

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

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY THOREK MEMORIAL HOSPITAL (14-0115) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2011 AND ENDING 06/30/2012, 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, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5	
		PART A 2	PART B 3			
1 HOSPITAL		654,763	-5,923		8,001,579	1
2 SUBPROVIDER - IPF					1,679,416	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						9
10 HEALTH CLINIC - RHC						10
11 HEALTH CLINIC - FQHC						11
12 OUTPATIENT REHABILITATION PROVIDER						12
200 TOTAL		654,763	-5,923		9,680,995	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: 850 WEST IRVING PARK ROAD P.O.BOX:
 2 CITY: CHICAGO STATE: IL ZIP CODE: 60613 COUNTY: COOK

1
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N)			
						V 6	XVIII 7	XIX 8	
3	HOSPITAL	14-0115	16974	1	07/01/1966	N	P	O	3
4	SUBPROVIDER - IPF	14-S115	16974	4	07/01/1966	N	N	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 OLTC								11
12	HOSPITAL-BASED HHA								12
13	SEPARATELY CERTIFIED ASC								13
14	HOSPITAL-BASED HOSPICE								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: 07/01/2011			TO: 06/30/2012				20
21	TYPE OF CONTROL								21

INPATIENT PPS INFORMATION

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

		IN-STATE		OUT-OF-STATE		OUT-OF-STATE		OTHER	
		MEDICAID	ELIGIBLE	MEDICAID	ELIGIBLE	MEDICAID	ELIGIBLE		
		PAID	UNPAID	PAID	UNPAID	HMO	MEDICAID	MEDICAID	
		DAYS	DAYS	DAYS	DAYS	DAYS	DAYS	DAYS	
		1	2	3	4	5	6		
24	IF THIS PROVIDER IS AN IPHS HOSPITAL, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	12,241				403			24
25	IF THIS PROVIDER IS AN IRF, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID 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 IN COLUMN 1, '1' FOR URBAN OR '2' FOR RURAL. IF APPLICABLE, ENTER THE EFFECTIVE DATE OF THE GEOGRAPHIC RECLASSIFICATION IN COLUMN 2.				1				27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.								35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:			36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.								37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:			38

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEACHING HOSPITALS		1	2	3	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N			56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N		57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-5.	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)	N			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 IME IN COLUMN 2 AND DIRECT GME IN COLUMN 3 FROM THE HOSPITAL'S THREE MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)	Y/N N	IME 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, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, 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))	64
ENTER IN LINES 65-65.49 IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, 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					
1	PROGRAM CODE	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))	66

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

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

PROGRAM NAME 1	PROGRAM CODE 2	UNWEIGHTED FTEs NONPROVIDER SITE 3	UNWEIGHTED FTEs IN HOSPITAL 4	RATIO (COL.1/ (COL.3+COL.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- SICAL ATIONAL N	RESPI- RATORY 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. IF COLUMN 2 IS 'E', ENTER IN COLUMN 3 EITHER '93' PERCENT FOR SHORT TERM HOSPITAL OR '98' PERCENT FOR LONG TERM CARE (INCLUDES PSYCHIATRIC, REHABILITATION AND LONG TERM HOSPITALS PROVIDERS) BASED ON THE DEFINITION IN CMS 15-18 2208.1.	N		115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		117
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.	1		118
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 1,053,433 PAID LOSSES: SELF INSURANCE:			118.01
118.02	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN A COST CENTER 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 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 BEDS THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N	N	120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		121

TRANSPLANT CENTER INFORMATION

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

ALL PROVIDERS

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

141	NAME:	CONTRACTOR'S NAME:	CONTRACTOR'S NUMBER:	141
142	STREET:	P.O. BOX:		142
143	CITY:	STATE:	ZIP CODE:	143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y		144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, LINE 74 ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.	Y		145
146	HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2.	N		146
147	WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		147
148	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		148
149	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		149

DOES THIS FACILITY CONTAIN A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES? ENTER 'Y' FOR YES OR 'N' FOR NO FOR EACH COMPONENT FOR PART A AND PART B. SEE 42 CFR §413.13)

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

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			169

(LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.

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

PROVIDER ORGANIZATION AND OPERATION		Y/N	DATE		
1		1	2	1	
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)	N			
2		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.	N		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		1	2	3	
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.	Y	A	4	
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		1		2	
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N		6	
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	N		7	
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8	
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	N		9	
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10	
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y 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				Y/N	
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		1	2	3	4
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)	N		N	
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	10/31/2012	Y	10/31/2012
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	
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	
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	

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: RAJ | LAST NAME: SHAH | TITLE: SR. REIMBURSEMENT CO | 41 |
| 42 EMPLOYER: STRATEGIC REIMBURSEMENT, NC. | | | 42 |
| 43 PHONE NUMBER: 630-530-7100 EXT 107 | E-MAIL ADDRESS: RAJ.SHAH@SRINC.ORG | | 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	117	42,822		9,623	8,603	18,815	1
2	HMO								2
3	HMO IPF SUBPROVIDER								3
4	HMO IRF SUBPROVIDER								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.)		117	42,822		9,623	8,603	18,815	7
8	INTENSIVE CARE UNIT	31	10	3,660		837	463	1,846	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)		127	46,482		10,460	9,066	20,661	14
15	CAH VISITS								15
16	SUBPROVIDER - IPF	40	20	7,320			3,175	6,369	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							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)		147						27
28	OBSERVATION BED DAYS							760	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 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	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					1,987	2,267	5,342	1
2 HMO									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)			321.58			1,987	2,267	5,342	14
15 CAH VISITS									15
16 SUBPROVIDER - IPF	40		20.00				494	953	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								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)			341.58						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	20,046,324	-800	20,045,524	713,222.00	28.11	1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN-PART A ADMINISTRATIVE		182,752		182,752	2,305.00	79.29	4
4.01	PHYSICIAN-PART A - TEACHING							4.01
5	PHYSICIAN-PART B		748,131		748,131	10,835.00	69.05	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)		1,927,003		1,927,003	15,732.00	122.49	10
OTHER WAGES & RELATED COSTS								
11	CONTRACT LABOR (SEE INSTRUCTIONS)		671,696		671,696	9,010.00	74.55	11
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES							12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE							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 WAGE-RELATED COSTS							16
17	WAGE-RELATED COSTS (CORE)		2,478,144		2,478,144			17
18	WAGE-RELATED COSTS (OTHER)							18
19	EXCLUDED AREAS		117,818		117,818			19
20	NON-PHYSICIAN ANESTHETIST PART A							20
21	NON-PHYSICIAN ANESTHETIST PART B							21
22	PHYSICIAN PART A - ADMINISTRATIVE		24,819		24,819			22
22.01	PHYSICIAN PART A - TEACHING							22.01
23	PHYSICIAN PART B		101,600		101,600			23
24	WAGE-RELATED COSTS (RHC/FQHC)							24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM) OVERHEAD COSTS - DIRECT SALARIES							25
26	EMPLOYEE BENEFITS		68,289		68,289	2,665.00	25.62	26
27	ADMINISTRATIVE & GENERAL		3,264,341		3,264,341	105,429.00	30.96	27
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		88,513		88,513	495.00	178.81	28
29	MAINTENANCE & REPAIRS							29
30	OPERATION OF PLANT		502,039		502,039	18,879.00	26.59	30
31	LAUNDRY & LINEN SERVICE							31
32	HOUSEKEEPING							32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)		459,260		459,260	26,506.00	17.33	33
34	DIETARY		459,691	-100,767	358,924	31,396.00	11.43	34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)		175,121		175,121	4,160.00	42.10	35
36	CAFETERIA			100,767	100,767	8,814.00	11.43	36
37	MAINTENANCE OF PERSONNEL							37
38	NURSING ADMINISTRATION		484,095		484,095	11,451.00	42.28	38
39	CENTRAL SERVICES AND SUPPLY		73,186		73,186	5,886.00	12.43	39
40	PHARMACY		609,018		609,018	19,223.00	31.68	40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		595,909		595,909	26,213.00	22.73	41
42	SOCIAL SERVICE		476,643		476,643	13,524.00	35.24	42
43	OTHER GENERAL SERVICE							43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	20,021,087	-800	20,020,287	733,548.00	27.29	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	1,927,003		1,927,003	15,732.00	122.49	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	18,094,084	-800	18,093,284	717,816.00	25.21	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	671,696		671,696	9,010.00	74.55	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	2,502,963		2,502,963		13.83%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	21,268,743	-800	21,267,943	726,826.00	29.26	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	7,256,105		7,256,105	274,641.00	26.42	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
 PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	-62,842	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3 NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		3
4 QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5 401K/TSA PLAN ADMINISTRATION FEES		5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	998,969	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	41,482	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	33,657	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	1,780	12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	93,201	14
15 WORKERS' COMPENSATION INSURANCE	174,922	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	1,442,165	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	-32,170	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION (OTHER THAN RETIREMENT COST REPORTED ON LINES 1 THROUGH 4 ABOVE) (SEE INSTRUCTIONS)		21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT	31,217	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	2,722,381	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
2	HOSPITAL		2
3	SUBPROVIDER - IPF		3
4	SUBPROVIDER - IRF		4
5	SUBPROVIDER - (OTHER)		5
6	SWING BEDS - SNF		6
7	SWING BEDS - NF		7
8	HOSPITAL-BASED SNF		8
9	HOSPITAL-BASED NF		9
10	HOSPITAL-BASED OLTC		10
11	HOSPITAL-BASED HHA		11
12	SEPARATELY CERTIFIED ASC		12
13	HOSPITAL-BASED HOSPICE		13
14	HOSPITAL-BASED HEALTH CLINIC - RHC		14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC		15
16	HOSPITAL-BASED (CMHC)		16
17	RENAL DIALYSIS		17
18	OTHER		18

