

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

WORKSHEET S
 PARTS I, II & III

PART I - COST REPORT STATUS

PROVIDER USE ONLY 1. ELECTRONICALLY FILED COST REPORT DATE: _____ TIME: _____
 2. MANUALLY SUBMITTED COST REPORT
 3. IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT
 4. MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.

CONTRACTOR USE ONLY 5. COST REPORT STATUS 6. DATE RECEIVED: _____ 10. NPR DATE: _____
 1 - AS SUBMITTED 7. CONTRACTOR NO: _____ 11. CONTRACTOR'S VENDOR CODE: _____
 2 - SETTLED WITHOUT AUDIT 8. INITIAL REPORT FOR THIS PROVIDER CCN 12. IF LINE 5, COLUMN 1 IS 4: ENTER
 3 - SETTLED WITH AUDIT 9. FINAL REPORT FOR THIS PROVIDER CCN NUMBER OF TIMES REOPENED - 0-9.
 4 - REOPENED
 5 - AMENDED

PART II - CERTIFICATION

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 INGALLS MEMORIAL HOSPITAL (14-0191) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2010 AND ENDING 09/30/2011, AND 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 IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5	
		PART A 2	PART B 3			
1 HOSPITAL		3,257,391	433,630			1
2 SUBPROVIDER - IPF		6,175	241			2
3 SUBPROVIDER - IRF		159,601	2			3
4 SUBPROVIDER (OTHER)						4
5 SWING BED - SNF						5
6 SWING BED - NF						6
7 SKILLED NURSING FACILITY						7
8 NURSING FACILITY						8
9 HOME HEALTH AGENCY		39	731			9
10 HEALTH CLINIC - RHC						10
11 HEALTH CLINIC - FQHC						11
12 OUTPATIENT REHABILITATION PROVIDER						12
200 TOTAL		3,423,206	434,604			200

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 673 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: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORT CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MARYLAND 21244-1850.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: ONE INGALLS DRIVE
 2 CITY: HARVEY

STATE: IL

P.O.BOX:
 ZIP CODE: 60426

COUNTY: COOK

1
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N)				
						V 6	XVIII 7	XIX 8		
3	HOSPITAL	INGALLS MEMORIAL HOSPITAL	14-0191	16974	1	07/01/1966	N	P	O	3
4	SUBPROVIDER - IPF	PSYCH UNIT OF INGALLS MEM HOS	14-S191	16974	4	01/01/1984	N	P	O	4
5	SUBPROVIDER - IRF	REHAB UNIT OF INGALLS MEM HOS	14-T191	16974	5	11/02/1989	N	P	O	5
6	SUBPROVIDER - (OTHER)									6
7	SWING BEDS - SNF									7
8	SWING BEDS - NF									8
9	HOSPITAL-BASED SNF									9
10	HOSPITAL-BASED NF									10
11	HOSPITAL-BASED OLTC									11
12	HOSPITAL-BASED HHA	INGALLS HOME CARE	14-7435	16974		07/24/1985	N	P	N	12
13	SEPARATELY CERTIFIED ASC									13
14	HOSPITAL-BASED HOSPICE	INGALLS HOME CARE HOSPICE	14-1535	16974		02/28/1990				14
15	HOSPITAL-BASED HEALTH CLINIC - RHC									15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC									16
17	HOSPITAL-BASED (CMHC)									17
18	RENAL DIALYSIS									18
19	OTHER									19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 10/01/2010			TO: 09/30/2011					20
21	TYPE OF CONTROL									21

INPATIENT PPS INFORMATION

22	DOES THIS FACILITY QUALIFY FOR AND RECEIVE DISPROPORTIONATE SHARE HOSPITAL PAYMENT IN ACCORDANCE WITH 42 CFR §412.106 IN COLUMN 1, ENTER 'Y' FOR YES AND 'N' FOR NO. IS THIS FACILITY SUBJECT TO 42 CFR §412.06(c)(2)(PICKLE AMENDMENT HOSPITAL)? IN COLUMN 2, ENTER 'Y', FOR YES OR 'N' FOR NO.									1	2
23	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON LINES 24 AND/OR 25 BELOW? IN COLUMN 1, ENTER 1 IF DATE OF ADMISSION, 2 IF CENSUS DAYS, OR 3 IF DATE OF DISCHARGE. IS THE METHOD OF IDENTIFYING THE DAYS IN THIS COST REPORTING PERIOD DIFFERENT FROM THE METHOD USED IN THE PRIOR COST REPORTING PERIOD? IN COLUMN 2, ENTER 'Y' FOR YES OR 'N' FOR NO.									3	N 23

		IN-STATE MEDICAID PAID DAYS 1	IN-STATE MEDICAID ELIGIBLE DAYS 2	OUT-OF- STATE MEDICAID PAID DAYS 3	OUT-OF- STATE MEDICAID ELIGIBLE DAYS 4	MEDICAID HMO DAYS 5	OTHER MEDICAID DAYS 6	
24	IF LINE 22 AND/OR 45 IS 'YES', AND THIS PROVIDER IS AN IPHS HOSPITAL ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	18,951	1,590	68		612		24
25	IF THIS PROVIDER IS AN IRF THEN, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF STATE MEDICAID DAYS IN COL. 3, OUT-OF STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.		561					25
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				1			26
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				1			27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.							35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:		36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.							37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:		38

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

		V 1	XVIII 2	XIX 3	
45	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	N	Y	N	45
46	IS THIS FACILITY ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR §412.348(g)? IF YES, COMPLETE WORKSHEET L, PART III AND L-1, PARTS I THROUGH III.	N	N	N	46
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N	47
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N	48

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEACHING HOSPITALS

	1	2	3	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N	57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-5.			58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N		59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	Y		60

	Y/N	IME AVERAGE	DIRECT GME AVERAGE	
61	DID YOUR FACILITY RECEIVE ADDITIONAL FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 'Y', EFFECTIVE FOR PORTIONS OF COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2011 ENTER THE AVERAGE NUMBER OF PRIMARY CARE FTE RESIDENTS FOR IME IN COLUMN 2 AND DIRECT GME IN COLUMN 3 FROM THE HOSPITAL'S THREE MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)	N		61

ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)

62	ENTER THE NUMBER OF FTE RESIDENTS THAT YOUR HOSPITAL TRAINED IN THIS COST REPORTING PERIOD FOR WHICH YOUR HOSPITAL RECEIVED HRSA PCRE FUNDING (SEE INSTRUCTIONS)			62
62.01	ENTER THE NUMBER OF FTE RESIDENTS THAT ROTATED FROM A TEACHING HEALTH CENTER (THC) INTO YOUR HOSPITAL IN THIS COST REPORTING PERIOD OF HRSA THC PROGRAM. (SEE INSTRUCTIONS)			62.01

TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS

63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	N		63
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SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS

	UNWEIGHTED FTES NONPROVIDER SITE	UNWEIGHTED FTES IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	
64	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTES ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTES THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)			64

ENTER IN LINES 65-65.49, COLUMN 1 THE PROGRAM NAME. ENTER IN COLUMN 2
 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY
 CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-
 PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY
 CARE RESIDENT FTES THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5
 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 + COLUMN 4)). (SEE
 INSTRUCTIONS)

PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTES NONPROVIDER SITE	UNWEIGHTED FTES IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))
1	2	3	4	5

SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS

	UNWEIGHTED FTES NONPROVIDER SITE	UNWEIGHTED FTES IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	
66	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTES ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTES THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)			66

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

ENTER IN LINES 67-67.49, COLUMN 1 THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 ÷ COLUMN 4). (SEE INSTRUCTIONS)

PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))
1	2	3	4	5
INPATIENT PSYCHIATRIC FACILITY PPS				
70	IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			Y 70
71	IF LINE 70 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			N N 71
INPATIENT REHABILITATION FACILITY PPS				
75	IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			Y 75
76	IF LINE 75 YES: COLUMN 1: DID 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. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			N 76
LONG TERM CARE HOSPITAL PPS				
80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.			N 80
TEFRA PROVIDERS				
85	IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) TEFRA? ENTER 'Y' FOR YES OR 'N' FOR NO.			N 85
86	DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR §413.40(f)(1)(ii)? ENTER 'Y' FOR YES, OR 'N' FOR NO.			N 86
TITLE V AND XIX INPATIENT SERVICES				
90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.			V XIX 1 2 N Y 90
91	IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 91
92	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N 92
93	DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 93
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 94
95	IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			95
96	DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 96
97	IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			97
RURAL PROVIDERS				
105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?			1 2 N 105
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.			106
107	COLUMN 1: 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 IN COLUMN 1. 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, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&RS IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.			107
108	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.			N 108
109	IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.		PHY- OCCUP- RESPI- SICAL ATIONAL SPEECH RATORY	Y Y Y Y 109

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	N	115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y	117
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.	1	118
119	WHAT IS THE LIABILITY LIMIT FOR THE MALPRACTICE INSURANCE POLICY? ENTER IN COLUMN 1 THE MONETARY LIMIT PER LAWSUIT. ENTER IN COLUMN 2 THE MONETARY LIMIT PER POLICY YEAR.	3,000,000	10,000,000 119
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? AS AMENDED BY THE MEDICAID EXTENDER ACT (MMEA) §108? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N	N 120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y	121

TRANSPLANT CENTER INFORMATION

125	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, ENTER CERTIFICATION DATE(S) (MM/DD/YYYY) BELOW.	N	125
126	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		126
127	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		127
128	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		128
129	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		129
130	IF THIS IS A MEDICARE CERTIFIED PANCREAS TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		130
131	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		131
132	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		132
133	IF THIS IS A MEDICARE CERTIFIED OTHER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		133
134	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		134

ALL PROVIDERS

140	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.	Y	140
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IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.

141	NAME:	CONTRACTOR'S NAME:	CONTRACTOR'S NUMBER:	141
142	STREET:	P.O. BOX:		142
143	CITY:	STATE:	ZIP CODE:	143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y		144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.	Y		145
146	HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2.	N		146
147	WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		147
148	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		148
149	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		149

DOES THIS FACILITY CONTAIN A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES? ENTER 'Y' FOR YES OR 'N' FOR NO FOR EACH COMPONENT FOR PART A AND PART B.

SEE 42 CFR §413.13)	PART A	PART B
155 HOSPITAL	1	2
156 SUBPROVIDER - IPF	N	N 155
157 SUBPROVIDER - IRF	N	N 156
158 SUBPROVIDER - (OTHER)	N	N 157
159 SNF	N	N 158
160 HHA	N	N 159
161 CMHC	N	N 160

MULTICAMPUS

165	IS THIS HOSPITAL PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSAs? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	165
166	IF LINE 165 IS YES, FOR EACH CAMPUS, ENTER THE NAME IN COLUMN 0, COUNTY IN COLUMN 1, STATE IN COLUMN 2, ZIP IN COLUMN 3, CBSA IN COLUMN 4, FTE/CAMPUS IN COLUMN 5.		
	NAME	COUNTY	STATE
	0	1	2
			ZIP CODE
			3
			CBSA
			4
			FTE/CAMPUS
			5

HEALTH INFORMATION TECHNOLOGY (HIT) INCENTIVE IN THE AMERICAN RECOVERY AND REINVESTMENT ACT

167	IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(n)? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	167
168	IF THIS PROVIDER IS A CAH (LINE 105 IS 'Y') AND A MEANINGFUL USER (LINE 167 IS 'Y'), ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS.		168
169	IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH (LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.		169

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
 PART II

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES.
 ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

COMPLETED BY ALL HOSPITALS

		Y/N	DATE		
PROVIDER ORGANIZATION AND OPERATION					
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	1 N	2	1	
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	1 N	2	3 2	
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	N		3	
FINANCIAL DATA AND REPORTS					
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	1 N	2	3 4	
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	N		5	
APPROVED EDUCATIONAL ACTIVITIES					
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?		1 N	2 6	
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	Y		7	
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8	
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	N		9	
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10	
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.		Y/N	Y 12	
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			N 13	
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N 14	
BED COMPLEMENT					
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			N 15	
PS&R REPORT DATA					
		PART A		PART B	
		Y/N	DATE	Y/N	DATE
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	1 Y	2 03/07/2012	3 Y	4 03/07/2012
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	Y	03/07/2012	Y	03/07/2012
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	18
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	19
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	20
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	21

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES.
ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)

CAPITAL RELATED COST

- | | | |
|----|---|----|
| 22 | HAVE ASSETS BEEN RELIEFED FOR MEDICARE PURPOSES? IF YES, SEE INSTRUCTIONS. | 22 |
| 23 | HAVE CHANGES OCCURRED IN THE MEDICARE DEPRECIATION EXPENSE DUE TO APPRAISALS MADE DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 23 |
| 24 | WERE NEW LEASES AND/OR AMENDMENTS TO EXISTING LEASES ENTERED INTO DURING THIS COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 24 |
| 25 | HAVE THERE BEEN NEW CAPITALIZED LEASES ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 25 |
| 26 | WERE ASSETS SUBJECT TO SEC. 2314 OF DEFRA ACQUIRED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 26 |
| 27 | HAS THE PROVIDER'S CAPITALIZED POLICY CHANGED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 27 |

INTEREST EXPENSE

- | | | |
|----|---|----|
| 28 | WERE NEW LOANS, MORTGAGE AGREEMENTS OR LETTERS OF CREDIT ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 28 |
| 29 | DID THE PROVIDER HAVE A FUNDED DEPRECIATION ACCOUNT AND/OR BOND FUNDS (DEBT SERVICE RESERVE FUND) TREATED AS A FUNDED DEPRECIATION ACCOUNT? IF YES, SEE INSTRUCTIONS. | 29 |
| 30 | HAS EXISTING DEBT BEEN REPLACED PRIOR TO ITS SCHEDULED MATURITY WITH NEW DEBT? IF YES, SEE INSTRUCTIONS. | 30 |
| 31 | HAS DEBT BEEN RECALLED BEFORE SCHEDULED MATURITY WITHOUT ISSUANCE OF NEW DEBT? IF YES, SEE INSTRUCTIONS. | 31 |

PURCHASED SERVICES

- | | | |
|----|---|----|
| 32 | HAVE CHANGES OR NEW AGREEMENTS OCCURRED IN PATIENT CARE SERVICES FURNISHED THROUGH CONTRACTUAL ARRANGEMENTS WITH SUPPLIERS OF SERVICES? IF YES, SEE INSTRUCTIONS. | 32 |
| 33 | IF LINE 32 IS YES, WERE THE REQUIREMENTS OF SEC. 2135.2 APPLIED PERTAINING TO COMPETITIVE BIDDING? IF NO, SEE INSTRUCTIONS. | 33 |

PROVIDER-BASED PHYSICIANS

- | | | |
|----|--|----|
| 34 | ARE SERVICES FURNISHED AT THE PROVIDER FACILITY UNDER AN ARRANGEMENT WITH PROVIDER-BASED PHYSICIANS? IF YES, SEE INSTRUCTIONS. | 34 |
| 35 | IF LINE 34 IS YES, WERE THERE NEW AGREEMENTS OR AMENDED EXISTING AGREEMENTS WITH THE PROVIDER-BASED PHYSICIANS DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 35 |

HOME OFFICE COSTS

- | | Y/N | DATE | |
|----|--|------|----|
| | 1 | 2 | |
| 36 | WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT? | | 36 |
| 37 | IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS. | | 37 |
| 38 | IF LINE 36 IS YES, WAS THE FISCAL YEAR END OF THE HOME OFFICE DIFFERENT FROM THAT OF THE PROVIDER? IF YES, ENTER IN COLUMN 2 THE FISCAL YEAR END OF THE HOME OFFICE. | | 38 |
| 39 | IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS. | | 39 |
| 40 | IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS. | | 40 |

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART II & III

PART II - WAGE DATA

	WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)	
	1	2	3	4	5	6	
SALARIES							
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200	111,358,180	-15,453,911	95,904,269	4,006,262.00	23.94
2	NON-PHYSICIAN ANESTHETIST PART A						1
3	NON-PHYSICIAN ANESTHETIST PART B						2
4	PHYSICIAN-PART A						3
4.01	PHYSICIANS-PART A - DIRECT TEACHING						4
5	PHYSICIAN-PART B						4.01
6	NON-PHYSICIAN-PART B						5
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21					6
7.01	CONTRACTED INTERNS & RESIDENTS (IN APPROVED PROGRAMS)						7
8	HOME OFFICE PERSONNEL						7.01
9	SNF	44					8
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		14,908,223	-10,091,524	4,816,699	137,429.00	35.05
	OTHER WAGES & RELATED COSTS						10
11	CONTRACT LABOR (SEE INSTRUCTIONS)		407,279		407,279	10,526.00	38.69
12	MANAGEMENT AND ADMINISTRATIVE SERVICES						11
13	CONTRACT LABOR: PHYSICIAN-PART A		2,752,521		2,752,521	15,769.00	174.55
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		9,542,347		9,542,347	46,697.00	204.35
15	HOME OFFICE: PHYSICIAN-PART A						15
16	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						16
	WAGE-RELATED COSTS						
17	WAGE-RELATED COSTS (CORE)		22,244,726		22,244,726		17
18	WAGE-RELATED COSTS (OTHER)						18
19	EXCLUDED AREAS		1,176,298		1,176,298		19
20	NON-PHYSICIAN ANESTHETIST PART A						20
21	NON-PHYSICIAN ANESTHETIST PART B						21
22	PHYSICIAN PART A						22
23	PHYSICIAN PART B						23
24	WAGE-RELATED COSTS (RHC/FQHC)						24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)						25
	OVERHEAD COSTS - DIRECT SALARIES						
26	EMPLOYEE BENEFITS		1,314,388	-2,479	1,311,909	39,906.00	32.87
27	ADMINISTRATIVE & GENERAL		11,655,895	-1,847,943	9,807,952	500,826.00	19.58
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		3,113,744		3,113,744	28,174.00	110.52
29	MAINTENANCE & REPAIRS						29
30	OPERATION OF PLANT		2,341,472		2,341,472	108,164.00	21.65
31	LAUNDRY & LINEN SERVICE		82,934		82,934	6,450.00	12.86
32	HOUSEKEEPING		1,659,647	-569,154	1,090,493	171,216.00	6.37
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)		1,119,007		1,119,007	43,136.00	25.94
34	DIETARY		1,468,392	-816,296	652,096	105,572.00	6.18
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)		1,041,123		1,041,123	44,388.00	23.46
36	CAFETERIA		201,938	475,003	676,941	48,488.00	13.96
37	MAINTENANCE OF PERSONNEL						37
38	NURSING ADMINISTRATION		2,321,197	-116,060	2,205,137	93,099.00	23.69
39	CENTRAL SERVICES AND SUPPLY		228,682		228,682	15,888.00	14.39
40	PHARMACY		2,904,348	-48,262	2,856,086	79,963.00	35.72
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		2,625,011	-67,684	2,557,327	114,012.00	22.43
42	SOCIAL SERVICE						42
43	OTHER GENERAL SERVICE						43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	116,632,054	-15,453,911	101,178,143	4,121,960.00	24.55	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	14,908,223	-10,091,524	4,816,699	137,429.00	35.05	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	101,723,831	-5,362,387	96,361,444	3,984,531.00	24.18	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	12,702,147		12,702,147	72,992.00	174.02	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	22,244,726		22,244,726		23.08%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	136,670,704	-5,362,387	131,308,317	4,057,523.00	32.36	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	32,077,778	-2,992,875	29,084,903	1,399,282.00	20.79	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS		1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3 QUALIFIED AND NON-QUALIFIED PENSION PLAN COST	2,875,505	3
4 PRIOR YEAR PENSION SERVICE COST		4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5 401K/TSA PLAN ADMINISTRATION FEES		5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	11,219,724	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	365,520	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	149,762	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	268,517	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	91,126	15
16 RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106. NON CUMULATIVE PORTION)		16
TAXES		
17 FICA-EMPLOYERS PORTION ONLY	7,657,421	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	397,812	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION		21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT	395,637	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	23,421,024	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

PROVIDER CCN: 14-0191 INGALLS MEMORIAL HOSPITAL
PERIOD FROM 10/01/2010 TO 09/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
04/06/2012 11:12

HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

COMPONENT		CONTRACT	BENEFIT
0		LABOR	COST
		1	2
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST		1
2	HOSPITAL		2
3	SUBPROVIDER - IPF		3
4	SUBPROVIDER - IRF		4
5	SUBPROVIDER - (OTHER)		5
6	SWING BEDS - SNF		6
7	SWING BEDS - NF		7
8	HOSPITAL-BASED SNF		8
9	HOSPITAL-BASED NF		9
10	HOSPITAL-BASED OLTC		10
11	HOSPITAL-BASED HHA		11
12	SEPARATELY CERTIFIED ASC		12
13	HOSPITAL-BASED HOSPICE		13
14	HOSPITAL-BASED HEALTH CLINIC - RHC		14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC		15
16	HOSPITAL-BASED (CMHC)		16
17	RENAL DIALYSIS		17
18	OTHER		18

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7435

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: COOK

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		2,144		374	2,518	1
2 UNDUPLICATED CENSUS COUNT (SEE INSTRUCTION)		1,375.00		1,077.00	2,452.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK: 40.00	----- NUMBER OF EMPLOYEES ----- (FULL TIME EQUIVALENT)			
	STAFF 1	CONTRACT 2	TOTAL 3	
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)		1.00	1.00	3
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)		1.00	1.00	4
5 OTHER ADMINISTRATIVE PERSONNEL		26.26	26.26	5
6 DIRECT NURSING SERVICE		31.30	31.30	6
7 NURSING SUPERVISOR		5.00	5.00	7
8 PHYSICAL THERAPY SERVICE		5.83	5.83	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE		1.21	1.21	10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE		0.19	0.19	12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE		1.00	1.00	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE		0.70	0.70	16
17 HOME HEALTH AIDE SUPERVISOR				17
18 OTHER (SPECIFY)		37.00	37.00	18

HOME HEALTH AGENCY CBSA CODES

19 ENTER IN COLUMN 1 THE NUMBER OF CBSAs WHERE YOU PROVIDED SERVICES DURING THE COST REPORTING PERIOD.			1	19
20 LIST THOSE CBSA CODE(S) IN COLUMN 1 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE).			16974	20

PPS ACTIVITY

	FULL EPISODES				TOTAL (COLS. 1-4)	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4		
21 SKILLED NURSING VISITS	19,076	626	877	398	20,977	21
22 SKILLED NURSING VISIT CHARGES	3,242,921	106,420	149,090	67,660	3,566,091	22
23 PHYSICAL THERAPY VISITS	9,082	86	77	269	9,514	23
24 PHYSICAL THERAPY VISIT CHARGES	1,634,760	15,480	13,860	48,420	1,712,520	24
25 OCCUPATIONAL THERAPY VISITS	2,092	33	13	83	2,221	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	376,560	5,940	2,340	14,940	399,780	26
27 SPEECH PATHOLOGY VISITS	239		1	6	246	27
28 SPEECH PATHOLOGY VISIT CHARGES	43,020		180	1,080	44,280	28
29 MEDICAL SOCIAL SERVICE VISITS	458	6	20	13	497	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	103,050	1,350	4,500	2,925	111,825	30
31 HOME HEALTH AIDE VISITS	1,254	51	4	24	1,333	31
32 HOME HEALTH AIDE VISIT CHARGES	162,815	6,630	520	3,120	173,085	32
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29, AND 31)	32,201	802	992	793	34,788	33
34 OTHER CHARGES						34
35 TOTAL CHARGES (SUM OF LINES 22, 24, 26, 28, 30, 32 AND 34)	5,563,126	135,820	170,490	138,145	6,007,581	35
36 TOTAL NUMBER OF EPISODES (STANDARD/ NON-OUTLIER)	2,186		373	65	2,624	36
37 TOTAL NUMBER OF OUTLIER EPISODES		14			14	37
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES		182,710			182,710	38

HOSPICE IDENTIFICATION DATA

HOSPICE NO.: 14-1535

WORKSHEET S-9
 PARTS I & II

PART I - ENROLLMENT DAYS

----- UNDUPLICATED DAYS -----							
	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL (SUM OF COLS. 1, 2 & 5) 6	
1	CONTINUOUS HOME CARE				21	21	1
2	ROUTINE HOME CARE	12,885			3,132	16,017	2
3	INPATIENT RESPITE CARE	87			22	109	3
4	GENERAL INPATIENT CARE	1,904			627	2,531	4
5	TOTAL HOSPICE DAYS	14,876			3,802	18,678	5

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL (SUM OF COLS. 1, 2 & 5) 6	
6	NUMBER OF PATIENTS RECEIVING HOSPICE CARE	377			10	387	6
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE						7
8	AVERAGE LENGTH OF STAY (LINE 5/LINE 6)	39.46			380.20	48.26	8
9	UNDUPLICATED CENSUS COUNT	377			10	387	9

NOTE: PARTS I & II, COLUMNS 1 AND 2 ALSO INCLUDE THE DAYS REPORTED IN COLUMN 3 AND 4.

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 200, COL. 3 DIVIDED BY LINE 200, COL. 8)		0.283918	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)				
2	NET REVENUE FROM MEDICAID		18,956,887	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?		Y	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?		N	4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID		324,210	5
6	MEDICAID CHARGES		121,335,425	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)		34,449,311	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5)		15,168,214	8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP) (SEE INSTRUCTIONS FOR EACH LINE)				
9	NET REVENUE FROM STAND-ALONE SCHIP			9
10	STAND-ALONE SCHIP CHARGES			10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)			11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9)			12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)				
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)			13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)			14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)			15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13)			16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)				
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE			17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS			18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)		15,168,214	19

		UNINSURED PATIENTS 1	INSURED PATIENTS 2	TOTAL 3
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FAMILY	23,353,565		23,353,565
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	6,630,497		6,630,497
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE			22
23	COST OF CHARITY CARE	6,630,497		6,630,497
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM			24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)			25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)			22,656,167
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			2,298,635
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			20,357,532
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			5,779,870
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			12,410,367
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			27,578,581

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4	
GENERAL SERVICE COST CENTERS						
1	00100		5,122,212	5,122,212	-3,512,144	1
2	00200		10,686,047	10,686,047		2
3	00300					3
4	00400	1,314,388	23,434,628	24,749,016	-91,928	4
5	00500	11,655,895	44,059,615	55,715,510	1,044,346	5
6	00600		3,747,259	3,747,259	-32,114	6
7	00700	2,341,472	4,652,952	6,994,424	-150,811	7
8	00800		82,934	1,078,002	1,160,936	8
9	00900	1,659,647	1,905,394	3,565,041	-210,682	9
10	01000	1,468,392	2,758,367	4,226,759	-1,461,125	10
11	01100	201,938	273,831	475,769	1,458,487	11
12	01200					12
13	01300	2,321,197	341,949	2,663,146	-115,988	13
14	01400		228,682	916,629	-93,755	14
15	01500	2,904,348	8,186,321	11,090,669	-8,054,591	15
16	01600	2,625,011	997,328	3,622,339		16
17	01700					17
19	01900					19
20	02000					20
21	02100					21
22	02200					22
23	02300					23
23.01	02301	139,791	44,642	184,433	741,741	23.01
23.02	02302	59,198	7,767	66,965	38,218	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	21,533,682	6,909,191	28,442,873	-1,276,287	30
31	03100	3,647,996	592,511	4,240,507	-43,359	31
31.01	02080				397,630	31.01
31.02	02120				731,176	31.02
32	03200					32
40	04000	644,415	963,086	1,607,501	575,473	40
41	04100	3,082,479	429,050	3,511,529	-35,580	41
43	04300	868,838	562,794	1,431,632	-731,176	43
ANCILLARY SERVICE COST CENTERS						
50	05000	3,878,737	17,574,154	21,452,891	-10,741,728	50
51	05100	681,733	99,499	781,232		51
53	05300	808,325	555,205	1,363,530		53
54	05400	3,482,594	1,347,749	4,830,343		54
54.01	03630	1,078,919	61,681	1,140,600		54.01
54.02	03950	985,131	2,285,406	3,270,537	-779,449	54.02
56	05600	359,069	693,509	1,052,578		56
57	05700	595,050	266,536	861,586		57
58	05800	579,941	167,242	747,183		58
59	05900	679,531	3,624,175	4,303,706	-2,236,994	59
60	06000	4,854,883	4,531,713	9,386,596	-96,326	60
62.30	06250					62.30
63	06300	311,612	1,688,940	2,000,552	48,085	63
65	06500	1,535,640	446,543	1,982,183	-12,288	65
65.01	03560	47,367	3,659	51,026		65.01
66	06600	4,046,417	885,521	4,931,938	-377,095	66
67	06700	795,183	175,258	970,441		67
68	06800	399,171	6,911	406,082	-133,520	68
69	06900	720,851	148,902	869,753	150,523	69
70	07000	81,382	54,566	135,948		70
70.01	03280	114,370	20,207	134,577		70.01
71	07100				93,756	71
72	07200				14,023,216	72
73	07300				8,006,329	73
73.01	03190	455,570	135,827	591,397		73.01
74	07400	105,689	747,806	853,495		74
76.97	07697	528,683	261,979	790,662		76.97
76.98	07698	463,936	363,813	827,749		76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90.02	09002		473,467	473,467	867,395	90.02
90.03	09003	194,044	153,255	347,299		90.03
91	09100	3,656,308	2,057,194	5,713,502	-599,603	91
91.01	09101	12,155,401	7,616,748	19,772,149	1,518,680	91.01
92	09200					92
92.01	09201					92.01
OTHER REIMBURSABLE COST CENTERS						
94	09400					94
99.10	09910					99.10
99.20	09920					99.20
99.30	09930					99.30
99.40	09940					99.40

PROVIDER CCN: 14-0191 INGALLS MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2010 TO 09/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 04/06/2012 11:12

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL (COL. 1 + COL. 2)	RECLASSIFI- CATIONS	
		1	2	3	4	
100	10000 I&R SERVICES-NOT APPRVD PRGM	180,523	915,748	1,096,271	-1,066,271	100
101	10100 HOME HEALTH AGENCY	8,845,829	3,842,329	12,688,158	-252,985	101
SPECIAL PURPOSE COST CENTERS						
116	11600 HOSPICE	1,955,988	1,355,415	3,311,403		116
118	11800 SUBTOTALS (SUM OF LINES 1-117)	111,358,180	170,001,850	281,360,030	-2,410,744	118
NONREIMBURSABLE COST CENTERS						
192	19200 PHYSICIANS' PRIVATE OFFICES				2,410,744	192
192.01	19201 REFERENCE LAB					192.01
192.02	19202 O/P PHARMACY					192.02
192.03	19203 RETINAL VASCULAR GRANTS					192.03
200	20000 TOTAL (SUM OF LINES 118-199)	111,358,180	170,001,850	281,360,030		200

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7		
GENERAL SERVICE COST CENTERS						
1	00100	CAP REL COSTS-BLDG & FIXT	1,610,068	2,207,996	3,818,064	1
2	00200	CAP REL COSTS-MVBLE EQUIP	10,686,047		10,686,047	2
3	00300	OTHER CAPITAL RELATED COSTS				3
4	00400	EMPLOYEE BENEFITS	24,657,088	-13,355	24,643,733	4
5	00500	ADMINISTRATIVE & GENERAL	56,759,856	61,776	56,821,632	5
6	00600	MAINTENANCE & REPAIRS	3,715,145		3,715,145	6
7	00700	OPERATION OF PLANT	6,843,613	-115,724	6,727,889	7
8	00800	LAUNDRY & LINEN SERVICE	1,160,936		1,160,936	8
9	00900	HOUSEKEEPING	3,354,359		3,354,359	9
10	01000	DIETARY	2,765,634		2,765,634	10
11	01100	CAFETERIA	1,934,256	-1,110,104	824,152	11
12	01200	MAINTENANCE OF PERSONNEL				12
13	01300	NURSING ADMINISTRATION	2,547,158	-72	2,547,086	13
14	01400	CENTRAL SERVICES & SUPPLY	822,874	-12,587	810,287	14
15	01500	PHARMACY	3,036,078		3,036,078	15
16	01600	MEDICAL RECORDS & LIBRARY	3,622,339	-614,839	3,007,500	16
17	01700	SOCIAL SERVICE				17
19	01900	NONPHYSICIAN ANESTHETISTS				19
20	02000	NURSING SCHOOL				20
21	02100	I&R SRVCES-SALARY & FRINGES APPRVD				21
22	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD				22
23	02300	PARAMED ED PRGM-(SPECIFY)				23
23.01	02301	PARAMED ED PRGM-EMS	926,174	-210,587	715,587	23.01
23.02	02302	PARAMED ED PRGM-DIETETICS	105,183	-69,329	35,854	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	ADULTS & PEDIATRICS	27,166,586	-3,362	27,163,224	30
31	03100	INTENSIVE CARE UNIT	4,197,148		4,197,148	31
31.01	02080	PEDIATRICS	397,630		397,630	31.01
31.02	02120	SPECIAL CARE NURSERY	731,176		731,176	31.02
32	03200	CORONARY CARE UNIT				32
40	04000	SUBPROVIDER - IPF	2,182,974	-540	2,182,434	40
41	04100	SUBPROVIDER - IRF	3,475,949	-11,350	3,464,599	41
43	04300	NURSERY	700,456	-165,925	534,531	43
ANCILLARY SERVICE COST CENTERS						
50	05000	OPERATING ROOM	10,711,163	-314,900	10,396,263	50
51	05100	RECOVERY ROOM	781,232		781,232	51
53	05300	ANESTHESIOLOGY	1,363,530	-1,134,168	229,362	53
54	05400	RADIOLOGY-DIAGNOSTIC	4,830,343	-580,401	4,249,942	54
54.01	03630	ULTRASOUND	1,140,600		1,140,600	54.01
54.02	03950	SPECIAL PROCEDURES	2,491,088		2,491,088	54.02
56	05600	RADIOISOTOPE	1,052,578		1,052,578	56
57	05700	COMPUTED TOMOGRAPHY (CT) SCAN	861,586		861,586	57
58	05800	MAGNETIC RESONANCE IMAGING (MRI)	747,183		747,183	58
59	05900	CARDIAC CATHETERIZATION	2,066,712		2,066,712	59
60	06000	LABORATORY	9,290,270	-930,456	8,359,814	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	06300	BLOOD STORING, PROCESSING & TRANS.	2,048,637		2,048,637	63
65	06500	RESPIRATORY THERAPY	1,969,895	-8,625	1,961,270	65
65.01	03560	PULMONARY FUNCTION	51,026		51,026	65.01
66	06600	PHYSICAL THERAPY	4,554,843	-92,525	4,462,318	66
67	06700	OCCUPATIONAL THERAPY	970,441		970,441	67
68	06800	SPEECH PATHOLOGY	272,562	-15,875	256,687	68
69	06900	ELECTROCARDIOLOGY	1,020,276	-21,250	999,026	69
70	07000	ELECTROENCEPHALOGRAPHY	135,948	-37,063	98,885	70
70.01	03280	SLEEP LAB	134,577		134,577	70.01
71	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	93,756		93,756	71
72	07200	IMPL. DEV. CHARGED TO PATIENT	14,023,216		14,023,216	72
73	07300	DRUGS CHARGED TO PATIENTS	8,006,329		8,006,329	73
73.01	03190	INFUSION THERAPY	591,397	-24,783	566,614	73.01
74	07400	RENAL DIALYSIS	853,495		853,495	74
76.97	07697	CARDIAC REHABILITATION	790,662	-201,993	588,669	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	827,749		827,749	76.98
76.99	07699	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS						
90.02	09002	PSYCH ANCILLARY	1,340,862		1,340,862	90.02
90.03	09003	RETINAL VASCULAR	347,299	-62,000	285,299	90.03
91	09100	EMERGENCY	5,113,899	-507,157	4,606,742	91
91.01	09101	IFCC	21,290,829	-4,277,311	17,013,518	91.01
92	09200	OBSERVATION BEDS				92
92.01	09201	OBSERVATION BEDS-DISTINCT				92.01
OTHER REIMBURSABLE COST CENTERS						
94	09400	HOME PROGRAM DIALYSIS				94
99.10	09910	CORF				99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY				99.40

