

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 NORWEGIAN AMERICAN HOSPITAL (14-0206) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2011 AND ENDING 09/30/2012, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5
		PART A 2	PART B 3		
1 HOSPITAL		-102,117	161,210		1
2 SUBPROVIDER - IPF					2
3 SUBPROVIDER - IRF					3
4 SUBPROVIDER (OTHER)					4
5 SWING BED - SNF					5
6 SWING BED - NF					6
7 SKILLED NURSING FACILITY					7
8 NURSING FACILITY					8
9 HOME HEALTH AGENCY					9
10 HEALTH CLINIC - RHC					10
11 HEALTH CLINIC - FQHC					11
12 OUTPATIENT REHABILITATION PROVIDER					12
200 TOTAL		-102,117	161,210		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: 1044 NORTH FRANCISCO
 2 CITY: CHICAGO

STATE: IL

P.O.BOX:
 ZIP CODE: 60622

COUNTY: COOK

1
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N)				
						V 6	XVIII 7	XIX 8		
3	HOSPITAL	NORWEGIAN AMERICAN HOSPITAL	14-0206	16974	1	07/01/1966	N	P	O	3
4	SUBPROVIDER - IPF	NORWEGIAN AMERICAN HOSP - PSYC	14-S206	16974	4	10/01/2006	N	P	O	4
5	SUBPROVIDER - IRF									5
6	SUBPROVIDER - (OTHER)									6
7	SWING BEDS - SNF									7
8	SWING BEDS - NF									8
9	HOSPITAL-BASED SNF									9
10	HOSPITAL-BASED NF									10
11	HOSPITAL-BASED 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: 10/01/2011 TO: 09/30/2012									20
21	TYPE OF CONTROL									21

INPATIENT PPS INFORMATION

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

		IN-STATE		OUT-OF-STATE		OUT-OF-STATE		MEDICAID	OTHER	
		IN-STATE	IN-STATE	STATE	STATE	MEDICAID	MEDICAID			
		PAID	ELIGIBLE	PAID	ELIGIBLE	PAID	ELIGIBLE	HMO	MEDICAID	
		DAYS	DAYS	DAYS	DAYS	DAYS	DAYS	DAYS	DAYS	
		1	2	3	4	5	6			
24	IF THIS PROVIDER IS AN IPHS HOSPITAL, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	15,803	3,464			3	1,469		24	
25	IF THIS PROVIDER IS AN IRF, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.								25	
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.					1			26	
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER IN COLUMN 1, '1' FOR URBAN OR '2' FOR RURAL. IF APPLICABLE, ENTER THE EFFECTIVE DATE OF THE GEOGRAPHIC RECLASSIFICATION IN COLUMN 2.					1			27	
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.								35	
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:			36	
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.								37	
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:			38	
39	DOES THE FACILITY POTENTIALLY QUALIFY FOR THE INPATIENT HOSPITAL ADJUSTMENT FOR LOW VOLUME HOSPITALS AS DEEMED BY CMS ACCORDING TO THE FEDERAL REGISTER? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. ADDITIONALLY, DOES THE FACILITY MEET THE MILEAGE REQUIREMENTS IN ACCORDANCE WITH 42 CFR 412.101(b)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)								1 N	2 N 39
	PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL					V	XVIII	XIX		
45	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?					1	2	3		
46	IS THIS FACILITY ELIGIBLE FOR ADDITIONAL PAYMENT EXCEPTION FOR EXTRAORDINARY CIRCUMSTANCES PURSUANT TO 42 CFR §412.348(f)? IF YES, COMPLETE WORKSHEET L, PART III AND L-1, PARTS I THROUGH III.					N	N	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
61	DID YOUR FACILITY RECEIVE ADDITIONAL FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 'Y', EFFECTIVE FOR PORTIONS OF COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2011 ENTER THE AVERAGE NUMBER OF PRIMARY CARE FTE RESIDENTS FOR IME IN COLUMN 2 AND DIRECT GME IN COLUMN 3 FROM THE HOSPITAL'S THREE MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)	Y/N N	IME AVERAGE	DIRECT GME AVERAGE	61
ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)					
62	ENTER THE NUMBER OF FTE RESIDENTS THAT YOUR HOSPITAL TRAINED IN THIS COST REPORTING PERIOD FOR WHICH YOUR HOSPITAL RECEIVED HRSA PCRE FUNDING (SEE INSTRUCTIONS)				62
62.01	ENTER THE NUMBER OF FTE RESIDENTS THAT ROTATED FROM A TEACHING HEALTH CENTER (THC) INTO YOUR HOSPITAL IN THIS COST REPORTING PERIOD OF HRSA THC PROGRAM. (SEE INSTRUCTIONS)				62.01
TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS					
63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	N			63
SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS					
THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER JULY 1, 2009 AND BEFORE JUNE 30, 2010.					
64	ENTER IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))
	ENTER IN LINES 65-65.49 IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 + COLUMN 4)). (SEE INSTRUCTIONS)		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.3+COL.4) 5
PROGRAM NAME	PROGRAM CODE		3	4	5
1	2				
SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS					
EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010					
66	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1+COL.2)
					66

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

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

PROGRAM NAME 1	PROGRAM CODE 2	UNWEIGHTED FTES NONPROVIDER SITE 3	UNWEIGHTED FTES IN HOSPITAL 4	RATIO (COL.1/ (COL.3+COL.4)) 5		
INPATIENT PSYCHIATRIC FACILITY PPS						
70	IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.				Y 70	
71	IF LINE 70 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.				Y N 71	
INPATIENT REHABILITATION FACILITY PPS						
75	IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.				N 75	
76	IF LINE 75 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.				76	
LONG TERM CARE HOSPITAL PPS						
80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.				N 80	
TEFRA PROVIDERS						
85	IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) TEFRA?. ENTER 'Y' FOR YES OR 'N' FOR NO.				N 85	
86	DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR §413.40(f)(1)(ii)? ENTER 'Y' FOR YES, OR 'N' FOR NO.				N 86	
TITLE V AND XIX INPATIENT SERVICES						
90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.				N Y 90	
91	IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.				N N 91	
92	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.				N 92	
93	DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.				N N 93	
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.				N N 94	
95	IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.				95	
96	DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.				N N 96	
97	IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.				97	
RURAL PROVIDERS						
105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?				N 105	
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.				106	
107	COLUMN 1: IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES, COMPLETE WORKSHEET D-2, PART II, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&RS IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.				107	
108	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.				N 108	
109	IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.		PHY- N	OCCUP- N	RESPI- N	RATORY N 109

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2. IF COLUMN 2 IS 'E', ENTER IN COLUMN 3 EITHER '93' PERCENT FOR SHORT TERM HOSPITAL OR '98' PERCENT FOR LONG TERM CARE (INCLUDES PSYCHIATRIC, REHABILITATION AND LONG TERM HOSPITALS PROVIDERS) BASED ON THE DEFINITION IN CMS 15-18 2208.1.	N		115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		117
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.	2		118
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 3,709,922 PAID LOSSES: SELF INSURANCE:			118.01
118.02	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN A COST CENTER OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	N		118.02
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 BEDS THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N	N	120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		121

TRANSPLANT CENTER INFORMATION

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

ALL PROVIDERS

140	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.	1 N	2	140
IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.				
141	NAME:	CONTRACTOR'S NAME:	CONTRACTOR'S NUMBER:	141
142	STREET:	P.O. BOX:		142
143	CITY:	STATE:	ZIP CODE:	143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y		144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, LINE 74 ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.	Y		145
146	HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2.	N		146
147	WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		147
148	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		148
149	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		149

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I (CONT)

MULTICAMPUS

165 IS THIS HOSPITAL PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSAs? N 165
ENTER 'Y' FOR YES OR 'N' FOR NO.

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		1	2	1	
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	N			
2		Y/N	DATE	V/I	
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	N		2	
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	N		3	
FINANCIAL DATA AND REPORTS		Y/N	TYPE	DATE	
4		1	2	3	
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	Y	A	4	
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	Y		5	
APPROVED EDUCATIONAL ACTIVITIES		Y/N		Y/N	
6		1		2	
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N		6	
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	N		7	
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8	
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	Y		9	
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10	
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y 12	
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			N 13	
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N 14	
BED COMPLEMENT				Y/N	
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			Y 15	
PS&R REPORT DATA		PART A		PART B	
		Y/N	DATE	Y/N	DATE
16		1	2	3	4
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N	
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	Y	02/01/2013	Y	02/01/2013
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

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

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

CAPITAL RELATED COST

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

INTEREST EXPENSE

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

PURCHASED SERVICES

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

PROVIDER-BASED PHYSICIANS

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

HOME OFFICE COSTS

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

COST REPORT PREPARER CONTACT INFORMATION

- | | | | |
|--|--|-------------------|----|
| 41 FIRST NAME: PATRICK | LAST NAME: SZAJKOVICS | TITLE: CONSULTANT | 41 |
| 42 EMPLOYER: STRATEGIC REIMBURSEMENT, INC. | | | 42 |
| 43 PHONE NUMBER: 630 530-7100, X111 | E-MAIL ADDRESS: PATRICK.SZAJKOVICS@SRINC.ORG | | 43 |

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I

LINE	COMPONENT	WKST A LINE NO.	NO OF BEDS 2	BED DAYS AVAILABLE 3	CAH HOURS 4	INPATIENT DAYS / OUTPATIENT VISITS / TRIPS			TOTAL ALL PATIENTS 8
						TITLE V 5	TITLE XVIII 6	TITLE XIX 7	
1	HOSPITAL ADULTS & PEDS. (COLS. 5, 6, 7 AND 8 EXCLUDE SWING BED, OBSERVATION BED AND HOSPICE DAYS)	30	119	43,554		8,054	15,518	25,596	1
2	HMO						1,469		2
3	HMO IPF SUBPROVIDER								3
4	HMO IRF SUBPROVIDER								4
5	HOSPITAL ADULTS & PEDS. SWING BED SNF								5
6	HOSPITAL ADULTS & PEDS. SWING BED NF								6
7	TOTAL ADULTS & PEDS. (EXCLUDE OBSERVATION BEDS) (SEE INSTR.)		119	43,554		8,054	15,518	25,596	7
8	INTENSIVE CARE UNIT	31	12	4,392		1,076	815	3,008	8
8.01	NICU	31.01	12	4,392			1,312	1,407	8.01
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					1,425	2,416	13
14	TOTAL (SEE INSTRUCTIONS)		143	52,338		9,130	19,070	32,427	14
15	CAH VISITS								15
16	SUBPROVIDER - IPF	40	12	4,392		1,425	1,202	3,721	16
17	SUBPROVIDER - IRF	41							17
18	SUBPROVIDER I	42							18
19	SKILLED NURSING FACILITY	44							19
20	NURSING FACILITY	45							20
21	OTHER LONG TERM CARE	46							21
22	HOME HEALTH AGENCY	101							22
23	ASC (DISTINCT PART)	115							23
24	HOSPICE (DISTINCT PART)	116							24
25	CMHC	99							25
26	RHC	88							26
27	TOTAL (SUM OF LINES 14-26)		155						27
28	OBSERVATION BED DAYS							3,171	28
29	AMBULANCE TRIPS								29
30	EMPLOYEE DISCOUNT DAYS (SEE INSTR.)								30
31	EMPLOYEE DISCOUNT DAYS-IRF								31
32	LABOR & DELIVERY DAYS (SEE INSTR.)						200	803	32
33	LTCH NON-COVERED DAYS								33

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

COMPONENT	WKST A LINE NO. 1	--- FULL TIME EQUIVALENTS ---				----- DISCHARGES -----			TOTAL ALL PATIENTS 15
		TOTAL INTERNS & RESIDENTS 9	EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	TITLE V 12	TITLE XVIII 13	TITLE XIX 14		
1 HOSPITAL ADULTS & PEDS. (COLS. 5, 6, 7 AND 8 EXCLUDE SWING BED, OBSERVATION BED AND HOSPICE DAYS)	30					1,763	4,063	7,427	1
2 HMO									2
3 HMO IPF									3
4 HMO IRF									4
5 HOSPITAL ADULTS & PEDS. SWING BED SNF									5
6 HOSPITAL ADULTS & PEDS. SWING BED NF									6
7 TOTAL ADULTS & PEDS. (EXCLUDE OBSERVATION BEDS) (SEE INSTR.)									7
8 INTENSIVE CARE UNIT	31								8
8.01 NICU	31.01								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)		3.00	695.65			1,763	4,063	7,427	14
15 CAH VISITS									15
16 SUBPROVIDER - IPF	40		13.22			207	175	542	16
17 SUBPROVIDER - IRF	41								17
18 SUBPROVIDER I	42								18
19 SKILLED NURSING FACILITY	44								19
20 NURSING FACILITY	45								20
21 OTHER LONG TERM CARE	46								21
22 HOME HEALTH AGENCY	101								22
23 ASC (DISTINCT PART)	115								23
24 HOSPICE (DISTINCT PART)	116								24
25 CMHC	99								25
26 RHC	88								26
27 TOTAL (SUM OF LINES 14-26)		3.00	708.87						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)	42,546,993		42,546,993	1,474,454.52	28.86	1
2	NON-PHYSICIAN ANESTHETIST PART A						2
3	NON-PHYSICIAN ANESTHETIST PART B						3
4	PHYSICIAN-PART A ADMINISTRATIVE						4
4.01	PHYSICIAN-PART A - TEACHING						4.01
5	PHYSICIAN-PART B	3,023,954		3,023,954	33,747.35	89.61	5
6	NON-PHYSICIAN-PART B						6
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	106,812		106,812	6,146.22	17.38	7
7.01	CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM)						7.01
8	HOME OFFICE PERSONNEL						8
9	SNF						9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	2,121,264		2,121,264	66,127.00	32.08	10
OTHER WAGES & RELATED COSTS							
11	CONTRACT LABOR (SEE INSTRUCTIONS)	1,340,327		1,340,327	24,102.41	55.61	11
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES						12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE						13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS						14
15	HOME OFFICE: PHYSICIAN-PART A - ADMINISTRATIVE						15
16	HOME OFFICE & CONTRACT PHYSICIANS-PART A - TEACHING WAGE-RELATED COSTS						16
17	WAGE-RELATED COSTS (CORE)	7,451,288		7,451,288			17
18	WAGE-RELATED COSTS (OTHER)						18
19	EXCLUDED AREAS	394,172		394,172			19
20	NON-PHYSICIAN ANESTHETIST PART A						20
21	NON-PHYSICIAN ANESTHETIST PART B						21
22	PHYSICIAN PART A - ADMINISTRATIVE						22
22.01	PHYSICIAN PART A - TEACHING						22.01
23	PHYSICIAN PART B	408,581		408,581			23
24	WAGE-RELATED COSTS (RHC/FQHC)						24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	26,984		26,984			25
OVERHEAD COSTS - DIRECT SALARIES							
26	EMPLOYEE BENEFITS	2,725,895		2,725,895	127,025.00	21.46	26
27	ADMINISTRATIVE & GENERAL	4,236,384	-52,583	4,183,801	75,709.00	55.26	27
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)	560,634		560,634	10,338.00	54.23	28
29	MAINTENANCE & REPAIRS						29
30	OPERATION OF PLANT	1,245,115		1,245,115	60,227.00	20.67	30
31	LAUNDRY & LINEN SERVICE						31
32	HOUSEKEEPING	808,521		808,521	76,748.00	10.53	32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)	78,963		78,963	2,240.00	35.25	33
34	DIETARY	632,199	-156,411	475,788	38,599.00	12.33	34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)	448,167		448,167	14,134.00	31.71	35
36	CAFETERIA		156,411	156,411	12,688.00	12.33	36
37	MAINTENANCE OF PERSONNEL						37
38	NURSING ADMINISTRATION	1,018,705		1,018,705	22,143.00	46.01	38
39	CENTRAL SERVICES AND SUPPLY	309,569		309,569	17,104.00	18.10	39
40	PHARMACY	1,304,085		1,304,085	44,608.00	29.23	40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	556,567	52,583	609,150	31,810.00	19.15	41
42	SOCIAL SERVICE	704,736		704,736	26,911.00	26.19	42
43	OTHER GENERAL SERVICE						43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	40,503,991		40,503,991	1,461,272.95	27.72	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	2,121,264		2,121,264	66,127.00	32.08	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	38,382,727		38,382,727	1,395,145.95	27.51	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	1,340,327		1,340,327	24,102.41	55.61	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	7,451,288		7,451,288		19.41	5
6	TOTAL (SUM OF LINES 3 THRU 5)	47,174,342		47,174,342	1,419,248.36	33.24	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	14,629,540		14,629,540	560,284.00	26.11	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 NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)	1,328,566	3
4 QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5 401K/TSA PLAN ADMINISTRATION FEES		5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	2,485,274	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	137,641	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	24,582	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	150,643	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	834,061	15
16 RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106. NON CUMULATIVE PORTION)		16
TAXES		
17 FICA-EMPLOYERS PORTION ONLY	2,434,107	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY	607,518	18
19 UNEMPLOYMENT INSURANCE	227,379	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION (OTHER THAN RETIREMENT COST REPORTED ON LINES 1 THROUGH 4 ABOVE) (SEE INSTRUCTIONS)		21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT	51,254	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	8,281,025	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

