

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
 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.
- DATE: _____ TIME: _____
- CONTRACTOR USE ONLY
5. COST REPORT STATUS
 6. DATE RECEIVED: _____
 7. CONTRACTOR NO: _____
 8. INITIAL REPORT FOR THIS PROVIDER CCN
 9. FINAL REPORT FOR THIS PROVIDER CCN
 10. NPR DATE: _____
 11. CONTRACTOR'S VENDOR CODE: _____
 12. IF LINE 5, COLUMN 1 IS 4: ENTER NUMBER OF TIMES REOPENED - 0-9.
- 1 - AS SUBMITTED
 - 2 - SETTLED WITHOUT AUDIT
 - 3 - SETTLED WITH AUDIT
 - 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 OTTAWA REGIONAL HOSPITAL & HEALTHCARE CE (14-0110) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 05/01/2011 AND ENDING 04/30/2012, 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		-80,738	-470,274		1,609,303	1
2 SUBPROVIDER - IPF		61,820			917,738	2
3 SUBPROVIDER - IRF						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			-45			9
10 HEALTH CLINIC - RHC						10
11 HEALTH CLINIC - FQHC						11
12 OUTPATIENT REHABILITATION PROVIDER						12
200 TOTAL		-18,918	-470,319		2,527,041	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: 1100 EAST NORRIS DRIVE P.O.BOX: 1
 2 CITY: OTTAWA STATE: IL ZIP CODE: 61350 COUNTY: LASALLE 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	OTTAWA REGIONAL HOSPITAL & HE	14-0110	16974	1	07/01/1966	N	P	O	3
4	SUBPROVIDER - IPF	OTTAWA REGIONAL PSYCHIATRIC U	14-S110	16974	4	05/01/1984	N	P	O	4
5	SUBPROVIDER - IRF									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 OLTG									11
12	HOSPITAL-BASED HHA	OTTAWA VISITING NURSING SERVI	14-7048	16974		11/01/1985	N	P	N	12
13	SEPARATELY CERTIFIED ASC									13
14	HOSPITAL-BASED HOSPICE	HOSPICE OF COMMUNITY HOSPITAL	14-1570	16974		02/01/1984				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: 05/01/2011			TO: 04/30/2012					20
21	TYPE OF CONTROL									21

INPATIENT PPS INFORMATION

		IN-STATE						OUT-OF-STATE		OTHER MEDICAID DAYS 6
		PAID DAYS 1	ELIGIBLE DAYS 2	PAID DAYS 3	ELIGIBLE DAYS 4	HMO DAYS 5	STATE MEDICAID PAID DAYS 3	STATE MEDICAID ELIGIBLE DAYS 4		
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.									Y N 22
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.									1 N 23
24	IF LINE 22 AND/OR 45 IS 'YES', AND THIS PROVIDER IS AN IPFS 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.	2,140	243		1					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.									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. IF APPLICABLE, ENTER THE EFFECTIVE DATE OF THE GEOGRAPHIC RECLASSIFICATION IN COLUMN 2.				2					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.				1					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:	05/01/2011	ENDING:	04/30/2012			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	N	N
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
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N

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.	N			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
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 IIME 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)	Y/N N	IIME AVERAGE	DIRECT GME AVERAGE	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
SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER JULY 1, 2009 AND BEFORE JUNE 30, 2010.					
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)		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))
	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)		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))
	PROGRAM NAME	PROGRAM CODE	1	2	3
	1	2	3	4	5
SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010					
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)		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))

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.			N 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.			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	N N N N 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	2	115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		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.	2		118
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: PAID LOSSES: 1,000,000 AND/OR SELF INSURANCE: 300,000			118.01
118.02	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	N		118.02
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	Y	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.	N	2	140
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.		N	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)

	TITLE XVIII	TITLE	TITLE	
	PART A	PART B	V	
	1	2	3	
			XIX	
			4	
155	HOSPITAL	N	N	155
156	SUBPROVIDER - IPF	N	N	156
157	SUBPROVIDER - IRF	N	N	157
158	SUBPROVIDER - (OTHER)	N	N	158
159	SNF	N	N	159
160	HHA	N	N	160
161	CMHC		N	161

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	ZIP CODE	CBSA	FTE/CAMPUS
	0	1	2	3	4	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 Y	2 04/30/2012	1	
		Y/N	DATE	V/I	
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					
		Y/N	TYPE	DATE	
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 Y	2 A	3 07/31/2012	
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	Y		5	
APPROVED EDUCATIONAL ACTIVITIES					
		Y/N		Y/N	
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	
				Y/N	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			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 N	2	3 N	4 16
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	07/10/2012	Y	07/10/2012
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.	Y		Y	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. | N | | 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 |

COST REPORT PREPARER CONTACT INFORMATION

- | | | | |
|------------------|-----------------|--------|----|
| 41 FIRST NAME: | LAST NAME: | TITLE: | 41 |
| 42 EMPLOYER: | | | 42 |
| 43 PHONE NUMBER: | E-MAIL ADDRESS: | | 43 |

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I

LINE	COMPONENT	WKST A LINE NO.	NO OF BEDS 2	BED DAYS AVAILABLE 3	CAH HOURS 4	INPATIENT DAYS / OUTPATIENT VISITS / TRIPS			TOTAL ALL PATIENTS 8
						TITLE V 5	TITLE XVIII 6	TITLE XIX 7	
1	HOSPITAL ADULTS & PEDS. (COLS. 5, 6, 7 AND 8 EXCLUDE SWING BED, OBSERVATION BED AND HOSPICE DAYS)	30	68	24,888		4,065	1,390	7,270	1
2	HMO					286	244		2
3	HMO IPF								3
4	HMO IRF								4
5	HOSPITAL ADULTS & PEDS. SWING BED SNF								5
6	HOSPITAL ADULTS & PEDS. SWING BED NF								6
7	TOTAL ADULTS & PEDS. (EXCLUDE OBSERVATION BEDS) (SEE INSTR.)		68	24,888		4,065	1,390	7,270	7
8	INTENSIVE CARE UNIT	31	5	1,830		641	84	951	8
9	CORONARY CARE UNIT	32							9
10	BURN INTENSIVE CARE UNIT	33							10
11	SURGICAL INTENSIVE CARE UNIT	34							11
12	OTHER SPECIAL CARE (SPECIFY)	35							12
13	NURSERY	43							13
14	TOTAL (SEE INSTRUCTIONS)		73	26,718		4,706	2,140	9,189	14
15	CAH VISITS						666		15
16	SUBPROVIDER - IPF	40	26	9,516		1,695	1,293	4,893	16
17	SUBPROVIDER - IRF	41							17
18	SUBPROVIDER I	42							18
19	SKILLED NURSING FACILITY	44							19
20	NURSING FACILITY	45							20
21	OTHER LONG TERM CARE	46							21
22	HOME HEALTH AGENCY	101				7,924		12,335	22
23	ASC (DISTINCT PART)	115							23
24	HOSPICE (DISTINCT PART)	116							24
25	CMHC	99							25
26	RHC	88							26
27	TOTAL (SUM OF LINES 14-26)		99						27
28	OBSERVATION BED DAYS							1,225	28
29	AMBULANCE TRIPS								29
30	EMPLOYEE DISCOUNT DAYS (SEE INSTR.)								30
31	EMPLOYEE DISCOUNT DAYS-IRF								31
32	LABOR & DELIVERY DAYS (SEE INSTR.)							248	32
33	LTCH NON-COVERED DAYS								33

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

COMPONENT	WKST A LINE NO. 1	--- FULL TIME EQUIVALENTS ---			DISCHARGES			TOTAL ALL PATIENTS 15	
		TOTAL INTERNS & RESIDENTS 9	EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	TITLE V 12	TITLE XVIII 13	TITLE XIX 14		
1 HOSPITAL ADULTS & PEDS. (COLS. 5, 6, 7 AND 8 EXCLUDE SWING BED, OBSERVATION BED AND HOSPICE DAYS)	30					1,389	587	2,774	1
2 HMO						93			2
3 HMO IPF									3
4 HMO IRF									4
5 HOSPITAL ADULTS & PEDS. SWING BED SNF									5
6 HOSPITAL ADULTS & PEDS. SWING BED NF									6
7 TOTAL ADULTS & PEDS. (EXCLUDE OBSERVATION BEDS) (SEE INSTR.)									7
8 INTENSIVE CARE UNIT	31								8
9 CORONARY CARE UNIT	32								9
10 BURN INTENSIVE CARE UNIT	33								10
11 SURGICAL INTENSIVE CARE UNIT	34								11
12 OTHER SPECIAL CARE (SPECIFY)	35								12
13 NURSERY	43								13
14 TOTAL (SEE INSTRUCTIONS)			501.76			1,389	587	2,774	14
15 CAH VISITS									15
16 SUBPROVIDER - IPF	40		29.46			283	320	1,065	16
17 SUBPROVIDER - IRF	41								17
18 SUBPROVIDER I	42								18
19 SKILLED NURSING FACILITY	44								19
20 NURSING FACILITY	45								20
21 OTHER LONG TERM CARE	46								21
22 HOME HEALTH AGENCY	101		21.71						22
23 ASC (DISTINCT PART)	115								23
24 HOSPICE (DISTINCT PART)	116		4.29						24
25 CMHC	99								25
26 RHC	88								26
27 TOTAL (SUM OF LINES 14-26)			557.22						27
28 OBSERVATION BED DAYS									28
29 AMBULANCE TRIPS									29
30 EMPLOYEE DISCOUNT DAYS (SEE INSTR.)									30
31 EMPLOYEE DISCOUNT DAYS-IRF									31
32 LABOR & DELIVERY DAYS (SEE INSTR.)									32
33 LTCH NON-COVERED DAYS									33

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	30,310,428	30,310,428	1,147,670.00	26.41	1
2	NON-PHYSICIAN ANESTHETIST PART A						2
3	NON-PHYSICIAN ANESTHETIST PART B		175,064	175,064	2,251.00	77.77	3
4	PHYSICIAN-PART A		580,023	580,023	4,317.00	134.36	4
4.01	PHYSICIAN-PART A - TEACHING						4.01
5	PHYSICIAN-PART B		1,549,547	1,549,547	9,413.00	164.62	5
6	NON-PHYSICIAN-PART B						6
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21					7
7.01	CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM)						7.01
8	HOME OFFICE PERSONNEL						8
9	SNF	44					9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		3,365,127	98,549	3,463,676	129,360.00	26.78
	OTHER WAGES & RELATED COSTS						10
11	CONTRACT LABOR (SEE INSTRUCTIONS)		596,517	596,517	9,096.00	65.58	11
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES						12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE		942,156	942,156	8,617.00	109.34	13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS						14
15	HOME OFFICE: PHYSICIAN-PART A - ADMINISTRATIVE						15
16	HOME OFFICE & CONTRACT PHYSICIANS-PART A - TEACHING						16
	WAGE-RELATED COSTS						
17	WAGE-RELATED COSTS (CORE)		9,545,988	9,545,988			17
18	WAGE-RELATED COSTS (OTHER)						18
19	EXCLUDED AREAS		1,234,126	1,234,126			19
20	NON-PHYSICIAN ANESTHETIST PART A						20
21	NON-PHYSICIAN ANESTHETIST PART B		13,662	13,662			21
22	PHYSICIAN PART A - ADMINISTRATIVE		39,372	39,372			22
22.01	PHYSICIAN PART A - TEACHING						22.01
23	PHYSICIAN PART B		102,437	102,437			23
24	WAGE-RELATED COSTS (RHC/FQHC)						24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)						25
	OVERHEAD COSTS - DIRECT SALARIES						
26	EMPLOYEE BENEFITS		323,608	323,608	11,687.00	27.69	26
27	ADMINISTRATIVE & GENERAL		3,070,430	-55,648	3,014,782	128,822.00	23.40
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		1,048,060	1,048,060	4,802.00	218.25	28
29	MAINTENANCE & REPAIRS						29
30	OPERATION OF PLANT		1,212,836	1,212,836	50,597.00	23.97	30
31	LAUNDRY & LINEN SERVICE		35,389	35,389	2,345.00	15.09	31
32	HOUSEKEEPING		765,578	765,578	63,913.00	11.98	32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						33
34	DIETARY		876,146	876,146	58,269.00	15.04	34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)						35
36	CAFETERIA						36
37	MAINTENANCE OF PERSONNEL						37
38	NURSING ADMINISTRATION		1,075,901	1,075,901	28,128.00	38.25	38
39	CENTRAL SERVICES AND SUPPLY		209,001	209,001	15,511.00	13.47	39
40	PHARMACY		800,319	800,319	23,122.00	34.61	40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		1,312,547	1,312,547	68,855.00	19.06	41
42	SOCIAL SERVICE		173,135	173,135	6,240.00	27.75	42
43	OTHER GENERAL SERVICE						43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	29,633,877		29,633,877	1,140,808.0	25.98	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	3,365,127	98,549	3,463,676	129,360.00	26.78	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	26,268,750	-98,549	26,170,201	1,011,448.0	25.87	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	1,538,673		1,538,673	17,713.00	86.87	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	9,585,360		9,585,360		36.63%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	37,392,783	-98,549	37,294,234	1,029,161.0	36.24	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	10,902,950	-55,648	10,847,302	462,291.00	23.46	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	810,562	2
3 QUALIFIED AND NON-QUALIFIED PENSION PLAN COST		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	14,095	6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	7,213,131	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	515,746	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	3,722	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	65,526	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	188,964	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	2,074,769	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	40,132	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION		21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT	8,938	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	10,935,585	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

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	1,651,252	10,903,039	1
2	HOSPITAL	1,538,673	9,701,459	2
3	SUBPROVIDER - IPF	12,700	650,256	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	48,128	491,782	11
12	SEPARATELY CERTIFIED ASC			12
13	HOSPITAL-BASED HOSPICE	51,751	59,542	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.: 14-7048

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: LASALLE

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		684		326	1,010	1
2 UNDUPLICATED CENSUS COUNT (SEE INSTRUCTION		619.00		177.00	796.00	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)				3
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	1.00		1.00	4
5 OTHER ADMINISTRATIVE PERSONNEL	6.44	0.01	6.45	5
6 DIRECT NURSING SERVICE	7.16	0.22	7.38	6
7 NURSING SUPERVISOR	1.00		1.00	7
8 PHYSICAL THERAPY SERVICE	3.32	0.27	3.59	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE				10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE				12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE				14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE	2.79		2.79	16
17 HOME HEALTH AIDE SUPERVISOR				17
18 OTHER (SPECIFY)				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) 5	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4		
21 SKILLED NURSING VISITS	3,234		195	140	3,569	21
22 SKILLED NURSING VISIT CHARGES	858,377		51,831	37,123	947,331	22
23 PHYSICAL THERAPY VISITS	3,281		32	89	3,402	23
24 PHYSICAL THERAPY VISIT CHARGES	870,854		8,512	23,648	903,014	24
25 OCCUPATIONAL THERAPY VISITS	157			12	169	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	41,579			3,179	44,758	26
27 SPEECH PATHOLOGY VISITS	39				39	27
28 SPEECH PATHOLOGY VISIT CHARGES	10,348				10,348	28
29 MEDICAL SOCIAL SERVICE VISITS	55		2	4	61	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	14,590		532	1,064	16,186	30
31 HOME HEALTH AIDE VISITS	662		22		684	31
32 HOME HEALTH AIDE VISIT CHARGES	100,426		3,344		103,770	32
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29, AND 31)	7,428		251	245	7,924	33
34 OTHER CHARGES						34
35 TOTAL CHARGES (SUM OF LINES 22, 24, 26, 28, 30, 32 AND 34)	1,896,174		64,219	65,014	2,025,407	35
36 TOTAL NUMBER OF EPISODES (STANDARD/ NON-OUTLIER)	522		81	22	625	36
37 TOTAL NUMBER OF OUTLIER EPISODES						37
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES						38

HOSPICE IDENTIFICATION DATA

HOSPICE NO.: 14-1570

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	4				4
2	ROUTINE HOME CARE	3,284	65	610	21	423
3	INPATIENT RESPITE CARE	15				15
4	GENERAL INPATIENT CARE	37		2		39
5	TOTAL HOSPICE DAYS	3,340	65	612	21	425

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	82	2	11	1	10
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE	94				
8	AVERAGE LENGTH OF STAY (LINE 5/LINE 6)	40.73	32.50	55.64	21.00	42.50
9	UNDUPLICATED CENSUS COUNT	73	2	10	1	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)				0.367339	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				4,813,419	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				332,897	5
6	MEDICAID CHARGES				30,416,576	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				11,173,195	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5)				6,026,879	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				32,190	18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)				6,026,879	19
		UNINSURED PATIENTS	INSURED PATIENTS	TOTAL		
		1	2	3		
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FACILITY	7,202,856	1,721,173	8,924,029		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	2,645,890	632,254	3,278,144		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE			0		22
23	COST OF CHARITY CARE	2,645,890	632,254	3,278,144		23
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					N 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)			3,643,842		26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			326,169		27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			3,317,673		28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			1,218,711		29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			4,496,855		30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			10,523,734		31

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	
GENERAL SERVICE COST CENTERS						
1	00100 CAP REL COSTS-BLDG & FIXT		2,137,432	2,137,432	849,419	1
2	00200 CAP REL COSTS-MVBLE EQUIP				4,437,765	2
3	00300 OTHER CAPITAL RELATED COSTS					3
4	00400 EMPLOYEE BENEFITS	323,608	8,851,302	9,174,910	2,051,778	4
5	00500 ADMINISTRATIVE & GENERAL	3,070,430	11,716,603	14,787,033	-1,738,151	5
7	00700 OPERATION OF PLANT	1,212,836	1,902,580	3,115,416	-62,938	7
8	00800 LAUNDRY & LINEN SERVICE	35,389	268,622	304,011	-2,481	8
9	00900 HOUSEKEEPING	765,578	194,966	960,544	-58,680	9
10	01000 DIETARY	876,146	864,312	1,740,458	-71,830	10
11	01100 CAFETERIA					11
13	01300 NURSING ADMINISTRATION	1,075,901	174,309	1,250,210	-103,529	13
14	01400 CENTRAL SERVICES & SUPPLY	209,001	511,437	720,438	-475,547	14
15	01500 PHARMACY	800,319	1,834,650	2,634,969	-1,691,502	15
16	01600 MEDICAL RECORDS & LIBRARY	1,312,547	624,663	1,937,210	-168,839	16
17	01700 SOCIAL SERVICE	173,135	14,510	187,645	-12,486	17
19	01900 NONPHYSICIAN ANESTHETISTS				192,148	19
23	02300 PARAMED ED PRGM-(SPECIFY)	68,664	32,360	101,024	-11,882	23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000 ADULTS & PEDIATRICS	3,156,522	593,814	3,750,336	-556,716	30
31	03100 INTENSIVE CARE UNIT	699,621	103,853	803,474	-70,814	31
40	04000 SUBPROVIDER - IPF	1,755,157	197,154	1,952,311	18,275	40
43	04300 NURSERY	49,880	30,824	80,704	-6,829	43
ANCILLARY SERVICE COST CENTERS						
50	05000 OPERATING ROOM	701,980	3,511,958	4,213,938	-1,365,185	50
51	05100 RECOVERY ROOM	175,769	24,083	199,852	-16,240	51
52	05200 DELIVERY ROOM & LABOR ROOM		105	105	160,105	52
53	05300 ANESTHESIOLOGY	1,720,676	571,806	2,292,482	-280,228	53
54	05400 RADIOLOGY-DIAGNOSTIC	2,078,920	2,430,372	4,509,292	-1,099,471	54
58	05800 MAGNETIC RESONANCE IMAGING (MRI)	185,836	695,349	881,185	-530,421	58
60	06000 LABORATORY	877,323	1,903,757	2,781,080	-102,490	60
64	06400 INTRAVENOUS THERAPY	369,839	190,330	560,169		64
65	06500 RESPIRATORY THERAPY	543,759	242,198	785,957	-70,025	65
66	06600 PHYSICAL THERAPY	1,382,526	609,484	1,992,010	-152,935	66
67	06700 OCCUPATIONAL THERAPY	93,971	73,937	167,908	-7,392	67
68	06800 SPEECH PATHOLOGY	84,368	165,513	249,881	15,739	68
69	06900 ELECTROCARDIOLOGY		13	13	235,235	69
70	07000 ELECTROENCEPHALOGRAPHY		-162	-162	1,937	70
71	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS				336,622	71
72	07200 IMPL. DEV. CHARGED TO PATIENT				1,089,217	72
73	07300 DRUGS CHARGED TO PATIENTS				1,572,538	73
75	07500 ASC (NON-DISTINCT PART)	2,030,267	1,211,450	3,241,717	-698,466	75
76	03160 STRESS TESTING					76
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,725,932	754,897	2,480,829	-691,560	76.01
76.97	07697 CARDIAC REHABILITATION				63,286	76.97
OUTPATIENT SERVICE COST CENTERS						
91	09100 EMERGENCY	1,213,222	1,102,623	2,315,845	-120,893	91
92	09200 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS						
101	10100 HOME HEALTH AGENCY	1,382,745	342,571	1,725,316	-157,107	101
SPECIAL PURPOSE COST CENTERS						
113	11300 INTEREST EXPENSE		358,994	358,994	-358,994	113
116	11600 HOSPICE	167,415	119,761	287,176	-12,648	116
117	06950 HOMEMAKER	7,828	11,745	19,573	11,988	117
118	SUBTOTALS (SUM OF LINES 1-117)	30,327,110	44,374,175	74,701,285	339,773	118
NONREIMBURSABLE COST CENTERS						
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN					190
192	19200 PHYSICIANS' PRIVATE OFFICES	-16,682	788,914	772,232	-339,773	192
200	TOTAL (SUM OF LINES 118-199)	30,310,428	45,163,089	75,473,517		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	2,986,851	120,695	3,107,546	1
2	00200	CAP REL COSTS-MVBLE EQUIP	4,437,765	81,889	4,519,654	2
3	00300	OTHER CAPITAL RELATED COSTS				3
4	00400	EMPLOYEE BENEFITS	11,226,688	-2,172	11,224,516	4
5	00500	ADMINISTRATIVE & GENERAL	13,048,882	-5,107,884	7,940,998	5
7	00700	OPERATION OF PLANT	3,052,478	-33,393	3,019,085	7
8	00800	LAUNDRY & LINEN SERVICE	301,530	-2,743	298,787	8
9	00900	HOUSEKEEPING	901,864		901,864	9
10	01000	DIETARY	1,668,628	-422,508	1,246,120	10
11	01100	CAFETERIA				11
13	01300	NURSING ADMINISTRATION	1,146,681	-75	1,146,606	13
14	01400	CENTRAL SERVICES & SUPPLY	244,891		244,891	14
15	01500	PHARMACY	943,467		943,467	15
16	01600	MEDICAL RECORDS & LIBRARY	1,768,371	-1,820	1,766,551	16
17	01700	SOCIAL SERVICE	175,159		175,159	17
19	01900	NONPHYSICIAN ANESTHETISTS	192,148	-192,148		19
23	02300	PARAMED ED PRGM-(SPECIFY)	89,142	-650	88,492	23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	ADULTS & PEDIATRICS	3,193,620	-127,678	3,065,942	30
31	03100	INTENSIVE CARE UNIT	732,660		732,660	31
40	04000	SUBPROVIDER - IPF	1,970,586		1,970,586	40
43	04300	NURSERY	73,875		73,875	43
ANCILLARY SERVICE COST CENTERS						
50	05000	OPERATING ROOM	2,848,753		2,848,753	50
51	05100	RECOVERY ROOM	183,612		183,612	51
52	05200	DELIVERY ROOM & LABOR ROOM	160,210		160,210	52
53	05300	ANESTHESIOLOGY	2,012,254	-1,431,400	580,854	53
54	05400	RADIOLOGY-DIAGNOSTIC	3,409,821	-1,982	3,407,839	54
58	05800	MAGNETIC RESONANCE IMAGING (MRI)	350,764		350,764	58
60	06000	LABORATORY	2,678,590	-3,661	2,674,929	60
64	06400	INTRAVENOUS THERAPY	560,169		560,169	64
65	06500	RESPIRATORY THERAPY	715,932		715,932	65
66	06600	PHYSICAL THERAPY	1,839,075	-16,741	1,822,334	66
67	06700	OCCUPATIONAL THERAPY	160,516		160,516	67
68	06800	SPEECH PATHOLOGY	265,620		265,620	68
69	06900	ELECTROCARDIOLOGY	235,248	-95,041	140,207	69
70	07000	ELECTROENCEPHALOGRAPHY	1,775		1,775	70
71	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	336,622		336,622	71
72	07200	IMPL. DEV. CHARGED TO PATIENT	1,089,217		1,089,217	72
73	07300	DRUGS CHARGED TO PATIENTS	1,572,538	-11,503	1,561,035	73
75	07500	ASC (NON-DISTINCT PART)	2,543,251	-240,097	2,303,154	75
76	03160	STRESS TESTING				76
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,789,269	-746,145	1,043,124	76.01
76.97	07697	CARDIAC REHABILITATION	63,286		63,286	76.97
OUTPATIENT SERVICE COST CENTERS						
91	09100	EMERGENCY	2,194,952	-127,437	2,067,515	91
92	09200	OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS						
101	10100	HOME HEALTH AGENCY	1,568,209	-1,592	1,566,617	101
SPECIAL PURPOSE COST CENTERS						
113	11300	INTEREST EXPENSE				113
116	11600	HOSPICE	274,528	-36,239	238,289	116
117	06950	HOMEMAKER	31,561		31,561	117
118		SUBTOTALS (SUM OF LINES 1-117)	75,041,058	-8,400,325	66,640,733	118
NONREIMBURSABLE COST CENTERS						
190	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				190
192	19200	PHYSICIANS' PRIVATE OFFICES	432,459		432,459	192
200		TOTAL (SUM OF LINES 118-199)	75,473,517	-8,400,325	67,073,192	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER
	1	2	3	4	5
1 INSURANCE	A	CAP REL COSTS-BLDG & FIXT	1		78,297 1
2		CAP REL COSTS-MVBLE EQUIP	2		37,008 2
500 TOTAL RECLASSIFICATIONS					115,305 500
CODE LETTER - A					
1 ESTABLISH COST CENTER	B	DELIVERY ROOM & LABOR ROOM	52	198,300	13,375 1
500 TOTAL RECLASSIFICATIONS				198,300	13,375 500
CODE LETTER - B					
1 EQUIPMENT RENTALS	C	CAP REL COSTS-MVBLE EQUIP	2		23,339 1
2					2
3					3
500 TOTAL RECLASSIFICATIONS					23,339 500
CODE LETTER - C					
1 DEPARTMENTAL SALARIES AND FEES	D	ELECTROCARDIOLOGY	69	134,997	100,238 1
2		ELECTROENCEPHALOGRAPHY	70	1,937	2
3		CARDIAC REHABILITATION	76.97	63,286	3
500 TOTAL RECLASSIFICATIONS				200,220	100,238 500
CODE LETTER - D					
1 ER CLERICAL	G	EMERGENCY	91	55,648	1
500 TOTAL RECLASSIFICATIONS				55,648	500
CODE LETTER - G					
1 SUPERVISOR SALARY	H	HOMEMAKER	117	20,759	1
500 TOTAL RECLASSIFICATIONS				20,759	500
CODE LETTER - H					
1 C SECTION COSTS	I	OPERATING ROOM	50	48,311	3,259 1
500 TOTAL RECLASSIFICATIONS				48,311	3,259 500
CODE LETTER - I					
1 CLOSE ACCOUNT	J	CAP REL COSTS-BLDG & FIXT	1		358,994 1
500 TOTAL RECLASSIFICATIONS					358,994 500
CODE LETTER - J					
1 CRNA FEES	K	NONPHYSICIAN ANESTHETISTS	19		192,148 1
500 TOTAL RECLASSIFICATIONS					192,148 500
CODE LETTER - K					
1 MOB HOSPITAL STORAGE	M	ADMINISTRATIVE & GENERAL	5		21,891 1
500 TOTAL RECLASSIFICATIONS					21,891 500
CODE LETTER - M					
1 PSYCHIATRIC ADMINISTRATION	O	SUBPROVIDER - IPF	40	73,168	87,592 1
500 TOTAL RECLASSIFICATIONS				73,168	87,592 500
CODE LETTER - O					

