147	171400	868	71527	3576
26	39	DELIVERY ROOM & LABOR RO	ALTERNATE BIRTHING	161336		161336	171400	3872	319068	15953
27	25	ADULTS & PEDIATRICS	ALTERNATE BIRTHING	15188		15188	171400	3596	296324	14816
28	33	NURSERY	ALTERNATE BIRTHING	3992		3992	171400	945	77872	3894
29	39	DELIVERY ROOM & LABOR RO	ALTERNATE BIRTHING	17819		17819	171400	4219	347662	17383
30	61	EMERGENCY	TRAUMA CENTER	1556214		1556214	171400	8760	721858	36093
31	61	EMERGENCY	TRAUMA CENTER	323750		323750	171400	8760	721858	36093
32	61	EMERGENCY	TRAUMA CENTER	74980		74980	171400	3912	322364	16118
33	61	EMERGENCY	TRAUMA CENTER	23750		23750	171400	2280	187881	9394
34	61	EMERGENCY	TRAUMA CENTER	108000		108000	171400	2592	213591	10680
35	61	EMERGENCY	TRAUMA CENTER	81360		81360	171400	8136	670438	33522
36	61	EMERGENCY	TRAUMA CENTER	6240		6240	171400	624	51420	2571
37	61	EMERGENCY	TRAUMA CENTER	138600		138600	171400	3024	249189	12459
38	61	EMERGENCY	TRAUMA CENTER	411323		411323	171400	8760	721858	36093
39	61	EMERGENCY	TRAUMA CENTER	46200		46200	171400	1008	83063	4153
40	61	EMERGENCY	TRAUMA CENTER	292000		292000	171400	8760	721858	36093
41	61	EMERGENCY	TRAUMA CENTER	12250		12250	171400	1176	96907	4845
42	61	EMERGENCY	TRAUMA CENTER	8750		8750	171400	840	69219	3461
43	61	EMERGENCY	TRAUMA CENTER	21000		21000	171400	2016	166126	8306
44	61	EMERGENCY	TRAUMA CENTER	35000		35000	171400	3360	276877	13844
45	58.01	SURGERY/CARDIAC AMB DAY	OTHER AMBULATORY SE	54000		54000	171400	270	22249	1112
46	37	OPERATING ROOM	SURGERY	120250		120250	204100	8760	859575	42979
47	40	ANESTHESIOLOGY	ANESTHESIOLOGY	1044967		1044967	200300	8760	843571	42179
48	41.05	ONCOLOGY	RADIATION THERAPY A	154808	154808		219500			
49	49	RESPIRATORY THERAPY	RESPIRATORY THERAPY	20000		20000	171400	200	16481	824
50	56.02	GASTROENTEROLOGY	GASTRO-INTESTINAL S	10000		10000	171400	260	21425	1071
51	54	ELECTROENCEPHALOGRAPHY	SLEEP LAB	10000		10000	171400	100	8240	412
52	6	ADMINISTRATIVE & GENERAL	OTHER HEALTH PROF E	66000		66000	171400	1040	85700	4285
53	18	SOCIAL SERVICE	SOCIAL WORK SVCS	18000		18000	171400	8760	721858	36093
54	16	PHARMACY	PHARMACY	25000		25000	171400	8760	721858	36093
55	6	ADMINISTRATIVE & GENERAL	HOSPITAL ADMIN	2402		2402	171400	27	2225	111
56	6	ADMINISTRATIVE & GENERAL	MEDICAL STAFF ADMIN	3000		3000	171400	19	1566	78
57	6	ADMINISTRATIVE & GENERAL	MEDICAL STAFF ADMIN	4750		4750	171400	32	2637	132
58	6	ADMINISTRATIVE & GENERAL	MEDICAL STAFF ADMIN	4500		4500	171400	30	2472	124
59	6	ADMINISTRATIVE & GENERAL	QUALITY IMPROVEMENT	8575		8575	171400	108	8900	445
60	6	ADMINISTRATIVE & GENERAL	HEART INSTITUTE	14875		14875	171400	60	4944	247
61	6	ADMINISTRATIVE & GENERAL	TRAUMA HELICOPTER	38097	21	38076	171400	237	19530	977
62	14	NURSING ADMINISTRATION	PALLIATIVE CARE	84769	84769		171400			
101		TOTAL		11732407	6025514	5706893		122129	10323329	516166

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

	WKST A LINE NO. 10	COST CENTER/ PHYSICIAN IDENTIFIER 11		COST OF MEMBERSHIP & CONTIN. EDUCATION 12	PROVIDER COMPONENT SHARE OF COLUMN 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COLUMN 14 15	ADJUSTED RCE LIMIT 16	RCE DIS-ALLOWANCE 17	ADJUST-MENT 18
1	25	ADULTS & PEDIATRICS	ALTERNATE BIRTHING					82	23281	23281
2	33	NURSERY	ALTERNATE BIRTHING					82	6059	6059
3	39	DELIVERY ROOM & LABOR RO	ALTERNATE BIRTHING					82	27328	27328
4	61	EMERGENCY	EMERGENCY ROOM					65593	74236	3373173
5	41.05	ONCOLOGY	ONCOLOGY					85700	126246	2613225
6	21.02	PARAMED TRAINING	PARAMEDICAL EDUCATI					84217	95564	95564
7	6	ADMINISTRATIVE & GENERAL	MEDICAL STAFF ADMIN					20601	5347	5347
8	26	INTENSIVE CARE UNIT	OTHER INTENSIVE CAR					40131	36331	36331
9	25	ADULTS & PEDIATRICS	ALTERNATE BIRTHING					82	4187	4187
10	33	NURSERY	ALTERNATE BIRTHING					82	1040	1040
11	39	DELIVERY ROOM & LABOR RO	ALTERNATE BIRTHING					82	4927	4927
12	25	ADULTS & PEDIATRICS	ALTERNATE BIRTHING					9724		
13	33	NURSERY	ALTERNATE BIRTHING					2555		
14	39	DELIVERY ROOM & LABOR RO	ALTERNATE BIRHTING					11454		
15	25	ADULTS & PEDIATRICS	ALTERNATE BIRTHING					82	4516	4516
16	33	NURSERY	ALTERNATE BIRTHING					82	1126	1126
17	39	DELIVERY ROOM & LABOR RO	ALTERNATE BIRTHING					82	5312	5312
18	25	ADULTS & PEDIATRICS	ALTERNATE BIRTHING					82	4187	4187
19	33	NURSERY	ALTERNATE BIRTHING					82	1040	1040
20	39	DELIVERY ROOM & LABOR RO	ALTERNATE BIRTHING					82	4927	4927
21	25	ADULTS & PEDIATRICS	ALTERNATE BIRTHING					82	3613	3613
22	33	NURSERY	ALTERNATE BIRTHING					82	889	889
23	39	DELIVERY ROOM & LABOR RO	ALTERNATE BIRTHING					82	4252	4252
24	25	ADULTS & PEDIATRICS	ALTERNATE BIRTHING					271933		
25	33	NURSERY	ALTERNATE BIRTHING					71527		
26	39	DELIVERY ROOM & LABOR RO	ALTERNATE BIRTHING					319068		
27	25	ADULTS & PEDIATRICS	ALTERNATE BIRTHING					296324		
28	33	NURSERY	ALTERNATE BIRTHING					77872		
29	39	DELIVERY ROOM & LABOR RO	ALTERNATE BIRTHING					347662		
30	61	EMERGENCY	TRAUMA CENTER					721858	834356	834356
31	61	EMERGENCY	TRAUMA CENTER					721858		
32	61	EMERGENCY	TRAUMA CENTER					322364		
33	61	EMERGENCY	TRAUMA CENTER					187881		
34	61	EMERGENCY	TRAUMA CENTER					213591		
35	61	EMERGENCY	TRAUMA CENTER					670438		
36	61	EMERGENCY	TRAUMA CENTER					51420		
37	61	EMERGENCY	TRAUMA CENTER					249189		
38	61	EMERGENCY	TRAUMA CENTER					721858		
39	61	EMERGENCY	TRAUMA CENTER					83063		
40	61	EMERGENCY	TRAUMA CENTER					721858		
41	61	EMERGENCY	TRAUMA CENTER					96907		
42	61	EMERGENCY	TRAUMA CENTER					69219		
43	61	EMERGENCY	TRAUMA CENTER					166126		
44	61	EMERGENCY	TRAUMA CENTER					276877		
45	58.01	SURGERY/CARDIAC AMB DAY	OTHER AMBULATORY SE					22249	31751	31751
46	37	OPERATING ROOM	SURGERY					859575		
47	40	ANESTHESIOLOGY	ANESTHESIOLOGY					843571	201396	201396
48	41.05	ONCOLOGY	RADIATION THERAPY A							154808
49	49	RESPIRATORY THERAPY	RESPIRATORY THERAPY					16481	3519	3519
50	56.02	GASTROENTEROLOGY	GASTRO-INTESTINAL S					21425		
51	54	ELECTROENCEPHALOGRAPHY	SLEEP LAB					8240	1760	1760
52	6	ADMINISTRATIVE & GENERAL	OTHER HEALTH PROF E					85700		
53	18	SOCIAL SERVICE	SOCIAL WORK SVCS					721858		
54	16	PHARMACY	PHARMACY					721858		
55	6	ADMINISTRATIVE & GENERAL	HOSPITAL ADMIN					2225	177	177
56	6	ADMINISTRATIVE & GENERAL	MEDICAL STAFF ADMIN					1566	1434	1434
57	6	ADMINISTRATIVE & GENERAL	MEDICAL STAFF ADMIN					2637	2113	2113
58	6	ADMINISTRATIVE & GENERAL	MEDICAL STAFF ADMIN					2472	2028	2028
59	6	ADMINISTRATIVE & GENERAL	QUALITY IMPROVEMENT					8900		
60	6	ADMINISTRATIVE & GENERAL	HEART INSTITUTE					4944	9931	9931
61	6	ADMINISTRATIVE & GENERAL	TRAUMA HELICOPTER					19530	18546	18567
62	14	NURSING ADMINISTRATION	PALLIATIVE CARE							84769
101		TOTAL						10323329	1541419	7566933

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINIS-TRATIVE & GENERAL 6	MAIN-TENANCE & REPAIRS 7	OPERATION OF PLANT 8	
	GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT	4236985	4236985							3
4	NEW CAP REL COSTS-MVBLE EQUIP	6232595		6232595						4
5	EMPLOYEE BENEFITS	34060761			34060761					5
6	ADMINISTRATIVE & GENERAL	59106891	433016	1080740	4650401	65271048	65271048			6
7	MAINTENANCE & REPAIRS	2997856	439115	65812	329070	3831853	1035397	4867250		7
8	OPERATION OF PLANT	4151385	91970	102103	175361	4520819	1221561	133034	5875414	8
9	LAUNDRY & LINEN SERVICE	1023968			38965	1062933	287213			9
10	HOUSEKEEPING	1902166	68266		389237	2359669	637601	98747	122550	10
11	DIETARY	1229219	62611	56182	128021	1476033	398836	90567	112398	11
12	CAFETERIA	1250987	69955		186033	1506975	407197	101190	125582	12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION	2213021	9869	52849	576881	2852620	770801	14276	17717	14
15	CENTRAL SERVICES & SUPPLY	1946053	69546	74408	396987	2536994	685516	100599	124848	15
16	PHARMACY	3123683	58068	60534	799227	4041512	1092049	83995	104242	16
17	MEDICAL RECORDS & LIBRARY	1618295	31608	2846	336127	1988876	537410	45721	56742	17
18	SOCIAL SERVICE	462203	3877		117712	583792	157745	5607	6959	18
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL	8466	413393	97580	457593	977032	264002	597971	742114	21
21.01	MEDTECH SCHOOL	117474	2650		30033	150157	40574	3833	4756	21.01
21.02	PARAMED TRAINING	539908	30808	39053	143627	743396	200872	44563	55305	21.02
22	I&R SERVICES-SALARY & FRINGES A	37214				37214	10056			22
23	I&R SERVICES-OTHER PRGM COSTS A									23
24	PARAMED ED PRGM-(SPECIFY)									24
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	19179249	553624	233932	4667967	24634772	6656512	800818	993854	25
26	INTENSIVE CARE UNIT	8368530	203829	250391	1855025	10677775	2885220	294838	365910	26
33	NURSERY	293433	10927	7016	61612	372988	100784	15806	19616	33
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	10288880	284792	762948	1567408	12904028	3486772	411950	511252	37
38	RECOVERY ROOM	1051600	78322	1343	243201	1374466	371392	113292	140602	38
39	DELIVERY ROOM & LABOR ROOM	1308271	48750	20820	274998	1652839	446610	70517	87515	39
40	ANESTHESIOLOGY	1510368	1458	29751		1541577	416546	2109	2618	40
41	RADIOLOGY-DIAGNOSTIC	3631529	111850	532792	661398	4937569	1334171	161791	200791	41
41.01	CAT SCAN	3006306	13221	174600	300575	3494702	944296	19124	23734	41.01
41.02	ULTRA SOUND	1633179	26291	172100	315305	2146875	580103	38030	47197	41.02
41.03	MAGNETIC RESONANCE IMAGING	2465039	44687	153328	212021	2875075	776868	64639	80221	41.03
41.04	NUCLEAR MEDICINE DIAGNOSTIC	2248741	11007	49719	199563	2509030	677960	15922	19760	41.04
41.05	ONCOLOGY	3562300	159178	600782	582711	4904971	1325362	230250	285753	41.05
44	LABORATORY	9846173	100825	370369	1543904	10861271	2934802	145843	181000	44
44.01	LITHOTRIPTER	65566	5486			71052	19199	7935	9848	44.01
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
47	BLOOD STORING, PROCESSING & TRA	2176697				2176697	588161			47
49	RESPIRATORY THERAPY	2021047	31848	106324	500520	2659739	718683	46068	57173	49
50	PHYSICAL THERAPY	2011538	98060	30784	434355	2574737	695715	141844	176036	50
51	OCCUPATIONAL THERAPY	193397	12848	924	50180	257349	69538	18584	23064	51
52	SPEECH PATHOLOGY	236487	2667	4520	62395	306069	82702	3858	4788	52
53	ELECTROCARDIOLOGY	445911	10394	17720	106569	580594	156881	15034	18659	53
53.01	CARDIAC REHAB	516410		10099	104802	631311	170585			53.01
54	ELECTROENCEPHALOGRAPHY	876144	25046	84662	155955	1141807	308525	36229	44963	54
55	MEDICAL SUPPLIES CHARGED TO PAT	9548742		115153		9663895	2611262			55
55.30	IMPL. DEV. CHARGED TO PATIENT	19094831				19094831	5159576			55.30
56	DRUGS CHARGED TO PATIENTS	18839285	1325	127327		18967937	5125288	1916	2378	56
56.01	NUTRITIONAL SUPPORT	195623	5948	17	50773	252361	68190	8604	10678	56.01
56.02	GASTROENTEROLOGY	898713	45007	111515	175070	1230305	332438	65102	80795	56.02
58.01	SURGERY/CARDIAC AMB DAY CARE	2851736	41942	42069	627943	3563590	962911	60524	75113	58.01
59	CARDIOPULMONARY	2504639	72969	330380	450762	3358750	907561	105550	130993	59
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	1163356			68773	1232129	332931			60
61	EMERGENCY	7031689	140933	66840	1263501	8502963	2297569	203859	253000	61
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES	2646900	14039	4631	198394	2863964	773866	20307	25203	65
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

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINIS-TRATIVE & GENERAL 6	MAIN-TENANCE & REPAIRS 7	OPERATION OF PLANT 8	
95	SUBTOTALS	267021439	3941925	6034963	25490955	257958941	52065809	4440446	5345727	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN	651292	6179	30800	45029	733300	198144	8938	11093	96
98	PHYSICIANS' PRIVATE OFFICES	37354256	225354	139560	7590811	45309981	12243219	325974	404552	98
99	NONPAID WORKERS									99
99.01	CONVENT	25782	3201	117		29100	7863	4630	5746	99.01
99.02	OTHER NON-REIMBURSABLE	1776444	60326	27195	933966	2797891	756013	87262	108296	99.02
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	306829213	4236985	6232595	34060761	306829213	65271048	4867250	5875414	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	
	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	1350146								9
10	HOUSEKEEPING		3218567							10
11	DIETARY		62884	2140718						11
12	CAFETERIA		70260		2211204					12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION		9912		39678	3705004				14
15	CENTRAL SERVICES & SUPPLY	27265	69849		69667	90172	3704910			15
16	PHARMACY		58321		60440	121522	1031	5563112		16
17	MEDICAL RECORDS & LIBRARY		31746		49367		610		2710472	17
18	SOCIAL SERVICE		3893		12457		43			18
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL		415192		41677		3140	224		21
21.01	MEDTECH SCHOOL		2661		2461	5006				21.01
21.02	PARAMED TRAINING		30942		11227		428			21.02
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	648165	556032	1766734	509507	1023440	464158	9290	219654	25
26	INTENSIVE CARE UNIT	175996	204716	249300	180089	361727	278732	170	148076	26
33	NURSERY	5189	10975		5229	10434	4324	339	2332	33
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	76931	286031	1947	161019	323398	986137	2430	406957	37
38	RECOVERY ROOM	15700	78663		18916	38088	14064		17712	38
39	DELIVERY ROOM & LABOR ROOM	23161	48962		23222	46570	19298	1505	10395	39
40	ANESTHESIOLOGY		1464				81011	1463122	30708	40
41	RADIOLOGY-DIAGNOSTIC	13540	112337		77972	156782	59106	37660	85437	41
41.01	CAT SCAN	15036	13279		27529	55375	7413	51009	200404	41.01
41.02	ULTRA SOUND	13358	26405		24299	48684	8070	3418	71081	41.02
41.03	MAGNETIC RESONANCE IMAGING	12436	44881		17071	34140	2345	4467	86117	41.03
41.04	NUCLEAR MEDICINE DIAGNOSTIC		11055		16456	32916	2598	4329	64011	41.04
41.05	ONCOLOGY	18187	159871	40937	64592	102879	47571	16203	78763	41.05
44	LABORATORY	60	101264		147024	295498	103644	2716	337469	44
44.01	LITHOTRIPTER		5510						1896	44.01
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
47	BLOOD STORING, PROCESSING & TRA								31773	47
49	RESPIRATORY THERAPY	241	31987		48905	98374	27169	7021	65307	49
50	PHYSICAL THERAPY		98487		44753	89790	1142		27055	50
51	OCCUPATIONAL THERAPY		12904		4152	8392		116	4158	51
52	SPEECH PATHOLOGY		2679		5383	10795	3		2481	52
53	ELECTROCARDIOLOGY	10805	10439		13841	27933	10187	2261	22319	53
53.01	CARDIAC REHAB				9843	19804	1217		3060	53.01
54	ELECTROENCEPHALOGRAPHY	2433	25155		17532	35232	2734		18952	54
55	MEDICAL SUPPLIES CHARGED TO PAT						97699		14811	55
55.30	IMPL. DEV. CHARGED TO PATIENT									55.30
56	DRUGS CHARGED TO PATIENTS		1331				7281		279242	56
56.01	NUTRITIONAL SUPPORT		5974		4460	9047	17	1327	627	56.01
56.02	GASTROENTEROLOGY	8649	45203		13226	26718	72606		21066	56.02
58.01	SURGERY/CARDIAC AMB DAY CARE	73403	42024	21565	58441	117429	100739	24729	26653	58.01
59	CARDIOPULMONARY	19347	73287	13590	41985	84231	1055658	35716	236866	59
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC				6921		10504		11792	60
61	EMERGENCY	190244	141547	46745	110422	186667	198663	24104	160952	61
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES		14100		17532	35160	41	285	22346	65
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