HOSPITAL 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 202, COL. 3 DIVIDED BY LINE 202, COL. 8)				0.311800	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				18,521,129	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?				Y	4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID					5
6	MEDICAID CHARGES				38,814,203	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				12,102,268	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5) IF LINE 7 IS LESS THAN THE SUM OF LINES 2 AND 5, THEN ENTER ZERO.					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) IF LINE 11 IS LESS THAN LINE 9, THEN ENTER ZERO.					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) IF LINE 15 IS LESS THAN LINE 13, THEN ENTER ZERO.					16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)						
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE					17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS					18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)					19
		UNINSURED	INSURED		TOTAL	
		PATIENTS	PATIENTS			
		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	4,679,124			4,679,124	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	1,458,951			1,458,951	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE				0	22
23	COST OF CHARITY CARE	1,458,951			1,458,951	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 IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)				N	24
25	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)				2,198,047	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V				957,409	27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)				1,240,638	28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)				386,831	29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)				1,845,782	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)				1,845,782	31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4	
GENERAL SERVICE COST CENTERS						
1	00100		3,658,655	3,658,655	-621,481	1
2	00200				1,833,589	2
3	00300					3
4	00400	68,289	2,785,708	2,853,997		4
5	00500	3,264,341	7,708,367	10,972,708	-267,937	5
6	00600					6
7	00700	502,039	1,545,999	2,048,038		7
8	00800				220,105	8
9	00900		579,562	579,562		9
10	01000	459,691	857,886	1,317,577	-288,820	10
11	01100				288,820	11
12	01200					12
13	01300	484,095	124,865	608,960		13
14	01400	73,186	159,038	232,224	1,965,927	14
15	01500	609,018	3,874,164	4,483,182	-3,485,148	15
16	01600	595,909	524,191	1,120,100		16
17	01700	476,643	31,643	508,286		17
19	01900					19
20	02000					20
21	02100					21
22	02200					22
23	02300					23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	3,730,858	730,258	4,461,116	-257,071	30
31	03100	1,017,371	102,972	1,120,343	-77,284	31
40	04000	1,059,445	84,575	1,144,020		40
ANCILLARY SERVICE COST CENTERS						
50	05000	821,259	1,561,482	2,382,741	-857,689	50
53	05300		465,832	465,832	-35,965	53
54	05400	770,939	758,382	1,529,321	-95,823	54
54.01	03630	164,232	2,849	167,081	-1,964	54.01
60	06000	1,117,483	1,779,412	2,896,895	-6,149	60
62.30	06250					62.30
65	06500	637,186	124,013	761,199	-43,814	65
66	06600		71,900	71,900	-48	66
69	06900	125,999	19,418	145,417	-8,010	69
69.01	03140	114,429	379,476	493,905	-246,530	69.01
70.01	03950					70.01
71	07100					71
72	07200					72
73	07300				3,433,758	73
74	07400		147,407	147,407		74
75	07500	407,779	32,468	440,247	-16,795	75
75.01	03480	208,018	55,087	263,105	-35,100	75.01
75.02	03340	26,662	116,159	142,821	-88,380	75.02
76.97	07697					76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	947,286	107,699	1,054,985	-15,071	90
90.01	09001	86,226	50,468	136,694	-41,897	90.01
91	09100	1,410,383	1,061,889	2,472,272	-86,947	91
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
99.10	09910					99.10
99.20	09920					99.20
99.30	09930					99.30
99.40	09940					99.40
113	11300		1,164,276	1,164,276	-1,164,276	113
118		19,178,766	30,666,100	49,844,866		118
NONREIMBURSABLE COST CENTERS						
190.01	19001					190.01
192	19200	718,495	364,468	1,082,963		192
192.01	19201	49,480	835,115	884,595		192.01
194	07950	99,583	23,689	123,272		194
200		20,046,324	31,889,372	51,935,696		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	3,037,174	-2,523,551	513,623	1
2	00200	1,833,589	-1,178	1,832,411	2
3	00300				3
4	00400	2,853,997	-1,029	2,852,968	4
5	00500	10,704,771	-595,675	10,109,096	5
6	00600				6
7	00700	2,048,038		2,048,038	7
8	00800	220,105		220,105	8
9	00900	579,562		579,562	9
10	01000	1,028,757		1,028,757	10
11	01100	288,820	-115,448	173,372	11
12	01200				12
13	01300	608,960	-6,972	601,988	13
14	01400	2,198,151		2,198,151	14
15	01500	998,034		998,034	15
16	01600	1,120,100	-5,919	1,114,181	16
17	01700	508,286	-45,704	462,582	17
19	01900				19
20	02000				20
21	02100				21
22	02200				22
23	02300				23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	4,204,045	-26,810	4,177,235	30
31	03100	1,043,059		1,043,059	31
40	04000	1,144,020		1,144,020	40
ANCILLARY SERVICE COST CENTERS					
50	05000	1,525,052	-242,395	1,282,657	50
53	05300	429,867	-388,334	41,533	53
54	05400	1,433,498		1,433,498	54
54.01	03630	165,117		165,117	54.01
60	06000	2,890,746	-45,443	2,845,303	60
62.30	06250				62.30
65	06500	717,385	-9,601	707,784	65
66	06600	71,852	-149	71,703	66
69	06900	137,407		137,407	69
69.01	03140	247,375		247,375	69.01
70.01	03950				70.01
71	07100				71
72	07200				72
73	07300	3,433,758		3,433,758	73
74	07400	147,407		147,407	74
75	07500	423,452		423,452	75
75.01	03480	228,005		228,005	75.01
75.02	03340	54,441		54,441	75.02
76.97	07697				76.97
76.98	07698				76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
90	09000	1,039,914	-537,160	502,754	90
90.01	09001	94,797		94,797	90.01
91	09100	2,385,325	-1,481,314	904,011	91
92	09200				92
OTHER REIMBURSABLE COST CENTERS					
99.10	09910				99.10
99.20	09920				99.20
99.30	09930				99.30
99.40	09940				99.40
SPECIAL PURPOSE COST CENTERS					
113	11300				113
118		49,844,866	-6,026,682	43,818,184	118
NONREIMBURSABLE COST CENTERS					
190.01	19001				190.01
192	19200	1,082,963	-663,375	419,588	192
192.01	19201	884,595		884,595	192.01
194	07950	123,272		123,272	194
200		51,935,696	-6,690,057	45,245,639	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER
	1	2	3	4	5
1 DEPRECIATION GL CC 8850-8581	A	CAP REL COSTS-MVBLE EQUIP	2		1,833,589 1
500 TOTAL RECLASSIFICATIONS					1,833,589 500
CODE LETTER - A					
1 INSURANCE	B	CAP REL COSTS-BLDG & FIXT	1		47,832 1
500 TOTAL RECLASSIFICATIONS					47,832 500
CODE LETTER - B					
1 DRUGS CHARGED	C	DRUGS CHARGED TO PATIENTS	73		3,433,758 1
500 TOTAL RECLASSIFICATIONS					3,433,758 500
CODE LETTER - C					
1					1
2					2
3 SUPPLIES CHARGED	D	CENTRAL SERVICES & SUPPLY	14		2,067,480 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
500 TOTAL RECLASSIFICATIONS					2,067,480 500
CODE LETTER -					
1 CAFETERIA COSTS	E	CAFETERIA	11	100,767	188,053 1
500 TOTAL RECLASSIFICATIONS				100,767	188,053 500
CODE LETTER - E					
1 INTEREST	F	CAP REL COSTS-BLDG & FIXT	1		1,164,276 1
500 TOTAL RECLASSIFICATIONS					1,164,276 500
CODE LETTER - F					
1 LAB EXP - RECORDING ERROR 7000-6013	G	LABORATORY	60		800 1
500 TOTAL RECLASSIFICATIONS					800 500
CODE LETTER - G					
1 LAUNDRY EXP	I	LAUNDRY & LINEN SERVICE	8		220,105 1
500 TOTAL RECLASSIFICATIONS					220,105 500
CODE LETTER - I					
GRAND TOTAL (INCREASES)				100,767	8,955,893

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 DEPRECIATION GL CC 8850-8581	A	CAP REL COSTS-BLDG & FIXT	1		1,833,589	9 1
500 TOTAL RECLASSIFICATIONS					1,833,589	500
CODE LETTER - A						
1 INSURANCE	B	ADMINISTRATIVE & GENERAL	5		47,832	12 1
500 TOTAL RECLASSIFICATIONS					47,832	500
CODE LETTER - B						
1 DRUGS CHARGED	C	PHARMACY	15		3,433,758	1
500 TOTAL RECLASSIFICATIONS					3,433,758	500
CODE LETTER - C						
1						1
2						2
3 SUPPLIES CHARGED	D	CENTRAL SERVICES & SUPPLY	14		101,553	3
4		PHARMACY	15		51,390	4
5		ADULTS & PEDIATRICS	30		257,071	5
6		INTENSIVE CARE UNIT	31		77,284	6
7		OPERATING ROOM	50		857,689	7
8		ANESTHESIOLOGY	53		35,965	8
9		RADIOLOGY-DIAGNOSTIC	54		95,823	9
10		ULTRASOUND	54.01		1,964	10
11		LABORATORY	60		6,149	11
12		RESPIRATORY THERAPY	65		43,814	12
13		PHYSICAL THERAPY	66		48	13
14		ELECTROCARDIOLOGY	69		8,010	14
15		CARDIAC CATH LAB	69.01		246,530	15
16		ASC (NON-DISTINCT PART)	75		16,795	16
17		ONCOLOGY	75.01		35,100	17
18		GI LAB	75.02		88,380	18
19		CLINIC	90		15,071	19
20		WOUND CARE CENTER	90.01		41,897	20
21		EMERGENCY	91		86,947	21
500 TOTAL RECLASSIFICATIONS					2,067,480	500
CODE LETTER -						
1 CAFETERIA COSTS	E	DIETARY	10	100,767	188,053	1
500 TOTAL RECLASSIFICATIONS				100,767	188,053	500
CODE LETTER - E						
1 INTEREST	F	INTEREST EXPENSE	113		1,164,276	11 1
500 TOTAL RECLASSIFICATIONS					1,164,276	500
CODE LETTER - F						
1 LAB EXP - RECORDING ERROR 7000-6013	G	LABORATORY	60	800		1
500 TOTAL RECLASSIFICATIONS				800		500
CODE LETTER - G						
1 LAUNDRY EXP	I	ADMINISTRATIVE & GENERAL	5		220,105	1
500 TOTAL RECLASSIFICATIONS					220,105	500
CODE LETTER - I						
GRAND TOTAL (DECREASES)				101,567	8,955,093	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	9,426,777	2,431,263		2,431,263		11,858,040		1
2 LAND IMPROVEMENTS	1,511,394	20,525		20,525		1,531,919		2
3 BUILDINGS AND FIXTURES	29,375,543	803,000		803,000		30,178,543		3
4 BUILDING IMPROVEMENTS	20,886,621	4,538,984		4,538,984		25,425,605		4
5 FIXED EQUIPMENT	4,252,000				50,123	4,201,877		5
6 MOVABLE EQUIPMENT	21,168,537	1,687,327		1,687,327		22,855,864		6
7 HIT DESIGNATED ASSETS								7
8 SUBTOTAL (SUM OF LINES 1-7)	86,620,872	9,481,099		9,481,099	50,123	96,051,848		8
9 RECONCILING ITEMS								9
10 TOTAL (LINE 7 MINUS LINE 9)	86,620,872	9,481,099		9,481,099	50,123	96,051,848		10

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(1)
							(SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT	3,658,655						3,658,655 1
2 CAP REL COSTS-MVBLE EQUIP							2
3 TOTAL (SUM OF LINES 1-2)	3,658,655						3,658,655 3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS

DESCRIPTION	GROSS ASSETS 1	CAPITALIZED LEASES 2	RATIOS		INSURANCE 5	TAXES 6	OTHER CAPITAL- RELATED COSTS 7	TOTAL (SUM OF COLS. 5-7) 8
			FOR RATIO (COL. 1 - COL. 2) 3	RATIO (SEE INSTR.) 4				
1 CAP REL COSTS-BLDG & FIXT	59,806,025		59,806,025	0.723502				1
2 CAP REL COSTS-MVBLE EQUIP	22,855,864		22,855,864	0.276498				2
3 TOTAL (SUM OF LINES 1-2)	82,661,889		82,661,889	1.000000				3