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER
	1	2	3	4	5
1 FICA	R	EMPLOYEE BENEFITS	4		2,052,409
2					
3					
4					
5					
6					
7					
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22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
500 TOTAL RECLASSIFICATIONS					2,052,409
CODE LETTER - R					500
1 COST OF GOODS SOLD	S	MEDICAL SUPPLIES CHRGED TO PA	71	336,622	1
2		DRUGS CHARGED TO PATIENTS	73	1,572,538	2
500 TOTAL RECLASSIFICATIONS				1,909,160	500
CODE LETTER - S					
1 CONSOLIDATE EQUIP DEPRECIATION	T	CAP REL COSTS-MVBLE EQUIP	2	4,377,418	1
2					
3					
4					
5					
6					
7					
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10					
11					
12					
13					
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22					
23					
24					
25					
26					
27					
28					
29					
30					
500 TOTAL RECLASSIFICATIONS				4,377,418	500
CODE LETTER - T					

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER
	1	2	3	4	5
1 NORRIS BLDG OVERHEAD	U	CAP REL COSTS-BLDG & FIXT	1		412,128 1
2		OPERATION OF PLANT	7		58,293 2
3		PHYSICIANS' PRIVATE OFFICES	192		273,237 3
500 TOTAL RECLASSIFICATIONS					743,658 500
CODE LETTER - U					
1 MERCURY CIRCLE OVERHEAD	V	HOME HEALTH AGENCY	101		24,026 1
500 TOTAL RECLASSIFICATIONS					24,026 500
CODE LETTER - V					
1 ORMC RADIOLOGY SPACE	W	RADIOLOGY-DIAGNOSTIC	54		16,107 1
500 TOTAL RECLASSIFICATIONS					16,107 500
CODE LETTER - W					
1 IMPLANTS	X	IMPL. DEV. CHARGED TO PATIENT	72		1,089,217 1
500 TOTAL RECLASSIFICATIONS					1,089,217 500
CODE LETTER - X					
1 GLOBAL BILLING PHYSICIAN SERVICES	Y	PHYSICIANS' PRIVATE OFFICES	192	25,381	21,937 1
2		SPEECH PATHOLOGY	68	16,766	6,471 2
500 TOTAL RECLASSIFICATIONS				42,147	28,408 500
CODE LETTER - Y					
GRAND TOTAL (INCREASES)				638,553	11,156,544

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 INSURANCE	A	ADMINISTRATIVE & GENERAL	5		115,305	12 1
2						12 2
500 TOTAL RECLASSIFICATIONS					115,305	500
CODE LETTER - A						
1 ESTABLISH COST CENTER	B	ADULTS & PEDIATRICS	30	198,300	13,375	1
500 TOTAL RECLASSIFICATIONS				198,300	13,375	500
CODE LETTER - B						
1 EQUIPMENT RENTALS	C	ADMINISTRATIVE & GENERAL	5		15,970	10 1
2		OPERATING ROOM	50		3,348	2
3		ADULTS & PEDIATRICS	30		4,021	3
500 TOTAL RECLASSIFICATIONS					23,339	500
CODE LETTER - C						
1 DEPARTMENTAL SALARIES AND FEES	D	ASC (NON-DISTINCT PART)	75	200,220	100,238	1
2						2
3						3
500 TOTAL RECLASSIFICATIONS				200,220	100,238	500
CODE LETTER - D						
1 ER CLERICAL	G	ADMINISTRATIVE & GENERAL	5	55,648		1
500 TOTAL RECLASSIFICATIONS				55,648		500
CODE LETTER - G						
1 SUPERVISOR SALARY	H	HOME HEALTH AGENCY	101	20,759		1
500 TOTAL RECLASSIFICATIONS				20,759		500
CODE LETTER - H						
1 C SECTION COSTS	I	DELIVERY ROOM & LABOR ROOM	52	48,311	3,259	1
500 TOTAL RECLASSIFICATIONS				48,311	3,259	500
CODE LETTER - I						
1 CLOSE ACCOUNT	J	INTEREST EXPENSE	113		358,994	11 1
500 TOTAL RECLASSIFICATIONS					358,994	500
CODE LETTER - J						
1 CRNA FEES	K	ANESTHESIOLOGY	53		192,148	1
500 TOTAL RECLASSIFICATIONS					192,148	500
CODE LETTER - K						
1 MOB HOSPITAL STORAGE	M	PHYSICIANS' PRIVATE OFFICES	192		21,891	1
500 TOTAL RECLASSIFICATIONS					21,891	500
CODE LETTER - M						
1 PSYCHIATRIC ADMINISTRATION	O	PSYCHIATRIC/PSYCHOLOGICAL SER	76.01	73,168	87,592	1
500 TOTAL RECLASSIFICATIONS				73,168	87,592	500
CODE LETTER - O						

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 FICA	R	ADMINISTRATIVE & GENERAL	5		204,322	1
2		OPERATION OF PLANT	7		88,075	2
3		LAUNDRY & LINEN SERVICE	8		2,481	3
4		HOUSEKEEPING	9		55,205	4
5		DIETARY	10		62,736	5
6		NURSING ADMINISTRATION	13		78,493	6
7		CENTRAL SERVICES & SUPPLY	14		15,297	7
8		PHARMACY	15		55,222	8
9		MEDICAL RECORDS & LIBRARY	16		95,009	9
10		SOCIAL SERVICE	17		12,330	10
11		PARAMED ED PRGM-(SPECIFY)	23		5,236	11
12		ADULTS & PEDIATRICS	30		250,734	12
13		INTENSIVE CARE UNIT	31		56,085	13
14		SUBPROVIDER - IPF	40		128,650	14
15		NURSERY	43		4,446	15
16		OPERATING ROOM	50		52,419	16
17		RECOVERY ROOM	51		12,563	17
18		ANESTHESIOLOGY	53		70,412	18
19		RADIOLOGY-DIAGNOSTIC	54		150,974	19
20		MAGNETIC RESONANCE IMAGING (M	58		13,792	20
21		LABORATORY	60		63,894	21
22		RESPIRATORY THERAPY	65		38,754	22
23		PHYSICAL THERAPY	66		99,146	23
24		OCCUPATIONAL THERAPY	67		7,392	24
25		SPEECH PATHOLOGY	68		5,818	25
26		ASC (NON-DISTINCT PART)	75		124,478	26
27		PSYCHIATRIC/PSYCHOLOGICAL SER	76.01		95,041	27
28		EMERGENCY	91		90,324	28
29		HOME HEALTH AGENCY	101		99,915	29
30		HOSPICE	116		12,648	30
31		PHYSICIANS' PRIVATE OFFICES	192		23	31
32		HOMEMAKER	117		495	32
500 TOTAL RECLASSIFICATIONS					2,052,409	500
CODE LETTER - R						
1 COST OF GOODS SOLD	S	CENTRAL SERVICES & SUPPLY	14		336,622	1
2		PHARMACY	15		1,572,538	2
500 TOTAL RECLASSIFICATIONS					1,909,160	500
CODE LETTER - S						
1 CONSOLIDATE EQUIP DEPRECIATION	T	EMPLOYEE BENEFITS	4		631	9 1
2		ADMINISTRATIVE & GENERAL	5		625,139	2
3		OPERATION OF PLANT	7		33,156	3
4		HOUSEKEEPING	9		3,475	4
5		DIETARY	10		9,094	5
6		NURSING ADMINISTRATION	13		25,036	6
7		CENTRAL SERVICES & SUPPLY	14		123,628	7
8		PHARMACY	15		63,742	8
9		MEDICAL RECORDS & LIBRARY	16		73,830	9
10		SOCIAL SERVICE	17		156	10
11		PARAMED ED PRGM-(SPECIFY)	23		6,646	11
12		ADULTS & PEDIATRICS	30		90,286	12
13		INTENSIVE CARE UNIT	31		14,729	13
14		SUBPROVIDER - IPF	40		13,835	14
15		NURSERY	43		2,383	15
16		OPERATING ROOM	50		271,771	16
17		RECOVERY ROOM	51		3,677	17
18		ANESTHESIOLOGY	53		17,668	18
19		RADIOLOGY-DIAGNOSTIC	54		964,604	19
20		MAGNETIC RESONANCE IMAGING (M	58		516,629	20
21		LABORATORY	60		38,596	21
22		RESPIRATORY THERAPY	65		31,271	22
23		PHYSICAL THERAPY	66		53,789	23
24		SPEECH PATHOLOGY	68		1,680	24
25		ASC (NON-DISTINCT PART)	75		202,975	25
26		PSYCHIATRIC/PSYCHOLOGICAL SER	76.01		435,759	26
27		EMERGENCY	91		86,217	27
28		HOME HEALTH AGENCY	101		60,459	28
29		HOMEMAKER	117		8,276	29
30		PHYSICIANS' PRIVATE OFFICES	192		598,281	30
500 TOTAL RECLASSIFICATIONS					4,377,418	500
CODE LETTER - T						

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 NORRIS BLDG OVERHEAD	U	ADMINISTRATIVE & GENERAL	5		743,658	9 1
2						2
3						3
500 TOTAL RECLASSIFICATIONS CODE LETTER - U					743,658	500
1 MERCURY CIRCLE OVERHEAD	V	PHYSICIANS' PRIVATE OFFICES	192		24,026	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - V					24,026	500
1 ORMC RADIOLOGY SPACE	W	PHYSICIANS' PRIVATE OFFICES	192		16,107	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - W					16,107	500
1 IMPLANTS	X	OPERATING ROOM	50		1,089,217	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - X					1,089,217	500
1 GLOBAL BILLING PHYSICIAN SERVICES	Y	ASC (NON-DISTINCT PART)	75	42,147	28,408	1
2						2
500 TOTAL RECLASSIFICATIONS CODE LETTER - Y				42,147	28,408	500
GRAND TOTAL (DECREASES)				638,553	11,156,544	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	ACQUISITIONS			DISPOSALS	ENDING	FULLY
	BALANCES	PURCHASE	DONATION	TOTAL	AND RETIREMENTS	BALANCE	DEPRECIATED ASSETS
	1	2	3	4	5	6	7
1 LAND	105,342					105,342	1
2 LAND IMPROVEMENTS	3,724,549	319,595		319,595		4,044,144	2
3 BUILDINGS AND FIXTURES	68,021,150	3,958,983		3,958,983		71,980,133	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT	33,237,151	2,234,182		2,234,182	747,334	34,723,999	6
7 HIT DESIGNATED ASSETS	80,645					80,645	7
8 SUBTOTAL (SUM OF LINES 1-7)	105,168,837	6,512,760		6,512,760	747,334	110,934,263	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	105,168,837	6,512,760		6,512,760	747,334	110,934,263	10

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION	LEASE	INTEREST	INSURANCE (SEE INSTR.)	TAXES (SEE INSTR.)	OTHER	TOTAL(1)
						CAPITAL- RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 9-14)
	9	10	11	12	13	14	15
1 CAP REL COSTS-BLDG & FIXT	2,137,432						2,137,432 1
2 CAP REL COSTS-MVBLE EQUIP							2
3 TOTAL (SUM OF LINES 1-2)	2,137,432						2,137,432 3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS ALLOCATION OF OTHER CAPITAL

DESCRIPTION	GROSS ASSETS	CAPITALIZED LEASES	OF RATIOS		INSURANCE	TAXES	OTHER	TOTAL
			FOR RATIO (COL. 1 - COL. 2)	RATIO (SEE INSTR.)			CAPITAL- RELATED COSTS	(SUM OF COLS. 5-7)
	1	2	3	4	5	6	7	8
1 CAP REL COSTS-BLDG & FIXT	76,129,619		76,129,619	0.686259				1
2 CAP REL COSTS-MVBLE EQUIP	34,804,644		34,804,644	0.313741				2
3 TOTAL (SUM OF LINES 1-2)	110,934,263		110,934,263	1.000000				3

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION	LEASE	INTEREST	INSURANCE (SEE INSTR.)	TAXES (SEE INSTR.)	OTHER	TOTAL(2)
						CAPITAL- RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 9-14)
	9	10	11	12	13	14	15
1 CAP REL COSTS-BLDG & FIXT	2,670,255		358,994	78,297			3,107,546 1
2 CAP REL COSTS-MVBLE EQUIP	4,459,307	23,339		37,008			4,519,654 2
3 TOTAL	7,129,562	23,339	358,994	115,305			7,627,200 3

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)			CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)	B	-19,061	ADMINISTRATIVE & GENERAL	5	4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)	B	-20,950	OPERATION OF PLANT	7	6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)	A	-28,518	ADMINISTRATIVE & GENERAL	5	7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)	A	-3,400	OPERATION OF PLANT	7	8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-2,660,522			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)	B	-1,982	RADIOLOGY-DIAGNOSTIC	54	11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST				
	A-8-1				12
13 LAUNDRY AND LINEN SERVICE	B	-2,743	LAUNDRY & LINEN SERVICE	8	13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-422,366	DIETARY	10	14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-11,503	DRUGS CHARGED TO PATIENTS	73	17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-1,820	MEDICAL RECORDS & LIBRARY	16	18
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)	B	-650	PARAMED ED PRGM-(SPECIFY)	23	19
20 VENDING MACHINES					20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST				
	A-8-3				23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST				
	A-8-3				24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	25
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	26
27 DEPRECIATION--MOVABLE EQUIPMENT	B	81,889	CAP REL COSTS-MVBLE EQUIP	2	27
28 NON-PHYSICIAN ANESTHETIST	A	-192,148	NONPHYSICIAN ANESTHETISTS	19	28
29 PHYSICIANS' ASSISTANT					29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST				
	A-8-3				30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST				
	A-8-3				31
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33 HOSPICE PHYSICIAN FEES	A	-17,500	HOSPICE	116	33
34 HHA PHYSICIAN FEES	A	-760	HOME HEALTH AGENCY	101	34
35 COMMUNITY EDUCATION REVENUE	B	-19,719	ADMINISTRATIVE & GENERAL	5	35
36 TRUSTEE FEES	A	3,932	ADMINISTRATIVE & GENERAL	5	36
37 EXECUTIVE ALCOHOL	A	-132	ADMINISTRATIVE & GENERAL	5	37
38 MISCELLANEOUS REVENUE	B	-4,750	ADULTS & PEDIATRICS	30	38
39 MISCELLANEOUS REVENUE	B	-122,928	ADULTS & PEDIATRICS	30	39
40 MALPRACTICE EXPENSE	A	-300,000	ADMINISTRATIVE & GENERAL	5	40
40.01 MALPRACTICE PAID LOSS	A	1,000,000	ADMINISTRATIVE & GENERAL	5	40.01
41 NON ALLOWABLE TAXES	A	-12,600	ADMINISTRATIVE & GENERAL	5	41
42 EMPLOYEE DINNER DANCE ALCOHOL	A	-2,146	EMPLOYEE BENEFITS	4	42
43					43
43.01 ADVERTISING	A	-832	HOME HEALTH AGENCY	101	43.01
43.05 ADVERTISING	A	-63,091	ADMINISTRATIVE & GENERAL	5	43.05
43.08 ADVERTISING	A	-2,763	ADMINISTRATIVE & GENERAL	5	43.08
44 AHA LOBBYING FEES	A	-4,634	ADMINISTRATIVE & GENERAL	5	44
45 IHA LOBBYING FEES	A	-18,738	ADMINISTRATIVE & GENERAL	5	45
45.02 HOSPICE LOBBYING FEES	B	-183	HOSPICE	116	45.02
45.03 CABLE SERVICE	A	-9,043	OPERATION OF PLANT	7	45.03
45.04 PHYSICIAN GUARANTEES	A	-384,370	ADMINISTRATIVE & GENERAL	5	45.04
45.06 CHRISTMAS PARTY MANAGERS ALCOHOL	A	-802	ADMINISTRATIVE & GENERAL	5	45.06
45.08 INVESTMENT CONSULTING FEES	A	155,272	ADMINISTRATIVE & GENERAL	5	45.08
45.10 ROTARY FEES	A	-825	ADMINISTRATIVE & GENERAL	5	45.10
45.12 PHYSICIAN RECRUITING EXPENSE	A	-711	ADMINISTRATIVE & GENERAL	5	45.12
45.13 PHYSICIAN PLANTS	A	-125	ADMINISTRATIVE & GENERAL	5	45.13
45.16 BAD DEBT EXPENSE	A	-3,643,842	ADMINISTRATIVE & GENERAL	5	45.16
45.17 CONTRIBUTIONS IHA / HREF	A	-21,347	ADMINISTRATIVE & GENERAL	5	45.17
45.20 FUND RAISING POSTAGE	A	-511	ADMINISTRATIVE & GENERAL	5	45.20
45.26 GOLF OUTING ALCOHOL	A	-1,738	ADMINISTRATIVE & GENERAL	5	45.26

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	
45.31 PHYSICIAN GIFTS	A	-1,157	ADMINISTRATIVE & GENERAL	5	45.31
45.33 CHAMBER OF COMMERCE ALCOHOL	A	-142	DIETARY	10	45.33
45.34 IMPROPER INTEREST CAPITALIZATION	A	160,984	CAP REL COSTS-BLDG & FIXT	1	9 45.34
45.36 PHYSICIAN SMUCK ALCOHOL	A	-68	ADMINISTRATIVE & GENERAL	5	45.36
45.37 CONVACARE RESP REVENUE	B	-18,556	HOSPICE	116	45.37
45.40 MEDICAID TAX ASSESSMENT - APPEAL	A	-1,704,674	ADMINISTRATIVE & GENERAL	5	45.40
45.41 DEPARTMENT MANAGERS PARTY ALCOHOL	A	-183	ADMINISTRATIVE & GENERAL	5	45.41
45.42 NEW PHYSICIAN RECEPTION ALCOHOL	A	-65	ADMINISTRATIVE & GENERAL	5	45.42
45.43 EMPLOYEE CHRISTMAS PARTY ALCOHOL	A	-2,385	ADMINISTRATIVE & GENERAL	5	45.43
45.44 GOLF OUTING FEES	A	-1,159	ADMINISTRATIVE & GENERAL	5	45.44
45.45 PATIENT TRANSPORTATION	A	-17,026	ADMINISTRATIVE & GENERAL	5	45.45
45.51 REIMBURSEMENT CONSULTANT ALCOHOL	A	-85	ADMINISTRATIVE & GENERAL	5	45.51
45.54 GOLF OUTINGS	A	-2,175	ADMINISTRATIVE & GENERAL	5	45.54
45.55 BOARD MEMBERS CHRISTMAS ALCOHOL GI	A	-278	ADMINISTRATIVE & GENERAL	5	45.55
45.58 STRATEGIC GROWTH COMMITTEE ALCOHOL	A	-201	ADMINISTRATIVE & GENERAL	5	45.58
45.59 ANNUAL MEETING RECAP ALCOHOL	A	-38	ADMINISTRATIVE & GENERAL	5	45.59
45.60 CORPORATE COMPLIANCE LIQUOR	A	-333	ADMINISTRATIVE & GENERAL	5	45.60
45.61 UNITED WAY KICKOFF EXPENSE	A	-40	ADMINISTRATIVE & GENERAL	5	45.61
45.62 CREDIT CARD DUES	A	-40	ADMINISTRATIVE & GENERAL	5	45.62
45.63 CAPITALIZED TAXES FUTURE CLINIC SI	A	-8,400	ADMINISTRATIVE & GENERAL	5	45.63
45.64 WELCOME BASKET CONTRIBUTION	A	-858	ADMINISTRATIVE & GENERAL	5	45.64
45.68 AMORTIZED CAPITALIZED INTEREST	A	-40,289	CAP REL COSTS-BLDG & FIXT	1	9 45.68
45.69 IRS LATE FILING FEE	A	-4,000	ADMINISTRATIVE & GENERAL	5	45.69
46 NURSING INSERVICE EDUCATION REVENUE	B	-75	NURSING ADMINISTRATION	13	46
47 EMPLOYEE RELIEF	B	-26	EMPLOYEE BENEFITS	4	47
48 PEORIA TRIP ALCOHOL	A	-115	ADMINISTRATIVE & GENERAL	5	48
49 OSF ALCOHOL	A	-281	ADMINISTRATIVE & GENERAL	5	49
50 TOTAL (SUM OF LINES 1 THRU 49)		-8,400,325			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
2						2
3						3
4						4
5	TOTALS (SUM OF LINES 1-4)					5
	TRANSFER COL. 6, LINE 5 TO					
	WKST A-8, COL. 2, LINE 12.					