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

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 202, COL. 3 DIVIDED BY LINE 202, COL. 8)				0.299604	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				43,889,878	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				118,279,583	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				35,437,036	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5) IF LINE 7 IS LESS THAN THE SUM OF LINES 2 AND 5, THEN ENTER ZERO.					8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)						
9	NET REVENUE FROM STAND-ALONE SCHIP					9
10	STAND-ALONE SCHIP CHARGES					10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)					11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9) IF LINE 11 IS LESS THAN LINE 9, THEN ENTER ZERO.					12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)						
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)					13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)					14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)					15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13) IF LINE 15 IS LESS THAN LINE 13, THEN ENTER ZERO.					16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)						
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE					17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS					18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)					19
			UNINSURED 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	14,551,208			14,551,208	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	4,359,600			4,359,600	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE				0	22
23	COST OF CHARITY CARE	4,359,600			4,359,600	23
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)					N 24
25	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)				11,421,743	26
26	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V				1,125,256	27
27	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)				10,296,487	28
28	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)				3,084,869	29
29	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)				7,444,469	30
30	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)				7,444,469	31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4	
GENERAL SERVICE COST CENTERS						
1	00100		968,334	968,334	2,228,649	1
2	00200				2,626,192	2
3	00300				-1,640,339	3
4	00400	318,125	1,640,339	1,640,339	4,942,801	4
4.01	00401	167,058			-37,460	4.01
4.02	00402	944,651	1,974,892	2,919,543	-470,330	4.02
4.03	00403	703,096	168,601	871,697	-83,914	4.03
4.04	00404	592,965	682,489	1,275,454	-90,093	4.04
5	00500	4,236,384	15,519,929	19,756,313	-690,782	5
6	00600					6
7	00700	1,245,115	4,237,871	5,482,986	-609,674	7
8	00800				524,923	8
9	00900	808,521	1,321,088	2,129,609	-632,968	9
10	01000	632,199	1,892,386	2,524,585	-761,488	10
11	01100				579,604	11
12	01200					12
13	01300	1,018,705	235,647	1,254,352	-123,433	13
14	01400	309,569	82,684	392,253	-76,501	14
15	01500	1,304,085	2,826,566	4,130,651	-216,728	15
16	01600	556,567	521,234	1,077,801	-14,277	16
17	01700	704,736	243,565	948,301	-87,173	17
19	01900					19
20	02000					20
21	02100	106,812		106,812	-12,578	21
22	02200		199,571	199,571		22
23	02300					23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	8,966,080	3,246,264	12,212,344	-1,957,031	30
31	03100	1,433,537	1,314,267	2,747,804	-301,482	31
31.01	02060	946,803	309,969	1,256,772	-259,176	31.01
40	04000	764,288	341,941	1,106,229	-109,963	40
43	04300				824,380	43
ANCILLARY SERVICE COST CENTERS						
50	05000	2,183,747	2,809,134	4,992,881	-1,181,594	50
52	05200	1,875,165	1,404,492	3,279,657	-836,684	52
53	05300	818,444	1,095,520	1,913,964	-170,580	53
54	05400	1,967,223	2,215,123	4,182,346	-684,397	54
60	06000	1,292,352	2,189,637	3,481,989	-262,293	60
62.30	06250					62.30
65	06500	737,736	372,520	1,110,256	-115,524	65
66	06600	277,729	61,798	339,527	-37,218	66
69	06900	192,745	93,309	286,054	-61,862	69
70	07000		2,036	2,036	-1,475	70
71	07100				711,517	71
72	07200				772,163	72
73	07300					73
75.01	07501		324,148	324,148		75.01
75.02	03650	417,479	1,538,154	1,955,633	-760,815	75.02
76.97	07697					76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	3,032,739	1,299,270	4,332,009	-345,120	90
90.01	09001					90.01
90.02	09002	58,330	193,815	252,145	-13,901	90.02
90.03	09003					90.03
90.04	09004	391,428	253,210	644,638	-64,432	90.04
90.05	09005	11,719	40,601	52,320	-4,546	90.05
91	09100	2,173,885	1,485,557	3,659,442	-301,277	91
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
99.10	09910					99.10
99.20	09920					99.20
99.30	09930					99.30
99.40	09940					99.40
118		41,190,017	53,565,899	94,755,916	193,121	118
NONREIMBURSABLE COST CENTERS						
190	19000					190
192	19200	179,600	37,935	217,535	-24,297	192
192.01	19201	991,568	718,719	1,710,287	-122,744	192.01
192.02	19202	185,808	79,497	265,305	-46,080	192.02
200		42,546,993	54,402,050	96,949,043		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	3,196,983	-558,931	2,638,052	1
2	00200	2,626,192	-283,972	2,342,220	2
3	00300				3
4	00400	5,664,189	-199	5,663,990	4
4.01	00401	186,273	-67,385	118,888	4.01
4.02	00402	2,449,213	-193,452	2,255,761	4.02
4.03	00403	787,783		787,783	4.03
4.04	00404	1,185,361	-277	1,185,084	4.04
5	00500	19,065,531	-3,262,332	15,803,199	5
6	00600				6
7	00700	4,873,312	-148,350	4,724,962	7
8	00800	524,923		524,923	8
9	00900	1,496,641		1,496,641	9
10	01000	1,763,097	-330,676	1,432,421	10
11	01100	579,604	-265,293	314,311	11
12	01200				12
13	01300	1,130,919	-200	1,130,719	13
14	01400	315,752		315,752	14
15	01500	3,913,923	-1,825	3,912,098	15
16	01600	1,063,524	-4,336	1,059,188	16
17	01700	861,128		861,128	17
19	01900				19
20	02000				20
21	02100	94,234		94,234	21
22	02200	199,571		199,571	22
23	02300				23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	10,255,313	-141,332	10,113,981	30
31	03100	2,446,322	-90,000	2,356,322	31
31.01	02060	997,596		997,596	31.01
40	04000	996,266	-71,100	925,166	40
43	04300	824,380		824,380	43
ANCILLARY SERVICE COST CENTERS					
50	05000	3,811,287	-207,774	3,603,513	50
52	05200	2,442,973		2,442,973	52
53	05300	1,743,384	-1,494,643	248,741	53
54	05400	3,497,949	-251,052	3,246,897	54
60	06000	3,219,696		3,219,696	60
62.30	06250				62.30
65	06500	994,732	-4,500	990,232	65
66	06600	302,309		302,309	66
69	06900	224,192		224,192	69
70	07000	561		561	70
71	07100	711,517		711,517	71
72	07200	772,163		772,163	72
73	07300				73
75.01	07501	324,148		324,148	75.01
75.02	03650	1,194,818	-179,197	1,015,621	75.02
76.97	07697				76.97
76.98	07698				76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
90	09000	3,986,889	-2,412,054	1,574,835	90
90.01	09001				90.01
90.02	09002	238,244	-155,647	82,597	90.02
90.03	09003				90.03
90.04	09004	580,206	-89,666	490,540	90.04
90.05	09005	47,774	-14,063	33,711	90.05
91	09100	3,358,165	-542,679	2,815,486	91
92	09200				92
OTHER REIMBURSABLE COST CENTERS					
99.10	09910				99.10
99.20	09920				99.20
99.30	09930				99.30
99.40	09940				99.40
SPECIAL PURPOSE COST CENTERS					
118		94,949,037	-10,770,935	84,178,102	118
NONREIMBURSABLE COST CENTERS					
190	19000				190
192	19200	193,238		193,238	192
192.01	19201	1,587,543	-1,410,801	176,742	192.01
192.02	19202	219,225		219,225	192.02
200		96,949,043	-12,181,736	84,767,307	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		OTHER
			LINE #	SALARY	
	1	2	3	4	5
1 PROPERTY INSURANCE	A	CAP REL COSTS-BLDG & FIXT	1		86,832 1
500 TOTAL RECLASSIFICATIONS					86,832 500
CODE LETTER - A					
1 EQUIP DEPRECIATION	B	CAP REL COSTS-MVBLE EQUIP	2		1,958,001 1
500 TOTAL RECLASSIFICATIONS					1,958,001 500
CODE LETTER - B					
1 CHARGEABLE SUPPLIES	C	MEDICAL SUPPLIES CHRGED TO PA	71		711,517 1
2		IMPL. DEV. CHARGED TO PATIENT	72		772,163 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
500 TOTAL RECLASSIFICATIONS					1,483,680 500
CODE LETTER - C					
1 SHARED CAFETERIA EXP	D	CAFETERIA	11	156,411	468,191 1
500 TOTAL RECLASSIFICATIONS				156,411	468,191 500
CODE LETTER - D					
1 UTILIZATION REVIEW	E	MEDICAL RECORDS & LIBRARY	16	52,583	10,879 1
500 TOTAL RECLASSIFICATIONS				52,583	10,879 500
CODE LETTER - E					

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE		SALARY	OTHER
		COST CENTER	LINE #		
	1	2	3	4	5
1 DEPRECIATION CHARGED TO DEPTS	F	CAP REL COSTS-BLDG & FIXT	1		3,153,859
2					
3					
4					
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33					
34					
35					
36					
500 TOTAL RECLASSIFICATIONS					3,153,859
CODE LETTER - F					500
1 INTEREST EXPENSE	G	CAP REL COSTS-BLDG & FIXT	1	945,959	1
2		CAP REL COSTS-MVBLE EQUIP	2	668,191	2
3		ADMINISTRATIVE & GENERAL	5	26,189	3
500 TOTAL RECLASSIFICATIONS				1,640,339	500
CODE LETTER - G					
1 LAUNDRY COSTS	I	LAUNDRY & LINEN SERVICE	8	524,923	1
500 TOTAL RECLASSIFICATIONS				524,923	500
CODE LETTER - I					

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	-----		INCREASE		-----	
		COST	CENTER	LINE #	SALARY	OTHER	
	1	2		3	4	5	
1 EMPLOYEE BENEFITS CHARGED	K	EMPLOYEE	BENEFITS	4		4,946,293	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
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25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
500 TOTAL RECLASSIFICATIONS						4,946,293	500
CODE LETTER - K							
1 NURSERY COSTS	L	NURSERY		43	694,081	130,299	1
2							2
500 TOTAL RECLASSIFICATIONS					694,081	130,299	500
CODE LETTER - L							
GRAND TOTAL (INCREASES)					903,075	14,403,296	

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 PROPERTY INSURANCE	A	ADMINISTRATIVE & GENERAL	5		86,832	12 1
500 TOTAL RECLASSIFICATIONS					86,832	500
1 EQUIP DEPRECIATION	B	CAP REL COSTS-BLDG & FIXT	1		1,958,001	9 1
500 TOTAL RECLASSIFICATIONS					1,958,001	500
1 CHARGEABLE SUPPLIES	C	CENTRAL SERVICES & SUPPLY	14		9,920	1
2		ADULTS & PEDIATRICS	30		70,891	2
3		INTENSIVE CARE UNIT	31		10,953	3
4		NICU	31.01		1,187	4
5		SUBPROVIDER - IPF	40		12,355	5
6		OPERATING ROOM	50		356,527	6
7		DELIVERY ROOM & LABOR ROOM	52		7,503	7
8		ANESTHESIOLOGY	53		18,669	8
9		RADIOLOGY-DIAGNOSTIC	54		230	9
10		RESPIRATORY THERAPY	65		280	10
11		ELECTROCARDIOLOGY	69		4	11
12		CARD CATH LAB	75.02		164,430	12
13		CLINIC	90		19,908	13
14		HEALTHWORKS CLINIC	90.02		7,033	14
15		WOUND CARE THERAPY	90.04		10,893	15
16		EMERGENCY	91		20,657	16
17		PROHEALTH SERVICES	192.01		77	17
18		OPERATING ROOM	50		381,189	18
19		CARD CATH LAB	75.02		390,974	19
500 TOTAL RECLASSIFICATIONS					1,483,680	500
1 SHARED CAFETERIA EXP	D	DIETARY	10	156,411	468,191	1
500 TOTAL RECLASSIFICATIONS				156,411	468,191	500
1 UTILIZATION REVIEW	E	ADMINISTRATIVE & GENERAL	5	52,583	10,879	1
500 TOTAL RECLASSIFICATIONS				52,583	10,879	500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 DEPRECIATION CHARGED TO DEPTS	F	EMPLOYEE BENEFITS	4		3,492	9 1
2		COMMUNICATIONS	4.01		17,819	2
3		DATA PROCESSING	4.02		470,330	3
4		ADMITTING	4.03		13,443	4
5		CASHIERING	4.04		7,736	5
6		ADMINISTRATIVE & GENERAL	5		80,893	6
7		OPERATION OF PLANT	7		438,940	7
8		HOUSEKEEPING	9		2,487	8
9		DIETARY	10		39,106	9
10		CAFETERIA	11		12,855	10
11		NURSING ADMINISTRATION	13		4,473	11
12		CENTRAL SERVICES & SUPPLY	14		30,076	12
13		PHARMACY	15		63,935	13
14		MEDICAL RECORDS & LIBRARY	16		10,964	14
15		SOCIAL SERVICE	17		4,230	15
16		ADULTS & PEDIATRICS	30		124,462	16
17		INTENSIVE CARE UNIT	31		54,701	17
18		NICU	31.01		6,060	18
19		SUBPROVIDER - IPF	40		6,686	19
20		OPERATING ROOM	50		183,427	20
21		DELIVERY ROOM & LABOR ROOM	52		592,095	21
22		ANESTHESIOLOGY	53		58,297	22
23		RADIOLOGY-DIAGNOSTIC	54		466,163	23
24		LABORATORY	60		110,388	24
25		RESPIRATORY THERAPY	65		28,156	25
26		PHYSICAL THERAPY	66		4,521	26
27		ELECTROCARDIOLOGY	69		39,181	27
28		ELECTROENCEPHALOGRAPHY	70		1,475	28
29		CARD CATH LAB	75.02		155,456	29
30		CLINIC	90		37,506	30
31		WOUND CARE THERAPY	90.04		7,428	31
32		FAMILY PRACTICE CLINIC	90.05		2,690	32
33		EMERGENCY	91		15,666	33
34		PHYSICIANS' PRIVATE OFFICES	192		2,500	34
35		PROHEALTH SERVICES	192.01		10,142	35
36		AUXILIARY	192.02		46,080	36
500 TOTAL RECLASSIFICATIONS					3,153,859	500
CODE LETTER - F						
1 INTEREST EXPENSE	G	OTHER CAPITAL RELATED COSTS	3		1,640,339	11 1
2						11 2
3						3
500 TOTAL RECLASSIFICATIONS					1,640,339	500
CODE LETTER - G						
1 LAUNDRY COSTS	I	HOUSEKEEPING	9		524,923	1
500 TOTAL RECLASSIFICATIONS					524,923	500
CODE LETTER - I						

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 CHARGED	K	COMMUNICATIONS	4.01		19,641	1
2		ADMITTING	4.03		70,471	2
3		CASHIERING	4.04		82,357	3
4		ADMINISTRATIVE & GENERAL	5		485,784	4
5		OPERATION OF PLANT	7		170,734	5
6		HOUSEKEEPING	9		105,558	6
7		DIETARY	10		97,780	7
8		CAFETERIA	11		32,143	8
9		NURSING ADMINISTRATION	13		118,960	9
10		CENTRAL SERVICES & SUPPLY	14		36,505	10
11		PHARMACY	15		152,793	11
12		MEDICAL RECORDS & LIBRARY	16		66,775	12
13		SOCIAL SERVICE	17		82,943	13
14		I&R SRVCS-SALARY & FRINGES A	21		12,578	14
15		ADULTS & PEDIATRICS	30		1,073,402	15
16		INTENSIVE CARE UNIT	31		235,828	16
17		NICU	31.01		115,825	17
18		SUBPROVIDER - IPF	40		90,922	18
19		OPERATING ROOM	50		260,451	19
20		DELIVERY ROOM & LABOR ROOM	52		237,086	20
21		ANESTHESIOLOGY	53		93,614	21
22		RADIOLOGY-DIAGNOSTIC	54		218,004	22
23		LABORATORY	60		151,905	23
24		RESPIRATORY THERAPY	65		87,088	24
25		PHYSICAL THERAPY	66		32,697	25
26		ELECTROCARDIOLOGY	69		22,677	26
27		CARD CATH LAB	75.02		49,955	27
28		CLINIC	90		287,706	28
29		HEALTHWORKS CLINIC	90.02		6,868	29
30		WOUND CARE THERAPY	90.04		46,111	30
31		FAMILY PRACTICE CLINIC	90.05		1,856	31
32		EMERGENCY	91		264,954	32
33		PHYSICIANS' PRIVATE OFFICES	192		21,797	33
34		PROHEALTH SERVICES	192.01		112,525	34
500 TOTAL RECLASSIFICATIONS CODE LETTER - K					4,946,293	500
1 NURSERY COSTS	L	ADULTS & PEDIATRICS	30	580,533	107,743	1
2		NICU	31.01	113,548	22,556	2
500 TOTAL RECLASSIFICATIONS CODE LETTER - L GRAND TOTAL (DECREASES)				694,081	130,299	500
				903,075	14,403,296	

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	4,529,913					4,529,913	1
2 LAND IMPROVEMENTS	3,112,770					3,112,770	2
3 BUILDINGS AND FIXTURES	58,280,663	1,742,571		1,742,571		60,023,234	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT	3,487,374	1,939,770		1,939,770		5,427,144	5
6 MOVABLE EQUIPMENT	44,773,440	3,023,248		3,023,248		47,796,688	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	114,184,160	6,705,589		6,705,589		120,889,749	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	114,184,160	6,705,589		6,705,589		120,889,749	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	968,334						968,334 1
2 CAP REL COSTS-MVBLE EQUIP							2
3 TOTAL (SUM OF LINES 1-2)	968,334						968,334 3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS

DESCRIPTION	GROSS ASSETS 1	CAPITALIZED LEASES 2	RATIOS		INSURANCE 5	TAXES 6	OTHER CAPITAL- RELATED COSTS 7	TOTAL (SUM OF COLS. 5-7) 8
			FOR RATIO (COL. 1 - COL. 2) 3	RATIO (SEE INSTR.) 4				
1 CAP REL COSTS-BLDG & FIXT	73,093,061		73,093,061	0.604626				1
2 CAP REL COSTS-MVBLE EQUIP	47,796,688		47,796,688	0.395374				2
3 TOTAL (SUM OF LINES 1-2)	120,889,749		120,889,749	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	2,007,281		543,939	86,832			2,638,052 1
2 CAP REL COSTS-MVBLE EQUIP	1,958,001		384,219				2,342,220 2
3 TOTAL	3,965,282		928,158	86,832			4,980,272 3

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)	B	-402,020	CAP REL COSTS-BLDG & FIXT	1	11 1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)	B	-283,972	CAP REL COSTS-MVBLE EQUIP	2	11 2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)	B	-11,130	ADMINISTRATIVE & GENERAL	5	3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)	B	-390	ADMINISTRATIVE & GENERAL	5	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)	A	-67,385	COMMUNICATIONS	4.01	7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-7,251,607			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1				12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-265,293	CAFETERIA	11	14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-1,825	PHARMACY	15	17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-4,336	MEDICAL RECORDS & LIBRARY	16	18
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					19
20 VENDING MACHINES					20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		RESPIRATORY THERAPY	65	23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		PHYSICAL THERAPY	66	24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	25
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	26
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	27
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28
29 PHYSICIANS' ASSISTANT					29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67	30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		SPEECH PATHOLOGY	68	31
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33 MISC REVENUE	B	-51,393	ADMINISTRATIVE & GENERAL	5	33
33.02 INFO SYSTEM USER FEES	B	-12,500	DATA PROCESSING	4.02	33.02
33.03 EMPLOYEE BENEFIT MISC REV	B	-199	EMPLOYEE BENEFITS	4	33.03
33.04 MISC XRAY REV	B	-1,052	RADIOLOGY-DIAGNOSTIC	54	33.04
33.05 MISC PLANT OPERATION REV	B	-84,500	OPERATION OF PLANT	7	33.05
33.06 CLINIC RENTAL INCOME & OTHERS	B	-40,211	CLINIC	90	33.06
33.07 CLINIC MISC OTHER REV	B	-42,542	CLINIC	90	33.07
33.08 WOUND CARE MISC INCOME	B	-425	WOUND CARE THERAPY	90.04	33.08
33.09 MISC TRADE DISCOUNTS IN ADMIN	B	-133	ADMINISTRATIVE & GENERAL	5	33.09
33.10 MISC BUSINESS OFFICE REV	B	-277	CASHIERING	4.04	33.10
33.11 MISC INFO SYSTEM REV	B	-180,952	DATA PROCESSING	4.02	33.11
33.12 MISC NURSE ADMIN REV	B	-200	NURSING ADMINISTRATION	13	33.12
34					34
34.01 FAMILY PRACTICE - MOB RENT	B	-43,320	OPERATION OF PLANT	7	34.01
34.06 MISC DIETARY	B	-330,676	DIETARY	10	34.06
34.07 MISC FACILITY SERVICES	B	-20,530	OPERATION OF PLANT	7	34.07
35					35
36 MISC T MOBILE LEASE INCOME	B	-18,960	ADMINISTRATIVE & GENERAL	5	36
36.01 CLINICAL INTEGRATION DR EXP	A	-647,090	ADMINISTRATIVE & GENERAL	5	36.01
36.02 PROHEALTH PHYSICIAN COMP	A	-1,410,801	PROHEALTH SERVICES	192.01	36.02
36.03 CLINICAL INTEGRATION OTHER COSTS	A	-442,690	ADMINISTRATIVE & GENERAL	5	36.03
36.04 REAL ESTATE TAXES	A	-26,082	ADMINISTRATIVE & GENERAL	5	13 36.04
36.05 REAL ESTATE TAXES	A	-156,585	CAP REL COSTS-BLDG & FIXT	1	9 36.05
36.07 OTHER MME DEP	A	-326	CAP REL COSTS-BLDG & FIXT	1	9 36.07
37 OTHER LOBBYING EXP	A	-205,833	ADMINISTRATIVE & GENERAL	5	37
38 NONALLOWABLE LEGAL FEES	A	-127,924	ADMINISTRATIVE & GENERAL	5	38
39 CHARITABLE CONTRIBUTIONS	A	-1,850	ADMINISTRATIVE & GENERAL	5	39
40 IHA LOBBYING PORTION OF DUES	A	-44,000	ADMINISTRATIVE & GENERAL	5	40
41 MCHC LOBBYING PORTION OF DUES	A	-2,727	ADMINISTRATIVE & GENERAL	5	41

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
42					42
43					43
44					44
45					45
46					46
47					47
48					48
49					49
50	TOTAL (SUM OF LINES 1 THRU 49) TRANSFER TO WKST A, COL. 6, LINE 200)	-12,181,736			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF
1	2	3	4	5	6	7
1						1
2						2
3						3
4						4
5	TOTALS (SUM OF LINES 1-4)					5
	TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.					