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4)	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6)	
		5		7	
100	10000 I&R SERVICES-NOT APPRVD PRGM	30,000		30,000	100
101	10100 HOME HEALTH AGENCY	12,435,173	-361,133	12,074,040	101
	SPECIAL PURPOSE COST CENTERS				
116	11600 HOSPICE	3,311,403	-18,000	3,293,403	116
118	11800 SUBTOTALS (SUM OF LINES 1-117)	278,949,286	-8,645,642	270,303,644	118
	NONREIMBURSABLE COST CENTERS				
192	19200 PHYSICIANS' PRIVATE OFFICES	2,410,744		2,410,744	192
192.01	19201 REFERENCE LAB				192.01
192.02	19202 O/P PHARMACY				192.02
192.03	19203 RETINAL VASCULAR GRANTS				192.03
200	20000 TOTAL (SUM OF LINES 118-199)	281,360,030	-8,645,642	272,714,388	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 RECLASS NON CAP INS	A	CAP REL COSTS-BLDG & FIXT	1		231,111	1
2		EMPLOYEE BENEFITS	4		91,126	2
500 TOTAL RECLASSIFICATIONS					322,237	500
CODE LETTER - A						
1		PARAMED ED PRGM-DIETETICS	23.02	3,471	34,747	1
2 CAFETERIA EXPENSE RECLASS	B	CAFETERIA	11	475,003	983,484	2
500 TOTAL RECLASSIFICATIONS				478,474	1,018,231	500
CODE LETTER -						
1 EMPLOYEE VACATION ACCRUAL	C	ADMINISTRATIVE & GENERAL	5	176,091		1
500 TOTAL RECLASSIFICATIONS				176,091		500
CODE LETTER - C						
1 RECLASS MEDICAL SUPPLIES	D	MEDICAL SUPPLIES CHRGD TO PA	71		93,756	1
2		IMPL. DEV. CHARGED TO PATIENT	72		14,023,216	2
3						3
4						4
500 TOTAL RECLASSIFICATIONS					14,116,972	500
CODE LETTER - D						
1 RECLASS DRUGS CHARGES TO PTS	E	DRUGS CHARGED TO PATIENTS	73		8,006,329	1
500 TOTAL RECLASSIFICATIONS					8,006,329	500
CODE LETTER - E						
1 POB COST OFFSET	F	PHYSICIANS' PRIVATE OFFICES	192		400,570	1
2						2
3						3
4						4
500 TOTAL RECLASSIFICATIONS					400,570	500
CODE LETTER - F						
1 LAB ADMIN	G	BLOOD STORING, PROCESSING & T	63	25,550	22,535	1
500 TOTAL RECLASSIFICATIONS				25,550	22,535	500
CODE LETTER - G						
1 ALLOC ONE DAY SURGERY	H	OPERATING ROOM	50	265,593	29,388	1
500 TOTAL RECLASSIFICATIONS				265,593	29,388	500
CODE LETTER - H						
1 EMT NURSE PRECEPTORS	I	PARAMED ED PRGM-EMS	23.01	651,141		1
2						2
3						3
4						4
5						5
6						6
7						7
500 TOTAL RECLASSIFICATIONS				651,141		500
CODE LETTER - I						
1 HMC CLINIC COST RECLASS	J	PSYCH ANCILLARY	90.02	414,885	452,510	1
2 HMC SUPPORT	J	SUBPROVIDER - IPF	40	243,316	332,157	2
3 HMC SUPPORT	J					3
500 TOTAL RECLASSIFICATIONS				658,201	784,667	500
CODE LETTER - J						
1 FCC PHYSICIANS OFFICES	M	PHYSICIANS' PRIVATE OFFICES	192		647,362	1
500 TOTAL RECLASSIFICATIONS					647,362	500
CODE LETTER - M						
1 HOME HEALTH PARENT	N	ADMINISTRATIVE & GENERAL	5		238,550	1
500 TOTAL RECLASSIFICATIONS					238,550	500
CODE LETTER - N						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER
	1	2	3	4	5
1 IFCC DEPR EXPENSE	O	IFCC	91.01		2,352,699 1
2 PHYSICIANS' PRIVATE OFFICES			192		1,362,812 2
500 TOTAL RECLASSIFICATIONS					3,715,511 500
CODE LETTER - O					
1 EMS MEDICAL DIRECTOR	Q	PARAMED ED PRGM-EMS	23.01		90,600 1
500 TOTAL RECLASSIFICATIONS					90,600 500
CODE LETTER - Q					
1 HOME HEALTH INDIRECT COSTS	R	ADMINISTRATIVE & GENERAL	5		14,435 1
500 TOTAL RECLASSIFICATIONS					14,435 500
CODE LETTER - R					
1 OFF-SITE LOCATIONS	S	PHYSICAL THERAPY	66		27,744 1
500 TOTAL RECLASSIFICATIONS					27,744 500
CODE LETTER - S					
1 EMPLOYEE BENEFITS			4		2,479 1
2 ADMINISTRATIVE & GENERAL			5		2,961,541 2
3 HOUSEKEEPING			9		569,154 3
4 DIETARY			10		373,402 4
5 NURSING ADMINISTRATION			13		72 5
6 MEDICAL RECORDS & LIBRARY			16		67,684 6
7 ADULTS & PEDIATRICS			30		6,366 7
8 INTENSIVE CARE UNIT			31		129,482 8
9 SUBPROVIDER - IPF			40		1,532 9
10 NURSERY			43		11,314 10
11 OPERATING ROOM			50		11,059 11
12					12
13 ANESTHESIOLOGY			53		46,808 13
14 SPECIAL PROCEDURES			54.02		10,644 14
15 LABORATORY			60		58,656 15
16 PHYSICAL THERAPY			66		170,627 16
17 OCCUPATIONAL THERAPY			67		263,605 17
18 ELECTROCARDIOLOGY			69		19,688 18
19 CARDIAC CATHETERIZATION			59		2,553 19
20 INFUSION THERAPY			73.01		29,902 20
21 EMERGENCY			91		27,529 21
22 IFCC			91.01		64,088 22
500 TOTAL RECLASSIFICATIONS					4,828,185 500
CODE LETTER -					
1 RECLASS SALARIES	U	HOME HEALTH AGENCY	101		8,845,829 1
2 HOSPICE			116		1,955,988 2
500 TOTAL RECLASSIFICATIONS					10,801,817 500
CODE LETTER - U					
1 DATA AND ADMIN FUNCTIONS	V	ADMINISTRATIVE & GENERAL	5	937,507	1
2 DIETARY			10	35,580	2
3					3
4					4
5					5
6					6
7					7
500 TOTAL RECLASSIFICATIONS				973,087	500
CODE LETTER - V					
1 OB HOUSE STAFF	W	ADULTS & PEDIATRICS	30		915,748 1
2 ELECTROCARDIOLOGY			69	150,523	2
500 TOTAL RECLASSIFICATIONS				150,523	915,748 500
CODE LETTER - W					
1 CHILDRENS HOSPITAL	X	PEDIATRICS	31.01	363,245	34,385 1
2 SPECIAL CARE NURSERY			31.02	443,741	287,435 2
500 TOTAL RECLASSIFICATIONS				806,986	321,820 500
CODE LETTER - X					
GRAND TOTAL (INCREASES)				4,185,646	46,302,701

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 RECLASS NON CAP INS	A	ADMINISTRATIVE & GENERAL	5		322,237	11 1
2						2
500 TOTAL RECLASSIFICATIONS					322,237	500
CODE LETTER - A						
1						
2 CAFETERIA EXPENSE RECLASS	B	DIETARY	10	478,474	1,018,231	1
500 TOTAL RECLASSIFICATIONS				478,474	1,018,231	500
CODE LETTER -						
1						
1 EMPLOYEE VACATION ACCRUAL	C	EMPLOYEE BENEFITS	4		176,091	1
500 TOTAL RECLASSIFICATIONS					176,091	500
CODE LETTER - C						
1						
1 RECLASS MEDICAL SUPPLIES	D	CENTRAL SERVICES & SUPPLY	14		93,755	1
2		OPERATING ROOM	50		11,021,627	2
3		SPECIAL PROCEDURES	54.02		779,449	3
4		CARDIAC CATHETERIZATION	59		2,222,141	4
500 TOTAL RECLASSIFICATIONS					14,116,972	500
CODE LETTER - D						
1						
1 RECLASS DRUGS CHARGES TO PTS	E	PHARMACY	15		8,006,329	1
500 TOTAL RECLASSIFICATIONS					8,006,329	500
CODE LETTER - E						
1						
1 POB COST OFFSET	F	HOUSEKEEPING	9		210,682	1
2		OPERATION OF PLANT	7		150,811	2
3		MAINTENANCE & REPAIRS	6		32,114	3
4		EMPLOYEE BENEFITS	4		6,963	4
500 TOTAL RECLASSIFICATIONS					400,570	500
CODE LETTER - F						
1						
1 LAB ADMIN	G	LABORATORY	60	25,550	22,535	1
500 TOTAL RECLASSIFICATIONS				25,550	22,535	500
CODE LETTER - G						
1						
1 ALLOC ONE DAY SURGERY	H	ADULTS & PEDIATRICS	30	265,593	29,388	1
500 TOTAL RECLASSIFICATIONS				265,593	29,388	500
CODE LETTER - H						
1						
1 EMT NURSE PRECEPTORS	I	ADULTS & PEDIATRICS	30	28,278		1
2		INTENSIVE CARE UNIT	31	43,359		2
3		OPERATING ROOM	50	15,082		3
4		ADULTS & PEDIATRICS	30	28,278		4
5		RESPIRATORY THERAPY	65	12,288		5
6		CARDIAC CATHETERIZATION	59	14,853		6
7		EMERGENCY	91	509,003		7
500 TOTAL RECLASSIFICATIONS				651,141		500
CODE LETTER - I						
1						
1 HMC CLINIC COST RECLASS	J	ADULTS & PEDIATRICS	30	414,885	452,510	1
2 HMC SUPPORT	J	ADULTS & PEDIATRICS	30	243,316	332,157	2
3 HMC SUPPORT	J					3
500 TOTAL RECLASSIFICATIONS				658,201	784,667	500
CODE LETTER - J						
1						
1 FCC PHYSICIANS OFFICES	M	IFCC	91.01		647,362	1
500 TOTAL RECLASSIFICATIONS					647,362	500
CODE LETTER - M						
1						
1 HOME HEALTH PARENT	N	HOME HEALTH AGENCY	101		238,550	1
500 TOTAL RECLASSIFICATIONS					238,550	500
CODE LETTER - N						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 IFCC DEPR EXPENSE	O	CAP REL COSTS-BLDG & FIXT	1		2,352,699	11 1
2 CAP REL COSTS-BLDG & FIXT			1		1,362,812	11 2
500 TOTAL RECLASSIFICATIONS					3,715,511	500
CODE LETTER - O						
1 EMS MEDICAL DIRECTOR	Q	EMERGENCY	91		90,600	1
500 TOTAL RECLASSIFICATIONS					90,600	500
CODE LETTER - Q						
1 HOME HEALTH INDIRECT COSTS	R	HOME HEALTH AGENCY	101		14,435	1
500 TOTAL RECLASSIFICATIONS					14,435	500
CODE LETTER - R						
1 OFF-SITE LOCATIONS	S	CAP REL COSTS-BLDG & FIXT	1		27,744	11 1
500 TOTAL RECLASSIFICATIONS					27,744	500
CODE LETTER - S						
1 EMPLOYEE BENEFITS			4	2,479		1
2 ADMINISTRATIVE & GENERAL			5	2,961,541		2
3 HOUSEKEEPING			9	569,154		3
4 DIETARY			10	373,402		4
5 NURSING ADMINISTRATION			13	72		5
6 MEDICAL RECORDS & LIBRARY			16	67,684		6
7 ADULTS & PEDIATRICS			30	6,366		7
8 INTENSIVE CARE UNIT			31	129,482		8
9 SUBPROVIDER - IPF			40	1,532		9
10 NURSERY			43	11,314		10
11 OPERATING ROOM			50	11,059		11
12						12
13 ANESTHESIOLOGY			53	46,808		13
14 SPECIAL PROCEDURES			54.02	10,644		14
15 LABORATORY			60	58,656		15
16 PHYSICAL THERAPY			66	170,627		16
17 OCCUPATIONAL THERAPY			67	263,605		17
18 ELECTROCARDIOLOGY			69	19,688		18
19 CARDIAC CATHETERIZATION			59	2,553		19
20 INFUSION THERAPY			73.01	29,902		20
21 EMERGENCY			91	27,529		21
22 IFCC			91.01	64,088		22
500 TOTAL RECLASSIFICATIONS				4,828,185		500
CODE LETTER -						
1 RECLASS SALARIES	U	HOME HEALTH AGENCY	101	8,845,829		1
2 HOSPICE			116	1,955,988		2
500 TOTAL RECLASSIFICATIONS				10,801,817		500
CODE LETTER - U						
1 DATA AND ADMIN FUNCTIONS	V	NURSING ADMINISTRATION	13	115,988		1
2 PHARMACY			15	48,262		2
3 SUBPROVIDER - IRF			41	35,580		3
4 LABORATORY			60	48,241		4
5 PHYSICAL THERAPY			66	404,839		5
6 SPEECH PATHOLOGY			68	133,520		6
7 IFCC			91.01	186,657		7
500 TOTAL RECLASSIFICATIONS				973,087		500
CODE LETTER - V						
1 OB HOUSE STAFF	W	I&R SERVICES-NOT APPRVD PRGM	100		915,748	1
2 I&R SERVICES-NOT APPRVD PRGM			100	150,523		2
500 TOTAL RECLASSIFICATIONS				150,523	915,748	500
CODE LETTER - W						
1 CHILDRENS HOSPITAL	X	ADULTS & PEDIATRICS	30	363,245	34,385	1
2 NURSERY			43	443,741	287,435	2
500 TOTAL RECLASSIFICATIONS				806,986	321,820	500
CODE LETTER - X						
GRAND TOTAL (DECREASES)				19,639,557	30,848,790	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN 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	18,354,250					18,354,250		1
2 LAND IMPROVEMENTS	11,004,343	891,002		891,002		11,895,345	5,545,550	2
3 BUILDINGS AND FIXTURES	211,307,251	8,086,762		8,086,762		219,394,013	80,346,009	3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	170,340,793	8,602,595		8,602,595		178,943,388	69,402,361	6
7 HIT DESIGNATED ASSETS								7
8 SUBTOTAL (SUM OF LINES 1-7)	411,006,637	17,580,359		17,580,359		428,586,996	155,293,920	8
9 RECONCILING ITEMS								9
10 TOTAL (LINE 7 MINUS LINE 9)	411,006,637	17,580,359		17,580,359		428,586,996	155,293,920	10

PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 AND 2

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(1)
							(SUM OF COLS. 9-14)
1 CAP REL COSTS-BLDG & FIXT	5,122,212						5,122,212
2 CAP REL COSTS-MVBLE EQUIP	10,686,047						10,686,047
3 TOTAL (SUM OF LINES 1-2)	15,808,259						15,808,259

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS

DESCRIPTION	GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO (COL. 1 - COL. 2) 3	RATIO (SEE INSTR.) 4	INSURANCE 5	TAXES 6	OTHER CAPITAL- RELATED COSTS 7	TOTAL
								(SUM OF COLS. 5-7)
1 CAP REL COSTS-BLDG & FIXT								1
2 CAP REL COSTS-MVBLE EQUIP								2
3 TOTAL (SUM OF LINES 1-2)								3

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(2)
							(SUM OF COLS. 9-14)
1 CAP REL COSTS-BLDG & FIXT	5,019,330		-1,201,266				3,818,064
2 CAP REL COSTS-MVBLE EQUIP	10,686,047						10,686,047
3 TOTAL	15,705,377		-1,201,266				14,504,111

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		
			COST CENTER	LINE NO.	WKST A-7 REF
	1	2	3	4	5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)	B	-102,882	CAP REL COSTS-BLDG & FIXT	1	9 1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2 3
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					4
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					5
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					6
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					7
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)	A	-66,401	ADMINISTRATIVE & GENERAL	5	8 9
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)	B	-115,724	OPERATION OF PLANT	7	10 11
9 PARKING LOT (CHAPTER 21)	WKST				12 13
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	A-8-2	-3,758,726			14 15
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)	WKST				16 17
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	A-8-1	3,630,181			18 19
13 LAUNDRY AND LINEN SERVICE	B	-1,110,104	CAFETERIA	11	20 21
14 CAFETERIA - EMPLOYEES AND GUESTS					22 23
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					24 25
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					26 27
17 SALE OF DRUGS TO OTHER THAN PATIENTS					28 29
18 SALE OF MEDICAL RECORDS AND ABSTRACTS					30 31
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					32 33
20 VENDING MACHINES					34 35
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					36 37
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					38 39
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST		RESPIRATORY THERAPY	65	40 41
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	A-8-3		PHYSICAL THERAPY	66	42 43
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)	WKST		UTILIZATION REVIEW-SNF	114	44 45
26 DEPRECIATION--BUILDINGS & FIXTURES	A-8-3		CAP REL COSTS-BLDG & FIXT	1	46 47
27 DEPRECIATION--MOVABLE EQUIPMENT	WKST		CAP REL COSTS-MVBLE EQUIP	2	48 49
28 NON-PHYSICIAN ANESTHETIST	A-8-3		NONPHYSICIAN ANESTHETISTS	19	50 51
29 PHYSICIANS' ASSISTANT					52 53
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST		OCCUPATIONAL THERAPY	67	54 55
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	A-8-3		SPEECH PATHOLOGY	68	56 57
32 CAH HIT ADJ FOR DEPRECIATION AND					58 59
33					60 61
34 MISCELLANEOUS INCOME	B	-952,482	ADMINISTRATIVE & GENERAL	5	62 63
34.06 DAY CARE CENTER	B	-628,564	ADMINISTRATIVE & GENERAL	5	64 65
34.08 EMS FEES	B	-180,387	PARAMED ED PRGM-EMS	23.01	66 67
34.09 DIETARY TUITION REVENUE	B	-69,329	PARAMED ED PRGM-DIETETICS	23.02	68 69
35 BAD DEBT EXPENSE	A	-300,825	HOME HEALTH AGENCY	101	70 71
35.19 POB DEPT RENTAL-RETINAL	A	-50,000	RETINAL VASCULAR	90.03	72 73
35.20 POB DEPT RENTALCARDIAC REHAB	A	-37,019	CARDIAC REHABILITATION	76.97	74 75
35.21 POB DEPARTMENTAL RENTAL	A	-124,304	ADMINISTRATIVE & GENERAL	5	76 77
35.22 CRNA SALARIES	A	-714,843	ANESTHESIOLOGY	53	78 79
35.23 PATIENT PHONE BENEFITS	A	-11,534	EMPLOYEE BENEFITS	4	80 81
35.24 POB DEPARTMENTAL RENTAL	A	-24,633	INFUSION THERAPY	73.01	82 83
35.25 POB RENTAL	A	-20,079	RADIOLOGY-DIAGNOSTIC	54	84 85
35.26 POB RENTAL	A	-5,700	MEDICAL RECORDS & LIBRARY	16	86 87
35.41 OTHER INCOME	B	-72	NURSING ADMINISTRATION	13	88 89
35.43 OTHER INCOME	B	-15,875	SPEECH PATHOLOGY	68	90 91
35.44 OTHER INCOME	B	-922,656	LABORATORY	60	92 93
35.47 OTHER INCOME	B	-1,996,913	IFCC	91.01	94 95
35.48 OTHER INCOME	B	-160,824	CARDIAC REHABILITATION	76.97	96 97
35.49 OTHER INCOME	B	-540	SUBPROVIDER - IPF	40	98 99
35.50 OTHER INCOME	B	-152,654	ANESTHESIOLOGY	53	100 101
35.51 OTHER INCOME	B	-3,734	RADIOLOGY-DIAGNOSTIC	54	102 103
35.52 OTHER INCOME	B	-590,844	MEDICAL RECORDS & LIBRARY	16	104 105
35.53 OTHER INCOME	B	-12,587	CENTRAL SERVICES & SUPPLY	14	106 107
35.54 OTHER INCOME	B	-3,362	ADULTS & PEDIATRICS	30	108 109
36 NON-ALLOWABLE DUES	A	-39,989	ADMINISTRATIVE & GENERAL	5	110 111
37 NON ALLOWABLE EXPENSES	A	-1,133,668	ADMINISTRATIVE & GENERAL	5	112 113
37.02 NON ALLOWABLE EXPENSES	A	-62,825	PHYSICAL THERAPY	66	114 115
37.03 NON ALLOWABLE EXPENSES	A	-7,800	LABORATORY	60	116 117

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	
37.04 NON ALLOWABLE EXPENSES	A	-124,756	IFCC	91.01	37.04
38 ICOR PROPERTY TAX	A	-29,700	PHYSICAL THERAPY	66	38
39 NON-ALLOWABLE INTEREST EXPENSE-	A	-751,387	CAP REL COSTS-BLDG & FIXT	1	11 39
40					40
41 IFCC REAL ESTATE TAXES	A	-1,065,300	IFCC	91.01	41
42 INVESTMENT FEES IN NONOPERATING	A	363,657	ADMINISTRATIVE & GENERAL	5	42
43 ASSET RELIVING	A	2,787,850	CAP REL COSTS-BLDG & FIXT	1	11 43
43.01 HHA RENTAL	A	-60,308	HOME HEALTH AGENCY	101	43.01
44 INTER CO RENTAL	A	-18,000	HOSPICE	116	44
45					45
46					46
47					47
48					48
49					49
50 TOTAL (SUM OF LINES 1 THRU 49)		-8,645,642			50
TRANSFER TO WKST A, COL. 6, LINE 200)					

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF
1	2	3	4	5	6	7
1	1	CAP REL COSTS-BLDG & FIXT	NEW CAPITAL	274,415		11
2					274,415	2
3	5	ADMINISTRATIVE & GENERAL	MANAGEMENT SERVICES	8,489,062	5,133,296	3
4					3,355,766	4
5		TOTALS (SUM OF LINES 1-4)		8,763,477	5,133,296	5
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.			3,630,181	

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	
6						6
7	B	100.00			ACUTE CARE	7
8	C		INGALLS HOME CARE	100.00	HOME CARE	8
9						9
10						10

(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	5 PERCENT OF UNAD- JUSTED RCE LIMIT	
1	2	3	4	5	6	7	8	9	
1	5 ADMINISTRATIVE & GENERAL	1,517,949		1,517,949	165,600	10,120	805,708	40,285	1
2	16 MEDICAL RECORDS & LIBRAR	39,075		39,075	165,600	261	20,780	1,039	2
3	23.01 PARAMED ED PRGM-EMS	90,600		90,600	208,000	604	60,400	3,020	3
4	30 ADULTS & PEDIATRICS	50		50	165,600	1	80	4	4
5	4 EMPLOYEE BENEFITS	3,811		3,811	165,600	25	1,990	100	5
6	41 SUBPROVIDER - IRF	34,050		34,050	208,000	227	22,700	1,135	6
7	43 NURSERY CHILDRENS	497,825		497,825	208,000	3,319	331,900	16,595	7
8	50 OPERATING ROOM AGGREGATE	314,900	314,900		208,000				8
9	53 ANESTHESIOLOGY AGGREGATE	266,671	266,671		208,000				9
10	54 RADIOLOGY-DIAGNOSTIC AGGREGATE	579,438	536,388	43,050	165,600	287	22,850	1,143	10
11	65 RESPIRATORY THERAPY VARIOUS	26,025		26,025	208,000	174	17,400	870	11
12	69 ELECTROCARDIOLOGY	63,750		63,750	208,000	425	42,500	2,125	12
13	76.97 CARDIAC REHABILITATION	12,450		12,450	208,000	83	8,300	415	13
14	70 ELECTROENCEPHALOGRAPHY AGGREGATE	37,063	37,063		208,000				14
15	73.01 INFUSION THERAPY	450		450	208,000	3	300	15	15
16	90.03 RETINAL VASCULAR	36,000		36,000	208,000	240	24,000	1,200	16
17	91 EMERGENCY VARIOUS	507,157	507,157		225,300				17
18	91.01 IFCC AGGREGATE	1,090,342	1,090,342		225,300				18
200	TOTAL	5,117,606	2,752,521	2,365,085		15,769	1,358,908	67,946	200