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 -----				
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
6						6
7						7
8						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		
LINE NO.	1	2	3	4	5	6	7	8	9	
3	60	LABORATORY	TOMAS	100,000	100,000	215,700	929	96,339	4,817	3
4	69	ELECTROCARDIOLOGY	GHAFOOR	100,238	92,994	7,244	61	5,197	260	4
7	91	EMERGENCY	MIDWEST EMERGEN	684,000	684,000	177,200	7,071	602,395	30,120	7
8	91	EMERGENCY	ASS GI CONSULTA	45,917	45,917	177,200	1	85	4	8
9	75	ASC (NON-DISTINCT PART)	SWONG	469,605	176,901	292,704	2,694	229,508	11,475	9
15	53	ANESTHESIOLOGY	ARNOLD	252,495	245,634	6,861	40	3,852	193	15
16	53	ANESTHESIOLOGY	MALIK	363,353	332,127	31,226	149	14,348	717	16
17	53	ANESTHESIOLOGY	ST. MARYS ANEST	136,947	136,947					17
18	53	ANESTHESIOLOGY	BAYLEY	423,271	278,968	144,303	709	68,275	3,414	18
19	53	ANESTHESIOLOGY	FOULEN	360,394	327,017	33,377	193	18,585	929	19
20	66	PHYSICAL THERAPY	CROWHURST	23,386	12,201	11,185	78	6,645	332	20
21	76.01	PSYCHIATRIC/PSYCHOLOGICA	GLAVIN	335,129	192,974	142,155	882	65,344	3,267	21
22	76.01	PSYCHIATRIC/PSYCHOLOGICA	DYERS	194,510	150,003	44,507	476	35,265	1,763	22
24	76.01	PSYCHIATRIC/PSYCHOLOGICA	KASTENBURG	80,477	70,417	10,060	93	6,890	345	24
25	76.01	PSYCHIATRIC/PSYCHOLOGICA	CHUPREVICH	269,384	224,213	45,171	349	25,856	1,293	25
200		TOTAL		3,839,106	2,240,396	1,598,710	13,725	1,178,584	58,929	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	
3 60	LABORATORY	TOMAS				96,339	3,661	3,661	3
4 69	ELECTROCARDIOLOGY	GHAFOOR				5,197	2,047	95,041	4
7 91	EMERGENCY	MIDWEST EMERGEN				602,395	81,605	81,605	7
8 91	EMERGENCY	ASS GI CONSULTA				85	45,832	45,832	8
9 75	ASC (NON-DISTINCT PART)	SWONG				229,508	63,196	240,097	9
15 53	ANESTHESIOLOGY	ARNOLD				3,852	3,009	248,643	15
16 53	ANESTHESIOLOGY	MALIK				14,348	16,878	349,005	16
17 53	ANESTHESIOLOGY	ST. MARYS ANEST						136,947	17
18 53	ANESTHESIOLOGY	BAYLEY				68,275	76,028	354,996	18
19 53	ANESTHESIOLOGY	FOULEN				18,585	14,792	341,809	19
20 66	PHYSICAL THERAPY	CROWHURST				6,645	4,540	16,741	20
21 76.01	PSYCHIATRIC/PSYCHOLOGICA	GLAVIN				65,344	76,811	269,785	21
22 76.01	PSYCHIATRIC/PSYCHOLOGICA	DYERS				35,265	9,242	159,245	22
24 76.01	PSYCHIATRIC/PSYCHOLOGICA	KASTENBURG				6,890	3,170	73,587	24
25 76.01	PSYCHIATRIC/PSYCHOLOGICA	CHUPREVICH				25,856	19,315	243,528	25
200	TOTAL					1,178,584	420,126	2,660,522	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS.0-4) 4A	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	3,107,546	3,107,546				1
2 CAP REL COSTS-MVBLE EQUIP	4,519,654		4,519,654			2
4 EMPLOYEE BENEFITS	11,224,516	22,816	621	11,247,953		4
5 ADMINISTRATIVE & GENERAL	7,940,998	360,707	845,056	1,130,825	10,277,586	5
7 OPERATION OF PLANT	3,019,085	773,933	32,617	454,931	4,280,566	7
8 LAUNDRY & LINEN SERVICE	298,787	16,957		13,274	329,018	8
9 HOUSEKEEPING	901,864	13,607	3,419	287,166	1,206,056	9
10 DIETARY	1,246,120	85,199	8,946	328,640	1,668,905	10
11 CAFETERIA		62,142			62,142	11
13 NURSING ADMINISTRATION	1,146,606	24,482	24,629	403,567	1,599,284	13
14 CENTRAL SERVICES & SUPPLY	244,891	19,088	121,620	78,396	463,995	14
15 PHARMACY	943,467	28,314	62,707	300,197	1,334,685	15
16 MEDICAL RECORDS & LIBRARY	1,766,551	19,036	72,631	492,332	2,350,550	16
17 SOCIAL SERVICE	175,159	7,216	153	64,942	247,470	17
19 NONPHYSICIAN ANESTHETISTS						19
23 PARAMED ED PRGM-(SPECIFY)	88,492	13,126	6,538	25,756	133,912	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	3,065,942	225,341	88,819	1,109,620	4,489,722	30
31 INTENSIVE CARE UNIT	732,660	31,355	14,490	262,426	1,040,931	31
40 SUBPROVIDER - IPF	1,970,586	156,309	13,610	685,799	2,826,304	40
43 NURSERY	73,875	11,288	2,344	18,710	106,217	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,848,753	146,104	267,356	281,432	3,543,645	50
51 RECOVERY ROOM	183,612	12,095	3,617	65,930	265,254	51
52 DELIVERY ROOM & LABOR ROOM	160,210	16,219		56,260	232,689	52
53 ANESTHESIOLOGY	580,854	8,917	17,381	645,420	1,252,572	53
54 RADIOLOGY-DIAGNOSTIC	3,407,839	155,897	963,752	779,797	5,307,285	54
58 MAGNETIC RESONANCE IMAGING (MRI)	350,764	1,306	508,236	69,707	930,013	58
60 LABORATORY	2,674,929	60,167	37,969	329,081	3,102,146	60
64 INTRAVENOUS THERAPY	560,169	2,062		138,725	700,956	64
65 RESPIRATORY THERAPY	715,932	19,174	30,763	203,962	969,831	65
66 PHYSICAL THERAPY	1,822,334	244,566	52,915	518,581	2,638,396	66
67 OCCUPATIONAL THERAPY	160,516	14,329		35,248	210,093	67
68 SPEECH PATHOLOGY	265,620	24,654	1,653	37,935	329,862	68
69 ELECTROCARDIOLOGY	140,207	1,392		50,637	192,236	69
70 ELECTROENCEPHALOGRAPHY	1,775	1,856		727	4,358	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS	336,622				336,622	71
72 IMPL. DEV. CHARGED TO PATIENT	1,089,217				1,089,217	72
73 DRUGS CHARGED TO PATIENTS	1,561,035				1,561,035	73
75 ASC (NON-DISTINCT PART)	2,303,154	180,242	194,865	670,636	3,348,897	75
76 STRESS TESTING						76
76.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,043,124	265,578	412,542	619,947	2,341,191	76.01
76.97 CARDIAC REHABILITATION	63,286	2,371		23,738	89,395	76.97
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	2,067,515	45,202	84,816	475,949	2,673,482	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	1,566,617		95,750	510,877	2,173,244	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	238,289			62,797	301,086	116
117 HOMEMAKER	31,561		8,142	10,723	50,426	117
118 SUBTOTALS (SUM OF LINES 1-117)	66,640,733	3,073,047	3,977,957	11,244,690	66,061,274	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		12,954			12,954	190
192 PHYSICIANS' PRIVATE OFFICES	432,459	21,545	541,697	3,263	998,964	192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	67,073,192	3,107,546	4,519,654	11,247,953	67,073,192	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
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	10,277,586					5
7 OPERATION OF PLANT	774,598	5,055,164				7
8 LAUNDRY & LINEN SERVICE	59,538	43,958	432,514			8
9 HOUSEKEEPING	218,244	35,273		1,459,573		9
10 DIETARY	302,000	220,859		28,685	2,220,449	10
11 CAFETERIA	11,245	161,090		22,948	1,683,401	11
13 NURSING ADMINISTRATION	289,402	63,465		40,159		13
14 CENTRAL SERVICES & SUPPLY	83,963	49,481		2,869		14
15 PHARMACY	241,521	73,397		17,211		15
16 MEDICAL RECORDS & LIBRARY	425,348	49,347		22,948		16
17 SOCIAL SERVICE	44,781	18,706		2,049		17
19 NONPHYSICIAN ANESTHETISTS						19
23 PARAMED ED PRGM-(SPECIFY)	24,232	34,026		16,392		23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	812,447	584,146	144,925	367,172	253,078	30
31 INTENSIVE CARE UNIT	188,364	81,280	17,109	40,159	19,865	31
40 SUBPROVIDER - IPF	511,439	405,197	18,105	45,896	218,017	40
43 NURSEY	19,221	29,261	1,002	11,474		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	641,247	378,742	32,372	98,349		50
51 RECOVERY ROOM	48,000	31,354	3,979	8,196		51
52 DELIVERY ROOM & LABOR ROOM	42,107	42,043		11,474		52
53 ANESTHESIOLOGY	226,662	23,115				53
54 RADIOLOGY-DIAGNOSTIC	960,414	404,128	36,667	67,458		54
58 MAGNETIC RESONANCE IMAGING (MRI)	168,292	3,385		11,474		58
60 LABORATORY	561,355	155,968		45,896		60
64 INTRAVENOUS THERAPY	126,843	5,344				64
65 RESPIRATORY THERAPY	175,498	49,703		11,474		65
66 PHYSICAL THERAPY	477,436	633,983	17,018	74,582		66
67 OCCUPATIONAL THERAPY	38,018	37,144	17,018			67
68 SPEECH PATHOLOGY	59,691	63,910	17,018	3,404		68
69 ELECTROCARDIOLOGY	34,786	3,607		5,737		69
70 ELECTROENCEPHALOGRAPHY	789	4,810		4,098		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	60,914					71
72 IMPL. DEV. CHARGED TO PATIENT	197,101					72
73 DRUGS CHARGED TO PATIENTS	282,480					73
75 ASC (NON-DISTINCT PART)	606,006	467,237	39,149	132,803	35,762	75
76 STRESS TESTING						76
76.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	423,655	688,452	16,622	126,593	346	76.01
76.97 CARDIAC REHABILITATION	16,177	6,146		5,737		76.97
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	483,785	117,177	71,530	137,689	9,980	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	393,264			45,896		101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	54,484					116
117 HOMEMAKER	9,125					117
118 SUBTOTALS (SUM OF LINES 1-117)	10,094,472	4,965,734	432,514	1,408,822	2,220,449	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,344	33,581				190
192 PHYSICIANS' PRIVATE OFFICES	180,770	55,849		50,751		192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	10,277,586	5,055,164	432,514	1,459,573	2,220,449	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 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
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	1,940,826					11
13 NURSING ADMINISTRATION	61,735	2,054,045				13
14 CENTRAL SERVICES & SUPPLY	41,007		641,315			14
15 PHARMACY	58,324		103	1,725,241		15
16 MEDICAL RECORDS & LIBRARY	173,991	330,092			3,352,276	16
17 SOCIAL SERVICE	15,663				820	17
19 NONPHYSICIAN ANESTHETISTS						19
23 PARAMED ED PRGM-(SPECIFY)	10,557	20,034				23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	221,679	420,566	1,252		250,088	30
31 INTENSIVE CARE UNIT	30,706	58,255	10,166		37,649	31
40 SUBPROVIDER - IPF	115,583	219,281			335,720	40
43 NURSEY	908	1,717			30,841	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	109,856	208,425			30,348	50
51 RECOVERY ROOM	9,952	18,882			9,105	51
52 DELIVERY ROOM & LABOR ROOM	10,505	19,924			1,394	52
53 ANESTHESIOLOGY	44,888		3,996		9,269	53
54 RADIOLOGY-DIAGNOSTIC	237,279				923,331	54
58 MAGNETIC RESONANCE IMAGING (MRI)	23,524		2,434			58
60 LABORATORY	109,742		206		34,450	60
64 INTRAVENOUS THERAPY	41,336		22,701		1,640	64
65 RESPIRATORY THERAPY	38,352				656	65
66 PHYSICAL THERAPY	152,115				63,240	66
67 OCCUPATIONAL THERAPY	6,624				15,256	67
68 SPEECH PATHOLOGY	8,413				30,430	68
69 ELECTROCARDIOLOGY	11,011				102,119	69
70 ELECTROENCEPHALOGRAPHY	156				574	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			492,734			71
72 IMPL. DEV. CHARGED TO PATIENT			107,273			72
73 DRUGS CHARGED TO PATIENTS				1,725,241	2,461	73
75 ASC (NON-DISTINCT PART)	155,229	294,506			485,165	75
76 STRESS TESTING						76
76.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	125,514	238,125			676,115	76.01
76.97 CARDIAC REHABILITATION	5,158				3,117	76.97
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	118,197	224,238	450		308,488	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY						101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE						116
117 HOMEMAKER						117
118 SUBTOTALS (SUM OF LINES 1-117)	1,938,004	2,054,045	641,315	1,725,241	3,352,276	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES	2,822					192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,940,826	2,054,045	641,315	1,725,241	3,352,276	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SOCIAL SERVICE	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	17	23	24	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
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE	329,489					17
19 NONPHYSICIAN ANESTHETISTS						19
23 PARAMED ED PRGM-(SPECIFY)		239,153				23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	292,266	33,222	7,870,563		7,870,563	30
31 INTENSIVE CARE UNIT	25,776	67,128	1,617,388		1,617,388	31
40 SUBPROVIDER - IPF		2,048	4,697,590		4,697,590	40
43 NURSERY			200,641		200,641	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		4,892	5,047,876		5,047,876	50
51 RECOVERY ROOM			394,722		394,722	51
52 DELIVERY ROOM & LABOR ROOM			360,136		360,136	52
53 ANESTHESIOLOGY			1,560,502		1,560,502	53
54 RADIOLOGY-DIAGNOSTIC			7,936,562		7,936,562	54
58 MAGNETIC RESONANCE IMAGING (MRI)			1,139,122		1,139,122	58
60 LABORATORY		12,060	4,021,823		4,021,823	60
64 INTRAVENOUS THERAPY			898,820		898,820	64
65 RESPIRATORY THERAPY		12,401	1,257,915		1,257,915	65
66 PHYSICAL THERAPY		2,275	4,059,045		4,059,045	66
67 OCCUPATIONAL THERAPY			324,153		324,153	67
68 SPEECH PATHOLOGY			512,728		512,728	68
69 ELECTROCARDIOLOGY		58,935	408,431		408,431	69
70 ELECTROENCEPHALOGRAPHY			14,785		14,785	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			890,270		890,270	71
72 IMPL. DEV. CHARGED TO PATIENT			1,393,591		1,393,591	72
73 DRUGS CHARGED TO PATIENTS		8,874	3,580,091		3,580,091	73
75 ASC (NON-DISTINCT PART)	2,471		5,567,225		5,567,225	75
76 STRESS TESTING						76
76.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES			4,636,613		4,636,613	76.01
76.97 CARDIAC REHABILITATION			125,730		125,730	76.97
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	8,976	37,318	4,191,310		4,191,310	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY			2,612,404		2,612,404	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE			355,570		355,570	116
117 HOMEMAKER			59,551		59,551	117
118 SUBTOTALS (SUM OF LINES 1-117)	329,489	239,153	65,735,157		65,735,157	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			48,879		48,879	190
192 PHYSICIANS' PRIVATE OFFICES			1,289,156		1,289,156	192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	329,489	239,153	67,073,192		67,073,192	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	CAP	SUBTOTAL	EMPLOYEE	
	CAP-REL COSTS	BLDGS & FIXTURES	MOVABLE EQUIPMENT		BENEFITS	
	0	1	2	2A	4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS		22,816	621	23,437	23,437	4
5 ADMINISTRATIVE & GENERAL		360,707	845,056	1,205,763	2,348	5
7 OPERATION OF PLANT		773,933	32,617	806,550	948	7
8 LAUNDRY & LINEN SERVICE		16,957		16,957	28	8
9 HOUSEKEEPING		13,607	3,419	17,026	599	9
10 DIETARY		85,199	8,946	94,145	685	10
11 CAFETERIA		62,142		62,142		11
13 NURSING ADMINISTRATION		24,482	24,629	49,111	841	13
14 CENTRAL SERVICES & SUPPLY		19,088	121,620	140,708	163	14
15 PHARMACY		28,314	62,707	91,021	626	15
16 MEDICAL RECORDS & LIBRARY		19,036	72,631	91,667	1,026	16
17 SOCIAL SERVICE		7,216	153	7,369	135	17
19 NONPHYSICIAN ANESTHETISTS						19
23 PARAMED ED PRGM-(SPECIFY)		13,126	6,538	19,664	54	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		225,341	88,819	314,160	2,313	30
31 INTENSIVE CARE UNIT		31,355	14,490	45,845	547	31
40 SUBPROVIDER - IPF		156,309	13,610	169,919	1,430	40
43 NURSEY		11,288	2,344	13,632	39	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		146,104	267,356	413,460	587	50
51 RECOVERY ROOM		12,095	3,617	15,712	137	51
52 DELIVERY ROOM & LABOR ROOM		16,219		16,219	117	52
53 ANESTHESIOLOGY		8,917	17,381	26,298	1,346	53
54 RADIOLOGY-DIAGNOSTIC		155,897	963,752	1,119,649	1,626	54
58 MAGNETIC RESONANCE IMAGING (MRI)		1,306	508,236	509,542	145	58
60 LABORATORY		60,167	37,969	98,136	686	60
64 INTRAVENOUS THERAPY		2,062		2,062	289	64
65 RESPIRATORY THERAPY		19,174	30,763	49,937	425	65
66 PHYSICAL THERAPY		244,566	52,915	297,481	1,081	66
67 OCCUPATIONAL THERAPY		14,329		14,329	73	67
68 SPEECH PATHOLOGY		24,654	1,653	26,307	79	68
69 ELECTROCARDIOLOGY		1,392		1,392	106	69
70 ELECTROENCEPHALOGRAPHY		1,856		1,856	2	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
75 ASC (NON-DISTINCT PART)		180,242	194,865	375,107	1,398	75
76 STRESS TESTING						76
76.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		265,578	412,542	678,120	1,292	76.01
76.97 CARDIAC REHABILITATION		2,371		2,371	49	76.97
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY		45,202	84,816	130,018	992	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY			95,750	95,750	1,065	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE					131	116
117 HOMEMAKER			8,142	8,142	22	117
118 SUBTOTALS (SUM OF LINES 1-117)		3,073,047	3,977,957	7,051,004	23,430	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		12,954		12,954		190
192 PHYSICIANS' PRIVATE OFFICES		21,545	541,697	563,242	7	192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)		3,107,546	4,519,654	7,627,200	23,437	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
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	1,208,111					5
7 OPERATION OF PLANT	91,052	898,550				7
8 LAUNDRY & LINEN SERVICE	6,999	7,813	31,797			8
9 HOUSEKEEPING	25,654	6,270		49,549		9
10 DIETARY	35,499	39,257		974	170,560	10
11 CAFETERIA	1,322	28,634		779	129,306	11
13 NURSING ADMINISTRATION	34,018	11,281		1,363		13
14 CENTRAL SERVICES & SUPPLY	9,870	8,795		97		14
15 PHARMACY	28,390	13,046		584		15
16 MEDICAL RECORDS & LIBRARY	49,999	8,771		779		16
17 SOCIAL SERVICE	5,264	3,325		70		17
19 NONPHYSICIAN ANESTHETISTS						19
23 PARAMED ED PRGM-(SPECIFY)	2,848	6,048		556		23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	95,501	103,831	10,653	12,463	19,440	30
31 INTENSIVE CARE UNIT	22,142	14,447	1,258	1,363	1,526	31
40 SUBPROVIDER - IPF	60,118	72,023	1,331	1,558	16,747	40
43 NURSERY	2,259	5,201	74	390		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	75,377	67,321	2,380	3,339		50
51 RECOVERY ROOM	5,642	5,573	293	278		51
52 DELIVERY ROOM & LABOR ROOM	4,950	7,473		390		52
53 ANESTHESIOLOGY	26,643	4,109				53
54 RADIOLOGY-DIAGNOSTIC	112,903	71,833	2,696	2,290		54
58 MAGNETIC RESONANCE IMAGING (MRI)	19,782	602		390		58
60 LABORATORY	65,986	27,723		1,558		60
64 INTRAVENOUS THERAPY	14,910	950				64
65 RESPIRATORY THERAPY	20,629	8,835		390		65
66 PHYSICAL THERAPY	56,121	112,690	1,251	2,532		66
67 OCCUPATIONAL THERAPY	4,469	6,602	1,251			67
68 SPEECH PATHOLOGY	7,016	11,360	1,251	116		68
69 ELECTROCARDIOLOGY	4,089	641		195		69
70 ELECTROENCEPHALOGRAPHY	93	855		139		70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS	7,160					71
72 IMPL. DEV. CHARGED TO PATIENT	23,169					72
73 DRUGS CHARGED TO PATIENTS	33,205					73
75 ASC (NON-DISTINCT PART)	71,234	83,051	2,878	4,508	2,747	75
76 STRESS TESTING						76
76.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	49,799	122,374	1,222	4,298	27	76.01
76.97 CARDIAC REHABILITATION	1,902	1,092		195		76.97
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	56,868	20,828	5,259	4,674	767	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	46,227			1,558		101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	6,404					116
117 HOMEMAKER	1,073					117
118 SUBTOTALS (SUM OF LINES 1-117)	1,186,586	882,654	31,797	47,826	170,560	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	276	5,969				190
192 PHYSICIANS' PRIVATE OFFICES	21,249	9,927		1,723		192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,208,111	898,550	31,797	49,549	170,560	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 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
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	222,183					11
13 NURSING ADMINISTRATION	7,067	103,681				13
14 CENTRAL SERVICES & SUPPLY	4,694		164,327			14
15 PHARMACY	6,677		26	140,370		15
16 MEDICAL RECORDS & LIBRARY	19,918	16,662			188,822	16
17 SOCIAL SERVICE	1,793				46	17
19 NONPHYSICIAN ANESTHETISTS						19
23 PARAMED ED PRGM-(SPECIFY)	1,209	1,011				23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	25,378	21,226	321		14,087	30
31 INTENSIVE CARE UNIT	3,515	2,941	2,605		2,121	31
40 SUBPROVIDER - IPF	13,232	11,069			18,910	40
43 NURSERY	104	87			1,737	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	12,576	10,521			1,709	50
51 RECOVERY ROOM	1,139	953			513	51
52 DELIVERY ROOM & LABOR ROOM	1,203	1,006			79	52
53 ANESTHESIOLOGY	5,139		1,024		522	53
54 RADIOLOGY-DIAGNOSTIC	27,163				52,008	54
58 MAGNETIC RESONANCE IMAGING (MRI)	2,693		624			58
60 LABORATORY	12,563		53		1,940	60
64 INTRAVENOUS THERAPY	4,732		5,817		92	64
65 RESPIRATORY THERAPY	4,391				37	65
66 PHYSICAL THERAPY	17,414				3,562	66
67 OCCUPATIONAL THERAPY	758				859	67
68 SPEECH PATHOLOGY	963				1,714	68
69 ELECTROCARDIOLOGY	1,260				5,752	69
70 ELECTROENCEPHALOGRAPHY	18				32	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS			126,255			71
72 IMPL. DEV. CHARGED TO PATIENT			27,487			72
73 DRUGS CHARGED TO PATIENTS				140,370	139	73
75 ASC (NON-DISTINCT PART)	17,770	14,866			27,328	75
76 STRESS TESTING						76
76.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	14,369	12,020			38,083	76.01
76.97 CARDIAC REHABILITATION	591				176	76.97
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	13,531	11,319	115		17,376	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY						101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE						116
117 HOMEMAKER						117
118 SUBTOTALS (SUM OF LINES 1-117)	221,860	103,681	164,327	140,370	188,822	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES	323					192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	222,183	103,681	164,327	140,370	188,822	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	SOCIAL SERVICE	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL
	17	23	24	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
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE	18,002				17
19 NONPHYSICIAN ANESTHETISTS					19
23 PARAMED ED PRGM-(SPECIFY)		31,390			23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	15,969		635,342		635,342 30
31 INTENSIVE CARE UNIT	1,408		99,718		99,718 31
40 SUBPROVIDER - IPF			366,337		366,337 40
43 NURSERY			23,523		23,523 43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM			587,270		587,270 50
51 RECOVERY ROOM			30,240		30,240 51
52 DELIVERY ROOM & LABOR ROOM			31,437		31,437 52
53 ANESTHESIOLOGY			65,081		65,081 53
54 RADIOLOGY-DIAGNOSTIC			1,390,168		1,390,168 54
58 MAGNETIC RESONANCE IMAGING (MRI)			533,778		533,778 58
60 LABORATORY			208,645		208,645 60
64 INTRAVENOUS THERAPY			28,852		28,852 64
65 RESPIRATORY THERAPY			84,644		84,644 65
66 PHYSICAL THERAPY			492,132		492,132 66
67 OCCUPATIONAL THERAPY			28,341		28,341 67
68 SPEECH PATHOLOGY			48,806		48,806 68
69 ELECTROCARDIOLOGY			13,435		13,435 69
70 ELECTROENCEPHALOGRAPHY			2,995		2,995 70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			133,415		133,415 71
72 IMPL. DEV. CHARGED TO PATIENT			50,656		50,656 72
73 DRUGS CHARGED TO PATIENTS			173,714		173,714 73
75 ASC (NON-DISTINCT PART)	135		601,022		601,022 75
76 STRESS TESTING					76
76.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES			921,604		921,604 76.01
76.97 CARDIAC REHABILITATION			6,376		6,376 76.97
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	490		262,237		262,237 91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
101 HOME HEALTH AGENCY			144,600		144,600 101
SPECIAL PURPOSE COST CENTERS					
113 INTEREST EXPENSE					113
116 HOSPICE			6,535		6,535 116
117 HOMEMAKER			9,237		9,237 117
118 SUBTOTALS (SUM OF LINES 1-117)	18,002		6,980,140		6,980,140 118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			19,199		19,199 190
192 PHYSICIANS' PRIVATE OFFICES			596,471		596,471 192
200 CROSS FOOT ADJUSTMENTS		31,390	31,390		31,390 200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	18,002	31,390	7,627,200		7,627,200 202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP	CAP	EMPLOYEE	RECON-	ADMINIS-
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES			CILATION	TRATIVE & GENERAL ACCUM COST
	1	2	4	5A	5
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT	180,875				1
2 CAP REL COSTS-MVBLE EQUIP		4,594,290			2
4 EMPLOYEE BENEFITS	1,328	631	29,986,820		4
5 ADMINISTRATIVE & GENERAL	20,995	859,011	3,014,782	-10,277,586	56,795,606
7 OPERATION OF PLANT	45,047	33,156	1,212,836		4,280,566
8 LAUNDRY & LINEN SERVICE	987		35,389		329,018
9 HOUSEKEEPING	792	3,475	765,578		1,206,056
10 DIETARY	4,959	9,094	876,146		1,668,905
11 CAFETERIA	3,617				62,142
13 NURSING ADMINISTRATION	1,425	25,036	1,075,901		1,599,284
14 CENTRAL SERVICES & SUPPLY	1,111	123,628	209,001		463,995
15 PHARMACY	1,648	63,742	800,319		1,334,685
16 MEDICAL RECORDS & LIBRARY	1,108	73,830	1,312,547		2,350,550
17 SOCIAL SERVICE	420	156	173,135		247,470
19 NONPHYSICIAN ANESTHETISTS					
23 PARAMED ED PRGM-(SPECIFY)	764	6,646	68,664		133,912
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	13,116	90,286	2,958,222		4,489,722
31 INTENSIVE CARE UNIT	1,825	14,729	699,621		1,040,931
40 SUBPROVIDER - IPF	9,098	13,835	1,828,325		2,826,304
43 NURSERY	657	2,383	49,880		106,217
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	8,504	271,771	750,291		3,543,645
51 RECOVERY ROOM	704	3,677	175,769		265,254
52 DELIVERY ROOM & LABOR ROOM	944		149,989		232,689
53 ANESTHESIOLOGY	519	17,668	1,720,676		1,252,572
54 RADIOLOGY-DIAGNOSTIC	9,074	979,668	2,078,920		5,307,285
58 MAGNETIC RESONANCE IMAGING (MRI)	76	516,629	185,836		930,013
60 LABORATORY	3,502	38,596	877,323		3,102,146
64 INTRAVENOUS THERAPY	120		369,839		700,956
65 RESPIRATORY THERAPY	1,116	31,271	543,759		969,831
66 PHYSICAL THERAPY	14,235	53,789	1,382,526		2,638,396
67 OCCUPATIONAL THERAPY	834		93,971		210,093
68 SPEECH PATHOLOGY	1,435	1,680	101,134		329,862
69 ELECTROCARDIOLOGY	81		134,997		192,236
70 ELECTROENCEPHALOGRAPHY	108		1,937		4,358
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					336,622
72 IMPL. DEV. CHARGED TO PATIENT					1,089,217
73 DRUGS CHARGED TO PATIENTS					1,561,035
75 ASC (NON-DISTINCT PART)	10,491	198,083	1,787,900		3,348,897
76 STRESS TESTING					
76.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	15,458	419,354	1,652,764		2,341,191
76.97 CARDIAC REHABILITATION	138		63,286		89,395
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	2,631	86,217	1,268,870		2,673,482
92 OBSERVATION BEDS					
OTHER REIMBURSABLE COST CENTERS					
101 HOME HEALTH AGENCY		97,331	1,361,986		2,173,244
SPECIAL PURPOSE COST CENTERS					
116 HOSPICE			167,415		301,086
117 HOMEMAKER		8,276	28,587		50,426
118 SUBTOTALS (SUM OF LINES 1-117)	178,867	4,043,648	29,978,121	-10,277,586	55,783,688
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	754				12,954
192 PHYSICIANS' PRIVATE OFFICES	1,254	550,642	8,699		998,964
200 CROSS FOOT ADJUSTMENTS					
201 NEGATIVE COST CENTER					
202 COST TO BE ALLOC PER B PT I	3,107,546	4,519,654	11,247,953		10,277,586
203 UNIT COST MULT-WS B PT I	17.180628	0.983755	0.375097		0.180957
204 COST TO BE ALLOC PER B PT II			23,437		1,208,111
205 UNIT COST MULT-WS B PT II			0.000782		0.021271