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
6						6
7						7
8						8
9						9
10						10

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT	
1	2		3	4	5	6	7	8	9	
1	30	ADULTS & PEDIATRICS	VARIOUS	141,332	141,332					1
2	31	INTENSIVE CARE UNIT	ICU	90,000	90,000					2
3	50	OPERATING ROOM	SURGERY	207,774	207,774					3
4	53	ANESTHESIOLOGY	ANESTHESIOLOGY	1,494,643	1,494,643					4
5	54	RADIOLOGY-DIAGNOSTIC	RADIOLOGY	250,000	250,000					5
6	75.02	CARD CATH LAB	CARDIAC CATH	179,197	179,197					6
7	90	CLINIC	CLINICS	2,329,301	2,329,301					7
8	90.02	HEALTHWORKS CLINIC	HEALTH WORKS	155,647	155,647					8
9	90.04	WOUND CARE THERAPY	WOUND CARE	89,241	89,241					9
10	91	EMERGENCY	EMERGENCY	542,679	542,679					10
11	90.05	FAMILY PRACTICE CLINIC	FAMILY PRACTICE	14,063	14,063					11
12	40	SUBPROVIDER - IPF	PSYCHIATRIC	71,100	71,100					12
13	5	ADMINISTRATIVE & GENERAL	OB AND MS DRS	691,665	691,665					13
14	5	ADMINISTRATIVE & GENERAL	HOSPITALIST DRS	990,465	990,465					14
15	65	RESPIRATORY THERAPY	RESP THERAPY DR	4,500	4,500					15
200		TOTAL		7,251,607	7,251,607					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.			12	13	14	15	16	17	18
10	11								
1	30	ADULTS & PEDIATRICS		VARIOUS					141,332 1
2	31	INTENSIVE CARE UNIT		ICU					90,000 2
3	50	OPERATING ROOM		SURGERY					207,774 3
4	53	ANESTHESIOLOGY		ANESTHESIOLOGY					1,494,643 4
5	54	RADIOLOGY-DIAGNOSTIC		RADIOLOGY					250,000 5
6	75.02	CARD CATH LAB		CARDIAC CATH					179,197 6
7	90	CLINIC		CLINICS					2,329,301 7
8	90.02	HEALTHWORKS CLINIC		HEALTH WORKS					155,647 8
9	90.04	WOUND CARE THERAPY		WOUND CARE					89,241 9
10	91	EMERGENCY		EMERGENCY					542,679 10
11	90.05	FAMILY PRACTICE CLINIC		FAMILY PRACTICE					14,063 11
12	40	SUBPROVIDER - IPF		PSYCHIATRIC					71,100 12
13	5	ADMINISTRATIVE & GENERAL		OB AND MS DRS					691,665 13
14	5	ADMINISTRATIVE & GENERAL		HOSPITALIST DRS					990,465 14
15	65	RESPIRATORY THERAPY		RESP THERAPY DR					4,500 15
200		TOTAL							7,251,607 200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	NEW CAP-REL COSTS BLDG&FIXT 1	NEW CAP-REL COSTS MOV EQUIP 2	EMPLOYEE BENEFITS 4	NON PATIENT PHONES 4.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	2,638,052	2,638,052				1
2 CAP REL COSTS-MVBLE EQUIP	2,342,220		2,342,220			2
4 EMPLOYEE BENEFITS	5,663,990	30,686	2,593	5,697,269		4
4.01 COMMUNICATIONS	118,888	4,095	13,233	22,538	158,754	4.01
4.02 DATA PROCESSING	2,255,761	64,604	349,292	127,447	9,459	4.02
4.03 ADMITTING	787,783	61,109	9,983	94,857	2,468	4.03
4.04 CASHIERING	1,185,084	14,632	5,745	79,999	12,750	4.04
5 ADMINISTRATIVE & GENERAL	15,803,199	55,916	60,075	564,453	25,501	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	4,724,962	221,623	325,980	167,983	7,403	7
8 LAUNDRY & LINEN SERVICE	524,923	37,413				8
9 HOUSEKEEPING	1,496,641	35,808	1,847	109,081		9
10 DIETARY	1,432,421	75,761	29,042	64,190	4,524	10
11 CAFETERIA	314,311	34,324	9,547	21,102	411	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,130,719	24,519	3,322	137,438	3,290	13
14 CENTRAL SERVICES & SUPPLY	315,752	112,422	22,336	41,765	411	14
15 PHARMACY	3,912,098	49,139	47,481	175,939	4,113	15
16 MEDICAL RECORDS & LIBRARY	1,059,188	50,582	8,142	82,183	9,048	16
17 SOCIAL SERVICE	861,128	1,555	3,141	95,079	3,290	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	94,234			14,410	411	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	199,571	1,219				22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	10,113,981	424,031	92,432	1,131,332	15,629	30
31 INTENSIVE CARE UNIT	2,356,322	63,964	40,624	193,404		31
31.01 NICU	997,596	8,637	4,500	112,418		31.01
40 SUBPROVIDER - IPF	925,166	53,782	4,965	103,113		40
43 NURSERY	824,380	30,747		93,641	1,234	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	3,603,513	185,785	136,222	294,618	9,871	50
52 DELIVERY ROOM & LABOR ROOM	2,442,973	32,495	439,725	252,986	823	52
53 ANESTHESIOLOGY	248,741	6,788	43,294	110,420	1,234	53
54 RADIOLOGY-DIAGNOSTIC	3,246,897	99,355	346,197	265,406	8,226	54
60 LABORATORY	3,219,696	82,965	81,980	174,356	9,871	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	990,232	24,884	20,910	99,531	2,056	65
66 PHYSICAL THERAPY	302,309	36,348	3,358	37,470	1,234	66
69 ELECTROCARDIOLOGY	224,192	32,282	29,098	26,004	3,290	69
70 ELECTROENCEPHALOGRAPHY	561		1,095			70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	711,517					71
72 IMPL. DEV. CHARGED TO PATIENT	772,163					72
73 DRUGS CHARGED TO PATIENTS						73
75.01 ACUTE DIALYSIS	324,148					75.01
75.02 CARD CATH LAB	1,015,621	21,674	115,449	56,324		75.02
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,574,835	37,616	27,854	409,159	2,879	90
90.01 PH CLINIC						90.01
90.02 HEALTHWORKS CLINIC	82,597	12,193		7,870	2,056	90.02
90.03 DENTAL CLINIC						90.03
90.04 WOUND CARE THERAPY	490,540	32,861	5,516	52,809	2,056	90.04
90.05 FAMILY PRACTICE CLINIC	33,711	42,676	1,998	1,581		90.05
91 EMERGENCY	2,815,486	76,736	11,634	293,288	4,935	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	84,178,102	2,171,226	2,298,610	5,514,194	148,473	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		6,371			411	190
192 PHYSICIANS' PRIVATE OFFICES	193,238	460,455	1,857	24,231	7,814	192
192.01 PROHEALTH SERVICES	176,742		7,532	133,776	2,056	192.01
192.02 AUXILIARY	219,225		34,221	25,068		192.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	84,767,307	2,638,052	2,342,220	5,697,269	158,754	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DATA PROCESSING 4.02	ADMITTING 4.03	CASHIERS 4.04	SUBTOTAL (COLS. 0-4) 4A	ADMINI- STRATIVE & GENERAL 5	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
4.01 COMMUNICATIONS						4.01
4.02 DATA PROCESSING	2,806,563					4.02
4.03 ADMITTING	229,628	1,185,828				4.03
4.04 CASHIERING	331,685		1,629,895			4.04
5 ADMINISTRATIVE & GENERAL	204,114			16,713,258	16,713,258	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	25,514			5,473,465	1,344,217	7
8 LAUNDRY & LINEN SERVICE				562,336	138,103	8
9 HOUSEKEEPING	51,028			1,694,405	416,126	9
10 DIETARY	51,028			1,656,966	406,931	10
11 CAFETERIA				379,695	93,249	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION				1,299,288	319,090	13
14 CENTRAL SERVICES & SUPPLY	153,085			645,771	158,594	14
15 PHARMACY	178,599			4,367,369	1,072,573	15
16 MEDICAL RECORDS & LIBRARY	25,514			1,234,657	303,217	16
17 SOCIAL SERVICE				964,193	236,794	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD				109,055	26,783	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				200,790	49,312	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	357,199	289,735	269,044	12,693,383	3,117,341	30
31 INTENSIVE CARE UNIT	51,028	53,371	41,144	2,799,857	687,611	31
31.01 NICU		36,565	28,189	1,187,905	291,735	31.01
40 SUBPROVIDER - IPF		48,080	37,066	1,172,172	287,871	40
43 NURSERY	51,028	33,903	26,137	1,061,070	260,586	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	102,057	59,755	122,847	4,514,668	1,108,748	50
52 DELIVERY ROOM & LABOR ROOM	51,028	57,037	55,099	3,332,166	818,340	52
53 ANESTHESIOLOGY		14,201	20,815	445,493	109,408	53
54 RADIOLOGY-DIAGNOSTIC	76,543	44,913	150,873	4,238,410	1,040,903	54
60 LABORATORY	459,260	166,909	265,776	4,460,813	1,095,522	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	51,028	52,331	46,566	1,287,538	316,204	65
66 PHYSICAL THERAPY	51,028	3,719	12,126	437,592	107,467	66
69 ELECTROCARDIOLOGY	51,028	14,069	25,074	405,037	99,472	69
70 ELECTROENCEPHALOGRAPHY	51,028	263	553	53,500	13,139	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		5,626	8,783	725,926	178,279	71
72 IMPL. DEV. CHARGED TO PATIENT		10,205	12,067	794,435	195,104	72
73 DRUGS CHARGED TO PATIENTS		207,912	222,109	430,021	105,608	73
75.01 ACUTE DIALYSIS		5,278	4,475	333,901	82,002	75.01
75.02 CARD CATH LAB		34,528	49,789	1,293,385	317,640	75.02
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	153,085	41	24,888	2,230,357	547,749	90
90.01 PH CLINIC						90.01
90.02 HEALTHWORKS CLINIC			1,792	106,508	26,157	90.02
90.03 DENTAL CLINIC						90.03
90.04 WOUND CARE THERAPY		3,967	54,636	642,385	157,762	90.04
90.05 FAMILY PRACTICE CLINIC			88	80,054	19,660	90.05
91 EMERGENCY	51,028	43,420	149,959	3,446,486	846,416	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	2,806,563	1,185,828	1,629,895	83,474,310	16,395,713	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				6,782	1,666	190
192 PHYSICIANS' PRIVATE OFFICES				687,595	168,865	192
192.01 PROHEALTH SERVICES				320,106	78,614	192.01
192.02 AUXILIARY				278,514	68,400	192.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	2,806,563	1,185,828	1,629,895	84,767,307	16,713,258	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	OF PLANT	AND LINEN SERVICE	KEEPING			
	7	8	9	10	11	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
4.01 COMMUNICATIONS						4.01
4.02 DATA PROCESSING						4.02
4.03 ADMITTING						4.03
4.04 CASHIERING						4.04
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	6,817,682					7
8 LAUNDRY & LINEN SERVICE	116,716	817,155				8
9 HOUSEKEEPING	111,708		2,222,239			9
10 DIETARY	236,348		79,709	2,379,954		10
11 CAFETERIA	107,080		36,113		616,137	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	76,490		25,796		12,597	13
14 CENTRAL SERVICES & SUPPLY	350,719		118,281		9,723	14
15 PHARMACY	153,297		51,700		25,372	15
16 MEDICAL RECORDS & LIBRARY	157,798		53,218		18,085	16
17 SOCIAL SERVICE	4,850		1,636		15,306	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD					3,489	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	3,804		1,283			22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,322,835	261,423	446,128	1,896,535	191,298	30
31 INTENSIVE CARE UNIT	199,546	34,854	67,297	216,098	21,811	31
31.01 NICU	26,944	29,822	9,087		14,502	31.01
40 SUBPROVIDER - IPF	167,783		56,585	267,321	15,637	40
43 NURSERY	95,921	13,808	32,350			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	579,586	147,984	195,466		38,383	50
52 DELIVERY ROOM & LABOR ROOM	101,374	124,508	34,188		35,000	52
53 ANESTHESIOLOGY	21,175		7,141		4,081	53
54 RADIOLOGY-DIAGNOSTIC	309,954	58,826	104,532		36,195	54
60 LABORATORY	258,823		87,289		27,868	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	77,631		26,181		15,022	65
66 PHYSICAL THERAPY	82,196	15,120	27,721		4,637	66
69 ELECTROCARDIOLOGY	100,708		33,964		5,039	69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
75.01 ACUTE DIALYSIS						75.01
75.02 CARD CATH LAB	67,614		22,803		4,802	75.02
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	117,350	30,023	39,577		42,830	90
90.01 PH CLINIC						90.01
90.02 HEALTHWORKS CLINIC	38,039	1,304	12,829		1,301	90.02
90.03 DENTAL CLINIC						90.03
90.04 WOUND CARE THERAPY	102,515	4,359	34,573		9,226	90.04
90.05 FAMILY PRACTICE CLINIC	133,136	1,333	44,900		1,171	90.05
91 EMERGENCY	239,392	93,791	80,735		40,784	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	5,361,332	817,155	1,731,082	2,379,954	594,159	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	19,875		6,703			190
192 PHYSICIANS' PRIVATE OFFICES	1,436,475		484,454		7,263	192
192.01 PROHEALTH SERVICES					12,361	192.01
192.02 AUXILIARY					2,354	192.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	6,817,682	817,155	2,222,239	2,379,954	616,137	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NURSING ADMINI- STRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
4.01 COMMUNICATIONS						4.01
4.02 DATA PROCESSING						4.02
4.03 ADMITTING						4.03
4.04 CASHIERING						4.04
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	1,733,261					13
14 CENTRAL SERVICES & SUPPLY		1,283,088				14
15 PHARMACY			5,670,311			15
16 MEDICAL RECORDS & LIBRARY				1,766,975		16
17 SOCIAL SERVICE					1,222,779	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	828,418			291,746	1,063,818	30
31 INTENSIVE CARE UNIT	94,454			44,603	48,911	31
31.01 NICU	62,799			30,558		31.01
40 SUBPROVIDER - IPF	67,716			40,181		40
43 NURSERY				28,334		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	166,216			133,173	36,683	50
52 DELIVERY ROOM & LABOR ROOM	151,567			59,730		52
53 ANESTHESIOLOGY				22,565		53
54 RADIOLOGY-DIAGNOSTIC				163,554		54
60 LABORATORY				288,114		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY				50,480		65
66 PHYSICAL THERAPY				13,145		66
69 ELECTROCARDIOLOGY				27,182		69
70 ELECTROENCEPHALOGRAPHY				599		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		615,321		9,521		71
72 IMPL. DEV. CHARGED TO PATIENT		667,767		13,081		72
73 DRUGS CHARGED TO PATIENTS			5,670,311	240,777		73
75.01 ACUTE DIALYSIS				4,851		75.01
75.02 CARD CATH LAB				53,973		75.02
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	185,476			26,979		90
90.01 PH CLINIC						90.01
90.02 HEALTHWORKS CLINIC				1,942		90.02
90.03 DENTAL CLINIC						90.03
90.04 WOUND CARE THERAPY				59,228		90.04
90.05 FAMILY PRACTICE CLINIC				96		90.05
91 EMERGENCY	176,615			162,563	73,367	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	1,733,261	1,283,088	5,670,311	1,766,975	1,222,779	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 PROHEALTH SERVICES						192.01
192.02 AUXILIARY						192.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,733,261	1,283,088	5,670,311	1,766,975	1,222,779	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I/R-SALARY AND FRINGES	I/R-OTHER PROGRAM COSTS	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
	21	22				
GENERAL SERVICE COST CENTERS						
1						1
2						2
4						4
4.01						4.01
4.02						4.02
4.03						4.03
4.04						4.04
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
19						19
20						20
21	139,327					21
22		255,189				22
23						23
INPATIENT ROUTINE SERV COST CENTERS						
30	125,394	229,670	22,467,989	-355,064	22,112,925	30
31			4,215,042		4,215,042	31
31.01			1,653,352		1,653,352	31.01
40			2,075,266		2,075,266	40
43			1,492,069		1,492,069	43
ANCILLARY SERVICE COST CENTERS						
50			6,920,907		6,920,907	50
52			4,656,873		4,656,873	52
53			609,863		609,863	53
54			5,952,374		5,952,374	54
60			6,218,429		6,218,429	60
62.30						62.30
65			1,773,056		1,773,056	65
66			687,878		687,878	66
69			671,402		671,402	69
70			67,238		67,238	70
71			1,529,047		1,529,047	71
72			1,670,387		1,670,387	72
73			6,446,717		6,446,717	73
75.01			420,754		420,754	75.01
75.02			1,760,217		1,760,217	75.02
76.97						76.97
76.98						76.98
76.99						76.99
OUTPATIENT SERVICE COST CENTERS						
90	13,933	25,519	3,259,793	-39,452	3,220,341	90
90.01						90.01
90.02			188,080		188,080	90.02
90.03						90.03
90.04			1,010,048		1,010,048	90.04
90.05			280,350		280,350	90.05
91			5,160,149		5,160,149	91
92						92
OTHER REIMBURSABLE COST CENTERS						
99.10						99.10
99.20						99.20
99.30						99.30
99.40						99.40
SPECIAL PURPOSE COST CENTERS						
118	139,327	255,189	81,187,280	-394,516	80,792,764	118
NONREIMBURSABLE COST CENTERS						
190			35,026		35,026	190
192			2,784,652		2,784,652	192
192.01			411,081		411,081	192.01
192.02			349,268		349,268	192.02
200						200
201						201
202	139,327	255,189	84,767,307	-394,516	84,372,791	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 1	NEW CAP- REL COSTS MOV EQUIP 2	SUBTOTAL 2A	EMPLOYEE BENEFITS 4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS		30,686	2,593	33,279	33,279	4
4.01 COMMUNICATIONS		4,095	13,233	17,328	132	4.01
4.02 DATA PROCESSING		64,604	349,292	413,896	744	4.02
4.03 ADMITTING		61,109	9,983	71,092	554	4.03
4.04 CASHIERING		14,632	5,745	20,377	467	4.04
5 ADMINISTRATIVE & GENERAL		55,916	60,075	115,991	3,297	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT		221,623	325,980	547,603	981	7
8 LAUNDRY & LINEN SERVICE		37,413		37,413		8
9 HOUSEKEEPING		35,808	1,847	37,655	637	9
10 DIETARY		75,761	29,042	104,803	375	10
11 CAFETERIA		34,324	9,547	43,871	123	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		24,519	3,322	27,841	803	13
14 CENTRAL SERVICES & SUPPLY		112,422	22,336	134,758	244	14
15 PHARMACY		49,139	47,481	96,620	1,028	15
16 MEDICAL RECORDS & LIBRARY		50,582	8,142	58,724	480	16
17 SOCIAL SERVICE		1,555	3,141	4,696	555	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD					84	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		1,219		1,219		22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		424,031	92,432	516,463	6,611	30
31 INTENSIVE CARE UNIT		63,964	40,624	104,588	1,130	31
31.01 NICU		8,637	4,500	13,137	657	31.01
40 SUBPROVIDER - IPF		53,782	4,965	58,747	602	40
43 NURSERY		30,747		30,747	547	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		185,785	136,222	322,007	1,721	50
52 DELIVERY ROOM & LABOR ROOM		32,495	439,725	472,220	1,478	52
53 ANESTHESIOLOGY		6,788	43,294	50,082	645	53
54 RADIOLOGY-DIAGNOSTIC		99,355	346,197	445,552	1,550	54
60 LABORATORY		82,965	81,980	164,945	1,018	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		24,884	20,910	45,794	581	65
66 PHYSICAL THERAPY		26,348	3,358	29,706	219	66
69 ELECTROCARDIOLOGY		32,282	29,098	61,380	152	69
70 ELECTROENCEPHALOGRAPHY			1,095	1,095		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
75.01 ACUTE DIALYSIS						75.01
75.02 CARD CATH LAB		21,674	115,449	137,123	329	75.02
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		37,616	27,854	65,470	2,390	90
90.01 PH CLINIC						90.01
90.02 HEALTHWORKS CLINIC		12,193		12,193	46	90.02
90.03 DENTAL CLINIC						90.03
90.04 WOUND CARE THERAPY		32,861	5,516	38,377	308	90.04
90.05 FAMILY PRACTICE CLINIC		42,676	1,998	44,674	9	90.05
91 EMERGENCY		76,736	11,634	88,370	1,713	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)		2,171,226	2,298,610	4,469,836	32,210	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		6,371		6,371		190
192 PHYSICIANS' PRIVATE OFFICES		460,455	1,857	462,312	142	192
192.01 PROHEALTH SERVICES			7,532	7,532	781	192.01
192.02 AUXILIARY			34,221	34,221	146	192.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)		2,638,052	2,342,220	4,980,272	33,279	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NON PATIENT PHONES 4.01	DATA PROCESSING 4.02	ADMITTING 4.03	CASHIERS 4.04	ADMINI- STRATIVE & GENERAL 5	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
4.01 COMMUNICATIONS	17,460					4.01
4.02 DATA PROCESSING	1,040	415,680				4.02
4.03 ADMITTING	271	34,010	105,927			4.03
4.04 CASHIERING	1,402	49,126		71,372		4.04
5 ADMINISTRATIVE & GENERAL	2,805	30,231			152,324	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	814	3,779			12,250	7
8 LAUNDRY & LINEN SERVICE					1,259	8
9 HOUSEKEEPING		7,558			3,792	9
10 DIETARY	498	7,558			3,708	10
11 CAFETERIA	45				850	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	362				2,908	13
14 CENTRAL SERVICES & SUPPLY	45	22,673			1,445	14
15 PHARMACY	452	26,452			9,774	15
16 MEDICAL RECORDS & LIBRARY	995	3,779			2,763	16
17 SOCIAL SERVICE	362				2,158	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	45				244	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					449	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,719	52,905	25,919	11,705	28,427	30
31 INTENSIVE CARE UNIT		7,558	4,765	1,804	6,266	31
31.01 NICU			3,265	1,236	2,659	31.01
40 SUBPROVIDER - IPF			4,293	1,625	2,623	40
43 NURSERY	136	7,558	3,027	1,146	2,375	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,086	15,116	5,335	5,386	10,104	50
52 DELIVERY ROOM & LABOR ROOM	90	7,558	5,093	2,416	7,457	52
53 ANESTHESIOLOGY	136		1,268	913	997	53
54 RADIOLOGY-DIAGNOSTIC	905	11,337	4,010	6,615	9,486	54
60 LABORATORY	1,086	68,019	14,903	11,653	9,983	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	226	7,558	4,672	2,042	2,882	65
66 PHYSICAL THERAPY	136	7,558	332	532	979	66
69 ELECTROCARDIOLOGY	362	7,558	1,256	1,099	906	69
70 ELECTROENCEPHALOGRAPHY		7,558	23	24	120	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			502	385	1,625	71
72 IMPL. DEV. CHARGED TO PATIENT			911	529	1,778	72
73 DRUGS CHARGED TO PATIENTS			18,564	9,738	962	73
75.01 ACUTE DIALYSIS			471	196	747	75.01
75.02 CARD CATH LAB			3,083	2,183	2,895	75.02
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	317	22,673	4	1,091	4,992	90
90.01 PH CLINIC						90.01
90.02 HEALTHWORKS CLINIC	226			79	238	90.02
90.03 DENTAL CLINIC						90.03
90.04 WOUND CARE THERAPY	226		354	2,396	1,438	90.04
90.05 FAMILY PRACTICE CLINIC				4	179	90.05
91 EMERGENCY	543	7,558	3,877	6,575	7,713	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	16,330	415,680	105,927	71,372	149,431	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	45				15	190
192 PHYSICIANS' PRIVATE OFFICES	859				1,539	192
192.01 PROHEALTH SERVICES	226				716	192.01
192.02 AUXILIARY					623	192.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	17,460	415,680	105,927	71,372	152,324	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	OF PLANT	AND LINEN SERVICE	KEEPING			
	7	8	9	10	11	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
4.01 COMMUNICATIONS						4.01
4.02 DATA PROCESSING						4.02
4.03 ADMITTING						4.03
4.04 CASHIERING						4.04
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	565,427					7
8 LAUNDRY & LINEN SERVICE	9,680	48,352				8
9 HOUSEKEEPING	9,265		58,907			9
10 DIETARY	19,602		2,113	138,657		10
11 CAFETERIA	8,881		957		54,727	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	6,344		684		1,119	13
14 CENTRAL SERVICES & SUPPLY	29,087		3,135		864	14
15 PHARMACY	12,714		1,370		2,254	15
16 MEDICAL RECORDS & LIBRARY	13,087		1,411		1,606	16
17 SOCIAL SERVICE	402		43		1,360	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD					310	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	315		34			22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	109,710	15,469	11,826	110,493	16,991	30
31 INTENSIVE CARE UNIT	16,549	2,062	1,784	12,590	1,937	31
31.01 NICU	2,235	1,765	241		1,288	31.01
40 SUBPROVIDER - IPF	13,915		1,500	15,574	1,389	40
43 NURSERY	7,955	817	858			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	48,068	8,756	5,181		3,409	50
52 DELIVERY ROOM & LABOR ROOM	8,407	7,367	906		3,109	52
53 ANESTHESIOLOGY	1,756		189		362	53
54 RADIOLOGY-DIAGNOSTIC	25,706	3,481	2,771		3,215	54
60 LABORATORY	21,466		2,314		2,475	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	6,438		694		1,334	65
66 PHYSICAL THERAPY	6,817	895	735		412	66
69 ELECTROCARDIOLOGY	8,352		900		448	69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
75.01 ACUTE DIALYSIS						75.01
75.02 CARD CATH LAB	5,608		604		427	75.02
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	9,732	1,776	1,049		3,804	90
90.01 PH CLINIC						90.01
90.02 HEALTHWORKS CLINIC	3,155	77	340		116	90.02
90.03 DENTAL CLINIC						90.03
90.04 WOUND CARE THERAPY	8,502	258	916		819	90.04
90.05 FAMILY PRACTICE CLINIC	11,042	79	1,190		104	90.05
91 EMERGENCY	19,854	5,550	2,140		3,623	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	444,644	48,352	45,885	138,657	52,775	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,648		178			190
192 PHYSICIANS' PRIVATE OFFICES	119,135		12,844		645	192
192.01 PROHEALTH SERVICES					1,098	192.01
192.02 AUXILIARY					209	192.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	565,427	48,352	58,907	138,657	54,727	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NURSING ADMINI- STRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
4.01 COMMUNICATIONS						4.01
4.02 DATA PROCESSING						4.02
4.03 ADMITTING						4.03
4.04 CASHIERING						4.04
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	40,061					13
14 CENTRAL SERVICES & SUPPLY		192,251				14
15 PHARMACY			150,664			15
16 MEDICAL RECORDS & LIBRARY				82,845		16
17 SOCIAL SERVICE					9,576	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	19,148			13,722	8,331	30
31 INTENSIVE CARE UNIT	2,183			2,090	383	31
31.01 NICU	1,451			1,432		31.01
40 SUBPROVIDER - IPF	1,565			1,883		40
43 NURSERY				1,328		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	3,842			6,240	287	50
52 DELIVERY ROOM & LABOR ROOM	3,503			2,799		52
53 ANESTHESIOLOGY				1,057		53
54 RADIOLOGY-DIAGNOSTIC				7,663		54
60 LABORATORY				13,500		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY				2,365		65
66 PHYSICAL THERAPY				616		66
69 ELECTROCARDIOLOGY				1,274		69
70 ELECTROENCEPHALOGRAPHY				28		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		92,196		446		71
72 IMPL. DEV. CHARGED TO PATIENT		100,055		613		72
73 DRUGS CHARGED TO PATIENTS			150,664	11,282		73
75.01 ACUTE DIALYSIS				227		75.01
75.02 CARD CATH LAB				2,529		75.02
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	4,287			1,264		90
90.01 PH CLINIC						90.01
90.02 HEALTHWORKS CLINIC				91		90.02
90.03 DENTAL CLINIC						90.03
90.04 WOUND CARE THERAPY				2,775		90.04
90.05 FAMILY PRACTICE CLINIC				4		90.05
91 EMERGENCY	4,082			7,617	575	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	40,061	192,251	150,664	82,845	9,576	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 PROHEALTH SERVICES						192.01
192.02 AUXILIARY						192.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	40,061	192,251	150,664	82,845	9,576	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I/R-SALARY AND FRINGES	I/R-OTHER PROGRAM COSTS	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS	TOTAL 26
	21	22		25	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
4.01 COMMUNICATIONS					4.01
4.02 DATA PROCESSING					4.02
4.03 ADMITTING					4.03
4.04 CASHIERING					4.04
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	683				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		2,017			22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS			949,439		949,439 30
31 INTENSIVE CARE UNIT			165,689		165,689 31
31.01 NICU			29,366		29,366 31.01
40 SUBPROVIDER - IPF			103,716		103,716 40
43 NURSERY			56,494		56,494 43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM			436,538		436,538 50
52 DELIVERY ROOM & LABOR ROOM			522,403		522,403 52
53 ANESTHESIOLOGY			57,405		57,405 53
54 RADIOLOGY-DIAGNOSTIC			522,291		522,291 54
60 LABORATORY			311,362		311,362 60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY			74,586		74,586 65
66 PHYSICAL THERAPY			48,937		48,937 66
69 ELECTROCARDIOLOGY			83,687		83,687 69
70 ELECTROENCEPHALOGRAPHY			8,848		8,848 70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			95,154		95,154 71
72 IMPL. DEV. CHARGED TO PATIENT			103,886		103,886 72
73 DRUGS CHARGED TO PATIENTS			191,210		191,210 73
75.01 ACUTE DIALYSIS			1,641		1,641 75.01
75.02 CARD CATH LAB			154,781		154,781 75.02
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC			118,849		118,849 90
90.01 PH CLINIC					90.01
90.02 HEALTHWORKS CLINIC			16,561		16,561 90.02
90.03 DENTAL CLINIC					90.03
90.04 WOUND CARE THERAPY			56,369		56,369 90.04
90.05 FAMILY PRACTICE CLINIC			57,285		57,285 90.05
91 EMERGENCY			159,790		159,790 91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)			4,326,287		4,326,287 118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			8,257		8,257 190
192 PHYSICIANS' PRIVATE OFFICES			597,476		597,476 192
192.01 PROHEALTH SERVICES			10,353		10,353 192.01
192.02 AUXILIARY			35,199		35,199 192.02
200 CROSS FOOT ADJUSTMENTS	683	2,017	2,700		2,700 200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	683	2,017	4,980,272		4,980,272 202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP- REL COSTS MOV EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS GROSS SALARIES	NON PATIENT PHONES (NUMBER OF PHONES)	DATA PROCESSING (MACHINE TIME)	
	1	2	4	4.01	4.02	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	259,624					1
2 CAP REL COSTS-MVBLE EQUIP		3,153,858				2
4 EMPLOYEE BENEFITS	3,020	3,492	42,228,868			4
4.01 COMMUNICATIONS	403	17,819	167,058	386		4.01
4.02 DATA PROCESSING	6,358	470,330	944,651	23	110	4.02
4.03 ADMITTING	6,014	13,443	703,096	6	9	4.03
4.04 CASHIERING	1,440	7,736	592,965	31	13	4.04
5 ADMINISTRATIVE & GENERAL	5,503	80,893	4,183,801	62	8	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	21,811	438,940	1,245,115	18	1	7
8 LAUNDRY & LINEN SERVICE	3,682					8
9 HOUSEKEEPING	3,524	2,487	808,521		2	9
10 DIETARY	7,456	39,106	475,788	11	2	10
11 CAFETERIA	3,378	12,855	156,411	1		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,413	4,473	1,018,705	8		13
14 CENTRAL SERVICES & SUPPLY	11,064	30,076	309,569	1	6	14
15 PHARMACY	4,836	63,935	1,304,085	10	7	15
16 MEDICAL RECORDS & LIBRARY	4,978	10,964	609,150	22	1	16
17 SOCIAL SERVICE	153	4,230	704,736	8		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD			106,812	1		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	120					22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	41,731	124,462	8,385,547	38	14	30
31 INTENSIVE CARE UNIT	6,295	54,701	1,433,537		2	31
31.01 NICU	850	6,060	833,255			31.01
40 SUBPROVIDER - IPF	5,293	6,686	764,288			40
43 NURSERY	3,026		694,081	3	2	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	18,284	183,427	2,183,747	24	4	50
52 DELIVERY ROOM & LABOR ROOM	3,198	592,095	1,875,165	2	2	52
53 ANESTHESIOLOGY	668	58,297	818,444	3		53
54 RADIOLOGY-DIAGNOSTIC	9,778	466,163	1,967,223	20	3	54
60 LABORATORY	8,165	110,388	1,292,352	24	18	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	2,449	28,156	737,736	5	2	65
66 PHYSICAL THERAPY	2,593	4,521	277,729	3	2	66
69 ELECTROCARDIOLOGY	3,177	39,181	192,745	8	2	69
70 ELECTROENCEPHALOGRAPHY		1,475			2	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
75.01 ACUTE DIALYSIS						75.01
75.02 CARD CATH LAB	2,133	155,455	417,479			75.02
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	3,702	37,506	3,032,739	7	6	90
90.01 PH CLINIC						90.01
90.02 HEALTHWORKS CLINIC	1,200		58,330	5		90.02
90.03 DENTAL CLINIC						90.03
90.04 WOUND CARE THERAPY	3,234	7,428	391,428	5		90.04
90.05 FAMILY PRACTICE CLINIC	4,200	2,690	11,719			90.05
91 EMERGENCY	7,552	15,666	2,173,885	12	2	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	213,681	3,095,136	40,871,892	361	110	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	627			1		190
192 PHYSICIANS' PRIVATE OFFICES	45,316	2,500	179,600	19		192
192.01 PROHEALTH SERVICES		10,142	991,568	5		192.01
192.02 AUXILIARY		46,080	185,808			192.02