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(2)
							(SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT	668,651	6,154	-209,014	47,832			513,623 1
2 CAP REL COSTS-MVBLE EQUIP	1,832,411						1,832,411 2
3 TOTAL	2,501,062	6,154	-209,014	47,832			2,346,034 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)	B	-1,164,276	CAP REL COSTS-BLDG & FIXT	1	11 1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2 3
3 INVESTMENT INCOME-OTHER (CHAPTER 2) TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)	B	-339	ADMINISTRATIVE & GENERAL	5	4 4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5 5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)	B	-513,091	CAP REL COSTS-BLDG & FIXT	1	9 6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)	A	-36,091	ADMINISTRATIVE & GENERAL	5	7 7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					8 8
9 PARKING LOT (CHAPTER 21)					9 9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-2,897,072			10 10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11 11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1				12 12
13 LAUNDRY AND LINEN SERVICE					13 13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-115,015	CAFETERIA	11	14 14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15 15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16 16
17 SALE OF DRUGS TO OTHER THAN PATIENTS					17 17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-5,919	MEDICAL RECORDS & LIBRARY	16	18 18
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					19 19
20 VENDING MACHINES	B	-433	CAFETERIA	11	20 20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21 21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22 22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		RESPIRATORY THERAPY	65	23 23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		PHYSICAL THERAPY	66	24 24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	25 25
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	26 26
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	27 27
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28 28
29 PHYSICIANS' ASSISTANT					29 29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67	30 30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		SPEECH PATHOLOGY	68	31 31
32 CAH HIT ADJ FOR DEPRECIATION AND					32 32
33 MISC INCOME 5000.5499 ADD ON	B	6,154	CAP REL COSTS-BLDG & FIXT	1	10 33
34 1985 SERIES BOND INTEREST	A	-209,014	CAP REL COSTS-BLDG & FIXT	1	11 34
35 HOSPITALITY EXP	A	-128,833	ADMINISTRATIVE & GENERAL	5	35 35
35.01 HOSPITALITY EXP	A	-6,972	NURSING ADMINISTRATION	13	35.01 35.01
35.03 HOSPITALITY EXP	A	-1,123	LABORATORY	60	35.03 35.03
36 PATIENT PHONE	A	-1,178	CAP REL COSTS-MVBLE EQUIP	2	9 36
37 SPACE RENTAL IRVING PARK RD	B	-209,453	CAP REL COSTS-BLDG & FIXT	1	9 37
38					38 38
39 MEDICAL STAFF APPLICATION FEES	B	1,031	ADMINISTRATIVE & GENERAL	5	39 39
39.01 BACKGROUND APPLICATION FEES	B	-1,200	ADMINISTRATIVE & GENERAL	5	39.01 39.01
40 POB PRO FEES	A	-663,375	PHYSICIANS' PRIVATE OFFICES	192	40 40
41 IHA DUES - LOBBYING PORTION	A	-17,016	ADMINISTRATIVE & GENERAL	5	41 41
42 MARKETING EXP CC 8800	A	-154,877	ADMINISTRATIVE & GENERAL	5	42 42
43					43 43
44					44 44
44.02 MEDICARE PREMIUM PAID FOR EX EMPLO	A	-4,206	ADMINISTRATIVE & GENERAL	5	44.02 44.02
44.03 EXTRAORDINARY LOSS	B	-4,090	ADMINISTRATIVE & GENERAL	5	44.03 44.03
45 ADVERTISING	A	-2,013	ADMINISTRATIVE & GENERAL	5	45 45
46 RECONCILE WITH AFS	A	-127,785	ADMINISTRATIVE & GENERAL	5	46 46
47 POB DEP	A	-433,871	CAP REL COSTS-BLDG & FIXT	1	9 47
48					48 48
49					49 49
50 TOTAL (SUM OF LINES 1 THRU 49) TRANSFER TO WKST A, COL. 6, LINE 200)		-6,690,057			50 50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF
1	2	3	4	5	6	7
1						
2						
3						
4						
5	TOTALS (SUM OF LINES 1-4)					
	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
3	4	5	6		
6	1	2			
7					
8					
9					
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	
1	4	EMPLOYEE BENEFITS	AGGREGATE	1,114		1,114	177,200	1	85	4
2	5	ADMINISTRATIVE & GENERAL	AGGREGATE	120,256	120,256					2
4	16	MEDICAL RECORDS & LIBRAR	AGGREGATE							4
6	17	SOCIAL SERVICE	AGGREGATE	157,562		157,562	177,200	1,313	111,858	5,593
8	30	ADULTS & PEDIATRICS	AGGREGATE	26,810	26,810					8
10	50	OPERATING ROOM	AGGREGATE	242,395	242,395					10
12	53	ANESTHESIOLOGY	AGGREGATE	388,334	388,334					12
16	60	LABORATORY	AGGREGATE	44,320	44,320					16
18	65	RESPIRATORY THERAPY	AGGREGATE	25,191		25,191	177,200	183	15,590	780
20	66	PHYSICAL THERAPY	AGGREGATE	405		405	177,200	3	256	13
22	69	ELECTROCARDIOLOGY	AGGREGATE							22
24	90	CLINIC	AGGREGATE	537,160	537,160					24
26	91	EMERGENCY	AGGREGATE	1,481,314	1,481,314					26
200		TOTAL		3,024,861	2,840,589	184,272		1,500	127,789	6,390