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	OF PLANT	& LINEN	KEEPING			
	SQUARE	SERVICE	HOURS OF	MEALS	FTES	
	FEET	POUNDS OF	SERVICE	SERVED	SERVED	
	7	LAUNDRY	9	10	11	
		8				
GENERAL SERVICE COST CENTERS						
1						1
2						2
4						4
5						5
7						7
8	113,505					8
9	987	546,317				9
10	792		46,303			10
11	4,959		910	212,036		11
13	3,617		728	160,752	372,101	13
14	1,425		1,274		11,836	14
15	1,111		91		7,862	15
16	1,648		546		11,182	16
17	1,108		728		33,358	17
19	420		65		3,003	19
23						23
23	764		520		2,024	23
INPATIENT ROUTINE SERV COST CENTERS						
30	13,116	183,056	11,648	24,167	42,501	30
31	1,825	21,611	1,274	1,897	5,887	31
40	9,098	22,869	1,456	20,819	22,160	40
43	657	1,266	364		174	43
ANCILLARY SERVICE COST CENTERS						
50	8,504	40,890	3,120		21,062	50
51	704	5,026	260		1,908	51
52	944		364		2,014	52
53	519				8,606	53
54	9,074	46,315	2,140		45,492	54
58	76		364		4,510	58
60	3,502		1,456		21,040	60
64	120				7,925	64
65	1,116		364		7,353	65
66	14,235	21,496	2,366		29,164	66
67	834	21,496			1,270	67
68	1,435	21,496	108		1,613	68
69	81		182		2,111	69
70	108		130		30	70
71						71
72						72
73						73
75	10,491	49,450	4,213	3,415	29,761	75
76						76
76.01	15,458	20,995	4,016	33	24,064	76.01
76.97	138		182		989	76.97
OUTPATIENT SERVICE COST CENTERS						
91	2,631	90,351	4,368	953	22,661	91
92						92
OTHER REIMBURSABLE COST CENTERS						
101			1,456			101
SPECIAL PURPOSE COST CENTERS						
116						116
117						117
118	111,497	546,317	44,693	212,036	371,560	118
NONREIMBURSABLE COST CENTERS						
190	754					190
192	1,254		1,610		541	192
200						200
201						201
202	5,055,164	432,514	1,459,573	2,220,449	1,940,826	202
203	44,536,928	0.791691	31.522212	10.472038	5,215,858	203
204	898,550	31,797	49,549	170,560	222,183	204
205	7.916391	0.058202	1.070103	0.804392	0.597104	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION HOURS SUPERVISED	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY TIME SPENT	SOCIAL SERVICE TIME SPENT	
	13	14	15	16	17	
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
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
13 NURSING ADMINISTRATION	431,752					13
14 CENTRAL SERVICES & SUPPLY		118,287				14
15 PHARMACY		19	1,572,538			15
16 MEDICAL RECORDS & LIBRARY	69,384			40,870		16
17 SOCIAL SERVICE				10	4,001	17
19 NONPHYSICIAN ANESTHETISTS						19
23 PARAMED ED PRGM-(SPECIFY)	4,211					23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	88,401	231		3,049	3,549	30
31 INTENSIVE CARE UNIT	12,245	1,875		459	313	31
40 SUBPROVIDER - IPF	46,092			4,093		40
43 NURSERY	361			376		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	43,810			370		50
51 RECOVERY ROOM	3,969			111		51
52 DELIVERY ROOM & LABOR ROOM	4,188			17		52
53 ANESTHESIOLOGY		737		113		53
54 RADIOLOGY-DIAGNOSTIC				11,257		54
58 MAGNETIC RESONANCE IMAGING (MRI)		449				58
60 LABORATORY		38		420		60
64 INTRAVENOUS THERAPY		4,187		20		64
65 RESPIRATORY THERAPY				8		65
66 PHYSICAL THERAPY				771		66
67 OCCUPATIONAL THERAPY				186		67
68 SPEECH PATHOLOGY				371		68
69 ELECTROCARDIOLOGY				1,245		69
70 ELECTROENCEPHALOGRAPHY				7		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		90,882				71
72 IMPL. DEV. CHARGED TO PATIENT		19,786				72
73 DRUGS CHARGED TO PATIENTS			1,572,538	30		73
75 ASC (NON-DISTINCT PART)	61,904			5,915	30	75
76 STRESS TESTING						76
76.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	50,053			8,243		76.01
76.97 CARDIAC REHABILITATION				38		76.97
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	47,134	83		3,761	109	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY						101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE						116
117 HOMEMAKER						117
118 SUBTOTALS (SUM OF LINES 1-117)	431,752	118,287	1,572,538	40,870	4,001	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES						192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	2,054,045	641,315	1,725,241	3,352,276	329,489	202
203 UNIT COST MULT-WS B PT I	4.757465	5.421686	1.097106	82.022902	82.351662	203
204 COST TO BE ALLOC PER B PT II	103,681	164,327	140,370	188,822	18,002	204
205 UNIT COST MULT-WS B PT II	0.240140	1.389223	0.089263	4.620064	4.499375	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMED EDUCATION	ASSIGNED TIME	
		23	
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
7 OPERATION OF PLANT			7
8 LAUNDRY & LINEN SERVICE			8
9 HOUSEKEEPING			9
10 DIETARY			10
11 CAFETERIA			11
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
23 PARAMED ED PRGM-(SPECIFY)	2,102		23
INPATIENT ROUTINE SERV COST CENTERS			
30 ADULTS & PEDIATRICS	292		30
31 INTENSIVE CARE UNIT	590		31
40 SUBPROVIDER - IPF	18		40
43 NURSERY			43
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	43		50
51 RECOVERY ROOM			51
52 DELIVERY ROOM & LABOR ROOM			52
53 ANESTHESIOLOGY			53
54 RADIOLOGY-DIAGNOSTIC			54
58 MAGNETIC RESONANCE IMAGING (MRI)			58
60 LABORATORY	106		60
64 INTRAVENOUS THERAPY			64
65 RESPIRATORY THERAPY	109		65
66 PHYSICAL THERAPY	20		66
67 OCCUPATIONAL THERAPY			67
68 SPEECH PATHOLOGY			68
69 ELECTROCARDIOLOGY	518		69
70 ELECTROENCEPHALOGRAPHY			70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			71
72 IMPL. DEV. CHARGED TO PATIENT			72
73 DRUGS CHARGED TO PATIENTS	78		73
75 ASC (NON-DISTINCT PART)			75
76 STRESS TESTING			76
76.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES			76.01
76.97 CARDIAC REHABILITATION			76.97
OUTPATIENT SERVICE COST CENTERS			
91 EMERGENCY	328		91
92 OBSERVATION BEDS			92
OTHER REIMBURSABLE COST CENTERS			
101 HOME HEALTH AGENCY			101
SPECIAL PURPOSE COST CENTERS			
116 HOSPICE			116
117 HOMEMAKER			117
118 SUBTOTALS (SUM OF LINES 1-117)	2,102		118
NONREIMBURSABLE COST CENTERS			
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			190
192 PHYSICIANS' PRIVATE OFFICES			192
200 CROSS FOOT ADJUSTMENTS			200
201 NEGATIVE COST CENTER			201
202 COST TO BE ALLOC PER B PT I	239,153		202
203 UNIT COST MULT-WS B PT I	113.774025		203
204 COST TO BE ALLOC PER B PT II	31,390		204
205 UNIT COST MULT-WS B PT II	14.933397		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	7,870,563		7,870,563		7,870,563	30
31 INTENSIVE CARE UNIT	1,617,388		1,617,388		1,617,388	31
40 SUBPROVIDER - IPF	4,697,590		4,697,590		4,697,590	40
43 NURSERY	200,641		200,641		200,641	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	5,047,876		5,047,876		5,047,876	50
51 RECOVERY ROOM	394,722		394,722		394,722	51
52 DELIVERY ROOM & LABOR ROOM	360,136		360,136		360,136	52
53 ANESTHESIOLOGY	1,560,502		1,560,502	110,707	1,671,209	53
54 RADIOLOGY-DIAGNOSTIC	7,936,562		7,936,562		7,936,562	54
58 MAGNETIC RESONANCE IMAGING	1,139,122		1,139,122		1,139,122	58
60 LABORATORY	4,021,823		4,021,823	3,661	4,025,484	60
64 INTRAVENOUS THERAPY	898,820		898,820		898,820	64
65 RESPIRATORY THERAPY	1,257,915		1,257,915		1,257,915	65
66 PHYSICAL THERAPY	4,059,045		4,059,045	4,540	4,063,585	66
67 OCCUPATIONAL THERAPY	324,153		324,153		324,153	67
68 SPEECH PATHOLOGY	512,728		512,728		512,728	68
69 ELECTROCARDIOLOGY	408,431		408,431	2,047	410,478	69
70 ELECTROENCEPHALOGRAPHY	14,785		14,785		14,785	70
71 MEDICAL SUPPLIES CHRGD TO	890,270		890,270		890,270	71
72 IMPL. DEV. CHARGED TO PATIE	1,393,591		1,393,591		1,393,591	72
73 DRUGS CHARGED TO PATIENTS	3,580,091		3,580,091		3,580,091	73
75 ASC (NON-DISTINCT PART)	5,567,225		5,567,225	63,196	5,630,421	75
76 STRESS TESTING						76
76.01 PSYCHIATRIC/PSYCHOLOGICAL S	4,636,613		4,636,613	108,538	4,745,151	76.01
76.97 CARDIAC REHABILITATION	125,730		125,730		125,730	76.97
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	4,191,310		4,191,310	127,437	4,318,747	91
92 OBSERVATION BEDS	1,134,950		1,134,950		1,134,950	92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	2,612,404		2,612,404		2,612,404	101
113 INTEREST EXPENSE						113
116 HOSPICE	355,570		355,570		355,570	116
117 HOMEMAKER	59,551		59,551		59,551	117
200 SUBTOTAL (SEE INSTRUCTIONS)	66,870,107		66,870,107	420,126	67,290,233	200
201 LESS OBSERVATION BEDS	1,134,950		1,134,950		1,134,950	201
202 TOTAL (SEE INSTRUCTIONS)	65,735,157		65,735,157		66,155,283	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	11,162,791		11,162,791			30
31 INTENSIVE CARE UNIT	2,044,528		2,044,528			31
40 SUBPROVIDER - IPF	7,647,759		7,647,759			40
43 NURSERY	727,936		727,936			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	3,923,812	13,168,647	17,092,459	0.295328	0.295328	0.295328 50
51 RECOVERY ROOM	408,786	1,576,527	1,985,313	0.198821	0.198821	0.198821 51
52 DELIVERY ROOM & LABOR ROOM	1,835,660	1,025,428	2,861,088	0.125874	0.125874	0.125874 52
53 ANESTHESIOLOGY	1,041,274	4,186,927	5,228,201	0.298478	0.298478	0.319653 53
54 RADIOLOGY-DIAGNOSTIC	5,393,637	29,621,806	35,015,443	0.226659	0.226659	0.226659 54
58 MAGNETIC RESONANCE IMAGING	275,311	5,832,966	6,108,277	0.186488	0.186488	0.186488 58
60 LABORATORY	8,200,445	13,805,727	22,006,172	0.182759	0.182759	0.182925 60
64 INTRAVENOUS THERAPY	1,732,424	703,385	2,435,809	0.369003	0.369003	0.369003 64
65 RESPIRATORY THERAPY	5,664,098	1,521,181	7,185,279	0.175068	0.175068	0.175068 65
66 PHYSICAL THERAPY	774,302	5,951,325	6,725,627	0.603519	0.603519	0.604194 66
67 OCCUPATIONAL THERAPY	65,043	632,905	697,948	0.464437	0.464437	0.464437 67
68 SPEECH PATHOLOGY		256,744	256,744	1.997040	1.997040	1.997040 68
69 ELECTROCARDIOLOGY	834,817	1,059,901	1,894,718	0.215563	0.215563	0.216643 69
70 ELECTROENCEPHALOGRAPHY	5,328	31,968	37,296	0.396423	0.396423	0.396423 70
71 MEDICAL SUPPLIES CHRGD TO	1,128,377	661,107	1,789,484	0.497501	0.497501	0.497501 71
72 IMPL. DEV. CHARGED TO PATIE	1,035,775	1,643,712	2,679,487	0.520096	0.520096	0.520096 72
73 DRUGS CHARGED TO PATIENTS	4,780,618	3,640,538	8,421,156	0.425131	0.425131	0.425131 73
75 ASC (NON-DISTINCT PART)	1,234,503	10,508,081	11,742,584	0.474106	0.474106	0.479487 75
76 STRESS TESTING						76
76.01 PSYCHIATRIC/PSYCHOLOGICAL S		1,403,444	1,403,444	3.303739	3.303739	3.381076 76.01
76.97 CARDIAC REHABILITATION	82,597	1,045,701	1,128,298	0.111433	0.111433	0.111433 76.97
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	3,585,434	11,094,219	14,679,653	0.285518	0.285518	0.294200 91
92 OBSERVATION BEDS		1,649,707	1,649,707	0.687971	0.687971	0.687971 92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY		2,696,399	2,696,399			101
113 INTEREST EXPENSE						113
116 HOSPICE		1,630,564	1,630,564			116
117 HOMEMAKER		15,601	15,601			117
200 SUBTOTAL (SEE INSTRUCTIONS)	63,585,255	115,364,510	178,949,765			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	63,585,255	115,364,510	178,949,765			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)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)	(COL.1 MINUS COL.2)	(COL.3 ÷ COL.4)	PGM DAYS	(COL.5 x COL.6)	
	1	2	3	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	635,342		635,342	74.79	4,065	304,021	30
31 INTENSIVE CARE UNIT	99,718		99,718	104.86	641	67,215	31
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	366,337		366,337	74.87	1,695	126,905	40
41 SUBPROVIDER - IRF							41
42 SUBPROVIDER I							42
43 NURSERY	23,523		23,523	24.30			43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	1,124,920		1,124,920		6,401	498,141	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0110) [] 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	587,270	17,092,459	0.034358	2,010,917	69,091	50
51 RECOVERY ROOM	30,240	1,985,313	0.015232	176,819	2,693	51
52 DELIVERY ROOM & LABOR ROOM	31,437	2,861,088	0.010988	2,993	33	52
53 ANESTHESIOLOGY	65,081	5,228,201	0.012448	522,133	6,500	53
54 RADIOLOGY-DIAGNOSTIC	1,390,168	35,015,443	0.039702	3,566,248	141,587	54
58 MAGNETIC RESONANCE IMAGING (M	533,778	6,108,277	0.087386	155,769	13,612	58
60 LABORATORY	208,645	22,006,172	0.009481	4,237,648	40,177	60
64 INTRAVENOUS THERAPY	28,852	2,435,809	0.011845	965,600	11,438	64
65 RESPIRATORY THERAPY	84,644	7,185,279	0.011780	4,060,409	47,832	65
66 PHYSICAL THERAPY	492,132	6,725,627	0.073173	596,993	43,684	66
67 OCCUPATIONAL THERAPY	28,341	697,948	0.040606	51,218	2,080	67
68 SPEECH PATHOLOGY	48,806	256,744	0.190096			68
69 ELECTROCARDIOLOGY	13,435	1,894,718	0.007091	528,641	3,749	69
70 ELECTROENCEPHALOGRAPHY	2,995	37,296	0.080304	1,690	136	70
71 MEDICAL SUPPLIES CHRGD TO PA	133,415	1,789,484	0.074555	579,095	43,174	71
72 IMPL. DEV. CHARGED TO PATIENT	50,656	2,679,487	0.018905	985,503	18,631	72
73 DRUGS CHARGED TO PATIENTS	173,714	8,421,156	0.020628	2,346,317	48,400	73
75 ASC (NON-DISTINCT PART)	601,022	11,742,584	0.051183	1,094,969	56,044	75
76 STRESS TESTING						76
76.01 PSYCHIATRIC/PSYCHOLOGICAL SER	921,604	1,403,444	0.656673			76.01
76.97 CARDIAC REHABILITATION	6,376	1,128,298	0.005651	52,627	297	76.97
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	262,237	14,679,653	0.017864	1,816,263	32,446	91
92 OBSERVATION BEDS	91,618	1,649,707	0.055536			92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	5,786,466	153,024,187		23,751,852	581,604	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	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		33,222			33,222	30
31 INTENSIVE CARE UNIT		67,128			67,128	31
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		2,048			2,048	40
41 SUBPROVIDER - IRF						41
42 SUBPROVIDER I						42
43 NURSERY						43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
200 TOTAL (SUM OF LINES 30-199)		102,398			102,398	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	8,495	3.91	4,065	15,894	30
31 INTENSIVE CARE UNIT	951	70.59	641	45,248	31
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	4,893	0.42	1,695	712	40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	968				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	15,307		6,401	61,854	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0110) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

