

HILLSBORO AREA HOSPITAL

HILLSBORO, ILLINOIS

TITLE XVIII-MEDICARE COST ANALYSIS

YEAR ENDED JUNE 30, 2012

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: 11/27/2012 TIME: 10:58
 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 5. COST REPORT STATUS 6. DATE RECEIVED: _____ 10. NPR DATE: _____
 USE ONLY 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 HILLSBORO AREA HOSPITAL (14-1332) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2011 AND ENDING 06/30/2012, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR Encryption: 11/27/2012 10:58
 bV8oEyPinIKFy9At2fy12RvOyIx1S0
 RplWL0SfmlaR606dzPddsghCMrNcse
 chGc0UgKeo00t8:J

(SIGNED)

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

PI Encryption: 11/27/2012 10:58
 C.BER4ld325TvJotPAiLkL008G0SB0
 vNnaW0cmqav07baP71aOuCfyqYImzQ
 CGI20NufcM0crIOK
 PART III - SETTLEMENT SUMMARY

 DATE

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5	
		PART A 2	PART B 3			
1 HOSPITAL		123,662	-170,394		53,330	1
2 SUBPROVIDER - IPF						2
3 SUBPROVIDER - IRF						3
4 SUBPROVIDER (OTHER)						4
5 SWING BED - SNF		69,316				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 - FOHC						11
12 OUTPATIENT REHABILITATION PROVIDER						12
200 TOTAL		192,978	-170,394		53,330	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: 1200 EAST TREMONT
 2 CITY: HILLSBORO

STATE: IL

P.O.BOX:
 ZIP CODE: 62049

COUNTY: MONTGOMERY

1
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

0	COMPONENT NAME	1	CCN NUMBER	2	CBSA NUMBER	3	PROV TYPE	4	DATE CERTIFIED	5	PAYMENT SYSTEM (P, T, O, OR N)			3
											V	XVIII	XIX	
3	HOSPITAL	HILLSBORO AREA HOSPITAL	14-1332	00014	1		09/06/1975	N	O	O				4
4	SUBPROVIDER - IPF													5
5	SUBPROVIDER - IRF													6
6	SUBPROVIDER - (OTHER)													7
7	SWING BEDS - SNF	HILLSBORO AREA HOSPITAL	14-2332	00014			04/01/2004	N	O	N				8
8	SWING BEDS - NF													9
9	HOSPITAL-BASED SNF													10
10	HOSPITAL-BASED NF													11
11	HOSPITAL-BASED OLTC													12
12	HOSPITAL-BASED HHA													13
13	SEPARATELY CERTIFIED ASC													14
14	HOSPITAL-BASED HOSPICE													15
15	HOSPITAL-BASED HEALTH CLINIC - RHC													16
16	HOSPITAL-BASED HEALTH CLINIC - FQHC													17
17	HOSPITAL-BASED (CMHC)													18
18	RENAL DIALYSIS													19
19	OTHER													20
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 07/01/2011					TO: 06/30/2012							21
21	TYPE OF CONTROL													2

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.													2	N 23

		IN-STATE MEDICAID PAID DAYS	1	IN-STATE MEDICAID ELIGIBLE UNPAID DAYS	2	OUT-OF-STATE MEDICAID PAID DAYS	3	OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS	4	MEDICAID HMO PAID DAYS	5	OTHER MEDICAID DAYS	6	
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.							2						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.							2						27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.													35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.							BEGINNING:		ENDING:				36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.													37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.							BEGINNING:		ENDING:				38

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEACHING HOSPITALS		1	2	3	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N			56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N		57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-5.	N			58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER \$413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	N			60
61	DID YOUR FACILITY RECEIVE ADDITIONAL FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 'Y', EFFECTIVE FOR PORTIONS OF COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2011 ENTER THE AVERAGE NUMBER OF PRIMARY CARE FTE RESIDENTS FOR IME IN COLUMN 2 AND DIRECT GME IN COLUMN 3 FROM THE HOSPITAL'S THREE MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)	Y/N N	IME AVERAGE	DIRECT GME AVERAGE	61
ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)					
62	ENTER THE NUMBER OF FTE RESIDENTS THAT YOUR HOSPITAL TRAINED IN THIS COST REPORTING PERIOD FOR WHICH YOUR HOSPITAL RECEIVED HRSA PCRE FUNDING (SEE INSTRUCTIONS)				62
62.01	ENTER THE NUMBER OF FTE RESIDENTS THAT ROTATED FROM A TEACHING HEALTH CENTER (THC) INTO YOUR HOSPITAL IN THIS COST REPORTING PERIOD OF HRSA THC PROGRAM. (SEE INSTRUCTIONS)				62.01
TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS					
63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	N			63
SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER JULY 1, 2009 AND BEFORE JUNE 30, 2010.					
64	ENTER IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	64
ENTER IN LINES 65-65.49 IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 + COLUMN 4)). (SEE INSTRUCTIONS)					
	PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))
	1	2	3	4	5
SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010					
66	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	66

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

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

PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1 / (COL.3+COL.4))
1	2	3	4	5
INPATIENT PSYCHIATRIC FACILITY PPS				
70	IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			N 70
71	IF LINE 70 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			71
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)?			1 2
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.			Y 105
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.			N N 107
108	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.			N 108
109	IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.		PHY- OCCUP- RESPI- SICAL ATIONAL SPEECH RATORY	N N N N 109

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2. 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 15-1§ 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.	Y		117
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.	1		118
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 30,968 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.	N		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 Y	2	140
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IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.

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

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

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

MULTICAMPUS

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

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

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

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

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
 PART II

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

COMPLETED BY ALL HOSPITALS

		Y/N	DATE		
PROVIDER ORGANIZATION AND OPERATION					
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	1 N	2	1	
FINANCIAL DATA AND REPORTS					
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	1 N	2	V/I 3	
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	Y		3	
APPROVED EDUCATIONAL ACTIVITIES					
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	1 Y	2 A	3 4	
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	N		5	
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?		1 N	2 6	
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	N		7	
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8	
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	N		9	
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10	
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y 12	
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			N 13	
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N 14	
BED COMPLEMENT					
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			N 15	
PS&R REPORT DATA					
		PART A		PART B	
		Y/N	DATE	Y/N	DATE
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	1 Y	2 09/20/2012	3 Y	4 09/20/2012
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N	
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
 PART II

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

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

CAPITAL RELATED COST

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

INTEREST EXPENSE

28	WERE NEW LOANS, MORTGAGE AGREEMENTS OR LETTERS OF CREDIT ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N	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.	Y	29
30	HAS EXISTING DEBT BEEN REPLACED PRIOR TO ITS SCHEDULED MATURITY WITH NEW DEBT? IF YES, SEE INSTRUCTIONS.	N	30
31	HAS DEBT BEEN RECALLED BEFORE SCHEDULED MATURITY WITHOUT ISSUANCE OF NEW DEBT? IF YES, SEE INSTRUCTIONS.	N	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.	N	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.	Y	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.	N	35

HOME OFFICE COSTS

36	WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT?	Y/N	DATE
		1	2
37	IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.	N	36
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	37
39	IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS.		38
40	IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.		39
			40

COST REPORT PREPARER CONTACT INFORMATION

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

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I

LINE NO.	COMPONENT	WKST A	INPATIENT DAYS / OUTPATIENT VISITS / TRIPS						TOTAL ALL PATIENTS	
			NO OF BEDS	BED DAYS AVAILABLE	CAH HOURS	TITLE V	TITLE XVIII	TITLE XIX		
1			2	3	4	5	6	7	8	
1	HOSPITAL ADULTS & PEDS. (COLS. 5, 6, 7 AND 8 EXCLUDE SWING BED, OBSERVATION BED AND HOSPICE DAYS)	30	25	9,150	28,392.00		900	54	1,183	1
2	HMO									2
3	HMO IPF SUBPROVIDER									3
4	HMO IRF SUBPROVIDER									4
5	HOSPITAL ADULTS & PEDS. SWING BED SNF						1,391		1,391	5
6	HOSPITAL ADULTS & PEDS. SWING BED NF									6
7	TOTAL ADULTS & PEDS. (EXCLUDE OBSERVATION BEDS) (SEE INSTR.)		25	9,150	28,392.00		2,291	54	2,574	7
8	INTENSIVE CARE UNIT	31								8
9	CORONARY CARE UNIT	32								9
10	BURN INTENSIVE CARE UNIT	33								10
11	SURGICAL INTENSIVE CARE UNIT	34								11
12	OTHER SPECIAL CARE (SPECIFY)	35								12
13	NURSERY	43								13
14	TOTAL (SEE INSTRUCTIONS)		25	9,150	28,392.00		2,291	54	2,574	14
15	CAH VISITS									15
16	SUBPROVIDER - IPF	40								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)		25							27
28	OBSERVATION BED DAYS								255	28
29	AMBULANCE TRIPS									29
30	EMPLOYEE DISCOUNT DAYS (SEE INSTR.)									30
31	EMPLOYEE DISCOUNT DAYS-IRF									31
32	LABOR & DELIVERY DAYS (SEE INSTR.)									32
33	LTCH NON-COVERED DAYS									33

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

LINE NO.	COMPONENT	WKST A LINE NO.	--- 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					303	24	399
2	HMO								2
3	HMO IPF								3
4	HMO IRF								4
5	HOSPITAL ADULTS & PEDS. SWING BED SNF								5
6	HOSPITAL ADULTS & PEDS. SWING BED NF								6
7	TOTAL ADULTS & PEDS. (EXCLUDE OBSERVATION BEDS) (SEE INSTR.)								7
8	INTENSIVE CARE UNIT	31							8
9	CORONARY CARE UNIT	32							9
10	BURN INTENSIVE CARE UNIT	33							10
11	SURGICAL INTENSIVE CARE UNIT	34							11
12	OTHER SPECIAL CARE (SPECIFY)	35							12
13	NURSERY	43							13
14	TOTAL (SEE INSTRUCTIONS)			124.88			303	24	399
15	CAH VISITS								15
16	SUBPROVIDER - IPF	40							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)			124.88					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 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) 0.496322 1

MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)

2 NET REVENUE FROM MEDICAID 700,203 2
 3 DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID? Y 3
 4 IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID? N 4
 5 IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID 510,475 5
 6 MEDICAID CHARGES 4,554,058 6
 7 MEDICAID COST (LINE 1 TIMES LINE 6) 2,260,279 7
 8 DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5) 1,049,601 8
 IF LINE 7 IS LESS THAN THE SUM OF LINES 2 AND 5, THEN ENTER ZERO.

STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP) (SEE INSTRUCTIONS FOR EACH LINE)

9 NET REVENUE FROM STAND-ALONE SCHIP 9
 10 STAND-ALONE SCHIP CHARGES 10
 11 STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10) 11
 12 DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9) 12
 IF LINE 11 IS LESS THAN LINE 9, THEN ENTER ZERO.

OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)

13 NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9) 13
 14 CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10) 14
 15 STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14) 15
 16 DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13) 16
 IF LINE 15 IS LESS THAN LINE 13, THEN ENTER ZERO.

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) 1,049,601 19

	UNINSURED PATIENTS 1	INSURED PATIENTS 2	TOTAL 3
20 TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FACILITY	712,286	102,902	815,188 20
21 COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	353,523	51,073	404,596 21
22 PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE			0 22
23 COST OF CHARITY CARE	353,523	51,073	404,596 23
24 DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM			N 24
25 IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)			25
26 TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)			1,680,434 26
27 MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			316,348 27
28 NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			1,364,086 28
29 COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			677,026 29
30 COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			1,081,622 30
31 TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			2,131,223 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		823,324	823,324	-115,022	1
2	00200		547,729	547,729	22,582	2
3	00300					3
4	00400	68,532	2,025,076	2,093,608		4
5.01	00592	159,526	2,556,671	2,716,197		5.01
5.02	00591	172,554	495,048	667,602	-47,046	5.02
5.03	00571	120,017	6,783	126,800		5.03
5.04	00580	208,541	158,192	366,733		5.04
6	00600					6
7	00700	193,894	366,926	560,820		7
8	00800	49,177	33,885	83,062		8
9	00900	129,968	18,581	148,549		9
10	01000	116,734	128,424	245,158		10
11	01100					11
12	01200					12
13	01300					13
13.01	01301	122,329	4,196	126,525		13.01
13.02	01302	197,173	12,465	209,638		13.02
14	01400					14
14.01	01401					14.01
14.02	01402	28,037	2,351	30,388		14.02
15	01500		684,994	684,994	-275,791	15
16	01600	216,761	94,995	311,756		16
17	01700		685	685		17
19	01900					19
20	02000					20
21	02100					21
22	02200					22
23	02300					23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	853,572	198,554	1,052,126	-100	30
ANCILLARY SERVICE COST CENTERS						
50	05000	499,708	348,417	848,125	-11,960	50
53	05300		154,215	154,215	-97,125	53
54	05400	402,381	486,528	888,909		54
54.01	03040		162,292	162,292		54.01
56	05600		434,509	434,509		56
60	06000	435,051	552,958	988,009		60
62.30	06250					62.30
65	06500	110,857	25,356	136,213	-6,677	65
65.50	03950	44,106	51,260	95,366		65.50
66	06600	664,938	79,699	744,637		66
67	06700	97,719	3,682	101,401		67
69	06900		39,493	39,493		69
71	07100		42,040	42,040	120,636	71
73	07300				271,189	73
76.97	07697					76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
91	09100	669,985	1,434,065	2,104,050	-172	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		5,561,560	11,973,393	17,534,953	-139,486	118
NONREIMBURSABLE COST CENTERS						
192.02	19201	573,205	352,699	925,904	139,486	192.02
192.03	19202	2,798	85	2,883		192.03
200		6,137,563	12,326,177	18,463,740		200

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7		
GENERAL SERVICE COST CENTERS						
1	00100	CAP REL COSTS-BLDG & FIXT	708,302	-43,481	664,821	1
2	00200	CAP REL COSTS-MVBLE EQUIP	570,311	-941	569,370	2
3	00300	OTHER CAPITAL RELATED COSTS				3
4	00400	EMPLOYEE BENEFITS	2,093,608	-1,971	2,091,637	4
5.01	00592	ADMINISTRATION & ACCOUNTING	2,716,197	-1,712,213	1,003,984	5.01
5.02	00591	GENERAL	620,556	-192,215	428,341	5.02
5.03	00571	ADMITTING	126,800		126,800	5.03
5.04	00580	PATIENT ACCOUNTING	366,733		366,733	5.04
6	00600	MAINTENANCE & REPAIRS				6
7	00700	OPERATION OF PLANT	560,820		560,820	7
8	00800	LAUNDRY & LINEN SERVICE	83,062	-384	82,678	8
9	00900	HOUSEKEEPING	148,549		148,549	9
10	01000	DIETARY	245,158	-40,112	205,046	10
11	01100	CAFETERIA				11
12	01200	MAINTENANCE OF PERSONNEL				12
13	01300	NURSING ADMINISTRATION				13
13.01	01301	UR/QUALITY IMPROVEMENT	126,525		126,525	13.01
13.02	01302	NURSING ADMINISTRATION	209,638		209,638	13.02
14	01400	CENTRAL SERVICES & SUPPLY				14
14.01	01401	PURCHASING				14.01
14.02	01402	CENTRAL SERVICES & SUPPLY	30,388		30,388	14.02
15	01500	PHARMACY	409,203		409,203	15
16	01600	MEDICAL RECORDS & LIBRARY	311,756	-5,588	306,168	16
17	01700	SOCIAL SERVICE	685		685	17
19	01900	NONPHYSICIAN ANESTHETISTS				19
20	02000	NURSING SCHOOL				20
21	02100	I&R SRVCES-SALARY & FRINGES APPRVD				21
22	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD				22
23	02300	PARAMED ED PRGM-(SPECIFY)				23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	ADULTS & PEDIATRICS	1,052,026		1,052,026	30
ANCILLARY SERVICE COST CENTERS						
50	05000	OPERATING ROOM	836,165	-1,000	835,165	50
53	05300	ANESTHESIOLOGY	57,090	-41,213	15,877	53
54	05400	RADIOLOGY-DIAGNOSTIC	888,909	-10,074	878,835	54
54.01	03040	ULTRA SOUND	162,292		162,292	54.01
56	05600	RADIOISOTOPE	434,509		434,509	56
60	06000	LABORATORY	988,009	-70,310	917,699	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	06500	RESPIRATORY THERAPY	129,536		129,536	65
65.50	03950	SLEEP LAB	95,366	-10,700	84,666	65.50
66	06600	PHYSICAL THERAPY	744,637		744,637	66
67	06700	OCCUPATIONAL THERAPY	101,401		101,401	67
69	06900	ELECTROCARDIOLOGY	39,493	-18,945	20,548	69
71	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	162,676	-1,696	160,980	71
73	07300	DRUGS CHARGED TO PATIENTS	271,189		271,189	73
76.97	07697	CARDIAC REHABILITATION				76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				76.98
76.99	07699	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS						
91	09100	EMERGENCY	2,103,878	-740,794	1,363,084	91
92	09200	OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY				99.40
SPECIAL PURPOSE COST CENTERS						
118		SUBTOTALS (SUM OF LINES 1-117)	17,395,467	-2,891,637	14,503,830	118
NONREIMBURSABLE COST CENTERS						
192.02	19201	ASSISTED LIVING	1,065,390	-2,057	1,063,333	192.02
192.03	19202	CARDIAC REHAB	2,883		2,883	192.03
200		TOTAL (SUM OF LINES 118-199)	18,463,740	-2,893,694	15,570,046	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		OTHER
			LINE #	SALARY	
	1	2	3	4	5
1 TO RECLASS DRUG COST FROM PHARMACY	A	DRUGS CHARGED TO PATIENTS	73		271,189 1
500 TOTAL RECLASSIFICATIONS					271,189 500
CODE LETTER - A					
1 TO RECLASS MED SUPPLY FROM PHARMACY	B	MEDICAL SUPPLIES CHRGED TO PA	71		1,536 1
500 TOTAL RECLASSIFICATIONS					1,536 500
CODE LETTER - B					
1 TO RECLASS MED SUPPLY FROM OR	C	MEDICAL SUPPLIES CHRGED TO PA	71		107,706 1
500 TOTAL RECLASSIFICATIONS					107,706 500
CODE LETTER - C					
1 TO RECLASS OXGEN FROM RT TO MED SUP	D	MEDICAL SUPPLIES CHRGED TO PA	71		6,677 1
500 TOTAL RECLASSIFICATIONS					6,677 500
CODE LETTER - D					
1 TO RECLASS INSURANCE	E	CAP REL COSTS-BLDG & FIXT	1		24,464 1
2		CAP REL COSTS-MVBLE EQUIP	2		22,582 2
500 TOTAL RECLASSIFICATIONS					47,046 500
CODE LETTER - E					
1 TO RECLASS DEPRECIATION	F	ASSISTED LIVING	192.02		139,486 1
500 TOTAL RECLASSIFICATIONS					139,486 500
CODE LETTER - F					
1 TO RECLASS ONCALL EXPENSE	G	OPERATING ROOM	50		97,035 1
500 TOTAL RECLASSIFICATIONS					97,035 500
CODE LETTER - G					
1 TO RECLASS IV THERAPY TO MED SUP	H	MEDICAL SUPPLIES CHRGED TO PA	71		4,717 1
2					2
3					3
4					4
5					5
500 TOTAL RECLASSIFICATIONS					4,717 500
CODE LETTER - H					
GRAND TOTAL (INCREASES)					675,392

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 TO RECLASS DRUG COST FROM PHARMACY	A	PHARMACY	15		271,189	1
500 TOTAL RECLASSIFICATIONS					271,189	500
CODE LETTER - A						
1 TO RECLASS MED SUPPLY FROM PHARMACY	B	PHARMACY	15		1,536	1
500 TOTAL RECLASSIFICATIONS					1,536	500
CODE LETTER - B						
1 TO RECLASS MED SUPPLY FROM OR	C	OPERATING ROOM	50		107,706	1
500 TOTAL RECLASSIFICATIONS					107,706	500
CODE LETTER - C						
1 TO RECLASS OXGEN FROM RT TO MED SUP	D	RESPIRATORY THERAPY	65		6,677	1
500 TOTAL RECLASSIFICATIONS					6,677	500
CODE LETTER - D						
1 TO RECLASS INSURANCE	E	GENERAL	5.02		47,046	12 1
2						12 2
500 TOTAL RECLASSIFICATIONS					47,046	500
CODE LETTER - E						
1 TO RECLASS DEPRECIATION	F	CAP REL COSTS-BLDG & FIXT	1		139,486	9 1
500 TOTAL RECLASSIFICATIONS					139,486	500
CODE LETTER - F						
1 TO RECLASS ONCALL EXPENSE	G	ANESTHESIOLOGY	53		97,035	1
500 TOTAL RECLASSIFICATIONS					97,035	500
CODE LETTER - G						
1 TO RECLASS IV THERAPY TO MED SUP	H	PHARMACY	15		3,066	1
2		ADULTS & PEDIATRICS	30		100	2
3		OPERATING ROOM	50		1,289	3
4		ANESTHESIOLOGY	53		90	4
5		EMERGENCY	91		172	5
500 TOTAL RECLASSIFICATIONS					4,717	500
CODE LETTER - H						
GRAND TOTAL (DECREASES)					675,392	