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
LINE NO.	11		12	13	14	15	16	17	18	
1	4	EMPLOYEE BENEFITS	AGGREGATE				85	1,029	1,029	1
2	5	ADMINISTRATIVE & GENERAL	AGGREGATE						120,256	2
4	16	MEDICAL RECORDS & LIBRAR	AGGREGATE							4
6	17	SOCIAL SERVICE	AGGREGATE				111,858	45,704	45,704	6
8	30	ADULTS & PEDIATRICS	AGGREGATE						26,810	8
10	50	OPERATING ROOM	AGGREGATE						242,395	10
12	53	ANESTHESIOLOGY	AGGREGATE						388,334	12
16	60	LABORATORY	AGGREGATE						44,320	16
18	65	RESPIRATORY THERAPY	AGGREGATE				15,590	9,601	9,601	18
20	66	PHYSICAL THERAPY	AGGREGATE				256	149	149	20
22	69	ELECTROCARDIOLOGY	AGGREGATE							22
24	90	CLINIC	AGGREGATE						537,160	24
26	91	EMERGENCY	AGGREGATE						1,481,314	26
200		TOTAL					127,789	56,483	2,897,072	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	513,623	513,623				1
2 CAP REL COSTS-MVBLE EQUIP	1,832,411		1,832,411			2
4 EMPLOYEE BENEFITS	2,852,968	6,127	21,858	2,880,953		4
5 ADMINISTRATIVE & GENERAL	10,109,096	45,769	163,288	470,757	10,788,910	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	2,048,038	122,573	437,290	72,400	2,680,301	7
8 LAUNDRY & LINEN SERVICE	220,105				220,105	8
9 HOUSEKEEPING	579,562	2,006	7,158		588,726	9
10 DIETARY	1,028,757	15,478	55,219	51,761	1,151,215	10
11 CAFETERIA	173,372	9,178	32,742	14,532	229,824	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	601,988			69,812	671,800	13
14 CENTRAL SERVICES & SUPPLY	2,198,151	15,053	53,705	10,554	2,277,463	14
15 PHARMACY	998,034	3,059	10,914	87,828	1,099,835	15
16 MEDICAL RECORDS & LIBRARY	1,114,181	4,200	14,985	85,937	1,219,303	16
17 SOCIAL SERVICE	462,582	2,927	10,442	68,738	544,689	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	4,177,235	94,775	338,119	538,029	5,148,158	30
31 INTENSIVE CARE UNIT	1,043,059	8,781	31,326	146,717	1,229,883	31
40 SUBPROVIDER - IPF	1,144,020	24,110	86,015	152,785	1,406,930	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,282,657	25,885	92,347	118,435	1,519,324	50
53 ANESTHESIOLOGY	41,533	890	3,176		45,599	53
54 RADIOLOGY-DIAGNOSTIC	1,433,498	22,511	80,312	111,179	1,647,500	54
54.01 ULTRASOUND	165,117	620	2,212	23,684	191,633	54.01
60 LABORATORY	2,845,303	15,649	55,829	161,039	3,077,820	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	707,784			91,890	799,674	65
66 PHYSICAL THERAPY	71,703	7,149	25,505		104,357	66
69 ELECTROCARDIOLOGY	137,407	8,276	29,527	18,171	193,381	69
69.01 CARDIAC CATH LAB	247,375	4,272	15,240	16,502	283,389	69.01
70.01 SLEEP LAB						70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS	3,433,758				3,433,758	73
74 RENAL DIALYSIS	147,407	193	688		148,288	74
75 ASC (NON-DISTINCT PART)	423,452	19,711	70,322	58,807	572,292	75
75.01 ONCOLOGY	228,005	8,268	29,497	29,999	295,769	75.01
75.02 GI LAB	54,441	4,955	17,679	3,845	80,920	75.02
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	502,754	18,915	67,480	136,610	725,759	90
90.01 WOUND CARE CENTER	94,797	2,343	8,358	12,435	117,933	90.01
91 EMERGENCY	904,011	14,579	52,014	203,394	1,173,998	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	43,818,184	508,252	1,813,247	2,755,840	43,668,536	118
NONREIMBURSABLE COST CENTERS						
190.01 SENIOR HEALTH						190.01
192 PHYSICIANS' PRIVATE OFFICES	419,588	3,814	13,608	103,616	540,626	192
192.01 RETAIL PHARMACY	884,595	992	3,540	7,136	896,263	192.01
194 SENIOR HEALTH	123,272	565	2,016	14,361	140,214	194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	45,245,639	513,623	1,832,411	2,880,953	45,245,639	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	10,788,910					5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	839,242	3,519,543				7
8 LAUNDRY & LINEN SERVICE	68,918		289,023			8
9 HOUSEKEEPING	184,339	20,821		793,886		9
10 DIETARY	360,463	160,620		36,446	1,708,744	10
11 CAFETERIA	71,961	95,240		21,611		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	210,351					13
14 CENTRAL SERVICES & SUPPLY	713,108	156,216		35,446		14
15 PHARMACY	344,375	31,747		7,204		15
16 MEDICAL RECORDS & LIBRARY	381,782	43,587		9,890		16
17 SOCIAL SERVICE	170,550	30,374		6,892		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,611,958	983,513	197,076	223,167	1,189,429	30
31 INTENSIVE CARE UNIT	385,095	91,121	17,376	20,676	116,691	31
40 SUBPROVIDER - IPF	440,531	250,197		56,772	402,624	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	475,723	268,615	32,701	60,951		50
53 ANESTHESIOLOGY	14,278	9,238		2,096		53
54 RADIOLOGY-DIAGNOSTIC	515,857	233,608	22,258	53,008		54
54.01 ULTRASOUND	60,003	6,435		1,460		54.01
60 LABORATORY	963,712	162,393		36,848		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	250,390					65
66 PHYSICAL THERAPY	32,676	74,190		16,834		66
69 ELECTROCARDIOLOGY	60,550	85,887		19,488		69
69.01 CARDIAC CATH LAB	88,733	44,331		10,059		69.01
70.01 SLEEP LAB						70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS	1,075,161					73
74 RENAL DIALYSIS	46,431	2,002		454		74
75 ASC (NON-DISTINCT PART)	179,193	204,550	7,089	46,414		75
75.01 ONCOLOGY	92,610	85,801		19,469		75.01
75.02 GI LAB	25,337	51,424	7,089	11,668		75.02
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	227,246	196,285		44,539		90
90.01 WOUND CARE CENTER	36,927	24,310	232	5,516		90.01
91 EMERGENCY	367,596	151,296	5,202	34,330		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	10,295,096	3,463,801	289,023	781,238	1,708,744	118
NONREIMBURSABLE COST CENTERS						
190.01 SENIOR HEALTH						190.01
192 PHYSICIANS' PRIVATE OFFICES	169,278	39,583		8,982		192
192.01 RETAIL PHARMACY	280,633	10,296		2,336		192.01
194 SENIOR HEALTH	43,903	5,863		1,330		194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	10,788,910	3,519,543	289,023	793,886	1,708,744	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11	13	14	15	16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	418,636					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	8,772	890,923				13
14 CENTRAL SERVICES & SUPPLY	4,514		3,186,747			14
15 PHARMACY	14,743			1,497,904		15
16 MEDICAL RECORDS & LIBRARY	20,089				1,674,651	16
17 SOCIAL SERVICE	10,373					17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	113,666	424,564		7,204	264,452	30
31 INTENSIVE CARE UNIT	23,419	87,472		3,786	45,446	31
40 SUBPROVIDER - IPF	34,528	128,966		1,476	91,160	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	20,025	74,797		15,397	38,205	50
53 ANESTHESIOLOGY				12,518	21,478	53
54 RADIOLOGY-DIAGNOSTIC	19,849			33,441	207,962	54
54.01 ULTRASOUND	3,442				30,316	54.01
60 LABORATORY	34,319				231,209	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	18,040				46,181	65
66 PHYSICAL THERAPY					2,168	66
69 ELECTROCARDIOLOGY	3,938			166	44,573	69
69.01 CARDIAC CATH LAB	2,561			310	25,542	69.01
70.01 SLEEP LAB						70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			2,668,284		70,018	71
72 IMPL. DEV. CHARGED TO PATIENT			518,463		20,212	72
73 DRUGS CHARGED TO PATIENTS				1,170,205	378,928	73
74 RENAL DIALYSIS					6,156	74
75 ASC (NON-DISTINCT PART)	9,364	34,977		2,591	17,738	75
75.01 ONCOLOGY	5,955	22,242		2,416	35,394	75.01
75.02 GI LAB	1,024			251	14,075	75.02
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	26,380			4,166	25,092	90
90.01 WOUND CARE CENTER	3,153	11,779		636	9,840	90.01
91 EMERGENCY	28,413	106,126		1,479	48,506	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	406,567	890,923	3,186,747	1,256,042	1,674,651	118
NONREIMBURSABLE COST CENTERS						
190.01 SENIOR HEALTH						190.01
192 PHYSICIANS' PRIVATE OFFICES	6,803			239		192
192.01 RETAIL PHARMACY	2,657			240,649		192.01
194 SENIOR HEALTH	2,609			974		194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	418,636	890,923	3,186,747	1,497,904	1,674,651	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	17	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
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE	762,878				17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	527,828	10,691,015		10,691,015	30
31 INTENSIVE CARE UNIT	79,661	2,100,626		2,100,626	31
40 SUBPROVIDER - IPF	136,012	2,949,196		2,949,196	40
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		2,505,738		2,505,738	50
53 ANESTHESIOLOGY		105,207		105,207	53
54 RADIOLOGY-DIAGNOSTIC		2,733,483		2,733,483	54
54.01 ULTRASOUND		293,289		293,289	54.01
60 LABORATORY		4,506,301		4,506,301	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY		1,114,285		1,114,285	65
66 PHYSICAL THERAPY		230,225		230,225	66
69 ELECTROCARDIOLOGY		407,983		407,983	69
69.01 CARDIAC CATH LAB		454,925		454,925	69.01
70.01 SLEEP LAB					70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		2,738,302		2,738,302	71
72 IMPL. DEV. CHARGED TO PATIENT		538,675		538,675	72
73 DRUGS CHARGED TO PATIENTS		6,058,052		6,058,052	73
74 RENAL DIALYSIS		203,331		203,331	74
75 ASC (NON-DISTINCT PART)		1,074,208		1,074,208	75
75.01 ONCOLOGY		559,656		559,656	75.01
75.02 GI LAB		191,788		191,788	75.02
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	2,871	1,252,338		1,252,338	90
90.01 WOUND CARE CENTER		210,326		210,326	90.01
91 EMERGENCY	16,506	1,933,452		1,933,452	91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
SPECIAL PURPOSE COST CENTERS					
113 INTEREST EXPENSE					113
118 SUBTOTALS (SUM OF LINES 1-117)	762,878	42,852,401		42,852,401	118
NONREIMBURSABLE COST CENTERS					
190.01 SENIOR HEALTH					190.01
192 PHYSICIANS' PRIVATE OFFICES		765,511		765,511	192
192.01 RETAIL PHARMACY		1,432,834		1,432,834	192.01
194 SENIOR HEALTH		194,893		194,893	194
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	762,878	45,245,639		45,245,639	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		6,127	21,858	27,985	27,985	4
5 ADMINISTRATIVE & GENERAL		45,769	163,288	209,057	4,573	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT		122,573	437,290	559,863	703	7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING		2,006	7,158	9,164		9
10 DIETARY		15,478	55,219	70,697	503	10
11 CAFETERIA		9,178	32,742	41,920	141	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						678
14 CENTRAL SERVICES & SUPPLY		15,053	53,705	68,758	103	14
15 PHARMACY		3,059	10,914	13,973	853	15
16 MEDICAL RECORDS & LIBRARY		4,200	14,985	19,185	835	16
17 SOCIAL SERVICE		2,927	10,442	13,369	668	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		94,775	338,119	432,894	5,225	30
31 INTENSIVE CARE UNIT		8,781	31,326	40,107	1,425	31
40 SUBPROVIDER - IPF		24,110	86,015	110,125	1,484	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		25,885	92,347	118,232	1,151	50
53 ANESTHESIOLOGY		890	3,176	4,066		53
54 RADIOLOGY-DIAGNOSTIC		22,511	80,312	102,823	1,080	54
54.01 ULTRASOUND		620	2,212	2,832	230	54.01
60 LABORATORY		15,649	55,829	71,478	1,564	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY					893	65
66 PHYSICAL THERAPY		7,149	25,505	32,654		66
69 ELECTROCARDIOLOGY		8,276	29,527	37,803	177	69
69.01 CARDIAC CATH LAB		4,272	15,240	19,512	160	69.01
70.01 SLEEP LAB						70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS		193	688	881		74
75 ASC (NON-DISTINCT PART)		19,711	70,322	90,033	571	75
75.01 ONCOLOGY		8,268	29,497	37,765	291	75.01
75.02 GI LAB		4,955	17,679	22,634	37	75.02
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		18,915	67,480	86,395	1,327	90
90.01 WOUND CARE CENTER		2,343	8,358	10,701	121	90.01
91 EMERGENCY		14,579	52,014	66,593	1,976	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)		508,252	1,813,247	2,321,499	26,769	118
NONREIMBURSABLE COST CENTERS						
190.01 SENIOR HEALTH						190.01
192 PHYSICIANS' PRIVATE OFFICES		3,814	13,608	17,422	1,007	192
192.01 RETAIL PHARMACY		992	3,540	4,532	69	192.01
194 SENIOR HEALTH		565	2,016	2,581	140	194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)		513,623	1,832,411	2,346,034	27,985	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	ADMINIS-	OPERATION	LAUNDRY	HOUSE-	DIETARY	
	TRATIVE & GENERAL 5	OF PLANT 7	& LINEN SERVICE 8	KEEPING 9	10	
GENERAL SERVICE COST CENTERS						
1						1
2						2
4						4
5	213,630					5
6						6
7	16,618	577,184				7
8	1,365		1,365			8
9	3,650	3,415		16,229		9
10	7,138	26,341		745	105,424	10
11	1,425	15,619		442		11
12						12
13	4,165					13
14	14,120	25,618		725		14
15	6,819	5,206		147		15
16	7,560	7,148		202		16
17	3,377	4,981		141		17
19						19
20						20
21						21
22						22
23						23
INPATIENT ROUTINE SERV COST CENTERS						
30	31,916	161,289	932	4,560	73,384	30
31	7,625	14,943	82	423	7,199	31
40	8,723	44,031		1,161	24,841	40
ANCILLARY SERVICE COST CENTERS						
50	9,420	44,051	154	1,246		50
53	283	1,515		43		53
54	10,215	38,310	105	1,084		54
54.01	1,188	1,055		30		54.01
60	19,082	26,632		753		60
62.30						62.30
65	4,958					65
66	647	12,167		344		66
69	1,199	14,085		398		69
69.01	1,757	7,270		206		69.01
70.01						70.01
71						71
72						72
73	21,289					73
74	919	328		9		74
75	3,548	33,545	33	949		75
75.01	1,834	14,071		398		75.01
75.02	502	8,433	33	239		75.02
76.97						76.97
76.98						76.98
76.99						76.99
OUTPATIENT SERVICE COST CENTERS						
90	4,500	32,190		910		90
90.01	731	3,987	1	113		90.01
91	7,279	24,812	25	702		91
92						92
OTHER REIMBURSABLE COST CENTERS						
99.10						99.10
99.20						99.20
99.30						99.30
99.40						99.40
SPECIAL PURPOSE COST CENTERS						
113						113
118	203,852	568,042	1,365	15,970	105,424	118
NONREIMBURSABLE COST CENTERS						
190.01						190.01
192	3,352	6,491		184		192
192.01	5,557	1,689		48		192.01
194	869	962		27		194
200						200
201						201
202	213,630	577,184	1,365	16,229	105,424	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	
	11	ADMINIS- TRATION 13	SERVICES & SUPPLY 14	15	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
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	59,547					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,248	6,091				13
14 CENTRAL SERVICES & SUPPLY	642		109,966			14
15 PHARMACY	2,097			29,095		15
16 MEDICAL RECORDS & LIBRARY	2,857				37,787	16
17 SOCIAL SERVICE	1,475					17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	16,169	2,902		140	5,968	30
31 INTENSIVE CARE UNIT	3,331	598		74	1,026	31
40 SUBPROVIDER - IPF	4,911	882		29	2,057	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,848	511		299	862	50
53 ANESTHESIOLOGY				243	485	53
54 RADIOLOGY-DIAGNOSTIC	2,823			650	4,693	54
54.01 ULTRASOUND	490				684	54.01
60 LABORATORY	4,882				5,218	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	2,566				1,042	65
66 PHYSICAL THERAPY					49	66
69 ELECTROCARDIOLOGY	560			3	1,006	69
69.01 CARDIAC CATH LAB	364			6	576	69.01
70.01 SLEEP LAB						70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			92,075		1,580	71
72 IMPL. DEV. CHARGED TO PATIENT			17,891		456	72
73 DRUGS CHARGED TO PATIENTS				22,728	8,546	73
74 RENAL DIALYSIS					139	74
75 ASC (NON-DISTINCT PART)	1,332	239		50	400	75
75.01 ONCOLOGY	847	152		47	799	75.01
75.02 GI LAB	146			5	318	75.02
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	3,752			81	566	90
90.01 WOUND CARE CENTER	449	81		12	222	90.01
91 EMERGENCY	4,041	726		29	1,095	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	57,830	6,091	109,966	24,396	37,787	118
NONREIMBURSABLE COST CENTERS						
190.01 SENIOR HEALTH						190.01
192 PHYSICIANS' PRIVATE OFFICES	968			5		192
192.01 RETAIL PHARMACY	378			4,675		192.01
194 SENIOR HEALTH	371			19		194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	59,547	6,091	109,966	29,095	37,787	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	17	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
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE	24,011				17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	16,613	751,992		751,992	30
31 INTENSIVE CARE UNIT	2,507	79,340		79,340	31
40 SUBPROVIDER - IPF	4,281	199,525		199,525	40
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		178,774		178,774	50
53 ANESTHESIOLOGY		6,635		6,635	53
54 RADIOLOGY-DIAGNOSTIC		161,783		161,783	54
54.01 ULTRASOUND		6,509		6,509	54.01
60 LABORATORY		129,609		129,609	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY		9,459		9,459	65
66 PHYSICAL THERAPY		45,861		45,861	66
69 ELECTROCARDIOLOGY		55,231		55,231	69
69.01 CARDIAC CATH LAB		29,851		29,851	69.01
70.01 SLEEP LAB					70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		93,655		93,655	71
72 IMPL. DEV. CHARGED TO PATIENT		18,347		18,347	72
73 DRUGS CHARGED TO PATIENTS		52,563		52,563	73
74 RENAL DIALYSIS		2,276		2,276	74
75 ASC (NON-DISTINCT PART)		130,700		130,700	75
75.01 ONCOLOGY		56,204		56,204	75.01
75.02 GI LAB		32,347		32,347	75.02
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	90	129,811		129,811	90
90.01 WOUND CARE CENTER		16,418		16,418	90.01
91 EMERGENCY	520	107,798		107,798	91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
SPECIAL PURPOSE COST CENTERS					
113 INTEREST EXPENSE					113
118 SUBTOTALS (SUM OF LINES 1-117)	24,011	2,294,688		2,294,688	118
NONREIMBURSABLE COST CENTERS					
190.01 SENIOR HEALTH					190.01
192 PHYSICIANS' PRIVATE OFFICES		29,429		29,429	192
192.01 RETAIL PHARMACY		16,948		16,948	192.01
194 SENIOR HEALTH		4,969		4,969	194
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	24,011	2,346,034		2,346,034	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS GROSS SALARIES	RECON-CILIATION	ADMINIS-TRATIVE & GENERAL ACCUM COST	
	1	2	4	5A	5	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	186,363					1
2 CAP REL COSTS-MVBLE EQUIP		186,363				2
4 EMPLOYEE BENEFITS	2,223	2,223	19,977,235			4
5 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	16,607	16,607	3,264,341	-10,788,910	34,456,729	5
7 OPERATION OF PLANT	44,474	44,474	502,039		2,680,301	7
8 LAUNDRY & LINEN SERVICE					220,105	8
9 HOUSEKEEPING	728	728			588,726	9
10 DIETARY	5,616	5,616	358,924		1,151,215	10
11 CAFETERIA	3,330	3,330	100,767		229,824	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION			484,095		671,800	13
14 CENTRAL SERVICES & SUPPLY	5,462	5,462	73,186		2,277,463	14
15 PHARMACY	1,110	1,110	609,018		1,099,835	15
16 MEDICAL RECORDS & LIBRARY	1,524	1,524	595,909		1,219,303	16
17 SOCIAL SERVICE	1,062	1,062	476,643		544,689	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	34,388	34,388	3,730,858		5,148,158	30
31 INTENSIVE CARE UNIT	3,186	3,186	1,017,371		1,229,883	31
40 SUBPROVIDER - IPF	8,748	8,748	1,059,445		1,406,930	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	9,392	9,392	821,259		1,519,324	50
53 ANESTHESIOLOGY	323	323			45,599	53
54 RADIOLOGY-DIAGNOSTIC	8,168	8,168	770,939		1,647,500	54
54.01 ULTRASOUND	225	225	164,232		191,633	54.01
60 LABORATORY	5,678	5,678	1,116,683		3,077,820	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY			637,186		799,674	65
66 PHYSICAL THERAPY	2,594	2,594			104,357	66
69 ELECTROCARDIOLOGY	3,003	3,003	125,999		193,381	69
69.01 CARDIAC CATH LAB	1,550	1,550	114,429		283,389	69.01
70.01 SLEEP LAB						70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS					3,433,758	73
74 RENAL DIALYSIS	70	70			148,288	74
75 ASC (NON-DISTINCT PART)	7,152	7,152	407,779		572,292	75
75.01 ONCOLOGY	3,000	3,000	208,018		295,769	75.01
75.02 GI LAB	1,798	1,798	26,662		80,920	75.02
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	6,863	6,863	947,286		725,759	90
90.01 WOUND CARE CENTER	850	850	86,226		117,933	90.01
91 EMERGENCY	5,290	5,290	1,410,383		1,173,998	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	184,414	184,414	19,109,677	-10,788,910	32,879,626	118
NONREIMBURSABLE COST CENTERS						
190.01 SENIOR HEALTH						190.01
192 PHYSICIANS' PRIVATE OFFICES	1,384	1,384	718,495		540,626	192
192.01 RETAIL PHARMACY	360	360	49,480		896,263	192.01
194 SENIOR HEALTH	205	205	99,583		140,214	194