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			4,892		4,892	4,892	50
51 RECOVERY ROOM							51
52 DELIVERY ROOM & LABOR ROOM							52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC							54
58 MAGNETIC RESONANCE IMAGING (M							58
60 LABORATORY			12,060		12,060	12,060	60
64 INTRAVENOUS THERAPY							64
65 RESPIRATORY THERAPY			12,401		12,401	12,401	65
66 PHYSICAL THERAPY			2,275		2,275	2,275	66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY			58,935		58,935	58,935	69
70 ELECTROENCEPHALOGRAPHY							70
71 MEDICAL SUPPLIES CHRGED TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS			8,874		8,874	8,874	73
75 ASC (NON-DISTINCT PART)							75
76 STRESS TESTING							76
76.01 PSYCHIATRIC/PSYCHOLOGICAL SER							76.01
76.97 CARDIAC REHABILITATION							76.97
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY			37,318		37,318	37,318	91
92 OBSERVATION BEDS			4,791		4,791	4,791	92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)			141,546		141,546	141,546	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0110) [] 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	17,092,459	0.000286	0.000286	2,010,917	575	4,370,592	1,250	50	
51 RECOVERY ROOM	1,985,313			176,819		398,665		51	
52 DELIVERY ROOM & LABOR ROOM	2,861,088			2,993		3,716		52	
53 ANESTHESIOLOGY	5,228,201			522,133		1,529,970		53	
54 RADIOLOGY-DIAGNOSTIC	35,015,443			3,566,248		9,953,861		54	
58 MAGNETIC RESONANCE IMAGING (	6,108,277			155,769		1,644,158		58
60 LABORATORY	22,006,172	0.000548	0.000548	4,237,648	2,322	90,936	50	60	
64 INTRAVENOUS THERAPY	2,435,809			965,600		166,043		64	
65 RESPIRATORY THERAPY	7,185,279	0.001726	0.001726	4,060,409	7,008	467,795	807	65	
66 PHYSICAL THERAPY	6,725,627	0.000338	0.000338	596,993	202	1,004,408	339	66	
67 OCCUPATIONAL THERAPY	697,948			51,218		101,211		67	
68 SPEECH PATHOLOGY	256,744					107,436		68	
69 ELECTROCARDIOLOGY	1,894,718	0.031105	0.031105	528,641	16,443	413,375	12,858	69	
70 ELECTROENCEPHALOGRAPHY	37,296			1,690		8,872		70	
71 MEDICAL SUPPLIES CHRGD TO P	1,789,484			579,095		546,742		71	
72 IMPL. DEV. CHARGED TO PATIEN	2,679,487			985,503		665,945		72	
73 DRUGS CHARGED TO PATIENTS	8,421,156	0.001054	0.001054	2,346,317	2,473	1,344,349	1,417	73	
75 ASC (NON-DISTINCT PART)	11,742,584			1,094,969		4,733,791		75	
76 STRESS TESTING								76	
76.01 PSYCHIATRIC/PSYCHOLOGICAL SE	1,403,444					405,440		76.01	
76.97 CARDIAC REHABILITATION	1,128,298			52,627		426,482		76.97	
OUTPATIENT SERVICE COST CENTERS									
91 EMERGENCY	14,679,653	0.002542	0.002542	1,816,263	4,617	2,079,047	5,285	91	
92 OBSERVATION BEDS	1,649,707	0.002904	0.002904			657,887	1,911	92	
OTHER REIMBURSABLE COST CENTERS									
200 TOTAL (SUM OF LINES 50-199)	153,024,187			23,751,852	33,640	31,120,721	23,917	200	

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0110) [] 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 CHARGE FROM WKST C, PT I, COL. 9	RATIO	PPS REIMBURSED SERVICES	COST REIMB. SUBJECT TO DED & COINS	COST REIMB. SVCES NOT SUBJECT TO DED & COINS	COST SERVICES SUBJECT TO DED & COINS	COST SVCES NOT SUBJECT TO DED & COINS		
	1		2	3	4	5	6	7	
ANCILLARY SERVICE COST CENTERS									
50 OPERATING ROOM	0.295328		4,370,592			1,290,758			50
51 RECOVERY ROOM	0.198821		398,665			79,263			51
52 DELIVERY ROOM & LABOR ROOM	0.125874		3,716			468			52
53 ANESTHESIOLOGY	0.298478		1,529,970			456,662			53
54 RADIOLOGY-DIAGNOSTIC	0.226659		9,953,861			2,256,132			54
58 MAGNETIC RESONANCE IMAGING (MRI)	0.186488		1,644,158			306,616			58
60 LABORATORY	0.182759		90,936			16,619			60
64 INTRAVENOUS THERAPY	0.369003		166,043			61,270			64
65 RESPIRATORY THERAPY	0.175068		467,795			81,896			65
66 PHYSICAL THERAPY	0.603519		1,004,408			606,179			66
67 OCCUPATIONAL THERAPY	0.464437		101,211			47,006			67
68 SPEECH PATHOLOGY	1.997040		107,436			214,554			68
69 ELECTROCARDIOLOGY	0.215563		413,375			89,108			69
70 ELECTROENCEPHALOGRAPHY	0.396423		8,872			3,517			70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.497501		546,742			272,005			71
72 IMPL. DEV. CHARGED TO PATIENT	0.520096		665,945			346,355			72
73 DRUGS CHARGED TO PATIENTS	0.425131		1,344,349	1,686	4,211	571,524	717	1,790	73
75 ASC (NON-DISTINCT PART)	0.474106		4,733,791			2,244,319			75
76 STRESS TESTING									76
76.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI	3.303739		405,440			1,339,468			76.01
76.97 CARDIAC REHABILITATION	0.111433		426,482			47,524			76.97
OUTPATIENT SERVICE COST CENTERS									
91 EMERGENCY	0.285518		2,079,047			593,605			91
92 OBSERVATION BEDS	0.687971		657,887			452,607			92
OTHER REIMBURSABLE COST CENTERS									
200 SUBTOTAL (SEE INSTRUCTIONS)			31,120,721	1,686	4,211	11,377,455	717	1,790	200
201 LESS PBP CLINIC LAB SERVICES									201
202 NET CHARGES (LINE 200 - LINE 201)			31,120,721	1,686	4,211	11,377,455	717	1,790	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-S110) [] 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	587,270	17,092,459	0.034358	3,569	123	50
51	RECOVERY ROOM	30,240	1,985,313	0.015232	847	13	51
52	DELIVERY ROOM & LABOR ROOM	31,437	2,861,088	0.010988	24		52
53	ANESTHESIOLOGY	65,081	5,228,201	0.012448	2,382	30	53
54	RADIOLOGY-DIAGNOSTIC	1,390,168	35,015,443	0.039702	93,567	3,715	54
58	MAGNETIC RESONANCE IMAGING (M	533,778	6,108,277	0.087386	2,574	225	58
60	LABORATORY	208,645	22,006,172	0.009481	421,679	3,998	60
64	INTRAVENOUS THERAPY	28,852	2,435,809	0.011845	2,606	31	64
65	RESPIRATORY THERAPY	84,644	7,185,279	0.011780	127,080	1,497	65
66	PHYSICAL THERAPY	492,132	6,725,627	0.073173	26,806	1,961	66
67	OCCUPATIONAL THERAPY	28,341	697,948	0.040606			67
68	SPEECH PATHOLOGY	48,806	256,744	0.190096			68
69	ELECTROCARDIOLOGY	13,435	1,894,718	0.007091	38,705	274	69
70	ELECTROENCEPHALOGRAPHY	2,995	37,296	0.080304	606	49	70
71	MEDICAL SUPPLIES CHRGED TO PA	133,415	1,789,484	0.074555	7,150	533	71
72	IMPL. DEV. CHARGED TO PATIENT	50,656	2,679,487	0.018905			72
73	DRUGS CHARGED TO PATIENTS	173,714	8,421,156	0.020628	403,187	8,317	73
75	ASC (NON-DISTINCT PART)	601,022	11,742,584	0.051183	11,815	605	75
76	STRESS TESTING						76
76.01	PSYCHIATRIC/PSYCHOLOGICAL SER	921,604	1,403,444	0.656673			76.01
76.97	CARDIAC REHABILITATION	6,376	1,128,298	0.005651			76.97
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	262,237	14,679,653	0.017864	225,705	4,032	91
92	OBSERVATION BEDS	91,618	1,649,707	0.055536			92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	5,786,466	153,024,187		1,368,302	25,403	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-S110) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P	
	PHYSICIAN			MEDICAL			
	ANESTHETIST	SCHOOL	HEALTH	EDUCATION	COST	COST	
	COST			COST	(SUM OF	(SUM OF	
	1	2	3	4	COLS. 1-4)	COLS. 2-4)	
					5	6	
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM		4,892		4,892	4,892	50
51	RECOVERY ROOM						51
52	DELIVERY ROOM & LABOR ROOM						52
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC						54
58	MAGNETIC RESONANCE IMAGING (M						58
60	LABORATORY		12,060		12,060	12,060	60
64	INTRAVENOUS THERAPY						64
65	RESPIRATORY THERAPY		12,401		12,401	12,401	65
66	PHYSICAL THERAPY		2,275		2,275	2,275	66
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY						68
69	ELECTROCARDIOLOGY		58,935		58,935	58,935	69
70	ELECTROENCEPHALOGRAPHY						70
71	MEDICAL SUPPLIES CHRGED TO PA						71
72	IMPL. DEV. CHARGED TO PATIENT						72
73	DRUGS CHARGED TO PATIENTS		8,874		8,874	8,874	73
75	ASC (NON-DISTINCT PART)						75
76	STRESS TESTING						76
76.01	PSYCHIATRIC/PSYCHOLOGICAL SER						76.01
76.97	CARDIAC REHABILITATION						76.97
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY		37,318		37,318	37,318	91
92	OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)		136,755		136,755	136,755	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-S110) [] 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	17,092,459	0.000286	0.000286	3,569	1		50
51 RECOVERY ROOM	1,985,313			847			51
52 DELIVERY ROOM & LABOR ROOM	2,861,088			24			52
53 ANESTHESIOLOGY	5,228,201			2,382			53
54 RADIOLOGY-DIAGNOSTIC	35,015,443			93,567			54
58 MAGNETIC RESONANCE IMAGING (	6,108,277			2,574			58
60 LABORATORY	22,006,172	0.000548	0.000548	421,679	231		60
64 INTRAVENOUS THERAPY	2,435,809			2,606			64
65 RESPIRATORY THERAPY	7,185,279	0.001726	0.001726	127,080	219		65
66 PHYSICAL THERAPY	6,725,627	0.000338	0.000338	26,806	9		66
67 OCCUPATIONAL THERAPY	697,948						67
68 SPEECH PATHOLOGY	256,744						68
69 ELECTROCARDIOLOGY	1,894,718	0.031105	0.031105	38,705	1,204		69
70 ELECTROENCEPHALOGRAPHY	37,296			606			70
71 MEDICAL SUPPLIES CHRGED TO P	1,789,484			7,150			71
72 IMPL. DEV. CHARGED TO PATIEN	2,679,487						72
73 DRUGS CHARGED TO PATIENTS	8,421,156	0.001054	0.001054	403,187	425		73
75 ASC (NON-DISTINCT PART)	11,742,584			11,815			75
76 STRESS TESTING							76
76.01 PSYCHIATRIC/PSYCHOLOGICAL SE	1,403,444						76.01
76.97 CARDIAC REHABILITATION	1,128,298						76.97
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	14,679,653	0.002542	0.002542	225,705	574		91
92 OBSERVATION BEDS	1,649,707						92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	153,024,187			1,368,302	2,663		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-S110) [] 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 SUBJECT TO	COST SERVICES	COST SVCES NOT SUBJECT TO	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	PPS SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.295328						50
51 RECOVERY ROOM	0.198821						51
52 DELIVERY ROOM & LABOR ROOM	0.125874						52
53 ANESTHESIOLOGY	0.298478						53
54 RADIOLOGY-DIAGNOSTIC	0.226659						54
58 MAGNETIC RESONANCE IMAGING (MRI)	0.186488						58
60 LABORATORY	0.182759						60
64 INTRAVENOUS THERAPY	0.369003						64
65 RESPIRATORY THERAPY	0.175068						65
66 PHYSICAL THERAPY	0.603519						66
67 OCCUPATIONAL THERAPY	0.464437						67
68 SPEECH PATHOLOGY	1.997040						68
69 ELECTROCARDIOLOGY	0.215563						69
70 ELECTROENCEPHALOGRAPHY	0.396423						70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.497501						71
72 IMPL. DEV. CHARGED TO PATIENT	0.520096						72
73 DRUGS CHARGED TO PATIENTS	0.425131						73
75 ASC (NON-DISTINCT PART)	0.474106						75
76 STRESS TESTING							76
76.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI	3.303739						76.01
76.97 CARDIAC REHABILITATION	0.111433						76.97
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	0.285518						91
92 OBSERVATION BEDS	0.687971						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							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)	(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	635,342	635,342	8,495	74.79	1,390	103,958	30
31 INTENSIVE CARE UNIT	99,718	99,718	951	104.86	84	8,808	31
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	366,337	366,337	4,893	74.87	1,293	96,807	40
41 SUBPROVIDER - IRF							41
42 SUBPROVIDER I							42
43 NURSERY	23,523	23,523	968	24.30	666	16,184	43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	1,124,920	1,124,920	15,307		3,433	225,757	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[XX] HOSPITAL (14-0110) [] IPF [] IRF	[] SUB (OTHER)	[] PPS [] TEFRA [XX] OTHER			
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	587,270	17,092,459	0.034358	832,360	28,598	50
51	RECOVERY ROOM	30,240	1,985,313	0.015232	77,983	1,188	51
52	DELIVERY ROOM & LABOR ROOM	31,437	2,861,088	0.010988	1,146,278	12,595	52
53	ANESTHESIOLOGY	65,081	5,228,201	0.012448	304,778	3,794	53
54	RADIOLOGY-DIAGNOSTIC	1,390,168	35,015,443	0.039702	445,241	17,677	54
58	MAGNETIC RESONANCE IMAGING (M	533,778	6,108,277	0.087386	8,592	751	58
60	LABORATORY	208,645	22,006,172	0.009481	762,715	7,231	60
64	INTRAVENOUS THERAPY	28,852	2,435,809	0.011845	280,226	3,319	64
65	RESPIRATORY THERAPY	84,644	7,185,279	0.011780	473,544	5,578	65
66	PHYSICAL THERAPY	492,132	6,725,627	0.073173	22,589	1,653	66
67	OCCUPATIONAL THERAPY	28,341	697,948	0.040606	1,287	52	67
68	SPEECH PATHOLOGY	48,806	256,744	0.190096			68
69	ELECTROCARDIOLOGY	13,435	1,894,718	0.007091	37,230	264	69
70	ELECTROENCEPHALOGRAPHY	2,995	37,296	0.080304			70
71	MEDICAL SUPPLIES CHRGD TO PA	133,415	1,789,484	0.074555	258,255	19,254	71
72	IMPL. DEV. CHARGED TO PATIENT	50,656	2,679,487	0.018905			72
73	DRUGS CHARGED TO PATIENTS	173,714	8,421,156	0.020628	542,092	11,182	73
75	ASC (NON-DISTINCT PART)	601,022	11,742,584	0.051183	104,836	5,366	75
76	STRESS TESTING						76
76.01	PSYCHIATRIC/PSYCHOLOGICAL SER	921,604	1,403,444	0.656673			76.01
76.97	CARDIAC REHABILITATION	6,376	1,128,298	0.005651	10,239	58	76.97
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	262,237	14,679,653	0.017864	278,754	4,980	91
92	OBSERVATION BEDS	91,618	1,649,707	0.055536			92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	5,786,466	153,024,187		5,586,999	123,540	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	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		33,222			33,222	30
31 INTENSIVE CARE UNIT		67,128			67,128	31
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		2,048			2,048	40
41 SUBPROVIDER - IRF						41
42 SUBPROVIDER I						42
43 NURSERY						43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
200 TOTAL (SUM OF LINES 30-199)		102,398			102,398	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	8,495	3.91	1,390	5,435	30
31 INTENSIVE CARE UNIT	951	70.59	84	5,930	31
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	4,893	0.42	1,293	543	40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	968		666		43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	15,307		3,433	11,908	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0110) [] 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			MEDICAL				HEALTH	COST	COST
	ANESTHETIST	SCHOOL		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			4,892		4,892	4,892	50
51 RECOVERY ROOM							51
52 DELIVERY ROOM & LABOR ROOM							52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC							54
58 MAGNETIC RESONANCE IMAGING (M							58
60 LABORATORY			12,060		12,060	12,060	60
64 INTRAVENOUS THERAPY							64
65 RESPIRATORY THERAPY			12,401		12,401	12,401	65
66 PHYSICAL THERAPY			2,275		2,275	2,275	66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY			58,935		58,935	58,935	69
70 ELECTROENCEPHALOGRAPHY							70
71 MEDICAL SUPPLIES CHRGD TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS			8,874		8,874	8,874	73
75 ASC (NON-DISTINCT PART)							75
76 STRESS TESTING							76
76.01 PSYCHIATRIC/PSYCHOLOGICAL SER							76.01
76.97 CARDIAC REHABILITATION							76.97
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY			37,318		37,318	37,318	91
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)			136,755		136,755	136,755	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[XX] HOSPITAL (14-0110) [] IPF [] IRF	[] SUB (OTHER) [] SNF [] NF	[] ICF/MR	[] PPS [] TEFRA [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	17,092,459	0.000286	0.000286	832,360	238	50
51	RECOVERY ROOM	1,985,313			77,983		51
52	DELIVERY ROOM & LABOR ROOM	2,861,088			1,146,278		52
53	ANESTHESIOLOGY	5,228,201			304,778		53
54	RADIOLOGY-DIAGNOSTIC	35,015,443			445,241		54
58	MAGNETIC RESONANCE IMAGING (	6,108,277			8,592		58
60	LABORATORY	22,006,172	0.000548	0.000548	762,715	418	60
64	INTRAVENOUS THERAPY	2,435,809			280,226		64
65	RESPIRATORY THERAPY	7,185,279	0.001726	0.001726	473,544	817	65
66	PHYSICAL THERAPY	6,725,627	0.000338	0.000338	22,589	8	66
67	OCCUPATIONAL THERAPY	697,948			1,287		67
68	SPEECH PATHOLOGY	256,744					68
69	ELECTROCARDIOLOGY	1,894,718	0.031105	0.031105	37,230	1,158	69
70	ELECTROENCEPHALOGRAPHY	37,296					70
71	MEDICAL SUPPLIES CHRGD TO P	1,789,484			258,255		71
72	IMPL. DEV. CHARGED TO PATIEN	2,679,487					72
73	DRUGS CHARGED TO PATIENTS	8,421,156	0.001054	0.001054	542,092	571	73
75	ASC (NON-DISTINCT PART)	11,742,584			104,836		75
76	STRESS TESTING						76
76.01	PSYCHIATRIC/PSYCHOLOGICAL SE	1,403,444					76.01
76.97	CARDIAC REHABILITATION	1,128,298			10,239		76.97
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	14,679,653	0.002542	0.002542	278,754	709	91
92	OBSERVATION BEDS	1,649,707					92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	153,024,187			5,586,999	3,919	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0110) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 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 SUBJECT TO	COST SERVICES	COST SVCES NOT SUBJECT TO	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	PPS SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.295328						50
51 RECOVERY ROOM	0.198821						51
52 DELIVERY ROOM & LABOR ROOM	0.125874						52
53 ANESTHESIOLOGY	0.298478						53
54 RADIOLOGY-DIAGNOSTIC	0.226659						54
58 MAGNETIC RESONANCE IMAGING (MRI)	0.186488						58
60 LABORATORY	0.182759						60
64 INTRAVENOUS THERAPY	0.369003						64
65 RESPIRATORY THERAPY	0.175068						65
66 PHYSICAL THERAPY	0.603519						66
67 OCCUPATIONAL THERAPY	0.464437						67
68 SPEECH PATHOLOGY	1.997040						68
69 ELECTROCARDIOLOGY	0.215563						69
70 ELECTROENCEPHALOGRAPHY	0.396423						70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.497501						71
72 IMPL. DEV. CHARGED TO PATIENT	0.520096						72
73 DRUGS CHARGED TO PATIENTS	0.425131						73
75 ASC (NON-DISTINCT PART)	0.474106						75
76 STRESS TESTING							76
76.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI	3.303739						76.01
76.97 CARDIAC REHABILITATION	0.111433						76.97
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	0.285518						91
92 OBSERVATION BEDS	0.687971						92
OTHER REIMBURSABLE COST CENTERS							
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-S110) [] IRF	[] SUB (OTHER)	[] PPS [] TEFRA [XX] OTHER		
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	587,270	17,092,459	0.034358	68	50
51	RECOVERY ROOM	30,240	1,985,313	0.015232		51
52	DELIVERY ROOM & LABOR ROOM	31,437	2,861,088	0.010988	178	52
53	ANESTHESIOLOGY	65,081	5,228,201	0.012448		53
54	RADIOLOGY-DIAGNOSTIC	1,390,168	35,015,443	0.039702	37,745	54
58	MAGNETIC RESONANCE IMAGING (M	533,778	6,108,277	0.087386	7,550	58
60	LABORATORY	208,645	22,006,172	0.009481	595,428	60
64	INTRAVENOUS THERAPY	28,852	2,435,809	0.011845	1,928	64
65	RESPIRATORY THERAPY	84,644	7,185,279	0.011780	49,160	65
66	PHYSICAL THERAPY	492,132	6,725,627	0.073173	13,116	66
67	OCCUPATIONAL THERAPY	28,341	697,948	0.040606		67
68	SPEECH PATHOLOGY	48,806	256,744	0.190096		68
69	ELECTROCARDIOLOGY	13,435	1,894,718	0.007091	49,341	69
70	ELECTROENCEPHALOGRAPHY	2,995	37,296	0.080304		70
71	MEDICAL SUPPLIES CHRGD TO PA	133,415	1,789,484	0.074555	8,253	71
72	IMPL. DEV. CHARGED TO PATIENT	50,656	2,679,487	0.018905		72
73	DRUGS CHARGED TO PATIENTS	173,714	8,421,156	0.020628	396,523	73
75	ASC (NON-DISTINCT PART)	601,022	11,742,584	0.051183	12,982	75
76	STRESS TESTING					76
76.01	PSYCHIATRIC/PSYCHOLOGICAL SER	921,604	1,403,444	0.656673		76.01
76.97	CARDIAC REHABILITATION	6,376	1,128,298	0.005651		76.97
OUTPATIENT SERVICE COST CENTERS						
91	EMERGENCY	262,237	14,679,653	0.017864	330,218	91
92	OBSERVATION BEDS	91,618	1,649,707	0.055536		92
OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (SUM OF LINES 50-199)	5,786,466	153,024,187		1,502,490	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-S110) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [XX] OTHER