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	237,677					237,677		1
2 LAND IMPROVEMENTS	1,564,288	16,279		16,279		1,580,567		2
3 BUILDINGS AND FIXTURES	15,337,481	1,297,160		1,297,160	330,083	16,304,558		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	164,333					164,333		5
6 MOVABLE EQUIPMENT	7,075,196	579,830		579,830	59,323	7,595,703		6
7 HIT DESIGNATED ASSETS								7
8 SUBTOTAL (SUM OF LINES 1-7)	24,378,975	1,893,269		1,893,269	389,406	25,882,838		8
9 RECONCILING ITEMS								9
10 TOTAL (LINE 7 MINUS LINE 9)	24,378,975	1,893,269		1,893,269	389,406	25,882,838		10

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(1)
							(SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT	823,324						823,324 1
2 CAP REL COSTS-MVBLE EQUIP	547,729						547,729 2
3 TOTAL (SUM OF LINES 1-2)	1,371,053						1,371,053 3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS

ALLOCATION OF OTHER CAPITAL

DESCRIPTION	GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO (COL. 1 - COL. 2) 3		RATIO (SEE INSTR.) 4	INSURANCE 5	TAXES 6	OTHER CAPITAL- RELATED COSTS 7	TOTAL
			(COL. 1 - COL. 2) 3	RATIO (SEE INSTR.) 4					(SUM OF COLS. 5-7) 8
1 CAP REL COSTS-BLDG & FIXT	18,049,458		18,049,458	0.703815					1
2 CAP REL COSTS-MVBLE EQUIP	7,595,703		7,595,703	0.296185					2
3 TOTAL (SUM OF LINES 1-2)	25,645,161		25,645,161	1.000000					3

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(2)
							(SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT	674,749		-34,392	24,464			664,821 1
2 CAP REL COSTS-MVBLE EQUIP	546,788			22,582			569,370 2
3 TOTAL	1,221,537		-34,392	47,046			1,234,191 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	-34,392	CAP REL COSTS-BLDG & FIXT	1	11 1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2 3
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)	B	-5,172	ADMINISTRATION & ACCOUNTING	5.01	4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)	B	-8,064	ADMINISTRATION & ACCOUNTING	5.01	5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)	A	-426	GENERAL	5.02	7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-840,749			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)	B	-74	RADIOLOGY-DIAGNOSTIC	54	11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1				12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-34,634	DIETARY	10	14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS	B	-1,696	MEDICAL SUPPLIES CHRGED TO PATI	71	16
17 SALE OF DRUGS TO OTHER THAN PATIENTS					17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-5,588	MEDICAL RECORDS & LIBRARY	16	18
19 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					19
20 VENDING MACHINES	B	-13	ADMINISTRATION & ACCOUNTING	5.01	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 NUTRITIONAL SERVICES	A	-5,478	DIETARY	10	33
34 CRNA	A	-41,213	ANESTHESIOLOGY	53	34
35 LOBBYING PORTION OF DUES	A	-7,442	ADMINISTRATION & ACCOUNTING	5.01	35
36 MARKETING COSTS	A	-59,455	GENERAL	5.02	36
37 SALE OF C-ARM	B	-10,000	RADIOLOGY-DIAGNOSTIC	54	37
38 CASH OVER/SHORT	A	-24	GENERAL	5.02	38
39 OTHER NON-OPERATING REVENUE	B	-1,560	ADMINISTRATION & ACCOUNTING	5.01	39
40 OTHER OPERATING REVENUE	B	-50	ADMINISTRATION & ACCOUNTING	5.01	40
41 EMPLOYEE MEALS - ALF	B	-1,857	ASSISTED LIVING	192.02	41
42 SALE OF STERIS PROCESSOR	B	-1,000	OPERATING ROOM	50	42
43 ALCOHOLIC BEVERAGES	A	-954	EMPLOYEE BENEFITS	4	43
44 DIAMOND CLUB FEES	B	-9,144	GENERAL	5.02	44
45 DAYCARE REVENUE	B	-4,107	ADMINISTRATION & ACCOUNTING	5.01	45
45.01 AMBULANCE RECEIPTS	B	-2,751	ADMINISTRATION & ACCOUNTING	5.01	45.01
45.05 MEDICAID TAX ASSESSMENT	A	-123,166	GENERAL	5.02	45.05
45.06 RETIREMENT OBLIGATION	A	-1,692	CAP REL COSTS-BLDG & FIXT	1	9 45.06
45.07 ACCRETION EXPENSE	A	-7,397	CAP REL COSTS-BLDG & FIXT	1	9 45.07
45.08 PROVISION FOR BAD DEBTS	A	-1,680,434	ADMINISTRATION & ACCOUNTING	5.01	45.08
45.12 GARNISHMENT FEES	B	-17	EMPLOYEE BENEFITS	4	45.12
45.13 LINEN CHARGES TO SYSTEM	B	-384	LAUNDRY & LINEN SERVICE	8	45.13
45.48 DONATIONS	A	-2,375	ADMINISTRATION & ACCOUNTING	5.01	45.48
45.49 PHYSICIAN RECRUITMENT	A	-204	ADMINISTRATION & ACCOUNTING	5.01	45.49
45.50 LAND RENTAL TO HILLSBORO HEALTH SV	A	-41	ADMINISTRATION & ACCOUNTING	5.01	45.50
45.51 DONATIONS	A	-1,000	EMPLOYEE BENEFITS	4	45.51
46 DONATIONS	A	-200	ASSISTED LIVING	192.02	46
47 PATIENT TV DEPRECIATION	A	-941	CAP REL COSTS-MVBLE EQUIP	2	9 47
48					48
49					49
50 TOTAL (SUM OF LINES 1 THRU 49) TRANSFER TO WKST A, COL. 6, LINE 200)		-2,893,694			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 ADJUSTMENTS (COL. 4-5)	WKST A-7 REF
1	2	3	4	5	6	7
1	66	PHYSICAL THERAPY	RENT	29,126	29,126	
2	4	EMPLOYEE BENEFITS	WELLNESS BENEFIT	121,839	121,839	
3						
4						
5		TOTALS (SUM OF LINES 1-4)		150,965	150,965	
		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	G HILLSBORO HEALTH SERVICES		HILLSBORO HEALTH SERVICES		HEALTH RELATED SERVICES	6
7	G HILLSBORO HEALTH SERVICES		HILLSBORO HEALTH SERVICES		HEALTH RELATED SERVICES	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: NON-FINANCIAL

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST	A	COST CENTER/ PHYSICIAN IDENTIFIER	LAB	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT	
LINE NO.	1	2		3	4	5	6	7	8	9	
1	60	LABORATORY	LAB	115,074	70,310	44,764					1
2	69	ELECTROCARDIOLOGY	EKG	18,945	18,945						2
3	91	EMERGENCY	ER	1,320,874	740,794	580,080					3
4	65.50	SLEEP LAB	SLEEP LAB	10,700	10,700						4
200		TOTAL		1,465,593	840,749	624,844					200