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT SQUARE FEET 2	EMPLOYEE BENEFITS GROSS SALARIES 4	RECON- CILIATION 5A	ADMINIS- TRATIVE & GENERAL ACCUM COST 5	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	513,623	1,832,411	2,880,953		10,788,910	202
203	UNIT COST MULT-WS B PT I	2.756035	9.832483	0.144212		0.313115	203
204	COST TO BE ALLOC PER B PT II			27,985		213,630	204
205	UNIT COST MULT-WS B PT II			0.001401		0.006200	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	OF PLANT	& LINEN	KEEPING			
	SQUARE	SERVICE	SQUARE	MEALS	FTE'S	
	FEET	POUNDS OF	FEET	SERVED		
	7	LAUNDRY	9	10	11	
		8				
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	123,059					7
8 LAUNDRY & LINEN SERVICE		378,938				8
9 HOUSEKEEPING	728		122,331			9
10 DIETARY	5,616		5,616	90,979		10
11 CAFETERIA	3,330		3,330		26,153	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION					548	13
14 CENTRAL SERVICES & SUPPLY	5,462		5,462		282	14
15 PHARMACY	1,110		1,110		921	15
16 MEDICAL RECORDS & LIBRARY	1,524		1,524		1,255	16
17 SOCIAL SERVICE	1,062		1,062		648	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	34,388	258,388	34,388	63,329	7,101	30
31 INTENSIVE CARE UNIT	3,186	22,782	3,186	6,213	1,463	31
40 SUBPROVIDER - IPF	8,748		8,748	21,437	2,157	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	9,392	42,874	9,392		1,251	50
53 ANESTHESIOLOGY	323		323			53
54 RADIOLOGY-DIAGNOSTIC	8,168	29,182	8,168		1,240	54
54.01 ULTRASOUND	225		225		215	54.01
60 LABORATORY	5,678		5,678		2,144	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY					1,127	65
66 PHYSICAL THERAPY	2,594		2,594			66
69 ELECTROCARDIOLOGY	3,003		3,003		246	69
69.01 CARDIAC CATH LAB	1,550		1,550		160	69.01
70.01 SLEEP LAB						70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	70		70			74
75 ASC (NON-DISTINCT PART)	7,152	9,294	7,152		585	75
75.01 ONCOLOGY	3,000		3,000		372	75.01
75.02 GI LAB	1,798	9,294	1,798		64	75.02
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	6,863		6,863		1,648	90
90.01 WOUND CARE CENTER	850	304	850		197	90.01
91 EMERGENCY	5,290	6,820	5,290		1,775	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	121,110	378,938	120,382	90,979	25,399	118
NONREIMBURSABLE COST CENTERS						
190.01 SENIOR HEALTH						190.01
192 PHYSICIANS' PRIVATE OFFICES	1,384		1,384		425	192
192.01 RETAIL PHARMACY	360		360		166	192.01
194 SENIOR HEALTH	205		205		163	194

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	OF PLANT	& LINEN	KEEPING			
	SQUARE	SERVICE	SQUARE	MEALS	FTE'S	
	FEET	POUNDS OF	FEET	SERVED		
	7	LAUNDRY	9	10	11	
		8				
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	3,519,543	289,023	793,886	1,708,744	418,636	202
203 UNIT COST MULT-WS B PT I	28.600452	0.762718	6.489655	18.781741	16.007188	203
204 COST TO BE ALLOC PER B PT II	577,184	1,365	16,229	105,424	59,547	204
205 UNIT COST MULT-WS B PT II	4.690303	0.003602	0.132665	1.158773	2.276871	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION DIRECT NRSING HRS 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS & LIBRARY GROSS REVENUE 16	SOCIAL SERVICE TIME SPENT 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
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	14,901					13
14 CENTRAL SERVICES & SUPPLY		3,564,537				14
15 PHARMACY			4,395,332			15
16 MEDICAL RECORDS & LIBRARY				137,435,335		16
17 SOCIAL SERVICE					26,575	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	7,101		21,140	21,703,100	18,387	30
31 INTENSIVE CARE UNIT	1,463		11,109	3,729,656	2,775	31
40 SUBPROVIDER - IPF	2,157		4,331	7,481,351	4,738	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,251		45,180	3,135,408		50
53 ANESTHESIOLOGY			36,733	1,762,694		53
54 RADIOLOGY-DIAGNOSTIC			98,128	17,067,065		54
54.01 ULTRASOUND				2,487,977		54.01
60 LABORATORY				18,974,899		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY				3,789,952		65
66 PHYSICAL THERAPY				177,898		66
69 ELECTROCARDIOLOGY			486	3,658,034		69
69.01 CARDIAC CATH LAB			909	2,096,212		69.01
70.01 SLEEP LAB						70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		2,984,610		5,746,253		71
72 IMPL. DEV. CHARGED TO PATIENT		579,927		1,658,759		72
73 DRUGS CHARGED TO PATIENTS			3,433,758	31,097,653		73
74 RENAL DIALYSIS				505,195		74
75 ASC (NON-DISTINCT PART)	585		7,602	1,455,744		75
75.01 ONCOLOGY	372		7,090	2,904,742		75.01
75.02 GI LAB			737	1,155,074		75.02
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC			12,223	2,059,290	100	90
90.01 WOUND CARE CENTER	197		1,865	807,580		90.01
91 EMERGENCY	1,775		4,341	3,980,799	575	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	14,901	3,564,537	3,685,632	137,435,335	26,575	118
NONREIMBURSABLE COST CENTERS						
190.01 SENIOR HEALTH						190.01
192 PHYSICIANS' PRIVATE OFFICES			702			192
192.01 RETAIL PHARMACY			706,141			192.01
194 SENIOR HEALTH			2,857			194

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION DIRECT NRSING HRS 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS & LIBRARY GROSS REVENUE 16	SOCIAL SERVICE TIME SPENT 17	
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	890,923	3,186,747	1,497,904	1,674,651	762,878	202
203 UNIT COST MULT-WS B PT I	59.789477	0.894014	0.340794	0.012185	28.706604	203
204 COST TO BE ALLOC PER B PT II	6,091	109,966	29,095	37,787	24,011	204
205 UNIT COST MULT-WS B PT II	0.408765	0.030850	0.006620	0.000275	0.903518	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

GENERAL SERVICE COST CENTERS		
1	CAP REL COSTS-BLDG & FIXT	1
2	CAP REL COSTS-MVBLE EQUIP	2
4	EMPLOYEE BENEFITS	4
5	ADMINISTRATIVE & GENERAL	5
6	MAINTENANCE & REPAIRS	6
7	OPERATION OF PLANT	7
8	LAUNDRY & LINEN SERVICE	8
9	HOUSEKEEPING	9
10	DIETARY	10
11	CAFETERIA	11
12	MAINTENANCE OF PERSONNEL	12
13	NURSING ADMINISTRATION	13
14	CENTRAL SERVICES & SUPPLY	14
15	PHARMACY	15
16	MEDICAL RECORDS & LIBRARY	16
17	SOCIAL SERVICE	17
19	NONPHYSICIAN ANESTHETISTS	19
20	NURSING SCHOOL	20
21	I&R SRVCES-SALARY & FRINGES APPRVD	21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD	22
23	PARAMED ED PRGM-(SPECIFY)	23
INPATIENT ROUTINE SERV COST CENTERS		
30	ADULTS & PEDIATRICS	30
31	INTENSIVE CARE UNIT	31
40	SUBPROVIDER - IPF	40
ANCILLARY SERVICE COST CENTERS		
50	OPERATING ROOM	50
53	ANESTHESIOLOGY	53
54	RADIOLOGY-DIAGNOSTIC	54
54.01	ULTRASOUND	54.01
60	LABORATORY	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30
65	RESPIRATORY THERAPY	65
66	PHYSICAL THERAPY	66
69	ELECTROCARDIOLOGY	69
69.01	CARDIAC CATH LAB	69.01
70.01	SLEEP LAB	70.01
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	71
72	IMPL. DEV. CHARGED TO PATIENT	72
73	DRUGS CHARGED TO PATIENTS	73
74	RENAL DIALYSIS	74
75	ASC (NON-DISTINCT PART)	75
75.01	ONCOLOGY	75.01
75.02	GI LAB	75.02
76.97	CARDIAC REHABILITATION	76.97
76.98	HYPERBARIC OXYGEN THERAPY	76.98
76.99	LITHOTRIPSY	76.99
OUTPATIENT SERVICE COST CENTERS		
90	CLINIC	90
90.01	WOUND CARE CENTER	90.01
91	EMERGENCY	91
92	OBSERVATION BEDS	92
OTHER REIMBURSABLE COST CENTERS		
99.10	CORF	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	99.40
SPECIAL PURPOSE COST CENTERS		
118	SUBTOTALS (SUM OF LINES 1-117)	118
NONREIMBURSABLE COST CENTERS		
190.01	SENIOR HEALTH	190.01
192	PHYSICIANS' PRIVATE OFFICES	192
192.01	RETAIL PHARMACY	192.01
194	SENIOR HEALTH	194

