

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 07/31/2010, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
1	HOSPITAL	2	3	4	1
2	SUBPROVIDER I	-13964	126873	15272787	2
2.01	SUBPROVIDER II	58000		2516895	2.01
3	SWING BED - SNF	73953		725073	3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	117989	126873	18514755	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	XVIII	XIX		
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: 07/31/2010 17
 18 TYPE OF CONTROL 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 (OR APPLICABLE EXTENSION) OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105, MIPPA 147, ACA 3121, OR MMEA 108? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES OR '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 OR MMEA SECTION 108? 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
25.07	HAS YOUR FACILITY'S TRAINED RESIDENTS IN NON-PROVIDER SETTING DURING THE COST REPORTING PERIOD? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1.	NO		25.07
25.08	IF LINE 25.07 IS YES, ENTER IN COLUMN 1 THE WEIGHTED NUMBER OF NON-PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. IF LINE 25.07 IS YES, ENTER IN COLUMN 1 THE UNWEIGHTED NUMBER OF NON-PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. USE LINES 25.09 THROUGH 25.59 AS NECESSARY TO IDENTIFY THE PROGRAM NAME IN COLUMN 1, THE PROGRAM CODE IN COLUMN 2, AND THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS BY SPECIALTY IN COLUMN 3 FOR EACH PRIMARY CARE SPECIALTY PROGRAM IN WHICH RESIDENTS ARE TRAINED.	0.00		25.08
			PROGRAM CODE(2)	RESIDENT FTEs(3)
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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

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
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				
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	V	XVIII	XIX
		1	2	3
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	NO
		NO	YES	NO
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO
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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, YES 40
 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.
 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? NO 45
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.
 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) 46
 DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
	1	2	3	4	5	
47 HOSPITAL	N	N	N	N	N	47
48 SUBPROVIDER I	N	N	N	N	N	48
48.01 SUBPROVIDER II	N	N	N	N	N	48.01
49 SKILLED NURSING FACILITY	N	N	N	N	N	49
50 HOME HEALTH AGENCY	N	N	N	N	N	50
52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?				NO		52
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.				NO		52.01
53 IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.						53
53.01 MDH PERIOD:		BEGINNING:		ENDING:		53.01
54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 5350675 PAID LOSSES: AND/OR SELF INSURANCE:						54
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.				NO		54.01
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.				NO		55
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.				DATE 0 / / Y/N NO	LIMIT 2 0.00 Y/N NO	FEES 4 4 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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)	YES							60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)	NO							60.01
MULTICAMPUS									
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.	NO							61
	COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS				
	1	2	3	4	5				
SETTLEMENT DATA									
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)	YES	11/15/2010						63
MISCELLANEOUS DATA									
64	DOES THIS HOSPITAL HAVE DIRECT ASSIGNMENT OF COST FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO.	NO							64

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT		TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS	
		12	13	14	15	
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		2039	2016	6109	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		2039	2016	6109	12
13	RPCH VISITS					13
14	SUBPROVIDER I		264	440	919	14
14.01	SUB-PROVIDER II		133	40	247	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.	ADJUSTED	PAID HOURS	AVERAGE	DATA SOURCE	WORKSHEET S-3 PART II
		OF SALARIES FROM WKST. A-6	SALARIES (COL.1 + COL.2)	RELATED TO SALARY IN COL.3	HOURLY WAGE (COL.3 / COL.4)		
	1	2	3	4	5	6	
1 SALARIES							
1 TOTAL SALARIES	39428562	9091903	48520465	1593741.00	30.44		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	1077502		1077502	16822.00	64.05		4.01
5 PHYSICIAN - PART B	5890685		5890685	47854.00	123.10		5
5.01 NON-PHYSICIAN - PART B							5.01
6 INTERNS & RESIDENTS (IN APPR PGM)	116079	2123716	2239795	103704.00	21.60		6
6.01 CONTRACT SERVICES, I&R							6.01
7 HOME OFFICE PERSONNEL							7
8 SNF							8
8.01 EXCLUDED AREA SALARIES	3505442	33943	3539385	125427.00	28.22		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	6793660		6793660	165772.00	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)	10284455		10284455			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS	992080		992080			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	2468		2468			CMS 339	18
18.01 PART A TEACHING PHYSICIANS	133056		133056			CMS 339	18.01
19 PHYSICIAN PART B	376039		376039			CMS 339	19
19.01 WAGE RELATED COSTS (RHC/FQHC)							19.01
20 INTERNS & RESIDENTS (IN APPR PGM)	800260		800260			CMS 339	20
OVERHEAD COSTS - DIRECT SALARIES							
21 EMPLOYEE BENEFITS	104138		104138	6727.00	15.48		21
22 ADMINISTRATIVE & GENERAL	2500612	291990	2792602	81341.00	34.33		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT	614300		614300	9859.00	62.31		22.01
23 MAINTENANCE & REPAIRS							23
24 OPERATION OF PLANT	1232252		1232252	53990.00	22.82		24
25 LAUNDRY & LINEN SERVICE							25
26 HOUSEKEEPING	1152091		1152091	93733.00	12.29		26
26.01 HOUSEKEEPING UNDER CONTRACT							26.01
27 DIETARY	1764831		1764831	110749.00	15.94		27
27.01 DIETARY UNDER CONTRACT							27.01
28 CAFETERIA							28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	658954		658954	16274.00	40.49		30
31 CENTRAL SERVICES AND SUPPLY							31
32 PHARMACY	1628042		1628042	43310.00	37.59		32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	590067		590067	33294.00	17.72		33
34 SOCIAL SERVICE	791954		791954	23651.00	33.49		34
35 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART III

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS.	ADJUSTED	PAID HOURS	AVERAGE	DATA SOURCE	WORKSHEET S-3 PART III
		OF SALARIES FROM WKST. A-6	SALARIES (COL.1 + COL.2)	RELATED TO SALARY IN COL.3	HOURLY WAGE (COL.3 / COL.4)		
	1	2	3	4	5	6	
1 NET SALARIES	32958596	6968187	39926783	1435220.00	27.82		1
2 EXCLUDED AREA SALARIES	3505442	33943	3539385	125427.00	28.22		2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	29453154	6934244	36387398	1309793.00	27.78		3
4 SUBTOTAL OTHER WAGES & REL COSTS	6892329		6892329	167032.00	41.26		4
5 SUBTOTAL WAGE-RELATED COSTS	10286923		10286923		28.27%		5
6 TOTAL (SUM OF LINES 3 THRU 5)	46632406	6934244	53566650	1476825.00	36.27		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	11037241	291990	11329231	472928.00	23.96		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	19304674	17
17.01	GROSS MEDICAID REVENUES	85082280	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	104386954	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.310712	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	104562889	28
29	TOTAL GROSS MEDICAID COST	32488944	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)		30
31	UNCOMPENSATED CARE COST		31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	32488944	32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

	COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
	GENERAL SERVICE COST CENTERS								
1	0100 OLD CAP REL COSTS-BLDG & FIXT								1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300 NEW CAP REL COSTS-BLDG & FIXT		2738564	2738564	-2998260	-259696	1880444	1620748	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				3508825	3508825	1010422	4519247	4
5	0500 EMPLOYEE BENEFITS	104138	9305108	9409246		9409246	64293	9473539	5
6.01	0650 CASHIERING						2261346	2261346	6.01
6.07	0660 ADMIN & GENERAL OTHER	2500612	26573744	29074356	-131834	28942522	-6457339	22485183	6.07
8	0800 OPERATION OF PLANT	1232252	4363261	5595513	-7533	5587980	181779	5769759	8
9	0900 LAUNDRY & LINEN SERVICE		562491	562491		562491		562491	9
10	1000 HOUSEKEEPING	1152091	296125	1448216		1448216	-120	1448096	10
11	1100 DIETARY	1764831	872689	2637520	-7204	2630316	-707876	1922440	11
12	1200 CAFETERIA								12
14	1400 NURSING ADMINISTRATION	658954	115260	774214	-1841	772373		772373	14
15	1500 CENTRAL SERVICES & SUPPLY		-29228	-29228	-176144	-205372	363218	157846	15
16	1600 PHARMACY	1628042	2817606	4445648	-2669016	1776632	-217	1776415	16
17	1700 MEDICAL RECORDS & LIBRARY	590067	996878	1586945	-44412	1542533	-253	1542280	17
18	1800 SOCIAL SERVICE	791954	185793	977747	-30	977717	-9563	968154	18
22	2200 I&R SERVICES-SALARY & FRINGES A	116079	4401851	4517930	-1084935	3432995	-794314	2638681	22
23	2300 I&R SERVICES-OTHER PRGM COSTS A				1077502	1077502		1077502	23
	INPATIENT ROUTINE SERV COST CENTERS								
25	2500 ADULTS & PEDIATRICS	10277321	2906357	13183678	-2158260	11025418	-758087	10267331	25
26	2600 INTENSIVE CARE UNIT	1921427	390572	2311999	-177976	2134023	271272	2405295	26
31	3100 SUBPROVIDER I	2349587	287054	2636641	22309	2658950	-34813	2624137	31
31.01	3101 SUB-PROVIDER II	1040167	158913	1199080	-33986	1165094	-10592	1154502	31.01
33	3300 NURSERY				1500831	1500831		1500831	33
	ANCILLARY SERVICE COST CENTERS								
37	3700 OPERATING ROOM	2803847	4462502	7266349	-3207619	4058730	-83977	3974753	37
38	3800 RECOVERY ROOM	393481	39105	432586	-7759	424827		424827	38
40	4000 ANESTHESIOLOGY	38383	3737238	3775621	-103099	3672522	-3311340	361182	40
41	4100 RADIOLOGY-DIAGNOSTIC	2840068	4115141	6955209	-1739054	5216155	-1291370	3924785	41
41.01	4100 MRI	170074	31636	201710	-1976	199734		199734	41.01
44	4400 LABORATORY	2043584	2513261	4556845	-103038	4453807	-11565	4442242	44
49	4900 RESPIRATORY THERAPY	1092848	399123	1491971	-193129	1298842	-63819	1235023	49
49.01	4901 SLEEP LAB	80307	107503	187810	-1731	186079	-82650	103429	49.01
50	5000 PHYSICAL THERAPY	922317	539350	1461667	-18844	1442823	-390651	1052172	50
51	5100 OCCUPATIONAL THERAPY	444124	147966	592090	-1951	590139	-93503	496636	51
52	5200 SPEECH PATHOLOGY	179044	25967	205011	-395	204616	-7072	197544	52
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				3049557	3049557		3049557	55
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				3032419	3032419		3032419	55.30
56	5600 DRUGS CHARGED TO PATIENTS				2909132	2909132		2909132	56
57	5700 RENAL DIALYSIS		576525	576525		576525		576525	57
	OUTPATIENT SERVICE COST CENTERS								
60	6000 CLINIC	155210	17627	172837	-3629	169208		169208	60
60.03	4952 DIABETES CENTER	37830	4015	41845	-230	41615		41615	60.03
61	6100 EMERGENCY	1984235	3241750	5225985	-226690	4999295	-2391210	2608085	61
62	6200 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS								62
71	7100 HOME HEALTH AGENCY								71
	SPECIAL PURPOSE COST CENTERS								
95	SUBTOTALS	39312874	76901747	116214621		116214621	-10467557	105747064	95
	NONREIMBURSABLE COST CENTERS								
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN		27317	27317		27317		27317	96
98	9800 PHYSICIANS' PRIVATE OFFICES	115688	74149	189837		189837	-62679	127158	98
98.01	9801 COMMUNITY EDUCATION								98.01
101	TOTAL	39428562	77003213	116431775		116431775	-10530236	105901539	101

