

PROVIDER NO. 41-0004 ROGER WILLIAMS HOSPITAL
PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2009.08
03/18/2010 08:56

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

WORKSHEET S
PARTS I & II

INTERMEDIARY [] AUDITED DATE RECEIVED _____ [] INITIAL [] RE-OPENING
USE ONLY: [] DESK REVIEWED INTERMEDIARY NO. _____ [] FINAL [] MCR CODE

PART I - CERTIFICATION

CHECK _____ ELECTRONICALLY FILED COST REPORT DATE: _____
APPLICABLE BOX _____ MANUALLY SUBMITTED COST REPORT TIME: _____

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 ROGER WILLIAMS HOSPITAL (41-0004) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2008 AND ENDING 09/30/2009, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

TITLE

DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
	1	2	3	4	
1	HOSPITAL				1
2	SUBPROVIDER I	-123889	244277		2
3	SWING BED - SNF				3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	-123889	244277		100

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 657 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: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 825 CHALKSTONE AVENUE P.O.BOX: 1
 1.01 CITY: PROVIDENCE STATE: RI ZIP CODE: 02908 COUNTY: PROVIDENCE 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)				
				V 4	XVIII 5	XIX 6		
2	HOSPITAL	ROGER WILLIAMS HOSPITAL	41-0004	07/01/1966	N	P	O	2
3	SUBPROVIDER I	ROGER WILLIAMS HOSPITAL (GRI'PSYCH	41-S004	10/01/1999	N	P	O	3
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF							6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA	ROGER WILLIAMS HOSPITAL	41-7029	06/05/1987	N	P	N	9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE							12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16
17	COST REPORTING PERIOD (MM/DD/YYYY)		FROM: 10/01/2008	TO: 09/30/2009				17
18	TYPE OF CONTROL		1	2				18

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL		1					19
20	SUBPROVIDER I		4					20

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.							21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106?			YES				21.01
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.							21.02
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.			1	N		N 14484	21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.			1				21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.			1				21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO.			NO				21.06
21.07	DOES THIS HOSPITAL QUALIFY AS AN SCH WITH UNDER 100 BEDS OR FEWER BEDS UNDER MIPPA 147? ENTER 'Y' FOR YES AND 'N' FOR NO (SEE INSTRUCTIONS).			NO				21.07
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?			NO				22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW			NO				23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.							23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.							24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.							24.01
25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?			YES				25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4?			YES				25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.			YES				25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.			NO				25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2			NO				25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)			NO		NO		25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)			YES		NO		25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				26
26.01	ENTER THE APPLICABLE SCH DATES:	BEGINNING:	ENDING:		26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.				26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS):	BEGINNING:	ENDING:		26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.			NO	27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.				28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st				28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.				28.02
A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)					
28.03	STAFFING	0.00		N	28.03
28.04	RECRUITMENT	0.00		N	28.04
28.05	RETENTION OF EMPLOYEES	0.00		N	28.05
28.06	TRAINING	0.00		N	28.06
28.07	OTHER (SPECIFY)				28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?			NO	29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.			NO	30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.				30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?				30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)				30.03
30.04	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. 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.				30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).			NO	31
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).			NO	31.01
MISCELLANEOUS COST REPORTING INFORMATION					
32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.			NO	32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.			NO	33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?			NO	34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?			NO	35
PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL					
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	V	XVIII	XIX	
		1	2	3	
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	NO	36
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?				37.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES	38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO	38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO	38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO	38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO	38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	YES	40
40.01	NAME:	FI/CONTRACTOR'S NAME:	FI/CONTRACTOR'S NUMBER:
40.02	STREET:		P.O. BOX:
40.03	CITY:		STATE: ZIP CODE:
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES	41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES	42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES	42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO	43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	NO	44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO	45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?		45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?		45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?		45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMP DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.		46

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COST OR CHARGES, ENTER A 'Y' FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION; ENTER 'N' IF NOT EXEMPT (SEE 42 CFR 413.13).

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC				
	1	2	3	4	5				
47	HOSPITAL	N	N	N	N	47			
48	SUBPROVIDER I	N	N	N	N	48			
49	SKILLED NURSING FACILITY	N	N	N	N	49			
50	HOME HEALTH AGENCY	N	N			50			
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?				NO	52			
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.				NO	52.01			
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53			
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01			
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: PAID LOSSES: AND/OR SELF INSURANCE:					54			
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.				NO	54.01			
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.				NO	55			
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.			DATE	Y/N	LIMIT	Y/N	FEE\$	
				0	1	2	3	4	
56				/ /	NO	0.00	NO		56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?					NO			57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.					NO			58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)								58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)					NO			59

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)	YES	60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES 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. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)	NO	60.01
MULTICAMPUS			
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.	NO	61
	COUNTY: 1	STATE: 2	ZIP CODE 3
		CBSA 4	FTE/ CAMPUS 5
SETTLEMENT DATA			
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)	NO	63

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH PATIENT HOURS 2.01	-----I/P DAYS / O/P VISITS / TRIPS-----					OBS. BEDS ADMITTED 5.01
				TITLE V 3	TITLE XVIII 4	NONCOVERED DAYS 4.01	TITLE XIX 5		
1 HOSPITAL ADULTS & PEDS, EXCL SWING BED, OBSERV & HOSPICE DAYS	143	52195			9179		3084		1
2 HMO					7600		2962		2
3 HOSPITAL ADULTS & PEDS - SWING BED SNF									3
4 HOSPITAL ADULTS & PEDS - SWING BED NF									4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS	143	52195			9179		3084		5
6 INTENSIVE CARE UNIT									6
7 CORONARY CARE UNIT									7
8 BURN INTENSIVE CARE UNIT									8
9 SURGICAL INTENSIVE CARE UNIT	14	5110			4164		460		9
10 OTHER SPECIAL CARE (SPECIFY)									10
11 NURSERY									11
12 TOTAL HOSPITAL	157	57305			13343		3544		12
13 RPCH VISITS									13
14 SUBPROVIDER I	12	4380			2478		50		14
15 SKILLED NURSING FACILITY									15
16 NURSING FACILITY									16
17 OTHER LONG TERM CARE									17
18 HOME HEALTH AGENCY					17305				18
20 ASC (DISTINCT PART)									20
21 HOSPICE (DISTINCT PART)									21
23 O/P REHAB PROVIDER									23
24 RHC I									24
25 TOTAL	169								25
26 OBSERVATION BED DAYS									26
27 AMBULANCE TRIPS									27
28 EMPLOYEE DISCOUNT DAYS									28

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

COMPONENT	-----I/P DAYS / O/P VISITS / TRIPS-----				---INTERNS & RES FTES---			--FULL TIME EQUIV--	
	OBS.		OBS.		LESS I&R			EMPLOYEES ON PAYROLL	NONPAID WORKERS
	BEDS NOT ADMITTED	TOTAL ALL PATIENTS	BEDS ADMITTED	BEDS NOT ADMITTED	TOTAL	REPL NON- PHYS ANES	NET		
5.02	6	6.01	6.02	7	8	9	10	11	
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		28791							1
2 HMO XIX									2
3 HOSPITAL ADULTS & PEDS - SWING BED SNF									3
4 HOSPITAL ADULTS & PEDS - SWING BED NF									4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS		28791							5
6 INTENSIVE CARE UNIT									6
7 CORONARY CARE UNIT									7
8 BURN INTENSIVE CARE UNIT									8
9 SURGICAL INTENSIVE CARE UNIT		7951							9
10 OTHER SPECIAL CARE (SPECIFY)									10
11 NURSERY									11
12 TOTAL HOSPITAL		36742			67.64		67.64	1018.99	12
13 RPCH VISITS									13
14 SUBPROVIDER I		3887						22.42	14
15 SKILLED NURSING FACILITY									15
16 NURSING FACILITY									16
17 OTHER LONG TERM CARE									17
18 HOME HEALTH AGENCY		46742						59.67	18
20 ASC (DISTINCT PART)									20
21 HOSPICE (DISTINCT PART)									21
23 O/P REHAB PROVIDER									23
24 RHC I									24
25 TOTAL					67.64		67.64	1101.08	25
26 OBSERVATION BED DAYS		2252	122	2130					26
27 AMBULANCE TRIPS									27
28 EMPLOYEE DISCOUNT DAYS									28

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		2507	325	7537	1
2	HMO XIX					2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4	HOSPITAL ADULTS & PEDS - SWING BED NF					4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6	INTENSIVE CARE UNIT					6
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		2507	325	7537	12
13	RPCH VISITS					13
14	SUBPROVIDER I		244	7	421	14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
1	2	3	4	5	6	7	8	
1	SALARIES							
1	TOTAL SALARIES	65111408		65111408	2356826.00	27.63		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A	267732		267732	1840.00	145.51	WS A82	4
4.01	TEACHING PHYSICIAN SALARIES	37290		37290	357.00	104.45	WS A82	4.01
5	PHYSICIAN - PART B	924708		924708	8959.00	103.22	WS A82	5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)	4485578	-259518	4226060	155609.00	27.16	WSA & FTE REPOR	6
6.01	CONTRACT SERVICES, I&R	215515		215515	5633.00	38.26		6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	9992842	17279	10010121	302099.00	33.14		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	257802		257802	6234.00	41.35		9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10	CONTRACT LABOR: PHYSICIAN PART A	3516964		3516964	53247.00	66.05		10
10.01	TEACHING PHYSICIAN UNDER CONTRACT	261417		261417	2076.00	125.92		10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS							11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	13600584		13600584			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	2546717		2546717			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18	PHYSICIAN PART A	26942		26942			CMS 339	18
18.01	PART A TEACHING PHYSICIANS	3752		3752			CMS 339	18.01
19	PHYSICIAN PART B	93053		93053			CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)	425264		425264			CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	749374		749374	24502.00	30.58		21
22	ADMINISTRATIVE & GENERAL	8193874		8193874	261851.00	31.29		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23	MAINTENANCE & REPAIRS	692014		692014	26187.00	26.43		23
24	OPERATION OF PLANT	997772		997772	47466.00	21.02		24
25	LAUNDRY & LINEN SERVICE							25
26	HOUSEKEEPING	556750	534356	1091106	76523.00	14.26		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	622671		622671	44907.00	13.87		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA	163654		163654	10026.00	16.32		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	1116720	-8664	1108056	26416.00	41.95		30
31	CENTRAL SERVICES AND SUPPLY	259228		259228	15018.00	17.26		31
32	PHARMACY	1954180		1954180	53872.00	36.27		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	733731		733731	34403.00	21.33		33
34	SOCIAL SERVICE	916433		916433	25376.00	36.11		34
35	OTHER GENERAL SERVICE	145636		145636	3661.00	39.78		35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
1	2	3	4	5	6	7	
1	NET SALARIES	59448317	259518	59707835	2186268.00	27.31	1
2	EXCLUDED AREA SALARIES	9992842	17279	10010121	302099.00	33.14	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	49455475	242239	49697714	1884169.00	26.38	3
4	SUBTOTAL OTHER WAGES & REL COSTS	4036183		4036183	61557.00	65.57	4
5	SUBTOTAL WAGE-RELATED COSTS	13627526		13627526		27.42%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	67119184	242239	67361423	1945726.00	34.62	6
7	NET SALARIES						7
8	EXCLUDED AREA SALARIES						8
9	SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)						9
10	SUBTOTAL OTHER WAGES & REL COSTS						10
11	SUBTOTAL WAGE-RELATED COSTS						11
12	TOTAL (SUM OF LINES 9 THRU 11)						12
13	TOTAL OVERHEAD COSTS	17102037	525692	17627729	650208.00	27.11	13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 41-7029

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: PROVIDENCE

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		2904		7048	9952	1
2 UNDUPLICATED CENSUS COUNT		557.00		1352.00	1909.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES (FULL TIME EQUIVALENT)

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK:	STAFF 1	CONTRACT 2	TOTAL 3	
40.00				
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)	1.00		1.00	4
5 OTHER ADMINISTRATIVE PERSONNEL	21.73		21.73	5
6 DIRECT NURSING SERVICE	24.01		24.01	6
7 NURSING SUPERVISOR	3.06		3.06	7
8 PHYSICAL THERAPY SERVICE	4.04		4.04	8
9 PHYSICAL THERAPY SUPERVISOR	1.04		1.04	9
10 OCCUPATIONAL THERAPY SERVICE				10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE				12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE	.02		.02	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE	4.78		4.78	16
17 HOME HEALTH AIDE SUPERVISOR				17
18 OTHER (SPECIFY)				18

HOME HEALTH AGENCY MSA CODES

19 HOW MANY MSAs IN COLUMN 1 OR CBSAs IN COLUMN 1.01 DID YOU PROVIDE SERVICES TO DURING THIS COST REPORTING PERIOD	1	1	1.01	19
20 LIST THOSE MSA CODE(S) IN COLUMN 1 AND CBSA CODE(S) IN COLUMN 1.01 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE)	6483		14484	20

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 41-7029

WORKSHEET S-4
 (CONTINUED)

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 2000

	FULL EPISODES				SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL 7	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4				
21	SKILLED NURSING VISITS	8199	1597	643	384		10823	21
22	SKILLED NURSING VISIT CHARGES	1492047	290654	117026	69888		1969615	22
23	PHYSICAL THERAPY VISITS	3418	26	265	107		3816	23
24	PHYSICAL THERAPY VISIT CHARGES	649420	4940	50350	20330		725040	24
25	OCCUPATIONAL THERAPY VISITS	517	2	16	22		557	25
26	OCCUPATIONAL THERAPY VISIT CHARGES	94094	364	2912	4004		101374	26
27	SPEECH PATHOLOGY VISITS	188		10	3		201	27
28	SPEECH PATHOLOGY VISIT CHARGES	36660		1950	585		39195	28
29	MEDICAL SOCIAL SERVICE VISITS	39	2	2			43	29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	9867	506	506			10879	30
31	HOME HEALTH AIDE VISITS	1129	58	6	29		1222	31
32	HOME HEALTH AIDE VISIT CHARGES	124091	6380	660	3190		134321	32
33	TOTAL VISITS	13490	1685	942	545		16662	33
34	OTHER CHARGES							34
35	TOTAL CHARGES	2406179	302844	173404	97997		2980424	35
36	TOTAL NUMBER OF EPISODES	910		371	41		1322	36
37	TOTAL NUMBER OF OUTLIER EPISODES		35				35	37
38	TOTAL MEDICAL SUPPLY CHARGES	78968	14646	3194	3094		99902	38

NHCMQ DEMONSTRATION STATISTICAL DATA
 STATISTICAL DATA

WORKSHEET S-7

GROUP	M3PI REVENUE CODE	SERVICES PRIOR TO JANUARY 1		SERVICES ON OR AFTER JANUARY 1		TOTAL
		RATE	DAYS	RATE	DAYS	
1	2	3	3.01	4	4.01	5
1	RVC/RUC					1
2	RVB/RUB					2
3	RVA/RUA					3
3.01	RUX					3.01
3.02	RUL					3.02
4	RHD/RVC					4
5	RHC/RVB					5
6	RHB/RVA					6
6.01	RVX					6.01
6.02	RVL					6.02
7	RHA/RHC					7
8	RMC/RHB					8
9	RMB/RHA					9
9.01	RHX					9.01
9.02	RHL					9.02
10	RMA/RMC					10
11	RLB/RMB					11
12	RLA/RMA					12
12.01	RMX					12.01
12.02	RML					12.02
13	SE3/RLB					13
14	SE2/RLA					14
14.01	RLX					14.01
15	SE1/SE3					15
16	SSC/SE2					16
17	SSB/SE1					17
18	SSA/SSC					18
19	CD2/SSB					19
20	CD1/SSA					20
21	CC2					21
22	CC1					22
23	CB2					23
24	CB1					24
25	CA2					25
26	CA1					26
27	IB2					27
28	IB1					28
29	IA2					29
30	IA1					30
31	BB2					31
32	BB1					32
33	BA2					33
34	BA1					34
35	PE2					35
36	PE1					36
37	PD2					37
38	PD1					38
39	PC2					39
40	PC1					40
41	PB2					41
42	PB1					42
43	PA2					43
44	PA1					44
45	DEFAULT RATE					45
46	TOTAL					46