PROVIDER CCN: 14-0115 THOREK MEMORIAL HOSPITAL
PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
11/22/2012 13:39

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

200	CROSS FOOT ADJUSTMENTS	200
201	NEGATIVE COST CENTER	201
202	COST TO BE ALLOC PER B PT I	202
203	UNIT COST MULT-WS B PT I	203
204	COST TO BE ALLOC PER B PT II	204
205	UNIT COST MULT-WS B PT II	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	10,691,015		10,691,015		10,691,015	30
31 INTENSIVE CARE UNIT	2,100,626		2,100,626		2,100,626	31
40 SUBPROVIDER - IPF	2,949,196		2,949,196		2,949,196	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,505,738		2,505,738		2,505,738	50
53 ANESTHESIOLOGY	105,207		105,207		105,207	53
54 RADIOLOGY-DIAGNOSTIC	2,733,483		2,733,483		2,733,483	54
54.01 ULTRASOUND	293,289		293,289		293,289	54.01
60 LABORATORY	4,506,301		4,506,301		4,506,301	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	1,114,285		1,114,285	9,601	1,123,886	65
66 PHYSICAL THERAPY	230,225		230,225	149	230,374	66
69 ELECTROCARDIOLOGY	407,983		407,983		407,983	69
69.01 CARDIAC CATH LAB	454,925		454,925		454,925	69.01
70.01 SLEEP LAB						70.01
71 MEDICAL SUPPLIES CHRGED TO	2,738,302		2,738,302		2,738,302	71
72 IMPL. DEV. CHARGED TO PATIE	538,675		538,675		538,675	72
73 DRUGS CHARGED TO PATIENTS	6,058,052		6,058,052		6,058,052	73
74 RENAL DIALYSIS	203,331		203,331		203,331	74
75 ASC (NON-DISTINCT PART)	1,074,208		1,074,208		1,074,208	75
75.01 ONCOLOGY	559,656		559,656		559,656	75.01
75.02 GI LAB	191,788		191,788		191,788	75.02
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,252,338		1,252,338		1,252,338	90
90.01 WOUND CARE CENTER	210,326		210,326		210,326	90.01
91 EMERGENCY	1,933,452		1,933,452		1,933,452	91
92 OBSERVATION BEDS	415,082		415,082		415,082	92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	43,267,483		43,267,483	9,750	43,277,233	200
201 LESS OBSERVATION BEDS	415,082		415,082		415,082	201
202 TOTAL (SEE INSTRUCTIONS)	42,852,401		42,852,401		42,862,151	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	20,572,716		20,572,716			30
31 INTENSIVE CARE UNIT	3,729,656		3,729,656			31
40 SUBPROVIDER - IPF	7,481,351		7,481,351			40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,306,886	1,828,522	3,135,408	0.799174	0.799174	0.799174 50
53 ANESTHESIOLOGY	614,467	1,148,227	1,762,694	0.059685	0.059685	0.059685 53
54 RADIOLOGY-DIAGNOSTIC	5,996,050	11,071,015	17,067,065	0.160161	0.160161	0.160161 54
54.01 ULTRASOUND	685,918	1,802,059	2,487,977	0.117883	0.117883	0.117883 54.01
60 LABORATORY	9,620,547	9,354,352	18,974,899	0.237487	0.237487	0.237487 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	3,563,487	226,465	3,789,952	0.294010	0.294010	0.296544 65
66 PHYSICAL THERAPY	170,658	7,240	177,898	1.294140	1.294140	1.294978 66
69 ELECTROCARDIOLOGY	1,859,626	1,798,408	3,658,034	0.111531	0.111531	0.111531 69
69.01 CARDIAC CATH LAB	1,433,035	663,177	2,096,212	0.217022	0.217022	0.217022 69.01
70.01 SLEEP LAB						70.01
71 MEDICAL SUPPLIES CHRGD TO	3,606,456	2,139,797	5,746,253	0.476537	0.476537	0.476537 71
72 IMPL. DEV. CHARGED TO PATIE	1,301,153	357,606	1,658,759	0.324746	0.324746	0.324746 72
73 DRUGS CHARGED TO PATIENTS	14,991,886	16,105,767	31,097,653	0.194807	0.194807	0.194807 73
74 RENAL DIALYSIS	503,285	1,910	505,195	0.402480	0.402480	0.402480 74
75 ASC (NON-DISTINCT PART)	308,960	1,146,784	1,455,744	0.737910	0.737910	0.737910 75
75.01 ONCOLOGY	37,100	2,867,642	2,904,742	0.192670	0.192670	0.192670 75.01
75.02 GI LAB	234,486	920,588	1,155,074	0.166040	0.166040	0.166040 75.02
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	7,916	2,051,374	2,059,290	0.608141	0.608141	0.608141 90
90.01 WOUND CARE CENTER	10,000	797,580	807,580	0.260440	0.260440	0.260440 90.01
91 EMERGENCY	1,351,255	2,629,544	3,980,799	0.485694	0.485694	0.485694 91
92 OBSERVATION BEDS		1,130,384	1,130,384	0.367204	0.367204	0.367204 92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	79,386,894	58,048,441	137,435,335			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	79,386,894	58,048,441	137,435,335			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.3 + COL.4)		(COL.5 x COL.6)	
	1	2	3	4	5	6	7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	751,992		751,992	19,575	38.42	9,623	369,716	30
31 INTENSIVE CARE UNIT	79,340		79,340	1,846	42.98	837	35,974	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	199,525		199,525	6,369	31.33			40
41 SUBPROVIDER - IRF								41
42 SUBPROVIDER I								42
43 NURSERY								43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	1,030,857		1,030,857	27,790		10,460	405,690	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0115) [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX [] IRF

COST CENTER DESCRIPTION	CAP-REL COST	TOTAL CHARGES	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	CAPITAL (COL.3 x COL.4)	
	(FROM WKST B, PT. II, COL. 26)	(FROM WKST C, PT. I, COL. 8)	(COL.1 + COL.2)			
	1	2	3	4	5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	178,774	3,135,408	0.057018	493,069	28,114	50
53 ANESTHESIOLOGY	6,635	1,762,694	0.003764	240,835	907	53
54 RADIOLOGY-DIAGNOSTIC	161,783	17,067,065	0.009479	2,535,939	24,038	54
54.01 ULTRASOUND	6,509	2,487,977	0.002616	329,484	862	54.01
60 LABORATORY	129,609	18,974,899	0.006831	4,290,501	29,308	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY	9,459	3,789,952	0.002496	1,856,678	4,634	65
66 PHYSICAL THERAPY	45,861	177,898	0.257794	61,844	15,943	66
69 ELECTROCARDIOLOGY	55,231	3,658,034	0.015099	871,073	13,152	69
69.01 CARDIAC CATH LAB	29,851	2,096,212	0.014240	347,100	4,943	69.01
70.01 SLEEP LAB						70.01
71 MEDICAL SUPPLIES CHRGD TO PA	93,655	5,746,253	0.016298	1,746,116	28,458	71
72 IMPL. DEV. CHARGED TO PATIENT	18,347	1,658,759	0.011061	532,841	5,894	72
73 DRUGS CHARGED TO PATIENTS	52,563	31,097,653	0.001690	6,909,411	11,677	73
74 RENAL DIALYSIS	2,276	505,195	0.004505	243,599	1,097	74
75 ASC (NON-DISTINCT PART)	130,700	1,455,744	0.089782	118,617	10,650	75
75.01 ONCOLOGY	56,204	2,904,742	0.019349	22,199	430	75.01
75.02 GI LAB	32,347	1,155,074	0.028004	129,020	3,613	75.02
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	129,811	2,059,290	0.063037	2,790	176	90
90.01 WOUND CARE CENTER	16,418	807,580	0.020330	8,398	171	90.01
91 EMERGENCY	107,798	3,980,799	0.027079	505,231	13,681	91
92 OBSERVATION BEDS	29,196	1,130,384	0.025828			92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	1,293,027	105,651,612		21,244,745	197,748	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					30
31 INTENSIVE CARE UNIT					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					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)					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	19,575		9,623		30
31 INTENSIVE CARE UNIT	1,846		837		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	6,369				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)	27,790		10,460		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0115) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN			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						50
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 ULTRASOUND						54.01
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
69 ELECTROCARDIOLOGY						69
69.01 CARDIAC CATH LAB						69.01
70.01 SLEEP LAB						70.01
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
75 ASC (NON-DISTINCT PART)						75
75.01 ONCOLOGY						75.01
75.02 GI LAB						75.02
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 WOUND CARE CENTER						90.01
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (14-0115)	[] 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)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	3,135,408		493,069		381,302	50
53	ANESTHESIOLOGY	1,762,694		240,835		216,123	53
54	RADIOLOGY-DIAGNOSTIC	17,067,065		2,535,939		2,983,416	54
54.01	ULTRASOUND	2,487,977		329,484		283,704	54.01
60	LABORATORY	18,974,899		4,290,501		105,893	60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	3,789,952		1,856,678		55,043	65
66	PHYSICAL THERAPY	177,898		61,844		154	66
69	ELECTROCARDIOLOGY	3,658,034		871,073		607,254	69
69.01	CARDIAC CATH LAB	2,096,212		347,100		350,868	69.01
70.01	SLEEP LAB						70.01
71	MEDICAL SUPPLIES CHRGED TO P	5,746,253		1,746,116		604,524	71
72	IMPL. DEV. CHARGED TO PATIEN	1,658,759		532,841		162,571	72
73	DRUGS CHARGED TO PATIENTS	31,097,653		6,909,411		5,063,230	73
74	RENAL DIALYSIS	505,195		243,599			74
75	ASC (NON-DISTINCT PART)	1,455,744		118,617		253,756	75
75.01	ONCOLOGY	2,904,742		22,199		772,789	75.01
75.02	GI LAB	1,155,074		129,020		180,664	75.02
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	2,059,290		2,790		535,941	90
90.01	WOUND CARE CENTER	807,580		8,398		335,024	90.01
91	EMERGENCY	3,980,799		505,231		249,714	91
92	OBSERVATION BEDS	1,130,384				91,760	92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	105,651,612		21,244,745		13,233,730	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0115) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES -----				PROGRAM COSTS -----			
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCES NOT	COST SERVICES	COST SVCES NOT		
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS					
1	2	3	4	5	6	7		
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.799174	381,302			304,727			50
53 ANESTHESIOLOGY	0.059685	216,123			12,899			53
54 RADIOLOGY-DIAGNOSTIC	0.160161	2,983,416			477,827			54
54.01 ULTRASOUND	0.117883	283,704			33,444			54.01
60 LABORATORY	0.237487	105,893			25,148			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65 RESPIRATORY THERAPY	0.294010	55,043			16,183			65
66 PHYSICAL THERAPY	1.294140	154			199			66
69 ELECTROCARDIOLOGY	0.111531	607,254			67,728			69
69.01 CARDIAC CATH LAB	0.217022	350,868			76,146			69.01
70.01 SLEEP LAB								70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.476537	604,524	570		288,078	272		71
72 IMPL. DEV. CHARGED TO PATIENT	0.324746	162,571			52,794			72
73 DRUGS CHARGED TO PATIENTS	0.194807	5,063,230		11,864	986,353		2,311	73
74 RENAL DIALYSIS	0.402480							74
75 ASC (NON-DISTINCT PART)	0.737910	253,756			187,249			75
75.01 ONCOLOGY	0.192670	772,789			148,893			75.01
75.02 GI LAB	0.166040	180,664			29,997			75.02
76.97 CARDIAC REHABILITATION								76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90 CLINIC	0.608141	535,941			325,928			90
90.01 WOUND CARE CENTER	0.260440	335,024			87,254			90.01
91 EMERGENCY	0.485694	249,714			121,285			91
92 OBSERVATION BEDS	0.367204	91,760			33,695			92
OTHER REIMBURSABLE COST CENTERS								
200 SUBTOTAL (SEE INSTRUCTIONS)		13,233,730	570	11,864	3,275,827	272	2,311	200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		13,233,730	570	11,864	3,275,827	272	2,311	202

