

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

WORKSHEET S  
 PARTS I, II & III

PART I - COST REPORT STATUS

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

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY SAINTS MARY AND ELIZABETH MED CTR (14-0180) (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 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		-124,442	-392,985		1
2 SUBPROVIDER - IPF					2
3 SUBPROVIDER - IRF		186,984			3
4 SUBPROVIDER (OTHER)					4
5 SWING BED - SNF					5
6 SWING BED - NF					6
7 SKILLED NURSING FACILITY		12,000			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		74,542	-392,985		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: 2233 WEST DIVISION STREET P.O. BOX: 1  
 2 CITY: CHICAGO STATE: IL ZIP CODE: 60622 COUNTY: COOK 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	SAINETS MARY AND ELIZABETH MED	14-0180	16974	1	07/01/1966	N	P	O	3
4	SUBPROVIDER - IPF									4
5	SUBPROVIDER - IRF	ST. MARY OF NAZARETH REHAB UN	14-T180	16974	5	01/01/1984	N	P	O	5
6	SUBPROVIDER - (OTHER)									6
7	SWING BEDS - SNF									7
8	SWING BEDS - NF									8
9	HOSPITAL-BASED SNF	ST. ELIZABETH'S SNF	14-5541	16974		01/28/1986	N	P	N	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.								3	N 23

	IN-STATE MEDICAID PAID DAYS 1	IN-STATE MEDICAID ELIGIBLE DAYS 2	OUT-OF- STATE MEDICAID PAID DAYS 3	OUT-OF- STATE MEDICAID ELIGIBLE DAYS 4	MEDICAID HMO DAYS 5	OTHER MEDICAID DAYS 6	
24	IF LINE 22 AND/OR 45 IS 'YES', AND THIS PROVIDER IS AN IPFS HOSPITAL ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	49,157	11,517	10		1,397	24
25	IF THIS PROVIDER IS AN IRF THEN, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF STATE MEDICAID DAYS IN COL. 3, OUT-OF STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	938	290				25
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				1		26
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL. IF APPLICABLE, ENTER THE EFFECTIVE DATE OF THE GEOGRAPHIC RECLASSIFICATION IN COLUMN 2.				1		27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.						35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:	36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.						37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:	38

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

TEACHING HOSPITALS

	1	2	3	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		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

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

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

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

TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS

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

	UNWEIGHTED FTES NONPROVIDER SITE	UNWEIGHTED FTES IN HOSPITAL	RATIO (COL.1/(COL.1+COL.2))	
64	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)	40.48		64

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

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

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

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

PROGRAM NAME 1	PROGRAM CODE 2	UNWEIGHTED FTEs NONPROVIDER SITE 3	UNWEIGHTED FTEs IN HOSPITAL 4	RATIO (COL.1/ (COL.3+COL.4)) 5	
<b>INPATIENT PSYCHIATRIC FACILITY PPS</b>					
70	IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			N	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.				71
<b>INPATIENT REHABILITATION FACILITY PPS</b>					
75	IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			Y	75
76	IF LINE 75 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			N N	76
<b>LONG TERM CARE HOSPITAL PPS</b>					
80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.			N	80
<b>TEFRA PROVIDERS</b>					
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
<b>TITLE V AND XIX INPATIENT SERVICES</b>					
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 1 2 N Y	XIX 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	Y 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
<b>RURAL PROVIDERS</b>					
105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?			1 N	2 105
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.	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.			118
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: PAID LOSSES: AND/OR SELF INSURANCE:			118.01
118.02	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	N		118.02
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? AS AMENDED BY THE MEDICAID EXTENDER ACT (MMEA) §108? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N	N	120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		121

TRANSPLANT CENTER INFORMATION

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

ALL PROVIDERS

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

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

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

	TITLE XVIII PART A	TITLE XVIII PART B	TITLE V	TITLE XIX
155	HOSPITAL	N	N	N
156	SUBPROVIDER - IPF	N	N	N
157	SUBPROVIDER - IRF	N	N	N
158	SUBPROVIDER - (OTHER)	N	N	N
159	SNF	N	N	N
160	HHA	N	N	N
161	CMHC	N	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 (LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.			169

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2  
 PART II

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

COMPLETED BY ALL HOSPITALS

PROVIDER ORGANIZATION AND OPERATION		Y/N	DATE		
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		1	
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	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)	Y		3	
FINANCIAL DATA AND REPORTS		Y/N	TYPE	DATE	
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	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.	N		5	
APPROVED EDUCATIONAL ACTIVITIES		Y/N	Y/N		
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	Y	Y	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?	Y		8	
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	Y		9	
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	Y		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	
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		N	15	
PS&R REPORT DATA		PART A		PART B	
		Y/N	DATE	Y/N	DATE
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	Y	08/15/2012	Y	08/15/2012
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N	
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	N		IF LINE 36 IS YES, WAS THE FISCAL YEAR END OF THE HOME OFFICE DIFFERENT FROM THAT OF THE PROVIDER? IF YES, ENTER IN COLUMN 2 THE FISCAL YEAR END OF THE HOME OFFICE. 38
39			IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS. 39
40			IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS. 40

COST REPORT PREPARER CONTACT INFORMATION

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

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I

LINE NO.	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	420	153,720		32,765	55,916	105,102	1
2	HMO					2,233			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.)		420	153,720		32,765	55,916	105,102	7
8	INTENSIVE CARE UNIT	31	32	11,712		3,208	3,076	8,920	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					2,263	2,911	13
14	TOTAL (SEE INSTRUCTIONS)		452	165,432		35,973	61,255	116,933	14
15	CAH VISITS								15
16	SUBPROVIDER - IPF	40							16
17	SUBPROVIDER - IRF	41	15	5,490		1,927	1,228	3,654	17
18	SUBPROVIDER I	42							18
19	SKILLED NURSING FACILITY	44	28	10,248		4,187	5	5,368	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)		495						27
28	OBSERVATION BED DAYS						3,117	7,313	28
29	AMBULANCE TRIPS								29
30	EMPLOYEE DISCOUNT DAYS (SEE INSTR.)								30
31	EMPLOYEE DISCOUNT DAYS-IRF								31
32	LABOR & DELIVERY DAYS (SEE INSTR.)						826	1,062	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.	--- FULL TIME EQUIVALENTS ---			----- DISCHARGES -----			TOTAL ALL PATIENTS 15	
		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					6,105	11,431	24,395	1
2 HMO						384			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)		35.81	1,654.89			6,105	11,431	24,395	14
15 CAH VISITS									15
16 SUBPROVIDER - IPF	40								16
17 SUBPROVIDER - IRF	41		24.72			157	106	321	17
18 SUBPROVIDER I	42								18
19 SKILLED NURSING FACILITY	44		19.89						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)		35.81	1,699.50						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	88,108,897	12,687,461	100,796,358	3,534,967.32	28.51
2	NON-PHYSICIAN ANESTHETIST PART A						1
3	NON-PHYSICIAN ANESTHETIST PART B						2
4	PHYSICIAN-PART A		260,293		260,293	2,605.00	99.92
4.01	PHYSICIANS-PART A - DIRECT TEACHING		3,991,075		3,991,075	40,028.00	99.71
5	PHYSICIAN-PART B						4
6	NON-PHYSICIAN-PART B						5
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21	222,153	5,060,783	5,282,936	74,485.00	70.93
7.01	CONTRACTED INTERNS & RESIDENTS (IN APPROVED PROGRAMS)						6
8	HOME OFFICE PERSONNEL						7
9	SNF	44	1,297,164	12,000	1,309,164	52,142.00	25.11
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		960,576	23,783	984,359	42,698.00	23.05
	OTHER WAGES & RELATED COSTS						8
11	CONTRACT LABOR (SEE INSTRUCTIONS)						11
12	MANAGEMENT AND ADMINISTRATIVE SERVICES						12
13	CONTRACT LABOR: PHYSICIAN-PART A						13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		11,253,788		11,253,788	462,516.00	24.33
15	HOME OFFICE: PHYSICIAN-PART A						14
16	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						15
	WAGE-RELATED COSTS						16
17	WAGE-RELATED COSTS (CORE)		20,238,680		20,238,680		17
18	WAGE-RELATED COSTS (OTHER)						18
19	EXCLUDED AREAS		217,576		217,576		19
20	NON-PHYSICIAN ANESTHETIST PART A						20
21	NON-PHYSICIAN ANESTHETIST PART B						21
22	PHYSICIAN PART A		199,484		199,484		22
23	PHYSICIAN PART B						23
24	WAGE-RELATED COSTS (RHC/FQHC)						24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)		783,882		783,882		25
	OVERHEAD COSTS - DIRECT SALARIES						
26	EMPLOYEE BENEFITS		5,861		5,861	160.00	36.63
27	ADMINISTRATIVE & GENERAL		4,592,022	83,383	4,675,405	200,188.00	23.36
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)						26
29	MAINTENANCE & REPAIRS						27
30	OPERATION OF PLANT		2,421,620	-18,783	2,402,837	88,016.00	27.30
31	LAUNDRY & LINEN SERVICE						28
32	HOUSEKEEPING		1,972,272		1,972,272	162,716.00	12.12
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						29
34	DIETARY		1,957,314	-514,889	1,442,425	105,188.00	13.71
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)						30
36	CAFETERIA		392,335	514,889	907,224	66,159.00	13.71
37	MAINTENANCE OF PERSONNEL						31
38	NURSING ADMINISTRATION		4,109,525	175,061	4,284,586	111,774.00	38.33
39	CENTRAL SERVICES AND SUPPLY						32
40	PHARMACY		3,557,339		3,557,339	96,132.00	37.00
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		1,929,741	1,850	1,931,591	101,999.81	18.94
42	SOCIAL SERVICE						33
43	OTHER GENERAL SERVICE						34

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	83,895,669	7,626,678	91,522,347	3,420,454.3	26.76	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	2,257,740	35,783	2,293,523	94,840.00	24.18	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	81,637,929	7,590,895	89,228,824	3,325,614.3	26.83	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	11,253,788		11,253,788	462,516.00	24.33	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	20,438,164		20,438,164		22.91%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	113,329,881	7,590,895	120,920,776	3,788,130.3	31.92	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	20,938,029	241,511	21,179,540	932,332.81	22.72	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3  
 PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	1	
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION	2	
3 QUALIFIED AND NON-QUALIFIED PENSION PLAN COST	3	
4 PRIOR YEAR PENSION SERVICE COST	3,494,069	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)	9,443,765	8
9 PRESCRIPTION DRUG PLAN	9	
10 DENTAL, HEARING AND VISION PLAN	270,332	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	116,183	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	12	
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	254,335	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	14	
15 WORKERS' COMPENSATION INSURANCE	649,775	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	6,775,015	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY	18	
19 UNEMPLOYMENT INSURANCE	170,974	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES	20	
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION	21	
22 DAY CARE COSTS AND ALLOWANCES	22	
23 TUITION REIMBURSEMENT	221,190	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	21,395,638	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)	43,984	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

PROSPECTIVE PAYMENT FOR SNF  
 STATISTICAL DATA

WORKSHEET S-7

		Y/N	DATE				
		1	2	GROUP	SNF	SWING BED	TOTAL
				1	DAYS	SNF DAYS	(COLS.
					2	3	2 + 3)
							4
1	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, WERE ALL PATIENTS UNDER MANAGED CARE OR WAS THERE NO MEDICARE UTILIZATION? ENTER 'Y' FOR YES IN COLUMN 1 AND DO NOT COMPLETE THE REST OF THIS WORKSHEET.	N	1				
2	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.	N	2				
3	RUX				8		8 3
4	RUL				85		85 4
5	RVX				11		11 5
6	RVL				21		21 6
7	RHX						7
8	RHL						8
9	RMX						9
10	RML				12		12 10
11	RLX						11
12	RUC				264		264 12
13	RUB				1,681		1,681 13
14	RUA				289		289 14
15	RVC				264		264 15
16	RVB				840		840 16
17	RVA				224		224 17
18	RHC				31		31 18
19	RHB				129		129 19
20	RHA				24		24 20
21	RMC				20		20 21
22	RMB				188		188 22
23	RMA				18		18 23
24	RLB						24
25	RLA						25
26	ES3						26
27	ES2						27
28	ES1						28
29	HE2						29
30	HE1						30
31	HD2						31
32	HD1				10		10 32
33	HC2						33
34	HC1				18		18 34
35	HB2						35
36	HB1				6		6 36
37	LE2						37
38	LE1						38
39	LD2						39
40	LD1						40
41	LC2						41
42	LC1				5		5 42
43	LB2						43
44	LB1						44
45	CE2						45
46	CE1						46
47	CD2						47
48	CD1						48
49	CC2						49
50	CC1				12		12 50
51	CB2						51
52	CB1				1		1 52
53	CA2						53
54	CA1				21		21 54
55	SE3						55
56	SE2						56
57	SE1						57
58	SSC						58
59	SSB						59
60	SSA						60
61	IB2						61
62	IB1						62
63	IA1						63
64	IA2						64
65	BB2						65
66	BB1						66
67	BA2						67
68	BA1						68

PROSPECTIVE PAYMENT FOR SNF  
 STATISTICAL DATA

WORKSHEET S-7

		GROUP	SNF DAYS	SWING BED SNF DAYS	TOTAL (COLS. 2 + 3)
		1	2	3	4
69	PE2				69
70	PE1				70
71	PD2				71
72	PD1				72
73	PC2				73
74	PC1		1		1 74
75	PB2				75
76	PB1		3		3 76
77	PA2				77
78	PA1		1		1 78
199	AAA				199
200	TOTAL		4,187		4,187 200

		CBSA AT BEGINNING OF COST REPORTING PERIOD	CBSA ON/AFTER THE COST REPORTING PERIOD (IF APPLICABLE)
		1	2

SNF SERVICES

201 ENTER IN COLUMN 1 THE SNF CBSA CODE, OR 5 CHARACTER NON-CBSA CODE IF A RURAL FACILITY, IN EFFECT AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER IN COLUMN 2 THE CODE IN EFFECT ON OR AFTER OCTOBER 1 OF THE COST REPORTING PERIOD (IF APPLICABLE). 201

A NOTICE PUBLISHED IN THE FEDERAL REGISTER VOLUME 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. FOR LINES 202 THROUGH 207: ENTER IN COLUMN 1 THE AMOUNT OF THE EXPENSE FOR EACH CATEGORY. ENTER IN COLUMN 2 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 7, COLUMN 3. IN COLUMN 3, ENTER 'Y' OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)

		EXPENSES	PERCENTAGE	ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES?
		1	2	3
202	STAFFING	1,297,164		202
203	RECRUITMENT			203
204	RETENTION OF EMPLOYEES			204
205	TRAINING			205
206	OTHER (SPECIFY)			206
207	TOTAL SNF REVENUE (WORKSHEET G-2, PART I, LINE 7, COLUMN 3)			207

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART 1, LINE 200, COL. 3 DIVIDED BY LINE 200, COL. 8)				0.233332	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				50,119,561	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				389,202,714	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				90,813,448	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5)				40,693,887	8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)						
9	NET REVENUE FROM STAND-ALONE SCHIP					9
10	STAND-ALONE SCHIP CHARGES					10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)					11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9)					12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)						
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)					13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)					14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)					15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13)					16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)						
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE					17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS					18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)				40,693,887	19
		UNINSURED PATIENTS	INSURED PATIENTS	TOTAL		
		1	2	3		
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FACILITY	7,999,224	274,375	8,273,599		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	1,866,475	64,020	1,930,495		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE			0		22
23	COST OF CHARITY CARE	1,866,475	64,020	1,930,495		23
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM					N 24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)					25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)			33,814,583		26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			2,155,185		27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			31,659,398		28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			7,387,151		29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			9,317,646		30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			50,011,533		31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL (COL. 1 + COL. 2)	RECLASSIFI- CATIONS	
		1	2	3	4	
GENERAL SERVICE COST CENTERS						
1	00100 CAP REL COSTS-BLDG & FIXT				3,560,151	1
2	00200 CAP REL COSTS-MVBLE EQUIP		8,620,321	8,620,321	336,581	2
3	00300 OTHER CAPITAL RELATED COSTS					3
4	00400 EMPLOYEE BENEFITS	5,861	807,648	813,509	20,637,652	4
5	00500 ADMINISTRATIVE & GENERAL	4,592,022	67,451,258	72,043,280	-1,456,614	5
6	00600 MAINTENANCE & REPAIRS					6
7	00700 OPERATION OF PLANT	2,421,620	8,554,604	10,976,224	-594,696	7
8	00800 LAUNDRY & LINEN SERVICE		1,261,801	1,261,801		8
9	00900 HOUSEKEEPING	1,972,272	1,810,178	3,782,450	-820,541	9
10	01000 DIETARY	1,957,314	2,695,701	4,653,015	-2,173,817	10
11	01100 CAFETERIA	392,335	159,608	551,943	1,299,533	11
12	01200 MAINTENANCE OF PERSONNEL					12
13	01300 NURSING ADMINISTRATION	4,109,525	2,066,525	6,176,050	-809,062	13
14	01400 CENTRAL SERVICES & SUPPLY		911,532	911,532	-467,813	14
15	01500 PHARMACY	3,557,339	7,961,213	11,518,552	-7,311,712	15
16	01600 MEDICAL RECORDS & LIBRARY	1,929,741	1,522,571	3,452,312	-542,501	16
17	01700 SOCIAL SERVICE					17
19	01900 NONPHYSICIAN ANESTHETISTS					19
20	02000 NURSING SCHOOL		4,365	4,365	-4,365	20
21	02100 I&R SRVCES-SALARY & FRINGES APPRVD	222,153	7,814,148	8,036,301	-2,408,831	21
22	02200 I&R SRVCES-OTHER PRGM COSTS APPRVD				1,624,949	22
23	02300 PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERV COST CENTERS					23
30	03000 ADULTS & PEDIATRICS	28,266,748	15,313,880	43,580,628	-7,142,737	30
31	03100 INTENSIVE CARE UNIT	4,748,589	1,943,062	6,691,651	-1,211,880	31
41	04100 SUBPROVIDER - IRF	948,600	271,922	1,220,522	-222,502	41
43	04300 NURSERY	733,834	469,751	1,203,585	-201,795	43
44	04400 SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTERS	1,297,164	428,167	1,725,331	-368,061	44
50	05000 OPERATING ROOM	4,645,768	11,622,104	16,267,872	-8,821,495	50
51	05100 RECOVERY ROOM	841,584	180,540	1,022,124	-171,064	51
52	05200 DELIVERY ROOM & LABOR ROOM	3,294,499	2,652,939	5,947,438	-1,322,240	52
53	05300 ANESTHESIOLOGY	146,649	1,426,980	1,573,629	-452,709	53
54	05400 RADIOLOGY-DIAGNOSTIC	4,730,319	3,670,369	8,400,688	-1,201,674	54
54.01	03190 OUTPATIENT ONCOLOGY	64,564	23,932	88,496		54.01
55	05500 RADIOLOGY-THERAPEUTIC	170,955	177,711	348,666	-44,839	55
59	05900 CARDIAC CATHETERIZATION	567,776	1,101,300	1,669,076	-880,135	59
60	06000 LABORATORY	1,132,807	7,250,890	8,383,697	-249,969	60
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63	06300 BLOOD STORING, PROCESSING & TRANS.	639,912	1,117,643	1,757,555	-361,849	63
65	06500 RESPIRATORY THERAPY	1,586,921	790,441	2,377,362	-483,836	65
66	06600 PHYSICAL THERAPY	1,675,285	380,626	2,055,911	-319,676	66
67	06700 OCCUPATIONAL THERAPY	920,459	180,283	1,100,742	-178,005	67
68	06800 SPEECH PATHOLOGY	177,322	54,826	232,148	-52,603	68
69	06900 ELECTROCARDIOLOGY	952,716	559,663	1,512,379	-231,019	69
70	07000 ELECTROENCEPHALOGRAPHY	193,243	1,169,024	1,362,267	-51,526	70
71	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS				7,668,746	71
72	07200 IMPL. DEV. CHARGED TO PATIENT				5,161,027	72
73	07300 DRUGS CHARGED TO PATIENTS				7,477,108	73
74	07400 RENAL DIALYSIS	501,856	301,310	803,166	-238,155	74
75	07500 ASC (NON-DISTINCT PART)	1,039,077	906,147	1,945,224	-708,798	75
76	03550 MENTAL HEALTH OUTPATIENT	-199	3,583,280	3,583,081	-266	76
76.97	07697 CARDIAC REHABILITATION	168,694	57,831	226,525	-37,940	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY					76.98
76.99	07699 LITHOTRIPSY OUTPATIENT SERVICE COST CENTERS					76.99
90	09000 CLINIC	1,273,022	1,558,488	2,831,510	-391,259	90
91	09100 EMERGENCY	6,218,575	4,052,754	10,271,329	-2,174,935	91
92	09200 OBSERVATION BEDS OTHER REIMBURSABLE COST CENTERS					92
94	09400 HOME PROGRAM DIALYSIS SPECIAL PURPOSE COST CENTERS					94
113	11300 INTEREST EXPENSE		3,391,586	3,391,586	-3,728,167	113
114	11400 UTILIZATION REVIEW-SNF				12,000	114
118	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	88,096,921	176,278,922	264,375,843	-61,339	118
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN					190
192	19200 PHYSICIANS' PRIVATE OFFICES					192
193	19300 NONPAID WORKERS		26,167	26,167		193
194	07950 CONVENT	11,976	20,676	32,652	62,580	194
194.01	07951 OUTPATIENT PHARMACY		1,630	1,630	-1,241	194.01
194.02	07952 FUND DEVELOPMENT		128	128		194.02
194.03	07953 NURSING EDUC BLD UNUSED SPACE					194.03
200	TOTAL (SUM OF LINES 118-199)	88,108,897	176,327,523	264,436,420		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	3,560,151	-563,855	2,996,296	1
2	00200	8,956,902	-2,824,286	6,132,616	2
3	00300				3
4	00400	21,451,161	-14,700	21,436,461	4
5	00500	70,586,666	-9,052,982	61,533,684	5
6	00600				6
7	00700	10,381,528		10,381,528	7
8	00800	1,261,801		1,261,801	8
9	00900	2,961,909		2,961,909	9
10	01000	2,479,198		2,479,198	10
11	01100	1,851,476	-901,687	949,789	11
12	01200				12
13	01300	5,366,988		5,366,988	13
14	01400	443,719	2,030,339	2,474,058	14
15	01500	4,206,840		4,206,840	15
16	01600	2,909,811	-5,084	2,904,727	16
17	01700				17
19	01900				19
20	02000				20
21	02100	5,627,470	-25,000	5,602,470	21
22	02200	1,624,949		1,624,949	22
23	02300				23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	36,437,891	-122,924	36,314,967	30
31	03100	5,479,771	734,418	6,214,189	31
41	04100	998,020	-5,000	993,020	41
43	04300	1,001,790	-52,019	949,771	43
44	04400	1,357,270		1,357,270	44
ANCILLARY SERVICE COST CENTERS					
50	05000	7,446,377	-75,000	7,371,377	50
51	05100	851,060		851,060	51
52	05200	4,625,198	-190,478	4,434,720	52
53	05300	1,120,920	-800,000	320,920	53
54	05400	7,199,014	-2,165	7,196,849	54
54.01	03190	88,496		88,496	54.01
55	05500	303,827		303,827	55
59	05900	788,941	-14,663	774,278	59
60	06000	8,133,728	-119,635	8,014,093	60
62.30	06250				62.30
63	06300	1,395,706		1,395,706	63
65	06500	1,893,526	-15,000	1,878,526	65
66	06600	1,736,235		1,736,235	66
67	06700	922,737		922,737	67
68	06800	179,545		179,545	68
69	06900	1,281,360	-133,128	1,148,232	69
70	07000	1,310,741	-663,840	646,901	70
71	07100	7,668,746		7,668,746	71
72	07200	5,161,027		5,161,027	72
73	07300	7,477,108		7,477,108	73
74	07400	565,011		565,011	74
75	07500	1,236,426		1,236,426	75
76	03550	3,582,815	-256,120	3,326,695	76
76.97	07697	188,585	-22,804	165,781	76.97
76.98	07698				76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
90	09000	2,440,251	-379,534	2,060,717	90
91	09100	8,096,394	-2,500	8,093,894	91
92	09200				92
OTHER REIMBURSABLE COST CENTERS					
94	09400				94
SPECIAL PURPOSE COST CENTERS					
113	11300	-336,581	336,581		113
114	11400	12,000	-12,000		114
118		264,314,504	-13,153,066	251,161,438	118
NONREIMBURSABLE COST CENTERS					
190	19000				190
192	19200				192
193	19300	26,167	-26,167		193
194	07950	95,232		95,232	194
194.01	07951	389		389	194.01
194.02	07952	128		128	194.02
194.03	07953				194.03
200		264,436,420	-13,179,233	251,257,187	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	-----		INCREASE	-----		
		COST	CENTER		LINE #	SALARY	OTHER
	1		2	3	4	5	
1 EMPLOYEE BENEFITS	A	EMPLOYEE	BENEFITS	4		20,637,652	1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36							36
500 TOTAL RECLASSIFICATIONS						20,637,652	500
CODE LETTER -	A						