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	
95	SUBTOTALS	1350146	2922222	2140718	1957295	3496203	3669383	1692441	2710472	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN		6206		10919					96
98	PHYSICIANS' PRIVATE OFFICES		226335		133952		35462	3855456		98
99	NONPAID WORKERS						18			99
99.01	CONVENT		3215					15215		99.01
99.02	OTHER NON-REIMBURSABLE		60589		109038	208801	47			99.02
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	1350146	3218567	2140718	2211204	3705004	3704910	5563112	2710472	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	SOCIAL SERVICE 18	NURSING SCHOOL 21	MEDTECH SCHOOL 21.01	PARAMED TRAINING 21.02	I&R SALARY & FRINGES 22	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26	TOTAL 27	
	GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6	ADMINISTRATIVE & GENERAL									6
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	770496								18
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL		3041352							21
21.01	MEDTECH SCHOOL			209448						21.01
21.02	PARAMED TRAINING				1086733					21.02
22	I&R SERVICES-SALARY & FRINGES A					47270				22
23	I&R SERVICES-OTHER PRGM COSTS A									23
24	PARAMED ED PRGM-(SPECIFY)									24
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	620010	1675096				40578042		40578042	25
26	INTENSIVE CARE UNIT	150486	491821				16454856		16454856	26
33	NURSERY		57009				605025		605025	33
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		90575				19649427		19649427	37
38	RECOVERY ROOM						2182895		2182895	38
39	DELIVERY ROOM & LABOR ROOM		254497				2685091		2685091	39
40	ANESTHESIOLOGY						3539155		3539155	40
41	RADIOLOGY-DIAGNOSTIC						7177156		7177156	41
41.01	CAT SCAN						4851901		4851901	41.01
41.02	ULTRA SOUND						3007520		3007520	41.02
41.03	MAGNETIC RESONANCE IMAGING						3998260		3998260	41.03
41.04	NUCLEAR MEDICINE DIAGNOSTIC						3354037		3354037	41.04
41.05	ONCOLOGY		46886				7322125		7322125	41.05
44	LABORATORY			209448			15320039		15320039	44
44.01	LITHOTRIPTER						115440		115440	44.01
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
47	BLOOD STORING, PROCESSING & TRA						2796631		2796631	47
49	RESPIRATORY THERAPY						3760667		3760667	49
50	PHYSICAL THERAPY						3849559		3849559	50
51	OCCUPATIONAL THERAPY						398257		398257	51
52	SPEECH PATHOLOGY						418758		418758	52
53	ELECTROCARDIOLOGY						868953		868953	53
53.01	CARDIAC REHAB		25574				861394		861394	53.01
54	ELECTROENCEPHALOGRAPHY						1633562		1633562	54
55	MEDICAL SUPPLIES CHARGED TO PAT						12387667		12387667	55
55.30	IMPL. DEV. CHARGED TO PATIENT						24254407		24254407	55.30
56	DRUGS CHARGED TO PATIENTS						24385373		24385373	56
56.01	NUTRITIONAL SUPPORT						361285		361285	56.01
56.02	GASTROENTEROLOGY		53279				1949387		1949387	56.02
58.01	SURGERY/CARDIAC AMB DAY CARE		106558				5233679		5233679	58.01
59	CARDIOPULMONARY		38361				6101895		6101895	59
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC						1594277		1594277	60
61	EMERGENCY		88088		1086733	47270	13538826	-47270	13491556	61
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES						3772804		3772804	65
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

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	SOCIAL SERVICE	NURSING SCHOOL	MEDTECH SCHOOL	PARAMED TRAINING	I&R SALARY & FRINGES	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		18	21	21.01	21.02	22	25	26	27	
95	SUBTOTALS	770496	2917744	209448	1086733	47270	239008350	-47270	238961080	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN						968600		968600	96
98	PHYSICIANS' PRIVATE OFFICES		123608				62658539		62658539	98
99	NONPAID WORKERS						18		18	99
99.01	CONVENT						65769		65769	99.01
99.02	OTHER NON-REIMBURSABLE						4127937		4127937	99.02
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	770496	3041352	209448	1086733	47270	306829213	-47270	306781943	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	ADMINIS-TRATIVE & GENERAL 6	MAIN-TENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	
	GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6	ADMINISTRATIVE & GENERAL	4294859	433016	1080740	5808645	5808645				6
7	MAINTENANCE & REPAIRS	4501	439115	65812	509428	92145	601573			7
8	OPERATION OF PLANT		91970	102103	194073	108712	16442	319227		8
9	LAUNDRY & LINEN SERVICE					25560			25560	9
10	HOUSEKEEPING		68266		68266	56743	12205	6658		10
11	DIETARY	796	62611	56182	119589	35494	11194	6107		11
12	CAFETERIA		69955		69955	36238	12507	6823		12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION		9869	52849	62718	68597	1764	963		14
15	CENTRAL SERVICES & SUPPLY	51135	69546	74408	195089	61007	12434	6783	516	15
16	PHARMACY		58068	60534	118602	97186	10381	5664		16
17	MEDICAL RECORDS & LIBRARY	980	31608	2846	35434	47827	5651	3083		17
18	SOCIAL SERVICE		3877		3877	14038	693	378		18
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL	1030	413393	97580	512003	23495	73907	40321		21
21.01	MEDTECH SCHOOL		2650		2650	3611	474	258		21.01
21.02	PARAMED TRAINING		30808	29053	59861	17876	5508	3005		21.02
22	I&R SERVICES-SALARY & FRINGES A					895				22
23	I&R SERVICES-OTHER PRGM COSTS A									23
24	PARAMED ED PRGM-(SPECIFY)									24
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	801	553624	233932	788357	592392	98977	54000	12271	25
26	INTENSIVE CARE UNIT		203829	250391	454220	256768	36441	19881	3332	26
33	NURSERY		10927	7016	17943	8969	1954	1066	98	33
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	55404	284792	762948	1103144	310303	50915	27778	1456	37
38	RECOVERY ROOM		78322	1343	79665	33052	14002	7639	297	38
39	DELIVERY ROOM & LABOR ROOM		48750	20820	69570	39746	8716	4755	438	39
40	ANESTHESIOLOGY		1458	29751	31209	37070	261	142		40
41	RADIOLOGY-DIAGNOSTIC	672351	111850	532792	1316993	118734	19997	10910	256	41
41.01	CAT SCAN	817969	13221	174600	1005790	84037	2364	1290	285	41.01
41.02	ULTRA SOUND	128489	26291	172100	326880	51626	4700	2564	253	41.02
41.03	MAGNETIC RESONANCE IMAGING	867836	44687	153328	1065851	69137	7989	4359	235	41.03
41.04	NUCLEAR MEDICINE DIAGNOSTIC	262989	11007	49719	323715	60335	1968	1074		41.04
41.05	ONCOLOGY	424074	159178	600782	1184034	117950	28458	15526	344	41.05
44	LABORATORY	228523	100825	370369	699717	261181	18026	9834	1	44
44.01	LITHOTRIPTER		5486		5486	1709	981	535		44.01
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
47	BLOOD STORING, PROCESSING & TRA					52343				47
49	RESPIRATORY THERAPY	42901	31848	106324	181073	63959	5694	3106	5	49
50	PHYSICAL THERAPY	1396	98060	30784	130240	61915	17531	9564		50
51	OCCUPATIONAL THERAPY		12848	924	13772	6188	2297	1253		51
52	SPEECH PATHOLOGY		2667	4520	7187	7360	477	260		52
53	ELECTROCARDIOLOGY		10394	17720	28114	13962	1858	1014	205	53
53.01	CARDIAC REHAB	112416		10099	122515	15181				53.01
54	ELECTROENCEPHALOGRAPHY	117747	25046	84662	227455	27457	4478	2443	46	54
55	MEDICAL SUPPLIES CHARGED TO PAT	570709		115153	685862	232388				55
55.30	IMPL. DEV. CHARGED TO PATIENT					459173				55.30
56	DRUGS CHARGED TO PATIENTS		1325	127327	128652	456122	237	129		56
56.01	NUTRITIONAL SUPPORT		5948	17	5965	6069	1063	580		56.01
56.02	GASTROENTEROLOGY		45007	111515	156522	29585	8046	4390	164	56.02
58.01	SURGERY/CARDIAC AMB DAY CARE	60	41842	42069	83971	85694	7480	4081	1390	58.01
59	CARDIOPULMONARY	7600	72969	330380	410949	80768	13046	7117	366	59
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	110886			110886	29629				60
61	EMERGENCY	10184	140933	66840	217957	204471	25196	13746	3602	61
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES	1772759	14039	4631	1791429	68870	2510	1369		65
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

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	ADMINIS-TRATIVE & GENERAL 6	MAIN-TENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	
95	SUBTOTALS	10558425	3941925	6034963	20535313	4633567	548822	290448	25560	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN		6179	30800	36979	17634	1105	603		96
98	PHYSICIANS' PRIVATE OFFICES	1562241	225354	139560	1927155	1089463	40289	21980		98
99	NONPAID WORKERS									99
99.01	CONVENT		3201	117	3318	700	572	312		99.01
99.02	OTHER NON-REIMBURSABLE		60326	27155	87481	67281	10785	5884		99.02
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	12120666	4236985	6232595	22590246	5808645	601573	319227	25560	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		10	11	12	14	15	16	17	18	
	GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6	ADMINISTRATIVE & GENERAL									6
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT									8
9	LAUNDRY & LINEN SERVICE									9
10	HOUSEKEEPING	143872								10
11	DIETARY	2811	175195							11
12	CAFETERIA	3141		128664						12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION	443		2309	136794					14
15	CENTRAL SERVICES & SUPPLY	3122		4054	3329	286334				15
16	PHARMACY	2607		3517	4487	80	242524			16
17	MEDICAL RECORDS & LIBRARY	1419		2873		47		96334		17
18	SOCIAL SERVICE	174		725		3			19888	18
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL	18559		2425		243	10			21
21.01	MEDTECH SCHOOL	119		143	185					21.01
21.02	PARAMED TRAINING	1383		653		33				21.02
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	24857	144588	29646	37789	35872	405	7787	16004	25
26	INTENSIVE CARE UNIT	9151	20403	10479	13356	21542	7	5249	3884	26
33	NURSERY	491		304	385	334	15	83		33
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	12786	159	9369	11940	76213	106	14675		37
38	RECOVERY ROOM	3516		1101	1406	1087		628		38
39	DELIVERY ROOM & LABOR ROOM	2189		1351	1719	1491	66	369		39
40	ANESTHESIOLOGY	65				6261	63785	1089		40
41	RADIOLOGY-DIAGNOSTIC	5022		4537	5789	4568	1642	3029		41
41.01	CAT SCAN	594		1602	2045	573	2224	7104		41.01
41.02	ULTRA SOUND	1180		1414	1797	624	149	2520		41.02
41.03	MAGNETIC RESONANCE IMAGING	2006		993	1260	181	195	3053		41.03
41.04	NUCLEAR MEDICINE DIAGNOSTIC	494		958	1215	201	189	2269		41.04
41.05	ONCOLOGY	7146	3342	3758	3798	3676	706	2792		41.05
44	LABORATORY	4527		8555	10910	8010	118	11963		44
44.01	LITHOTRIPTER	246						67		44.01
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
47	BLOOD STORING, PROCESSING & TRA							1126		47
49	RESPIRATORY THERAPY	1430		2846	3632	2100	306	2315		49
50	PHYSICAL THERAPY	4402		2604	3315	88		959		50
51	OCCUPATIONAL THERAPY	577		242	310		5	147		51
52	SPEECH PATHOLOGY	120		313	399			88		52
53	ELECTROCARDIOLOGY	467		805	1031	787	99	791		53
53.01	CARDIAC REHAB			573	731	94		108		53.01
54	ELECTROENCEPHALOGRAPHY	1134		1020	1301	211		672		54
55	MEDICAL SUPPLIES CHARGED TO PAT					7551		525		55
55.30	IMPL. DEV. CHARGED TO PATIENT									55.30
56	DRUGS CHARGED TO PATIENTS	59				563		9899		56
56.01	NUTRITIONAL SUPPORT	267		260	334	1	58	22		56.01
56.02	GASTROENTEROLOGY	2021		770	986	5611		747		56.02
58.01	SURGERY/CARDIAC AMB DAY CARE	1878	1765	3400	4336	7786	1078	945		58.01
59	CARDIOPULMONARY	3276	1112	2443	3110	81588	1557	8397		59
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC			403		812		418		60
61	EMERGENCY	6327	3826	6425	6892	15354	1051	5706		61
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES	630		1020	1298	3	12	792		65
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

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	
95	SUBTOTALS	130626	175195	113890	129085	283588	73783	96334	19888	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN	277		635						96
98	PHYSICIANS' PRIVATE OFFICES	10117		7794		2741	168078			98
99	NONPAID WORKERS					1				99
99.01	CONVENT	144					663			99.01
99.02	OTHER NON-REIMBURSABLE	2708		6345	7709	4				99.02
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	143872	175195	128664	136794	286334	242524	96334	19888	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	NURSING SCHOOL 21	MEDTECH SCHOOL 21.01	PARAMED TRAINING 21.02	I&R SALARY & FRINGES 22	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26	TOTAL 27	
	GENERAL SERVICE COST CENTERS								
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT								3
4	NEW CAP REL COSTS-MVBLE EQUIP								4
5	EMPLOYEE BENEFITS								5
6	ADMINISTRATIVE & GENERAL								6
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	670963							21
21.01	MEDTECH SCHOOL		7440						21.01
21.02	PARAMED TRAINING			88319					21.02
22	I&R SERVICES-SALARY & FRINGES A				895				22
23	I&R SERVICES-OTHER PRGM COSTS A								23
24	PARAMED ED PRGM-(SPECIFY)								24
	INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS					1842945		1842945	25
26	INTENSIVE CARE UNIT					854713		854713	26
33	NURSERY					31642		31642	33
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM					1618844		1618844	37
38	RECOVERY ROOM					142393		142393	38
39	DELIVERY ROOM & LABOR ROOM					130410		130410	39
40	ANESTHESIOLOGY					139882		139882	40
41	RADIOLOGY-DIAGNOSTIC					1491477		1491477	41
41.01	CAT SCAN					1107908		1107908	41.01
41.02	ULTRA SOUND					393707		393707	41.02
41.03	MAGNETIC RESONANCE IMAGING					1155259		1155259	41.03
41.04	NUCLEAR MEDICINE DIAGNOSTIC					392418		392418	41.04
41.05	ONCOLOGY					1371530		1371530	41.05
44	LABORATORY					1032842		1032842	44
44.01	LITHOTRIPTER					9024		9024	44.01
46.30	BLOOD CLOTTING FACTORS ADMIN CO								46.30
47	BLOOD STORING, PROCESSING & TRA					53469		53469	47
49	RESPIRATORY THERAPY					266466		266466	49
50	PHYSICAL THERAPY					230618		230618	50
51	OCCUPATIONAL THERAPY					24791		24791	51
52	SPEECH PATHOLOGY					16204		16204	52
53	ELECTROCARDIOLOGY					49133		49133	53
53.01	CARDIAC REHAB					139202		139202	53.01
54	ELECTROENCEPHALOGRAPHY					266207		266207	54
55	MEDICAL SUPPLIES CHARGED TO PAT					926326		926326	55
55.30	IMPL. DEV. CHARGED TO PATIENT					459173		459173	55.30
56	DRUGS CHARGED TO PATIENTS					595661		595661	56
56.01	NUTRITIONAL SUPPORT					14619		14619	56.01
56.02	GASTROENTEROLOGY					208842		208842	56.02
58.01	SURGERY/CARDIAC AMB DAY CARE					203804		203804	58.01
59	CARDIOPULMONARY					613729		613729	59
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC					142148		142148	60
61	EMERGENCY					510553		510553	61
62	OBSERVATION BEDS (NON-DISTINCT								62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	AMBULANCE SERVICES					1867933		1867933	65
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