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0115) [] 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)	19,575	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	19,575	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	18,815	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)	9,623	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)	10,691,015	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	10,691,015	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	24,302,372	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	24,302,372	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)	0.439917	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)	1,291.65	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)	10,691,015	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0115) [] 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) 546.16 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 5,255,698 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) 5,255,698 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	2,100,626	1,846	1,137.93	837	952,447	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)					5,487,187	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					11,695,332	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 405,690 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 197,748 51
 52 TOTAL PROGRAM EXCLUDABLE COST 603,438 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 11,091,894 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) 760 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2) 546.16 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 415,082 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	751,992	10,691,015	0.070339	415,082	29,196	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0115) [] 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	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS		11,078,737		30
31 INTENSIVE CARE UNIT		1,776,367		31
40 SUBPROVIDER - IPF				40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.799174	493,069	394,048	50
53 ANESTHESIOLOGY	0.059685	240,835	14,374	53
54 RADIOLOGY-DIAGNOSTIC	0.160161	2,535,939	406,159	54
54.01 ULTRASOUND	0.117883	329,484	38,841	54.01
60 LABORATORY	0.237487	4,290,501	1,018,938	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.296544	1,856,678	550,587	65
66 PHYSICAL THERAPY	1.294978	61,844	80,087	66
69 ELECTROCARDIOLOGY	0.111531	871,073	97,152	69
69.01 CARDIAC CATH LAB	0.217022	347,100	75,328	69.01
70.01 SLEEP LAB				70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.476537	1,746,116	832,089	71
72 IMPL. DEV. CHARGED TO PATIENT	0.324746	532,841	173,038	72
73 DRUGS CHARGED TO PATIENTS	0.194807	6,909,411	1,346,002	73
74 RENAL DIALYSIS	0.402480	243,599	98,044	74
75 ASC (NON-DISTINCT PART)	0.737910	118,617	87,529	75
75.01 ONCOLOGY	0.192670	22,199	4,277	75.01
75.02 GI LAB	0.166040	129,020	21,422	75.02
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.608141	2,790	1,697	90
90.01 WOUND CARE CENTER	0.260440	8,398	2,187	90.01
91 EMERGENCY	0.485694	505,231	245,388	91
92 OBSERVATION BEDS	0.367204			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		21,244,745	5,487,187	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		21,244,745		202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

CHECK [XX] HOSPITAL (14-0115)
 APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	12,114,737	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	29,386	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS		3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	124.92	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)	0.2331	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.6120	31
32	SUM OF LINES 30 AND 31	0.8451	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.4704	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	5,698,772	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)	17,842,895	47
48	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY (SEE INSTRUCTIONS)		48
49	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	17,842,895	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	1,167,183	50

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL (14-0115)
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		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		57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)		58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	19,010,078	59
60	PRIMARY PAYER PAYMENTS	5,050	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	19,005,028	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	882,928	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	365,505	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	964,563	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	675,194	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	679,749	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	18,431,789	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		70
71	AMOUNT DUE PROVIDER (LINE 67 MINUS LINE 68 PLUS/MINUS LINES 69 AND 70)	18,431,789	71
72	INTERIM PAYMENTS	17,777,026	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	654,763	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	555,761	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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [XX] HOSPITAL (14-0115) [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A PART B

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		15,819,594		3,120,567	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 03/23/2012	1,831,588	03/23/2012	32,823	3.01
	.02 06/15/2012	473,464			3.02
	.03				3.03
	.04				3.04
	.05				3.05
	.06				3.06
	.07				3.07
	.08				3.08
	.09				3.09
	.50				3.50
	.51 09/23/2011	347,620	09/23/2011	6,546	3.51
	.52		06/15/2012	31,538	3.52
	.53				3.53
	.54				3.54
	.55				3.55
	.56				3.56
	.57				3.57
	.58				3.58
	.59				3.59
	.99				3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		1,957,432		-5,261	
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		17,777,026		3,115,306	4

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				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				5.50
	TO .51				5.51
	PROGRAM .52				5.52
	.53				5.53
	.54				5.54
	.55				5.55
	.56				5.56
	.57				5.57
	.58				5.58
	.59				5.59
	.99				5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM .01				6.01
	TO .02				6.02
	PROVIDER .03				
	PROVIDER .04				
	TO .05				
	PROGRAM .06				
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)					7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:	NPR DATE:		8

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK [XX] HOSPITAL (14-0115) [] CAH
APPLICABLE BOX

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

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	5,342	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	10,460	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2		3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	20,661	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	137,435,335	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	4,679,124	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-S115)

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (EXCLUDING OUTLIER, ECT, AND MEDICAL EDUCATION PAYMENTS)	1
2	NET IPF PPS OUTLIER PAYMENT	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
4.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii) (F)(1) OR (2) (SEE INSTRUCTIONS)	4.01
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)	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)	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)	16
17	PRIMARY PAYER PAYMENTS	17
18	SUBTOTAL (LINE 16 LESS LINE 17)	18
19	DEDUCTIBLES	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	20
21	COINSURANCE	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	25
26	SUBTOTAL (SUM OF LINES 22 AND 24)	26
27	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49) (FOR FREESTANDING IPF ONLY)	27
28	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	28
29	OUTLIER PAYMENTS RECONCILIATION	29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	31
32	INTERIM PAYMENTS	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)	33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS THE SUM OF LINES 32 AND 33)	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

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	6,441,213			1
2 TEMPORARY INVESTMENTS	7,508,189			2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	25,240,023			4
5 OTHER RECEIVABLES	4,072,685			5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-16,161,204			6
7 INVENTORY	1,042,784			7
8 PREPAID EXPENSES	826,220			8
9 OTHER CURRENT ASSETS	1,403,041			9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	30,372,951			11
FIXED ASSETS				
12 LAND	12,022,957			12
13 LAND IMPROVEMENTS	1,531,919			13
14 ACCUMULATED DEPRECIATION	-1,296,865			14
15 BUILDINGS	55,586,045			15
16 ACCUMULATED DEPRECIATION	-30,459,849			16
17 LEASEHOLD IMPROVEMENTS	18,103			17
18 ACCUMULATED AMORTIZATION	-18,103			18
19 FIXED EQUIPMENT	4,201,877			19
20 ACCUMULATED DEPRECIATION	-3,399,571			20
21 AUTOMOBILES AND TRUCKS				21
22 ACCUMULATED DEPRECIATION				22
23 MAJOR MOVABLE EQUIPMENT	22,855,864			23
24 ACCUMULATED DEPRECIATION	-15,738,308			24
25 MINOR EQUIPMENT DEPRECIABLE				25
26 ACCUMULATED DEPRECIATION				26
27 HIT DESIGNATED ASSETS				27
28 ACCUMULATED DEPRECIATION				28
29 MINOR EQUIPMENT-NONDEPRECIABLE				29
30 TOTAL FIXED ASSETS (SUM OF LINES 12-29)	45,304,069			30
OTHER ASSETS				
31 INVESTMENTS	155,128,777			31
32 DEPOSITS ON LEASES				32
33 DUE FROM OWNERS/OFFICERS				33
34 OTHER ASSETS	1,237,314			34
35 TOTAL OTHER ASSETS (SUM OF LINES 31-34)	156,366,091			35
36 TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	232,043,111			36
LIABILITIES AND FUND BALANCES				
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
37 ACCOUNTS PAYABLE	1,966,214			37
38 SALARIES, WAGES & FEES PAYABLE	1,228,836			38
39 PAYROLL TAXES PAYABLE	92,458			39
40 NOTES & LOANS PAYABLE (SHORT TERM)	3,251,400			40
41 DEFERRED INCOME				41
42 ACCELERATED PAYMENTS				42
43 DUE TO OTHER FUNDS				43
44 OTHER CURRENT LIABILITIES	6,127,728			44
45 TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	12,666,636			45
LONG-TERM LIABILITIES				
46 MORTGAGE PAYABLE				46
47 NOTES PAYABLE	13,370,000			47
48 UNSECURED LOANS				48
49 OTHER LONG TERM LIABILITIES	4,937,177			49
50 TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	18,307,177			50
51 TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	30,973,813			51
CAPITAL ACCOUNTS				
52 GENERAL FUND BALANCE	201,069,298			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)	201,069,298			59
60 TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	232,043,111			60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND		SPECIFIC PURPOSE FUND		ENDOWMENT FUND		PLANT FUND		
	1	2	3	4	5	6	7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		190,006,078							1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)		11,063,218							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		201,069,296							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 RECONCILING DIFFERENCE	2								5
6									6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		2							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		201,069,298							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 RECONCILING DIFFERENCE									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)		201,069,298							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	28,256,094		28,256,094	2
3 SUBPROVIDER IPF				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)	28,256,094		28,256,094	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	3,729,656		3,729,656	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)	3,729,656		3,729,656	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	31,985,750		31,985,750	17
18 ANCILLARY SERVICES	47,571,934	63,232,407	110,804,341	18
19 OUTPATIENT SERVICES				19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY				22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE				26
27 OTHER (SPECIFY)				27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	79,557,684	63,232,407	142,790,091	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		51,935,696	29
30 ADD (SPECIFY)			30
31			31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)			36
37 DEDUCT (SPECIFY)			37
38 RECONCILE TO AFS	-127,785		38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)		-127,785	42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		51,807,911	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	142,790,091	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	84,111,410	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	58,678,681	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	51,807,911	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	6,870,770	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	3,872,535	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	339	10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	115,015	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	5,919	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	722,544	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (TRANSPORTATION FARE)		24
24.01	OTHER (OTHER INCOME)		24.01
24.02	OTHER (PROVIDER TAX REVENUE)	7,042,217	24.02
24.03	OTHER (MEDICARE EHR INCENTIVE PYMT RECEIVA)	1,100,000	24.03
24.04	OTHER (BACKGROUND APPLICATION FEES)	1,200	24.04
24.05	OTHER (PHYS PRACTICE REIMBURSEMENT)		24.05
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	12,859,769	25
26	TOTAL (LINE 5 PLUS LINE 25)	19,730,539	26
27	OTHER EXPENSES (UNREALIZED LOSS ON INVESTMENT)	8,658,402	27
27.01	OTHER EXPENSES (OHTER NON OPERATING REV)	8,919	27.01
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)	8,667,321	28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	11,063,218	29