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE		OTHER	
			COST CENTER	LINE #		
		1	2	3	4	5
1	CAPITAL-REL INSURANCE	A	NEW CAP REL COSTS-MVBLE EQUIP	4		117237 1
2						2
3	NURSERY EXPENSES	B	NURSERY	33	1345750	155081 3
4						4
5	DEPR EXPENSE	C	NEW CAP REL COSTS-MVBLE EQUIP	4		2998260 5
6						6
7	CAPITAL RENTALS	D	NEW CAP REL COSTS-MVBLE EQUIP	4		393328 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	2123716	28
29						29
30	MEDICAL TRANSCRIPTION COSTS	F	SUBPROVIDER I	31		39477 30
31						31
32	TEACHING SALARIES	G	I&R SERVICES-OTHER PRGM COSTS	23	1077502	32
33						33
34	PHYSICIAN SALARY INCLUDED IN OTHER	H	ADULTS & PEDIATRICS	25	78050	34
35		H	SUBPROVIDER I	31	33943	35
36	SUBTOTAL				4658961	3703383 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		117237		9 1
2							2
3 NURSERY EXPENSES	B	ADULTS & PEDIATRICS	25	1345750	155081		3
4							4
5 DEPR EXPENSE	C	NEW CAP REL COSTS-BLDG & FIXT	3		2998260		9 5
6							6
7 CAPITAL RENTALS	D	ADMIN & GENERAL OTHER	6.07		14597		9 7
8	D	OPERATION OF PLANT	8		7533		8
9	D	DIETARY	11		7204		9
10	D	NURSING ADMINISTRATION	14		1841		10
11	D	MEDICAL RECORDS & LIBRARY	17		4862		11
12	D	I&R SERVICES-SALARY & FRINGES	22		7433		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		49517		17
18	D	RADIOLOGY-DIAGNOSTIC	41		19877		18
19	D	LABORATORY	44		12201		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		172010		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		2123716		28
29							29
30 MEDICAL TRANSCRIPTION COSTS	F	MEDICAL RECORDS & LIBRARY	17		39477		30
31							31
32 TEACHING SALARIES	G	I&R SERVICES-SALARY & FRINGES	22		1077502		32
33							33
34 PHYSICIAN SALARY INCLUDED IN OTHE	H	ADULTS & PEDIATRICS	25		78050		34
35	H	SUBPROVIDER I	31		33943		35
36 SUBTOTAL				1345750	7016594		36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1	H	ANESTHESIOLOGY	40	3247323	1
2	H	EMERGENCY	61	2239379	2
3	H	ADMIN & GENERAL OTHER	6.07	291990	3
4					4
5 COST OF GOODS SOLD	I	MEDICAL SUPPLIES CHARGED TO P	55		3049557 5
6	I	IMPL. DEV. CHARGED TO PATIENT	55.30		3032419 6
7	I	DRUGS CHARGED TO PATIENTS	56		2909132 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	I				27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36 TOTAL RECLASSIFICATIONS				10437653	12694491 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- COST CENTER 6	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1		7	8	9	
1	H	ANESTHESIOLOGY	40		3247323	1
2	H	EMERGENCY	61		2239379	2
3	H	ADMIN & GENERAL OTHER	6.07		291990	3
4						4
5 COST OF GOODS SOLD	I	CENTRAL SERVICES & SUPPLY	15		4134	5
6	I	PHARMACY	16		2669016	6
7	I	MEDICAL RECORDS & LIBRARY	17		73	7
8	I	SOCIAL SERVICE	18		30	8
9	I	ADULTS & PEDIATRICS	25		649027	9
10	I	INTENSIVE CARE UNIT	26		175602	10
11	I	SUBPROVIDER I	31		13663	11
12	I	SUB-PROVIDER II	31.01		31695	12
13	I	OPERATING ROOM	37		3158102	13
14	I	RECOVERY ROOM	38		7759	14
15	I	ANESTHESIOLOGY	40		103099	15
16	I	RADIOLOGY-DIAGNOSTIC	41		1719177	16
17	I	MRI	41.01		1976	17
18	I	LABORATORY	44		90837	18
19	I	RESPIRATORY THERAPY	49		123790	19
20	I	SLEEP LAB	49.01		1072	20
21	I	PHYSICAL THERAPY	50		13136	21
22	I	OCCUPATIONAL THERAPY	51		1951	22
23	I	SPEECH PATHOLOGY	52		395	23
24	I	CLINIC	60		2001	24
25	I	DIABETES CENTER	60.03		10	25
26	I	EMERGENCY	61		224563	26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				1345750	21786394	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

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT							1	
2 OLD CAP REL COSTS-MVBLE EQUIP							2	
3 NEW CAP REL COSTS-BLDG & FIXT	1172631		448117				1620748 3	
4 NEW CAP REL COSTS-MVBLE EQUIP	4519247						4519247 4	
5 TOTAL	5691878		448117				6139995 5	

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT							1	
2 OLD CAP REL COSTS-MVBLE EQUIP							2	
3 NEW CAP REL COSTS-BLDG & FIXT	2738564						2738564 3	
4 NEW CAP REL COSTS-MVBLE EQUIP							4	
5 TOTAL	2738564						2738564 5	

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7
			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	-10908	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	-7003260			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	-333749			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-707876	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		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST		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	-58490	ADMIN & GENERAL OTHER	6.07	38
38.03 MISCELLANEOUS REVENUES	B	-52880	ADMIN & GENERAL OTHER	6.07	38.03
38.05 PATIENT T.V.'S CAPITAL	A	-2920	NEW CAP REL COSTS-BLDG & FIXT	3	9 38.05
38.06 PATIENT T.V.'S OPERATING	A	-9199	OPERATION OF PLANT	8	38.06
38.11 FITNESS CENTER REVENUES	B	-150554	EMPLOYEE BENEFITS	5	38.11
38.51 MEDICAL ASSOCIATE COSTS	A	-169047	ADMIN & GENERAL OTHER	6.07	38.51
38.53 PHYSICIAN BILLING	A	-150831	EMERGENCY	61	38.53
38.54 PHYSICIAN BILLING CARDIAC CATH	A	-20864	RADIOLOGY-DIAGNOSTIC	41	38.54
38.55 PHYS BILLING	A	-64017	ANESTHESIOLOGY	40	38.55
38.56 PATIENT PHONES BENEFITS	A	-10126	EMPLOYEE BENEFITS	5	38.56
38.57 RELATED PARTY RENT	A	-1820	OPERATING ROOM	37	38.57
38.58 RELATED PARTY RENT	A	-21713	EMPLOYEE BENEFITS	5	38.58
38.59 RELATED PARTY RENT	A	-854	OPERATING ROOM	37	38.59
38.60 RELATED PARTY RENT	A	-62679	PHYSICIANS' PRIVATE OFFICES	98	38.60
38.61 RELATED PARTY RENT	A	-12115	ADMIN & GENERAL OTHER	6.07	38.61
38.62 RELATED PARTY RENT	A	-35283	ADMIN & GENERAL OTHER	6.07	38.62
38.63 RELATED PARTY RENT	A	-91930	RADIOLOGY-DIAGNOSTIC	41	38.63
38.64 RELATED PARTY RENT	A	-390651	PHYSICAL THERAPY	50	38.64
38.65 RELATED PARTY RENT	A	-93503	OCCUPATIONAL THERAPY	51	38.65
38.66 RELATED PARTY RENT	A	-7072	SPEECH PATHOLOGY	52	38.66
38.67 MANAGED CARE REVENUES	B	-36000	EMPLOYEE BENEFITS	5	38.67
38.68 RESIDENTS REVENUE	B	-794314	I&R SERVICES-SALARY & FRINGES A	22	38.68
38.74 HOSPITAL PORTION OF POB DEPR	A	174009	NEW CAP REL COSTS-BLDG & FIXT	3	9 38.74
38.75 HOSPITAL PORTION OF POB OPERATI	A	196546	OPERATION OF PLANT	8	38.75
38.78 LOBBYING COSTS	A	-27154	ADMIN & GENERAL OTHER	6.07	38.78
38.81 PHYSICIAN MALPRACTICE	A	-383948	ADMIN & GENERAL OTHER	6.07	38.81
38.82 PHYSICIANS MALPRACTICE	A	-534449	ADMIN & GENERAL OTHER	6.07	38.82
38.83 PHYSICIANS PART B BENEFITS	A	-376039	EMPLOYEE BENEFITS	5	38.83
39 ANESTHESIA STAFFING AT HOLY FAMIL	A	-946573	ANESTHESIOLOGY	40	39

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	
40					40
41					41
42					42
42.01 MISC REV	B	-5568	OPERATION OF PLANT	8	42.01
42.02 MISC REV	B	-120	HOUSEKEEPING	10	42.02
42.03 MISC REV	B	-7330	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	-9563	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	-5016	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 DEPRECIATIONEXPENSE MAR 1 TO JUL	A	1356473	NEW CAP REL COSTS-BLDG & FIXT	3	9 43
44 OVERHEAD EXPENSE BOOKED AS LOSS	A	381961	ADMIN & GENERAL OTHER	6.07	44
45					45
46					46
47					47
48					48
49					49
50 TOTAL		-10530236			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJUSTMENTS	WKST A-7 REF	
1	2	3	4	5	6	7	
1	6.07	ADMIN & GENERAL OTHER	MANAGEMENT FEES	6311348	12606382	-6295034	1
2	5	EMPLOYEE BENEFITS		658725		658725	2
3	4	NEW CAP REL COSTS-MVBLE EQUIP		1010422		1010422	9 3
4	3	NEW CAP REL COSTS-BLDG & FIXT		-95235		-95235	9 4
4.01	6.01	CASHIERING	BILLING COSTS	2261346		2261346	4.01
4.02	3	NEW CAP REL COSTS-BLDG & FIXT	INTERES	459025		459025	11 4.02
4.03	6.07	ADMIN & GENERAL OTHER	ADMITTING	1021090		1021090	4.03
4.04	26	INTENSIVE CARE UNIT	ICU	275364		275364	4.04
4.05	15	CENTRAL SERVICES & SUPPLY	CENTRAL SUPPLY	370548		370548	4.05
5		TOTALS		12272633	12606382	-333749	5

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				TYPE OF BUSINESS
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP		
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
1	2		3	4	5	6	7	8	9
1	6.07	ADMIN & GENERAL OTHER	291990	291990					
2	18	SOCIAL SERVICE	18000		18000	177200	260	22150	1108
3	25	ADULTS & PEDIATRICS	755925	755925					
4	26	INTENSIVE CARE UNIT	15167		15167	177200	130	11075	554
5	31	SUBPROVIDER I	33943		33943	154100	312	23115	1156
6	31.01	SUB-PROVIDER II	21667		21667	177200	130	11075	554
7	37	OPERATING ROOM	70000	70000					
8	40	ANESTHESIOLOGY	2300750	2300750					
9	41	RADIOLOGY-DIAGNOSTIC	1173560	1173560					
10	49	RESPIRATORY THERAPY	73717	49717	24000	177200	120	10223	511
11	49.01	SLEEP LAB	82650	82650					
12	61	EMERGENCY	2239379	2239379					
101		TOTAL	7076748	6963971	112777		952	77638	3883

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						291990
2	18	SOCIAL SERVICE					22150		
3	25	ADULTS & PEDIATRICS	AGGREGATE						755925
4	26	INTENSIVE CARE UNIT	AGGREGATE				11075	4092	4092
5	31	SUBPROVIDER I	AGGREGATE				23115	10828	10828
6	31.01	SUB-PROVIDER II	AGGREGATE				11075	10592	10592
7	37	OPERATING ROOM	AGGREGATE						70000
8	40	ANESTHESIOLOGY	AGGREGATE						2300750
9	41	RADIOLOGY-DIAGNOSTIC	AGGREGATE						1173560
10	49	RESPIRATORY THERAPY	AGGREGATE				10223	13777	63494
11	49.01	SLEEP LAB	AGGREGATE						82650
12	61	EMERGENCY	AGGREGATE						2239379
101		TOTAL					77638	39289	7003260