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP- REL COSTS BLDG&FIXT (SQUARE FEET) 1	NEW CAP- REL COSTS MOV EQUIP (DOLLAR VALUE) 2	EMPLOYEE BENEFITS GROSS SALARIES 4	NON PATIENT PHONES (NUMBER OF PHONES) 4.01	DATA PROCESSING (MACHINE TIME) 4.02	
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	2,638,052	2,342,220	5,697,269	158,754	2,806,563	202
203 UNIT COST MULT-WS B PT I	10.161048	0.742652	0.134914	411.279793	25,514.209091	203
204 COST TO BE ALLOC PER B PT II			33,279	17,460	415,680	204
205 UNIT COST MULT-WS B PT II			0.000788	45.233161	3,778.909091	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMITTING	CASHIERS	RECON-	ADMINI-	OPERATION
	INPATIENT	GROSS	CILIATION	STRATIVE	OF
	REVENUE	REVENUE		& GENERAL	PLANT
	4.03	4.04	5A	ACCUM	SQUARE
				COST	FEET
				5	7
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
4.01 COMMUNICATIONS					4.01
4.02 DATA PROCESSING					4.02
4.03 ADMITTING	151,262,230				4.03
4.04 CASHIERING		269,665,020			4.04
5 ADMINISTRATIVE & GENERAL			-16,713,258	68,054,049	5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT				5,473,465	7
8 LAUNDRY & LINEN SERVICE				562,336	8
9 HOUSEKEEPING				1,694,405	9
10 DIETARY				1,656,966	10
11 CAFETERIA				379,695	11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION				1,299,288	13
14 CENTRAL SERVICES & SUPPLY				645,771	14
15 PHARMACY				4,367,369	15
16 MEDICAL RECORDS & LIBRARY				1,234,657	16
17 SOCIAL SERVICE				964,193	17
19 NONPHYSICIAN ANESTHETISTS					153
20 NURSING SCHOOL					19
21 I&R SRVCES-SALARY & FRINGES APPRVD				109,055	20
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				200,790	21
23 PARAMED ED PRGM-(SPECIFY)					120
INPATIENT ROUTINE SERV COST CENTERS					22
30 ADULTS & PEDIATRICS	36,964,660	44,507,854		12,693,383	41,731
31 INTENSIVE CARE UNIT	6,807,479	6,807,479		2,799,857	6,295
31.01 NICU	4,663,951	4,663,951		1,187,905	850
40 SUBPROVIDER - IPF	6,132,632	6,132,632		1,172,172	5,293
43 NURSERY	4,324,421	4,324,421		1,061,070	3,026
ANCILLARY SERVICE COST CENTERS					43
50 OPERATING ROOM	7,621,827	20,325,516		4,514,668	18,284
52 DELIVERY ROOM & LABOR ROOM	7,275,116	9,116,295		3,332,166	3,198
53 ANESTHESIOLOGY	1,811,329	3,443,950		445,493	668
54 RADIOLOGY-DIAGNOSTIC	5,728,641	24,962,512		4,238,410	9,778
60 LABORATORY	21,289,453	43,973,505		4,460,813	8,165
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					60
65 RESPIRATORY THERAPY	6,674,843	7,704,535		1,287,538	2,449
66 PHYSICAL THERAPY	474,402	2,006,320		437,592	2,593
69 ELECTROCARDIOLOGY	1,794,574	4,148,652		405,037	3,177
70 ELECTROENCEPHALOGRAPHY	33,510	91,440		53,500	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	717,545	1,453,122		725,926	71
72 IMPL. DEV. CHARGED TO PATIENT	1,301,674	1,996,496		794,435	72
73 DRUGS CHARGED TO PATIENTS	26,519,353	36,748,642		430,021	73
75.01 ACUTE DIALYSIS	673,200	740,383		333,901	75.01
75.02 CARD CATH LAB	4,404,108	8,237,684		1,293,385	2,133
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	5,280	4,117,724		2,230,357	3,702
90.01 PH CLINIC					90
90.02 HEALTHWORKS CLINIC		296,442		106,508	1,200
90.03 DENTAL CLINIC					90.01
90.04 WOUND CARE THERAPY	505,957	9,039,670		642,385	3,234
90.05 FAMILY PRACTICE CLINIC		14,596		80,054	4,200
91 EMERGENCY	5,538,275	24,811,199		3,446,486	7,552
92 OBSERVATION BEDS					91
OTHER REIMBURSABLE COST CENTERS					92
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)	151,262,230	269,665,020	-16,713,258	66,761,052	169,132
NONREIMBURSABLE COST CENTERS					118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				6,782	627
192 PHYSICIANS' PRIVATE OFFICES				687,595	45,316
192.01 PROHEALTH SERVICES				320,106	192
192.02 AUXILIARY				278,514	192.01