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT		
LINE NO.	11		12	13	14	15	16	17	18		
1	60	LABORATORY								70,310	1
2	69	ELECTROCARDIOLOGY								18,945	2
3	91	EMERGENCY								740,794	3
4	65.50	SLEEP LAB								10,700	4
200		TOTAL								840,749	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS.0-4) 4A	
GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	664,821	664,821				1
2	CAP REL COSTS-MVBLE EQUIP	569,370		569,370			2
4	EMPLOYEE BENEFITS	2,091,637	2,477	5,440	2,099,554		4
5.01	ADMINISTRATION & ACCOUNTING	1,003,984	100,796	21,050	55,187	1,181,017	5.01
5.02	GENERAL	428,341	100,795	74,395	59,694	663,225	5.02
5.03	ADMITTING	126,800	7,168	937	41,519	176,424	5.03
5.04	PATIENT ACCOUNTING	366,733	10,761	617	72,144	450,255	5.04
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT	560,820	45,109	10,572	67,077	683,578	7
8	LAUNDRY & LINEN SERVICE	82,678	19,882	2,363	17,013	121,936	8
9	HOUSEKEEPING	148,549	2,738	1,951	44,962	198,200	9
10	DIETARY	205,046	29,483	4,824	40,384	279,737	10
11	CAFETERIA						11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION						13
13.01	UR/QUALITY IMPROVEMENT	126,525	999	88	42,319	169,931	13.01
13.02	NURSING ADMINISTRATION	209,638	19,356	178	68,211	297,383	13.02
14	CENTRAL SERVICES & SUPPLY						14
14.01	PURCHASING						14.01
14.02	CENTRAL SERVICES & SUPPLY	30,388	8,446	1,122	9,699	49,655	14.02
15	PHARMACY	409,203	5,338	12,824		427,365	15
16	MEDICAL RECORDS & LIBRARY	306,168	18,317	6,890	74,988	406,363	16
17	SOCIAL SERVICE	685				685	17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SRVCES-SALARY & FRINGES APPRVD						21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	1,052,026	99,517	30,953	295,287	1,477,783	30
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	835,165	60,141	91,975	172,872	1,160,153	50
53	ANESTHESIOLOGY	15,877	560	8,052		24,489	53
54	RADIOLOGY-DIAGNOSTIC	878,835	34,242	144,646	139,202	1,196,925	54
54.01	ULTRA SOUND	162,292	2,063	690		165,045	54.01
56	RADIOISOTOPE	434,509	1,932			436,441	56
60	LABORATORY	917,699	18,460	69,173	150,504	1,155,836	60
BLOOD CLOTTING FOR HEMOPHILIACS							
65	RESPIRATORY THERAPY	129,536	8,540	7,065	38,351	183,492	65
65.50	SLEEP LAB	84,666	2,809	485	15,258	103,218	65.50
66	PHYSICAL THERAPY	744,637	12,310	23,267	230,033	1,010,247	66
67	OCCUPATIONAL THERAPY	101,401		333	33,805	135,539	67
69	ELECTROCARDIOLOGY	20,548		3,194		23,742	69
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	160,980				160,980	71
73	DRUGS CHARGED TO PATIENTS	271,189				271,189	73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	1,363,084	52,582	27,978	231,779	1,675,423	91
92	OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (SUM OF LINES 1-117)	14,503,830	664,821	551,062	1,900,288	14,286,256	118
NONREIMBURSABLE COST CENTERS							
192.02	ASSISTED LIVING	1,063,333		17,961	198,298	1,279,592	192.02
192.03	CARDIAC REHAB	2,883		347	968	4,198	192.03
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	15,570,046	664,821	569,370	2,099,554	15,570,046	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMINISTRATION & ACCOUNTING 5.01	SUBTOTAL (COLS.0-4)	GENERAL 5.02	ADMITTING 5.03	PATIENT ACCOUNTING 5.04	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 ADMINISTRATION & ACCOUNTING	1,181,017					5.01
5.02 GENERAL	54,436	717,661	717,661			5.02
5.03 ADMITTING	14,481	190,905	10,173	201,078		5.03
5.04 PATIENT ACCOUNTING	36,956	487,211	25,962		513,173	5.04
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	56,107	739,685	39,416			7
8 LAUNDRY & LINEN SERVICE	10,008	131,944	7,031			8
9 HOUSEKEEPING	16,268	214,468	11,428			9
10 DIETARY	22,960	302,697	16,130			10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
13.01 UR/QUALITY IMPROVEMENT	13,948	183,879	9,798			13.01
13.02 NURSING ADMINISTRATION	24,409	321,792	17,147			13.02
14 CENTRAL SERVICES & SUPPLY						14
14.01 PURCHASING						14.01
14.02 CENTRAL SERVICES & SUPPLY	4,076	53,731	2,863			14.02
15 PHARMACY	35,077	462,442	24,642			15
16 MEDICAL RECORDS & LIBRARY	33,353	439,716	23,431			16
17 SOCIAL SERVICE	56	741	39			17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	121,293	1,599,076	85,210	14,463	36,909	30
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	95,223	1,255,376	66,895	21,809	55,658	50
53 ANESTHESIOLOGY	2,010	26,499	1,412	2,804	7,155	53
54 RADIOLOGY-DIAGNOSTIC	98,241	1,295,166	69,016	43,258	110,405	54
54.01 ULTRA SOUND	13,547	178,592	9,517	7,057	18,011	54.01
56 RADIOISOTOPE	35,822	472,263	25,165	11,591	29,582	56
60 LABORATORY	94,869	1,250,705	66,646	29,411	75,059	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	15,061	198,553	10,580	2,231	5,692	65
65.50 SLEEP LAB	8,472	111,690	5,952	2,207	5,632	65.50
66 PHYSICAL THERAPY	82,919	1,093,166	58,252	21,544	54,982	66
67 OCCUPATIONAL THERAPY	11,125	146,664	7,815	1,912	4,879	67
69 ELECTROCARDIOLOGY	1,949	25,691	1,369	2,289	5,843	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	13,213	174,193	9,282	6,552	16,722	71
73 DRUGS CHARGED TO PATIENTS	22,259	293,448	15,637	8,845	22,574	73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	137,508	1,812,931	96,611	25,105	64,070	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)	1,075,646	14,180,885	717,419	201,078	513,173	118
NONREIMBURSABLE COST CENTERS						
192.02 ASSISTED LIVING	105,026	1,384,618				192.02
192.03 CARDIAC REHAB	345	4,543	242			192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,181,017	15,570,046	717,661	201,078	513,173	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	OF PLANT	& LINEN	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
5.01 ADMINISTRATION & ACCOUNTING						5.01
5.02 GENERAL						5.02
5.03 ADMITTING						5.03
5.04 PATIENT ACCOUNTING						5.04
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	779,101					7
8 LAUNDRY & LINEN SERVICE	38,948	177,923				8
9 HOUSEKEEPING	5,363	8,908	240,167			9
10 DIETARY	57,755	3,457		380,039		10
11 CAFETERIA			8,509	238,203	246,712	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
13.01 UR/QUALITY IMPROVEMENT	1,956		4,069		6,075	13.01
13.02 NURSING ADMINISTRATION	37,918		4,069		7,665	13.02
14 CENTRAL SERVICES & SUPPLY						14
14.01 PURCHASING						14.01
14.02 CENTRAL SERVICES & SUPPLY	16,546		6,092		4,088	14.02
15 PHARMACY	10,458		4,069			15
16 MEDICAL RECORDS & LIBRARY	35,882		4,069		18,452	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	194,948	101,599	80,107	123,730	57,483	30
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	117,813	14,084	47,895	18,106	24,384	50
53 ANESTHESIOLOGY	1,097		4,341			53
54 RADIOLOGY-DIAGNOSTIC	67,079	7,122	5,820		22,539	54
54.01 ULTRA SOUND	4,040		4,563			54.01
56 RADIOISOTOPE	3,784		3,995			56
60 LABORATORY	36,163		5,105		26,258	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	16,729		4,612		6,274	65
65.50 SLEEP LAB	5,503	1,107	4,143		2,356	65.50
66 PHYSICAL THERAPY	24,115	24,150	7,818		30,857	66
67 OCCUPATIONAL THERAPY			5,722		4,712	67
69 ELECTROCARDIOLOGY						69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
73 DRUGS CHARGED TO PATIENTS						73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	103,004	17,496	35,169		35,569	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)	779,101	177,923	240,167	380,039	246,712	118
NONREIMBURSABLE COST CENTERS						
192.02 ASSISTED LIVING						192.02
192.03 CARDIAC REHAB						192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	779,101	177,923	240,167	380,039	246,712	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	UR/QUALITY IMPROVEMENT	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	13.01	13.02	14.02	15	16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 ADMINISTRATION & ACCOUNTING						5.01
5.02 GENERAL						5.02
5.03 ADMITTING						5.03
5.04 PATIENT ACCOUNTING						5.04
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
13.01 UR/QUALITY IMPROVEMENT	205,777					13.01
13.02 NURSING ADMINISTRATION		388,591				13.02
14 CENTRAL SERVICES & SUPPLY						14
14.01 PURCHASING						14.01
14.02 CENTRAL SERVICES & SUPPLY			83,320			14.02
15 PHARMACY			842	502,453		15
16 MEDICAL RECORDS & LIBRARY			337		521,887	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	205,777	168,108	6,328	4,479	114,921	30
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		93,475	28,641	1,503	56,670	50
53 ANESTHESIOLOGY			767	6,197		53
54 RADIOLOGY-DIAGNOSTIC			3,580	17,085	127,572	54
54.01 ULTRA SOUND			39			54.01
56 RADIOISOTOPE			971	38,183		56
60 LABORATORY		104	30,251		36,374	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		805	1,253	2	5,272	65
65.50 SLEEP LAB		3,556	18		3,427	65.50
66 PHYSICAL THERAPY			789	507	37,692	66
67 OCCUPATIONAL THERAPY			96		2,899	67
69 ELECTROCARDIOLOGY			199			69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			3,983			71
73 DRUGS CHARGED TO PATIENTS				432,697		73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY		122,543	5,226	1,800	137,060	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)	205,777	388,591	83,320	502,453	521,887	118
NONREIMBURSABLE COST CENTERS						
192.02 ASSISTED LIVING						192.02
192.03 CARDIAC REHAB						192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	205,777	388,591	83,320	502,453	521,887	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	17	24	25	26	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 ADMINISTRATION & ACCOUNTING					5.01
5.02 GENERAL					5.02
5.03 ADMITTING					5.03
5.04 PATIENT ACCOUNTING					5.04
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
13.01 UR/QUALITY IMPROVEMENT					13.01
13.02 NURSING ADMINISTRATION					13.02
14 CENTRAL SERVICES & SUPPLY					14
14.01 PURCHASING					14.01
14.02 CENTRAL SERVICES & SUPPLY					14.02
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE	780				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	780	2,793,918		2,793,918	30
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		1,802,309		1,802,309	50
53 ANESTHESIOLOGY		50,272		50,272	53
54 RADIOLOGY-DIAGNOSTIC		1,768,642		1,768,642	54
54.01 ULTRA SOUND		221,819		221,819	54.01
56 RADIOISOTOPE		585,534		585,534	56
60 LABORATORY		1,556,076		1,556,076	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY		252,003		252,003	65
65.50 SLEEP LAB		145,591		145,591	65.50
66 PHYSICAL THERAPY		1,353,872		1,353,872	66
67 OCCUPATIONAL THERAPY		174,699		174,699	67
69 ELECTROCARDIOLOGY		35,391		35,391	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		210,732		210,732	71
73 DRUGS CHARGED TO PATIENTS		773,201		773,201	73
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY		2,456,584		2,456,584	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)	780	14,180,643		14,180,643	118
NONREIMBURSABLE COST CENTERS					
192.02 ASSISTED LIVING		1,384,618		1,384,618	192.02
192.03 CARDIAC REHAB		4,785		4,785	192.03
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	780	15,570,046		15,570,046	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	EMPLOYEE BENEFITS 4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS		2,477	5,440	7,917	7,917	4
5.01 ADMINISTRATION & ACCOUNTING		100,796	21,050	121,846	208	5.01
5.02 GENERAL		100,795	74,395	175,190	225	5.02
5.03 ADMITTING		7,168	937	8,105	157	5.03
5.04 PATIENT ACCOUNTING		10,761	617	11,378	272	5.04
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT		45,109	10,572	55,681	253	7
8 LAUNDRY & LINEN SERVICE		19,882	2,363	22,245	64	8
9 HOUSEKEEPING		2,738	1,951	4,689	169	9
10 DIETARY		29,483	4,824	34,307	152	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
13.01 UR/QUALITY IMPROVEMENT		999	88	1,087	160	13.01
13.02 NURSING ADMINISTRATION		19,356	178	19,534	257	13.02
14 CENTRAL SERVICES & SUPPLY						14
14.01 PURCHASING						14.01
14.02 CENTRAL SERVICES & SUPPLY		8,446	1,122	9,568	37	14.02
15 PHARMACY		5,338	12,824	18,162		15
16 MEDICAL RECORDS & LIBRARY		18,317	6,890	25,207	283	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		99,517	30,953	130,470	1,114	30
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		60,141	91,975	152,116	652	50
53 ANESTHESIOLOGY		560	8,052	8,612		53
54 RADIOLOGY-DIAGNOSTIC		34,242	144,646	178,888	525	54
54.01 ULTRA SOUND		2,063	690	2,753		54.01
56 RADIOISOTOPE		1,932		1,932		56
60 LABORATORY		18,460	69,173	87,633	567	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		8,540	7,065	15,605	145	65
65.50 SLEEP LAB		2,809	485	3,294	58	65.50
66 PHYSICAL THERAPY		12,310	23,267	35,577	867	66
67 OCCUPATIONAL THERAPY			333	333	127	67
69 ELECTROCARDIOLOGY			3,194	3,194		69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
73 DRUGS CHARGED TO PATIENTS						73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY		52,582	27,978	80,560	874	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)		664,821	551,062	1,215,883	7,166	118
NONREIMBURSABLE COST CENTERS						
192.02 ASSISTED LIVING			17,961	17,961	747	192.02
192.03 CARDIAC REHAB			347	347	4	192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)		664,821	569,370	1,234,191	7,917	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	ADMINISTRATION & ACCOUNTING 5.01	GENERAL 5.02	ADMITTING 5.03	PATIENT ACCOUNTING 5.04	OPERATION OF PLANT 7	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 ADMINISTRATION & ACCOUNTING	122,054					5.01
5.02 GENERAL	5,625	181,040				5.02
5.03 ADMITTING	1,496	2,566	12,324			5.03
5.04 PATIENT ACCOUNTING	3,819	6,549		22,018		5.04
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	5,798	9,943			71,675	7
8 LAUNDRY & LINEN SERVICE	1,034	1,774			3,583	8
9 HOUSEKEEPING	1,681	2,883			493	9
10 DIETARY	2,373	4,069			5,313	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
13.01 UR/QUALITY IMPROVEMENT	1,441	2,472			180	13.01
13.02 NURSING ADMINISTRATION	2,522	4,326			3,488	13.02
14 CENTRAL SERVICES & SUPPLY						14
14.01 PURCHASING						14.01
14.02 CENTRAL SERVICES & SUPPLY	421	722			1,522	14.02
15 PHARMACY	3,625	6,216			962	15
16 MEDICAL RECORDS & LIBRARY	3,447	5,911			3,301	16
17 SOCIAL SERVICE	6	10				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	12,535	21,495	886	1,584	17,937	30
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	9,840	16,875	1,336	2,389	10,838	50
53 ANESTHESIOLOGY	208	356	172	307	101	53
54 RADIOLOGY-DIAGNOSTIC	10,152	17,410	2,655	4,730	6,171	54
54.01 ULTRA SOUND	1,400	2,401	432	773	372	54.01
56 RADIOISOTOPE	3,702	6,348	710	1,270	348	56
60 LABORATORY	9,804	16,812	1,802	3,222	3,327	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	1,556	2,669	137	244	1,539	65
65.50 SLEEP LAB	875	1,501	135	242	506	65.50
66 PHYSICAL THERAPY	8,569	14,694	1,320	2,360	2,218	66
67 OCCUPATIONAL THERAPY	1,150	1,971	117	209		67
69 ELECTROCARDIOLOGY	201	345	140	251		69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	1,365	2,342	402	718		71
73 DRUGS CHARGED TO PATIENTS	2,300	3,945	542	969		73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	14,220	24,374	1,538	2,750	9,476	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)	111,165	180,979	12,324	22,018	71,675	118
NONREIMBURSABLE COST CENTERS						
192.02 ASSISTED LIVING	10,853					192.02
192.03 CARDIAC REHAB	36	61				192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	122,054	181,040	12,324	22,018	71,675	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 8	HOUSE-KEEPING 9	DIETARY 10	CAFETERIA 11	UR/QUALITY IMPROVEMENT 13.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 ADMINISTRATION & ACCOUNTING						5.01
5.02 GENERAL						5.02
5.03 ADMITTING						5.03
5.04 PATIENT ACCOUNTING						5.04
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE	28,700					8
9 HOUSEKEEPING	1,437	11,352				9
10 DIETARY	558					10
11 CAFETERIA		402	46,772	29,718		11
12 MAINTENANCE OF PERSONNEL			29,316			12
13 NURSING ADMINISTRATION						13
13.01 UR/QUALITY IMPROVEMENT		192		732	6,264	13.01
13.02 NURSING ADMINISTRATION		192		923		13.02
14 CENTRAL SERVICES & SUPPLY						14
14.01 PURCHASING						14.01
14.02 CENTRAL SERVICES & SUPPLY		288		492		14.02
15 PHARMACY		192				15
16 MEDICAL RECORDS & LIBRARY		192		2,223		16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	16,387	3,788	15,228	6,923	6,264	30
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,272	2,264	2,228	2,937		50
53 ANESTHESIOLOGY		205				53
54 RADIOLOGY-DIAGNOSTIC	1,149	275		2,715		54
54.01 ULTRA SOUND		216				54.01
56 RADIOISOTOPE		189				56
60 LABORATORY		241		3,163		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		218		756		65
65.50 SLEEP LAB	179	196		284		65.50
66 PHYSICAL THERAPY	3,896	370		3,717		66
67 OCCUPATIONAL THERAPY		270		568		67
69 ELECTROCARDIOLOGY						69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
73 DRUGS CHARGED TO PATIENTS						73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	2,822	1,662		4,285		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)	28,700	11,352	46,772	29,718	6,264	118
NONREIMBURSABLE COST CENTERS						
192.02 ASSISTED LIVING						192.02
192.03 CARDIAC REHAB						192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	28,700	11,352	46,772	29,718	6,264	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NURSING AD MINISTRATI ON 13.02	CENTRAL SE RVICES & S UPPLY 14.02	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
5.01 ADMINISTRATION & ACCOUNTING						5.01
5.02 GENERAL						5.02
5.03 ADMITTING						5.03
5.04 PATIENT ACCOUNTING						5.04
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
13.01 UR/QUALITY IMPROVEMENT						13.01
13.02 NURSING ADMINISTRATION	31,242					13.02
14 CENTRAL SERVICES & SUPPLY						14
14.01 PURCHASING						14.01
14.02 CENTRAL SERVICES & SUPPLY		13,050				14.02
15 PHARMACY		132	29,289			15
16 MEDICAL RECORDS & LIBRARY		53		40,617		16
17 SOCIAL SERVICE					16	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	13,516	991	261	8,944	16	30
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	7,515	4,486	88	4,410		50
53 ANESTHESIOLOGY		120	361			53
54 RADIOLOGY-DIAGNOSTIC		561	996	9,929		54
54.01 ULTRA SOUND		6				54.01
56 RADIOISOTOPE		152	2,226			56
60 LABORATORY	8	4,738		2,831		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	65	196		410		65
65.50 SLEEP LAB	286	3		267		65.50
66 PHYSICAL THERAPY		124	30	2,933		66
67 OCCUPATIONAL THERAPY		15		226		67
69 ELECTROCARDIOLOGY		31				69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		624				71
73 DRUGS CHARGED TO PATIENTS			25,222			73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	9,852	818	105	10,667		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)	31,242	13,050	29,289	40,617	16	118
NONREIMBURSABLE COST CENTERS						
192.02 ASSISTED LIVING						192.02
192.03 CARDIAC REHAB						192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	31,242	13,050	29,289	40,617	16	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	SUBTOTAL 24	I&R COST & POST STEP-	TOTAL 26	
		DOWN ADJS 25		
GENERAL SERVICE COST CENTERS				
1 CAP REL COSTS-BLDG & FIXT				1
2 CAP REL COSTS-MVBLE EQUIP				2
4 EMPLOYEE BENEFITS				4
5.01 ADMINISTRATION & ACCOUNTING				5.01
5.02 GENERAL				5.02
5.03 ADMITTING				5.03
5.04 PATIENT ACCOUNTING				5.04
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
13.01 UR/QUALITY IMPROVEMENT				13.01
13.02 NURSING ADMINISTRATION				13.02
14 CENTRAL SERVICES & SUPPLY				14
14.01 PURCHASING				14.01
14.02 CENTRAL SERVICES & SUPPLY				14.02
15 PHARMACY				15
16 MEDICAL RECORDS & LIBRARY				16
17 SOCIAL SERVICE				17
19 NONPHYSICIAN ANESTHETISTS				19
20 NURSING SCHOOL				20
21 I&R SRVCES-SALARY & FRINGES APPRVD				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				22
23 PARAMED ED PRGM-(SPECIFY)				23
INPATIENT ROUTINE SERV COST CENTERS				
30 ADULTS & PEDIATRICS	258,339		258,339	30
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	220,246		220,246	50
53 ANESTHESIOLOGY	10,442		10,442	53
54 RADIOLOGY-DIAGNOSTIC	236,156		236,156	54
54.01 ULTRA SOUND	8,353		8,353	54.01
56 RADIOISOTOPE	16,877		16,877	56
60 LABORATORY	134,148		134,148	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	23,540		23,540	65
65.50 SLEEP LAB	7,826		7,826	65.50
66 PHYSICAL THERAPY	76,675		76,675	66
67 OCCUPATIONAL THERAPY	4,986		4,986	67
69 ELECTROCARDIOLOGY	4,162		4,162	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	5,451		5,451	71
73 DRUGS CHARGED TO PATIENTS	32,978		32,978	73
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY	164,003		164,003	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)	1,204,182		1,204,182	118
NONREIMBURSABLE COST CENTERS				
192.02 ASSISTED LIVING	29,561		29,561	192.02
192.03 CARDIAC REHAB	448		448	192.03
200 CROSS FOOT ADJUSTMENTS				200
201 NEGATIVE COST CENTER				201
202 TOTAL (SUM OF LINES 118-201)	1,234,191		1,234,191	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	RECON-CILIATION	ADMINISTRATION & ACCOUNTING ACCUM COST	
	1	2	4	5A.01	5.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	7,123,399					1
2 CAP REL COSTS-MVBLE EQUIP		547,729				2
4 EMPLOYEE BENEFITS	26,545	5,233	6,069,031			4
5.01 ADMINISTRATION & ACCOUNTING	1,079,995	20,250	159,526	-1,181,017	14,389,029	5.01
5.02 GENERAL	1,079,995	71,567	172,554		663,225	5.02
5.03 ADMITTING	76,800	901	120,017		176,424	5.03
5.04 PATIENT ACCOUNTING	115,300	594	208,541		450,255	5.04
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	483,333	10,170	193,894		683,578	7
8 LAUNDRY & LINEN SERVICE	213,033	2,273	49,177		121,936	8
9 HOUSEKEEPING	29,333	1,877	129,968		198,200	9
10 DIETARY	315,900	4,641	116,734		279,737	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
13.01 UR/QUALITY IMPROVEMENT	10,700	85	122,329		169,931	13.01
13.02 NURSING ADMINISTRATION	207,400	171	197,173		297,383	13.02
14 CENTRAL SERVICES & SUPPLY						14
14.01 PURCHASING						14.01
14.02 CENTRAL SERVICES & SUPPLY	90,500	1,079	28,037		49,655	14.02
15 PHARMACY	57,200	12,337			427,365	15
16 MEDICAL RECORDS & LIBRARY	196,265	6,628	216,761		406,363	16
17 SOCIAL SERVICE					685	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,066,300	29,777	853,572		1,477,783	30
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	644,400	88,479	499,708		1,160,153	50
53 ANESTHESIOLOGY	6,000	7,746			24,489	53
54 RADIOLOGY-DIAGNOSTIC	366,900	139,147	402,381		1,196,925	54
54.01 ULTRA SOUND	22,100	664			165,045	54.01
56 RADIOISOTOPE	20,700				436,441	56
60 LABORATORY	197,800	66,544	435,051		1,155,836	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	91,500	6,796	110,857		183,492	65
65.50 SLEEP LAB	30,100	467	44,106		103,218	65.50
66 PHYSICAL THERAPY	131,900	22,383	664,938		1,010,247	66
67 OCCUPATIONAL THERAPY		320	97,719		135,539	67
69 ELECTROCARDIOLOGY		3,073			23,742	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					160,980	71
73 DRUGS CHARGED TO PATIENTS					271,189	73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	563,400	26,915	669,985		1,675,423	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
118 SUBTOTALS (SUM OF LINES 1-117)	7,123,399	530,117	5,493,028	-1,181,017	13,105,239	118
NONREIMBURSABLE COST CENTERS						
192.02 ASSISTED LIVING		17,278	573,205		1,279,592	192.02
192.03 CARDIAC REHAB		334	2,798		4,198	192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	664,821	569,370	2,099,554		1,181,017	202
203 UNIT COST MULT-WS B PT I	0.093329	1.039510	0.345946		0.082078	203
204 COST TO BE ALLOC PER B PT II			7,917		122,054	204
205 UNIT COST MULT-WS B PT II			0.001304		0.008482	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION	GENERAL	ADMITTING	PATIENT AC COUNTING	OPERATION OF PLANT	
		ACCUM COST 5.02	GROSS CHAR GES 5.03	GROSS CHAR GES 5.04	SQUARE FEE T 7	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 ADMINISTRATION & ACCOUNTING						5.01
5.02 GENERAL	-717,661	13,467,767				5.02
5.03 ADMITTING		190,905	28,131,627			5.03
5.04 PATIENT ACCOUNTING		487,211		28,131,627		5.04
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT		739,685			4,261,431	7
8 LAUNDRY & LINEN SERVICE		131,944			213,033	8
9 HOUSEKEEPING		214,468			29,333	9
10 DIETARY		302,697			315,900	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
13.01 UR/QUALITY IMPROVEMENT		183,879			10,700	13.01
13.02 NURSING ADMINISTRATION		321,792			207,400	13.02
14 CENTRAL SERVICES & SUPPLY						14
14.01 PURCHASING						14.01
14.02 CENTRAL SERVICES & SUPPLY		53,731			90,500	14.02
15 PHARMACY		462,442			57,200	15
16 MEDICAL RECORDS & LIBRARY		439,716			196,265	16
17 SOCIAL SERVICE		741				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
30 INPATIENT ROUTINE SERV COST CENTERS						
ADULTS & PEDIATRICS		1,599,076	2,023,315	2,023,315	1,066,300	30
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		1,255,376	3,051,115	3,051,115	644,400	50
53 ANESTHESIOLOGY		26,499	392,237	392,237	6,000	53
54 RADIOLOGY-DIAGNOSTIC		1,295,166	6,052,451	6,052,451	366,900	54
54.01 ULTRA SOUND		178,592	987,333	987,333	22,100	54.01
56 RADIOISOTOPE		472,263	1,621,632	1,621,632	20,700	56
60 LABORATORY		1,250,705	4,114,630	4,114,630	197,800	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		198,553	312,046	312,046	91,500	65
65.50 SLEEP LAB		111,690	308,758	308,758	30,100	65.50
66 PHYSICAL THERAPY		1,093,166	3,014,011	3,014,011	131,900	66
67 OCCUPATIONAL THERAPY		146,664	267,464	267,464		67
69 ELECTROCARDIOLOGY		25,691	320,278	320,278		69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		174,193	916,671	916,671		71
73 DRUGS CHARGED TO PATIENTS		293,448	1,237,459	1,237,459		73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY		1,812,931	3,512,227	3,512,227	563,400	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)	-717,661	13,463,224	28,131,627	28,131,627	4,261,431	118
NONREIMBURSABLE COST CENTERS						
192.02 ASSISTED LIVING	-1,384,618					192.02
192.03 CARDIAC REHAB		4,543				192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I		717,661	201,078	513,173	779,101	202
203 UNIT COST MULT-WS B PT I		0.053287	0.007148	0.018242	0.182826	203
204 COST TO BE ALLOC PER B PT II		181,040	12,324	22,018	71,675	204
205 UNIT COST MULT-WS B PT II		0.013442	0.000438	0.000783	0.016819	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE-KEEPING HOURS OF SERVICE 9	DIETARY MEALS SERVED 10	CAFETERIA FTE'S SERVED 11	UR/QUALITY IMPROVEMENT DIRECT NRS 13.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 ADMINISTRATION & ACCOUNTING						5.01
5.02 GENERAL						5.02
5.03 ADMITTING						5.03
5.04 PATIENT ACCOUNTING						5.04
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE	157,043					8
9 HOUSEKEEPING	7,863	9,738				9
10 DIETARY	3,051		26,888			10
11 CAFETERIA		345	16,853	8,691		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
13.01 UR/QUALITY IMPROVEMENT		165		214	2,566	13.01
13.02 NURSING ADMINISTRATION		165		270		13.02
14 CENTRAL SERVICES & SUPPLY						14
14.01 PURCHASING						14.01
14.02 CENTRAL SERVICES & SUPPLY		247		144		14.02
15 PHARMACY		165				15
16 MEDICAL RECORDS & LIBRARY		165		650		16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
30 INPATIENT ROUTINE SERV COST CENTERS						
ADULTS & PEDIATRICS	89,676	3,248	8,754	2,025	2,566	30
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	12,431	1,942	1,281	859		50
53 ANESTHESIOLOGY		176				53
54 RADIOLOGY-DIAGNOSTIC	6,286	236		794		54
54.01 ULTRA SOUND		185				54.01
56 RADIOISOTOPE		162				56
60 LABORATORY		207		925		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		187		221		65
65.50 SLEEP LAB	977	168		83		65.50
66 PHYSICAL THERAPY	21,316	317		1,087		66
67 OCCUPATIONAL THERAPY		232		166		67
69 ELECTROCARDIOLOGY						69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
73 DRUGS CHARGED TO PATIENTS						73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	15,443	1,426		1,253		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
118 SPECIAL PURPOSE COST CENTERS						
SUBTOTALS (SUM OF LINES 1-117)	157,043	9,738	26,888	8,691	2,566	118
NONREIMBURSABLE COST CENTERS						
192.02 ASSISTED LIVING						192.02
192.03 CARDIAC REHAB						192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	177,923	240,167	380,039	246,712	205,777	202
203 UNIT COST MULT-WS B PT I	1.132957	24.662867	14.134149	28.387067	80.193687	203
204 COST TO BE ALLOC PER B PT II	28,700	11,352	46,772	29,718	6,264	204
205 UNIT COST MULT-WS B PT II	0.182752	1.165742	1.739512	3.419399	2.441154	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINISTRATION DIRECT NRS ING HRS 13.02	CENTRAL SERVICES & SUPPLY COSTED REQ UIS. 14.02	PHARMACY COSTED REQ UIS. 15	MEDICAL RECORDS & LIBRARY TIME SPENT 16	SOCIAL SERVICE TIME SPENT 17	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 ADMINISTRATION & ACCOUNTING						5.01
5.02 GENERAL						5.02
5.03 ADMITTING						5.03
5.04 PATIENT ACCOUNTING						5.04
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
13.01 UR/QUALITY IMPROVEMENT						13.01
13.02 NURSING ADMINISTRATION	44,918					13.02
14 CENTRAL SERVICES & SUPPLY						14
14.01 PURCHASING						14.01
14.02 CENTRAL SERVICES & SUPPLY		813,973				14.02
15 PHARMACY		8,230	314,908			15
16 MEDICAL RECORDS & LIBRARY		3,291		1,980		16
17 SOCIAL SERVICE					100	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
30 INPATIENT ROUTINE SERV COST CENTERS						
ADULTS & PEDIATRICS	19,432	61,817	2,807	436	100	30
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	10,805	279,805	942	215		50
53 ANESTHESIOLOGY		7,491	3,884			53
54 RADIOLOGY-DIAGNOSTIC		34,978	10,708	484		54
54.01 ULTRA SOUND		378				54.01
56 RADIOISOTOPE		9,489	23,931			56
60 LABORATORY	12	295,527		138		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	93	12,239	1	20		65
65.50 SLEEP LAB	411	176		13		65.50
66 PHYSICAL THERAPY		7,706	318	143		66
67 OCCUPATIONAL THERAPY		941		11		67
69 ELECTROCARDIOLOGY		1,943				69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		38,911				71
73 DRUGS CHARGED TO PATIENTS			271,189			73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
91 OUTPATIENT SERVICE COST CENTERS						
EMERGENCY	14,165	51,051	1,128	520		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
118 SUBTOTALS (SUM OF LINES 1-117)	44,918	813,973	314,908	1,980	100	118
NONREIMBURSABLE COST CENTERS						
192.02 ASSISTED LIVING						192.02
192.03 CARDIAC REHAB						192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	388,591	83,320	502,453	521,887	780	202
203 UNIT COST MULT-WS B PT I	8.651120	0.102362	1.595555	263.579293	7.800000	203
204 COST TO BE ALLOC PER B PT II	31,242	13,050	29,289	40,617	16	204
205 UNIT COST MULT-WS B PT II	0.695534	0.016032	0.093008	20.513636	0.160000	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