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	NURSING SCHOOL	MEDTECH SCHOOL	PARAMED TRAINING	I&R SALARY & FRINGES	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		21	21.01	21.02	22	25	26	27	
95	SUBTOTALS					18303872		18303872	95
	NONREIMBURSABLE COST CENTERS								
96	GIFT, FLOWER, COFFEE SHOP & CAN					57233		57233	96
98	PHYSICIANS' PRIVATE OFFICES					3267617		3267617	98
99	NONPAID WORKERS					1		1	99
99.01	CONVENT					5709		5709	99.01
99.02	OTHER NON-REIMBURSABLE					188197		188197	99.02
101	CROSS FOOT ADJUSTMENTS	670963	7440	88319	895	767617		767617	101
102	NEGATIVE COST CENTER								102
103	TOTAL	670963	7440	88319	895	22590246		22590246	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET 3	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE 4	EMPLOYEE BENEFITS GROSS SALARIES 5	RECON-CILIATION 6A	ADMINIS-TRATIVE & GENERAL ACCUM COST 6	MAIN-TENANCE & REPAIRS SQUARE FEET 7	
	GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT							1
2	OLD CAP REL COSTS-MVBLE EQUIP							2
3	NEW CAP REL COSTS-BLDG & FIXT	476541						3
4	NEW CAP REL COSTS-MVBLE EQUIP		6319017					4
5	EMPLOYEE BENEFITS			127337418				5
6	ADMINISTRATIVE & GENERAL	48702	1095727	17385717	-65271048	241558165		6
7	MAINTENANCE & REPAIRS	49388	66725	1230240		3831853	378451	7
8	OPERATION OF PLANT	10344	103519	655595		4520819	10344	8
9	LAUNDRY & LINEN SERVICE			145672		1062933		9
10	HOUSEKEEPING	7678		1455180		2359669	7678	10
11	DIETARY	7042	56961	478613		1476033	7042	11
12	CAFETERIA	7868		695491		1506975	7868	12
13	MAINTENANCE OF PERSONNEL							13
14	NURSING ADMINISTRATION	1110	53582	2156692		2852620	1110	14
15	CENTRAL SERVICES & SUPPLY	7822	75440	1484154		2536994	7822	15
16	PHARMACY	6531	61373	2987945		4041512	6531	16
17	MEDICAL RECORDS & LIBRARY	3555	2885	1256625		1988876	3555	17
18	SOCIAL SERVICE	436		440070		583792	436	18
20	NONPHYSICIAN ANESTHETISTS							20
21	NURSING SCHOOL	46495	98933	1710730		977032	46495	21
21.01	MEDTECH SCHOOL	298		112280		150157	298	21.01
21.02	PARAMED TRAINING	3465	29456	536957		743396	3465	21.02
22	I&R SERVICES-SALARY & FRINGES					37214		22
23	I&R SERVICES-OTHER PRGM COSTS							23
24	PARAMED ED PRGM-(SPECIFY)							24
	INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	62267	237176	17451387		24634772	62267	25
26	INTENSIVE CARE UNIT	22925	253863	6935089		10677775	22925	26
33	NURSERY	1229	7113	230340		372988	1229	33
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	32031	773527	5859820		12904028	32031	37
38	RECOVERY ROOM	8809	1362	909218		1374466	8809	38
39	DELIVERY ROOM & LABOR ROOM	5483	21109	1028091		1652839	5483	39
40	ANESTHESIOLOGY	164	30164			1541577	164	40
41	RADIOLOGY-DIAGNOSTIC	12580	540179	2472664		4937569	12580	41
41.01	CAT SCAN	1487	177021	1123711		3494702	1487	41.01
41.02	ULTRA SOUND	2957	174486	1178780		2146875	2957	41.02
41.03	MAGNETIC RESONANCE IMAGING	5026	155454	792651		2875075	5026	41.03
41.04	NUCLEAR MEDICINE DIAGNOSTIC	1238	50408	746075		2509030	1238	41.04
41.05	ONCOLOGY	17903	609112	2178488		4904971	17903	41.05
44	LABORATORY	11340	375504	5771948		10861271	11340	44
44.01	LITHOTRIPTER	617				71052	617	44.01
46.30	BLOOD CLOTTING FACTORS ADMIN							46.30
47	BLOOD STORING, PROCESSING & T					2176697		47
49	RESPIRATORY THERAPY	3582	107798	1871215		2659739	3582	49
50	PHYSICAL THERAPY	11029	31211	1623853		2574737	11029	50
51	OCCUPATIONAL THERAPY	1445	937	187599		257349	1445	51
52	SPEECH PATHOLOGY	300	4583	233268		306069	300	52
53	ELECTROCARDIOLOGY	1169	17966	398411		580594	1169	53
53.01	CARDIAC REHAB		10239	391808		631311		53.01
54	ELECTROENCEPHALOGRAPHY	2817	85836	583045		1141807	2817	54
55	MEDICAL SUPPLIES CHARGED TO P		116750			9663895		55
55.30	IMPL. DEV. CHARGED TO PATIENT					19094831		55.30
56	DRUGS CHARGED TO PATIENTS	149	129092			18967937	149	56
56.01	NUTRITIONAL SUPPORT	669	17	189817		252361	669	56.01
56.02	GASTROENTEROLOGY	5062	113061	654506		1230305	5062	56.02
58.01	SURGERY/CARDIAC AMB DAY CARE	4706	42652	2347591		3563590	4706	58.01
59	CARDIOPULMONARY	8207	334961	1685191		3358750	8207	59
	OUTPATIENT SERVICE COST CENTERS							
60	CLINIC			257111		1232129		60
61	EMERGENCY	15851	67767	4723652		8502963	15851	61
62	OBSERVATION BEDS (NON-DISTINC							62
63.50	RHC							63.50
63.60	FQHC							63.60
	OTHER REIMBURSABLE COST CENTERS							
65	AMBULANCE SERVICES	1579	4695	741705		2863964	1579	65
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							

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET 3	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE 4	EMPLOYEE BENEFITS GROSS SALARIES 5	RECON-CILIATION 6A	ADMINIS-TRATIVE & GENERAL ACCUM COST 6	MAIN-TENANCE & REPAIRS SQUARE FEET 7	
85.01	PANCREAS ACQUISITION							85.01
85.02	INTESTINAL ACQUISITION							85.02
95	SUBTOTALS	443355	6118644	95298995	-65271048	192687893	345265	95
	NONREIMBURSABLE COST CENTERS							
96	GIFT, FLOWER, COFFEE SHOP & C	695	31227	168344		733300	695	96
98	PHYSICIANS' PRIVATE OFFICES	25346	141495	28378410		45309981	25346	98
99	NONPAID WORKERS							99
99.01	CONVENT	360	119			29100	360	99.01
99.02	OTHER NON-REIMBURSABLE	6785	27532	3491669		2797891	6785	99.02
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	COST TO BE ALLOC PER B PT I	4236985	6232595	34060761		65271048	4867250	103
104	UNIT COST MULT-WS B PT I		.996324				12.860978	
104	UNIT COST MULT-WS B PT I	9.891124		.267484		.270208		104
105	COST TO BE ALLOC PER B PT II							104
106	UNIT COST MULT-WS B PT II							105
106	UNIT COST MULT-WS B PT II							106
107	COST TO BE ALLOC PER B PT III							106
108	UNIT COST MULT-WS B PT III					5808645	601573	107
							1.589566	
108	UNIT COST MULT-WS B PT III					.024047		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	OPERATION OF PLANT SQUARE FEET 8	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE-KEEPING SQUARE FEET 10	DIETARY MEALS SERVED 11	CAFETERIA FTE'S 12	NURSING ADMINIS-TRATION DIRECT NRSING HRS 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	
	GENERAL SERVICE COST CENTERS								
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT								3
4	NEW CAP REL COSTS-MVBLE EQUIP								4
5	EMPLOYEE BENEFITS								5
6	ADMINISTRATIVE & GENERAL								6
7	MAINTENANCE & REPAIRS								7
8	OPERATION OF PLANT	368107							8
9	LAUNDRY & LINEN SERVICE		1595092						9
10	HOUSEKEEPING	7678		360429					10
11	DIETARY	7042		7042	160515				11
12	CAFETERIA	7868		7868		14378			12
13	MAINTENANCE OF PERSONNEL								13
14	NURSING ADMINISTRATION	1110		1110		258	2494428		14
15	CENTRAL SERVICES & SUPPLY	7822	32212	7822		453	60709	9973942	15
16	PHARMACY	6531		6531		393	81816	2776	16
17	MEDICAL RECORDS & LIBRARY	3555		3555		321		1642	17
18	SOCIAL SERVICE	436		436		81		116	18
20	NONPHYSICIAN ANESTHETISTS								20
21	NURSING SCHOOL	46495		46495		271		8454	21
21.01	MEDTECH SCHOOL	298		298		16	3370		21.01
21.02	PARAMED TRAINING	3465		3465		73		1151	21.02
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	62267	765757	62267	132473	3313	689041	1249553	25
26	INTENSIVE CARE UNIT	22925	207925	22925	18693	1171	243536	750370	26
33	NURSERY	1229	6130	1229		34	7025	11640	33
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	32031	90888	32031	146	1047	217731	2654766	37
38	RECOVERY ROOM	8809	18548	8809		123	25643	37861	38
39	DELIVERY ROOM & LABOR ROOM	5483	27363	5483		151	31354	51952	39
40	ANESTHESIOLOGY	164		164				218088	40
41	RADIOLOGY-DIAGNOSTIC	12580	15997	12580		507	105555	159118	41
41.01	CAT SCAN	1487	17764	1487		179	37282	19957	41.01
41.02	ULTRA SOUND	2957	15782	2957		158	32777	21726	41.02
41.03	MAGNETIC RESONANCE IMAGING	5026	14692	5026		111	22985	6312	41.03
41.04	NUCLEAR MEDICINE DIAGNOSTIC	1238		1238		107	22161	6995	41.04
41.05	ONCOLOGY	17903	21486	17903	3062	420	69264	128064	41.05
44	LABORATORY	11340	71	11340		956	198947	279018	44
44.01	LITHOTRIPTER	617		617					44.01
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
47	BLOOD STORING, PROCESSING & T								47
49	RESPIRATORY THERAPY	3582	285	3582		318	66231	73141	49
50	PHYSICAL THERAPY	11029		11029		291	60452	3074	50
51	OCCUPATIONAL THERAPY	1445		1445		27	5650		51
52	SPEECH PATHOLOGY	300		300		35	7268	9	52
53	ELECTROCARDIOLOGY	1169	12765	1169		90	18806	27423	53
53.01	CARDIAC REHAB					64	13333	3277	53.01
54	ELECTROENCEPHALOGRAPHY	2817	2874	2817		114	23720	7359	54
55	MEDICAL SUPPLIES CHARGED TO P							263013	55
55.30	IMPL. DEV. CHARGED TO PATIENT								55.30
56	DRUGS CHARGED TO PATIENTS	149		149				19601	56
56.01	NUTRITIONAL SUPPORT	669		669		29	6091	46	56.01
56.02	GASTROENTEROLOGY	5062	10218	5062		86	17988	195462	56.02
58.01	SURGERY/CARDIAC AMB DAY CARE	4706	86720	4706	1617	380	79060	271199	58.01
59	CARDIOPULMONARY	8207	22857	8207	1019	273	56709	2841932	59
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC					45		28277	60
61	EMERGENCY	15851	224758	15851	3505	718	125675	534818	61
62	OBSERVATION BEDS (NON-DISTINC								62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	AMBULANCE SERVICES	1579		1579		114	23672	111	65
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								

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	OPERATION OF PLANT SQUARE FEET 8	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE-KEEPING SQUARE FEET 10	DIETARY MEALS SERVED 11	CAFETERIA FTE'S 12	NURSING ADMINIS-TRATION DIRECT NRSING HRS 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	
85.01	PANCREAS ACQUISITION								85.01
85.02	INTESTINAL ACQUISITION								85.02
95	SUBTOTALS	334921	1595092	327243	160515	12727	2353851	9878301	95
	NONREIMBURSABLE COST CENTERS								
96	GIFT, FLOWER, COFFEE SHOP & C	695		695		71			96
98	PHYSICIANS' PRIVATE OFFICES	25346		25346		871		95466	98
99	NONPAID WORKERS							49	99
99.01	CONVENT	360		360					99.01
99.02	OTHER NON-REIMBURSABLE	6785		6785		709	140577	126	99.02
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	COST TO BE ALLOC PER B PT I	5875414	1350146	3218567	2140718	2211204	3705004	3704910	103
104	UNIT COST MULT-WS B PT I	15.961158		8.929823		153.790791		.371459	
104	UNIT COST MULT-WS B PT I		.846438		13.336560		1.485312		104
105	COST TO BE ALLOC PER B PT II								104
106	UNIT COST MULT-WS B PT II								105
106	UNIT COST MULT-WS B PT II								106
107	COST TO BE ALLOC PER B PT III	319227	25560	143872	175195	128664	136794	286334	106
108	UNIT COST MULT-WS B PT III	.867213		.399169		8.948672		.028708	107
108	UNIT COST MULT-WS B PT III		.016024		1.091456		.054840		108
									108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	PHARMACY COSTED REQUIS. 16	MEDICAL RECORDS & LIBRARY GROSS REVENUE 17	SOCIAL SERVICE PATIENT DAYS 18	NURSING SCHOOL ASSIGNED TIME 21	MEDTECH SCHOOL ASSIGNED TIME 21.01	PARAMED TRAINING ASSIGNED TIME 21.02	I&R SALARY & FRINGES ASSIGNED TIME 22	
	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	721011							16
17	MEDICAL RECORDS & LIBRARY		800662348						17
18	SOCIAL SERVICE			51482					18
20	NONPHYSICIAN ANESTHETISTS								20
21	NURSING SCHOOL	29			17125				21
21.01	MEDTECH SCHOOL					100			21.01
21.02	PARAMED TRAINING						100		21.02
22	I&R SERVICES-SALARY & FRINGES							100	22
23	I&R SERVICES-OTHER PRGM COSTS								23
24	PARAMED ED PRGM-(SPECIFY)								24
	INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	1204	64890376	41427	9432				25
26	INTENSIVE CARE UNIT	22	43744739	10055	2713				26
33	NURSERY	44	688960		321				33
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	315	120155980		510				37
38	RECOVERY ROOM		5232502						38
39	DELIVERY ROOM & LABOR ROOM	195	3070963		1433				39
40	ANESTHESIOLOGY	189629	9071745						40
41	RADIOLOGY-DIAGNOSTIC	4881	25239837						41
41.01	CAT SCAN	6611	59203561						41.01
41.02	ULTRA SOUND	443	20998896						41.02
41.03	MAGNETIC RESONANCE IMAGING	579	25440884						41.03
41.04	NUCLEAR MEDICINE DIAGNOSTIC	561	18910098						41.04
41.05	ONCOLOGY	2100	23268399		264				41.05
44	LABORATORY	352	99695473			100			44
44.01	LITHOTRIPTER		560084						44.01
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
47	BLOOD STORING, PROCESSING & T		9386319						47
49	RESPIRATORY THERAPY	910	19292926						49
50	PHYSICAL THERAPY		7992495						50
51	OCCUPATIONAL THERAPY	15	1228342						51
52	SPEECH PATHOLOGY		733006						52
53	ELECTROCARDIOLOGY	293	6593547						53
53.01	CARDIAC REHAB		903993		144				53.01
54	ELECTROENCEPHALOGRAPHY		5598713						54
55	MEDICAL SUPPLIES CHARGED TO P		4375593						55
55.30	IMPL. DEV. CHARGED TO PATIENT								55.30
56	DRUGS CHARGED TO PATIENTS		82493885						56
56.01	NUTRITIONAL SUPPORT	172	185128						56.01
56.02	GASTROENTEROLOGY		6223331		300				56.02
58.01	SURGERY/CARDIAC AMB DAY CARE	3205	7873772		600				58.01
59	CARDIOPULMONARY	4629	69975227		216				59
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC		3483470						60
61	EMERGENCY	3124	47548629		496		100	100	61
62	OBSERVATION BEDS (NON-DISTINC								62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	AMBULANCE SERVICES	37	6601585						65
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								

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	PHARMACY COSTED REQUIS. 16	MEDICAL RECORDS & LIBRARY GROSS REVENUE 17	SOCIAL SERVICE PATIENT DAYS 18	NURSING SCHOOL ASSIGNED TIME 21	MEDTECH SCHOOL ASSIGNED TIME 21.01	PARAMED TRAINING ASSIGNED TIME 21.02	I&R SALARY & FRINGES ASSIGNED TIME 22	
85.01	PANCREAS ACQUISITION								85.01
85.02	INTESTINAL ACQUISITION								85.02
95	SUBTOTALS	219350	800662348	51482	16429	100	100	100	95
	NONREIMBURSABLE COST CENTERS								
96	GIFT, FLOWER, COFFEE SHOP & C								96
98	PHYSICIANS' PRIVATE OFFICES	499699			696				98
99	NONPAID WORKERS								99
99.01	CONVENT	1972							99.01
99.02	OTHER NON-REIMBURSABLE								99.02
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	COST TO BE ALLOC PER B PT I	5563112	2710472	770496	3041352	209448	1086733	47270	103
104	UNIT COST MULT-WS B PT I	7.715710		14.966318		2094.480000		472.700000	104
104	UNIT COST MULT-WS B PT I		.003385		177.597197		10867.330000		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	242524	96334	19888	670963	7440	88319	895	107
108	UNIT COST MULT-WS B PT III	.336367		.386310		74.400000		8.950000	108
108	UNIT COST MULT-WS B PT III		.000120		39.180321		883.190000		108

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
21.01	MEDTECH SCHOOL	21.01
21.02	PARAMED TRAINING	21.02
22	I&R SERVICES-SALARY & FRINGES	22
23	I&R SERVICES-OTHER PRGM COSTS	23
24	PARAMED ED PRGM-(SPECIFY)	24
	INPATIENT ROUTINE SERV COST CENTERS	
25	ADULTS & PEDIATRICS	25
26	INTENSIVE CARE UNIT	26
33	NURSERY	33
	ANCILLARY SERVICE COST CENTERS	
37	OPERATING ROOM	37
38	RECOVERY ROOM	38
39	DELIVERY ROOM & LABOR ROOM	39
40	ANESTHESIOLOGY	40
41	RADIOLOGY-DIAGNOSTIC	41
41.01	CAT SCAN	41.01
41.02	ULTRA SOUND	41.02
41.03	MAGNETIC RESONANCE IMAGING	41.03
41.04	NUCLEAR MEDICINE DIAGNOSTIC	41.04
41.05	ONCOLOGY	41.05
44	LABORATORY	44
44.01	LITHOTRIPTER	44.01
46.30	BLOOD CLOTTING FACTORS ADMIN	46.30
47	BLOOD STORING, PROCESSING & T	47
49	RESPIRATORY THERAPY	49
50	PHYSICAL THERAPY	50
51	OCCUPATIONAL THERAPY	51
52	SPEECH PATHOLOGY	52
53	ELECTROCARDIOLOGY	53
53.01	CARDIAC REHAB	53.01
54	ELECTROENCEPHALOGRAPHY	54
55	MEDICAL SUPPLIES CHARGED TO P	55
55.30	IMPL. DEV. CHARGED TO PATIENT	55.30
56	DRUGS CHARGED TO PATIENTS	56
56.01	NUTRITIONAL SUPPORT	56.01
56.02	GASTROENTEROLOGY	56.02
58.01	SURGERY/CARDIAC AMB DAY CARE	58.01
59	CARDIOPULMONARY	59
	OUTPATIENT SERVICE COST CENTERS	
60	CLINIC	60
61	EMERGENCY	61
62	OBSERVATION BEDS (NON-DISTINC	62
63.50	RHC	63.50
63.60	FQHC	63.60
	OTHER REIMBURSABLE COST CENTERS	
65	AMBULANCE SERVICES	65
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	