1							1
2 DRUGS SOLD TO PATIENTS	B	DRUGS	CHARGED TO PATIENTS	73		7,477,108	2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
500 TOTAL RECLASSIFICATIONS						7,477,108	500
CODE LETTER -							

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	-----		INCREASE		-----	
		COST CENTER	LINE #	SALARY	OTHER		
	1	2	3	4	5		
1 SUPPLIES SOLD TO PATIENTS	C	MEDICAL SUPPLIES CHRGED TO PA	71		7,668,746	1	
2						2	
3						3	
4						4	
5						5	
6						6	
7						7	
8						8	
9						9	
10						10	
11						11	
12						12	
13						13	
14						14	
15						15	
16						16	
17						17	
18						18	
19						19	
20						20	
21						21	
22						22	
23						23	
24						24	
25						25	
26						26	
27						27	
28						28	
29						29	
500 TOTAL RECLASSIFICATIONS					7,668,746	500	
CODE LETTER - C							
1 IMPLANTABLE DEVICES	D	IMPL. DEV. CHARGED TO PATIENT	72		5,161,027	1	
2						2	
3						3	
4						4	
5						5	
6						6	
7						7	
8						8	
9						9	
10						10	
500 TOTAL RECLASSIFICATIONS					5,161,027	500	
CODE LETTER - D							
1 CAFETERIA	E	CAFETERIA	11	514,889	942,857	1	
500 TOTAL RECLASSIFICATIONS				514,889	942,857	500	
CODE LETTER - E							
1 I&R STAFFING	F	I&R SRVCES-OTHER PRGM COSTS A	22	1,624,949		1	
500 TOTAL RECLASSIFICATIONS				1,624,949		500	
CODE LETTER - F							
1 CONVENT MAINTENANCE	G	CONVENT	194	18,783	57,599	1	
500 TOTAL RECLASSIFICATIONS				18,783	57,599	500	
CODE LETTER - G							

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER
			LINE #			
1		2	3		4	5
1 SALARIED PHYSICIANS	H	ADMINISTRATIVE & GENERAL	5		83,383	1
2		NURSING ADMINISTRATION	13		175,061	2
3		MEDICAL RECORDS & LIBRARY	16		1,850	3
4		I&R SRVCES-SALARY & FRINGES A	21		6,685,732	4
5		ADULTS & PEDIATRICS	30		278,790	5
6		INTENSIVE CARE UNIT	31		526,360	6
7		SUBPROVIDER - IRF	41		5,000	7
8		NURSERY	43		220,000	8
9		SKILLED NURSING FACILITY	44		12,000	9
10		OPERATING ROOM	50		75,000	10
11		DELIVERY ROOM & LABOR ROOM	52		1,131,623	11
12		ANESTHESIOLOGY	53		800,000	12
13		CARDIAC CATHETERIZATION	59			36,674 13
14		LABORATORY	60		38,647	14
15		RESPIRATORY THERAPY	65		15,000	15
16		ELECTROCARDIOLOGY	69		121,448	16
17		ELECTROENCEPHALOGRAPHY	70		1,019,474	17
18		CARDIAC REHABILITATION	76.97		15,979	18
19		CLINIC	90		592,962	19
20		EMERGENCY	91		925,826	20
500 TOTAL RECLASSIFICATIONS					12,724,135	36,674 500
CODE LETTER - H						
1 BUILDING INSURANCE	I	CAP REL COSTS-BLDG & FIXT	1			168,565 1
500 TOTAL RECLASSIFICATIONS						168,565 500
CODE LETTER - I						
1 SNF UTILIZATION REVIEW	J	UTILIZATION REVIEW-SNF	114			12,000 1
500 TOTAL RECLASSIFICATIONS						12,000 500
CODE LETTER - J						
1 MORTGAGE INTEREST	K	CAP REL COSTS-BLDG & FIXT	1			3,391,586 1
500 TOTAL RECLASSIFICATIONS						3,391,586 500
CODE LETTER - K						
1 ADJUST INTEREST	L	CAP REL COSTS-MVBLE EQUIP	2			336,581 1
500 TOTAL RECLASSIFICATIONS						336,581 500
CODE LETTER - L						
1 ADJ NURSING SCHOOL	M	ADMINISTRATIVE & GENERAL	5			4,365 1
500 TOTAL RECLASSIFICATIONS						4,365 500
CODE LETTER - M						
GRAND TOTAL (INCREASES)					14,882,756	45,894,760

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 EMPLOYEE BENEFITS	A	ADMINISTRATIVE & GENERAL	5		1,292,414	1
2		OPERATION OF PLANT	7		518,314	2
3		HOUSEKEEPING	9		820,541	3
4		DIETARY	10		716,071	4
5		CAFETERIA	11		158,213	5
6		NURSING ADMINISTRATION	13		791,113	6
7		PHARMACY	15		651,772	7
8		MEDICAL RECORDS & LIBRARY	16		542,442	8
9		I&R SRVCS-SALARY & FRINGES A	21		783,882	9
10		ADULTS & PEDIATRICS	30		6,182,671	10
11		INTENSIVE CARE UNIT	31		940,690	11
12		SUBPROVIDER - IRF	41		203,774	12
13		NURSERY	43		138,388	13
14		SKILLED NURSING FACILITY	44		276,833	14
15		OPERATING ROOM	50		1,012,037	15
16		RECOVERY ROOM	51		146,162	16
17		DELIVERY ROOM & LABOR ROOM	52		830,838	17
18		ANESTHESIOLOGY	53		43,448	18
19		RADIOLOGY-DIAGNOSTIC	54		999,707	19
20		RADIOLOGY-THERAPEUTIC	55		43,631	20
21		CARDIAC CATHETERIZATION	59		92,657	21
22		LABORATORY	60		207,078	22
23		BLOOD STORING, PROCESSING & T	63		168,089	23
24		RESPIRATORY THERAPY	65		352,188	24
25		PHYSICAL THERAPY	66		309,535	25
26		OCCUPATIONAL THERAPY	67		174,641	26
27		SPEECH PATHOLOGY	68		52,603	27
28		ELECTROCARDIOLOGY	69		211,433	28
29		ELECTROENCEPHALOGRAPHY	70		49,109	29
30		RENAL DIALYSIS	74		97,141	30
31		ASC (NON-DISTINCT PART)	75		202,754	31
32		MENTAL HEALTH OUTPATIENT	76		36	32
33		CARDIAC REHABILITATION	76.97		37,424	33
34		CLINIC	90		309,273	34
35		EMERGENCY	91		1,266,948	35
36		CONVENT	194		13,802	36
500 TOTAL RECLASSIFICATIONS					20,637,652	500
CODE LETTER - A						

1		NURSING ADMINISTRATION	13		17,949	1
2 DRUGS SOLD TO PATIENTS	B	CENTRAL SERVICES & SUPPLY	14		45,289	2
3		PHARMACY	15		6,410,313	3
4		ADULTS & PEDIATRICS	30		199,188	4
5		INTENSIVE CARE UNIT	31		56,362	5
6		SUBPROVIDER - IRF	41		2,295	6
7		NURSERY	43		7,033	7
8		SKILLED NURSING FACILITY	44		14,892	8
9		OPERATING ROOM	50		128,941	9
10		RECOVERY ROOM	51		9,259	10
11		DELIVERY ROOM & LABOR ROOM	52		38,002	11
12		ANESTHESIOLOGY	53		113,752	12
13		RADIOLOGY-DIAGNOSTIC	54		21,651	13
14		CARDIAC CATHETERIZATION	59		6,469	14
15		BLOOD STORING, PROCESSING & T	63		19,245	15
16		RESPIRATORY THERAPY	65		13,009	16
17		ELECTROCARDIOLOGY	69		1,775	17
18		RENAL DIALYSIS	74		15,889	18
19		ASC (NON-DISTINCT PART)	75		35,117	19
20		CLINIC	90		25,463	20
21		EMERGENCY	91		295,057	21
22		OUTPATIENT PHARMACY	194.01		158	22
500 TOTAL RECLASSIFICATIONS					7,477,108	500
CODE LETTER -						

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 SUPPLIES SOLD TO PATIENTS	C	CENTRAL SERVICES & SUPPLY	14		422,524	1
2		PHARMACY	15		249,627	2
3		MEDICAL RECORDS & LIBRARY	16		59	3
4		ADULTS & PEDIATRICS	30		760,878	4
5		INTENSIVE CARE UNIT	31		214,828	5
6		SUBPROVIDER - IRF	41		16,433	6
7		NURSERY	43		56,374	7
8		SKILLED NURSING FACILITY	44		64,336	8
9		OPERATING ROOM	50		3,139,867	9
10		RECOVERY ROOM	51		15,643	10
11		DELIVERY ROOM & LABOR ROOM	52		453,400	11
12		ANESTHESIOLOGY	53		291,444	12
13		RADIOLOGY-DIAGNOSTIC	54		177,980	13
14		RADIOLOGY-THERAPEUTIC	55		1,208	14
15		CARDIAC CATHETERIZATION	59		190,816	15
16		LABORATORY	60		42,891	16
17		BLOOD STORING, PROCESSING & T	63		174,515	17
18		RESPIRATORY THERAPY	65		118,639	18
19		PHYSICAL THERAPY	66		10,141	19
20		OCCUPATIONAL THERAPY	67		3,364	20
21		ELECTROCARDIOLOGY	69		17,811	21
22		ELECTROENCEPHALOGRAPHY	70		2,417	22
23		RENAL DIALYSIS	74		125,125	23
24		ASC (NON-DISTINCT PART)	75		464,324	24
25		MENTAL HEALTH OUTPATIENT	76		230	25
26		CARDIAC REHABILITATION	76.97		516	26
27		CLINIC	90		39,509	27
28		OUTPATIENT PHARMACY	194.01		1,083	28
29		EMERGENCY	91		612,764	29
500 TOTAL RECLASSIFICATIONS					7,668,746	500
CODE LETTER - C						
1 IMPLANTABLE DEVICES	D					1
2						2
3						3
4		OPERATING ROOM	50		4,540,650	4
5		ANESTHESIOLOGY	53		4,065	5
6		RADIOLOGY-DIAGNOSTIC	54		2,336	6
7		CARDIAC CATHETERIZATION	59		590,193	7
8		ASC (NON-DISTINCT PART)	75		6,603	8
9		CLINIC	90		17,014	9
10		EMERGENCY	91		166	10
500 TOTAL RECLASSIFICATIONS					5,161,027	500
CODE LETTER - D						
1 CAFETERIA	E	DIETARY	10	514,889	942,857	1
500 TOTAL RECLASSIFICATIONS				514,889	942,857	500
CODE LETTER - E						
1 I&R STAFFING	F	I&R SRVCES-SALARY & FRINGES A	21	1,624,949		1
500 TOTAL RECLASSIFICATIONS				1,624,949		500
CODE LETTER - F						
1 CONVENT MAINTENANCE	G	OPERATION OF PLANT	7	18,783	57,599	1
500 TOTAL RECLASSIFICATIONS				18,783	57,599	500
CODE LETTER - G						

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 SALARIED PHYSICIANS	H	ADMINISTRATIVE & GENERAL	5		83,383	1
2		NURSING ADMINISTRATION	13		175,061	2
3		MEDICAL RECORDS & LIBRARY	16		1,850	3
4		I&R SRVCES-SALARY & FRINGES A	21		6,685,732	4
5		ADULTS & PEDIATRICS	30		278,790	5
6		INTENSIVE CARE UNIT	31		526,360	6
7		SUBPROVIDER - IRF	41		5,000	7
8		NURSERY	43		220,000	8
9		SKILLED NURSING FACILITY	44		12,000	9
10		OPERATING ROOM	50		75,000	10
11		DELIVERY ROOM & LABOR ROOM	52		1,131,623	11
12		ANESTHESIOLOGY	53		800,000	12
13		CARDIAC CATHETERIZATION	59	36,674		13
14		LABORATORY	60		38,647	14
15		RESPIRATORY THERAPY	65		15,000	15
16		ELECTROCARDIOLOGY	69		121,448	16
17		ELECTROENCEPHALOGRAPHY	70		1,019,474	17
18		CARDIAC REHABILITATION	76.97		15,979	18
19		CLINIC	90		592,962	19
20		EMERGENCY	91		925,826	20
500 TOTAL RECLASSIFICATIONS				36,674	12,724,135	500
CODE LETTER - H						
1 BUILDING INSURANCE	I	ADMINISTRATIVE & GENERAL	5		168,565	12 1
500 TOTAL RECLASSIFICATIONS					168,565	500
CODE LETTER - I						
1 SNF UTILIZATION REVIEW	J	SKILLED NURSING FACILITY	44		12,000	1
500 TOTAL RECLASSIFICATIONS					12,000	500
CODE LETTER - J						
1 MORTGAGE INTEREST	K	INTEREST EXPENSE	113		3,391,586	11 1
500 TOTAL RECLASSIFICATIONS					3,391,586	500
CODE LETTER - K						
1 ADJUST INTEREST	L	INTEREST EXPENSE	113		336,581	11 1
500 TOTAL RECLASSIFICATIONS					336,581	500
CODE LETTER - L						
1 ADJ NURSING SCHOOL	M	NURSING SCHOOL	20		4,365	1
500 TOTAL RECLASSIFICATIONS					4,365	500
CODE LETTER - M						
GRAND TOTAL (DECREASES)				2,195,295	58,582,221	

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	4,774,770				283,000	4,491,770		1
2 LAND IMPROVEMENTS	1,075,036				316,747	758,289		2
3 BUILDINGS AND FIXTURES								3
4 BUILDING IMPROVEMENTS	118,972,084				11,478,619	107,493,465		4
5 FIXED EQUIPMENT	74,797,659	4,056,407		4,056,407	20,510,688	58,343,378		5
6 MOVABLE EQUIPMENT								6
7 HIT DESIGNATED ASSETS								7
8 SUBTOTAL (SUM OF LINES 1-7)	199,619,549	4,056,407		4,056,407	32,589,054	171,086,902		8
9 RECONCILING ITEMS								9
10 TOTAL (LINE 7 MINUS LINE 9)	199,619,549	4,056,407		4,056,407	32,589,054	171,086,902		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								1
2 CAP REL COSTS-MVBLE EQUIP	8,620,321						8,620,321	2
3 TOTAL (SUM OF LINES 1-2)	8,620,321						8,620,321	3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS

DESCRIPTION	GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO (COL. 1 - COL. 2) 3	RATIO (SEE INSTR.) 4	INSURANCE 5	TAXES 6	OTHER CAPITAL- RELATED COSTS 7	TOTAL (SUM OF COLS. 5-7) 8	
1 CAP REL COSTS-BLDG & FIXT	107,493,465		107,493,465	0.650434					1
2 CAP REL COSTS-MVBLE EQUIP	57,770,771		57,770,771	0.349566					2
3 TOTAL (SUM OF LINES 1-2)	165,264,236		165,264,236	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			3,391,586	-395,290			2,996,296	1
2 CAP REL COSTS-MVBLE EQUIP	8,620,321		-2,487,705				6,132,616	2
3 TOTAL	8,620,321		903,881	-395,290			9,128,912	3

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)			CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)	B	-4,333,090	CAP REL COSTS-MVBLE EQUIP	2	11 2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)	B	-975	ADMINISTRATIVE & GENERAL	5	3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)					7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-2,245,927			10 11
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	-2,023,437			12 13
13 LAUNDRY AND LINEN SERVICE					14
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-865,199	CAFETERIA	11	15
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					16
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					17
17 SALE OF DRUGS TO OTHER THAN PATIENTS					18
18 SALE OF MEDICAL RECORDS AND ABSTRACTS					19
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					20
20 VENDING MACHINES	B	-36,488	CAFETERIA	11	21
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					22
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					23
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				24
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				25
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)	A	-12,000	UTILIZATION REVIEW-SNF	114	26
26 DEPRECIATION--BUILDINGS & FIXTURES	A	-563,855	CAP REL COSTS-BLDG & FIXT	1	12 27
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	28
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	29
29 PHYSICIANS' ASSISTANT					30
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				31
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				32
32 CAH HIT ADJ FOR DEPRECIATION AND					33
33 NON-OPERATING REV	B	-14,700	EMPLOYEE BENEFITS	4	34
34					35
35 OTHER OPERATING REV	B	-2,353,987	ADMINISTRATIVE & GENERAL	5	36
36 OTHER OPERATING REV	B	-3,891	MEDICAL RECORDS & LIBRARY	16	37
37					38
38 OTHER OPERATING REV	B	-25,000	I&R SRVCES-SALARY & FRINGES APP	21	39
39 OTHER OPERATING REV	B	-52,019	NURSERY	43	40
40 OTHER OPERATING REV	B	-2,165	RADIOLOGY-DIAGNOSTIC	54	41
41 OTHER OPERATING REV	B	-2,116	CARDIAC CATHETERIZATION	59	42
42 OTHER OPERATING REV	B	-119,635	LABORATORY	60	43
43 OTHER OPERATING REV	B	-11,815	ELECTROENCEPHALOGRAPHY	70	44
44 OTHER OPERATING REV	B	-256,120	MENTAL HEALTH OUTPATIENT	76	45
45 OTHER OPERATING REV	B	-6,825	CARDIAC REHABILITATION	76.97	46
46 OTHER OPERATING REV	B	-221,322	CLINIC	90	47
47 OTHER OPERATING REV	B	-2,500	EMERGENCY	91	48
48 OTHER OPERATING REV	B	-26,167	NONPAID WORKERS	193	49
49					50
50 TOTAL (SUM OF LINES 1 THRU 49)		-13,179,233			
TRANSFER TO WKST A, COL. 6, LINE 200)					

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF
1	2	3	4	5	6	7
1						1
2	2	CAP REL COSTS-MVBLE EQUIP	1,508,804		1,508,804	11 2
3	5	ADMINISTRATIVE & GENERAL	24,278,728	30,967,160	-6,688,432	3
4	14	CENTRAL SERVICES & SUPPLY	2,030,339		2,030,339	4
4.01	31	INTENSIVE CARE UNIT	789,271		789,271	4.01
4.02	113	INTEREST EXPENSE	336,581		336,581	4.02
5		TOTALS (SUM OF LINES 1-4)	28,943,723	30,967,160	-2,023,437	5
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.				