	GENERAL SERVICE COST CENTERS	
1	CAP REL COSTS-BLDG & FIXT	1
2	CAP REL COSTS-MVBLE EQUIP	2
4	EMPLOYEE BENEFITS	4
5.01	ADMINISTRATION & ACCOUNTING	5.01
5.02	GENERAL	5.02
5.03	ADMITTING	5.03
5.04	PATIENT ACCOUNTING	5.04
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
13.01	UR/QUALITY IMPROVEMENT	13.01
13.02	NURSING ADMINISTRATION	13.02
14	CENTRAL SERVICES & SUPPLY	14
14.01	PURCHASING	14.01
14.02	CENTRAL SERVICES & SUPPLY	14.02
15	PHARMACY	15
16	MEDICAL RECORDS & LIBRARY	16
17	SOCIAL SERVICE	17
19	NONPHYSICIAN ANESTHETISTS	19
20	NURSING SCHOOL	20
21	I&R SRVCES-SALARY & FRINGES APPRVD	21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD	22
23	PARAMED ED PRGM-(SPECIFY)	23
30	INPATIENT ROUTINE SERV COST CENTERS	30
	ADULTS & PEDIATRICS	
	ANCILLARY SERVICE COST CENTERS	
50	OPERATING ROOM	50
53	ANESTHESIOLOGY	53
54	RADIOLOGY-DIAGNOSTIC	54
54.01	ULTRA SOUND	54.01
56	RADIOISOTOPE	56
60	LABORATORY	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30
65	RESPIRATORY THERAPY	65
65.50	SLEEP LAB	65.50
66	PHYSICAL THERAPY	66
67	OCCUPATIONAL THERAPY	67
69	ELECTROCARDIOLOGY	69
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	71
73	DRUGS CHARGED TO PATIENTS	73
76.97	CARDIAC REHABILITATION	76.97
76.98	HYPERBARIC OXYGEN THERAPY	76.98
76.99	LITHOTRIPSY	76.99
	OUTPATIENT SERVICE COST CENTERS	
91	EMERGENCY	91
92	OBSERVATION BEDS	92
	OTHER REIMBURSABLE COST CENTERS	
99.10	CORF	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	99.40
	SPECIAL PURPOSE COST CENTERS	
118	SUBTOTALS (SUM OF LINES 1-117)	118
	NONREIMBURSABLE COST CENTERS	
192.02	ASSISTED LIVING	192.02
192.03	CARDIAC REHAB	192.03
200	CROSS FOOT ADJUSTMENTS	200
201	NEGATIVE COST CENTER	201
202	COST TO BE ALLOC PER B PT I	202
203	UNIT COST MULT-WS B PT I	203
204	COST TO BE ALLOC PER B PT II	204
205	UNIT COST MULT-WS B PT II	205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 26) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
30 INPATIENT ROUTINE SERV COST CENTERS					
ADULTS & PEDIATRICS	2,793,918		2,793,918		30
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	1,802,309		1,802,309		50
53 ANESTHESIOLOGY	50,272		50,272		53
54 RADIOLOGY-DIAGNOSTIC	1,768,642		1,768,642		54
54.01 ULTRA SOUND	221,819		221,819		54.01
56 RADIOISOTOPE	585,534		585,534		56
60 LABORATORY	1,556,076		1,556,076		60
62.30 BLOOD CLOTTING FOR HEMOPHIL					62.30
65 RESPIRATORY THERAPY	252,003		252,003		65
65.50 SLEEP LAB	145,591		145,591		65.50
66 PHYSICAL THERAPY	1,353,872		1,353,872		66
67 OCCUPATIONAL THERAPY	174,699		174,699		67
69 ELECTROCARDIOLOGY	35,391		35,391		69
71 MEDICAL SUPPLIES CHRGED TO	210,732		210,732		71
73 DRUGS CHARGED TO PATIENTS	773,201		773,201		73
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	2,456,584		2,456,584		91
92 OBSERVATION BEDS	251,838		251,838		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)	14,432,481		14,432,481		200
201 LESS OBSERVATION BEDS	251,838		251,838		201
202 TOTAL (SEE INSTRUCTIONS)	14,180,643		14,180,643		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			
30 INPATIENT ROUTINE SERV COST CENTERS						
ADULTS & PEDIATRICS	2,023,315		2,023,315			30
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	86,005	2,965,110	3,051,115	0.590705		50
53 ANESTHESIOLOGY	11,685	380,552	392,237	0.128167		53
54 RADIOLOGY-DIAGNOSTIC	258,324	5,794,127	6,052,451	0.292219		54
54.01 ULTRA SOUND	104,757	882,576	987,333	0.224665		54.01
56 RADIOISOTOPE	66,248	1,555,384	1,621,632	0.361077		56
60 LABORATORY	488,303	3,626,327	4,114,630	0.378181		60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	173,225	138,821	312,046	0.807583		65
65.50 SLEEP LAB	3,250	305,508	308,758	0.471538		65.50
66 PHYSICAL THERAPY	222,717	2,791,294	3,014,011	0.449193		66
67 OCCUPATIONAL THERAPY	117,823	149,641	267,464	0.653168		67
69 ELECTROCARDIOLOGY	29,331	290,947	320,278	0.110501		69
71 MEDICAL SUPPLIES CHRGED TO	319,781	596,890	916,671	0.229888		71
73 DRUGS CHARGED TO PATIENTS	462,954	774,505	1,237,459	0.624830		73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	12,025	3,500,202	3,512,227	0.699438		91
92 OBSERVATION BEDS	91,255	348,567	439,822	0.572591		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)	4,470,998	24,100,451	28,571,449			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)		24,100,451	28,571,449			202