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 ADMINI-STRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	
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	5665091								10
11	63683	2303194							11
11			35629	3097325					11
12			140036	1481870	2255395				12
14			19790		34011	1296061			14
15			25389				341965		15
16			28623		90540		2928162		16
17			41880		69624			2420299	17
18					49462				18
22					9704				22
23	1191	38557							23
INPATIENT ROUTINE SERV COST CENTERS									
25	2718446	542157	935853	615927	568753			404040	25
26	323715	88248	113641	119841	110662			56654	26
31	376421	171779	453815	171140	158033			121769	31
31.01	277037	162971	112146	72969	67380			30040	31.01
33		64508		83945	77516			23676	33
ANCILLARY SERVICE COST CENTERS									
37	461499	286477		187204	172866			174545	37
38	173206	17642		18372	16965			21514	38
40		5088		5040	4524			32828	40
41	378375	206027		185791				391398	41
41.01		9614		8997				28158	41.01
44	967	88644		176605				316014	44
49	49822	64010		85641				86417	49
49.01	44929	33149		7254				2983	49.01
50	261930	51788		62511				31765	50
51	6567	22768		31844				16925	51
52		5996		11259				6355	52
55						341965		64549	55
55.30								58575	55.30
56							2928162	352145	56
57		4986						14353	57
OUTPATIENT SERVICE COST CENTERS									
60				8008				2070	60
60.03				2355				261	60.03
61	509368	141174		129262	119362			183265	61
62									62
OTHER REIMBURSABLE COST CENTERS									
71									71
SPECIAL PURPOSE COST CENTERS									
95	5647156	2299474	3097325	2237306	1296061	341965	2928162	2420299	95
NONREIMBURSABLE COST CENTERS									
96		2339							96
98	17935	1381		18089					98
98.01									98.01
101									101
102									102
103	5665091	2303194	3097325	2255395	1296061	341965	2928162	2420299	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SOCIAL SERVICE	I/R-SALARY AND FRINGES	I/R-OTHER PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	18	22	23	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	1485840						18
22 I&R SERVICES-SALARY & FRINGES A		4159137					22
23 I&R SERVICES-OTHER PRGM COSTS A			1647912				23
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	958138	2642156	1046860	28753604	-3689016	25064588	25
26 INTENSIVE CARE UNIT	92762	381757	151258	5462369	-533015	4929354	26
31 SUBPROVIDER I	180322			6508594		6508594	31
31.01 SUB-PROVIDER II	180322			3412906		3412906	31.01
33 NURSERY				2826091		2826091	33
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		120555	47766	8739836	-168321	8571515	37
38 RECOVERY ROOM				995040		995040	38
40 ANESTHESIOLOGY				1397341		1397341	40
41 RADIOLOGY-DIAGNOSTIC		90416	35824	8417027	-126240	8290787	41
41.01 MRI				421897		421897	41.01
44 LABORATORY		120555	47766	7719764	-168321	7551443	44
49 RESPIRATORY THERAPY		442034	175140	3148900	-617174	2531726	49
49.01 SLEEP LAB				394205		394205	49.01
50 PHYSICAL THERAPY		60277	23883	2340890	-84160	2256730	50
51 OCCUPATIONAL THERAPY		120555	47766	1115979	-168321	947658	51
52 SPEECH PATHOLOGY				355791		355791	52
55 MEDICAL SUPPLIES CHARGED TO PAT				4380838		4380838	55
55.30 IMPL. DEV. CHARGED TO PATIENT				4003864		4003864	55.30
56 DRUGS CHARGED TO PATIENTS				7418613		7418613	56
57 RENAL DIALYSIS				795815		795815	57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC				267814		267814	60
60.03 DIABETES CENTER				79673		79673	60.03
61 EMERGENCY	74296	120555	47766	6577455	-168321	6409134	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS							62
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
95 SUBTOTALS	1485840	4098860	1624029	105534306	-5722889	99811417	95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN				47832		47832	96
98 PHYSICIANS' PRIVATE OFFICES		60277	23883	319401	-84160	235241	98
98.01 COMMUNITY EDUCATION							98.01
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	1485840	4159137	1647912	105901539	-5807049	100094490	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									1
2									2
3									3
4									4
5		13536	37743	51279	51279				5
6.01									6.01
6.07						2957	2957		6.07
8		66954	186693	253647	1305	226	255178		8
9		492642	1373667	1866309		87	81615	1948011	9
10		9884	27561	37445	1220	62	1638	21898	10
11		16053	44762	60815	1869	84	2660		11
12		63095	175932	239027		9	10453		12
14		8916	24862	33778	698	34	1477		14
15		11439	31897	43336		7	1895		15
16		12897	35961	48858	1724	77	2137		16
17		18870	52616	71486	625	62	3126		17
18					839	40			18
22		17372	48440	65812	2372	113	2878	409	22
23					1141	46			23
INPATIENT ROUTINE SERV COST CENTERS									
25		244276	681131	925407	9546	455	40470	934771	25
26		39761	110869	150630	2035	108	6587	111313	26
31		77397	215812	293209	2524	126	12823	129437	31
31.01		73428	204746	278174	1102	60	12165	95263	31.01
33		29065	81044	110109	1425	68	4815		33
ANCILLARY SERVICE COST CENTERS									
37		129076	359911	488987	2969	186	21384	158692	37
38		7949	22164	30113	417	20	1317	59559	38
40		2292	6392	8684	3480	38	380		40
41		92828	258839	351667	3008	187	15379	130109	41
41.01		4332	12078	16410	180	10	718		41.01
44		39940	111367	151307	2164	190	6617	333	44
49		28840	80417	109257	1157	59	4778	17132	49
49.01		14936	41646	56582	85	6	2474	15450	49.01
50		23334	65063	88397	977	49	3866	90068	50
51		10259	28605	38864	470	23	1700	2258	51
52		2701	7533	10234	190	9	448		52
55						112			55
55.30						111			55.30
56						117			56
57		2246	6264	8510		22	372		57
OUTPATIENT SERVICE COST CENTERS									
60					164	7			60
60.03		1146	3196	4342	40	2	190		60.03
61		63608	177362	240970	4473	139	10538	175152	61
62									62
OTHER REIMBURSABLE COST CENTERS									
71									71
SPECIAL PURPOSE COST CENTERS									
95		1619072	4514573	6133645	51156	2951	254900	1941844	95
NONREIMBURSABLE COST CENTERS									
96		1054	2939	3993		1	175		96
98		622	1735	2357	123	5	103	6167	98
98.01									98.01
101									101
102									102
103		1620748	4519247	6139995	51279	2957	255178	1948011	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINI-STRATION	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	62263							10
11 DIETARY	963	66391						11
12 CAFETERIA	3786	31764	285039					12
14 NURSING ADMINISTRATION	535		4298	40820				14
15 CENTRAL SERVICES & SUPPLY	686				45924			15
16 PHARMACY	774		11443			65013		16
17 MEDICAL RECORDS & LIBRARY	1132		8799				85230	17
18 SOCIAL SERVICE			6251					7130 18
22 I&R SERVICES-SALARY & FRINGES A	1042		1226					22
23 I&R SERVICES-OTHER PRGM COSTS A								23
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	14656	20060	77842	17916			14311	4598 25
26 INTENSIVE CARE UNIT	2386	2436	15146	3485			1993	445 26
31 SUBPROVIDER I	4644	9727	21629	4977			4283	865 31
31.01 SUB-PROVIDER II	4406	2404	9222	2122			1057	865 31.01
33 NURSERY	1744		10609	2441			833	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	7744		23659	5444			6139	37
38 RECOVERY ROOM	477		2322	534			757	38
40 ANESTHESIOLOGY	138		637	142			1155	40
41 RADIOLOGY-DIAGNOSTIC	5570		23480				13767	41
41.01 MRI	260		1137				990	41.01
44 LABORATORY	2396		22319				11115	44
49 RESPIRATORY THERAPY	1730		10823				3040	49
49.01 SLEEP LAB	896		917				105	49.01
50 PHYSICAL THERAPY	1400		7900				1117	50
51 OCCUPATIONAL THERAPY	616		4025				595	51
52 SPEECH PATHOLOGY	162		1423				224	52
55 MEDICAL SUPPLIES CHARGED TO PAT					45924		2270	55
55.30 IMPL. DEV. CHARGED TO PATIENT							2060	55.30
56 DRUGS CHARGED TO PATIENTS						65013	12386	56
57 RENAL DIALYSIS	135						505	57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC			1012				73	60
60.03 DIABETES CENTER	69		298				9	60.03
61 EMERGENCY	3816		16336	3759			6446	357 61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS								62
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	62163	66391	282753	40820	45924	65013	85230	7130 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	63							96
98 PHYSICIANS' PRIVATE OFFICES	37		2286					98
98.01 COMMUNITY EDUCATION								98.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	62263	66391	285039	40820	45924	65013	85230	7130 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	I/R-SALARY AND FRINGES	I/R-OTHER PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	22	23	25	26	27	
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						16
17						17
18						18
22	73852					22
23		1187				23
INPATIENT ROUTINE SERV COST CENTERS						
25			2060032		2060032	25
26			296564		296564	26
31			484244		484244	31
31.01			406840		406840	31.01
33			132044		132044	33
ANCILLARY SERVICE COST CENTERS						
37			715204		715204	37
38			95516		95516	38
40			14654		14654	40
41			543167		543167	41
41.01			19705		19705	41.01
44			196441		196441	44
49			147976		147976	49
49.01			76515		76515	49.01
50			193774		193774	50
51			48551		48551	51
52			12690		12690	52
55			48306		48306	55
55.30			2171		2171	55.30
56			77516		77516	56
57			9544		9544	57
OUTPATIENT SERVICE COST CENTERS						
60			1256		1256	60
60.03			4950		4950	60.03
61			461986		461986	61
62						62
OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS						
71						71
HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS						
95			6049646		6049646	95
SUBTOTALS						
96			4232		4232	96
98			11078		11078	98
98.01						98.01
101	73852	1187	75039		75039	101
102						102
103	73852	1187	6139995		6139995	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP-REL COSTS BLDG&FIXT (SQUARE FEET) 3	NEW CAP-REL COSTS MOV EQUIP SQUARE FEET 4	EMPLOYEE BENEFITS GROSS SALARIES 5	CASHIERING GROSS REVENUE 6.01	RECON- CILIATION 6A.07	OTHER ADMI ACCUM COST 6.07	
GENERAL SERVICE COST CENTERS							
1							1
2							2
3	281380						3
4		281380					4
5	2350	2350	48416327				5
6.01				321234742			6.01
6.07			2792602		-23034563	82866976	6.07
8	11624	11624	1232252			6265823	8
9	85528	85528				2428800	9
10	1716	1716	1152091			1712188	10
11	2787	2787	1764831			2330445	11
12	10954	10954				239027	12
14	1548	1548	658954			935785	14
15	1986	1986				201182	15
16	2239	2239	1628042			2145553	16
17	3276	3276	590067			1729848	17
18			791954			1123953	18
22	3016	3016	2239795			3145121	22
23			1077502			1289476	23
INPATIENT ROUTINE SERV COST CENTERS							
25	42409	42409	9009621	53613703		13342488	25
26	6903	6903	1921427	7519758		2986861	26
31	13437	13437	2383530	16162624		3500036	31
31.01	12748	12748	1040167	3987213		1665375	31.01
33	5046	5046	1345750	3142535		1897808	33
ANCILLARY SERVICE COST CENTERS							
37	22409	22409	2803847	23167614		5178432	37
38	1380	1380	393481	2855638		552452	38
40	398	398	3285706	4357273		1046928	40
41	16116	16116	2840068	51950896		5200904	41
41.01	752	752	170074	3737403		275913	41.01
44	6934	6934	2043584	41945000		5290870	44
49	5007	5007	1092848	11470204		1640023	49
49.01	2593	2593	80307	395917		178597	49.01
50	4051	4051	922317	4216274		1351697	50
51	1781	1781	444124	2246471		638686	51
52	469	469	179044	843473		248939	52
55				8567657		3109873	55
55.30				7774773		3087153	55.30
56				46740757		3238187	56
57	390	390		1905091		598447	57
OUTPATIENT SERVICE COST CENTERS							
60			155210	274699		201676	60
60.03	199	199	37830	34644		53643	60.03
61	11043	11043	4223614	24325125		3851203	61
62							62
71							71
SPECIAL PURPOSE COST CENTERS							
95	281089	281089	48300639	321234742	-23034563	82683392	95
NONREIMBURSABLE COST CENTERS							
96	183	183				31310	96
98	108	108	115688			152274	98
98.01							98.01
101							101
102							102
103	1620748	4519247	9524818	2261346		23034563	103
104		16.061010		.007040		.277970	104
104			.196727				104
105							105
106							106
106							106
107			51279			2957	107
108						.000036	108
108			.001059				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	211366				11
12	10954		10954	101125	47878			12
14	1548		1548		722	29795		14
15	1986		1986				10000	15
16	2239		2239		1922			16
17	3276		3276		1478			17
18					1050			18
22	3016	64	3016		206			22
23								23
INPATIENT ROUTINE SERV COST CENTERS								
25	42409	146119	42409	63864	13075	13075		25
26	6903	17400	6903	7755	2544	2544		26
31	13437	20233	13437	30969	3633	3633		31
31.01	12748	14891	12748	7653	1549	1549		31.01
33	5046		5046		1782	1782		33
ANCILLARY SERVICE COST CENTERS								
37	22409	24806	22409		3974	3974		37
38	1380	9310	1380		390	390		38
40	398		398		107	104		40
41	16116	20338	16116		3944			41
41.01	752		752		191			41.01
44	6934	52	6934		3749			44
49	5007	2678	5007		1818			49
49.01	2593	2415	2593		154			49.01
50	4051	14079	4051		1327			50
51	1781	353	1781		676			51
52	469		469		239			52
55							10000	55
55.30								55.30
56								56
57	390		390					57
OUTPATIENT SERVICE COST CENTERS								
60					170			60
60.03	199		199		50			60.03
61	11043	27379	11043		2744	2744		61
62								62
OTHER REIMBURSABLE COST CENTERS								
71								71
SPECIAL PURPOSE COST CENTERS								
95	267115	303540	179871	211366	47494	29795	10000	95
NONREIMBURSABLE COST CENTERS								
96	183		183					96
98	108	964	108		384			98
98.01								98.01
101								101
102								102
103	8007534	5665091	2303194	3097325	2255395	1296061	341965	103
104	29.945229		12.784017		47.107126		34.196500	104
104		18.604324		14.653847		43.499278		104
105								105
106								106
106								106
107	255178	1948011	62263	66391	285039	40820	45924	107
108	.954272		.345595		5.953444		4.592400	108
108		6.397325		.314104		1.370029		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		321234742				17
18			17139			18
22				414		22
23					414	23
INPATIENT ROUTINE SERV COST CENTERS						
25		53613703	11052	263	263	25
26		7519758	1070	38	38	26
31		16162624	2080			31
31.01		3987213	2080			31.01
33		3142535				33
ANCILLARY SERVICE COST CENTERS						
37		23167614		12	12	37
38		2855638				38
40		4357273				40
41		51950896		9	9	41
41.01		3737403				41.01
44		41945000		12	12	44
49		11470204		44	44	49
49.01		395917				49.01
50		4216274		6	6	50
51		2246471		12	12	51
52		843473				52
55		8567657				55
55.30		7774773				55.30
56	10000	46740757				56
57		1905091				57
OUTPATIENT SERVICE COST CENTERS						
60		274699				60
60.03		34644				60.03
61		24325125	857	12	12	61
62						62
OTHER REIMBURSABLE COST CENTERS						
71						71
SPECIAL PURPOSE COST CENTERS						
95	10000	321234742	17139	408	408	95
NONREIMBURSABLE COST CENTERS						
96						96
98				6	6	98
98.01						98.01
101						101
102						102
103	2928162	2420299	1485840	4159137	1647912	103
104	292.816200		86.693506		3980.463768	104
104		.007534		10046.224638		104
105						105
106						106
106						106
107	65013	85230	7130	73852	1187	107
108	6.501300		.416010		2.867150	108
108		.000265		178.386473		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	25064588		25064588		25064588	25
26 INTENSIVE CARE UNIT	4929354		4929354	4092	4933446	26
31 SUBPROVIDER I	6508594		6508594	10828	6519422	31
31.01 SUB-PROVIDER II	3412906		3412906	10592	3423498	31.01
33 NURSERY	2826091		2826091		2826091	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	8571515		8571515		8571515	37
38 RECOVERY ROOM	995040		995040		995040	38
40 ANESTHESIOLOGY	1397341		1397341		1397341	40
41 RADIOLOGY-DIAGNOSTIC	8290787		8290787		8290787	41
41.01 MRI	421897		421897		421897	41.01
44 LABORATORY	7551443		7551443		7551443	44
49 RESPIRATORY THERAPY	2531726		2531726	13777	2545503	49
49.01 SLEEP LAB	394205		394205		394205	49.01
50 PHYSICAL THERAPY	2256730		2256730		2256730	50
51 OCCUPATIONAL THERAPY	947658		947658		947658	51
52 SPEECH PATHOLOGY	355791		355791		355791	52
55 MEDICAL SUPPLIES CHARGED TO	4380838		4380838		4380838	55
55.30 IMPL. DEV. CHARGED TO PATIE	4003864		4003864		4003864	55.30
56 DRUGS CHARGED TO PATIENTS	7418613		7418613		7418613	56
57 RENAL DIALYSIS	795815		795815		795815	57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	267814		267814		267814	60
60.03 DIABETES CENTER	79673		79673		79673	60.03
61 EMERGENCY	6409134		6409134		6409134	61
62 OBSERVATION BEDS (NON-DISTI	2452597		2452597		2452597	62
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	102264014		102264014	39289	102303303	101
102 LESS OBSERVATION BEDS	2452597		2452597		2452597	102
103 TOTAL	99811417		99811417	39289	99850706	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	49196309		49196309			25
26 INTENSIVE CARE UNIT	7519758		7519758			26
31 SUBPROVIDER I	16162624		16162624			31
31.01 SUB-PROVIDER II	3987213		3987213			31.01
33 NURSERY	3142535		3142535			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	9487162	13680452	23167614	.369978	.369978	.369978 37
38 RECOVERY ROOM	1268317	1587321	2855638	.348448	.348448	.348448 38
40 ANESTHESIOLOGY	2090139	2267134	4357273	.320692	.320692	.320692 40
41 RADIOLOGY-DIAGNOSTIC	20029753	31921143	51950896	.159589	.159589	.159589 41
41.01 MRI	880130	2857273	3737403	.112885	.112885	.112885 41.01
44 LABORATORY	25014172	16930828	41945000	.180032	.180032	.180032 44
49 RESPIRATORY THERAPY	8257134	3213070	11470204	.220722	.220722	.221923 49
49.01 SLEEP LAB	74874	321043	395917	.995676	.995676	.995676 49.01
50 PHYSICAL THERAPY	1994349	2221925	4216274	.535243	.535243	.535243 50
51 OCCUPATIONAL THERAPY	1535252	711219	2246471	.421843	.421843	.421843 51
52 SPEECH PATHOLOGY	463283	380190	843473	.421817	.421817	.421817 52
55 MEDICAL SUPPLIES CHARGED TO	5450253	3117404	8567657	.511323	.511323	.511323 55
55.30 IMPL. DEV. CHARGED TO PATIE	4404700	3370073	7774773	.514981	.514981	.514981 55.30
56 DRUGS CHARGED TO PATIENTS	39510120	7230637	46740757	.158718	.158718	.158718 56
57 RENAL DIALYSIS	1843068	62023	1905091	.417731	.417731	.417731 57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	18194	256505	274699	.974936	.974936	.974936 60
60.03 DIABETES CENTER		34644	34644	2.299763	2.299763	2.299763 60.03
61 EMERGENCY	7768137	16556988	24325125	.263478	.263478	.263478 61
62 OBSERVATION BEDS (NON-DISTI	697052	3720342	4417394	.555214	.555214	.555214 62
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	210794528	110440214	321234742			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	210794528	110440214	321234742			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				2060032		2060032
26 INTENSIVE CARE UNIT				296564		296564
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				484244		484244
31.01 SUB-PROVIDER II				406840		406840
33 NURSERY				132044		132044
101 TOTAL				3379724		3379724