COST CENTER DESCRIPTION

85.01	PANCREAS ACQUISITION	85.01
85.02	INTESTINAL ACQUISITION	85.02
95	SUBTOTALS	95
	NONREIMBURSABLE COST CENTERS	
96	GIFT, FLOWER, COFFEE SHOP & C	96
98	PHYSICIANS' PRIVATE OFFICES	98
99	NONPAID WORKERS	99
99.01	CONVENT	99.01
99.02	OTHER NON-REIMBURSABLE	99.02
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	40578042		40578042	39784	40617826	25
26	INTENSIVE CARE UNIT	16454856		16454856	36331	16491187	26
33	NURSERY	605025		605025	10154	615179	33
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM	19649427		19649427		19649427	37
38	RECOVERY ROOM	2182895		2182895		2182895	38
39	DELIVERY ROOM & LABOR ROOM	2685091		2685091	46746	2731837	39
40	ANESTHESIOLOGY	3539155		3539155	201396	3740551	40
41	RADIOLOGY-DIAGNOSTIC	7177156		7177156		7177156	41
41.01	CAT SCAN	4851901		4851901		4851901	41.01
41.02	ULTRA SOUND	3007520		3007520		3007520	41.02
41.03	MAGNETIC RESONANCE IMAGING	3998260		3998260		3998260	41.03
41.04	NUCLEAR MEDICINE DIAGNOSTIC	3354037		3354037		3354037	41.04
41.05	ONCOLOGY	7322125		7322125	126246	7448371	41.05
44	LABORATORY	15320039		15320039		15320039	44
44.01	LITHOTRIPTER	115440		115440		115440	44.01
46.30	BLOOD CLOTTING FACTORS ADMI						46.30
47	BLOOD STORING, PROCESSING &	2796631		2796631		2796631	47
49	RESPIRATORY THERAPY	3760667		3760667	3519	3764186	49
50	PHYSICAL THERAPY	3849559		3849559		3849559	50
51	OCCUPATIONAL THERAPY	398257		398257		398257	51
52	SPEECH PATHOLOGY	418758		418758		418758	52
53	ELECTROCARDIOLOGY	868953		868953		868953	53
53.01	CARDIAC REHAB	861394		861394		861394	53.01
54	ELECTROENCEPHALOGRAPHY	1633562		1633562	1760	1635322	54
55	MEDICAL SUPPLIES CHARGED TO	12387667		12387667		12387667	55
55.30	IMPL. DEV. CHARGED TO PATIE	24254407		24254407		24254407	55.30
56	DRUGS CHARGED TO PATIENTS	24385373		24385373		24385373	56
56.01	NUTRITIONAL SUPPORT	361285		361285		361285	56.01
56.02	GASTROENTEROLOGY	1949387		1949387		1949387	56.02
58.01	SURGERY/CARDIAC AMB DAY CAR	5233679		5233679	31751	5265430	58.01
59	CARDIOPULMONARY	6101895		6101895		6101895	59
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC	1594277		1594277		1594277	60
61	EMERGENCY	13491556		13491556	908592	14400148	61
62	OBSERVATION BEDS (NON-DISTI	2180401		2180401		2180401	62
63.50	RHC						63.50
63.60	FQHC						63.60
	OTHER REIMBURSABLE COST CENTERS						
65	AMBULANCE SERVICES	3772804		3772804		3772804	65
101	SUBTOTAL	241141481		241141481	1406279	242547760	101
102	LESS OBSERVATION BEDS	2180401		2180401		2180401	102
103	TOTAL	238961080		238961080	1406279	240367359	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I (CONT)

	COST CENTER DESCRIPTION	CHARGES INPATIENT 6	CHARGES OUTPATIENT 7	CHARGES TOTAL 8	COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11	
	INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	60813516		60813516				25
26	INTENSIVE CARE UNIT	43627723		43627723				26
33	NURSERY	662486		662486				33
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	25138359	14771092	39909451	.492350	.492350	.492350	37
38	RECOVERY ROOM	2560767	2671735	5232502	.417180	.417180	.417180	38
39	DELIVERY ROOM & LABOR ROOM	2952699	118164	3070863	.874377	.874377	.889599	39
40	ANESTHESIOLOGY	5393265	3678480	9071745	.390129	.390129	.412330	40
41	RADIOLOGY-DIAGNOSTIC	9629134	15610703	25239837	.284358	.284358	.284358	41
41.01	CAT SCAN	19028430	40175130	59203560	.081953	.081953	.081953	41.01
41.02	ULTRA SOUND	5861917	15136979	20998896	.143223	.143223	.143223	41.02
41.03	MAGNETIC RESONANCE IMAGING	5016075	20424809	25440884	.157159	.157159	.157159	41.03
41.04	NUCLEAR MEDICINE DIAGNOSTIC	1655023	17255074	18910097	.177368	.177368	.177368	41.04
41.05	ONCOLOGY	1604653	21663736	23268389	.314681	.314681	.320107	41.05
44	LABORATORY	43853940	55842532	99695472	.153668	.153668	.153668	44
44.01	LITHOTRIPTER	40425	519659	560084	.206112	.206112	.206112	44.01
46.30	BLOOD CLOTTING FACTORS ADMI							46.30
47	BLOOD STORING, PROCESSING &	7380446	2005873	9386319	.297948	.297948	.297948	47
49	RESPIRATORY THERAPY	13188313	936950	14125263	.266237	.266237	.266486	49
50	PHYSICAL THERAPY	3152417	4840078	7992495	.481647	.481647	.481647	50
51	OCCUPATIONAL THERAPY	591289	637053	1228342	.324223	.324223	.324223	51
52	SPEECH PATHOLOGY	419488	313518	733006	.571289	.571289	.571289	52
53	ELECTROCARDIOLOGY	1831017	4762530	6593547	.131788	.131788	.131788	53
53.01	CARDIAC REHAB	1232	902761	903993	.952877	.952877	.952877	53.01
54	ELECTROENCEPHALOGRAPHY	470926	5127787	5598713	.291775	.291775	.292089	54
55	MEDICAL SUPPLIES CHARGED TO	39359258	20411934	59771192	.207251	.207251	.207251	55
55.30	IMPL. DEV. CHARGED TO PATIE	46345499	16334711	62680210	.386955	.386955	.386955	55.30
56	DRUGS CHARGED TO PATIENTS	38330098	44163787	82493885	.295602	.295602	.295602	56
56.01	NUTRITIONAL SUPPORT		185128	185128	1.951542	1.951542	1.951542	56.01
56.02	GASTROENTEROLOGY	1578675	2846658	4425333	.440506	.440506	.440506	56.02
58.01	SURGERY/CARDIAC AMB DAY CAR	436228	5918153	6354381	.823633	.823633	.828630	58.01
59	CARDIOPULMONARY	15979902	24651100	40631002	.150178	.150178	.150178	59
	OUTPATIENT SERVICE COST CENTERS							
60	CLINIC	21082	3462388	3483470	.457669	.457669	.457669	60
61	EMERGENCY	21033631	26514998	47548629	.283742	.283742	.302851	61
62	OBSERVATION BEDS (NON-DISTI		3487663	3487663	.625175	.625175	.625175	62
63.50	RHC							63.50
63.60	FQHC							63.60
	OTHER REIMBURSABLE COST CENTERS							
65	AMBULANCE SERVICES	3114209	3487376	6601585	.571500	.571500	.571500	65
101	SUBTOTAL	420971122	378958539	799929661				101
102	LESS OBSERVATION BEDS							102
103	TOTAL	420971122	378958539	799929661				103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

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

	COST CENTER DESCRIPTION	OLD CAPITAL: CAPITAL RELATED COST 1	OLD CAPITAL: SWING-BED ADJUSTMENT 2	OLD CAPITAL: REDUCED CAPITAL RELATED COST 3	NEW CAPITAL: CAPITAL RELATED COST 4	NEW CAPITAL: SWING-BED ADJUSTMENT 5	NEW CAPITAL: REDUCED CAPITAL RELATED COST 6	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS				1842945		1842945	25
26	INTENSIVE CARE UNIT				854713		854713	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				31642		31642	33
101	TOTAL				2729300		2729300	101

	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL: PER DIEM 9	OLD CAPITAL: INPATIENT PROGRAM CAPITAL COST 10	NEW CAPITAL: PER DIEM 11	NEW CAPITAL: INPATIENT PROGRAM CAPITAL COST 12	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS	43777	19329			42.10	813751	25
26	INTENSIVE CARE UNIT	10055	4440			85.00	377400	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	1381				22.91		33
101	TOTAL	55213	23769				1191151	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
PART II

CHECK APPLICABLE BOXES							
[ ]	TITLE V	[XX]	HOSPITAL (14-0233)	[ ]	SUB III	[XX]	PPS
[XX]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SUB IV	[ ]	TEFRA
[ ]	TITLE XIX	[ ]	SUB II				

	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPATIENT PROGRAM CHARGES 4	---- OLD CAPITAL ---- RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	---- NEW CAPITAL ---- RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	1618944	39909451	8284545				.040563	336046	37
38	RECOVERY ROOM	142393	5232502	901622				.027213	24536	38
39	DELIVERY ROOM & LABOR ROOM	130410	3070863	372				.042467	16	39
40	ANESTHESIOLOGY	139882	9071745	1816192				.015420	28006	40
41	RADIOLOGY-DIAGNOSTIC	1491477	25239837	4446136				.059092	262731	41
41.01	CAT SCAN	1107908	59203560	7272135				.018714	136091	41.01
41.02	ULTRA SOUND	393707	20998896	2951188				.018749	55332	41.02
41.03	MAGNETIC RESONANCE IMAGING	1155259	25440884	2351341				.045410	106774	41.03
41.04	NUCLEAR MEDICINE DIAGNOSTIC	392418	18910097	895045				.020752	18574	41.04
41.05	ONCOLOGY	1371530	23269389	200443				.058944	11815	41.05
44	LABORATORY	1032842	99695472	20211423				.010360	209390	44
44.01	LITHOTRIPTER	9074	560084	26950				.016112	434	44.01
46.30	BLOOD CLOTTING FACTORS ADMIN									46.30
47	BLOOD STORING, PROCESSING & T	53469	9386319	3376278				.005696	19231	47
49	RESPIRATORY THERAPY	266466	14125263	6062636				.018864	114366	49
50	PHYSICAL THERAPY	230618	7992495	1618480				.028854	46700	50
51	OCCUPATIONAL THERAPY	24791	1228342	316695				.020182	6392	51
52	SPEECH PATHOLOGY	16204	733006	251375				.022106	5557	52
53	ELECTROCARDIOLOGY	49133	6593547	993607				.007452	7404	53
53.01	CARDIAC REHAB	139202	903993	610				.153986	94	53.01
54	ELECTROENCEPHALOGRAPHY	266207	5598713	256767				.047548	12209	54
55	MEDICAL SUPPLIES CHARGED TO P	926326	59771192	15653254				.015498	242594	55
55.30	IMPL. DEV. CHARGED TO PATIENT	459173	62680210	20150659				.007326	147624	55.30
56	DRUGS CHARGED TO PATIENTS	595661	82493885	16594444				.007221	119828	56
56.01	NUTRITIONAL SUPPORT	14619	185128					.078967		56.01
56.02	GASTROENTEROLOGY	209842	4425333	770015				.047192	36339	56.02
58.01	SURGERY/CARDIAC AMB DAY CARE	203804	6354381	204443				.032073	6557	58.01
59	CARDIOPULMONARY	613729	40631002	6636744				.015105	100248	59
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	142148	3483470	21082				.040806	860	60
61	EMERGENCY	510553	47548629	6577809				.010737	70626	61
62	OBSERVATION BEDS (NON-DISTINC	98931	3487663					.028366		62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES									65
101	TOTAL	13805570	688224351	128842289					2126374	101

PROVIDER NO. 14-0233 SAINT ANTHONY MEDICAL CENTER
PERIOD FROM 10/01/2009 TO 09/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2010.09
02/28/2011 13:12

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL COST 2	ALLIED HEALTH COSTS 2.01	ALL OTHER MEDICAL EDUCATION COSTS 2.02	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS		1675096				1675096	25
26	INTENSIVE CARE UNIT		481821				481821	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		57009				57009	33
34	SKILLED NURSING FACILITY							34
35	NURSING FACILITY							35
101	TOTAL		2213926				2213926	101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
	INPAT ROUTINE SERV COST CTRS					
25	ADULTS & PEDIATRICS	43777	38.26	19329	739528	25
26	INTENSIVE CARE UNIT	10055	47.92	4440	212765	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	1381	41.28			33
34	SKILLED NURSING FACILITY					34
35	NURSING FACILITY					35
101	TOTAL	55213		23769	952293	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK APPLICABLE BOXES

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

[XX] HOSPITAL (14-0233)
[ ] SUB I
[ ] SUB II
[ ] SUB III

[ ] SUB IV
[ ] SNF
[ ] NF
[ ] ICF/MR

[ ] PPS
[ ] TEFRA

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	OUTPATIENT NONPHYSICIAN ANESTHETIST COST 1.01	NURSING SCHOOL COST 2	ALLIED HEALTH COSTS 2.01	ALL OTHER MEDICAL EDUCATION COSTS 2.02	ADMINISTERING BLOOD CLOTTING FACTORS COST 2.03	TOTAL COSTS 3	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM			90575				90575	37
38	RECOVERY ROOM								38
39	DELIVERY ROOM & LABOR ROOM			254497				254497	39
40	ANESTHESIOLOGY								40
41	RADIOLOGY-DIAGNOSTIC								41
41.01	CAT SCAN								41.01
41.02	ULTRA SOUND								41.02
41.03	MAGNETIC RESONANCE IMAGING								41.03
41.04	NUCLEAR MEDICINE DIAGNOSTIC								41.04
41.05	ONCOLOGY			46886				46886	41.05
44	LABORATORY			209448				209448	44
44.01	LITHOTRIPTER								44.01
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
47	BLOOD STORING, PROCESSING & T								47
49	RESPIRATORY THERAPY								49
50	PHYSICAL THERAPY								50
51	OCCUPATIONAL THERAPY								51
52	SPEECH PATHOLOGY								52
53	ELECTROCARDIOLOGY								53
53.01	CARDIAC REHAB			25574				25574	53.01
54	ELECTROENCEPHALOGRAPHY								54
55	MEDICAL SUPPLIES CHARGED TO P								55
55.30	IMPL. DEV. CHARGED TO PATIENT								55.30
56	DRUGS CHARGED TO PATIENTS								56
56.01	NUTRITIONAL SUPPORT								56.01
56.02	GASTROENTEROLOGY			53279				53279	56.02
58.01	SURGERY/CARDIAC AMB DAY CARE			106558				106558	58.01
59	CARDIOPULMONARY			38361				38361	59
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC								60
61	EMERGENCY			1174821				1174821	61
62	OBSERVATION BEDS (NON-DISTINC			89920				89920	62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	AMBULANCE SERVICES								65
101	TOTAL			2089919				2089919	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK APPLICABLE BOXES

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

[XX] HOSPITAL (14-0233)
[ ] SUB I
[ ] SUB II
[ ] SUB III
[ ] SUB IV
[ ] SNF
[ ] NF
[ ] ICF/MR
[ ] PPS
[ ] TEFRA

	COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	90575	39909451	.002270	.002270	8284545	18806	2992182	37
38	RECOVERY ROOM		5232502			901622		478868	38
39	DELIVERY ROOM & LABOR ROOM	254497	3070863	.082875	.082875	372	31	219	39
40	ANESTHESIOLOGY		9071745			1816192		787179	40
41	RADIOLOGY-DIAGNOSTIC		25239837			4446136		4144428	41
41.01	CAT SCAN		59203560			7272135		11868445	41.01
41.02	ULTRA SOUND		20998896			2951188		5236517	41.02
41.03	MAGNETIC RESONANCE IMAGING		25440884			2351341		5174365	41.03
41.04	NUCLEAR MEDICINE DIAGNOSTIC		18910097			895045		5628006	41.04
41.05	ONCOLOGY	46886	23268389	.002015	.002015	200443	404	9472161	41.05
44	LABORATORY	209448	99695472	.002101	.002101	20211423	42464	1880382	44
44.01	LITHOTRIPTER		560084			26950		121275	44.01
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
47	BLOOD STORING, PROCESSING & T		9386319			3376278		894997	47
49	RESPIRATORY THERAPY		14125263			6062636		309252	49
50	PHYSICAL THERAPY		7992495			1618480		3617	50
51	OCCUPATIONAL THERAPY		1228342			316695		212	51
52	SPEECH PATHOLOGY		733006			251375		1696	52
53	ELECTROCARDIOLOGY		6593547			993607		1558962	53
53.01	CARDIAC REHAB	25574	903993	.028290	.028290	610	17	337740	53.01
54	ELECTROENCEPHALOGRAPHY		5598713			256767		1364901	54
55	MEDICAL SUPPLIES CHARGED TO P		59771192			15653254		6707893	55
55.30	IMPL. DEV. CHARGED TO PATIENT		62680210			20150658		7039678	55.30
56	DRUGS CHARGED TO PATIENTS		82493885			16594444		16656557	56
56.01	NUTRITIONAL SUPPORT		185128					285	56.01
56.02	GASTROENTEROLOGY	53279	4425333	.012040	.012040	770015	9271	1144392	56.02
58.01	SURGERY/CARDIAC AMB DAY CARE	106558	6354381	.016769	.016769	204443	3428	2146292	58.01
59	CARDIOPULMONARY	38361	40631002	.000944	.000944	6636744	6265	10836138	59
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC		3483470			21082		1542890	60
61	EMERGENCY	1174821	47548629	.024708	.024708	6577809	162525	6423172	61
62	OBSERVATION BEDS (NON-DISTINC	89920	3487663	.025782	.025782			1401213	62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	AMBULANCE SERVICES								65
101	TOTAL	2089919	688224351			128842289	243211	106153934	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK APPLICABLE BOXES							
[ ]	TITLE V	[XX]	HOSPITAL (14-0233)	[ ]	SUB IV	[ ]	PPS
[XX]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA
[ ]	TITLE XIX	[ ]	SUB II	[ ]	NF		
		[ ]	SUB III	[ ]	ICF/MR		

	COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM			6792			37
38	RECOVERY ROOM						38
39	DELIVERY ROOM & LABOR ROOM			18			39
40	ANESTHESIOLOGY						40
41	RADIOLOGY-DIAGNOSTIC						41
41.01	CAT SCAN						41.01
41.02	ULTRA SOUND						41.02
41.03	MAGNETIC RESONANCE IMAGING						41.03
41.04	NUCLEAR MEDICINE DIAGNOSTIC						41.04
41.05	ONCOLOGY			19086			41.05
44	LABORATORY			3951			44
44.01	LITHOTRIPTER						44.01
46.30	BLOOD CLOTTING FACTORS ADMIN						46.30
47	BLOOD STORING, PROCESSING & T						47
49	RESPIRATORY THERAPY						49
50	PHYSICAL THERAPY						50
51	OCCUPATIONAL THERAPY						51
52	SPEECH PATHOLOGY						52
53	ELECTROCARDIOLOGY						53
53.01	CARDIAC REHAB			9555			53.01
54	ELECTROENCEPHALOGRAPHY						54
55	MEDICAL SUPPLIES CHARGED TO P						55
55.30	IMPL. DEV. CHARGED TO PATIENT						55.30
56	DRUGS CHARGED TO PATIENTS						56
56.01	NUTRITIONAL SUPPORT						56.01
56.02	GASTROENTEROLOGY			13778			56.02
58.01	SURGERY/CARDIAC AMB DAY CARE			35991			58.01
59	CARDIOPULMONARY			10229			59
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC						60
61	EMERGENCY			158704			61
62	OBSERVATION BEDS (NON-DISTINC			36126			62
63.50	RHC						63.50
63.60	FQHC						63.60
	OTHER REIMBURSABLE COST CENTERS						
65	AMBULANCE SERVICES						65
101	TOTAL			294230			101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK APPLICABLE BOXES

