

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

WORKSHEET S
 PARTS I & II

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

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY WESTLAKE COMMUNITY HOSPITAL (14-0240) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2009 AND ENDING 06/30/2010, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNED) _____
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
1	HOSPITAL				
2	SUBPROVIDER I	-260589	262864	15261304	1
2.01	SUBPROVIDER II	58000		2348657	2
3	SWING BED - SNF	63638		708549	2.01
4	SWING BED - NF				3
5	SKILLED NURSING FACILITY				4
6	NURSING FACILITY				5
7	HOME HEALTH AGENCY				6
8	OUTPATIENT REHABILITATION PROVIDER				7
9	HEALTH CLINIC				8
100	TOTAL	-138951	262864	18318510	9
					100

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 1225 SUPERIOR STREET P.O. BOX: 1
 1.01 CITY: MELROSE PARK STATE: IL ZIP CODE: 60160 COUNTY: COOK 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)				
				V 4	XVIII 5	XIX 6		
2	HOSPITAL	WESTLAKE COMMUNITY HOSPITAL	14-0240	07/01/1966	N	P	O	2
3	SUBPROVIDER I	WESTLAKE PSYCHIATRIC	14-S240	01/01/1984	N	P	O	3
3.01	SUBPROVIDER II	WESTLAKE REHABILITATION	14-T240	01/01/1984	N	P	O	3.01
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF							6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA							9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE							12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16
17	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 07/01/2009	TO: 06/30/2010	1	2			17
18	TYPE OF CONTROL			1	2			18
TYPE OF HOSPITAL/SUBPROVIDER								
19	HOSPITAL			1				19
20	SUBPROVIDER I			4				20
20.01	SUBPROVIDER II			5				20.01

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.							21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 'Y' OR 'N' FOR NO.			YES				21.01
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.							21.02
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.			1	N		N 16974	21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.			1				21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.			1				21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO.			NO				21.06
21.07	DOES THIS HOSPITAL QUALIFY AS AN SCH WITH 100 OR FEWER BEDS UNDER MIPPA 147? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS). IS THIS AN SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS).			NO		NO		21.07
21.08	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS? ENTER IN COLUMN 1, 1 IF IT IS BASED ON DATE OF ADMISSION, 2 IF IT IS BASED ON CENSUS DAYS, OR 3 IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE LAST COST REPORTING PERIOD? ENTER IN COLUMN 2, 'Y' FOR YES AND 'N' FOR NO.							21.08
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?			NO				22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW			NO				23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.							23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.							24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.							24.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	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-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO		25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO		25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO	25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO	25.06
26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:			26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.			26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:			26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO		27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.			28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st			28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.			28.02
A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)				
28.03	STAFFING	0.00	NO	28.03
28.04	RECRUITMENT	0.00	NO	28.04
28.05	RETENTION OF EMPLOYEES	0.00	NO	28.05
28.06	TRAINING	0.00	NO	28.06
28.07	OTHER (SPECIFY)		NO	28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO		29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	NO		30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.			30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?			30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)			30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.			30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31.01
31.02	IS THIS A RURAL HOSPITAL SUB II QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31.02

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

MISCELLANEOUS COST REPORTING INFORMATION

32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	NO			32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.	NO			33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?	NO			34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	NO			35
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER II (EXCLUDED UNIT) UNDER 42 CFR 413.40(F)(1)(i)?	NO			35.01

PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL

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

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES			38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO			38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO			38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO			38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO			38.04

40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COL. 2 THE HOME OFFICE CHAIN NUMBER. (SEE INST.) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE ON LINES 40.01-40.03.	YES			40
40.01	NAME: RESURRECTION HEALTH CARE	FI/CONTRACTOR'S NAME: RESURRECTION HEALTH CARFE	FI/CONTRACTOR'S NUMBER:		40.01
40.02	STREET: 100 NORTH RIVER ROAD		P.O.BOX:		40.02
40.03	CITY: DES PLAINES		STATE: IL ZIP CODE: 60016		40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES			41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO			43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	YES			44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO			45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?				45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?				45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?				45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.				46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
	1	2	3	4	5	
47	HOSPITAL	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	48
48.01	SUBPROVIDER II	N	N	N	N	48.01
49	SKILLED NURSING FACILITY	N	N			49
50	HOME HEALTH AGENCY	N	N			50
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?					52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.					52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 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:					54
	PREMIUMS: 5030829	PAID LOSSES:		AND/OR SELF INSURANCE:		
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.					54.01
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.					55

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

		DATE 0 / /	Y/N 1	LIMIT 2	Y/N 3	FEE\$ 4	
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.	/ /	NO	0.00	NO		56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		NO				57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		YES				58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)		NO				58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO				59
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		YES				60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)		NO				60.01
MULTICAMPUS							
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.		NO				61
	COUNTY:	1	STATE:	2	ZIP CODE	3	FTE/ CAMPUS
						4	5
SETTLEMENT DATA							
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)		YES	11/15/2010			63

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		1886	1651	5661	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	1886	1651	5661		12
13	RPCH VISITS					13
14	SUBPROVIDER I	245	405	846		14
14.01	SUB-PROVIDER II	119	38	225		14.01
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART II

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	
		1	2	3	4	5	6	
1	SALARIES							
1	TOTAL SALARIES	36413851	8560685	44974536	1418546.00	31.70		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A	31286		31286	312.00	100.28		4
4.01	TEACHING PHYSICIAN SALARIES	955746		955746	15070.00	63.42		4.01
5	PHYSICIAN - PART B	5454159		5454159	34300.00	159.01		5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)	107324	2150780	2258104	92672.00	24.37		6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	3241160	31286	3272446	112725.00	29.03		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	48169		48169	780.00	61.76		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	50500		50500	480.00	105.21		10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	6271071		6271071	153020.00	40.98		11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	11814018		11814018			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	938803		938803			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	2598		2598			CMS 339	18
18.01	PART A TEACHING PHYSICIANS	125509		125509			CMS 339	18.01
19	PHYSICIAN PART B	283059		283059			CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)	771797		771797			CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	96287		96287	6013.00	16.01		21
22	ADMINISTRATIVE & GENERAL	2308691	270361	2579052	71473.00	36.08		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	614300		614300	9859.00	62.31		22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT	1127544		1127544	48329.00	23.33		24
25	LAUNDRY & LINEN SERVICE							25
26	HOUSEKEEPING	1061947		1061947	83474.00	12.72		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	1629160		1629160	99357.00	16.40		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA							28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	607071		607071	14423.00	42.09		30
31	CENTRAL SERVICES AND SUPPLY							31
32	PHARMACY	1505793		1505793	38935.00	38.67		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	542098		542098	29603.00	18.31		33
34	SOCIAL SERVICE	733772		733772	21056.00	34.85		34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART III

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)		
		1	2	3	4	5		
1	NET SALARIES	30510922	6409905	36920827	1286363.00	28.70		1
2	EXCLUDED AREA SALARIES	3241160	31286	3272446	112725.00	29.03		2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	27269762	6378619	33648381	1173638.00	28.67		3
4	SUBTOTAL OTHER WAGES & REL COSTS	6369740		6369740	154280.00	41.29		4
5	SUBTOTAL WAGE-RELATED COSTS	11816616		11816616		35.12%		5
6	TOTAL (SUM OF LINES 3 THRU 5)	45456118	6378619	51834737	1327918.00	39.03		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	10226663	270361	10497024	422522.00	24.84		13

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?		1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04		2
2.01	IS IT AT THE TIME OF ADMISSION?		2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?		2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?		2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)		2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?		3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?		4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?		5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?		6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?		7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01		8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?		8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04		9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?		9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?		9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?		9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?		9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?		10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04		11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?		11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?		11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?		11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?		11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?		12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?		13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01		14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?		14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?		14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?		15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?		16
17	REVENUE RELATED TO UNCOMPENSATED CARE		17
17.01	GROSS MEDICAID REVENUES	26112566	17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS		18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)		19
20	RESTRICTED GRANTS		20
21	NON-RESTRICTED GRANTS		21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	26112566	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.311684	24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST		25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS		26
27	TOTAL SCHIP COST		27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	104071407	28
29	TOTAL GROSS MEDICAID COST	32437392	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	14722695	30
31	UNCOMPENSATED CARE COST	4588828	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	32437392	32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
GENERAL SERVICE COST CENTERS									
1	0100								1
2	0200								2
3	0300		4095037	4095037	-2767624	1327413	497987	1825400	3
4	0400				3237607	3237607	932697	4170304	4
5	0500	96287	8761461	8857748		8857748	127462	8985210	5
6.01	0650						2087396	2087396	6.01
6.07	0660	2308691	24729337	27038028	-127094	26910934	-6410462	20500472	6.07
8	0800	1127544	3999239	5126783	-2336	5124447	221123	5345570	8
9	0900		504095	504095		504095		504095	9
10	1000	1061947	272856	1334803		1334803	-120	1334683	10
11	1100	1629160	805635	2434795	-6414	2428381	-685609	1742772	11
12	1200								12
14	1400	607071	109096	716167	-1841	714326		714326	14
15	1500		-55351	-55351	-161846	-217197	334744	117547	15
16	1600	1505793	2618567	4124360	-2478241	1646119	-217	1645902	16
17	1700	542098	949594	1491692	-42069	1449623	-253	1449370	17
18	1800	733772	166418	900190	-30	900160	-848	899312	18
22	2200	107324	4049474	4156798	-961398	3195400	-742314	2453086	22
23	2300				955746	955746		955746	23
INPATIENT ROUTINE SERV COST CENTERS									
25	2500	9496969	2671173	12168142	-2017159	10150983	-693563	9457420	25
26	2600	1783815	363879	2147694	-165428	1982266	250405	2232671	26
31	3100	2161033	264448	2425481	21135	2446616	15814	2462430	31
31.01	3101	973262	147588	1120850	-32139	1088711	-9777	1078934	31.01
33	3300				1407730	1407730		1407730	33
ANCILLARY SERVICE COST CENTERS									
37	3700	2578383	4099837	6678220	-2944073	3734147	-83123	3651024	37
38	3800	362141	35838	397979	-7009	390970		390970	38
40	4000	35243	3465302	3500545	-94593	3405952	-3064718	341234	40
41	4100	2644201	3826756	6470957	-1613560	4857397	-1197904	3659493	41
41.01	3430	156395	30555	186950	-1822	185128		185128	41.01
44	4400	1874695	2354207	4228902	-93314	4135588	-11565	4124023	44
49	4900	1010207	373969	1384176	-183083	1201093	-68270	1132823	49
49.01	4901	75614	100040	175654	-1731	173923	-81981	91942	49.01
50	5000	858912	516589	1375501	-18761	1356740	-377172	979568	50
51	5100	403233	140541	543774	-1944	541830	-90276	451554	51
52	5200	164314	24028	188342	-395	187947	-6828	181119	52
55	5500				2805668	2805668		2805668	55
55.30	5530				2813669	2813669		2813669	55.30
56	5600				2696525	2696525		2696525	56
57	5700		537339	537339		537339		537339	57
OUTPATIENT SERVICE COST CENTERS									
60	6000	142372	16079	158451	-3175	155276		155276	60
60.03	4952	35141	3833	38974	-230	38744		38744	60.03
61	6100	1831369	3004205	4835574	-210771	4624803	-2210629	2414174	61
62	6200								62
OTHER REIMBURSABLE COST CENTERS									
71	7100								71
SPECIAL PURPOSE COST CENTERS									
95		36306986	72981664	109288650		109288650	-11268001	98020649	95
NONREIMBURSABLE COST CENTERS									
96	9600		26223	26223		26223		26223	96
98	9800	106865	71305	178170		178170	-60516	117654	98
98.01	9801								98.01
101	TOTAL	36413851	73079192	109493043		109493043	-11328517	98164526	101