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		ADMITTING INPATIENT REVENUE 4.03	CASHIERS GROSS REVENUE 4.04	RECON- CILIATION 5A	ADMINI- STRATIVE & GENERAL ACCUM COST 5	OPERATION OF PLANT SQUARE FEET 7	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	1,185,828	1,629,895		16,713,258	6,817,682	202
203	UNIT COST MULT-WS B PT I	0.007840	0.006044		0.245588	31.699091	203
204	COST TO BE ALLOC PER B PT II	105,927	71,372		152,324	565,427	204
205	UNIT COST MULT-WS B PT II	0.000700	0.000265		0.002238	2.628976	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY) 8	HOUSE-KEEPING SQUARE FEET 9	DIETARY (MEALS SERVED) 10	CAFETERIA (MEALS SERVED) 11	NURSING ADMINISTRATION (DIRECT NRSG HRS) 13	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
4.01 COMMUNICATIONS						4.01
4.02 DATA PROCESSING						4.02
4.03 ADMITTING						4.03
4.04 CASHIERING						4.04
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE	309,685					8
9 HOUSEKEEPING		207,869				9
10 DIETARY		7,456	99,384			10
11 CAFETERIA		3,378		52,090		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		2,413		1,065	33,838	13
14 CENTRAL SERVICES & SUPPLY		11,064		822		14
15 PHARMACY		4,836		2,145		15
16 MEDICAL RECORDS & LIBRARY		4,978		1,529		16
17 SOCIAL SERVICE		153		1,294		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD				295		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		120				22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	99,074	41,731	79,197	16,173	16,173	30
31 INTENSIVE CARE UNIT	13,209	6,295	9,024	1,844	1,844	31
31.01 NICU	11,302	850		1,226	1,226	31.01
40 SUBPROVIDER - IPF		5,293	11,163	1,322	1,322	40
43 NURSERY	5,233	3,026				43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	56,083	18,284		3,245	3,245	50
52 DELIVERY ROOM & LABOR ROOM	47,186	3,198		2,959	2,959	52
53 ANESTHESIOLOGY		668		345		53
54 RADIOLOGY-DIAGNOSTIC	22,294	9,778		3,060		54
60 LABORATORY		8,165		2,356		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		2,449		1,270		65
66 PHYSICAL THERAPY	5,730	2,593		392		66
69 ELECTROCARDIOLOGY		3,177		426		69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
75.01 ACUTE DIALYSIS						75.01
75.02 CARD CATH LAB		2,133		406		75.02
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	11,378	3,702		3,621	3,621	90
90.01 PH CLINIC						90.01
90.02 HEALTHWORKS CLINIC	494	1,200		110		90.02
90.03 DENTAL CLINIC						90.03
90.04 WOUND CARE THERAPY	1,652	3,234		780		90.04
90.05 FAMILY PRACTICE CLINIC	505	4,200		99		90.05
91 EMERGENCY	35,545	7,552		3,448	3,448	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	309,685	161,926	99,384	50,232	33,838	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		627				190
192 PHYSICIANS' PRIVATE OFFICES		45,316		614		192
192.01 PROHEALTH SERVICES				1,045		192.01
192.02 AUXILIARY				199		192.02

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY) 8	HOUSE- KEEPING SQUARE FEET 9	DIETARY (MEALS SERVED) 10	CAFETERIA (MEALS SERVED) 11	NURSING ADMINI- STRATION (DIRECT NRSG HRS) 13	
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	817,155	2,222,239	2,379,954	616,137	1,733,261	202
203 UNIT COST MULT-WS B PT I	2.638665	10.690574	23.947054	11.828316	51.222324	203
204 COST TO BE ALLOC PER B PT II	48,352	58,907	138,657	54,727	40,061	204
205 UNIT COST MULT-WS B PT II	0.156133	0.283385	1.395164	1.050624	1.183906	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS) 14	PHARMACY (COSTED REQUIS) 15	MEDICAL RECORDS & LIBRARY GROSS REVENUE 16	SOCIAL SERVICE (TIME SPENT) 17	I/R-SALARY AND FRINGES (ASSIGNED TIME) 21
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
4.01 COMMUNICATIONS					4.01
4.02 DATA PROCESSING					4.02
4.03 ADMITTING					4.03
4.04 CASHIERING					4.04
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	1,483,679				14
15 PHARMACY		100			15
16 MEDICAL RECORDS & LIBRARY			269,665,020		16
17 SOCIAL SERVICE				100	17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					100 21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS			44,507,854	87	90 30
31 INTENSIVE CARE UNIT			6,807,479	4	31
31.01 NICU			4,663,951		31.01
40 SUBPROVIDER - IPF			6,132,632		40
43 NURSERY			4,324,421		43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM			20,325,516	3	50
52 DELIVERY ROOM & LABOR ROOM			9,116,295		52
53 ANESTHESIOLOGY			3,443,950		53
54 RADIOLOGY-DIAGNOSTIC			24,962,512		54
60 LABORATORY			43,973,505		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY			7,704,535		65
66 PHYSICAL THERAPY			2,006,320		66
69 ELECTROCARDIOLOGY			4,148,652		69
70 ELECTROENCEPHALOGRAPHY			91,440		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	711,517		1,453,122		71
72 IMPL. DEV. CHARGED TO PATIENT	772,162		1,996,496		72
73 DRUGS CHARGED TO PATIENTS		100	36,748,642		73
75.01 ACUTE DIALYSIS			740,383		75.01
75.02 CARD CATH LAB			8,237,684		75.02
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC			4,117,724		10 90
90.01 PH CLINIC					90.01
90.02 HEALTHWORKS CLINIC			296,442		90.02
90.03 DENTAL CLINIC					90.03
90.04 WOUND CARE THERAPY			9,039,670		90.04
90.05 FAMILY PRACTICE CLINIC			14,596		90.05
91 EMERGENCY			24,811,199	6	91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)	1,483,679	100	269,665,020	100	100 118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					190
192 PHYSICIANS' PRIVATE OFFICES					192
192.01 PROHEALTH SERVICES					192.01
192.02 AUXILIARY					192.02

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		CENTRAL SERVICES & SUPPLY (COSTED REQUIS) 14	PHARMACY (COSTED REQUIS) 15	MEDICAL RECORDS & LIBRARY GROSS REVENUE 16	SOCIAL SERVICE (TIME SPENT) 17	I/R-SALARY AND FRINGES (ASSIGNED TIME) 21	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	1,283,088	5,670,311	1,766,975	1,222,779	139,327	202
203	UNIT COST MULT-WS B PT I	0.864802	56,703.110000	0.006552	12,227.790000	1,393.270000	203
204	COST TO BE ALLOC PER B PT II	192,251	150,664	82,845	9,576	683	204
205	UNIT COST MULT-WS B PT II	0.129577	1,506.640000	0.000307	95.760000	6.830000	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME)	
	22	
GENERAL SERVICE COST CENTERS		
1 CAP REL COSTS-BLDG & FIXT		1
2 CAP REL COSTS-MVBLE EQUIP		2
4 EMPLOYEE BENEFITS		4
4.01 COMMUNICATIONS		4.01
4.02 DATA PROCESSING		4.02
4.03 ADMITTING		4.03
4.04 CASHIERING		4.04
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	100	22
23 PARAMED ED PRGM-(SPECIFY)		23
INPATIENT ROUTINE SERV COST CENTERS		
30 ADULTS & PEDIATRICS	90	30
31 INTENSIVE CARE UNIT		31
31.01 NICU		31.01
40 SUBPROVIDER - IPF		40
43 NURSERY		43
ANCILLARY SERVICE COST CENTERS		
50 OPERATING ROOM		50
52 DELIVERY ROOM & LABOR ROOM		52
53 ANESTHESIOLOGY		53
54 RADIOLOGY-DIAGNOSTIC		54
60 LABORATORY		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS		62.30
65 RESPIRATORY THERAPY		65
66 PHYSICAL THERAPY		66
69 ELECTROCARDIOLOGY		69
70 ELECTROENCEPHALOGRAPHY		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		71
72 IMPL. DEV. CHARGED TO PATIENT		72
73 DRUGS CHARGED TO PATIENTS		73
75.01 ACUTE DIALYSIS		75.01
75.02 CARD CATH LAB		75.02
76.97 CARDIAC REHABILITATION		76.97
76.98 HYPERBARIC OXYGEN THERAPY		76.98
76.99 LITHOTRIPSY		76.99
OUTPATIENT SERVICE COST CENTERS		
90 CLINIC	10	90
90.01 PH CLINIC		90.01
90.02 HEALTHWORKS CLINIC		90.02
90.03 DENTAL CLINIC		90.03
90.04 WOUND CARE THERAPY		90.04
90.05 FAMILY PRACTICE CLINIC		90.05
91 EMERGENCY		91
92 OBSERVATION BEDS		92
OTHER REIMBURSABLE COST CENTERS		
99.10 CORF		99.10
99.20 OUTPATIENT PHYSICAL THERAPY		99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY		99.30
99.40 OUTPATIENT SPEECH PATHOLOGY		99.40
SPECIAL PURPOSE COST CENTERS		
118 SUBTOTALS (SUM OF LINES 1-117)	100	118
NONREIMBURSABLE COST CENTERS		
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		190
192 PHYSICIANS' PRIVATE OFFICES		192
192.01 PROHEALTH SERVICES		192.01
192.02 AUXILIARY		192.02