[ ] TITLE V - O/P
[XX] TITLE XVIII-PT B
[ ] TITLE XIX - O/P

[XX] HOSPITAL (14-0233)
[ ] SUB I
[ ] SUB II
[ ] SUB III
[ ] SUB IV

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

	COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C, PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	PROGRAM CHARGES: OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4	
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	.492310	.492350	.492350				37
38	RECOVERY ROOM	.417180	.417180	.417180				38
39	DELIVERY ROOM & LABOR ROOM	.874377	.874377	.874377				39
40	ANESTHESIOLOGY	.390129	.390129	.390129				40
41	RADIOLOGY-DIAGNOSTIC	.284358	.284358	.284358				41
41.01	CAT SCAN	.081953	.081953	.081953				41.01
41.02	ULTRA SOUND	.143223	.143223	.143223				41.02
41.03	MAGNETIC RESONANCE IMAGING	.157159	.157159	.157159				41.03
41.04	NUCLEAR MEDICINE DIAGNOSTIC	.177368	.177368	.177368				41.04
41.05	ONCOLOGY	.314681	.314681	.314681				41.05
44	LABORATORY	.153668	.153668	.153668				44
44.01	LITHOTRIPTER	.206112	.206112	.206112				44.01
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
47	BLOOD STORING, PROCESSING & TRA	.297948	.297948	.297948				47
49	RESPIRATORY THERAPY	.266237	.266237	.266237				49
50	PHYSICAL THERAPY	.481647	.481647	.481647				50
51	OCCUPATIONAL THERAPY	.324223	.324223	.324223				51
52	SPEECH PATHOLOGY	.571289	.571289	.571289				52
53	ELECTROCARDIOLOGY	.131788	.131788	.131788				53
53.01	CARDIAC REHAB	.952877	.952877	.952877				53.01
54	ELECTROENCEPHALOGRAPHY	.291775	.291775	.291775				54
55	MEDICAL SUPPLIES CHARGED TO PAT	.207251	.207251	.207251				55
55.30	IMPL. DEV. CHARGED TO PATIENT	.386955	.386955	.386955				55.30
56	DRUGS CHARGED TO PATIENTS	.295602	.295602	.295602				56
56.01	NUTRITIONAL SUPPORT	1.951542	1.951542	1.951542				56.01
56.02	GASTROENTEROLOGY	.440506	.440506	.440506				56.02
58.01	SURGERY/CARDIAC AMB DAY CARE	.823633	.823633	.823633				58.01
59	CARDIOPULMONARY	.150178	.150178	.150178				59
	OUTPATIENT SERVICE COST CENTERS							
60	CLINIC	.457669	.457669	.457669				60
61	EMERGENCY	.283742	.283742	.283742				61
62	OBSERVATION BEDS (NON-DISTINCT	.625175	.625175	.625175				62
63.50	RHC							63.50
63.60	FQHC							63.60
	OTHER REIMBURSABLE COST CENTERS							
65	AMBULANCE SERVICES	.571500	.571500	.571500				65
65.01	AMBULANCE SERVICES (2ND PERIOD)	.571500	.571500					65.01
65.02	AMBULANCE SERVICES (3RD PERIOD)	.571500	.571500					65.02
65.03	AMBULANCE SERVICES (4TH PERIOD)	.571500	.571500					65.03
101	SUBTOTAL							101
102	CRNA CHARGES							102
103	LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104	NET CHARGES							104

PART VI - VACCINE COST APPORTIONMENT

		1	
1	DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.295602	1
2	PROGRAM VACCINE CHARGES	21896	2
2.01	PROGRAM VACCINE CHARGES		2.01
3	PROGRAM COSTS	6473	3
3.01	PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK APPLICABLE BOXES						
	[ ]	TITLE V - O/P	[XX]	HOSPITAL (14-0233)	[ ]	SNF
	[XX]	TITLE XVIII-PT B	[ ]	SUB I	[ ]	NF
	[ ]	TITLE XIX - O/P	[ ]	SUB II	[ ]	S/B-SNF
			[ ]	SUB III	[ ]	S/B-NF
			[ ]	SUB IV	[ ]	ICF/MR

	COST CENTER DESCRIPTION	PROGRAM CHARGES: ALL OTHER (1) (SEE INSTRU.) 5	PROGRAM CHARGES: PPS SERVICES (SEE INSTRU.) 5.01	PROGRAM CHARGES: ALL OTHER (SEE INSTRU.) 5.02	PROGRAM CHARGES: PPS SERVICES (SEE INSTRU.) 5.03	PROGRAM CHARGES: PPS SERVICES (SEE INSTRU.) 5.04	PROGRAM COST: OUTPATIENT AMBULATORY SURGICAL CENTER 6	PROGRAM COST: OUTPATIENT RADIOLOGY 7	PROGRAM COST: OTHER OUTPATIENT DIAGNOSTIC 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		2992182							37
38	RECOVERY ROOM		478886							38
39	DELIVERY ROOM & LABOR ROOM		219							39
40	ANESTHESIOLOGY		787179							40
41	RADIOLOGY-DIAGNOSTIC		4144428							41
41.01	CAT SCAN		11868445							41.01
41.02	ULTRA SOUND		5236517							41.02
41.03	MAGNETIC RESONANCE IMAGING		5174365							41.03
41.04	NUCLEAR MEDICINE DIAGNOSTIC		5628006							41.04
41.05	ONCOLOGY		4472161							41.05
44	LABORATORY		1880382	4490						44
44.01	LITHOTRIPTER		121275							44.01
46.30	BLOOD CLOTTING FACTORS ADMIN C									46.30
47	BLOOD STORING, PROCESSING & TR		894997							47
49	RESPIRATORY THERAPY		309252							49
50	PHYSICAL THERAPY		3617							50
51	OCCUPATIONAL THERAPY		212							51
52	SPEECH PATHOLOGY		1696							52
53	ELECTROCARDIOLOGY		1558962							53
53.01	CARDIAC REHAB		337740							53.01
54	ELECTROENCEPHALOGRAPHY		1364901							54
55	MEDICAL SUPPLIES CHARGED TO PA		6707893							55
55.30	IMPL. DEV. CHARGED TO PATIENT		7039678							55.30
56	DRUGS CHARGED TO PATIENTS		16656557							56
56.01	NUTRITIONAL SUPPORT		285							56.01
56.02	GASTROENTEROLOGY		1144392							56.02
58.01	SURGERY/CARDIAC AMB DAY CARE		2146292							58.01
59	CARDIOPULMONARY		10836138							59
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC		1542890							60
61	EMERGENCY		6423172							61
62	OBSERVATION BEDS (NON-DISTINCT		1401213							62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES			1816543						65
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		106153934	1821033						101
102	CRNA CHARGES									102
103	PBP CLINIC LAB									103
104	NET CHARGES		106153934	1821033						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK APPLICABLE BOXES			
[ ] TITLE V - O/P	[XX] HOSPITAL (14-0233)	[ ] SNF
[XX] TITLE XVIII-PT B	[ ] SUB I	[ ] NF
[ ] TITLE XIX - O/P	[ ] SUB II	[ ] S/B-SNF
	[ ] SUB III	[ ] S/B-NF
	[ ] SUB IV	[ ] ICF/MR

	COST CENTER DESCRIPTION	PROGRAM COST ALL OTHER (COLS 1x5) 9	PROGRAM COST PPS SERVICES (COLUMNS 1.01x5.01) 9.01	PROGRAM COST ALL OTHER (COLUMNS 1.01x5.02) 9.02	PROGRAM COST PPS SERVICES (COLUMNS 1.01x5.03 9.03	PROGRAM COST PPS SERVICES (COLUMNS 1.01x5.04 9.04	HOSPITAL I/P PART B CHARGES (SEE INSTRU.) 10	HOSPITAL I/P PART B COST (COLUMNS 1.02x10) 11	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM		1473201						37
38	RECOVERY ROOM		199782						38
39	DELIVERY ROOM & LABOR ROOM		191						39
40	ANESTHESIOLOGY		307101						40
41	RADIOLOGY-DIAGNOSTIC		1178501						41
41.01	CAT SCAN		972655						41.01
41.02	ULTRA SOUND		749990						41.02
41.03	MAGNETIC RESONANCE IMAGING		813198						41.03
41.04	NUCLEAR MEDICINE DIAGNOSTIC		998228						41.04
41.05	ONCOLOGY		2980709						41.05
44	LABORATORY		288955	690					44
44.01	LITHOTRIPTER		24996						44.01
46.30	BLOOD CLOTTING FACTORS ADMIN CO								46.30
47	BLOOD STORING, PROCESSING & TRA		266663						47
49	RESPIRATORY THERAPY		82334						49
50	PHYSICAL THERAPY		1742						50
51	OCCUPATIONAL THERAPY		69						51
52	SPEECH PATHOLOGY		969						52
53	ELECTROCARDIOLOGY		205452						53
53.01	CARDIAC REHAB		321825						53.01
54	ELECTROENCEPHALOGRAPHY		398244						54
55	MEDICAL SUPPLIES CHARGED TO PAT		1390218						55
55.30	IMPL. DEV. CHARGED TO PATIENT		2724039						55.30
56	DRUGS CHARGED TO PATIENTS		4923712						56
56.01	NUTRITIONAL SUPPORT		556						56.01
56.02	GASTROENTEROLOGY		504112						56.02
58.01	SURGERY/CARDIAC AMB DAY CARE		1767757						58.01
59	CARDIOPULMONARY		1627350						59
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC		706133						60
61	EMERGENCY		1922524						61
62	OBSERVATION BEDS (NON-DISTINCT		876003						62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	AMBULANCE SERVICES								65
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		27607209	690					101
102	CRNA CHARGES								102
103	LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS								103
104	NET CHARGES		27607209	690					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 CAPITAL RELATED COST 1	OLD CAPITAL SWING-BED ADJUSTMENT 2	OLD CAPITAL REDUCED CAPITAL RELATED COST 3	NEW CAPITAL CAPITAL RELATED COST 4	NEW CAPITAL SWING-BED ADJUSTMENT 5	NEW CAPITAL REDUCED CAPITAL RELATED COST 6	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS				1842945		1842945	25
26	INTENSIVE CARE UNIT				854713		854713	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				31642		31642	33
101	TOTAL				2729300		2729300	101

	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	OLD CAPITAL INPATIENT PROGRAM CAPITAL COST 10	NEW CAPITAL PER DIEM 11	NEW CAPITAL INPATIENT PROGRAM CAPITAL COST 12	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS	43777	3123			42.10	131478	25
26	INTENSIVE CARE UNIT	10055	994			85.00	84490	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	1381	498			22.91	11409	33
101	TOTAL	55213	4615				227377	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
PART II

CHECK APPLICABLE BOXES								
	[ ]	TITLE V	[XX]	HOSPITAL (14-0233)	[ ]	SUB III	[ ]	PPS
	[ ]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SUB IV	[ ]	TEFRA
	[XX]	TITLE XIX	[ ]	SUB II	[XX]	OTHER		

	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPATIENT PROGRAM CHARGES 4	---- OLD CAPITAL ---- RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	---- NEW CAPITAL ---- RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		1618844	39909451				.040563		37
38	RECOVERY ROOM		142393	5232502				.027213		38
39	DELIVERY ROOM & LABOR ROOM		130410	3070863				.042467		39
40	ANESTHESIOLOGY		139882	9071745				.015420		40
41	RADIOLOGY-DIAGNOSTIC		1491477	25239837				.059092		41
41.01	CAT SCAN		1107908	59203560				.018714		41.01
41.02	ULTRA SOUND		393707	20998896				.018749		41.02
41.03	MAGNETIC RESONANCE IMAGING		1155259	25440884				.045410		41.03
41.04	NUCLEAR MEDICINE DIAGNOSTIC		392418	18910097				.020752		41.04
41.05	ONCOLOGY		1371530	23268389				.058944		41.05
44	LABORATORY		1032942	99695472				.010360		44
44.01	LITHOTRIPTER		9024	560084				.016112		44.01
46.30	BLOOD CLOTTING FACTORS ADMIN									46.30
47	BLOOD STORING, PROCESSING & T		53469	9386319				.005696		47
49	RESPIRATORY THERAPY		266466	14125263				.018864		49
50	PHYSICAL THERAPY		230618	7992495				.028854		50
51	OCCUPATIONAL THERAPY		24791	1228342				.020182		51
52	SPEECH PATHOLOGY		16204	733006				.022106		52
53	ELECTROCARDIOLOGY		49133	6593547				.007452		53
53.01	CARDIAC REHAB		139202	903993				.153986		53.01
54	ELECTROENCEPHALOGRAPHY		266207	5598713				.047548		54
55	MEDICAL SUPPLIES CHARGED TO P		926326	59771192				.015498		55
55.30	IMPL. DEV. CHARGED TO PATIENT		459173	62680210				.007326		55.30
56	DRUGS CHARGED TO PATIENTS		595661	82493885				.007221		56
56.01	NUTRITIONAL SUPPORT		14619	185128				.078967		56.01
56.02	GASTROENTEROLOGY		208842	4425323				.047192		56.02
58.01	SURGERY/CARDIAC AMB DAY CARE		203804	6354381				.032073		58.01
59	CARDIOPULMONARY		613729	40631002				.015105		59
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC		142148	3483470				.040806		60
61	EMERGENCY		510553	47548629				.010737		61
62	OBSERVATION BEDS (NON-DISTINC		98931	3487663				.028366		62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES									65
101	TOTAL		13805570	688224351						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 ANESTHETIST COST 1	NURSING SCHOOL COST 2	ALLIED HEALTH COSTS 2.01	ALL OTHER MEDICAL EDUCATION COSTS 2.02	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS		1675096				1675096	25
26	INTENSIVE CARE UNIT		481821				481821	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		57009				57009	33
34	SKILLED NURSING FACILITY							34
35	NURSING FACILITY							35
101	TOTAL		2213926				2213926	101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
	INPAT ROUTINE SERV COST CTRS					
25	ADULTS & PEDIATRICS	43777	38.26	3123	119486	25
26	INTENSIVE CARE UNIT	10055	47.92	994	47632	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	1381	41.28	498	20557	33
34	SKILLED NURSING FACILITY					34
35	NURSING FACILITY					35
101	TOTAL	55213		4615	187675	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK APPLICABLE BOXES							
[ ]	TITLE V	[XX]	HOSPITAL (14-0233)	[ ]	SUB IV	[ ]	PPS
[ ]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA
[XX]	TITLE XIX	[ ]	SUB II	[ ]	NF	[ ]	OTHER
		[ ]	SUB III	[ ]	ICF/MR		

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	OUTPATIENT NONPHYSICIAN ANESTHETIST COST 1.01	NURSING SCHOOL COST 2	ALLIED HEALTH COSTS 2.01	ALL OTHER MEDICAL EDUCATION COSTS 2.02	ADMINISTERING BLOOD CLOTTING FACTORS COST 2.03	TOTAL COSTS 3	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM			90575				90575	37
38	RECOVERY ROOM								38
39	DELIVERY ROOM & LABOR ROOM			254497				254497	39
40	ANESTHESIOLOGY								40
41	RADIOLOGY-DIAGNOSTIC								41
41.01	CAT SCAN								41.01
41.02	ULTRA SOUND								41.02
41.03	MAGNETIC RESONANCE IMAGING								41.03
41.04	NUCLEAR MEDICINE DIAGNOSTIC								41.04
41.05	ONCOLOGY			46886				46886	41.05
44	LABORATORY			209448				209448	44
44.01	LITHOTRIPTER								44.01
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
47	BLOOD STORING, PROCESSING & T								47
49	RESPIRATORY THERAPY								49
50	PHYSICAL THERAPY								50
51	OCCUPATIONAL THERAPY								51
52	SPEECH PATHOLOGY								52
53	ELECTROCARDIOLOGY								53
53.01	CARDIAC REHAB			25574				25574	53.01
54	ELECTROENCEPHALOGRAPHY								54
55	MEDICAL SUPPLIES CHARGED TO P								55
55.30	IMPL. DEV. CHARGED TO PATIENT								55.30
56	DRUGS CHARGED TO PATIENTS								56
56.01	NUTRITIONAL SUPPORT								56.01
56.02	GASTROENTEROLOGY			53279				53279	56.02
58.01	SURGERY/CARDIAC AMB DAY CARE			106558				106558	58.01
59	CARDIOPULMONARY			38361				38361	59
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC								60
61	EMERGENCY			1174821				1174821	61
62	OBSERVATION BEDS (NON-DISTINC								62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	AMBULANCE SERVICES								65
101	TOTAL			1999999				1999999	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK APPLICABLE BOXES								
	[ ]	TITLE V	[XX]	HOSPITAL (14-0233)	[ ]	SUB IV	[ ]	PPS
	[ ]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA
	[XX]	TITLE XIX	[ ]	SUB II	[ ]	NF	[ ]	OTHER
			[ ]	SUB III	[ ]	ICF/MR		

	COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	90575	39909451	.002270	.002270				37
38	RECOVERY ROOM		5232502						38
39	DELIVERY ROOM & LABOR ROOM	254497	3070863	.082875	.082875				39
40	ANESTHESIOLOGY		9071745						40
41	RADIOLOGY-DIAGNOSTIC		25239837						41
41.01	CAT SCAN		59003560						41.01
41.02	ULTRA SOUND		20998896						41.02
41.03	MAGNETIC RESONANCE IMAGING		25440884						41.03
41.04	NUCLEAR MEDICINE DIAGNOSTIC		18910097						41.04
41.05	ONCOLOGY	46886	23268389	.002015	.002015				41.05
44	LABORATORY	209448	99695472	.002101	.002101				44
44.01	LITHOTRIPTER		560084						44.01
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
47	BLOOD STORING, PROCESSING & T		9386319						47
49	RESPIRATORY THERAPY		14125263						49
50	PHYSICAL THERAPY		7992495						50
51	OCCUPATIONAL THERAPY		1228342						51
52	SPEECH PATHOLOGY		733006						52
53	ELECTROCARDIOLOGY		6893547						53
53.01	CARDIAC REHAB	25574	903993	.028290	.028290				53.01
54	ELECTROENCEPHALOGRAPHY		5598713						54
55	MEDICAL SUPPLIES CHARGED TO P		59771192						55
55.30	IMPL. DEV. CHARGED TO PATIENT		62680210						55.30
56	DRUGS CHARGED TO PATIENTS		92493885						56
56.01	NUTRITIONAL SUPPORT		185128						56.01
56.02	GASTROENTEROLOGY	53279	4425333	.012040	.012040				56.02
58.01	SURGERY/CARDIAC AMB DAY CARE	106558	6354381	.016769	.016769				58.01
59	CARDIOPULMONARY	38361	40631002	.000944	.000944				59
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC		3483470						60
61	EMERGENCY	1174821	47548629	.024708	.024708				61
62	OBSERVATION BEDS (NON-DISTINC		3487663						62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	AMBULANCE SERVICES								65
101	TOTAL	1999999	688224351						101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK APPLICABLE BOXES								
	[ ]	TITLE V	[XX]	HOSPITAL (14-0233)	[ ]	SUB IV	[ ]	PPS
	[ ]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA
	[XX]	TITLE XIX	[ ]	SUB II	[ ]	NF	[ ]	OTHER
			[ ]	SUB III	[ ]	ICF/MR		

	COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM						37
38	RECOVERY ROOM						38
39	DELIVERY ROOM & LABOR ROOM						39
40	ANESTHESIOLOGY						40
41	RADIOLOGY-DIAGNOSTIC						41
41.01	CAT SCAN						41.01
41.02	ULTRA SOUND						41.02
41.03	MAGNETIC RESONANCE IMAGING						41.03
41.04	NUCLEAR MEDICINE DIAGNOSTIC						41.04
41.05	ONCOLOGY						41.05
44	LABORATORY						44
44.01	LITHOTRIPTER						44.01
46.30	BLOOD CLOTTING FACTORS ADMIN						46.30
47	BLOOD STORING, PROCESSING & T						47
49	RESPIRATORY THERAPY						49
50	PHYSICAL THERAPY						50
51	OCCUPATIONAL THERAPY						51
52	SPEECH PATHOLOGY						52
53	ELECTROCARDIOLOGY						53
53.01	CARDIAC REHAB						53.01
54	ELECTROENCEPHALOGRAPHY						54
55	MEDICAL SUPPLIES CHARGED TO P						55
55.30	IMPL. DEV. CHARGED TO PATIENT						55.30
56	DRUGS CHARGED TO PATIENTS						56
56.01	NUTRITIONAL SUPPORT						56.01
56.02	GASTROENTEROLOGY						56.02
58.01	SURGERY/CARDIAC AMB DAY CARE						58.01
59	CARDIOPULMONARY						59
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC						60
61	EMERGENCY						61
62	OBSERVATION BEDS (NON-DISTINC						62
63.50	RHC						63.50
63.60	FQHC						63.60
	OTHER REIMBURSABLE COST CENTERS						
65	AMBULANCE SERVICES						65
101	TOTAL						101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART I

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

PART I - ALL PROVIDER COMPONENTS

	INPATIENT DAYS	HOSPITAL (PPS) (14-0233) 1	SUB I 1	SUB II 1	SUB III 1	SUB IV 1	SNF 1	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	43777						1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	43777						2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	43777						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)	19329						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) (14-0233)	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	40617826						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	40617826						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	60115904						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	60115904						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.675659						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1373.23						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	40617826						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) (14-0233)	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	927.83					38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	17934026					39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	17934026					41

		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42	NURSERY (TITLES V AND XIX ONLY)						42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	INTENSIVE CARE UNIT	16491187	10055	1640.10	4440	7282044	43
44	CORONARY CARE UNIT						44
45	BURN INTENSIVE CARE UNIT						45
46	SURGICAL INTENSIVE CARE UNIT						46
47	OTHER SPECIAL CARE (SPECIFY)						47

		HOSPITAL (PPS) (14-0233)	SUB I	SUB II	SUB III	SUB IV	
		1	1	1	1	1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	34498890					48
49	TOTAL PROGRAM INPATIENT COSTS	59714960					49
	PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	2143444					50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	2369585					51
52	TOTAL PROGRAM EXCLUDABLE COST	4513029					52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	55201931					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) (14-0233)	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) (14-0233)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
PART IV - COMPUTATION OF OBSERVATION BED COST						
83 TOTAL OBSERVATION BEDS	2350					83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	927.83					84
85 OBSERVATION BED COST	2180401					85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		40617826		2180401		86
87 NEW CAPITAL-RELATED COST	1842945	40617826	.045373	2180401	98931	87
88 NON PHYSICIAN ANESTHETIST		40617826		2180401		88
89 NURSING SCHOOL	1675096	40617826	.041240	2180401	89920	89
89.01 ALLIED HEALTH		40617826		2180401		89.01
89.02 ALL OTHER		40617826		2180401		89.02

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART I

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

PART I - ALL PROVIDER COMPONENTS

		HOSPITAL (OTHER) (14-0233)	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)	43777						1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	43777						2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	43777						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)	3123						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	1381						15
16	TITLE V OR XIX NURSERY DAYS	498						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) (14-0233)	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	40578042						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	40578042						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	60115904						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	60115904						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.674997						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1373.23						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	40578042						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) (14-0233)	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	926.93					38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2894802					39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2894802					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)	605025	1381	438.11	498	218179	42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	INTENSIVE CARE UNIT	16454856	10055	1636.48	994	1626661	43
44	CORONARY CARE UNIT						44
45	BURN INTENSIVE CARE UNIT						45
46	SURGICAL INTENSIVE CARE UNIT						46
47	OTHER SPECIAL CARE (SPECIFY)						47

		HOSPITAL (OTHER) (14-0233)	SUB I	SUB II	SUB III	SUB IV	
		1	1	1	1	1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST						48
49	TOTAL PROGRAM INPATIENT COSTS	4739642					49
	PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	415052					50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52	TOTAL PROGRAM EXCLUDABLE COST	415052					52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS						53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	TARGET AMOUNT AND LIMITATION COMPUTATION	HOSPITAL (OTHER) (14-0233) 1	SUB I 1	SUB II 1	SUB III 1	SUB IV 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) (14-0233)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
PART IV - COMPUTATION OF OBSERVATION BED COST						
83 TOTAL OBSERVATION BEDS	2350					83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	927.83					84
85 OBSERVATION BED COST	2180401					85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

[XX] HOSPITAL (14-0233)
[ ] SUB I
[ ] SUB II
[ ] SUB III
[ ] SUB IV

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

[XX] PPS
[ ] TEFRA
[ ] OTHER

	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
25	ADULTS & PEDIATRICS		27884132		25
26	INTENSIVE CARE UNIT		19198272		26
	ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	.492350	8284545	4078896	37
38	RECOVERY ROOM	.417180	901622	376139	38
39	DELIVERY ROOM & LABOR ROOM	.889599	372	331	39
40	ANESTHESIOLOGY	.412330	1816192	748870	40
41	RADIOLOGY-DIAGNOSTIC	.284358	4446136	1264294	41
41.01	CAT SCAN	.081953	7272135	595973	41.01
41.02	ULTRA SOUND	.143223	2951188	422678	41.02
41.03	MAGNETIC RESONANCE IMAGING	.157159	2351341	369534	41.03
41.04	NUCLEAR MEDICINE DIAGNOSTIC	.177368	895045	158752	41.04
41.05	ONCOLOGY	.320107	200443	64163	41.05
44	LABORATORY	.153668	20211423	3105849	44
44.01	LITHOTRIPTER	.206112	26950	5555	44.01
46.30	BLOOD CLOTTING FACTORS ADMIN CO				46.30
47	BLOOD STORING, PROCESSING & TRA	.297948	3376278	1005955	47
49	RESPIRATORY THERAPY	.266486	6062636	1615608	49
50	PHYSICAL THERAPY	.481647	1618480	779536	50
51	OCCUPATIONAL THERAPY	.324223	316695	102680	51
52	SPEECH PATHOLOGY	.571289	251375	143608	52
53	ELECTROCARDIOLOGY	.131788	993607	130945	53
53.01	CARDIAC REHAB	.952877	610	581	53.01
54	ELECTROENCEPHALOGRAPHY	.292089	256767	74999	54
55	MEDICAL SUPPLIES CHARGED TO PAT	.207251	15653254	3244153	55
55.30	IMPL. DEV. CHARGED TO PATIENT	.386955	20150658	7797398	55.30
56	DRUGS CHARGED TO PATIENTS	.295602	16594444	4905351	56
56.01	NUTRITIONAL SUPPORT	1.951542			56.01
56.02	GASTROENTEROLOGY	.440506	770015	339196	56.02
58.01	SURGERY/CARDIAC AMB DAY CARE	.828630	204443	169408	58.01
59	CARDIOPULMONARY	.150178	6636744	996693	59
	OUTPATIENT SERVICE COST CENTERS				
60	CLINIC	.457669	21082	9649	60
61	EMERGENCY	.302851	6577809	1992096	61
62	OBSERVATION BEDS (NON-DISTINCT	.625175			62
	OTHER REIMBURSABLE COST CENTERS				
63.50	RHC				63.50
63.60	FQHC				63.60
65	AMBULANCE SERVICES				65
101	TOTAL		128842289	34498890	101
102	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103	NET CHARGES		128842289		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V	[XX] HOSPITAL (14-0233)	[ ] SNF	[ ] PPS
[ ] TITLE XVIII-PT A	[ ] SUB I	[ ] NF	[ ] TEFRA
[XX] TITLE XIX	[ ] SUB II	[ ] S/B-SNF	[XX] OTHER
	[ ] SUB III	[ ] S/B-NF	
	[ ] SUB IV	[ ] ICF/MR	

	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
25	ADULTS & PEDIATRICS				25
26	INTENSIVE CARE UNIT				26
	ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	.492350			37
38	RECOVERY ROOM	.417180			38
39	DELIVERY ROOM & LABOR ROOM	.874377			39
40	ANESTHESIOLOGY	.390129			40
41	RADIOLOGY-DIAGNOSTIC	.284358			41
41.01	CAT SCAN	.081953			41.01
41.02	ULTRA SOUND	.143223			41.02
41.03	MAGNETIC RESONANCE IMAGING	.157159			41.03
41.04	NUCLEAR MEDICINE DIAGNOSTIC	.177368			41.04
41.05	ONCOLOGY	.314681			41.05
44	LABORATORY	.153668			44
44.01	LITHOTRIPTER	.206112			44.01
46.30	BLOOD CLOTTING FACTORS ADMIN CO				46.30
47	BLOOD STORING, PROCESSING & TRA	.297948			47
49	RESPIRATORY THERAPY	.266237			49
50	PHYSICAL THERAPY	.481647			50
51	OCCUPATIONAL THERAPY	.324223			51
52	SPEECH PATHOLOGY	.571289			52
53	ELECTROCARDIOLOGY	.131788			53
53.01	CARDIAC REHAB	.952877			53.01
54	ELECTROENCEPHALOGRAPHY	.291775			54
55	MEDICAL SUPPLIES CHARGED TO PAT	.207251			55
55.30	IMPL. DEV. CHARGED TO PATIENT	.386955			55.30
56	DRUGS CHARGED TO PATIENTS	.295602			56
56.01	NUTRITIONAL SUPPORT	1.951542			56.01
56.02	GASTROENTEROLOGY	.440506			56.02
58.01	SURGERY/CARDIAC AMB DAY CARE	.823633			58.01
59	CARDIOPULMONARY	.150178			59
	OUTPATIENT SERVICE COST CENTERS				
60	CLINIC	.457669			60
61	EMERGENCY	.283742			61
62	OBSERVATION BEDS (NON-DISTINCT	.623175			62
	OTHER REIMBURSABLE COST CENTERS				
63.50	RHC				63.50
63.60	FQHC				63.60
65	AMBULANCE SERVICES	.571500			65
101	TOTAL				101
102	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103	NET CHARGES				103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		HOSPITAL (14-0233)	SUB I	SUB II	SUB III	SUB IV	
	DRG AMOUNT						
1	OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1						1
1.01	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	9834974					1.01
1.02	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	29504921					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	2249317					2.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT						
3	BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	228.56					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]	0.50					3.06
3.07	SUM OF LINES 3.04-3.06 0.00 0.50	0.50					3.07
3.08	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	0.50					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	0.50					3.14
3.15	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.16
3.17	SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO RES. IN INIT YRS 0.00	0.17					3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		HOSPITAL (14-0233)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.000744					3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO						3.19
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19						3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1						3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1						3.22
3.23	IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1						3.23
	[SUM OF LINES][PLUS E-3,PT.VI]						
	[3.21-3.23][LINE 23]						
3.24	SUM OF LINES 3.21-3.23 0 0						3.24
	DISPROPORTIONATE SHARE ADJUSTMENT						
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS						4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS						4.01
4.02	SUM OF 4 AND 4.01						4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE						4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT						4.04
	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES						
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317						5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317						5.01
5.02	DIVIDE LINE 5.01 BY LINE 5						5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317						5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK						5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS						5.05
5.06	TOTAL ADDITIONAL PAYMENT						5.06
6	SUBTOTAL	41589212					6
7	HOSPITAL SPECIFIC PAYMENTS						7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)						7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	41589212					8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	3383563					9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL						10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	5899					11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE	1008061					11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES						11.02
12	NET ORGAN ACQUISITION COST						12
13	COST OF TEACHING PHYSICIANS						13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS	952293					14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	243211					15
16	TOTAL	47182239					16
17	PRIMARY PAYER PAYMENTS	10254					17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	47171985					18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3344434					19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	146499					20
21	REIMBURSABLE BAD DEBTS	378018					21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	264613					21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES						21.02
22	SUBTOTAL	43945665					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		HOSPITAL (14-0233)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION						23
24	OTHER ADJUSTMENTS						24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						25
26	AMOUNT DUE PROVIDER	43945665					26
27	SEQUESTRATION ADJUSTMENT						27
28	INTERIM PAYMENTS	44052742					28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						28.01
29	BALANCE DUE PROVIDER (PROGRAM)	-107077					29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	1770816					30
	TO BE COMPLETED BY INTERMEDIARY						
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01						50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01						51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)						52
53	CAPITAL OUTLIER RECONILIATION AMOUNT (SEE INSTRUCTIONS)						53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)						55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

		HOSPITAL (14-0233) 1	HOSPITAL (14-0233) 1.01	HOSPITAL (14-0233) 1.02	
1	MEDICAL AND OTHER SERVICES	7163			1
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	27312979			1.01
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	25323142			1.02
1.03	1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.840	0.840		1.03
1.04	LINE 1.01 TIMES LINE 1.03	22942902			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 4, LINE 101	294230			1.07
2	INTERNS AND RESIDENTS				2
3	ORGAN ACQUISITIONS				3
4	COST OF TEACHING PHYSICIANS				4
5	TOTAL COST	7163			5
	COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6	ANCILLARY SERVICE CHARGES	1842929			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	1842929			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	1842929			14
15	EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	1835766			15
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17	LESSER OF COST OR CHARGES	7163			17
17.01	TOTAL PPS PAYMENTS	25617372			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

		HOSPITAL (14-0233) 1	HOSPITAL (14-0233) 1.01	HOSPITAL (14-0233) 1.02	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18	DEDUCTIBLES AND COINSURANCE				18
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	5437380			18.01
19	SUBTOTAL	20187155			19
20	SUM OF AMOUNTS FROM WKST E, PARTS C,D & E				20
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	2728			21
22	ESRD DIRECT MEDICAL EDUCATION COSTS				22
23	SUBTOTAL	20189883			23
24	PRIMARY PAYER PAYMENTS	4081			24
25	SUBTOTAL	20185802			25
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
26	COMPOSITE RATE ESRD				26
27	BAD DEBTS	558738			27
27.01	REDUCED REIMBURSABLE BAD DEBTS	391117			27.01
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)				27.02
28	SUBTOTAL	20576919			28
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION				29
30	OTHER ADJUSTMENTS				30
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)				30.99
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS				31
32	SUBTOTAL	20576919			32
33	SEQUESTRATION ADJUSTMENT				33
34	INTERIM PAYMENTS	20542520			34
34.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)				34.01
35	BALANCE DUE PROVIDER/PROGRAM	34399			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 (14-0233)

WORKSHEET E-1

DESCRIPTION			INPATIENT PART A MM/DD/YYYY 1	INPATIENT PART A AMOUNT 2	PART B MM/DD/YYYY 3	PART B AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				43893142		20542520	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.				NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		.01	04/15/2010	159600			3.01
	PROGRAM TO PROVIDER	.02					3.02
		.03				NONE	3.03
		.04					3.04
		.05					3.05
		.50					3.50
	PROVIDER TO PROGRAM	.51					3.51
		.52		NONE		NONE	3.52
		.53					3.53
		.54					3.54
SUBTOTAL		.99		159600			3.99
4 TOTAL INTERIM PAYMENTS				44052742		20542520	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 TO PROVIDER	.01					5.01
		.02		NONE		NONE	5.02
		.03					5.03
	PROVIDER TO PROGRAM	.50					5.50
		.51		NONE		NONE	5.51
		.52					5.52
SUBTOTAL		.99					5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER	.01				34399	6.01
	PROVIDER TO PROGRAM	.02		-107077			6.02
7 TOTAL MEDICARE PROGRAM LIABILITY				43945665		20576919	7

NAME OF INTERMEDIARY: _____ INTERMEDIARY NUMBER: _____

SIGNATURE OF AUTHORIZED PERSON: _____ DATE (MO/DAY/YR): _____

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

WORKSHEET E-3
PART III

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

		HOSPITAL (14-0233) (OTHER)	SUB I	SUB II	SUB III	SUB IV	NF I	
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	1	
1	INPATIENT HOSPITAL/SNF/NF SERVICES	4739642						1
2	MEDICAL AND OTHER SERVICES							2
3	INTERNS AND RESIDENTS							3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O							4
5	COST OF TEACHING PHYSICIANS							5
6	SUBTOTAL	4739642						6
7	INPATIENT PRIMARY PAYER PAYMENTS							7
8	OUTPATIENT PRIMARY PAYER PAYMENTS							8
9	SUBTOTAL	4739642						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	4739642						22
23	COST OF COVERED SERVICES	4739642						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	4739642						30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED							31
32	LESSER OF LINES 30 OR 31	4739642						32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)							33

CALCULATION OF REIMBURSEMENT SETTLEMENT WORKSHEET E-3
PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY PART III

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

		HOSPITAL (14-0233) (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	4739642						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