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE		SALARY	OTHER	
			COST CENTER	LINE #			
	1	2	3	4	5		
1	CAPITAL-REL INSURANCE	A	NEW CAP REL COSTS-MVBLE EQUIP	4		114541	1
2							2
3	NURSERY EXPENSES	B	NURSERY	33	1251630	156100	3
4							4
5	DEPR EXPENSE	C	NEW CAP REL COSTS-MVBLE EQUIP	4		2767627	5
6							6
7	CAPITAL RENTALS	D	NEW CAP REL COSTS-MVBLE EQUIP	4		355439	7
8		D					8
9		D					9
10		D					10
11		D					11
12		D					12
13		D					13
14		D					14
15		D					15
16		D					16
17		D					17
18		D					18
19		D					19
20		D					20
21		D					21
22		D					22
23		D					23
24		D					24
25		D					25
26		D					26
27							27
28	RESIDENT ADMIN COSTS	E	I&R SERVICES-SALARY & FRINGES	22	2150780		28
29							29
30	MEDICAL TRANSCRIPTION COSTS	F	SUBPROVIDER I	31		37578	30
31							31
32	TEACHING SALARIES	G	I&R SERVICES-OTHER PRGM COSTS	23	955746		32
33							33
34	PHYSICIAN SALARY INCLUDED IN OTHER	H	ADULTS & PEDIATRICS	25	78050		34
35		H	SUBPROVIDER I	31	31286		35
36	SUBTOTAL				4467492	3431285	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7	
			LINE #	SALARY	OTHER	REF.	
	1	6	7	8	9	10	
1 CAPITAL-REL INSURANCE	A	ADMIN & GENERAL OTHER	6.07		114541	9	1
2							2
3 NURSERY EXPENSES	B	ADULTS & PEDIATRICS	25	1251630	156100		3
4							4
5 DEPR EXPENSE	C	NEW CAP REL COSTS-BLDG & FIXT	3		2767624	9	5
6							6
7 CAPITAL RENTALS	D	ADMIN & GENERAL OTHER	6.07		12553	9	7
8	D	OPERATION OF PLANT	8		2336		8
9	D	DIETARY	11		6414		9
10	D	NURSING ADMINISTRATION	14		1841		10
11	D	MEDICAL RECORDS & LIBRARY	17		4418		11
12	D	I&R SERVICES-SALARY & FRINGES	22		5652		12
13	D	ADULTS & PEDIATRICS	25		8402		13
14	D	INTENSIVE CARE UNIT	26		2374		14
15	D	SUBPROVIDER I	31		3505		15
16	D	SUB-PROVIDER II	31.01		2291		16
17	D	OPERATING ROOM	37		43391		17
18	D	RADIOLOGY-DIAGNOSTIC	41		16990		18
19	D	LABORATORY	44		11287		19
20	D	RESPIRATORY THERAPY	49		69339		20
21	D	SLEEP LAB	49.01		659		21
22	D	PHYSICAL THERAPY	50		5708		22
23	D	CENTRAL SERVICES & SUPPLY	15		154307		23
24	D	DIABETES CENTER	60.03		220		24
25	D	EMERGENCY	61		2127		25
26	D	CLINIC	60		1628		26
27							27
28 RESIDENT ADMIN COSTS	E	I&R SERVICES-SALARY & FRINGES	22		2150780		28
29							29
30 MEDICAL TRANSCRIPTION COSTS	F	MEDICAL RECORDS & LIBRARY	17		37578		30
31							31
32 TEACHING SALARIES	G	I&R SERVICES-SALARY & FRINGES	22		955746		32
33							33
34 PHYSICIAN SALARY INCLUDED IN OTHE	H	ADULTS & PEDIATRICS	25		78050		34
35	H	SUBPROVIDER I	31		31286		35
36 SUBTOTAL				1251630	6647147		36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1	H	ANESTHESIOLOGY	40	3005665	1
2	H	EMERGENCY	61	2068797	2
3	H	ADMIN & GENERAL OTHER	6.07	270361	3
4					4
5 COST OF GOODS SOLD	I	MEDICAL SUPPLIES CHARGED TO P	55		2805668 5
6	I	IMPL. DEV. CHARGED TO PATIENT	55.30		2813669 6
7	I	DRUGS CHARGED TO PATIENTS	56		2696525 7
8	I				8
9	I				9
10	I				10
11	I				11
12	I				12
13	I				13
14	I				14
15	I				15
16	I				16
17	I				17
18	I				18
19	I				19
20	I				20
21	I				21
22	I				22
23	I				23
24	I				24
25	I				25
26	I				26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36 TOTAL RECLASSIFICATIONS				9812315	11747147 36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE			WKST A-7 REF. 10		
			COST CENTER 6	LINE # 7	SALARY 8		OTHER 9	
1		H	ANESTHESIOLOGY	40		3005665	1	
2		H	EMERGENCY	61		2068797	2	
3		H	ADMIN & GENERAL OTHER	6.07		270361	3	
4							4	
5	COST OF GOODS SOLD	I	CENTRAL SERVICES & SUPPLY	15		7539	5	
6		I	PHARMACY	16		2478241	6	
7		I	MEDICAL RECORDS & LIBRARY	17		73	7	
8		I	SOCIAL SERVICE	18		30	8	
9		I	ADULTS & PEDIATRICS	25		601027	9	
10		I	INTENSIVE CARE UNIT	26		163054	10	
11		I	SUBPROVIDER I	31		12938	11	
12		I	SUB-PROVIDER II	31.01		29848	12	
13		I	OPERATING ROOM	37		2900682	13	
14		I	RECOVERY ROOM	38		7009	14	
15		I	ANESTHESIOLOGY	40		94593	15	
16		I	RADIOLOGY-DIAGNOSTIC	41		1596570	16	
17		I	MRI	41.01		1822	17	
18		I	LABORATORY	44		82027	18	
19		I	RESPIRATORY THERAPY	49		113744	19	
20		I	SLEEP LAB	49.01		1072	20	
21		I	PHYSICAL THERAPY	50		13053	21	
22		I	OCCUPATIONAL THERAPY	51		1944	22	
23		I	SPEECH PATHOLOGY	52		395	23	
24		I	CLINIC	60		1547	24	
25		I	DIABETES CENTER	60.03		10	25	
26		I	EMERGENCY	61		208644	26	
27							27	
28							28	
29							29	
30							30	
31							31	
32							32	
33							33	
34							34	
35							35	
36	TOTAL RECLASSIFICATIONS					1251630	20307832	36

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

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	4204069					4204069		1
2 LAND IMPROVEMENTS	4657214					4657214		2
3 BUILDINGS AND FIXTURES	70328442					70328442		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	3922863					3922863		5
6 MOVABLE EQUIPMENT	65399276					65399276		6
7 SUBTOTAL	148511864					148511864		7
8 RECONCILING ITEMS								8
9 TOTAL	148511864					148511864		9

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	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	B	-9725	NEW CAP REL COSTS-BLDG & FIXT	3	11 3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)					9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-7363036			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1	-430324			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-685609	DIETARY	11	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					20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				36
37					37
38 PATIENT TELEPHONE COSTS	A	-40464	ADMIN & GENERAL OTHER	6.07	38
38.03 MISCELLANEOUS REVENUES	B	-42342	ADMIN & GENERAL OTHER	6.07	38.03
38.05 PATIENT T.V.'S CAPITAL	A	-2695	NEW CAP REL COSTS-BLDG & FIXT	3	9 38.05
38.06 PATIENT T.V.'S OPERATING	A	-7824	OPERATION OF PLANT	8	38.06
38.11 FITNESS CENTER REVENUES	B	-136861	EMPLOYEE BENEFITS	5	38.11
38.51 MEDICAL ASSOCIATE COSTS	A	-152954	ADMIN & GENERAL OTHER	6.07	38.51
38.53 PHYSICIAN BILLING	A	-140832	EMERGENCY	61	38.53
38.54 PHYSICIAN BILLING CARDIAC CATH	A	-18956	RADIOLOGY-DIAGNOSTIC	41	38.54
38.55 PHYS BILLING	A	-59053	ANESTHESIOLOGY	40	38.55
38.56 PATIENT PHONES BENEFITS	A	-6708	EMPLOYEE BENEFITS	5	38.56
38.58 RELATED PARTY RENT	A	-20964	EMPLOYEE BENEFITS	5	38.58
38.59 RELATED PARTY RENT	A	-1820	OPERATING ROOM	37	38.59
38.60 RELATED PARTY RENT	A	-60516	PHYSICIANS' PRIVATE OFFICES	98	38.60
38.61 RELATED PARTY RENT	A	-11532	ADMIN & GENERAL OTHER	6.07	38.61
38.62 RELATED PARTY RENT	A	-33156	ADMIN & GENERAL OTHER	6.07	38.62
38.63 RELATED PARTY RENT	A	-88836	RADIOLOGY-DIAGNOSTIC	41	38.63
38.64 RELATED PARTY RENT	A	-377172	PHYSICAL THERAPY	50	38.64
38.65 RELATED PARTY RENT	A	-90276	OCCUPATIONAL THERAPY	51	38.65
38.66 RELATED PARTY RENT	A	-6828	SPEECH PATHOLOGY	52	38.66
38.67 MANAGED CARE REVENUES	B	-33000	EMPLOYEE BENEFITS	5	38.67
38.68 RESIDENTS REVENUE	B	-742314	I&R SERVICES-SALARY & FRINGES A	22	38.68
38.74 HOSPITAL PORTION OF POB DEPR	A	174601	NEW CAP REL COSTS-BLDG & FIXT	3	9 38.74
38.75 HOSPITAL PORTION OF POB OPERATI	A	234241	OPERATION OF PLANT	8	38.75
38.78 LOBBYING COSTS	A	-5652	ADMIN & GENERAL OTHER	6.07	38.78
38.81 PHYSICIAN MALPRACTICE	A	-502501	ADMIN & GENERAL OTHER	6.07	38.81
38.82 PHYSICIANS MALPRACTICE	A	-360997	ADMIN & GENERAL OTHER	6.07	38.82
38.83 PHYSICIANS PART B BENEFITS	A	-283059	EMPLOYEE BENEFITS	5	38.83
39					39
40					40

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
41					41
42					42
42.01 MISC REV	B	-5294	OPERATION OF PLANT	8	42.01
42.02 MISC REV	B	-120	HOUSEKEEPING	10	42.02
42.03 MISC REV	B	-7300	CENTRAL SERVICES & SUPPLY	15	42.03
42.04 MISC REV	B	-217	PHARMACY	16	42.04
42.05 MISC REV	B	-253	MEDICAL RECORDS & LIBRARY	17	42.05
42.06 MISC REV	B	-848	SOCIAL SERVICE	18	42.06
42.07 MISC REV	B	-2162	ADULTS & PEDIATRICS	25	42.07
42.08 MISC REV	B	23985	SUBPROVIDER I	31	42.08
42.09 MISC REV	B	-11303	OPERATING ROOM	37	42.09
42.10 MISC REV	B	-4951	RADIOLOGY-DIAGNOSTIC	41	42.10
42.11 MISC REV	B	-11565	LABORATORY	44	42.11
42.12 MISC REV	B	-325	RESPIRATORY THERAPY	49	42.12
42.13 MISC REV	B	-1000	EMERGENCY	61	42.13
43					43
44					44
45					45
46					46
47					47
48					48
49					49
50 TOTAL		-11328517			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF	
1	2	3	4	5	6	7	
1	6.07	ADMIN & GENERAL OTHER	MANAGEMENT FEES	5825859	11758907	-5933048	1
2	5	EMPLOYEE BENEFITS		608054		608054	2
3	4	NEW CAP REL COSTS-MVBLE EQUIP		932697		932697	3
4	3	NEW CAP REL COSTS-BLDG & FIXT		-87909		-87909	4
4.01	6.01	CASHIERING	BILLING COSTS	2087396		2087396	4.01
4.02	3	NEW CAP REL COSTS-BLDG & FIXT	INTERES	423715		423715	11 4.02
4.03	6.07	ADMIN & GENERAL OTHER	ADMITTING	942545		942545	4.03
4.04	26	INTENSIVE CARE UNIT	ICU	254182		254182	4.04
4.05	15	CENTRAL SERVICES & SUPPLY	CENTRAL SUPPLY	342044		342044	4.05
5		TOTALS		11328583	11758907	-430324	5

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

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

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

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

SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	B		RESURRECTION HEALTHCARE		SOLE CORPORATE MEMBER	1
2						2
3						3
4						4
5						5

(1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
LINE NO.	2		3	4	5	6	7	8	9
1	6.07	ADMIN & GENERAL OTHER	270361	270361					
2	18	SOCIAL SERVICE	16500		16500	177200	240	20446	1022
3	25	ADULTS & PEDIATRICS	610951	610951					
4	26	INTENSIVE CARE UNIT	14000		14000	177200	120	10223	511
5	31	SUBPROVIDER I	31286		31286	154100	312	23115	1156
6	31.01	SUB-PROVIDER II	20000		20000	177200	120	10223	511
7	37	OPERATING ROOM	70000	70000					
8	40	ANESTHESIOLOGY	3005665	3005665					
9	41	RADIOLOGY-DIAGNOSTIC	1083932	1083932					
10	49	RESPIRATORY THERAPY	53945	53945					
11	49.01	SLEEP LAB	81981	81981					
12	61	EMERGENCY	2068797	2068797					
15	49	RESPIRATORY THERAPY	14000	14000					
16	25	ADULTS & PEDIATRICS	2400	2400					
17	25	ADULTS & PEDIATRICS	78050	78050					
18	41	RADIOLOGY-DIAGNOSTIC	1229	1229					
101		TOTAL	7423097	7341311	81786		792	64007	3200

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11		12	13	14	15	16	17	18
1	6.07 ADMIN & GENERAL OTHER	AGGREGATE							270361
2	18 SOCIAL SERVICE						20446		
3	25 ADULTS & PEDIATRICS	AGGREGATE							610951
4	26 INTENSIVE CARE UNIT	AGGREGATE					10223	3777	3777
5	31 SUBPROVIDER I	AGGREGATE					23115	8171	8171
6	31.01 SUB-PROVIDER II	AGGREGATE					10223	9777	9777
7	37 OPERATING ROOM	AGGREGATE							70000
8	40 ANESTHESIOLOGY	AGGREGATE							3005665
9	41 RADIOLOGY-DIAGNOSTIC	AGGREGATE							1083932
10	49 RESPIRATORY THERAPY	AGGREGATE							53945
11	49.01 SLEEP LAB	AGGREGATE							81981
12	61 EMERGENCY	AGGREGATE							2068797
15	49 RESPIRATORY THERAPY	AGGREGATE							14000
16	25 ADULTS & PEDIATRICS	AGGREGATE							2400
17	25 ADULTS & PEDIATRICS	AGGREGATE							78050
18	41 RADIOLOGY-DIAGNOSTIC	AGGREGATE							1229
101	TOTAL						64007	21725	7363036