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	32196390 17
17.01	GROSS MEDICAID REVENUES	17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	19
20	RESTRICTED GRANTS	20
21	NON-RESTRICTED GRANTS	21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	32196390 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.400974 24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	26
27	TOTAL SCHIP COST	27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	13310654 28
29	TOTAL GROSS MEDICAID COST	5337226 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	5334907 30
31	UNCOMPENSATED CARE COST	2139159 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	5337226 32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
GENERAL SERVICE COST CENTERS									
1	0100								1
2	0200								2
3	0300								3
4	0400								4
5	0500								5
6.01	0660	749374	15997420	16746794	-100995	16645799	-134125	16511674	5
6.02	0661	187362	252876	440238		440238	-12991	427247	6.01
6.02	0661	548563	17172	565735		565735	-34502	531233	6.02
6.03	0662	886462	21327	907789		907789	-4914	902875	6.03
6.04	0663	1203656	11972	1215628		1215628	-12041	1203587	6.04
6.05	0664	5367831	17730893	23098724		23098724	-1426543	21672181	6.05
7	0700	692014	2083989	2776003		2776003	-182486	2593517	7
8	0800	997772	2516131	3513903		3513903	-650473	2863430	8
9	0900		570037	570037		570037		570037	9
10	1000	556750	215921	772671	534356	1307027	-165945	1141082	10
11	1100	622671	1086939	1709610		1709610	-811	1708799	11
12	1200	163654	226101	389755		389755	-518835	-129080	12
13	1300								13
14	1400	1116720	27101	1143821	-8664	1135157	-17551	1117606	14
15	1500	259228	108687	367915	-766	367149	-334	366815	15
16	1600	1954180	7271861	9226041	-7671493	1554548	-88703	1465845	16
17	1700	733731	250122	983853		983853	-206	983647	17
18	1800	916433	76148	992581		992581		992581	18
19	1950	145636	53	145689		145689		145689	19
19.01	1951				629068	629068	-127074	501994	19.01
20	2000								20
21	2100								21
22	2200	4485578	39500	4525078	-259518	4265560	-417061	3848499	22
23	2300		4403383	4403383	-3663853	739530	-39500	700030	23
24	2400								24
INPATIENT ROUTINE SERV COST CENTERS									
25	2500	12971183	2180031	15151214	-746934	14404280	-855981	13548299	25
29	2900	2416305	386282	2802587	-50389	2752198		2752198	29
31	3100	1216942	110091	1327033	61836	1388869	-103323	1285546	31
ANCILLARY SERVICE COST CENTERS									
37	3700	2800798	17642990	20443788	-14533012	5910776	-1086896	4823880	37
37.01	3950	1249950	1134838	2384788	-103615	2281173	-97500	2183673	37.01
38	3800	635940	56964	692904	-12084	680820		680820	38
41	4100	2286659	1524334	3810993	-168723	3642270	-301627	3340643	41
42	4200		-15	-15		-15		-15	42
43	4300	390623	480002	870625	-1	870624		870624	43
44	4400	4426490	4025817	8452307	178567	8630874	-100146	8530728	44
46.30	4650								46.30
47	4700	276779	1412923	1689702	-3817	1685885	-72121	1613764	47
49	4900	871784	143322	1015106	-75886	939220		939220	49
50	5000	527351	5184	532535		532535		532535	50
51	5100								51
53	5300	139209	169350	308559	-23	308536	-162680	145856	53
54	5400	387283	130357	517640	-1649	515991		515991	54
55	5500				15058823	15058823		15058823	55
56	5600				7754844	7754844		7754844	56
59	3430	183917	25054	208971	-20086	188885		188885	59
59.01	3431	480943	181028	661971	-60766	601205	-3919	597286	59.01
59.02	3432								59.02
59.03	3350		255872	255872	-7	255865		255865	59.03
OUTPATIENT SERVICE COST CENTERS									
60.01	4950	71256	38814	110070	-224	109846		109846	60.01
60.02	4951	226142	327448	553590		553590	-324086	229504	60.02
60.03	4952	222120	98191	320311	-396	319915	-24375	295540	60.03
60.04	4953								60.04
60.05	4954	56375	6086	62461	119731	182192		182192	60.05
60.06	4955								60.06
60.07	4956								60.07
60.08	4957	153301	47798	201099	-2014	199085		199085	60.08
60.09	4958	33925	2236	36161	-55	36106		36106	60.09
60.10	6001	391219	21862	413081	-3848	409233	-195460	213773	60.10
61	6100	2331399	663027	2994426	273787	3268213		3268213	61
62	6200								62
63.50	6310								63.50
63.60	6320								63.60
OTHER REIMBURSABLE COST CENTERS									
65	6500		27384	27384		27384	-227	27157	65
69.10	6910								69.10
69.20	6920								69.20
69.30	6930								69.30

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
69.40	6940								69.40
71	7100								71
		3955124	414051	4369175	-5448	4363727		4363727	
		SPECIAL PURPOSE COST CENTERS							
85.01	8510								85.01
85.02	8520								85.02
88	8800		1160160	1160160	-1160160				88
95		60290632	90754510	151045142	-105573	150939569	-7470584	143468985	95
		NONREIMBURSABLE COST CENTERS							
97	9700	1541104	2674343	4215447	61177	4276624		4276624	97
97.01	9701	849301	897111	1746412		1746412	74878	1821290	97.01
97.02	9702	121911	320052	441963		441963		441963	97.02
98	9800	918011	34416	952427	35539	987966		987966	98
99.02	9901								99.02
100	7950								100
100.01	7953	121489	198426	319915		319915	-16858	303057	100.01
100.02	7954	88623	2662	91285		91285		91285	100.02
100.03	7951	80803	41559	122362		122362	-56104	66258	100.03
100.04	7952	13372	3066	16438	8857	25295		25295	100.04
100.05	7955	1086162	26432	1112594		1112594		1112594	100.05
101	TOTAL	65111408	94952577	160063985		160063985	-7468668	152595317	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1 HOUSEKEEPING RECLASS	A	HOUSEKEEPING	10	534356	1
2	A				2
3 PHARMACY RECLASS	B	DRUGS CHARGED TO PATIENTS	56		7755198 3
4	B				4
5	B				5
6	B				6
7	B				7
8	B				8
9	B				9
10 EMPLOYEE FREE SERVICE RECLASS	C	EMPLOYEE BENEFITS	5		32485 10
11	C				11
12	C				12
13	C				13
14	C				14
15	C				15
16	C				16
17	C				17
18	C				18
19	C				19
20	C				20
21	C				21
22	C				22
23 INTEREST RECLASS	D	NEW CAP REL COSTS-BLDG & FIXT	3		1027549 23
24	D	NEW CAP REL COSTS-MVBLE EQUIP	4		132611 24
25 MALPRACTICE INSURANCE RECLASS	E	PHYSICIANS' PRIVATE OFFICES	98		35545 25
26	E	RESEARCH	97		61177 26
27 BONE MARROW RECLASS	H	BONE MARROW CLINIC	60.05	110934	14224 27
28 MEDICAL SUPPLIES CHARGED TO PATIENT	J	MEDICAL SUPPLIES CHARGED TO P	55		15058857 28
29	J				29
30	J				30
31	J				31
32	J				32
33	J				33
34	J				34
35	J				35
36 SUBTOTAL				645290	24117646 36

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 1

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF.
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	10
1 HOUSEKEEPING RECLASS	A	ADULTS & PEDIATRICS	25	508541		1
2	A	OPERATING ROOM	37	25815		2
3 PHARMACY RECLASS	B	MAG RESONANCE	59		20010	3
4	B					4
5	B					5
6	B	RADIOLOGY-DIAGNOSTIC	41		7422	6
7	B	COMPUTERIZED AXIAL IMAGING	59.01		59790	7
8	B	PHARMACY	16		7667976	8
9	B					9
10 EMPLOYEE FREE SERVICE RECLASS	C					10
11	C					11
12	C	OPERATING ROOM	37		10	12
13	C					13
14	C	RADIOLOGY-DIAGNOSTIC	41		6014	14
15	C	LABORATORY	44		16046	15
16	C	ELECTROENCEPHALOGRAPHY	54		100	16
17	C	ELECTROCARDIOLOGY	53		23	17
18	C	MEDICAL SUPPLIES CHARGED TO P	55		34	18
19	C	DRUGS CHARGED TO PATIENTS	56		354	19
20	C					20
21	C	COMPUTERIZED AXIAL IMAGING	59.01		161	21
22	C	EMERGENCY	61		9743	22
23 INTEREST RECLASS	D	INTEREST EXPENSE	88		1160160	14 23
24	D					14 24
25 MALPRACTICE INSURANCE RECLASS	E	EMPLOYEE BENEFITS	5		96722	25
26	E					26
27 BONE MARROW RECLASS	H	ADULTS & PEDIATRICS	25	110934	14224	27
28 MEDICAL SUPPLIES CHARGED TO PATIE	J	CENTRAL SERVICES & SUPPLY	15		766	28
29	J	PHARMACY	16		3517	29
30	J	ADULTS & PEDIATRICS	25		76181	30
31	J	SURGICAL INTENSIVE CARE UNIT	29		50389	31
32	J	SUBPROVIDER I	31		1434	32
33	J	OPERATING ROOM	37		14507187	33
34	J	ENDOSCOPY	37.01		103615	34
35	J	RECOVERY ROOM	38		12084	35
36 SUBTOTAL				645290	23813962	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1	J				1
2	J				2
3	J				3
4	J				4
5	J				5
6	J				6
7	J				7
8	J	RADIOLOGY-DIAGNOSTIC	41		1 8
9	J				9
10	J				10
11	J				11
12	J				12
13	J				13
14	J				14
15	J				15
16	J				16
17	J				17
18	K	DEPARTMENT OF MEDICINE	19		2777681 18
19	K	DEPARTMENT OF SURGERY	19.01		629068 19
20	K	SUBPROVIDER I	31		54848 20
21	K	EMERGENCY	61		298674 21
22	K	LABORATORY	44		452973 22
23	L	I&R SERVICES-OTHER PRGM COSTS	23	289873	23
24	L	CANCER CTR-TUMOR REG	100.04	8857	24
25	L				25
26	L				26
27	M	HOME HEALTH AGENCY	71		36758 27
28	O	LABORATORY	44		5427 28
29	P	SUBPROVIDER I	31	8664	29
30	Q				30
31	T	I&R SERVICES-OTHER PRGM COSTS	23	259518	31
32					32
33					33
34					34
35					35
36		TOTAL RECLASSIFICATIONS		1212202	28373076 36

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 2

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1	J	RADIOLOGY-DIAGNOSTIC	41		155288	1
2	J	RADIOISOTOPE	43		1	2
3	J	LABORATORY	44		6170	3
4	J	RESPIRATORY THERAPY	49		75886	4
5	J	ELECTROENCEPHALOGRAPHY	54		1549	5
6	J	MAG RESONANCE	59		76	6
7	J	COMPUTERIZED AXIAL IMAGING	59.01		815	7
8	J					8
9	J	HEMODIALYSIS	59.03		7	9
10	J	WOMEN'S HEALTH	60.01		224	10
11	J	DAY CHEMOTHERAPY	60.03		396	11
12	J	WOUND THERAPY CLINIC	60.08		2014	12
13	J	NEURO-SPINE CLINIC	60.09		55	13
14	J	HEMATOLOGY/ONCOLOGY	60.10		3848	14
15	J	EMERGENCY	61		15144	15
16	J	HOME HEALTH AGENCY	71		42206	16
17	J	PHYSICIANS' PRIVATE OFFICES	98		6	17
18	UMG RECLASS	I&R SERVICES-OTHER PRGM COSTS	23		4213244	18
19	K					19
20	K					20
21	K					21
22	K					22
23	PHYSICIAN TIME AND EFFORT	LABORATORY	44	257617		23
24	L	ADULTS & PEDIATRICS	25	37054		24
25	L	SUBPROVIDER I	31	242		25
26	L	BLOOD STORING, PROCESSING & T	47	3817		26
27	HHC PER DIEM FRINGE	EMPLOYEE BENEFITS	5		36758	27
28	LAB COSTS	BONE MARROW CLINIC	60.05		5427	28
29	GERI PSYCH RECLASS	NURSING ADMINISTRATION	14	8664		29
30	SNF ADMIN RECLASS					30
31	MED ED OTHER SALARIES	I&R SERVICES-SALARY & FRINGES	22	259518		31
32						32
33						33
34						34
35						35
36	TOTAL RECLASSIFICATIONS			1212202	28373076	36

ANALYSIS OF CHANGES DURING COST REPORTING
 PERIOD IN CAPITAL ASSET BALANCES OF HOSPITAL
 AND HOSPITAL HEALTH CARE COMPLEX CERTIFIED
 TO PARTICIPATE IN HEALTH CARE PROGRAMS

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD 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	85661					85661		1
2 LAND IMPROVEMENTS	663140					663140		2
3 BUILDINGS AND FIXTURES	22391152	-1922044		-1922044	2729601	17739507		3
4 BUILDING IMPROVEMENTS	21611649	2779667		2779667		24391316		4
5 FIXED EQUIPMENT	11940009	313822		313822		12253831		5
6 MOVABLE EQUIPMENT	25612097	1518656		1518656		27130753		6
7 SUBTOTAL	82303708	2690101		2690101	2729601	82264208		7
8 RECONCILING ITEMS								8
9 TOTAL	82303708	2690101		2690101	2729601	82264208		9

PART II - ANALYSIS OF CHANGES IN NEW 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								1
2 LAND IMPROVEMENTS								2
3 BUILDINGS AND FIXTURES								3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT								6
7 SUBTOTAL								7
8 RECONCILING ITEMS								8
9 TOTAL								9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF		OTHER CAPITAL	TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	RELATED COSTS	
	1	2	3	4	5	6	7	
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT				.000000				3
4 NEW CAP REL COSTS-MVBLE EQUIP				.000000				4
5 TOTAL				.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	3033483		-22363			1027549	4038669	3
4 NEW CAP REL COSTS-MVBLE EQUIP	2142594		-2768			132611	2272437	4
5 TOTAL	5176077		-25131			1160160	6311106	5

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	3035758						3035758	3
4 NEW CAP REL COSTS-MVBLE EQUIP	2139638						2139638	4
5 TOTAL	5175396						5175396	5

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-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES	B	-21448	NEW CAP REL COSTS-BLDG & FIXT	3	11 3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT	B	-2768	NEW CAP REL COSTS-MVBLE EQUIP	4	11 4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-43318	ADMINISTRATIVE & GENERAL	6.05	6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)					9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-4250708			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1	122528			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-518835	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS					20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4		OCCUPATIONAL THERAPY	51	35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				36
37 MISC REVENUE	B	-82560	ADMINISTRATIVE & GENERAL	6.05	37
37.30 ADD ON ADD'L ISSUANCE COST	A	-260	ADMINISTRATIVE & GENERAL	6.05	37.30
37.80 PATIENT TELEPHONE	A	-12991	COMMUNICATIONS	6.01	37.80
37.81 PATIENT TELEPHONE	A	-1268	NEW CAP REL COSTS-BLDG & FIXT	3	9 37.81
37.82 PATIENT TELEPHONE	A	-75	NEW CAP REL COSTS-MVBLE EQUIP	4	9 37.82
38 GROSS UP REGISTRATION	B	-4914	ADMITTING	6.03	38
39 GROSS UP AR	B	-12041	ACCOUNTS RECEIVABLE	6.04	39
40 GROSS UP MAINT AND REPAIRS	A	-182486	MAINTENANCE & REPAIRS	7	40
41 GROSS UP A&G	B	-483244	ADMINISTRATIVE & GENERAL	6.05	41
42					42
43 GROSS UP SECURITY	B	-165945	HOUSEKEEPING	10	43
43.10 GROSS UP OPERATION OF PLANT	A	-650473	OPERATION OF PLANT	8	43.10
43.20 GROSS UP DIETARY	B	-811	DIETARY	11	43.20
43.21 GROSS UP NURSING ADMIN	B	-17551	NURSING ADMINISTRATION	14	43.21
43.22 GROSS UP CENTRAL SERVICE	B	-334	CENTRAL SERVICES & SUPPLY	15	43.22
43.23 GROSS UP	B	-56104	OTHER NONREIMBURSABLE	100.03	43.23
43.24 GROSS UP AMBULANCE	B	-227	AMBULANCE SERVICES	65	43.24
43.25 GROSS-UP PHARMACY	B	-88703	PHARMACY	16	43.25
43.26 GROSS-UP MARKETING	B	-16858	MARKETING	100.01	43.26
43.27 GROSS-UP LAB	A	-10598	LABORATORY	44	43.27
43.29 GROSS UP RECOVERY OF STORES	A	-34502	PURCHASING	6.02	43.29
43.30 GROSS UP HR	A	-134125	EMPLOYEE BENEFITS	5	43.30
43.31 GROSS UP MED REC	B	-206	MEDICAL RECORDS & LIBRARY	17	43.31
43.32 GROSS UP CT SCAN	A	-3919	COMPUTERIZED AXIAL IMAGING	59.01	43.32
44 HARI LOBBYING	A	-2593	ADMINISTRATIVE & GENERAL	6.05	44
45 AHA LOBBYING	A	-8393	ADMINISTRATIVE & GENERAL	6.05	45
46 RELIVED ASSETS	A	-1007	NEW CAP REL COSTS-BLDG & FIXT	3	9 46
47 RELIVED ASSETS	A	3031	NEW CAP REL COSTS-MVBLE EQUIP	4	9 47
48					48
49 DEFERRED INTEREST	A	-915	NEW CAP REL COSTS-BLDG & FIXT	3	11 49

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
			COST CENTER	LINE NO.	
	1	2	3	4	5
49.12 98 BOND ISSUANCE COST	A	8654	ADMINISTRATIVE & GENERAL	6.05	49.12
49.13 OID 98 BOND	A	14360	ADMINISTRATIVE & GENERAL	6.05	49.13
49.21 I&R SALARY	B	-417061	I&R SERVICES-SALARY & FRINGES A	22	49.21
49.24 SELF DISALLOWANCE LEGAL	B	-390000	ADMINISTRATIVE & GENERAL	6.05	49.24
50 TOTAL		-7468668			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF	
1	2	3	4	5	6	7	
2	6.05	ADMINISTRATIVE & GENERAL	ROSEBANK	84000	84000		1
3							2
4							3
4.03	6.05	ADMINISTRATIVE & GENERAL	REALTY INSURANCE	84000	99883	-15883	4
4.10	6.05	ADMINISTRATIVE & GENERAL	REALTY OFFICE SP	399533	336000	63533	4.03
4.15	97.01	RESEARCH ADMINISTRATION	REALTY OFFICE SP	470878	396000	74878	4.10
5		TOTALS		1038411	915883	122528	4.15
							5

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 -----				WKST REF
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	7
1	C PHYSICIAN OFFICE		PHYSICIAN OFFICE		SPACE RENTAL	1
2	C ROSEBANK		ROSEBANK		SPACE RENTAL	2
3	C ELMHURST HEALTH		RW REALTY		SERVICE COMPANY	3
4	C RW MEDICAL CENTER		RI MRI			4
5						5

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT	
LINE NO.	1	2	3	4	5	6	7	8	9	
1	19	DEPARTMENT OF MEDICINE	GENERAL	1984762	154220	1830542	138700	29041	1936532	96827
2	19.01	DEPARTMENT OF SURGERY	VARIOUS	563725	127074	436651	208000	5470	547000	27350
3	25	ADULTS & PEDIATRICS	HOSPITALIST	935333	728916	206417	138700	1106	73751	3688
4	53	ELECTROCARDIOLOGY	VARIOUS	162680	162680		138700			
5	23	I&R SERVICES-OTHER PRGM	VARIOUS	39500	39500		138700			
6	44	LABORATORY	VARIOUS	395158	27153	368005	215700	2947	305610	15281
7	37	OPERATING ROOM	VARIOUS	1086896	1086896		208000			
8	60.02	ALCOHOLISM CENTER	VARIOUS	324086	324086		138700			
9	19	DEPARTMENT OF MEDICINE	GASTROENTEROLOGY	31885		31885	138700	2773	184911	9246
10	41	RADIOLOGY-DIAGNOSTIC	VARIOUS	301627	301627		138700			
11	37.01	ENDOSCOPY	VARIOUS	97500	97500		138700			
12	19	DEPARTMENT OF MEDICINE	DERMATOLOGY	666506	83541	582965	138700	10290	686165	34308
13	19	DEPARTMENT OF MEDICINE	PSYCH	54848		54848	138700	156	10403	520
14	19	DEPARTMENT OF MEDICINE	PULMONARY	102031	1492	100539	138700	2191	146102	7305
15	47	BLOOD STORING, PROCESSIN	VARIOUS	111528		111528	215700	380	39407	1970
16	31	SUBPROVIDER I	GERI PSYCH	116362	77029	39333	154100	176	13039	652
17	60.03	DAY CHEMOTHERAPY	VARIOUS	24375	24375		138700			
18	60.10	HEMATOLOGY/ONCOLOGY	VARIOUS	195460	195460		215700			
19	6.05	ADMINISTRATIVE & GENERAL	VARIOUS	520378	486839	33539	138700	558	37209	1860
101		TOTAL		7714640	3918388	3796252		55088	3980129	199007