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	23597	9706			87.30	847334
26 INTENSIVE CARE UNIT	2585	1155			114.72	132502
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	10323	3670			46.91	172160
31.01 SUB-PROVIDER II	2551	1570			159.48	250384
33 NURSERY	2725				48.46	
101 TOTAL	41781	16101				1402380

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	INPATIENT	OLD CAPITAL		NEW CAPITAL		
	CAPITAL	CAPITAL		RATIO OF	CAPITAL	RATIO OF	CAPITAL	
	RELATED	RELATED	PROGRAM	COST TO	COST TO	COST TO	COSTS	
	COST	COST	CHARGES	CHARGES	CHARGES	CHARGES	CHARGES	
	1	2	3	4	5	6	7	
							8	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		715204	23167614	4527294		.030871	139762	37
38 RECOVERY ROOM		95516	2855638	453590		.033448	15172	38
40 ANESTHESIOLOGY		14654	4357273	659372		.003363	2217	40
41 RADIOLOGY-DIAGNOSTIC		543167	51950896	10704107		.010455	111911	41
41.01 MRI		19705	3737403	505321		.005272	2664	41.01
44 LABORATORY		196441	41945000	11384985		.004683	53316	44
49 RESPIRATORY THERAPY		147976	11470204	4386514		.012901	56590	49
49.01 SLEEP LAB		76515	395917	51607		.193260	9974	49.01
50 PHYSICAL THERAPY		193774	4216274	413379		.045959	18998	50
51 OCCUPATIONAL THERAPY		48551	2246471	226390		.021612	4893	51
52 SPEECH PATHOLOGY		12690	843473	157776		.015045	2374	52
55 MEDICAL SUPPLIES CHARGED TO P		48306	8567657	2044031		.005638	11524	55
55.30 IMPL. DEV. CHARGED TO PATIENT		2171	7774773	2603841		.000279	726	55.30
56 DRUGS CHARGED TO PATIENTS		77516	46740757	16102333		.001658	26698	56
57 RENAL DIALYSIS		9544	1905091	819603		.005010	4106	57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		1256	274699	5213		.004572	24	60
60.03 DIABETES CENTER		4950	34644			.142882		60.03
61 EMERGENCY		461986	24325125	2990880		.018992	56803	61
62 OBSERVATION BEDS (NON-DISTINC		201576	4417394	497026		.045632	22680	62
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		2871498	241226303	58533262			540432	101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

	COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	INPATIENT
		ANESTHETIST	EDUCATION	ADJUSTMENT	TOTAL	PATIENT	DIEM	PROGRAM	PROGRAM
		COST	COST	AMOUNT	COSTS	DAYS		DAYS	PASS THRU
		1	2	3	4	5	6	7	8
	INPAT ROUTINE SERV COST CTRS								
25	ADULTS & PEDIATRICS					23597		9706	25
26	INTENSIVE CARE UNIT					2585		1155	26
27	CORONARY CARE UNIT								27
28	BURN INTENSIVE CARE UNIT								28
29	SURGICAL INTENSIVE CARE UNIT								29
30	OTHER SPECIAL CARE (SPECIFY)								30
31	SUBPROVIDER I					10323		3670	31
31.01	SUB-PROVIDER II					2551		1570	31.01
33	NURSERY					2725			33
34	SKILLED NURSING FACILITY								34
35	NURSING FACILITY								35
101	TOTAL					41781		16101	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	NONPHYSICIAN ANESTHETIST	MEDICAL EDUCATION				
	COST	COST	COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 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	PROGRAM
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		23167614			4527294		5729302 37
38 RECOVERY ROOM		2855638			453590		1003047 38
40 ANESTHESIOLOGY		4357273			659372		517086 40
41 RADIOLOGY-DIAGNOSTIC		51950896			10704107		7679661 41
41.01 MRI		3737403			505321		682297 41.01
44 LABORATORY		41945000			11384985		333581 44
49 RESPIRATORY THERAPY		11470204			4386514		1149430 49
49.01 SLEEP LAB		395917			51607		9597 49.01
50 PHYSICAL THERAPY		4216274			413379		50
51 OCCUPATIONAL THERAPY		2246471			226390		51
52 SPEECH PATHOLOGY		843473			157776		52
55 MEDICAL SUPPLIES CHARGED TO P		8567657			2044031		979715 55
55.30 IMPL. DEV. CHARGED TO PATIENT		7774773			2603841		2280745 55.30
56 DRUGS CHARGED TO PATIENTS		46740757			16102333		1987528 56
57 RENAL DIALYSIS		1905091			819603		12860 57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		274699			5213		60338 60
60.03 DIABETES CENTER		34644					60.03
61 EMERGENCY		24325125			2990880		1694952 61
62 OBSERVATION BEDS (NON-DISTINC		4417394			497026		1082993 62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		241226303			58533262		25203132 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	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 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 COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.369978	.369978	.369978			37
38 RECOVERY ROOM	.348448	.348448	.348448			38
40 ANESTHESIOLOGY	.320692	.320692	.320692			40
41 RADIOLOGY-DIAGNOSTIC	.159589	.159589	.159589			41
41.01 MRI	.112885	.112885	.112885			41.01
44 LABORATORY	.180032	.180032	.180032			44
49 RESPIRATORY THERAPY	.220722	.220722	.220722			49
49.01 SLEEP LAB	.995676	.995676	.995676			49.01
50 PHYSICAL THERAPY	.535243	.535243	.535243			50
51 OCCUPATIONAL THERAPY	.421843	.421843	.421843			51
52 SPEECH PATHOLOGY	.421817	.421817	.421817			52
55 MEDICAL SUPPLIES CHARGED TO PAT	.511323	.511323	.511323			55
55.30 IMPL. DEV. CHARGED TO PATIENT	.514981	.514981	.514981			55.30
56 DRUGS CHARGED TO PATIENTS	.158718	.158718	.158718			56
57 RENAL DIALYSIS	.417731	.417731	.417731			57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.974936	.974936	.974936			60
60.03 DIABETES CENTER	2.299763	2.299763	2.299763			60.03
61 EMERGENCY	.263478	.263478	.263478			61
62 OBSERVATION BEDS (NON-DISTINCT	.555214	.555214	.555214			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	.158718	1
2 PROGRAM VACCINE CHARGES		2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS		3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0240) [] 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 OTHER (1)	PPS SER- VICES	ALL OTHER	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	CENTER	RADIOLOGY	DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		5729302						37
38 RECOVERY ROOM		1003047						38
40 ANESTHESIOLOGY		517086						40
41 RADIOLOGY-DIAGNOSTIC		7679661						41
41.01 MRI		682297						41.01
44 LABORATORY		333581						44
49 RESPIRATORY THERAPY		1149430						49
49.01 SLEEP LAB		9597						49.01
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
55 MEDICAL SUPPLIES CHARGED TO PA		979715						55
55.30 IMPL. DEV. CHARGED TO PATIENT		2280745						55.30
56 DRUGS CHARGED TO PATIENTS		1987528						56
57 RENAL DIALYSIS		12860						57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		60338						60
60.03 DIABETES CENTER								60.03
61 EMERGENCY		1694952						61
62 OBSERVATION BEDS (NON-DISTINCT		1082993						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		25203132						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		25203132						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) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		2119716					37
38 RECOVERY ROOM		349510					38
40 ANESTHESIOLOGY		165825					40
41 RADIOLOGY-DIAGNOSTIC		1225589					41
41.01 MRI		77021					41.01
44 LABORATORY		60055					44
49 RESPIRATORY THERAPY		253704					49
49.01 SLEEP LAB		9556					49.01
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
55 MEDICAL SUPPLIES CHARGED TO PAT		500951					55
55.30 IMPL. DEV. CHARGED TO PATIENT		1174540					55.30
56 DRUGS CHARGED TO PATIENTS		315456					56
57 RENAL DIALYSIS		5372					57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		58826					60
60.03 DIABETES CENTER							60.03
61 EMERGENCY		446583					61
62 OBSERVATION BEDS (NON-DISTINCT		601293					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		7363997					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		7363997					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 CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		715204	23167614	35605			.030871	1099 37
38 RECOVERY ROOM		95516	2855638	220			.033448	7 38
40 ANESTHESIOLOGY		14654	4357273	49349			.003363	166 40
41 RADIOLOGY-DIAGNOSTIC		543167	51950896	43127			.010455	451 41
41.01 MRI		19705	3737403				.005272	41.01
44 LABORATORY		196441	41945000	523720			.004683	2453 44
49 RESPIRATORY THERAPY		147976	11470204	52799			.012901	681 49
49.01 SLEEP LAB		76515	395917	2338			.193260	452 49.01
50 PHYSICAL THERAPY		193774	4216274	10050			.045959	462 50
51 OCCUPATIONAL THERAPY		48551	2246471	704			.021612	15 51
52 SPEECH PATHOLOGY		12690	843473	1033			.015045	16 52
55 MEDICAL SUPPLIES CHARGED TO P		48306	8567657	467			.005638	3 55
55.30 IMPL. DEV. CHARGED TO PATIENT		2171	7774773				.000279	55.30
56 DRUGS CHARGED TO PATIENTS		77516	46740757	1172874			.001658	1945 56
57 RENAL DIALYSIS		9544	1905091	41152			.005010	206 57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		1256	274699				.004572	60
60.03 DIABETES CENTER		4950	34644				.142882	60.03
61 EMERGENCY		461986	24325125	248776			.018992	4725 61
62 OBSERVATION BEDS (NON-DISTINC		201576	4417394				.045632	62
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		2871498	241226303	2182214				12681 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	NONPHYSICIAN ANESTHETIST	MEDICAL EDUCATION				
	COST	COST	COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 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	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	PROGRAM
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		23167614			35605		37
38 RECOVERY ROOM		2855638			220		38
40 ANESTHESIOLOGY		4357273			49349		40
41 RADIOLOGY-DIAGNOSTIC		51950896			43127		4658 41
41.01 MRI		3737403					41.01
44 LABORATORY		41945000			523720		44
49 RESPIRATORY THERAPY		11470204			52799		3075 49
49.01 SLEEP LAB		395917			2338		49.01
50 PHYSICAL THERAPY		4216274			10050		50
51 OCCUPATIONAL THERAPY		2246471			704		51
52 SPEECH PATHOLOGY		843473			1033		52
55 MEDICAL SUPPLIES CHARGED TO P		8567657			467		55
55.30 IMPL. DEV. CHARGED TO PATIENT		7774773					55.30
56 DRUGS CHARGED TO PATIENTS		46740757			1172874		56
57 RENAL DIALYSIS		1905091			41152		57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		274699					60
60.03 DIABETES CENTER		34644					60.03
61 EMERGENCY		24325125			248776		61
62 OBSERVATION BEDS (NON-DISTINC		4417394					62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		241226303			2182214		7733 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
	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 MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-S240) [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.369978	.369978	.369978			37
38 RECOVERY ROOM	.348448	.348448	.348448			38
40 ANESTHESIOLOGY	.320692	.320692	.320692			40
41 RADIOLOGY-DIAGNOSTIC	.159589	.159589	.159589			41
41.01 MRI	.112885	.112885	.112885			41.01
44 LABORATORY	.180032	.180032	.180032			44
49 RESPIRATORY THERAPY	.220722	.220722	.220722			49
49.01 SLEEP LAB	.995676	.995676	.995676			49.01
50 PHYSICAL THERAPY	.535243	.535243	.535243			50
51 OCCUPATIONAL THERAPY	.421843	.421843	.421843			51
52 SPEECH PATHOLOGY	.421817	.421817	.421817			52
55 MEDICAL SUPPLIES CHARGED TO PAT	.511323	.511323	.511323			55
55.30 IMPL. DEV. CHARGED TO PATIENT	.514981	.514981	.514981			55.30
56 DRUGS CHARGED TO PATIENTS	.158718	.158718	.158718			56
57 RENAL DIALYSIS	.417731	.417731	.417731			57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.974936	.974936	.974936			60
60.03 DIABETES CENTER	2.299763	2.299763	2.299763			60.03
61 EMERGENCY	.263478	.263478	.263478			61
62 OBSERVATION BEDS (NON-DISTINCT	.555214	.555214	.555214			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	.158718	1
2 PROGRAM VACCINE CHARGES		2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS		3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK	[]	TITLE V - O/P	[]	HOSPITAL	[]	SNF
APPLICABLE	[XX]	TITLE XVIII-PT B	[XX]	SUB I (14-S240)	[]	NF
BOXES	[]	TITLE XIX - O/P	[]	SUB II	[]	S/B-SNF
			[]	SUB III	[]	S/B-NF
			[]	SUB IV	[]	ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	CENTER	RADIOLOGY	DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM								37
38 RECOVERY ROOM								38
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC		4658						41
41.01 MRI								41.01
44 LABORATORY								44
49 RESPIRATORY THERAPY		3075						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								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		7733						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		7733						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK	[]	TITLE V - O/P	[]	HOSPITAL	[]	SNF
APPLICABLE	[XX]	TITLE XVIII-PT B	[XX]	SUB I (14-S240)	[]	NF
BOXES	[]	TITLE XIX - O/P	[]	SUB II	[]	S/B-SNF
			[]	SUB III	[]	S/B-NF
			[]	SUB IV	[]	ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER SERVICES (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B CHARGES (SEE INSTRU.) 10
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
38 RECOVERY ROOM						38
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC		743				41
41.01 MRI						41.01
44 LABORATORY						44
49 RESPIRATORY THERAPY		679				49
49.01 SLEEP LAB						49.01
50 PHYSICAL THERAPY						50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
55 MEDICAL SUPPLIES CHARGED TO PAT						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						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		1422				101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES		1422				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 [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (14-T240)

COST CENTER DESCRIPTION	OLD	NEW	INPATIENT	OLD CAPITAL		NEW CAPITAL	
	CAPITAL	CAPITAL		RATIO OF	CAPITAL	RATIO OF	CAPITAL
	RELATED	RELATED	PROGRAM	COST TO	COST TO	COST TO	COSTS
	COST	COST	CHARGES	CHARGES	CHARGES	CHARGES	CHARGES
	1	2	3	4	5	6	7
							8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		715204	23167614	4018		.030871	124 37
38 RECOVERY ROOM		95516	2855638	4352		.033448	146 38
40 ANESTHESIOLOGY		14654	4357273	809		.003363	3 40
41 RADIOLOGY-DIAGNOSTIC		543167	51950896	20330		.010455	213 41
41.01 MRI		19705	3737403			.005272	41.01
44 LABORATORY		196441	41945000	269325		.004683	1261 44
49 RESPIRATORY THERAPY		147976	11470204	86669		.012901	1118 49
49.01 SLEEP LAB		76515	395917	668		.193260	129 49.01
50 PHYSICAL THERAPY		193774	4216274	787634		.045959	36199 50
51 OCCUPATIONAL THERAPY		48551	2246471	729538		.021612	15767 51
52 SPEECH PATHOLOGY		12690	843473	125282		.015045	1885 52
55 MEDICAL SUPPLIES CHARGED TO P		48306	8567657	35692		.005638	201 55
55.30 IMPL. DEV. CHARGED TO PATIENT		2171	7774773			.000279	55.30
56 DRUGS CHARGED TO PATIENTS		77516	46740757	745565		.001658	1236 56
57 RENAL DIALYSIS		9544	1905091	101302		.005010	508 57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1256	274699	10611		.004572	49 60
60.03 DIABETES CENTER		4950	34644			.142882	60.03
61 EMERGENCY		461986	24325125	261		.018992	5 61
62 OBSERVATION BEDS (NON-DISTINC		201576	4417394			.045632	62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		2871498	241226303	2922056			58844 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	NONPHYSICIAN ANESTHETIST	MEDICAL EDUCATION				
	COST	COST	COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 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	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	PROGRAM
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		23167614			4018		37
38 RECOVERY ROOM		2855638			4352		38
40 ANESTHESIOLOGY		4357273			809		40
41 RADIOLOGY-DIAGNOSTIC		51950896			20330	578	41
41.01 MRI		3737403					41.01
44 LABORATORY		41945000			269325		44
49 RESPIRATORY THERAPY		11470204			86669	205	49
49.01 SLEEP LAB		395917			668		49.01
50 PHYSICAL THERAPY		4216274			787634		50
51 OCCUPATIONAL THERAPY		2246471			729538		51
52 SPEECH PATHOLOGY		843473			125282		52
55 MEDICAL SUPPLIES CHARGED TO P		8567657			35692		55
55.30 IMPL. DEV. CHARGED TO PATIENT		7774773					55.30
56 DRUGS CHARGED TO PATIENTS		46740757			745565		56
57 RENAL DIALYSIS		1905091			101302		57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		274699			10611		60
60.03 DIABETES CENTER		34644					60.03
61 EMERGENCY		24325125			261		61
62 OBSERVATION BEDS (NON-DISTINC		4417394					62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		241226303			2922056		783 101