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-1332) [] 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	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PROGRAM CHARGES				PROGRAM COSTS		
		PPS REIMBURSED SERVICES 2	COST REIMB. SUBJECT TO DED & COINS 3	COST REIMB. SVCS NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SUBJECT TO DED & COINS 6	COST SVCS NOT SUBJECT TO DED & COINS 7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.590705		1,666,440			984,374		50
53 ANESTHESIOLOGY	0.128167		197,473			25,310		53
54 RADIOLOGY-DIAGNOSTIC	0.292219		2,159,719			631,111		54
54.01 ULTRA SOUND	0.224665		348,613			78,321		54.01
56 RADIOISOTOPE	0.361077		641,419			231,602		56
60 LABORATORY	0.378181		1,633,446			617,738		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65 RESPIRATORY THERAPY	0.807583		46,012			37,159		65
65.50 SLEEP LAB	0.471538		75,954			35,815		65.50
66 PHYSICAL THERAPY	0.449193		1,179,163			529,672		66
67 OCCUPATIONAL THERAPY	0.653168		29,370			19,184		67
69 ELECTROCARDIOLOGY	0.110501		125,822			13,903		69
71 MEDICAL SUPPLIES CHRGD TO PATI	0.229888		360,301			82,829		71
73 DRUGS CHARGED TO PATIENTS	0.624830		491,504			307,106		73
76.97 CARDIAC REHABILITATION								76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
91 EMERGENCY	0.699438		1,144,814			800,726		91
92 OBSERVATION BEDS	0.572591		114,953			65,821		92
OTHER REIMBURSABLE COST CENTERS								
200 SUBTOTAL (SEE INSTRUCTIONS)			10,215,003			4,460,671		200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)			10,215,003			4,460,671		202