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	19	DEPARTMENT OF MEDICINE	GENERAL				1936532		154220	
2	19.01	DEPARTMENT OF SURGERY	VARIOUS				547000		127074	
3	25	ADULTS & PEDIATRICS	HOSPITALIST	4506	994	20875	4607	127065	855981	
4	53	ELECTROCARDIOLOGY	VARIOUS						162680	
5	23	I&R SERVICES-OTHER PRGM	VARIOUS						39500	
6	44	LABORATORY	VARIOUS				305610	62395	89548	
7	37	OPERATING ROOM	VARIOUS						1086896	
8	60.02	ALCOHOLISM CENTER	VARIOUS						324086	
9	19	DEPARTMENT OF MEDICINE	GASTROENTEROLOGY				184911			
10	41	RADIOLOGY-DIAGNOSTIC	VARIOUS						301627	
11	37.01	ENDOSCOPY	VARIOUS						97500	
12	19	DEPARTMENT OF MEDICINE	DERMATOLOGY				686165		83541	
13	19	DEPARTMENT OF MEDICINE	PSYCH				10403	44445	44445	
14	19	DEPARTMENT OF MEDICINE	PULMONARY				146102		1492	
15	47	BLOOD STORING, PROCESSIN	VARIOUS				39407	72121	72121	
16	31	SUBPROVIDER I	GERI PSYCH				13039	26294	103323	
17	60.03	DAY CHEMOTHERAPY	VARIOUS						24375	
18	60.10	HEMATOLOGY/ONCOLOGY	VARIOUS			13188			195460	
19	6.05	ADMINISTRATIVE & GENERAL	VARIOUS	1261	81	15326	988	38278	486839	
101		TOTAL		5767	1075	49389	5595	3986799	332320	4250708

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP	NEW CAP	EMPLOYEE	TELEPHONES	PURCHASING	ADMITTING	ACCT REC	
	FOR COST	BLDGS &	MOVABLE	BENEFITS					
	0	3	4	5	6.01	6.02	6.03	6.04	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT	4038669	4038669							3
4 NEW CAP REL COSTS-MVBLE EQUIP	2272437		2272437						4
5 EMPLOYEE BENEFITS	16511674	7788	408	16519870					5
6.01 COMMUNICATIONS	427247	17249	1029	48090	493615				6.01
6.02 PURCHASING	531233	79609	9777	140800	7956	769375			6.02
6.03 ADMITTING	902875	9288	309	227529	3819	1287	1145107		6.03
6.04 ACCOUNTS RECEIVABLE	1203587	112780		308944	15913	302		1641526	6.04
6.05 ADMINISTRATIVE & GENERAL	21672181	241336	794283	1377767	36281	310			6.05
7 MAINTENANCE & REPAIRS	2593517	144412	61764	177620		167			7
8 OPERATION OF PLANT	2863430	124151	6252	256099	8275	31			8
9 LAUNDRY & LINEN SERVICE	570037	44674				21			9
10 HOUSEKEEPING	1141082	43852	8922	280055	7320	2165			10
11 DIETARY	1708799	94205	17879	159822	2864	80			11
12 CAFETERIA	-129080	77752	2803	42005	2228				12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	1117606	29402	18235	284406	6683	8			14
15 CENTRAL SERVICES & SUPPLY	366815	81600	46208	66536		9649			15
16 PHARMACY	1465845	53073	7538	501581	7002	11658			16
17 MEDICAL RECORDS & LIBRARY	983647	140590	3516	188327	7956	669			17
18 SOCIAL SERVICE	992581	15657	625	235222	5092	16			18
19 DEPARTMENT OF MEDICINE	2639672	72975	345	37381	56331	2			19
19.01 DEPARTMENT OF SURGERY	501994	92878	1055		2228				19.01
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A	3848499			1084707					22
23 I&R SERVICES-OTHER PRGM COSTS A	700030	52343	1273	141013	17822	28			23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	13548299	831615	91009	3160815	118391	73427	286476	192398	25
29 SURGICAL INTENSIVE CARE UNIT	2752198	112780	87280	620195	11775	24895	66681	46026	29
31 SUBPROVIDER I	1285546	70322	7487	314515	4456	2786	38865	26892	31
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	4823880	243685	420043	712258	19732	518489	92017	131513	37
37.01 ENDOSCOPY	2183673	47633	23080	320826	7002	33261	13038	91774	37.01
38 RECOVERY ROOM	680820	24480	118	163227		5165	22932	28345	38
41 RADIOLOGY-DIAGNOSTIC	3340643	189112	117991	586919	26734	16549	29223	58648	41
42 RADIOLOGY-THERAPEUTIC	-15								42
43 RADIOISOTOPE	870624	35824	10860	100262	2864	628	5815	21073	43
44 LABORATORY	8530728	248382	306704	1070029	38827	12590	154377	344807	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	1613764	15657	2646	70061	2228	236	29223	27179	47
49 RESPIRATORY THERAPY	939220	9553	63120	223762	2864	3292	30806	25037	49
50 PHYSICAL THERAPY	532535	2388	2274	135356	1910	103	10696	8118	50
51 OCCUPATIONAL THERAPY									51
53 ELECTROCARDIOLOGY	145856	6342	13100	35731		138	13905	15947	53
54 ELECTROENCEPHALOGRAPHY	515991	5705	31478	99404	637	542	2350	12930	54
55 MEDICAL SUPPLIES CHARGED TO PAT	15058823					32	167097	150884	55
56 DRUGS CHARGED TO PATIENTS	7754844						75839	129009	56
59 MAG RESONANCE	188885	19902	1817	47206		227	4143	10368	59
59.01 COMPUTERIZED AXIAL IMAGING	597286	14635	2729	123444		923	40944	70356	59.01
59.02 CARDIAC CATHETERIZATION									59.02
59.03 HEMODIALYSIS	255865				318	415	3416	2406	59.03
OUTPATIENT SERVICE COST CENTERS									
60.01 WOMEN'S HEALTH	109846		280	18289	1273	274		837	60.01
60.02 ALCOHOLISM CENTER	229504	33569	2275	58044	2546	45	34	5546	60.02
60.03 DAY CHEMOTHERAPY	295540	23485	1491	57012		2861	133	14871	60.03
60.04 DAY PSORIASIS									60.04
60.05 BONE MARROW CLINIC	182192	26536		42943			2648	7714	60.05
60.06 TB CLINIC									60.06
60.07 PAIN CLINIC		5705	8141						60.07
60.08 WOUND THERAPY CLINIC	199085	32640	9283	39348	2546	3181	3	16720	60.08
60.09 NEURO-SPINE CLINIC	36106			8708		47			60.09
60.10 HEMATOLOGY/ONCOLOGY	213773		1037	100415		2822	36	3026	60.10
61 EMERGENCY	3268213	109463	74277	598403	11139	31783	54354	153181	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES	27157	29018	1153		1273		56	61	65
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP	NEW CAP	EMPLOYEE	TELEPHONES	PURCHASING	ADMITTING	ACCT REC	
	FOR COST ALLOCATION 0	BLDGS & FIXTURES 3	MOVABLE EQUIPMENT 4	BENEFITS 5	6.01	6.02	6.03	6.04	
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY	4363727	66341	784	1015166	19414	8218		45838	71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	143468985	3740386	2262678	15280242	463699	769322	1145107	1641504	95
NONREIMBURSABLE COST CENTERS									
97 RESEARCH	4276624	260522	68	395557	28961				97
97.01 RESEARCH ADMINISTRATION	1821290	2733		217991					97.01
97.02 NON RESEARCH GRANTS	441963			31291					97.02
98 PHYSICIANS' PRIVATE OFFICES	987966	25979		235627		48		22	98
99.02 BLANK									99.02
100 OTHER NONREIMBURSABLE C									100
100.01MARKETING	303057	4007	234	31183					100.01
100.02ETHICS COORDINATOR	91285	5042		22747					100.02
100.03OTHER NONREIMBURSABLE	66258		1291	20740		5			100.03
100.04CANCER CTR-TUMOR REG	25295		8166	5706					100.04
100.05SPECIALTY PA'S	1112594			278786	955				100.05
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	152595317	4038669	2272437	16519870	493615	769375	1145107	1641526	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	A+G	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
		5A	TENANCE & REPAIRS 7	OF PLANT 8	+ LINEN SERVICE 9	KEEPING 10	11	12	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 COMMUNICATIONS									6.01
6.02 PURCHASING									6.02
6.03 ADMITTING									6.03
6.04 ACCOUNTS RECEIVABLE									6.04
6.05 ADMINISTRATIVE & GENERAL	24122158	24122158							6.05
7 MAINTENANCE & REPAIRS	2977480	559034	3536514						7
8 OPERATION OF PLANT	3258238	611747	128148	3998133					8
9 LAUNDRY & LINEN SERVICE	614732	115418	46112	54092	830354				9
10 HOUSEKEEPING	1483396	278514	45263	53096		1860269			10
11 DIETARY	1983649	372438	97237	114063			2621988		11
12 CAFETERIA	-4292		80255	94142		45065		215170	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	1456340	273434	30349	35601		17042		3485	14
15 CENTRAL SERVICES & SUPPLY	570808	107171	84227	98801		47296		1856	15
16 PHARMACY	2046697	384276	54782	64261		30761		6656	16
17 MEDICAL RECORDS & LIBRARY	1324705	248719	145117	170227		81487		4251	17
18 SOCIAL SERVICE	1249193	234541	16161	18957		9075		3135	18
19 DEPARTMENT OF MEDICINE	2806706	526970	75325	88359		42297		452	19
19.01 DEPARTMENT OF SURGERY	598155	112306	95868	112456		53832			19.01
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A	4933206	926229						20979	22
23 I&R SERVICES-OTHER PRGM COSTS A	912509	171327	54028	63377		30338			23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	18302430	3436354	588388	1006919	467973	506769	2162620	56615	25
29 SURGICAL INTENSIVE CARE UNIT	3721830	698788	116411	136554	129559	65368	86154	9476	29
31 SUBPROVIDER I	1750869	328733	72586	85146	28880	40759	251819	5762	31
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	6961617	1307071	251530	295054	32822	141241		12485	37
37.01 ENDOSCOPY	2720287	510745	49167	57674	37999	27608		5379	37.01
38 RECOVERY ROOM	925087	173689	25268	29640		14189		2277	38
41 RADIOLOGY-DIAGNOSTIC	4365819	819700	195201	228977	23686	109610		10619	41
42 RADIOLOGY-THERAPEUTIC	-15								42
43 RADIOISOTOPE	1047950	196757	36978	43376	4010	20764		1344	43
44 LABORATORY	10706444	2010178	256378	300741		143963		23046	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	1760994	330634	16161	18957		9075		1149	47
49 RESPIRATORY THERAPY	1297654	243640	9861	11567		5537		3786	49
50 PHYSICAL THERAPY	693380	130185	2465	2892		1384		1832	50
51 OCCUPATIONAL THERAPY									51
53 ELECTROCARDIOLOGY	231019	43375	6546	7679		3676		630	53
54 ELECTROENCEPHALOGRAPHY	669037	125614	5889	6908		3307		1658	54
55 MEDICAL SUPPLIES CHARGED TO PAT	15376836	2887062							55
56 DRUGS CHARGED TO PATIENTS	7959692	1494464							56
59 MAG RESONANCE	272548	51172	20543	24098	2552	11536		779	59
59.01 COMPUTERIZED AXIAL IMAGING	850317	159650	15106	17720	7421	8482		1853	59.01
59.02 CARDIAC CATHERIZATION									59.02
59.03 HEMODIALYSIS	262420	49270							59.03
OUTPATIENT SERVICE COST CENTERS									
60.01 WOMEN'S HEALTH	130799	24558						506	60.01
60.02 ALCOHOLISM CENTER	331563	62252	34649	40645		19457		589	60.02
60.03 DAY CHEMOTHERAPY	395393	74237	24241	28435		4230		799	60.03
60.04 DAY PSORIASIS									60.04
60.05 BONE MARROW CLINIC	262033	49198	27391	32130				329	60.05
60.06 TB CLINIC									60.06
60.07 PAIN CLINIC	13846	2600	5889	6908		3307			60.07
60.08 WOUND THERAPY CLINIC	302806	56853	33691	39520		16611		1028	60.08
60.09 NEURO-SPINE CLINIC	44861	8423						260	60.09
60.10 HEMATOLOGY/ONCOLOGY	321109	60289						1704	60.10
61 EMERGENCY	4300813	807495	112987	132538	95452	63445		9445	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES	58718	11025	29952	35135		16819			65
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	A+G	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA		
		5A	6.05	7	8	9	10	11	12	
69.40 OUTPATIENT SPEECH PATHOLOGY										69.40
71 HOME HEALTH AGENCY	5519488	1036306	68477	80326		38452		15336	71	
SPECIAL PURPOSE COST CENTERS										
85.01 PANCREAS ACQUISITION										85.01
85.02 INTESTINAL ACQUISITION										85.02
95 SUBTOTALS	141891324	22112441	3228627	3636971	830354	1687383	2500593	209500	95	
NONREIMBURSABLE COST CENTERS										
97 RESEARCH	4961732	931585	268910	315440		151000				97
97.01 RESEARCH ADMINISTRATION	2042014	383396	2821	3309		1584				97.01
97.02 NON RESEARCH GRANTS	473254	88855								97.02
98 PHYSICIANS' PRIVATE OFFICES	1249642	234625	26816	31456		15058		2280	98	
99.02 BLANK										99.02
100 OTHER NONREIMBURSABLE C							121395			100
100.01MARKETING	338481	63551	4136	4852		2322		720	100.01	
100.02ETHICS COORDINATOR	119074	22357	5204	6105		2922		180	100.02	
100.03OTHER NONREIMBURSABLE	88294	16578						465	100.03	
100.04CANCER CTR-TUMOR REG	39167	7354						105	100.04	
100.05SPECIALTY PA'S	1392335	261416						1920	100.05	
101 CROSS FOOT ADJUSTMENTS										101
102 NEGATIVE COST CENTER										102
103 TOTAL	152595317	24122158	3536514	3998133	830354	1860269	2621988	215170	103	

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	SOCIAL SERVICE 18	DEPT MED 19	DEPT SURG 19.01	I&R SALARY & FRINGES 22
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 COMMUNICATIONS								6.01
6.02 PURCHASING								6.02
6.03 ADMITTING								6.03
6.04 ACCOUNTS RECEIVABLE								6.04
6.05 ADMINISTRATIVE & GENERAL								6.05
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA								12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	1816251							14
15 CENTRAL SERVICES & SUPPLY		910159						15
16 PHARMACY		7659	2595092					16
17 MEDICAL RECORDS & LIBRARY		48		1974554				17
18 SOCIAL SERVICE		5			1531067			18
19 DEPARTMENT OF MEDICINE						3540109		19
19.01 DEPARTMENT OF SURGERY							972617	19.01
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								5880414
23 I&R SERVICES-OTHER PRGM COSTS A		17				2336472	437678	23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	903804	38754	14175	106649	1204516	849626	418225	3780744
29 SURGICAL INTENSIVE CARE UNIT	184353	12542	3582	11234	312910	247808	116714	1444779
31 SUBPROVIDER I	99474	1515	784	5242		106203		
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	138706	719881	23456	57721				37
37.01 ENDOSCOPY	72415	18443	366	216412				37.01
38 RECOVERY ROOM	43910	2093						38
41 RADIOLOGY-DIAGNOSTIC	30505	58749	6342	331604				41
42 RADIOLOGY-THERAPEUTIC								42
43 RADIOISOTOPE		433	131025	31951				43
44 LABORATORY		13213	177	56423				249692
46.30 BLOOD CLOTTING FACTORS ADMIN CO								44
47 BLOOD STORING, PROCESSING & TRA		398						46.30
49 RESPIRATORY THERAPY		2736	551	9904				47
50 PHYSICAL THERAPY		164		11985				49
51 OCCUPATIONAL THERAPY								50
53 ELECTROCARDIOLOGY		86	18	126505				51
54 ELECTROENCEPHALOGRAPHY		776						53
55 MEDICAL SUPPLIES CHARGED TO PAT								54
56 DRUGS CHARGED TO PATIENTS			2381839					55
59 MAG RESONANCE		178	6216	13660				56
59.01 COMPUTERIZED AXIAL IMAGING		3360	18584	109559				59
59.02 CARDIAC CATHERIZATION								59.01
59.03 HEMODIALYSIS		206	2					59.02
OUTPATIENT SERVICE COST CENTERS								
60.01 WOMEN'S HEALTH		188	14					59.03
60.02 ALCOHOLISM CENTER	6648	65		72711				60.01
60.03 DAY CHEMOTHERAPY	12058	2429	3369	235954				60.02
60.04 DAY PSORIASIS								60.03
60.05 BONE MARROW CLINIC	2235	1		12768				60.04
60.06 TB CLINIC								60.05
60.07 PAIN CLINIC								60.06
60.08 WOUND THERAPY CLINIC	64	2359	219					60.07
60.09 NEURO-SPINE CLINIC		10						60.08
60.10 HEMATOLOGY/ONCOLOGY	321	310						60.09
61 EMERGENCY	180646	19752	3852	387150	13641			60.10
62 OBSERVATION BEDS (NON-DISTINCT)							405199	61
63.50 RHC								62
63.60 FQHC								63.50
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								63.60
69.10 CMHC								65
69.20 OUTPATIENT PHYSICAL THERAPY								69.10
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.20