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	5	ADMINISTRATIVE & GENERAL			2	805,710	712,239	712,239	1
2	16	MEDICAL RECORDS & LIBRAR			2	20,780	18,295	18,295	2
3	23.01	PARAMED ED PRGM-EMS				60,400	30,200	30,200	3
4	30	ADULTS & PEDIATRICS				80			4
5	4	EMPLOYEE BENEFITS				1,990	1,821	1,821	5
6	41	SUBPROVIDER - IRF				22,700	11,350	11,350	6
7	43	NURSERY	CHILDRENS			331,900	165,925	165,925	7
8	50	OPERATING ROOM	AGGREGATE					314,900	8
9	53	ANESTHESIOLOGY	AGGREGATE					266,671	9
10	54	RADIOLOGY-DIAGNOSTIC	AGGREGATE			22,850	20,200	556,588	10
11	65	RESPIRATORY THERAPY	VARIOUS			17,400	8,625	8,625	11
12	69	ELECTROCARDIOLOGY				42,500	21,250	21,250	12
13	76.97	CARDIAC REHABILITATION				8,300	4,150	4,150	13
14	70	ELECTROENCEPHALOGRAPHY	AGGREGATE					37,063	14
15	73.01	INFUSION THERAPY				300	150	150	15
16	90.03	RETINAL VASCULAR				24,000	12,000	12,000	16
17	91	EMERGENCY	VARIOUS					507,157	17
18	91.01	IFCC	AGGREGATE					1,090,342	18
200		TOTAL			2	1,358,910	1,006,205	3,758,726	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	NEW CAP- REL COSTS BLDG&FIXT 1	NEW CAP- REL COSTS MOV EQUIP 2	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS.0-4) 4A	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	3,818,064	3,818,064				1
2 CAP REL COSTS-MVBLE EQUIP	10,686,047		10,686,047			2
4 EMPLOYEE BENEFITS	24,643,733	20,669	997	24,665,399		4
5 ADMINISTRATIVE & GENERAL	56,821,632	1,168,234	2,707,570	2,557,473	63,254,909	5
6 MAINTENANCE & REPAIRS	3,715,145	97,594	7,612		3,820,351	6
7 OPERATION OF PLANT	6,727,889	277,826	114,545	610,551	7,730,811	7
8 LAUNDRY & LINEN SERVICE	1,160,936	19,140	1,613	21,625	1,203,314	8
9 HOUSEKEEPING	3,354,359	22,700	21,366	284,352	3,682,777	9
10 DIETARY	2,765,634	69,654	24,038	170,037	3,029,363	10
11 CAFETERIA	824,152	33,243	1,121	176,516	1,035,032	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,547,086	13,486	92,425	575,000	3,227,997	13
14 CENTRAL SERVICES & SUPPLY	810,287	25,134	29,542	59,630	924,593	14
15 PHARMACY	3,036,078	36,280	287,488	744,739	4,104,585	15
16 MEDICAL RECORDS & LIBRARY	3,007,500	53,378	14,578	666,836	3,742,292	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMED ED PRGM-EMS	715,587	12,109	10,778	206,239	944,713	23.01
23.02 PARAMED ED PRGM-DIETETICS	35,854	3,926		16,341	56,121	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	27,163,224	617,810	258,639	5,262,972	33,302,645	30
31 INTENSIVE CARE UNIT	4,197,148	66,597	242,436	906,164	5,412,345	31
31.01 PEDIATRICS	397,630	33,233		94,718	525,581	31.01
31.02 SPECIAL CARE NURSERY	731,176	17,684		115,708	864,568	31.02
32 CORONARY CARE UNIT						32
40 SUBPROVIDER - IPF	2,182,434	61,791	2,208	231,081	2,477,514	40
41 SUBPROVIDER - IRF	3,464,599	264,560	2,840	794,494	4,526,493	41
43 NURSERY	534,531	13,465	75,114	107,896	731,006	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	10,396,263	231,657	590,237	1,073,838	12,291,995	50
51 RECOVERY ROOM	781,232	17,417	28,443	177,765	1,004,857	51
53 ANESTHESIOLOGY	229,362	2,256	118,494	198,569	548,681	53
54 RADIOLOGY-DIAGNOSTIC	4,249,942	137,612	1,153,326	908,104	6,448,984	54
54.01 ULTRASOUND	1,140,600	14,936	173,369	281,334	1,610,239	54.01
54.02 SPECIAL PROCEDURES	2,491,088	9,596	144,308	254,102	2,899,094	54.02
56 RADIOISOTOPE	1,052,578	10,078	180,968	93,629	1,337,253	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	861,586	10,758	224,796	155,162	1,252,302	57
58 MAGNETIC RESONANCE IMAGING (MRI)	747,183	28,411	534,926	151,223	1,461,743	58
59 CARDIAC CATHETERIZATION	2,066,712	19,213	705,751	172,652	2,964,328	59
60 LABORATORY	8,359,814	72,094	128,877	1,231,399	9,792,184	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	2,048,637	2,748	3,352	87,917	2,142,654	63
65 RESPIRATORY THERAPY	1,961,270	8,633	66,269	397,222	2,433,394	65
65.01 PULMONARY FUNCTION	51,026	4,157	6,051	12,351	73,585	65.01
66 PHYSICAL THERAPY	4,462,318	33,364	56,002	905,068	5,456,752	66
67 OCCUPATIONAL THERAPY	970,441	5,539	6,796	138,612	1,121,388	67
68 SPEECH PATHOLOGY	256,687	3,790	17,283	69,270	347,030	68
69 ELECTROCARDIOLOGY	999,026	19,642	240,046	222,081	1,480,795	69
70 ELECTROENCEPHALOGRAPHY	98,885	10,685		21,221	130,791	70
70.01 SLEEP LAB	134,577			29,823	164,400	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	93,756				93,756	71
72 IMPL. DEV. CHARGED TO PATIENT	14,023,216				14,023,216	72
73 DRUGS CHARGED TO PATIENTS	8,006,329				8,006,329	73
73.01 INFUSION THERAPY	566,614	8,135	20,028	110,995	705,772	73.01
74 RENAL DIALYSIS	853,495	9,429	2,812	27,559	893,295	74
76.97 CARDIAC REHABILITATION	588,669	10,675	42,995	137,857	780,196	76.97
76.98 HYPERBARIC OXYGEN THERAPY	827,749			120,974	948,723	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.02 PSYCH ANCILLARY	1,340,862	73,287	3,288	108,183	1,525,620	90.02
90.03 RETINAL VASCULAR	285,299	56,770	41,255	50,598	433,922	90.03
91 EMERGENCY	4,606,742	49,064	46,455	813,497	5,515,758	91
91.01 IFCC	17,013,518		2,255,010	3,104,199	22,372,727	91.01
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	NEW CAP- REL COSTS BLDG&FIXT 1	NEW CAP- REL COSTS MOV EQUIP 2	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS.0-4) 4A	
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
100 I&R SERVICES-NOT APPRVD PRGM	30,000			7,823	37,823	100
101 HOME HEALTH AGENCY	12,074,040	32,359			12,106,399	101
116 HOSPICE	3,293,403				3,293,403	116
118 SUBTOTALS (SUM OF LINES 1-117)	270,303,644	3,810,818	10,686,047	24,665,399	270,296,398	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES	2,410,744				2,410,744	192
192.01 REFERENCE LAB						192.01
192.02 O/P PHARMACY		4,628			4,628	192.02
192.03 RETINAL VASCULAR GRANTS		2,618			2,618	192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	272,714,388	3,818,064	10,686,047	24,665,399	272,714,388	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMINI- STRATIVE & GENERAL 5	MAINTEN- ANCE AND REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY AND LINEN SERVICE 8	HOUSE- KEEPING 9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL	63,254,909					5
6 MAINTENANCE & REPAIRS	1,153,712	4,974,063				6
7 OPERATION OF PLANT	2,334,635	545,877	10,611,323			7
8 LAUNDRY & LINEN SERVICE	363,390	37,606	90,116	1,694,426		8
9 HOUSEKEEPING	1,112,166	44,601	106,878		4,946,422	9
10 DIETARY	914,840	136,858	327,953		155,766	10
11 CAFETERIA	312,570	65,317	156,520		74,341	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	974,826	26,497	63,496		30,158	13
14 CENTRAL SERVICES & SUPPLY	279,219	49,384	118,339	3,484	56,207	14
15 PHARMACY	1,239,548	71,283	170,817		81,132	15
16 MEDICAL RECORDS & LIBRARY	1,130,139	104,878	251,320		119,368	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMED ED PRGM-EMS	285,295	23,792	57,013		27,079	23.01
23.02 PARAMED ED PRGM-DIETETICS	16,948	7,715	18,487		8,780	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	10,057,130	1,213,880	2,908,840	814,353	1,381,591	30
31 INTENSIVE CARE UNIT	1,634,479	130,850	313,559	100,711	148,929	31
31.01 PEDIATRICS	158,721	65,297	156,471	15,238	74,318	31.01
31.02 SPECIAL CARE NURSERY	261,092	34,747	83,264	12,359	39,547	31.02
32 CORONARY CARE UNIT						32
40 SUBPROVIDER - IPF	748,187	121,408	290,931	33,357	138,181	40
41 SUBPROVIDER - IRF	1,366,960	519,812	1,245,632	87,848	591,629	41
43 NURSERY	220,757	26,456	63,397	9,408	30,111	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	3,712,072	455,163	1,090,713	191,287	518,049	50
51 RECOVERY ROOM	303,458	34,222	82,007	21,910	38,950	51
53 ANESTHESIOLOGY	165,697	4,433	10,624		5,046	53
54 RADIOLOGY-DIAGNOSTIC	1,947,535	270,382	647,921	54,422	307,738	54
54.01 ULTRASOUND	486,278	29,346	70,323	26,433	33,401	54.01
54.02 SPECIAL PROCEDURES	875,500	18,855	45,181	3,305	21,460	54.02
56 RADIOISOTOPE	403,838	19,801	47,449	5,345	22,537	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	378,184	21,138	50,653	23,094	24,059	57
58 MAGNETIC RESONANCE IMAGING (MRI)	441,433	55,823	133,770	11,074	63,536	58
59 CARDIAC CATHETERIZATION	895,200	37,750	90,461	3,272	42,966	59
60 LABORATORY	2,957,151	141,651	339,440		161,221	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	647,062	5,400	12,941		6,146	63
65 RESPIRATORY THERAPY	734,863	16,962	40,646		19,305	65
65.01 PULMONARY FUNCTION	22,222	8,167	19,571		9,296	65.01
66 PHYSICAL THERAPY	1,647,890	65,554	157,087	39,964	74,611	66
67 OCCUPATIONAL THERAPY	338,649	10,883	26,079		12,386	67
68 SPEECH PATHOLOGY	104,800	7,447	17,846		8,476	68
69 ELECTROCARDIOLOGY	447,187	38,594	92,483	17,838	43,926	69
70 ELECTROENCEPHALOGRAPHY	39,498	20,994	50,308	2,764	23,895	70
70.01 SLEEP LAB	49,647					70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	28,313					71
72 IMPL. DEV. CHARGED TO PATIENT	4,234,885					72
73 DRUGS CHARGED TO PATIENTS	2,417,839					73
73.01 INFUSION THERAPY	213,137	15,985	38,304	4,415	18,193	73.01
74 RENAL DIALYSIS	269,767	18,525	44,393	9,311	21,085	74
76.97 CARDIAC REHABILITATION	235,612	20,974	50,259	403	23,871	76.97
76.98 HYPERBARIC OXYGEN THERAPY	286,506					76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.02 PSYCH ANCILLARY	460,724	143,996	345,060	20,321	163,891	90.02
90.03 RETINAL VASCULAR	131,041	111,543	267,293		126,954	90.03
91 EMERGENCY	1,665,709	96,402	231,009	182,510	109,721	91
91.01 IFCC	6,756,362					91.01
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMINI- STRATIVE & GENERAL 5	MAINTEN- ANCE AND REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY AND LINEN SERVICE 8	HOUSE- KEEPING 9	
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
100 I&R SERVICES-NOT APPRVD PRGM	11,422					100
101 HOME HEALTH AGENCY	3,656,024	63,579	152,355		72,363	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	994,578					116
118 SUBTOTALS (SUM OF LINES 1-117)	62,524,697	4,959,827	10,577,209	1,694,426	4,930,219	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES	728,023					192
192.01 REFERENCE LAB						192.01
192.02 O/P PHARMACY	1,398	9,093	21,790		10,349	192.02
192.03 RETINAL VASCULAR GRANTS	791	5,143	12,324		5,854	192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	63,254,909	4,974,063	10,611,323	1,694,426	4,946,422	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	4,564,780					10
11 CAFETERIA		1,643,780				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		63,429	4,386,403			13
14 CENTRAL SERVICES & SUPPLY		10,825		1,442,051		14
15 PHARMACY		54,479			5,721,844	15
16 MEDICAL RECORDS & LIBRARY		77,677				16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMED ED PRGM-EMS		61,447	295,242	57		23.01
23.02 PARAMED ED PRGM-DIETETICS		8,629				23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	3,394,072	447,316	2,149,267	57,201	11,354	30
31 INTENSIVE CARE UNIT	309,702	75,222	361,427	14,774	547	31
31.01 PEDIATRICS		8,290	39,832	145		31.01
31.02 SPECIAL CARE NURSERY		7,942	38,159	742		31.02
32 CORONARY CARE UNIT						32
40 SUBPROVIDER - IPF	261,029	77,855	374,076	67		40
41 SUBPROVIDER - IRF	542,062	78,654		7,175	803	41
43 NURSEY		8,290	39,832	713		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		109,652	526,854	221,439	5,615	50
51 RECOVERY ROOM		11,934	57,339	3,362	207	51
53 ANESTHESIOLOGY		8,129	39,060	9,755		53
54 RADIOLOGY-DIAGNOSTIC		103,895		3,899	30,335	54
54.01 ULTRASOUND		19,947		1,497	13	54.01
54.02 SPECIAL PROCEDURES		19,825		78,709	45,932	54.02
56 RADIOISOTOPE		6,865		24,422	916,215	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		12,156		7,428	4,207	57
58 MAGNETIC RESONANCE IMAGING (MRI)		13,279		4,964		58
59 CARDIAC CATHETERIZATION		8,370		46,552	91,896	59
60 LABORATORY		143,210		100,204	892,416	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		7,877		6,057	52,440	63
65 RESPIRATORY THERAPY		38,939		12,327	30	65
65.01 PULMONARY FUNCTION		1,142		24		65.01
66 PHYSICAL THERAPY				9,656	16,853	66
67 OCCUPATIONAL THERAPY				80		67
68 SPEECH PATHOLOGY				84		68
69 ELECTROCARDIOLOGY		16,913		2,019		69
70 ELECTROENCEPHALOGRAPHY		2,350		42		70
70.01 SLEEP LAB		2,812		659		70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				9,803		71
72 IMPL. DEV. CHARGED TO PATIENT				432,025		72
73 DRUGS CHARGED TO PATIENTS				286,682	3,243,914	73
73.01 INFUSION THERAPY		9,749		3,400	1,718	73.01
74 RENAL DIALYSIS		1,985		2,397		74
76.97 CARDIAC REHABILITATION		12,159		352	2,348	76.97
76.98 HYPERBARIC OXYGEN THERAPY		8,257		4,083	7,173	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.02 PSYCH ANCILLARY	28,951	13,254	63,683			90.02
90.03 RETINAL VASCULAR		7,436			3,024	90.03
91 EMERGENCY	28,964	83,590	401,632	36,936	177	91
91.01 IFCC				52,320	394,627	91.01
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
100 I&R SERVICES-NOT APPRVD PRGM						100
101 HOME HEALTH AGENCY						101
116 SPECIAL PURPOSE COST CENTERS						116
116 HOSPICE						116
118 SUBTOTALS (SUM OF LINES 1-117)	4,564,780	1,643,780	4,386,403	1,442,051	5,721,844	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 REFERENCE LAB						192.01
192.02 O/P PHARMACY						192.02
192.03 RETINAL VASCULAR GRANTS						192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	4,564,780	1,643,780	4,386,403	1,442,051	5,721,844	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	PARAMED ED PROGRAM EMS 23.01	PARAMED ED PROGRAM DIETETICS 23.02	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY	5,425,674				16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
23.01 PARAMED ED PRGM-EMS		1,694,638			23.01
23.02 PARAMED ED PRGM-DIETETICS			116,680		23.02
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	2,462,838	225,952	88,820	58,515,259	30
31 INTENSIVE CARE UNIT	202,787	169,464	7,917	8,882,713	31
31.01 PEDIATRICS	29,029			1,072,922	31.01
31.02 SPECIAL CARE NURSERY	50,944			1,393,364	31.02
32 CORONARY CARE UNIT					32
40 SUBPROVIDER - IPF	163,020		4,607	4,690,232	40
41 SUBPROVIDER - IRF	324,855		13,856	9,305,779	41
43 NURSERY	57,049			1,187,019	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	272,489	56,488		19,451,816	50
51 RECOVERY ROOM	19,386			1,577,632	51
53 ANESTHESIOLOGY	46,110			837,535	53
54 RADIOLOGY-DIAGNOSTIC	126,352			9,941,463	54
54.01 ULTRASOUND	47,629			2,325,106	54.01
54.02 SPECIAL PROCEDURES	84,943			4,092,804	54.02
56 RADIOISOTOPE	39,523			2,823,248	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	161,094			1,934,315	57
58 MAGNETIC RESONANCE IMAGING (MRI)	51,727			2,237,349	58
59 CARDIAC CATHETERIZATION	57,135			4,237,930	59
60 LABORATORY	419,102			14,946,579	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.	24,955			2,905,532	63
65 RESPIRATORY THERAPY	47,229	56,488		3,400,183	65
65.01 PULMONARY FUNCTION	3,461			137,468	65.01
66 PHYSICAL THERAPY	136,678			7,605,045	66
67 OCCUPATIONAL THERAPY	42,259			1,551,724	67
68 SPEECH PATHOLOGY	19,546			505,229	68
69 ELECTROCARDIOLOGY	89,021	56,488		2,285,264	69
70 ELECTROENCEPHALOGRAPHY	3,599			274,241	70
70.01 SLEEP LAB				217,518	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	13,970			145,842	71
72 IMPL. DEV. CHARGED TO PATIENT				18,690,126	72
73 DRUGS CHARGED TO PATIENTS	179,804			14,134,568	73
73.01 INFUSION THERAPY				1,010,673	73.01
74 RENAL DIALYSIS				1,260,758	74
76.97 CARDIAC REHABILITATION				1,126,174	76.97
76.98 HYPERBARIC OXYGEN THERAPY				1,254,742	76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.02 PSYCH ANCILLARY	23,297		740	2,789,537	90.02
90.03 RETINAL VASCULAR	3,549			1,084,762	90.03
91 EMERGENCY	222,294	1,129,758	740	9,705,200	91
91.01 IFCC				29,576,036	91.01
92 OBSERVATION BEDS					92
92.01 OBSERVATION BEDS-DISTINCT					92.01
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	PARAMED ED PROGRAM EMS 23.01	PARAMED ED PROGRAM DIETETICS 23.02	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
100 I&R SERVICES-NOT APPRVD PRGM				49,245		100
101 HOME HEALTH AGENCY				16,050,720		101
116 SPECIAL PURPOSE COST CENTERS						
116 HOSPICE				4,287,981		116
118 SUBTOTALS (SUM OF LINES 1-117)	5,425,674	1,694,638	116,680	269,501,633		118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES				3,138,767		192
192.01 REFERENCE LAB						192.01
192.02 O/P PHARMACY				47,258		192.02
192.03 RETINAL VASCULAR GRANTS				26,730		192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	5,425,674	1,694,638	116,680	272,714,388		202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		TOTAL	
		26	
GENERAL SERVICE COST CENTERS			
1	CAP REL COSTS-BLDG & FIXT		1
2	CAP REL COSTS-MVBLE EQUIP		2
4	EMPLOYEE BENEFITS		4
5	ADMINISTRATIVE & GENERAL		5
6	MAINTENANCE & REPAIRS		6
7	OPERATION OF PLANT		7
8	LAUNDRY & LINEN SERVICE		8
9	HOUSEKEEPING		9
10	DIETARY		10
11	CAFETERIA		11
12	MAINTENANCE OF PERSONNEL		12
13	NURSING ADMINISTRATION		13
14	CENTRAL SERVICES & SUPPLY		14
15	PHARMACY		15
16	MEDICAL RECORDS & LIBRARY		16
17	SOCIAL SERVICE		17
19	NONPHYSICIAN ANESTHETISTS		19
20	NURSING SCHOOL		20
21	I&R SRVCES-SALARY & FRINGES APPRVD		21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD		22
23	PARAMED ED PRGM-(SPECIFY)		23
23.01	PARAMED ED PRGM-EMS		23.01
23.02	PARAMED ED PRGM-DIETETICS		23.02
INPATIENT ROUTINE SERV COST CENTERS			
30	ADULTS & PEDIATRICS	58,515,259	30
31	INTENSIVE CARE UNIT	8,882,713	31
31.01	PEDIATRICS	1,072,922	31.01
31.02	SPECIAL CARE NURSERY	1,393,364	31.02
32	CORONARY CARE UNIT		32
40	SUBPROVIDER - IPF	4,690,232	40
41	SUBPROVIDER - IRF	9,305,779	41
43	NURSERY	1,187,019	43
ANCILLARY SERVICE COST CENTERS			
50	OPERATING ROOM	19,451,816	50
51	RECOVERY ROOM	1,577,632	51
53	ANESTHESIOLOGY	837,535	53
54	RADIOLOGY-DIAGNOSTIC	9,941,463	54
54.01	ULTRASOUND	2,325,106	54.01
54.02	SPECIAL PROCEDURES	4,092,804	54.02
56	RADIOISOTOPE	2,823,248	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	1,934,315	57
58	MAGNETIC RESONANCE IMAGING (MRI)	2,237,349	58
59	CARDIAC CATHETERIZATION	4,237,930	59
60	LABORATORY	14,946,579	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30
63	BLOOD STORING, PROCESSING & TRANS.	2,905,532	63
65	RESPIRATORY THERAPY	3,400,183	65
65.01	PULMONARY FUNCTION	137,468	65.01
66	PHYSICAL THERAPY	7,605,045	66
67	OCCUPATIONAL THERAPY	1,551,724	67
68	SPEECH PATHOLOGY	505,229	68
69	ELECTROCARDIOLOGY	2,285,264	69
70	ELECTROENCEPHALOGRAPHY	274,241	70
70.01	SLEEP LAB	217,518	70.01
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	145,842	71
72	IMPL. DEV. CHARGED TO PATIENT	18,690,126	72
73	DRUGS CHARGED TO PATIENTS	14,134,568	73
73.01	INFUSION THERAPY	1,010,673	73.01
74	RENAL DIALYSIS	1,260,758	74
76.97	CARDIAC REHABILITATION	1,126,174	76.97
76.98	HYPERBARIC OXYGEN THERAPY	1,254,742	76.98
76.99	LITHOTRIPSY		76.99
OUTPATIENT SERVICE COST CENTERS			
90.02	PSYCH ANCILLARY	2,789,537	90.02
90.03	RETINAL VASCULAR	1,084,762	90.03
91	EMERGENCY	9,705,200	91
91.01	IFCC	29,576,036	91.01
92	OBSERVATION BEDS		92
92.01	OBSERVATION BEDS-DISTINCT		92.01
OTHER REIMBURSABLE COST CENTERS			
94	HOME PROGRAM DIALYSIS		94
99.10	CORF		99.10
99.20	OUTPATIENT PHYSICAL THERAPY		99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY		99.30

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	TOTAL	
	26	
99.40 OUTPATIENT SPEECH PATHOLOGY		99.40
100 I&R SERVICES-NOT APPRVD PRGM	49,245	100
101 HOME HEALTH AGENCY	16,050,720	101
SPECIAL PURPOSE COST CENTERS		
116 HOSPICE	4,287,981	116
118 SUBTOTALS (SUM OF LINES 1-117)	269,501,633	118
NONREIMBURSABLE COST CENTERS		
192 PHYSICIANS' PRIVATE OFFICES	3,138,767	192
192.01 REFERENCE LAB		192.01
192.02 O/P PHARMACY	47,258	192.02
192.03 RETINAL VASCULAR GRANTS	26,730	192.03
200 CROSS FOOT ADJUSTMENTS		200
201 NEGATIVE COST CENTER		201
202 TOTAL (SUM OF LINES 118-201)	272,714,388	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 1	NEW CAP- REL COSTS MOV EQUIP 2	SUBTOTAL 2A	EMPLOYEE BENEFITS 4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS		20,669	997	21,666	21,666	4
5 ADMINISTRATIVE & GENERAL		1,168,234	2,707,570	3,875,804	2,246	5
6 MAINTENANCE & REPAIRS		97,594	7,612	105,206		6
7 OPERATION OF PLANT		277,826	114,545	392,371	536	7
8 LAUNDRY & LINEN SERVICE		19,140	1,613	20,753	19	8
9 HOUSEKEEPING		22,700	21,366	44,066	250	9
10 DIETARY		69,654	24,038	93,692	149	10
11 CAFETERIA		33,243	1,121	34,364	155	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		13,486	92,425	105,911	505	13
14 CENTRAL SERVICES & SUPPLY	267,289	25,134	29,542	321,965	52	14
15 PHARMACY		36,280	287,488	323,768	654	15
16 MEDICAL RECORDS & LIBRARY		53,378	14,578	67,956	586	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMED ED PRGM-EMS		12,109	10,778	22,887	181	23.01
23.02 PARAMED ED PRGM-DIETETICS		3,926		3,926	14	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		617,810	258,639	876,449	4,628	30
31 INTENSIVE CARE UNIT		66,597	242,436	309,033	796	31
31.01 PEDIATRICS		33,233		33,233	83	31.01
31.02 SPECIAL CARE NURSERY		17,684		17,684	102	31.02
32 CORONARY CARE UNIT	1,950			1,950		32
40 SUBPROVIDER - IPF		61,791	2,208	63,999	203	40
41 SUBPROVIDER - IRF		264,560	2,840	267,400	698	41
43 NURSERY		13,465	75,114	88,579	95	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		231,657	590,237	821,894	943	50
51 RECOVERY ROOM		17,417	28,443	45,860	156	51
53 ANESTHESIOLOGY		2,256	118,494	120,750	174	53
54 RADIOLOGY-DIAGNOSTIC		137,612	1,153,326	1,290,938	798	54
54.01 ULTRASOUND		14,936	173,369	188,305	247	54.01
54.02 SPECIAL PROCEDURES		9,596	144,308	153,904	223	54.02
56 RADIOISOTOPE		10,078	180,968	191,046	82	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		10,758	224,796	235,554	136	57
58 MAGNETIC RESONANCE IMAGING (MRI)		28,411	534,926	563,337	133	58
59 CARDIAC CATHETERIZATION		19,213	705,751	724,964	152	59
60 LABORATORY		72,094	128,877	200,971	1,081	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		2,748	3,352	6,100	77	63
65 RESPIRATORY THERAPY	7,485	8,633	66,269	82,387	349	65
65.01 PULMONARY FUNCTION		4,157	6,051	10,208	11	65.01
66 PHYSICAL THERAPY		33,364	56,002	89,366	795	66
67 OCCUPATIONAL THERAPY		5,539	6,796	12,335	122	67
68 SPEECH PATHOLOGY		3,790	17,283	21,073	61	68
69 ELECTROCARDIOLOGY		19,642	240,046	259,688	195	69
70 ELECTROENCEPHALOGRAPHY		10,685		10,685	19	70
70.01 SLEEP LAB					26	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
73.01 INFUSION THERAPY		8,135	20,028	28,163	97	73.01
74 RENAL DIALYSIS		9,429	2,812	12,241	24	74
76.97 CARDIAC REHABILITATION		10,675	42,995	53,670	121	76.97
76.98 HYPERBARIC OXYGEN THERAPY					106	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.02 PSYCH ANCILLARY		73,287	3,288	76,575	95	90.02
90.03 RETINAL VASCULAR		56,770	41,255	98,025	44	90.03
91 EMERGENCY		49,064	46,455	95,519	714	91
91.01 IFCC			2,255,010	2,255,010	2,726	91.01
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 1	NEW CAP- REL COSTS MOV EQUIP 2	SUBTOTAL 2A	EMPLOYEE BENEFITS 4	
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
100 I&R SERVICES-NOT APPRVD PRGM					7	100
101 HOME HEALTH AGENCY		32,359		32,359		101
116 SPECIAL PURPOSE COST CENTERS						116
116 HOSPICE						116
118 SUBTOTALS (SUM OF LINES 1-117)	276,724	3,810,818	10,686,047	14,773,589	21,666	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 REFERENCE LAB						192.01
192.02 O/P PHARMACY		4,628		4,628		192.02
192.03 RETINAL VASCULAR GRANTS		2,618		2,618		192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	276,724	3,818,064	10,686,047	14,780,835	21,666	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	ADMINI- STRATIVE & GENERAL 5	MAINTEN- ANCE AND REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY AND LINEN SERVICE 8	HOUSE- KEEPING 9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL	3,878,050					5
6 MAINTENANCE & REPAIRS	70,734	175,940				6
7 OPERATION OF PLANT	143,136	19,308	555,351			7
8 LAUNDRY & LINEN SERVICE	22,279	1,330	4,716	49,097		8
9 HOUSEKEEPING	68,187	1,578	5,594		119,675	9
10 DIETARY	56,089	4,841	17,164		3,769	10
11 CAFETERIA	19,164	2,310	8,192		1,799	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	59,766	937	3,323		730	13
14 CENTRAL SERVICES & SUPPLY	17,119	1,747	6,193	101	1,360	14
15 PHARMACY	75,996	2,521	8,940		1,963	15
16 MEDICAL RECORDS & LIBRARY	69,289	3,710	13,153		2,888	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMED ED PRGM-EMS	17,491	842	2,984		655	23.01
23.02 PARAMED ED PRGM-DIETETICS	1,039	273	968		212	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	616,508	42,937	152,237	23,594	33,424	30
31 INTENSIVE CARE UNIT	100,210	4,628	16,410	2,918	3,603	31
31.01 PEDIATRICS	9,731	2,310	8,189	442	1,798	31.01
31.02 SPECIAL CARE NURSERY	16,007	1,229	4,358	358	957	31.02
32 CORONARY CARE UNIT						32
40 SUBPROVIDER - IPF	45,871	4,294	15,226	967	3,343	40
41 SUBPROVIDER - IRF	83,808	18,387	65,191	2,545	14,314	41
43 NURSERY	13,535	936	3,318	273	729	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	227,586	16,100	57,083	5,543	12,534	50
51 RECOVERY ROOM	18,605	1,210	4,292	635	942	51
53 ANESTHESIOLOGY	10,159	157	556		122	53
54 RADIOLOGY-DIAGNOSTIC	119,403	9,564	33,909	1,577	7,446	54
54.01 ULTRASOUND	29,814	1,038	3,680	766	808	54.01
54.02 SPECIAL PROCEDURES	53,677	667	2,365	96	519	54.02
56 RADIOISOTOPE	24,759	700	2,483	155	545	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	23,186	748	2,651	669	582	57
58 MAGNETIC RESONANCE IMAGING (MRI)	27,064	1,975	7,001	321	1,537	58
59 CARDIAC CATHETERIZATION	54,885	1,335	4,734	95	1,040	59
60 LABORATORY	181,302	5,010	17,765		3,901	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	39,671	191	677		149	63
65 RESPIRATORY THERAPY	45,054	600	2,127		467	65
65.01 PULMONARY FUNCTION	1,362	289	1,024		225	65.01
66 PHYSICAL THERAPY	101,032	2,319	8,221	1,158	1,805	66
67 OCCUPATIONAL THERAPY	20,762	385	1,365		300	67
68 SPEECH PATHOLOGY	6,425	263	934		205	68
69 ELECTROCARDIOLOGY	27,417	1,365	4,840	517	1,063	69
70 ELECTROENCEPHALOGRAPHY	2,422	743	2,633	80	578	70
70.01 SLEEP LAB	3,044					70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	1,736					71
72 IMPL. DEV. CHARGED TO PATIENT	259,640					72
73 DRUGS CHARGED TO PATIENTS	148,237					73
73.01 INFUSION THERAPY	13,067	565	2,005	128	440	73.01
74 RENAL DIALYSIS	16,539	655	2,323	270	510	74
76.97 CARDIAC REHABILITATION	14,445	742	2,630	12	578	76.97
76.98 HYPERBARIC OXYGEN THERAPY	17,566					76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.02 PSYCH ANCILLARY	28,247	5,093	18,059	589	3,965	90.02
90.03 RETINAL VASCULAR	8,034	3,945	13,989		3,072	90.03
91 EMERGENCY	102,124	3,410	12,090	5,288	2,655	91
91.01 IFCC	414,231					91.01
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	ADMINI- STRATIVE & GENERAL 5	MAINTEN- ANCE AND REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY AND LINEN SERVICE 8	HOUSE- KEEPING 9	
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
100 I&R SERVICES-NOT APPRVD PRGM	700					100
101 HOME HEALTH AGENCY	224,150	2,249	7,974		1,751	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	60,977					116
118 SUBTOTALS (SUM OF LINES 1-117)	3,833,281	175,436	553,566	49,097	119,283	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES	44,635					192
192.01 REFERENCE LAB						192.01
192.02 O/P PHARMACY	86	322	1,140		250	192.02
192.03 RETINAL VASCULAR GRANTS	48	182	645		142	192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	3,878,050	175,940	555,351	49,097	119,675	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	175,704					10
11 CAFETERIA		65,984				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		2,546	173,718			13
14 CENTRAL SERVICES & SUPPLY		435		348,972		14
15 PHARMACY		2,187			416,029	15
16 MEDICAL RECORDS & LIBRARY		3,118				16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMED ED PRGM-EMS		2,467	11,693	14		23.01
23.02 PARAMED ED PRGM-DIETETICS		346				23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	130,642	17,954	85,118	13,842	826	30
31 INTENSIVE CARE UNIT	11,921	3,020	14,314	3,575	40	31
31.01 PEDIATRICS		333	1,578	35		31.01
31.02 SPECIAL CARE NURSERY		319	1,511	179		31.02
32 CORONARY CARE UNIT						32
40 SUBPROVIDER - IPF	10,047	3,125	14,815	16		40
41 SUBPROVIDER - IRF	20,865	3,157		1,736	58	41
43 NURSERY		333	1,578	172		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		4,402	20,865	53,587	408	50
51 RECOVERY ROOM		479	2,271	814	15	51
53 ANESTHESIOLOGY		326	1,547	2,361		53
54 RADIOLOGY-DIAGNOSTIC		4,171		944	2,206	54
54.01 ULTRASOUND		801		362	1	54.01
54.02 SPECIAL PROCEDURES		796		19,047	3,340	54.02
56 RADIOISOTOPE		276		5,910	66,617	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		488		1,798	306	57
58 MAGNETIC RESONANCE IMAGING (MRI)		533		1,201		58
59 CARDIAC CATHETERIZATION		336		11,265	6,682	59
60 LABORATORY		5,749		24,249	64,887	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		316		1,466	3,813	63
65 RESPIRATORY THERAPY		1,563		2,983	2	65
65.01 PULMONARY FUNCTION		46		6		65.01
66 PHYSICAL THERAPY				2,337	1,225	66
67 OCCUPATIONAL THERAPY				19		67
68 SPEECH PATHOLOGY				20		68
69 ELECTROCARDIOLOGY		679		489		69
70 ELECTROENCEPHALOGRAPHY		94		10		70
70.01 SLEEP LAB		113		159		70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				2,372		71
72 IMPL. DEV. CHARGED TO PATIENT				104,553		72
73 DRUGS CHARGED TO PATIENTS				69,376	235,859	73
73.01 INFUSION THERAPY		391		823	125	73.01
74 RENAL DIALYSIS		80		580		74
76.97 CARDIAC REHABILITATION		488		85	171	76.97
76.98 HYPERBARIC OXYGEN THERAPY		331		988	522	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.02 PSYCH ANCILLARY	1,114	532	2,522			90.02
90.03 RETINAL VASCULAR		299			220	90.03
91 EMERGENCY	1,115	3,355	15,906	8,938	13	91
91.01 IFCC				12,661	28,693	91.01
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
100 I&R SERVICES-NOT APPRVD PRGM						100
101 HOME HEALTH AGENCY						101
116 SPECIAL PURPOSE COST CENTERS						116
116 HOSPICE						116
118 SUBTOTALS (SUM OF LINES 1-117)	175,704	65,984	173,718	348,972	416,029	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 REFERENCE LAB						192.01
192.02 O/P PHARMACY						192.02
192.03 RETINAL VASCULAR GRANTS						192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	175,704	65,984	173,718	348,972	416,029	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	PARAMED ED PROGRAM EMS 23.01	PARAMED ED PROGRAM DIETETICS 23.02	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY	160,700				16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
23.01 PARAMED ED PRGM-EMS		59,214			23.01
23.02 PARAMED ED PRGM-DIETETICS			6,778		23.02
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	72,943			2,071,102	30
31 INTENSIVE CARE UNIT	6,006			476,474	31
31.01 PEDIATRICS	860			58,592	31.01
31.02 SPECIAL CARE NURSERY	1,509			44,213	31.02
32 CORONARY CARE UNIT				1,950	32
40 SUBPROVIDER - IPF	4,828			166,734	40
41 SUBPROVIDER - IRF	9,622			487,781	41
43 NURSERY	1,690			111,238	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	8,071			1,229,016	50
51 RECOVERY ROOM	574			75,853	51
53 ANESTHESIOLOGY	1,366			137,518	53
54 RADIOLOGY-DIAGNOSTIC	3,742			1,474,698	54
54.01 ULTRASOUND	1,411			227,233	54.01
54.02 SPECIAL PROCEDURES	2,516			237,150	54.02
56 RADIOISOTOPE	1,171			293,744	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	4,771			270,889	57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,532			604,634	58
59 CARDIAC CATHETERIZATION	1,692			807,180	59
60 LABORATORY	12,413			517,328	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.	739			53,199	63
65 RESPIRATORY THERAPY	1,399			136,931	65
65.01 PULMONARY FUNCTION	103			13,274	65.01
66 PHYSICAL THERAPY	4,048			212,306	66
67 OCCUPATIONAL THERAPY	1,252			36,540	67
68 SPEECH PATHOLOGY	579			29,560	68
69 ELECTROCARDIOLOGY	2,637			298,890	69
70 ELECTROENCEPHALOGRAPHY	107			17,371	70
70.01 SLEEP LAB				3,342	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	414			4,522	71
72 IMPL. DEV. CHARGED TO PATIENT				364,193	72
73 DRUGS CHARGED TO PATIENTS	5,326			458,798	73
73.01 INFUSION THERAPY				45,804	73.01
74 RENAL DIALYSIS				33,222	74
76.97 CARDIAC REHABILITATION				72,942	76.97
76.98 HYPERBARIC OXYGEN THERAPY				19,513	76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.02 PSYCH ANCILLARY	690			137,481	90.02
90.03 RETINAL VASCULAR	105			127,733	90.03
91 EMERGENCY	6,584			257,711	91
91.01 IFCC				2,713,321	91.01
92 OBSERVATION BEDS					92
92.01 OBSERVATION BEDS-DISTINCT					92.01
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30

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WORKSHEET B
 PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	PARAMED ED PROGRAM EMS 23.01	PARAMED ED PROGRAM DIETETICS 23.02	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
100 I&R SERVICES-NOT APPRVD PRGM				707		100
101 HOME HEALTH AGENCY				268,483		101
116 SPECIAL PURPOSE COST CENTERS						
116 HOSPICE				60,977		116
118 SUBTOTALS (SUM OF LINES 1-117)	160,700			14,660,147		118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES				44,635		192
192.01 REFERENCE LAB						192.01
192.02 O/P PHARMACY				6,426		192.02
192.03 RETINAL VASCULAR GRANTS				3,635		192.03
200 CROSS FOOT ADJUSTMENTS		59,214	6,778	65,992		200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	160,700	59,214	6,778	14,780,835		202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION		TOTAL	
		26	
GENERAL SERVICE COST CENTERS			
1	CAP REL COSTS-BLDG & FIXT		1
2	CAP REL COSTS-MVBLE EQUIP		2
4	EMPLOYEE BENEFITS		4
5	ADMINISTRATIVE & GENERAL		5
6	MAINTENANCE & REPAIRS		6
7	OPERATION OF PLANT		7
8	LAUNDRY & LINEN SERVICE		8
9	HOUSEKEEPING		9
10	DIETARY		10
11	CAFETERIA		11
12	MAINTENANCE OF PERSONNEL		12
13	NURSING ADMINISTRATION		13
14	CENTRAL SERVICES & SUPPLY		14
15	PHARMACY		15
16	MEDICAL RECORDS & LIBRARY		16
17	SOCIAL SERVICE		17
19	NONPHYSICIAN ANESTHETISTS		19
20	NURSING SCHOOL		20
21	I&R SRVCES-SALARY & FRINGES APPRVD		21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD		22
23	PARAMED ED PRGM-(SPECIFY)		23
23.01	PARAMED ED PRGM-EMS		23.01
23.02	PARAMED ED PRGM-DIETETICS		23.02
INPATIENT ROUTINE SERV COST CENTERS			
30	ADULTS & PEDIATRICS	2,071,102	30
31	INTENSIVE CARE UNIT	476,474	31
31.01	PEDIATRICS	58,592	31.01
31.02	SPECIAL CARE NURSERY	44,213	31.02
32	CORONARY CARE UNIT	1,950	32
40	SUBPROVIDER - IPF	166,734	40
41	SUBPROVIDER - IRF	487,781	41
43	NURSERY	111,238	43
ANCILLARY SERVICE COST CENTERS			
50	OPERATING ROOM	1,229,016	50
51	RECOVERY ROOM	75,853	51
53	ANESTHESIOLOGY	137,518	53
54	RADIOLOGY-DIAGNOSTIC	1,474,698	54
54.01	ULTRASOUND	227,233	54.01
54.02	SPECIAL PROCEDURES	237,150	54.02
56	RADIOISOTOPE	293,744	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	270,889	57
58	MAGNETIC RESONANCE IMAGING (MRI)	604,634	58
59	CARDIAC CATHETERIZATION	807,180	59
60	LABORATORY	517,328	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30
63	BLOOD STORING, PROCESSING & TRANS.	53,199	63
65	RESPIRATORY THERAPY	136,931	65
65.01	PULMONARY FUNCTION	13,274	65.01
66	PHYSICAL THERAPY	212,306	66
67	OCCUPATIONAL THERAPY	36,540	67
68	SPEECH PATHOLOGY	29,560	68
69	ELECTROCARDIOLOGY	298,890	69
70	ELECTROENCEPHALOGRAPHY	17,371	70
70.01	SLEEP LAB	3,342	70.01
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	4,522	71
72	IMPL. DEV. CHARGED TO PATIENT	364,193	72
73	DRUGS CHARGED TO PATIENTS	458,798	73
73.01	INFUSION THERAPY	45,804	73.01
74	RENAL DIALYSIS	33,222	74
76.97	CARDIAC REHABILITATION	72,942	76.97
76.98	HYPERBARIC OXYGEN THERAPY	19,513	76.98
76.99	LITHOTRIPSY		76.99
OUTPATIENT SERVICE COST CENTERS			
90.02	PSYCH ANCILLARY	137,481	90.02
90.03	RETINAL VASCULAR	127,733	90.03
91	EMERGENCY	257,711	91
91.01	IFCC	2,713,321	91.01
92	OBSERVATION BEDS		92
92.01	OBSERVATION BEDS-DISTINCT		92.01
OTHER REIMBURSABLE COST CENTERS			
94	HOME PROGRAM DIALYSIS		94
99.10	CORF		99.10
99.20	OUTPATIENT PHYSICAL THERAPY		99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY		99.30