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION	NEW CAP-REL COSTS BLDG&FIXT	NEW CAP-REL COSTS MOV EQUIP	EMPLOYEE BENEFITS	CASHIERING	SUBTOTAL	OTHER ADMI	OPERATION OF PLANT	
	0	3	4	5	6.01	5A	6.07	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	1825400	1825400							3
4 NEW CAP REL COSTS-MVBLE EQUIP	4170304		4170304						4
5 EMPLOYEE BENEFITS	8985210	15245	34829	9035284					5
6.01 CASHIERING	2087396				2087396				6.01
6.07 ADMIN & GENERAL OTHER	20500472			519238		21019710	21019710		6.07
8 OPERATION OF PLANT	5345570	75409	172278	227007		5820264	1585853	7406117	8
9 LAUNDRY & LINEN SERVICE	504095	554848	1267603			2326546	633916	2368793	9
10 HOUSEKEEPING	1334683	11132	25433	213801		1585049	431880	47527	10
11 DIETARY	1742772	18080	41306	327997		2130155	580405	77189	11
12 CAFETERIA		71062	162348			233410	63597	303384	12
14 NURSING ADMINISTRATION	714326	10042	22943	122221		869532	236922	42874	14
15 CENTRAL SERVICES & SUPPLY	117547	12884	29434			159865	43559	55005	15
16 PHARMACY	1645902	14525	33184	303160		1996771	544062	62012	16
17 MEDICAL RECORDS & LIBRARY	1449370	21252	48553	109140		1628315	443669	90733	17
18 SOCIAL SERVICE	899312			147730		1047042	285289		18
22 I&R SERVICES-SALARY & FRINGES A	2453086	19566	44700	454622		2971974	809777	83532	22
23 I&R SERVICES-OTHER PRGM COSTS A	955746			192419		1148165	312842		23
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	9457420	275120	628539	1675732	349202	12386013	3374813	1174566	25
26 INTENSIVE CARE UNIT	2232671	44782	102309	359134	48319	2787215	759435	191187	26
31 SUBPROVIDER I	2462430	87170	199148	441377	104584	3294709	897713	372153	31
31.01 SUB-PROVIDER II	1078934	82700	188937	195946	26298	1572815	428546	353071	31.01
33 NURSERY	1407730	32735	74786	251989	20954	1788194	487231	139755	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	3651024	145374	332121	519103	149857	4797479	1307174	620643	37
38 RECOVERY ROOM	390970	8952	20453	72909	18387	511671	139416	38221	38
40 ANESTHESIOLOGY	341234	2582	5899	612223	3489	965427	263051	11023	40
41 RADIOLOGY-DIAGNOSTIC	3659493	104550	238854	532354	364327	4899578	1334993	446351	41
41.01 MRI	185128	4878	11145	31487	24302	256940	70009	20828	41.01
44 LABORATORY	4124023	44983	102768	377430	271823	4921027	1340837	192045	44
49 RESPIRATORY THERAPY	1132823	32482	74208	203384	75127	1518024	413618	138675	49
49.01 SLEEP LAB	91942	16822	38431	15223	2667	165085	44981	71816	49.01
50 PHYSICAL THERAPY	979568	26280	60039	172924	27609	1266420	345063	112197	50
51 OCCUPATIONAL THERAPY	451554	11554	26396	81182	14546	585232	159459	49327	51
52 SPEECH PATHOLOGY	181119	3043	6951	33081	5431	229625	62566	12989	52
55 MEDICAL SUPPLIES CHARGED TO PAT	2805668				56088	2861756	779746		55
55.30 IMPL. DEV. CHARGED TO PATIENT	2813669				51083	2864752	780562		55.30
56 DRUGS CHARGED TO PATIENTS	2696525				300787	2997312	816681		56
57 RENAL DIALYSIS	537339	2530	5780		12331	557980	152033	10801	57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	155276			28664	1846	185786	50621		60
60.03 DIABETES CENTER	38744	1291	2949	7075	227	50286	13701	5512	60.03
61 EMERGENCY	2414174	71639	163667	785217	158112	3592809	978936	305849	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS									62
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	98020649	1823512	4165991	9013769	2087396	97992933	20972956	7398058	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	26223	1187	2712			30122	8207	5068	96
98 PHYSICIANS' PRIVATE OFFICES	117654	701	1601	21515		141471	38547	2991	98
98.01 COMMUNITY EDUCATION									98.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	98164526	1825400	4170304	9035284	2087396	98164526	21019710	7406117	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 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
6.01 CASHIERING									6.01
6.07 ADMIN & GENERAL OTHER									6.07
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE	5329255								9
10 HOUSEKEEPING	59907	2124363							10
11 DIETARY		32863	2820612						11
12 CAFETERIA		129163	1382631	2112185					12
14 NURSING ADMINISTRATION		18253		31457	1199038				14
15 CENTRAL SERVICES & SUPPLY		23418				281847			15
16 PHARMACY		26401		84976			2714222		16
17 MEDICAL RECORDS & LIBRARY		38629		64594				2265940	17
18 SOCIAL SERVICE				45938					18
22 I&R SERVICES-SALARY & FRINGES A	1120	35563		9079					22
23 I&R SERVICES-OTHER PRGM COSTS A									23
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	2557292	500062	834372	579306	528625			379101	25
26 INTENSIVE CARE UNIT	304525	81396	99987	113483	103555			52456	26
31 SUBPROVIDER I	354106	158441	402279	160192	146178			113539	31
31.01 SUB-PROVIDER II	260614	150317	101343	68816	62796			28549	31.01
33 NURSERY		59499		75126	68553			22748	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	434140	264234		174037	158811			162688	37
38 RECOVERY ROOM	162938	16272		17113	15616			19962	38
40 ANESTHESIOLOGY		4693		4721	4308			3788	40
41 RADIOLOGY-DIAGNOSTIC	355944	190030		174945				395342	41
41.01 MRI		8867		8489				26383	41.01
44 LABORATORY	910	81762		165594				295097	44
49 RESPIRATORY THERAPY	46869	59040		80346				81559	49
49.01 SLEEP LAB	42266	30575		6945				2895	49.01
50 PHYSICAL THERAPY	246403	47767		59193				29973	50
51 OCCUPATIONAL THERAPY	6178	21000		29460				15791	51
52 SPEECH PATHOLOGY		5530		10531				5896	52
55 MEDICAL SUPPLIES CHARGED TO PAT						281847		60891	55
55.30 IMPL. DEV. CHARGED TO PATIENT								55457	55.30
56 DRUGS CHARGED TO PATIENTS							2714222	326540	56
57 RENAL DIALYSIS		4599						13386	57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC				7399				2004	60
60.03 DIABETES CENTER		2346		2224				246	60.03
61 EMERGENCY	479172	130212		121199	110596			171649	61
62 OBSERVATION BEDS (NON-DISTINCT									62
OTHER REIMBURSABLE COST CENTERS									
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	5312384	2120932	2820612	2095163	1199038	281847	2714222	2265940	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		2158							96
98 PHYSICIANS' PRIVATE OFFICES	16871	1273		17022					98
98.01 COMMUNITY EDUCATION									98.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	5329255	2124363	2820612	2112185	1199038	281847	2714222	2265940	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SOCIAL SERVICE 18	I/R-SALARY AND FRINGES 22	I/R-OTHER PROGRAM COSTS 23	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
6.01 CASHIERING							6.01
6.07 ADMIN & GENERAL OTHER							6.07
8 OPERATION OF PLANT							8
9 LAUNDRY & LINEN SERVICE							9
10 HOUSEKEEPING							10
11 DIETARY							11
12 CAFETERIA							12
14 NURSING ADMINISTRATION							14
15 CENTRAL SERVICES & SUPPLY							15
16 PHARMACY							16
17 MEDICAL RECORDS & LIBRARY							17
18 SOCIAL SERVICE	1378269						18
22 I&R SERVICES-SALARY & FRINGES A		3911045					22
23 I&R SERVICES-OTHER PRGM COSTS A			1461007				23
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	888770	2484550	928128	26615598	-3412678	23202920	25
26 INTENSIVE CARE UNIT	86046	358985	134102	5072372	-493087	4579285	26
31 SUBPROVIDER I	167268			6066578		6066578	31
31.01 SUB-PROVIDER II	167268			3194135		3194135	31.01
33 NURSERY				2641106		2641106	33
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		113364	42348	8074918	-155712	7919206	37
38 RECOVERY ROOM				921209		921209	38
40 ANESTHESIOLOGY				1257011		1257011	40
41 RADIOLOGY-DIAGNOSTIC		85023	31761	7913967	-116784	7797183	41
41.01 MRI				391516		391516	41.01
44 LABORATORY		113364	42348	7152984	-155712	6997272	44
49 RESPIRATORY THERAPY		415667	155276	2909074	-570943	2338131	49
49.01 SLEEP LAB				364563		364563	49.01
50 PHYSICAL THERAPY		56682	21174	2184872	-77856	2107016	50
51 OCCUPATIONAL THERAPY		113364	42348	1022159	-155712	866447	51
52 SPEECH PATHOLOGY				327137		327137	52
55 MEDICAL SUPPLIES CHARGED TO PAT				3984240		3984240	55
55.30 IMPL. DEV. CHARGED TO PATIENT				3700771		3700771	55.30
56 DRUGS CHARGED TO PATIENTS				6854755		6854755	56
57 RENAL DIALYSIS				738799		738799	57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC				245810		245810	60
60.03 DIABETES CENTER				74315		74315	60.03
61 EMERGENCY	68917	113364	42348	6115051	-155712	5959339	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS							62
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
95 SUBTOTALS	1378269	3854363	1439833	97822940	-5294196	92528744	95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN				45555		45555	96
98 PHYSICIANS' PRIVATE OFFICES		56682	21174	296031	-77856	218175	98
98.01 COMMUNITY EDUCATION							98.01
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	1378269	3911045	1461007	98164526	-5372052	92792474	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	OTHER ADMI 6.07	OPERATION OF PLANT 8	LAUNDRY AND 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		15245	34829	50074	50074				5
6.01 CASHIERING									6.01
6.07 ADMIN & GENERAL OTHER					2878	2878			6.07
8 OPERATION OF PLANT		75409	172278	247687	1258	215	249160		8
9 LAUNDRY & LINEN SERVICE		554848	1267603	1822451		86	79693	1902230	9
10 HOUSEKEEPING		11132	25433	36565	1185	59	1599	21383	10
11 DIETARY		18080	41306	59386	1818	79	2597		11
12 CAFETERIA		71062	162348	233410		9	10207		12
14 NURSING ADMINISTRATION		10042	22943	32985	677	32	1442		14
15 CENTRAL SERVICES & SUPPLY		12884	29434	42318		6	1850		15
16 PHARMACY		14525	33184	47709	1680	74	2086		16
17 MEDICAL RECORDS & LIBRARY		21252	48553	69805	605	60	3052		17
18 SOCIAL SERVICE					819	39			18
22 I&R SERVICES-SALARY & FRINGES A		19566	44700	64266	2520	110	2810	400	22
23 I&R SERVICES-OTHER PRGM COSTS A					1067	42			23
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS		275120	628539	903659	9280	481	39515	912804	25
26 INTENSIVE CARE UNIT		44782	102309	147091	1991	103	6432	108697	26
31 SUBPROVIDER I		87170	199148	286318	2447	122	12520	126395	31
31.01 SUB-PROVIDER II		82700	188937	271637	1086	58	11878	93024	31.01
33 NURSERY		32735	74786	107521	1397	66	4702		33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		145374	332121	477495	2877	178	20880	154963	37
38 RECOVERY ROOM		8952	20453	29405	404	19	1286	58159	38
40 ANESTHESIOLOGY		2582	5899	8481	3394	36	371		40
41 RADIOLOGY-DIAGNOSTIC		104550	238854	343404	2951	181	15016	127051	41
41.01 MRI		4878	11145	16023	175	10	701		41.01
44 LABORATORY		44983	102768	147751	2092	182	6461	325	44
49 RESPIRATORY THERAPY		32482	74208	106690	1127	56	4665	16729	49
49.01 SLEEP LAB		16822	38431	55253	84	6	2416	15086	49.01
50 PHYSICAL THERAPY		26280	60039	86319	959	47	3775	87951	50
51 OCCUPATIONAL THERAPY		11554	26396	37950	450	22	1659	2205	51
52 SPEECH PATHOLOGY		3043	6951	9994	183	8	437		52
55 MEDICAL SUPPLIES CHARGED TO PAT						106			55
55.30 IMPL. DEV. CHARGED TO PATIENT						106			55.30
56 DRUGS CHARGED TO PATIENTS						111			56
57 RENAL DIALYSIS		2530	5780	8310		21	363		57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC					159	7			60
60.03 DIABETES CENTER		1291	2949	4240	39	2	185		60.03
61 EMERGENCY		71639	163667	235306	4353	133	10290	171036	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS									62
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS		1823512	4165991	5989503	49955	2872	248888	1896208	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		1187	2712	3899		1	171		96
98 PHYSICIANS' PRIVATE OFFICES		701	1601	2302	119	5	101	6022	98
98.01 COMMUNITY EDUCATION									98.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL		1825400	4170304	5995704	50074	2878	249160	1902230	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	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
6.01 CASHIERING									6.01
6.07 ADMIN & GENERAL OTHER									6.07
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE									9
10 HOUSEKEEPING	60791								10
11 DIETARY	940	64820							11
12 CAFETERIA	3696	31773	279095						12
14 NURSING ADMINISTRATION	522		4157	39815					14
15 CENTRAL SERVICES & SUPPLY	670				44844				15
16 PHARMACY	755		11228			63532			16
17 MEDICAL RECORDS & LIBRARY	1105		8535				83162		17
18 SOCIAL SERVICE			6070					6928	18
22 I&R SERVICES-SALARY & FRINGES A	1018		1200						22
23 I&R SERVICES-OTHER PRGM COSTS A									23
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	14312	19175	76545	17554			13907	4467	25
26 INTENSIVE CARE UNIT	2329	2298	14995	3439			1924	433	26
31 SUBPROVIDER I	4534	9245	21167	4854			4165	841	31
31.01 SUB-PROVIDER II	4301	2329	9093	2085			1047	841	31.01
33 NURSERY	1703		9927	2276			834		33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	7561		22997	5273			5968		37
38 RECOVERY ROOM	466		2261	519			732		38
40 ANESTHESIOLOGY	134		624	143			139		40
41 RADIOLOGY-DIAGNOSTIC	5438		23116				14544		41
41.01 MRI	254		1122				968		41.01
44 LABORATORY	2340		21881				10825		44
49 RESPIRATORY THERAPY	1689		10617				2992		49
49.01 SLEEP LAB	875		918				106		49.01
50 PHYSICAL THERAPY	1367		7821				1099		50
51 OCCUPATIONAL THERAPY	601		3893				579		51
52 SPEECH PATHOLOGY	158		1392				216		52
55 MEDICAL SUPPLIES CHARGED TO PAT					44844		2234		55
55.30 IMPL. DEV. CHARGED TO PATIENT							2034		55.30
56 DRUGS CHARGED TO PATIENTS						63532	11978		56
57 RENAL DIALYSIS	132						491		57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC			978				74		60
60.03 DIABETES CENTER	67		294				9		60.03
61 EMERGENCY	3726		16015	3672			6297	346	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS									62
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	60693	64820	276846	39815	44844	63532	83162	6928	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	62								96
98 PHYSICIANS' PRIVATE OFFICES	36		2249						98
98.01 COMMUNITY EDUCATION									98.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	60791	64820	279095	39815	44844	63532	83162	6928	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	I/R-SALARY AND FRINGES 22	I/R-OTHER PROGRAM COSTS 23	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
6.01 CASHIERING						6.01
6.07 ADMIN & GENERAL OTHER						6.07
8 OPERATION OF PLANT						8
9 LAUNDRY & LINEN SERVICE						9
10 HOUSEKEEPING						10
11 DIETARY						11
12 CAFETERIA						12
14 NURSING ADMINISTRATION						14
15 CENTRAL SERVICES & SUPPLY						15
16 PHARMACY						16
17 MEDICAL RECORDS & LIBRARY						17
18 SOCIAL SERVICE						18
22 I&R SERVICES-SALARY & FRINGES A	72324					22
23 I&R SERVICES-OTHER PRGM COSTS A		1109				23
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS			2011699		2011699	25
26 INTENSIVE CARE UNIT			289732		289732	26
31 SUBPROVIDER I			472608		472608	31
31.01 SUB-PROVIDER II			397379		397379	31.01
33 NURSERY			128426		128426	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM			698192		698192	37
38 RECOVERY ROOM			93251		93251	38
40 ANESTHESIOLOGY			13322		13322	40
41 RADIOLOGY-DIAGNOSTIC			531701		531701	41
41.01 MRI			19253		19253	41.01
44 LABORATORY			191857		191857	44
49 RESPIRATORY THERAPY			144565		144565	49
49.01 SLEEP LAB			74744		74744	49.01
50 PHYSICAL THERAPY			189338		189338	50
51 OCCUPATIONAL THERAPY			47359		47359	51
52 SPEECH PATHOLOGY			12388		12388	52
55 MEDICAL SUPPLIES CHARGED TO PAT			47184		47184	55
55.30 IMPL. DEV. CHARGED TO PATIENT			2140		2140	55.30
56 DRUGS CHARGED TO PATIENTS			75621		75621	56
57 RENAL DIALYSIS			9317		9317	57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC			1218		1218	60
60.03 DIABETES CENTER			4836		4836	60.03
61 EMERGENCY			451174		451174	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS						62
71 HOME HEALTH AGENCY						71
SPECIAL PURPOSE COST CENTERS						
95 SUBTOTALS			5907304		5907304	95
NONREIMBURSABLE COST CENTERS						
96 GIFT, FLOWER, COFFEE SHOP & CAN			4133		4133	96
98 PHYSICIANS' PRIVATE OFFICES			10834		10834	98
98.01 COMMUNITY EDUCATION						98.01
101 CROSS FOOT ADJUSTMENTS	72324	1109	73433		73433	101
102 NEGATIVE COST CENTER						102
103 TOTAL	72324	1109	5995704		5995704	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		NEW CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP- REL COSTS MOV EQUIP SQUARE FEET	EMPLOYEE BENEFITS GROSS SALARIES	CASHIERING GROSS REVENUE	RECON- CILIATION	OTHER ADMI ACCUM COST	
		3	4	5	6.01	6A.07	6.07	
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	281380						3
4	NEW CAP REL COSTS-MVBLE EQUIP		281380					4
5	EMPLOYEE BENEFITS	2350	2350	44878249				5
6.01	CASHIERING				296867183			6.01
6.07	ADMIN & GENERAL OTHER			2579052		-21019710	77144816	6.07
8	OPERATION OF PLANT	11624	11624	1127544			5820264	8
9	LAUNDRY & LINEN SERVICE	85528	85528				2326546	9
10	HOUSEKEEPING	1716	1716	1061947			1585049	10
11	DIETARY	2787	2787	1629160			2130155	11
12	CAFETERIA	10954	10954				233410	12
14	NURSING ADMINISTRATION	1548	1548	607071			869532	14
15	CENTRAL SERVICES & SUPPLY	1986	1986				159865	15
16	PHARMACY	2239	2239	1505793			1996771	16
17	MEDICAL RECORDS & LIBRARY	3276	3276	542098			1628315	17
18	SOCIAL SERVICE			733772			1047042	18
22	I&R SERVICES-SALARY & FRINGES	3016	3016	2258104			2971974	22
23	I&R SERVICES-OTHER PRGM COSTS			955746			1148165	23
INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	42409	42409	8323389	49666114		12386013	25
26	INTENSIVE CARE UNIT	6903	6903	1783815	6872306		2787215	26
31	SUBPROVIDER I	13437	13437	2192319	14874712		3294709	31
31.01	SUB-PROVIDER II	12748	12748	973262	3740259		1572815	31.01
33	NURSERY	5046	5046	1251630	2980224		1788194	33
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	22409	22409	2578383	21313707		4797479	37
38	RECOVERY ROOM	1380	1380	362141	2615179		511671	38
40	ANESTHESIOLOGY	398	398	3040908	496262		965427	40
41	RADIOLOGY-DIAGNOSTIC	16116	16116	2644201	51799958		4899578	41
41.01	MRI	752	752	156395	3456385		256940	41.01
44	LABORATORY	6934	6934	1874695	38660673		4921027	44
49	RESPIRATORY THERAPY	5007	5007	1010207	10685078		1518024	49
49.01	SLEEP LAB	2593	2593	75614	379299		165085	49.01
50	PHYSICAL THERAPY	4051	4051	858912	3926747		1266420	50
51	OCCUPATIONAL THERAPY	1781	1781	403233	2068767		585232	51
52	SPEECH PATHOLOGY	469	469	164314	772382		229625	52
55	MEDICAL SUPPLIES CHARGED TO P				7977305		2861756	55
55.30	IMPL. DEV. CHARGED TO PATIENT				7265441		2864752	55.30
56	DRUGS CHARGED TO PATIENTS				42780051		2997312	56
57	RENAL DIALYSIS	390	390		1753747		557980	57
OUTPATIENT SERVICE COST CENTERS								
60	CLINIC			142372	262561		185786	60
60.03	DIABETES CENTER	199	199	35141	32244		50286	60.03
61	EMERGENCY	11043	11043	3900166	22487782		3592809	61
62	OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS							62
71	HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS								
95	SUBTOTALS	281089	281089	44771384	296867183	-21019710	76973223	95
NONREIMBURSABLE COST CENTERS								
96	GIFT, FLOWER, COFFEE SHOP & C	183	183				30122	96
98	PHYSICIANS' PRIVATE OFFICES	108	108	106865			141471	98
98.01	COMMUNITY EDUCATION							98.01
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	COST TO BE ALLOC PER B PT I	1825400	4170304	9035284	2087396		21019710	103
104	UNIT COST MULT-WS B PT I		14.820897		.007031		.272471	
104	UNIT COST MULT-WS B PT I	6.487313		.201329				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			50074			2878	106
108	UNIT COST MULT-WS B PT III						.000037	107
108	UNIT COST MULT-WS B PT III			.001116				108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE-KEEPING SQUARE FEET	DIETARY (MEALS SERVED)	CAFETERIA FTES SERVED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
	8	9	10	11	12	14	15	
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
4								4
5								5
6.01								6.01
6.07								6.07
8	267406							8
9	85528	304504						9
10	1716	3423	180162					10
11	2787		2787	199809				11
12	10954		10954	97944	46531			12
14	1548		1548		693	28947		14
15	1986		1986				10000	15
16	2239		2239		1872			16
17	3276		3276		1423			17
18					1012			18
22	3016	64	3016		200			22
23								23
INPATIENT ROUTINE SERV COST CENTERS								
25	42409	146119	42409	59106	12762	12762		25
26	6903	17400	6903	7083	2500	2500		26
31	13437	20233	13437	28497	3529	3529		31
31.01	12748	14891	12748	7179	1516	1516		31.01
33	5046		5046		1655	1655		33
ANCILLARY SERVICE COST CENTERS								
37	22409	24806	22409		3834	3834		37
38	1380	9310	1380		377	377		38
40	398		398		104	104		40
41	16116	20338	16116		3854			41
41.01	752		752		187			41.01
44	6934	52	6934		3648			44
49	5007	2678	5007		1770			49
49.01	2593	2415	2593		153			49.01
50	4051	14079	4051		1304			50
51	1781	353	1781		649			51
52	469		469		232			52
55							10000	55
55.30								55.30
56								56
57	390		390					57
OUTPATIENT SERVICE COST CENTERS								
60					163			60
60.03	199		199		49			60.03
61	11043	27379	11043		2670	2670		61
62								62
OTHER REIMBURSABLE COST CENTERS								
71								71
SPECIAL PURPOSE COST CENTERS								
95	267115	303540	179871	199809	46156	28947	10000	95
NONREIMBURSABLE COST CENTERS								
96	183		183					96
98	108	964	108		375			98
98.01								98.01
101								101
102								102
103	7406117	5329255	2124363	2820612	2112185	1199038	281847	103
104	27.696151		11.791404		45.393071		28.184700	104
104		17.501429		14.116541		41.421840		104
105								105
106								106
106								106
107	249160	1902230	60791	64820	279095	39815	44844	107
108	.931767		.337424		5.998044		4.484400	108
108		6.246979		.324410		1.375445		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY (COSTED REQUIS) 16	MEDICAL RECORDS & LIBRARY GROSS REVENUE 17	SOCIAL SERVICE (TIME SPENT) 18	I/R-SALARY AND FRINGES (ASSIGNED TIME) 22	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME) 23	
GENERAL SERVICE COST CENTERS						
1						1
2						2
3						3
4						4
5						5
6.01						6.01
6.07						6.07
8						8
9						9
10						10
11						11
12						12
14						14
15						15
16	10000					16
17		296867183				17
18			17139			18
22				414		22
23					414	23
INPATIENT ROUTINE SERV COST CENTERS						
25		49666114	11052	263	263	25
26		6872306	1070	38	38	26
31		14874712	2080			31
31.01		3740259	2080			31.01
33		2980224				33
ANCILLARY SERVICE COST CENTERS						
37		21313707		12	12	37
38		2615179				38
40		496262				40
41		51799958		9	9	41
41.01		3456385				41.01
44		38660673		12	12	44
49		10685078		44	44	49
49.01		379299				49.01
50		3926747		6	6	50
51		2068767		12	12	51
52		772382				52
55		7977305				55
55.30		7265441				55.30
56	10000	42780051				56
57		1753747				57
OUTPATIENT SERVICE COST CENTERS						
60		262561				60
60.03		32244				60.03
61		22487782	857	12	12	61
62						62
OTHER REIMBURSABLE COST CENTERS						
71						71
SPECIAL PURPOSE COST CENTERS						
95	10000	296867183	17139	408	408	95
NONREIMBURSABLE COST CENTERS						
96						96
98				6	6	98
98.01						98.01
101						101
102						102
103	2714222	2265940	1378269	3911045	1461007	103
104	271.422200		80.417119		3529.002415	
104		.007633		9446.968599		104
105						105
106						106
106						106
107	6.353200	83162	6928	72324	1109	107
108	6.353200		.404224		2.678744	
108		.000280		174.695652		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	23202920		23202920		23202920	25
26 INTENSIVE CARE UNIT	4579285		4579285	3777	4583062	26
31 SUBPROVIDER I	6066578		6066578	8171	6074749	31
31.01 SUB-PROVIDER II	3194135		3194135	9777	3203912	31.01
33 NURSERY	2641106		2641106		2641106	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	7919206		7919206		7919206	37
38 RECOVERY ROOM	921209		921209		921209	38
40 ANESTHESIOLOGY	1257011		1257011		1257011	40
41 RADIOLOGY-DIAGNOSTIC	7797183		7797183		7797183	41
41.01 MRI	391516		391516		391516	41.01
44 LABORATORY	6997272		6997272		6997272	44
49 RESPIRATORY THERAPY	2338131		2338131		2338131	49
49.01 SLEEP LAB	364563		364563		364563	49.01
50 PHYSICAL THERAPY	2107016		2107016		2107016	50
51 OCCUPATIONAL THERAPY	866447		866447		866447	51
52 SPEECH PATHOLOGY	327137		327137		327137	52
55 MEDICAL SUPPLIES CHARGED TO	3984240		3984240		3984240	55
55.30 IMPL. DEV. CHARGED TO PATIE	3700771		3700771		3700771	55.30
56 DRUGS CHARGED TO PATIENTS	6854755		6854755		6854755	56
57 RENAL DIALYSIS	738799		738799		738799	57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	245810		245810		245810	60
60.03 DIABETES CENTER	74315		74315		74315	60.03
61 EMERGENCY	5959339		5959339		5959339	61
62 OBSERVATION BEDS (NON-DISTI	2259917		2259917		2259917	62
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	94788661		94788661	21725	94810386	101
102 LESS OBSERVATION BEDS	2259917		2259917		2259917	102
103 TOTAL	92528744		92528744	21725	92550469	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL 8			
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	45569921		45569921			25
26 INTENSIVE CARE UNIT	6872306		6872306			26
31 SUBPROVIDER I	14874712		14874712			31
31.01 SUB-PROVIDER II	3740259		3740259			31.01
33 NURSERY	2980224		2980224			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	8765102	12548605	21313707	.371555	.371555	.371555 37
38 RECOVERY ROOM	1164766	1450413	2615179	.352255	.352255	.352255 38
40 ANESTHESIOLOGY	492402	3860	496262	2.532958	2.532958	2.532958 40
41 RADIOLOGY-DIAGNOSTIC	20102001	31697957	51799958	.150525	.150525	.150525 41
41.01 MRI	799622	2656763	3456385	.113273	.113273	.113273 41.01
44 LABORATORY	23026730	15633943	38660673	.180992	.180992	.180992 44
49 RESPIRATORY THERAPY	7694999	2990079	10685078	.218822	.218822	.218822 49
49.01 SLEEP LAB	63200	316099	379299	.961149	.961149	.961149 49.01
50 PHYSICAL THERAPY	1848467	2078280	3926747	.536581	.536581	.536581 50
51 OCCUPATIONAL THERAPY	1410530	658237	2068767	.418823	.418823	.418823 51
52 SPEECH PATHOLOGY	427851	344531	772382	.423543	.423543	.423543 52
55 MEDICAL SUPPLIES CHARGED TO	5048327	2928978	7977305	.499447	.499447	.499447 55
55.30 IMPL. DEV. CHARGED TO PATIE	4102318	3163123	7265441	.509366	.509366	.509366 55.30
56 DRUGS CHARGED TO PATIENTS	36133311	6646740	42780051	.160233	.160233	.160233 56
57 RENAL DIALYSIS	1695178	58569	1753747	.421269	.421269	.421269 57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	18194	244367	262561	.936201	.936201	.936201 60
60.03 DIABETES CENTER		32244	32244	2.304770	2.304770	2.304770 60.03
61 EMERGENCY	7174605	15313177	22487782	.265003	.265003	.265003 61
62 OBSERVATION BEDS (NON-DISTI	606222	3489971	4096193	.551712	.551712	.551712 62
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	194611247	102255936	296867183			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	194611247	102255936	296867183			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS				2011699		2011699	25
26 INTENSIVE CARE UNIT				289732		289732	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				472608		472608	31
31.01 SUB-PROVIDER II				397379		397379	31.01
33 NURSERY				128426		128426	33
101 TOTAL				3299844		3299844	101