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	SOCIAL SERVICE 18	DEPT MED 19	DEPT SURG 19.01	I&R SALARY & FRINGES 22	
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY	136974	3753	33						71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	1812113	910123	2594604	1797432	1531067	3540109	972617	5880414	95
NONREIMBURSABLE COST CENTERS									
97 RESEARCH									97
97.01 RESEARCH ADMINISTRATION									97.01
97.02 NON RESEARCH GRANTS									97.02
98 PHYSICIANS' PRIVATE OFFICES	4138	34	488	177122					98
99.02 BLANK									99.02
100 OTHER NONREIMBURSABLE C									100
100.01MARKETING									100.01
100.02ETHICS COORDINATOR									100.02
100.03OTHER NONREIMBURSABLE		2							100.03
100.04CANCER CTR-TUMOR REG									100.04
100.05SPECIALTY PA'S									100.05
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	1816251	910159	2595092	1974554	1531067	3540109	972617	5880414	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	23	25	26	27	
GENERAL SERVICE COST CENTERS					
1	OLD CAP REL COSTS-BLDG & FIXT				1
2	OLD CAP REL COSTS-MVBLE EQUIP				2
3	NEW CAP REL COSTS-BLDG & FIXT				3
4	NEW CAP REL COSTS-MVBLE EQUIP				4
5	EMPLOYEE BENEFITS				5
6.01	COMMUNICATIONS				6.01
6.02	PURCHASING				6.02
6.03	ADMITTING				6.03
6.04	ACCOUNTS RECEIVABLE				6.04
6.05	ADMINISTRATIVE & GENERAL				6.05
7	MAINTENANCE & REPAIRS				7
8	OPERATION OF PLANT				8
9	LAUNDRY & LINEN SERVICE				9
10	HOUSEKEEPING				10
11	DIETARY				11
12	CAFETERIA				12
13	MAINTENANCE OF PERSONNEL				13
14	NURSING ADMINISTRATION				14
15	CENTRAL SERVICES & SUPPLY				15
16	PHARMACY				16
17	MEDICAL RECORDS & LIBRARY				17
18	SOCIAL SERVICE				18
19	DEPARTMENT OF MEDICINE				19
19.01	DEPARTMENT OF SURGERY				19.01
20	NONPHYSICIAN ANESTHETISTS				20
21	NURSING SCHOOL				21
22	I&R SERVICES-SALARY & FRINGES A				22
23	I&R SERVICES-OTHER PRGM COSTS A	4005746			23
24	PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS					
25	ADULTS & PEDIATRICS	2575449	-6356193	30333817	25
29	SURGICAL INTENSIVE CARE UNIT	984185	-2428964	5853283	29
31	SUBPROVIDER I	2777772		2777772	31
ANCILLARY SERVICE COST CENTERS					
37	OPERATING ROOM	9941584		9941584	37
37.01	ENDOSCOPY	3716495		3716495	37.01
38	RECOVERY ROOM	1216153		1216153	38
41	RADIOLOGY-DIAGNOSTIC	6180812		6180812	41
42	RADIOLOGY-THERAPEUTIC	-15		-15	42
43	RADIOISOTOPE	1514588		1514588	43
44	LABORATORY	170090	-419782	13510563	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO				46.30
47	BLOOD STORING, PROCESSING & TRA	2137368		2137368	47
49	RESPIRATORY THERAPY	1585236		1585236	49
50	PHYSICAL THERAPY	844287		844287	50
51	OCCUPATIONAL THERAPY				51
53	ELECTROCARDIOLOGY	419534		419534	53
54	ELECTROENCEPHALOGRAPHY	813189		813189	54
55	MEDICAL SUPPLIES CHARGED TO PAT	18263898		18263898	55
56	DRUGS CHARGED TO PATIENTS	11835995		11835995	56
59	MAG RESONANCE	403282		403282	59
59.01	COMPUTERIZED AXIAL IMAGING	1192052		1192052	59.01
59.02	CARDIAC CATHERIZATION				59.02
59.03	HEMODIALYSIS	311898		311898	59.03
OUTPATIENT SERVICE COST CENTERS					
60.01	WOMEN'S HEALTH	156065		156065	60.01
60.02	ALCOHOLISM CENTER	568579		568579	60.02
60.03	DAY CHEMOTHERAPY	781145		781145	60.03
60.04	DAY PSORIASIS				60.04
60.05	BONE MARROW CLINIC	386085		386085	60.05
60.06	TB CLINIC				60.06
60.07	PAIN CLINIC	32550		32550	60.07
60.08	WOUND THERAPY CLINIC	453151		453151	60.08
60.09	NEURO-SPINE CLINIC	53554		53554	60.09
60.10	HEMATOLOGY/ONCOLOGY	383733		383733	60.10
61	EMERGENCY	276022	-681221	6127216	61
62	OBSERVATION BEDS (NON-DISTINCT)				62
63.50	RHC				63.50
63.60	FQHC				63.60
OTHER REIMBURSABLE COST CENTERS					
65	AMBULANCE SERVICES	151649		151649	65
69.10	CMHC				69.10
69.20	OUTPATIENT PHYSICAL THERAPY				69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY				69.30

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	23	25	26	27	
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY		6899145		6899145	71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
95 SUBTOTALS	4005746	138730823	-9886160	128844663	95
NONREIMBURSABLE COST CENTERS					
97 RESEARCH		6628667		6628667	97
97.01 RESEARCH ADMINISTRATION		2433124		2433124	97.01
97.02 NON RESEARCH GRANTS		562109		562109	97.02
98 PHYSICIANS' PRIVATE OFFICES		1741659		1741659	98
99.02 BLANK					99.02
100 OTHER NONREIMBURSABLE C		121395		121395	100
100.01MARKETING		414062		414062	100.01
100.02ETHICS COORDINATOR		155842		155842	100.02
100.03OTHER NONREIMBURSABLE		105339		105339	100.03
100.04CANCER CTR-TUMOR REG		46626		46626	100.04
100.05SPECIALTY PA'S		1655671		1655671	100.05
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL	4005746	152595317	-9886160	142709157	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	TELEPHONES 6.01	PURCHASING 6.02	ADMITTING 6.03
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS		7788	408	8196	8196			5
6.01 COMMUNICATIONS		17249	1029	18278	24	18302		6.01
6.02 PURCHASING		79609	9777	89386	70	295	89751	6.02
6.03 ADMITTING		9288	309	9597	113	142	150	10002 6.03
6.04 ACCOUNTS RECEIVABLE		112780		112780	153	590	35	6.04
6.05 ADMINISTRATIVE & GENERAL		241336	794283	1035619	682	1345	36	6.05
7 MAINTENANCE & REPAIRS		144412	61764	206176	88		19	7
8 OPERATION OF PLANT		124151	6252	130403	127	307	4	8
9 LAUNDRY & LINEN SERVICE		44674		44674			2	9
10 HOUSEKEEPING		43852	8922	52774	139	271	253	10
11 DIETARY		94205	17879	112084	79	106	9	11
12 CAFETERIA		77752	2803	80555	21	83		12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION		29402	18235	47637	141	248	1	14
15 CENTRAL SERVICES & SUPPLY		81600	46208	127808	33		1126	15
16 PHARMACY		53073	7538	60611	248	260	1360	16
17 MEDICAL RECORDS & LIBRARY		140590	3516	144106	93	295	78	17
18 SOCIAL SERVICE		15657	625	16282	116	189	2	18
19 DEPARTMENT OF MEDICINE		72975	345	73320	18	2089		19
19.01 DEPARTMENT OF SURGERY		92878	1055	93933		83		19.01
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A					537			22
23 I&R SERVICES-OTHER PRGM COSTS A		52343	1273	53616	70	661	3	23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS		831615	91009	922624	1585	4387	8566	2544 25
29 SURGICAL INTENSIVE CARE UNIT		112780	87280	200060	307	437	2904	579 29
31 SUBPROVIDER I		70322	7487	77809	156	165	325	338 31
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		243685	420043	663728	352	732	60482	799 37
37.01 ENDOSCOPY		47633	23080	70713	159	260	3880	113 37.01
38 RECOVERY ROOM		24480	118	24598	81		603	199 38
41 RADIOLOGY-DIAGNOSTIC		189112	117991	307103	290	991	1931	254 41
42 RADIOLOGY-THERAPEUTIC								42
43 RADIOISOTOPE		35824	10860	46684	50	106	73	51 43
44 LABORATORY		248382	306704	555086	529	1440	1469	1341 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA		15657	2646	18303	35	83	28	254 47
49 RESPIRATORY THERAPY		9553	63120	72673	111	106	384	268 49
50 PHYSICAL THERAPY		2388	2274	4662	67	71	12	93 50
51 OCCUPATIONAL THERAPY								51
53 ELECTROCARDIOLOGY		6342	13100	19442	18		16	121 53
54 ELECTROENCEPHALOGRAPHY		5705	31478	37183	49	24	63	20 54
55 MEDICAL SUPPLIES CHARGED TO PAT							4	1451 55
56 DRUGS CHARGED TO PATIENTS								659 56
59 MAG RESONANCE		19902	1817	21719	23		26	36 59
59.01 COMPUTERIZED AXIAL IMAGING		14635	2729	17364	61		108	356 59.01
59.02 CARDIAC CATHERIZATION								59.02
59.03 HEMODIALYSIS						12	48	30 59.03
OUTPATIENT SERVICE COST CENTERS								
60.01 WOMEN'S HEALTH			280	280	9	47	32	60.01
60.02 ALCOHOLISM CENTER		33569	2275	35844	29	94	5	60.02
60.03 DAY CHEMOTHERAPY		23485	1491	24976	28		334	1 60.03
60.04 DAY PSORIASIS								60.04
60.05 BONE MARROW CLINIC		26536		26536	21			23 60.05
60.06 TB CLINIC								60.06
60.07 PAIN CLINIC		5705	8141	13846				60.07
60.08 WOUND THERAPY CLINIC		32640	9283	41923	19	94	371	60.08
60.09 NEURO-SPINE CLINIC					4		6	60.09
60.10 HEMATOLOGY/ONCOLOGY			1037	1037	50		329	60.10
61 EMERGENCY		109463	74277	183740	296	413	3708	472 61
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES		29018	1153	30171		47		65
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	TELEPHONES 6.01	PURCHASING 6.02	ADMITTING 6.03
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY		66341	784	67125	502	720	959	71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS		3740386	2262678	6003064	7583	17193	89744	10002
NONREIMBURSABLE COST CENTERS								
97 RESEARCH		260522	68	260590	196	1074		97
97.01 RESEARCH ADMINISTRATION		2733		2733	108			97.01
97.02 NON RESEARCH GRANTS					15			97.02
98 PHYSICIANS' PRIVATE OFFICES		25979		25979	117		6	98
99.02 BLANK								99.02
100 OTHER NONREIMBURSABLE C								100
100.01MARKETING		4007	234	4241	15			100.01
100.02ETHICS COORDINATOR		5042		5042	11			100.02
100.03OTHER NONREIMBURSABLE			1291	1291	10		1	100.03
100.04CANCER CTR-TUMOR REG			8166	8166	3			100.04
100.05SPECIALTY PA'S					138	35		100.05
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL		4038669	2272437	6311106	8196	18302	89751	10002

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	ACCT REC	A+G	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
	6.04	6.05	7	8	9	10	11	12	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 COMMUNICATIONS									6.01
6.02 PURCHASING									6.02
6.03 ADMITTING									6.03
6.04 ACCOUNTS RECEIVABLE	113558								6.04
6.05 ADMINISTRATIVE & GENERAL		1037682							6.05
7 MAINTENANCE & REPAIRS		24049	230332						7
8 OPERATION OF PLANT		26317	8346	165504					8
9 LAUNDRY & LINEN SERVICE		4965	3003	2239	54883				9
10 HOUSEKEEPING		11981	2948	2198		70564			10
11 DIETARY		16022	6333	4722		2071	141426		11
12 CAFETERIA			5227	3897		1709		57186	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		11763	1977	1474		646		926	14
15 CENTRAL SERVICES & SUPPLY		4610	5486	4090		1794		493	15
16 PHARMACY		16531	3568	2660		1167		1769	16
17 MEDICAL RECORDS & LIBRARY		10700	9451	7047		3091		1130	17
18 SOCIAL SERVICE		10090	1053	785		344		833	18
19 DEPARTMENT OF MEDICINE		22670	4906	3658		1604		120	19
19.01 DEPARTMENT OF SURGERY		4831	6244	4655		2042			19.01
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A		39846						5576	22
23 I&R SERVICES-OTHER PRGM COSTS A		7370	3519	2624		1151			23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	13297	147799	55905	41677	30931	19223	116648	15050	25
29 SURGICAL INTENSIVE CARE UNIT	3181	30061	7582	5653	8563	2480	4647	2518	29
31 SUBPROVIDER I	1859	14142	4727	3525	1909	1546	13583	1531	31
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	9089	56229	16382	12214	2169	5358		3318	37
37.01 ENDOSCOPY	6343	21972	3202	2387	2512	1047		1430	37.01
38 RECOVERY ROOM	1959	7472	1646	1227		538		605	38
41 RADIOLOGY-DIAGNOSTIC	4053	35263	12713	9479	1566	4158		2822	41
42 RADIOLOGY-THERAPEUTIC									42
43 RADIOISOTOPE	1456	8464	2408	1796	265	788		357	43
44 LABORATORY	23938	86476	16698	12449		5461		6125	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	1878	14224	1053	785		344		305	47
49 RESPIRATORY THERAPY	1730	10481	642	479		210		1006	49
50 PHYSICAL THERAPY	561	5600	161	120		53		487	50
51 OCCUPATIONAL THERAPY									51
53 ELECTROCARDIOLOGY	1102	1866	426	318		139		167	53
54 ELECTROENCEPHALOGRAPHY	894	5404	384	286		125		441	54
55 MEDICAL SUPPLIES CHARGED TO PAT	10428	124199							55
56 DRUGS CHARGED TO PATIENTS	8916	64290							56
59 MAG RESONANCE	717	2201	1338	998	169	438		207	59
59.01 COMPUTERIZED AXIAL IMAGING	4863	6868	984	734	490	322		492	59.01
59.02 CARDIAC CATHERIZATION									59.02
59.03 HEMODIALYSIS	166	2120							59.03
OUTPATIENT SERVICE COST CENTERS									
60.01 WOMEN'S HEALTH	58	1056						135	60.01
60.02 ALCOHOLISM CENTER	383	2678	2257	1683		738		156	60.02
60.03 DAY CHEMOTHERAPY	1028	3194	1579	1177		160		212	60.03
60.04 DAY PSORIASIS									60.04
60.05 BONE MARROW CLINIC	533	2116	1784	1330				87	60.05
60.06 TB CLINIC									60.06
60.07 PAIN CLINIC		112	384	286		125			60.07
60.08 WOUND THERAPY CLINIC	1156	2446	2194	1636		630		273	60.08
60.09 NEURO-SPINE CLINIC		362						69	60.09
60.10 HEMATOLOGY/ONCOLOGY	209	2594						453	60.10
61 EMERGENCY	10587	34738	7359	5486	6309	2407		2510	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES	4	474	1951	1454		638			65
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	ACCT REC	A+G	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
	6.04	6.05	7	8	9	10	11	12	
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY	3168	44581	4460	3325		1459		4076	71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	113556	951227	210280	150553	54883	64006	134878	55679	95
NONREIMBURSABLE COST CENTERS									
97 RESEARCH		40076	17514	13058		5728			97
97.01 RESEARCH ADMINISTRATION		16493	184	137		60			97.01
97.02 NON RESEARCH GRANTS		3822							97.02
98 PHYSICIANS' PRIVATE OFFICES	2	10093	1746	1302		571		606	98
99.02 BLANK									99.02
100 OTHER NONREIMBURSABLE C							6548		100
100.01MARKETING		2734	269	201		88		191	100.01
100.02ETHICS COORDINATOR		962	339	253		111		48	100.02
100.03OTHER NONREIMBURSABLE		713						124	100.03
100.04CANCER CTR-TUMOR REG		316						28	100.04
100.05SPECIALTY PA'S		11246						510	100.05
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER								34306	102
103 TOTAL	113558	1037682	230332	165504	54883	70564	141426	91492	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	SOCIAL SERVICE 18	DEPT MED 19	DEPT SURG 19.01	I&R SALARY & FRINGES 22
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 COMMUNICATIONS								6.01
6.02 PURCHASING								6.02
6.03 ADMITTING								6.03
6.04 ACCOUNTS RECEIVABLE								6.04
6.05 ADMINISTRATIVE & GENERAL								6.05
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA								12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	64813							14
15 CENTRAL SERVICES & SUPPLY		145440						15
16 PHARMACY		1224	89398					16
17 MEDICAL RECORDS & LIBRARY		8		175999				17
18 SOCIAL SERVICE		1			29695			18
19 DEPARTMENT OF MEDICINE						108385		19
19.01 DEPARTMENT OF SURGERY							111788	19.01
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								45959
23 I&R SERVICES-OTHER PRGM COSTS A		3				71534	50304	23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	32252	6193	488	9506	23361	26012	48069	25
29 SURGICAL INTENSIVE CARE UNIT	6579	2004	123	1001	6069	7587	13415	29
31 SUBPROVIDER I	3550	242	27	467		3252		31
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	4950	115035	808	5145				37
37.01 ENDOSCOPY	2584	2947	13	19290				37.01
38 RECOVERY ROOM	1567	334						38
41 RADIOLOGY-DIAGNOSTIC	1089	9388	218	29557				41
42 RADIOLOGY-THERAPEUTIC								42
43 RADIOISOTOPE		69	4514	2848				43
44 LABORATORY		2111	6	5029				44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA		64						47
49 RESPIRATORY THERAPY		437	19	883				49
50 PHYSICAL THERAPY		26		1068				50
51 OCCUPATIONAL THERAPY								51
53 ELECTROCARDIOLOGY		14	1	11276				53
54 ELECTROENCEPHALOGRAPHY		124						54
55 MEDICAL SUPPLIES CHARGED TO PAT								55
56 DRUGS CHARGED TO PATIENTS			82052					56
59 MAG RESONANCE		28	214	1218				59
59.01 COMPUTERIZED AXIAL IMAGING		537	640	9765				59.01
59.02 CARDIAC CATHERIZATION								59.02
59.03 HEMODIALYSIS		33						59.03
OUTPATIENT SERVICE COST CENTERS								
60.01 WOMEN'S HEALTH		30						60.01
60.02 ALCOHOLISM CENTER	237	10		6481				60.02
60.03 DAY CHEMOTHERAPY	430	388	116	21031				60.03
60.04 DAY PSORIASIS								60.04
60.05 BONE MARROW CLINIC	80			1138				60.05
60.06 TB CLINIC								60.06
60.07 PAIN CLINIC								60.07
60.08 WOUND THERAPY CLINIC	2	377	8					60.08
60.09 NEURO-SPINE CLINIC		2						60.09
60.10 HEMATOLOGY/ONCOLOGY	11	50						60.10
61 EMERGENCY	6446	3156	133	34508	265			61
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	SOCIAL SERVICE 18	DEPT MED 19	DEPT SURG 19.01	I&R SALARY & FRINGES 22	
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY	4888	600	1						71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	64665	145435	89381	160211	29695	108385	111788		95
NONREIMBURSABLE COST CENTERS									
97 RESEARCH									97
97.01 RESEARCH ADMINISTRATION									97.01
97.02 NON RESEARCH GRANTS									97.02
98 PHYSICIANS' PRIVATE OFFICES	148	5	17	15788					98
99.02 BLANK									99.02
100 OTHER NONREIMBURSABLE C									100
100.01MARKETING									100.01
100.02ETHICS COORDINATOR									100.02
100.03OTHER NONREIMBURSABLE									100.03
100.04CANCER CTR-TUMOR REG									100.04
100.05SPECIALTY PA'S									100.05
101 CROSS FOOT ADJUSTMENTS								45959	101
102 NEGATIVE COST CENTER									102
103 TOTAL	64813	145440	89398	175999	29695	108385	111788	45959	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	I&R PROGRAM COSTS 23	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26	TOTAL 27
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6.01 COMMUNICATIONS				6.01
6.02 PURCHASING				6.02
6.03 ADMITTING				6.03
6.04 ACCOUNTS RECEIVABLE				6.04
6.05 ADMINISTRATIVE & GENERAL				6.05
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
18 SOCIAL SERVICE				18
19 DEPARTMENT OF MEDICINE				19
19.01 DEPARTMENT OF SURGERY				19.01
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES A				22
23 I&R SERVICES-OTHER PRGM COSTS A 190855				23
24 PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS		1526117		1526117
29 SURGICAL INTENSIVE CARE UNIT		305750		305750
31 SUBPROVIDER I		129153		129153
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM		956790		956790
37.01 ENDOSCOPY		138852		138852
38 RECOVERY ROOM		40829		40829
41 RADIOLOGY-DIAGNOSTIC		420875		420875
42 RADIOLOGY-THERAPEUTIC				42
43 RADIOISOTOPE		69929		69929
44 LABORATORY		718158		718158
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA		37356		37356
49 RESPIRATORY THERAPY		89429		89429
50 PHYSICAL THERAPY		12981		12981
51 OCCUPATIONAL THERAPY				51
53 ELECTROCARDIOLOGY		34906		34906
54 ELECTROENCEPHALOGRAPHY		44997		44997
55 MEDICAL SUPPLIES CHARGED TO PAT		136082		136082
56 DRUGS CHARGED TO PATIENTS		155917		155917
59 MAG RESONANCE		29332		29332
59.01 COMPUTERIZED AXIAL IMAGING		43584		43584
59.02 CARDIAC CATHERIZATION				59.02
59.03 HEMODIALYSIS		2409		2409
OUTPATIENT SERVICE COST CENTERS				
60.01 WOMEN'S HEALTH		1647		1647
60.02 ALCOHOLISM CENTER		50595		50595
60.03 DAY CHEMOTHERAPY		54654		54654
60.04 DAY PSORIASIS				60.04
60.05 BONE MARROW CLINIC		33648		33648
60.06 TB CLINIC				60.06
60.07 PAIN CLINIC		14753		14753
60.08 WOUND THERAPY CLINIC		51129		51129
60.09 NEURO-SPINE CLINIC		443		443
60.10 HEMATOLOGY/ONCOLOGY		4733		4733
61 EMERGENCY		302533		302533
62 OBSERVATION BEDS (NON-DISTINCT)				62
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
65 AMBULANCE SERVICES		34739		34739
69.10 CMHC				69.10
69.20 OUTPATIENT PHYSICAL THERAPY				69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY				69.30