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [XX] S/B-SNF (14-2332)
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9	PROGRAM CHARGES				PROGRAM COSTS		
		PPS REIMBURSED SERVICES	COST REIMB. SUBJECT TO DED & COINS	COST REIMB. SVCES NOT SUBJECT TO DED & COINS	PPS SERVICES	COST SUBJECT TO DED & COINS	COST SVCES NOT SUBJECT TO DED & COINS	
	1	2	3	4	5	6	7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.590705						50	
53 ANESTHESIOLOGY	0.128167						53	
54 RADIOLOGY-DIAGNOSTIC	0.292219						54	
54.01 ULTRA SOUND	0.224665						54.01	
56 RADIOISOTOPE	0.361077						56	
60 LABORATORY	0.378181						60	
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
65 RESPIRATORY THERAPY	0.807583						65	
65.50 SLEEP LAB	0.471538						65.50	
66 PHYSICAL THERAPY	0.449193						66	
67 OCCUPATIONAL THERAPY	0.653168						67	
69 ELECTROCARDIOLOGY	0.110501						69	
71 MEDICAL SUPPLIES CHRGED TO PATI	0.229888						71	
73 DRUGS CHARGED TO PATIENTS	0.624830						73	
76.97 CARDIAC REHABILITATION							76.97	
76.98 HYPERBARIC OXYGEN THERAPY							76.98	
76.99 LITHOTRIPSY							76.99	
OUTPATIENT SERVICE COST CENTERS								
91 EMERGENCY	0.699438						91	
92 OBSERVATION BEDS	0.572591						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	

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-1332) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] 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)	2,829	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	1,438	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,183	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	1,391	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)	900	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)	1,391	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	117.00	19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	117.00	20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	2,793,918	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)	1,373,752	26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1,420,166	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,020,837	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,020,837	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	1.391178	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)	862.92	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)	1,420,166	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-1332) [] SUB (OTHER) [] PFS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] 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) 987.60 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 888,840 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) 888,840 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5
42 NURSERY (TITLES V AND XIX ONLY)					42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT					43
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)					442,007 48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					1,330,847 49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 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 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) 1,373,752 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) 1,373,752 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) 255 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 987.60 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 251,838 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST					
90 CAPITAL-RELATED COST	258,339	1,420,166	0.181908	251,838	45,811 90
91 NURSING SCHOOL COST					91
92 ALLIED HEALTH COST					92
93 ALL OTHER MEDICAL EDUCATION					93

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-1332) [] SUB (OTHER) [] S/B SNF [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [XX] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS		832,770		30
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.590705	44,065	26,029	50
53 ANESTHESIOLOGY	0.128167	6,645	852	53
54 RADIOLOGY-DIAGNOSTIC	0.292219	125,354	36,631	54
54.01 ULTRA SOUND	0.224665	83,692	18,803	54.01
56 RADIOISOTOPE	0.361077	40,763	14,719	56
60 LABORATORY	0.378181	257,486	97,376	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.807583	78,452	63,357	65
65.50 SLEEP LAB	0.471538			65.50
66 PHYSICAL THERAPY	0.449193	37,612	16,895	66
67 OCCUPATIONAL THERAPY	0.653168	14,638	9,561	67
69 ELECTROCARDIOLOGY	0.110501	18,570	2,052	69
71 MEDICAL SUPPLIES CHRGD TO PATI	0.229888	168,633	38,767	71
73 DRUGS CHARGED TO PATIENTS	0.624830	186,871	116,763	73
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY	0.699438	289	202	91
92 OBSERVATION BEDS	0.572591			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		1,063,070	442,007	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		1,063,070		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [XX] S/B SNF (14-Z332) [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IFF [] SNF [] S/B NF [] TEFRA
 BOXES [] 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
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.590705	5,227	3,088	50
53 ANESTHESIOLOGY	0.128167	411	53	53
54 RADIOLOGY-DIAGNOSTIC	0.292219	52,977	15,481	54
54.01 ULTRA SOUND	0.224665	6,080	1,366	54.01
56 RADIOISOTOPE	0.361077	10,958	3,957	56
60 LABORATORY	0.378181	131,690	49,803	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.807583	77,525	62,608	65
65.50 SLEEP LAB	0.471538	3,250	1,532	65.50
66 PHYSICAL THERAPY	0.449193	181,484	81,521	66
67 OCCUPATIONAL THERAPY	0.653168	96,316	62,911	67
69 ELECTROCARDIOLOGY	0.110501	2,029	224	69
71 MEDICAL SUPPLIES CHRGED TO PATI	0.229888	125,080	28,754	71
73 DRUGS CHARGED TO PATIENTS	0.624830	209,410	130,846	73
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY	0.699438	4,415	3,088	91
92 OBSERVATION BEDS	0.572591			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		906,852	445,232	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		906,852		202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