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 [] ICF/MR
 [] SUB III

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 MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [XX] SUB II (14-T240) [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.369978	.369978	.369978			37
38 RECOVERY ROOM	.348448	.348448	.348448			38
40 ANESTHESIOLOGY	.320692	.320692	.320692			40
41 RADIOLOGY-DIAGNOSTIC	.159589	.159589	.159589			41
41.01 MRI	.112885	.112885	.112885			41.01
44 LABORATORY	.180032	.180032	.180032			44
49 RESPIRATORY THERAPY	.220722	.220722	.220722			49
49.01 SLEEP LAB	.995676	.995676	.995676			49.01
50 PHYSICAL THERAPY	.535243	.535243	.535243			50
51 OCCUPATIONAL THERAPY	.421843	.421843	.421843			51
52 SPEECH PATHOLOGY	.421817	.421817	.421817			52
55 MEDICAL SUPPLIES CHARGED TO PAT	.511323	.511323	.511323			55
55.30 IMPL. DEV. CHARGED TO PATIENT	.514981	.514981	.514981			55.30
56 DRUGS CHARGED TO PATIENTS	.158718	.158718	.158718			56
57 RENAL DIALYSIS	.417731	.417731	.417731			57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.974936	.974936	.974936			60
60.03 DIABETES CENTER	2.299763	2.299763	2.299763			60.03
61 EMERGENCY	.263478	.263478	.263478			61
62 OBSERVATION BEDS (NON-DISTINCT	.555214	.555214	.555214			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	.158718	1
2 PROGRAM VACCINE CHARGES		2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS		3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK	[]	TITLE V - O/P	[]	HOSPITAL	[]	SNF
APPLICABLE	[XX]	TITLE XVIII-PT B	[]	SUB I	[]	NF
BOXES	[]	TITLE XIX - O/P	[XX]	SUB II (14-T240)	[]	S/B-SNF
			[]	SUB III	[]	S/B-NF
			[]	SUB IV	[]	ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER (SEE INSTRU.)	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM								37
38 RECOVERY ROOM								38
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC		578						41
41.01 MRI								41.01
44 LABORATORY								44
49 RESPIRATORY THERAPY		205						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								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		783						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		783						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK	[]	TITLE V - O/P	[]	HOSPITAL	[]	SNF
APPLICABLE	[XX]	TITLE XVIII-PT B	[]	SUB I	[]	NF
BOXES	[]	TITLE XIX - O/P	[XX]	SUB II (14-T240)	[]	S/B-SNF
			[]	SUB III	[]	S/B-NF
			[]	SUB IV	[]	ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
38 RECOVERY ROOM						38
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC		92				41
41.01 MRI						41.01
44 LABORATORY						44
49 RESPIRATORY THERAPY		45				49
49.01 SLEEP LAB						49.01
50 PHYSICAL THERAPY						50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
55 MEDICAL SUPPLIES CHARGED TO PAT						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						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		137				101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES		137				104

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----		
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST
	1	2	3	4	5	6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				2060032		2060032
26 INTENSIVE CARE UNIT				296564		296564
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				484244		484244
31.01 SUB-PROVIDER II				406840		406840
33 NURSERY				132044		132044
101 TOTAL				3379724		3379724

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	23597	6628			87.30	578624
26 INTENSIVE CARE UNIT	2585	376			114.72	43135
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	10323	4945			46.91	231970
31.01 SUB-PROVIDER II	2551	468			159.48	74637
33 NURSERY	2725	1978			48.46	95854
101 TOTAL	41781	14395				1024220

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	NEW	INPATIENT	OLD CAPITAL		NEW CAPITAL	
	CAPITAL	CAPITAL		RATIO OF	RATIO OF	CAPITAL	CAPITAL
	RELATED	RELATED	PROGRAM	COST TO	CAPITAL	COST TO	CAPITAL
	COST	COST	CHARGES	CHARGES	COSTS	CHARGES	COSTS
	1	2	3	4	5	6	7
			TOTAL				8
			CHARGES				
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		715204	23167614	1891199		.030871	58383 37
38 RECOVERY ROOM		95516	2855638	340078		.033448	11375 38
40 ANESTHESIOLOGY		14654	4357273	704485		.003363	2369 40
41 RADIOLOGY-DIAGNOSTIC		543167	51950896	1902082		.010455	19886 41
41.01 MRI		19705	3737403	88251		.005272	465 41.01
44 LABORATORY		196441	41945000	6009510		.004683	28143 44
49 RESPIRATORY THERAPY		147976	11470204	1893083		.012901	24423 49
49.01 SLEEP LAB		76515	395917			.193260	49.01
50 PHYSICAL THERAPY		193774	4216274	68610		.045959	3153 50
51 OCCUPATIONAL THERAPY		48551	2246471	36180		.021612	782 51
52 SPEECH PATHOLOGY		12690	843473	66449		.015045	1000 52
55 MEDICAL SUPPLIES CHARGED TO P		48306	8567657	1690035		.005638	9528 55
55.30 IMPL. DEV. CHARGED TO PATIENT		2171	7774773			.000279	55.30
56 DRUGS CHARGED TO PATIENTS		77516	46740757	8898286		.001658	14753 56
57 RENAL DIALYSIS		9544	1905091	521752		.005010	2614 57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1256	274699			.004572	60
60.03 DIABETES CENTER		4950	34644			.142882	60.03
61 EMERGENCY		461986	24325125	120480		.018992	2288 61
62 OBSERVATION BEDS (NON-DISTINC		201576	4417394	1156		.045632	53 62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		2871498	241226303	24231636			179215 101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

	COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	INPATIENT
		ANESTHETIST	EDUCATION	ADJUSTMENT	TOTAL	PATIENT	DIEM	PROGRAM	PROGRAM
		COST	COST	AMOUNT	COSTS	DAYS		DAYS	PASS THRU
		1	2	3	4	5	6	7	8
	INPAT ROUTINE SERV COST CTRS								
25	ADULTS & PEDIATRICS					23597		6628	25
26	INTENSIVE CARE UNIT					2585		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					10323		4945	31
31.01	SUB-PROVIDER II					2551		468	31.01
33	NURSERY					2725		1978	33
34	SKILLED NURSING FACILITY								34
35	NURSING FACILITY								35
101	TOTAL					41781		14395	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	NONPHYSICIAN ANESTHETIST	MEDICAL EDUCATION				
	COST	COST	COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 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	PROGRAM
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		23167614			1891199		37
38 RECOVERY ROOM		2855638			340078		38
40 ANESTHESIOLOGY		4357273			704485		40
41 RADIOLOGY-DIAGNOSTIC		51950896			1902082		41
41.01 MRI		3737403			88251		41.01
44 LABORATORY		41945000			6009510		44
49 RESPIRATORY THERAPY		11470204			1893083		49
49.01 SLEEP LAB		395917					49.01
50 PHYSICAL THERAPY		4216274			68610		50
51 OCCUPATIONAL THERAPY		2246471			36180		51
52 SPEECH PATHOLOGY		843473			66449		52
55 MEDICAL SUPPLIES CHARGED TO P		8567657			1690035		55
55.30 IMPL. DEV. CHARGED TO PATIENT		7774773					55.30
56 DRUGS CHARGED TO PATIENTS		46740757			8898286		56
57 RENAL DIALYSIS		1905091			521752		57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		274699					60
60.03 DIABETES CENTER		34644					60.03
61 EMERGENCY		24325125			120480		61
62 OBSERVATION BEDS (NON-DISTINC		4417394			1156		62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		241226303			24231636		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	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 [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	CAPITAL		RATIO OF	CAPITAL	RATIO OF	CAPITAL	
	RELATED	RELATED	PROGRAM	COST TO	COST TO	COST TO	COSTS	
	COST	COST	CHARGES	CHARGES	CHARGES	CHARGES	CHARGES	
	1	2	3	4	5	6	7	
							8	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		715204	23167614	8934			.030871	276 37
38 RECOVERY ROOM		95516	2855638	889			.033448	30 38
40 ANESTHESIOLOGY		14654	4357273	45293			.003363	152 40
41 RADIOLOGY-DIAGNOSTIC		543167	51950896	52421			.010455	548 41
41.01 MRI		19705	3737403	2245			.005272	12 41.01
44 LABORATORY		196441	41945000	703499			.004683	3294 44
49 RESPIRATORY THERAPY		147976	11470204	76887			.012901	992 49
49.01 SLEEP LAB		76515	395917				.193260	49.01
50 PHYSICAL THERAPY		193774	4216274	9036			.045959	415 50
51 OCCUPATIONAL THERAPY		48551	2246471	254			.021612	5 51
52 SPEECH PATHOLOGY		12690	843473	1676			.015045	25 52
55 MEDICAL SUPPLIES CHARGED TO P		48306	8567657	2953			.005638	17 55
55.30 IMPL. DEV. CHARGED TO PATIENT		2171	7774773				.000279	55.30
56 DRUGS CHARGED TO PATIENTS		77516	46740757	1542603			.001658	2558 56
57 RENAL DIALYSIS		9544	1905091	45010			.005010	226 57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		1256	274699				.004572	60
60.03 DIABETES CENTER		4950	34644				.142882	60.03
61 EMERGENCY		461986	24325125	25195			.018992	479 61
62 OBSERVATION BEDS (NON-DISTINC		201576	4417394				.045632	62
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		2871498	241226303	2516895				9029 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	NONPHYSICIAN ANESTHETIST	MEDICAL EDUCATION				
	COST	COST	COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 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	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	PROGRAM
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		23167614			8934		37
38 RECOVERY ROOM		2855638			889		38
40 ANESTHESIOLOGY		4357273			45293		40
41 RADIOLOGY-DIAGNOSTIC		51950896			52421		41
41.01 MRI		3737403			2245		41.01
44 LABORATORY		41945000			703499		44
49 RESPIRATORY THERAPY		11470204			76887		49
49.01 SLEEP LAB		395917					49.01
50 PHYSICAL THERAPY		4216274			9036		50
51 OCCUPATIONAL THERAPY		2246471			254		51
52 SPEECH PATHOLOGY		843473			1676		52
55 MEDICAL SUPPLIES CHARGED TO P		8567657			2953		55
55.30 IMPL. DEV. CHARGED TO PATIENT		7774773					55.30
56 DRUGS CHARGED TO PATIENTS		46740757			1542603		56
57 RENAL DIALYSIS		1905091			45010		57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		274699					60
60.03 DIABETES CENTER		34644					60.03
61 EMERGENCY		24325125			25195		61
62 OBSERVATION BEDS (NON-DISTINC		4417394					62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		241226303			2516895		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	NEW	INPATIENT	OLD CAPITAL		NEW CAPITAL	
	CAPITAL	CAPITAL		RATIO OF	CAPITAL	RATIO OF	CAPITAL
	RELATED	RELATED	PROGRAM	COST TO	COST TO	COST TO	COSTS
	COST	COST	CHARGES	CHARGES	CHARGES	CHARGES	CHARGES
	1	2	3	4	5	6	7
							8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		715204	23167614			.030871	37
38 RECOVERY ROOM		95516	2855638			.033448	38
40 ANESTHESIOLOGY		14654	4357273			.003363	40
41 RADIOLOGY-DIAGNOSTIC		543167	51950896	976		.010455	10 41
41.01 MRI		19705	3737403			.005272	41.01
44 LABORATORY		196441	41945000	59459		.004683	278 44
49 RESPIRATORY THERAPY		147976	11470204	25421		.012901	328 49
49.01 SLEEP LAB		76515	395917			.193260	49.01
50 PHYSICAL THERAPY		193774	4216274	206777		.045959	9503 50
51 OCCUPATIONAL THERAPY		48551	2246471	189192		.021612	4089 51
52 SPEECH PATHOLOGY		12690	843473	60179		.015045	905 52
55 MEDICAL SUPPLIES CHARGED TO P		48306	8567657	2480		.005638	14 55
55.30 IMPL. DEV. CHARGED TO PATIENT		2171	7774773			.000279	55.30
56 DRUGS CHARGED TO PATIENTS		77516	46740757	174159		.001658	289 56
57 RENAL DIALYSIS		9544	1905091	6430		.005010	32 57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1256	274699			.004572	60
60.03 DIABETES CENTER		4950	34644			.142882	60.03
61 EMERGENCY		461986	24325125			.018992	61
62 OBSERVATION BEDS (NON-DISTINC		201576	4417394			.045632	62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		2871498	241226303	725073			15448 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	NONPHYSICIAN ANESTHETIST	MEDICAL EDUCATION				
	COST	COST	COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 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	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	PROGRAM
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		23167614					37
38 RECOVERY ROOM		2855638					38
40 ANESTHESIOLOGY		4357273					40
41 RADIOLOGY-DIAGNOSTIC		51950896			976		41
41.01 MRI		3737403					41.01
44 LABORATORY		41945000			59459		44
49 RESPIRATORY THERAPY		11470204			25421		49
49.01 SLEEP LAB		395917					49.01
50 PHYSICAL THERAPY		4216274			206777		50
51 OCCUPATIONAL THERAPY		2246471			189192		51
52 SPEECH PATHOLOGY		843473			60179		52
55 MEDICAL SUPPLIES CHARGED TO P		8567657			2480		55
55.30 IMPL. DEV. CHARGED TO PATIENT		7774773					55.30
56 DRUGS CHARGED TO PATIENTS		46740757			174159		56
57 RENAL DIALYSIS		1905091			6430		57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		274699					60
60.03 DIABETES CENTER		34644					60.03
61 EMERGENCY		24325125					61
62 OBSERVATION BEDS (NON-DISTINC		4417394					62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		241226303			725073		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 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