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	I&R PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	23	25	26	27	
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY		135864		135864	71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
95 SUBTOTALS		5578184		5578184	95
NONREIMBURSABLE COST CENTERS					
97 RESEARCH		338236		338236	97
97.01 RESEARCH ADMINISTRATION		19715		19715	97.01
97.02 NON RESEARCH GRANTS		3837		3837	97.02
98 PHYSICIANS' PRIVATE OFFICES		56380		56380	98
99.02 BLANK					99.02
100 OTHER NONREIMBURSABLE C		6548		6548	100
100.01MARKETING		7739		7739	100.01
100.02ETHICS COORDINATOR		6766		6766	100.02
100.03OTHER NONREIMBURSABLE		2139		2139	100.03
100.04CANCER CTR-TUMOR REG		8513		8513	100.04
100.05SPECIALTY PA'S		11929		11929	100.05
101 CROSS FOOT ADJUSTMENTS	190855	236814		236814	101
102 NEGATIVE COST CENTER		34306		34306	102
103 TOTAL	190855	6311106		6311106	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	TELEPHONES	PURCHASING	ADMITTING	ACCT REC	TOTAL REV
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES	NUMBER OF TELEPHONES	PURCH. SUP I/P	REVENU		
	3	4	5	6.01	6.02	6.03		6.04
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	304386							3
4 NEW CAP REL COSTS-MVBLE EQUIP		2133949						4
5 EMPLOYEE BENEFITS	587	383	64362034					5
6.01 COMMUNICATIONS	1300	966	187362	1551				6.01
6.02 PURCHASING	6000	9181	548563	25	7700895			6.02
6.03 ADMITTING	700	290	886462	12	12881	148441964		6.03
6.04 ACCOUNTS RECEIVABLE	8500		1203656	50	3023		307457047	6.04
6.05 ADMINISTRATIVE & GENERAL	18189	745879	5367831	114	3098			6.05
7 MAINTENANCE & REPAIRS	10884	58000	692014		1672			7
8 OPERATION OF PLANT	9357	5871	997772	26	308			8
9 LAUNDRY & LINEN SERVICE	3367				212			9
10 HOUSEKEEPING	3305	8378	1091106	23	21670			10
11 DIETARY	7100	16789	622671	9	800			11
12 CAFETERIA	5860	2632	163654	7				12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	2216	17124	1108056	21	81			14
15 CENTRAL SERVICES & SUPPLY	6150	43392	259228		96579			15
16 PHARMACY	4000	7079	1954180	22	116690			16
17 MEDICAL RECORDS & LIBRARY	10596	3302	733731	25	6701			17
18 SOCIAL SERVICE	1180	587	916433	16	158			18
19 DEPARTMENT OF MEDICINE	5500	324	145636	177	21			19
19.01 DEPARTMENT OF SURGERY	7000	991		7				19.01
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES			4226060					22
23 I&R SERVICES-OTHER PRGM COSTS	3945	1195	549391	56	280			23
24 PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERV COST CENTERS								24
25 ADULTS & PEDIATRICS	62677	85463	12314654	372	734952	37133730	36036385	25
29 SURGICAL INTENSIVE CARE UNIT	8500	81961	2416305	37	249181	8644110	8620770	29
31 SUBPROVIDER I	5300	7031	1225364	14	27889	5038260	5036950	31
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	18366	394444	2774983	62	5189701	11928534	24632438	37
37.01 ENDOSCOPY	3590	21673	1249950	22	332920	1690213	17189414	37.01
38 RECOVERY ROOM	1845	111	635940		51703	2972802	5308996	38
41 RADIOLOGY-DIAGNOSTIC	14253	110800	2286659	84	165643	3788285	10984837	41
42 RADIOLOGY-THERAPEUTIC								42
43 RADIOISOTOPE	2700	10198	390623	9	6290	753882	3947082	43
44 LABORATORY	18720	288013	4168873	122	126016	20012531	64579782	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T	1180	2485	272962	7	2361	3788350	5090580	47
49 RESPIRATORY THERAPY	720	59273	871784	9	32955	3993481	4689419	49
50 PHYSICAL THERAPY	180	2135	527351	6	1026	1386562	1520488	50
51 OCCUPATIONAL THERAPY								51
53 ELECTROCARDIOLOGY	478	12302	139209		1379	1802598	2986935	53
54 ELECTROENCEPHALOGRAPHY	430	29560	387283	2	5427	304639	2421836	54
55 MEDICAL SUPPLIES CHARGED TO P					323	21661535	28260760	55
56 DRUGS CHARGED TO PATIENTS						9831331	24163597	56
59 MAG RESONANCE	1500	1706	183917		2269	537026	1941946	59
59.01 COMPUTERIZED AXIAL IMAGING	1103	2563	480943		9234	5307808	13177779	59.01
59.02 CARDIAC CATHETERIZATION								59.02
59.03 HEMODIALYSIS				1	4158	442817	450710	59.03
OUTPATIENT SERVICE COST CENTERS								
60.01 WOMEN'S HEALTH		263	71256	4	2743		156840	60.01
60.02 ALCOHOLISM CENTER	2530	2136	226142	8	446	4457	1038790	60.02
60.03 DAY CHEMOTHERAPY	1770	1400	222120		28641	17246	2785338	60.03
60.04 DAY PSORIASIS								60.04
60.05 BONE MARROW CLINIC	2000		167309			343271	1444899	60.05
60.06 TB CLINIC								60.06
60.07 PAIN CLINIC	430	7645						60.07
60.08 WOUND THERAPY CLINIC	2460	8717	153301	8	31835	325	3131714	60.08
60.09 NEURO-SPINE CLINIC			33925		472			60.09
60.10 HEMATOLOGY/ONCOLOGY		974	391219		28247	4711	566805	60.10
61 EMERGENCY	8250	69750	2331399	35	318129	7046169	28690906	61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES	2187	1083		4		7291	11435	65
69.10 CMHC								69.10

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	TELEPHONES	PURCHASING	ADMITTING	ACCT REC	
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES	NUMBER OF TELEPHONES	PURCH. SUP	I/P REVENU	TOTAL REV	
	3	4	5	6.01	6.02	6.03	6.04	
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY	5000	736	3955124	61	82255		8585527	71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS	281905	2124785	59532401	1457	7700369	148441964	307452958	95
NONREIMBURSABLE COST CENTERS								
97 RESEARCH	19635	64	1541104	91				97
97.01 RESEARCH ADMINISTRATION	206		849301					97.01
97.02 NON RESEARCH GRANTS			121911					97.02
98 PHYSICIANS' PRIVATE OFFICES	1958		918011		476		4089	98
99.02 BLANK								99.02
100 OTHER NONREIMBURSABLE C								100
100.01 MARKETING	302	220	121489			2		100.01
100.02 ETHICS COORDINATOR	380		88623					100.02
100.03 OTHER NONREIMBURSABLE		1212	80803			48		100.03
100.04 CANCER CTR-TUMOR REG		7668	22229					100.04
100.05 SPECIALTY PA'S			1086162	3				100.05
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	4038669	2272437	16519870	493615	769375	1145107	1641526	103
104 UNIT COST MULT-WS B PT I		1.064898		318.255964		.007714		104
104 UNIT COST MULT-WS B PT I	13.268248		.256671		.099907		.005339	104
105 COST TO BE ALLOC PER B PT II								105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III			8196	18302	89751	10002	113558	107
108 UNIT COST MULT-WS B PT III				11.800129		.000067		108
108 UNIT COST MULT-WS B PT III			.000127		.011655		.000369	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION	A+G	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA
		ACCUM	TENANCE &	OF PLANT	+ LINEN	KEEPING		
		COST	REPAIRS	SQUARE	SERVICE	SQUARE	NUMBER	NUMBER
6A.05	6.05	FEET	FEET	POUNDS OF	FEET	HOUSED	FTE'S	
		7	8	9	10	11	12	
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
4								4
5								5
6.01								6.01
6.02								6.02
6.03								6.03
6.04								6.04
6.05								6.05
7	-24122158	128477466	258226					7
8			9357	248869				8
9			3367	3367	1212146			9
10			3305	3305		241897		10
11			7100	7100		7100	137347	11
12	4292		5860	5860		5860		12
13								13
14		1456340	2216	2216		2216		1356
15		570808	6150	6150		6150		722
16		2046697	4000	4000		4000		2590
17		1324705	10596	10596		10596		1654
18		1249193	1180	1180		1180		1220
19		2806706	5500	5500		5500		176
19.01		598155	7000	7000		7000		19.01
20								20
21								21
22		4933206						8163
23		912509	3945	3945		3945		23
24								24
INPATIENT ROUTINE SERV COST CENTERS								
25		18302430	62677	62677	683145	65897	113284	22029
29		3721830	8500	8500	189129	8500	4513	3687
31		1750869	5300	5300	42159	5300	13191	2242
ANCILLARY SERVICE COST CENTERS								
37		6961617	18366	18366	47913	18366		4858
37.01		2720287	3590	3590	55470	3590		2093
38		925087	1845	1845		1845		886
41		4365819	14253	14253	34576	14253		4132
42								42
43	15	1047950	2700	2700	5854	2700		523
44		10706444	18720	18720		18720		8967
46.30								46.30
47		1760994	1180	1180		1180		447
49		1297654	720	720		720		1473
50		693380	180	180		180		713
51								51
53		231019	478	478		478		245
54		669037	430	430		430		645
55		15376836						55
56		7959692						56
59		272548	1500	1500	3726	1500		303
59.01		850317	1103	1103	10833	1103		721
59.02								59.02
59.03		262420						59.03
OUTPATIENT SERVICE COST CENTERS								
60.01		130799						197
60.02		331563	2530	2530		2530		229
60.03		395393	1770	1770		550		311
60.04								60.04
60.05		262033	2000	2000				128
60.06								60.06
60.07		13846	430	430		430		60.07
60.08		302806	2460	2460		2160		400
60.09		44861						101
60.10		321109						663
61		4300813	8250	8250	139341	8250		3675
62								62
63.50								63.50
63.60								63.60
OTHER REIMBURSABLE COST CENTERS								
65		58718	2187	2187		2187		65
69.10								69.10

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION	A+G	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA
		ACCUM	TENANCE &	OF PLANT	+ LINEN	KEEPING		
		COST	REPAIRS	SQUARE	SERVICE	SQUARE	NUMBER	NUMBER
	6A.05	6.05	FEET	FEET	POUNDS OF	FEET	HOUSED	FTE'S
			7	8	LAUNDRY	10	11	12
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY		5519488	5000	5000		5000		5967 71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS	-24117851	117773473	235745	226388	1212146	219416	130988	81516 95
NONREIMBURSABLE COST CENTERS								
97 RESEARCH		4961732	19635	19635		19635		97
97.01 RESEARCH ADMINISTRATION		2042014	206	206		206		97.01
97.02 NON RESEARCH GRANTS		473254						97.02
98 PHYSICIANS' PRIVATE OFFICES		1249642	1958	1958		1958		887 98
99.02 BLANK								99.02
100 OTHER NONREIMBURSABLE C							6359	100
100.01 MARKETING		338481	302	302		302		280 100.01
100.02 ETHICS COORDINATOR		119074	380	380		380		70 100.02
100.03 OTHER NONREIMBURSABLE		88294						181 100.03
100.04 CANCER CTR-TUMOR REG		39167						41 100.04
100.05 SPECIALTY PA'S		1392335						747 100.05
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I		24122158	3536514	3998133	830354	1860269	2621988	215170 103
104 UNIT COST MULT-WS B PT I			13.695422		.685028		19.090246	104
104 UNIT COST MULT-WS B PT I		.187754		16.065211		7.690335		2.570053 104
105 COST TO BE ALLOC PER B PT II								105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III		1037682	230332	165504	54883	70564	141426	57186 107
108 UNIT COST MULT-WS B PT III			.891978		.045278		1.029699	108
108 UNIT COST MULT-WS B PT III		.008077		.665025		.291711		.683046 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINISTRATION DIRECT NRSNG HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS + LIBRARY NUMBER CASES	SOCIAL SERVICE TIME SPENT	DEPT MED TIME STUDY	DEPT SURG TIME STUDY	I&R SALARY & FRINGES ASSIGNED TIME
	14	15	16	17	18	19	19.01	22
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 COMMUNICATIONS								6.01
6.02 PURCHASING								6.02
6.03 ADMITTING								6.03
6.04 ACCOUNTS RECEIVABLE								6.04
6.05 ADMINISTRATIVE & GENERAL								6.05
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA								12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	679473							14
15 CENTRAL SERVICES & SUPPLY		14975843						15
16 PHARMACY		126028	8354515					16
17 MEDICAL RECORDS & LIBRARY		782		126195				17
18 SOCIAL SERVICE		81			3704			18
19 DEPARTMENT OF MEDICINE						100		19
19.01 DEPARTMENT OF SURGERY							100	19.01
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES								84288
23 I&R SERVICES-OTHER PRGM COSTS		277				66	45	23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	338120	637666	45633	6816	2914	24	43	54192
29 SURGICAL INTENSIVE CARE UNIT	68968	206366	11533	718	757	7	12	20709
31 SUBPROVIDER I	37214	24930	2524	335		3		31
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	51891	11844968	75514	3689				37
37.01 ENDOSCOPY	27091	303470	1179	13831				37.01
38 RECOVERY ROOM	16427	34435						38
41 RADIOLOGY-DIAGNOSTIC	11412	966657	20418	21193				41
42 RADIOLOGY-THERAPEUTIC								42
43 RADIOISOTOPE		7117	421815	2042				43
44 LABORATORY		217410	571	3606				3579
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		6550						47
49 RESPIRATORY THERAPY		45025	1774	633				49
50 PHYSICAL THERAPY		2693		766				50
51 OCCUPATIONAL THERAPY								51
53 ELECTROCARDIOLOGY		1423	57	8085				53
54 ELECTROENCEPHALOGRAPHY		12773						54
55 MEDICAL SUPPLIES CHARGED TO P								55
56 DRUGS CHARGED TO PATIENTS			7667976					56
59 MAG RESONANCE		2921	20010	873				59
59.01 COMPUTERIZED AXIAL IMAGING		55293	59829	7002				59.01
59.02 CARDIAC CATHERIZATION								59.02
59.03 HEMODIALYSIS		3391	8					59.03
OUTPATIENT SERVICE COST CENTERS								
60.01 WOMEN'S HEALTH		3087	46					60.01
60.02 ALCOHOLISM CENTER	2487	1066		4647				60.02
60.03 DAY CHEMOTHERAPY	4511	39959	10845	15080				60.03
60.04 DAY PSORIASIS								60.04
60.05 BONE MARROW CLINIC	836	22		816				60.05
60.06 TB CLINIC								60.06
60.07 PAIN CLINIC								60.07
60.08 WOUND THERAPY CLINIC	24	38809	706					60.08
60.09 NEURO-SPINE CLINIC		166						60.09
60.10 HEMATOLOGY/ONCOLOGY	120	5102						60.10
61 EMERGENCY	67581	325009	12401	24743	33			5808
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
69.10 CMHC								69.10