DIRECT GRADUATE MEDICAL EDUCATION (GME)
& ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
PART IV

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

	COMPUTATION OF TOTAL DIRECT GME AMOUNT		
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS		1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE		2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS		2.01
3	AGGREGATE APPROVED AMOUNT		3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996		3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]	0.50	3.03
3.04	FTE ADJUSTMENT CAP 0.50	0.50	3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	0.50	3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	0.50	3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO		3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	0.50	3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	0.50	3.09
3.10	SEE INSTRUCTIONS	0.50	3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO		3.11
3.12	SEE INSTRUCTIONS	0.50	3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)		3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)		3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	0.17	3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	0.17	3.16
3.17	SEE INSTRUCTIONS	86425.00	3.17
3.18	SEE INSTRUCTIONS	14692	3.18

DIRECT GRADUATE MEDICAL EDUCATION (GME)
& ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
PART IV
(CONT)

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

3.19	SEE INSTRUCTIONS		3.19
3.20	SEE INSTRUCTIONS		3.20
3.21	SEE INSTRUCTIONS		3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	0.00	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001	0.00	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001	14692	3.25
	COMPUTATION OF PROGRAM PATIENT LOAD		
4	PROGRAM PART A INPATIENT DAYS	23769	4
5	TOTAL INPATIENT DAYS	51482	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS [LINE 6 x] [E-3,PART 6] [LINE 3.25] [LINE 11]	.461695	6
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 6783 0	6783	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD	7522	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE	51482	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS	100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD	1844	6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR		6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE	100.00	6.07
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD [PRIOR TO] [E-3,PART 6] [422] [LINE 12] 0 0		6.08
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)		
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		9
10	MEDICARE O/P ESRD CHARGES		10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS		11

DIRECT GRADUATE MEDICAL EDUCATION (GME)
& ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
PART IV
(CONT)

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

	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
	PART A REASONABLE COST		
12	REASONABLE COST	59714960	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	10254	15
16	TOTAL PART A REASONABLE COST	59704706	16
	PART B REASONABLE COST		
17	REASONABLE COST	27614372	17
18	PRIMARY PAYER PAYMENTS	4081	18
19	TOTAL PART B REASONABLE COST	27610291	19
20	TOTAL REASONABLE COST	87314997	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.683785	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.316215	22
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
23	TOTAL PROGRAM GME PAYMENT		23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	8627	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	5899	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	2728	25

DIRECT GRADUATE MEDICAL EDUCATION (GME)
& ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
PART IV
(CONT)

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

	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
	PART A REASONABLE COST		
12	REASONABLE COST	59714960	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	10254	15
16	TOTAL PART A REASONABLE COST	59704706	16
	PART B REASONABLE COST		
17	REASONABLE COST	27614372	17
18	PRIMARY PAYER PAYMENTS	4081	18
19	TOTAL PART B REASONABLE COST	27610291	19
20	TOTAL REASONABLE COST	87314997	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.683785	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.316215	22
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
23	TOTAL PROGRAM GME PAYMENT		23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	8627	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	5899	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	2728	25

DIRECT GRADUATE MEDICAL EDUCATION (GME)
& ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
PART IV

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS	1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE	2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS	2.01
3	AGGREGATE APPROVED AMOUNT	3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]	3.03
3.04	FTE ADJUSTMENT CAP	3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	3.09
3.10	SEE INSTRUCTIONS	3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.11
3.12	SEE INSTRUCTIONS	3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	3.16
3.17	SEE INSTRUCTIONS	3.17
3.18	SEE INSTRUCTIONS	3.18

DIRECT GRADUATE MEDICAL EDUCATION (GME)
& ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
PART IV
(CONT)

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

3.19	SEE INSTRUCTIONS		3.19
3.20	SEE INSTRUCTIONS		3.20
3.21	SEE INSTRUCTIONS		3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	0.00	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001	0.00	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		3.25

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS	4117	4
5	TOTAL INPATIENT DAYS	51482	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS	.079970	6

		[LINE 6 x]	[E-3,PART 6] [LINE 11]		
		[LINE 3.25]			
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	0	0		6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD				6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE			51482	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS			100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD				6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR				6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE			100.00	6.07
		[PRIOR TO]	[E-3,PART 6]		
		[422]	[LINE 12]		
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	0	0		6.08

DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY
(NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS	7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES	8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES	9
10	MEDICARE O/P ESRD CHARGES	10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS	11

DIRECT GRADUATE MEDICAL EDUCATION (GME)
& ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
PART IV
(CONT)

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

	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY	
	PART A REASONABLE COST	
12	REASONABLE COST	12
13	ORGAN ACQUISITION COSTS	13
14	COST OF TEACHING PHYSICIANS	14
15	PRIMARY PAYER PAYMENTS	15
16	TOTAL PART A REASONABLE COST	16
	PART B REASONABLE COST	
17	REASONABLE COST	17
18	PRIMARY PAYER PAYMENTS	18
19	TOTAL PART B REASONABLE COST	19
20	TOTAL REASONABLE COST	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	22
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B	
23	TOTAL PROGRAM GME PAYMENT	23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	25

BALANCE SHEET

WORKSHEET G

	ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
		1	2	3	4	
	CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	3444384				1
2	TEMPORARY INVESTMENTS					2
3	NOTES RECEIVABLE					3
4	ACCOUNTS RECEIVABLE	158117909				4
5	OTHER RECEIVABLES	2174743				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-96211191				6
7	INVENTORY	4362330				7
8	PREPAID EXPENSES					8
9	OTHER CURRENT ASSETS	4228518				9
10	DUE FROM OTHER FUNDS					10
11	TOTAL CURRENT ASSETS	76116693				11
	FIXED ASSETS					
12	LAND	3589863				12
12.01	ACCUMULATED DEPRECIATION					12.01
13	LAND IMPROVEMENTS	3630102				13
13.01	ACCUMULATED DEPRECIATION	-3412525				13.01
14	BUILDINGS	119997681				14
14.01	ACCUMULATED DEPRECIATION	-57285588				14.01
15	LEASEHOLD IMPROVEMENTS	404618				15
15.01	ACCUMULATED AMORTIZATION	-177797				15.01
16	FIXED EQUIPMENT					16
16.01	ACCUMULATED DEPRECIATION					16.01
17	AUTOMOBILES AND TRUCKS					17
17.01	ACCUMULATED DEPRECIATION					17.01
18	MAJOR MOVABLE EQUIPMENT	109514039				18
18.01	ACCUMULATED DEPRECIATION	-87464616				18.01
19	MINOR EQUIPMENT DEPRECIABLE	143559				19
19.01	ACCUMULATED DEPRECIATION					19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE					20
21	TOTAL FIXED ASSETS	88939336				21
	OTHER ASSETS					
22	INVESTMENTS	6619277				22
23	DEPOSITS ON LEASES					23
24	DUE FROM OWNERS/OFFICERS					24
25	OTHER ASSETS	3006007				25
26	TOTAL OTHER ASSETS	9625284				26
27	TOTAL ASSETS	174681313				27

	LIABILITIES AND FUND BALANCES	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
		1	2	3	4	
	CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	4927325				28
29	SALARIES, WAGES & FEES PAYABLE	14029964				29
30	PAYROLL TAXES PAYABLE					30
31	NOTES & LOANS PAYABLE (SHORT TERM)	14225956				31
32	DEFERRED INCOME					32
33	ACCELERATED PAYMENTS					33
34	DUE TO OTHER FUNDS	13712789				34
35	OTHER CURRENT LIABILITIES	1687514				35
36	TOTAL CURRENT LIABILITIES	48583548				36
	LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE					37
38	NOTES PAYABLE					38
39	UNSECURED LOANS					39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66					40
41	OTHER LONG TERM LIABILITIES	4350872				41
42	TOTAL LONG TERM LIABILITIES	4350872				42
43	TOTAL LIABILITIES	52934420				43
	CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	121746893				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	121746893				51
52	TOTAL LIABILITIES AND FUND BALANCES	174681313				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	127632822				1
2	NET INCOME (LOSS)	-7325745				2
3	TOTAL	120307077				3
4	ADDITIONS (CREDIT ADJUSTMENTS)					4
5	CONTRIBUTION ACTIVITY	1439816				5
6	TRANSFER TO AFFILIATES					6
7						7
8						8
9						9
10	TOTAL ADDITIONS	1439816				10
11	SUBTOTAL	121746893				11
12	DEDUCTIONS (DEBIT ADJUSTMENTS)					12
13						13
14						14
15						15
16						16
17						17
18	TOTAL DEDUCTIONS					18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	121746893				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	60115904		60115904	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	60115904		60115904	9
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10	INTENSIVE CARE UNIT	43627723		43627723	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	43627723		43627723	15
16	TOTAL INPATIENT ROUTINE CARE SERVICES	103743627		103743627	16
17	ANCILLARY SERVICES	327368463	455232423	782600886	17
18	OUTPATIENT SERVICES				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	431112090	455232423	886344513	25

PART II - OPERATING EXPENSES

		1	2	
26	OPERATING EXPENSES		315786103	26
27	ADD (SPECIFY)			27
28	BAD DEBT	16332650		28
29				29
30				30
31				31
32				32
33	TOTAL ADDITIONS		16332650	33
34	DEDUCT (SPECIFY)			34
35				35
36				36
37				37
38				38
39	TOTAL DEDUCTIONS			39
40	TOTAL OPERATING EXPENSES		332118753	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

	DESCRIPTION		
1	TOTAL PATIENT REVENUES	886344513	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	568462890	2
3	NET PATIENT REVENUES	317881623	3
4	LESS - TOTAL OPERATING EXPENSES	332118753	4
5	NET INCOME FROM SERVICE TO PATIENTS	-14237130	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	INVESTMENT	533433	24
24.01	CONTRIBUTIONS	101960	24.01
24.02	OTHER	5887473	24.02
24.03	NET ASSETS RELEASED FROM RESTRICION	302735	24.03
24.04	UNREAL GAIN/LOSS ASSETS REL CAP	85784	24.04
25	TOTAL OTHER INCOME	6911385	25
26	TOTAL	-7325745	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-7325745	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

		HOSPITAL (14-0233) (14-0233)	SUB I	SUB II	SUB III	SUB IV	
	PART I - FULLY PROSPECTIVE METHOD						
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS						1
	CAPITAL FEDERAL AMOUNT						
2	CAPITAL DRG OTHER THAN OUTLIER	3236400					2
3	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997						3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997	71431					3.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT						
4	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI,LN.18]	141.05					4
4.01	NO. OF INTERNS & RESIDENTS [E,PT A,LN.3.17] 0.17 [x E-3,PT VI,LN.1] 0.00	0.17					4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	0.03					4.02
4.03	INDIRECT MEDICAL EDUCATON ADJUSTMENT	971					4.03
	DISPROPORTIONATE SHARE ADJUSTMENT						
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS	0.0253					5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I	0.0873					5.01
5.02	SUM OF LINES 5 AND 5.01	0.1126					5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0231					5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	74761					5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	3383563					6
	PART II - HOLD HARMLESS METHOD						
1	NEW CAPITAL						1
2	OLD CAPITAL						2
3	TOTAL CAPITAL						3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL						4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE						5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT						6
7	REDUCED OLD CAPITAL AMOUNT						7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL						8
9	SUBTOTAL						9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)						10
	PART III - PAYMENT UNDER REASONABLE COST						
1	PROGRAM INPATIENT ROUTINE CAPITAL COST						1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST						2
3	TOTAL INPATIENT PROGRAM CAPITAL						3
4	CAPITAL COST PAYMENT FACTOR						4
5	TOTAL INPATIENT PROGRAM CAPITAL COST						5
	PART IV - COMPUTATION OF EXCEPTION PAYMENTS						
1	PROGRAM INPATIENT CAPITAL COSTS						1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES						2
3	NET PROGRAM INPATIENT CAPITAL COSTS						3
4	APPLICABLE EXCEPTION PERCENTAGE						4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS						5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES						6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES						7
8	CAPITAL MINIMUM PAYMENT LEVEL						8
9	CURRENT YEAR CAPITAL PAYMENTS						9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS						10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT						11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS						12
13	CURRENT YEAR EXCEPTION PAYMENT						13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD						14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)						15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)						16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT						17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

	COST CENTER DESCRIPTION	EXTRAORDINARY 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
21.01	MEDTECH SCHOOL						21.01
21.02	PARAMED TRAINING						21.02
22	I&R SERVICES-SALARY & FRINGES						22
23	I&R SERVICES-OTHER PRGM COSTS						23
24	PARAMED ED PRGM-(SPECIFY)						24
	INPATIENT ROUTINE SERV COST CENTERS						
25	ADULTS & PEDIATRICS						25
26	INTENSIVE CARE UNIT						26
33	NURSERY						33
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM						37
38	RECOVERY ROOM						38
39	DELIVERY ROOM & LABOR ROOM						39
40	ANESTHESIOLOGY						40
41	RADIOLOGY-DIAGNOSTIC						41
41.01	CAT SCAN						41.01
41.02	ULTRA SOUND						41.02
41.03	MAGNETIC RESONANCE IMAGING						41.03
41.04	NUCLEAR MEDICINE DIAGNOSTIC						41.04
41.05	ONCOLOGY						41.05
44	LABORATORY						44
44.01	LITHOTRIPTER						44.01
46.30	BLOOD CLOTTING FACTORS ADMIN C						46.30
47	BLOOD STORING, PROCESSING & TR						47
49	RESPIRATORY THERAPY						49
50	PHYSICAL THERAPY						50
51	OCCUPATIONAL THERAPY						51
52	SPEECH PATHOLOGY						52
53	ELECTROCARDIOLOGY						53
53.01	CARDIAC REHAB						53.01
54	ELECTROENCEPHALOGRAPHY						54
55	MEDICAL SUPPLIES CHARGED TO PA						55
55.30	IMPL. DEV. CHARGED TO PATIENT						55.30
56	DRUGS CHARGED TO PATIENTS						56
56.01	NUTRITIONAL SUPPORT						56.01
56.02	GASTROENTEROLOGY						56.02
58.01	SURGERY/CARDIAC AMB DAY CARE						58.01
59	CARDIOPULMONARY						59
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC						60
61	EMERGENCY						61
62	OBSERVATION BEDS (NON-DISTINCT						62
63.50	RHC						63.50
63.60	FQHC						63.60
	OTHER REIMBURSABLE COST CENTERS						
65	AMBULANCE SERVICES						65
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

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	
95	SUBTOTALS						95
	NONREIMBURSABLE COST CENTERS						
96	GIFT, FLOWER, COFFEE SHOP & CA						96
98	PHYSICIANS' PRIVATE OFFICES						98
99	NONPAID WORKERS						99
99.01	CONVENT						99.01
99.02	OTHER NON-REIMBURSABLE						99.02
101	CROSS FOOT ADJUSTMENTS						101
102	NEGATIVE COST CENTER						102
103	TOTAL						103
104	TOTAL STATISTICAL BASIS						104
105	UNIT COST MULTIPLIER						105
105	UNIT COST MULTIPLIER						105

***** REPORT OF ***** UTILIZATION STATISTICS *****

HOSPITAL

	COST CENTERS	TITLE XVIII PART A 1	TITLE XVIII PART B 2	TITLE XIX INPATIENT 3	TITLE XIX OUTPATIENT 4	TITLE V INPATIENT 5	TITLE V OUTPATIENT 6	TOTAL THIRD PARTY UTIL 7	
UTILIZATION PERCENTAGES BASED ON DAYS									
25	ADULTS & PEDIATRICS	44.15		7.13				51.28	25
26	INTENSIVE CARE UNIT	44.16		9.89				54.05	26
33	NURSERY			36.06				36.06	33
UTILIZATION PERCENTAGES BASED ON CHARGES									
37	OPERATING ROOM	20.76	7.50					28.26	37
38	RECOVERY ROOM	17.23	9.15					26.38	38
39	DELIVERY ROOM & LABOR ROOM	6.01	0.01					0.02	39
40	ANESTHESIOLOGY	20.02	8.68					28.70	40
41	RADIOLOGY-DIAGNOSTIC	17.62	16.42					34.04	41
41.01	CAT SCAN	12.28	20.05					32.33	41.01
41.02	ULTRA SOUND	14.05	24.94					38.99	41.02
41.03	MAGNETIC RESONANCE IMAGING	9.24	20.34					29.58	41.03
41.04	NUCLEAR MEDICINE DIAGNOSTIC	4.73	29.76					34.49	41.04
41.05	ONCOLOGY	0.86	40.71					41.57	41.05
44	LABORATORY	20.27	1.89					22.16	44
44.01	LITHOTRIPTER	4.81	21.65					26.46	44.01
47	BLOOD STORING, PROCESSING & TRA	35.97	9.54					45.51	47
49	RESPIRATORY THERAPY	42.92	2.19					45.11	49
50	PHYSICAL THERAPY	20.25	0.05					20.30	50
51	OCCUPATIONAL THERAPY	25.78	0.02					25.80	51
52	SPEECH PATHOLOGY	34.29	0.23					34.52	52
53	ELECTROCARDIOLOGY	15.07	23.64					38.71	53
53.01	CARDIAC REHAB	0.07	37.36					37.43	53.01
54	ELECTROENCEPHALOGRAPHY	4.59	24.38					28.97	54
55	MEDICAL SUPPLIES CHARGED TO PAT	26.19	11.22					37.41	55
55.30	IMPL. DEV. CHARGED TO PATIENT	32.15	11.23					43.38	55.30
56	DRUGS CHARGED TO PATIENTS	20.12	20.19					40.31	56
56.01	NUTRITIONAL SUPPORT		0.15					0.15	56.01
56.02	GASTROENTEROLOGY	17.40	25.86					43.26	56.02
58.01	SURGERY/CARDIAC AMB DAY CARE	3.22	33.78					37.00	58.01
59	CARDIOPULMONARY	16.33	26.67					43.00	59
60	CLINIC	0.61	44.29					44.90	60
61	EMERGENCY	13.83	13.51					27.34	61
62	OBSERVATION BEDS (NON-DISTINCT		40.18					40.18	62
101	TOTAL CHARGES	16.11	13.27					29.38	101