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	21828	8972			92.16	826860	25
26 INTENSIVE CARE UNIT	2361	1058			122.72	129838	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	9499	3437			49.75	170991	31
31.01 SUB-PROVIDER II	2393	1357			166.06	225343	31.01
33 NURSERY	2554				50.28		33
101 TOTAL	38635	14824				1353032	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0240) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT	OLD CAPITAL		NEW CAPITAL		
	CAPITAL	CAPITAL			RATIO OF	RATIO OF			
	RELATED	RELATED	CHARGES	PROGRAM	COST TO	CAPITAL	COST TO	CAPITAL	
	COST	COST	3	CHARGES	CHARGES	COSTS	CHARGES	COSTS	
	1	2		4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		698192	21313707	4763629			.032758	156047	37
38 RECOVERY ROOM		93251	2615179	414074			.035658	14765	38
40 ANESTHESIOLOGY		13322	496262	207516			.026845	5571	40
41 RADIOLOGY-DIAGNOSTIC		531701	51799958	9667286			.010265	99235	41
41.01 MRI		19253	3456385	441232			.005570	2458	41.01
44 LABORATORY		191857	38660673	10601052			.004963	52613	44
49 RESPIRATORY THERAPY		144565	10685078	4043641			.013530	54710	49
49.01 SLEEP LAB		74744	379299	44259			.197058	8722	49.01
50 PHYSICAL THERAPY		189338	3926747	378247			.048218	18238	50
51 OCCUPATIONAL THERAPY		47359	2068767	202627			.022892	4639	51
52 SPEECH PATHOLOGY		12388	772382	144568			.016039	2319	52
55 MEDICAL SUPPLIES CHARGED TO P		47184	7977305	1844315			.005915	10909	55
55.30 IMPL. DEV. CHARGED TO PATIENT		2140	7265441	2428793			.000295	716	55.30
56 DRUGS CHARGED TO PATIENTS		75621	42780051	14771434			.001768	26116	56
57 RENAL DIALYSIS		9317	1753747	759161			.005313	4033	57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		1218	262561				.004639		60
60.03 DIABETES CENTER		4836	32244				.149981		60.03
61 EMERGENCY		451174	22487782	2769559			.020063	55566	61
62 OBSERVATION BEDS (NON-DISTINC		195935	4096193	431166			.047833	20624	62
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		2803395	222829761	53912559				537281	101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	INPATIENT
	ANESTHETIST	EDUCATION	ADJUSTMENT	COSTS	PATIENT	DIEM	PROGRAM	PROGRAM
	COST	COST	AMOUNT		DAYS		DAYS	PASS THRU
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					21828		8972	25
26 INTENSIVE CARE UNIT					2361		1058	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					9499		3437	31
31.01 SUB-PROVIDER II					2393		1357	31.01
33 NURSERY					2554			33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					38635		14824	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0240) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 MRI							41.01
44 LABORATORY							44
49 RESPIRATORY THERAPY							49
49.01 SLEEP LAB							49.01
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.03 DIABETES CENTER							60.03
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0240) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	CHARGES
							8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		21313707			4763629		5756816 37
38 RECOVERY ROOM		2615179			414074		915367 38
40 ANESTHESIOLOGY		496262			207516		40
41 RADIOLOGY-DIAGNOSTIC		51799958			9667286		7227100 41
41.01 MRI		3456385			441232		628021 41.01
44 LABORATORY		38660673			10601052		308978 44
49 RESPIRATORY THERAPY		10685078			4043641		1076723 49
49.01 SLEEP LAB		379299			44259		6925 49.01
50 PHYSICAL THERAPY		3926747			378247		50
51 OCCUPATIONAL THERAPY		2068767			202627		51
52 SPEECH PATHOLOGY		772382			144568		52
55 MEDICAL SUPPLIES CHARGED TO P		7977305			1844315		915363 55
55.30 IMPL. DEV. CHARGED TO PATIENT		7265441			2428793		2175561 55.30
56 DRUGS CHARGED TO PATIENTS		42780051			14771434		1834508 56
57 RENAL DIALYSIS		1753747			759161		12860 57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		262561					56514 60
60.03 DIABETES CENTER		32244					60.03
61 EMERGENCY		22487782			2769559		1575759 61
62 OBSERVATION BEDS (NON-DISTINC		4096193			431166		1018453 62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		222829761			53912559		23508948 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0240) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI					41.01
44 LABORATORY					44
49 RESPIRATORY THERAPY					49
49.01 SLEEP LAB					49.01
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.03 DIABETES CENTER					60.03
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0240) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT
	1	1.01	1.02	SURGICAL	CENTER	DIAGNOSTIC
				2	3	4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.371555	.371555	.371555			37
38 RECOVERY ROOM	.352255	.352255	.352255			38
40 ANESTHESIOLOGY	2.532958	2.532958	2.532958			40
41 RADIOLOGY-DIAGNOSTIC	.150525	.150525	.150525			41
41.01 MRI	.113273	.113273	.113273			41.01
44 LABORATORY	.180992	.180992	.180992			44
49 RESPIRATORY THERAPY	.218822	.218822	.218822			49
49.01 SLEEP LAB	.961149	.961149	.961149			49.01
50 PHYSICAL THERAPY	.536581	.536581	.536581			50
51 OCCUPATIONAL THERAPY	.418823	.418823	.418823			51
52 SPEECH PATHOLOGY	.423543	.423543	.423543			52
55 MEDICAL SUPPLIES CHARGED TO PAT	.499447	.499447	.499447			55
55.30 IMPL. DEV. CHARGED TO PATIENT	.509366	.509366	.509366			55.30
56 DRUGS CHARGED TO PATIENTS	.160233	.160233	.160233			56
57 RENAL DIALYSIS	.421269	.421269	.421269			57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.936201	.936201	.936201			60
60.03 DIABETES CENTER	2.304770	2.304770	2.304770			60.03
61 EMERGENCY	.265003	.265003	.265003			61
62 OBSERVATION BEDS (NON-DISTINCT	.551712	.551712	.551712			62
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	1	.160233	1
2 PROGRAM VACCINE CHARGES	2	29144	2
2.01 PROGRAM VACCINE CHARGES	2.01		2.01
3 PROGRAM COSTS	3	4670	3
3.01 PROGRAM COSTS	3.01		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0240) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL	PPS SER-	ALL OTHER	PPS SER-	PPS SER-	OUTPATIENT	OTHER	
	(SEE INSTRU.)	VICES (SEE INSTRU.)	(SEE INSTRU.)	VICES (SEE INSTRU.)	VICES (SEE INSTRU.)	AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		5756816						37
38 RECOVERY ROOM		915367						38
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC		7227100						41
41.01 MRI		628021						41.01
44 LABORATORY		308978						44
49 RESPIRATORY THERAPY		1076723						49
49.01 SLEEP LAB		6925						49.01
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
55 MEDICAL SUPPLIES CHARGED TO PA		915363						55
55.30 IMPL. DEV. CHARGED TO PATIENT		2175561						55.30
56 DRUGS CHARGED TO PATIENTS		1834508						56
57 RENAL DIALYSIS		12860						57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		56514						60
60.03 DIABETES CENTER								60.03
61 EMERGENCY		1575759						61
62 OBSERVATION BEDS (NON-DISTINCT		1018453						62
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD								65.03
101 SUBTOTAL		23508948						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		23508948						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0240) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B I/P PART B CHARGES (SEE (COLUMNS INSTRU.) 1.02x10)
	9	9.01	9.02	9.03	9.04	10 11
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM		2138974				37
38 RECOVERY ROOM		322443				38
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC		1087859				41
41.01 MRI		71138				41.01
44 LABORATORY		55923				44
49 RESPIRATORY THERAPY		235611				49
49.01 SLEEP LAB		6656				49.01
50 PHYSICAL THERAPY						50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
55 MEDICAL SUPPLIES CHARGED TO PAT		457175				55
55.30 IMPL. DEV. CHARGED TO PATIENT		1108157				55.30
56 DRUGS CHARGED TO PATIENTS		293949				56
57 RENAL DIALYSIS		5418				57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC		52908				60
60.03 DIABETES CENTER						60.03
61 EMERGENCY		417581				61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS		561893				62
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL		6815685				101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES		6815685				104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S240) [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		698192	21313707	77678			.032758	2545 37
38 RECOVERY ROOM		93251	2615179	220			.035658	8 38
40 ANESTHESIOLOGY		13322	496262				.026845	40
41 RADIOLOGY-DIAGNOSTIC		531701	51799958	42073			.010265	432 41
41.01 MRI		19253	3456385				.005570	41.01
44 LABORATORY		191857	38660673	475383			.004963	2359 44
49 RESPIRATORY THERAPY		144565	10685078	50599			.013530	685 49
49.01 SLEEP LAB		74744	379299	2338			.197058	461 49.01
50 PHYSICAL THERAPY		189338	3926747	9542			.048218	460 50
51 OCCUPATIONAL THERAPY		47359	2068767	450			.022892	10 51
52 SPEECH PATHOLOGY		12388	772382	1033			.016039	17 52
55 MEDICAL SUPPLIES CHARGED TO P		47184	7977305	428			.005915	3 55
55.30 IMPL. DEV. CHARGED TO PATIENT		2140	7265441				.000295	55.30
56 DRUGS CHARGED TO PATIENTS		75621	42780051	1096451			.001768	1939 56
57 RENAL DIALYSIS		9317	1753747	41152			.005313	219 57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		1218	262561				.004639	60
60.03 DIABETES CENTER		4836	32244				.149981	60.03
61 EMERGENCY		451174	22487782	231779			.020063	4650 61
62 OBSERVATION BEDS (NON-DISTINC		195935	4096193				.047833	62
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		2803395	222829761	2029126				13788 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S240) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2				3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 MRI							41.01
44 LABORATORY							44
49 RESPIRATORY THERAPY							49
49.01 SLEEP LAB							49.01
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.03 DIABETES CENTER							60.03
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S240) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		21313707			77678		37
38 RECOVERY ROOM		2615179			220		38
40 ANESTHESIOLOGY		496262					40
41 RADIOLOGY-DIAGNOSTIC		51799958			42073		41
41.01 MRI		3456385					41.01
44 LABORATORY		38660673			475383		44
49 RESPIRATORY THERAPY		10685078			50599		49
49.01 SLEEP LAB		379299			2338		49.01
50 PHYSICAL THERAPY		3926747			9542		50
51 OCCUPATIONAL THERAPY		2068767			450		51
52 SPEECH PATHOLOGY		772382			1033		52
55 MEDICAL SUPPLIES CHARGED TO P		7977305			428		55
55.30 IMPL. DEV. CHARGED TO PATIENT		7265441					55.30
56 DRUGS CHARGED TO PATIENTS		42780051			1096451		56
57 RENAL DIALYSIS		1753747			41152		57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		262561					60
60.03 DIABETES CENTER		32244					60.03
61 EMERGENCY		22487782			231779		61
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS		4096193					62
101 TOTAL		222829761			2029126		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S240) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI					41.01
44 LABORATORY					44
49 RESPIRATORY THERAPY					49
49.01 SLEEP LAB					49.01
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.03 DIABETES CENTER					60.03
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL	8.01	8.02	9	9.01	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (14-T240)