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL	DEPT MED	DEPT SURG	I&R	
	ADMINIS- TRATION DIRECT NRSING HRS	SERVICES & SUPPLY COSTED REQUIS.	COSTED REQUIS.	RECORDS + LIBRARY NUMBER CASES	SERVICE TIME SPENT	TIME STUDY	TIME STUDY	SALARY & FRINGES ASSIGNED TIME	
	14	15	16	17	18	19	19.01	22	
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERA									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY	51243	61760	105						71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	677925	14975236	8352944	114875	3704	100	100	84288	95
NONREIMBURSABLE COST CENTERS									
97 RESEARCH									97
97.01 RESEARCH ADMINISTRATION									97.01
97.02 NON RESEARCH GRANTS									97.02
98 PHYSICIANS' PRIVATE OFFICES	1548	566	1571	11320					98
99.02 BLANK									99.02
100 OTHER NONREIMBURSABLE C									100
100.01 MARKETING		2							100.01
100.02 ETHICS COORDINATOR									100.02
100.03 OTHER NONREIMBURSABLE		39							100.03
100.04 CANCER CTR-TUMOR REG									100.04
100.05 SPECIALTY PA'S									100.05
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	1816251	910159	2595092	1974554	1531067	3540109	972617	5880414	103
104 UNIT COST MULT-WS B PT I	2.673029		.310622		413.355022		9726.170000		104
104 UNIT COST MULT-WS B PT I		.060775		15.646848		35401.090000		69.765732	104
105 COST TO BE ALLOC PER B PT II									105
106 UNIT COST MULT-WS B PT II									106
106 UNIT COST MULT-WS B PT II									106
107 COST TO BE ALLOC PER B PT III	64813	145440	89398	175999	29695	108385	111788	45959	107
108 UNIT COST MULT-WS B PT III	.095387		.010701		8.017009		1117.880000		108
108 UNIT COST MULT-WS B PT III		.009712		1.394659		1083.850000		.545261	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I&R PROGRAM COSTS ASSIGNED TIME	
	23	
GENERAL SERVICE COST CENTERS		
1		1
2		2
3		3
4		4
5		5
6.01		6.01
6.02		6.02
6.03		6.03
6.04		6.04
6.05		6.05
7		7
8		8
9		9
10		10
11		11
12		12
13		13
14		14
15		15
16		16
17		17
18		18
19		19
19.01		19.01
20		20
21		21
22		22
23	84288	23
24		24
INPATIENT ROUTINE SERV COST CENTERS		
25	54192	25
29	20709	29
31		31
ANCILLARY SERVICE COST CENTERS		
37		37
37.01		37.01
38		38
41		41
42		42
43		43
44	3579	44
46.30		46.30
47		47
49		49
50		50
51		51
53		53
54		54
55		55
56		56
59		59
59.01		59.01
59.02		59.02
59.03		59.03
OUTPATIENT SERVICE COST CENTERS		
60.01		60.01
60.02		60.02
60.03		60.03
60.04		60.04
60.05		60.05
60.06		60.06
60.07		60.07
60.08		60.08
60.09		60.09
60.10		60.10
61	5808	61
62		62
63.50		63.50
63.60		63.60
OTHER REIMBURSABLE COST CENTERS		
65		65
69.10		69.10

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I&R PROGRAM COSTS ASSIGNED TIME	
	23	
69.20 OUTPATIENT PHYSICAL THERAPY		69.20
69.30 OUTPATIENT OCCUPATIONAL THERA		69.30
69.40 OUTPATIENT SPEECH PATHOLOGY		69.40
71 HOME HEALTH AGENCY		71
SPECIAL PURPOSE COST CENTERS		
85.01 PANCREAS ACQUISITION		85.01
85.02 INTESTINAL ACQUISITION		85.02
95 SUBTOTALS	84288	95
NONREIMBURSABLE COST CENTERS		
97 RESEARCH		97
97.01 RESEARCH ADMINISTRATION		97.01
97.02 NON RESEARCH GRANTS		97.02
98 PHYSICIANS' PRIVATE OFFICES		98
99.02 BLANK		99.02
100 OTHER NONREIMBURSABLE C		100
100.01 MARKETING		100.01
100.02 ETHICS COORDINATOR		100.02
100.03 OTHER NONREIMBURSABLE		100.03
100.04 CANCER CTR-TUMOR REG		100.04
100.05 SPECIALTY PA'S		100.05
101 CROSS FOOT ADJUSTMENTS		101
102 NEGATIVE COST CENTER		102
103 COST TO BE ALLOC PER B PT I	4005746	103
104 UNIT COST MULT-WS B PT I	47.524511	104
104 UNIT COST MULT-WS B PT I		104
105 COST TO BE ALLOC PER B PT II		105
106 UNIT COST MULT-WS B PT II		106
106 UNIT COST MULT-WS B PT II		106
107 COST TO BE ALLOC PER B PT III	190855	107
108 UNIT COST MULT-WS B PT III	2.264320	108
108 UNIT COST MULT-WS B PT III		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	30333817		30333817	127065	30460882	25
29 SURGICAL INTENSIVE CARE UNI	5853283		5853283		5853283	29
31 SUBPROVIDER I	2777772		2777772	26294	2804066	31
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	9941584		9941584		9941584	37
37.01 ENDOSCOPY	3716495		3716495		3716495	37.01
38 RECOVERY ROOM	1216153		1216153		1216153	38
41 RADIOLOGY-DIAGNOSTIC	6180812		6180812		6180812	41
42 RADIOLOGY-THERAPEUTIC						42
43 RADIOISOTOPE	1514588		1514588		1514588	43
44 LABORATORY	13510563		13510563	62395	13572958	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	2137368		2137368	72121	2209489	47
49 RESPIRATORY THERAPY	1585236		1585236		1585236	49
50 PHYSICAL THERAPY	844287		844287		844287	50
51 OCCUPATIONAL THERAPY						51
53 ELECTROCARDIOLOGY	419534		419534		419534	53
54 ELECTROENCEPHALOGRAPHY	813189		813189		813189	54
55 MEDICAL SUPPLIES CHARGED TO	18263898		18263898		18263898	55
56 DRUGS CHARGED TO PATIENTS	11835995		11835995		11835995	56
59 MAG RESONANCE	403282		403282		403282	59
59.01 COMPUTERIZED AXIAL IMAGING	1192052		1192052		1192052	59.01
59.02 CARDIAC CATHERIZATION						59.02
59.03 HEMODIALYSIS	311898		311898		311898	59.03
OUTPATIENT SERVICE COST CENTERS						
60.01 WOMEN'S HEALTH	156065		156065		156065	60.01
60.02 ALCOHOLISM CENTER	568579		568579		568579	60.02
60.03 DAY CHEMOTHERAPY	781145		781145		781145	60.03
60.04 DAY PSORIASIS						60.04
60.05 BONE MARROW CLINIC	386085		386085		386085	60.05
60.06 TB CLINIC						60.06
60.07 PAIN CLINIC	32550		32550		32550	60.07
60.08 WOUND THERAPY CLINIC	453151		453151		453151	60.08
60.09 NEURO-SPINE CLINIC	53554		53554		53554	60.09
60.10 HEMATOLOGY/ONCOLOGY	383733		383733		383733	60.10
61 EMERGENCY	6127216		6127216		6127216	61
62 OBSERVATION BEDS (NON-DISTI	2209775		2209775		2209775	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	151649		151649		151649	65
101 SUBTOTAL	124155308		124155308	287875	124443183	101
102 LESS OBSERVATION BEDS	2209775		2209775		2209775	102
103 TOTAL	121945533		121945533	287875	122233408	103

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 8			
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	36036385		36036385			25
29 SURGICAL INTENSIVE CARE UNI	8620770		8620770			29
31 SUBPROVIDER I	5036950		5036950			31
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	11928534	12703904	24632438	.403597	.403597	.403597 37
37.01 ENDOSCOPY	1690213	15499201	17189414	.216208	.216208	.216208 37.01
38 RECOVERY ROOM	2972802	2336194	5308996	.229074	.229074	.229074 38
41 RADIOLOGY-DIAGNOSTIC	3788285	7196552	10984837	.562668	.562668	.562668 41
42 RADIOLOGY-THERAPEUTIC	178834		178834			42
43 RADIOISOTOPE	753882	3193200	3947082	.383723	.383723	.383723 43
44 LABORATORY	20012531	44567251	64579782	.209207	.209207	.210173 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	3788350	1302230	5090580	.419867	.419867	.434035 47
49 RESPIRATORY THERAPY	3993481	695938	4689419	.338045	.338045	.338045 49
50 PHYSICAL THERAPY	1386562	133926	1520488	.555274	.555274	.555274 50
51 OCCUPATIONAL THERAPY						51
53 ELECTROCARDIOLOGY	1802598	1184337	2986935	.140456	.140456	.140456 53
54 ELECTROENCEPHALOGRAPHY	304639	2117197	2421836	.335774	.335774	.335774 54
55 MEDICAL SUPPLIES CHARGED TO	21661535	6599225	28260760	.646264	.646264	.646264 55
56 DRUGS CHARGED TO PATIENTS	9831331	14332266	24163597	.489828	.489828	.489828 56
59 MAG RESONANCE	537026	1404920	1941946	.207669	.207669	.207669 59
59.01 COMPUTERIZED AXIAL IMAGING	5307808	7869971	13177779	.090459	.090459	.090459 59.01
59.02 CARDIAC CATHERIZATION						59.02
59.03 HEMODIALYSIS	442817	7893	450710	.692015	.692015	.692015 59.03
OUTPATIENT SERVICE COST CENTERS						
60.01 WOMEN'S HEALTH		156840	156840	.995059	.995059	.995059 60.01
60.02 ALCOHOLISM CENTER	4457	1034333	1038790	.547347	.547347	.547347 60.02
60.03 DAY CHEMOTHERAPY	17246	2768092	2785338	.280449	.280449	.280449 60.03
60.04 DAY PSORIASIS						60.04
60.05 BONE MARROW CLINIC	343271	1101628	1444899	.267206	.267206	.267206 60.05
60.06 TB CLINIC						60.06
60.07 PAIN CLINIC						60.07
60.08 WOUND THERAPY CLINIC	325	3131389	3131714	.144697	.144697	.144697 60.08
60.09 NEURO-SPINE CLINIC						60.09
60.10 HEMATOLOGY/ONCOLOGY	4711	562094	566805	.677011	.677011	.677011 60.10
61 EMERGENCY	7046169	21644737	28690906	.213560	.213560	.213560 61
62 OBSERVATION BEDS (NON-DISTI	319450	4757872	5077322	.435225	.435225	.435225 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	7291	4144	11435	13.261828	13.261828	13.261828 65
101 SUBTOTAL	147818253	156305334	304123587			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	147818253	156305334	304123587			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				1526117		1526117
26 INTENSIVE CARE UNIT						
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT				305750		305750
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				129153		129153
33 NURSERY						
101 TOTAL				1961020		1961020

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	31043	9179			49.16	451240
26 INTENSIVE CARE UNIT						
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT	7951	4164			38.45	160106
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	3887	2478			33.23	82344
33 NURSERY						
101 TOTAL	42881	15821				693690