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
INPATIENT DAYS	1	1	1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	23597	10323	2551			1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	23597	10323	2551			2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	23597	10323	2551			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)	9706	3670	1570			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	25064588	6519422	3423498				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	25064588	6519422	3423498				27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	49196309	16162624	3987213				28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	49196309	16162624	3987213				30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.509481	.403364	.858619				31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	2084.85	1565.69	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	25064588	6519422	3423498				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	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1062.19	631.54	1342.02			38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	10309616	2317752	2106971			39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	10309616	2317752	2106971			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	4933446	2585	1908.49	1155	2204306	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	13620896	419534	1046380			48
49 TOTAL PROGRAM INPATIENT COSTS	26134818	2737286	3153351			49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	979836	172160	250384			50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	540432	12681	58844			51
52 TOTAL PROGRAM EXCLUDABLE COST	1520268	184841	309228			52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	24614550	2552445	2844123			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	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BEDS	2309	83
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1062.19	84
85	OBSERVATION BED COST	2452597	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL
 ROUTINE COST (FROM LINE 27)

	COST 1	(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	25064588		2452597		86
87	NEW CAPITAL-RELATED COST	2060032	25064588	.082189	2452597	201576
88	NON PHYSICIAN ANESTHETIST		25064588		2452597	88
89	MEDICAL EDUCATION		25064588		2452597	89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS	HOSPITAL	SUB I	SUB II	SUB III	SUB IV	NF
	(OTHER) (14-0240)	(OTHER) (14-S240)	(OTHER) (14-T240)			
	1	1	1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	23597	10323	2551			1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	23597	10323	2551			2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	23597	10323	2551			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	4945	468			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	2725					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	25064588	6508594	3412906				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	25064588	6508594	3412906				27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	49196309	16162624	3987213				28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	49196309	16162624	3987213				30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.509481	.402694	.855963				31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	2084.85	1565.69	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	25064588	6508594	3412906				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	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1062.19	630.49	1337.87			38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	7040195	3117773	626123			39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	7040195	3117773	626123			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)	2826091	2725	1037.10	1978	2051384	42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	4929354	2585	1906.91	376	716998	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	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	5464210	447821	263938			48
49 TOTAL PROGRAM INPATIENT COSTS	15272787	3565594	890061			49

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	717613	231970	74637			50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	179215	9029	15448			51
52 TOTAL PROGRAM EXCLUDABLE COST	896828	240999	90085			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	1	1	1	54
55		440	40			55
56						56
57						57
58						58
58.01						58.01
58.02						58.02
58.03						58.03
58.04						58.04
59						59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

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

PROVIDER NO. 14-0240 WESTLAKE COMMUNITY HOSPITAL
PERIOD FROM 07/01/2009 TO 07/31/2010

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

VERSION: 2011.03
05/19/2011 15:46

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	2309	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1062.19	84
85 OBSERVATION BED COST	2452597	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		21602979		25
26 INTENSIVE CARE UNIT		3461395		26
31 SUBPROVIDER I				31
31.01 SUB-PROVIDER II				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.369978	4527294	1674999	37
38 RECOVERY ROOM	.348448	453590	158053	38
40 ANESTHESIOLOGY	.320692	659372	211455	40
41 RADIOLOGY-DIAGNOSTIC	.159589	10704107	1708258	41
41.01 MRI	.112885	505321	57043	41.01
44 LABORATORY	.180032	11384985	2049662	44
49 RESPIRATORY THERAPY	.221923	4386514	973468	49
49.01 SLEEP LAB	.995676	51607	51384	49.01
50 PHYSICAL THERAPY	.535243	413379	221258	50
51 OCCUPATIONAL THERAPY	.421843	226390	95501	51
52 SPEECH PATHOLOGY	.421817	157776	66553	52
55 MEDICAL SUPPLIES CHARGED TO PAT	.511323	2044031	1045160	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.514981	2603841	1340929	55.30
56 DRUGS CHARGED TO PATIENTS	.158718	16102333	2555730	56
57 RENAL DIALYSIS	.417731	819603	342374	57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.974936	5213	5082	60
60.03 DIABETES CENTER	2.299763			60.03
61 EMERGENCY	.263478	2990880	788031	61
62 OBSERVATION BEDS (NON-DISTINCT	.555214	497026	275956	62
OTHER REIMBURSABLE COST CENTERS				
101 TOTAL		58533262	13620896	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		58533262		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		5734313		31
31.01 SUB-PROVIDER II				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.369978	35605	13173	37
38 RECOVERY ROOM	.348448	220	77	38
40 ANESTHESIOLOGY	.320692	49349	15826	40
41 RADIOLOGY-DIAGNOSTIC	.159589	43127	6883	41
41.01 MRI	.112885			41.01
44 LABORATORY	.180032	523720	94286	44
49 RESPIRATORY THERAPY	.221923	52799	11717	49
49.01 SLEEP LAB	.995676	2338	2328	49.01
50 PHYSICAL THERAPY	.535243	10050	5379	50
51 OCCUPATIONAL THERAPY	.421843	704	297	51
52 SPEECH PATHOLOGY	.421817	1033	436	52
55 MEDICAL SUPPLIES CHARGED TO PAT	.511323	467	239	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.514981			55.30
56 DRUGS CHARGED TO PATIENTS	.158718	1172874	186156	56
57 RENAL DIALYSIS	.417731	41152	17190	57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.974936			60
60.03 DIABETES CENTER	2.299763			60.03
61 EMERGENCY	.263478	248776	65547	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.555214			62
101 TOTAL		2182214	419534	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		2182214		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		2451418		31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.369978	4018	1487	37
38 RECOVERY ROOM	.348448	4352	1516	38
40 ANESTHESIOLOGY	.320692	809	259	40
41 RADIOLOGY-DIAGNOSTIC	.159589	20330	3244	41
41.01 MRI	.112885			41.01
44 LABORATORY	.180032	269325	48487	44
49 RESPIRATORY THERAPY	.221923	86669	19234	49
49.01 SLEEP LAB	.995676	668	665	49.01
50 PHYSICAL THERAPY	.535243	787634	421576	50
51 OCCUPATIONAL THERAPY	.421843	729538	307750	51
52 SPEECH PATHOLOGY	.421817	125282	52846	52
55 MEDICAL SUPPLIES CHARGED TO PAT	.511323	35692	18250	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.514981			55.30
56 DRUGS CHARGED TO PATIENTS	.158718	745565	118335	56
57 RENAL DIALYSIS	.417731	101302	42317	57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.974936	10611	10345	60
60.03 DIABETES CENTER	2.299763			60.03
61 EMERGENCY	.263478	261	69	61
62 OBSERVATION BEDS (NON-DISTINCT	.555214			62
OTHER REIMBURSABLE COST CENTERS				
101 TOTAL		2922056	1046380	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		2922056		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		14916538		25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I				31
31.01 SUB-PROVIDER II				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.369978	1891199	699702	37
38 RECOVERY ROOM	.348448	340078	118499	38
40 ANESTHESIOLOGY	.320692	704485	225923	40
41 RADIOLOGY-DIAGNOSTIC	.159589	1902082	303551	41
41.01 MRI	.112885	88251	9962	41.01
44 LABORATORY	.180032	6009510	1081904	44
49 RESPIRATORY THERAPY	.220722	1893083	417845	49
49.01 SLEEP LAB	.995676			49.01
50 PHYSICAL THERAPY	.535243	68610	36723	50
51 OCCUPATIONAL THERAPY	.421843	36180	15262	51
52 SPEECH PATHOLOGY	.421817	66449	28029	52
55 MEDICAL SUPPLIES CHARGED TO PAT	.511323	1690035	864154	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.514981			55.30
56 DRUGS CHARGED TO PATIENTS	.158718	8898286	1412318	56
57 RENAL DIALYSIS	.417731	521752	217952	57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.974936			60
60.03 DIABETES CENTER	2.299763			60.03
61 EMERGENCY	.263478	120480	31744	61
62 OBSERVATION BEDS (NON-DISTINCT	.555214	1156	642	62
OTHER REIMBURSABLE COST CENTERS				
101 TOTAL		24231636	5464210	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		24231636		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		7724660		31
31.01 SUB-PROVIDER II				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.369978	8934	3305	37
38 RECOVERY ROOM	.348448	889	310	38
40 ANESTHESIOLOGY	.320692	45293	14525	40
41 RADIOLOGY-DIAGNOSTIC	.159589	52421	8366	41
41.01 MRI	.112885	2245	253	41.01
44 LABORATORY	.180032	703499	126652	44
49 RESPIRATORY THERAPY	.220722	76887	16971	49
49.01 SLEEP LAB	.995676			49.01
50 PHYSICAL THERAPY	.535243	9036	4836	50
51 OCCUPATIONAL THERAPY	.421843	254	107	51
52 SPEECH PATHOLOGY	.421817	1676	707	52
55 MEDICAL SUPPLIES CHARGED TO PAT	.511323	2953	1510	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.514981			55.30
56 DRUGS CHARGED TO PATIENTS	.158718	1542603	244839	56
57 RENAL DIALYSIS	.417731	45010	18802	57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.974936			60
60.03 DIABETES CENTER	2.299763			60.03
61 EMERGENCY	.263478	25195	6638	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.555214			62
101 TOTAL		2516895	447821	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		2516895		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		651771		31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.369978			37
38 RECOVERY ROOM	.348448			38
40 ANESTHESIOLOGY	.320692			40
41 RADIOLOGY-DIAGNOSTIC	.159589	976	156	41
41.01 MRI	.112885			41.01
44 LABORATORY	.180032	59459	10705	44
49 RESPIRATORY THERAPY	.220722	25421	5611	49
49.01 SLEEP LAB	.995676			49.01
50 PHYSICAL THERAPY	.535243	206777	110676	50
51 OCCUPATIONAL THERAPY	.421843	189192	79809	51
52 SPEECH PATHOLOGY	.421817	60179	25385	52
55 MEDICAL SUPPLIES CHARGED TO PAT	.511323	2480	1268	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.514981			55.30
56 DRUGS CHARGED TO PATIENTS	.158718	174159	27642	56
57 RENAL DIALYSIS	.417731	6430	2686	57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.974936			60
60.03 DIABETES CENTER	2.299763			60.03
61 EMERGENCY	.263478			61
62 OBSERVATION BEDS (NON-DISTINCT	.555214			62
OTHER REIMBURSABLE COST CENTERS				
101 TOTAL		725073	263938	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		725073		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0240)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
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	8471472					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	1470292					1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1						1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997	583341					2.01
INDIRECT MEDICAL EDUCATION ADJUSTMENT						
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	114.17					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) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI, LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00	0.00	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	0.304896				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	725569				3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	514470				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]	1166937				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	2406976 0				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	0.3896				4.01
4.02	SUM OF 4 AND 4.01	0.4633				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.2744				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	4391316				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	23384970				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	23384970				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	1715889				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	1457352				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	26558211				16
17	PRIMARY PAYER PAYMENTS					17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	26558211				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1278532				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	252340				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	25372242				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	25372242					26
27						27
28	25386206					28
28.01						28.01
29	-13964					29
30	521709					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				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	7363997			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	5559603			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.826			1.03
1.04 LINE 1.01 TIMES LINE 1.03	6082662			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04	91.40			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	5559603			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 LINE 17.01	1216234		18.01
19 SUBTOTAL	4343369		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	335178		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	4678547		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	4678547		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	4985865		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	4985865		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	4858992		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	126873		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 ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)			51
52 THE RATE USED TO CALCULATE THE TIME VALUE MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS) FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION			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) 1	SUB I (14-S240) 1.01	SUB I (14-S240) 1.02	
1				1
1.01	1422			1.01
MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				
1.02	1132			1.02
PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				
1.03				1.03
1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				
1.04				1.04
LINE 1.01 TIMES LINE 1.03				
1.05				1.05
LINE 1.02 DIVIDED BY LINE 1.04				
1.06				1.06
TRANSITIONAL CORRIDOR PAYMENT				
1.07				1.07
AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				
2				2
INTERNS AND RESIDENTS				
3				3
ORGAN ACQUISITIONS				
4				4
COST OF TEACHING PHYSICIANS				
5				5
TOTAL COST				
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
6				6
ANCILLARY SERVICE CHARGES				
7				7
INTERNS AND RESIDENTS SERVICE CHARGES				
8				8
ORGAN ACQUISITION CHARGES				
9				9
CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				
10				10
TOTAL REASONABLE CHARGES				
CUSTOMARY CHARGES				
11				11
AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				
12				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)				
13				13
RATIO OF LINE 11 TO LINE 12				
14				14
TOTAL CUSTOMARY CHARGES				
15				15
EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				
16				16
EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				
17				17
LESSER OF COST OR CHARGES				
17.01	1132			17.01
TOTAL PPS PAYMENTS				