COST CENTER DESCRIPTION	OLD	NEW	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	OLD CAPITAL		NEW CAPITAL	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		698192	21313707	14629			.032758	479 37
38 RECOVERY ROOM		93251	2615179	4352			.035658	155 38
40 ANESTHESIOLOGY		13322	496262	809			.026845	22 40
41 RADIOLOGY-DIAGNOSTIC		531701	51799958	18963			.010265	195 41
41.01 MRI		19253	3456385				.005570	41.01
44 LABORATORY		191857	38660673	228644			.004963	1135 44
49 RESPIRATORY THERAPY		144565	10685078	69027			.013530	934 49
49.01 SLEEP LAB		74744	379299	668			.197058	132 49.01
50 PHYSICAL THERAPY		189338	3926747	682343			.048218	32901 50
51 OCCUPATIONAL THERAPY		47359	2068767	630915			.022892	14443 51
52 SPEECH PATHOLOGY		12388	772382	101358			.016039	1626 52
55 MEDICAL SUPPLIES CHARGED TO P		47184	7977305	22942			.005915	136 55
55.30 IMPL. DEV. CHARGED TO PATIENT		2140	7265441				.000295	55.30
56 DRUGS CHARGED TO PATIENTS		75621	42780051	612255			.001768	1082 56
57 RENAL DIALYSIS		9317	1753747	74296			.005313	395 57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		1218	262561				.004639	60
60.03 DIABETES CENTER		4836	32244				.149981	60.03
61 EMERGENCY		451174	22487782	261			.020063	5 61
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS		195935	4096193				.047833	62
101 TOTAL		2803395	222829761	2461462				53640 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (14-T240) [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 MRI							41.01
44 LABORATORY							44
49 RESPIRATORY THERAPY							49
49.01 SLEEP LAB							49.01
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.03 DIABETES CENTER							60.03
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (14-T240) [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		21313707			14629		37
38 RECOVERY ROOM		2615179			4352		38
40 ANESTHESIOLOGY		496262			809		40
41 RADIOLOGY-DIAGNOSTIC		51799958			18963		41
41.01 MRI		3456385					41.01
44 LABORATORY		38660673			228644		44
49 RESPIRATORY THERAPY		10685078			69027		49
49.01 SLEEP LAB		379299			668		49.01
50 PHYSICAL THERAPY		3926747			682343		50
51 OCCUPATIONAL THERAPY		2068767			630915		51
52 SPEECH PATHOLOGY		772382			101358		52
55 MEDICAL SUPPLIES CHARGED TO P		7977305			22942		55
55.30 IMPL. DEV. CHARGED TO PATIENT		7265441					55.30
56 DRUGS CHARGED TO PATIENTS		42780051			612255		56
57 RENAL DIALYSIS		1753747			74296		57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		262561					60
60.03 DIABETES CENTER		32244					60.03
61 EMERGENCY		22487782			261		61
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS		4096193					62
101 TOTAL		222829761			2461462		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (14-T240) [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
ANCILLARY SERVICE COST CENTERS	8.01	8.02	9	9.01	9.02
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI					41.01
44 LABORATORY					44
49 RESPIRATORY THERAPY					49
49.01 SLEEP LAB					49.01
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.03 DIABETES CENTER					60.03
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS				2011699		2011699	25
26 INTENSIVE CARE UNIT				289732		289732	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				472608		472608	31
31.01 SUB-PROVIDER II				397379		397379	31.01
33 NURSERY				128426		128426	33
101 TOTAL				3299844		3299844	101