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			4,892		4,892	4,892	50
51 RECOVERY ROOM							51
52 DELIVERY ROOM & LABOR ROOM							52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC							54
58 MAGNETIC RESONANCE IMAGING (M							58
60 LABORATORY			12,060		12,060	12,060	60
64 INTRAVENOUS THERAPY							64
65 RESPIRATORY THERAPY			12,401		12,401	12,401	65
66 PHYSICAL THERAPY			2,275		2,275	2,275	66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY			58,935		58,935	58,935	69
70 ELECTROENCEPHALOGRAPHY							70
71 MEDICAL SUPPLIES CHRGED TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS			8,874		8,874	8,874	73
75 ASC (NON-DISTINCT PART)							75
76 STRESS TESTING							76
76.01 PSYCHIATRIC/PSYCHOLOGICAL SER							76.01
76.97 CARDIAC REHABILITATION							76.97
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY			37,318		37,318	37,318	91
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)			136,755		136,755	136,755	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[] HOSPITAL [XX] IPF (14-S110) [] IRF	[] SUB (OTHER) [] SNF [] NF	[] ICF/MR	[] PPS [] TEFRA [XX] OTHER	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						17,092,459	0.000286	0.000286	68			50
51						1,985,313						51
52						2,861,088			178			52
53						5,228,201						53
54						35,015,443			37,745			54
58						6,108,277			7,550			58
60						22,006,172	0.000548	0.000548	595,428	326		60
64						2,435,809			1,928			64
65						7,185,279	0.001726	0.001726	49,160	85		65
66						6,725,627	0.000338	0.000338	13,116	4		66
67						697,948						67
68						256,744						68
69						1,894,718	0.031105	0.031105	49,341	1,535		69
70						37,296						70
71						1,789,484			8,253			71
72						2,679,487						72
73						8,421,156	0.001054	0.001054	396,523	418		73
75						11,742,584			12,982			75
76												76
76.01						1,403,444						76.01
76.97						1,128,298						76.97
OUTPATIENT SERVICE COST CENTERS												
91						14,679,653	0.002542	0.002542	330,218	839		91
92						1,649,707						92
OTHER REIMBURSABLE COST CENTERS												
200						153,024,187			1,502,490	3,207		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-S110) [] SNF [] S/B-NF
 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 SUBJECT TO	COST SERVICES	COST SVCES NOT SUBJECT TO	
	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	
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.295328						50
51 RECOVERY ROOM	0.198821						51
52 DELIVERY ROOM & LABOR ROOM	0.125874						52
53 ANESTHESIOLOGY	0.298478						53
54 RADIOLOGY-DIAGNOSTIC	0.226659						54
58 MAGNETIC RESONANCE IMAGING (MRI)	0.186488						58
60 LABORATORY	0.182759						60
64 INTRAVENOUS THERAPY	0.369003						64
65 RESPIRATORY THERAPY	0.175068						65
66 PHYSICAL THERAPY	0.603519						66
67 OCCUPATIONAL THERAPY	0.464437						67
68 SPEECH PATHOLOGY	1.997040						68
69 ELECTROCARDIOLOGY	0.215563						69
70 ELECTROENCEPHALOGRAPHY	0.396423						70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.497501						71
72 IMPL. DEV. CHARGED TO PATIENT	0.520096						72
73 DRUGS CHARGED TO PATIENTS	0.425131						73
75 ASC (NON-DISTINCT PART)	0.474106						75
76 STRESS TESTING							76
76.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI	3.303739						76.01
76.97 CARDIAC REHABILITATION	0.111433						76.97
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	0.285518						91
92 OBSERVATION BEDS	0.687971						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0110) [] 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)	8,495	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	8,495	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	7,270	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)	4,065	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)	7,870,563	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	7,870,563	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	11,162,791	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	11,162,791	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.705071	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)	1,535.46	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)	7,870,563	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0110) [] 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) 926.49 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 3,766,182 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) 3,766,182 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	1,617,388	951	1,700.72	641	1,090,162	43
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)					6,839,077	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					11,695,421	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 432,378 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 615,244 51
 52 TOTAL PROGRAM EXCLUDABLE COST 1,047,622 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 10,647,799 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 THE MARKET 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 OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS) 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 INSTRUCTIONS) (TITLE XVIII ONLY) 64
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (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) 1,225 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 926.49 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 1,134,950 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	635,342	7,870,563	0.080724	1,134,950	91,618	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST	33,222	7,870,563	0.004221	1,134,950	4,791	92
93 ALL OTHER MEDICAL EDUCATION						93

WORKSHEET D-1
 PART I

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-S110) [] 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)	4,893	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,893	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,893	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)	1,695	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)	4,697,590	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	4,697,590	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	7,647,759	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	7,647,759	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.614244	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)	1,563.00	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)	4,697,590	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-S110)			[]	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)	960.06	38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	1,627,302	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)	1,627,302	41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	395,872	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	2,023,174	49

PASS-THROUGH COST ADJUSTMENTS		
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	127,617	50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	28,066	51
52 TOTAL PROGRAM EXCLUDABLE COST	155,683	52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	1,867,491	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 THE MARKET 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 OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)		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 INSTRUCTIONS) (TITLE XVIII ONLY)		64
65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (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 [XX] HOSPITAL (14-0110) [] 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)	8,495	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	8,495	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	7,270	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)	1,390	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)	968	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	666	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)	7,870,563	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	7,870,563	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	11,162,791	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	11,162,791	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.705071	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)	1,535.46	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)	7,870,563	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0110) [] 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) 926.49 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 1,287,821 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) 1,287,821 41

	TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (COL. 1 ÷ COL. 2)	PROGRAM DAYS	PROGRAM COST (COL. 3 x COL. 4)
	1	2	3	4	5
42 NURSERY (TITLES V AND XIX ONLY)	200,641	968	207.27	666	138,042 42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	1,617,388	951	1,700.72	84	142,860 43
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)					1,436,431 48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					3,005,154 49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 140,315 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 127,459 51
 52 TOTAL PROGRAM EXCLUDABLE COST 267,774 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 THE MARKET 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 OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS) 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 INSTRUCTIONS) (TITLE XVIII ONLY) 64
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (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) 1,225 87
 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

	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.)
	1	2	3	4
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST				
90 CAPITAL-RELATED COST				90
91 NURSING SCHOOL COST				91
92 ALLIED HEALTH COST				92
93 ALL OTHER MEDICAL EDUCATION				93

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] IPF (14-S110) [] 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)	4,893	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,893	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,893	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)	1,293	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)	4,697,590	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	4,697,590	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	7,647,759	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	7,647,759	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.614244	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)	1,563.00	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)	4,697,590	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-S110)			[]	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)	960.06 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	1,241,358 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)	1,241,358 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	419,812 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	1,661,170 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	97,350 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	28,284 51
52	TOTAL PROGRAM EXCLUDABLE COST	125,634 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 THE MARKET 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 OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)	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 INSTRUCTIONS) (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (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 (14-0110) [] 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		4,117,668		30
31 INTENSIVE CARE UNIT		1,382,664		31
40 SUBPROVIDER - IPF ANCILLARY SERVICE COST CENTERS				40
50 OPERATING ROOM	0.295328	2,010,917	593,880	50
51 RECOVERY ROOM	0.198821	176,819	35,155	51
52 DELIVERY ROOM & LABOR ROOM	0.125874	2,993	377	52
53 ANESTHESIOLOGY	0.319653	522,133	166,901	53
54 RADIOLOGY-DIAGNOSTIC	0.226659	3,566,248	808,322	54
58 MAGNETIC RESONANCE IMAGING (MRI)	0.186488	155,769	29,049	58
60 LABORATORY	0.182925	4,237,648	775,172	60
64 INTRAVENOUS THERAPY	0.369003	965,600	356,309	64
65 RESPIRATORY THERAPY	0.175068	4,060,409	710,848	65
66 PHYSICAL THERAPY	0.604194	596,993	360,700	66
67 OCCUPATIONAL THERAPY	0.464437	51,218	23,788	67
68 SPEECH PATHOLOGY	1.997040			68
69 ELECTROCARDIOLOGY	0.216643	528,641	114,526	69
70 ELECTROENCEPHALOGRAPHY	0.396423	1,690	670	70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.497501	579,095	288,100	71
72 IMPL. DEV. CHARGED TO PATIENT	0.520096	985,503	512,556	72
73 DRUGS CHARGED TO PATIENTS	0.425131	2,346,317	997,492	73
75 ASC (NON-DISTINCT PART)	0.479487	1,094,969	525,023	75
76 STRESS TESTING				76
76.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI	3.381076			76.01
76.97 CARDIAC REHABILITATION	0.111433	52,627	5,864	76.97
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY	0.294200	1,816,263	534,345	91
92 OBSERVATION BEDS	0.687971			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		23,751,852	6,839,077	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		23,751,852		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-S110) [] 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					30
31 INTENSIVE CARE UNIT					31
40 SUBPROVIDER - IPF		1,836,911			40
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.295328	3,569	1,054		50
51 RECOVERY ROOM	0.198821	847	168		51
52 DELIVERY ROOM & LABOR ROOM	0.125874	24	3		52
53 ANESTHESIOLOGY	0.319653	2,382	761		53
54 RADIOLOGY-DIAGNOSTIC	0.226659	93,567	21,208		54
58 MAGNETIC RESONANCE IMAGING (MRI)	0.186488	2,574	480		58
60 LABORATORY	0.182925	421,679	77,136		60
64 INTRAVENOUS THERAPY	0.369003	2,606	962		64
65 RESPIRATORY THERAPY	0.175068	127,080	22,248		65
66 PHYSICAL THERAPY	0.604194	26,806	16,196		66
67 OCCUPATIONAL THERAPY	0.464437				67
68 SPEECH PATHOLOGY	1.997040				68
69 ELECTROCARDIOLOGY	0.216643	38,705	8,385		69
70 ELECTROENCEPHALOGRAPHY	0.396423	606	240		70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.497501	7,150	3,557		71
72 IMPL. DEV. CHARGED TO PATIENT	0.520096				72
73 DRUGS CHARGED TO PATIENTS	0.425131	403,187	171,407		73
75 ASC (NON-DISTINCT PART)	0.479487	11,815	5,665		75
76 STRESS TESTING					76
76.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI	3.381076				76.01
76.97 CARDIAC REHABILITATION	0.111433				76.97
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	0.294200	225,705	66,402		91
92 OBSERVATION BEDS	0.687971				92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		1,368,302	395,872		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		1,368,302			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0110) [] 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 TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS		1,407,055			30
31 INTENSIVE CARE UNIT		86,763			31
40 SUBPROVIDER - IPF					40
43 NURSERY		517,266			43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.295328	832,360	245,819		50
51 RECOVERY ROOM	0.198821	77,983	15,505		51
52 DELIVERY ROOM & LABOR ROOM	0.125874	1,146,278	144,287		52
53 ANESTHESIOLOGY	0.298478	304,778	90,970		53
54 RADIOLOGY-DIAGNOSTIC	0.226659	445,241	100,918		54
58 MAGNETIC RESONANCE IMAGING (MRI)	0.186488	8,592	1,602		58
60 LABORATORY	0.182759	762,715	139,393		60
64 INTRAVENOUS THERAPY	0.369003	280,226	103,404		64
65 RESPIRATORY THERAPY	0.175068	473,544	82,902		65
66 PHYSICAL THERAPY	0.603519	22,589	13,633		66
67 OCCUPATIONAL THERAPY	0.464437	1,287	598		67
68 SPEECH PATHOLOGY	1.997040				68
69 ELECTROCARDIOLOGY	0.215563	37,230	8,025		69
70 ELECTROENCEPHALOGRAPHY	0.396423				70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.497501	258,255	128,482		71
72 IMPL. DEV. CHARGED TO PATIENT	0.520096				72
73 DRUGS CHARGED TO PATIENTS	0.425131	542,092	230,460		73
75 ASC (NON-DISTINCT PART)	0.474106	104,836	49,703		75
76 STRESS TESTING					76
76.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI	3.303739				76.01
76.97 CARDIAC REHABILITATION	0.111433	10,239	1,141		76.97
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	0.285518	278,754	79,589		91
92 OBSERVATION BEDS	0.687971				92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		5,586,999	1,436,431		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		5,586,999			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-S110) [] 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
40 SUBPROVIDER - IPF		1,375,684			40
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.295328	68	20		50
51 RECOVERY ROOM	0.198821				51
52 DELIVERY ROOM & LABOR ROOM	0.125874	178	22		52
53 ANESTHESIOLOGY	0.298478				53
54 RADIOLOGY-DIAGNOSTIC	0.226659	37,745	8,555		54
58 MAGNETIC RESONANCE IMAGING (MRI)	0.186488	7,550	1,408		58
60 LABORATORY	0.182759	595,428	108,820		60
64 INTRAVENOUS THERAPY	0.369003	1,928	711		64
65 RESPIRATORY THERAPY	0.175068	49,160	8,606		65
66 PHYSICAL THERAPY	0.603519	13,116	7,916		66
67 OCCUPATIONAL THERAPY	0.464437				67
68 SPEECH PATHOLOGY	1.997040				68
69 ELECTROCARDIOLOGY	0.215563	49,341	10,636		69
70 ELECTROENCEPHALOGRAPHY	0.396423				70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.497501	8,253	4,106		71
72 IMPL. DEV. CHARGED TO PATIENT	0.520096				72
73 DRUGS CHARGED TO PATIENTS	0.425131	396,523	168,574		73
75 ASC (NON-DISTINCT PART)	0.474106	12,982	6,155		75
76 STRESS TESTING					76
76.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI	3.303739				76.01
76.97 CARDIAC REHABILITATION	0.111433				76.97
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	0.285518	330,218	94,283		91
92 OBSERVATION BEDS	0.687971				92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		1,502,490	419,812		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		1,502,490			202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

CHECK [XX] HOSPITAL (14-0110)
 APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	8,414,322	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	53,822	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS	514,780	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	69.65	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)	0.0163	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.2526	31
32	SUM OF LINES 30 AND 31	0.2689	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.1140	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	959,233	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)	9,427,377	47
48	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY (SEE INSTRUCTIONS)	9,444,190	48
49	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	9,439,987	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	690,714	50

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

CHECK [XX] HOSPITAL (14-0110)
 APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51
52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)		52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	8,312	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	61,142	57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)	33,640	58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	10,233,795	59
60	PRIMARY PAYER PAYMENTS	73,946	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	10,159,849	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,097,404	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	7,165	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	183,239	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	128,267	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	146,659	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	9,183,547	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
70.97	LOW VOLUME PAYMENT ADJUSTMENT - 2	400,126	70.97
71	AMOUNT DUE PROVIDER (LINE 67 MINUS LINE 68 PLUS/MINUS LINES 69 AND 70)	9,583,673	71
72	INTERIM PAYMENTS	9,664,411	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	-80,738	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	562,502	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 [XX] IPF (14-S110) [] IRF
 [] SUB (OTHER) [] SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)		2
3	PPS PAYMENTS		3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		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)		24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)		26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)		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)		30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)		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)		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)		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)		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 [XX] HOSPITAL (14-0110) [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A PART B

DESCRIPTION	MM/DD/YYYY		MM/DD/YYYY	
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		9,972,584		7,096,026
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE
	.01			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			3.50
	.51	02/10/2012	197,702	02/10/2012
	PROVIDER .52	04/13/2012	110,471	
	TO .53			
	PROGRAM .54			
	.55			
	.56			
	.57			
	.58			
	.59			
	.99			
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		-308,173		-19,608
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		9,664,411		7,076,418
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.		NONE		NONE
	PROGRAM .01			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
	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			6.01
	TO .02			6.02
	PROVIDER .03			6.03
	TO .04			6.04
	PROGRAM .05			6.05
	.06			6.06
	.07			6.07
	.08			6.08
	.09			6.09
	.50			6.50
	.51			6.51
	.52			6.52
	.53			6.53
	.54			6.54
	.55			6.55
	.56			6.56
	.57			6.57
	.58			6.58
	.59			6.59
	.99			6.99
SUBTOTAL (SUM OF LINES 6.01-6.49 MINUS SUM OF LINES 6.50-6.98)				
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		9,583,673		6,606,144
8 NAME OF CONTRACTOR:	CONTRACTOR NUMBER:		DATE:	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK
APPLICABLE BOX

HOSPITAL (14-0110) CAH

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	2,774 1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	4,706 2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	286 3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	8,221 4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	178,949,765 5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	8,924,029 6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168	7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)	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-S110)

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (EXCLUDING OUTLIER, ECT, AND MEDICAL EDUCATION PAYMENTS)	1,397,414	1
2	NET IPF PPS OUTLIER PAYMENT	153,209	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)	13.368852	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)	1,550,623	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)	1,550,623	16
17	PRIMARY PAYER PAYMENTS	1,695	17
18	SUBTOTAL (LINE 16 LESS LINE 17)	1,548,928	18
19	DEDUCTIBLES	209,392	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	1,339,536	20
21	COINSURANCE	1,132	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	1,338,404	22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	83,492	23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	58,444	24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	67,810	25
26	SUBTOTAL (SUM OF LINES 22 AND 24)	1,396,848	26
27	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49)		27
28	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	3,375	28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,400,223	31
32	INTERIM PAYMENTS	1,338,403	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS THE SUM OF LINES 32 AND 33)	61,820	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 VII

CHECK [] TITLE V [XX] HOSPITAL (14-0110) [] 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	3,005,154	1
2	MEDICAL AND OTHER SERVICES		2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	3,005,154	4
5	INPATIENT PRIMARY PAYER PAYMENTS		5
6	OUTPATIENT PRIMARY PAYER PAYMENTS		6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	3,005,154	7
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES			
8	ROUTINE SERVICE CHARGES	2,011,084	8
9	ANCILLARY SERVICE CHARGES	5,586,999	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)	7,598,083	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)	7,598,083	16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))	4,592,929	17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))		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)	3,005,154	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	3,005,154	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)	3,005,154	31
32	DEDUCTIBLES		32
33	COINSURANCE	183,349	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)	2,821,805	36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		37
38	SUBTOTAL (LINE 36 ± LINE 37)	2,821,805	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)	2,821,805	40
41	INTERIM PAYMENTS	1,212,502	41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	1,609,303	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-S110) [] 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	1,661,170	1
2	MEDICAL AND OTHER SERVICES		2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	1,661,170	4
5	INPATIENT PRIMARY PAYER PAYMENTS		5
6	OUTPATIENT PRIMARY PAYER PAYMENTS		6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	1,661,170	7
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
8	ROUTINE SERVICE CHARGES	1,375,684	8
9	ANCILLARY SERVICE CHARGES	1,502,490	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)	2,878,174	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)	2,878,174	16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))	1,217,004	17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))		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)	1,661,170	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	1,661,170	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)	1,661,170	31
32	DEDUCTIBLES		32
33	COINSURANCE	13,088	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)	1,648,082	36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		37
38	SUBTOTAL (LINE 36 ± LINE 37)	1,648,082	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)	1,648,082	40
41	INTERIM PAYMENTS	730,344	41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	917,738	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	2,766,789			1
2 TEMPORARY INVESTMENTS	1,051			2
3 NOTES RECEIVABLE	-316,607			3
4 ACCOUNTS RECEIVABLE	27,370,612			4
5 OTHER RECEIVABLES	1,766,213			5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-15,697,118			6
7 INVENTORY	1,629,513			7
8 PREPAID EXPENSES	736,466			8
9 OTHER CURRENT ASSETS	284,113			9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	18,541,032			11
FIXED ASSETS				
12 LAND	1,575,617			12
13 LAND IMPROVEMENTS	2,862,859			13
14 ACCUMULATED DEPRECIATION	-2,230,835			14
15 BUILDINGS	72,330,648			15
16 ACCUMULATED DEPRECIATION	-35,937,568			16
17 LEASEHOLD IMPROVEMENTS				17
18 ACCUMULATED AMORTIZATION				18
19 FIXED EQUIPMENT				19
20 ACCUMULATED DEPRECIATION				20
21 AUTOMOBILES AND TRUCKS	639,505			21
22 ACCUMULATED DEPRECIATION	-561,086			22
23 MAJOR MOVABLE EQUIPMENT	33,444,989			23
24 ACCUMULATED DEPRECIATION	-24,036,698			24
25 MINOR EQUIPMENT DEPRECIABLE				25
26 ACCUMULATED DEPRECIATION				26
27 HIT DESIGNATED ASSETS	80,645			27
28 ACCUMULATED DEPRECIATION				28
29 MINOR EQUIPMENT-NONDEPRECIABLE				29
30 TOTAL FIXED ASSETS (SUM OF LINES 12-29)	48,168,076			30
OTHER ASSETS				
31 INVESTMENTS	34,379,381			31
32 DEPOSITS ON LEASES				32
33 DUE FROM OWNERS/OFFICERS				33
34 OTHER ASSETS	6,526,302			34
35 TOTAL OTHER ASSETS (SUM OF LINES 31-34)	40,905,683			35
36 TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	107,614,791			36
LIABILITIES AND FUND BALANCES				
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
37 ACCOUNTS PAYABLE	3,048,002			37
38 SALARIES, WAGES & FEES PAYABLE	3,089,218			38
39 PAYROLL TAXES PAYABLE	1,470,955			39
40 NOTES & LOANS PAYABLE (SHORT TERM)	690,000			40
41 DEFERRED INCOME	495,734			41
42 ACCELERATED PAYMENTS				42
43 DUE TO OTHER FUNDS	2,681,172			43
44 OTHER CURRENT LIABILITIES	1,840,645			44
45 TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	13,315,726			45
LONG-TERM LIABILITIES				
46 MORTGAGE PAYABLE				46
47 NOTES PAYABLE	11,629,976			47
48 UNSECURED LOANS				48
49 OTHER LONG TERM LIABILITIES	964,932			49
50 TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	12,594,908			50
51 TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	25,910,634			51
CAPITAL ACCOUNTS				
52 GENERAL FUND BALANCE	81,704,157			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)	81,704,157			59
60 TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	107,614,791			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		86,842,548							1
2 NET INCOME (LOSS) (FROM WKST G-3, G-3, LINE 29)		-5,138,391							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		81,704,157							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5									5
6									6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)									10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		81,704,157							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13									13
14									14
15									15
16									16
17									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)		81,704,157							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	11,890,727		11,890,727	2
3 SUBPROVIDER IPF	7,647,759		7,647,759	3
5 SUBPROVIDER IRF				5
6 SWING BED - SNF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	19,538,486		19,538,486	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	2,044,528		2,044,528	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	2,044,528		2,044,528	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	21,583,014		21,583,014	17
18 ANCILLARY SERVICES	39,114,115	102,870,302	141,984,417	18
19 OUTPATIENT SERVICES	2,356,969	17,147,155	19,504,124	19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY		4,342,564	4,342,564	22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE				26
27 OTHER PATIENT REVENUES		2,992	2,992	27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	63,054,098	124,363,013	187,417,111	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		75,473,517	29
30 ADD (SPECIFY)			30
31			31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)	2		36
37 DEDUCT (SPECIFY)		2	37
38			38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)			42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		75,473,519	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	187,417,111	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	116,756,225	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	70,660,886	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	75,473,519	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-4,812,633	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	54,597	6
7	INCOME FROM INVESTMENTS	140,437	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	26	10
11	REBATES AND REFUNDS OF EXPENSES	19,719	11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	422,366	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	11,503	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	1,820	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	757,559	22
23	GOVERNMENTAL APPROPRIATIONS	464,470	23
24	OTHER (UNREALIZED NET GAINS IN INVESTMENTS)	3,170,281	24
24.01	OTHER (INVESTMENT INCOME SELF INSURANCE)	152,238	24.01
24.02	OTHER (COMMUNITY EDUCATION REVENUE)	18,556	24.02
24.03	OTHER (MISCELLANEOUS REVENUE)	122,928	24.03
24.04	OTHER (PRIVATE SERVICE GRANT)		24.04
24.05	OTHER (AD CARE)	75	24.05
24.06	OTHER (HOSPITAL COMM INCOME)	26,820	24.06
24.07	OTHER (ENDOWMENT INCOME)	9,897	24.07
24.08	OTHER (GAIN ON SALE OF ASSETS)		24.08
24.09	OTHER (MISCELLANEOUS INCOME)	112,279	24.09
24.10	OTHER (BIO TERRISM GRANTS)	31,815	24.10
24.11	OTHER (EMS GRANT REVENUE)	375	24.11
24.12	OTHER (RADIOLOGY FILM REVENUE)	1,982	24.12
24.13	OTHER (GRANTS)		24.13
24.14	OTHER (EMS REVENUE)	650	24.14
24.15	OTHER (INTEREST PROJECT INCOME)		24.15
24.16	OTHER (FUNDED DEPRECIATION INCOME)	632,734	24.16
24.17	OTHER (EQUITY INVESTMENT IN CORP)	371,123	24.17
24.18	OTHER (CANCER LLC INVESTMENT INCOME)	138,637	24.18
24.19	OTHER (AMERICAN EXPRESS REBATES)	23,200	24.19
24.20	OTHER (CLINIC TRANSCRIPTS)		24.20
24.21	OTHER (SLEEP LAB RENT)	31,018	24.21
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	6,717,105	25
26	TOTAL (LINE 5 PLUS LINE 25)	1,904,472	26
27	OTHER EXPENSES (CONSULTING FEES SELF INSURANCE)	155,272	27
27.01	OTHER EXPENSES (INVESTMENTS TRUSTEE FEES)		27.01
27.02	OTHER EXPENSES (LOSS ON DISPOSITION OF ASSETS)	81,889	27.02
27.03	OTHER EXPENSES (CHANGE IN INTEREST IN RELATED ORGAN)	2,965,063	27.03
27.04	OTHER EXPENSES (INVESTMENT LOSS ON FUNDED DEPT)	3,840,639	27.04
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)	7,042,863	28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	-5,138,391	29