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME)	
200 CROSS FOOT ADJUSTMENTS	22	200
201 NEGATIVE COST CENTER		201
202 COST TO BE ALLOC PER B PT I	255,189	202
203 UNIT COST MULT-WS B PT I	2,551.890000	203
204 COST TO BE ALLOC PER B PT II	2,017	204
205 UNIT COST MULT-WS B PT II	20.170000	205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE	TOTAL	
	(FROM WKST B, PART I, COL 26)	LIMIT ADJUSTMENT		DISALLOWANCE	COSTS	
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	22,112,925		22,112,925		22,112,925	30
31 INTENSIVE CARE UNIT	4,215,042		4,215,042		4,215,042	31
31.01 NICU	1,653,352		1,653,352		1,653,352	31.01
40 SUBPROVIDER - IPF	2,075,266		2,075,266		2,075,266	40
43 NURSERY	1,492,069		1,492,069		1,492,069	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	6,920,907		6,920,907		6,920,907	50
52 DELIVERY ROOM & LABOR ROOM	4,656,873		4,656,873		4,656,873	52
53 ANESTHESIOLOGY	609,863		609,863		609,863	53
54 RADIOLOGY-DIAGNOSTIC	5,952,374		5,952,374		5,952,374	54
60 LABORATORY	6,218,429		6,218,429		6,218,429	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	1,773,056		1,773,056		1,773,056	65
66 PHYSICAL THERAPY	687,878		687,878		687,878	66
69 ELECTROCARDIOLOGY	671,402		671,402		671,402	69
70 ELECTROENCEPHALOGRAPHY	67,238		67,238		67,238	70
71 MEDICAL SUPPLIES CHRGED TO	1,529,047		1,529,047		1,529,047	71
72 IMPL. DEV. CHARGED TO PATIE	1,670,387		1,670,387		1,670,387	72
73 DRUGS CHARGED TO PATIENTS	6,446,717		6,446,717		6,446,717	73
75.01 ACUTE DIALYSIS	420,754		420,754		420,754	75.01
75.02 CARD CATH LAB	1,760,217		1,760,217		1,760,217	75.02
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	3,220,341		3,220,341		3,220,341	90
90.01 PH CLINIC						90.01
90.02 HEALTHWORKS CLINIC	188,080		188,080		188,080	90.02
90.03 DENTAL CLINIC						90.03
90.04 WOUND CARE THERAPY	1,010,048		1,010,048		1,010,048	90.04
90.05 FAMILY PRACTICE CLINIC	280,350		280,350		280,350	90.05
91 EMERGENCY	5,160,149		5,160,149		5,160,149	91
92 OBSERVATION BEDS	2,437,516		2,437,516		2,437,516	92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
200 SUBTOTAL (SEE INSTRUCTIONS)	83,230,280		83,230,280		83,230,280	200
201 LESS OBSERVATION BEDS	2,437,516		2,437,516		2,437,516	201
202 TOTAL (SEE INSTRUCTIONS)	80,792,764		80,792,764		80,792,764	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	36,964,660		36,964,660			30
31 INTENSIVE CARE UNIT	6,807,479		6,807,479			31
31.01 NICU	4,663,951		4,663,951			31.01
40 SUBPROVIDER - IPF	6,132,632		6,132,632			40
43 NURSERY	4,324,421		4,324,421			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	7,621,827	12,703,689	20,325,516	0.340503	0.340503	0.340503 50
52 DELIVERY ROOM & LABOR ROOM	7,275,116	1,841,179	9,116,295	0.510830	0.510830	0.510830 52
53 ANESTHESIOLOGY	1,811,329	1,632,621	3,443,950	0.177082	0.177082	0.177082 53
54 RADIOLOGY-DIAGNOSTIC	5,728,641	19,233,871	24,962,512	0.238453	0.238453	0.238453 54
60 LABORATORY	21,289,453	22,684,052	43,973,505	0.141413	0.141413	0.141413 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	6,674,843	1,029,692	7,704,535	0.230131	0.230131	0.230131 65
66 PHYSICAL THERAPY	474,402	1,531,918	2,006,320	0.342856	0.342856	0.342856 66
69 ELECTROCARDIOLOGY	1,794,574	2,354,078	4,148,652	0.161836	0.161836	0.161836 69
70 ELECTROENCEPHALOGRAPHY	33,510	57,930	91,440	0.735324	0.735324	0.735324 70
71 MEDICAL SUPPLIES CHRGD TO	717,545	735,577	1,453,122	1.052250	1.052250	1.052250 71
72 IMPL. DEV. CHARGED TO PATIE	1,301,674	694,822	1,996,496	0.836659	0.836659	0.836659 72
73 DRUGS CHARGED TO PATIENTS	26,519,353	10,229,289	36,748,642	0.175427	0.175427	0.175427 73
75.01 ACUTE DIALYSIS	673,200	67,183	740,383	0.568292	0.568292	0.568292 75.01
75.02 CARD CATH LAB	4,404,108	3,833,576	8,237,684	0.213679	0.213679	0.213679 75.02
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	5,280	4,112,444	4,117,724	0.782068	0.782068	0.782068 90
90.01 PH CLINIC						90.01
90.02 HEALTHWORKS CLINIC		296,442	296,442	0.634458	0.634458	0.634458 90.02
90.03 DENTAL CLINIC						90.03
90.04 WOUND CARE THERAPY	505,957	8,533,713	9,039,670	0.111735	0.111735	0.111735 90.04
90.05 FAMILY PRACTICE CLINIC		14,596	14,596	19.207317	19.207317	19.207317 90.05
91 EMERGENCY	5,538,275	19,272,924	24,811,199	0.207977	0.207977	0.207977 91
92 OBSERVATION BEDS	2,718,883	4,824,311	7,543,194	0.323141	0.323141	0.323141 92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
200 SUBTOTAL (SEE INSTRUCTIONS)	153,981,113	115,683,907	269,665,020			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	153,981,113	115,683,907	269,665,020			202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)		(COL.3 + COL.4)		(COL.5 x COL.6)	
	1	2	4	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	949,439		28,767	33.00	8,054	265,782	30
31 INTENSIVE CARE UNIT	165,689		3,008	55.08	1,076	59,266	31
31.01 NICU	29,366		1,407	20.87			31.01
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	103,716	103,716	3,721	27.87	1,425	39,715	40
41 SUBPROVIDER - IRF							41
42 SUBPROVIDER I							42
43 NURSERY	56,494	56,494	2,416	23.38			43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	1,304,704	1,304,704	39,319		10,555	364,763	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0206) [] 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	436,538	20,325,516	0.021477	1,962,583	42,150	50
52 DELIVERY ROOM & LABOR ROOM	522,403	9,116,295	0.057304	44,527	2,552	52
53 ANESTHESIOLOGY	57,405	3,443,950	0.016668	343,234	5,721	53
54 RADIOLOGY-DIAGNOSTIC	522,291	24,962,512	0.020923	2,681,000	56,095	54
60 LABORATORY	311,362	43,973,505	0.007081	7,271,471	51,489	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY	74,586	7,704,535	0.009681	2,418,193	23,411	65
66 PHYSICAL THERAPY	48,937	2,006,320	0.024391	246,832	6,020	66
69 ELECTROCARDIOLOGY	83,687	4,148,652	0.020172	804,512	16,229	69
70 ELECTROENCEPHALOGRAPHY	8,848	91,440	0.096763	11,951	1,156	70
71 MEDICAL SUPPLIES CHRGED TO PA	95,154	1,453,122	0.065482	284,552	18,633	71
72 IMPL. DEV. CHARGED TO PATIENT	103,886	1,996,496	0.052034	734,144	38,200	72
73 DRUGS CHARGED TO PATIENTS	191,210	36,748,642	0.005203	9,119,973	47,451	73
75.01 ACUTE DIALYSIS	1,641	740,383	0.002216	333,088	738	75.01
75.02 CARD CATH LAB	154,781	8,237,684	0.018789	2,288,634	43,001	75.02
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	118,849	4,117,724	0.028863	1,471	42	90
90.01 PH CLINIC						90.01
90.02 HEALTHWORKS CLINIC	16,561	296,442	0.055866			90.02
90.03 DENTAL CLINIC						90.03
90.04 WOUND CARE THERAPY	56,369	9,039,670	0.006236	173,001	1,079	90.04
90.05 FAMILY PRACTICE CLINIC	57,285	14,596	3.924705			90.05
91 EMERGENCY	159,790	24,811,199	0.006440	1,945,848	12,531	91
92 OBSERVATION BEDS	104,657	7,543,194	0.013874	1,020,778	14,162	92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	3,126,240	210,771,877		31,685,792	380,660	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
31.01 NICU					31.01
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	28,767		8,054		30
31 INTENSIVE CARE UNIT	3,008		1,076		31
31.01 NICU	1,407				31.01
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	3,721		1,425		40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	2,416				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	39,319		10,555		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0206) [] 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			SCHOOL 2	MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
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
75.01 ACUTE DIALYSIS						75.01
75.02 CARD CATH LAB						75.02
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 PH CLINIC						90.01
90.02 HEALTHWORKS CLINIC						90.02
90.03 DENTAL CLINIC						90.03
90.04 WOUND CARE THERAPY						90.04
90.05 FAMILY PRACTICE CLINIC						90.05
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (14-0206)	[] 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	20,325,516			1,962,583		2,414,166	50
52 DELIVERY ROOM & LABOR ROOM	9,116,295			44,527		9,782	52
53 ANESTHESIOLOGY	3,443,950			343,234		285,996	53
54 RADIOLOGY-DIAGNOSTIC	24,962,512			2,681,000		2,462,038	54
60 LABORATORY	43,973,505			7,271,471			60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	7,704,535			2,418,193		160,636	65
66 PHYSICAL THERAPY	2,006,320			246,832		199,606	66
69 ELECTROCARDIOLOGY	4,148,652			804,512		549,717	69
70 ELECTROENCEPHALOGRAPHY	91,440			11,951		9,884	70
71 MEDICAL SUPPLIES CHRGED TO P	1,453,122			284,552		216,021	71
72 IMPL. DEV. CHARGED TO PATIEN	1,996,496			734,144		247,212	72
73 DRUGS CHARGED TO PATIENTS	36,748,642			9,119,973		2,826,940	73
75.01 ACUTE DIALYSIS	740,383			333,088		11,707	75.01
75.02 CARD CATH LAB	8,237,684			2,288,634		1,648,985	75.02
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	4,117,724			1,471		3,645,398	90
90.01 PH CLINIC							90.01
90.02 HEALTHWORKS CLINIC	296,442					4,560	90.02
90.03 DENTAL CLINIC							90.03
90.04 WOUND CARE THERAPY	9,039,670			173,001		238,253	90.04
90.05 FAMILY PRACTICE CLINIC	14,596						90.05
91 EMERGENCY	24,811,199			1,945,848		1,967,784	91
92 OBSERVATION BEDS	7,543,194			1,020,778		1,449,702	92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	210,771,877			31,685,792		18,348,387	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0206) [] 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	PPS REIMBURSED SERVICES	COST REIMB. SERVICES SUBJECT TO DED & COINS	COST REIMB. SVCS NOT SUBJECT TO DED & COINS	PPS SERVICES	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	0.340503	2,414,166			822,031			50
52 DELIVERY ROOM & LABOR ROOM	0.510830	9,782			4,997			52
53 ANESTHESIOLOGY	0.177082	285,996			50,645			53
54 RADIOLOGY-DIAGNOSTIC	0.238453	2,462,038	79		587,080	19		54
60 LABORATORY	0.141413							60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65 RESPIRATORY THERAPY	0.230131	160,636			36,967			65
66 PHYSICAL THERAPY	0.342856	199,606			68,436			66
69 ELECTROCARDIOLOGY	0.161836	549,717			88,964			69
70 ELECTROENCEPHALOGRAPHY	0.735324	9,884			7,268			70
71 MEDICAL SUPPLIES CHRGED TO PATI	1.052250	216,021	115,852		227,308	121,905		71
72 IMPL. DEV. CHARGED TO PATIENT	0.836659	247,212			206,832			72
73 DRUGS CHARGED TO PATIENTS	0.175427	2,826,940		12,369	495,922		2,170	73
75.01 ACUTE DIALYSIS	0.568292	11,707			6,653			75.01
75.02 CARD CATH LAB	0.213679	1,648,985			352,353			75.02
76.97 CARDIAC REHABILITATION								76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90 CLINIC	0.782068	3,645,398			2,850,949			90
90.01 PH CLINIC								90.01
90.02 HEALTHWORKS CLINIC	0.634458	4,560			2,893			90.02
90.03 DENTAL CLINIC								90.03
90.04 WOUND CARE THERAPY	0.111735	238,253			26,621			90.04
90.05 FAMILY PRACTICE CLINIC	19.207317							90.05
91 EMERGENCY	0.207977	1,967,784			409,254			91
92 OBSERVATION BEDS	0.323141	1,449,702			468,458			92
OTHER REIMBURSABLE COST CENTERS								
200 SUBTOTAL (SEE INSTRUCTIONS)		18,348,387	115,931	12,369	6,713,631	121,924	2,170	200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		18,348,387	115,931	12,369	6,713,631	121,924	2,170	202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S206) [] 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	436,538	20,325,516	0.021477			50
52 DELIVERY ROOM & LABOR ROOM	522,403	9,116,295	0.057304			52
53 ANESTHESIOLOGY	57,405	3,443,950	0.016668			53
54 RADIOLOGY-DIAGNOSTIC	522,291	24,962,512	0.020923	28,369	594	54
60 LABORATORY	311,362	43,973,505	0.007081	345,349	2,445	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY	74,586	7,704,535	0.009681	8,130	79	65
66 PHYSICAL THERAPY	48,937	2,006,320	0.024391	2,996	73	66
69 ELECTROCARDIOLOGY	83,687	4,148,652	0.020172	21,938	443	69
70 ELECTROENCEPHALOGRAPHY	8,848	91,440	0.096763			70
71 MEDICAL SUPPLIES CHRGED TO PA	95,154	1,453,122	0.065482	282	18	71
72 IMPL. DEV. CHARGED TO PATIENT	103,886	1,996,496	0.052034			72
73 DRUGS CHARGED TO PATIENTS	191,210	36,748,642	0.005203	544,775	2,834	73
75.01 ACUTE DIALYSIS	1,641	740,383	0.002216			75.01
75.02 CARD CATH LAB	154,781	8,237,684	0.018789			75.02
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	118,849	4,117,724	0.028863			90
90.01 PH CLINIC						90.01
90.02 HEALTHWORKS CLINIC	16,561	296,442	0.055866			90.02
90.03 DENTAL CLINIC						90.03
90.04 WOUND CARE THERAPY	56,369	9,039,670	0.006236			90.04
90.05 FAMILY PRACTICE CLINIC	57,285	14,596	3.924705			90.05
91 EMERGENCY	159,790	24,811,199	0.006440	159,313	1,026	91
92 OBSERVATION BEDS	104,657	7,543,194	0.013874			92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	3,126,240	210,771,877		1,111,152	7,512	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S206) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN			MEDICAL	COST	COST
	ANESTHETIST	SCHOOL	HEALTH	EDUCATION	(SUM OF	(SUM OF
	COST			COST	COLS. 1-4)	COLS. 2-4)
	1	2	3	4	5	6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
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
75.01 ACUTE DIALYSIS						75.01
75.02 CARD CATH LAB						75.02
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 PH CLINIC						90.01
90.02 HEALTHWORKS CLINIC						90.02
90.03 DENTAL CLINIC						90.03
90.04 WOUND CARE THERAPY						90.04
90.05 FAMILY PRACTICE CLINIC						90.05
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [XX] IPF (14-S206) [] IRF	[] SUB (OTHER) [] SNF [] NF	[] ICF/MR	[XX] PPS [] TEFRA						
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	20,325,516									50
52	DELIVERY ROOM & LABOR ROOM	9,116,295									52
53	ANESTHESIOLOGY	3,443,950									53
54	RADIOLOGY-DIAGNOSTIC	24,962,512			28,369						54
60	LABORATORY	43,973,505			345,349						60
62.30	BLOOD CLOTTING FOR HEMOPHILI										62.30
65	RESPIRATORY THERAPY	7,704,535			8,130						65
66	PHYSICAL THERAPY	2,006,320			2,996						66
69	ELECTROCARDIOLOGY	4,148,652			21,938						69
70	ELECTROENCEPHALOGRAPHY	91,440									70
71	MEDICAL SUPPLIES CHRGED TO P	1,453,122			282						71
72	IMPL. DEV. CHARGED TO PATIEN	1,996,496									72
73	DRUGS CHARGED TO PATIENTS	36,748,642			544,775						73
75.01	ACUTE DIALYSIS	740,383									75.01
75.02	CARD CATH LAB	8,237,684									75.02
76.97	CARDIAC REHABILITATION										76.97
76.98	HYPERBARIC OXYGEN THERAPY										76.98
76.99	LITHOTRIPSY										76.99
OUTPATIENT SERVICE COST CENTERS											
90	CLINIC	4,117,724									90
90.01	PH CLINIC										90.01
90.02	HEALTHWORKS CLINIC	296,442									90.02
90.03	DENTAL CLINIC										90.03
90.04	WOUND CARE THERAPY	9,039,670									90.04
90.05	FAMILY PRACTICE CLINIC	14,596									90.05
91	EMERGENCY	24,811,199			159,313						91
92	OBSERVATION BEDS	7,543,194									92
OTHER REIMBURSABLE COST CENTERS											
200	TOTAL (SUM OF LINES 50-199)	210,771,877			1,111,152						200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] IPF (14-S206) [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO		COST REIMB.	COST REIMB.	COST	COST	
	CHARGE RATIO	PPS	SERVICES	SVCES NOT	SERVICES	SVCES NOT	
FROM WKST C,	REIMBURSED	SUBJECT TO	SUBJECT TO	PPS	SUBJECT TO	SUBJECT TO	
PT I, COL. 9	SERVICES	DED & COINS	DED & COINS	SERVICES	DED & COINS	DED & COINS	
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.340503						50
52 DELIVERY ROOM & LABOR ROOM	0.510830						52
53 ANESTHESIOLOGY	0.177082						53
54 RADIOLOGY-DIAGNOSTIC	0.238453						54
60 LABORATORY	0.141413						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.230131						65
66 PHYSICAL THERAPY	0.342856						66
69 ELECTROCARDIOLOGY	0.161836						69
70 ELECTROENCEPHALOGRAPHY	0.735324						70
71 MEDICAL SUPPLIES CHRGED TO PATI	1.052250						71
72 IMPL. DEV. CHARGED TO PATIENT	0.836659						72
73 DRUGS CHARGED TO PATIENTS	0.175427						73
75.01 ACUTE DIALYSIS	0.568292						75.01
75.02 CARD CATH LAB	0.213679						75.02
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.782068						90
90.01 PH CLINIC							90.01
90.02 HEALTHWORKS CLINIC	0.634458						90.02
90.03 DENTAL CLINIC							90.03
90.04 WOUND CARE THERAPY	0.111735						90.04
90.05 FAMILY PRACTICE CLINIC	19.207317						90.05
91 EMERGENCY	0.207977						91
92 OBSERVATION BEDS	0.323141						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)		(COL.3 + COL.4)		(COL.5 x COL.6)	
	1	2	4	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	949,439		28,767	33.00	15,518	512,094	30
31 INTENSIVE CARE UNIT	165,689		3,008	55.08	815	44,890	31
31.01 NICU	29,366		1,407	20.87	1,312	27,381	31.01
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	103,716	103,716	3,721	27.87	1,202	33,500	40
41 SUBPROVIDER - IRF							41
42 SUBPROVIDER I							42
43 NURSERY	56,494	56,494	2,416	23.38	1,425	33,317	43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	1,304,704	1,304,704	39,319		20,272	651,182	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0206) [] SUB (OTHER)
 APPLICABLE [] TITLE XVIII-PT A [] IPF
 BOXES [XX] TITLE XIX [] IRF

[] PPS
 [] TEFRA
 [XX] OTHER

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	436,538	20,325,516	0.021477		50
52 DELIVERY ROOM & LABOR ROOM	522,403	9,116,295	0.057304		52
53 ANESTHESIOLOGY	57,405	3,443,950	0.016668		53
54 RADIOLOGY-DIAGNOSTIC	522,291	24,962,512	0.020923		54
60 LABORATORY	311,362	43,973,505	0.007081		60
62.30 BLOOD CLOTTING FOR HEMOPHILIA					62.30
65 RESPIRATORY THERAPY	74,586	7,704,535	0.009681		65
66 PHYSICAL THERAPY	48,937	2,006,320	0.024391		66
69 ELECTROCARDIOLOGY	83,687	4,148,652	0.020172		69
70 ELECTROENCEPHALOGRAPHY	8,848	91,440	0.096763		70
71 MEDICAL SUPPLIES CHRGED TO PA	95,154	1,453,122	0.065482		71
72 IMPL. DEV. CHARGED TO PATIENT	103,886	1,996,496	0.052034		72
73 DRUGS CHARGED TO PATIENTS	191,210	36,748,642	0.005203		73
75.01 ACUTE DIALYSIS	1,641	740,383	0.002216		75.01
75.02 CARD CATH LAB	154,781	8,237,684	0.018789		75.02
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	118,849	4,117,724	0.028863		90
90.01 PH CLINIC					90.01
90.02 HEALTHWORKS CLINIC	16,561	296,442	0.055866		90.02
90.03 DENTAL CLINIC					90.03
90.04 WOUND CARE THERAPY	56,369	9,039,670	0.006236		90.04
90.05 FAMILY PRACTICE CLINIC	57,285	14,596	3.924705		90.05
91 EMERGENCY	159,790	24,811,199	0.006440		91
92 OBSERVATION BEDS	104,657	7,543,194	0.013874		92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-199)	3,126,240	210,771,877			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
31.01 NICU					31.01
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	28,767		15,518		30
31 INTENSIVE CARE UNIT	3,008		815		31
31.01 NICU	1,407		1,312		31.01
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	3,721		1,202		40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	2,416		1,425		43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	39,319		20,272		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0206) [] 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
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
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
75.01 ACUTE DIALYSIS						75.01
75.02 CARD CATH LAB						75.02
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 PH CLINIC						90.01
90.02 HEALTHWORKS CLINIC						90.02
90.03 DENTAL CLINIC						90.03
90.04 WOUND CARE THERAPY						90.04
90.05 FAMILY PRACTICE CLINIC						90.05
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[XX] HOSPITAL (14-0206) [] IPF [] IRF	[] SUB (OTHER) [] SNF [] NF	[] ICF/MR	[] PPS [] TEFRA [XX] OTHER	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES PGM 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS												
50						OPERATING ROOM	20,325,516					50
52						DELIVERY ROOM & LABOR ROOM	9,116,295					52
53						ANESTHESIOLOGY	3,443,950					53
54						RADIOLOGY-DIAGNOSTIC	24,962,512					54
60						LABORATORY	43,973,505					60
62.30						BLOOD CLOTTING FOR HEMOPHILI						62.30
65						RESPIRATORY THERAPY	7,704,535					65
66						PHYSICAL THERAPY	2,006,320					66
69						ELECTROCARDIOLOGY	4,148,652					69
70						ELECTROENCEPHALOGRAPHY	91,440					70
71						MEDICAL SUPPLIES CHRGED TO P	1,453,122					71
72						IMPL. DEV. CHARGED TO PATIEN	1,996,496					72
73						DRUGS CHARGED TO PATIENTS	36,748,642					73
75.01						ACUTE DIALYSIS	740,383					75.01
75.02						CARD CATH LAB	8,237,684					75.02
76.97						CARDIAC REHABILITATION						76.97
76.98						HYPERBARIC OXYGEN THERAPY						76.98
76.99						LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS												
90						CLINIC	4,117,724					90
90.01						PH CLINIC						90.01
90.02						HEALTHWORKS CLINIC	296,442					90.02
90.03						DENTAL CLINIC						90.03
90.04						WOUND CARE THERAPY	9,039,670					90.04
90.05						FAMILY PRACTICE CLINIC	14,596					90.05
91						EMERGENCY	24,811,199					91
92						OBSERVATION BEDS	7,543,194					92
OTHER REIMBURSABLE COST CENTERS												
200						TOTAL (SUM OF LINES 50-199)	210,771,877					200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0206) [] 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		COST REIMB.	COST REIMB.	COST	COST	
	CHARGE RATIO	PPS	SERVICES	SVCES NOT	SERVICES	SVCES NOT	
FROM WKST C,	REIMBURSED	SUBJECT TO	SUBJECT TO	PPS	SUBJECT TO	SUBJECT TO	
PT I, COL. 9	SERVICES	DED & COINS	DED & COINS	SERVICES	DED & COINS	DED & COINS	
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.340503						50
52 DELIVERY ROOM & LABOR ROOM	0.510830						52
53 ANESTHESIOLOGY	0.177082						53
54 RADIOLOGY-DIAGNOSTIC	0.238453						54
60 LABORATORY	0.141413						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.230131						65
66 PHYSICAL THERAPY	0.342856						66
69 ELECTROCARDIOLOGY	0.161836						69
70 ELECTROENCEPHALOGRAPHY	0.735324						70
71 MEDICAL SUPPLIES CHRGED TO PATI	1.052250						71
72 IMPL. DEV. CHARGED TO PATIENT	0.836659						72
73 DRUGS CHARGED TO PATIENTS	0.175427						73
75.01 ACUTE DIALYSIS	0.568292						75.01
75.02 CARD CATH LAB	0.213679						75.02
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.782068						90
90.01 PH CLINIC							90.01
90.02 HEALTHWORKS CLINIC	0.634458						90.02
90.03 DENTAL CLINIC							90.03
90.04 WOUND CARE THERAPY	0.111735						90.04
90.05 FAMILY PRACTICE CLINIC	19.207317						90.05
91 EMERGENCY	0.207977						91
92 OBSERVATION BEDS	0.323141						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[] HOSPITAL [XX] IPF (14-S206) [] 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	436,538	20,325,516	0.021477	50
52	DELIVERY ROOM & LABOR ROOM	522,403	9,116,295	0.057304	52
53	ANESTHESIOLOGY	57,405	3,443,950	0.016668	53
54	RADIOLOGY-DIAGNOSTIC	522,291	24,962,512	0.020923	54
60	LABORATORY	311,362	43,973,505	0.007081	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA				62.30
65	RESPIRATORY THERAPY	74,586	7,704,535	0.009681	65
66	PHYSICAL THERAPY	48,937	2,006,320	0.024391	66
69	ELECTROCARDIOLOGY	83,687	4,148,652	0.020172	69
70	ELECTROENCEPHALOGRAPHY	8,848	91,440	0.096763	70
71	MEDICAL SUPPLIES CHRGED TO PA	95,154	1,453,122	0.065482	71
72	IMPL. DEV. CHARGED TO PATIENT	103,886	1,996,496	0.052034	72
73	DRUGS CHARGED TO PATIENTS	191,210	36,748,642	0.005203	73
75.01	ACUTE DIALYSIS	1,641	740,383	0.002216	75.01
75.02	CARD CATH LAB	154,781	8,237,684	0.018789	75.02
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	118,849	4,117,724	0.028863	90
90.01	PH CLINIC				90.01
90.02	HEALTHWORKS CLINIC	16,561	296,442	0.055866	90.02
90.03	DENTAL CLINIC				90.03
90.04	WOUND CARE THERAPY	56,369	9,039,670	0.006236	90.04
90.05	FAMILY PRACTICE CLINIC	57,285	14,596	3.924705	90.05
91	EMERGENCY	159,790	24,811,199	0.006440	91
92	OBSERVATION BEDS	104,657	7,543,194	0.013874	92
OTHER REIMBURSABLE COST CENTERS					
200	TOTAL (SUM OF LINES 50-199)	3,126,240	210,771,877		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] IPF (14-S206) [] 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
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
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
75.01 ACUTE DIALYSIS						75.01
75.02 CARD CATH LAB						75.02
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 PH CLINIC						90.01
90.02 HEALTHWORKS CLINIC						90.02
90.03 DENTAL CLINIC						90.03
90.04 WOUND CARE THERAPY						90.04
90.05 FAMILY PRACTICE CLINIC						90.05
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[] HOSPITAL [XX] IPF (14-S206) [] IRF	[] SUB (OTHER) [] SNF [] NF	[] ICF/MR	[] PPS [] TEFRA [XX] OTHER	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	20,325,516					50
52						DELIVERY ROOM & LABOR ROOM	9,116,295					52
53						ANESTHESIOLOGY	3,443,950					53
54						RADIOLOGY-DIAGNOSTIC	24,962,512					54
60						LABORATORY	43,973,505					60
62.30						BLOOD CLOTTING FOR HEMOPHILI						62.30
65						RESPIRATORY THERAPY	7,704,535					65
66						PHYSICAL THERAPY	2,006,320					66
69						ELECTROCARDIOLOGY	4,148,652					69
70						ELECTROENCEPHALOGRAPHY	91,440					70
71						MEDICAL SUPPLIES CHRGED TO P	1,453,122					71
72						IMPL. DEV. CHARGED TO PATIEN	1,996,496					72
73						DRUGS CHARGED TO PATIENTS	36,748,642					73
75.01						ACUTE DIALYSIS	740,383					75.01
75.02						CARD CATH LAB	8,237,684					75.02
76.97						CARDIAC REHABILITATION						76.97
76.98						HYPERBARIC OXYGEN THERAPY						76.98
76.99						LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS												
90						CLINIC	4,117,724					90
90.01						PH CLINIC						90.01
90.02						HEALTHWORKS CLINIC	296,442					90.02
90.03						DENTAL CLINIC						90.03
90.04						WOUND CARE THERAPY	9,039,670					90.04
90.05						FAMILY PRACTICE CLINIC	14,596					90.05
91						EMERGENCY	24,811,199					91
92						OBSERVATION BEDS	7,543,194					92
OTHER REIMBURSABLE COST CENTERS												
200						TOTAL (SUM OF LINES 50-199)	210,771,877					200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [] TITLE XVIII-PT B [XX] IPF (14-S206) [] SNF [] S/B-NF
 BOXES [XX] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO		COST REIMB.	COST REIMB.	COST	COST	
	CHARGE RATIO	PPS	SERVICES	SVCES NOT	SERVICES	SVCES NOT	
	FROM WKST C,	REIMBURSED	SUBJECT TO	SUBJECT TO	PPS	SUBJECT TO	SUBJECT TO
	PT I, COL. 9	SERVICES	DED & COINS	DED & COINS	SERVICES	DED & COINS	DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.340503						50
52 DELIVERY ROOM & LABOR ROOM	0.510830						52
53 ANESTHESIOLOGY	0.177082						53
54 RADIOLOGY-DIAGNOSTIC	0.238453						54
60 LABORATORY	0.141413						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.230131						65
66 PHYSICAL THERAPY	0.342856						66
69 ELECTROCARDIOLOGY	0.161836						69
70 ELECTROENCEPHALOGRAPHY	0.735324						70
71 MEDICAL SUPPLIES CHRGED TO PATI	1.052250						71
72 IMPL. DEV. CHARGED TO PATIENT	0.836659						72
73 DRUGS CHARGED TO PATIENTS	0.175427						73
75.01 ACUTE DIALYSIS	0.568292						75.01
75.02 CARD CATH LAB	0.213679						75.02
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.782068						90
90.01 PH CLINIC							90.01
90.02 HEALTHWORKS CLINIC	0.634458						90.02
90.03 DENTAL CLINIC							90.03
90.04 WOUND CARE THERAPY	0.111735						90.04
90.05 FAMILY PRACTICE CLINIC	19.207317						90.05
91 EMERGENCY	0.207977						91
92 OBSERVATION BEDS	0.323141						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0206) [] 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)	28,767	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	28,767	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	25,596	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	8,054	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)	22,112,925	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	22,112,925	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	37,795,198	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	37,795,198	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)	0.585072	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 + LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 + LINE 4)	1,476.61	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)	22,112,925	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0206) [] 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) 768.69 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 6,191,029 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) 6,191,029 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	4,215,042	3,008	1,401.28	1,076	1,507,777	43
43.01 NICU	1,653,352	1,407	1,175.09			43.01
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)					7,146,370	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					14,845,176	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 325,048 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 380,660 51
 52 TOTAL PROGRAM EXCLUDABLE COST 705,708 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 14,139,468 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) 3,171 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2) 768.69 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 2,437,516 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	949,439	22,112,925	0.042936	2,437,516	104,657	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 [XX] IPF (14-S206) [] 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)	3,721	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,721	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,721	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)	1,425	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)	2,075,266	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	2,075,266	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	6,132,632	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	6,132,632	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)	0.338397	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 + LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 + LINE 4)	1,648.11	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)	2,075,266	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[XX]	IPF (14-S206)			[]	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)	557.72 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	794,751 39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	794,751 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	191,048 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	985,799 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	39,715 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	7,512 51
52	TOTAL PROGRAM EXCLUDABLE COST	47,227 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	938,572 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 [XX] HOSPITAL (14-0206) [] 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)	28,767	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	28,767	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	25,596	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)	15,518	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)	2,416	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	1,425	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)	22,112,925	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	22,112,925	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	37,795,198	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	37,795,198	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)	0.585072	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 + LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 + LINE 4)	1,476.61	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)	22,112,925	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0206) [] 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) 768.69 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 11,928,531 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) 11,928,531 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)	1,492,069	2,416	617.58	1,425	880,052 42

INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS
 43 INTENSIVE CARE UNIT 4,215,042 3,008 1,401.28 815 1,142,043 43
 43.01 NICU 1,653,352 1,407 1,175.09 1,312 1,541,718 43.01
 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) 15,492,344 49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 617,682 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 617,682 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) 3,171 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2) 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 89

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

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] IPF (14-S206) [] 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)	3,721	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,721	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,721	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)	1,202	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)	2,075,266	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	2,075,266	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	6,132,632	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	6,132,632	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)	0.338397	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 + LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 + LINE 4)	1,648.11	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)	2,075,266	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[XX]	IPF (14-S206)			[]	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)	557.72 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	670,379 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)	670,379 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	670,379 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	33,500 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	33,500 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 (14-0206) [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2)		
			3	3	
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS		11,577,744			30
31 INTENSIVE CARE UNIT		2,731,440			31
31.01 NICU					31.01
40 SUBPROVIDER - IPF					40
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.340503	1,962,583	668,265		50
52 DELIVERY ROOM & LABOR ROOM	0.510830	44,527	22,746		52
53 ANESTHESIOLOGY	0.177082	343,234	60,781		53
54 RADIOLOGY-DIAGNOSTIC	0.238453	2,681,000	639,292		54
60 LABORATORY	0.141413	7,271,471	1,028,281		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.230131	2,418,193	556,501		65
66 PHYSICAL THERAPY	0.342856	246,832	84,628		66
69 ELECTROCARDIOLOGY	0.161836	804,512	130,199		69
70 ELECTROENCEPHALOGRAPHY	0.735324	11,951	8,788		70
71 MEDICAL SUPPLIES CHRGED TO PATI	1.052250	284,552	299,420		71
72 IMPL. DEV. CHARGED TO PATIENT	0.836659	734,144	614,228		72
73 DRUGS CHARGED TO PATIENTS	0.175427	9,119,973	1,599,890		73
75.01 ACUTE DIALYSIS	0.568292	333,088	189,291		75.01
75.02 CARD CATH LAB	0.213679	2,288,634	489,033		75.02
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	0.782068	1,471	1,150		90
90.01 PH CLINIC					90.01
90.02 HEALTHWORKS CLINIC	0.634458				90.02
90.03 DENTAL CLINIC					90.03
90.04 WOUND CARE THERAPY	0.111735	173,001	19,330		90.04
90.05 FAMILY PRACTICE CLINIC	19.207317				90.05
91 EMERGENCY	0.207977	1,945,848	404,692		91
92 OBSERVATION BEDS	0.323141	1,020,778	329,855		92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		31,685,792	7,146,370		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		31,685,792			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S206) [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
31.01 NICU					31.01
40 SUBPROVIDER - IPF		2,333,868			40
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.340503				50
52 DELIVERY ROOM & LABOR ROOM	0.510830				52
53 ANESTHESIOLOGY	0.177082				53
54 RADIOLOGY-DIAGNOSTIC	0.238453	28,369	6,765		54
60 LABORATORY	0.141413	345,349	48,837		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.230131	8,130	1,871		65
66 PHYSICAL THERAPY	0.342856	2,996	1,027		66
69 ELECTROCARDIOLOGY	0.161836	21,938	3,550		69
70 ELECTROENCEPHALOGRAPHY	0.735324				70
71 MEDICAL SUPPLIES CHRGED TO PATI	1.052250	282	297		71
72 IMPL. DEV. CHARGED TO PATIENT	0.836659				72
73 DRUGS CHARGED TO PATIENTS	0.175427	544,775	95,568		73
75.01 ACUTE DIALYSIS	0.568292				75.01
75.02 CARD CATH LAB	0.213679				75.02
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	0.782068				90
90.01 PH CLINIC					90.01
90.02 HEALTHWORKS CLINIC	0.634458				90.02
90.03 DENTAL CLINIC					90.03
90.04 WOUND CARE THERAPY	0.111735				90.04
90.05 FAMILY PRACTICE CLINIC	19.207317				90.05
91 EMERGENCY	0.207977	159,313	33,133		91
92 OBSERVATION BEDS	0.323141				92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		1,111,152	191,048		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		1,111,152			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0206) [] SUB (OTHER) [] S/B SNF [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [] ICF/MR [XX] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	(COL.1 x COL.2) 3
INPATIENT ROUTINE SERVICE COST CENTERS			
30 ADULTS & PEDIATRICS			30
31 INTENSIVE CARE UNIT			31
31.01 NICU			31.01
40 SUBPROVIDER - IPF			40
43 NURSERY			43
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	0.340503		50
52 DELIVERY ROOM & LABOR ROOM	0.510830		52
53 ANESTHESIOLOGY	0.177082		53
54 RADIOLOGY-DIAGNOSTIC	0.238453		54
60 LABORATORY	0.141413		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
65 RESPIRATORY THERAPY	0.230131		65
66 PHYSICAL THERAPY	0.342856		66
69 ELECTROCARDIOLOGY	0.161836		69
70 ELECTROENCEPHALOGRAPHY	0.735324		70
71 MEDICAL SUPPLIES CHRGD TO PATI	1.052250		71
72 IMPL. DEV. CHARGED TO PATIENT	0.836659		72
73 DRUGS CHARGED TO PATIENTS	0.175427		73
75.01 ACUTE DIALYSIS	0.568292		75.01
75.02 CARD CATH LAB	0.213679		75.02
76.97 CARDIAC REHABILITATION			76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90 CLINIC	0.782068		90
90.01 PH CLINIC			90.01
90.02 HEALTHWORKS CLINIC	0.634458		90.02
90.03 DENTAL CLINIC			90.03
90.04 WOUND CARE THERAPY	0.111735		90.04
90.05 FAMILY PRACTICE CLINIC	19.207317		90.05
91 EMERGENCY	0.207977		91
92 OBSERVATION BEDS	0.323141		92
OTHER REIMBURSABLE COST CENTERS			
200 TOTAL (SUM OF LINES 50-94 AND 96-98)			200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			201
202 NET CHARGES (LINE 200 MINUS LINE 201)			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] S/B SNF [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] IPF (14-S206) [] SNF [] S/B NF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [] ICF/MR [XX] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
31.01 NICU				31.01
40 SUBPROVIDER - IPF				40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.340503			50
52 DELIVERY ROOM & LABOR ROOM	0.510830			52
53 ANESTHESIOLOGY	0.177082			53
54 RADIOLOGY-DIAGNOSTIC	0.238453			54
60 LABORATORY	0.141413			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.230131			65
66 PHYSICAL THERAPY	0.342856			66
69 ELECTROCARDIOLOGY	0.161836			69
70 ELECTROENCEPHALOGRAPHY	0.735324			70
71 MEDICAL SUPPLIES CHRGED TO PATI	1.052250			71
72 IMPL. DEV. CHARGED TO PATIENT	0.836659			72
73 DRUGS CHARGED TO PATIENTS	0.175427			73
75.01 ACUTE DIALYSIS	0.568292			75.01
75.02 CARD CATH LAB	0.213679			75.02
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.782068			90
90.01 PH CLINIC				90.01
90.02 HEALTHWORKS CLINIC	0.634458			90.02
90.03 DENTAL CLINIC				90.03
90.04 WOUND CARE THERAPY	0.111735			90.04
90.05 FAMILY PRACTICE CLINIC	19.207317			90.05
91 EMERGENCY	0.207977			91
92 OBSERVATION BEDS	0.323141			92
OTHER REIMBURSABLE COST CENTERS				
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 (14-0206)
 APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	10,800,536	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	177,797	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS		3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	134.34	4
INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS			
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)	2.68	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.	1.74	7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.		8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)	8.33	8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)	9.27	9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS	3.00	11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	3.00	12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	5.25	13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	4.78	14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	4.34	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	4.34	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	0.032306	19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	0.025050	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	0.025050	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	146,844	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)	-9.27	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)	146,844	29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.2405	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.6241	31
32	SUM OF LINES 30 AND 31	0.8646	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.6054	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	6,538,644	34
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES			
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		40
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		41
42	DIVIDE LINE 41 BY LINE 40 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		42
43	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		43
44	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK (LINE 43 DIVIDED BY LINE 41 DIVIDED BY 7 DAYS)		44
45	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS)		45
46	TOTAL ADDITIONAL PAYMENT (LINE 45 TIMES LINE 44 TIMES LINE 41)		46
47	SUBTOTAL (SEE INSTRUCTIONS)	17,663,821	47
48	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY (SEE INSTRUCTIONS)		48
49	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	17,663,821	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	1,057,629	50

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL (14-0206)
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)	72,394	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)	18,793,844	59
60	PRIMARY PAYER PAYMENTS		60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	18,793,844	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,064,168	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	228,556	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	1,061,800	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	743,260	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	962,777	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	18,244,380	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		70
71	AMOUNT DUE PROVIDER (LINE 67 MINUS LINE 68 PLUS/MINUS LINES 69 AND 70)	18,244,380	71
72	INTERIM PAYMENTS	18,346,497	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	-102,117	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	669,633	75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

CHECK APPLICABLE BOX: [] HOSPITAL [XX] IPF (14-S206) [] IRF
 [] SUB (OTHER) [] SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [XX] HOSPITAL (14-0206) [] 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	2	3	4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		18,392,644		2,994,849	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	06/08/2012	10,302	3.01
					3.02
					3.03
					3.04
					3.05
					3.06
					3.07
					3.08
					3.09
	06/08/2012	46,147		NONE	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)		-46,147		10,302	
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		18,346,497		3,005,151	4

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02				5.02
	PROVIDER .03				5.03
	.04				5.04
	.05				5.05
	.06				5.06
	.07				5.07
	.08				5.08
	.09				5.09
	PROVIDER .50				5.50
	TO .51				5.51
	PROGRAM .52				5.52
	.53				5.53
	.54				5.54
	.55				5.55
	.56				5.56
	.57				5.57
	.58				5.58
	.59				5.59
	.99				5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM .01				6.01
	TO .02				6.02
	PROVIDER .03				
	PROVIDER .04				
	TO .05				
	PROGRAM .06				
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)					7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:		NPR DATE:	8

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK [XX] HOSPITAL (14-0206) [] CAH
APPLICABLE BOX

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	7,427	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	9,130	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2		3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	30,011	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	269,665,020	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	14,551,208	6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168		7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)		8

INPATIENT HOSPITAL SERVICES UNDER PPS & CAH

30	INITIAL/INTERIM HIT PAYMENT(S)		30
31	OTHER ADJUSTMENTS (SPECIFY)		31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)		32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART II

CHECK [] HOSPITAL
APPLICABLE BOX: [XX] IPF (14-S206)

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (EXCLUDING OUTLIER, ECT, AND MEDICAL EDUCATION PAYMENTS)	1,163,116	1
2	NET IPF PPS OUTLIER PAYMENT		2
3	NET IPF PPS ECT PAYMENT		3
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	2.00	4
4.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii) (F)(1) OR (2) (SEE INSTRUCTIONS)		4.01
5	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		5
6	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		7
8	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		8
9	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	10.166667	9
10	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 8}/\text{LINE 9})) \text{ RAISED TO THE POWER OF } .5150 - 1\}$		10
11	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 10)		11
12	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1, 2, 3 AND 11)	1,163,116	12
13	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		13
14	ORGAN ACQUISITION		14
15	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		15
16	SUBTOTAL (SEE INSTRUCTIONS)	1,163,116	16
17	PRIMARY PAYER PAYMENTS		17
18	SUBTOTAL (LINE 16 LESS LINE 17)	1,163,116	18
19	DEDUCTIBLES	115,000	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	1,048,116	20
21	COINSURANCE	36,318	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	1,011,798	22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)		23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		25
26	SUBTOTAL (SUM OF LINES 22 AND 24)	1,011,798	26
27	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49) (FOR FREESTANDING IPF ONLY)		27
28	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,011,798	31
32	INTERIM PAYMENTS	1,011,798	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS THE SUM OF LINES 32 AND 33)		34
35	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		35
TO BE COMPLETED BY CONTRACTOR			
50	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART II, LINE 2 (SEE INSTRUCTIONS)		50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		53

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK [] TITLE V [XX] HOSPITAL (14-0206) [] 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

	INPATIENT TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1 INPATIENT HOSPITAL SNF/NF SERVICES	15,492,344		1
2 MEDICAL AND OTHER SERVICES			2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)			3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	15,492,344		4
5 INPATIENT PRIMARY PAYER PAYMENTS			5
6 OUTPATIENT PRIMARY PAYER PAYMENTS			6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	15,492,344		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	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))	15,492,344		18
19 INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			19
20 COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			20
21 COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)			21
PROSPECTIVE PAYMENT AMOUNT			
22 OTHER THAN OUTLIER PAYMENTS			22
23 OUTLIER PAYMENTS			23
24 PROGRAM CAPITAL PAYMENTS			24
25 CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			25
26 ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS			26
27 SUBTOTAL (SUM OF LINES 22 THROUGH 26)			27
28 CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)			28
29 SUM OF LINES 27 AND 21			29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30 EXCESS OF REASONABLE COST (FROM LINE 18)			30
31 SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)			31
32 DEDUCTIBLES			32
33 COINSURANCE			33
34 ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)			34
35 UTILIZATION REVIEW			35
36 SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)			36
37 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			37
38 SUBTOTAL (LINE 36 ± LINE 37)			38
39 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)			39
40 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)			40
41 INTERIM PAYMENTS			41
42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)			42
43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2			43

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK [] TITLE V [] HOSPITAL [] SNF [] PPS
 APPLICABLE [XX] TITLE XIX [XX] IPF (14-S206) [] 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

	INPATIENT TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1 INPATIENT HOSPITAL SNF/NF SERVICES	670,379		1
2 MEDICAL AND OTHER SERVICES			2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)			3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	670,379		4
5 INPATIENT PRIMARY PAYER PAYMENTS			5
6 OUTPATIENT PRIMARY PAYER PAYMENTS			6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	670,379		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	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))	670,379		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			1.98 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)			1.29 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)			8.33 4.02
5	FTE ADJUSTED 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)			9.02 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
		PRIMARY CARE 1	OTHER 2	TOTAL 3
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		2.50	10
11	TOTAL WEIGHTED FTE COUNT		2.50	11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	1.65	2.50	12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	1.78	2.50	13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	1.14	2.50	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	1.14	2.50	17
18	PER RESIDENT AMOUNT	91,002.97	91,002.97	18
19	APPROVED AMOUNT FOR RESIDENT COSTS	103,743	227,507	331,250 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 UNWEIGHTED 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)			331,250 25
COMPUTATION OF PROGRAM PATIENT LOAD		INPATIENT PART A	MANAGED CARE	
26	INPATIENT DAYS	10,555		26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	33,732		27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.312908		28
29	PROGRAM DIRECT GME AMOUNT	103,651		29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE			30
31	NET PROGRAM DIRECT GME AMOUNT			103,651 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)			15,830,975 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)			15,830,975 41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			6,837,725 42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			2,477 43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			6,835,248 44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			22,666,223 45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			0.698439 46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			0.301561 47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			103,651 48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			72,394 49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			31,257 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				
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 ADJUSTED 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	
		PRIMARY CARE 1	OTHER 2	TOTAL 3
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 UNWEIGHTED 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	
26	INPATIENT DAYS	PART A	CARE	
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	18,847	1,469	26
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	33,732	33,732	27
29	PROGRAM DIRECT GME AMOUNT	0.558728	0.043549	28
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE			29
31	NET PROGRAM DIRECT GME AMOUNT			30
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)			31
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)			32
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)			33
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)			34
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 × LINE 35)			35
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)			36
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			37
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			38
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			39
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			40
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			41
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			42
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			43
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			44
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			45
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			46
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			47
49	PART A MEDICARE GME PAYMENT (LINE 46 × LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			48
50	PART B MEDICARE GME PAYMENT (LINE 47 × LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			49