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

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

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

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

SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
6	B		RESURRECTION HEALTHCARE		SOLE CORPORATE MEMBER	6
7						7
8						8
9						9
10						10

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT	
1	2	3	4	5	6	7	8	9	
1	5 ADMINISTRATIVE & GENERAL	132,283	9,588	122,695	177,200	2,485	211,703	10,585	1
2	13 NURSING ADMINISTRATION	7,500		7,500	177,200	93	7,923	396	2
3	16 MEDICAL RECORDS & LIBRAR	1,325		1,325	17,200	16	132	7	3
4	31 INTENSIVE CARE UNIT	54,853	54,853		177,200				4
5	52 DELIVERY ROOM & LABOR RO	190,478	190,478		177,200				5
6	90 CLINIC	158,212	158,212		138,700				6
10	30 ADULTS & PEDIATRICS	122,924	122,924		177,200				10
12	41 SUBPROVIDER - IRF	5,000	5,000		177,200				12
14	50 OPERATING ROOM	75,000	75,000		208,000				14
16	53 ANESTHESIOLOGY	800,000	800,000		200,300				16
18	59 CARDIAC CATHETERIZATION	12,547	12,547		177,200				18
19	65 RESPIRATORY THERAPY	15,000	15,000		177,200				19
20	69 ELECTROCARDIOLOGY	133,128	133,128		177,200				20
21	70 ELECTROENCEPHALOGRAPHY	652,025	652,025		177,200				21
24	76.97 CARDIAC REHABILITATION	15,979	15,979		177,200				24
25	21 I&R SRVCS-SALARY & FRIN	74,633		74,633	177,200	2,090	178,052	8,903	25
200	TOTAL	2,450,887	2,244,734	206,153		4,684	397,810	19,891	200

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
LINE NO.	11	12	13	14	15	16	17	18	
1	5 ADMINISTRATIVE & GENERAL	AGGREGATE				211,703		9,588	1
2	13 NURSING ADMINISTRATION	AGGREGATE				7,923			2
3	16 MEDICAL RECORDS & LIBRAR	AGGREGATE				132	1,193	1,193	3
4	31 INTENSIVE CARE UNIT	AGGREGATE						54,853	4
5	52 DELIVERY ROOM & LABOR RO	AGGREGATE						190,478	5
6	90 CLINIC	AGGREGATE						158,212	6
10	30 ADULTS & PEDIATRICS	AGGREGATE						122,924	10
12	41 SUBPROVIDER - IRF	AGGREGATE						5,000	12
14	50 OPERATING ROOM	AGGREGATE						75,000	14
16	53 ANESTHESIOLOGY	AGGREGATE						800,000	16
18	59 CARDIAC CATHETERIZATION	AGGREGATE						12,547	18
19	65 RESPIRATORY THERAPY	AGGREGATE						15,000	19
20	69 ELECTROCARDIOLOGY	AGGREGATE						133,128	20
21	70 ELECTROENCEPHALOGRAPHY	AGGREGATE						652,025	21
24	76.97 CARDIAC REHABILITATION	AGGREGATE						15,979	24
25	21 I&R SRVCES-SALARY & FRIN	AGGREGATE				178,052			25
200	TOTAL					397,810	1,193	2,245,927	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	2,996,296	2,996,296				1
2 CAP REL COSTS-MVBLE EQUIP	6,132,616		6,132,616			2
4 EMPLOYEE BENEFITS	21,436,461	19,953	40,839	21,497,253		4
5 ADMINISTRATIVE & GENERAL	61,533,684	162,250	332,082	997,198	63,025,214	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	10,381,528	741,888	1,518,445	512,491	13,154,352	7
8 LAUNDRY & LINEN SERVICE	1,261,801	43,215	88,450		1,393,466	8
9 HOUSEKEEPING	2,961,909	60,550	123,930	420,658	3,567,047	9
10 DIETARY	2,479,198	70,301	143,888	307,649	3,001,036	10
11 CAFETERIA	949,789	37,686	77,133	193,498	1,258,106	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	5,366,988	27,037	55,337	913,842	6,363,204	13
14 CENTRAL SERVICES & SUPPLY	2,474,058	94,552	193,523		2,762,133	14
15 PHARMACY	4,206,840	25,691	52,583	758,731	5,043,845	15
16 MEDICAL RECORDS & LIBRARY	2,904,727	50,685	103,739	411,981	3,471,132	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	5,602,470	5,150	10,541	1,126,776	6,744,937	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	1,624,949	5,150	10,541	346,579	1,987,219	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	36,314,967	817,049	1,672,278	6,088,374	44,892,668	30
31 INTENSIVE CARE UNIT	6,214,189	37,686	77,133	1,125,073	7,454,081	31
41 SUBPROVIDER - IRF	993,020	30,008	61,418	203,390	1,287,836	41
43 NURSERY	949,771	7,026	14,381	203,439	1,174,617	43
44 SKILLED NURSING FACILITY	1,357,270	33,680	68,934	279,226	1,739,110	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	7,371,377	148,527	303,995	1,006,874	8,830,773	50
51 RECOVERY ROOM	851,060	12,961	26,528	179,498	1,070,047	51
52 DELIVERY ROOM & LABOR ROOM	4,434,720	87,511	179,111	944,030	5,645,372	52
53 ANESTHESIOLOGY	320,920	1,948	3,987	201,907	528,762	53
54 RADIOLOGY-DIAGNOSTIC	7,196,849	95,469	195,400	1,022,681	8,510,399	54
54.01 OUTPATIENT ONCOLOGY	88,496				88,496	54.01
55 RADIOLOGY-THERAPEUTIC	303,827	2,986	6,112	36,462	349,387	55
59 CARDIAC CATHETERIZATION	774,278			113,277	887,555	59
60 LABORATORY	8,014,093	70,498	144,291	249,855	8,478,737	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	1,395,706	5,931	12,139	136,484	1,550,260	63
65 RESPIRATORY THERAPY	1,878,526	10,289	21,060	341,667	2,251,542	65
66 PHYSICAL THERAPY	1,736,235	29,220	59,805	357,315	2,182,575	66
67 OCCUPATIONAL THERAPY	922,737	4,271	8,742	196,321	1,132,071	67
68 SPEECH PATHOLOGY	179,545	1,925	3,940	37,820	223,230	68
69 ELECTROCARDIOLOGY	1,148,232	38,398	78,591	229,104	1,494,325	69
70 ELECTROENCEPHALOGRAPHY	646,901	5,882	12,038	258,656	923,477	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	7,668,746				7,668,746	71
72 IMPL. DEV. CHARGED TO PATIENT	5,161,027				5,161,027	72
73 DRUGS CHARGED TO PATIENTS	7,477,108				7,477,108	73
74 RENAL DIALYSIS	565,011	7,743	15,847	107,039	695,640	74
75 ASC (NON-DISTINCT PART)	1,236,426	41,434	84,805	221,621	1,584,286	75
76 MENTAL HEALTH OUTPATIENT	3,326,695				3,326,695	76
76.97 CARDIAC REHABILITATION	165,781	14,648	29,980	39,388	249,797	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	2,060,717	34,177	69,950	397,988	2,562,832	90
91 EMERGENCY	8,093,894	109,295	223,697	1,523,801	9,950,687	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
114 UTILIZATION REVIEW-SNF						114
118 SUBTOTALS (SUM OF LINES 1-117)	251,161,438	2,992,670	6,125,193	21,490,693	251,143,829	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		2,588	5,298		7,886	190
192 PHYSICIANS' PRIVATE OFFICES						192
193 NONPAID WORKERS						193
194 CONVENT	95,232			6,560	101,792	194
194.01 OUTPATIENT PHARMACY	389				389	194.01
194.02 FUND DEVELOPMENT	128	1,038	2,125		3,291	194.02
194.03 NURSING EDUC BLD UNUSED SPACE						194.03

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	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	251,257,187	2,996,296	6,132,616	21,497,253	251,257,187	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	63,025,214					5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	4,404,432	17,558,784				7
8 LAUNDRY & LINEN SERVICE	466,570	366,184	2,226,220			8
9 HOUSEKEEPING	1,194,344	513,069	131,748	5,406,208		9
10 DIETARY	1,004,828	595,695		193,078	4,794,637	10
11 CAFETERIA	421,248	319,331		103,502		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,130,573	229,094	1,501	74,254		13
14 CENTRAL SERVICES & SUPPLY	924,837	801,186	75	259,682		14
15 PHARMACY	1,688,815	217,694		70,559		15
16 MEDICAL RECORDS & LIBRARY	1,162,229	429,479		139,204		16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	2,258,387	43,642		14,145		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	665,375	43,642		14,145		22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	15,031,345	6,923,231	962,563	2,243,977	4,000,841	30
31 INTENSIVE CARE UNIT	2,495,828	319,331	150,689	103,502	339,551	31
41 SUBPROVIDER - IRF	431,202	254,270	115,506	82,415	139,094	41
43 NURSERY	393,293	59,537	57,863	19,297	110,811	43
44 SKILLED NURSING FACILITY	582,301	285,388	75,158	92,501	204,340	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,956,781	1,258,539	178,816	407,920		50
51 RECOVERY ROOM	358,281	109,826		35,597		51
52 DELIVERY ROOM & LABOR ROOM	1,890,223	741,520	64,551	240,343		52
53 ANESTHESIOLOGY	177,044	16,506		5,350		53
54 RADIOLOGY-DIAGNOSTIC	2,849,511	808,957	83,625	262,201		54
54.01 OUTPATIENT ONCOLOGY	29,631					54.01
55 RADIOLOGY-THERAPEUTIC	116,984	25,305	2,482	8,202		55
59 CARDIAC CATHETERIZATION	297,177		7,551			59
60 LABORATORY	2,838,910	597,365		193,619		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	519,069	50,257		16,289		63
65 RESPIRATORY THERAPY	753,877	87,187		28,259		65
66 PHYSICAL THERAPY	730,785	247,591	35,817	80,250		66
67 OCCUPATIONAL THERAPY	379,048	36,191	4,315	11,730		67
68 SPEECH PATHOLOGY	74,743	16,313		5,288		68
69 ELECTROCARDIOLOGY	500,340	325,368	10,817	105,459		69
70 ELECTROENCEPHALOGRAPHY	309,205	49,839	651	16,154		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	2,567,703					71
72 IMPL. DEV. CHARGED TO PATIENT	1,728,051					72
73 DRUGS CHARGED TO PATIENTS	2,503,538					73
74 RENAL DIALYSIS	232,919	65,607	7,163	21,265		74
75 ASC (NON-DISTINCT PART)	530,462	351,091		113,796		75
76 MENTAL HEALTH OUTPATIENT	1,113,867					76
76.97 CARDIAC REHABILITATION	83,639	124,117	284	40,229		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	858,105	289,595	5,642	93,864		90
91 EMERGENCY	3,331,759	926,105	325,538	300,171		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
114 UTILIZATION REVIEW-SNF						114
118 SUBTOTALS (SUM OF LINES 1-117)	62,987,259	17,528,052	2,222,355	5,396,247	4,794,637	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,640	21,933		7,109		190
192 PHYSICIANS' PRIVATE OFFICES			3,865			192
193 NONPAID WORKERS						193
194 CONVENT	34,083					194
194.01 OUTPATIENT PHARMACY	130					194.01
194.02 FUND DEVELOPMENT	1,102	8,799		2,852		194.02
194.03 NURSING EDUC BLD UNUSED SPACE						194.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	63,025,214	17,558,784	2,226,220	5,406,208	4,794,637	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	2,102,187					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	100,761	8,899,387				13
14 CENTRAL SERVICES & SUPPLY			4,747,913			14
15 PHARMACY	83,658	13,350		7,117,921		15
16 MEDICAL RECORDS & LIBRARY	45,425	1,739			5,249,208	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	124,239					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	38,214					22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	671,297	4,293,491	1,339,622	2,008,336	4,380,154	30
31 INTENSIVE CARE UNIT	124,051	886,560	174,218	261,182	371,743	31
41 SUBPROVIDER - IRF	22,426	207,163	44,485	66,690	152,281	41
43 NURSERY	22,431	173,576	37,415	56,091	121,317	43
44 SKILLED NURSING FACILITY	30,788	214,662	30,857	46,259	223,713	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	111,018	550,308	207,476	311,041		50
51 RECOVERY ROOM	19,792	156,143	52,512	78,723		51
52 DELIVERY ROOM & LABOR ROOM	104,089	725,401	140,894	211,223		52
53 ANESTHESIOLOGY	22,262		75,175	112,700		53
54 RADIOLOGY-DIAGNOSTIC	112,761	15,680	204,588	306,711		54
54.01 OUTPATIENT ONCOLOGY						54.01
55 RADIOLOGY-THERAPEUTIC	4,020	56	1,221	1,830		55
59 CARDIAC CATHETERIZATION	12,490	114,493	107,635	161,363		59
60 LABORATORY	27,549		504,493	756,318		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	15,049	56	52,947	79,377		63
65 RESPIRATORY THERAPY	37,672		247,489	371,027		65
66 PHYSICAL THERAPY	39,398		40,534	60,766		66
67 OCCUPATIONAL THERAPY	21,646	28	34,658	51,958		67
68 SPEECH PATHOLOGY	4,170		5,796	8,689		68
69 ELECTROCARDIOLOGY	25,261	28,822	106,563	159,755		69
70 ELECTROENCEPHALOGRAPHY	28,519		1,819	2,727		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			78,999	118,432		71
72 IMPL. DEV. CHARGED TO PATIENT			161,615	242,288		72
73 DRUGS CHARGED TO PATIENTS			790,225	1,184,676		73
74 RENAL DIALYSIS	11,802	83,647	28,306	42,435		74
75 ASC (NON-DISTINCT PART)	24,436	178,244	26,117	39,154		75
76 MENTAL HEALTH OUTPATIENT		56	5	8		76
76.97 CARDIAC REHABILITATION	4,343	14,498	496	743		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	43,882	158,390	25,649	38,452		90
91 EMERGENCY	168,015	1,083,024	226,104	338,967		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
114 UTILIZATION REVIEW-SNF						114
118 SUBTOTALS (SUM OF LINES 1-117)	2,101,464	8,899,387	4,747,913	7,117,921	5,249,208	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES						192
193 NONPAID WORKERS						193
194 CONVENT	723					194
194.01 OUTPATIENT PHARMACY						194.01
194.02 FUND DEVELOPMENT						194.02
194.03 NURSING EDUC BLD UNUSED SPACE						194.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	2,102,187	8,899,387	4,747,913	7,117,921	5,249,208	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	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 APPRVD	9,185,350					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		2,748,595				22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	2,964,274	887,019	90,598,818	-3,851,293	86,747,525	30
31 INTENSIVE CARE UNIT	663,061	198,412	13,542,209	-861,473	12,680,736	31
41 SUBPROVIDER - IRF			2,803,368		2,803,368	41
43 NURSERY	487,545	145,891	2,859,684	-633,436	2,226,248	43
44 SKILLED NURSING FACILITY			3,525,077		3,525,077	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,618,650	484,360	16,915,682	-2,103,010	14,812,672	50
51 RECOVERY ROOM			1,880,921		1,880,921	51
52 DELIVERY ROOM & LABOR ROOM	331,531	99,206	10,194,353	-430,737	9,763,616	52
53 ANESTHESIOLOGY			937,799		937,799	53
54 RADIOLOGY-DIAGNOSTIC	19,502	5,836	13,179,771	-25,338	13,154,433	54
54.01 OUTPATIENT ONCOLOGY			118,127		118,127	54.01
55 RADIOLOGY-THERAPEUTIC			509,487		509,487	55
59 CARDIAC CATHETERIZATION			1,588,264		1,588,264	59
60 LABORATORY			13,396,991		13,396,991	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.			2,283,304		2,283,304	63
65 RESPIRATORY THERAPY	19,502	5,836	3,802,391	-25,338	3,777,053	65
66 PHYSICAL THERAPY			3,417,716		3,417,716	66
67 OCCUPATIONAL THERAPY			1,671,645		1,671,645	67
68 SPEECH PATHOLOGY			338,229		338,229	68
69 ELECTROCARDIOLOGY	370,534	110,878	3,238,122	-481,412	2,756,710	69
70 ELECTROENCEPHALOGRAPHY			1,332,391		1,332,391	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			10,433,880		10,433,880	71
72 IMPL. DEV. CHARGED TO PATIENT			7,292,981		7,292,981	72
73 DRUGS CHARGED TO PATIENTS			11,955,547		11,955,547	73
74 RENAL DIALYSIS			1,188,784		1,188,784	74
75 ASC (NON-DISTINCT PART)			2,847,586		2,847,586	75
76 MENTAL HEALTH OUTPATIENT			4,440,631		4,440,631	76
76.97 CARDIAC REHABILITATION			518,146		518,146	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	2,242,708	671,101	6,990,220	-2,913,809	4,076,411	90
91 EMERGENCY	468,043	140,056	17,258,469	-608,099	16,650,370	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
114 UTILIZATION REVIEW-SNF						114
118 SUBTOTALS (SUM OF LINES 1-117)	9,185,350	2,748,595	251,060,593	-11,933,945	239,126,648	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			39,568		39,568	190
192 PHYSICIANS' PRIVATE OFFICES			3,865		3,865	192
193 NONPAID WORKERS						193
194 CONVENT			136,598		136,598	194
194.01 OUTPATIENT PHARMACY			519		519	194.01
194.02 FUND DEVELOPMENT			16,044		16,044	194.02
194.03 NURSING EDUC BLD UNUSED SPACE						194.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	9,185,350	2,748,595	251,257,187	-11,933,945	239,323,242	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	EMPLOYEE BENEFITS 4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS		19,953	40,839	60,792	60,792	4
5 ADMINISTRATIVE & GENERAL		162,250	332,082	494,332	2,819	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT		741,888	1,518,445	2,260,333	1,449	7
8 LAUNDRY & LINEN SERVICE		43,215	88,450	131,665		8
9 HOUSEKEEPING		60,550	123,930	184,480	1,189	9
10 DIETARY		70,301	143,888	214,189	870	10
11 CAFETERIA		37,686	77,133	114,819	547	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		27,037	55,337	82,374	2,584	13
14 CENTRAL SERVICES & SUPPLY		94,552	193,523	288,075		14
15 PHARMACY		25,691	52,583	78,274	2,145	15
16 MEDICAL RECORDS & LIBRARY		50,685	103,739	154,424	1,165	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD		5,150	10,541	15,691	3,186	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		5,150	10,541	15,691	980	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		817,049	1,672,278	2,489,327	17,228	30
31 INTENSIVE CARE UNIT		37,686	77,133	114,819	3,181	31
41 SUBPROVIDER - IRF		30,008	61,418	91,426	575	41
43 NURSERY		7,026	14,381	21,407	575	43
44 SKILLED NURSING FACILITY		33,680	68,934	102,614	789	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		148,527	303,995	452,522	2,847	50
51 RECOVERY ROOM		12,961	26,528	39,489	507	51
52 DELIVERY ROOM & LABOR ROOM		87,511	179,111	266,622	2,669	52
53 ANESTHESIOLOGY		1,948	3,987	5,935	571	53
54 RADIOLOGY-DIAGNOSTIC		95,469	195,400	290,869	2,891	54
54.01 OUTPATIENT ONCOLOGY						54.01
55 RADIOLOGY-THERAPEUTIC		2,986	6,112	9,098	103	55
59 CARDIAC CATHETERIZATION					320	59
60 LABORATORY		70,498	144,291	214,789	706	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		5,931	12,139	18,070	386	63
65 RESPIRATORY THERAPY		10,289	21,060	31,349	966	65
66 PHYSICAL THERAPY		29,220	59,805	89,025	1,010	66
67 OCCUPATIONAL THERAPY		4,271	8,742	13,013	555	67
68 SPEECH PATHOLOGY		1,925	3,940	5,865	107	68
69 ELECTROCARDIOLOGY		38,398	78,591	116,989	648	69
70 ELECTROENCEPHALOGRAPHY		5,882	12,038	17,920	731	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS		7,743	15,847	23,590	303	74
75 ASC (NON-DISTINCT PART)		41,434	84,805	126,239	627	75
76 MENTAL HEALTH OUTPATIENT						76
76.97 CARDIAC REHABILITATION		14,648	29,980	44,628	111	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		34,177	69,950	104,127	1,125	90
91 EMERGENCY		109,295	223,697	332,992	4,308	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
114 UTILIZATION REVIEW-SNF						114
118 SUBTOTALS (SUM OF LINES 1-117)		2,992,670	6,125,193	9,117,863	60,773	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		2,588	5,298	7,886		190
192 PHYSICIANS' PRIVATE OFFICES						192
193 NONPAID WORKERS						193
194 CONVENT					19	194
194.01 OUTPATIENT PHARMACY						194.01
194.02 FUND DEVELOPMENT		1,038	2,125	3,163		194.02
194.03 NURSING EDUC BLD UNUSED SPACE						194.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)		2,996,296	6,132,616	9,128,912	60,792	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL	497,151					5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	34,741	2,296,523				7
8 LAUNDRY & LINEN SERVICE	3,680	47,893	183,238			8
9 HOUSEKEEPING	9,421	67,105	10,844	273,039		9
10 DIETARY	7,926	77,911		9,751	310,647	10
11 CAFETERIA	3,323	41,766		5,227		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	16,805	29,963	124	3,750		13
14 CENTRAL SERVICES & SUPPLY	7,295	104,788	6	13,115		14
15 PHARMACY	13,321	28,472		3,564		15
16 MEDICAL RECORDS & LIBRARY	9,167	56,172		7,030		16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	17,813	5,708		714		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	5,248	5,708		714		22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	118,592	905,491	79,229	113,334	259,217	30
31 INTENSIVE CARE UNIT	19,686	41,766	12,403	5,227	22,000	31
41 SUBPROVIDER - IRF	3,401	33,256	9,507	4,162	9,012	41
43 NURSERY	3,102	7,787	4,763	975	7,179	43
44 SKILLED NURSING FACILITY	4,593	37,326	6,186	4,672	13,239	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	23,322	164,605	14,718	20,602		50
51 RECOVERY ROOM	2,826	14,364		1,798		51
52 DELIVERY ROOM & LABOR ROOM	14,909	96,984	5,313	12,138		52
53 ANESTHESIOLOGY	1,396	2,159		270		53
54 RADIOLOGY-DIAGNOSTIC	22,476	105,804	6,883	13,242		54
54.01 OUTPATIENT ONCOLOGY	234					54.01
55 RADIOLOGY-THERAPEUTIC	923	3,310	204	414		55
59 CARDIAC CATHETERIZATION	2,344		621			59
60 LABORATORY	22,392	78,130		9,779		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	4,094	6,573		823		63
65 RESPIRATORY THERAPY	5,946	11,403		1,427		65
66 PHYSICAL THERAPY	5,764	32,383	2,948	4,053		66
67 OCCUPATIONAL THERAPY	2,990	4,733	355	592		67
68 SPEECH PATHOLOGY	590	2,134		267		68
69 ELECTROCARDIOLOGY	3,947	42,555	890	5,326		69
70 ELECTROENCEPHALOGRAPHY	2,439	6,519	54	816		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	20,253					71
72 IMPL. DEV. CHARGED TO PATIENT	13,630					72
73 DRUGS CHARGED TO PATIENTS	19,747					73
74 RENAL DIALYSIS	1,837	8,581	590	1,074		74
75 ASC (NON-DISTINCT PART)	4,184	45,919		5,747		75
76 MENTAL HEALTH OUTPATIENT	8,786					76
76.97 CARDIAC REHABILITATION	660	16,233	23	2,032		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	6,768	37,876	464	4,741		90
91 EMERGENCY	26,280	121,126	26,795	15,160		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
114 UTILIZATION REVIEW-SNF						114
118 SUBTOTALS (SUM OF LINES 1-117)	496,851	2,292,503	182,920	272,536	310,647	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	21	2,869		359		190
192 PHYSICIANS' PRIVATE OFFICES			318			192
193 NONPAID WORKERS						193
194 CONVENT	269					194
194.01 OUTPATIENT PHARMACY	1					194.01
194.02 FUND DEVELOPMENT	9	1,151		144		194.02
194.03 NURSING EDUC BLD UNUSED SPACE						194.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	497,151	2,296,523	183,238	273,039	310,647	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	165,682					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	7,939	143,539				13
14 CENTRAL SERVICES & SUPPLY			413,279			14
15 PHARMACY	6,592	215		132,583		15
16 MEDICAL RECORDS & LIBRARY	3,579	28			231,565	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	9,789					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	3,011					22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	52,937	69,251	116,826	37,565	193,227	30
31 INTENSIVE CARE UNIT	9,774	14,299	15,154	4,857	16,399	31
41 SUBPROVIDER - IRF	1,767	3,341	3,869	1,240	6,718	41
43 NURSERY	1,767	2,800	3,254	1,043	5,352	43
44 SKILLED NURSING FACILITY	2,426	3,462	2,684	860	9,869	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	8,748	8,876	18,046	5,784		50
51 RECOVERY ROOM	1,559	2,518	4,567	1,464		51
52 DELIVERY ROOM & LABOR ROOM	8,202	11,700	12,255	3,928		52
53 ANESTHESIOLOGY	1,754		6,539	2,096		53
54 RADIOLOGY-DIAGNOSTIC	8,885	253	17,795	5,704		54
54.01 OUTPATIENT ONCOLOGY						54.01
55 RADIOLOGY-THERAPEUTIC	317	1	106	34		55
59 CARDIAC CATHETERIZATION	984	1,847	9,362	3,001		59
60 LABORATORY	2,171		43,881	14,064		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	1,186	1	4,605	1,476		63
65 RESPIRATORY THERAPY	2,968		21,527	6,900		65
66 PHYSICAL THERAPY	3,104		3,526	1,130		66
67 OCCUPATIONAL THERAPY	1,706		3,015	966		67
68 SPEECH PATHOLOGY	329		504	162		68
69 ELECTROCARDIOLOGY	1,990	465	9,269	2,971		69
70 ELECTROENCEPHALOGRAPHY	2,247		158	51		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			6,871	2,202		71
72 IMPL. DEV. CHARGED TO PATIENT			14,057	4,506		72
73 DRUGS CHARGED TO PATIENTS			68,734	22,030		73
74 RENAL DIALYSIS	930	1,349	2,462	789		74
75 ASC (NON-DISTINCT PART)	1,925	2,875	2,272	728		75
76 MENTAL HEALTH OUTPATIENT		1				76
76.97 CARDIAC REHABILITATION	342	234	43	14		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	3,458	2,555	2,231	715		90
91 EMERGENCY	13,239	17,468	19,667	6,303		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
114 UTILIZATION REVIEW-SNF						114
118 SUBTOTALS (SUM OF LINES 1-117)	165,625	143,539	413,279	132,583	231,565	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES						192
193 NONPAID WORKERS						193
194 CONVENT	57					194
194.01 OUTPATIENT PHARMACY						194.01
194.02 FUND DEVELOPMENT						194.02
194.03 NURSING EDUC BLD UNUSED SPACE						194.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	165,682	143,539	413,279	132,583	231,565	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	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 APPRVD	52,901					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		31,352				22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS			4,452,224		4,452,224	30
31 INTENSIVE CARE UNIT			279,565		279,565	31
41 SUBPROVIDER - IRF			168,274		168,274	41
43 NURSERY			60,004		60,004	43
44 SKILLED NURSING FACILITY			188,720		188,720	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM			720,070		720,070	50
51 RECOVERY ROOM			69,092		69,092	51
52 DELIVERY ROOM & LABOR ROOM			434,720		434,720	52
53 ANESTHESIOLOGY			20,720		20,720	53
54 RADIOLOGY-DIAGNOSTIC			474,802		474,802	54
54.01 OUTPATIENT ONCOLOGY			234		234	54.01
55 RADIOLOGY-THERAPEUTIC			14,510		14,510	55
59 CARDIAC CATHETERIZATION			18,479		18,479	59
60 LABORATORY			385,912		385,912	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.			37,214		37,214	63
65 RESPIRATORY THERAPY			82,486		82,486	65
66 PHYSICAL THERAPY			142,943		142,943	66
67 OCCUPATIONAL THERAPY			27,925		27,925	67
68 SPEECH PATHOLOGY			9,958		9,958	68
69 ELECTROCARDIOLOGY			185,050		185,050	69
70 ELECTROENCEPHALOGRAPHY			30,935		30,935	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			29,326		29,326	71
72 IMPL. DEV. CHARGED TO PATIENT			32,193		32,193	72
73 DRUGS CHARGED TO PATIENTS			110,511		110,511	73
74 RENAL DIALYSIS			41,505		41,505	74
75 ASC (NON-DISTINCT PART)			190,516		190,516	75
76 MENTAL HEALTH OUTPATIENT			8,787		8,787	76
76.97 CARDIAC REHABILITATION			64,320		64,320	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC			164,060		164,060	90
91 EMERGENCY			583,338		583,338	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
114 UTILIZATION REVIEW-SNF						114
118 SUBTOTALS (SUM OF LINES 1-117)			9,028,393		9,028,393	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			11,135		11,135	190
192 PHYSICIANS' PRIVATE OFFICES			318		318	192
193 NONPAID WORKERS						193
194 CONVENT			345		345	194
194.01 OUTPATIENT PHARMACY			1		1	194.01
194.02 FUND DEVELOPMENT			4,467		4,467	194.02
194.03 NURSING EDUC BLD UNUSED SPACE						194.03
200 CROSS FOOT ADJUSTMENTS	52,901	31,352	84,253		84,253	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	52,901	31,352	9,128,912		9,128,912	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	790,617					1
2 CAP REL COSTS-MVBLE EQUIP		790,617				2
4 EMPLOYEE BENEFITS	5,265	5,265	100,790,696			4
5 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	42,812	42,812	4,675,405	-63,025,214	188,231,973	5
7 OPERATION OF PLANT	195,758	195,758	2,402,837		13,154,352	7
8 LAUNDRY & LINEN SERVICE	11,403	11,403			1,393,466	8
9 HOUSEKEEPING	15,977	15,977	1,972,272		3,567,047	9
10 DIETARY	18,550	18,550	1,442,425		3,001,036	10
11 CAFETERIA	9,944	9,944	907,224		1,258,106	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	7,134	7,134	4,284,586		6,363,204	13
14 CENTRAL SERVICES & SUPPLY	24,949	24,949			2,762,133	14
15 PHARMACY	6,779	6,779	3,557,339		5,043,845	15
16 MEDICAL RECORDS & LIBRARY	13,374	13,374	1,931,591		3,471,132	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	1,359	1,359	5,282,936		6,744,937	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	1,359	1,359	1,624,949		1,987,219	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	215,590	215,590	28,545,538		44,892,668	30
31 INTENSIVE CARE UNIT	9,944	9,944	5,274,949		7,454,081	31
41 SUBPROVIDER - IRF	7,918	7,918	953,600		1,287,836	41
43 NURSERY	1,854	1,854	953,834		1,174,617	43
44 SKILLED NURSING FACILITY	8,887	8,887	1,309,164		1,739,110	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	39,191	39,191	4,720,768		8,830,773	50
51 RECOVERY ROOM	3,420	3,420	841,584		1,070,047	51
52 DELIVERY ROOM & LABOR ROOM	23,091	23,091	4,426,122		5,645,372	52
53 ANESTHESIOLOGY	514	514	946,649		528,762	53
54 RADIOLOGY-DIAGNOSTIC	25,191	25,191	4,794,883		8,510,399	54
54.01 OUTPATIENT ONCOLOGY					88,496	54.01
55 RADIOLOGY-THERAPEUTIC	788	788	170,955		349,387	55
59 CARDIAC CATHETERIZATION			531,102		887,555	59
60 LABORATORY	18,602	18,602	1,171,454		8,478,737	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	1,565	1,565	639,912		1,550,260	63
65 RESPIRATORY THERAPY	2,715	2,715	1,601,921		2,251,542	65
66 PHYSICAL THERAPY	7,710	7,710	1,675,285		2,182,575	66
67 OCCUPATIONAL THERAPY	1,127	1,127	920,459		1,132,071	67
68 SPEECH PATHOLOGY	508	508	177,322		223,230	68
69 ELECTROCARDIOLOGY	10,132	10,132	1,074,164		1,494,325	69
70 ELECTROENCEPHALOGRAPHY	1,552	1,552	1,212,717		923,477	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					7,668,746	71
72 IMPL. DEV. CHARGED TO PATIENT					5,161,027	72
73 DRUGS CHARGED TO PATIENTS					7,477,108	73
74 RENAL DIALYSIS	2,043	2,043	501,856		695,640	74
75 ASC (NON-DISTINCT PART)	10,933	10,933	1,039,077		1,584,286	75
76 MENTAL HEALTH OUTPATIENT					3,326,695	76
76.97 CARDIAC REHABILITATION	3,865	3,865	184,673		249,797	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	9,018	9,018	1,865,984		2,562,832	90
91 EMERGENCY	28,839	28,839	7,144,401		9,950,687	91
92 OBSERVATION BEDS						92
94 OTHER REIMBURSABLE COST CENTERS						94
HOME PROGRAM DIALYSIS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	789,660	789,660	100,759,937	-63,025,214	188,118,615	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	683	683			7,886	190
192 PHYSICIANS' PRIVATE OFFICES						192
193 NONPAID WORKERS						193
194 CONVENT			30,759		101,792	194
194.01 OUTPATIENT PHARMACY					389	194.01
194.02 FUND DEVELOPMENT	274	274			3,291	194.02
194.03 NURSING EDUC BLD UNUSED SPACE						194.03