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (41-0004) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----		
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		956790	24632438	2795789			.038843	108597	37
37.01 ENDOSCOPY		138852	17189414	578536			.008078	4673	37.01
38 RECOVERY ROOM		40829	5308996	774199			.007691	5954	38
41 RADIOLOGY-DIAGNOSTIC		420875	10984837	1377302			.038314	52770	41
42 RADIOLOGY-THERAPEUTIC									42
43 RADIOISOTOPE		69929	3947082	315565			.017717	5591	43
44 LABORATORY		718158	64579782	8478739			.011120	94284	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
47 BLOOD STORING, PROCESSING & T		37356	5090580	776441			.007338	5698	47
49 RESPIRATORY THERAPY		89429	4689419	1937700			.019070	36952	49
50 PHYSICAL THERAPY		12981	1520488	544861			.008537	4651	50
51 OCCUPATIONAL THERAPY									51
53 ELECTROCARDIOLOGY		34906	2986935	814278			.011686	9516	53
54 ELECTROENCEPHALOGRAPHY		44997	2421836	58274			.018580	1083	54
55 MEDICAL SUPPLIES CHARGED TO P		136082	28260760	4899897			.004815	23593	55
56 DRUGS CHARGED TO PATIENTS		155917	24163597	3615855			.006453	23333	56
59 MAG RESONANCE		29332	1941946	173124			.015104	2615	59
59.01 COMPUTERIZED AXIAL IMAGING		43584	13177779	1973428			.003307	6526	59.01
59.02 CARDIAC CATHETERIZATION									59.02
59.03 HEMODIALYSIS		2409	450710	182416			.005345	975	59.03
OUTPATIENT SERVICE COST CENTERS									
60.01 WOMEN'S HEALTH		1647	156840				.010501		60.01
60.02 ALCOHOLISM CENTER		50595	1038790	4433			.048706	216	60.02
60.03 DAY CHEMOTHERAPY		54654	2785338	11064			.019622	217	60.03
60.04 DAY PSORIASIS									60.04
60.05 BONE MARROW CLINIC		33648	1444899				.023287		60.05
60.06 TB CLINIC									60.06
60.07 PAIN CLINIC		14753							60.07
60.08 WOUND THERAPY CLINIC		51129	3131714	325			.016326	5	60.08
60.09 NEURO-SPINE CLINIC		443							60.09
60.10 HEMATOLOGY/ONCOLOGY		4733	566805	3474			.008350	29	60.10
61 EMERGENCY		302533	28690906	2393153			.010545	25236	61
62 OBSERVATION BEDS (NON-DISTINC		110712	5077322	147450			.021805	3215	62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES									65
101 TOTAL		3557273	254239213	31856303				415729	101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL COSTS	TOTAL	PER DIEM	INPATIENT	INPATIENT
	ANESTHETIST COST 1	EDUCATION COST 2	ADJUSTMENT AMOUNT 3		PATIENT DAYS 5		PROGRAM DAYS 7	PROGRAM PASS THRU COSTS 8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					31043		9179	25
26 INTENSIVE CARE UNIT								26
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT					7951		4164	29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I					3887		2478	31
33 NURSERY								33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					42881		15821	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (41-0004) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.01 ENDOSCOPY							37.01
38 RECOVERY ROOM							38
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
59 MAG RESONANCE							59
59.01 COMPUTERIZED AXIAL IMAGING							59.01
59.02 CARDIAC CATHERIZATION							59.02
59.03 HEMODIALYSIS							59.03
OUTPATIENT SERVICE COST CENTERS							
60.01 WOMEN'S HEALTH							60.01
60.02 ALCOHOLISM CENTER							60.02
60.03 DAY CHEMOTHERAPY							60.03
60.04 DAY PSORIASIS							60.04
60.05 BONE MARROW CLINIC							60.05
60.06 TB CLINIC							60.06
60.07 PAIN CLINIC							60.07
60.08 WOUND THERAPY CLINIC							60.08
60.09 NEURO-SPINE CLINIC							60.09
60.10 HEMATOLOGY/ONCOLOGY							60.10
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (41-0004) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		24632438			2795789		1540268 37
37.01 ENDOSCOPY		17189414			578536		2335259 37.01
38 RECOVERY ROOM		5308996			774199		1272356 38
41 RADIOLOGY-DIAGNOSTIC		10984837			1377302		1200712 41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE		3947082			315565		807420 43
44 LABORATORY		64579782			8478739		2279385 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		5090580			776441		164378 47
49 RESPIRATORY THERAPY		4689419			1937700		277377 49
50 PHYSICAL THERAPY		1520488			544861		50
51 OCCUPATIONAL THERAPY							51
53 ELECTROCARDIOLOGY		2986935			814278		418397 53
54 ELECTROENCEPHALOGRAPHY		2421836			58274		196124 54
55 MEDICAL SUPPLIES CHARGED TO P		28260760			4899897		1371398 55
56 DRUGS CHARGED TO PATIENTS		24163597			3615855		4616481 56
59 MAG RESONANCE		1941946			173124		274642 59
59.01 COMPUTERIZED AXIAL IMAGING		13177779			1973428		2089654 59.01
59.02 CARDIAC CATHERIZATION							59.02
59.03 HEMODIALYSIS		450710			182416		2631 59.03
OUTPATIENT SERVICE COST CENTERS							
60.01 WOMEN'S HEALTH		156840					31825 60.01
60.02 ALCOHOLISM CENTER		1038790			4433		188604 60.02
60.03 DAY CHEMOTHERAPY		2785338			11064		363069 60.03
60.04 DAY PSORIASIS							60.04
60.05 BONE MARROW CLINIC		1444899					4351 60.05
60.06 TB CLINIC							60.06
60.07 PAIN CLINIC							60.07
60.08 WOUND THERAPY CLINIC		3131714			325		1077467 60.08
60.09 NEURO-SPINE CLINIC							60.09
60.10 HEMATOLOGY/ONCOLOGY		566805			3474		166737 60.10
61 EMERGENCY		28690906			2393153		2997120 61
62 OBSERVATION BEDS (NON-DISTINC		5077322			147450		1506075 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL		254239213			31856303		25181730 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (41-0004) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 ENDOSCOPY					37.01
38 RECOVERY ROOM					38
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
59 MAG RESONANCE					59
59.01 COMPUTERIZED AXIAL IMAGING					59.01
59.02 CARDIAC CATHERIZATION					59.02
59.03 HEMODIALYSIS					59.03
OUTPATIENT SERVICE COST CENTERS					
60.01 WOMEN'S HEALTH					60.01
60.02 ALCOHOLISM CENTER					60.02
60.03 DAY CHEMOTHERAPY					60.03
60.04 DAY PSORIASIS					60.04
60.05 BONE MARROW CLINIC					60.05
60.06 TB CLINIC					60.06
60.07 PAIN CLINIC					60.07
60.08 WOUND THERAPY CLINIC					60.08
60.09 NEURO-SPINE CLINIC					60.09
60.10 HEMATOLOGY/ONCOLOGY					60.10
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (41-0004) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			----- PROGRAM CHARGES -----		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
37 ANCILLARY SERVICE COST CENTERS						
37.01 OPERATING ROOM	.403597	.403597	.403597			37
38 ENDOSCOPY	.216208	.216208	.216208			37.01
38 RECOVERY ROOM	.229074	.229074	.229074			38
41 RADIOLOGY-DIAGNOSTIC	.562668	.562668	.562668			41
42 RADIOLOGY-THERAPEUTIC						42
43 RADIOISOTOPE	.383723	.383723	.383723			43
44 LABORATORY	.209207	.209207	.209207			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.419867	.419867	.419867			47
49 RESPIRATORY THERAPY	.338045	.338045	.338045			49
50 PHYSICAL THERAPY	.555274	.555274	.555274			50
51 OCCUPATIONAL THERAPY						51
53 ELECTROCARDIOLOGY	.140456	.140456	.140456			53
54 ELECTROENCEPHALOGRAPHY	.335774	.335774	.335774			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.646264	.646264	.646264			55
56 DRUGS CHARGED TO PATIENTS	.489828	.489828	.489828			56
59 MAG RESONANCE	.207669	.207669	.207669			59
59.01 COMPUTERIZED AXIAL IMAGING	.090459	.090459	.090459			59.01
59.02 CARDIAC CATHERIZATION						59.02
59.03 HEMODIALYSIS	.692015	.692015	.692015			59.03
OUTPATIENT SERVICE COST CENTERS						
60.01 WOMEN'S HEALTH	.995059	.995059	.995059			60.01
60.02 ALCOHOLISM CENTER	.547347	.547347	.547347			60.02
60.03 DAY CHEMOTHERAPY	.280449	.280449	.280449			60.03
60.04 DAY PSORIASIS						60.04
60.05 BONE MARROW CLINIC	.267206	.267206	.267206			60.05
60.06 TB CLINIC						60.06
60.07 PAIN CLINIC						60.07
60.08 WOUND THERAPY CLINIC	.144697	.144697	.144697			60.08
60.09 NEURO-SPINE CLINIC						60.09
60.10 HEMATOLOGY/ONCOLOGY	.677011	.677011	.677011			60.10
61 EMERGENCY	.213560	.213560	.213560			61
62 OBSERVATION BEDS (NON-DISTINCT	.435225	.435225	.435225			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	13.261828	13.261828	13.261828			65
65.01 AMBULANCE CHARGES (S-2 LINE 56.	13.261828	13.261828	13.261828			65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.	13.261828	13.261828	13.261828			65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.	13.261828	13.261828	13.261828			65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES		1	.489828	1
2 PROGRAM VACCINE CHARGES				2
2.01 PROGRAM VACCINE CHARGES				2.01
3 PROGRAM COSTS				3
3.01 PROGRAM COSTS				3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (41-0004) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER (SEE)	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
37		1540268						37
37.01		2335259						37.01
38		1272356						38
41		1200712						41
42								42
43		807420						43
44		2279385						44
46.30								46.30
47		164378						47
49		277377						49
50								50
51								51
53		418397						53
54		196124						54
55		1371398						55
56		4616481						56
59		274642						59
59.01		2089654						59.01
59.02								59.02
59.03		2631						59.03
60.01		31825						60.01
60.02		188604						60.02
60.03		363069						60.03
60.04								60.04
60.05		4351						60.05
60.06								60.06
60.07								60.07
60.08		1077467						60.08
60.09								60.09
60.10		166737						60.10
61		2997120						61
62		1506075						62
63.50								63.50
63.60								63.60
65								65
65.01								65.01
65.02								65.02
65.03								65.03
101		25181730						101
102								102
103								103
104		25181730						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (41-0004) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
37 ANCILLARY SERVICE COST CENTERS							
37.01 OPERATING ROOM		621648					37
38 ENDOSCOPY		504902					37.01
41 RECOVERY ROOM		291464					38
42 RADIOLOGY-DIAGNOSTIC		675602					41
43 RADIOLOGY-THERAPEUTIC							42
44 RADIOISOTOPE		309826					43
46.30 LABORATORY		476863					44
47 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 BLOOD STORING, PROCESSING & TRA		69017					47
50 RESPIRATORY THERAPY		93766					49
51 PHYSICAL THERAPY							50
53 OCCUPATIONAL THERAPY							51
54 ELECTROCARDIOLOGY		58766					53
55 ELECTROENCEPHALOGRAPHY		65853					54
56 MEDICAL SUPPLIES CHARGED TO PAT		886285					55
59 DRUGS CHARGED TO PATIENTS		2261282					56
59.01 MAG RESONANCE		57035					59
59.02 COMPUTERIZED AXIAL IMAGING		189028					59.01
59.03 CARDIAC CATHETERIZATION							59.02
60.01 HEMODIALYSIS		1821					59.03
60.02 OUTPATIENT SERVICE COST CENTERS							
60.03 WOMEN'S HEALTH		31668					60.01
60.04 ALCOHOLISM CENTER		103232					60.02
60.05 DAY CHEMOTHERAPY		101822					60.03
60.06 DAY PSORIASIS							60.04
60.07 BONE MARROW CLINIC		1163					60.05
60.08 TB CLINIC							60.06
60.09 PAIN CLINIC							60.07
60.10 WOUND THERAPY CLINIC		155906					60.08
61 NEURO-SPINE CLINIC							60.09
62 HEMATOLOGY/ONCOLOGY		112883					60.10
63.50 EMERGENCY		640065					61
63.60 OBSERVATION BEDS (NON-DISTINCT)		655481					62
65.01 RHC							63.50
65.02 FQHC							63.60
65.03 OTHER REIMBURSABLE COST CENTERS							
101 AMBULANCE SERVICES							65
102 AMBULANCE CHARGES (S-2 LINE 56.							65.01
103 AMBULANCE CHARGES (S-2 LINE 56.							65.02
104 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL		8365378					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		8365378					104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (41-S004) [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	INPATIENT	OLD CAPITAL		NEW CAPITAL	
	CAPITAL	CAPITAL		TOTAL	RATIO OF	RATIO OF	CAPITAL
	RELATED	RELATED	PROGRAM	COST TO	COST TO	COSTS	COSTS
	COST	COST	CHARGES	CHARGES	CHARGES		
	1	2	3	4	5	6	7
							8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		956790	24632438	1899		.038843	74 37
37.01 ENDOSCOPY		138852	17189414	4075		.008078	33 37.01
38 RECOVERY ROOM		40829	5308996	10816		.007691	83 38
41 RADIOLOGY-DIAGNOSTIC		420875	10984837	25103		.038314	962 41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE		69929	3947082			.017717	43
44 LABORATORY		718158	64579782	282986		.011120	3147 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		37356	5090580	2820		.007338	21 47
49 RESPIRATORY THERAPY		89429	4689419	14295		.019070	273 49
50 PHYSICAL THERAPY		12981	1520488	26700		.008537	228 50
51 OCCUPATIONAL THERAPY							51
53 ELECTROCARDIOLOGY		34906	2986935	14010		.011686	164 53
54 ELECTROENCEPHALOGRAPHY		44997	2421836	54966		.018580	1021 54
55 MEDICAL SUPPLIES CHARGED TO P		136082	28260760	2361		.004815	11 55
56 DRUGS CHARGED TO PATIENTS		155917	24163597	230324		.006453	1486 56
59 MAG RESONANCE		29332	1941946	4840		.015104	73 59
59.01 COMPUTERIZED AXIAL IMAGING		43584	13177779	98261		.003307	325 59.01
59.02 CARDIAC CATHETERIZATION							59.02
59.03 HEMODIALYSIS		2409	450710			.005345	59.03
OUTPATIENT SERVICE COST CENTERS							
60.01 WOMEN'S HEALTH		1647	156840			.010501	60.01
60.02 ALCOHOLISM CENTER		50595	1038790			.048706	60.02
60.03 DAY CHEMOTHERAPY		54654	2785338			.019622	60.03
60.04 DAY PSORIASIS							60.04
60.05 BONE MARROW CLINIC		33648	1444899			.023287	60.05
60.06 TB CLINIC							60.06
60.07 PAIN CLINIC		14753					60.07
60.08 WOUND THERAPY CLINIC		51129	3131714			.016326	60.08
60.09 NEURO-SPINE CLINIC		443					60.09
60.10 HEMATOLOGY/ONCOLOGY		4733	566805			.008350	60.10
61 EMERGENCY		302533	28690906	186280		.010545	1964 61
62 OBSERVATION BEDS (NON-DISTINC		110712	5077322			.021805	62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL		3557273	254239213	959736			9865 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (41-S004) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.01 ENDOSCOPY							37.01
38 RECOVERY ROOM							38
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
59 MAG RESONANCE							59
59.01 COMPUTERIZED AXIAL IMAGING							59.01
59.02 CARDIAC CATHERIZATION							59.02
59.03 HEMODIALYSIS							59.03
OUTPATIENT SERVICE COST CENTERS							
60.01 WOMEN'S HEALTH							60.01
60.02 ALCOHOLISM CENTER							60.02
60.03 DAY CHEMOTHERAPY							60.03
60.04 DAY PSORIASIS							60.04
60.05 BONE MARROW CLINIC							60.05
60.06 TB CLINIC							60.06
60.07 PAIN CLINIC							60.07
60.08 WOUND THERAPY CLINIC							60.08
60.09 NEURO-SPINE CLINIC							60.09
60.10 HEMATOLOGY/ONCOLOGY							60.10
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (41-S004) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		24632438			1899		37
37.01 ENDOSCOPY		17189414			4075		37.01
38 RECOVERY ROOM		5308996			10816		38
41 RADIOLOGY-DIAGNOSTIC		10984837			25103		41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE		3947082					43
44 LABORATORY		64579782			282986		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		5090580			2820		47
49 RESPIRATORY THERAPY		4689419			14295		49
50 PHYSICAL THERAPY		1520488			26700		50
51 OCCUPATIONAL THERAPY							51
53 ELECTROCARDIOLOGY		2986935			14010		53
54 ELECTROENCEPHALOGRAPHY		2421836			54966		54
55 MEDICAL SUPPLIES CHARGED TO P		28260760			2361		55
56 DRUGS CHARGED TO PATIENTS		24163597			230324		56
59 MAG RESONANCE		1941946			4840		59
59.01 COMPUTERIZED AXIAL IMAGING		13177779			98261		59.01
59.02 CARDIAC CATHERIZATION							59.02
59.03 HEMODIALYSIS		450710					59.03
OUTPATIENT SERVICE COST CENTERS							
60.01 WOMEN'S HEALTH		156840					60.01
60.02 ALCOHOLISM CENTER		1038790					60.02
60.03 DAY CHEMOTHERAPY		2785338					60.03
60.04 DAY PSORIASIS							60.04
60.05 BONE MARROW CLINIC		1444899					60.05
60.06 TB CLINIC							60.06
60.07 PAIN CLINIC							60.07
60.08 WOUND THERAPY CLINIC		3131714					60.08
60.09 NEURO-SPINE CLINIC							60.09
60.10 HEMATOLOGY/ONCOLOGY		566805					60.10
61 EMERGENCY		28690906			186280		61
62 OBSERVATION BEDS (NON-DISTINC		5077322					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL		254239213			959736		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (41-S004) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 ENDOSCOPY					37.01
38 RECOVERY ROOM					38
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
59 MAG RESONANCE					59
59.01 COMPUTERIZED AXIAL IMAGING					59.01
59.02 CARDIAC CATHERIZATION					59.02
59.03 HEMODIALYSIS					59.03
OUTPATIENT SERVICE COST CENTERS					
60.01 WOMEN'S HEALTH					60.01
60.02 ALCOHOLISM CENTER					60.02
60.03 DAY CHEMOTHERAPY					60.03
60.04 DAY PSORIASIS					60.04
60.05 BONE MARROW CLINIC					60.05
60.06 TB CLINIC					60.06
60.07 PAIN CLINIC					60.07
60.08 WOUND THERAPY CLINIC					60.08
60.09 NEURO-SPINE CLINIC					60.09
60.10 HEMATOLOGY/ONCOLOGY					60.10
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
101 TOTAL					101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				1526117		1526117
26 INTENSIVE CARE UNIT						
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT				305750		305750
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				129153		129153
33 NURSERY						
101 TOTAL				1961020		1961020

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	31043	3084			49.16	151609
26 INTENSIVE CARE UNIT						
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT	7951	460			38.45	17687
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	3887	50			33.23	1662
33 NURSERY						
101 TOTAL	42881	3594				170958