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

COST CENTER DESCRIPTION	TOTAL	
	26	
99.40 OUTPATIENT SPEECH PATHOLOGY		99.40
100 I&R SERVICES-NOT APPRVD PRGM	707	100
101 HOME HEALTH AGENCY	268,483	101
SPECIAL PURPOSE COST CENTERS		
116 HOSPICE	60,977	116
118 SUBTOTALS (SUM OF LINES 1-117)	14,660,147	118
NONREIMBURSABLE COST CENTERS		
192 PHYSICIANS' PRIVATE OFFICES	44,635	192
192.01 REFERENCE LAB		192.01
192.02 O/P PHARMACY	6,426	192.02
192.03 RETINAL VASCULAR GRANTS	3,635	192.03
200 CROSS FOOT ADJUSTMENTS	65,992	200
201 NEGATIVE COST CENTER		201
202 TOTAL (SUM OF LINES 118-201)	14,780,835	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP- REL COSTS BLDG&FIXT SQUARE FEET	NEW CAP- REL COSTS MOV EQUIP EQUIPMENT COST	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINI- STRATIVE & GENERAL ACCUM COST	
	1	2	4	5A	5	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	729,308					1
2 CAP REL COSTS-MVBLE EQUIP		8,093,305				2
4 EMPLOYEE BENEFITS	3,948	755	94,592,360			4
5 ADMINISTRATIVE & GENERAL	223,150	2,050,633	9,807,952	-63,254,909	209,459,479	5
6 MAINTENANCE & REPAIRS	18,642	5,765			3,820,351	6
7 OPERATION OF PLANT	53,069	86,753	2,341,472		7,730,811	7
8 LAUNDRY & LINEN SERVICE	3,656	1,222	82,934		1,203,314	8
9 HOUSEKEEPING	4,336	16,182	1,090,493		3,682,777	9
10 DIETARY	13,305	18,206	652,096		3,029,363	10
11 CAFETERIA	6,350	849	676,941		1,035,032	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,576	70,000	2,205,137		3,227,997	13
14 CENTRAL SERVICES & SUPPLY	4,801	22,374	228,682		924,593	14
15 PHARMACY	6,930	217,735	2,856,086		4,104,585	15
16 MEDICAL RECORDS & LIBRARY	10,196	11,041	2,557,327		3,742,292	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMED ED PRGM-EMS	2,313	8,163	790,932		944,713	23.01
23.02 PARAMED ED PRGM-DIETETICS	750		62,669		56,121	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	118,011	195,886	20,183,721		33,302,645	30
31 INTENSIVE CARE UNIT	12,721	183,614	3,475,155		5,412,345	31
31.01 PEDIATRICS	6,348		363,245		525,581	31.01
31.02 SPECIAL CARE NURSERY	3,378		443,741		864,568	31.02
32 CORONARY CARE UNIT						32
40 SUBPROVIDER - IPF	11,803	1,672	886,199		2,477,514	40
41 SUBPROVIDER - IRF	50,535	2,151	3,046,899		4,526,493	41
43 NURSERY	2,572	56,889	413,783		731,006	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	44,250	447,029	4,118,189		12,291,995	50
51 RECOVERY ROOM	3,327	21,542	681,733		1,004,857	51
53 ANESTHESIOLOGY	431	89,744	761,517		548,681	53
54 RADIOLOGY-DIAGNOSTIC	26,286	873,496	3,482,594		6,448,984	54
54.01 ULTRASOUND	2,853	131,305	1,078,919		1,610,239	54.01
54.02 SPECIAL PROCEDURES	1,833	109,295	974,487		2,899,094	54.02
56 RADIOISOTOPE	1,925	137,060	359,069		1,337,253	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	2,055	170,254	595,050		1,252,302	57
58 MAGNETIC RESONANCE IMAGING (MRI)	5,427	405,138	579,941		1,461,743	58
59 CARDIAC CATHETERIZATION	3,670	534,516	662,125		2,964,328	59
60 LABORATORY	13,771	97,608	4,722,436		9,792,184	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	525	2,539	337,162		2,142,654	63
65 RESPIRATORY THERAPY	1,649	50,190	1,523,352		2,433,394	65
65.01 PULMONARY FUNCTION	794	4,583	47,367		73,585	65.01
66 PHYSICAL THERAPY	6,373	42,414	3,470,951		5,456,752	66
67 OCCUPATIONAL THERAPY	1,058	5,147	531,578		1,121,388	67
68 SPEECH PATHOLOGY	724	13,090	265,651		347,030	68
69 ELECTROCARDIOLOGY	3,752	181,804	851,686		1,480,795	69
70 ELECTROENCEPHALOGRAPHY	2,041		81,382		130,791	70
70.01 SLEEP LAB			114,370		164,400	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					93,756	71
72 IMPL. DEV. CHARGED TO PATIENT					14,023,216	72
73 DRUGS CHARGED TO PATIENTS					8,006,329	73
73.01 INFUSION THERAPY	1,554	15,169	425,668		705,772	73.01
74 RENAL DIALYSIS	1,801	2,130	105,689		893,295	74
76.97 CARDIAC REHABILITATION	2,039	32,563	528,683		780,196	76.97
76.98 HYPERBARIC OXYGEN THERAPY			463,936		948,723	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.02 PSYCH ANCILLARY	13,999	2,490	414,885		1,525,620	90.02
90.03 RETINAL VASCULAR	10,844	31,245	194,044		433,922	90.03
91 EMERGENCY	9,372	35,184	3,119,776		5,515,758	91
91.01 IPCC		1,707,880	11,904,656		22,372,727	91.01
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP- REL COSTS BLDG&FIXT SQUARE FEET	NEW CAP- REL COSTS MOV EQUIP EQUIPMENT COST	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINI- STRATIVE & GENERAL ACCUM COST	
	1	2	4	5A	5	
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
100 I&R SERVICES-NOT APPRVD PRGM			30,000		37,823	100
101 HOME HEALTH AGENCY	6,181				12,106,399	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE					3,293,403	116
118 SUBTOTALS (SUM OF LINES 1-117)	727,924	8,093,305	94,592,360	-63,254,909	207,041,489	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES					2,410,744	192
192.01 REFERENCE LAB						192.01
192.02 O/P PHARMACY	884				4,628	192.02
192.03 RETINAL VASCULAR GRANTS	500				2,618	192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	3,818,064	10,686,047	24,665,399		63,254,909	202
203 UNIT COST MULT-WS B PT I	5.235187	1.320356	0.260755		0.301991	203
204 COST TO BE ALLOC PER B PT II			21,666		3,878,050	204
205 UNIT COST MULT-WS B PT II			0.000229		0.018515	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAINTEN- ANCE AND REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE- KEEPING SQUARE FEET	DIETARY (MEALS SERVED)	
	6	7	8	9	10	
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
100 I&R SERVICES-NOT APPRVD PRGM						100
101 HOME HEALTH AGENCY	6,181	6,181		6,181		101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE						116
118 SUBTOTALS (SUM OF LINES 1-117)	482,184	429,115	1,610,873	421,123	371,945	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 REFERENCE LAB						192.01
192.02 O/P PHARMACY	884	884		884		192.02
192.03 RETINAL VASCULAR GRANTS	500	500		500		192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	4,974,063	10,611,323	1,694,426	4,946,422	4,564,780	202
203 UNIT COST MULT-WS B PT I	10.286171	24.648891	1.051868	11.707314	12.272728	203
204 COST TO BE ALLOC PER B PT II	175,940	555,351	49,097	119,675	175,704	204
205 UNIT COST MULT-WS B PT II	0.363837	1.290017	0.030479	0.283250	0.472392	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	
	FTE'S	ADMINI- STRATION (DIRECT NRSG HRS)	SERVICES & SUPPLY (COSTED REQUIS)	(COSTED REQUIS)	RECORDS & LIBRARY (TIME SPENT)	
	0					
	11	13	14	15	16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	2,412,700					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	93,099	1,339,963				13
14 CENTRAL SERVICES & SUPPLY	15,888		40,432,650			14
15 PHARMACY	79,963			3,840,952		15
16 MEDICAL RECORDS & LIBRARY	114,012				3,389,104	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMED ED PRGM-EMS	90,191	90,191	1,586			23.01
23.02 PARAMED ED PRGM-DIETETICS	12,666					23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	656,560	656,560	1,603,784	7,622	1,538,393	30
31 INTENSIVE CARE UNIT	110,409	110,409	414,227	367	126,669	31
31.01 PEDIATRICS	12,168	12,168	4,060		18,133	31.01
31.02 SPECIAL CARE NURSERY	11,657	11,657	20,793		31,822	31.02
32 CORONARY CARE UNIT						32
40 SUBPROVIDER - IPF	114,273	114,273	1,874		101,829	40
41 SUBPROVIDER - IRF	115,447		201,181	539	202,918	41
43 NURSERY	12,168	12,168	19,978		35,635	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	160,944	160,944	6,208,677	3,769	170,208	50
51 RECOVERY ROOM	17,516	17,516	94,275	139	12,109	51
53 ANESTHESIOLOGY	11,932	11,932	273,519		28,802	53
54 RADIOLOGY-DIAGNOSTIC	152,494		109,321	20,363	78,925	54
54.01 ULTRASOUND	29,278		41,962	9	29,751	54.01
54.02 SPECIAL PROCEDURES	29,098		2,206,833	30,833	53,059	54.02
56 RADIOISOTOPE	10,076		684,747	615,036	24,688	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	17,843		208,269	2,824	100,626	57
58 MAGNETIC RESONANCE IMAGING (MRI)	19,491		139,186		32,311	58
59 CARDIAC CATHETERIZATION	12,285		1,305,229	61,688	35,689	59
60 LABORATORY	210,200		2,809,521	599,060	261,789	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	11,561		169,822	35,202	15,588	63
65 RESPIRATORY THERAPY	57,154		345,613	20	29,501	65
65.01 PULMONARY FUNCTION	1,676		666		2,162	65.01
66 PHYSICAL THERAPY			270,726	11,313	85,375	66
67 OCCUPATIONAL THERAPY			2,240		26,397	67
68 SPEECH PATHOLOGY			2,365		12,209	68
69 ELECTROCARDIOLOGY	24,824		56,599		55,606	69
70 ELECTROENCEPHALOGRAPHY	3,449		1,167		2,248	70
70.01 SLEEP LAB	4,128		18,479			70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			274,861		8,726	71
72 IMPL. DEV. CHARGED TO PATIENT			12,113,716			72
73 DRUGS CHARGED TO PATIENTS			8,037,960	2,177,570	112,313	73
73.01 INFUSION THERAPY	14,310		95,324	1,153		73.01
74 RENAL DIALYSIS	2,914		67,220			74
76.97 CARDIAC REHABILITATION	17,847		9,861	1,576		76.97
76.98 HYPERBARIC OXYGEN THERAPY	12,119		114,479	4,815		76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.02 PSYCH ANCILLARY	19,454	19,454			14,552	90.02
90.03 RETINAL VASCULAR	10,915			2,030	2,217	90.03
91 EMERGENCY	122,691	122,691	1,035,599	119	138,854	91
91.01 IPCC			1,466,931	264,905		91.01
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	
	FTE'S	ADMINI- STRATION (DIRECT NRSG HRS)	SERVICES & SUPPLY (COSTED REQUIS)	(COSTED REQUIS)	RECORDS & LIBRARY (TIME SPENT)	
	0					
	11	13	14	15	16	
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
100 I&R SERVICES-NOT APPRVD PRGM						100
101 HOME HEALTH AGENCY						101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE						116
118 SUBTOTALS (SUM OF LINES 1-117)	2,412,700	1,339,963	40,432,650	3,840,952	3,389,104	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 REFERENCE LAB						192.01
192.02 O/P PHARMACY						192.02
192.03 RETINAL VASCULAR GRANTS						192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	1,643,780	4,386,403	1,442,051	5,721,844	5,425,674	202
203 UNIT COST MULT-WS B PT I	0.681303	3.273525	0.035666	1.489694	1.600917	203
204 COST TO BE ALLOC PER B PT II	65,984	173,718	348,972	416,029	160,700	204
205 UNIT COST MULT-WS B PT II	0.027349	0.129644	0.008631	0.108314	0.047417	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMED ED	PARAMED ED	
	PROGRAM EMS ASSIGNED TIME	PROGRAM DIETETICS PATIENT MEALS	
	23.01	23.02	
GENERAL SERVICE COST CENTERS			
1 CAP REL COSTS-BLDG & FIXT			1
2 CAP REL COSTS-MVBLE EQUIP			2
4 EMPLOYEE BENEFITS			4
5 ADMINISTRATIVE & GENERAL			5
6 MAINTENANCE & REPAIRS			6
7 OPERATION OF PLANT			7
8 LAUNDRY & LINEN SERVICE			8
9 HOUSEKEEPING			9
10 DIETARY			10
11 CAFETERIA			11
12 MAINTENANCE OF PERSONNEL			12
13 NURSING ADMINISTRATION			13
14 CENTRAL SERVICES & SUPPLY			14
15 PHARMACY			15
16 MEDICAL RECORDS & LIBRARY			16
17 SOCIAL SERVICE			17
19 NONPHYSICIAN ANESTHETISTS			19
20 NURSING SCHOOL			20
21 I&R SRVCES-SALARY & FRINGES APPRVD			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			22
23 PARAMED ED PRGM-(SPECIFY)			23
23.01 PARAMED ED PRGM-EMS	120		23.01
23.02 PARAMED ED PRGM-DIETETICS		371,925	23.02
INPATIENT ROUTINE SERV COST CENTERS			
30 ADULTS & PEDIATRICS	16	283,118	30
31 INTENSIVE CARE UNIT	12	25,235	31
31.01 PEDIATRICS			31.01
31.02 SPECIAL CARE NURSERY			31.02
32 CORONARY CARE UNIT			32
40 SUBPROVIDER - IPF		14,685	40
41 SUBPROVIDER - IRF		44,168	41
43 NURSERY			43
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	4		50
51 RECOVERY ROOM			51
53 ANESTHESIOLOGY			53
54 RADIOLOGY-DIAGNOSTIC			54
54.01 ULTRASOUND			54.01
54.02 SPECIAL PROCEDURES			54.02
56 RADIOISOTOPE			56
57 COMPUTED TOMOGRAPHY (CT) SCAN			57
58 MAGNETIC RESONANCE IMAGING (MRI)			58
59 CARDIAC CATHETERIZATION			59
60 LABORATORY			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
63 BLOOD STORING, PROCESSING & TRANS.			63
65 RESPIRATORY THERAPY	4		65
65.01 PULMONARY FUNCTION			65.01
66 PHYSICAL THERAPY			66
67 OCCUPATIONAL THERAPY			67
68 SPEECH PATHOLOGY			68
69 ELECTROCARDIOLOGY	4		69
70 ELECTROENCEPHALOGRAPHY			70
70.01 SLEEP LAB			70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			71
72 IMPL. DEV. CHARGED TO PATIENT			72
73 DRUGS CHARGED TO PATIENTS			73
73.01 INFUSION THERAPY			73.01
74 RENAL DIALYSIS			74
76.97 CARDIAC REHABILITATION			76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90.02 PSYCH ANCILLARY		2,359	90.02
90.03 RETINAL VASCULAR			90.03
91 EMERGENCY	80	2,360	91
91.01 IFCC			91.01
92 OBSERVATION BEDS			92
92.01 OBSERVATION BEDS-DISTINCT			92.01
OTHER REIMBURSABLE COST CENTERS			
94 HOME PROGRAM DIALYSIS			94
99.10 CORF			99.10
99.20 OUTPATIENT PHYSICAL THERAPY			99.20

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMED ED PROGRAM EMS ASSIGNED TIME	PARAMED ED PROGRAM DIETETICS PATIENT MEALS	
	23.01	23.02	
99.30 OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40 OUTPATIENT SPEECH PATHOLOGY			99.40
100 I&R SERVICES-NOT APPRVD PRGM			100
101 HOME HEALTH AGENCY			101
116 HOSPICE			116
118 SUBTOTALS (SUM OF LINES 1-117)	120	371,925	118
192 PHYSICIANS' PRIVATE OFFICES			192
192.01 REFERENCE LAB			192.01
192.02 O/P PHARMACY			192.02
192.03 RETINAL VASCULAR GRANTS			192.03
200 CROSS FOOT ADJUSTMENTS			200
201 NEGATIVE COST CENTER			201
202 COST TO BE ALLOC PER B PT I	1,694,638	116,680	202
203 UNIT COST MULT-WS B PT I	14,121.983333	0.313719	203
204 COST TO BE ALLOC PER B PT II	59,214	6,778	204
205 UNIT COST MULT-WS B PT II	493.450000	0.018224	205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 26) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	58,515,259		58,515,259		58,515,259	30
31 INTENSIVE CARE UNIT	8,882,713		8,882,713		8,882,713	31
31.01 PEDIATRICS	1,072,922		1,072,922		1,072,922	31.01
31.02 SPECIAL CARE NURSERY	1,393,364		1,393,364		1,393,364	31.02
32 CORONARY CARE UNIT						32
40 SUBPROVIDER - IPF	4,690,232		4,690,232		4,690,232	40
41 SUBPROVIDER - IRF	9,305,779		9,305,779	11,350	9,317,129	41
43 NURSERY	1,187,019		1,187,019	165,925	1,352,944	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	19,451,816		19,451,816		19,451,816	50
51 RECOVERY ROOM	1,577,632		1,577,632		1,577,632	51
53 ANESTHESIOLOGY	837,535		837,535		837,535	53
54 RADIOLOGY-DIAGNOSTIC	9,941,463		9,941,463	20,200	9,961,663	54
54.01 ULTRASOUND	2,325,106		2,325,106		2,325,106	54.01
54.02 SPECIAL PROCEDURES	4,092,804		4,092,804		4,092,804	54.02
56 RADIOISOTOPE	2,823,248		2,823,248		2,823,248	56
57 COMPUTED TOMOGRAPHY (CT) SC	1,934,315		1,934,315		1,934,315	57
58 MAGNETIC RESONANCE IMAGING	2,237,349		2,237,349		2,237,349	58
59 CARDIAC CATHETERIZATION	4,237,930		4,237,930		4,237,930	59
60 LABORATORY	14,946,579		14,946,579		14,946,579	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	2,905,532		2,905,532		2,905,532	63
65 RESPIRATORY THERAPY	3,400,183		3,400,183	8,625	3,408,808	65
65.01 PULMONARY FUNCTION	137,468		137,468		137,468	65.01
66 PHYSICAL THERAPY	7,605,045		7,605,045		7,605,045	66
67 OCCUPATIONAL THERAPY	1,551,724		1,551,724		1,551,724	67
68 SPEECH PATHOLOGY	505,229		505,229		505,229	68
69 ELECTROCARDIOLOGY	2,285,264		2,285,264	21,250	2,306,514	69
70 ELECTROENCEPHALOGRAPHY	274,241		274,241		274,241	70
70.01 SLEEP LAB	217,518		217,518		217,518	70.01
71 MEDICAL SUPPLIES CHRGD TO	145,842		145,842		145,842	71
72 IMPL. DEV. CHARGED TO PATIE	18,690,126		18,690,126		18,690,126	72
73 DRUGS CHARGED TO PATIENTS	14,134,568		14,134,568		14,134,568	73
73.01 INFUSION THERAPY	1,010,673		1,010,673	150	1,010,823	73.01
74 RENAL DIALYSIS	1,260,758		1,260,758		1,260,758	74
76.97 CARDIAC REHABILITATION	1,126,174		1,126,174	4,150	1,130,324	76.97
76.98 HYPERBARIC OXYGEN THERAPY	1,254,742		1,254,742		1,254,742	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.02 PSYCH ANCILLARY	2,789,537		2,789,537		2,789,537	90.02
90.03 RETINAL VASCULAR	1,084,762		1,084,762	12,000	1,096,762	90.03
91 EMERGENCY	9,705,200		9,705,200		9,705,200	91
91.01 IFCC	29,576,036		29,576,036		29,576,036	91.01
92 OBSERVATION BEDS	5,280,446		5,280,446		5,280,446	92
92.01 OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
100 I&R SERVICES-NOT APPRVD PRG	49,245		49,245		49,245	100
101 HOME HEALTH AGENCY	16,050,720		16,050,720		16,050,720	101
116 HOSPICE	4,287,981		4,287,981		4,287,981	116
200 SUBTOTAL (SEE INSTRUCTIONS)	274,782,079		274,782,079	243,650	275,025,729	200
201 LESS OBSERVATION BEDS	5,280,446		5,280,446		5,280,446	201
202 TOTAL (SEE INSTRUCTIONS)	269,501,633		269,501,633		269,745,283	202

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 (COLS. 6 + 7) 8			
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	77,066,695		77,066,695			30
31 INTENSIVE CARE UNIT	10,827,447		10,827,447			31
31.01 PEDIATRICS	963,356		963,356			31.01
31.02 SPECIAL CARE NURSERY	1,497,742		1,497,742			31.02
32 CORONARY CARE UNIT						32
40 SUBPROVIDER - IPF	3,388,892		3,388,892			40
41 SUBPROVIDER - IRF	8,711,680		8,711,680			41
43 NURSERY	1,434,812		1,434,812			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	52,172,319	40,603,942	92,776,261	0.209664	0.209664	0.209664 50
51 RECOVERY ROOM	3,222,261	3,378,044	6,600,305	0.239024	0.239024	0.239024 51
53 ANESTHESIOLOGY	8,798,358	6,901,108	15,699,466	0.053348	0.053348	0.053348 53
54 RADIOLOGY-DIAGNOSTIC	8,435,058	20,903,001	29,338,059	0.338859	0.338859	0.339547 54
54.01 ULTRASOUND	4,503,558	8,029,358	12,532,916	0.185520	0.185520	0.185520 54.01
54.02 SPECIAL PROCEDURES	12,314,174	14,322,995	26,637,169	0.153650	0.153650	0.153650 54.02
56 RADIOISOTOPE	3,848,453	7,542,041	11,390,494	0.247860	0.247860	0.247860 56
57 COMPUTED TOMOGRAPHY (CT) SC	21,052,956	29,350,576	50,403,532	0.038377	0.038377	0.038377 57
58 MAGNETIC RESONANCE IMAGING	7,325,988	9,307,245	16,633,233	0.134511	0.134511	0.134511 58
59 CARDIAC CATHETERIZATION	12,310,911	6,516,241	18,827,152	0.225097	0.225097	0.225097 59
60 LABORATORY	55,849,693	86,850,831	142,700,524	0.104741	0.104741	0.104741 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	6,641,098	1,855,678	8,496,776	0.341957	0.341957	0.341957 63
65 RESPIRATORY THERAPY	14,600,933	1,479,213	16,080,146	0.211452	0.211452	0.211989 65
65.01 PULMONARY FUNCTION	294,164	884,532	1,178,696	0.116627	0.116627	0.116627 65.01
66 PHYSICAL THERAPY	8,243,855	18,095,591	26,339,446	0.288732	0.288732	0.288732 66
67 OCCUPATIONAL THERAPY	5,959,836		5,959,836	0.260364	0.260364	0.260364 67
68 SPEECH PATHOLOGY	3,024,330		3,024,330	0.167055	0.167055	0.167055 68
69 ELECTROCARDIOLOGY	13,684,328	9,999,661	23,683,989	0.096490	0.096490	0.097387 69
70 ELECTROENCEPHALOGRAPHY	772,668	216,024	988,692	0.277378	0.277378	0.277378 70
70.01 SLEEP LAB	541,921	1,053,913	1,595,834	0.136304	0.136304	0.136304 70.01
71 MEDICAL SUPPLIES CHRGD TO	3,053,037	1,703,047	4,756,084	0.030664	0.030664	0.030664 71
72 IMPL. DEV. CHARGED TO PATIE	28,008,635	9,179,279	37,187,914	0.502586	0.502586	0.502586 72
73 DRUGS CHARGED TO PATIENTS	39,274,674	21,944,226	61,218,900	0.230886	0.230886	0.230886 73
73.01 INFUSION THERAPY	50,409	5,037,745	5,088,154	0.198633	0.198633	0.198662 73.01
74 RENAL DIALYSIS	1,361,023	124,999	1,486,022	0.848411	0.848411	0.848411 74
76.97 CARDIAC REHABILITATION	72,679	1,201,141	1,273,820	0.884092	0.884092	0.887350 76.97
76.98 HYPERBARIC OXYGEN THERAPY	724,487	4,135,721	4,860,208	0.258166	0.258166	0.258166 76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.02 PSYCH ANCILLARY	5,685,588	2,246,427	7,932,015	0.351681	0.351681	0.351681 90.02
90.03 RETINAL VASCULAR	2,187	1,205,987	1,208,174	0.897852	0.897852	0.907785 90.03
91 EMERGENCY	16,277,586	59,408,305	75,685,891	0.128230	0.128230	0.128230 91
91.01 IFCC	4,528,971	142,019,039	146,548,010	0.201818	0.201818	0.201818 91.01
92 OBSERVATION BEDS		5,798,691	5,798,691	0.910627	0.910627	0.910627 92
92.01 OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
100 I&R SERVICES-NOT APPRVD PRG						100
101 HOME HEALTH AGENCY						101
116 HOSPICE						116
200 SUBTOTAL (SEE INSTRUCTIONS)	446,526,762	521,294,601	967,821,363			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	446,526,762	521,294,601	967,821,363			202

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	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	(COL.1 MINUS COL.2)		(COL.3 ÷ COL.4)		(COL.5 x COL.6)	
	1	2	3	4	5	6	7
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	2,071,102		2,071,102	66,323	31.23	34,568	1,079,559 30
31 INTENSIVE CARE UNIT	476,474		476,474	5,994	79.49	1,996	158,662 31
31.01 PEDIATRICS	58,592		58,592	1,054	55.59		31,010 31.01
31.02 SPECIAL CARE NURSERY	44,213		44,213	1,785	24.77		31,020 31.02
32 CORONARY CARE UNIT	1,950		1,950				320 32
33 BURN INTENSIVE CARE UNIT							330 33
34 SURGICAL INTENSIVE CARE UNIT							340 34
35 OTHER SPECIAL CARE (SPECIFY)							350 35
40 SUBPROVIDER - IPF	166,734		166,734	9,343	17.85	1,583	28,257 40
41 SUBPROVIDER - IRF	487,781		487,781	10,491	46.50	8,132	378,138 41
42 SUBPROVIDER I							420 42
43 NURSERY	111,238		111,238	1,710	65.05		430 43
44 SKILLED NURSING FACILITY							440 44
45 NURSING FACILITY							450 45
200 TOTAL (LINES 30-199)	3,418,084		3,418,084	96,700		46,279	1,644,616 200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0191) [] SUB (OTHER)
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF
 BOXES [] TITLE XIX [] IRF

[XX] PPS
 [] TEFRA

COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,229,016	92,776,261	0.013247	20,269,908	268,515	50
51 RECOVERY ROOM	75,853	6,600,305	0.011492	1,277,337	14,679	51
53 ANESTHESIOLOGY	137,518	15,699,466	0.008759	3,208,053	28,099	53
54 RADIOLOGY-DIAGNOSTIC	1,474,698	29,338,059	0.050266	6,676,412	335,597	54
54.01 ULTRASOUND	227,233	12,532,916	0.018131	3,368,228	61,069	54.01
54.02 SPECIAL PROCEDURES	237,150	26,637,169	0.008903	8,013,878	71,348	54.02
56 RADIOISOTOPE	293,744	11,390,494	0.025789	3,056,110	78,814	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	270,889	50,403,532	0.005374	17,043,159	91,590	57
58 MAGNETIC RESONANCE IMAGING (M	604,634	16,633,233	0.036351	4,982,966	181,136	58
59 CARDIAC CATHETERIZATION	807,180	18,827,152	0.042873	7,887,777	338,173	59
60 LABORATORY	517,328	142,700,524	0.003625	38,565,905	139,801	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T	53,199	8,496,776	0.006261	4,406,259	27,588	63
65 RESPIRATORY THERAPY	136,931	16,080,146	0.008516	10,195,210	86,822	65
65.01 PULMONARY FUNCTION	13,274	1,178,696	0.011262	101,547	1,144	65.01
66 PHYSICAL THERAPY	212,306	26,339,446	0.008060	2,530,147	20,393	66
67 OCCUPATIONAL THERAPY	36,540	5,959,836	0.006131	1,183,046	7,253	67
68 SPEECH PATHOLOGY	29,560	3,024,330	0.009774	539,673	5,275	68
69 ELECTROCARDIOLOGY	298,890	23,683,989	0.012620	10,118,095	127,690	69
70 ELECTROENCEPHALOGRAPHY	17,371	988,692	0.017570	555,473	9,760	70
70.01 SLEEP LAB	3,342	1,595,834	0.002094	340,755	714	70.01
71 MEDICAL SUPPLIES CHRGD TO PA	4,522	4,756,084	0.000951	1,913,917	1,820	71
72 IMPL. DEV. CHARGED TO PATIENT	364,193	37,187,914	0.009793	15,839,892	155,120	72
73 DRUGS CHARGED TO PATIENTS	458,798	61,218,900	0.007494	2,535,639	19,002	73
73.01 INFUSION THERAPY	45,804	5,088,154	0.009002	30,578	275	73.01
74 RENAL DIALYSIS	33,222	1,486,022	0.022356	914,033	20,434	74
76.97 CARDIAC REHABILITATION	72,942	1,273,820	0.057262	55,378	3,171	76.97
76.98 HYPERBARIC OXYGEN THERAPY	19,513	4,860,208	0.004015	408,800	1,641	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.02 PSYCH ANCILLARY	137,481	7,932,015	0.017332	4,477	78	90.02
90.03 RETINAL VASCULAR	127,733	1,208,174	0.105724			90.03
91 EMERGENCY	257,711	75,685,891	0.003405	12,224,745	41,625	91
91.01 IFCC	2,713,321	146,548,010	0.018515	2,730,517	50,556	91.01
92 OBSERVATION BEDS	186,896	5,798,691	0.032231			92
92.01 OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
200 TOTAL (SUM OF LINES 50-199)	11,098,792	863,930,739	863,930,739	180,977,914	2,189,182	200

PROVIDER CCN: 14-0191 INGALLS MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2010 TO 09/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 04/06/2012 11:12

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	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5	
INPAT ROUTINE SERV COST CTRS						
30 ADULTS & PEDIATRICS		314,772			314,772	30
31 INTENSIVE CARE UNIT		177,381			177,381	31
31.01 PEDIATRICS						31.01
31.02 SPECIAL CARE NURSERY						31.02
32 CORONARY CARE UNIT						32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
35 OTHER SPECIAL CARE (SPECIFY)						35
40 SUBPROVIDER - IPF		4,607			4,607	40
41 SUBPROVIDER - IRF		13,856			13,856	41
42 SUBPROVIDER I						42
43 NURSERY						43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
200 TOTAL (SUM OF LINES 30-199)		510,616			510,616	200

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	66,323	4.75	34,568	164,198	30
31 INTENSIVE CARE UNIT	5,994	29.59	1,996	59,062	31
31.01 PEDIATRICS	1,054				31.01
31.02 SPECIAL CARE NURSERY	1,785				31.02
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF	9,343	0.49	1,583	776	40
41 SUBPROVIDER - IRF	10,491	1.32	8,132	10,734	41
42 SUBPROVIDER I					42
43 NURSERY	1,710				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	96,700		46,279	234,770	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0191) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P	
	PHYSICIAN							SCHOOL	HEALTH	MEDICAL	COST	COST
	ANESTHETIST			EDUCATION	(SUM OF	(SUM OF	
	COST			COST	COLS.1-4)	COLS.2-4)	
	1	2	3	4	5	6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM			56,488		56,488	56,488	50
51 RECOVERY ROOM							51
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC							54
54.01 ULTRASOUND							54.01
54.02 SPECIAL PROCEDURES							54.02
56 RADIOISOTOPE							56
57 COMPUTED TOMOGRAPHY (CT) SCAN							57
58 MAGNETIC RESONANCE IMAGING (M							58
59 CARDIAC CATHETERIZATION							59
60 LABORATORY							60
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
63 BLOOD STORING, PROCESSING & T							63
65 RESPIRATORY THERAPY			56,488		56,488	56,488	65
65.01 PULMONARY FUNCTION							65.01
66 PHYSICAL THERAPY							66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY			56,488		56,488	56,488	69
70 ELECTROENCEPHALOGRAPHY							70
70.01 SLEEP LAB							70.01
71 MEDICAL SUPPLIES CHRGD TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
73.01 INFUSION THERAPY							73.01
74 RENAL DIALYSIS							74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.02 PSYCH ANCILLARY			740		740	740	90.02
90.03 RETINAL VASCULAR							90.03
91 EMERGENCY			1,130,498		1,130,498	1,130,498	91
91.01 IFCC							91.01
92 OBSERVATION BEDS			28,404		28,404	28,404	92
92.01 OBSERVATION BEDS-DISTINCT							92.01
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)			1,329,106		1,329,106	1,329,106	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0191) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13		
ANCILLARY SERVICE COST CENTERS									
50 OPERATING ROOM	92,776,261	0.000609	0.000609	20,269,908	12,344	9,970,718	6,072	50	
51 RECOVERY ROOM	6,600,305			1,277,337		649,768		51	
53 ANESTHESIOLOGY	15,699,466			3,208,053		1,284,098		53	
54 RADIOLOGY-DIAGNOSTIC	29,338,059			6,676,412		7,683,634		54	
54.01 ULTRASOUND	12,532,916			3,368,228		1,564,236		54.01	
54.02 SPECIAL PROCEDURES	26,637,169			8,013,878		6,608,402		54.02	
56 RADIOISOTOPE	11,390,494			3,056,110		3,250,982		56	
57 COMPUTED TOMOGRAPHY (CT) SCA	50,403,532			17,043,159		7,080,782		57	
58 MAGNETIC RESONANCE IMAGING (	16,633,233			4,982,966		3,187,058		58
59 CARDIAC CATHETERIZATION	18,827,152			7,887,777		3,416,934		59	
60 LABORATORY	142,700,524			38,565,905		1,456,617		60	
62.30 BLOOD CLOTTING FOR HEMOPHILI								62.30	
63 BLOOD STORING, PROCESSING &	8,496,776			4,406,259		660,501		63	
65 RESPIRATORY THERAPY	16,080,146	0.003513	0.003513	10,195,210	35,816	129,118	454	65	
65.01 PULMONARY FUNCTION	1,178,696			101,547		284,980		65.01	
66 PHYSICAL THERAPY	26,339,446			2,530,147				66	
67 OCCUPATIONAL THERAPY	5,959,836			1,183,046				67	
68 SPEECH PATHOLOGY	3,024,330			539,673				68	
69 ELECTROCARDIOLOGY	23,683,989	0.002385	0.002385	10,118,095	24,132	2,377,601	5,671	69	
70 ELECTROENCEPHALOGRAPHY	988,692			555,473		64,440		70	
70.01 SLEEP LAB	1,595,834			340,755		250,949		70.01	
71 MEDICAL SUPPLIES CHRGD TO P	4,756,084			1,913,917		543,456		71	
72 IMPL. DEV. CHARGED TO PATIEN	37,187,914			15,839,892		4,041,705		72	
73 DRUGS CHARGED TO PATIENTS	61,218,900			2,535,639		9,461,651		73	
73.01 INFUSION THERAPY	5,088,154			30,578		5,026,280		73.01	
74 RENAL DIALYSIS	1,486,022			914,033				74	
76.97 CARDIAC REHABILITATION	1,273,820			55,378		1,108,280		76.97	
76.98 HYPERBARIC OXYGEN THERAPY	4,860,208			408,800		2,154,867		76.98	
76.99 LITHOTRIPSY								76.99	
OUTPATIENT SERVICE COST CENTERS									
90.02 PSYCH ANCILLARY	7,932,015	0.000093	0.000093	4,477		92,261	9	90.02	
90.03 RETINAL VASCULAR	1,208,174					663,839		90.03	
91 EMERGENCY	75,685,891	0.014937	0.014937	12,224,745	182,601	4,780,334	71,404	91	
91.01 IFCC	146,548,010			2,730,517		32,915,423		91.01	
92 OBSERVATION BEDS	5,798,691	0.004898	0.004898			902,751	4,422	92	
92.01 OBSERVATION BEDS-DISTINCT								92.01	
OTHER REIMBURSABLE COST CENTERS									
94 HOME PROGRAM DIALYSIS								94	
200 TOTAL (SUM OF LINES 50-199)	863,930,739			180,977,914	254,893	111,611,665	88,032	200	