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	2,996,296	6,132,616	21,497,253		63,025,214	202
203	UNIT COST MULT-WS B PT I	3.789820	7.756747	0.213286		0.334827	203
204	COST TO BE ALLOC PER B PT II			60,792		497,151	204
205	UNIT COST MULT-WS B PT II			0.000603		0.002641	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	OF PLANT	& LINEN	KEEPING			
	SQUARE	SERVICE	SQUARE	PATIENT	GROSS	
	FEET	POUNDS OF	FEET	DAYS	SALARIES	
	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	546,782					7
8 LAUNDRY & LINEN SERVICE	11,403	2,609,618				8
9 HOUSEKEEPING	15,977	154,437	519,402			9
10 DIETARY	18,550		18,550	125,955		10
11 CAFETERIA	9,944		9,944		89,390,533	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	7,134	1,759	7,134		4,284,586	13
14 CENTRAL SERVICES & SUPPLY	24,949	88	24,949			14
15 PHARMACY	6,779		6,779		3,557,339	15
16 MEDICAL RECORDS & LIBRARY	13,374		13,374		1,931,591	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	1,359		1,359		5,282,936	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	1,359		1,359		1,624,949	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	215,590	1,128,334	215,590	105,102	28,545,538	30
31 INTENSIVE CARE UNIT	9,944	176,641	9,944	8,920	5,274,949	31
41 SUBPROVIDER - IRF	7,918	135,398	7,918	3,654	953,600	41
43 NURSERY	1,854	67,828	1,854	2,911	953,834	43
44 SKILLED NURSING FACILITY	8,887	88,102	8,887	5,368	1,309,164	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	39,191	209,612	39,191		4,720,768	50
51 RECOVERY ROOM	3,420		3,420		841,584	51
52 DELIVERY ROOM & LABOR ROOM	23,091	75,668	23,091		4,426,122	52
53 ANESTHESIOLOGY	514		514		946,649	53
54 RADIOLOGY-DIAGNOSTIC	25,191	98,027	25,191		4,794,883	54
54.01 OUTPATIENT ONCOLOGY						54.01
55 RADIOLOGY-THERAPEUTIC	788	2,910	788		170,955	55
59 CARDIAC CATHETERIZATION		8,851			531,102	59
60 LABORATORY	18,602		18,602		1,171,454	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	1,565		1,565		639,912	63
65 RESPIRATORY THERAPY	2,715		2,715		1,601,921	65
66 PHYSICAL THERAPY	7,710	41,985	7,710		1,675,285	66
67 OCCUPATIONAL THERAPY	1,127	5,058	1,127		920,459	67
68 SPEECH PATHOLOGY	508		508		177,322	68
69 ELECTROCARDIOLOGY	10,132	12,680	10,132		1,074,164	69
70 ELECTROENCEPHALOGRAPHY	1,552	763	1,552		1,212,717	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	2,043	8,397	2,043		501,856	74
75 ASC (NON-DISTINCT PART)	10,933		10,933		1,039,077	75
76 MENTAL HEALTH OUTPATIENT						76
76.97 CARDIAC REHABILITATION	3,865	333	3,865		184,673	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	9,018	6,614	9,018		1,865,984	90
91 EMERGENCY	28,839	381,602	28,839		7,144,401	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	545,825	2,605,087	518,445	125,955	89,359,774	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	683		683			190
192 PHYSICIANS' PRIVATE OFFICES		4,531				192
193 NONPAID WORKERS						193
194 CONVENT					30,759	194
194.01 OUTPATIENT PHARMACY						194.01
194.02 FUND DEVELOPMENT	274		274			194.02
194.03 NURSING EDUC BLD UNUSED SPACE						194.03

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
	SQUARE FEET 7	POUNDS OF LAUNDRY 8	SQUARE FEET 9	PATIENT DAYS 10	GROSS SALARIES 11	
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	17,558,784	2,226,220	5,406,208	4,794,637	2,102,187	202
203 UNIT COST MULT-WS B PT I	32.112952	0.853083	10.408524	38.066270	0.023517	203
204 COST TO BE ALLOC PER B PT II	2,296,523	183,238	273,039	310,647	165,682	204
205 UNIT COST MULT-WS B PT II	4.200071	0.070216	0.525680	2.466333	0.001853	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION PATIENT DAYS	CENTRAL SERVICES & SUPPLY INPATIENT REVENUE	PHARMACY INPATIENT REVENUE	MEDICAL RECORDS & LIBRARY PATIENT DAYS	I&R SALARY & FRINGES PATIENT DAYS	
	13	14	15	16	21	
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	1,279,257					13
14 CENTRAL SERVICES & SUPPLY		661,825,117				14
15 PHARMACY	1,919		661,825,117			15
16 MEDICAL RECORDS & LIBRARY	250			125,955		16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD					471	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	617,175	186,735,868	186,735,868	105,102	152	30
31 INTENSIVE CARE UNIT	127,440	24,284,707	24,284,707	8,920	34	31
41 SUBPROVIDER - IRF	29,779	6,200,879	6,200,879	3,654		41
43 NURSERY	24,951	5,215,312	5,215,312	2,911	25	43
44 SKILLED NURSING FACILITY	30,857	4,301,201	4,301,201	5,368		44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	79,105	28,920,582	28,920,582		83	50
51 RECOVERY ROOM	22,445	7,319,700	7,319,700			51
52 DELIVERY ROOM & LABOR ROOM	104,274	19,639,480	19,639,480		17	52
53 ANESTHESIOLOGY		10,478,832	10,478,832			53
54 RADIOLOGY-DIAGNOSTIC	2,254	28,518,032	28,518,032		1	54
54.01 OUTPATIENT ONCOLOGY						54.01
55 RADIOLOGY-THERAPEUTIC	8	170,155	170,155			55
59 CARDIAC CATHETERIZATION	16,458	15,003,489	15,003,489			59
60 LABORATORY		70,322,472	70,322,472			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	8	7,380,432	7,380,432			63
65 RESPIRATORY THERAPY		34,498,103	34,498,103		1	65
66 PHYSICAL THERAPY		5,650,057	5,650,057			66
67 OCCUPATIONAL THERAPY	4	4,831,040	4,831,040			67
68 SPEECH PATHOLOGY		807,918	807,918			68
69 ELECTROCARDIOLOGY	4,143	14,853,988	14,853,988		19	69
70 ELECTROENCEPHALOGRAPHY		253,517	253,517			70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		11,011,790	11,011,790			71
72 IMPL. DEV. CHARGED TO PATIENT		22,527,943	22,527,943			72
73 DRUGS CHARGED TO PATIENTS		110,151,223	110,151,223			73
74 RENAL DIALYSIS	12,024	3,945,650	3,945,650			74
75 ASC (NON-DISTINCT PART)	25,622	3,640,530	3,640,530			75
76 MENTAL HEALTH OUTPATIENT	8	728	728			76
76.97 CARDIAC REHABILITATION	2,084	69,094	69,094			76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	22,768	3,575,231	3,575,231		115	90
91 EMERGENCY	155,681	31,517,164	31,517,164		24	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	1,279,257	661,825,117	661,825,117	125,955	471	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES						192
193 NONPAID WORKERS						193
194 CONVENT						194
194.01 OUTPATIENT PHARMACY						194.01
194.02 FUND DEVELOPMENT						194.02
194.03 NURSING EDUC BLD UNUSED SPACE						194.03

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		NURSING ADMINIS- TRATION PATIENT DAYS 13	CENTRAL SERVICES & SUPPLY INPATIENT REVENUE 14	PHARMACY  INPATIENT REVENUE 15	MEDICAL RECORDS & LIBRARY PATIENT DAYS 16	I&R SALARY & FRINGES PATIENT DAYS 21	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	8,899,387	4,747,913	7,117,921	5,249,208	9,185,350	202
203	UNIT COST MULT-WS B PT I	6.956684	0.007174	0.010755	41.675265	19,501.804671	203
204	COST TO BE ALLOC PER B PT II	143,539	413,279	132,583	231,565	52,901	204
205	UNIT COST MULT-WS B PT II	0.112205	0.000624	0.000200	1.838474	112.316348	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		I&R PROGRAM COSTS PATIENT DAYS	
		22	
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	471	22
23	PARAMED ED PRGM-(SPECIFY)		23
INPATIENT ROUTINE SERV COST CENTERS			
30	ADULTS & PEDIATRICS	152	30
31	INTENSIVE CARE UNIT	34	31
41	SUBPROVIDER - IRF		41
43	NURSERY	25	43
44	SKILLED NURSING FACILITY		44
ANCILLARY SERVICE COST CENTERS			
50	OPERATING ROOM	83	50
51	RECOVERY ROOM		51
52	DELIVERY ROOM & LABOR ROOM	17	52
53	ANESTHESIOLOGY		53
54	RADIOLOGY-DIAGNOSTIC	1	54
54.01	OUTPATIENT ONCOLOGY		54.01
55	RADIOLOGY-THERAPEUTIC		55
59	CARDIAC CATHETERIZATION		59
60	LABORATORY		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30
63	BLOOD STORING, PROCESSING & TRANS.		63
65	RESPIRATORY THERAPY	1	65
66	PHYSICAL THERAPY		66
67	OCCUPATIONAL THERAPY		67
68	SPEECH PATHOLOGY		68
69	ELECTROCARDIOLOGY	19	69
70	ELECTROENCEPHALOGRAPHY		70
71	MEDICAL SUPPLIES CHRGED 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
76	MENTAL HEALTH OUTPATIENT		76
76.97	CARDIAC REHABILITATION		76.97
76.98	HYPERBARIC OXYGEN THERAPY		76.98
76.99	LITHOTRIPSY		76.99
OUTPATIENT SERVICE COST CENTERS			
90	CLINIC	115	90
91	EMERGENCY	24	91
92	OBSERVATION BEDS		92
OTHER REIMBURSABLE COST CENTERS			
94	HOME PROGRAM DIALYSIS		94
SPECIAL PURPOSE COST CENTERS			
118	SUBTOTALS (SUM OF LINES 1-117)	471	118
NONREIMBURSABLE COST CENTERS			
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		190
192	PHYSICIANS' PRIVATE OFFICES		192
193	NONPAID WORKERS		193
194	CONVENT		194
194.01	OUTPATIENT PHARMACY		194.01
194.02	FUND DEVELOPMENT		194.02
194.03	NURSING EDUC BLD UNUSED SPACE		194.03

PROVIDER CCN: 14-0180 SAINTS MARY AND ELIZABETH MED  
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  
08/31/2012 10:26