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7048

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							1
2							2
3							3
4							4
5	360,303	26,860	3,513	1,300	75,459	467,435	5
6	623,354	44,903	43,298	21,256	50,225	783,036	6
7	363,277	25,530	13,756	25,572	2,181	430,316	7
8							8
9							9
10							10
11	35,811	2,622	6,096			44,529	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	1,382,745	99,915	66,663	48,128	127,865	1,725,316	24

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7048

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	-84,389	383,046	-1,592	381,454	5
6	-90,385	692,651		692,651	6
7	-50,810	379,506		379,506	7
8	13,639	13,639		13,639	8
9	9,918	9,918		9,918	9
10	6,525	6,525		6,525	10
11	-2,287	42,242		42,242	11
12	40,682	40,682		40,682	12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24	-157,107	1,568,209	-1,592	1,566,617	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7048

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
1								1
2								2
3								3
4								4
5	381,454					381,454	381,454	5
6	692,651					692,651	222,935	915,586
7	379,506					379,506	122,147	501,653
8	13,639					13,639	4,390	18,029
9	9,918					9,918	3,192	13,110
10	6,525					6,525	2,100	8,625
11	42,242					42,242	13,596	55,838
12	40,682					40,682	13,094	53,776
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24	1,566,617					1,566,617		1,566,617

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7048

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					-381,454	1,185,163	5
6 SKILLED NURSING CARE						692,651	6
7 PHYSICAL THERAPY						379,506	7
8 OCCUPATIONAL THERAPY						13,639	8
9 SPEECH PATHOLOGY						9,918	9
10 MEDICAL SOCIAL SERVICES						6,525	10
11 HOME HEALTH AIDE						42,242	11
12 SUPPLIES (SEE INSTRUCTIONS)						40,682	12
13 DRUGS							13
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING							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)					-381,454	1,185,163	24
25 COST TO BE ALLOC (PER W/S H)						381,454	25
26 UNIT COST MULTIPLIER						0.321858	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7048

WORKSHEET H-2
 PART I

HHA COST CENTER	HHA TRIAL BALANCE 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	OTHER CAP REL COSTS 3	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS. 0-4) 4A	ADMINIS-TRATIVE & GENERAL 5	OPERATION OF PLANT 7	
1 ADMINISTRATIVE AND GENERAL			95,383		127,362	222,745	40,307		1
2 SKILLED NURSING CARE	915,586		145		231,830	1,147,561	207,661		2
3 PHYSICAL THERAPY	501,653		222		128,696	630,571	114,106		3
4 OCCUPATIONAL THERAPY	18,029				4,210	22,239	4,024		4
5 SPEECH PATHOLOGY	13,110				3,233	16,343	2,957		5
6 MEDICAL SOCIAL SERVICES	8,625				1,988	10,613	1,920		6
7 HOME HEALTH AIDE	55,838				13,558	69,396	12,558		7
8 SUPPLIES	53,776					53,776	9,731		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
20 TOTAL (SUM OF LINES 1-19)	1,566,617		95,750		510,877	2,173,244	393,264		20
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.									21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7048

WORKSHEET H-2
 PART I

HHA COST CENTER	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	8	9	10	11	13	14	15	16
1 ADMINISTRATIVE AND GENERAL		45,896						
2 SKILLED NURSING CARE								
3 PHYSICAL THERAPY								
4 OCCUPATIONAL THERAPY								
5 SPEECH PATHOLOGY								
6 MEDICAL SOCIAL SERVICES								
7 HOME HEALTH AIDE								
8 SUPPLIES								
9 DRUGS								
10 DME								
11 HOME DIALYSIS AIDE SERVICES								
12 RESPIRATORY THERAPY								
13 PRIVATE DUTY NURSING								
14 CLINIC								
15 HEALTH PROMOTION ACTIVITIES								
16 DAY CARE PROGRAM								
17 HOME DELIVERED MEALS PROGRAM								
18 HOMEMAKER SERVICE								
19 ALL OTHERS								
20 TOTAL (SUM OF LINES 1-19)		45,896						
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

HHA NO.: 14-7048

WORKSHEET H-2
 PART I

HHA COST CENTER	SOCIAL SERVICE	NONPHYSIC. ANESTHET.	PARAMED EDUCATION	SUBTOTAL (SUM OF COL. 4A-23)	I&R COST & POST STEP-DOWN ADJS	SUBTOTAL (SUM OF COL. 4A-23)	ALLOCATED HHA A&G (SEE PT.2)	TOTAL HHA COSTS	
	17	19	23	24	25	26	27	28	
1 ADMINISTRATIVE AND GENERAL				308,948		308,948			1
2 SKILLED NURSING CARE				1,355,222		1,355,222	181,767	1,536,989	2
3 PHYSICAL THERAPY				744,677		744,677	99,879	844,556	3
4 OCCUPATIONAL THERAPY				26,263		26,263	3,522	29,785	4
5 SPEECH PATHOLOGY				19,300		19,300	2,589	21,889	5
6 MEDICAL SOCIAL SERVICES				12,533		12,533	1,681	14,214	6
7 HOME HEALTH AIDE				81,954		81,954	10,992	92,946	7
8 SUPPLIES				63,507		63,507	8,518	72,025	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
20 TOTAL (SUM OF LINES 1-19)				2,612,404		2,612,404	308,948	2,612,404	20
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.							0.134124		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7048

WORKSHEET H-2
 PART II

HHA COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	OTHER CAP REL COSTS NOT USED 3	EMPLOYEE BENEFITS GROSS SALARIES 4	RECON-CILIATION 4A	ADMINIS-TRATIVE & GENERAL ACCUM COST 5	OPERATION OF PLANT SQUARE FEET 7	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	
1 ADMINISTRATIVE AND GENERAL		96,958		339,544		222,745			1
2 SKILLED NURSING CARE		147		618,053		1,147,561			2
3 PHYSICAL THERAPY		226		343,101		630,571			3
4 OCCUPATIONAL THERAPY				11,223		22,239			4
5 SPEECH PATHOLOGY				8,618		16,343			5
6 MEDICAL SOCIAL SERVICES				5,301		10,613			6
7 HOME HEALTH AIDE				36,146		69,396			7
8 SUPPLIES						53,776			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)		97,331		1,361,986		2,173,244			20
21 TOTAL COST TO BE ALLOCATED		95,750		510,877		393,264			21
22 UNIT COST MULTIPLIER									22
22 UNIT COST MULTIPLIER		0.983756		0.375097		0.180957			22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7048

WORKSHEET H-2
 PART II

HHA COST CENTER	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	HOURS OF SERVICE	MEALS SERVED	FTES SERVED	HOURS SUPERVISED	COSTED REQUIS.	COSTED REQUIS.	TIME SPENT	TIME SPENT
	9	10	11	13	14	15	16	17
1 ADMINISTRATIVE AND GENERAL		1,456						
2 SKILLED NURSING CARE								
3 PHYSICAL THERAPY								
4 OCCUPATIONAL THERAPY								
5 SPEECH PATHOLOGY								
6 MEDICAL SOCIAL SERVICES								
7 HOME HEALTH AIDE								
8 SUPPLIES								
9 DRUGS								
10 DME								
11 HOME DIALYSIS AIDE SERVICES								
12 RESPIRATORY THERAPY								
13 PRIVATE DUTY NURSING								
14 CLINIC								
15 HEALTH PROMOTION ACTIVITIES								
16 DAY CARE PROGRAM								
17 HOME DELIVERED MEALS PROGRAM								
18 HOMEMAKER SERVICE								
19 ALL OTHERS								
19.50 TELEMEDICINE								
20 TOTAL (SUM OF LINES 1-19)		1,456						
21 TOTAL COST TO BE ALLOCATED		45,896						
22 UNIT COST MULTIPLIER		31.521978						
22 UNIT COST MULTIPLIER								

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7048

WORKSHEET H-2
 PART II

HHA COST CENTER	NONPHYSIC.	PARAMED	
	ANESTHET.	EDUCATION	
	ASSIGNED	ASSIGNED	
	TIME	TIME	
	19	23	
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.: 14-7048

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	1,536,989		1,536,989	6,092	252.30	1
2	PHYSICAL THERAPY	3	844,556		844,556	4,863	173.67	2
3	OCCUPATIONAL THERAPY	4	29,785		29,785	217	137.26	3
4	SPEECH PATHOLOGY	5	21,889		21,889	70	312.70	4
5	MEDICAL SOCIAL SERVICES	6	14,214		14,214	83	171.25	5
6	HOME HEALTH AIDE	7	92,946		92,946	1,010	92.03	6
7	TOTAL (SUM OF LINES 1-6)		2,540,379		2,540,379	12,335		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	72,025		72,025	103,830	0.693682	15
16	COST OF DRUGS	9		74	74	174	0.425287	16

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7048

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	
	6	7	8	9	10	11	12
1 SKILLED NURSING CARE	1,994	1,575		503,086	397,373		900,459
2 PHYSICAL THERAPY	1,881	1,521		326,673	264,152		590,825
3 OCCUPATIONAL THERAPY	108	61		14,824	8,373		23,197
4 SPEECH PATHOLOGY	35	4		10,945	1,251		12,196
5 MEDICAL SOCIAL SERVICES	30	31		5,138	5,309		10,447
6 HOME HEALTH AIDE	287	397		26,413	36,536		62,949
7 TOTAL (SUM OF LINES 1-6)	4,335	3,589		887,079	712,994		1,600,073

PATIENT SERVICES	CBSA NO.	PROGRAM VISITS		TOTAL
		PART A	SUBJECT TO DEDUCTIBLES & COINSUR	
		1	2	3
8 SKILLED NURSING CARE	16974	1,994	1,575	8
9 PHYSICAL THERAPY	16974	1,881	1,521	9
10 OCCUPATIONAL THERAPY	16974	108	61	10
11 SPEECH PATHOLOGY	16974	35	4	11
12 MEDICAL SOCIAL SERVICES	16974	30	31	12
13 HOME HEALTH AIDE	16974	287	397	13
14 TOTAL (SUM OF LINES 8-13)		4,335	3,589	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	
	6	7	8	9	10	11	
15 COST OF MEDICAL SUPPLIES							15
16 COST OF DRUGS			79			34	16

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	TO PART I AS INDICATED
1 PHYSICAL THERAPY	0.603519			COL 2, LINE 2	1
2 OCCUPATIONAL THERAPY	0.464437			COL 2, LINE 3	2
3 SPEECH PATHOLOGY	1.997040			COL 2, LINE 4	3
4 MEDICAL SUPPLIES CHRGD TO PAT	0.497501			COL 2, LINE 15	4
5 DRUGS CHARGED TO PATIENTS	0.425131	174	74	COL 2, LINE 16	5

CALCULATION OF HHA REMBURSEMENT SETTLEMENT

HHA NO.: 14-7048

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				
2 REASONABLE COST OF SERVICES (SEE INSTRUCTIONS)		34		1
2 TOTAL CHARGES	1,164,971	79		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)	1,164,971	79		6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST (COMPLETE ONLY IF LINE 6 EXCEEDS LINE 1)	1,164,971	45		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)		34	10
11 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	778,560	619,420	11
12 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			12
13 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	12,558	15,612	13
14 TOTAL PPS REIMBURSEMENT - PEP EPISODES	12,337	11,362	14
15 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			15
16 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			16
17 TOTAL OTHER PAYMENTS		142	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)	803,455	646,570	22
23 EXCESS REASONABLE COST (FROM LINE 8)			23
24 SUBTOTAL (LINE 22 MINUS LINE 23)	803,455	646,570	24
25 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM YOUR RECORDS)			25
26 NET COST (LINE 24 MINUS LINE 25)	803,455	646,570	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)	803,455	646,570	29
30 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			30
31 SUBTOTAL (LINE 29 PLUS/MINUS LINE 30)	803,455	646,570	31
32 INTERIM PAYMENTS (SEE INSTRUCTIONS)	803,455	646,615	32
33 TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)			33
34 BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 32 AND 33)		-45	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.: 14-7048

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		803,455		646,615	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)		803,455		646,615	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				6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		803,455		646,570	7
8 NAME OF CONTRACTOR:	CONTRACTOR NUMBER:		DATE:		

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1570

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	136	10	881		2,502	3,529
8 INPATIENT CARE SERVICE						8
9 INPATIENT - GENERAL CARE						9
10 INPATIENT - RESPITE CARE						10
11 VISITING SERVICES						11
12 PHYSICIAN SERVICES				17,500		17,500
13 NURSING CARE	94,992	7,177	6,582	6,448		115,199
14 NURSING CARE-CONTINUOUS HOME CARE						14
15 PHYSICAL THERAPY						15
16 OCCUPATIONAL THERAPY						16
17 SPEECH/LANGUAGE PATHOLOGY						17
18 MEDICAL SOCIAL SERVICES	39,740	3,002	2,072			44,814
19 SPIRITUAL COUNSELING	14,364	1,085	781			16,230
20 DIETARY COUNSELING					47	47
21 COUNSELING - OTHER						18
22 HOME HEALTH AIDE AND HOMEMAKER	18,183	1,374	3,547	27,803		50,907
23 HH AIDE & HOMEMAKER-CONT. HOME CARE						20
24 OTHER						21
25 OTHER HOSPICE SERVICE COSTS						22
26 DRUGS, BIOLOGICAL & INFUSION THERAPY					20,878	20,878
27 ANALGESICS						23
28 SEDATIVES/HYPNOTICS						24
29 OTHER - SPECIFY						25
30 DURABLE MEDICAL EQUIPMENT/OXYGEN					13,294	13,294
31 PATIENT TRANSPORTATION						26
32 IMAGING SERVICES						27
33 LABS AND DIAGNOSTICS						28
34 MEDICAL SUPPLIES					4,778	4,778
35 OUTPATIENT SERVICES (INCLUDING E/R DEPT.)						29
36 RADIATION THERAPY						30
37 CHEMOTHERAPY						31
38 OTHER						32
39 HOSPICE NONREIMBURSABLE SERVICE						33
40 BEREAVEMENT PROGRAM COSTS						34
41 VOLUNTEER PROGRAM COSTS						35
42 FUNDRAISING						36
43 OTHER PROGRAM COSTS						37
44 TOTAL (SUM OF LINES 1-38)	167,415	12,648	13,863	51,751	41,499	287,176

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1570

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	-10	3,519	-183	3,336	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	-25,296	274,528	-72,478	238,289	39

HOSPICE COMPENSATION ANALYSIS - SALARIES AND WAGES

HOSPICE NO.: 14-1570

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							136	7
8	INPATIENT CARE SERVICE								8
9	INPATIENT - GENERAL CARE								9
10	INPATIENT - RESPITE CARE								10
11	VISITING SERVICES								11
12	PHYSICIAN SERVICES								12
13	NURSING CARE				94,992				13
14	NURSING CARE-CONT.HOME CARE								14
15	PHYSICAL THERAPY								15
16	OCCUPATIONAL THERAPY								16
17	SPEECH/LANGUAGE PATHOLOGY								17
18	MEDICAL SOCIAL SERVICES		39,740						18
19	SPIRITUAL COUNSELING							14,364	19
20	DIETARY COUNSELING								20
21	COUNSELING - OTHER								21
22	HH AIDE AND HOME MAKER						18,183		22
23	HH AIDE & HMKR-CONT.HME CARE								23
24	OTHER								24
25	OTHER HOSPICE SERVICE COSTS								25
26	DRUGS, BIOL. & INFUS. THER.								26
27	ANALGESICS								27
28	SEDATIVES / HYPNOTICS								28
29	OTHER - SPECIFY								29
30	DURABLE MED. EQUIP./OXYGEN								30
31	PATIENT TRANSPORTATION								31
32	IMAGING SERVICES								32
33	LABS AND DIAGNOSTICS								33
34	MEDICAL SUPPLIES								34
35	OUTPAT.SERV.(INCL.E/R DEPT.)								35
36	RADIATION THERAPY								36
37	CHEMOTHERAPY								37
38	OTHER								38
39	HOSPICE NONREIMBURSABLE SERVICE								39
40	BEREAVEMENT PROGRAM COSTS								40
41	VOLUNTEER PROGRAM COSTS								41
42	FUNDRAISING								42
43	OTHER PROGRAM COSTS								43
44	TOTAL (SUM OF LINES 1-38)		39,740		94,992		18,183	14,500	167,415

HOSPICE COMPENSATION ANALYSIS - EMPLOYEE BENEFITS (PAYROLL RELATED)

HOSPICE NO.: 14-1570

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							10	10
8	INPATIENT CARE SERVICE								7
9	INPATIENT - GENERAL CARE								8
10	INPATIENT - RESPITE CARE								9
11	VISITING SERVICES								9
12	PHYSICIAN SERVICES								10
13	NURSING CARE				7,177				11
14	NURSING CARE-CONT.HOME CARE								12
15	PHYSICAL THERAPY								13
16	OCCUPATIONAL THERAPY								14
17	SPEECH/LANGUAGE PATHOLOGY								15
18	MEDICAL SOCIAL SERVICES		3,002						16
19	SPIRITUAL COUNSELING							1,085	17
20	DIETARY COUNSELING								18
21	COUNSELING - OTHER								19
22	HH AIDE AND HOME MAKER						1,374		20
23	HH AIDE & HMKR-CONT.HME CARE								21
24	OTHER								22
25	OTHER HOSPICE SERVICE COSTS								23
26	DRUGS, BIOL. & INFUS. THER.								24
27	ANALGESICS								25
28	SEDATIVES / HYPNOTICS								26
29	OTHER - SPECIFY								27
30	DURABLE MED. EQUIP./OXYGEN								28
31	PATIENT TRANSPORTATION								29
32	IMAGING SERVICES								30
33	LABS AND DIAGNOSTICS								31
34	MEDICAL SUPPLIES								32
35	OUTPAT.SERV.(INCL.E/R DEPT.)								33
36	RADIATION THERAPY								34
37	CHEMOTHERAPY								35
38	OTHER								36
39	HOSPICE NONREIMBURSABLE SERVICE								37
40	BEREAVEMENT PROGRAM COSTS								38
41	VOLUNTEER PROGRAM COSTS								39
42	FUNDRAISING								40
43	OTHER PROGRAM COSTS								41
44	TOTAL (SUM OF LINES 1-38)		3,002		7,177		1,374	1,095	12,648

HOSPICE COMPENSATION ANALYSIS - CONTRACTED SERVICES/PURCHASED SERVICES HOSPICE NO.: 14-1570 WORKSHEET K-3

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
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									
INPATIENT CARE SERVICE									
INPATIENT - GENERAL CARE									
INPATIENT - RESPITE CARE									
VISITING SERVICES									
PHYSICIAN SERVICES	17,500								17,500
NURSING CARE					6,448				6,448
NURSING CARE-CONT.HOME CARE									
PHYSICAL THERAPY									
OCCUPATIONAL THERAPY									
SPEECH/LANGUAGE PATHOLOGY									
MEDICAL SOCIAL SERVICES									
SPIRITUAL COUNSELING									
DIETARY COUNSELING									
COUNSELING - OTHER									
HH AIDE AND HOME MAKER							27,803		27,803
HH AIDE & HMKR-CONT.HME CARE									
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 SERVICE									
BEREAVEMENT PROGRAM COSTS									
VOLUNTEER PROGRAM COSTS									
FUNDRAISING									
OTHER PROGRAM COSTS									
TOTAL (SUM OF LINES 1-38)	17,500				6,448		27,803		51,751