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			18
18.01	263		18.01
19	869		19
20			20
21			21
22			22
23	869		23
24			24
25	869		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26			26
27			27
27.01			27.01
27.02			27.02
28	869		28
29			29
30			30
30.99			30.99
31			31
32	869		32
33			33
34	869		34
34.01			34.01
35			35
36			36
TO BE COMPLETED BY CONTRACTOR			
50			50
51			51
52			52
53			53
54			54

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	
1				1
1.01	137			1.01
1.02	117			1.02
1.03	0.826			1.03
1.04	113			1.04
1.05				1.05
1.06				1.06
1.07				1.07
2				2
3				3
4				4
5				5
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
6				6
7				7
8				8
9				9
10				10
CUSTOMARY CHARGES				
11				11
12				12
13				13
14				14
15				15
16				16
17				17
17.01	117			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
19	23		
20			18
21			19
22			20
23			21
24	94		22
25			23
26	94		24
27			25
27.01			26
27.02			27
28			27.01
29	94		27.02
30			28
30.99			29
31			30
32			30.99
33	94		31
34			32
34.01			33
35	94		34
36			34.01
			35
			36
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 B		
	PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		24682652		4766962	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 TO .04 PROGRAM .05 PROVIDER .50 TO .51 PROGRAM .52 TO .53 PROGRAM .54	02/09/2010 325435 06/25/2010 603189	01/28/2011 02/09/2010 06/25/2010	129806 4731 33045	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	703554		92030	3.99
4 TOTAL INTERIM PAYMENTS		25386206		4858992	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 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 .01 PROVIDER TO .02 PROGRAM		-13964	126873	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		25372242		4985865	7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

INTERMEDIARY NUMBER: _____
 DATE (MO/DAY/YR): _____

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

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B		
	PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2483987		869	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 TO .04 PROVIDER .05 TO .50 PROVIDER .51 TO .52 PROGRAM .53 .54			NONE NONE NONE NONE NONE NONE NONE NONE 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		2483987		869	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 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 .01 PROVIDER TO .02 PROGRAM		58000		6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		2541987		869	7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

INTERMEDIARY NUMBER: _____
 DATE (MO/DAY/YR): _____

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER II (14-T240)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B		
	PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2039325		94	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 PROGRAM .02 TO .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	06/25/2010 23183		NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	23183			3.99
4 TOTAL INTERIM PAYMENTS		2062508		94	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 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 .01 PROVIDER TO .02 PROGRAM	73953			6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		2136461		94	7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

INTERMEDIARY NUMBER: _____
 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)			1764180		1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		0.0617			1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)		258177			1.04
1.05	OUTLIER PAYMENTS		163470			1.05
1.06	TOTAL PPS PAYMENTS		2185827			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)	2657160				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)	26.068182				1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS	2707056				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	2707056				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)		6.441919			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	2707056	2185827			4
5	PRIMARY PAYER PAYMENTS					5
6	SUBTOTAL	2707056	2185827			6
7	DEDUCTIBLES	140076	8672			7
8	SUBTOTAL	2566980	2177155			8
9	COINSURANCE	82993	46406			9
10	SUBTOTAL	2483987	2130749			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	2541987	2136461			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		2541987	2136461			17
18 SEQUESTRATION ADJUSTMENT						18
19 INTERIM PAYMENTS		2483987	2062508			19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20 BALANCE DUE PROVIDER/PROGRAM		58000	73953			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 PPS AMOUNT OR ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)						50
51 OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)						51
52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						52
53 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	15272787	3565594	890061	1
3				1
4				1
5				1
6	15272787	3565594	890061	6
7				7
8				8
9	15272787	3565594	890061	9
10				10
11	24231636	2516895	725073	11
12				12
13				13
14				14
15				15
16	24231636	2516895	725073	16
17				17
18				18
19				19
20	24231636	2516895	725073	20
21	8958849			21
22		1048699	164988	22
23	15272787	3565594	890061	23
24				24
25				25
26				26
27				27
28				28
29				29
30	15272787	3565594	890061	30
31				31
32	15272787	3565594	890061	32
33				33

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX	
	HOSPITAL (14-0240) (OTHER) 1	SUB I (14-S240) (OTHER) 1	SUB II (14-T240) (OTHER) 1	SUB III 1
				SUB IV 1
				NF I 1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
35				34
36				35
37				36
38				37
38.01				38
38.02				38.01
39				38.02
40				39
41				40
42				41
43				42
44				43
45				44
46				45
47				46
48				47
49				48
50				49
51				50
52				51
53				52
54				53
55				54
56				55
57				56
57.01				57
58				57.01
59				58
				59

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

WORKSHEET E-3
 PART IV

	[] TITLE V	[XX] TITLE XVIII	[] TITLE XIX
COMPUTATION OF TOTAL DIRECT GME AMOUNT			
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS		1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE		2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS		2.01
3	AGGREGATE APPROVED AMOUNT		3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	44.74	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	44.74	3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	33.86	3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	33.86	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	28.54	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	5.32	3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	33.86	3.09
3.10	SEE INSTRUCTIONS	33.86	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	5.32	3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	4.88	3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	5.42	3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	5.21	3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	5.21	3.16
3.17	SEE INSTRUCTIONS	102488.55	3.17
3.18	SEE INSTRUCTIONS	533965	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			28.61	3.19
3.20 SEE INSTRUCTIONS			36.88	3.20
3.21 SEE INSTRUCTIONS			31.34	3.21
3.22 SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]			31.34	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			105317.24	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			3300642	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			3834607	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4 PROGRAM PART A INPATIENT DAYS			16101	4
5 TOTAL INPATIENT DAYS			36747	5
6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS			.438158	6
	[LINE 6 x] [E-3,PART 6]			
	[LINE 3.25] [LINE 11]			
6.01 TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 1680164 0			1680164	6.01
6.02 PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD			1254	6.02
6.03 TOTAL INPATIENT DAYS FROM LINE 5 ABOVE			36747	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			112366	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 0 0 PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD				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			1905091	8
9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES				9
10 MEDICARE O/P ESRD CHARGES				10
11 MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS				11

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

WORKSHEET E-3
 PART IV
 (CONT)

[] TITLE V

[XX] TITLE XVIII

[] TITLE XIX

APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY			
PART A REASONABLE COST			
12	REASONABLE COST	32025455	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS		15
16	TOTAL PART A REASONABLE COST	32025455	16
PART B REASONABLE COST			
17	REASONABLE COST	7365556	17
18	PRIMARY PAYER PAYMENTS		18
19	TOTAL PART B REASONABLE COST	7365556	19
20	TOTAL REASONABLE COST	39391011	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.813014	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.186986	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	1792530	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	1457352	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	335178	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			12417	4
5 TOTAL INPATIENT DAYS			36747	5
6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS			.337905	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			36747	6.03
6.04 APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS			100.00	6.04
6.05 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD				6.05
6.06 PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR				6.06
6.07 APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE			100.00	6.07
	[PRIOR TO] [E-3,PART 6]			
	[422] [LINE 12]			
6.08 GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	0	0		6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7 RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS				7
8 RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES				8
9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES				9
10 MEDICARE O/P ESRD CHARGES				10
11 MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS				11

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

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

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

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	954766			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE	5730132			3
4	ACCOUNTS RECEIVABLE				4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	489932			7
8	PREPAID EXPENSES	209531			8
9	OTHER CURRENT ASSETS	63900			9
10	DUE FROM OTHER FUNDS	-100118			10
11	TOTAL CURRENT ASSETS	7348143			11
FIXED ASSETS					
12	LAND				12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS				13
13.01	ACCUMULATED DEPRECIATION				13.01
14	BUILDINGS	131074863			14
14.01	ACCUMULATED DEPRECIATION	-111047886			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	20026977			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	27375120			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	11892496			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	13621450			35
36	TOTAL CURRENT LIABILITIES	25513946			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	22231760			41
42	TOTAL LONG TERM LIABILITIES	22231760			42
43	TOTAL LIABILITIES	47745706			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	-20370586			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	-20370586			51
52	TOTAL LIABILITIES AND FUND BALANCES	27375120			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	21494973			1
2 NET INCOME (LOSS)	-41865559			2
3 TOTAL	-20370586			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	-20370586			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	-20370586			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	57466888		57466888	1
2 SUBPROVIDER I	16164006		16164006	2
2.01 SUBPROVIDER II	3987213		3987213	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	77618107		77618107	9
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10 INTENSIVE CARE UNIT	7586784		7586784	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	7586784		7586784	15
16 TOTAL INPATIENT ROUTINE CARE SERVICES	85204891		85204891	16
17 ANCILLARY SERVICES	131420163	124203878	255624041	17
18 OUTPATIENT SERVICES				18
19 HOME HEALTH AGENCY				19
20 AMBULANCE				20
21 CORF				21
22 ASC				22
23 HOSPICE				23
24				24
25 TOTAL PATIENT REVENUES	216625054	124203878	340828932	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		116431775	26
27 BAD DEBTS	10447357		27
28	1356473		28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		11803830	33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		128235605	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	340828932	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	246750160	2
3	NET PATIENT REVENUES	94078772	3
4	LESS - TOTAL OPERATING EXPENSES	128235605	4
5	NET INCOME FROM SERVICE TO PATIENTS	-34156833	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	MISCELLANEOUS REVENUE	9585569	24
25	TOTAL OTHER INCOME	9585569	25
26	TOTAL	-24571264	26
27	LOSS ON SALE OF HOSPITAL	17294295	27
28			28
29			29
30	TOTAL OTHER EXPENSES	17294295	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-41865559	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0240)	HOSPITAL (14-0240)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
2					2
3	1317506				3
3.01	35541				3.01
4	60.29				4
4.01	34.81				4.01
4.02	17.70				4.02
4.03	233199				4.03
5	0.0737				5
5.01	0.3896				5.01
5.02	0.4633				5.02
5.03	0.0984				5.03
5.04	129643				5.04
6	1715889				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 0	SUBTOTAL 4A	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					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