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I&R PROGRAM COSTS PATIENT DAYS	
200 CROSS FOOT ADJUSTMENTS		200
201 NEGATIVE COST CENTER		201
202 COST TO BE ALLOC PER B PT I	2,748,595	202
203 UNIT COST MULT-WS B PT I	5,835.658174	203
204 COST TO BE ALLOC PER B PT II	31,352	204
205 UNIT COST MULT-WS B PT II	66.564756	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	86,747,525		86,747,525		86,747,525	30
31 INTENSIVE CARE UNIT	12,680,736		12,680,736		12,680,736	31
41 SUBPROVIDER - IRF	2,803,368		2,803,368		2,803,368	41
43 NURSERY	2,226,248		2,226,248		2,226,248	43
44 SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTERS	3,525,077		3,525,077		3,525,077	44
OPERATING ROOM						
50 OPERATING ROOM	14,812,672		14,812,672		14,812,672	50
51 RECOVERY ROOM	1,880,921		1,880,921		1,880,921	51
52 DELIVERY ROOM & LABOR ROOM	9,763,616		9,763,616		9,763,616	52
53 ANESTHESIOLOGY	937,799		937,799		937,799	53
54 RADIOLOGY-DIAGNOSTIC	13,154,433		13,154,433		13,154,433	54
54.01 OUTPATIENT ONCOLOGY	118,127		118,127		118,127	54.01
55 RADIOLOGY-THERAPEUTIC	509,487		509,487		509,487	55
59 CARDIAC CATHETERIZATION	1,588,264		1,588,264		1,588,264	59
60 LABORATORY	13,396,991		13,396,991		13,396,991	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING & RESPIRATORY THERAPY	2,283,304		2,283,304		2,283,304	63
65 PHYSICAL THERAPY	3,777,053		3,777,053		3,777,053	65
66 OCCUPATIONAL THERAPY	3,417,716		3,417,716		3,417,716	66
67 SPEECH PATHOLOGY	1,671,645		1,671,645		1,671,645	67
68 ELECTROCARDIOLOGY	338,229		338,229		338,229	68
69 ELECTROENCEPHALOGRAPHY	2,756,710		2,756,710		2,756,710	69
70 MEDICAL SUPPLIES CHRGD TO IMPL. DEV. CHARGED TO PATIE	1,332,391		1,332,391		1,332,391	70
71 DRUGS CHARGED TO PATIENTS	10,433,880		10,433,880		10,433,880	71
72 RENAL DIALYSIS	7,292,981		7,292,981		7,292,981	72
73 ASC (NON-DISTINCT PART)	11,955,547		11,955,547		11,955,547	73
74 MENTAL HEALTH OUTPATIENT	1,188,784		1,188,784		1,188,784	74
75 CARDIAC REHABILITATION	2,847,586		2,847,586		2,847,586	75
76 HYPERBARIC OXYGEN THERAPY	4,440,631		4,440,631		4,440,631	76
76.97 LITHOTRIPSY	518,146		518,146		518,146	76.97
76.98 OUTPATIENT SERVICE COST CENTERS						76.98
76.99 CLINIC	4,076,411		4,076,411		4,076,411	76.99
90 EMERGENCY	16,650,370		16,650,370		16,650,370	90
91 OBSERVATION BEDS	5,643,223		5,643,223		5,643,223	91
92 OTHER REIMBURSABLE COST CENTERS						92
94 HOME PROGRAM DIALYSIS						94
113 INTEREST EXPENSE						113
114 UTILIZATION REVIEW-SNF						114
200 SUBTOTAL (SEE INSTRUCTIONS)	244,769,871		244,769,871		244,769,871	200
201 LESS OBSERVATION BEDS	5,643,223		5,643,223		5,643,223	201
202 TOTAL (SEE INSTRUCTIONS)	239,126,648		239,126,648		239,126,648	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	186,735,868		186,735,868			30
31 INTENSIVE CARE UNIT	24,284,707		24,284,707			31
41 SUBPROVIDER - IRF	6,200,879		6,200,879			41
43 NURSERY	5,215,312		5,215,312			43
44 SKILLED NURSING FACILITY	4,301,201		4,301,201			44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	28,920,582	29,609,221	58,529,803	0.253079	0.253079	0.253079 50
51 RECOVERY ROOM	7,319,700	7,078,457	14,398,157	0.130636	0.130636	0.130636 51
52 DELIVERY ROOM & LABOR ROOM	19,639,480	1,705,471	21,344,951	0.457420	0.457420	0.457420 52
53 ANESTHESIOLOGY	10,478,832	7,549,321	18,028,153	0.052019	0.052019	0.052019 53
54 RADIOLOGY-DIAGNOSTIC	28,518,032	72,091,527	100,609,559	0.130747	0.130747	0.130747 54
54.01 OUTPATIENT ONCOLOGY		587,374	587,374	0.201110	0.201110	0.201110 54.01
55 RADIOLOGY-THERAPEUTIC	170,155	3,078,384	3,248,539	0.156836	0.156836	0.156836 55
59 CARDIAC CATHETERIZATION	15,003,489	6,548,875	21,552,364	0.073693	0.073693	0.073693 59
60 LABORATORY	70,322,472	42,322,203	112,644,675	0.118931	0.118931	0.118931 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	7,380,432	675,757	8,056,189	0.283422	0.283422	0.283422 63
65 RESPIRATORY THERAPY	34,498,103	4,001,232	38,499,335	0.098107	0.098107	0.098107 65
66 PHYSICAL THERAPY	5,650,057	5,590,763	11,240,820	0.304045	0.304045	0.304045 66
67 OCCUPATIONAL THERAPY	4,831,040	734,376	5,565,416	0.300363	0.300363	0.300363 67
68 SPEECH PATHOLOGY	807,918	98,003	905,921	0.373354	0.373354	0.373354 68
69 ELECTROCARDIOLOGY	14,853,988	16,700,943	31,554,931	0.087362	0.087362	0.087362 69
70 ELECTROENCEPHALOGRAPHY	253,517	1,281,152	1,534,669	0.868194	0.868194	0.868194 70
71 MEDICAL SUPPLIES CHRGD TO	11,011,790	2,408,555	13,420,345	0.777467	0.777467	0.777467 71
72 IMPL. DEV. CHARGED TO PATIE	22,527,943	8,183,037	30,710,980	0.237471	0.237471	0.237471 72
73 DRUGS CHARGED TO PATIENTS	110,151,223	28,277,049	138,428,272	0.086366	0.086366	0.086366 73
74 RENAL DIALYSIS	3,945,650	298,023	4,243,673	0.280131	0.280131	0.280131 74
75 ASC (NON-DISTINCT PART)	3,640,530	12,459,344	16,099,874	0.176870	0.176870	0.176870 75
76 MENTAL HEALTH OUTPATIENT	728	5,768,637	5,769,365	0.769691	0.769691	0.769691 76
76.97 CARDIAC REHABILITATION	69,094	238,070	307,164	1.686871	1.686871	1.686871 76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	3,575,231	6,374,918	9,950,149	0.409683	0.409683	0.409683 90
91 EMERGENCY	31,517,164	83,320,008	114,837,172	0.144991	0.144991	0.144991 91
92 OBSERVATION BEDS		16,029,114	16,029,114	0.352061	0.352061	0.352061 92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
113 INTEREST EXPENSE						113
114 UTILIZATION REVIEW-SNF						114
200 SUBTOTAL (SEE INSTRUCTIONS)	661,825,117	363,009,814	1,024,834,931			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	661,825,117	363,009,814	1,024,834,931			202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)	(COL.1 MINUS COL.2)	(COL.3 + COL.4)	PGM DAYS	(COL.5 x COL.6)	
	1	2	3	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	4,452,224		4,452,224	39.61	32,765	1,297,822	30
31 INTENSIVE CARE UNIT	279,565		279,565	31.34	3,208	100,539	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	168,274		168,274	46.05	1,927	88,738	41
42 SUBPROVIDER I							42
43 NURSERY	60,004		60,004	20.61			43
44 SKILLED NURSING FACILITY	188,720		188,720	35.16	4,187	147,215	44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	5,148,787		5,148,787		42,087	1,634,314	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0180) [ ] SUB (OTHER) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF

COST CENTER DESCRIPTION	CAP-REL	TOTAL	RATIO OF	INPATIENT	CAPITAL	
	COST	CHARGES	COST TO			
	(FROM WKST	(FROM WKST	CHARGES	PROGRAM	(COL.3 x	
	B, PT. II,	C, PT. I,	(COL.1 +	CHARGES	COL.4)	
	COL. 26)	COL. 8)	COL.2)			
	1	2	3	4	5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	720,070	58,529,803	0.012303	14,234,795	175,131	50
51 RECOVERY ROOM	69,092	14,398,157	0.004799	1,862,125	8,936	51
52 DELIVERY ROOM & LABOR ROOM	434,720	21,344,951	0.020366	1,686,125	34,340	52
53 ANESTHESIOLOGY	20,720	18,028,153	0.001149	2,504,768	2,878	53
54 RADIOLOGY-DIAGNOSTIC	474,802	100,609,559	0.004719	13,173,781	62,167	54
54.01 OUTPATIENT ONCOLOGY	234	587,374	0.000398			54.01
55 RADIOLOGY-THERAPEUTIC	14,510	3,248,539	0.004467	42,435	190	55
59 CARDIAC CATHETERIZATION	18,479	21,552,364	0.000857	4,516,453	3,871	59
60 LABORATORY	385,912	112,644,675	0.003426	28,214,475	96,663	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T	37,214	8,056,189	0.004619	3,190,461	14,737	63
65 RESPIRATORY THERAPY	82,486	38,499,335	0.002143	8,552,557	18,328	65
66 PHYSICAL THERAPY	142,943	11,240,820	0.012716	903,612	11,490	66
67 OCCUPATIONAL THERAPY	27,925	5,565,416	0.005018	394,835	1,981	67
68 SPEECH PATHOLOGY	9,958	905,921	0.010992	340,440	3,742	68
69 ELECTROCARDIOLOGY	185,050	31,554,931	0.005864	7,705,279	45,184	69
70 ELECTROENCEPHALOGRAPHY	30,935	1,534,669	0.020157	117,292	2,364	70
71 MEDICAL SUPPLIES CHRGD TO PA	29,326	13,420,345	0.002185	9,062,027	19,801	71
72 IMPL. DEV. CHARGED TO PATIENT	32,193	30,710,980	0.001048	9,180,036	9,621	72
73 DRUGS CHARGED TO PATIENTS	110,511	138,428,272	0.000798	45,287,281	36,139	73
74 RENAL DIALYSIS	41,505	4,243,673	0.009780	2,217,000	21,682	74
75 ASC (NON-DISTINCT PART)	190,516	16,099,874	0.011833	1,618,920	19,157	75
76 MENTAL HEALTH OUTPATIENT	8,787	5,769,365	0.001523	728	1	76
76.97 CARDIAC REHABILITATION	64,320	307,164	0.209400	24,344	5,098	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	164,060	9,950,149	0.016488	34,659	571	90
91 EMERGENCY	583,338	114,837,172	0.005080	9,808,967	49,830	91
92 OBSERVATION BEDS	289,633	16,029,114	0.018069			92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
200 TOTAL (SUM OF LINES 50-199)	4,169,239	798,096,964		164,673,395	643,902	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	112,415		32,765		30
31 INTENSIVE CARE UNIT	8,920		3,208		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	3,654		1,927		41
42 SUBPROVIDER I					42
43 NURSERY	2,911				43
44 SKILLED NURSING FACILITY	5,368		4,187		44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	133,268		42,087		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0180) [ ] 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 ANESTHETIST COST 1			MEDICAL EDUCATION COST 4	COST (SUM OF COLS.1-4) 5	COST (SUM OF COLS.2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 OUTPATIENT ONCOLOGY						54.01
55 RADIOLOGY-THERAPEUTIC						55
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T						63
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGD 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
76 MENTAL HEALTH OUTPATIENT						76
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
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
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 (14-0180)	[ ] 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	58,529,803		14,234,795		6,849,490	50
51	RECOVERY ROOM	14,398,157		1,862,125		1,460,400	51
52	DELIVERY ROOM & LABOR ROOM	21,344,951		1,686,125		7,239	52
53	ANESTHESIOLOGY	18,028,153		2,504,768		1,700,784	53
54	RADIOLOGY-DIAGNOSTIC	100,609,559		13,173,781		14,578,834	54
54.01	OUTPATIENT ONCOLOGY	587,374					54.01
55	RADIOLOGY-THERAPEUTIC	3,248,539		42,435		1,227,049	55
59	CARDIAC CATHETERIZATION	21,552,364		4,516,453		2,180,269	59
60	LABORATORY	112,644,675		28,214,475		1,370,575	60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	8,056,189		3,190,461		61,480	63
65	RESPIRATORY THERAPY	38,499,335		8,552,557		375,084	65
66	PHYSICAL THERAPY	11,240,820		903,612			66
67	OCCUPATIONAL THERAPY	5,565,416		394,835			67
68	SPEECH PATHOLOGY	905,921		340,440			68
69	ELECTROCARDIOLOGY	31,554,931		7,705,279		4,960,298	69
70	ELECTROENCEPHALOGRAPHY	1,534,669		117,292		114,811	70
71	MEDICAL SUPPLIES CHRGD TO P	13,420,345		9,062,027		1,711,632	71
72	IMPL. DEV. CHARGED TO PATIEN	30,710,980		9,180,036		1,328,842	72
73	DRUGS CHARGED TO PATIENTS	138,428,272		45,287,281		11,872,462	73
74	RENAL DIALYSIS	4,243,673		2,217,000		116,555	74
75	ASC (NON-DISTINCT PART)	16,099,874		1,618,920		4,372,690	75
76	MENTAL HEALTH OUTPATIENT	5,769,365		728		1,503,488	76
76.97	CARDIAC REHABILITATION	307,164		24,344		96,839	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	9,950,149		34,659		1,325,111	90
91	EMERGENCY	114,837,172		9,808,967		8,988,044	91
92	OBSERVATION BEDS	16,029,114				3,202,275	92
OTHER REIMBURSABLE COST CENTERS							
94	HOME PROGRAM DIALYSIS						94
200	TOTAL (SUM OF LINES 50-199)	798,096,964		164,673,395		69,404,251	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0180) [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-NF  
 BOXES [ ] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS			
	COST TO CHARGE FROM WKST C, PT I, COL. 9 1	RATIO REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCS NOT SUBJECT TO DED & COINS 4	COST SERVICES SUBJECT TO DED & COINS 5	COST SVCS NOT SUBJECT TO DED & COINS 6	COST SERVICES SUBJECT TO DED & COINS 7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.253079	6,849,490			1,733,462			50
51 RECOVERY ROOM	0.130636	1,460,400			190,781			51
52 DELIVERY ROOM & LABOR ROOM	0.457420	7,239			3,311			52
53 ANESTHESIOLOGY	0.052019	1,700,784			88,473			53
54 RADIOLOGY-DIAGNOSTIC	0.130747	14,578,834	195		1,906,139	25		54
54.01 OUTPATIENT ONCOLOGY	0.201110							54.01
55 RADIOLOGY-THERAPEUTIC	0.156836	1,227,049			192,445			55
59 CARDIAC CATHETERIZATION	0.073693	2,180,269			160,671			59
60 LABORATORY	0.118931	1,370,575			163,004			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63 BLOOD STORING, PROCESSING & TRA	0.283422	61,480			17,425			63
65 RESPIRATORY THERAPY	0.098107	375,084			36,798			65
66 PHYSICAL THERAPY	0.304045							66
67 OCCUPATIONAL THERAPY	0.300363							67
68 SPEECH PATHOLOGY	0.373354							68
69 ELECTROCARDIOLOGY	0.087362	4,960,298			433,342			69
70 ELECTROENCEPHALOGRAPHY	0.868194	114,811			99,678			70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.777467	1,711,632			1,330,737			71
72 IMPL. DEV. CHARGED TO PATIENT	0.237471	1,328,842			315,561			72
73 DRUGS CHARGED TO PATIENTS	0.086366	11,872,462		317,493	1,025,377		27,421	73
74 RENAL DIALYSIS	0.280131	116,555			32,651			74
75 ASC (NON-DISTINCT PART)	0.176870	4,372,690			773,398			75
76 MENTAL HEALTH OUTPATIENT	0.769691	1,503,488			1,157,221			76
76.97 CARDIAC REHABILITATION	1.686871	96,839			163,355			76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90 CLINIC	0.409683	1,325,111			542,875			90
91 EMERGENCY	0.144991	8,988,044			1,303,185			91
92 OBSERVATION BEDS	0.352061	3,202,275			1,127,396			92
OTHER REIMBURSABLE COST CENTERS								
94 HOME PROGRAM DIALYSIS								94
200 SUBTOTAL (SEE INSTRUCTIONS)		69,404,251	195	317,493	12,797,285	25	27,421	200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		69,404,251	195	317,493	12,797,285	25	27,421	202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [XX] TITLE XVIII-PT A [ ] TITLE XIX	[ ] HOSPITAL [ ] IPF [XX] IRF (14-T180)	[ ] SUB (OTHER)	[XX] PPS [ ] TEFRA			
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26)	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2)	INPATIENT PROGRAM CHARGES	CAPITAL (COL.3 x COL.4)		
	1	2	3	4	5		
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	720,070	58,529,803	0.012303			50
51	RECOVERY ROOM	69,092	14,398,157	0.004799			51
52	DELIVERY ROOM & LABOR ROOM	434,720	21,344,951	0.020366			52
53	ANESTHESIOLOGY	20,720	18,028,153	0.001149			53
54	RADIOLOGY-DIAGNOSTIC	474,802	100,609,559	0.004719	64,392	304	54
54.01	OUTPATIENT ONCOLOGY	234	587,374	0.000398			54.01
55	RADIOLOGY-THERAPEUTIC	14,510	3,248,539	0.004467	8,253	37	55
59	CARDIAC CATHETERIZATION	18,479	21,552,364	0.000857			59
60	LABORATORY	385,912	112,644,675	0.003426	441,242	1,512	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
63	BLOOD STORING, PROCESSING & T	37,214	8,056,189	0.004619	5,385	25	63
65	RESPIRATORY THERAPY	82,486	38,499,335	0.002143	136,205	292	65
66	PHYSICAL THERAPY	142,943	11,240,820	0.012716	1,060,105	13,480	66
67	OCCUPATIONAL THERAPY	27,925	5,565,416	0.005018	1,041,206	5,225	67
68	SPEECH PATHOLOGY	9,958	905,921	0.010992	90,569	996	68
69	ELECTROCARDIOLOGY	185,050	31,554,931	0.005864	29,899	175	69
70	ELECTROENCEPHALOGRAPHY	30,935	1,534,669	0.020157	520	10	70
71	MEDICAL SUPPLIES CHRGD TO PA	29,326	13,420,345	0.002185	308,540	674	71
72	IMPL. DEV. CHARGED TO PATIENT	32,193	30,710,980	0.001048			72
73	DRUGS CHARGED TO PATIENTS	110,511	138,428,272	0.000798	1,110,867	886	73
74	RENAL DIALYSIS	41,505	4,243,673	0.009780	67,500	660	74
75	ASC (NON-DISTINCT PART)	190,516	16,099,874	0.011833			75
76	MENTAL HEALTH OUTPATIENT	8,787	5,769,365	0.001523			76
76.97	CARDIAC REHABILITATION	64,320	307,164	0.209400			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	164,060	9,950,149	0.016488			90
91	EMERGENCY	583,338	114,837,172	0.005080	2,391	12	91
92	OBSERVATION BEDS	289,633	16,029,114	0.018069			92
OTHER REIMBURSABLE COST CENTERS							
94	HOME PROGRAM DIALYSIS						94
200	TOTAL (SUM OF LINES 50-199)	4,169,239	798,096,964		4,367,074	24,288	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [XX] IRF (14-T180) [ ] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			MEDICAL EDUCATION COST 4	COST (SUM OF COLS.1-4) 5	COST (SUM OF COLS.2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 OUTPATIENT ONCOLOGY						54.01
55 RADIOLOGY-THERAPEUTIC						55
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T						63
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGD 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
76 MENTAL HEALTH OUTPATIENT						76
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
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [XX] IRF (14-T180) [ ] NF

COST CENTER DESCRIPTION	TOTAL	RATIO OF	O/P RATIO	INPAT PGM	INPAT PGM	O/P PGM	O/P PGM
	CHARGES	COST TO	OF COST TO				
	(FROM WKST	CHARGES	CHARGES	INPAT	COSTS	CHARGES	COSTS
	C, PT. I,	(COL. 5 +	(COL. 6 +	PGM	(COL. 8 x		(COL. 9 x
	COL. 8)	COL. 7)	COL. 7)	CHARGES	COL. 10)		COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	58,529,803						50
51 RECOVERY ROOM	14,398,157						51
52 DELIVERY ROOM & LABOR ROOM	21,344,951						52
53 ANESTHESIOLOGY	18,028,153						53
54 RADIOLOGY-DIAGNOSTIC	100,609,559			64,392		12,508	54
54.01 OUTPATIENT ONCOLOGY	587,374						54.01
55 RADIOLOGY-THERAPEUTIC	3,248,539			8,253			55
59 CARDIAC CATHETERIZATION	21,552,364						59
60 LABORATORY	112,644,675			441,242		502	60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
63 BLOOD STORING, PROCESSING &	8,056,189			5,385		510	63
65 RESPIRATORY THERAPY	38,499,335			136,205			65
66 PHYSICAL THERAPY	11,240,820			1,060,105			66
67 OCCUPATIONAL THERAPY	5,565,416			1,041,206			67
68 SPEECH PATHOLOGY	905,921			90,569			68
69 ELECTROCARDIOLOGY	31,554,931			29,899		4,110	69
70 ELECTROENCEPHALOGRAPHY	1,534,669			520			70
71 MEDICAL SUPPLIES CHRGD TO P	13,420,345			308,540			71
72 IMPL. DEV. CHARGED TO PATIEN	30,710,980						72
73 DRUGS CHARGED TO PATIENTS	138,428,272			1,110,867		39,168	73
74 RENAL DIALYSIS	4,243,673			67,500			74
75 ASC (NON-DISTINCT PART)	16,099,874						75
76 MENTAL HEALTH OUTPATIENT	5,769,365						76
76.97 CARDIAC REHABILITATION	307,164						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	9,950,149						90
91 EMERGENCY	114,837,172			2,391			91
92 OBSERVATION BEDS	16,029,114						92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)	798,096,964			4,367,074		56,798	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-NF  
 BOXES [ ] TITLE XIX - O/P [XX] IRF (14-T180) [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES DED & COINS 3	COST REIMB. SVCS NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES DED & COINS 6	COST SVCS NOT SUBJECT TO DED & COINS 7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.253079						50
51 RECOVERY ROOM	0.130636						51
52 DELIVERY ROOM & LABOR ROOM	0.457420						52
53 ANESTHESIOLOGY	0.052019						53
54 RADIOLOGY-DIAGNOSTIC	0.130747	12,508			1,635		54
54.01 OUTPATIENT ONCOLOGY	0.201110						54.01
55 RADIOLOGY-THERAPEUTIC	0.156836						55
59 CARDIAC CATHETERIZATION	0.073693						59
60 LABORATORY	0.118931	502			60		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.283422	510			145		63
65 RESPIRATORY THERAPY	0.098107						65
66 PHYSICAL THERAPY	0.304045						66
67 OCCUPATIONAL THERAPY	0.300363						67
68 SPEECH PATHOLOGY	0.373354						68
69 ELECTROCARDIOLOGY	0.087362	4,110			359		69
70 ELECTROENCEPHALOGRAPHY	0.868194						70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.777467						71
72 IMPL. DEV. CHARGED TO PATIENT	0.237471						72
73 DRUGS CHARGED TO PATIENTS	0.086366	39,168			3,383		73
74 RENAL DIALYSIS	0.280131						74
75 ASC (NON-DISTINCT PART)	0.176870						75
76 MENTAL HEALTH OUTPATIENT	0.769691						76
76.97 CARDIAC REHABILITATION	1.686871						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.409683						90
91 EMERGENCY	0.144991						91
92 OBSERVATION BEDS	0.352061						92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 SUBTOTAL (SEE INSTRUCTIONS)		56,798			5,582		200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		56,798			5,582		202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [XX] SNF (14-5541) [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5	COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 OUTPATIENT ONCOLOGY						54.01
55 RADIOLOGY-THERAPEUTIC						55
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T						63
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGD 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
76 MENTAL HEALTH OUTPATIENT						76
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
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [XX] SNF (14-5541) [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF

COST CENTER DESCRIPTION	TOTAL	RATIO OF	O/P RATIO	INPAT PGM	O/P PGM	O/P PGM
	CHARGES	COST TO	OF COST TO			
	(FROM WKST	CHARGES	CHARGES	INPAT	PASS-THRU	PASS-THRU
	C, PT. I,	(COL. 5 +	(COL. 6 +	PGM	(COL. 8 x	(COL. 9 x
	COL. 8)	COL. 7)	COL. 7)	CHARGES	COL. 10)	COL. 12)
	7	8	9	10	11	12
						13
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	58,529,803					50
51 RECOVERY ROOM	14,398,157					51
52 DELIVERY ROOM & LABOR ROOM	21,344,951					52
53 ANESTHESIOLOGY	18,028,153					53
54 RADIOLOGY-DIAGNOSTIC	100,609,559			157,356		54
54.01 OUTPATIENT ONCOLOGY	587,374					54.01
55 RADIOLOGY-THERAPEUTIC	3,248,539					55
59 CARDIAC CATHETERIZATION	21,552,364					59
60 LABORATORY	112,644,675			1,056,585		60
62.30 BLOOD CLOTTING FOR HEMOPHILI						62.30
63 BLOOD STORING, PROCESSING &	8,056,189			47,320		63
65 RESPIRATORY THERAPY	38,499,335			784,107		65
66 PHYSICAL THERAPY	11,240,820			1,499,099		66
67 OCCUPATIONAL THERAPY	5,565,416			1,664,883		67
68 SPEECH PATHOLOGY	905,921			10,749		68
69 ELECTROCARDIOLOGY	31,554,931			24,800		69
70 ELECTROENCEPHALOGRAPHY	1,534,669			520		70
71 MEDICAL SUPPLIES CHRGD TO P	13,420,345			1,641,223		71
72 IMPL. DEV. CHARGED TO PATIEN	30,710,980					72
73 DRUGS CHARGED TO PATIENTS	138,428,272			3,705,025		73
74 RENAL DIALYSIS	4,243,673			275,000		74
75 ASC (NON-DISTINCT PART)	16,099,874					75
76 MENTAL HEALTH OUTPATIENT	5,769,365					76
76.97 CARDIAC REHABILITATION	307,164					76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	9,950,149			17,512		90
91 EMERGENCY	114,837,172					91
92 OBSERVATION BEDS	16,029,114					92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
200 TOTAL (SUM OF LINES 50-199)	798,096,964			10,884,179		200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] IPF [XX] SNF (14-5541) [ ] S/B-NF  
 BOXES [ ] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS			
	COST TO CHARGE FROM WKST C, PT I, COL. 9	RATIO	PPS REIMBURSED SERVICES	COST REIMB. SUBJECT TO DED & COINS	COST REIMB. SVCS NOT SUBJECT TO DED & COINS	COST SERVICES SUBJECT TO DED & COINS	COST SVCS NOT SUBJECT TO DED & COINS	
	1		2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.253079							50
51 RECOVERY ROOM	0.130636							51
52 DELIVERY ROOM & LABOR ROOM	0.457420							52
53 ANESTHESIOLOGY	0.052019							53
54 RADIOLOGY-DIAGNOSTIC	0.130747							54
54.01 OUTPATIENT ONCOLOGY	0.201110							54.01
55 RADIOLOGY-THERAPEUTIC	0.156836							55
59 CARDIAC CATHETERIZATION	0.073693							59
60 LABORATORY	0.118931							60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63 BLOOD STORING, PROCESSING & TRA	0.283422							63
65 RESPIRATORY THERAPY	0.098107							65
66 PHYSICAL THERAPY	0.304045							66
67 OCCUPATIONAL THERAPY	0.300363							67
68 SPEECH PATHOLOGY	0.373354							68
69 ELECTROCARDIOLOGY	0.087362							69
70 ELECTROENCEPHALOGRAPHY	0.868194							70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.777467							71
72 IMPL. DEV. CHARGED TO PATIENT	0.237471							72
73 DRUGS CHARGED TO PATIENTS	0.086366							73
74 RENAL DIALYSIS	0.280131							74
75 ASC (NON-DISTINCT PART)	0.176870							75
76 MENTAL HEALTH OUTPATIENT	0.769691							76
76.97 CARDIAC REHABILITATION	1.686871							76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90 CLINIC	0.409683							90
91 EMERGENCY	0.144991							91
92 OBSERVATION BEDS	0.352061							92
OTHER REIMBURSABLE COST CENTERS								
94 HOME PROGRAM DIALYSIS								94
200 SUBTOTAL (SEE INSTRUCTIONS)								200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)								202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)	(COL.1 MINUS COL.2)	(COL.3 + COL.4)	PGM DAYS	(COL.5 x COL.6)	
	1	2	3	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	4,452,224		4,452,224	39.61	55,916	2,214,833	30
31 INTENSIVE CARE UNIT	279,565		279,565	31.34	3,076	96,402	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	168,274		168,274	46.05	1,228	56,549	41
42 SUBPROVIDER I							42
43 NURSERY	60,004		60,004	20.61	2,263	46,640	43
44 SKILLED NURSING FACILITY	188,720		188,720	35.16	5	176	44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	5,148,787		5,148,787		62,488	2,414,600	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [ ] TITLE XVIII-PT A [XX] TITLE XIX	[XX] HOSPITAL (14-0180) [ ] IPF [ ] IRF	[ ] SUB (OTHER)	[ ] PPS [ ] TEFRA [XX] OTHER	
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5
ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	720,070	58,529,803	0.012303	50
51	RECOVERY ROOM	69,092	14,398,157	0.004799	51
52	DELIVERY ROOM & LABOR ROOM	434,720	21,344,951	0.020366	52
53	ANESTHESIOLOGY	20,720	18,028,153	0.001149	53
54	RADIOLOGY-DIAGNOSTIC	474,802	100,609,559	0.004719	54
54.01	OUTPATIENT ONCOLOGY	234	587,374	0.000398	54.01
55	RADIOLOGY-THERAPEUTIC	14,510	3,248,539	0.004467	55
59	CARDIAC CATHETERIZATION	18,479	21,552,364	0.000857	59
60	LABORATORY	385,912	112,644,675	0.003426	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA				62.30
63	BLOOD STORING, PROCESSING & T	37,214	8,056,189	0.004619	63
65	RESPIRATORY THERAPY	82,486	38,499,335	0.002143	65
66	PHYSICAL THERAPY	142,943	11,240,820	0.012716	66
67	OCCUPATIONAL THERAPY	27,925	5,565,416	0.005018	67
68	SPEECH PATHOLOGY	9,958	905,921	0.010992	68
69	ELECTROCARDIOLOGY	185,050	31,554,931	0.005864	69
70	ELECTROENCEPHALOGRAPHY	30,935	1,534,669	0.020157	70
71	MEDICAL SUPPLIES CHRGD TO PA	29,326	13,420,345	0.002185	71
72	IMPL. DEV. CHARGED TO PATIENT	32,193	30,710,980	0.001048	72
73	DRUGS CHARGED TO PATIENTS	110,511	138,428,272	0.000798	73
74	RENAL DIALYSIS	41,505	4,243,673	0.009780	74
75	ASC (NON-DISTINCT PART)	190,516	16,099,874	0.011833	75
76	MENTAL HEALTH OUTPATIENT	8,787	5,769,365	0.001523	76
76.97	CARDIAC REHABILITATION	64,320	307,164	0.209400	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	164,060	9,950,149	0.016488	90
91	EMERGENCY	583,338	114,837,172	0.005080	91
92	OBSERVATION BEDS	289,633	16,029,114	0.018069	92
OTHER REIMBURSABLE COST CENTERS					
94	HOME PROGRAM DIALYSIS				94
200	TOTAL (SUM OF LINES 50-199)	4,169,239	798,096,964		200

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS					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 [ ] TITLE XVIII-PT A  
 BOXES [XX] TITLE XIX

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	112,415		55,916		30
31 INTENSIVE CARE UNIT	8,920		3,076		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	3,654		1,228		41
42 SUBPROVIDER I					42
43 NURSERY	2,911		2,263		43
44 SKILLED NURSING FACILITY	5,368		5		44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	133,268		62,488		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0180) [ ] SUB (OTHER) [ ] ICF/MR [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] IRF [ ] NF [XX] OTHER

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN			MEDICAL	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
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 OUTPATIENT ONCOLOGY						54.01
55 RADIOLOGY-THERAPEUTIC						55
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T						63
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGD 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
76 MENTAL HEALTH OUTPATIENT						76
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
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
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 (14-0180) [ ] SUB (OTHER) [ ] ICF/MR [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] IRF [ ] NF [XX] OTHER

COST CENTER DESCRIPTION	TOTAL CHARGES (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	58,529,803						50
51 RECOVERY ROOM	14,398,157						51
52 DELIVERY ROOM & LABOR ROOM	21,344,951						52
53 ANESTHESIOLOGY	18,028,153						53
54 RADIOLOGY-DIAGNOSTIC	100,609,559						54
54.01 OUTPATIENT ONCOLOGY	587,374						54.01
55 RADIOLOGY-THERAPEUTIC	3,248,539						55
59 CARDIAC CATHETERIZATION	21,552,364						59
60 LABORATORY	112,644,675						60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
63 BLOOD STORING, PROCESSING &	8,056,189						63
65 RESPIRATORY THERAPY	38,499,335						65
66 PHYSICAL THERAPY	11,240,820						66
67 OCCUPATIONAL THERAPY	5,565,416						67
68 SPEECH PATHOLOGY	905,921						68
69 ELECTROCARDIOLOGY	31,554,931						69
70 ELECTROENCEPHALOGRAPHY	1,534,669						70
71 MEDICAL SUPPLIES CHRGD TO P	13,420,345						71
72 IMPL. DEV. CHARGED TO PATIEN	30,710,980						72
73 DRUGS CHARGED TO PATIENTS	138,428,272						73
74 RENAL DIALYSIS	4,243,673						74
75 ASC (NON-DISTINCT PART)	16,099,874						75
76 MENTAL HEALTH OUTPATIENT	5,769,365						76
76.97 CARDIAC REHABILITATION	307,164						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	9,950,149						90
91 EMERGENCY	114,837,172						91
92 OBSERVATION BEDS	16,029,114						92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)	798,096,964						200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0180) [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [ ] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-NF  
 BOXES [XX] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9	PPS REIMBURSED SERVICES	COST REIMB. SERVICES DED & COINS	COST REIMB. SVCS NOT SUBJECT TO DED & COINS	PPS SERVICES	COST SERVICES DED & COINS	COST SVCS NOT SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.253079						50
51 RECOVERY ROOM	0.130636						51
52 DELIVERY ROOM & LABOR ROOM	0.457420						52
53 ANESTHESIOLOGY	0.052019						53
54 RADIOLOGY-DIAGNOSTIC	0.130747						54
54.01 OUTPATIENT ONCOLOGY	0.201110						54.01
55 RADIOLOGY-THERAPEUTIC	0.156836						55
59 CARDIAC CATHETERIZATION	0.073693						59
60 LABORATORY	0.118931						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.283422						63
65 RESPIRATORY THERAPY	0.098107						65
66 PHYSICAL THERAPY	0.304045						66
67 OCCUPATIONAL THERAPY	0.300363						67
68 SPEECH PATHOLOGY	0.373354						68
69 ELECTROCARDIOLOGY	0.087362						69
70 ELECTROENCEPHALOGRAPHY	0.868194						70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.777467						71
72 IMPL. DEV. CHARGED TO PATIENT	0.237471						72
73 DRUGS CHARGED TO PATIENTS	0.086366						73
74 RENAL DIALYSIS	0.280131						74
75 ASC (NON-DISTINCT PART)	0.176870						75
76 MENTAL HEALTH OUTPATIENT	0.769691						76
76.97 CARDIAC REHABILITATION	1.686871						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.409683						90
91 EMERGENCY	0.144991						91
92 OBSERVATION BEDS	0.352061						92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [ ] TITLE XVIII-PT A [XX] TITLE XIX	[ ] HOSPITAL [ ] IPF [XX] IRF (14-T180)	[ ] SUB (OTHER)	[ ] PPS [ ] TEFRA [XX] OTHER	
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5
ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	720,070	58,529,803	0.012303	50
51	RECOVERY ROOM	69,092	14,398,157	0.004799	51
52	DELIVERY ROOM & LABOR ROOM	434,720	21,344,951	0.020366	52
53	ANESTHESIOLOGY	20,720	18,028,153	0.001149	53
54	RADIOLOGY-DIAGNOSTIC	474,802	100,609,559	0.004719	54
54.01	OUTPATIENT ONCOLOGY	234	587,374	0.000398	54.01
55	RADIOLOGY-THERAPEUTIC	14,510	3,248,539	0.004467	55
59	CARDIAC CATHETERIZATION	18,479	21,552,364	0.000857	59
60	LABORATORY	385,912	112,644,675	0.003426	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA				62.30
63	BLOOD STORING, PROCESSING & T	37,214	8,056,189	0.004619	63
65	RESPIRATORY THERAPY	82,486	38,499,335	0.002143	65
66	PHYSICAL THERAPY	142,943	11,240,820	0.012716	66
67	OCCUPATIONAL THERAPY	27,925	5,565,416	0.005018	67
68	SPEECH PATHOLOGY	9,958	905,921	0.010992	68
69	ELECTROCARDIOLOGY	185,050	31,554,931	0.005864	69
70	ELECTROENCEPHALOGRAPHY	30,935	1,534,669	0.020157	70
71	MEDICAL SUPPLIES CHRGD TO PA	29,326	13,420,345	0.002185	71
72	IMPL. DEV. CHARGED TO PATIENT	32,193	30,710,980	0.001048	72
73	DRUGS CHARGED TO PATIENTS	110,511	138,428,272	0.000798	73
74	RENAL DIALYSIS	41,505	4,243,673	0.009780	74
75	ASC (NON-DISTINCT PART)	190,516	16,099,874	0.011833	75
76	MENTAL HEALTH OUTPATIENT	8,787	5,769,365	0.001523	76
76.97	CARDIAC REHABILITATION	64,320	307,164	0.209400	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	164,060	9,950,149	0.016488	90
91	EMERGENCY	583,338	114,837,172	0.005080	91
92	OBSERVATION BEDS	289,633	16,029,114	0.018069	92
OTHER REIMBURSABLE COST CENTERS					
94	HOME PROGRAM DIALYSIS				94
200	TOTAL (SUM OF LINES 50-199)	4,169,239	798,096,964		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK  TITLE V  HOSPITAL  SUB (OTHER)  ICF/MR  PPS  
 APPLICABLE  TITLE XVIII-PT A  IPF  SNF  TEFRA  
 BOXES  TITLE XIX  IRF (14-T180)  NF  OTHER

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN			MEDICAL	COST	COST
	ANESTHETIST	SCHOOL	HEALTH	EDUCATION	(SUM OF	(SUM OF
	COST			COST	COLS. 1-4)	COLS. 2-4)
	1	2	3	4	5	6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 OUTPATIENT ONCOLOGY						54.01
55 RADIOLOGY-THERAPEUTIC						55
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T						63
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGD 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
76 MENTAL HEALTH OUTPATIENT						76
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
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [XX] IRF (14-T180) [ ] NF [XX] OTHER

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	58,529,803						50
51 RECOVERY ROOM	14,398,157						51
52 DELIVERY ROOM & LABOR ROOM	21,344,951						52
53 ANESTHESIOLOGY	18,028,153						53
54 RADIOLOGY-DIAGNOSTIC	100,609,559						54
54.01 OUTPATIENT ONCOLOGY	587,374						54.01
55 RADIOLOGY-THERAPEUTIC	3,248,539						55
59 CARDIAC CATHETERIZATION	21,552,364						59
60 LABORATORY	112,644,675						60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
63 BLOOD STORING, PROCESSING &	8,056,189						63
65 RESPIRATORY THERAPY	38,499,335						65
66 PHYSICAL THERAPY	11,240,820						66
67 OCCUPATIONAL THERAPY	5,565,416						67
68 SPEECH PATHOLOGY	905,921						68
69 ELECTROCARDIOLOGY	31,554,931						69
70 ELECTROENCEPHALOGRAPHY	1,534,669						70
71 MEDICAL SUPPLIES CHRGD TO P	13,420,345						71
72 IMPL. DEV. CHARGED TO PATIEN	30,710,980						72
73 DRUGS CHARGED TO PATIENTS	138,428,272						73
74 RENAL DIALYSIS	4,243,673						74
75 ASC (NON-DISTINCT PART)	16,099,874						75
76 MENTAL HEALTH OUTPATIENT	5,769,365						76
76.97 CARDIAC REHABILITATION	307,164						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	9,950,149						90
91 EMERGENCY	114,837,172						91
92 OBSERVATION BEDS	16,029,114						92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)	798,096,964						200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [ ] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-NF  
 BOXES [XX] TITLE XIX - O/P [XX] IRF (14-T180) [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE FROM WKST C, PT I, COL. 9	PPS REIMBURSED SERVICES	COST REIMB. SERVICES DED & COINS	COST REIMB. SVCS NOT SUBJECT TO DED & COINS	PPS SERVICES	COST SERVICES DED & COINS	COST SVCS NOT SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.253079						50
51 RECOVERY ROOM	0.130636						51
52 DELIVERY ROOM & LABOR ROOM	0.457420						52
53 ANESTHESIOLOGY	0.052019						53
54 RADIOLOGY-DIAGNOSTIC	0.130747						54
54.01 OUTPATIENT ONCOLOGY	0.201110						54.01
55 RADIOLOGY-THERAPEUTIC	0.156836						55
59 CARDIAC CATHETERIZATION	0.073693						59
60 LABORATORY	0.118931						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.283422						63
65 RESPIRATORY THERAPY	0.098107						65
66 PHYSICAL THERAPY	0.304045						66
67 OCCUPATIONAL THERAPY	0.300363						67
68 SPEECH PATHOLOGY	0.373354						68
69 ELECTROCARDIOLOGY	0.087362						69
70 ELECTROENCEPHALOGRAPHY	0.868194						70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.777467						71
72 IMPL. DEV. CHARGED TO PATIENT	0.237471						72
73 DRUGS CHARGED TO PATIENTS	0.086366						73
74 RENAL DIALYSIS	0.280131						74
75 ASC (NON-DISTINCT PART)	0.176870						75
76 MENTAL HEALTH OUTPATIENT	0.769691						76
76.97 CARDIAC REHABILITATION	1.686871						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.409683						90
91 EMERGENCY	0.144991						91
92 OBSERVATION BEDS	0.352061						92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0180) [ ] 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)	112,415	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	112,415	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	112,415	3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	-7,313	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)	32,765	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)	86,747,525	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	86,747,525	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		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)		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)	86,747,525	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0180) [ ] 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) 771.67 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 25,283,768 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) 25,283,768 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	12,680,736	8,920	1,421.61	3,208	4,560,525	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)					28,725,702	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					58,569,995	49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 1,398,361 50  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 643,902 51  
 52 TOTAL PROGRAM EXCLUDABLE COST 2,042,263 52  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 56,527,732 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) 7,313 87  
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2) 771.67 88  
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 5,643,223 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) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	4,452,224	86,747,525	0.051324	5,643,223	289,633	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX-INPT [XX] IRF (14-T180) [ ] NF [ ] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	3,654	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,654	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,654	3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,927	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)	1,927	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)	2,803,368	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	2,803,368	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,268,848	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,268,848	29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		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)		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)	2,803,368	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [ ] HOSPITAL [ ] SUB (OTHER) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [ ] TITLE XIX-INPT [XX] IRF (14-T180) [ ] 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)	767.21 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	1,478,414 39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	1,478,414 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	1,104,093 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	2,582,507 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	88,738 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	24,288 51
52	TOTAL PROGRAM EXCLUDABLE COST	113,026 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	2,469,481 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

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[ ]	TITLE V-INPT	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[ ]	ICF/MR	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[ ]	IPF	[XX]	SNF (14-5541)			[ ]	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)	5,368	1							
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,368	2							
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,368	3							
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		4							
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5							
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6							
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7							
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8							
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	4,187	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)	4,187	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)	3,525,077	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	3,525,077	27							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT										
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,933,993	28							
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4,933,993	29							
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30							
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		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)		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)	3,525,077	37							

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [XX] SNF (14-5541) [ ] TEFRA  
 BOXES [ ] TITLE XIX-INPT [ ] IRF [ ] NF [ ] OTHER

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

70	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COSTS (LINE 37)	3,525,077	70
71	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (LINE 70 ÷ LINE 2)	656.68	71
72	PROGRAM ROUTINE SERVICE COST (LINE 9 x LINE 71)	2,749,519	72
73	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM (LINE 14 x LINE 35)		73
74	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS (LINE 72 + LINE 73)	2,749,519	74
75	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS (FROM WKST B, PART II, COL. 26, LINE 45)		75
76	PER DIEM CAPITAL-RELATED COSTS (LINE 75 ÷ LINE 2)		76
77	PROGRAM CAPITAL-RELATED COSTS (LINE 9 x LINE 76)		77
78	INPATIENT ROUTINE SERVICE COST (LINE 74 MINUS LINE 77)		78
79	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS (FROM PROVIDER RECORDS)		79
80	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION (LINE 78 MINUS LINE 79)		80
81	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		81
82	INPATIENT ROUTINE SERVICE COST LIMITATION (LINE 9 x LINE 81)		82
83	REASONABLE INPATIENT ROUTINE SERVICE COSTS (SEE INSTRUCTIONS)	2,749,519	83
84	PROGRAM INPATIENT ANCILLARY SERVICES (SEE INSTRUCTIONS)	2,879,262	84
85	UTILIZATION REVIEW--PHYSICIAN COMPENSATION (SEE INSTRUCTIONS)	12,000	85
86	TOTAL PROGRAM INPATIENT OPERATING COSTS (SUM OF LINES 83 THROUGH 85)	5,640,781	86