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE NO.: 14-1570

WORKSHEET K-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COSTS	CAP REL BLDG COSTS	CAP REL MVBL EQUIPMENT	PLANT OPERATN & MAINT	TRANSPOR- TATION	VOLUNTEER SERV. CO- ORDINATOR	SUBTOTAL (COLS.0-5) 5A	ADMIN & GENERAL 6	TOTAL (COL.5 ± COL.6) 7
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	3,336						3,336	3,336	7
8	INPATIENT CARE SERVICE									8
9	INPATIENT - GENERAL CARE									9
10	INPATIENT - RESPITE CARE									10
11	VISITING SERVICES									11
12	PHYSICIAN SERVICES									12
13	NURSING CARE	108,022						108,022	1,533	13
14	NURSING CARE-CONTINUOUS HOME									14
15	PHYSICAL THERAPY									15
16	OCCUPATIONAL THERAPY									16
17	SPEECH/LANGUAGE PATHOLOGY									17
18	MEDICAL SOCIAL SERVICES	41,812						41,812	594	18
19	SPIRITUAL COUNSELING	15,145						15,145	215	19
20	DIETARY COUNSELING	47						47	1	20
21	COUNSELING - OTHER									21
22	HH AIDE AND HOMEMAKER	30,977						30,977	440	22
23	HH AIDE & HMKR-CONT. HOME CA									23
24	OTHER									24
25	OTHER HOSPICE SERVICE COSTS									25
26	DRUGS, BIOL. & INFUS. THER.	20,878						20,878	296	26
27	ANALGESICS									27
28	SEDATIVES / HYPNOTICS									28
29	OTHER - SPECIFY									29
30	DURABLE MED. EQUIP./OXYGEN	13,294						13,294	189	30
31	PATIENT TRANSPORTATION									31
32	IMAGING SERVICES									32
33	LABS AND DIAGNOSTICS									33
34	MEDICAL SUPPLIES	4,778						4,778	68	34
35	OUTPAT.SERV.(INCL.E/R DEPT.)									35
36	RADIATION THERAPY									36
37	CHEMOTHERAPY									37
38	OTHER									38
39	HOSPICE NONREIMBURSABLE SERV.									39
40	BEREAVEMENT PROGRAM COSTS									40
41	VOLUNTEER PROGRAM COSTS									41
42	FUNDRAISING									42
43	OTHER PROGRAM COSTS									43
44	TOTAL (SUM OF LINES 1-38)	238,289						238,289		44

COST ALLOCATION - HOSPICE STATISTICAL BASIS

HOSPICE NO.: 14-1570

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	6A	6
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						-3,336	234,953 6
7 INPATIENT - GENERAL CARE							7
8 INPATIENT - RESPITE CARE VISITING SERVICES							8
9 PHYSICIAN SERVICES							9
10 NURSING CARE							108,022 10
11 NURSING CARE-CONTINUOUS HOME							11
12 PHYSICAL THERAPY							12
13 OCCUPATIONAL THERAPY							13
14 SPEECH/LANGUAGE PATHOLOGY							14
15 MEDICAL SOCIAL SERVICES							41,812 15
16 SPIRITUAL COUNSELING							15,145 16
17 DIETARY COUNSELING							47 17
18 COUNSELING - OTHER							18
19 HH AIDE AND HOMEMAKER							30,977 19
20 HH AIDE & HMKR-CONT. HOME CA							20
21 OTHER							21
OTHER HOSPICE SERVICE COSTS							
22 DRUGS, BIOL. & INFUS. THER.							20,878 22
23 ANALGESICS							23
24 SEDATIVES / HYPNOTICS							24
25 OTHER - SPECIFY							25
26 DURABLE MED. EQUIP./OXYGEN							13,294 26
27 PATIENT TRANSPORTATION							27
28 IMAGING SERVICES							28
29 LABS AND DIAGNOSTICS							29
30 MEDICAL SUPPLIES							4,778 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							3,336 39
40 UNIT COST MULTIPLIER							0.014199 40

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE NO.: 14-1570

WORKSHEET K-5
 PART I

HOSPICE COST CENTER	HOSPICE TRIAL BALANCE 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	OTHER CAP REL COSTS 3	EMPLOYEE BENEFITS 4	SUBTOTAL 4A	ADMINIS-TRATIVE & GENERAL 5	OPERATION OF PLANT 7
1 ADMINISTRATIVE AND GENERAL					51	51	9	1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE	109,555				35,632	145,187	26,272	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	42,406				14,906	57,312	10,371	10
11 SPIRITUAL COUNSELING	15,360				5,388	20,748	3,755	11
12 DIETARY COUNSELING	48					48	9	12
13 COUNSELING - OTHER								13
14 HOME HLTH AIDE & HOMEMAKERS	31,417				6,820	38,237	6,919	14
15 HH AIDE & HMKR-CONT. HOME C								15
16 OTHER								16
17 DRUGS,BIOLOGICALS & INFUSIO	21,174					21,174	3,832	17
18 ANALGESICS								18
19 SEDATIVES / HYPNOTICS								19
20 OTHER - SPECIFY								20
21 DURABLE MED. EQUIP./OXYGEN	13,483					13,483	2,440	21
22 PATIENT TRANSPORTATION								22
23 IMAGING SERVICES								23
24 LABS AND DIAGNOSTICS								24
25 MEDICAL SUPPLIES	4,846					4,846	877	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)	238,289				62,797	301,086	54,484	34
35 UNIT COST MULTIPLIER								35

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE NO.: 14-1570

WORKSHEET K-5
 PART I

HOSPICE COST CENTER	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	8	9	10	11	13	14	15	16
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 UNIT COST MULTIPLIER								35

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE NO.: 14-1570

WORKSHEET K-5
 PART I

HOSPICE COST CENTER	SOCIAL SERVICE	NONPHYSIC. ANESTHET.	PARAMED EDUCATION	SUBTOTAL (COLS. 4A-23)	I&R COST & POST STEP-DOWN ADJS	SUBTOTAL (COLS. 24 ± 25)	ALLOC HOSP A&G (SEE PART II)	TOTAL HOSP COSTS (COL 26 ± 27)
	17	19	23	24	25	26	27	28
1 ADMINISTRATIVE AND GENERAL				60		60		1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE				171,459		171,459	29	171,488
6 NURSING CARE-CONTINUOUS HOM								6
7 PHYSICAL THERAPY								7
8 OCCUPATIONAL THERAPY								8
9 SPEECH/LANGUAGE PATHOLOGY								9
10 MEDICAL SOCIAL SERV. - DIRE				67,683		67,683	11	67,694
11 SPIRITUAL COUNSELING				24,503		24,503	4	24,507
12 DIETARY COUNSELING				57		57		57
13 COUNSELING - OTHER								13
14 HOME HLTH AIDE & HOMEMAKERS				45,156		45,156	8	45,164
15 HH AIDE & HMKR-CONT. HOME C								15
16 OTHER								16
17 DRUGS,BIOLOGICALS & INFUSIO				25,006		25,006	4	25,010
18 ANALGESICS								18
19 SEDATIVES / HYPNOTICS								19
20 OTHER - SPECIFY								20
21 DURABLE MED. EQUIP./OXYGEN				15,923		15,923	3	15,926
22 PATIENT TRANSPORTATION								22
23 IMAGING SERVICES								23
24 LABS AND DIAGNOSTICS								24
25 MEDICAL SUPPLIES				5,723		5,723	1	5,724
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)				355,570		355,570		355,570
35 UNIT COST MULTIPLIER							0.000169	35

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1570

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	OTHER CAP REL COSTS NOT USED 3	EMPLOYEE BENEFITS GROSS SALARIES 4	RECON-CILIATION 4A	ADMINIS-TRATIVE & GENERAL ACCUM COST 5	OPERATION OF PLANT SQUARE FEET 7	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8
1 ADMINISTRATIVE AND GENERAL				136		51		1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE				94,992		145,187		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				39,740		57,312		10
11 SPIRITUAL COUNSELING				14,364		20,748		11
12 DIETARY COUNSELING						48		12
13 COUNSELING - OTHER								13
14 HOME HLTH AIDE & HOMEMAKERS				18,183		38,237		14
15 HH AIDE & HMKR-CONT. HOME C								15
16 OTHER								16
17 DRUGS,BIOLOGICALS & INFUSIO						21,174		17
18 ANALGESICS								18
19 SEDATIVES / HYPNOTICS								19
20 OTHER - SPECIFY								20
21 DURABLE MED. EQUIP./OXYGEN						13,483		21
22 PATIENT TRANSPORTATION								22
23 IMAGING SERVICES								23
24 LABS AND DIAGNOSTICS								24
25 MEDICAL SUPPLIES						4,846		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)				167,415		301,086		34
35 TOTAL COST TO BE ALLOCATED				62,797		54,484		35
36 UNIT COST MULTIPLIER				0.375098		0.180958		36

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1570

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	HOURS OF SERVICE	MEALS SERVED	FTES SERVED	HOURS SUPERVISED	COSTED REQUIS.	COSTED REQUIS.	TIME SPENT	TIME SPENT
	9	10	11	13	14	15	16	17
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

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 14-1570
 STATISTICAL BASIS

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	NONPHYSIC.	PARAMED	
	ANESTHET.	EDUCATION	
	ASSIGNED	ASSIGNED	
	TIME	TIME	
	19	23	
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

APPORTIONMENT OF HOSPICE SHARED SERVICES

HOSPICE NO.: 14-1570

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	0.603519		1
2	OCCUPATIONAL THERAPY	67	0.464437		2
3	SPEECH/LANGUAGE PATHOLOGY	68	1.997040		3
4	DRUGS, BIOLOGICALS AND INFUSION	73	0.425131		4
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	96			5
6	LABS AND DIAGNOSTICS	60	0.182759		6
7	MEDICAL SUPPLIES	71	0.497501		7
8	OUTPATIENT SERVICES (INCL. E/R DEPT)	93			8
9	RADIATION THERAPY	55			9
10	STRESS TESTING	76			10
10.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	3.303739		10.01
10.97	CARDIAC REHABILITATION	76.97	0.111433		10.97
11	TOTALS (SUM OF LINES 1-10)				11

CALCULATION OF HOSPICE PER DIEM COST

HOSPICE NO.: 14-1570

WORKSHEET K-6

COMPUTATION OF PER DIEM COST	TITLE XVIII 1	TITLE XIX 2	OTHER 3	TOTAL 4	
1 TOTAL COST (SEE INSTRUCTIONS)				355,570	1
2 TOTAL UNDUPLICATED DAYS (WKST S-9, COL. 6, LINE 5)				3,830	2
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				92.84	3
4 UNDUPLICATED MEDICARE DAYS (WKST S-9, COL. 1, LINE 5)	3,340				4
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	310,086				5
6 UNDUPLICATED MEDICAID DAYS (WKST S-9, COL. 2, LINE 5)		65			6
7 AGGREGATE MEDICAID COST (LINE 3 TIMES LINE 6)		6,035			7
8 UNDUPLICATED SNF DAYS (WKST S-9, COL. 3, LINE 5)	612				8
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)	56,818				9
10 UNDUPLICATED NF DAYS (WKST S-9, COL. 4, LINE 5)			21		10
11 AGGREGATE NF COST (LINE 3 TIMES LINE 10)			1,950		11
12 OTHER UNDUPLICATED DAYS (WKST S-9, COL. 5, LINE 5)				425	12
13 AGGREGATE COST FOR OTHER DAYS (LINE 3 TIMES LINE 12)				39,457	13

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((14-011) [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	681,757	1
2	CAPITAL DRG OUTLIER PAYMENTS	8,957	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	22.46	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)		7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)		8
9	SUM OF LINES 7 AND 8		9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)		10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)		11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	690,714	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
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
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
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
40 SUBPROVIDER - IPF					40
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
51 RECOVERY ROOM					51
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
58 MAGNETIC RESONANCE IMAGING (MR					58
60 LABORATORY					60
64 INTRAVENOUS THERAPY					64
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY					69
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHRGED TO PAT					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
75 ASC (NON-DISTINCT PART)					75
76 STRESS TESTING					76
76.01 PSYCHIATRIC/PSYCHOLOGICAL SERV					76.01
76.97 CARDIAC REHABILITATION					76.97
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY					91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
101 HOME HEALTH AGENCY					101
SPECIAL PURPOSE COST CENTERS					
113 INTEREST EXPENSE					113
116 HOSPICE					116
117 HOMEMAKER					117
118 SUBTOTALS (SUM OF LINES 1-117)					118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CA					190
192 PHYSICIANS' PRIVATE OFFICES					192
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	47.85		16.36				64.21 30
31 INTENSIVE CARE UNIT	67.40		8.83				76.23 31
43 NURSERY			68.80				68.80 43
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	11.76	25.57	4.87				42.20 50
51 RECOVERY ROOM	8.91	20.08	3.93				32.92 51
52 DELIVERY ROOM & LABOR ROOM	0.10	0.13	40.06				40.29 52
53 ANESTHESIOLOGY	9.99	29.26	5.83				45.08 53
54 RADIOLOGY-DIAGNOSTIC	10.18	28.43	1.27				39.88 54
58 MAGNETIC RESONANCE IMAGING (MRI)	2.55	26.92	0.14				29.61 58
60 LABORATORY	19.26	0.41	3.47				23.14 60
64 INTRAVENOUS THERAPY	39.64	6.82	11.50				57.96 64
65 RESPIRATORY THERAPY	56.51	6.51	6.59				69.61 65
66 PHYSICAL THERAPY	8.88	14.93	0.34				24.15 66
67 OCCUPATIONAL THERAPY	7.34	14.50	0.18				22.02 67
68 SPEECH PATHOLOGY		41.85					41.85 68
69 ELECTROCARDIOLOGY	27.90	21.82	1.96				51.68 69
70 ELECTROENCEPHALOGRAPHY	4.53	23.79					28.32 70
71 MEDICAL SUPPLIES CHRGD TO PATI	32.36	30.55	14.43				77.34 71
72 IMPL. DEV. CHARGED TO PATIENT	36.78	24.85					61.63 72
73 DRUGS CHARGED TO PATIENTS	27.86	16.03	6.44				50.33 73
75 ASC (NON-DISTINCT PART)	9.32	40.31	0.89				50.52 75
76.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI		28.89					28.89 76.01
76.97 CARDIAC REHABILITATION	4.66	37.80	0.91				43.37 76.97
91 EMERGENCY	12.37	14.16	1.90				28.43 91
92 OBSERVATION BEDS		39.88					39.88 92
200 TOTAL CHARGES	15.52	20.34	3.65				39.51 200

***** 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	34.64		26.43				61.07 40
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	0.02						0.02 50
51 RECOVERY ROOM	0.04						0.04 51
52 DELIVERY ROOM & LABOR ROOM			0.01				0.01 52
53 ANESTHESIOLOGY	0.05						0.05 53
54 RADIOLOGY-DIAGNOSTIC	0.27		0.11				0.38 54
58 MAGNETIC RESONANCE IMAGING (MRI)	0.04		0.12				0.16 58
60 LABORATORY	1.92		2.71				4.63 60
64 INTRAVENOUS THERAPY	0.11		0.08				0.19 64
65 RESPIRATORY THERAPY	1.77		0.68				2.45 65
66 PHYSICAL THERAPY	0.40		0.20				0.60 66
69 ELECTROCARDIOLOGY	2.04		2.60				4.64 69
70 ELECTROENCEPHALOGRAPHY	1.62						1.62 70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.40		0.46				0.86 71
73 DRUGS CHARGED TO PATIENTS	4.79		4.71				9.50 73
75 ASC (NON-DISTINCT PART)	0.10		0.11				0.21 75
91 EMERGENCY	1.54		2.25				3.79 91
200 TOTAL CHARGES	0.89		0.98				1.87 200

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1 CAP REL COSTS-BLDG & FIXT	3,107,546	4.63	-3,107,546	-8.49			1
2 CAP REL COSTS-MVBLE EQUIP	4,519,654	6.74	-4,519,654	-12.34			2
3 OTHER CAPITAL RELATED COSTS							3
4 EMPLOYEE BENEFITS	11,224,516	16.73	-11,224,516	-30.65			4
5 ADMINISTRATIVE & GENERAL	7,940,998	11.84	-7,940,998	-21.68			5
7 OPERATION OF PLANT	3,019,085	4.50	-3,019,085	-8.24			7
8 LAUNDRY & LINEN SERVICE	298,787	0.45	-298,787	-0.82			8
9 HOUSEKEEPING	901,864	1.34	-901,864	-2.46			9
10 DIETARY	1,246,120	1.86	-1,246,120	-3.40			10
11 CAFETERIA							11
13 NURSING ADMINISTRATION	1,146,606	1.71	-1,146,606	-3.13			13
14 CENTRAL SERVICES & SUPPLY	244,891	0.37	-244,891	-0.67			14
15 PHARMACY	943,467	1.41	-943,467	-2.58			15
16 MEDICAL RECORDS & LIBRARY	1,766,551	2.63	-1,766,551	-4.82			16
17 SOCIAL SERVICE	175,159	0.26	-175,159	-0.48			17
19 NONPHYSICIAN ANESTHETISTS							19
23 PARAMED ED PRGM-(SPECIFY)	88,492	0.13	-88,492	-0.24			23
INPATIENT ROUTINE SERV COST CENTERS							
30 ADULTS & PEDIATRICS	3,065,942	4.57	4,804,621	13.12	7,870,563	11.73	30
31 INTENSIVE CARE UNIT	732,660	1.09	884,728	2.42	1,617,388	2.41	31
40 SUBPROVIDER - IPF	1,970,586	2.94	2,727,004	7.45	4,697,590	7.00	40
43 NURSERY	73,875	0.11	126,766	0.35	200,641	0.30	43
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	2,848,753	4.25	2,199,123	6.00	5,047,876	7.53	50
51 RECOVERY ROOM	183,612	0.27	211,110	0.58	394,722	0.59	51
52 DELIVERY ROOM & LABOR ROOM	160,210	0.24	199,926	0.55	360,136	0.54	52
53 ANESTHESIOLOGY	580,854	0.87	979,648	2.67	1,560,502	2.33	53
54 RADIOLOGY-DIAGNOSTIC	3,407,839	5.08	4,528,723	12.37	7,936,562	11.83	54
58 MAGNETIC RESONANCE IMAGING (MRI)	350,764	0.52	788,358	2.15	1,139,122	1.70	58
60 LABORATORY	2,674,929	3.99	1,346,894	3.68	4,021,823	6.00	60
64 INTRAVENOUS THERAPY	560,169	0.84	338,651	0.92	898,820	1.34	64
65 RESPIRATORY THERAPY	715,932	1.07	541,983	1.48	1,257,915	1.88	65
66 PHYSICAL THERAPY	1,822,334	2.72	2,236,711	6.11	4,059,045	6.05	66
67 OCCUPATIONAL THERAPY	160,516	0.24	163,637	0.45	324,153	0.48	67
68 SPEECH PATHOLOGY	265,620	0.40	247,108	0.67	512,728	0.76	68
69 ELECTROCARDIOLOGY	140,207	0.21	268,224	0.73	408,431	0.61	69
70 ELECTROENCEPHALOGRAPHY	1,775		13,010	0.04	14,785	0.02	70
71 MEDICAL SUPPLIES CHRGD TO PATI	336,622	0.50	553,648	1.51	890,270	1.33	71
72 IMPL. DEV. CHARGED TO PATIENT	1,089,217	1.62	304,374	0.83	1,393,591	2.08	72
73 DRUGS CHARGED TO PATIENTS	1,561,035	2.33	2,019,056	5.51	3,580,091	5.34	73
75 ASC (NON-DISTINCT PART)	2,303,154	3.43	3,264,071	8.91	5,567,225	8.30	75
76 STRESS TESTING							76
76.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI	1,043,124	1.56	3,593,489	9.81	4,636,613	6.91	76.01
76.97 CARDIAC REHABILITATION	63,286	0.09	62,444	0.17	125,730	0.19	76.97
91 EMERGENCY	2,067,515	3.08	2,123,795	5.80	4,191,310	6.25	91
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
101 HOME HEALTH AGENCY	1,566,617	2.34	1,045,787	2.86	2,612,404	3.89	101
SPECIAL PURPOSE COST CENTERS							
116 HOSPICE	238,289	0.36	117,281	0.32	355,570	0.53	116
117 HOMEMAKER	31,561	0.05	27,990	0.08	59,551	0.09	117
NONREIMBURSABLE COST CENTERS							
190 GIFT, FLOWER, COFFEE SHOP & CAN			48,879	0.13	48,879	0.07	190
192 PHYSICIANS' PRIVATE OFFICES	432,459	0.64	856,697	2.34	1,289,156	1.92	192
200 CROSS FOOT ADJUSTMENTS							200
201 NEGATIVE COST CENTER							201
202 TOTAL	67,073,192	100.00			67,073,192	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	587,270	17,092,459	0.034358	2,010,917	69,091	50
51 RECOVERY ROOM	30,240	1,985,313	0.015232	176,819	2,693	51
52 DELIVERY ROOM & LABOR ROOM	31,437	2,861,088	0.010988	2,993	33	52
53 ANESTHESIOLOGY	65,081	5,228,201	0.012448	522,133	6,500	53
54 RADIOLOGY-DIAGNOSTIC	1,390,168	35,015,443	0.039702	3,566,248	141,587	54
58 MAGNETIC RESONANCE IMAGING (MRI)	533,778	6,108,277	0.087386	155,769	13,612	58
60 LABORATORY	208,645	22,006,172	0.009481	4,237,648	40,177	60
64 INTRAVENOUS THERAPY	28,852	2,435,809	0.011845	965,600	11,438	64
65 RESPIRATORY THERAPY	84,644	7,185,279	0.011780	4,060,409	47,832	65
66 PHYSICAL THERAPY	492,132	6,725,627	0.073173	596,993	43,684	66
67 OCCUPATIONAL THERAPY	28,341	697,948	0.040606	51,218	2,080	67
68 SPEECH PATHOLOGY	48,806	256,744	0.190096			68
69 ELECTROCARDIOLOGY	13,435	1,894,718	0.007091	528,641	3,749	69
70 ELECTROENCEPHALOGRAPHY	2,995	37,296	0.080304	1,690	136	70
71 MEDICAL SUPPLIES CHRGD TO PATI	133,415	1,789,484	0.074555	579,095	43,174	71
72 IMPL. DEV. CHARGED TO PATIENT	50,656	2,679,487	0.018905	985,503	18,631	72
73 DRUGS CHARGED TO PATIENTS	173,714	8,421,156	0.020628	2,346,317	48,400	73
75 ASC (NON-DISTINCT PART)	601,022	11,742,584	0.051183	1,094,969	56,044	75
76 STRESS TESTING						76
76.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI	921,604	1,403,444	0.656673			76.01
76.97 CARDIAC REHABILITATION	6,376	1,128,298	0.005651	52,627	297	76.97
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	262,237	14,679,653	0.017864	1,816,263	32,446	91
92 OBSERVATION BEDS	91,618	1,649,707	0.055536			92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL	5,786,466	153,024,187		23,751,852	581,604	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	DIEM	PROGRAM	INPATIENT
	COSTS	AMOUNT	RELATED	DAYS		DAYS	PPS CAPITAL
	1	2	COST	4	5	6	COSTS
			3				7
INPATIENT ROUTINE SERVICE COST CENTERS							
30 ADULTS & PEDIATRICS	635,342		635,342	8,495	74.79	4,065	304,021 30
31 INTENSIVE CARE UNIT	99,718		99,718	951	104.86	641	67,215 31
200 TOTAL	735,060		735,060	9,446		4,706	371,236 200
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							371,236
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							581,604
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							952,840
MEDICARE DISCHARGES (WKST S-3, PART I, LINE 14, COLUMN 13)							1,389
MEDICARE PATIENT DAYS (WKST S-3, PART I, LINE 14, COLUMN 6 - WKST S-3, PART I, LINE 5, COLUMN 6)							4,706
PER DISCHARGE CAPITAL COSTS							685.99
PER DIEM CAPITAL COSTS							202.47

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)	10,647,799
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-3 FOR HOSPITAL TITLE XVIII COMPONENT)	29,252,184
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.364

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))	2,019,799
2. TOTAL MEDICARE CHARGES (WKST D-3 LINE 40 COLUMN 2 PLUS WKST D-3 LINE 202 COLUMN 2) (SEE CR 5619)	3,205,213
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.630

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)	952,840
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	0.033

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPSS. (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)	10,486,136
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPSS. (WKST D, PART V, LINE 202, COLUMNS 2, 2.01, & 2.02 LESS LINES 61, 66-68, 74, 94, 95 & 96)	29,907,666
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.351