CHECK APPLICABLE BOX: HOSPITAL (14-1332) IPF IRF
 SUB (OTHER) SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	4,460,671	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)	4,460,671	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)		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)	4,505,278	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)	1,748,538	26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	2,756,740	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)	2,756,740	30
31	PRIMARY PAYER PAYMENTS	2,799	31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	2,753,941	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)	283,587	34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	283,587	35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	283,587	36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)	3,037,528	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)	3,037,528	40
41	INTERIM PAYMENTS	3,207,922	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)	-170,394	43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK	[] HOSPITAL	[] SUB (OTHER)	INPATIENT				
APPLICABLE	[] IPF	[] SNF	PART A	PART B			
BOX:	[] IRF	[XX] SWING BED SNF (14-Z332)					
DESCRIPTION			MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT	
			1	2	3	4	
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			1,535,900			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.						
		PROGRAM	.01 03/16/2012	33,731		NONE	3.01
		TO	.02 05/11/2012	156,860			3.02
		PROVIDER	.03				3.03
		TO	.04				3.04
		PROVIDER	.05				3.05
			.06				3.06
			.07				3.07
			.08				3.08
			.09				3.09
			.50	NONE		NONE	3.50
			.51				3.51
		PROVIDER	.52				3.52
		TO	.53				3.53
		PROGRAM	.54				3.54
			.55				3.55
			.56				3.56
			.57				3.57
			.58				3.58
			.59				3.59
			.99	190,591			3.99
	SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)						
4	TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)			1,726,491			4
TO BE COMPLETED BY CONTRACTOR							
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.						
		PROGRAM	.01	NONE		NONE	5.01
		TO	.02				5.02
		PROVIDER	.03				5.03
			.04				5.04
			.05				5.05
			.06				5.06
			.07				5.07
			.08				5.08
			.09				5.09
		PROVIDER	.50	NONE		NONE	5.50
		TO	.51				5.51
		PROGRAM	.52				5.52
			.53				5.53
			.54				5.54
			.55				5.55
			.56				5.56
			.57				5.57
			.58				5.58
			.59				5.59
			.99				5.99
	SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)						
6	DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT						
		PROGRAM	.01	69,316			6.01
		TO					
		PROVIDER					
		PROVIDER					
		TO	.02				6.02
		PROGRAM					
7	TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)			1,795,807			7
8	NAME OF CONTRACTOR:			CONTRACTOR NUMBER:		NPR DATE:	8

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK [XX] HOSPITAL (14-1332) [] 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 14 399 1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12 900 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 1,183 4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200 28,571,449 5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20 815,188 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 - SWING BEDS

WORKSHEET E-2

CHECK [] TITLE V [XX] SWING BED - SNF (14-Z332)
 APPLICABLE [XX] TITLE XVIII [] SWING BED - NF
 BOXES [] TITLE XIX

COMPUTATION OF NET COST OF COVERED SERVICES		PART A	PART B
		1	2
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTRUCTIONS)	1,387,490	1
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTRUCTIONS)		2
3	ANCILLARY SERVICES (FROM WKST D-3, COL. 3, LINE 200 FOR PART A, AND SUM OF WKST D, PART V, COLS. 5 AND 7, LINE 202 FOR PART B) (FOR CAH, SEE INSTRUCTIONS)	449,684	3
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		4
5	PROGRAM DAYS	1,391	5
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		6
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		7
8	SUBTOTAL (SUM OF LINES 1-3 PLUS LINES 6 AND 7)	1,837,174	8
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)	1,441	9
10	SUBTOTAL (LINE 8 MINUS LINE 9)	1,835,733	10
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		11
12	SUBTOTAL (LINE 10 MINUS LINE 11)	1,835,733	12
13	COINSURANCE BILLED TO PROGRAM PATIENTS (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	39,926	13
14	80% OF PART B COSTS (LINE 12 x 80%)		14
15	SUBTOTAL (ENTER THE LESSER OF LINE 12 MINUS LINE 13, OR LINE 14)	1,795,807	15
16	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		16
17	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		17
18	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		18
19	TOTAL (SUM OF LINES 15 AND 17 PLUS/MINUS LINE 16)	1,795,807	19
20	INTERIM PAYMENTS	1,726,491	20
21	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		21
22	BALANCE DUE PROVIDER/PROGRAM (LINE 19 MINUS THE SUM OF LINES 20 AND 21)	69,316	22
23	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2		23

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART V

CHECK HOSPITAL (14-1332)
 APPLICABLE BOX: SUB (OTHER)

PART V - CALCULATION OF REIMBURSEMENT SETTLEMENT FOR MEDICARE PART A SERVICES - COST REIMBURSEMENT (CAHs)

1	INPATIENT SERVICES	1,330,847	1
2	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		2
3	ORGAN ACQUISITION		3
4	SUBTOTAL (SUM OF LINES 1-3)	1,330,847	4
5	PRIMARY PAYER PAYMENTS		5
6	TOTAL COST (LINE 4 LESS LINE 5) (FOR CAH, SEE INSTRUCTIONS)	1,344,155	6
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
7	ROUTINE SERVICE CHARGES		7
8	ANCILLARY SERVICE CHARGES		8
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE		9
10	TOTAL REASONABLE CHARGES		10
	CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		11
12	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)		12
13	RATIO OF LINE 11 TO LINE 12 (NOT TO EXCEED 1.000000)		13
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		14
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 14 EXCEEDS LINE 6) (SEE INSTR.)		15
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 6 EXCEEDS LINE 14) (SEE INSTR.)		16
17	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		17
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49)		18
19	COST OF COVERED SERVICES (SUM OF LINES 6 AND 17)	1,344,155	19
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	262,012	20
21	EXCESS REASONABLE COST (FROM LINE 16)		21
22	SUBTOTAL (LINE 19 MINUS LINE 20)	1,082,143	22
23	COINSURANCE	289	23
24	SUBTOTAL (LINE 22 MINUS LINE 23)	1,081,854	24
25	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	32,761	25
26	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	32,761	26
27	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	32,761	27
28	SUBTOTAL (SUM OF LINES 24 AND 25 OR 26)	1,114,615	28
29	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		29
30	SUBTOTAL (LINE 28 PLUS OR MINUS LINE 29)	1,114,615	30
31	INTERIM PAYMENTS	990,953	31
32	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		32
33	BALANCE DUE PROVIDER/PROGRAM (LINE 30 MINUS THE SUM OF LINES 31 AND 32)	123,662	33
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		34

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	656,465			1
2	TEMPORARY INVESTMENTS	133,591			2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	3,725,121			4
5	OTHER RECEIVABLES	56,825			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-981,000			6
7	INVENTORY	320,673			7
8	PREPAID EXPENSES	250,822			8
9	OTHER CURRENT ASSETS	168,545			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	4,331,042			11
FIXED ASSETS					
12	LAND	237,676			12
13	LAND IMPROVEMENTS	1,580,567			13
14	ACCUMULATED DEPRECIATION	-596,695			14
15	BUILDINGS	16,304,559			15
16	ACCUMULATED DEPRECIATION	-5,854,646			16
17	LEASEHOLD IMPROVEMENTS				17
18	ACCUMULATED AMORTIZATION				18
19	FIXED EQUIPMENT	164,333			19
20	ACCUMULATED DEPRECIATION	-161,431			20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	7,595,703			23
24	ACCUMULATED DEPRECIATION	-5,347,573			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)	13,922,493			30
OTHER ASSETS					
31	INVESTMENTS				31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	9,931,610			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	9,931,610			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	28,185,145			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	860,713			37
38	SALARIES, WAGES & FEES PAYABLE	485,507			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)	233,299			40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS	260,100			43
44	OTHER CURRENT LIABILITIES				44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	1,839,619			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE	6,708,578			47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES				49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	6,708,578			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	8,548,197			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	19,636,948			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)	19,636,948			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	28,185,145			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		18,801,856							1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)		1,166,761							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		19,968,617							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 RETURN ON INVESTMENTS		9,293							5
6 CONTRIBUTIONS OF EQUIPMENT		174,678							6
7 TRANSFERS FROM FOUNDATION		2,000							7
8 CHANGE IN INTEREST OF FOUNDA		3,572							8
9 CHANGE IN INTEREST OF FOUNDA									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		189,543							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		20,158,160							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 RELEASED CONTRIBUTIONS		20,457							13
14 TRANSFERS TO HILLSBORO HEALT		500,000							14
15 UNREALIZED CHANGE IN INVESTM		755							15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		521,212							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		19,636,948							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	2,587,840		2,587,840	2
3 SUBPROVIDER IPF				3
5 SUBPROVIDER IRF				5
6 SWING BED - SNF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	2,587,840		2,587,840	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT				12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)				17
18 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	2,587,840		2,587,840	18
19 ANCILLARY SERVICES	3,665,329		3,665,329	19
20 OUTPATIENT SERVICES		25,481,929	25,481,929	20
21 RHC				21
22 FQHC				22
23 HOME HEALTH AGENCY				23
25 AMBULANCE				25
26 ASC				26
27 HOSPICE				27
28 OTHER (SPECIFY)				28
29 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	6,253,169	25,481,929	31,735,098	29

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		18,463,740	29
30 ADD (SPECIFY)			30
31			31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)			36
37 DEDUCT (SPECIFY)			37
38			38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)			42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		18,463,740	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	31,735,098	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	12,432,973	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	19,302,125	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	18,463,740	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	838,385	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	171,790	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	5,172	10
11	REBATES AND REFUNDS OF EXPENSES	8,064	11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	36,491	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	5,588	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	4,107	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (MISC. INCOME/ADJUSTMENTS)	97,169	24
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	328,381	25
26	TOTAL (LINE 5 PLUS LINE 25)	1,166,766	26
27	OTHER EXPENSES (ROUNDING)	5	27
27.01	OTHER EXPENSES (0)		27.01
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)	5	28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	1,166,761	29