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0180) [ ] SUB (OTHER) [ ] ICF/MR [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX-INPT [ ] IRF [ ] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	112,415	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	112,415	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	112,415	3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	-7,313	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)	55,916	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)	2,911	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	2,263	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)	86,747,525	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	86,747,525	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		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)		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)	86,747,525	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0180) [ ] SUB (OTHER) [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [XX] TITLE XIX-INPT [ ] IRF [XX] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS  
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 771.67 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 43,148,700 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) 43,148,700 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)	2,226,248	2,911	764.77	2,263	1,730,675	42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	12,680,736	8,920	1,421.61	3,076	4,372,872	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)						48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					49,252,247	49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 2,357,875 50  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 51  
 52 TOTAL PROGRAM EXCLUDABLE COST 2,357,875 52  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 53

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 7,313 87  
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2) 88  
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 89

	COMPUTATION OF OBSERVATION BED PASS-THROUGH COST 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	
90 CAPITAL-RELATED COST						90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX-INPT [XX] IRF (14-T180) [ ] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	3,654	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,654	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,654	3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,228	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)	2,803,368	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	2,803,368	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,268,848	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,268,848	29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		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)		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)	2,803,368	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [ ] HOSPITAL [ ] SUB (OTHER) [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [XX] TITLE XIX-INPT [XX] IRF (14-T180) [XX] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	767.21 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	942,134 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)	942,134 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	942,134 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	56,549 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	51
52	TOTAL PROGRAM EXCLUDABLE COST	56,549 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	53
TARGET AMOUNT AND LIMIT COMPUTATION		
54	PROGRAM DISCHARGES	54
55	TARGET AMOUNT PER DISCHARGE	55
56	TARGET AMOUNT (LINE 54 x LINE 55)	56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	57
58	BONUS PAYMENT (SEE INSTRUCTIONS)	58
59	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET	59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)	61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [XX] HOSPITAL (14-0180) [ ] 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		64,580,084		30
31 INTENSIVE CARE UNIT		10,697,071		31
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.253079	14,234,795	3,602,528	50
51 RECOVERY ROOM	0.130636	1,862,125	243,261	51
52 DELIVERY ROOM & LABOR ROOM	0.457420	1,686,125	771,267	52
53 ANESTHESIOLOGY	0.052019	2,504,768	130,296	53
54 RADIOLOGY-DIAGNOSTIC	0.130747	13,173,781	1,722,432	54
54.01 OUTPATIENT ONCOLOGY	0.201110			54.01
55 RADIOLOGY-THERAPEUTIC	0.156836	42,435	6,655	55
59 CARDIAC CATHETERIZATION	0.073693	4,516,453	332,831	59
60 LABORATORY	0.118931	28,214,475	3,355,576	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.283422	3,190,461	904,247	63
65 RESPIRATORY THERAPY	0.098107	8,552,557	839,066	65
66 PHYSICAL THERAPY	0.304045	903,612	274,739	66
67 OCCUPATIONAL THERAPY	0.300363	394,835	118,594	67
68 SPEECH PATHOLOGY	0.373354	340,440	127,105	68
69 ELECTROCARDIOLOGY	0.087362	7,705,279	673,149	69
70 ELECTROENCEPHALOGRAPHY	0.868194	117,292	101,832	70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.777467	9,062,027	7,045,427	71
72 IMPL. DEV. CHARGED TO PATIENT	0.237471	9,180,036	2,179,992	72
73 DRUGS CHARGED TO PATIENTS	0.086366	45,287,281	3,911,281	73
74 RENAL DIALYSIS	0.280131	2,217,000	621,050	74
75 ASC (NON-DISTINCT PART)	0.176870	1,618,920	286,338	75
76 MENTAL HEALTH OUTPATIENT	0.769691	728	560	76
76.97 CARDIAC REHABILITATION	1.686871	24,344	41,065	76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.409683	34,659	14,199	90
91 EMERGENCY	0.144991	9,808,967	1,422,212	91
92 OBSERVATION BEDS	0.352061			92
OTHER REIMBURSABLE COST CENTERS				
94 HOME PROGRAM DIALYSIS				94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		164,673,395	28,725,702	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		164,673,395		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B SNF [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [ ] TITLE XIX [XX] IRF (14-T180) [ ] NF [ ] ICF/MR [ ] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
41 SUBPROVIDER - IRF		3,269,311		41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.253079			50
51 RECOVERY ROOM	0.130636			51
52 DELIVERY ROOM & LABOR ROOM	0.457420			52
53 ANESTHESIOLOGY	0.052019			53
54 RADIOLOGY-DIAGNOSTIC	0.130747	64,392	8,419	54
54.01 OUTPATIENT ONCOLOGY	0.201110			54.01
55 RADIOLOGY-THERAPEUTIC	0.156836	8,253	1,294	55
59 CARDIAC CATHETERIZATION	0.073693			59
60 LABORATORY	0.118931	441,242	52,477	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.283422	5,385	1,526	63
65 RESPIRATORY THERAPY	0.098107	136,205	13,363	65
66 PHYSICAL THERAPY	0.304045	1,060,105	322,320	66
67 OCCUPATIONAL THERAPY	0.300363	1,041,206	312,740	67
68 SPEECH PATHOLOGY	0.373354	90,569	33,814	68
69 ELECTROCARDIOLOGY	0.087362	29,899	2,612	69
70 ELECTROENCEPHALOGRAPHY	0.868194	520	451	70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.777467	308,540	239,880	71
72 IMPL. DEV. CHARGED TO PATIENT	0.237471			72
73 DRUGS CHARGED TO PATIENTS	0.086366	1,110,867	95,941	73
74 RENAL DIALYSIS	0.280131	67,500	18,909	74
75 ASC (NON-DISTINCT PART)	0.176870			75
76 MENTAL HEALTH OUTPATIENT	0.769691			76
76.97 CARDIAC REHABILITATION	1.686871			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.409683			90
91 EMERGENCY	0.144991	2,391	347	91
92 OBSERVATION BEDS	0.352061			92
OTHER REIMBURSABLE COST CENTERS				
94 HOME PROGRAM DIALYSIS				94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		4,367,074	1,104,093	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		4,367,074		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B SNF [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [XX] SNF (14-5541) [ ] S/B NF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [ ] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.253079			50
51 RECOVERY ROOM	0.130636			51
52 DELIVERY ROOM & LABOR ROOM	0.457420			52
53 ANESTHESIOLOGY	0.052019			53
54 RADIOLOGY-DIAGNOSTIC	0.130747	157,356	20,574	54
54.01 OUTPATIENT ONCOLOGY	0.201110			54.01
55 RADIOLOGY-THERAPEUTIC	0.156836			55
59 CARDIAC CATHETERIZATION	0.073693			59
60 LABORATORY	0.118931	1,056,585	125,661	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.283422	47,320	13,412	63
65 RESPIRATORY THERAPY	0.098107	784,107	76,926	65
66 PHYSICAL THERAPY	0.304045	1,499,099	455,794	66
67 OCCUPATIONAL THERAPY	0.300363	1,664,883	500,069	67
68 SPEECH PATHOLOGY	0.373354	10,749	4,013	68
69 ELECTROCARDIOLOGY	0.087362	24,800	2,167	69
70 ELECTROENCEPHALOGRAPHY	0.868194	520	451	70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.777467	1,641,223	1,275,997	71
72 IMPL. DEV. CHARGED TO PATIENT	0.237471			72
73 DRUGS CHARGED TO PATIENTS	0.086366	3,705,025	319,988	73
74 RENAL DIALYSIS	0.280131	275,000	77,036	74
75 ASC (NON-DISTINCT PART)	0.176870			75
76 MENTAL HEALTH OUTPATIENT	0.769691			76
76.97 CARDIAC REHABILITATION	1.686871			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.409683	17,512	7,174	90
91 EMERGENCY	0.144991			91
92 OBSERVATION BEDS	0.352061			92
OTHER REIMBURSABLE COST CENTERS				
94 HOME PROGRAM DIALYSIS				94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		10,884,179	2,879,262	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		10,884,179		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [XX] HOSPITAL (14-0180) [ ] SUB (OTHER) [ ] S/B SNF [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [XX] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
41 SUBPROVIDER - IRF				41
43 NURSERY				43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.253079			50
51 RECOVERY ROOM	0.130636			51
52 DELIVERY ROOM & LABOR ROOM	0.457420			52
53 ANESTHESIOLOGY	0.052019			53
54 RADIOLOGY-DIAGNOSTIC	0.130747			54
54.01 OUTPATIENT ONCOLOGY	0.201110			54.01
55 RADIOLOGY-THERAPEUTIC	0.156836			55
59 CARDIAC CATHETERIZATION	0.073693			59
60 LABORATORY	0.118931			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.283422			63
65 RESPIRATORY THERAPY	0.098107			65
66 PHYSICAL THERAPY	0.304045			66
67 OCCUPATIONAL THERAPY	0.300363			67
68 SPEECH PATHOLOGY	0.373354			68
69 ELECTROCARDIOLOGY	0.087362			69
70 ELECTROENCEPHALOGRAPHY	0.868194			70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.777467			71
72 IMPL. DEV. CHARGED TO PATIENT	0.237471			72
73 DRUGS CHARGED TO PATIENTS	0.086366			73
74 RENAL DIALYSIS	0.280131			74
75 ASC (NON-DISTINCT PART)	0.176870			75
76 MENTAL HEALTH OUTPATIENT	0.769691			76
76.97 CARDIAC REHABILITATION	1.686871			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.409683			90
91 EMERGENCY	0.144991			91
92 OBSERVATION BEDS	0.352061			92
OTHER REIMBURSABLE COST CENTERS				
94 HOME PROGRAM DIALYSIS				94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)				200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)				202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B SNF [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [XX] TITLE XIX [XX] IRF (14-T180) [ ] NF [ ] ICF/MR [XX] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	(COL.1 x COL.2) 3
INPATIENT ROUTINE SERVICE COST CENTERS			
30 ADULTS & PEDIATRICS			30
31 INTENSIVE CARE UNIT			31
41 SUBPROVIDER - IRF			41
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	0.253079		50
51 RECOVERY ROOM	0.130636		51
52 DELIVERY ROOM & LABOR ROOM	0.457420		52
53 ANESTHESIOLOGY	0.052019		53
54 RADIOLOGY-DIAGNOSTIC	0.130747		54
54.01 OUTPATIENT ONCOLOGY	0.201110		54.01
55 RADIOLOGY-THERAPEUTIC	0.156836		55
59 CARDIAC CATHETERIZATION	0.073693		59
60 LABORATORY	0.118931		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
63 BLOOD STORING, PROCESSING & TRA	0.283422		63
65 RESPIRATORY THERAPY	0.098107		65
66 PHYSICAL THERAPY	0.304045		66
67 OCCUPATIONAL THERAPY	0.300363		67
68 SPEECH PATHOLOGY	0.373354		68
69 ELECTROCARDIOLOGY	0.087362		69
70 ELECTROENCEPHALOGRAPHY	0.868194		70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.777467		71
72 IMPL. DEV. CHARGED TO PATIENT	0.237471		72
73 DRUGS CHARGED TO PATIENTS	0.086366		73
74 RENAL DIALYSIS	0.280131		74
75 ASC (NON-DISTINCT PART)	0.176870		75
76 MENTAL HEALTH OUTPATIENT	0.769691		76
76.97 CARDIAC REHABILITATION	1.686871		76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90 CLINIC	0.409683		90
91 EMERGENCY	0.144991		91
92 OBSERVATION BEDS	0.352061		92
OTHER REIMBURSABLE COST CENTERS			
94 HOME PROGRAM DIALYSIS			94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)			200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			201
202 NET CHARGES (LINE 200 MINUS LINE 201)			202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A

CHECK [XX] HOSPITAL (14-0180)  
 APPLICABLE BOX: [ ] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	42,549,810	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	1,229,188	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS	2,887,864	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	432.02	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)	40.45	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.	45.83	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)	86.28	9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	34.81	10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS	1.00	11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	35.81	12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	35.54	13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	40.48	14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	37.28	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	37.28	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	0.086292	19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	0.081405	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	0.081405	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	1,975,357	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)	-51.47	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)	1,975,357	29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.2065	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.5261	31
32	SUM OF LINES 30 AND 31	0.7326	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.4965	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	21,125,981	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)	66,880,336	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)	66,880,336	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	4,168,542	50

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A

CHECK [XX] HOSPITAL (14-0180)  
 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)	1,226,350	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)	72,275,228	59
60	PRIMARY PAYER PAYMENTS	25,817	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	72,249,411	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,823,000	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	813,341	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	2,161,817	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,513,272	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	1,988,834	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	69,126,342	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)	69,126,342	71
72	INTERIM PAYMENTS	69,250,784	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	-124,442	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	2,676,383	75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96



CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

CHECK APPLICABLE BOX:         HOSPITAL                                 IPF                                 IRF (14-T180)  
     SUB (OTHER)                                 SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)	5,582	2
3	PPS PAYMENTS	15	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)	0.809	5
6	LINE 2 TIMES LINE 5	4,516	6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6	0.0033	7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)		11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES		12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)		14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))		19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)		21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)	15	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)		26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	15	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)	15	30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	15	32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)	15	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)	15	40
41	INTERIM PAYMENTS	15	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)		43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART B

CHECK APPLICABLE BOX:        [ ] HOSPITAL                                [ ] IPF                                [ ] IRF  
                                  [ ] SUB (OTHER)                                [XX] SNF (14-5541)

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)		2
3	PPS PAYMENTS		3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)		11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES		12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)		14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))		19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)		21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)		24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)		26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)		27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)		30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)		32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)		37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)		40
41	INTERIM PAYMENTS		41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)		43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1  
 PART I

CHECK [XX] HOSPITAL (14-0180) [ ] SUB (OTHER)  
 APPLICABLE [ ] IPF [ ] SNF  
 BOX: [ ] IRF [ ] SWING BED SNF

INPATIENT  
 PART A PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		69,551,265		9,909,257	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 05/04/2012	NONE	05/04/2012	136,306	3.01
	.02				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 05/04/2012	151,869			3.51
	.52 06/15/2012	148,612	06/15/2012	9,593	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)		-300,481		126,713	
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		69,250,784		10,035,970	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 .01				
	PROVIDER .02				6.02
	PROVIDER .02				
	TO .02				
	PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)					7

8 NAME OF CONTRACTOR: \_\_\_\_\_ CONTRACTOR NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1  
 PART I

CHECK [ ] HOSPITAL [ ] SUB (OTHER)  
 APPLICABLE [ ] IPF [ ] SNF  
 BOX: [XX] IRF (14-T180) [ ] SWING BED SNF

INPATIENT  
 PART A

PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3,090,742		15 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.		NONE		NONE 3.01
				3.02
				3.03
				3.04
				3.05
				3.06
				3.07
				3.08
				3.09
				3.50
	05/04/2012	22,343		NONE 3.51
				3.52
				3.53
				3.54
				3.55
				3.56
				3.57
				3.58
				3.59
				3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		-22,343		
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		3,068,399		15 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 .01			
	PROVIDER .02			6.02
	PROVIDER .02			
	TO .02			
	PROGRAM .02			
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)				7

8 NAME OF CONTRACTOR: \_\_\_\_\_ CONTRACTOR NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1  
 PART I

CHECK [ ] HOSPITAL [ ] SUB (OTHER)  
 APPLICABLE [ ] IPF [XX] SNF (14-5541)  
 BOX: [ ] IRF [ ] SWING BED SNF

INPATIENT  
 PART A PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,134,886		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 .02 .03 .04 .05 .06 .07 .08 .09 .50 .51 .52 .53 .54 .55 .56 .57 .58 .59 .99	NONE		3.01 3.02 3.03 3.04 3.05 3.06 3.07 3.08 3.09 3.50 3.51 3.52 3.53 3.54 3.55 3.56 3.57 3.58 3.59 3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)				
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		2,134,886		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 TO .02 PROVIDER .03 .04 .05 .06 .07 .08 .09 PROVIDER .50 TO .51 PROGRAM .52 .53 .54 .55 .56 .57 .58 .59 .99			5.01 5.02 5.03 5.04 5.05 5.06 5.07 5.08 5.09 5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57 5.58 5.59 5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)				
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM TO .01 PROVIDER PROVIDER TO .02 PROGRAM			6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)				7

8 NAME OF CONTRACTOR: \_\_\_\_\_ CONTRACTOR NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1  
PART II

CHECK [XX] HOSPITAL (14-0180) [ ] CAH  
APPLICABLE BOX

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	24,395 1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	35,973 2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	2,233 3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	114,022 4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	1,024,834,931 5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	8,273,599 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 III

CHECK [ ] HOSPITAL  
 APPLICABLE BOX: [XX] IRF (14-T180)

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

1	NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS)	2,675,940	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.203000	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	588,875	3
4	OUTLIER PAYMENTS		4
5	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		5
6	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS)		7
8	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS)		8
9	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		9
10	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	9.983607	10
11	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 9}/\text{LINE 10})) \text{ RAISED TO THE POWER OF } .6876 - 1\}$		11
12	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 11)		12
13	TOTAL PPS PAYMENT (SUM OF LINES 1, 3, 4 AND 12)	3,264,815	13
14	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		14
15	ORGAN ACQUISITION		15
16	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		16
17	SUBTOTAL (SEE INSTRUCTIONS)	3,264,815	17
18	PRIMARY PAYER PAYMENTS		18
19	SUBTOTAL LINE 17b LESS LINE 18)	3,264,815	19
20	DEDUCTIBLES	11,464	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	3,253,351	21
22	COINSURANCE	2,264	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	3,251,087	23
24	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	6,137	24
25	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	4,296	25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	4,552	26
27	SUBTOTAL (SUM OF LINES 23 AND 25)	3,255,383	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49)		28
29	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		29
30	OUTLIER PAYMENTS RECONCILIATION		30
31	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		31
32	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	3,255,383	32
33	INTERIM PAYMENTS	3,068,399	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS THE SUM OF LINES 33 AND 34)	186,984	35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		36

TO BE COMPLETED BY CONTRACTOR

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
PART VI

PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES

1	PROSPECTIVE PAYMENT AMOUNT		
2	RESOURCE UTILIZATION GROUP (RUGS) PAYMENT	2,230,341	1
3	ROUTINE SERVICE OTHER PASS THROUGH COSTS		2
4	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		3
5	SUBTOTAL (SUM OF LINES 1-3)	2,230,341	4
6	COMPUTATION OF NET COST OF COVERED SERVICES		
7	MEDICAL AND OTHER SERVICES		5
8	DEDUCTIBLES	95,455	6
9	COINSURANCE		7
10	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		8
11	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		9
12	ALLOWABLE REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		10
13	UTILIZATION REVIEW	12,000	11
14	SUBTOTAL (SUM OF LINES 4, 5 MINUS 6 & 7 PLUS 10 AND 11) (SEE INSTRUCTIONS)	2,146,886	12
15	INPATIENT PRIMARY PAYER PAYMENTS		13
16	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		14
17	SUBTOTAL (LINE 12 MINUS 13 ± LINE 14)	2,146,886	15
18	INTERIM PAYMENTS	2,134,886	16
19	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		17
20	BALANCE DUE PROVIDER/PROGRAM (LINE 15 MINUS THE SUM OF LINES 16 AND 17)	12,000	18
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		19

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART VII

CHECK [ ] TITLE V [XX] HOSPITAL (14-0180) [ ] SNF [ ] PPS  
 APPLICABLE [XX] TITLE XIX [ ] IPF [ ] NF [ ] TEFRA  
 BOXES: [ ] IRF [ ] ICF/MR [XX] OTHER  
 [ ] SUB (OTHER)

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

COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL SNF/NF SERVICES	49,252,247 1
2	MEDICAL AND OTHER SERVICES	2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	49,252,247 4
5	INPATIENT PRIMARY PAYER PAYMENTS	5
6	OUTPATIENT PRIMARY PAYER PAYMENTS	6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	49,252,247 7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8	ROUTINE SERVICE CHARGES	8
9	ANCILLARY SERVICE CHARGES	9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE	10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION	11
12	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	12
CUSTOMARY CHARGES		
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	13
14	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000 15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))	17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	49,252,247 18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)	20
21	COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)	21
PROSPECTIVE PAYMENT AMOUNT		
22	OTHER THAN OUTLIER PAYMENTS	22
23	OUTLIER PAYMENTS	23
24	PROGRAM CAPITAL PAYMENTS	24
25	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)	25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS	26
27	SUBTOTAL (SUM OF LINES 22 THROUGH 26)	27
28	CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)	28
29	SUM OF LINES 27 AND 21	29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30	EXCESS OF REASONABLE COST (FROM LINE 18)	30
31	SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)	31
32	DEDUCTIBLES	32
33	COINSURANCE	33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	34
35	UTILIZATION REVIEW	35
36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)	36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	37
38	SUBTOTAL (LINE 36 ± LINE 37)	38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)	39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)	40
41	INTERIM PAYMENTS	41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	43

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART VII

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SNF [ ] PPS  
 APPLICABLE [XX] TITLE XIX [ ] IPF [ ] NF [ ] TEFRA  
 BOXES: [XX] IRF (14-T180) [ ] ICF/MR [XX] OTHER  
 [ ] SUB (OTHER)

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

COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL SNF/NF SERVICES	942,134 1
2	MEDICAL AND OTHER SERVICES	2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	942,134 4
5	INPATIENT PRIMARY PAYER PAYMENTS	5
6	OUTPATIENT PRIMARY PAYER PAYMENTS	6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	942,134 7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8	ROUTINE SERVICE CHARGES	8
9	ANCILLARY SERVICE CHARGES	9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE	10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION	11
12	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	12
CUSTOMARY CHARGES		
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	13
14	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000 15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))	17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	942,134 18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)	20
21	COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)	21
PROSPECTIVE PAYMENT AMOUNT		
22	OTHER THAN OUTLIER PAYMENTS	22
23	OUTLIER PAYMENTS	23
24	PROGRAM CAPITAL PAYMENTS	24
25	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)	25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS	26
27	SUBTOTAL (SUM OF LINES 22 THROUGH 26)	27
28	CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)	28
29	SUM OF LINES 27 AND 21	29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30	EXCESS OF REASONABLE COST (FROM LINE 18)	30
31	SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)	31
32	DEDUCTIBLES	32
33	COINSURANCE	33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	34
35	UTILIZATION REVIEW	35
36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)	36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	37
38	SUBTOTAL (LINE 36 ± LINE 37)	38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)	39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)	40
41	INTERIM PAYMENTS	41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	43