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	981,022	1
2	CAPITAL DRG OUTLIER PAYMENTS	3,102	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	56.45	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)		4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)		6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.2331	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.6120	8
9	SUM OF LINES 7 AND 8	0.8451	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.1866	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	183,059	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	1,167,183	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- NARY CAP- REL COSTS 0	SUBTOTAL (COLS.0-4) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES AP					21
22 I&R SRVCES-OTHER PRGM COSTS AP					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
40 SUBPROVIDER - IPF					40
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
54.01 ULTRASOUND					54.01
60 LABORATORY					60
62.30 BLOOD CLOTTING FOR HEMOPHILIAC					62.30
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
69 ELECTROCARDIOLOGY					69
69.01 CARDIAC CATH LAB					69.01
70.01 SLEEP LAB					70.01
71 MEDICAL SUPPLIES CHRGED TO PAT					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
75 ASC (NON-DISTINCT PART)					75
75.01 ONCOLOGY					75.01
75.02 GI LAB					75.02
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC					90
90.01 WOUND CARE CENTER					90.01
91 EMERGENCY					91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAP					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
SPECIAL PURPOSE COST CENTERS					
113 INTEREST EXPENSE					113
118 SUBTOTALS (SUM OF LINES 1-117)					118
NONREIMBURSABLE COST CENTERS					
190.01 SENIOR HEALTH					190.01
192 PHYSICIANS' PRIVATE OFFICES					192
192.01 RETAIL PHARMACY					192.01
194 SENIOR HEALTH					194
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	49.16		43.95				93.11 30
31 INTENSIVE CARE UNIT	45.34		25.08				70.42 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	15.73	12.16	17.13				45.02 50
53 ANESTHESIOLOGY	13.66	12.26	5.98				31.90 53
54 RADIOLOGY-DIAGNOSTIC	14.86	17.48	6.98				39.32 54
54.01 ULTRASOUND	13.24	11.40					24.64 54.01
60 LABORATORY	22.61	0.56	16.35				39.52 60
65 RESPIRATORY THERAPY	48.99	1.45	24.04				74.48 65
66 PHYSICAL THERAPY	34.76	0.09	10.03				44.88 66
69 ELECTROCARDIOLOGY	23.81	16.60	16.36				56.77 69
69.01 CARDIAC CATH LAB	16.56	16.74	5.41				38.71 69.01
71 MEDICAL SUPPLIES CHRGED TO PATI	30.39	10.53	18.86				59.78 71
72 IMPL. DEV. CHARGED TO PATIENT	32.12	9.80					41.92 72
73 DRUGS CHARGED TO PATIENTS	22.22	16.32	7.35				45.89 73
74 RENAL DIALYSIS	48.22		17.58				65.80 74
75 ASC (NON-DISTINCT PART)	8.15	17.43					25.58 75
75.01 ONCOLOGY	0.76	26.60	0.02				27.38 75.01
75.02 GI LAB	11.17	15.64	3.61				30.42 75.02
90 CLINIC	0.14	26.03	0.20				26.37 90
90.01 WOUND CARE CENTER	1.04	41.48					42.52 90.01
91 EMERGENCY	12.69	6.27	1.23				20.19 91
92 OBSERVATION BEDS		8.12					8.12 92
200 TOTAL CHARGES	20.11	12.54	9.59				42.24 200

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

SUBPROVIDER-IPF

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL 7
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
40 SUBPROVIDER - IPF			49.85				49.85 40
UTILIZATION PERCENTAGES BASED ON CHARGES							
54 RADIOLOGY-DIAGNOSTIC			0.64				0.64 54
60 LABORATORY			3.32				3.32 60
65 RESPIRATORY THERAPY			0.15				0.15 65
66 PHYSICAL THERAPY			0.27				0.27 66
69 ELECTROCARDIOLOGY			0.57				0.57 69
71 MEDICAL SUPPLIES CHRGED TO PATI			0.10				0.10 71
73 DRUGS CHARGED TO PATIENTS			0.53				0.53 73
91 EMERGENCY			0.15				0.15 91
200 TOTAL CHARGES			0.89				0.89 200

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1 CAP REL COSTS-BLDG & FIXT	513,623	1.14	-513,623	-2.08			1
2 CAP REL COSTS-MVBLE EQUIP	1,832,411	4.05	-1,832,411	-7.41			2
3 OTHER CAPITAL RELATED COSTS							3
4 EMPLOYEE BENEFITS	2,852,968	6.31	-2,852,968	-11.54			4
5 ADMINISTRATIVE & GENERAL	10,109,096	22.34	-10,109,096	-40.87			5
6 MAINTENANCE & REPAIRS							6
7 OPERATION OF PLANT	2,048,038	4.53	-2,048,038	-8.28			7
8 LAUNDRY & LINEN SERVICE	220,105	0.49	-220,105	-0.89			8
9 HOUSEKEEPING	579,562	1.28	-579,562	-2.34			9
10 DIETARY	1,028,757	2.27	-1,028,757	-4.16			10
11 CAFETERIA	173,372	0.38	-173,372	-0.70			11
12 MAINTENANCE OF PERSONNEL							12
13 NURSING ADMINISTRATION	601,988	1.33	-601,988	-2.43			13
14 CENTRAL SERVICES & SUPPLY	2,198,151	4.86	-2,198,151	-8.89			14
15 PHARMACY	998,034	2.21	-998,034	-4.04			15
16 MEDICAL RECORDS & LIBRARY	1,114,181	2.46	-1,114,181	-4.50			16
17 SOCIAL SERVICE	462,582	1.02	-462,582	-1.87			17
19 NONPHYSICIAN ANESTHETISTS							19
20 NURSING SCHOOL							20
21 I&R SRVCES-SALARY & FRINGES APP							21
22 I&R SRVCES-OTHER PRGM COSTS APP							22
23 PARAMED ED PRGM-(SPECIFY)							23
INPATIENT ROUTINE SERV COST CENTERS							
30 ADULTS & PEDIATRICS	4,177,235	9.23	6,513,780	26.34	10,691,015	23.63	30
31 INTENSIVE CARE UNIT	1,043,059	2.31	1,057,567	4.28	2,100,626	4.64	31
40 SUBPROVIDER - IPF	1,144,020	2.53	1,805,176	7.30	2,949,196	6.52	40
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	1,282,657	2.83	1,223,081	4.95	2,505,738	5.54	50
53 ANESTHESIOLOGY	41,533	0.09	63,674	0.26	105,207	0.23	53
54 RADIOLOGY-DIAGNOSTIC	1,433,498	3.17	1,299,985	5.26	2,733,483	6.04	54
54.01 ULTRASOUND	165,117	0.36	128,172	0.52	293,289	0.65	54.01
60 LABORATORY	2,845,303	6.29	1,660,998	6.72	4,506,301	9.96	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	707,784	1.56	406,501	1.64	1,114,285	2.46	65
66 PHYSICAL THERAPY	71,703	0.16	158,522	0.64	230,225	0.51	66
69 ELECTROCARDIOLOGY	137,407	0.30	270,576	1.09	407,983	0.90	69
69.01 CARDIAC CATH LAB	247,375	0.55	207,550	0.84	454,925	1.01	69.01
70.01 SLEEP LAB							70.01
71 MEDICAL SUPPLIES CHRGD TO PATI			2,738,302	11.07	2,738,302	6.05	71
72 IMPL. DEV. CHARGED TO PATIENT			538,675	2.18	538,675	1.19	72
73 DRUGS CHARGED TO PATIENTS	3,433,758	7.59	2,624,294	10.61	6,058,052	13.39	73
74 RENAL DIALYSIS	147,407	0.33	55,924	0.23	203,331	0.45	74
75 ASC (NON-DISTINCT PART)	423,452	0.94	650,756	2.63	1,074,208	2.37	75
75.01 ONCOLOGY	228,005	0.50	331,651	1.34	559,656	1.24	75.01
75.02 GI LAB	54,441	0.12	137,347	0.56	191,788	0.42	75.02
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
90 CLINIC	502,754	1.11	749,584	3.03	1,252,338	2.77	90
90.01 WOUND CARE CENTER	94,797	0.21	115,529	0.47	210,326	0.46	90.01
91 EMERGENCY	904,011	2.00	1,029,441	4.16	1,933,452	4.27	91
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
99.10 CORF							99.10
99.20 OUTPATIENT PHYSICAL THERAPY							99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40 OUTPATIENT SPEECH PATHOLOGY							99.40
SPECIAL PURPOSE COST CENTERS							
NONREIMBURSABLE COST CENTERS							
190.01 SENIOR HEALTH							190.01
192 PHYSICIANS' PRIVATE OFFICES	419,588	0.93	345,923	1.40	765,511	1.69	192
192.01 RETAIL PHARMACY	884,595	1.96	548,239	2.22	1,432,834	3.17	192.01
194 SENIOR HEALTH	123,272	0.27	71,621	0.29	194,893	0.43	194
200 CROSS FOOT ADJUSTMENTS							200
201 NEGATIVE COST CENTER							201
202 TOTAL	45,245,639	100.00			45,245,639	100.00	202

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	TOTAL	RATIO	INPATIENT	MEDICARE	
	RELATED		CAPITAL		PROGRAM	
	COSTS	CHARGES	COST TO	CHARGES	PPS CAPITAL	
	1	2	CHARGES	4	COSTS	5
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	178,774	3,135,408	0.057018	493,069	28,114	50
53 ANESTHESIOLOGY	6,635	1,762,694	0.003764	240,835	907	53
54 RADIOLOGY-DIAGNOSTIC	161,783	17,067,065	0.009479	2,535,939	24,038	54
54.01 ULTRASOUND	6,509	2,487,977	0.002616	329,484	862	54.01
60 LABORATORY	129,609	18,974,899	0.006831	4,290,501	29,308	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						
65 RESPIRATORY THERAPY	9,459	3,789,952	0.002496	1,856,678	4,634	65
66 PHYSICAL THERAPY	45,861	177,898	0.257794	61,844	15,943	66
69 ELECTROCARDIOLOGY	55,231	3,658,034	0.015099	871,073	13,152	69
69.01 CARDIAC CATH LAB	29,851	2,096,212	0.014240	347,100	4,943	69.01
70.01 SLEEP LAB						70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	93,655	5,746,253	0.016298	1,746,116	28,458	71
72 IMPL. DEV. CHARGED TO PATIENT	18,347	1,658,759	0.011061	532,841	5,894	72
73 DRUGS CHARGED TO PATIENTS	52,563	31,097,653	0.001690	6,909,411	11,677	73
74 RENAL DIALYSIS	2,276	505,195	0.004505	243,599	1,097	74
75 ASC (NON-DISTINCT PART)	130,700	1,455,744	0.089782	118,617	10,650	75
75.01 ONCOLOGY	56,204	2,904,742	0.019349	22,199	430	75.01
75.02 GI LAB	32,347	1,155,074	0.028004	129,020	3,613	75.02
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	129,811	2,059,290	0.063037	2,790	176	90
90.01 WOUND CARE CENTER	16,418	807,580	0.020330	8,398	171	90.01
91 EMERGENCY	107,798	3,980,799	0.027079	505,231	13,681	91
92 OBSERVATION BEDS	29,196	1,130,384	0.025828			92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL	1,293,027	105,651,612		21,244,745	197,748	200

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	REDUCED	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT	CAPITAL	PATIENT			INPATIENT
	COSTS	AMOUNT	RELATED	DAYS	DIEM	PROGRAM	PPS CAPITAL
	1	2	COST	4	5	DAYS	COSTS
			3			6	7
INPATIENT ROUTINE SERVICE COST CENTERS							
30 ADULTS & PEDIATRICS	751,992		751,992	19,575	38.42	9,623	369,716 30
31 INTENSIVE CARE UNIT	79,340		79,340	1,846	42.98	837	35,974 31
200 TOTAL	831,332		831,332	21,421		10,460	405,690 200
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							405,690
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							197,748
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							603,438
MEDICARE DISCHARGES (WKST S-3, PART I, LINE 14, COLUMN 13)							1,987
MEDICARE PATIENT DAYS (WKST S-3, PART I, LINE 14, COLUMN 6 - WKST S-3, PART I, LINE 5, COLUMN 6)							10,460
PER DISCHARGE CAPITAL COSTS							303.69
PER DIEM CAPITAL COSTS							57.69

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)	11,091,894
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-3 FOR HOSPITAL TITLE XVIII COMPONENT)	34,099,849
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.325

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

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)	603,438
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	0.018

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 2.02 x COLUMN 1 LESS LINES 61, 66-68, 74, 94, 95 & 96)	3,275,628
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 202, COLUMNS 2, 2.01, & 2.02 LESS LINES 61, 66-68, 74, 94, 95 & 96)	13,233,576
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.248