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	21828	6628			92.16	610836	25
26 INTENSIVE CARE UNIT	2361	376			122.72	46143	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	9499	4549			49.75	226313	31
31.01 SUB-PROVIDER II	2393	436			166.06	72402	31.01
33 NURSERY	2554	1978			50.28	99454	33
101 TOTAL	38635	13967				1055148	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0240) [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	----	OLD CAPITAL RATIO OF COST TO CHARGES	----	NEW CAPITAL RATIO OF COST TO CHARGES	----	CAPITAL COSTS
	1	2	3	4	5	6	7	8		
ANCILLARY SERVICE COST CENTERS										
37 OPERATING ROOM		698192	21313707	2376390				.032758		77846 37
38 RECOVERY ROOM		93251	2615179	328489				.035658		11713 38
40 ANESTHESIOLOGY		13322	496262	82105				.026845		2204 40
41 RADIOLOGY-DIAGNOSTIC		531701	51799958	1915796				.010265		19666 41
41.01 MRI		19253	3456385					.005570		41.01
44 LABORATORY		191857	38660673	5771933				.004963		28646 44
49 RESPIRATORY THERAPY		144565	10685078	1814560				.013530		24551 49
49.01 SLEEP LAB		74744	379299	11073				.197058		2182 49.01
50 PHYSICAL THERAPY		189338	3926747	62257				.048218		3002 50
51 OCCUPATIONAL THERAPY		47359	2068767	33425				.022892		765 51
52 SPEECH PATHOLOGY		12388	772382	64207				.016039		1030 52
55 MEDICAL SUPPLIES CHARGED TO P		47184	7977305	1611450				.005915		9532 55
55.30 IMPL. DEV. CHARGED TO PATIENT		2140	7265441					.000295		55.30
56 DRUGS CHARGED TO PATIENTS		75621	42780051	8592481				.001768		15192 56
57 RENAL DIALYSIS		9317	1753747	504573				.005313		2681 57
OUTPATIENT SERVICE COST CENTERS										
60 CLINIC		1218	262561					.004639		60
60.03 DIABETES CENTER		4836	32244					.149981		60.03
61 EMERGENCY		451174	22487782	93630				.020063		1878 61
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS		195935	4096193	110				.047833		5 62
101 TOTAL		2803395	222829761	23262479						200893 101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	INPATIENT
	ANESTHETIST	EDUCATION	ADJUSTMENT	COSTS	PATIENT	DIEM	PROGRAM	PROGRAM
	COST	COST	AMOUNT		DAYS		DAYS	PASS THRU
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					21828		6628	25
26 INTENSIVE CARE UNIT					2361		376	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					9499		4549	31
31.01 SUB-PROVIDER II					2393		436	31.01
33 NURSERY					2554		1978	33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					38635		13967	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0240) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 MRI							41.01
44 LABORATORY							44
49 RESPIRATORY THERAPY							49
49.01 SLEEP LAB							49.01
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.03 DIABETES CENTER							60.03
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0240) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		21313707			2376390		37
38 RECOVERY ROOM		2615179			328489		38
40 ANESTHESIOLOGY		496262			82105		40
41 RADIOLOGY-DIAGNOSTIC		51799958			1915796		41
41.01 MRI		3456385					41.01
44 LABORATORY		38660673			5771933		44
49 RESPIRATORY THERAPY		10685078			1814560		49
49.01 SLEEP LAB		379299			11073		49.01
50 PHYSICAL THERAPY		3926747			62257		50
51 OCCUPATIONAL THERAPY		2068767			33425		51
52 SPEECH PATHOLOGY		772382			64207		52
55 MEDICAL SUPPLIES CHARGED TO P		7977305			1611450		55
55.30 IMPL. DEV. CHARGED TO PATIENT		7265441					55.30
56 DRUGS CHARGED TO PATIENTS		42780051			8592481		56
57 RENAL DIALYSIS		1753747			504573		57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		262561					60
60.03 DIABETES CENTER		32244					60.03
61 EMERGENCY		22487782			93630		61
62 OBSERVATION BEDS (NON-DISTINC		4096193			110		62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		222829761			23262479		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0240) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 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
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI					41.01
44 LABORATORY					44
49 RESPIRATORY THERAPY					49
49.01 SLEEP LAB					49.01
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.03 DIABETES CENTER					60.03
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-S240) [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	INPATIENT	OLD CAPITAL		NEW CAPITAL			
	CAPITAL RELATED COST	CAPITAL RELATED COST		TOTAL CHARGES	RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		698192	21313707	8934			.032758	293	37
38 RECOVERY ROOM		93251	2615179	889			.035658	32	38
40 ANESTHESIOLOGY		13322	496262	40439			.026845	1086	40
41 RADIOLOGY-DIAGNOSTIC		531701	51799958	50050			.010265	514	41
41.01 MRI		19253	3456385				.005570		41.01
44 LABORATORY		191857	38660673	663941			.004963	3295	44
49 RESPIRATORY THERAPY		144565	10685078	72335			.013530	979	49
49.01 SLEEP LAB		74744	379299	703			.197058	139	49.01
50 PHYSICAL THERAPY		189338	3926747	8342			.048218	402	50
51 OCCUPATIONAL THERAPY		47359	2068767	254			.022892	6	51
52 SPEECH PATHOLOGY		12388	772382	992			.016039	16	52
55 MEDICAL SUPPLIES CHARGED TO P		47184	7977305	2914			.005915	17	55
55.30 IMPL. DEV. CHARGED TO PATIENT		2140	7265441				.000295		55.30
56 DRUGS CHARGED TO PATIENTS		75621	42780051	1433259			.001768	2534	56
57 RENAL DIALYSIS		9317	1753747	42438			.005313	225	57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		1218	262561	17529			.004639	81	60
60.03 DIABETES CENTER		4836	32244				.149981		60.03
61 EMERGENCY		451174	22487782	5638			.020063	113	61
62 OBSERVATION BEDS (NON-DISTINC		195935	4096193				.047833		62
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		2803395	222829761	2348657				9732	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-S240) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 MRI							41.01
44 LABORATORY							44
49 RESPIRATORY THERAPY							49
49.01 SLEEP LAB							49.01
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.03 DIABETES CENTER							60.03
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-S240) [] SNF [] TEFRA
 BOXES [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		21313707			8934		37
38 RECOVERY ROOM		2615179			889		38
40 ANESTHESIOLOGY		496262			40439		40
41 RADIOLOGY-DIAGNOSTIC		51799958			50050		41
41.01 MRI		3456385					41.01
44 LABORATORY		38660673			663941		44
49 RESPIRATORY THERAPY		10685078			72335		49
49.01 SLEEP LAB		379299			703		49.01
50 PHYSICAL THERAPY		3926747			8342		50
51 OCCUPATIONAL THERAPY		2068767			254		51
52 SPEECH PATHOLOGY		772382			992		52
55 MEDICAL SUPPLIES CHARGED TO P		7977305			2914		55
55.30 IMPL. DEV. CHARGED TO PATIENT		7265441					55.30
56 DRUGS CHARGED TO PATIENTS		42780051			1433259		56
57 RENAL DIALYSIS		1753747			42438		57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		262561			17529		60
60.03 DIABETES CENTER		32244					60.03
61 EMERGENCY		22487782			5638		61
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS		4096193					62
101 TOTAL		222829761			2348657		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-S240) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI					41.01
44 LABORATORY					44
49 RESPIRATORY THERAPY					49
49.01 SLEEP LAB					49.01
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.03 DIABETES CENTER					60.03
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [XX] SUB II (14-T240) [XX] OTHER

COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	1	2	3	4	RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
					5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		698192	21313707				.032758	37
38 RECOVERY ROOM		93251	2615179				.035658	38
40 ANESTHESIOLOGY		13322	496262				.026845	40
41 RADIOLOGY-DIAGNOSTIC		531701	51799958	976			.010265	10 41
41.01 MRI		19253	3456385				.005570	41.01
44 LABORATORY		191857	38660673	59459			.004963	295 44
49 RESPIRATORY THERAPY		144565	10685078	25123			.013530	340 49
49.01 SLEEP LAB		74744	379299				.197058	49.01
50 PHYSICAL THERAPY		189338	3926747	201864			.048218	9733 50
51 OCCUPATIONAL THERAPY		47359	2068767	183966			.022892	4211 51
52 SPEECH PATHOLOGY		12388	772382	60179			.016039	965 52
55 MEDICAL SUPPLIES CHARGED TO P		47184	7977305	2402			.005915	14 55
55.30 IMPL. DEV. CHARGED TO PATIENT		2140	7265441				.000295	55.30
56 DRUGS CHARGED TO PATIENTS		75621	42780051	168150			.001768	297 56
57 RENAL DIALYSIS		9317	1753747	6430			.005313	34 57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		1218	262561				.004639	60
60.03 DIABETES CENTER		4836	32244				.149981	60.03
61 EMERGENCY		451174	22487782				.020063	61
62 OBSERVATION BEDS (NON-DISTINC		195935	4096193				.047833	62
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		2803395	222829761	708549				15899 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [XX] SUB II (14-T240) [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2				3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 MRI							41.01
44 LABORATORY							44
49 RESPIRATORY THERAPY							49
49.01 SLEEP LAB							49.01
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.03 DIABETES CENTER							60.03
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [XX] SUB II (14-T240) [] 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		21313707					37
38 RECOVERY ROOM		2615179					38
40 ANESTHESIOLOGY		496262					40
41 RADIOLOGY-DIAGNOSTIC		51799958			976		41
41.01 MRI		3456385					41.01
44 LABORATORY		38660673			59459		44
49 RESPIRATORY THERAPY		10685078			25123		49
49.01 SLEEP LAB		379299					49.01
50 PHYSICAL THERAPY		3926747			201864		50
51 OCCUPATIONAL THERAPY		2068767			183966		51
52 SPEECH PATHOLOGY		772382			60179		52
55 MEDICAL SUPPLIES CHARGED TO P		7977305			2402		55
55.30 IMPL. DEV. CHARGED TO PATIENT		7265441					55.30
56 DRUGS CHARGED TO PATIENTS		42780051			168150		56
57 RENAL DIALYSIS		1753747			6430		57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		262561					60
60.03 DIABETES CENTER		32244					60.03
61 EMERGENCY		22487782					61
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS		4096193					62
101 TOTAL		222829761			708549		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [XX] SUB II (14-T240) [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
ANCILLARY SERVICE COST CENTERS	8.01	8.02	9	9.01	9.02
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI					41.01
44 LABORATORY					44
49 RESPIRATORY THERAPY					49
49.01 SLEEP LAB					49.01
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.03 DIABETES CENTER					60.03
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0240)	SUB I (PPS) (14-S240)	SUB II (PPS) (14-T240)	SUB III	SUB IV	SNF	
	1	1	1	1	1	1	
INPATIENT DAYS							
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	21828	9499	2393				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	21828	9499	2393				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	21828	9499	2393				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)	8972	3437	1357				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) (14-0240)	SUB I (PPS) (14-S240)	SUB II (PPS) (14-T240)	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	23202920	6074749	3203912				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	23202920	6074749	3203912				27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	45569921	14874712	3740259				28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	45569921	14874712	3740259				30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.509172	.408394	.856602				31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	2087.68	1565.92	1563.00				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	23202920	6074749	3203912				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) (14-0240)	SUB I (PPS) (14-S240)	SUB II (PPS) (14-T240)	SUB III	SUB IV	
	1	1	1	1	1	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS						
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1062.99	639.51	1338.87		38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	9537146	2197996	1816847		39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	9537146	2197996	1816847		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	4583062	2361	1941.15	1058	2053737 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) (14-0240)	SUB I (PPS) (14-S240)	SUB II (PPS) (14-T240)	SUB III	SUB IV
		1	1	1	1	1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	12958511	395038	883233		48
49	TOTAL PROGRAM INPATIENT COSTS	24549394	2593034	2700080		49
PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	956698	170991	225343		50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	537281	13788	53640		51
52	TOTAL PROGRAM EXCLUDABLE COST	1493979	184779	278983		52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	23055415	2408255	2421097		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) (14-0240)	SUB I (PPS) (14-S240)	SUB II (PPS) (14-T240)	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54						PROGRAM DISCHARGES
55						TARGET AMOUNT PER DISCHARGE
56						TARGET AMOUNT
57						DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58						BONUS PAYMENT
58.01						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET
58.02						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET
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
58.04						RELIEF PAYMENT
59						ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01						ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)
59.02						PROGRAM DISCHARGES PRIOR TO JULY 1
59.03						PROGRAM DISCHARGES AFTER JULY 1
59.04						PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05						REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1
59.06						REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
59.07						REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)
59.08						REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
61						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
62						TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65						TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