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996		38.48 1	
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)		2	
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA		3	
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		3.01	
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))		4	
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		4.01	
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		4.02	
5	FTE ADJUSTMENT CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)		38.48 5	
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)		35.81 6	
7	ENTER THE LESSER OF LINE 5 OR LINE 6		35.81 7	
		PRIMARY CARE 1	OTHER 2	TOTAL 3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	34.81	1.00	35.81 8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6	34.81	1.00	35.81 9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR			10
11	TOTAL WEIGHTED FTE COUNT	34.81	1.00	11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	34.54	1.00	12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	38.48	2.00	13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	35.94	1.33	14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS			15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE			16
17	ADJUSTED ROLLING AVERAGE FTE COUNT	35.94	1.33	17
18	PER RESIDENT AMOUNT	116,115.43	116,115.43	18
19	APPROVED AMOUNT FOR RESIDENT COSTS	4,173,189	154,434	4,327,623 19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			20
21	GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			23
24	MULTIPLY LINE 22 TIMES LINE 23			24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			4,327,623 25
COMPUTATION OF PROGRAM PATIENT LOAD				
		INPATIENT PART A	MANAGED CARE	
26	INPATIENT DAYS	37,900	2,233	26
27	TOTAL INPATIENT DAYS	117,676	117,676	27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.322071	0.018976	28
29	PROGRAM DIRECT GME AMOUNT	1,393,802	82,121	29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE		11,604	30
31	NET PROGRAM DIRECT GME AMOUNT			1,464,319 31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)			32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)			4,243,673 33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)			34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)			35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)			36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)			66,132,362 37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			25,817 40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			66,106,545 41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			12,830,313 42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			2,524 43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			12,827,789 44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			78,934,334 45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			0.837488 46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			0.162512 47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			1,464,319 48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			1,226,350 49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			237,969 50

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT		PRIMARY CARE	OTHER	TOTAL
		1	2	3
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996			1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)			2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA			3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			3.01
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))			4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			4.02
5	FTE ADJUSTMENT CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)			5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)			6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			7
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR			8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6			9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR			10
11	TOTAL WEIGHTED FTE COUNT			11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)			12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)			13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)			14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS			15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE			16
17	ADJUSTED ROLLING AVERAGE FTE COUNT			17
18	PER RESIDENT AMOUNT			18
19	APPROVED AMOUNT FOR RESIDENT COSTS			19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			20
21	GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			23
24	MULTIPLY LINE 22 TIMES LINE 23			24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			25
COMPUTATION OF PROGRAM PATIENT LOAD		INPATIENT	MANAGED	
		PART A	CARE	
26	INPATIENT DAYS	60,220		26
27	TOTAL INPATIENT DAYS	117,676		27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.511744		28
29	PROGRAM DIRECT GME AMOUNT			29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE			30
31	NET PROGRAM DIRECT GME AMOUNT			31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)			32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)			33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)			34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)			35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)			36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)			37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			50

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	-49,765				1
2 TEMPORARY INVESTMENTS					2
3 NOTES RECEIVABLE					3
4 ACCOUNTS RECEIVABLE	39,495,339				4
5 OTHER RECEIVABLES					5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE					6
7 INVENTORY	4,227,301				7
8 PREPAID EXPENSES	-2,756,066				8
9 OTHER CURRENT ASSETS					9
10 DUE FROM OTHER FUNDS					10
11 TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	40,916,809				11
FIXED ASSETS					
12 LAND					12
13 LAND IMPROVEMENTS					13
14 ACCUMULATED DEPRECIATION					14
15 BUILDINGS	191,115,137				15
16 ACCUMULATED DEPRECIATION	-111,858,117				16
17 LEASEHOLD IMPROVEMENTS					17
18 ACCUMULATED AMORTIZATION					18
19 FIXED EQUIPMENT					19
20 ACCUMULATED DEPRECIATION					20
21 AUTOMOBILES AND TRUCKS					21
22 ACCUMULATED DEPRECIATION					22
23 MAJOR MOVABLE EQUIPMENT					23
24 ACCUMULATED DEPRECIATION					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)	79,257,020				30
OTHER ASSETS					
31 INVESTMENTS	85,099,995				31
32 DEPOSITS ON LEASES					32
33 DUE FROM OWNERS/OFFICERS					33
34 OTHER ASSETS	2,717,580				34
35 TOTAL OTHER ASSETS (SUM OF LINES 31-34)	87,817,575				35
36 TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	207,991,404				36
LIABILITIES AND FUND BALANCES					
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
	1	2	3	4	
CURRENT LIABILITIES					
37 ACCOUNTS PAYABLE	9,696,148				37
38 SALARIES, WAGES & FEES PAYABLE					38
39 PAYROLL TAXES PAYABLE					39
40 NOTES & LOANS PAYABLE (SHORT TERM)					40
41 DEFERRED INCOME					41
42 ACCELERATED PAYMENTS					42
43 DUE TO OTHER FUNDS					43
44 OTHER CURRENT LIABILITIES	-65,781,212				44
45 TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	-56,085,064				45
LONG-TERM LIABILITIES					
46 MORTGAGE PAYABLE					46
47 NOTES PAYABLE					47
48 UNSECURED LOANS					48
49 OTHER LONG TERM LIABILITIES	53,047,576				49
50 TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	53,047,576				50
51 TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	-3,037,488				51
CAPITAL ACCOUNTS					
52 GENERAL FUND BALANCE	211,028,892				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)	211,028,892				59
60 TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	207,991,404				60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
	1	3	5	7	
	2	4	6	8	
1 FUND BALANCES AT BEGINNING OF PERIOD	196,015,604				1
2 NET INCOME (LOSS) (FROM WKST G-3, G-3, LINE 29)	18,187,447				2
3 TOTAL (SUM OF LINE 1 AND LINE 2)	214,203,051				3
4 ADDITIONS (CREDIT ADJUSTMENTS)					4
5					5
6					6
7					7
8					8
9					9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)					10
11 SUBTOTAL (LINE 3 PLUS LINE 10)	214,203,051				11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)	44,309,865				12
13					13
14					14
15					15
16					16
17					17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)	44,309,865				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)	169,893,186				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	661,893,693		661,893,693	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)	661,893,693		661,893,693	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT				12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)				17
18 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	661,893,693		661,893,693	18
19 ANCILLARY SERVICES				19
20 OUTPATIENT SERVICES	362,941,239		362,941,239	20
21 RHC				21
22 FQHC				22
23 HOME HEALTH AGENCY				23
25 AMBULANCE				25
26 ASC				26
27 HOSPICE				27
28 OTHER (SPECIFY)				28
TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	1,024,834,932		1,024,834,932	

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		264,436,420	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			38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)			42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		264,436,420	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	1,024,834,932	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	750,452,475	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	274,382,457	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	264,436,420	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	9,946,037	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	57,723	6
7	INCOME FROM INVESTMENTS	4,242,721	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (MISC)		24
24.01	OTHER (REVENUE FROM OTHER SERVICES)	4,125,928	24.01
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	8,426,372	25
26	TOTAL (LINE 5 PLUS LINE 25)	18,372,409	26
27	OTHER EXPENSES (MISC)	184,962	27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)	184,962	28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	18,187,447	29

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [ ] TITLE V [XX] HOSPITAL ((14-018) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB (OTHER) [ ] COST METHOD  
 BOXES [ ] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL FEDERAL AMOUNT			
2	CAPITAL DRG OTHER THAN OUTLIER	3,445,305		1
3	CAPITAL DRG OUTLIER PAYMENTS	54,159		2
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	311.54		3
5	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	37.28		4
6	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	0.0343		5
7	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	118,174		6
8	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.2065		7
9	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.5261		8
10	SUM OF LINES 7 AND 8	0.7326		9
11	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.1599		10
12	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	550,904		11
13	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	4,168,542		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	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	2A	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					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
41 SUBPROVIDER - IRF					41
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
51 RECOVERY ROOM					51
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
54.01 OUTPATIENT ONCOLOGY					54.01
55 RADIOLOGY-THERAPEUTIC					55
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
62.30 BLOOD CLOTTING FOR HEMOPHILIAC					62.30
63 BLOOD STORING, PROCESSING & TR					63
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY					69
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHRGED TO PAT					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
75 ASC (NON-DISTINCT PART)					75
76 MENTAL HEALTH OUTPATIENT					76
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
91 EMERGENCY					91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
SPECIAL PURPOSE COST CENTERS					
113 INTEREST EXPENSE					113
114 UTILIZATION REVIEW-SNF					114
118 SUBTOTALS (SUM OF LINES 1-117)					118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CA					190
192 PHYSICIANS' PRIVATE OFFICES					192
193 NONPAID WORKERS					193
194 CONVENT					194
194.01 OUTPATIENT PHARMACY					194.01
194.02 FUND DEVELOPMENT					194.02
194.03 NURSING EDUC BLD UNUSED SPACE					194.03

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	2A	24	25	26	
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	29.15		49.74				78.89 30
31 INTENSIVE CARE UNIT	35.96		34.48				70.44 31
43 NURSERY			77.74				77.74 43
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	24.32	11.70					36.02 50
51 RECOVERY ROOM	12.93	10.14					23.07 51
52 DELIVERY ROOM & LABOR ROOM	7.90	0.03					7.93 52
53 ANESTHESIOLOGY	13.89	9.43					23.32 53
54 RADIOLOGY-DIAGNOSTIC	13.09	14.49					27.58 54
55 RADIOLOGY-THERAPEUTIC	1.31	37.77					39.08 55
59 CARDIAC CATHETERIZATION	20.96	10.12					31.08 59
60 LABORATORY	25.05	1.22					26.27 60
63 BLOOD STORING, PROCESSING & TRA	39.60	0.76					40.36 63
65 RESPIRATORY THERAPY	22.21	0.97					23.18 65
66 PHYSICAL THERAPY	8.04						8.04 66
67 OCCUPATIONAL THERAPY	7.09						7.09 67
68 SPEECH PATHOLOGY	37.58						37.58 68
69 ELECTROCARDIOLOGY	24.42	15.72					40.14 69
70 ELECTROENCEPHALOGRAPHY	7.64	7.48					15.12 70
71 MEDICAL SUPPLIES CHRGD TO PATI	67.52	12.75					80.27 71
72 IMPL. DEV. CHARGED TO PATIENT	29.89	4.33					34.22 72
73 DRUGS CHARGED TO PATIENTS	32.72	8.81					41.53 73
74 RENAL DIALYSIS	52.24	2.75					54.99 74
75 ASC (NON-DISTINCT PART)	10.06	27.16					37.22 75
76 MENTAL HEALTH OUTPATIENT	0.01	26.06					26.07 76
76.97 CARDIAC REHABILITATION	7.93	31.53					39.46 76.97
90 CLINIC	0.35	13.32					13.67 90
91 EMERGENCY	8.54	7.83					16.37 91
92 OBSERVATION BEDS		19.98					19.98 92
200 TOTAL CHARGES	20.63	8.74					29.37 200

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

SUBPROVIDER-IRF

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
41 SUBPROVIDER - IRF	52.74		33.61				86.35 41
UTILIZATION PERCENTAGES BASED ON CHARGES							
54 RADIOLOGY-DIAGNOSTIC	0.06	0.01					0.07 54
55 RADIOLOGY-THERAPEUTIC	0.25						0.25 55
60 LABORATORY	0.39						0.39 60
63 BLOOD STORING, PROCESSING & TRA	0.07	0.01					0.08 63
65 RESPIRATORY THERAPY	0.35						0.35 65
66 PHYSICAL THERAPY	9.43						9.43 66
67 OCCUPATIONAL THERAPY	18.71						18.71 67
68 SPEECH PATHOLOGY	10.00						10.00 68
69 ELECTROCARDIOLOGY	0.09	0.01					0.10 69
70 ELECTROENCEPHALOGRAPHY	0.03						0.03 70
71 MEDICAL SUPPLIES CHRGED TO PATI	2.30						2.30 71
73 DRUGS CHARGED TO PATIENTS	0.80	0.03					0.83 73
74 RENAL DIALYSIS	1.59						1.59 74
200 TOTAL CHARGES	0.55	0.01					0.56 200

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

SNF / NF

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							
44 SKILLED NURSING FACILITY	78.00						78.00 44
UTILIZATION PERCENTAGES BASED ON CHARGES							
54 RADIOLOGY-DIAGNOSTIC	0.16						0.16 54
60 LABORATORY	0.94						0.94 60
63 BLOOD STORING, PROCESSING & TRA	0.59						0.59 63
65 RESPIRATORY THERAPY	2.04						2.04 65
66 PHYSICAL THERAPY	13.34						13.34 66
67 OCCUPATIONAL THERAPY	29.91						29.91 67
68 SPEECH PATHOLOGY	1.19						1.19 68
69 ELECTROCARDIOLOGY	0.08						0.08 69
70 ELECTROENCEPHALOGRAPHY	0.03						0.03 70
71 MEDICAL SUPPLIES CHRGED TO PATI	12.23						12.23 71
73 DRUGS CHARGED TO PATIENTS	2.68						2.68 73
74 RENAL DIALYSIS	6.48						6.48 74
90 CLINIC	0.18						0.18 90
200 TOTAL CHARGES	1.36						1.36 200

COST CENTER	--- DIRECT COSTS ---	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
	AMOUNT	%	AMOUNT	%	AMOUNT	%
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	2,996,296	1.19	-2,996,296	-2.26		1
2 CAP REL COSTS-MVBLE EQUIP	6,132,616	2.44	-6,132,616	-4.63		2
3 OTHER CAPITAL RELATED COSTS						3
4 EMPLOYEE BENEFITS	21,436,461	8.53	-21,436,461	-16.20		4
5 ADMINISTRATIVE & GENERAL	61,533,684	24.49	-61,533,684	-46.51		5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	10,381,528	4.13	-10,381,528	-7.85		7
8 LAUNDRY & LINEN SERVICE	1,261,801	0.50	-1,261,801	-0.95		8
9 HOUSEKEEPING	2,961,909	1.18	-2,961,909	-2.24		9
10 DIETARY	2,479,198	0.99	-2,479,198	-1.87		10
11 CAFETERIA	949,789	0.38	-949,789	-0.72		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	5,366,988	2.14	-5,366,988	-4.06		13
14 CENTRAL SERVICES & SUPPLY	2,474,058	0.98	-2,474,058	-1.87		14
15 PHARMACY	4,206,840	1.67	-4,206,840	-3.18		15
16 MEDICAL RECORDS & LIBRARY	2,904,727	1.16	-2,904,727	-2.20		16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APP	5,602,470	2.23	-5,602,470	-4.23		21
22 I&R SRVCES-OTHER PRGM COSTS APP	1,624,949	0.65	-1,624,949	-1.23		22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	36,314,967	14.45	54,283,851	41.03	90,598,818	36.06
31 INTENSIVE CARE UNIT	6,214,189	2.47	7,328,020	5.54	13,542,209	5.39
41 SUBPROVIDER - IRF	993,020	0.40	1,810,348	1.37	2,803,368	1.12
43 NURSERY	949,771	0.38	1,909,913	1.44	2,859,684	1.14
44 SKILLED NURSING FACILITY	1,357,270	0.54	2,167,807	1.64	3,525,077	1.40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	7,371,377	2.93	9,544,305	7.21	16,915,682	6.73
51 RECOVERY ROOM	851,060	0.34	1,029,861	0.78	1,880,921	0.75
52 DELIVERY ROOM & LABOR ROOM	4,434,720	1.77	5,759,633	4.35	10,194,353	4.06
53 ANESTHESIOLOGY	320,920	0.13	616,879	0.47	937,799	0.37
54 RADIOLOGY-DIAGNOSTIC	7,196,849	2.86	5,982,922	4.52	13,179,771	5.25
54.01 OUTPATIENT ONCOLOGY	88,496	0.04	29,631	0.02	118,127	0.05
55 RADIOLOGY-THERAPEUTIC	303,827	0.12	205,660	0.16	509,487	0.20
59 CARDIAC CATHETERIZATION	774,278	0.31	813,986	0.62	1,588,264	0.63
60 LABORATORY	8,014,093	3.19	5,382,898	4.07	13,396,991	5.33
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRA	1,395,706	0.56	887,598	0.67	2,283,304	0.91
65 RESPIRATORY THERAPY	1,878,526	0.75	1,923,865	1.45	3,802,391	1.51
66 PHYSICAL THERAPY	1,736,235	0.69	1,681,481	1.27	3,417,716	1.36
67 OCCUPATIONAL THERAPY	922,737	0.37	748,908	0.57	1,671,645	0.67
68 SPEECH PATHOLOGY	179,545	0.07	158,684	0.12	338,229	0.13
69 ELECTROCARDIOLOGY	1,148,232	0.46	2,089,890	1.58	3,238,122	1.29
70 ELECTROENCEPHALOGRAPHY	646,901	0.26	685,490	0.52	1,332,391	0.53
71 MEDICAL SUPPLIES CHRGD TO PATI	7,668,746	3.05	2,765,134	2.09	10,433,880	4.15
72 IMPL. DEV. CHARGED TO PATIENT	5,161,027	2.05	2,131,954	1.61	7,292,981	2.90
73 DRUGS CHARGED TO PATIENTS	7,477,108	2.98	4,478,439	3.38	11,955,547	4.76
74 RENAL DIALYSIS	565,011	0.22	623,773	0.47	1,188,784	0.47
75 ASC (NON-DISTINCT PART)	1,236,426	0.49	1,611,160	1.22	2,847,586	1.13
76 MENTAL HEALTH OUTPATIENT	3,326,695	1.32	1,113,936	0.84	4,440,631	1.77
76.97 CARDIAC REHABILITATION	165,781	0.07	352,365	0.27	518,146	0.21
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
90 CLINIC	2,060,717	0.82	4,929,503	3.73	6,990,220	2.78
91 EMERGENCY	8,093,894	3.22	9,164,575	6.93	17,258,469	6.87
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
OUTPATIENT SERVICE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CAN			39,568	0.03	39,568	0.02
192 PHYSICIANS' PRIVATE OFFICES			3,865		3,865	
193 NONPAID WORKERS						193
194 CONVENT	95,232	0.04	41,366	0.03	136,598	0.05
194.01 OUTPATIENT PHARMACY	389		130		519	
194.02 FUND DEVELOPMENT	128		15,916	0.01	16,044	0.01
194.03 NURSING EDUC BLD UNUSED SPACE						194.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL	251,257,187	100.00			251,257,187	100.00

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	720,070	58,529,803	0.012303	14,234,795	175,131	50
51 RECOVERY ROOM	69,092	14,398,157	0.004799	1,862,125	8,936	51
52 DELIVERY ROOM & LABOR ROOM	434,720	21,344,951	0.020366	1,686,125	34,340	52
53 ANESTHESIOLOGY	20,720	18,028,153	0.001149	2,504,768	2,878	53
54 RADIOLOGY-DIAGNOSTIC	474,802	100,609,559	0.004719	13,173,781	62,167	54
54.01 OUTPATIENT ONCOLOGY	234	587,374	0.000398			54.01
55 RADIOLOGY-THERAPEUTIC	14,510	3,248,539	0.004467	42,435	190	55
59 CARDIAC CATHETERIZATION	18,479	21,552,364	0.000857	4,516,453	3,871	59
60 LABORATORY	385,912	112,644,675	0.003426	28,214,475	96,663	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRA	37,214	8,056,189	0.004619	3,190,461	14,737	63
65 RESPIRATORY THERAPY	82,486	38,499,335	0.002143	8,552,557	18,328	65
66 PHYSICAL THERAPY	142,943	11,240,820	0.012716	903,612	11,490	66
67 OCCUPATIONAL THERAPY	27,925	5,565,416	0.005018	394,835	1,981	67
68 SPEECH PATHOLOGY	9,958	905,921	0.010992	340,440	3,742	68
69 ELECTROCARDIOLOGY	185,050	31,554,931	0.005864	7,705,279	45,184	69
70 ELECTROENCEPHALOGRAPHY	30,935	1,534,669	0.020157	117,292	2,364	70
71 MEDICAL SUPPLIES CHRGD TO PATI	29,326	13,420,345	0.002185	9,062,027	19,801	71
72 IMPL. DEV. CHARGED TO PATIENT	32,193	30,710,980	0.001048	9,180,036	9,621	72
73 DRUGS CHARGED TO PATIENTS	110,511	138,428,272	0.000798	45,287,281	36,139	73
74 RENAL DIALYSIS	41,505	4,243,673	0.009780	2,217,000	21,682	74
75 ASC (NON-DISTINCT PART)	190,516	16,099,874	0.011833	1,618,920	19,157	75
76 MENTAL HEALTH OUTPATIENT	8,787	5,769,365	0.001523	728	1	76
76.97 CARDIAC REHABILITATION	64,320	307,164	0.209400	24,344	5,098	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	164,060	9,950,149	0.016488	34,659	571	90
91 EMERGENCY	583,338	114,837,172	0.005080	9,808,967	49,830	91
92 OBSERVATION BEDS	289,633	16,029,114	0.018069			92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
200 TOTAL	4,169,239	798,096,964		164,673,395	643,902	200

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	REDUCED CAPITAL RELATED COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS								
30	ADULTS & PEDIATRICS	4,452,224		4,452,224	112,415	39.61	32,765	1,297,822 30
31	INTENSIVE CARE UNIT	279,565		279,565	8,920	31.34	3,208	100,539 31
200	TOTAL	4,731,789		4,731,789	121,335		35,973	1,398,361 200
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS								1,398,361
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS								643,902
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS								2,042,263
MEDICARE DISCHARGES (WKST S-3, PART I, LINE 14, COLUMN 13)								6,105
MEDICARE PATIENT DAYS (WKST S-3, PART I, LINE 14, COLUMN 6 - WKST S-3, PART I, LINE 5, COLUMN 6)								35,973
PER DISCHARGE CAPITAL COSTS								334.52
PER DIEM CAPITAL COSTS								56.77

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)	56,527,732
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-3 FOR HOSPITAL TITLE XVIII COMPONENT)	239,950,550
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.236

COST TO CHARGE RATIO FOR REHAB SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 9 LINE 41 + WKST D PART IV COL 11 LINE 200))	2,582,507
2. TOTAL MEDICARE CHARGES [(WKST D-1 PART II LINE 41 DIVIDED BY (WKST C PART I LINE 41 COLUMN 3 DIVIDED BY COLUMN 6)] PLUS WKST D-3 COLUMN 2 LINE 202	7,637,236
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.338

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)	2,042,263
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	0.009

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)	12,764,634
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)	69,287,696
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.184