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0191) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS				
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCES NOT	COST	COST			
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS						
	1	2	3	4	5	6	7		
ANCILLARY SERVICE COST CENTERS									
50 OPERATING ROOM	0.209664	9,970,718			2,090,501				50
51 RECOVERY ROOM	0.239024	649,768			155,310				51
53 ANESTHESIOLOGY	0.053348	1,284,098			68,504				53
54 RADIOLOGY-DIAGNOSTIC	0.338859	7,683,634		542	2,603,669	184			54
54.01 ULTRASOUND	0.185520	1,564,236			290,197				54.01
54.02 SPECIAL PROCEDURES	0.153650	6,608,402			1,015,381				54.02
56 RADIOISOTOPE	0.247860	3,250,982			805,788				56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.038377	7,080,782			271,739				57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.134511	3,187,058			428,694				58
59 CARDIAC CATHETERIZATION	0.225097	3,416,934			769,142				59
60 LABORATORY	0.104741	1,456,617		2,024	152,568	212			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS									62.30
63 BLOOD STORING, PROCESSING & TRA	0.341957	660,501			225,863				63
65 RESPIRATORY THERAPY	0.211452	129,118		2,816	27,302	595			65
65.01 PULMONARY FUNCTION	0.116627	284,980			33,236				65.01
66 PHYSICAL THERAPY	0.288732								66
67 OCCUPATIONAL THERAPY	0.260364								67
68 SPEECH PATHOLOGY	0.167055								68
69 ELECTROCARDIOLOGY	0.096490	2,377,601			229,415				69
70 ELECTROENCEPHALOGRAPHY	0.277378	64,440			17,874				70
70.01 SLEEP LAB	0.136304	250,949			34,205				70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.030664	543,456			16,665				71
72 IMPL. DEV. CHARGED TO PATIENT	0.502586	4,041,705			2,031,304				72
73 DRUGS CHARGED TO PATIENTS	0.230886	9,461,651		25	38,894	2,184,563	6	8,980	73
73.01 INFUSION THERAPY	0.198633	5,026,280			998,385				73.01
74 RENAL DIALYSIS	0.848411								74
76.97 CARDIAC REHABILITATION	0.884092	1,108,280			979,821				76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.258166	2,154,867			556,313				76.98
76.99 LITHOTRIPSY									76.99
OUTPATIENT SERVICE COST CENTERS									
90.02 PSYCH ANCILLARY	0.351681	92,261		107,098	32,446	37,664			90.02
90.03 RETINAL VASCULAR	0.897852	663,839			596,029				90.03
91 EMERGENCY	0.128230	4,780,334		5,436	612,982	697			91
91.01 IFCC	0.201818	32,915,423			6,642,925				91.01
92 OBSERVATION BEDS	0.910627	902,751			822,069				92
92.01 OBSERVATION BEDS-DISTINCT									92.01
OTHER REIMBURSABLE COST CENTERS									
94 HOME PROGRAM DIALYSIS									94
200 SUBTOTAL (SEE INSTRUCTIONS)		111,611,665	117,941	38,894	24,692,890	39,358	8,980		200
201 LESS PBP CLINIC LAB SERVICES									201
202 NET CHARGES (LINE 200 - LINE 201)		111,611,665	117,941	38,894	24,692,890	39,358	8,980		202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [XX] IPF (14-S191) [] IRF	[] SUB (OTHER)	[XX] PPS [] TEFRA			
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5		
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	1,229,016	92,776,261	0.013247	45	1	50
51	RECOVERY ROOM	75,853	6,600,305	0.011492			51
53	ANESTHESIOLOGY	137,518	15,699,466	0.008759			53
54	RADIOLOGY-DIAGNOSTIC	1,474,698	29,338,059	0.050266	13,859	697	54
54.01	ULTRASOUND	227,233	12,532,916	0.018131	8,940	162	54.01
54.02	SPECIAL PROCEDURES	237,150	26,637,169	0.008903	20,128	179	54.02
56	RADIOISOTOPE	293,744	11,390,494	0.025789	11,487	296	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	270,889	50,403,532	0.005374	89,994	484	57
58	MAGNETIC RESONANCE IMAGING (M	604,634	16,633,233	0.036351	13,354	485	58
59	CARDIAC CATHETERIZATION	807,180	18,827,152	0.042873			59
60	LABORATORY	517,328	142,700,524	0.003625	424,553	1,539	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
63	BLOOD STORING, PROCESSING & T	53,199	8,496,776	0.006261			63
65	RESPIRATORY THERAPY	136,931	16,080,146	0.008516	30,366	259	65
65.01	PULMONARY FUNCTION	13,274	1,178,696	0.011262	2,459	28	65.01
66	PHYSICAL THERAPY	212,306	26,339,446	0.008060	16,298	131	66
67	OCCUPATIONAL THERAPY	36,540	5,959,836	0.006131	170,823	1,047	67
68	SPEECH PATHOLOGY	29,560	3,024,330	0.009774	1,652	16	68
69	ELECTROCARDIOLOGY	298,890	23,683,989	0.012620	55,769	704	69
70	ELECTROENCEPHALOGRAPHY	17,371	988,692	0.017570	3,435	60	70
70.01	SLEEP LAB	3,342	1,595,834	0.002094			70.01
71	MEDICAL SUPPLIES CHRGD TO PA	4,522	4,756,084	0.000951	7,124	7	71
72	IMPL. DEV. CHARGED TO PATIENT	364,193	37,187,914	0.009793			72
73	DRUGS CHARGED TO PATIENTS	458,798	61,218,900	0.007494	196,724	1,474	73
73.01	INFUSION THERAPY	45,804	5,088,154	0.009002	7,168	65	73.01
74	RENAL DIALYSIS	33,222	1,486,022	0.022356	531	12	74
76.97	CARDIAC REHABILITATION	72,942	1,273,820	0.057262			76.97
76.98	HYPERBARIC OXYGEN THERAPY	19,513	4,860,208	0.004015	1,750	7	76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90.02	PSYCH ANCILLARY	137,481	7,932,015	0.017332	392,494	6,803	90.02
90.03	RETINAL VASCULAR	127,733	1,208,174	0.105724			90.03
91	EMERGENCY	257,711	75,685,891	0.003405	342,913	1,168	91
91.01	IFCC	2,713,321	146,548,010	0.018515			91.01
92	OBSERVATION BEDS	186,896	5,798,691	0.032231			92
92.01	OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS							
94	HOME PROGRAM DIALYSIS						94
200	TOTAL (SUM OF LINES 50-199)	11,098,792	863,930,739	863,930,739	1,811,866	15,624	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S191) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P	
	PHYSICIAN							SCHOOL	HEALTH	MEDICAL	COST	COST
	ANESTHETIST			EDUCATION	(SUM OF	(SUM OF	
	COST			COST	COLS.1-4)	COLS.2-4)	
	1	2	3	4	5	6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM			56,488		56,488	56,488	50
51 RECOVERY ROOM							51
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC							54
54.01 ULTRASOUND							54.01
54.02 SPECIAL PROCEDURES							54.02
56 RADIOISOTOPE							56
57 COMPUTED TOMOGRAPHY (CT) SCAN							57
58 MAGNETIC RESONANCE IMAGING (M							58
59 CARDIAC CATHETERIZATION							59
60 LABORATORY							60
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
63 BLOOD STORING, PROCESSING & T							63
65 RESPIRATORY THERAPY			56,488		56,488	56,488	65
65.01 PULMONARY FUNCTION							65.01
66 PHYSICAL THERAPY							66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY			56,488		56,488	56,488	69
70 ELECTROENCEPHALOGRAPHY							70
70.01 SLEEP LAB							70.01
71 MEDICAL SUPPLIES CHRGD TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
73.01 INFUSION THERAPY							73.01
74 RENAL DIALYSIS							74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.02 PSYCH ANCILLARY			740		740	740	90.02
90.03 RETINAL VASCULAR							90.03
91 EMERGENCY			1,130,498		1,130,498	1,130,498	91
91.01 IFCC							91.01
92 OBSERVATION BEDS							92
92.01 OBSERVATION BEDS-DISTINCT							92.01
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)			1,300,702		1,300,702	1,300,702	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S191) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	92,776,261	0.000609	0.000609	45			50
51 RECOVERY ROOM	6,600,305						51
53 ANESTHESIOLOGY	15,699,466						53
54 RADIOLOGY-DIAGNOSTIC	29,338,059			13,859			54
54.01 ULTRASOUND	12,532,916			8,940			54.01
54.02 SPECIAL PROCEDURES	26,637,169			20,128			54.02
56 RADIOISOTOPE	11,390,494			11,487			56
57 COMPUTED TOMOGRAPHY (CT) SCA	50,403,532			89,994			57
58 MAGNETIC RESONANCE IMAGING (	16,633,233			13,354			58
59 CARDIAC CATHETERIZATION	18,827,152						59
60 LABORATORY	142,700,524			424,553			60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
63 BLOOD STORING, PROCESSING &	8,496,776						63
65 RESPIRATORY THERAPY	16,080,146	0.003513	0.003513	30,366	107		65
65.01 PULMONARY FUNCTION	1,178,696			2,459			65.01
66 PHYSICAL THERAPY	26,339,446			16,298			66
67 OCCUPATIONAL THERAPY	5,959,836			170,823			67
68 SPEECH PATHOLOGY	3,024,330			1,652			68
69 ELECTROCARDIOLOGY	23,683,989	0.002385	0.002385	55,769	133		69
70 ELECTROENCEPHALOGRAPHY	988,692			3,435			70
70.01 SLEEP LAB	1,595,834						70.01
71 MEDICAL SUPPLIES CHRGED TO P	4,756,084			7,124			71
72 IMPL. DEV. CHARGED TO PATIEN	37,187,914						72
73 DRUGS CHARGED TO PATIENTS	61,218,900			196,724			73
73.01 INFUSION THERAPY	5,088,154			7,168			73.01
74 RENAL DIALYSIS	1,486,022			531			74
76.97 CARDIAC REHABILITATION	1,273,820						76.97
76.98 HYPERBARIC OXYGEN THERAPY	4,860,208			1,750			76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.02 PSYCH ANCILLARY	7,932,015	0.000093	0.000093	392,494	37		90.02
90.03 RETINAL VASCULAR	1,208,174						90.03
91 EMERGENCY	75,685,891	0.014937	0.014937	342,913	5,122		91
91.01 IFCC	146,548,010						91.01
92 OBSERVATION BEDS	5,798,691						92
92.01 OBSERVATION BEDS-DISTINCT							92.01
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)	863,930,739			1,811,866	5,399		200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] IPF (14-S191) [] SNF
 BOXES [] TITLE XIX - O/P [] IRF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES -----				PROGRAM COSTS -----		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCES NOT	COST	COST	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.209664						50
51 RECOVERY ROOM	0.239024						51
53 ANESTHESIOLOGY	0.053348						53
54 RADIOLOGY-DIAGNOSTIC	0.338859						54
54.01 ULTRASOUND	0.185520						54.01
54.02 SPECIAL PROCEDURES	0.153650						54.02
56 RADIOISOTOPE	0.247860						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.038377						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.134511						58
59 CARDIAC CATHETERIZATION	0.225097						59
60 LABORATORY	0.104741						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.341957						63
65 RESPIRATORY THERAPY	0.211452						65
65.01 PULMONARY FUNCTION	0.116627						65.01
66 PHYSICAL THERAPY	0.288732						66
67 OCCUPATIONAL THERAPY	0.260364						67
68 SPEECH PATHOLOGY	0.167055						68
69 ELECTROCARDIOLOGY	0.096490						69
70 ELECTROENCEPHALOGRAPHY	0.277378						70
70.01 SLEEP LAB	0.136304						70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.030664						71
72 IMPL. DEV. CHARGED TO PATIENT	0.502586						72
73 DRUGS CHARGED TO PATIENTS	0.230886						73
73.01 INFUSION THERAPY	0.198633						73.01
74 RENAL DIALYSIS	0.848411						74
76.97 CARDIAC REHABILITATION	0.884092						76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.258166						76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.02 PSYCH ANCILLARY	0.351681						90.02
90.03 RETINAL VASCULAR	0.897852						90.03
91 EMERGENCY	0.128230						91
91.01 IFCC	0.201818						91.01
92 OBSERVATION BEDS	0.910627						92
92.01 OBSERVATION BEDS-DISTINCT							92.01
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] IRF (14-T191) [] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P	
	PHYSICIAN			MEDICAL	COST	COST	
	ANESTHETIST	SCHOOL	HEALTH	EDUCATION	(SUM OF	(SUM OF	
	COST			COST	COLS.1-4)	COLS.2-4)	
	1	2	3	4	5	6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM			56,488		56,488	56,488	50
51 RECOVERY ROOM							51
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC							54
54.01 ULTRASOUND							54.01
54.02 SPECIAL PROCEDURES							54.02
56 RADIOISOTOPE							56
57 COMPUTED TOMOGRAPHY (CT) SCAN							57
58 MAGNETIC RESONANCE IMAGING (M							58
59 CARDIAC CATHETERIZATION							59
60 LABORATORY							60
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
63 BLOOD STORING, PROCESSING & T							63
65 RESPIRATORY THERAPY			56,488		56,488	56,488	65
65.01 PULMONARY FUNCTION							65.01
66 PHYSICAL THERAPY							66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY			56,488		56,488	56,488	69
70 ELECTROENCEPHALOGRAPHY							70
70.01 SLEEP LAB							70.01
71 MEDICAL SUPPLIES CHRGED TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
73.01 INFUSION THERAPY							73.01
74 RENAL DIALYSIS							74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.02 PSYCH ANCILLARY			740		740	740	90.02
90.03 RETINAL VASCULAR							90.03
91 EMERGENCY			1,130,498		1,130,498	1,130,498	91
91.01 IFCC							91.01
92 OBSERVATION BEDS							92
92.01 OBSERVATION BEDS-DISTINCT							92.01
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)			1,300,702		1,300,702	1,300,702	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] IRF (14-T191) [] NF

COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	92,776,261	0.000609	0.000609	260,232	158		50
51 RECOVERY ROOM	6,600,305			9,034			51
53 ANESTHESIOLOGY	15,699,466						53
54 RADIOLOGY-DIAGNOSTIC	29,338,059			303,765		861	54
54.01 ULTRASOUND	12,532,916			32,517			54.01
54.02 SPECIAL PROCEDURES	26,637,169			48,376			54.02
56 RADIOISOTOPE	11,390,494			70,302			56
57 COMPUTED TOMOGRAPHY (CT) SCA	50,403,532			165,432			57
58 MAGNETIC RESONANCE IMAGING (	16,633,233			29,916			58
59 CARDIAC CATHETERIZATION	18,827,152						59
60 LABORATORY	142,700,524			1,608,089			60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
63 BLOOD STORING, PROCESSING &	8,496,776			79,708			63
65 RESPIRATORY THERAPY	16,080,146	0.003513	0.003513	576,560	2,025		65
65.01 PULMONARY FUNCTION	1,178,696			35,864		3,608	65.01
66 PHYSICAL THERAPY	26,339,446			3,485,509			66
67 OCCUPATIONAL THERAPY	5,959,836			3,301,005			67
68 SPEECH PATHOLOGY	3,024,330			1,409,652			68
69 ELECTROCARDIOLOGY	23,683,989	0.002385	0.002385	41,038	98	232	1 69
70 ELECTROENCEPHALOGRAPHY	988,692			7,795			70
70.01 SLEEP LAB	1,595,834						70.01
71 MEDICAL SUPPLIES CHRGED TO P	4,756,084			234,665		4,243	71
72 IMPL. DEV. CHARGED TO PATIEN	37,187,914			54,511			72
73 DRUGS CHARGED TO PATIENTS	61,218,900			2,249,251			73
73.01 INFUSION THERAPY	5,088,154			519			73.01
74 RENAL DIALYSIS	1,486,022			160,648			74
76.97 CARDIAC REHABILITATION	1,273,820						76.97
76.98 HYPERBARIC OXYGEN THERAPY	4,860,208			63,994			76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.02 PSYCH ANCILLARY	7,932,015	0.000093	0.000093				90.02
90.03 RETINAL VASCULAR	1,208,174						90.03
91 EMERGENCY	75,685,891	0.014937	0.014937	12,520	187		91
91.01 IFCC	146,548,010						91.01
92 OBSERVATION BEDS	5,798,691						92
92.01 OBSERVATION BEDS-DISTINCT							92.01
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)	863,930,739			14,240,902	2,468	8,944	1 200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [] SNF
 BOXES [] TITLE XIX - O/P [XX] IRF (14-T191) [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES -----				PROGRAM COSTS -----		
	COST TO		COST REIMB.	COST REIMB.	COST	COST	
	CHARGE RATIO	PPS	SERVICES	SVCES NOT	SERVICES	SVCES NOT	
FROM WKST C,	REIMBURSED	SUBJECT TO	SUBJECT TO	PPS	SUBJECT TO	SUBJECT TO	
PT I, COL. 9	SERVICES	DED & COINS	DED & COINS	SERVICES	DED & COINS	DED & COINS	
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.209664						50
51 RECOVERY ROOM	0.239024						51
53 ANESTHESIOLOGY	0.053348						53
54 RADIOLOGY-DIAGNOSTIC	0.338859	861			292		54
54.01 ULTRASOUND	0.185520						54.01
54.02 SPECIAL PROCEDURES	0.153650						54.02
56 RADIOISOTOPE	0.247860						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.038377						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.134511						58
59 CARDIAC CATHETERIZATION	0.225097						59
60 LABORATORY	0.104741						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.341957						63
65 RESPIRATORY THERAPY	0.211452						65
65.01 PULMONARY FUNCTION	0.116627	3,608			421		65.01
66 PHYSICAL THERAPY	0.288732						66
67 OCCUPATIONAL THERAPY	0.260364						67
68 SPEECH PATHOLOGY	0.167055						68
69 ELECTROCARDIOLOGY	0.096490	232			22		69
70 ELECTROENCEPHALOGRAPHY	0.277378						70
70.01 SLEEP LAB	0.136304						70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.030664	4,243			130		71
72 IMPL. DEV. CHARGED TO PATIENT	0.502586						72
73 DRUGS CHARGED TO PATIENTS	0.230886						73
73.01 INFUSION THERAPY	0.198633						73.01
74 RENAL DIALYSIS	0.848411						74
76.97 CARDIAC REHABILITATION	0.884092						76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.258166						76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.02 PSYCH ANCILLARY	0.351681						90.02
90.03 RETINAL VASCULAR	0.897852						90.03
91 EMERGENCY	0.128230						91
91.01 IFCC	0.201818						91.01
92 OBSERVATION BEDS	0.910627						92
92.01 OBSERVATION BEDS-DISTINCT							92.01
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 SUBTOTAL (SEE INSTRUCTIONS)		8,944			865		200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		8,944			865		202

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	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	(COL.1 MINUS COL.2)	(COL.3 ÷ COL.4)		(COL.5 x COL.6)	
	1	2	3	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	2,071,102		2,071,102	66,323	31.23	11,828	369,388 30
31 INTENSIVE CARE UNIT	476,474		476,474	5,994	79.49	266	21,144 31
31.01 PEDIATRICS	58,592		58,592	1,054	55.59	893	49,642 31.01
31.02 SPECIAL CARE NURSERY	44,213		44,213	1,785	24.77	1,420	35,173 31.02
32 CORONARY CARE UNIT	1,950		1,950				32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
35 OTHER SPECIAL CARE (SPECIFY)							35
40 SUBPROVIDER - IPF	166,734		166,734	9,343	17.85	6,868	122,594 40
41 SUBPROVIDER - IRF	487,781		487,781	10,491	46.50	643	29,900 41
42 SUBPROVIDER I							42
43 NURSERY	111,238		111,238	1,710	65.05	1,124	73,116 43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	3,418,084		3,418,084	96,700		23,042	700,957 200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0191) [] SUB (OTHER)
 APPLICABLE [] TITLE XVIII-PT A [] IPF
 BOXES [XX] TITLE XIX [] IRF

[] PPS
 [] TEFRA
 [XX] OTHER

COST CENTER DESCRIPTION	CAP-REL COST	TOTAL CHARGES	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	CAPITAL (COL.3 x COL.4)
	(FROM WKST B, PT. II, COL. 26)	(FROM WKST C, PT. I, COL. 8)	(COL.1 ÷ COL.2)		
	1	2	3	4	5
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	1,229,016	92,776,261	0.013247		50
51 RECOVERY ROOM	75,853	6,600,305	0.011492		51
53 ANESTHESIOLOGY	137,518	15,699,466	0.008759		53
54 RADIOLOGY-DIAGNOSTIC	1,474,698	29,338,059	0.050266		54
54.01 ULTRASOUND	227,233	12,532,916	0.018131		54.01
54.02 SPECIAL PROCEDURES	237,150	26,637,169	0.008903		54.02
56 RADIOISOTOPE	293,744	11,390,494	0.025789		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	270,889	50,403,532	0.005374		57
58 MAGNETIC RESONANCE IMAGING (M	604,634	16,633,233	0.036351		58
59 CARDIAC CATHETERIZATION	807,180	18,827,152	0.042873		59
60 LABORATORY	517,328	142,700,524	0.003625		60
62.30 BLOOD CLOTTING FOR HEMOPHILIA					62.30
63 BLOOD STORING, PROCESSING & T	53,199	8,496,776	0.006261		63
65 RESPIRATORY THERAPY	136,931	16,080,146	0.008516		65
65.01 PULMONARY FUNCTION	13,274	1,178,696	0.011262		65.01
66 PHYSICAL THERAPY	212,306	26,339,446	0.008060		66
67 OCCUPATIONAL THERAPY	36,540	5,959,836	0.006131		67
68 SPEECH PATHOLOGY	29,560	3,024,330	0.009774		68
69 ELECTROCARDIOLOGY	298,890	23,683,989	0.012620		69
70 ELECTROENCEPHALOGRAPHY	17,371	988,692	0.017570		70
70.01 SLEEP LAB	3,342	1,595,834	0.002094		70.01
71 MEDICAL SUPPLIES CHRGD TO PA	4,522	4,756,084	0.000951		71
72 IMPL. DEV. CHARGED TO PATIENT	364,193	37,187,914	0.009793		72
73 DRUGS CHARGED TO PATIENTS	458,798	61,218,900	0.007494		73
73.01 INFUSION THERAPY	45,804	5,088,154	0.009002		73.01
74 RENAL DIALYSIS	33,222	1,486,022	0.022356		74
76.97 CARDIAC REHABILITATION	72,942	1,273,820	0.057262		76.97
76.98 HYPERBARIC OXYGEN THERAPY	19,513	4,860,208	0.004015		76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.02 PSYCH ANCILLARY	137,481	7,932,015	0.017332		90.02
90.03 RETINAL VASCULAR	127,733	1,208,174	0.105724		90.03
91 EMERGENCY	257,711	75,685,891	0.003405		91
91.01 IFCC	2,713,321	146,548,010	0.018515		91.01
92 OBSERVATION BEDS	186,896	5,798,691	0.032231		92
92.01 OBSERVATION BEDS-DISTINCT					92.01
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
200 TOTAL (SUM OF LINES 50-199)	11,098,792	863,930,739	863,930,739		200

PROVIDER CCN: 14-0191 INGALLS MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2010 TO 09/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 04/06/2012 11:12

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	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5	
INPAT ROUTINE SERV COST CTRS						
30 ADULTS & PEDIATRICS		314,772			314,772	30
31 INTENSIVE CARE UNIT		177,381			177,381	31
31.01 PEDIATRICS						31.01
31.02 SPECIAL CARE NURSERY						31.02
32 CORONARY CARE UNIT						32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
35 OTHER SPECIAL CARE (SPECIFY)						35
40 SUBPROVIDER - IPF		4,607			4,607	40
41 SUBPROVIDER - IRF		13,856			13,856	41
42 SUBPROVIDER I						42
43 NURSERY						43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
200 TOTAL (SUM OF LINES 30-199)		510,616			510,616	200

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	66,323	4.75	11,828	56,183	30
31 INTENSIVE CARE UNIT	5,994	29.59	266	7,871	31
31.01 PEDIATRICS	1,054		893		31.01
31.02 SPECIAL CARE NURSERY	1,785		1,420		31.02
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF	9,343	0.49	6,868	3,365	40
41 SUBPROVIDER - IRF	10,491	1.32	643	849	41
42 SUBPROVIDER I					42
43 NURSERY	1,710		1,124		43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	96,700		23,042	68,268	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0191) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [XX] OTHER

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P	
	PHYSICIAN							SCHOOL	HEALTH	MEDICAL	COST	COST
	ANESTHETIST			EDUCATION	(SUM OF	(SUM OF	
	COST			COST	COLS.1-4)	COLS.2-4)	
	1	2	3	4	5	6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM			56,488		56,488	56,488	50
51 RECOVERY ROOM							51
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC							54
54.01 ULTRASOUND							54.01
54.02 SPECIAL PROCEDURES							54.02
56 RADIOISOTOPE							56
57 COMPUTED TOMOGRAPHY (CT) SCAN							57
58 MAGNETIC RESONANCE IMAGING (M							58
59 CARDIAC CATHETERIZATION							59
60 LABORATORY							60
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
63 BLOOD STORING, PROCESSING & T							63
65 RESPIRATORY THERAPY			56,488		56,488	56,488	65
65.01 PULMONARY FUNCTION							65.01
66 PHYSICAL THERAPY							66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY			56,488		56,488	56,488	69
70 ELECTROENCEPHALOGRAPHY							70
70.01 SLEEP LAB							70.01
71 MEDICAL SUPPLIES CHRGD TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
73.01 INFUSION THERAPY							73.01
74 RENAL DIALYSIS							74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.02 PSYCH ANCILLARY			740		740	740	90.02
90.03 RETINAL VASCULAR							90.03
91 EMERGENCY			1,130,498		1,130,498	1,130,498	91
91.01 IFCC							91.01
92 OBSERVATION BEDS							92
92.01 OBSERVATION BEDS-DISTINCT							92.01
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)			1,300,702		1,300,702	1,300,702	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0191) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [XX] OTHER

COST CENTER DESCRIPTION	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P RATIO OF COST TO CHARGES	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS
	(FROM WKST C, PT. I, COL. 8) 7	(COL. 5 ÷ COL. 7) 8	(COL. 6 ÷ COL. 7) 9	10	(COL. 8 x COL. 10) 11	12	(COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	92,776,261	0.000609	0.000609				50
51 RECOVERY ROOM	6,600,305						51
53 ANESTHESIOLOGY	15,699,466						53
54 RADIOLOGY-DIAGNOSTIC	29,338,059						54
54.01 ULTRASOUND	12,532,916						54.01
54.02 SPECIAL PROCEDURES	26,637,169						54.02
56 RADIOISOTOPE	11,390,494						56
57 COMPUTED TOMOGRAPHY (CT) SCA	50,403,532						57
58 MAGNETIC RESONANCE IMAGING (	16,633,233						58
59 CARDIAC CATHETERIZATION	18,827,152						59
60 LABORATORY	142,700,524						60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
63 BLOOD STORING, PROCESSING &	8,496,776						63
65 RESPIRATORY THERAPY	16,080,146	0.003513	0.003513				65
65.01 PULMONARY FUNCTION	1,178,696						65.01
66 PHYSICAL THERAPY	26,339,446						66
67 OCCUPATIONAL THERAPY	5,959,836						67
68 SPEECH PATHOLOGY	3,024,330						68
69 ELECTROCARDIOLOGY	23,683,989	0.002385	0.002385				69
70 ELECTROENCEPHALOGRAPHY	988,692						70
70.01 SLEEP LAB	1,595,834						70.01
71 MEDICAL SUPPLIES CHRGED TO P	4,756,084						71
72 IMPL. DEV. CHARGED TO PATIEN	37,187,914						72
73 DRUGS CHARGED TO PATIENTS	61,218,900						73
73.01 INFUSION THERAPY	5,088,154						73.01
74 RENAL DIALYSIS	1,486,022						74
76.97 CARDIAC REHABILITATION	1,273,820						76.97
76.98 HYPERBARIC OXYGEN THERAPY	4,860,208						76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.02 PSYCH ANCILLARY	7,932,015	0.000093	0.000093				90.02
90.03 RETINAL VASCULAR	1,208,174						90.03
91 EMERGENCY	75,685,891	0.014937	0.014937				91
91.01 IFCC	146,548,010						91.01
92 OBSERVATION BEDS	5,798,691						92
92.01 OBSERVATION BEDS-DISTINCT							92.01
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)	863,930,739						200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0191) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [] TITLE XVIII-PT B [] IPF [] SNF
 BOXES [XX] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES -----				PROGRAM COSTS -----		
	COST TO		COST REIMB.	COST REIMB.	COST	COST	
	FROM WKST C, PT I, COL. 9	PPS REIMBURSED SERVICES	SERVICES SUBJECT TO DED & COINS	SVCES NOT SUBJECT TO DED & COINS	PPS SERVICES	SVCES NOT SUBJECT TO DED & COINS	
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.209664						50
51 RECOVERY ROOM	0.239024						51
53 ANESTHESIOLOGY	0.053348						53
54 RADIOLOGY-DIAGNOSTIC	0.338859						54
54.01 ULTRASOUND	0.185520						54.01
54.02 SPECIAL PROCEDURES	0.153650						54.02
56 RADIOISOTOPE	0.247860						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.038377						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.134511						58
59 CARDIAC CATHETERIZATION	0.225097						59
60 LABORATORY	0.104741						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.341957						63
65 RESPIRATORY THERAPY	0.211452						65
65.01 PULMONARY FUNCTION	0.116627						65.01
66 PHYSICAL THERAPY	0.288732						66
67 OCCUPATIONAL THERAPY	0.260364						67
68 SPEECH PATHOLOGY	0.167055						68
69 ELECTROCARDIOLOGY	0.096490						69
70 ELECTROENCEPHALOGRAPHY	0.277378						70
70.01 SLEEP LAB	0.136304						70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.030664						71
72 IMPL. DEV. CHARGED TO PATIENT	0.502586						72
73 DRUGS CHARGED TO PATIENTS	0.230886						73
73.01 INFUSION THERAPY	0.198633						73.01
74 RENAL DIALYSIS	0.848411						74
76.97 CARDIAC REHABILITATION	0.884092						76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.258166						76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.02 PSYCH ANCILLARY	0.351681						90.02
90.03 RETINAL VASCULAR	0.897852						90.03
91 EMERGENCY	0.128230						91
91.01 IFCC	0.201818						91.01
92 OBSERVATION BEDS	0.910627						92
92.01 OBSERVATION BEDS-DISTINCT							92.01
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[] HOSPITAL [XX] IPF (14-S191) [] IRF	[] SUB (OTHER)	[] PPS [] TEFRA [XX] OTHER					
		CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5			
		ANCILLARY SERVICE COST CENTERS							
50		OPERATING ROOM	1,229,016	92,776,261	0.013247			50	
51		RECOVERY ROOM	75,853	6,600,305	0.011492			51	
53		ANESTHESIOLOGY	137,518	15,699,466	0.008759			53	
54		RADIOLOGY-DIAGNOSTIC	1,474,698	29,338,059	0.050266			54	
54.01		ULTRASOUND	227,233	12,532,916	0.018131			54.01	
54.02		SPECIAL PROCEDURES	237,150	26,637,169	0.008903			54.02	
56		RADIOISOTOPE	293,744	11,390,494	0.025789			56	
57		COMPUTED TOMOGRAPHY (CT) SCAN	270,889	50,403,532	0.005374			57	
58		MAGNETIC RESONANCE IMAGING (M	604,634	16,633,233	0.036351			58	
59		CARDIAC CATHETERIZATION	807,180	18,827,152	0.042873			59	
60		LABORATORY	517,328	142,700,524	0.003625			60	
62.30		BLOOD CLOTTING FOR HEMOPHILIA						62.30	
63		BLOOD STORING, PROCESSING & T	53,199	8,496,776	0.006261			63	
65		RESPIRATORY THERAPY	136,931	16,080,146	0.008516			65	
65.01		PULMONARY FUNCTION	13,274	1,178,696	0.011262			65.01	
66		PHYSICAL THERAPY	212,306	26,339,446	0.008060			66	
67		OCCUPATIONAL THERAPY	36,540	5,959,836	0.006131			67	
68		SPEECH PATHOLOGY	29,560	3,024,330	0.009774			68	
69		ELECTROCARDIOLOGY	298,890	23,683,989	0.012620			69	
70		ELECTROENCEPHALOGRAPHY	17,371	988,692	0.017570			70	
70.01		SLEEP LAB	3,342	1,595,834	0.002094			70.01	
71		MEDICAL SUPPLIES CHRGD TO PA	4,522	4,756,084	0.000951			71	
72		IMPL. DEV. CHARGED TO PATIENT	364,193	37,187,914	0.009793			72	
73		DRUGS CHARGED TO PATIENTS	458,798	61,218,900	0.007494			73	
73.01		INFUSION THERAPY	45,804	5,088,154	0.009002			73.01	
74		RENAL DIALYSIS	33,222	1,486,022	0.022356			74	
76.97		CARDIAC REHABILITATION	72,942	1,273,820	0.057262			76.97	
76.98		HYPERBARIC OXYGEN THERAPY	19,513	4,860,208	0.004015			76.98	
76.99		LITHOTRIPSY						76.99	
		OUTPATIENT SERVICE COST CENTERS							
90.02		PSYCH ANCILLARY	137,481	7,932,015	0.017332			90.02	
90.03		RETINAL VASCULAR	127,733	1,208,174	0.105724			90.03	
91		EMERGENCY	257,711	75,685,891	0.003405			91	
91.01		IFCC	2,713,321	146,548,010	0.018515			91.01	
92		OBSERVATION BEDS	186,896	5,798,691	0.032231			92	
92.01		OBSERVATION BEDS-DISTINCT						92.01	
		OTHER REIMBURSABLE COST CENTERS							
94		HOME PROGRAM DIALYSIS						94	
200		TOTAL (SUM OF LINES 50-199)	11,098,792	863,930,739	863,930,739			200	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] IPF (14-S191) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [XX] OTHER

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM			56,488		56,488	56,488	50
51 RECOVERY ROOM							51
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC							54
54.01 ULTRASOUND							54.01
54.02 SPECIAL PROCEDURES							54.02
56 RADIOISOTOPE							56
57 COMPUTED TOMOGRAPHY (CT) SCAN							57
58 MAGNETIC RESONANCE IMAGING (M							58
59 CARDIAC CATHETERIZATION							59
60 LABORATORY							60
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
63 BLOOD STORING, PROCESSING & T							63
65 RESPIRATORY THERAPY			56,488		56,488	56,488	65
65.01 PULMONARY FUNCTION							65.01
66 PHYSICAL THERAPY							66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY			56,488		56,488	56,488	69
70 ELECTROENCEPHALOGRAPHY							70
70.01 SLEEP LAB							70.01
71 MEDICAL SUPPLIES CHRGD TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
73.01 INFUSION THERAPY							73.01
74 RENAL DIALYSIS							74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.02 PSYCH ANCILLARY			740		740	740	90.02
90.03 RETINAL VASCULAR							90.03
91 EMERGENCY			1,130,498		1,130,498	1,130,498	91
91.01 IFCC							91.01
92 OBSERVATION BEDS							92
92.01 OBSERVATION BEDS-DISTINCT							92.01
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)			1,300,702		1,300,702	1,300,702	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] IPF (14-S191) [] SNF
 BOXES [XX] TITLE XIX [] IRF [] NF [XX] OTHER

COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	92,776,261	0.000609	0.000609					50
51 RECOVERY ROOM	6,600,305							51
53 ANESTHESIOLOGY	15,699,466							53
54 RADIOLOGY-DIAGNOSTIC	29,338,059							54
54.01 ULTRASOUND	12,532,916							54.01
54.02 SPECIAL PROCEDURES	26,637,169							54.02
56 RADIOISOTOPE	11,390,494							56
57 COMPUTED TOMOGRAPHY (CT) SCA	50,403,532							57
58 MAGNETIC RESONANCE IMAGING (	16,633,233							58
59 CARDIAC CATHETERIZATION	18,827,152							59
60 LABORATORY	142,700,524							60
62.30 BLOOD CLOTTING FOR HEMOPHILI								62.30
63 BLOOD STORING, PROCESSING &	8,496,776							63
65 RESPIRATORY THERAPY	16,080,146	0.003513	0.003513					65
65.01 PULMONARY FUNCTION	1,178,696							65.01
66 PHYSICAL THERAPY	26,339,446							66
67 OCCUPATIONAL THERAPY	5,959,836							67
68 SPEECH PATHOLOGY	3,024,330							68
69 ELECTROCARDIOLOGY	23,683,989	0.002385	0.002385					69
70 ELECTROENCEPHALOGRAPHY	988,692							70
70.01 SLEEP LAB	1,595,834							70.01
71 MEDICAL SUPPLIES CHRGD TO P	4,756,084							71
72 IMPL. DEV. CHARGED TO PATIEN	37,187,914							72
73 DRUGS CHARGED TO PATIENTS	61,218,900							73
73.01 INFUSION THERAPY	5,088,154							73.01
74 RENAL DIALYSIS	1,486,022							74
76.97 CARDIAC REHABILITATION	1,273,820							76.97
76.98 HYPERBARIC OXYGEN THERAPY	4,860,208							76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90.02 PSYCH ANCILLARY	7,932,015	0.000093	0.000093					90.02
90.03 RETINAL VASCULAR	1,208,174							90.03
91 EMERGENCY	75,685,891	0.014937	0.014937					91
91.01 IFCC	146,548,010							91.01
92 OBSERVATION BEDS	5,798,691							92
92.01 OBSERVATION BEDS-DISTINCT								92.01
OTHER REIMBURSABLE COST CENTERS								
94 HOME PROGRAM DIALYSIS								94
200 TOTAL (SUM OF LINES 50-199)	863,930,739							200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [] TITLE XVIII-PT B [XX] IPF (14-S191) [] SNF
 BOXES [XX] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES -----				PROGRAM COSTS -----		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCES NOT	COST	COST	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.209664						50
51 RECOVERY ROOM	0.239024						51
53 ANESTHESIOLOGY	0.053348						53
54 RADIOLOGY-DIAGNOSTIC	0.338859						54
54.01 ULTRASOUND	0.185520						54.01
54.02 SPECIAL PROCEDURES	0.153650						54.02
56 RADIOISOTOPE	0.247860						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.038377						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.134511						58
59 CARDIAC CATHETERIZATION	0.225097						59
60 LABORATORY	0.104741						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.341957						63
65 RESPIRATORY THERAPY	0.211452						65
65.01 PULMONARY FUNCTION	0.116627						65.01
66 PHYSICAL THERAPY	0.288732						66
67 OCCUPATIONAL THERAPY	0.260364						67
68 SPEECH PATHOLOGY	0.167055						68
69 ELECTROCARDIOLOGY	0.096490						69
70 ELECTROENCEPHALOGRAPHY	0.277378						70
70.01 SLEEP LAB	0.136304						70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.030664						71
72 IMPL. DEV. CHARGED TO PATIENT	0.502586						72
73 DRUGS CHARGED TO PATIENTS	0.230886						73
73.01 INFUSION THERAPY	0.198633						73.01
74 RENAL DIALYSIS	0.848411						74
76.97 CARDIAC REHABILITATION	0.884092						76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.258166						76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.02 PSYCH ANCILLARY	0.351681						90.02
90.03 RETINAL VASCULAR	0.897852						90.03
91 EMERGENCY	0.128230						91
91.01 IFCC	0.201818						91.01
92 OBSERVATION BEDS	0.910627						92
92.01 OBSERVATION BEDS-DISTINCT							92.01
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[] HOSPITAL [] IPF [XX] IRF (14-T191)	[] SUB (OTHER)	[] PPS [] TEFRA [XX] OTHER			
		CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5	
	ANCILLARY SERVICE COST CENTERS						
50		OPERATING ROOM 1,229,016	92,776,261	0.013247			50
51		RECOVERY ROOM 75,853	6,600,305	0.011492			51
53		ANESTHESIOLOGY 137,518	15,699,466	0.008759			53
54		RADIOLOGY-DIAGNOSTIC 1,474,698	29,338,059	0.050266			54
54.01		ULTRASOUND 227,233	12,532,916	0.018131			54.01
54.02		SPECIAL PROCEDURES 237,150	26,637,169	0.008903			54.02
56		RADIOISOTOPE 293,744	11,390,494	0.025789			56
57		COMPUTED TOMOGRAPHY (CT) SCAN 270,889	50,403,532	0.005374			57
58		MAGNETIC RESONANCE IMAGING (M 604,634	16,633,233	0.036351			58
59		CARDIAC CATHETERIZATION 807,180	18,827,152	0.042873			59
60		LABORATORY 517,328	142,700,524	0.003625			60
62.30		BLOOD CLOTTING FOR HEMOPHILIA					62.30
63		BLOOD STORING, PROCESSING & T 53,199	8,496,776	0.006261			63
65		RESPIRATORY THERAPY 136,931	16,080,146	0.008516			65
65.01		PULMONARY FUNCTION 13,274	1,178,696	0.011262			65.01
66		PHYSICAL THERAPY 212,306	26,339,446	0.008060			66
67		OCCUPATIONAL THERAPY 36,540	5,959,836	0.006131			67
68		SPEECH PATHOLOGY 29,560	3,024,330	0.009774			68
69		ELECTROCARDIOLOGY 298,890	23,683,989	0.012620			69
70		ELECTROENCEPHALOGRAPHY 17,371	988,692	0.017570			70
70.01		SLEEP LAB 3,342	1,595,834	0.002094			70.01
71		MEDICAL SUPPLIES CHRGD TO PA 4,522	4,756,084	0.000951			71
72		IMPL. DEV. CHARGED TO PATIENT 364,193	37,187,914	0.009793			72
73		DRUGS CHARGED TO PATIENTS 458,798	61,218,900	0.007494			73
73.01		INFUSION THERAPY 45,804	5,088,154	0.009002			73.01
74		RENAL DIALYSIS 33,222	1,486,022	0.022356			74
76.97		CARDIAC REHABILITATION 72,942	1,273,820	0.057262			76.97
76.98		HYPERBARIC OXYGEN THERAPY 19,513	4,860,208	0.004015			76.98
76.99		LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS						
90.02		PSYCH ANCILLARY 137,481	7,932,015	0.017332			90.02
90.03		RETINAL VASCULAR 127,733	1,208,174	0.105724			90.03
91		EMERGENCY 257,711	75,685,891	0.003405			91
91.01		IFCC 2,713,321	146,548,010	0.018515			91.01
92		OBSERVATION BEDS 186,896	5,798,691	0.032231			92
92.01		OBSERVATION BEDS-DISTINCT					92.01
	OTHER REIMBURSABLE COST CENTERS						
94		HOME PROGRAM DIALYSIS					94
200		TOTAL (SUM OF LINES 50-199) 11,098,792	863,930,739	863,930,739			200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF
 BOXES [XX] TITLE XIX [XX] IRF (14-T191) [] NF [XX] OTHER

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P	
	PHYSICIAN							SCHOOL	HEALTH	MEDICAL	COST	COST
	ANESTHETIST			EDUCATION	(SUM OF	(SUM OF	
	COST			COST	COLS.1-4)	COLS.2-4)	
	1	2	3	4	5	6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM			56,488		56,488	56,488	50
51 RECOVERY ROOM							51
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC							54
54.01 ULTRASOUND							54.01
54.02 SPECIAL PROCEDURES							54.02
56 RADIOISOTOPE							56
57 COMPUTED TOMOGRAPHY (CT) SCAN							57
58 MAGNETIC RESONANCE IMAGING (M							58
59 CARDIAC CATHETERIZATION							59
60 LABORATORY							60
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
63 BLOOD STORING, PROCESSING & T							63
65 RESPIRATORY THERAPY			56,488		56,488	56,488	65
65.01 PULMONARY FUNCTION							65.01
66 PHYSICAL THERAPY							66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY			56,488		56,488	56,488	69
70 ELECTROENCEPHALOGRAPHY							70
70.01 SLEEP LAB							70.01
71 MEDICAL SUPPLIES CHRGD TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
73.01 INFUSION THERAPY							73.01
74 RENAL DIALYSIS							74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.02 PSYCH ANCILLARY			740		740	740	90.02
90.03 RETINAL VASCULAR							90.03
91 EMERGENCY			1,130,498		1,130,498	1,130,498	91
91.01 IFCC							91.01
92 OBSERVATION BEDS							92
92.01 OBSERVATION BEDS-DISTINCT							92.01
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)			1,300,702		1,300,702	1,300,702	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF
 BOXES [XX] TITLE XIX [XX] IRF (14-T191) [] NF [XX] OTHER

COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	92,776,261	0.000609	0.000609					50
51 RECOVERY ROOM	6,600,305							51
53 ANESTHESIOLOGY	15,699,466							53
54 RADIOLOGY-DIAGNOSTIC	29,338,059							54
54.01 ULTRASOUND	12,532,916							54.01
54.02 SPECIAL PROCEDURES	26,637,169							54.02
56 RADIOISOTOPE	11,390,494							56
57 COMPUTED TOMOGRAPHY (CT) SCA	50,403,532							57
58 MAGNETIC RESONANCE IMAGING (	16,633,233							58
59 CARDIAC CATHETERIZATION	18,827,152							59
60 LABORATORY	142,700,524							60
62.30 BLOOD CLOTTING FOR HEMOPHILI								62.30
63 BLOOD STORING, PROCESSING &	8,496,776							63
65 RESPIRATORY THERAPY	16,080,146	0.003513	0.003513					65
65.01 PULMONARY FUNCTION	1,178,696							65.01
66 PHYSICAL THERAPY	26,339,446							66
67 OCCUPATIONAL THERAPY	5,959,836							67
68 SPEECH PATHOLOGY	3,024,330							68
69 ELECTROCARDIOLOGY	23,683,989	0.002385	0.002385					69
70 ELECTROENCEPHALOGRAPHY	988,692							70
70.01 SLEEP LAB	1,595,834							70.01
71 MEDICAL SUPPLIES CHRGD TO P	4,756,084							71
72 IMPL. DEV. CHARGED TO PATIEN	37,187,914							72
73 DRUGS CHARGED TO PATIENTS	61,218,900							73
73.01 INFUSION THERAPY	5,088,154							73.01
74 RENAL DIALYSIS	1,486,022							74
76.97 CARDIAC REHABILITATION	1,273,820							76.97
76.98 HYPERBARIC OXYGEN THERAPY	4,860,208							76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90.02 PSYCH ANCILLARY	7,932,015	0.000093	0.000093					90.02
90.03 RETINAL VASCULAR	1,208,174							90.03
91 EMERGENCY	75,685,891	0.014937	0.014937					91
91.01 IFCC	146,548,010							91.01
92 OBSERVATION BEDS	5,798,691							92
92.01 OBSERVATION BEDS-DISTINCT								92.01
OTHER REIMBURSABLE COST CENTERS								
94 HOME PROGRAM DIALYSIS								94
200 TOTAL (SUM OF LINES 50-199)	863,930,739							200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [] TITLE XVIII-PT B [] IPF [] SNF
 BOXES [XX] TITLE XIX - O/P [XX] IRF (14-T191) [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES -----				PROGRAM COSTS -----		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCES NOT	COST	COST	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.209664						50
51 RECOVERY ROOM	0.239024						51
53 ANESTHESIOLOGY	0.053348						53
54 RADIOLOGY-DIAGNOSTIC	0.338859						54
54.01 ULTRASOUND	0.185520						54.01
54.02 SPECIAL PROCEDURES	0.153650						54.02
56 RADIOISOTOPE	0.247860						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.038377						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.134511						58
59 CARDIAC CATHETERIZATION	0.225097						59
60 LABORATORY	0.104741						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.341957						63
65 RESPIRATORY THERAPY	0.211452						65
65.01 PULMONARY FUNCTION	0.116627						65.01
66 PHYSICAL THERAPY	0.288732						66
67 OCCUPATIONAL THERAPY	0.260364						67
68 SPEECH PATHOLOGY	0.167055						68
69 ELECTROCARDIOLOGY	0.096490						69
70 ELECTROENCEPHALOGRAPHY	0.277378						70
70.01 SLEEP LAB	0.136304						70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.030664						71
72 IMPL. DEV. CHARGED TO PATIENT	0.502586						72
73 DRUGS CHARGED TO PATIENTS	0.230886						73
73.01 INFUSION THERAPY	0.198633						73.01
74 RENAL DIALYSIS	0.848411						74
76.97 CARDIAC REHABILITATION	0.884092						76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.258166						76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.02 PSYCH ANCILLARY	0.351681						90.02
90.03 RETINAL VASCULAR	0.897852						90.03
91 EMERGENCY	0.128230						91
91.01 IFCC	0.201818						91.01
92 OBSERVATION BEDS	0.910627						92
92.01 OBSERVATION BEDS-DISTINCT							92.01
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0191) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX-INPT [] IRF [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	66,323	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	66,323	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	66,323	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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	34,568	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 (SEE INSTRUCTIONS)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
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 (SEE INSTRUCTIONS)	58,515,259	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	58,515,259	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	78,030,051	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	78,030,051	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.749907	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	1,176.52	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	58,515,259	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[XX]	HOSPITAL (14-0191)	[]	SUB (OTHER)	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	IPF			[]	TEFRA
BOXES	[]	TITLE XIX-INPT	[]	IRF			[]	OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS					
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)			882.28	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)			30,498,655	39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)				40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)			30,498,655	41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5	
42	NURSERY (TITLES V AND XIX ONLY)					42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	INTENSIVE CARE UNIT					43
43.01	8,882,713	5,994	1,481.93	1,996	2,957,932	43
43.02	1,072,922	1,054	1,017.95			43.01
44	1,393,364	1,785	780.60			43.02
44	CORONARY CARE UNIT					44
45	BURN INTENSIVE CARE UNIT					45
46	SURGICAL INTENSIVE CARE UNIT					46
47	OTHER SPECIAL CARE (SPECIFY)					47
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					34,402,211
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					67,858,798

PASS-THROUGH COST ADJUSTMENTS					
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)			1,461,481	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)			2,444,075	51
52	TOTAL PROGRAM EXCLUDABLE COST			3,905,556	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)			63,953,242	53

TARGET AMOUNT AND LIMIT COMPUTATION					
54	PROGRAM DISCHARGES				54
55	TARGET AMOUNT PER DISCHARGE				55
56	TARGET AMOUNT (LINE 54 x LINE 55)				56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT				57
58	BONUS PAYMENT (SEE INSTRUCTIONS)				58
59	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET				59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET				60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E				61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)				62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)				63

PROGRAM INPATIENT ROUTINE SWING BED COST					
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)				64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)				65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)				66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)				67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)				68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)				69

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS)			5,985	87
88	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2)			882.28	88
89	OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS)			5,280,446	89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST					
90	CAPITAL-RELATED COST	2,071,102	58,515,259	0.035394	5,280,446
91	NURSING SCHOOL COST				186,896
92	ALLIED HEALTH COST	314,772	58,515,259	0.005379	28,404
93	ALL OTHER MEDICAL EDUCATION				92

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[]	ICF/MR	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[XX]	IPF (14-S191)	[]	SNF	[]		[]	TEFRA
BOXES	[]	TITLE XIX-INPT	[]	IRF	[]	NF	[]		[]	OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS										
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	9,343	1							
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	9,343	2							
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3							
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	9,343	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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8							
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,583	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 (SEE INSTRUCTIONS)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13							
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14							
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15							
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16							
SWING-BED ADJUSTMENT										
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 (SEE INSTRUCTIONS)	4,690,232	21							
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22							
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23							
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24							
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25							
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26							
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	4,690,232	27							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT										
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,388,892	28							
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29							
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,388,892	30							
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	1.384002	31							
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32							
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	362.72	33							
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34							
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35							
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36							
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	4,690,232	37							

WORKSHEET D-1
PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[XX]	IPF (14-S191)			[]	TEFRA
BOXES	[]	TITLE XIX-INPT	[]	IRF			[]	OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	502.00	38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	794,666	39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)		40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	794,666	41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	354,569	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	1,149,235	49
PASS-THROUGH COST ADJUSTMENTS		
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	29,033	50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	21,023	51
52 TOTAL PROGRAM EXCLUDABLE COST	50,056	52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	1,099,179	53
TARGET AMOUNT AND LIMIT COMPUTATION		
54 PROGRAM DISCHARGES		54
55 TARGET AMOUNT PER DISCHARGE		55
56 TARGET AMOUNT (LINE 54 x LINE 55)		56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT		57
58 BONUS PAYMENT (SEE INSTRUCTIONS)		58
59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET		59
60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET		60
61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E		61
62 RELIEF PAYMENT (SEE INSTRUCTIONS)		62
63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)		63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)		64
65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUC (TITLE XVIII ONLY)		65
66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVII ONLY. FOR CAH, SEE INSTRUCTIONS)		66
67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)		67
68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)		68
69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)		69

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX-INPT [XX] IRF (14-T191) [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	10,491	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	10,491	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	10,491	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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	8,132	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 (SEE INSTRUCTIONS)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
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 (SEE INSTRUCTIONS)	9,317,129	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	9,317,129	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	8,711,680	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	8,711,680	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	1.069499	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	830.40	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	9,317,129	37

WORKSHEET D-1
PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	IPF			[]	TEFRA
BOXES	[]	TITLE XIX-INPT	[XX]	IRF (14-T191)			[]	OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	888.11	38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	7,222,111	39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)		40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	7,222,111	41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	3,339,150	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	10,561,261	49
PASS-THROUGH COST ADJUSTMENTS		
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	388,872	50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	122,013	51
52 TOTAL PROGRAM EXCLUDABLE COST	510,885	52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	10,050,376	53
TARGET AMOUNT AND LIMIT COMPUTATION		
54 PROGRAM DISCHARGES		54
55 TARGET AMOUNT PER DISCHARGE		55
56 TARGET AMOUNT (LINE 54 x LINE 55)		56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT		57
58 BONUS PAYMENT (SEE INSTRUCTIONS)		58
59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET		59
60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET		60
61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E		61
62 RELIEF PAYMENT (SEE INSTRUCTIONS)		62
63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)		63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)		64
65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUC (TITLE XVIII ONLY)		65
66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVII ONLY. FOR CAH, SEE INSTRUCTIONS)		66
67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)		67
68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)		68
69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)		69

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0191) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [] IRF [] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	66,323	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	66,323	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	66,323	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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	11,828	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 (SEE INSTRUCTIONS)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	1,710	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	1,124	16
SWING-BED ADJUSTMENT			
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 (SEE INSTRUCTIONS)	58,515,259	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	58,515,259	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	78,030,051	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	78,030,051	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.749907	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	1,176.52	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	58,515,259	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[XX]	HOSPITAL (14-0191)	[]	SUB (OTHER)	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	IPF			[]	TEFRA
BOXES	[XX]	TITLE XIX-INPT	[]	IRF			[XX]	OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS								
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)							882.28	38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)							10,435,608	39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)								40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)							10,435,608	41

	TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (COL. 1 ÷ COL. 2)	PROGRAM DAYS	PROGRAM COST (COL. 3 x COL. 4)
42 NURSERY (TITLES V AND XIX ONLY)	1,187,019	1,710	694.16	1,124	780,236
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	8,882,713	5,994	1,481.93	266	394,193
43.01 PEDIATRICS	1,072,922	1,054	1,017.95	893	909,029
43.02 SPECIAL CARE NURSERY	1,393,364	1,785	780.60	1,420	1,108,452
44 CORONARY CARE UNIT					44
45 BURN INTENSIVE CARE UNIT					45
46 SURGICAL INTENSIVE CARE UNIT					46
47 OTHER SPECIAL CARE (SPECIFY)					47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					13,627,518

PASS-THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)					612,517
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)					51
52 TOTAL PROGRAM EXCLUDABLE COST					612,517
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)					53

TARGET AMOUNT AND LIMIT COMPUTATION					
54 PROGRAM DISCHARGES					54
55 TARGET AMOUNT PER DISCHARGE					55
56 TARGET AMOUNT (LINE 54 x LINE 55)					56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT					57
58 BONUS PAYMENT (SEE INSTRUCTIONS)					58
59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET					59
60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET					60
61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E					61
62 RELIEF PAYMENT (SEE INSTRUCTIONS)					62
63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)					63

PROGRAM INPATIENT ROUTINE SWING BED COST					
64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)					64
65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)					65
66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)					66
67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)					67
68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)					68
69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)					69

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS)					5,985
88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2)					88
89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS)					89

	COST	ROUTINE COST (FROM LINE 27)	COL. 1 ÷ COL. 2	TOTAL OBS. BED COST (FROM LINE 89)	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.)
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST	1	2	3	4	5
90 CAPITAL-RELATED COST					90
91 NURSING SCHOOL COST					91
92 ALLIED HEALTH COST					92
93 ALL OTHER MEDICAL EDUCATION					93

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] IPF (14-S191) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [] IRF [] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	9,343	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	9,343	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	9,343	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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	6,868	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 (SEE INSTRUCTIONS)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
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 (SEE INSTRUCTIONS)	4,690,232	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	4,690,232	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,388,892	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,388,892	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	1.384002	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	362.72	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	4,690,232	37

WORKSHEET D-1
PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[XX]	IPF (14-S191)			[]	TEFRA
BOXES	[XX]	TITLE XIX-INPT	[]	IRF			[XX]	OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	502.00	38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	3,447,736	39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)		40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	3,447,736	41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)		48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	3,447,736	49
PASS-THROUGH COST ADJUSTMENTS		
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	125,959	50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)		51
52 TOTAL PROGRAM EXCLUDABLE COST	125,959	52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)		53
TARGET AMOUNT AND LIMIT COMPUTATION		
54 PROGRAM DISCHARGES		54
55 TARGET AMOUNT PER DISCHARGE		55
56 TARGET AMOUNT (LINE 54 x LINE 55)		56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT		57
58 BONUS PAYMENT (SEE INSTRUCTIONS)		58
59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET		59
60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET		60
61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E		61
62 RELIEF PAYMENT (SEE INSTRUCTIONS)		62
63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)		63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)		64
65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)		65
66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)		66
67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)		67
68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)		68
69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)		69

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [XX] IRF (14-T191) [] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	10,491	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	10,491	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	10,491	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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	643	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 (SEE INSTRUCTIONS)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
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 (SEE INSTRUCTIONS)	9,305,779	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	9,305,779	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	8,711,680	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	8,711,680	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	1.068196	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	830.40	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	9,305,779	37

WORKSHEET D-1
PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	IPF			[]	TEFRA
BOXES	[XX]	TITLE XIX-INPT	[XX]	IRF (14-T191)			[XX]	OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	887.02	38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	570,354	39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)		40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	570,354	41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)		48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	570,354	49
PASS-THROUGH COST ADJUSTMENTS		
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	30,749	50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)		51
52 TOTAL PROGRAM EXCLUDABLE COST	30,749	52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)		53
TARGET AMOUNT AND LIMIT COMPUTATION		
54 PROGRAM DISCHARGES		54
55 TARGET AMOUNT PER DISCHARGE		55
56 TARGET AMOUNT (LINE 54 x LINE 55)		56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT		57
58 BONUS PAYMENT (SEE INSTRUCTIONS)		58
59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET		59
60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET		60
61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E		61
62 RELIEF PAYMENT (SEE INSTRUCTIONS)		62
63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)		63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)		64
65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)		65
66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)		66
67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)		67
68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)		68
69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)		69

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0191) [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS		38,643,969			30
31 INTENSIVE CARE UNIT		6,244,211			31
31.01 PEDIATRICS					31.01
31.02 SPECIAL CARE NURSERY					31.02
32 CORONARY CARE UNIT					32
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.209664	20,269,908	4,249,870		50
51 RECOVERY ROOM	0.239024	1,277,337	305,314		51
53 ANESTHESIOLOGY	0.053348	3,208,053	171,143		53
54 RADIOLOGY-DIAGNOSTIC	0.339547	6,676,412	2,266,956		54
54.01 ULTRASOUND	0.185520	3,368,228	624,874		54.01
54.02 SPECIAL PROCEDURES	0.153650	8,013,878	1,231,332		54.02
56 RADIOISOTOPE	0.247860	3,056,110	757,487		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.038377	17,043,159	654,065		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.134511	4,982,966	670,264		58
59 CARDIAC CATHETERIZATION	0.225097	7,887,777	1,775,515		59
60 LABORATORY	0.104741	38,565,905	4,039,431		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRA	0.341957	4,406,259	1,506,751		63
65 RESPIRATORY THERAPY	0.211989	10,195,210	2,161,272		65
65.01 PULMONARY FUNCTION	0.116627	101,547	11,843		65.01
66 PHYSICAL THERAPY	0.288732	2,530,147	730,534		66
67 OCCUPATIONAL THERAPY	0.260364	1,183,046	308,023		67
68 SPEECH PATHOLOGY	0.167055	539,673	90,155		68
69 ELECTROCARDIOLOGY	0.097387	10,118,095	985,371		69
70 ELECTROENCEPHALOGRAPHY	0.277378	555,473	154,076		70
70.01 SLEEP LAB	0.136304	340,755	46,446		70.01
71 MEDICAL SUPPLIES CHRGED TO PATI	0.030664	1,913,917	58,688		71
72 IMPL. DEV. CHARGED TO PATIENT	0.502586	15,839,892	7,960,908		72
73 DRUGS CHARGED TO PATIENTS	0.230886	2,535,639	585,444		73
73.01 INFUSION THERAPY	0.198662	30,578	6,075		73.01
74 RENAL DIALYSIS	0.848411	914,033	775,476		74
76.97 CARDIAC REHABILITATION	0.887350	55,378	49,140		76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.258166	408,800	105,538		76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.02 PSYCH ANCILLARY	0.351681	4,477	1,574		90.02
90.03 RETINAL VASCULAR	0.907785				90.03
91 EMERGENCY	0.128230	12,224,745	1,567,579		91
91.01 IFCC	0.201818	2,730,517	551,067		91.01
92 OBSERVATION BEDS	0.910627				92
92.01 OBSERVATION BEDS-DISTINCT					92.01
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		180,977,914	34,402,211		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		180,977,914			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S191) [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
31.01 PEDIATRICS				31.01
31.02 SPECIAL CARE NURSERY				31.02
32 CORONARY CARE UNIT				32
40 SUBPROVIDER - IPF		1,370,810		40
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.209664	45	9	50
51 RECOVERY ROOM	0.239024			51
53 ANESTHESIOLOGY	0.053348			53
54 RADIOLOGY-DIAGNOSTIC	0.339547	13,859	4,706	54
54.01 ULTRASOUND	0.185520	8,940	1,659	54.01
54.02 SPECIAL PROCEDURES	0.153650	20,128	3,093	54.02
56 RADIOISOTOPE	0.247860	11,487	2,847	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.038377	89,994	3,454	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.134511	13,354	1,796	58
59 CARDIAC CATHETERIZATION	0.225097			59
60 LABORATORY	0.104741	424,553	44,468	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.341957			63
65 RESPIRATORY THERAPY	0.211989	30,366	6,437	65
65.01 PULMONARY FUNCTION	0.116627	2,459	287	65.01
66 PHYSICAL THERAPY	0.288732	16,298	4,706	66
67 OCCUPATIONAL THERAPY	0.260364	170,823	44,476	67
68 SPEECH PATHOLOGY	0.167055	1,652	276	68
69 ELECTROCARDIOLOGY	0.097387	55,769	5,431	69
70 ELECTROENCEPHALOGRAPHY	0.277378	3,435	953	70
70.01 SLEEP LAB	0.136304			70.01
71 MEDICAL SUPPLIES CHRGED TO PATI	0.030664	7,124	218	71
72 IMPL. DEV. CHARGED TO PATIENT	0.502586			72
73 DRUGS CHARGED TO PATIENTS	0.230886	196,724	45,421	73
73.01 INFUSION THERAPY	0.198662	7,168	1,424	73.01
74 RENAL DIALYSIS	0.848411	531	451	74
76.97 CARDIAC REHABILITATION	0.887350			76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.258166	1,750	452	76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90.02 PSYCH ANCILLARY	0.351681	392,494	138,033	90.02
90.03 RETINAL VASCULAR	0.907785			90.03
91 EMERGENCY	0.128230	342,913	43,972	91
91.01 IFCC	0.201818			91.01
92 OBSERVATION BEDS	0.910627			92
92.01 OBSERVATION BEDS-DISTINCT				92.01
OTHER REIMBURSABLE COST CENTERS				
94 HOME PROGRAM DIALYSIS				94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		1,811,866	354,569	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		1,811,866		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [XX] IRF (14-T191) [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2)		
			3	3	
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
31.01 PEDIATRICS					31.01
31.02 SPECIAL CARE NURSERY					31.02
32 CORONARY CARE UNIT					32
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF		6,751,895			41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.209664	260,232	54,561		50
51 RECOVERY ROOM	0.239024	9,034	2,159		51
53 ANESTHESIOLOGY	0.053348				53
54 RADIOLOGY-DIAGNOSTIC	0.339547	303,765	103,142		54
54.01 ULTRASOUND	0.185520	32,517	6,033		54.01
54.02 SPECIAL PROCEDURES	0.153650	48,376	7,433		54.02
56 RADIOISOTOPE	0.247860	70,302	17,425		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.038377	165,432	6,349		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.134511	29,916	4,024		58
59 CARDIAC CATHETERIZATION	0.225097				59
60 LABORATORY	0.104741	1,608,089	168,433		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRA	0.341957	79,708	27,257		63
65 RESPIRATORY THERAPY	0.211989	576,560	122,224		65
65.01 PULMONARY FUNCTION	0.116627	35,864	4,183		65.01
66 PHYSICAL THERAPY	0.288732	3,485,509	1,006,378		66
67 OCCUPATIONAL THERAPY	0.260364	3,301,005	859,463		67
68 SPEECH PATHOLOGY	0.167055	1,409,652	235,489		68
69 ELECTROCARDIOLOGY	0.097387	41,038	3,997		69
70 ELECTROENCEPHALOGRAPHY	0.277378	7,795	2,162		70
70.01 SLEEP LAB	0.136304				70.01
71 MEDICAL SUPPLIES CHRGED TO PATI	0.030664	234,665	7,196		71
72 IMPL. DEV. CHARGED TO PATIENT	0.502586	54,511	27,396		72
73 DRUGS CHARGED TO PATIENTS	0.230886	2,249,251	519,321		73
73.01 INFUSION THERAPY	0.198662	519	103		73.01
74 RENAL DIALYSIS	0.848411	160,648	136,296		74
76.97 CARDIAC REHABILITATION	0.887350				76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.258166	63,994	16,521		76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.02 PSYCH ANCILLARY	0.351681				90.02
90.03 RETINAL VASCULAR	0.907785				90.03
91 EMERGENCY	0.128230	12,520	1,605		91
91.01 IFCC	0.201818				91.01
92 OBSERVATION BEDS	0.910627				92
92.01 OBSERVATION BEDS-DISTINCT					92.01
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		14,240,902	3,339,150		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		14,240,902			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0191) [] SUB (OTHER) [] S/B SNF [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [] ICF/MR [XX] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
31.01 PEDIATRICS				31.01
31.02 SPECIAL CARE NURSERY				31.02
32 CORONARY CARE UNIT				32
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF				41
43 NURSERY				43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.209664			50
51 RECOVERY ROOM	0.239024			51
53 ANESTHESIOLOGY	0.053348			53
54 RADIOLOGY-DIAGNOSTIC	0.338859			54
54.01 ULTRASOUND	0.185520			54.01
54.02 SPECIAL PROCEDURES	0.153650			54.02
56 RADIOISOTOPE	0.247860			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.038377			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.134511			58
59 CARDIAC CATHETERIZATION	0.225097			59
60 LABORATORY	0.104741			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.341957			63
65 RESPIRATORY THERAPY	0.211452			65
65.01 PULMONARY FUNCTION	0.116627			65.01
66 PHYSICAL THERAPY	0.288732			66
67 OCCUPATIONAL THERAPY	0.260364			67
68 SPEECH PATHOLOGY	0.167055			68
69 ELECTROCARDIOLOGY	0.096490			69
70 ELECTROENCEPHALOGRAPHY	0.277378			70
70.01 SLEEP LAB	0.136304			70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.030664			71
72 IMPL. DEV. CHARGED TO PATIENT	0.502586			72
73 DRUGS CHARGED TO PATIENTS	0.230886			73
73.01 INFUSION THERAPY	0.198633			73.01
74 RENAL DIALYSIS	0.848411			74
76.97 CARDIAC REHABILITATION	0.884092			76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.258166			76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90.02 PSYCH ANCILLARY	0.351681			90.02
90.03 RETINAL VASCULAR	0.897852			90.03
91 EMERGENCY	0.128230			91
91.01 IFCC	0.201818			91.01
92 OBSERVATION BEDS	0.910627			92
92.01 OBSERVATION BEDS-DISTINCT				92.01
OTHER REIMBURSABLE COST CENTERS				
94 HOME PROGRAM DIALYSIS				94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)				200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)				202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] S/B SNF [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] IPF (14-S191) [] SNF [] S/B NF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [] ICF/MR [XX] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
31.01 PEDIATRICS				31.01
31.02 SPECIAL CARE NURSERY				31.02
32 CORONARY CARE UNIT				32
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.209664			50
51 RECOVERY ROOM	0.239024			51
53 ANESTHESIOLOGY	0.053348			53
54 RADIOLOGY-DIAGNOSTIC	0.338859			54
54.01 ULTRASOUND	0.185520			54.01
54.02 SPECIAL PROCEDURES	0.153650			54.02
56 RADIOISOTOPE	0.247860			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.038377			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.134511			58
59 CARDIAC CATHETERIZATION	0.225097			59
60 LABORATORY	0.104741			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.341957			63
65 RESPIRATORY THERAPY	0.211452			65
65.01 PULMONARY FUNCTION	0.116627			65.01
66 PHYSICAL THERAPY	0.288732			66
67 OCCUPATIONAL THERAPY	0.260364			67
68 SPEECH PATHOLOGY	0.167055			68
69 ELECTROCARDIOLOGY	0.096490			69
70 ELECTROENCEPHALOGRAPHY	0.277378			70
70.01 SLEEP LAB	0.136304			70.01
71 MEDICAL SUPPLIES CHRGED TO PATI	0.030664			71
72 IMPL. DEV. CHARGED TO PATIENT	0.502586			72
73 DRUGS CHARGED TO PATIENTS	0.230886			73
73.01 INFUSION THERAPY	0.198633			73.01
74 RENAL DIALYSIS	0.848411			74
76.97 CARDIAC REHABILITATION	0.884092			76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.258166			76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90.02 PSYCH ANCILLARY	0.351681			90.02
90.03 RETINAL VASCULAR	0.897852			90.03
91 EMERGENCY	0.128230			91
91.01 IFCC	0.201818			91.01
92 OBSERVATION BEDS	0.910627			92
92.01 OBSERVATION BEDS-DISTINCT				92.01
OTHER REIMBURSABLE COST CENTERS				
94 HOME PROGRAM DIALYSIS				94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)				200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)				202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] S/B SNF [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [XX] TITLE XIX [XX] IRF (14-T191) [] NF [] ICF/MR [XX] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
31.01 PEDIATRICS				31.01
31.02 SPECIAL CARE NURSERY				31.02
32 CORONARY CARE UNIT				32
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.209664			50
51 RECOVERY ROOM	0.239024			51
53 ANESTHESIOLOGY	0.053348			53
54 RADIOLOGY-DIAGNOSTIC	0.338859			54
54.01 ULTRASOUND	0.185520			54.01
54.02 SPECIAL PROCEDURES	0.153650			54.02
56 RADIOISOTOPE	0.247860			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.038377			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.134511			58
59 CARDIAC CATHETERIZATION	0.225097			59
60 LABORATORY	0.104741			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.341957			63
65 RESPIRATORY THERAPY	0.211452			65
65.01 PULMONARY FUNCTION	0.116627			65.01
66 PHYSICAL THERAPY	0.288732			66
67 OCCUPATIONAL THERAPY	0.260364			67
68 SPEECH PATHOLOGY	0.167055			68
69 ELECTROCARDIOLOGY	0.096490			69
70 ELECTROENCEPHALOGRAPHY	0.277378			70
70.01 SLEEP LAB	0.136304			70.01
71 MEDICAL SUPPLIES CHRGED TO PATI	0.030664			71
72 IMPL. DEV. CHARGED TO PATIENT	0.502586			72
73 DRUGS CHARGED TO PATIENTS	0.230886			73
73.01 INFUSION THERAPY	0.198633			73.01
74 RENAL DIALYSIS	0.848411			74
76.97 CARDIAC REHABILITATION	0.884092			76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.258166			76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90.02 PSYCH ANCILLARY	0.351681			90.02
90.03 RETINAL VASCULAR	0.897852			90.03
91 EMERGENCY	0.128230			91
91.01 IFCC	0.201818			91.01
92 OBSERVATION BEDS	0.910627			92
92.01 OBSERVATION BEDS-DISTINCT				92.01
OTHER REIMBURSABLE COST CENTERS				
94 HOME PROGRAM DIALYSIS				94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)				200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)				202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

CHECK [XX] HOSPITAL (14-0191)
 APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	52,042,166	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	535,544	2
3	MANAGED CARE SIMULATED PAYMENTS		3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	252.34	4
INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS			
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)		5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)		6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(1)		7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.		7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.		8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)		8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)		9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR		13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO		14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3		15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM		16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE		17
18	ADJUSTED ROLLING AVERAGE FTE COUNT		18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)		19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)		21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)		22
INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON			
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)		23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)		25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)		26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)		27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)		28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)		29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0830	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.2994	31
32	SUM OF LINES 30 AND 31	0.3824	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.1888	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	9,825,561	34
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES			
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		40
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		41
42	DIVIDE LINE 41 BY LINE 40 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		42
43	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		43
44	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK (LINE 43 DIVIDED BY LINE 41 DIVIDED BY 7 DAYS)		44
45	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS)		45
46	TOTAL ADDITIONAL PAYMENT (LINE 45 TIMES LINE 44 TIMES LINE 41)		46
47	SUBTOTAL (SEE INSTRUCTIONS)	62,403,271	47
48	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY (SEE INSTRUCTIONS)		48
49	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	62,403,271	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	4,637,127	50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL (14-0191)
APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)		52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	44,374	53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)		55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS	223,260	57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)	254,893	58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	67,562,925	59
60	PRIMARY PAYER PAYMENTS	35,696	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	67,527,229	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4,964,012	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	354,121	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	1,895,475	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,326,833	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	1,295,322	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	63,535,929	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		70
71	AMOUNT DUE PROVIDER (LINE 67 MINUS LINE 68 PLUS/MINUS LINES 69 AND 70)	63,535,929	71
72	INTERIM PAYMENTS	60,278,538	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	3,257,391	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	702,570	75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