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	19,406,708			1
2 TEMPORARY INVESTMENTS	750,010			2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	15,646,620			4
5 OTHER RECEIVABLES	3,500,000			5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7 INVENTORY	1,035,055			7
8 PREPAID EXPENSES	1,703,890			8
9 OTHER CURRENT ASSETS	9,452,930			9
10 DUE FROM OTHER FUNDS	53,764			10
11 TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	51,548,977			11
FIXED ASSETS				
12 LAND	4,529,913			12
13 LAND IMPROVEMENTS	3,112,770			13
14 ACCUMULATED DEPRECIATION				14
15 BUILDINGS	60,023,234			15
16 ACCUMULATED DEPRECIATION	-82,568,565			16
17 LEASEHOLD IMPROVEMENTS	5,427,144			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	47,796,688			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)	38,321,184			30
OTHER ASSETS				
31 INVESTMENTS	8,206,346			31
32 DEPOSITS ON LEASES				32
33 DUE FROM OWNERS/OFFICERS				33
34 OTHER ASSETS	12,811,065			34
35 TOTAL OTHER ASSETS (SUM OF LINES 31-34)	21,017,411			35
36 TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	110,887,572			36
LIABILITIES AND FUND BALANCES				
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
37 ACCOUNTS PAYABLE	5,607,174			37
38 SALARIES, WAGES & FEES PAYABLE	4,546,116			38
39 PAYROLL TAXES PAYABLE				39
40 NOTES & LOANS PAYABLE (SHORT TERM)	731,116			40
41 DEFERRED INCOME	4,924,529			41
42 ACCELERATED PAYMENTS				42
43 DUE TO OTHER FUNDS				43
44 OTHER CURRENT LIABILITIES	11,698,636			44
45 TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	27,507,571			45
LONG-TERM LIABILITIES				
46 MORTGAGE PAYABLE				46
47 NOTES PAYABLE	20,435,932			47
48 UNSECURED LOANS				48
49 OTHER LONG TERM LIABILITIES	34,169,110			49
50 TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	54,605,042			50
51 TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	82,112,613			51
CAPITAL ACCOUNTS				
52 GENERAL FUND BALANCE	28,774,959			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)	28,774,959			59
60 TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	110,887,572			60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND		SPECIFIC PURPOSE FUND		ENDOWMENT FUND		PLANT FUND		
	1	2	3	4	5	6	7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		29,720,371							1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)		970,440							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		30,690,811							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 NET ASSETS RELEASED									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)		30,690,811							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13									13
14 ADJ TO FUND BAL / NET ASSETS	1,915,852								14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		1,915,852							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		28,774,959							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	43,644,384		43,644,384	2
3 SUBPROVIDER IPF	6,132,632		6,132,632	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)	49,777,016		49,777,016	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11 INTENSIVE CARE UNIT	6,840,697		6,840,697	11
11.01 NICU	5,306,483		5,306,483	11.01
12 CORONARY CARE UNIT				12
13 BURN INTENSIVE CARE UNIT				13
14 SURGICAL INTENSIVE CARE UNIT				14
15 OTHER SPECIAL CARE (SPECIFY)				15
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	12,147,180		12,147,180	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	61,924,196		61,924,196	17
18 ANCILLARY SERVICES	92,738,767	120,881,977	213,620,744	18
19 OUTPATIENT SERVICES		2,060,828	2,060,828	19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY				22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE				26
27 OTHER (SPECIFY)				27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	154,662,963	122,942,805	277,605,768	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		96,949,043	29
30 ADD (SPECIFY)			30
31 TOTAL BAD DEBT EXPENSES	11,421,743		31
32			32
33			33
34			34
35 ROUNDING			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)		11,421,743	36
37 DEDUCT (SPECIFY)			37
38 OTHER MISC DEBIT	-357		38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)		-357	42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		108,370,429	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	277,605,768	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	176,215,632	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	101,390,136	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	108,370,429	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-6,980,293	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	34,094	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 (NET ASSETS RELEASED)	223,674	24
24.01	OTHER (INVESTMENT IN JOINT VENTURES)	704,028	24.01
24.02	OTHER (OTHER OPERATING INCOME)	6,988,937	24.02
24.05	OTHER (ROUNDING)		24.05
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	7,950,733	25
26	TOTAL (LINE 5 PLUS LINE 25)	970,440	26
27			27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)		28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	970,440	29

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((14-020) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB (OTHER) [] COST METHOD
 BOXES [] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT			
1	CAPITAL DRG OTHER THAN OUTLIER	873,423	1
2	CAPITAL DRG OUTLIER PAYMENTS	4,019	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	82.00	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	4.34	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	0.0150	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	13,101	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.2405	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.6241	8
9	SUM OF LINES 7 AND 8	0.8646	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.1913	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	167,086	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	1,057,629	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
4.01 COMMUNICATIONS					4.01
4.02 DATA PROCESSING					4.02
4.03 ADMITTING					4.03
4.04 CASHIERING					4.04
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
31.01 NICU					31.01
40 SUBPROVIDER - IPF					40
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
60 LABORATORY					60
62.30 BLOOD CLOTTING FOR HEMOPHILIC					62.30
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
69 ELECTROCARDIOLOGY					69
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHRGD TO PAT					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
75.01 ACUTE DIALYSIS					75.01
75.02 CARD CATH LAB					75.02
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC					90
90.01 PH CLINIC					90.01
90.02 HEALTHWORKS CLINIC					90.02
90.03 DENTAL CLINIC					90.03
90.04 WOUND CARE THERAPY					90.04
90.05 FAMILY PRACTICE CLINIC					90.05
91 EMERGENCY					91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAP					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)					118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CA					190
192 PHYSICIANS' PRIVATE OFFICES					192
192.01 PROHEALTH SERVICES					192.01
192.02 AUXILIARY					192.02

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	28.00		53.94				81.94 30
31 INTENSIVE CARE UNIT	35.77		27.09				62.86 31
31.01 NICU			93.25				93.25 31.01
43 NURSERY			58.98				58.98 43
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	9.66	11.88					21.54 50
52 DELIVERY ROOM & LABOR ROOM	0.49	0.11					0.60 52
53 ANESTHESIOLOGY	9.97	8.30					18.27 53
54 RADIOLOGY-DIAGNOSTIC	10.74	9.86					20.60 54
60 LABORATORY	16.54						16.54 60
65 RESPIRATORY THERAPY	31.39	2.08					33.47 65
66 PHYSICAL THERAPY	12.30	9.95					22.25 66
69 ELECTROCARDIOLOGY	19.39	13.25					32.64 69
70 ELECTROENCEPHALOGRAPHY	13.07	10.81					23.88 70
71 MEDICAL SUPPLIES CHRGD TO PATI	19.58	22.84					42.42 71
72 IMPL. DEV. CHARGED TO PATIENT	36.77	12.38					49.15 72
73 DRUGS CHARGED TO PATIENTS	24.82	7.73					32.55 73
75.01 ACUTE DIALYSIS	44.99	1.58					46.57 75.01
75.02 CARD CATH LAB	27.78	20.02					47.80 75.02
90 CLINIC	0.04	88.53					88.57 90
90.02 HEALTHWORKS CLINIC		1.54					1.54 90.02
90.04 WOUND CARE THERAPY	1.91	2.64					4.55 90.04
91 EMERGENCY	7.84	7.93					15.77 91
92 OBSERVATION BEDS	13.53	19.22					32.75 92
200 TOTAL CHARGES	15.03	8.77					23.80 200

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

SUBPROVIDER-IPF

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
40 SUBPROVIDER - IPF	38.30		32.30				70.60 40
UTILIZATION PERCENTAGES BASED ON CHARGES							
54 RADIOLOGY-DIAGNOSTIC	0.11						0.11 54
60 LABORATORY	0.79						0.79 60
65 RESPIRATORY THERAPY	0.11						0.11 65
66 PHYSICAL THERAPY	0.15						0.15 66
69 ELECTROCARDIOLOGY	0.53						0.53 69
71 MEDICAL SUPPLIES CHRGED TO PATI	0.02						0.02 71
73 DRUGS CHARGED TO PATIENTS	1.48						1.48 73
91 EMERGENCY	0.64						0.64 91
200 TOTAL CHARGES	0.53						0.53 200

COST CENTER	---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	2,638,052	3.11	-2,638,052	-5.63		1
2	CAP REL COSTS-MVBLE EQUIP	2,342,220	2.76	-2,342,220	-5.00		2
3	OTHER CAPITAL RELATED COSTS						3
4	EMPLOYEE BENEFITS	5,663,990	6.68	-5,663,990	-12.09		4
4.01	COMMUNICATIONS	118,888	0.14	-118,888	-0.25		4.01
4.02	DATA PROCESSING	2,255,761	2.66	-2,255,761	-4.81		4.02
4.03	ADMITTING	787,783	0.93	-787,783	-1.68		4.03
4.04	CASHIERING	1,185,084	1.40	-1,185,084	-2.53		4.04
5	ADMINISTRATIVE & GENERAL	15,803,199	18.64	-15,803,199	-33.72		5
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT	4,724,962	5.57	-4,724,962	-10.08		7
8	LAUNDRY & LINEN SERVICE	524,923	0.62	-524,923	-1.12		8
9	HOUSEKEEPING	1,496,641	1.77	-1,496,641	-3.19		9
10	DIETARY	1,432,421	1.69	-1,432,421	-3.06		10
11	CAFETERIA	314,311	0.37	-314,311	-0.67		11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	1,130,719	1.33	-1,130,719	-2.41		13
14	CENTRAL SERVICES & SUPPLY	315,752	0.37	-315,752	-0.67		14
15	PHARMACY	3,912,098	4.62	-3,912,098	-8.35		15
16	MEDICAL RECORDS & LIBRARY	1,059,188	1.25	-1,059,188	-2.26		16
17	SOCIAL SERVICE	861,128	1.02	-861,128	-1.84		17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SRVCES-SALARY & FRINGES APP	94,234	0.11	-94,234	-0.20		21
22	I&R SRVCES-OTHER PRGM COSTS APP	199,571	0.24	-199,571	-0.43		22
23	PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	10,113,981	11.93	12,354,008	26.36	22,467,989	26.51
31	INTENSIVE CARE UNIT	2,356,322	2.78	1,858,720	3.97	4,215,042	4.97
31.01	NICU	997,596	1.18	655,756	1.40	1,653,352	1.95
40	SUBPROVIDER - IPF	925,166	1.09	1,150,100	2.45	2,075,266	2.45
43	NURSERY	824,380	0.97	667,689	1.42	1,492,069	1.76
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	3,603,513	4.25	3,317,394	7.08	6,920,907	8.16
52	DELIVERY ROOM & LABOR ROOM	2,442,973	2.88	2,213,900	4.72	4,656,873	5.49
53	ANESTHESIOLOGY	248,741	0.29	361,122	0.77	609,863	0.72
54	RADIOLOGY-DIAGNOSTIC	3,246,897	3.83	2,705,477	5.77	5,952,374	7.02
60	LABORATORY	3,219,696	3.80	2,998,733	6.40	6,218,429	7.34
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	990,232	1.17	782,824	1.67	1,773,056	2.09
66	PHYSICAL THERAPY	302,309	0.36	385,569	0.82	687,878	0.81
69	ELECTROCARDIOLOGY	224,192	0.26	447,210	0.95	671,402	0.79
70	ELECTROENCEPHALOGRAPHY	561		66,677	0.14	67,238	0.08
71	MEDICAL SUPPLIES CHRGD TO PATI	711,517	0.84	817,530	1.74	1,529,047	1.80
72	IMPL. DEV. CHARGED TO PATIENT	772,163	0.91	898,224	1.92	1,670,387	1.97
73	DRUGS CHARGED TO PATIENTS			6,446,717	13.76	6,446,717	7.61
75.01	ACUTE DIALYSIS	324,148	0.38	96,606	0.21	420,754	0.50
75.02	CARD CATH LAB	1,015,621	1.20	744,596	1.59	1,760,217	2.08
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
90	CLINIC	1,574,835	1.86	1,684,958	3.60	3,259,793	3.85
90.01	PH CLINIC						90.01
90.02	HEALTHWORKS CLINIC	82,597	0.10	105,483	0.23	188,080	0.22
90.03	DENTAL CLINIC						90.03
90.04	WOUND CARE THERAPY	490,540	0.58	519,508	1.11	1,010,048	1.19
90.05	FAMILY PRACTICE CLINIC	33,711	0.04	246,639	0.53	280,350	0.33
91	EMERGENCY	2,815,486	3.32	2,344,663	5.00	5,160,149	6.09
92	OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS							
NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CAN			35,026	0.07	35,026	0.04
192	PHYSICIANS' PRIVATE OFFICES	193,238	0.23	2,591,414	5.53	2,784,652	3.29
192.01	PROHEALTH SERVICES	176,742	0.21	234,339	0.50	411,081	0.48
192.02	AUXILIARY	219,225	0.26	130,043	0.28	349,268	0.41
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL	84,767,307	100.00			84,767,307	100.00

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	TOTAL	RATIO	INPATIENT	MEDICARE	
	RELATED		CAPITAL		PROGRAM	
	COSTS	CHARGES	COST TO	CHARGES	PPS CAPITAL	
	1	2	CHARGES	4	COSTS	5
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	436,538	20,325,516	0.021477	1,962,583	42,150	50
52 DELIVERY ROOM & LABOR ROOM	522,403	9,116,295	0.057304	44,527	2,552	52
53 ANESTHESIOLOGY	57,405	3,443,950	0.016668	343,234	5,721	53
54 RADIOLOGY-DIAGNOSTIC	522,291	24,962,512	0.020923	2,681,000	56,095	54
60 LABORATORY	311,362	43,973,505	0.007081	7,271,471	51,489	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	74,586	7,704,535	0.009681	2,418,193	23,411	65
66 PHYSICAL THERAPY	48,937	2,006,320	0.024391	246,832	6,020	66
69 ELECTROCARDIOLOGY	83,687	4,148,652	0.020172	804,512	16,229	69
70 ELECTROENCEPHALOGRAPHY	8,848	91,440	0.096763	11,951	1,156	70
71 MEDICAL SUPPLIES CHRGED TO PATI	95,154	1,453,122	0.065482	284,552	18,633	71
72 IMPL. DEV. CHARGED TO PATIENT	103,886	1,996,496	0.052034	734,144	38,200	72
73 DRUGS CHARGED TO PATIENTS	191,210	36,748,642	0.005203	9,119,973	47,451	73
75.01 ACUTE DIALYSIS	1,641	740,383	0.002216	333,088	738	75.01
75.02 CARD CATH LAB	154,781	8,237,684	0.018789	2,288,634	43,001	75.02
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	118,849	4,117,724	0.028863	1,471	42	90
90.01 PH CLINIC						90.01
90.02 HEALTHWORKS CLINIC	16,561	296,442	0.055866			90.02
90.03 DENTAL CLINIC						90.03
90.04 WOUND CARE THERAPY	56,369	9,039,670	0.006236	173,001	1,079	90.04
90.05 FAMILY PRACTICE CLINIC	57,285	14,596	3.924705			90.05
91 EMERGENCY	159,790	24,811,199	0.006440	1,945,848	12,531	91
92 OBSERVATION BEDS	104,657	7,543,194	0.013874	1,020,778	14,162	92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL	3,126,240	210,771,877		31,685,792	380,660	200

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	REDUCED	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT	CAPITAL	PATIENT			
	COSTS	AMOUNT	RELATED	DAYS	DIEM	PROGRAM	INPATIENT
	1	2	COST	4	5	DAYS	PPS CAPITAL
			3			6	COSTS
							7
INPATIENT ROUTINE SERVICE COST CENTERS							
30 ADULTS & PEDIATRICS	949,439		949,439	28,767	33.00	8,054	265,782 30
31 INTENSIVE CARE UNIT	165,689		165,689	3,008	55.08	1,076	59,266 31
31.01 NICU	29,366		29,366	1,407	20.87		31.01
200 TOTAL	1,144,494		1,144,494	33,182		9,130	325,048 200

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS 325,048

MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS 380,660

TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS 705,708

MEDICARE DISCHARGES (WKST S-3, PART I, LINE 14, COLUMN 13) 1,763

MEDICARE PATIENT DAYS (WKST S-3, PART I, LINE 14, COLUMN 6 - WKST S-3, PART I, LINE 5, COLUMN 6) 9,130

PER DISCHARGE CAPITAL COSTS 400.29

PER DIEM CAPITAL COSTS 77.30

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)	14,139,468
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-3 FOR HOSPITAL TITLE XVIII COMPONENT)	45,994,976
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.307

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 9 LINE 41 + WKST D PART IV COL 11 LINE 200))	985,799
2. TOTAL MEDICARE CHARGES (WKST D-3 LINE 40 COLUMN 2 PLUS WKST D-3 LINE 202 COLUMN 2) (SEE CR 5619)	3,445,020
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.286

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)	705,708
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	0.015

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 2.02 x COLUMN 1 LESS LINES 61, 66-68, 74, 94, 95 & 96)	6,645,195
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)	18,148,781
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.366

WAGE INDEX PENSION COST SCHEDULE (For Worksheet S-3 Part IV, Line 4)

EXHIBIT 3

STEP 1: Determine the 3-Year Averaging Period		
1	Wage index fiscal year ending date	1
2	Provider's cost reporting period used for wage index year on Line 1 (FYB in Col 1, FYE in Col 2)	2
3	Midpoint of provider's cost reporting period shown on Line 2, adjusted to first of month	3
4	Date beginning the 3-year averaging period (subtract 18 months from midpoint shown on Line 3)	4
5	Date ending the 3-year averaging period (add 18 months to midpoint shown on Line 3)	5
STEP 2 (OPTIONAL): Adjust Averaging Period for a New Plan (SEE INSTRUCTIONS)		
6	Effective date of pension plan	6
7	First day of the provider cost reporting period containing the pension plan effective date	7
8	Starting date of the adjusted averaging period (date on Line 7, adjusted to first of month)	8
If this date occurs after the period shown on line 2, stop here and see instructions.		
STEP 3: Average Pension Contributions During the Averaging Period		
9	Beginning date of averaging period from Line 4 or Line 8, as applicable	9
10	Ending date of averaging period from Line 5	10
11	Enter provider contributions made during averaging period on Lines 9 & 10	11
11.01	Deposit Date(s) Contribution(s)	11.01
12	Total calendar months included in averaging period (36 unless Step 2 completed)	12
13	Total contributions made during averaging period	13
14	Average monthly contribution (Line 13 divided by Line 12)	14
15	Number of months in provider cost reporting period on Line 2	15
16	Average pension contributions (Line 14 times Line 15)	16
STEP 4: Total Pension Cost for Wage Index		
17	Annual prefunding installment (SEE INSTRUCTIONS)	17
18	Reportable prefunding installment ((Line 17 times Line 15) divided by 12)	18
19	Total Pension Cost for Wage Index (Line 16 plus Line 18 - transfers to S-3 Part IV Line 4)	19