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) (14-0240)	SUB I (PPS) (14-S240)	SUB II (PPS) (14-T240)	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	2126	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1062.99	84
85 OBSERVATION BED COST	2259917	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		23202920		2259917		86
87 NEW CAPITAL-RELATED COST	2011699	23202920	.086700	2259917	195935	87
88 NON PHYSICIAN ANESTHETIST		23202920		2259917		88
89 MEDICAL EDUCATION		23202920		2259917		89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0240)	SUB I (OTHER) (14-S240)	SUB II (OTHER) (14-T240)	SUB III	SUB IV	NF	
	1	1	1	1	1	1	
INPATIENT DAYS							
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	21828	9499	2393				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	21828	9499	2393				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	21828	9499	2393				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)	6628	4549	436				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	2554						15
16 TITLE V OR XIX NURSERY DAYS	1978						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) (14-0240)	SUB I (OTHER) (14-S240)	SUB II (OTHER) (14-T240)	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	23202920	6066578	3194135				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	23202920	6066578	3194135				27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	45569921	14874712	3740259				28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	45569921	14874712	3740259				30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.509172	.407845	.853988				31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	2087.68	1565.92	1563.00				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	23202920	6066578	3194135				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) (14-0240)	SUB I (OTHER) (14-S240)	SUB II (OTHER) (14-T240)	SUB III	SUB IV	
	1	1	1	1	1	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS						
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1062.99	638.65	1334.78		38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	7045498	2905219	581964		39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	7045498	2905219	581964		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)	2641106	2554	1034.11	1978	2045470 42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	4579285	2361	1939.55	376	729271 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) (14-0240)	SUB I (OTHER) (14-S240)	SUB II (OTHER) (14-T240)	SUB III	SUB IV
		1	1	1	1	1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	5441065	522163	258111		48
49	TOTAL PROGRAM INPATIENT COSTS	15261304	3427382	840075		49
PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	756433	226313	72402		50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	200893	9732	15899		51
52	TOTAL PROGRAM EXCLUDABLE COST	957326	236045	88301		52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS					53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0240)	SUB I (OTHER) (14-S240)	SUB II (OTHER) (14-T240)	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	405	1	1	54
54						55
56						56
57						57
58						58
58.01						58.01
58.02						58.02
58.03						58.03
58.04						58.04
59						59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT TITLE XVIII-PART A 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

PROVIDER NO. 14-0240 WESTLAKE COMMUNITY HOSPITAL
PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
11/29/2010 21:26

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

HOSPITAL (OTHER) (14-0240)	SUB I (OTHER) (14-S240)	SUB II (OTHER) (14-T240)	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	2126	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1062.99	84
85 OBSERVATION BED COST	2259917	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0240)	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		19978083		25
26 INTENSIVE CARE UNIT		3170298		26
31 SUBPROVIDER I				31
31.01 SUB-PROVIDER II				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.371555	4763629	1769950	37
38 RECOVERY ROOM	.352255	414074	145860	38
40 ANESTHESIOLOGY	2.532958	207516	525629	40
41 RADIOLOGY-DIAGNOSTIC	.150525	9667286	1455168	41
41.01 MRI	.113273	441232	49980	41.01
44 LABORATORY	.180992	10601052	1918706	44
49 RESPIRATORY THERAPY	.218822	4043641	884838	49
49.01 SLEEP LAB	.961149	44259	42539	49.01
50 PHYSICAL THERAPY	.536581	378247	202960	50
51 OCCUPATIONAL THERAPY	.418823	202627	84865	51
52 SPEECH PATHOLOGY	.423543	144568	61231	52
55 MEDICAL SUPPLIES CHARGED TO PAT	.499447	1844315	921138	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.509366	2428793	1237145	55.30
56 DRUGS CHARGED TO PATIENTS	.160233	14771434	2366871	56
57 RENAL DIALYSIS	.421269	759161	319811	57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.936201			60
60.03 DIABETES CENTER	2.304770			60.03
61 EMERGENCY	.265003	2769559	733941	61
62 OBSERVATION BEDS (NON-DISTINCT	.551712	431166	237879	62
OTHER REIMBURSABLE COST CENTERS				
101 TOTAL		53912559	12958511	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		53912559		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-S240)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I		5370134		31
31.01 SUB-PROVIDER II				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.371555	77678	28862	37
38 RECOVERY ROOM	.352255	220	77	38
40 ANESTHESIOLOGY	2.532958			40
41 RADIOLOGY-DIAGNOSTIC	.150525	42073	6333	41
41.01 MRI	.113273			41.01
44 LABORATORY	.180992	475383	86041	44
49 RESPIRATORY THERAPY	.218822	50599	11072	49
49.01 SLEEP LAB	.961149	2338	2247	49.01
50 PHYSICAL THERAPY	.536581	9542	5120	50
51 OCCUPATIONAL THERAPY	.418823	450	188	51
52 SPEECH PATHOLOGY	.423543	1033	438	52
55 MEDICAL SUPPLIES CHARGED TO PAT	.499447	428	214	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.509366			55.30
56 DRUGS CHARGED TO PATIENTS	.160233	1096451	175688	56
57 RENAL DIALYSIS	.421269	41152	17336	57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.936201			60
60.03 DIABETES CENTER	2.304770			60.03
61 EMERGENCY	.265003	231779	61422	61
62 OBSERVATION BEDS (NON-DISTINCT	.551712			62
OTHER REIMBURSABLE COST CENTERS				
101 TOTAL		2029126	395038	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		2029126		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input checked="" type="checkbox"/> SUB II (14-T240)	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I				31
31.01 SUB-PROVIDER II		2118499		31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.371555	14629	5435	37
38 RECOVERY ROOM	.352255	4352	1533	38
40 ANESTHESIOLOGY	2.532958	809	2049	40
41 RADIOLOGY-DIAGNOSTIC	.150525	18963	2854	41
41.01 MRI	.113273			41.01
44 LABORATORY	.180992	228644	41383	44
49 RESPIRATORY THERAPY	.218822	69027	15105	49
49.01 SLEEP LAB	.961149	668	642	49.01
50 PHYSICAL THERAPY	.536581	682343	366132	50
51 OCCUPATIONAL THERAPY	.418823	630915	264242	51
52 SPEECH PATHOLOGY	.423543	101358	42929	52
55 MEDICAL SUPPLIES CHARGED TO PAT	.499447	22942	11458	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.509366			55.30
56 DRUGS CHARGED TO PATIENTS	.160233	612255	98103	56
57 RENAL DIALYSIS	.421269	74296	31299	57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.936201			60
60.03 DIABETES CENTER	2.304770			60.03
61 EMERGENCY	.265003	261	69	61
62 OBSERVATION BEDS (NON-DISTINCT	.551712			62
OTHER REIMBURSABLE COST CENTERS				
101 TOTAL		2461462	883233	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		2461462		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0240)	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		14489540		25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I				31
31.01 SUB-PROVIDER II				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.371555	2376390	882960	37
38 RECOVERY ROOM	.352255	328489	115712	38
40 ANESTHESIOLOGY	2.532958	82105	207969	40
41 RADIOLOGY-DIAGNOSTIC	.150525	1915796	288375	41
41.01 MRI	.113273			41.01
44 LABORATORY	.180992	5771933	1044674	44
49 RESPIRATORY THERAPY	.218822	1814560	397066	49
49.01 SLEEP LAB	.961149	11073	10643	49.01
50 PHYSICAL THERAPY	.536581	62257	33406	50
51 OCCUPATIONAL THERAPY	.418823	33425	13999	51
52 SPEECH PATHOLOGY	.423543	64207	27194	52
55 MEDICAL SUPPLIES CHARGED TO PAT	.499447	1611450	804834	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.509366			55.30
56 DRUGS CHARGED TO PATIENTS	.160233	8592481	1376799	56
57 RENAL DIALYSIS	.421269	504573	212561	57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.936201			60
60.03 DIABETES CENTER	2.304770			60.03
61 EMERGENCY	.265003	93630	24812	61
62 OBSERVATION BEDS (NON-DISTINCT	.551712	110	61	62
OTHER REIMBURSABLE COST CENTERS				
101 TOTAL		23262479	5441065	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		23262479		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-S240)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I		7105712		31
31.01 SUB-PROVIDER II				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.371555	8934	3319	37
38 RECOVERY ROOM	.352255	889	313	38
40 ANESTHESIOLOGY	2.532958	40439	102430	40
41 RADIOLOGY-DIAGNOSTIC	.150525	50050	7534	41
41.01 MRI	.113273			41.01
44 LABORATORY	.180992	663941	120168	44
49 RESPIRATORY THERAPY	.218822	72335	15828	49
49.01 SLEEP LAB	.961149	703	676	49.01
50 PHYSICAL THERAPY	.536581	8342	4476	50
51 OCCUPATIONAL THERAPY	.418823	254	106	51
52 SPEECH PATHOLOGY	.423543	992	420	52
55 MEDICAL SUPPLIES CHARGED TO PAT	.499447	2914	1455	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.509366			55.30
56 DRUGS CHARGED TO PATIENTS	.160233	1433259	229655	56
57 RENAL DIALYSIS	.421269	42438	17878	57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.936201	17529	16411	60
60.03 DIABETES CENTER	2.304770			60.03
61 EMERGENCY	.265003	5638	1494	61
62 OBSERVATION BEDS (NON-DISTINCT	.551712			62
OTHER REIMBURSABLE COST CENTERS				
101 TOTAL		2348657	522163	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		2348657		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input checked="" type="checkbox"/> SUB II (14-T240)	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I				31
31.01 SUB-PROVIDER II		636141		31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.371555			37
38 RECOVERY ROOM	.352255			38
40 ANESTHESIOLOGY	2.532958			40
41 RADIOLOGY-DIAGNOSTIC	.150525	976	147	41
41.01 MRI	.113273			41.01
44 LABORATORY	.180992	59459	10762	44
49 RESPIRATORY THERAPY	.218822	25123	5497	49
49.01 SLEEP LAB	.961149			49.01
50 PHYSICAL THERAPY	.536581	201864	108316	50
51 OCCUPATIONAL THERAPY	.418823	183966	77049	51
52 SPEECH PATHOLOGY	.423543	60179	25488	52
55 MEDICAL SUPPLIES CHARGED TO PAT	.499447	2402	1200	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.509366			55.30
56 DRUGS CHARGED TO PATIENTS	.160233	168150	26943	56
57 RENAL DIALYSIS	.421269	6430	2709	57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.936201			60
60.03 DIABETES CENTER	2.304770			60.03
61 EMERGENCY	.265003			61
62 OBSERVATION BEDS (NON-DISTINCT	.551712			62
OTHER REIMBURSABLE COST CENTERS				
101 TOTAL		708549	258111	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		708549		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (14-0240)	SUB I	SUB II	SUB III	SUB IV
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	3797032				1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	3734833				1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	7273337				1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	321543				1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	427713				1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	664943				1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED					1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001					1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001					1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997					2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	579293				2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	115.00				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	36.87				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)					3.06
	[FOR CR PERIODS ENDING]				
	[ON OR AFTER 7/1/2005]				
	[E-3,PT.VI,LN.15][PLUS LN.3.06]				
3.07 SUM OF LINES 3.04-3.06	0.00	0.00	36.87		3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS			30.68		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	30.68				3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	36.87				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..	36.87				3.16
	RES. IN				
	INIT YRS				
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00	34.81			3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0240)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.302696				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.271122				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	0.271122				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	567330				3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	573387				3.22
3.23	IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1 [SUM OF LINES][PLUS E-3,PT.VI] [3.21-3.23][LINE 23]	1093490				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	2234207	0	2234207		3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.0737				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.3839				4.01
4.02	SUM OF 4 AND 4.01	0.4576				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.2697				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	3992963				4.04
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	21611665				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	21611665				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	1586882				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	1341052				11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE					11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES					11.02
12	NET ORGAN ACQUISITION COST					12
13	COST OF TEACHING PHYSICIANS					13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS					14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS					15
16	TOTAL	24539599				16
17	PRIMARY PAYER PAYMENTS					17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	24539599				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1176232				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	232265				20
21	REIMBURSABLE BAD DEBTS	492719				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	344903				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	230720				21.02
22	SUBTOTAL	23476005				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0240)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	23476005					26
27						27
28	23736594					28
28.01						28.01
29	-260589					29
30	423429					30
50						50
51						51
52						52
53						53
54						54
55						55
56						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0240) 1	HOSPITAL (14-0240) 1.01	HOSPITAL (14-0240) 1.02	
1 MEDICAL AND OTHER SERVICES	4670			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	6815685			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	5157838			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.826			1.03
1.04 LINE 1.01 TIMES LINE 1.03	5629756			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04	91.62			1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	4670			5
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	29144			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	29144			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	29144			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	24474			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	4670			17
17.01 TOTAL PPS PAYMENTS	5157838			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0240) 1	HOSPITAL (14-0240) 1.01	HOSPITAL (14-0240) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO	1124793		18.01
LINE 17.01			
19 SUBTOTAL	4037715		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	306491		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	4344206		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	4344206		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	439026		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	307318		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	383665		27.02
28 SUBTOTAL	4651524		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	4651524		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	4388660		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	262864		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 RECONCILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S240)	SUB I (14-S240)	SUB I (14-S240)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	852			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS	852			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S240) 1	SUB I (14-S240) 1.01	SUB I (14-S240) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO	170		18.01
LINE 17.01			
19 SUBTOTAL	682		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	682		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	682		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL	682		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	682		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	682		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB II (14-T240)	SUB II (14-T240)	SUB II (14-T240)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.826			1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB II (14-T240) 1	SUB II (14-T240) 1.01	SUB II (14-T240) 1.02	
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18				18
18.01				18.01
				18.01
19				19
20				20
21				21
22				22
23				23
24				24
25				25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
26				26
27				27
27.01				27.01
27.02				27.02
28				28
29				29
30				30
30.99				30.99
31				31
32				32
33				33
34				34
34.01				34.01
35				35
36				36
15-II, SECTION 115.2				
TO BE COMPLETED BY CONTRACTOR				
50				50
51				51
52				52
53				53
54				54