CHECK APPLICABLE BOX: HOSPITAL IPF (14-S191) IRF
 SUB (OTHER) SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	1	1.01	1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)			2
3	PPS PAYMENTS	306		3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)			4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)	0.937	0.937	5
6	LINE 2 TIMES LINE 5			6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6			7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)			8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200			9
10	ORGAN ACQUISITION			10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)			11
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
12	ANCILLARY SERVICE CHARGES			12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)			13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)			14
	CUSTOMARY CHARGES			
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			15
16	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)			16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000		17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))			19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))			20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)			21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)			23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)	306		24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)			25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	65		26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	241		27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)			28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)			29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)	241		30
31	PRIMARY PAYER PAYMENTS			31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	241		32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)			33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)			34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)	241		37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R			38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)	241		40
41	INTERIM PAYMENTS			41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)			42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)	241		43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			44
	TO BE COMPLETED BY CONTRACTOR			
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)			91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY			92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)			93
94	TOTAL (SUM OF LINES 91 AND 93)			94

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [XX] IPF (14-S191) [] SNF
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A

PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,436,651		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		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	NONE		3.01
	.02			3.02
	PROGRAM .03			3.03
	TO .04			3.04
	PROVIDER .05			3.05
	.06			3.06
	.07			3.07
	.08			3.08
	.09			3.09
	.50	NONE		3.50
	.51		NONE	3.51
	PROVIDER .52			3.52
	TO .53			3.53
	PROGRAM .54			3.54
	.55			3.55
	.56			3.56
	.57			3.57
	.58			3.58
	.59			3.59
	.99			3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)				
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		1,436,651		4

TO BE COMPLETED BY CONTRACTOR

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	NONE		NONE	5.01
	TO .02				5.02
	PROVIDER .03				5.03
	.04				5.04
	.05				5.05
	.06				5.06
	.07				5.07
	.08				5.08
	.09				5.09
	PROVIDER .50	NONE		NONE	5.50
	TO .51				5.51
	PROGRAM .52				5.52
	.53				5.53
	.54				5.54
	.55				5.55
	.56				5.56
	.57				5.57
	.58				5.58
	.59				5.59
	.99				5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM .01			241	6.01
	TO .02	6,175			
	PROVIDER				
	PROVIDER				
	TO .02				6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		1,442,826		241	7

8 NAME OF CONTRACTOR: _____

CONTRACTOR NUMBER: _____

DATE: _____

PROVIDER CCN: 14-0191 INGALLS MEMORIAL HOSPITAL
PERIOD FROM 10/01/2010 TO 09/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
04/06/2012 11:12

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK [XX] HOSPITAL (14-0191) [] CAH
APPLICABLE BOX

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	16,291 1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	36,564 2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	1,167 3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	69,171 4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	967,821,363 5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	23,353,565 6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168	7 7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)	8 8
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30	INITIAL/INTERIM HIT PAYMENT(S)	30
31	OTHER ADJUSTMENTS (SPECIFY)	31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)	32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART II

CHECK [] HOSPITAL
APPLICABLE BOX: [XX] IPF (14-S191)

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (EXCLUDING OUTLIER, ECT, AND MEDICAL EDUCATION PAYMENTS)	1,336,046	1
2	NET IPF PPS OUTLIER PAYMENT	225,745	2
3	NET IPF PPS ECT PAYMENT		3
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		4
5	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		5
6	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		7
8	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		8
9	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	25.597260	9
10	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 8}/\text{LINE 9})) \text{ RAISED TO THE POWER OF } .5150 - 1\}$		10
11	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 10)		11
12	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1, 2, 3 AND 11)	1,561,791	12
13	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		13
14	ORGAN ACQUISITION		14
15	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		15
16	SUBTOTAL (SEE INSTRUCTIONS)	1,561,791	16
17	PRIMARY PAYER PAYMENTS		17
18	SUBTOTAL (LINE 16 LESS LINE 17)	1,561,791	18
19	DEDUCTIBLES	100,236	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	1,461,555	20
21	COINSURANCE	24,904	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	1,436,651	22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)		23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		25
26	SUBTOTAL (SUM OF LINES 22 AND 24)	1,436,651	26
27	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49)		27
28	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	6,175	28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,442,826	31
32	INTERIM PAYMENTS	1,436,651	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS THE SUM OF LINES 32 AND 33)	6,175	34
35	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		35

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART II, LINE 2 (SEE INSTRUCTIONS)		50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		53

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART III

CHECK [] HOSPITAL
APPLICABLE BOX: [XX] IRF (14-T191)

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

1	NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS)	10,105,825	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.060700	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	516,782	3
4	OUTLIER PAYMENTS	132,031	4
5	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		5
6	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS)		7
8	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS)		8
9	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		9
10	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	28.742466	10
11	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 9}/\text{LINE 10})) \text{ RAISED TO THE POWER OF } .6876 - 1\}$		11
12	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 11)		12
13	TOTAL PPS PAYMENT (SUM OF LINES 1, 3, 4 AND 12)	10,754,638	13
14	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		14
15	ORGAN ACQUISITION		15
16	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		16
17	SUBTOTAL (SEE INSTRUCTIONS)	10,754,638	17
18	PRIMARY PAYER PAYMENTS		18
19	SUBTOTAL LINE 17b LESS LINE 18)	10,754,638	19
20	DEDUCTIBLES	32,248	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	10,722,390	21
22	COINSURANCE	76,019	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	10,646,371	23
24	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)		24
25	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		26
27	SUBTOTAL (SUM OF LINES 23 AND 25)	10,646,371	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49)		28
29	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	13,202	29
30	OUTLIER PAYMENTS RECONCILIATION		30
31	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		31
32	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	10,659,573	32
33	INTERIM PAYMENTS	10,499,972	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS THE SUM OF LINES 33 AND 34)	159,601	35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		36

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART III, LINE 4 (SEE INSTRUCTIONS)		50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		53

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK [] TITLE V [XX] HOSPITAL (14-0191) [] SNF [] PPS
 APPLICABLE [XX] TITLE XIX [] IPF [] NF [] TEFRA
 BOXES: [] IRF [] ICF/MR [XX] OTHER
 [] SUB (OTHER)

PART VII - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR TITLE XIX SERVICES

COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL SNF/NF SERVICES	13,627,518 1
2	MEDICAL AND OTHER SERVICES	2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	13,627,518 4
5	INPATIENT PRIMARY PAYER PAYMENTS	5
6	OUTPATIENT PRIMARY PAYER PAYMENTS	6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	13,627,518 7
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES		
8	ROUTINE SERVICE CHARGES	8
9	ANCILLARY SERVICE CHARGES	9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE	10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION	11
12	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	12
CUSTOMARY CHARGES		
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	13
14	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)	14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000 15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))	17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	13,627,518 18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)	20
21	COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)	21
PROSPECTIVE PAYMENT AMOUNT		
22	OTHER THAN OUTLIER PAYMENTS	22
23	OUTLIER PAYMENTS	23
24	PROGRAM CAPITAL PAYMENTS	24
25	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)	25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS	26
27	SUBTOTAL (SUM OF LINES 22 THROUGH 26)	27
28	CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)	28
29	SUM OF LINES 27 AND 21	29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30	EXCESS OF REASONABLE COST (FROM LINE 18)	30
31	SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)	31
32	DEDUCTIBLES	32
33	COINSURANCE	33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	34
35	UTILIZATION REVIEW	35
36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)	36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	37
38	SUBTOTAL (LINE 36 ± LINE 37)	38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)	39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)	40
41	INTERIM PAYMENTS	41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	43

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK [] TITLE V [] HOSPITAL [] SNF [] PPS
 APPLICABLE [XX] TITLE XIX [XX] IPF (14-S191) [] NF [] TEFRA
 BOXES: [] IRF [] ICF/MR [XX] OTHER
 [] SUB (OTHER)

PART VII - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR TITLE XIX SERVICES

COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL SNF/NF SERVICES	3,447,736 1
2	MEDICAL AND OTHER SERVICES	2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	3,447,736 4
5	INPATIENT PRIMARY PAYER PAYMENTS	5
6	OUTPATIENT PRIMARY PAYER PAYMENTS	6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	3,447,736 7
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES		
8	ROUTINE SERVICE CHARGES	8
9	ANCILLARY SERVICE CHARGES	9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE	10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION	11
12	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	12
CUSTOMARY CHARGES		
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	13
14	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)	14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000 15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))	17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	3,447,736 18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)	20
21	COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)	21
PROSPECTIVE PAYMENT AMOUNT		
22	OTHER THAN OUTLIER PAYMENTS	22
23	OUTLIER PAYMENTS	23
24	PROGRAM CAPITAL PAYMENTS	24
25	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)	25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS	26
27	SUBTOTAL (SUM OF LINES 22 THROUGH 26)	27
28	CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)	28
29	SUM OF LINES 27 AND 21	29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30	EXCESS OF REASONABLE COST (FROM LINE 18)	30
31	SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)	31
32	DEDUCTIBLES	32
33	COINSURANCE	33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	34
35	UTILIZATION REVIEW	35
36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)	36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	37
38	SUBTOTAL (LINE 36 ± LINE 37)	38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)	39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)	40
41	INTERIM PAYMENTS	41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	43

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART VII

CHECK [] TITLE V [] HOSPITAL [] SNF [] PPS
APPLICABLE [XX] TITLE XIX [] IPF [] NF [] TEFRA
BOXES: [XX] IRF (14-T191) [] ICF/MR [XX] OTHER
 [] SUB (OTHER)

PART VII - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR TITLE XIX SERVICES

COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL SNF/NF SERVICES	570,354 1
2	MEDICAL AND OTHER SERVICES	2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	570,354 4
5	INPATIENT PRIMARY PAYER PAYMENTS	5
6	OUTPATIENT PRIMARY PAYER PAYMENTS	6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	570,354 7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8	ROUTINE SERVICE CHARGES	8
9	ANCILLARY SERVICE CHARGES	9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE	10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION	11
12	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	12
CUSTOMARY CHARGES		
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	13
14	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)	14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000 15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))	17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	570,354 18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)	20
21	COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)	21
PROSPECTIVE PAYMENT AMOUNT		
22	OTHER THAN OUTLIER PAYMENTS	22
23	OUTLIER PAYMENTS	23
24	PROGRAM CAPITAL PAYMENTS	24
25	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)	25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS	26
27	SUBTOTAL (SUM OF LINES 22 THROUGH 26)	27
28	CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)	28
29	SUM OF LINES 27 AND 21	29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30	EXCESS OF REASONABLE COST (FROM LINE 18)	30
31	SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)	31
32	DEDUCTIBLES	32
33	COINSURANCE	33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	34
35	UTILIZATION REVIEW	35
36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)	36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	37
38	SUBTOTAL (LINE 36 ± LINE 37)	38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)	39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)	40
41	INTERIM PAYMENTS	41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	43

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	665,157			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	108,573,914			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-68,547,591			6
7	INVENTORY	4,701,600			7
8	PREPAID EXPENSES	883,647			8
9	OTHER CURRENT ASSETS	4,601,581			9
10	DUE FROM OTHER FUNDS	3,999,738			10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	54,878,046			11
FIXED ASSETS					
12	LAND	16,214,055			12
13	LAND IMPROVEMENTS	11,895,345			13
14	ACCUMULATED DEPRECIATION	-8,284,239			14
15	BUILDINGS	219,394,013			15
16	ACCUMULATED DEPRECIATION	-125,005,277			16
17	LEASEHOLD IMPROVEMENTS	1,352,732			17
18	ACCUMULATED AMORTIZATION	-1,352,732			18
19	FIXED EQUIPMENT				19
20	ACCUMULATED DEPRECIATION				20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	181,083,582			23
24	ACCUMULATED DEPRECIATION	-131,649,248			24
25	MINOR EQUIPMENT DEPRECIABLE				25
26	ACCUMULATED DEPRECIATION				26
27	HIT DESIGNATED ASSETS				27
28	ACCUMULATED DEPRECIATION				28
29	MINOR EQUIPMENT-NONDEPRECIABLE				29
30	TOTAL FIXED ASSETS (SUM OF LINES 12-29)	163,648,231			30
OTHER ASSETS					
31	INVESTMENTS	181,193,610			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	4,379,780			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	185,573,390			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	404,099,667			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	19,221,529			37
38	SALARIES, WAGES & FEES PAYABLE	9,648,043			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)				40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	16,770,936			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	45,640,508			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE	132,581,820			46
47	NOTES PAYABLE				47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	7,207,600			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	139,789,420			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	185,429,928			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	218,669,739			52
53	SPECIFIC PURPOSE FUND BALANCE				53
54	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				54
55	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				55
56	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				56
57	PLANT FUND BALANCE - INVESTED IN PLANT				57
58	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				58
59	TOTAL FUND BALANCES (SUM OF LINES 52-58)	218,669,739			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	404,099,667			60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	2	SPECIFIC PURPOSE FUND 3	4	ENDOWMENT FUND 5	6	PLANT FUND 7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		213,851,597							1
2 NET INCOME (LOSS) (FROM WKST G-3, G-3, LINE 29)		4,702,454							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		218,554,051							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 TRANSFER FROM IHV									5
6 TRANSFER FROM IDF		115,688							6
7 RESTRICTED CONTRIBUTIONS									7
8 CONTRIBUTIONS RECEIVED FROM									8
9 ROUNDING									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		115,688							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		218,669,739							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13									13
14 TRANSFERS TO IHS									14
15									15
16 CONTRIBUTIONS PAID OT IMH									16
17 VALUATION OF INVESTMENTS									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)									18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		218,669,739							19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	82,739,719		82,739,719	2
3 SUBPROVIDER IPF	4,342,618		4,342,618	3
5 SUBPROVIDER IRF	8,711,680		8,711,680	5
6 SWING BED - SNF				6
7 SWING BED - NF				7
8 SKILLED NURSING FACILITY				8
9 NURSING FACILITY				9
10 OTHER LONG TERM CARE				10
TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	95,794,017		95,794,017	
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
11 INTENSIVE CARE UNIT	10,827,447		10,827,447	11
11.01 PEDIATRICS				11.01
11.02 SPECIAL CARE NURSERY				11.02
12 CORONARY CARE UNIT				12
13 BURN INTENSIVE CARE UNIT				13
14 SURGICAL INTENSIVE CARE UNIT				14
15 OTHER SPECIAL CARE (SPECIFY)				15
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	10,827,447		10,827,447	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	106,621,464		106,621,464	17
18 ANCILLARY SERVICES	339,944,890	523,197,848	863,142,738	18
19 OUTPATIENT SERVICES				19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY				22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE				26
27 OTHER (SPECIFY)				27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	446,566,354	523,197,848	969,764,202	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		281,360,030	29
30 BAD DEBTS	22,656,167		30
31			31
32			32
33			33
34			34
35 HOME HEALTH			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)		22,656,167	36
37 DEDUCT (SPECIFY)			37
38 HOME HEALTH	-12,688,158		38
39 HOSPICE	-3,311,403		39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)	-15,999,561		42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		288,016,636	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	969,764,202	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	684,428,947	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	285,335,255	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	288,016,636	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-2,681,381	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	13,303,957	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	REVENUE 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			24
24.01	OTHER (OTHER OPERATING REVENUE- SEE SCH. ENCLOS)	9,132,780	24.01
24.02	OTHER (CHANGE IN UNREALIZED ASSTS)	-11,685,402	24.02
24.03	OTHER (SWAP VALUATION)	-3,111,179	24.03
24.04	OTHER (OTHER NON OPERATING)	-256,321	24.04
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	7,383,835	25
26	TOTAL (LINE 5 PLUS LINE 25)	4,702,454	26
27			27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)		28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	4,702,454	29

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7435

WORKSHEET H

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPOR- TATION (SEE INSTR.) 3	CONTRACTED/ PURCHASED SERVICES 4	OTHER COSTS 5	TOTAL (SUM OF (COLS.1-5) 6
1 GENERAL SERVICE COST CENTER						1
2 CAPITAL RELATED-BLDGS & FIXTURES						2
3 CAPITAL RELATED-MOVABLE EQUIPMENT						3
4 PLANT OPERATION & MAINTENANCE						4
5 TRANSPORTATION (SEE INSTRUCTIONS)						5
6 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	2,919,023	506,919	16,941	292,676	1,794,762	5,530,321
7 SKILLED NURSING CARE	2,242,643	325,346	103,070		11	2,671,070
8 PHYSICAL THERAPY	967,355	103,024	1,391			1,071,770
9 OCCUPATIONAL THERAPY	178,530	26,238				204,768
10 SPEECH PATHOLOGY	20,255	2,151				22,406
11 MEDICAL SOCIAL SERVICES	65,931	9,717	2,389			78,037
12 HOME HEALTH AIDE	31,871	3,736	6,184			41,791
13 SUPPLIES (SEE INSTRUCTIONS)					274,386	274,386
14 DRUGS						13
15 DME						14
16 HHA NONREIMBURSABLE SERVICES						15
17 HOME DIALYSIS AIDE SERVICES						16
18 RESPIRATORY THERAPY						17
19 PRIVATE DUTY NURSING	2,420,221	285,159	4,862	2,487	80,880	2,793,609
20 CLINIC						18
21 HEALTH PROMOTION ACTIVITIES						19
22 DAY CARE PROGRAM						20
23 HOME DELIVERED MEALS PROGRAM						21
24 HOMEMAKER SERVICE						22
25 ALL OTHERS						23
26 TOTAL (SUM OF LINES 1-23)	8,845,829	1,262,290	134,837	295,163	2,150,039	12,688,158

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7435

WORKSHEET H
 (CONTINUED)

	RECLASS- IFICATIONS 7	RECLASSIFIED TRIAL BALANCE (COL.6 + COL.7) 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION (COL.8 + COL.9) 10	
1					1
2					2
3					3
4					4
5	-252,985	5,277,336	-361,133	4,916,203	5
6		2,671,070		2,671,070	6
7		1,071,770		1,071,770	7
8		204,768		204,768	8
9		22,406		22,406	9
10		78,037		78,037	10
11		41,791		41,791	11
12		274,386		274,386	12
13					13
14					14
15					15
16					16
17		2,793,609		2,793,609	17
18					18
19					19
20					20
21					21
22					22
23					23
24	-252,985	12,435,173	-361,133	12,074,040	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7435

WORKSHEET H-1
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COSTS BLDG & FIXTURES	CAP REL COSTS MVBL EQUIPMENT	PLANT OPERATN & MAINT	TRANSPORT- ATION	SUBTOTAL (COLS. 0-4) 4A	ADMIN & GENERAL 5	TOTAL (COLS. 4A+5) 6	
	0	1	2	3	4	4A	5	6	
1									1
2									2
3									3
4									4
5	4,916,203					4,916,203	4,916,203		5
6	2,671,070					2,671,070	1,834,566	4,505,636	6
7	1,071,770					1,071,770	736,122	1,807,892	7
8	204,768					204,768	140,640	345,408	8
9	22,406					22,406	15,389	37,795	9
10	78,037					78,037	53,598	131,635	10
11	41,791					41,791	28,703	70,494	11
12	274,386					274,386	188,456	462,842	12
13									13
14									14
15									15
16									16
17	2,793,609					2,793,609	1,918,729	4,712,338	17
18									18
19									19
20									20
21									21
22									22
23									23
24	12,074,040					12,074,040		12,074,040	24

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7435

WORKSHEET H-1
 PART II

	CAP REL COSTS BLDG & FIXTURES (SQUARE FEET)	CAP REL COSTS MVBL EQUIPMENT (DOLLAR VALUE)	PLANT OPERATN & MAINT (SQUARE FEET)	TRANSPORT- ATION (MILEAGE)	RECONCIL- IATION	ADMIN & GENERAL (ACCUM COST)	
	1	2	3	4	5A	5	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDGS & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION (SEE INSTR.)							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-4,916,203	7,157,837	5
6 SKILLED NURSING CARE						2,671,070	6
7 PHYSICAL THERAPY						1,071,770	7
8 OCCUPATIONAL THERAPY						204,768	8
9 SPEECH PATHOLOGY						22,406	9
10 MEDICAL SOCIAL SERVICES						78,037	10
11 HOME HEALTH AIDE						41,791	11
12 SUPPLIES (SEE INSTRUCTIONS)						274,386	12
13 DRUGS							13
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING						2,793,609	17
18 CLINIC							18
19 HEALTH PROMOTION ACTIVITIES							19
20 DAY CARE PROGRAM							20
21 HOME DELIVERED MEALS PROGRAM							21
22 HOMEMAKER SERVICE							22
23 ALL OTHERS							23
23.50 TELEMEDICINE							23.50
24 TOTAL (SUM OF LINES 1-23)					-4,916,203	7,157,837	24
25 COST TO BE ALLOC (PER W/S H)						4,916,203	25
26 UNIT COST MULTIPLIER						0.686828	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7435

WORKSHEET H-2
 PART I

HHA COST CENTER	PARAMED ED PROGRAM EMS 23.01	PARAMED ED PROGRAM DIETETICS 23.02	SUBTOTAL (SUM OF COL. 4A-23) 24	I&R COST & POST STEP- DOWN ADJS 25	SUBTOTAL (SUM OF COL. 4A-23) 26	ALLOCATED HHA A&G (SEE PT. 2) 27	TOTAL HHA COSTS 28	
1			330,428		330,428			1
2			5,866,298		5,866,298	123,304	5,989,602	2
3			2,353,859		2,353,859	49,476	2,403,335	3
4			449,718		449,718	9,453	459,171	4
5			49,209		49,209	1,034	50,243	5
6			171,388		171,388	3,602	174,990	6
7			91,783		91,783	1,929	93,712	7
8			602,616		602,616	12,666	615,282	8
9								9
10								10
11								11
12								12
13			6,135,421		6,135,421	128,964	6,264,385	13
14								14
15								15
16								16
17								17
18								18
19								19
20			16,050,720		16,050,720	330,428	16,050,720	20
21						0.021019		21

UNIT COST MULTIPLIER: COL. 26,
 LINE 1 DIVIDED BY THE SUM OF
 COL. 26, LINE 20 MINUS COL. 26,
 LINE 1, ROUNDED TO 6 DECIMAL
 PLACES.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7435

WORKSHEET H-2
 PART II

HHA COST CENTER	NEW CAP- REL COSTS BLDG&FIXT SQUARE FEET	NEW CAP- REL COSTS MOV EQUIP EQUIPMENT COST	OTHER CAP REL COSTS NOT USED	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINI- STRATIVE & GENERAL ACCUM COST	MAINTEN- ANCE AND REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	
	1	2	3	4	4A	5	6	7	
1 ADMINISTRATIVE AND GENERAL	6,181					32,359	6,181	6,181	1
2 SKILLED NURSING CARE						4,505,636			2
3 PHYSICAL THERAPY						1,807,892			3
4 OCCUPATIONAL THERAPY						345,408			4
5 SPEECH PATHOLOGY						37,795			5
6 MEDICAL SOCIAL SERVICES						131,635			6
7 HOME HEALTH AIDE						70,494			7
8 SUPPLIES						462,842			8
9 DRUGS									9
10 DME									10
11 HOME DIALYSIS AIDE SERVICES									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING						4,712,338			13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIES									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGRAM									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTAL (SUM OF LINES 1-19)	6,181					12,106,399	6,181	6,181	20
21 TOTAL COST TO BE ALLOCATED	32,359					3,656,024	63,579	152,355	21
22 UNIT COST MULTIPLIER	5.235237						10.286200		22
22 UNIT COST MULTIPLIER						0.301991		24.648924	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7435

WORKSHEET H-2
 PART II

HHA COST CENTER	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE- KEEPING SQUARE FEET	DIETARY (MEALS SERVED)	CAFETERIA FTE'S	MAINT OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINI- STRATION (DIRECT NRSG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)
	8	9	10	11	12	13	14	15
1 ADMINISTRATIVE AND GENERAL		6,181						1
2 SKILLED NURSING CARE								2
3 PHYSICAL THERAPY								3
4 OCCUPATIONAL THERAPY								4
5 SPEECH PATHOLOGY								5
6 MEDICAL SOCIAL SERVICES								6
7 HOME HEALTH AIDE								7
8 SUPPLIES								8
9 DRUGS								9
10 DME								10
11 HOME DIALYSIS AIDE SERVICES								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIES								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGRAM								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE								19.50
20 TOTAL (SUM OF LINES 1-19)		6,181						20
21 TOTAL COST TO BE ALLOCATED		72,363						21
22 UNIT COST MULTIPLIER								22
22 UNIT COST MULTIPLIER		11.707329						22

PROVIDER CCN: 14-0191 INGALLS MEMORIAL HOSPITAL
PERIOD FROM 10/01/2010 TO 09/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
04/06/2012 11:12

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
STATISTICAL BASIS

HHA NO.: 14-7435

WORKSHEET H-2
PART II

HHA COST CENTER	PARAMED ED PROGRAM DIETETICS PATIENT MEALS 23.02	
1	ADMINISTRATIVE AND GENERAL	1
2	SKILLED NURSING CARE	2
3	PHYSICAL THERAPY	3
4	OCCUPATIONAL THERAPY	4
5	SPEECH PATHOLOGY	5
6	MEDICAL SOCIAL SERVICES	6
7	HOME HEALTH AIDE	7
8	SUPPLIES	8
9	DRUGS	9
10	DME	10
11	HOME DIALYSIS AIDE SERVICES	11
12	RESPIRATORY THERAPY	12
13	PRIVATE DUTY NURSING	13
14	CLINIC	14
15	HEALTH PROMOTION ACTIVITIES	15
16	DAY CARE PROGRAM	16
17	HOME DELIVERED MEALS PROGRAM	17
18	HOMEMAKER SERVICE	18
19	ALL OTHERS	19
19.50	TELEMEDICINE	19.50
20	TOTAL (SUM OF LINES 1-19)	20
21	TOTAL COST TO BE ALLOCATED	21
22	UNIT COST MULTIPLIER	22
22	UNIT COST MULTIPLIER	22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7435

WORKSHEET H-3
 PARTS I & II

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION		FROM	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	
PATIENT SERVICES		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I)	(FROM PART II)	COLS. 1+2)		(COL.3 ÷ COL.4)	
			1	2	3	4	5	
1	SKILLED NURSING CARE	2	5,989,602		5,989,602	30,382	197.14	1
2	PHYSICAL THERAPY	3	2,403,335		2,403,335	11,988	200.48	2
3	OCCUPATIONAL THERAPY	4	459,171		459,171	2,398	191.48	3
4	SPEECH PATHOLOGY	5	50,243		50,243	246	204.24	4
5	MEDICAL SOCIAL SERVICES	6	174,990		174,990	628	278.65	5
6	HOME HEALTH AIDE	7	93,712		93,712	1,333	70.30	6
7	TOTAL (SUM OF LINES 1-6)		9,171,053		9,171,053	46,975		7

PATIENT SERVICES

8	SKILLED NURSING CARE							8
9	PHYSICAL THERAPY							9
10	OCCUPATIONAL THERAPY							10
11	SPEECH PATHOLOGY							11
12	MEDICAL SOCIAL SERVICES							12
13	HOME HEALTH AIDE							13
14	TOTAL (SUM OF LINES 8-13)							14

SUPPLIES AND DRUGS COST COMPUTATIONS		FROM	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	
OTHER PATIENT SERVICES		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I)	(FROM PART II)	COLS. 1+2)	(FROM HHA RECORD)	(COL.3 ÷ COL.4)	
			1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8	615,282		615,282	320,469	1.919942	15
16	COST OF DRUGS	9						16

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7435

WORKSHEET H-3
 PARTS I & II
 (CONTINUED)

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION	PROGRAM VISITS			COST OF SERVICES			TOTAL PROGRAM COST (SUM OF COLS.9-10)
	PART B			PART B			
PATIENT SERVICES	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
1 SKILLED NURSING CARE	6 10,155	7 10,822		9 2,001,957	10 2,133,449	11	4,135,406 1
2 PHYSICAL THERAPY	5,886	3,628		1,180,025	727,341		1,907,366 2
3 OCCUPATIONAL THERAPY	1,326	895		253,902	171,375		425,277 3
4 SPEECH PATHOLOGY	166	80		33,904	16,339		50,243 4
5 MEDICAL SOCIAL SERVICES	268	229		74,678	63,811		138,489 5
6 HOME HEALTH AIDE	551	782		38,735	54,975		93,710 6
7 TOTAL (SUM OF LINES 1-6)	18,352	16,436		3,583,201	3,167,290		6,750,491 7

PATIENT SERVICES	CBSA NO.	PROGRAM VISITS		TOTAL PROGRAM COST
		PART A	SUBJECT TO DEDUCTIBLES & COINSUR	
8 SKILLED NURSING CARE	1 16974	2 10,155	3 10,822	8
9 PHYSICAL THERAPY	16974	5,886	3,628	9
10 OCCUPATIONAL THERAPY	16974	1,326	895	10
11 SPEECH PATHOLOGY	16974	166	80	11
12 MEDICAL SOCIAL SERVICES	16974	268	229	12
13 HOME HEALTH AIDE	16974	551	782	13
14 TOTAL (SUM OF LINES 8-13)		18,352	16,436	14

SUPPLIES AND DRUGS COST COMPUTATIONS	PROGRAM COVERED CHARGES			COST OF SERVICES		
	PART B			PART B		
OTHER PATIENT SERVICES	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR
15 COST OF MEDICAL SUPPLIES	6 92,518	7 90,192	8	9 177,629	10 173,163	11
16 COST OF DRUGS						

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

FROM WKST C, PART I, COL. 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES (FROM PROVIDER RECORDS)	HHA SHARED ANCILLARY COSTS (COL.1 x COL.2)	TRANSFER TO PART I AS INDICATED	
1 PHYSICAL THERAPY	66	0.288732		COL 2, LINE 2	1
2 OCCUPATIONAL THERAPY	67	0.260364		COL 2, LINE 3	2
3 SPEECH PATHOLOGY	68	0.167055		COL 2, LINE 4	3
4 MEDICAL SUPPLIES CHRGD TO PAT	71	0.030664		COL 2, LINE 15	4
5 DRUGS CHARGED TO PATIENTS	73	0.230886		COL 2, LINE 16	5
5.01 INFUSION THERAPY	73.01	0.198633		COL 2, LINE 16	5.01

CALCULATION OF HHA REMBURSEMENT SETTLEMENT

HHA NO.: 14-7435

WORKSHEET H-4
 PARTS I & II

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

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

DESCRIPTION	PART A 1	----- PART B -----		
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
1 REASONABLE COST OF PART A & PART B SERVICES				1
2 REASONABLE COST OF SERVICES (SEE INSTRUCTIONS)				2
2 TOTAL CHARGES	3,849,503			2
CUSTOMARY CHARGES				
3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS (FROM YOUR RECORDS)				3
4 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)				4
5 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				5
6 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	3,849,503			6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST (COMPLETE ONLY IF LINE 6 EXCEEDS LINE 1)	3,849,503			7
8 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 1 EXCEEDS LINE 6)				8
9 PRIMARY PAYER PAYMENTS				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10 TOTAL REASONABLE COST (SEE INSTRUCTIONS)			10
11 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	3,673,485	2,993,081	11
12 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	5,919	46,218	12
13 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	59,999	75,232	13
14 TOTAL PPS REIMBURSEMENT - PEP EPISODES	51,137	47,218	14
15 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	3,072	11,383	15
16 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			16
17 TOTAL OTHER PAYMENTS			17
18 DME PAYMENTS			18
19 OXYGEN PAYMENTS			19
20 PROSTHETIC AND ORTHOTIC PAYMENTS			20
21 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)			21
22 SUBTOTAL (SUM OF LINES 10-20 MINUS LINE 21)	3,793,612	3,173,132	22
23 EXCESS REASONABLE COST (FROM LINE 8)			23
24 SUBTOTAL (LINE 22 MINUS LINE 23)	3,793,612	3,173,132	24
25 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM YOUR RECORDS)			25
26 NET COST (LINE 24 MINUS LINE 25)	3,793,612	3,173,132	26
27 REIMBURSABLE BAD DEBTS (FROM YOUR RECORDS)			27
28 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			28
29 TOTAL COSTS - CURRENT COST REPORTING PERIOD (LINE 26 PLUS LINE 27)	3,793,612	3,173,132	29
30 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			30
31 SUBTOTAL (LINE 29 PLUS/MINUS LINE 30)	3,793,612	3,173,132	31
32 INTERIM PAYMENTS (SEE INSTRUCTIONS)	3,793,573	3,172,401	32
33 TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)			33
34 BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 32 AND 33)	39	731	34
35 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			35

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

HHA NO.: 14-7435

WORKSHEET H-5

DESCRIPTION	PART A		PART B		
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3,793,573		3,172,401	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 .02 PROGRAM .03 TO .04 PROVIDER .05 .06 .07 .08 .09 .50 .51 PROVIDER .52 TO .53 PROGRAM .54 .55 .56 .57 .58 .59 .99	NONE		NONE	3.01 3.02 3.03 3.04 3.05 3.06 3.07 3.08 3.09 3.50 3.51 3.52 3.53 3.54 3.55 3.56 3.57 3.58 3.59 3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)					
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST H-4, PART II, COLUMN AS APPROPRIATE, LINE 32)		3,793,573		3,172,401	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 .04 .05 .06 .07 .08 .09 PROVIDER .50 TO .51 PROGRAM .52 .53 .54 .55 .56 .57 .58 .59 .99	NONE		NONE	5.01 5.02 5.03 5.04 5.05 5.06 5.07 5.08 5.09 5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57 5.58 5.59 5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT (SEE INSTR.)	PROGRAM TO .01 PROVIDER PROVIDER TO .02 PROGRAM	39		731	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		3,793,612		3,173,132	7
8 NAME OF CONTRACTOR:	CONTRACTOR NUMBER:		DATE:		

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1535

WORKSHEET K

	SALARIES (FROM WKST K-1) 1	EMPLOYEE BENEFITS (FROM WKST K-2) 2	TRANS- PORTATION (SEE INSTR.) 3	CONTRACTED SERVICES (FROM WKST K-3) 4	OTHER 5	TOTAL (COLS. 1-5) 6
1 GENERAL SERVICE COST CENTER						1
2 CAPITAL RELATED COSTS-BLDG AND FIXT.						2
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.						3
4 PLANT OPERATION AND MAINTENANCE						4
5 TRANSPORTATION - STAFF						5
6 VOLUNTEER SERVICE COORDINATION						6
7 ADMINISTRATIVE AND GENERAL	643,379	96,622	3,777	106,356	424,407	1,274,541
8 INPATIENT CARE SERVICE						
9 INPATIENT - GENERAL CARE	515,453	54,274		529,931	93,797	663,524
10 INPATIENT - RESPITE CARE						529,931
11 VISITING SERVICES						
12 PHYSICIAN SERVICES						
13 NURSING CARE	797,156	86,104	55,511		96	938,867
14 NURSING CARE-CONTINUOUS HOME CARE						
15 PHYSICAL THERAPY						
16 OCCUPATIONAL THERAPY						
17 SPEECH/LANGUAGE PATHOLOGY						
18 MEDICAL SOCIAL SERVICES						
19 SPIRITUAL COUNSELING						
20 DIETARY COUNSELING						
21 COUNSELING - OTHER						
22 HOME HEALTH AIDE AND HOMEMAKER						
23 HH AIDE & HOMEMAKER-CONT. HOME CARE						
24 OTHER						
25 OTHER HOSPICE SERVICE COSTS						
26 DRUGS, BIOLOGICAL & INFUSION THERAPY						
27 ANALGESICS						
28 SEDATIVES/HYPNOTICS						
29 OTHER - SPECIFY						
30 DURABLE MEDICAL EQUIPMENT/OXYGEN						
31 PATIENT TRANSPORTATION						
32 IMAGING SERVICES						
33 LABS AND DIAGNOSTICS						
34 MEDICAL SUPPLIES						
35 OUTPATIENT SERVICES (INCLUDING E/R DEPT.)						
36 RADIATION THERAPY						
37 CHEMOTHERAPY						
38 OTHER						
39 HOSPICE NONREIMBURSABLE SERVICE						
40 BEREAVEMENT PROGRAM COSTS						
41 VOLUNTEER PROGRAM COSTS						
42 FUNDRAISING						
43 OTHER PROGRAM COSTS						
44 TOTAL (SUM OF LINES 1-38)	1,955,988	237,000	59,288	636,287	518,300	3,406,863