	COST CENTER	--- DIRECT COSTS --- AMOUNT	%	-- ALLOCATED OVERHEAD -- AMOUNT	%	--- TOTAL COSTS --- AMOUNT	%	
	GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT							1
2	OLD CAP REL COSTS-MVBLE EQUIP							2
3	NEW CAP REL COSTS-BLDG & FIXT	4236985	1.38	-4236985	-3.35			3
4	NEW CAP REL COSTS-MVBLE EQUIP	6232595	2.03	-6232595	-4.93			4
5	EMPLOYEE BENEFITS	34060761	11.10	-34060761	-26.97			5
6	ADMINISTRATIVE & GENERAL	59106891	19.26	-59106891	-46.80			6
7	MAINTENANCE & REPAIRS	2997856	.98	-2997856	-2.37			7
8	OPERATION OF PLANT	4151385	1.35	-4151385	-3.29			8
9	LAUNDRY & LINEN SERVICE	1023968	.33	-1023968	-.81			9
10	HOUSEKEEPING	1902166	.62	-1902166	-1.51			10
11	DIETARY	1229219	.40	-1229219	-.97			11
12	CAFETERIA	1250987	.41	-1250987	-.99			12
13	MAINTENANCE OF PERSONNEL							13
14	NURSING ADMINISTRATION	2213021	.72	-2213021	-1.75			14
15	CENTRAL SERVICES & SUPPLY	1996053	.65	-1996053	-1.58			15
16	PHARMACY	3123683	1.02	-3123683	-2.47			16
17	MEDICAL RECORDS & LIBRARY	1618295	.53	-1618295	-1.28			17
18	SOCIAL SERVICE	462203	.15	-462203	-.37			18
20	NONPHYSICIAN ANESTHETISTS							20
21	NURSING SCHOOL	8466		-8466	-.01			21
21.01	MEDTECH SCHOOL	117474	.04	-117474	-.09			21.01
21.02	PARAMED TRAINING	539908	.18	-539908	-.43			21.02
22	I&R SERVICES-SALARY & FRINGES A	37214	.01	-37214	-.03			22
23	I&R SERVICES-OTHER PRGM COSTS A							23
24	PARAMED ED PRGM-(SPECIFY:							24
	INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	19179249	6.25	21398793	16.94	40578042	13.22	25
26	INTENSIVE CARE UNIT	8368530	2.73	8086326	6.40	16454856	5.36	26
33	NURSERY	293433	.10	311592	.25	605025	.20	33
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	10288880	3.35	9360547	7.41	19649427	6.40	37
38	RECOVERY ROOM	1051600	.34	1131295	.90	2182895	.71	38
39	DELIVERY ROOM & LABOR ROOM	1308271	.43	1376820	1.09	2685091	.88	39
40	ANESTHESIOLOGY	1510368	.49	2028787	1.61	3539155	1.15	40
41	RADIOLOGY-DIAGNOSTIC	3631529	1.18	3545627	2.81	7177156	2.34	41
41.01	CAT SCAN	3006306	.98	1845595	1.46	4851901	1.58	41.01
41.02	ULTRA SOUND	1633179	.53	1374341	1.09	3007520	.98	41.02
41.03	MAGNETIC RESONANCE IMAGING	2465039	.80	1533221	1.21	3998260	1.30	41.03
41.04	NUCLEAR MEDICINE DIAGNOSTIC	2248741	.73	1105296	.88	3354037	1.09	41.04
41.05	ONCOLOGY	3562300	1.16	3759825	2.98	7322125	2.39	41.05
44	LABORATORY	8846173	2.88	6473866	5.13	15320039	4.99	44
44.01	LITHOTRIPTER	65566	.02	49874	.04	115440	.04	44.01
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
47	BLOOD STORING, PROCESSING & TRA	2176697	.71	619934	.49	2796631	.91	47
49	RESPIRATORY THERAPY	2021047	.66	1739620	1.38	3760667	1.23	49
50	PHYSICAL THERAPY	2011538	.66	1838021	1.46	3849559	1.25	50

	COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
51	OCCUPATIONAL THERAPY	193397	.06	204860	.16	398257	.13	51
52	SPEECH PATHOLOGY	236487	.08	182271	.14	418758	.14	52
53	ELECTROCARDIOLOGY	445911	.15	423042	.33	868953	.28	53
53.01	CARDIAC REHAB	516410	.17	344984	.27	861394	.28	53.01
54	ELECTROENCEPHALOGRAPHY	876144	.29	757418	.60	1633562	.53	54
55	MEDICAL SUPPLIES CHARGED TO PAT	9548742	3.11	2838925	2.25	12387667	4.04	55
55.30	IMPL. DEV. CHARGED TO PATIENT	19094831	6.22	5159576	4.08	24254407	7.90	55.30
56	DRUGS CHARGED TO PATIENTS	18839285	6.14	5546088	4.39	24385373	7.95	56
56.01	NUTRITIONAL SUPPORT	195623	.06	165662	.13	361285	.12	56.01
56.02	GASTROENTEROLOGY	898713	.29	1050674	.83	1949387	.64	56.02
58.01	SURGERY/CARDIAC AMB DAY CARE	2851736	.93	2381943	1.89	5233679	1.71	58.01
59	CARDIOPULMONARY	2504639	.82	3597256	2.85	6101895	1.99	59
60	CLINIC	1163356	.38	430921	.34	1594277	.52	60
61	EMERGENCY	7031689	2.29	6507137	5.15	13538826	4.41	61
62	OBSERVATION BEDS (NON-DISTINCT							62
63.50	RHC							63.50
63.60	FQHC							63.60
	OTHER REIMBURSABLE COST CENTERS							
65	AMBULANCE SERVICES	2646900	.86	1125904	.89	3772804	1.23	65
	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
	NONREIMBURSABLE COST CENTERS							
96	GIFT, FLOWER, COFFEE SHOP & CAN	651292	.21	317308	.25	968600	.32	96
98	PHYSICIANS' PRIVATE OFFICES	37354256	12.17	25304283	20.03	62658539	20.42	98
99	NONPAID WORKERS			18		18		99
99.01	CONVENT	25782	.01	39987	.03	65769	.02	99.01
99.02	OTHER NON-REIMBURSABLE	1776444	.58	2351493	1.86	4127937	1.35	99.02
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	TOTAL	306829213	100.00	0	.00	306829213	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	1618844	39909451	.040563	8284545	336046	37
38	RECOVERY ROOM	142393	5232502	.027213	901622	24536	38
39	DELIVERY ROOM & LABOR ROOM	130410	3070863	.042467	372	16	39
40	ANESTHESIOLOGY	139882	9071745	.015420	1816192	28006	40
41	RADIOLOGY-DIAGNOSTIC	1491477	25239837	.059092	4446136	262731	41
41.01	CAT SCAN	1107908	59203560	.018714	7272135	136091	41.01
41.02	ULTRA SOUND	393707	20998896	.018749	2951188	55332	41.02
41.03	MAGNETIC RESONANCE IMAGING	1155259	25440884	.045410	2351341	106774	41.03
41.04	NUCLEAR MEDICINE DIAGNOSTIC	392418	18910097	.020752	895045	18574	41.04
41.05	ONCOLOGY	1371530	23268389	.058944	200443	11815	41.05
44	LABORATORY	1032842	99695472	.010360	20211423	209390	44
44.01	LITHOTRIPTER	9024	560084	.016112	26950	434	44.01
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
47	BLOOD STORING, PROCESSING & TRA	53469	9386319	.005696	3376278	19231	47
49	RESPIRATORY THERAPY	266466	14125263	.018864	6062636	114366	49
50	PHYSICAL THERAPY	230618	7992495	.028854	1618480	46700	50
51	OCCUPATIONAL THERAPY	24791	1228342	.020182	316695	6392	51
52	SPEECH PATHOLOGY	16204	733006	.022106	251375	5557	52
53	ELECTROCARDIOLOGY	49133	6593547	.007452	993607	7404	53
53.01	CARDIAC REHAB	139202	903993	.153986	610	94	53.01
54	ELECTROENCEPHALOGRAPHY	266207	5598713	.047548	256767	12209	54
55	MEDICAL SUPPLIES CHARGED TO PAT	926326	59771192	.015498	15653254	242594	55
55.30	IMPL. DEV. CHARGED TO PATIENT	459173	62680210	.007326	20150658	147624	55.30
56	DRUGS CHARGED TO PATIENTS	595661	82493885	.007221	16594444	119828	56
56.01	NUTRITIONAL SUPPORT	14619	185128	.078967			56.01
56.02	GASTROENTEROLOGY	208842	4425333	.047192	770015	36339	56.02
58.01	SURGERY/CARDIAC AMB DAY CARE	203804	6354381	.032073	204443	6557	58.01
59	CARDIOPULMONARY	613729	40631002	.015105	6636744	100248	59
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC	142148	3483470	.040806	21082	860	60
61	EMERGENCY	510553	47548629	.010737	6577809	70626	61
62	OBSERVATION BEDS (NON-DISTINCT	98931	3487663	.028366			62
	OTHER REIMBURSABLE COST CENTERS						
63.50	RHC						63.50
63.60	FQHC						63.60
65	AMBULANCE SERVICES						65
101	TOTAL	13805570	688224351		128842289	2126374	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	1842945		1842945	43777	42.10	19329	813751	25
26	INTENSIVE CARE UNIT	854713		854713	10055	85.00	4440	377400	26
101	TOTAL	2697658		2697658			23769	1191151	101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS	1191151
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS	2126374
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS	3317525
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)	4449
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)	23769
PER DISCHARGE CAPITAL COSTS	745.68
PER DIEM CAPITAL COSTS	139.57

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)	55201931
2.	HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	175924693
3.	RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.314

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)	3317525
2.	RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.019

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1.	TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x (WKST B, PART I, COLUMN 27 - COLUMNS 21 & 24 / WKST C, PART I, COLUMN 8) LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66) (SEE CR 5968)	27310201
2.	TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	106148409
3.	RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.257

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

ELECTRONIC FILE NAME: C:\255296\CMTEMP\EC140233.10A

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

PROVIDER NUMBER: 14-0233

SOFTWARE VENDOR: 301
KPMG LLP - COMPU-MAX MICRO - DATE APPROVED: 02/19/10

CREATION DATE: 1/28/2011

CREATION TIME: 13:14

PROVIDER NAME: SAINT ANTHONY MEDICAL CENTER

FISCAL YEAR BEGINNING: 10/01/2009

FISCAL YEAR ENDING: 09/30/2010

ECR FINGERPRINT:

REMARKS:

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

CMS REQUIRED EDITS ARE APPLIED AT TWO LEVELS:

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

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

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

CMS EDIT NO.			
1	OLD CAP REL COSTS-BLDG & FIXT	0100	**
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	**
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	**
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	**
21	NURSING SCHOOL	2100	
21 1	MEDTECH SCHOOL	2101	
21 2	PARAMED TRAINING	2102	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	**
24	PARAMED ED PRGM-(SPECIFY)	2400	**
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41 1	CAT SCAN	3230	

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

CMS EDIT NO.			
41 2	ULTRA SOUND	3630	
41 3	MAGNETIC RESONANCE IMAGING	3430	
41 4	NUCLEAR MEDICINE DIAGNOSTIC	3450	
41 5	ONCOLOGY	3480	
44	LABORATORY	4400	
44 1	LITHOTRIPTER	4401	
4630	BLOOD CLOTTING FACTORS ADMIN COSTS	4650	**
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
53 1	CARDIAC REHAB	3160	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
5530	IMPL. DEV. CHARGED TO PATIENT	5530	
56	DRUGS CHARGED TO PATIENTS	5600	
56 1	NUTRITIONAL SUPPORT	5601	
56 2	GASTROENTEROLOGY	3340	
58 1	SURGERY/CARDIAC AMB DAY CARE	5801	
59	CARDIOPULMONARY	3161	
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
6350	RHC	6310	**
6360	FQHC	6320	**
65	AMBULANCE SERVICES	6500	
6910	CMHC	6910	**
6920	OUTPATIENT PHYSICAL THERAPY	6920	**
6930	OUTPATIENT OCCUPATIONAL THERAPY	6930	**
6940	OUTPATIENT SPEECH PATHOLOGY	6940	**
71	HOME HEALTH AGENCY	7100	**
85 1	PANCREAS ACQUISITION	8510	**
85 2	INTESTINAL ACQUISITION	8520	**
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
99 1	CONVENT	9901	
99 2	OTHER NON-REIMBURSABLE	9902	

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

CMS
EDIT NO.

2115S FTE'S ARE PRESENT ON WKST S-3, COL 7 FOR THE HOSPITAL BUT THERE ARE NO CORRESPONDING STATISTICS ON WKST B-1, COLS 22 AND 23.

2135S WKST S-3, PART II, LINES 21-35, COLUMN 1 ARE ZERO BUT THE RATIO OF WKST S-3, PART II, COLUMN 4, LINE 1 MINUS LINES 3, 5, AND 7 TO WKST S-3, PART II, COLUMN 4 LINES 8 + 9.01 IS GREATER THAN OR EQUAL TO 15 PERCENT.

WORKSHEET E-1 - INTERIM PAYMENT SUMMARY

		PART A	PART B	TOTAL
1	HOSPITAL	44052742	20542520	64595262
2	SUBPROVIDER I			
3	SWING-BED SNF			
4	SKILLED NURSING FAC			
5	HOME HEALTH AGENCY I			
6	CORF			
	TOTAL	44052742	20542520	64595262

WORKSHEET S - SETTLEMENT SUMMARY

		TITLE V 1	TITLE XVIII PART A 2	TITLE XVIII PART B 3	TITLE XIX 4	
1	HOSPITAL		-107077	34399		1
2	SUBPROVIDER I					2
3	SWING BED - SNF					3
4	SWING BED - NF					4
5	SKILLED NURSING FACILITY					5
6	NURSING FACILITY					6
7	HOME HEALTH AGENCY					7
8	CORF					8
9	HEALTH CLINIC					9
100	TOTAL		-107077	34399		100

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

I. OPTIONS SELECTED:
OPTION 20, 6
OPTION 21, 7, 8,10
OPTION 40
OPTION 60, 5

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

		TITLE V	TITLE XVIII PART A	TITLE XVIII PART B	TITLE XIX	
		1	2	3	4	
1	HOSPITAL		-107077	34399		1
2	SUBPROVIDER I					2
3	SWING BED - SNF					3
4	SWING BED - NF					4
5	SKILLED NURSING FACILITY					5
6	NURSING FACILITY					6
7	HOME HEALTH AGENCY					7
8	O/P REHAB PROVIDER					8
9	HEALTH CLINIC					9
100	TOTAL		-107077	34399		100

****
Explanation of error code types:

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

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

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

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

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

****

II. 1000 LEVEL ERRORS
****

III. 2000 LEVEL ERRORS
****

2027 - WKST C, PART I, LINE 56.01, COL 11 SHOULD NOT BE MORE THAN 100% OR LESS THAN .1%

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

**** - IF WKST S-3, PART II, LINE 22.01, COL 3 IS GREATER THAN ZERO,
COL 5 SHOULD BE >= $13 AND <= $175
AVE HOURLY WAGE FOR CONTRACT A&G = $185.83

**** - IF WKST S-3, PART II, LINE 27.01, COL 3 IS GREATER THAN ZERO,
COL 5 SHOULD BE >= $7 AND <= $35
AVE HOURLY WAGE FOR CONTRACT DIETARY = $45.98

**** - IF WKST S-3, PART II, LINE 10 , COL 3 IS GREATER THAN ZERO,
COL 5 SHOULD BE >= $50 AND <= $200
AVE HOURLY WAGE FOR PHYSICIAN PART A = $48.05

**** - IF WKST S-3, PART III, LINE 2, COL 3 IS GREATER THAN ZERO,
COL 5 SHOULD BE >= $5 AND <= $45
AVE HOURLY WAGE FOR EXCLUDED SERVICES = $58.87

**** - WORKSHEET B-1, LINE 55.30 DOES NOT HAVE ANY STATISTICS
BUT THERE IS COST ON THAT LINE ON WORKSHEET A, COLUMN 7

**** - WORKSHEET B-1, LINE 99 HAS STATISTICS, BUT

THERE IS NO COST ON WORKSHEET A, COLUMN 7

**** - WORKSHEET B-1, LINE 55.30 DOES NOT HAVE ANY STATISTICS BUT THERE ARE CHARGES ON WORKSHEET C, COLUMNS 6 AND/OR 7

**** - THE MCR CODE HAS NOT BEEN ENTERED ON WORKSHEET S, PART I. (FI USE ONLY)

**** - THE TITLE XVIII AMOUNT ON LINE 65, COL 9.02 FOR THE AMBULANCE HAS BEEN REDUCED TO THE LIMIT ON WKST S-2, LINE 56 TIMES THE NUMBER OF TRIPS ON WKST S-3, LINE 27, COL 4.

**** - WKST E, PART A, LINE 3.04 SHOULD BE GREATER THAN ZERO IF LINE 3.14 IS GREATER THAN ZERO

**** - SINCE WKST E, PART A, LINE 3.14 IS GREATER THAN ZERO, THEN LINE 3.15 SHOULD EITHER BE GREATER THAN ZERO, OR IF THE PRIOR YEAR TEACHING PROGRAM EXISTED BUT WAS ALLOWED AS ZERO, THEN THE INDICATOR IN COLUMN ZERO SHOULD BE SET TO IDENTIFY THIS SITUATION.

**** - WKST E, PART A, LINE 3.19 SHOULD BE GREATER THAN ZERO IF LINE 3.14 IS GREATER THAN ZERO

**** - SINCE WKST E, PART A, LINE 3.14 IS GREATER THAN ZERO, THEN LINE 3.16 SHOULD EITHER BE GREATER THAN ZERO, OR IF THE PRIOR YEAR TEACHING PROGRAM EXISTED BUT WAS ALLOWED AS ZERO, THEN THE INDICATOR IN COLUMN ZERO SHOULD BE SET TO IDENTIFY THIS SITUATION.

**** - WKST E, PART A, LINE 3.06 IS GREATER THAN ZERO. PLEASE VERIFY THE ADD-ON IS APPROPRIATE AND OTHER LINES HAVE BEEN CORRECTED, AS NOTED IN THE COST REPORT INSTRUCTIONS.

**** - WKST E-3, PART IV, LINE 3.03 IS GREATER THAN ZERO. PLEASE VERIFY THE ADD-ON IS APPROPRIATE AND OTHER LINES HAVE BEEN CORRECTED, AS NOTED IN THE COST REPORT INSTRUCTIONS.

V. INFORMATIONAL MESSAGES
****

(I) - A NURSING & ALLIED HEALTH MANAGED CARE AMOUNT HAS BEEN ENTERED ON WORKSHEET E, PART A, LINE 11.01

(I) - THE TOTAL CALCULATED FOR WORKSHEET A-8-1, PART B, COLUMN 6, HAS BEEN TRANSFERRED TO WORKSHEET A-8, LINE 14. THE TOTAL FOR WORKSHEET A-8 THAT YOU INPUT HAS BEEN INCREASED BY $3,769,928

(I) - THE TOTAL CALCULATED FOR WORKSHEET A-8-2, COLUMN 18, HAS BEEN TRANSFERRED TO WORKSHEET A-8, LINE 12. THE TOTAL FOR WORKSHEET A-8 THAT YOU INPUT HAS BEEN DECREASED BY $7,566,933

(I) - THE TOTAL FTE'S ON WORKSHEET S-3, PART I, LINE 25, COLUMN 7 = .50

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

(I) - WORKSHEET E, PART A, LINE 2.01 IS GREATER THAN 500,000. PLEASE REVIEW AS ADDITIONAL RECONCILIATION MAY BE REQUIRED BASED ON CMS CR 2785.