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (14-0240)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		22807970		4426436	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.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	02/09/2010 325435 06/25/2010 603189		NONE 4731 33045	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	928624		-37776	3.99
4 TOTAL INTERIM PAYMENTS		23736594		4388660	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52			NONE NONE NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM			262864	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		23476005		4651524	7
NAME OF INTERMEDIARY:	_____		INTERMEDIARY NUMBER: _____		
SIGNATURE OF AUTHORIZED PERSON:	_____		DATE (MO/DAY/YR): _____		

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER I (14-S240)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2319230		682
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
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 TO .05 PROVIDER .50 TO .51 PROGRAM .52 PROGRAM .53 PROGRAM .54	NONE	NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		2319230		682
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52	NONE	NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM	58000		6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		2377230		682
NAME OF INTERMEDIARY: _____		INTERMEDIARY NUMBER: _____		
SIGNATURE OF AUTHORIZED PERSON: _____		DATE (MO/DAY/YR): _____		

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S240)	SUB II (14-T240)	SUB III	SUB IV
1 INPATIENT HOSPITAL SERVICES					1
1.01 HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)					1.01
1.02 NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)			1563808		1.02
1.03 MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)			0.0617		1.03
1.04 INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)			227725		1.04
1.05 OUTLIER PAYMENTS			128213		1.05
1.06 TOTAL PPS PAYMENTS			1919746		1.06
1.07 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT					1.07
INPATIENT PSYCHIATRIC FACILITY (IPF)					
1.08 NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)		2478103			1.08
1.09 NET IPF PPS OUTLIER PAYMENTS		32261			1.09
1.10 NET IPF PPS ECT PAYMENTS		17635			1.10
1.11 UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.11
1.12 NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)					1.12
1.13 CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.13
1.14 CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.14
1.15 INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)					1.15
1.16 AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	26.024658				1.16
1.17 MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18 MEDICAL EDUCATION ADJUSTMENT					1.18
1.19 ADJUSTED NET IPF PPS PAYMENTS		2527999			1.19
1.20 STOP LESS PAYMENT FLOOR					1.20
1.21 ADJUSTED NET PAYMENT FLOOR					1.21
1.22 STOP LOSS ADJUSTMENT					1.22
1.23 TOTAL IPF PPS PAYMENTS		2527999			1.23
INPATIENT REHABILITATION FACILITY (IRF)					
1.35 UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.35
1.36 NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)					1.36
1.37 CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.37
1.38 CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.38
1.39 INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)					1.39
1.40 AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)			6.556164		1.40
1.41 MEDICAL EDUCATION ADJUSTMENT FACTOR					1.41
1.42 MEDICAL EDUCATION ADJUSTMENT					1.42
2 ORGAN ACQUISITION					2
3 COST OF TEACHING PHYSICIANS					3
4 SUBTOTAL		2527999	1919746		4
5 PRIMARY PAYER PAYMENTS					5
6 SUBTOTAL		2527999	1919746		6
7 DEDUCTIBLES		125776	7572		7
8 SUBTOTAL		2402223	1912174		8
9 COINSURANCE		82993	39806		9
10 SUBTOTAL		2319230	1872368		10
11 REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		82857	8160		11
11.01 REDUCED REIMBURSABLE BAD DEBTS		58000	5712		11.01
11.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		41961	5120		11.02
12 SUBTOTAL		2377230	1878080		12
13 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S240)	SUB II (14-T240)	SUB III	SUB IV	
13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)						13.01
14 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION						14
15 OTHER ADJUSTMENTS						15
16 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						16
17 TOTAL AMOUNT PAYABLE TO THE PROVIDER		2377230	1878080			17
18 SEQUESTRATION ADJUSTMENT						18
19 INTERIM PAYMENTS		2319230	1814442			19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20 BALANCE DUE PROVIDER/PROGRAM		58000	63638			20
21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						21
TO BE COMPLETED BY INTERMEDIARY						
50 ORIGINAL OUTLIER AMOUNT						50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)						51
52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						52
53 OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)						53

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX	
	HOSPITAL (14-0240) (OTHER)	SUB I (14-S240) (OTHER)	SUB II (14-T240) (OTHER)	SUB III
				SUB IV
				NF I
1	1	1	1	1
2	15261304	3427382	840075	
3				
4				
5				
6	15261304	3427382	840075	
7				
8				
9	15261304	3427382	840075	
10				
11	23262479	2348657	708549	
12				
13				
14				
15				
16	23262479	2348657	708549	
17				
18				
19				
20	23262479	2348657	708549	
21	8001175			
22		1078725	131526	
23	15261304	3427382	840075	
24				
25				
26				
27				
28				
29				
30	15261304	3427382	840075	
31				
32	15261304	3427382	840075	
33				

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

WORKSHEET E-3
 PART III

	[] TITLE V			[] TITLE XVIII			[XX] TITLE XIX		NF I
	HOSPITAL (14-0240) (OTHER) 1	SUB I (14-S240) (OTHER) 1	SUB II (14-T240) (OTHER) 1	SUB III 1	SUB IV 1				
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT								
35	EXCESS OF REASONABLE COST								34
36	SUBTOTAL								35
37	15261304	1078725	131526	708549				36	
38	COINSURANCE								37
39	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,								38
40	REIMBURSABLE BAD DEBTS								38.01
41	REIMBURSABLE BAD DEBTS								38.02
42	REDUCED REIMBURSABLE BAD DEBTS								
43	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE								
44	BENEFICIARIES (SEE INSTRUCTIONS)								
45	UTILIZATION REVIEW								39
46	SUBTOTAL								40
47	15261304	2348657	708549					41	
48	INPATIENT ROUTINE SERVICE COST								42
49	MEDICARE INPATIENT ROUTINE CHARGES								43
50	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE								44
51	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM								
52	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN								
53	ACCORDANCE WITH 42 CFR 413.13(E)								
54	RATIO OF LINE 43 TO LINE 44								45
55	TOTAL CUSTOMARY CHARGES								46
56	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST								47
57	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES								48
58	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM								49
59	UTILIZATION								
60	OTHER ADJUSTMENTS								50
61	AMOUNTS APPLICABLE TO PRIOR COST REPORTING								51
62	DEPRECIABLE ASSETS								
63	SUBTOTAL								52
64	15261304	2348657	708549					53	
65	INDIRECT MEDICAL EDUCATION ADJUSTMENT								54
66	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS								55
67	TOTAL AMOUNT PAYABLE TO THE PROVIDER								56
68	15261304	2348657	708549					57	
69	SEQUESTRATION ADJUSTMENT								57.01
70	INTERIM PAYMENTS								58
71	TENTATIVE SETTLEMENT (FOR FI USE ONLY)								59
72	BALANCE DUE PROVIDER/PROGRAM								
73	15261304	2348657	708549						
74	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT								
75	SECTION 115.2								

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]		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	25.69	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	4.98	3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	30.67	3.09
3.10	SEE INSTRUCTIONS	30.67	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	4.98	3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	5.00	3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	5.00	3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	4.99	3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	4.99	3.16
3.17	SEE INSTRUCTIONS	100684.75	3.17
3.18	SEE INSTRUCTIONS	502417	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			31.35	3.19
3.20 SEE INSTRUCTIONS			33.99	3.20
3.21 SEE INSTRUCTIONS			30.34	3.21
3.22 SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]			30.34	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			103463.66	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			3139087	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			3641504	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4 PROGRAM PART A INPATIENT DAYS			14824	4
5 TOTAL INPATIENT DAYS			33955	5
6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS			.436578	6
	[LINE 6 x] [E-3,PART 6]			
	[LINE 3.25] [LINE 11]			
6.01 TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 1589801	0		1589801	6.01
6.02 PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD			627	6.02
6.03 TOTAL INPATIENT DAYS FROM LINE 5 ABOVE			33955	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			57742	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			1753747	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

PROVIDER NO. 14-0240 WESTLAKE COMMUNITY HOSPITAL
PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM
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VERSION: 2010.09
11/29/2010 21:26

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	29842508	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS		15
16	TOTAL PART A REASONABLE COST	29842508	16
PART B REASONABLE COST			
17	REASONABLE COST	6820355	17
18	PRIMARY PAYER PAYMENTS		18
19	TOTAL PART B REASONABLE COST	6820355	19
20	TOTAL REASONABLE COST	36662863	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.813971	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.186029	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	1647543	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	1341052	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	306491	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		11989	4
5	TOTAL INPATIENT DAYS		33955	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.353085	6
		[LINE 6 x] [E-3,PART 6]		
		[LINE 3.25] [LINE 11]		
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		33955	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

PROVIDER NO. 14-0240 WESTLAKE COMMUNITY HOSPITAL
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KPMG LLP COMPU-MAX MICRO SYSTEM
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VERSION: 2010.09
11/29/2010 21:26

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	997067			1
2 TEMPORARY INVESTMENTS				2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	7810898			4
5 OTHER RECEIVABLES				5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7 INVENTORY	501233			7
8 PREPAID EXPENSES	148455			8
9 OTHER CURRENT ASSETS	95362			9
10 DUE FROM OTHER FUNDS	5542838			10
11 TOTAL CURRENT ASSETS	15095853			11
FIXED ASSETS				
12 LAND				12
12.01 ACCUMULATED DEPRECIATION				12.01
13 LAND IMPROVEMENTS				13
13.01 ACCUMULATED DEPRECIATION				13.01
14 BUILDINGS	18464491			14
14.01 ACCUMULATED DEPRECIATION				14.01
15 LEASEHOLD IMPROVEMENTS				15
15.01 ACCUMULATED AMORTIZATION				15.01
16 FIXED EQUIPMENT				16
16.01 ACCUMULATED DEPRECIATION				16.01
17 AUTOMOBILES AND TRUCKS				17
17.01 ACCUMULATED DEPRECIATION				17.01
18 MAJOR MOVABLE EQUIPMENT				18
18.01 ACCUMULATED DEPRECIATION				18.01
19 MINOR EQUIPMENT DEPRECIABLE				19
19.01 ACCUMULATED DEPRECIATION				19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE				20
21 TOTAL FIXED ASSETS	18464491			21
OTHER ASSETS				
22 INVESTMENTS				22
23 DEPOSITS ON LEASES				23
24 DUE FROM OWNERS/OFFICERS				24
25 OTHER ASSETS				25
26 TOTAL OTHER ASSETS				26
27 TOTAL ASSETS	33560344			27
LIABILITIES AND FUND BALANCES				
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	81810011			28
29 SALARIES, WAGES & FEES PAYABLE				29
30 PAYROLL TAXES PAYABLE				30
31 NOTES & LOANS PAYABLE (SHORT TERM)				31
32 DEFERRED INCOME				32
33 ACCELERATED PAYMENTS				33
34 DUE TO OTHER FUNDS				34
35 OTHER CURRENT LIABILITIES	21912202			35
36 TOTAL CURRENT LIABILITIES	103722213			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				41
42 TOTAL LONG TERM LIABILITIES				42
43 TOTAL LIABILITIES	103722213			43
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	-70161869			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	-70161869			51
52 TOTAL LIABILITIES AND FUND BALANCES	33560344			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	-52301794			1
2 NET INCOME (LOSS)	-18651403			2
3 TOTAL	-70953197			3
4 ADDITIONS (CREDIT ADJUSTMENTS)	791328			4
5				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS	791328			10
11 SUBTOTAL	-70161869			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	-70161869			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	53355740		53355740	1
2 SUBPROVIDER I	14876094		14876094	2
2.01 SUBPROVIDER II	3740259		3740259	2.01
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	71972093		71972093	9
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10 INTENSIVE CARE UNIT				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	71972093		71972093	15
16 TOTAL INPATIENT ROUTINE CARE SERVICES	121035240		236303157	16
17 ANCILLARY SERVICES		115267917		17
18 OUTPATIENT SERVICES				18
19 HOME HEALTH AGENCY				19
20 AMBULANCE				20
21 CORF				21
22 ASC				22
23 HOSPICE				23
24 ICU	6929861		6929861	24
25 TOTAL PATIENT REVENUES	199937194	115267917	315205111	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		109493043	26
27 ADD (SPECIFY)			27
28			28
29 BAD DEBTS	9406397		29
30			30
31			31
32			32
33 TOTAL ADDITIONS		9406397	33
34 DEDUCT (SPECIFY)			34
35 AUDIT AJE'S			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		118899440	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	315205111	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	218752622	2
3	NET PATIENT REVENUES	96452489	3
4	LESS - TOTAL OPERATING EXPENSES	118899440	4
5	NET INCOME FROM SERVICE TO PATIENTS	-22446951	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	OTHER INCOME	3795548	24
25	TOTAL OTHER INCOME	3795548	25
26	TOTAL	-18651403	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-18651403	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0240) 1	HOSPITAL (14-0240) 1.01	SUB I	SUB II	SUB III
PART I - FULLY PROSPECTIVE METHOD					
1					1
2					2
3					3
3.01					3.01
4					4
4.01					4.01
4.02					4.02
4.03					4.03
5					5
5.01					5.01
5.02					5.02
5.03					5.03
5.04					5.04
6					6
PART II - HOLD HARMLESS METHOD					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
PART III - PAYMENT UNDER REASONABLE COST					
1					1
2					2
3					3
4					4
5					5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6.01 CASHIERING					6.01
6.07 ADMIN & GENERAL OTHER					6.07
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
22 I&R SERVICES-SALARY & FRINGES					22
23 I&R SERVICES-OTHER PRGM COSTS					23
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
31 SUBPROVIDER I					31
31.01 SUB-PROVIDER II					31.01
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI					41.01
44 LABORATORY					44
49 RESPIRATORY THERAPY					49
49.01 SLEEP LAB					49.01
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
55 MEDICAL SUPPLIES CHARGED TO PA					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.03 DIABETES CENTER					60.03
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS					62
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CA					96
98 PHYSICIANS' PRIVATE OFFICES					98
98.01 COMMUNITY EDUCATION					98.01
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