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1535

WORKSHEET K
 (CONTINUED)

	RECLASSIFI- CATION 7	SUBTOTAL (COL.6 ± COL.7) 8	ADJUST- MENTS 9	TOTAL (COL.8 ± COL.9) 10	
1					1
2					2
3					3
4					4
5					5
6	-95,460	1,179,081	-18,000	1,161,081	6
7		663,524		663,524	7
8		529,931		529,931	8
9					9
10		938,867		938,867	10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36					36
37					37
38					38
39	-190,920	3,311,403	-36,000	3,293,403	39

HOSPICE COMPENSATION ANALYSIS - SALARIES AND WAGES

HOSPICE NO.: 14-1535

WORKSHEET K-1

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1	GENERAL SERVICE COST CENTER								1
2	CAP REL COSTS-BLDG AND FIXT.								2
3	CAP REL COSTS-MOVABLE EQUIP.								3
4	PLANT OPERATION & MAINT.								4
5	TRANSPORTATION - STAFF								5
6	VOLUNTEER SERVICE COORD.								6
7	ADMINISTRATIVE AND GENERAL			643,379					643,379
8	INPATIENT CARE SERVICE								7
9	INPATIENT - GENERAL CARE				515,453				515,453
10	INPATIENT - RESPITE CARE								8
11	VISITING SERVICES								9
12	PHYSICIAN SERVICES								9
13	NURSING CARE				743,599			53,557	797,156
14	NURSING CARE-CONT.HOME CARE								11
15	PHYSICAL THERAPY								12
16	OCCUPATIONAL THERAPY								13
17	SPEECH/LANGUAGE PATHOLOGY								14
18	MEDICAL SOCIAL SERVICES								15
19	SPIRITUAL COUNSELING								16
20	DIETARY COUNSELING								17
21	COUNSELING - OTHER								18
22	HH AIDE AND HOME MAKER								19
23	HH AIDE & HMKR-CONT.HME CARE								20
24	OTHER								21
25	OTHER HOSPICE SERVICE COSTS								22
26	DRUGS, BIOL. & INFUS. THER.								23
27	ANALGESICS								24
28	SEDATIVES / HYPNOTICS								25
29	OTHER - SPECIFY								26
30	DURABLE MED. EQUIP./OXYGEN								27
31	PATIENT TRANSPORTATION								28
32	IMAGING SERVICES								29
33	LABS AND DIAGNOSTICS								30
34	MEDICAL SUPPLIES								31
35	OUTPAT.SERV.(INCL.E/R DEPT.)								32
36	RADIATION THERAPY								33
37	CHEMOTHERAPY								34
38	OTHER								35
39	HOSPICE NONREIMBURSABLE SERVICE								36
40	BEREAVEMENT PROGRAM COSTS								37
41	VOLUNTEER PROGRAM COSTS								38
42	FUNDRAISING								39
43	OTHER PROGRAM COSTS								40
44	TOTAL (SUM OF LINES 1-38)			643,379	1,259,052			53,557	1,955,988

HOSPICE COMPENSATION ANALYSIS - EMPLOYEE BENEFITS (PAYROLL RELATED)

HOSPICE NO.: 14-1535

WORKSHEET K-2

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1	GENERAL SERVICE COST CENTER								1
2	CAP REL COSTS-BLDG AND FIXT.								2
3	CAP REL COSTS-MOVABLE EQUIP.								3
4	PLANT OPERATION & MAINT.								4
5	TRANSPORTATION - STAFF								5
6	VOLUNTEER SERVICE COORD.								6
7	ADMINISTRATIVE AND GENERAL			96,622					96,622
8	INPATIENT CARE SERVICE								7
9	INPATIENT - GENERAL CARE				54,274				54,274
10	INPATIENT - RESPITE CARE								8
11	VISITING SERVICES								9
12	PHYSICIAN SERVICES								9
13	NURSING CARE				86,104				86,104
14	NURSING CARE-CONT.HOME CARE								11
15	PHYSICAL THERAPY								12
16	OCCUPATIONAL THERAPY								13
17	SPEECH/LANGUAGE PATHOLOGY								14
18	MEDICAL SOCIAL SERVICES								15
19	SPIRITUAL COUNSELING								16
20	DIETARY COUNSELING								17
21	COUNSELING - OTHER								18
22	HH AIDE AND HOME MAKER								19
23	HH AIDE & HMKR-CONT.HME CARE								20
24	OTHER								21
25	OTHER HOSPICE SERVICE COSTS								22
26	DRUGS, BIOL. & INFUS. THER.								22
27	ANALGESICS								23
28	SEDATIVES / HYPNOTICS								24
29	OTHER - SPECIFY								25
30	DURABLE MED. EQUIP./OXYGEN								26
31	PATIENT TRANSPORTATION								27
32	IMAGING SERVICES								28
33	LABS AND DIAGNOSTICS								29
34	MEDICAL SUPPLIES								30
35	OUTPAT.SERV.(INCL.E/R DEPT.)								31
36	RADIATION THERAPY								32
37	CHEMOTHERAPY								33
38	OTHER								34
39	HOSPICE NONREIMBURSABLE SERVICE								35
35	BEREAVEMENT PROGRAM COSTS								35
36	VOLUNTEER PROGRAM COSTS								36
37	FUNDRAISING								37
38	OTHER PROGRAM COSTS								38
39	TOTAL (SUM OF LINES 1-38)			96,622	140,378				237,000

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE NO.: 14-1535

WORKSHEET K-4
 PART I

	NET EXPENSES FOR COST ALLOCATION & 0	CAP REL COSTS 1	CAP REL BLDG COSTS 2	PLANT OPERATN & MAINT 3	TRANSPOR- TATION 4	VOLUNTEER SERV. CO- ORDINATOR 5	SUBTOTAL (COLS.0-5) 5A	ADMIN & GENERAL 6	TOTAL (COL.5 ± COL.6) 7
1									1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34									34
35									35
36									36
37									37
38									38
39									39
GENERAL SERVICE COST CENTER									
CAP REL COSTS-BLDG AND FIXT.									
CAP REL COSTS-MOVABLE EQUIP.									
PLANT OPERATION & MAINT.									
TRANSPORTATION - STAFF									
VOLUNTEER SERVICE COORD.									
ADMINISTRATIVE AND GENERAL	1,161,081						1,161,081	1,161,081	
INPATIENT CARE SERVICE									
INPATIENT - GENERAL CARE	663,524						663,524	361,299	1,024,823
INPATIENT - RESPITE CARE	529,931						529,931	288,555	818,486
VISITING SERVICES									
PHYSICIAN SERVICES									
NURSING CARE	938,867						938,867	511,227	1,450,094
NURSING CARE-CONTINUOUS HOME									
PHYSICAL THERAPY									
OCCUPATIONAL THERAPY									
SPEECH/LANGUAGE PATHOLOGY									
MEDICAL SOCIAL SERVICES									
SPIRITUAL COUNSELING									
DIETARY COUNSELING									
COUNSELING - OTHER									
HH AIDE AND HOMEMAKER									
HH AIDE & HMKR-CONT. HOME CA									
OTHER									
OTHER HOSPICE SERVICE COSTS									
DRUGS, BIOL. & INFUS. THER.									
ANALGESICS									
SEDATIVES / HYPNOTICS									
OTHER - SPECIFY									
DURABLE MED. EQUIP./OXYGEN									
PATIENT TRANSPORTATION									
IMAGING SERVICES									
LABS AND DIAGNOSTICS									
MEDICAL SUPPLIES									
OUTPAT.SERV.(INCL.E/R DEPT.)									
RADIATION THERAPY									
CHEMOTHERAPY									
OTHER									
HOSPICE NONREIMBURSABLE SERV.									
BEREAVEMENT PROGRAM COSTS									
VOLUNTEER PROGRAM COSTS									
FUNDRAISING									
OTHER PROGRAM COSTS									
TOTAL (SUM OF LINES 1-38)	3,293,403						3,293,403		3,293,403

COST ALLOCATION - HOSPICE STATISTICAL BASIS

HOSPICE NO.: 14-1535

WORKSHEET K-4
 PART II

	CAP REL COSTS BLDG & FIXTURES (SQUARE FEET)	CAP REL COSTS MVBL EQUIPMENT (DOLLAR VALUE)	PLANT OPERATN & MAINT (SQUARE FEET)	TRANSPOR- TATION (MILEAGE)	VOLUNTEER SERV. CO- ORDINATOR (HOURS)	RECONCIL- IATION 6A	ADMIN & GENERAL (ACCUM COST) 6	
	1	2	3	4	5			
GENERAL SERVICE COST CENTER								
1 CAP REL COSTS-BLDG AND FIXT.								1
2 CAP REL COSTS-MOVABLE EQUIP.								2
3 PLANT OPERATION & MAINT.								3
4 TRANSPORTATION - STAFF								4
5 VOLUNTEER SERVICE COORD.								5
6 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE						-1,161,081	2,132,322	6
7 INPATIENT - GENERAL CARE							663,524	7
8 INPATIENT - RESPITE CARE VISITING SERVICES							529,931	8
9 PHYSICIAN SERVICES								9
10 NURSING CARE							938,867	10
11 NURSING CARE-CONTINUOUS HOME								11
12 PHYSICAL THERAPY								12
13 OCCUPATIONAL THERAPY								13
14 SPEECH/LANGUAGE PATHOLOGY								14
15 MEDICAL SOCIAL SERVICES								15
16 SPIRITUAL COUNSELING								16
17 DIETARY COUNSELING								17
18 COUNSELING - OTHER								18
19 HH AIDE AND HOMEMAKER								19
20 HH AIDE & HMKR-CONT. HOME CA								20
21 OTHER								21
OTHER HOSPICE SERVICE COSTS								
22 DRUGS, BIOL. & INFUS. THER.								22
23 ANALGESICS								23
24 SEDATIVES / HYPNOTICS								24
25 OTHER - SPECIFY								25
26 DURABLE MED. EQUIP./OXYGEN								26
27 PATIENT TRANSPORTATION								27
28 IMAGING SERVICES								28
29 LABS AND DIAGNOSTICS								29
30 MEDICAL SUPPLIES								30
31 OUTPAT.SERV.(INCL.E/R DEPT.)								31
32 RADIATION THERAPY								32
33 CHEMOTHERAPY								33
34 OTHER								34
HOSPICE NONREIMBURSABLE SERVICE								
35 BEREAVEMENT PROGRAM COSTS								35
36 VOLUNTEER PROGRAM COSTS								36
37 FUNDRAISING								37
38 OTHER PROGRAM COSTS								38
39 COST TO BE ALLOCATED							1,161,081	39
40 UNIT COST MULTIPLIER							0.544515	40

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1535

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	NEW CAP- REL COSTS BLDG&FIXT SQUARE FEET	NEW CAP- REL COSTS MOV EQUIP EQUIPMENT COST	OTHER CAP REL COSTS NOT USED	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINI- STRATIVE & GENERAL ACCUM COST	MAINTEN- ANCE AND REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET
	1	2	3	4	4A	5	6	7
1 ADMINISTRATIVE AND GENERAL	11,730			119,943				5,865
2 INPATIENT - GENERAL CARE						1,024,823		2
3 INPATIENT - RESPITE CARE						818,486		3
4 PHYSICIAN SERVICES								4
5 NURSING CARE				315,486		1,450,094		5
6 NURSING CARE-CONTINUOUS HOM								6
7 PHYSICAL THERAPY								7
8 OCCUPATIONAL THERAPY								8
9 SPEECH/LANGUAGE PATHOLOGY								9
10 MEDICAL SOCIAL SERV. - DIRE								10
11 SPIRITUAL COUNSELING								11
12 DIETARY COUNSELING								12
13 COUNSELING - OTHER								13
14 HOME HLTH AIDE & HOMEMAKERS								14
15 HH AIDE & HMKR-CONT. HOME C								15
16 OTHER				37,205				16
17 DRUGS,BIOLOGICALS & INFUSIO								17
18 ANALGESICS								18
19 SEDATIVES / HYPNOTICS								19
20 OTHER - SPECIFY								20
21 DURABLE MED. EQUIP./OXYGEN								21
22 PATIENT TRANSPORTATION								22
23 IMAGING SERVICES								23
24 LABS AND DIAGNOSTICS								24
25 MEDICAL SUPPLIES								25
26 OUTPAT. SERV.(INCL.E/R DEPT								26
27 RADIATION THERAPY								27
28 CHEMOTHERAPY								28
29 OTHER								29
30 BEREAVEMENT PROGRAM COSTS								30
31 VOLUNTEER PROGRAM COSTS								31
32 FUNDRAISING								32
33 OTHER PROGRAM COSTS								33
34 TOTALS (SUM OF LINES 1-33)	11,730			472,634		3,293,403		5,865
35 TOTAL COST TO BE ALLOCATED						994,578		35
36 UNIT COST MULTIPLIER						0.301991		36

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 14-1535
 STATISTICAL BASIS

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	PARAMED ED PROGRAM DIETETICS PATIENT MEALS 23.02	
1	ADMINISTRATIVE AND GENERAL	1
2	INPATIENT - GENERAL CARE	2
3	INPATIENT - RESPITE CARE	3
4	PHYSICIAN SERVICES	4
5	NURSING CARE	5
6	NURSING CARE-CONTINUOUS HOM	6
7	PHYSICAL THERAPY	7
8	OCCUPATIONAL THERAPY	8
9	SPEECH/LANGUAGE PATHOLOGY	9
10	MEDICAL SOCIAL SERV. - DIRE	10
11	SPIRITUAL COUNSELING	11
12	DIETARY COUNSELING	12
13	COUNSELING - OTHER	13
14	HOME HLTH AIDE & HOMEMAKERS	14
15	HH AIDE & HMKR-CONT. HOME C	15
16	OTHER	16
17	DRUGS,BIOLOGICALS & INFUSIO	17
18	ANALGESICS	18
19	SEDATIVES / HYPNOTICS	19
20	OTHER - SPECIFY	20
21	DURABLE MED. EQUIP./OXYGEN	21
22	PATIENT TRANSPORTATION	22
23	IMAGING SERVICES	23
24	LABS AND DIAGNOSTICS	24
25	MEDICAL SUPPLIES	25
26	OUTPAT. SERV.(INCL.E/R DEPT	26
27	RADIATION THERAPY	27
28	CHEMOTHERAPY	28
29	OTHER	29
30	BEREAVEMENT PROGRAM COSTS	30
31	VOLUNTEER PROGRAM COSTS	31
32	FUNDRAISING	32
33	OTHER PROGRAM COSTS	33
34	TOTALS (SUM OF LINES 1-33)	34
35	TOTAL COST TO BE ALLOCATED	35
36	UNIT COST MULTIPLIER	36

PROVIDER CCN: 14-0191 INGALLS MEMORIAL HOSPITAL
PERIOD FROM 10/01/2010 TO 09/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
04/06/2012 11:12

APPORTIONMENT OF HOSPICE SHARED SERVICES

HOSPICE NO.: 14-1535

WORKSHEET K-5
PART III

PART III - COMPUTATION OF TOTAL HOSPICE SHARED COSTS

	WKST C, PART I, COL. 9, LINE 0	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES (PROVIDER RECORDS) 2	HOSPICE SHARED ANCILLARY COSTS (COL.1 x 2) 3	
ANCILLARY SERVICE COST CENTERS					
1	PHYSICAL THERAPY	66	0.288732		1
2	OCCUPATIONAL THERAPY	67	0.260364		2
3	SPEECH/LANGUAGE PATHOLOGY	68	0.167055		3
4	DRUGS, BIOLOGICALS AND INFUSION	73	0.230886		4
4.01	INFUSION THERAPY	73.01	0.198633		4.01
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	96			5
6	LABS AND DIAGNOSTICS	60	0.104741		6
7	MEDICAL SUPPLIES	71	0.030664		7
8	OUTPATIENT SERVICES (INCL. E/R DEPT)	93			8
9	RADIATION THERAPY	55			9
10	OTHER ANCILLARY (SPECIFY)	76			10
10.97	CARDIAC REHABILITATION	76.97	0.884092		10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.258166		10.98
10.99	LITHOTRIPSY	76.99			10.99
11	TOTALS (SUM OF LINES 1-10)				11

PROVIDER CCN: 14-0191 INGALLS MEMORIAL HOSPITAL
PERIOD FROM 10/01/2010 TO 09/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
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CALCULATION OF HOSPICE PER DIEM COST

HOSPICE NO.: 14-1535

WORKSHEET K-6

COMPUTATION OF PER DIEM COST	TITLE XVIII 1	TITLE XIX 2	OTHER 3	TOTAL 4	
1 TOTAL COST (SEE INSTRUCTIONS)				4,287,981	1
2 TOTAL UNDUPLICATED DAYS (WKST S-9, COL. 6, LINE 5)				18,678	2
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				229.57	3
4 UNDUPLICATED MEDICARE DAYS (WKST S-9, COL. 1, LINE 5)	14,876				4
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	3,415,083				5
6 UNDUPLICATED MEDICAID DAYS (WKST S-9, COL. 2, LINE 5)					6
7 AGGREGATE MEDICAID COST (LINE 3 TIMES LINE 6)					7
8 UNDUPLICATED SNF DAYS (WKST S-9, COL. 3, LINE 5)					8
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)					9
10 UNDUPLICATED NF DAYS (WKST S-9, COL. 4, LINE 5)					10
11 AGGREGATE NF COST (LINE 3 TIMES LINE 10)					11
12 OTHER UNDUPLICATED DAYS (WKST S-9, COL. 5, LINE 5)			3,802		12
13 AGGREGATE COST FOR OTHER DAYS (LINE 3 TIMES LINE 12)			872,825		13

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((14-019) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB (OTHER) [] COST METHOD
 BOXES [] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT			
1	CAPITAL DRG OTHER THAN OUTLIER	4,230,942	1
2	CAPITAL DRG OUTLIER PAYMENTS	65,594	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	189.51	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)		4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)		6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0830	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.2994	8
9	SUM OF LINES 7 AND 8	0.3824	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0805	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	340,591	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	4,637,127	12

PART II - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST (SEE INSTRUCTIONS)		1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST (SEE INSTRUCTIONS)		2
3	TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 1 PLUS LINE 2)		3
4	CAPITAL COST PAYMENT FACTOR (SEE INSTRUCTIONS)		4
5	TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 3 TIMES LINE 4)		5

PART III - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS (SEE INSTRUCTIONS)		1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)		2
3	NET PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (LINE 1 MINUS LINE 2)		3
4	APPLICABLE EXCEPTION PERCENTAGE (SEE INSTRUCTIONS)		4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS (LINE 3 TIMES LINE 4)		5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)		6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 2 TIMES LINE 6)		7
8	CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 5 PLUS LINE 7)		8
9	CURRENT YEAR CAPITAL PAYMENTS (FROM PART I, LINE 12 AS APPLICABLE)		9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 8 LESS LINE 9)		10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (FROM PRIOR YEAR WKST L, PART III, LINE 14)		11
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 10 PLUS LINE 11)		12
13	CURRENT YEAR EXCEPTION PAYMENT (IF LINE 12 IS POSITIVE, ENTER THE AMOUNT ON THIS LINE)		13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (IF LINE 12 IS NEGATIVE, ENTER THE AMOUNT ON THIS LINE)		14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)		15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)		16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT (SEE INSTRUCTIONS)		17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI-	SUBTOTAL (COLS.0-4)	SUBTOTAL 24	I&R COST &	TOTAL
	NARY CAP- REL COSTS 0			POST STEP- DOWN ADJS 25		26
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES AP					21
22 I&R SRVCES-OTHER PRGM COSTS AP					22
23 PARAMED ED PRGM-(SPECIFY)					23
23.01 PARAMED ED PRGM-EMS					23.01
23.02 PARAMED ED PRGM-DIETETICS					23.02
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
31.01 PEDIATRICS					31.01
31.02 SPECIAL CARE NURSERY					31.02
32 CORONARY CARE UNIT					32
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
51 RECOVERY ROOM					51
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
54.01 ULTRASOUND					54.01
54.02 SPECIAL PROCEDURES					54.02
56 RADIOISOTOPE					56
57 COMPUTED TOMOGRAPHY (CT) SCAN					57
58 MAGNETIC RESONANCE IMAGING (MR					58
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
62.30 BLOOD CLOTTING FOR HEMOPHILIC					62.30
63 BLOOD STORING, PROCESSING & TR					63
65 RESPIRATORY THERAPY					65
65.01 PULMONARY FUNCTION					65.01
66 PHYSICAL THERAPY					66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY					69
70 ELECTROENCEPHALOGRAPHY					70
70.01 SLEEP LAB					70.01
71 MEDICAL SUPPLIES CHRGD TO PAT					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
73.01 INFUSION THERAPY					73.01
74 RENAL DIALYSIS					74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.02 PSYCH ANCILLARY					90.02
90.03 RETINAL VASCULAR					90.03
91 EMERGENCY					91
91.01 IFCC					91.01
92 OBSERVATION BEDS					92
92.01 OBSERVATION BEDS-DISTINCT					92.01
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAP					99.30

PROVIDER CCN: 14-0191 INGALLS MEMORIAL HOSPITAL
PERIOD FROM 10/01/2010 TO 09/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
04/06/2012 11:12

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
100 I&R SERVICES-NOT APPRVD PRGM						100
101 HOME HEALTH AGENCY						101
116 SPECIAL PURPOSE COST CENTERS						116
116 HOSPICE						116
118 SUBTOTALS (SUM OF LINES 1-117)						118
192 NONREIMBURSABLE COST CENTERS						192
192.01 PHYSICIANS' PRIVATE OFFICES						192.01
192.01 REFERENCE LAB						192.01
192.02 O/P PHARMACY						192.02
192.03 RETINAL VASCULAR GRANTS						192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINE 118 AND LINES 190-201)						202
203 TOTAL STATISTICAL BASIS						203
204 UNIT COST MULTIPLIER						204
204 UNIT COST MULTIPLIER						204

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
30 ADULTS & PEDIATRICS	52.12		17.83				69.95 30
31 INTENSIVE CARE UNIT	33.30		4.44				37.74 31
31.01 PEDIATRICS			84.72				84.72 31.01
31.02 SPECIAL CARE NURSERY			79.55				79.55 31.02
43 NURSERY			65.73				65.73 43
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	21.85	10.75					32.60 50
51 RECOVERY ROOM	19.35	9.84					29.19 51
53 ANESTHESIOLOGY	20.43	8.18					28.61 53
54 RADIOLOGY-DIAGNOSTIC	22.76	26.19					48.95 54
54.01 ULTRASOUND	26.88	12.48					39.36 54.01
54.02 SPECIAL PROCEDURES	30.09	24.81					54.90 54.02
56 RADIOISOTOPE	26.83	28.54					55.37 56
57 COMPUTED TOMOGRAPHY (CT) SCAN	33.81	14.05					47.86 57
58 MAGNETIC RESONANCE IMAGING (MRI)	29.96	19.16					49.12 58
59 CARDIAC CATHETERIZATION	41.90	18.15					60.05 59
60 LABORATORY	27.03	1.02					28.05 60
63 BLOOD STORING, PROCESSING & TRA	51.86	7.77					59.63 63
65 RESPIRATORY THERAPY	63.40	0.82					64.22 65
65.01 PULMONARY FUNCTION	8.62	24.18					32.80 65.01
66 PHYSICAL THERAPY	9.61						9.61 66
67 OCCUPATIONAL THERAPY	19.85						19.85 67
68 SPEECH PATHOLOGY	17.84						17.84 68
69 ELECTROCARDIOLOGY	42.72	10.04					52.76 69
70 ELECTROENCEPHALOGRAPHY	56.18	6.52					62.70 70
70.01 SLEEP LAB	21.35	15.73					37.08 70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	40.24	11.43					51.67 71
72 IMPL. DEV. CHARGED TO PATIENT	42.59	10.87					53.46 72
73 DRUGS CHARGED TO PATIENTS	4.14	15.52					19.66 73
73.01 INFUSION THERAPY	0.60	98.78					99.38 73.01
74 RENAL DIALYSIS	61.51						61.51 74
76.97 CARDIAC REHABILITATION	4.35	87.00					91.35 76.97
76.98 HYPERBARIC OXYGEN THERAPY	8.41	44.34					52.75 76.98
90.02 PSYCH ANCILLARY	0.06	2.51					2.57 90.02
90.03 RETINAL VASCULAR		54.95					54.95 90.03
91 EMERGENCY	16.15	6.32					22.47 91
91.01 IFCC	1.86	22.46					24.32 91.01
92 OBSERVATION BEDS		15.57					15.57 92
200 TOTAL CHARGES	20.95	12.94					33.89 200

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

SUBPROVIDER-IPF

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
40 SUBPROVIDER - IPF	16.94		73.51				90.45 40
UTILIZATION PERCENTAGES BASED ON CHARGES							
54 RADIOLOGY-DIAGNOSTIC	0.05						0.05 54
54.01 ULTRASOUND	0.07						0.07 54.01
54.02 SPECIAL PROCEDURES	0.08						0.08 54.02
56 RADIOISOTOPE	0.10						0.10 56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.18						0.18 57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.08						0.08 58
60 LABORATORY	0.30						0.30 60
65 RESPIRATORY THERAPY	0.19						0.19 65
65.01 PULMONARY FUNCTION	0.21						0.21 65.01
66 PHYSICAL THERAPY	0.06						0.06 66
67 OCCUPATIONAL THERAPY	2.87						2.87 67
68 SPEECH PATHOLOGY	0.05						0.05 68
69 ELECTROCARDIOLOGY	0.24						0.24 69
70 ELECTROENCEPHALOGRAPHY	0.35						0.35 70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.15						0.15 71
73 DRUGS CHARGED TO PATIENTS	0.32						0.32 73
73.01 INFUSION THERAPY	0.14						0.14 73.01
74 RENAL DIALYSIS	0.04						0.04 74
76.98 HYPERBARIC OXYGEN THERAPY	0.04						0.04 76.98
90.02 PSYCH ANCILLARY	4.95						4.95 90.02
91 EMERGENCY	0.45						0.45 91
200 TOTAL CHARGES	0.21						0.21 200

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

SUBPROVIDER-IRF

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
41 SUBPROVIDER - IRF	77.51		6.13				83.64 41
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	0.28						0.28 50
51 RECOVERY ROOM	0.14						0.14 51
54 RADIOLOGY-DIAGNOSTIC	1.04						1.04 54
54.01 ULTRASOUND	0.26						0.26 54.01
54.02 SPECIAL PROCEDURES	0.18						0.18 54.02
56 RADIOISOTOPE	0.62						0.62 56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.33						0.33 57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.18						0.18 58
60 LABORATORY	1.13						1.13 60
63 BLOOD STORING, PROCESSING & TRA	0.94						0.94 63
65 RESPIRATORY THERAPY	3.59						3.59 65
65.01 PULMONARY FUNCTION	3.04	0.31					3.35 65.01
66 PHYSICAL THERAPY	13.23						13.23 66
67 OCCUPATIONAL THERAPY	55.39						55.39 67
68 SPEECH PATHOLOGY	46.61						46.61 68
69 ELECTROCARDIOLOGY	0.17						0.17 69
70 ELECTROENCEPHALOGRAPHY	0.79						0.79 70
71 MEDICAL SUPPLIES CHRGED TO PATI	4.93	0.09					5.02 71
72 IMPL. DEV. CHARGED TO PATIENT	0.15						0.15 72
73 DRUGS CHARGED TO PATIENTS	3.67						3.67 73
73.01 INFUSION THERAPY	0.01						0.01 73.01
74 RENAL DIALYSIS	10.81						10.81 74
76.98 HYPERBARIC OXYGEN THERAPY	1.32						1.32 76.98
91 EMERGENCY	0.02						0.02 91
200 TOTAL CHARGES	1.65						1.65 200

	COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
100	I&R SERVICES-NOT APPRVD PRGM	30,000	0.01	19,245	0.02	49,245	0.02	100
101	HOME HEALTH AGENCY	12,074,040	4.43	3,976,680	3.19	16,050,720	5.89	101
	SPECIAL PURPOSE COST CENTERS							
116	HOSPICE	3,293,403	1.21	994,578	0.80	4,287,981	1.57	116
	NONREIMBURSABLE COST CENTERS							
192	PHYSICIANS' PRIVATE OFFICES	2,410,744	0.88	728,023	0.58	3,138,767	1.15	192
192.01	REFERENCE LAB							192.01
192.02	O/P PHARMACY			47,258	0.04	47,258	0.02	192.02
192.03	RETINAL VASCULAR GRANTS			26,730	0.02	26,730	0.01	192.03
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL	272,714,388	100.00			272,714,388	100.00	202

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	TOTAL	RATIO	INPATIENT	MEDICARE	
	RELATED	CHARGES	CAPITAL	PROGRAM	INPATIENT	
	COSTS		COST TO	CHARGES	PPS CAPITAL	
	1	2	CHARGES	4	COSTS	5
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,229,016	92,776,261	0.013247	20,269,908	268,515	50
51 RECOVERY ROOM	75,853	6,600,305	0.011492	1,277,337	14,679	51
53 ANESTHESIOLOGY	137,518	15,699,466	0.008759	3,208,053	28,099	53
54 RADIOLOGY-DIAGNOSTIC	1,474,698	29,338,059	0.050266	6,676,412	335,597	54
54.01 ULTRASOUND	227,233	12,532,916	0.018131	3,368,228	61,069	54.01
54.02 SPECIAL PROCEDURES	237,150	26,637,169	0.008903	8,013,878	71,348	54.02
56 RADIOISOTOPE	293,744	11,390,494	0.025789	3,056,110	78,814	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	270,889	50,403,532	0.005374	17,043,159	91,590	57
58 MAGNETIC RESONANCE IMAGING (MRI)	604,634	16,633,233	0.036351	4,982,966	181,136	58
59 CARDIAC CATHETERIZATION	807,180	18,827,152	0.042873	7,887,777	338,173	59
60 LABORATORY	517,328	142,700,524	0.003625	38,565,905	139,801	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRA	53,199	8,496,776	0.006261	4,406,259	27,588	63
65 RESPIRATORY THERAPY	136,931	16,080,146	0.008516	10,195,210	86,822	65
65.01 PULMONARY FUNCTION	13,274	1,178,696	0.011262	101,547	1,144	65.01
66 PHYSICAL THERAPY	212,306	26,339,446	0.008060	2,530,147	20,393	66
67 OCCUPATIONAL THERAPY	36,540	5,959,836	0.006131	1,183,046	7,253	67
68 SPEECH PATHOLOGY	29,560	3,024,330	0.009774	539,673	5,275	68
69 ELECTROCARDIOLOGY	298,890	23,683,989	0.012620	10,118,095	127,690	69
70 ELECTROENCEPHALOGRAPHY	17,371	988,692	0.017570	555,473	9,760	70
70.01 SLEEP LAB	3,342	1,595,834	0.002094	340,755	714	70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	4,522	4,756,084	0.000951	1,913,917	1,820	71
72 IMPL. DEV. CHARGED TO PATIENT	364,193	37,187,914	0.009793	15,839,892	155,120	72
73 DRUGS CHARGED TO PATIENTS	458,798	61,218,900	0.007494	2,535,639	19,002	73
73.01 INFUSION THERAPY	45,804	5,088,154	0.009002	30,578	275	73.01
74 RENAL DIALYSIS	33,222	1,486,022	0.022356	914,033	20,434	74
76.97 CARDIAC REHABILITATION	72,942	1,273,820	0.057262	55,378	3,171	76.97
76.98 HYPERBARIC OXYGEN THERAPY	19,513	4,860,208	0.004015	408,800	1,641	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.02 PSYCH ANCILLARY	137,481	7,932,015	0.017332	4,477	78	90.02
90.03 RETINAL VASCULAR	127,733	1,208,174	0.105724			90.03
91 EMERGENCY	257,711	75,685,891	0.003405	12,224,745	41,625	91
91.01 IFCC	2,713,321	146,548,010	0.018515	2,730,517	50,556	91.01
92 OBSERVATION BEDS	186,896	5,798,691	0.032231			92
92.01 OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
200 TOTAL	11,098,792	863,930,739		180,977,914	2,189,182	200

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	REDUCED	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT	CAPITAL	PATIENT			INPATIENT
	COSTS	AMOUNT	RELATED	DAYS	DIEM	PROGRAM	PPS CAPITAL
	1	2	COST	4	5	DAYS	COSTS
			3			6	7
INPATIENT ROUTINE SERVICE COST CENTERS							
30 ADULTS & PEDIATRICS	2,071,102		2,071,102	66,323	31.23	34,568	1,079,559 30
31 INTENSIVE CARE UNIT	476,474		476,474	5,994	79.49	1,996	158,662 31
31.01 PEDIATRICS	58,592		58,592	1,054	55.59		31.01
31.02 SPECIAL CARE NURSERY	44,213		44,213	1,785	24.77		31.02
32 CORONARY CARE UNIT	1,950		1,950				32
200 TOTAL	2,652,331		2,652,331	75,156		36,564	1,238,221 200
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							1,238,221
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							2,189,182
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							3,427,403
MEDICARE DISCHARGES (WKST S-3, PART I, LINE 14, COLUMN 13)							6,938
MEDICARE PATIENT DAYS (WKST S-3, PART I, LINE 14, COLUMN 6 - WKST S-3, PART I, LINE 5, COLUMN 6)							36,564
PER DISCHARGE CAPITAL COSTS							494.00
PER DIEM CAPITAL COSTS							93.74

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	63,953,242
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-3 FOR HOSPITAL TITLE XVIII COMPONENT)	225,866,094
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.283

COST TO CHARGE RATIO FOR REHAB SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 9 LINE 41 + WKST D PART IV COL 11 LINE 200))	10,548,059
2. TOTAL MEDICARE CHARGES [(WKST D-1 PART II LINE 41 DIVIDED BY (WKST C PART I LINE 41 COLUMN 3 DIVIDED BY COLUMN 6)] PLUS WKST D-3 COLUMN 2 LINE 202	21,001,937
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.502

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 9 LINE 41 + WKST D PART IV COL 11 LINE 200))	1,143,060
2. TOTAL MEDICARE CHARGES (WKST D-3 LINE 40 COLUMN 2 PLUS WKST D-3 LINE 202 COLUMN 2) (SEE CR 5619)	3,182,676
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.359

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 30-35, COLUMN 7 + WKST D PART II, LINE 200, COLUMN 5)	3,427,403
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	0.015

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01 & 2.02 x (WKST B, PART I, COLUMN 26 - COLUMNS 20 & 23 / WKST C, PART I, COLUMN 8) LESS LINES 61, 66-68, 74, 94, 95 & 96) (SEE CR 5999)	24,604,860
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 202, COLUMNS 2, 2.01, & 2.02 LESS LINES 61, 66-68, 74, 94, 95 & 96)	111,611,665
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.220