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (41-0004) [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		956790	24632438				.038843	37
37.01 ENDOSCOPY		138852	17189414				.008078	37.01
38 RECOVERY ROOM		40829	5308996				.007691	38
41 RADIOLOGY-DIAGNOSTIC		420875	10984837				.038314	41
42 RADIOLOGY-THERAPEUTIC								42
43 RADIOISOTOPE		69929	3947082				.017717	43
44 LABORATORY		718158	64579782				.011120	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		37356	5090580				.007338	47
49 RESPIRATORY THERAPY		89429	4689419				.019070	49
50 PHYSICAL THERAPY		12981	1520488				.008537	50
51 OCCUPATIONAL THERAPY								51
53 ELECTROCARDIOLOGY		34906	2986935				.011686	53
54 ELECTROENCEPHALOGRAPHY		44997	2421836				.018580	54
55 MEDICAL SUPPLIES CHARGED TO P		136082	28260760				.004815	55
56 DRUGS CHARGED TO PATIENTS		155917	24163597				.006453	56
59 MAG RESONANCE		29332	1941946				.015104	59
59.01 COMPUTERIZED AXIAL IMAGING		43584	13177779				.003307	59.01
59.02 CARDIAC CATHETERIZATION								59.02
59.03 HEMODIALYSIS		2409	450710				.005345	59.03
OUTPATIENT SERVICE COST CENTERS								
60.01 WOMEN'S HEALTH		1647	156840				.010501	60.01
60.02 ALCOHOLISM CENTER		50595	1038790				.048706	60.02
60.03 DAY CHEMOTHERAPY		54654	2785338				.019622	60.03
60.04 DAY PSORIASIS								60.04
60.05 BONE MARROW CLINIC		33648	1444899				.023287	60.05
60.06 TB CLINIC								60.06
60.07 PAIN CLINIC		14753						60.07
60.08 WOUND THERAPY CLINIC		51129	3131714				.016326	60.08
60.09 NEURO-SPINE CLINIC		443						60.09
60.10 HEMATOLOGY/ONCOLOGY		4733	566805				.008350	60.10
61 EMERGENCY		302533	28690906				.010545	61
62 OBSERVATION BEDS (NON-DISTINC		110712	5077322				.021805	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
101 TOTAL		3557273	254239213					101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					31043		3084	25
26 INTENSIVE CARE UNIT								26
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT					7951		460	29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I					3887		50	31
33 NURSERY								33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					42881		3594	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (41-0004) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.01 ENDOSCOPY							37.01
38 RECOVERY ROOM							38
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
59 MAG RESONANCE							59
59.01 COMPUTERIZED AXIAL IMAGING							59.01
59.02 CARDIAC CATHERIZATION							59.02
59.03 HEMODIALYSIS							59.03
OUTPATIENT SERVICE COST CENTERS							
60.01 WOMEN'S HEALTH							60.01
60.02 ALCOHOLISM CENTER							60.02
60.03 DAY CHEMOTHERAPY							60.03
60.04 DAY PSORIASIS							60.04
60.05 BONE MARROW CLINIC							60.05
60.06 TB CLINIC							60.06
60.07 PAIN CLINIC							60.07
60.08 WOUND THERAPY CLINIC							60.08
60.09 NEURO-SPINE CLINIC							60.09
60.10 HEMATOLOGY/ONCOLOGY							60.10
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (41-0004) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM CHARGES	
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		24632438					37
37.01 ENDOSCOPY		17189414					37.01
38 RECOVERY ROOM		5308996					38
41 RADIOLOGY-DIAGNOSTIC		10984837					41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE		3947082					43
44 LABORATORY		64579782					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		5090580					47
49 RESPIRATORY THERAPY		4689419					49
50 PHYSICAL THERAPY		1520488					50
51 OCCUPATIONAL THERAPY							51
53 ELECTROCARDIOLOGY		2986935					53
54 ELECTROENCEPHALOGRAPHY		2421836					54
55 MEDICAL SUPPLIES CHARGED TO P		28260760					55
56 DRUGS CHARGED TO PATIENTS		24163597					56
59 MAG RESONANCE		1941946					59
59.01 COMPUTERIZED AXIAL IMAGING		13177779					59.01
59.02 CARDIAC CATHERIZATION							59.02
59.03 HEMODIALYSIS		450710					59.03
OUTPATIENT SERVICE COST CENTERS							
60.01 WOMEN'S HEALTH		156840					60.01
60.02 ALCOHOLISM CENTER		1038790					60.02
60.03 DAY CHEMOTHERAPY		2785338					60.03
60.04 DAY PSORIASIS							60.04
60.05 BONE MARROW CLINIC		1444899					60.05
60.06 TB CLINIC							60.06
60.07 PAIN CLINIC							60.07
60.08 WOUND THERAPY CLINIC		3131714					60.08
60.09 NEURO-SPINE CLINIC							60.09
60.10 HEMATOLOGY/ONCOLOGY		566805					60.10
61 EMERGENCY		28690906					61
62 OBSERVATION BEDS (NON-DISTINC		5077322					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL		254239213					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (41-0004) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 ENDOSCOPY					37.01
38 RECOVERY ROOM					38
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
59 MAG RESONANCE					59
59.01 COMPUTERIZED AXIAL IMAGING					59.01
59.02 CARDIAC CATHERIZATION					59.02
59.03 HEMODIALYSIS					59.03
OUTPATIENT SERVICE COST CENTERS					
60.01 WOMEN'S HEALTH					60.01
60.02 ALCOHOLISM CENTER					60.02
60.03 DAY CHEMOTHERAPY					60.03
60.04 DAY PSORIASIS					60.04
60.05 BONE MARROW CLINIC					60.05
60.06 TB CLINIC					60.06
60.07 PAIN CLINIC					60.07
60.08 WOUND THERAPY CLINIC					60.08
60.09 NEURO-SPINE CLINIC					60.09
60.10 HEMATOLOGY/ONCOLOGY					60.10
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
101 TOTAL					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (41-S004) [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----		
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		956790	24632438				.038843	37	
37.01 ENDOSCOPY		138852	17189414				.008078	37.01	
38 RECOVERY ROOM		40829	5308996				.007691	38	
41 RADIOLOGY-DIAGNOSTIC		420875	10984837				.038314	41	
42 RADIOLOGY-THERAPEUTIC								42	
43 RADIOISOTOPE		69929	3947082				.017717	43	
44 LABORATORY		718158	64579782				.011120	44	
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30	
47 BLOOD STORING, PROCESSING & T		37356	5090580				.007338	47	
49 RESPIRATORY THERAPY		89429	4689419				.019070	49	
50 PHYSICAL THERAPY		12981	1520488				.008537	50	
51 OCCUPATIONAL THERAPY								51	
53 ELECTROCARDIOLOGY		34906	2986935				.011686	53	
54 ELECTROENCEPHALOGRAPHY		44997	2421836				.018580	54	
55 MEDICAL SUPPLIES CHARGED TO P		136082	28260760				.004815	55	
56 DRUGS CHARGED TO PATIENTS		155917	24163597				.006453	56	
59 MAG RESONANCE		29332	1941946				.015104	59	
59.01 COMPUTERIZED AXIAL IMAGING		43584	13177779				.003307	59.01	
59.02 CARDIAC CATHETERIZATION								59.02	
59.03 HEMODIALYSIS		2409	450710				.005345	59.03	
OUTPATIENT SERVICE COST CENTERS									
60.01 WOMEN'S HEALTH		1647	156840				.010501	60.01	
60.02 ALCOHOLISM CENTER		50595	1038790				.048706	60.02	
60.03 DAY CHEMOTHERAPY		54654	2785338				.019622	60.03	
60.04 DAY PSORIASIS								60.04	
60.05 BONE MARROW CLINIC		33648	1444899				.023287	60.05	
60.06 TB CLINIC								60.06	
60.07 PAIN CLINIC		14753						60.07	
60.08 WOUND THERAPY CLINIC		51129	3131714				.016326	60.08	
60.09 NEURO-SPINE CLINIC		443						60.09	
60.10 HEMATOLOGY/ONCOLOGY		4733	566805				.008350	60.10	
61 EMERGENCY		302533	28690906				.010545	61	
62 OBSERVATION BEDS (NON-DISTINC		110712	5077322				.021805	62	
63.50 RHC								63.50	
63.60 FQHC								63.60	
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES								65	
101 TOTAL		3557273	254239213					101	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (41-S004) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			MEDICAL EDUCATION	N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	COST					
	1	1.01	2	2.01	2.02	2.03	3	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM								37
37.01 ENDOSCOPY								37.01
38 RECOVERY ROOM								38
41 RADIOLOGY-DIAGNOSTIC								41
42 RADIOLOGY-THERAPEUTIC								42
43 RADIOISOTOPE								43
44 LABORATORY								44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T								47
49 RESPIRATORY THERAPY								49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
53 ELECTROCARDIOLOGY								53
54 ELECTROENCEPHALOGRAPHY								54
55 MEDICAL SUPPLIES CHARGED TO P								55
56 DRUGS CHARGED TO PATIENTS								56
59 MAG RESONANCE								59
59.01 COMPUTERIZED AXIAL IMAGING								59.01
59.02 CARDIAC CATHORIZATION								59.02
59.03 HEMODIALYSIS								59.03
OUTPATIENT SERVICE COST CENTERS								
60.01 WOMEN'S HEALTH								60.01
60.02 ALCOHOLISM CENTER								60.02
60.03 DAY CHEMOTHERAPY								60.03
60.04 DAY PSORIASIS								60.04
60.05 BONE MARROW CLINIC								60.05
60.06 TB CLINIC								60.06
60.07 PAIN CLINIC								60.07
60.08 WOUND THERAPY CLINIC								60.08
60.09 NEURO-SPINE CLINIC								60.09
60.10 HEMATOLOGY/ONCOLOGY								60.10
61 EMERGENCY								61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
101 TOTAL								101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (41-S004) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM CHARGES	
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		24632438					37
37.01 ENDOSCOPY		17189414					37.01
38 RECOVERY ROOM		5308996					38
41 RADIOLOGY-DIAGNOSTIC		10984837					41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE		3947082					43
44 LABORATORY		64579782					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		5090580					47
49 RESPIRATORY THERAPY		4689419					49
50 PHYSICAL THERAPY		1520488					50
51 OCCUPATIONAL THERAPY							51
53 ELECTROCARDIOLOGY		2986935					53
54 ELECTROENCEPHALOGRAPHY		2421836					54
55 MEDICAL SUPPLIES CHARGED TO P		28260760					55
56 DRUGS CHARGED TO PATIENTS		24163597					56
59 MAG RESONANCE		1941946					59
59.01 COMPUTERIZED AXIAL IMAGING		13177779					59.01
59.02 CARDIAC CATHERIZATION							59.02
59.03 HEMODIALYSIS		450710					59.03
OUTPATIENT SERVICE COST CENTERS							
60.01 WOMEN'S HEALTH		156840					60.01
60.02 ALCOHOLISM CENTER		1038790					60.02
60.03 DAY CHEMOTHERAPY		2785338					60.03
60.04 DAY PSORIASIS							60.04
60.05 BONE MARROW CLINIC		1444899					60.05
60.06 TB CLINIC							60.06
60.07 PAIN CLINIC							60.07
60.08 WOUND THERAPY CLINIC		3131714					60.08
60.09 NEURO-SPINE CLINIC							60.09
60.10 HEMATOLOGY/ONCOLOGY		566805					60.10
61 EMERGENCY		28690906					61
62 OBSERVATION BEDS (NON-DISTINC		5077322					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL		254239213					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (41-S004) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 ENDOSCOPY					37.01
38 RECOVERY ROOM					38
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
59 MAG RESONANCE					59
59.01 COMPUTERIZED AXIAL IMAGING					59.01
59.02 CARDIAC CATHERIZATION					59.02
59.03 HEMODIALYSIS					59.03
OUTPATIENT SERVICE COST CENTERS					
60.01 WOMEN'S HEALTH					60.01
60.02 ALCOHOLISM CENTER					60.02
60.03 DAY CHEMOTHERAPY					60.03
60.04 DAY PSORIASIS					60.04
60.05 BONE MARROW CLINIC					60.05
60.06 TB CLINIC					60.06
60.07 PAIN CLINIC					60.07
60.08 WOUND THERAPY CLINIC					60.08
60.09 NEURO-SPINE CLINIC					60.09
60.10 HEMATOLOGY/ONCOLOGY					60.10
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (41-0004)	SUB I (PPS) (41-S004)	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	31043	3887					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	31043	3887					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	31043	3887					4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							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							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	9179	2478					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							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							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							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (41-0004)	SUB I (PPS) (41-S004)	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	30460882	2804066					21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	30460882	2804066					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	44657155	5036950					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	7870715						29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	36786440	5036950					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.682105	.556699					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1185.02	1295.85					33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	30460882	2804066					37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (41-0004)	SUB I (PPS) (41-S004)	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	981.25	721.40				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	9006894	1787629				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	9006894	1787629				41

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 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	5853283	7951	736.17	4164	3065412	46
47 OTHER SPECIAL CARE (SPECIFY)						47

	HOSPITAL (PPS) (41-0004)	SUB I (PPS) (41-S004)	SUB II	SUB III	SUB IV	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	11399037	283053				48
49 TOTAL PROGRAM INPATIENT COSTS	23471343	2070682				49

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	611346	82344				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	415729	9865				51
52 TOTAL PROGRAM EXCLUDABLE COST	1027075	92209				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	22444268	1978473				53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (41-0004)	SUB I (PPS) (41-S004)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

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

SNF

1

66 SNF/NF/ICF/MR ROUTINE SERVICE COST	66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	67
68 PROGRAM ROUTINE SERVICE COST	68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	71
72 PER DIEM CAPITAL RELATED COSTS	72
73 PROGRAM CAPITAL RELATED COSTS	73
74 INPATIENT ROUTINE SERVICE COST	74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	77
78 INPATIENT ROUTINE SERVICE COST LIMITATION	78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	79
80 PROGRAM INPATIENT ANCILLARY SERVICES	80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION	81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	82

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS) (PPS)
 (41-0004)(41-S004)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	2252	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	981.25	84
85 OBSERVATION BED COST	2209775	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		30460882		2209775		86
87 NEW CAPITAL-RELATED COST	1526117	30460882	.050101	2209775	110712	87
88 NON PHYSICIAN ANESTHETIST		30460882		2209775		88
89 MEDICAL EDUCATION		30460882		2209775		89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (41-0004)	SUB I (OTHER) (41-S004)	SUB II	SUB III	SUB IV	NF
INPATIENT DAYS	1	1	1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	31043	3887				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	31043	3887				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	31043	3887				4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						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						8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	3084	50				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						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						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						13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)						14
15 TOTAL NURSERY DAYS						15
16 TITLE V OR XIX NURSERY DAYS						16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (41-0004)	SUB I (OTHER) (41-S004)	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT							
	1	1	1	1	1	1	
17							17
MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
18							18
MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
19							19
MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
20							20
MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
21	30333817	2777772					21
TOTAL GENERAL INPATIENT ROUTINE SERVICE COST							
22							22
SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
23							23
SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
24							24
SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
25							25
SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
26							26
TOTAL SWING-BED COST							
27	30333817	2777772					27
GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28	44657155	5036950					28
GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)							
29		7870715					29
PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
30	36786440	5036950					30
SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
31	.679260	.551479					31
GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO							
32							32
AVERAGE PRIVATE ROOM PER DIEM CHARGE							
33	1185.02	1295.85					33
AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE							
34							34
AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							
35							35
AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							
36							36
PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							
37	30333817	2777772					37
GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL							

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (41-0004)	SUB I (OTHER) (41-S004)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS						
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	977.15	714.63			38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3013531	35732			39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3013531	35732			41
		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLES V AND XIX ONLY)					42
43	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					43
44	INTENSIVE CARE UNIT					44
45	CORONARY CARE UNIT					45
46	BURN INTENSIVE CARE UNIT					46
47	SURGICAL INTENSIVE CARE UNIT	5853283	7951	736.17	460	338638
47	OTHER SPECIAL CARE (SPECIFY)					47
		HOSPITAL (OTHER) (41-0004)	SUB I (OTHER) (41-S004)	SUB II	SUB III	SUB IV
		1	1	1	1	1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST					48
49	TOTAL PROGRAM INPATIENT COSTS	3352169	35732			49
PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	169296	1662			50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					51
52	TOTAL PROGRAM EXCLUDABLE COST	169296	1662			52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS					53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (41-0004)	SUB I (OTHER) (41-S004)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54		7				55
55						56
56						57
57						58
58						58.01
58.01						58.02
58.02						58.03
58.03						58.04
58.04						59
59						59.01
59.01						59.02
59.02						59.03
59.03						59.04
59.04						59.05
59.05						59.06
59.06						59.07
59.07						59.08
59.08						
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

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

	1	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST		66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		67
68 PROGRAM ROUTINE SERVICE COST		68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS		70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS		71
72 PER DIEM CAPITAL RELATED COSTS		72
73 PROGRAM CAPITAL RELATED COSTS		73
74 INPATIENT ROUTINE SERVICE COST		74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT		76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS		79
80 PROGRAM INPATIENT ANCILLARY SERVICES		80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS		82

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

HOSPITAL	SUB I	SUB II	SUB III	SUB IV
(OTHER)	(OTHER)			
(41-0004)	(41-S004)			
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	2252	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	981.25	84
85 OBSERVATION BED COST	2209775	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (41-0004) [] SNF [XX] PPS
 [XX] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [] TITLE XIX [] SUB II [] S/B-SNF [] OTHER
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		8509765		25
29 SURGICAL INTENSIVE CARE UNIT		7573421		29
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.403597	2795789	1128372	37
37.01 ENDOSCOPY	.216208	578536	125084	37.01
38 RECOVERY ROOM	.229074	774199	177349	38
41 RADIOLOGY-DIAGNOSTIC	.562668	1377302	774964	41
42 RADIOLOGY-THERAPEUTIC				42
43 RADIOISOTOPE	.383723	315565	121090	43
44 LABORATORY	.210173	8478739	1782002	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.434035	776441	337003	47
49 RESPIRATORY THERAPY	.338045	1937700	655030	49
50 PHYSICAL THERAPY	.555274	544861	302547	50
51 OCCUPATIONAL THERAPY				51
53 ELECTROCARDIOLOGY	.140456	814278	114370	53
54 ELECTROENCEPHALOGRAPHY	.335774	58274	19567	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.646264	4899897	3166627	55
56 DRUGS CHARGED TO PATIENTS	.489828	3615855	1771147	56
59 MAG RESONANCE	.207669	173124	35952	59
59.01 COMPUTERIZED AXIAL IMAGING	.090459	1973428	178514	59.01
59.02 CARDIAC CATHERIZATION				59.02
59.03 HEMODIALYSIS	.692015	182416	126235	59.03
OUTPATIENT SERVICE COST CENTERS				
60.01 WOMEN'S HEALTH	.995059			60.01
60.02 ALCOHOLISM CENTER	.547347	4433	2426	60.02
60.03 DAY CHEMOTHERAPY	.280449	11064	3103	60.03
60.04 DAY PSORIASIS				60.04
60.05 BONE MARROW CLINIC	.267206			60.05
60.06 TB CLINIC				60.06
60.07 PAIN CLINIC				60.07
60.08 WOUND THERAPY CLINIC	.144697	325	47	60.08
60.09 NEURO-SPINE CLINIC				60.09
60.10 HEMATOLOGY/ONCOLOGY	.677011	3474	2352	60.10
61 EMERGENCY	.213560	2393153	511082	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.435225	147450	64174	62
63.50 RHC				63.50
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
101 TOTAL		31856303	11399037	101
102 LESS BPB CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		31856303		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V	[] HOSPITAL	[] SNF	[XX] PPS
[XX] TITLE XVIII-PT A	[XX] SUB I (41-S004)	[] NF	[] TEFRA
[] TITLE XIX	[] SUB II	[] S/B-SNF	[] OTHER
	[] SUB III	[] S/B-NF	
	[] SUB IV	[] ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
29 SURGICAL INTENSIVE CARE UNIT				29
31 SUBPROVIDER I		3233080		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.403597	1899	766	37
37.01 ENDOSCOPY	.216208	4075	881	37.01
38 RECOVERY ROOM	.229074	10816	2478	38
41 RADIOLOGY-DIAGNOSTIC	.562668	25103	14125	41
42 RADIOLOGY-THERAPEUTIC				42
43 RADIOISOTOPE	.383723			43
44 LABORATORY	.210173	282986	59476	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.434035	2820	1224	47
49 RESPIRATORY THERAPY	.338045	14295	4832	49
50 PHYSICAL THERAPY	.555274	26700	14826	50
51 OCCUPATIONAL THERAPY				51
53 ELECTROCARDIOLOGY	.140456	14010	1968	53
54 ELECTROENCEPHALOGRAPHY	.335774	54966	18456	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.646264	2361	1526	55
56 DRUGS CHARGED TO PATIENTS	.489828	230324	112819	56
59 MAG RESONANCE	.207669	4840	1005	59
59.01 COMPUTERIZED AXIAL IMAGING	.090459	98261	8889	59.01
59.02 CARDIAC CATHERIZATION				59.02
59.03 HEMODIALYSIS	.692015			59.03
OUTPATIENT SERVICE COST CENTERS				
60.01 WOMEN'S HEALTH	.995059			60.01
60.02 ALCOHOLISM CENTER	.547347			60.02
60.03 DAY CHEMOTHERAPY	.280449			60.03
60.04 DAY PSORIASIS				60.04
60.05 BONE MARROW CLINIC	.267206			60.05
60.06 TB CLINIC				60.06
60.07 PAIN CLINIC				60.07
60.08 WOUND THERAPY CLINIC	.144697			60.08
60.09 NEURO-SPINE CLINIC				60.09
60.10 HEMATOLOGY/ONCOLOGY	.677011			60.10
61 EMERGENCY	.213560	186280	39782	61
62 OBSERVATION BEDS (NON-DISTINCT	.435225			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
101 TOTAL		959736	283053	101
102 LESS BPB CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		959736		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (41-0004) [] SNF [] PPS
 [] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [XX] TITLE XIX [] SUB II [] S/B-SNF [XX] OTHER
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
29 SURGICAL INTENSIVE CARE UNIT			29
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.403597		37
37.01 ENDOSCOPY	.216208		37.01
38 RECOVERY ROOM	.229074		38
41 RADIOLOGY-DIAGNOSTIC	.562668		41
42 RADIOLOGY-THERAPEUTIC			42
43 RADIOISOTOPE	.383723		43
44 LABORATORY	.209207		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	.419867		47
49 RESPIRATORY THERAPY	.338045		49
50 PHYSICAL THERAPY	.555274		50
51 OCCUPATIONAL THERAPY			51
53 ELECTROCARDIOLOGY	.140456		53
54 ELECTROENCEPHALOGRAPHY	.335774		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.646264		55
56 DRUGS CHARGED TO PATIENTS	.489828		56
59 MAG RESONANCE	.207669		59
59.01 COMPUTERIZED AXIAL IMAGING	.090459		59.01
59.02 CARDIAC CATHERIZATION			59.02
59.03 HEMODIALYSIS	.692015		59.03
OUTPATIENT SERVICE COST CENTERS			
60.01 WOMEN'S HEALTH	.995059		60.01
60.02 ALCOHOLISM CENTER	.547347		60.02
60.03 DAY CHEMOTHERAPY	.280449		60.03
60.04 DAY PSORIASIS			60.04
60.05 BONE MARROW CLINIC	.267206		60.05
60.06 TB CLINIC			60.06
60.07 PAIN CLINIC			60.07
60.08 WOUND THERAPY CLINIC	.144697		60.08
60.09 NEURO-SPINE CLINIC			60.09
60.10 HEMATOLOGY/ONCOLOGY	.677011		60.10
61 EMERGENCY	.213560		61
62 OBSERVATION BEDS (NON-DISTINCT)	.435225		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
65 AMBULANCE SERVICES			65
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V	[] HOSPITAL	[] SNF	[] PPS
[] TITLE XVIII-PT A	[XX] SUB I (41-S004)	[] NF	[] TEFRA
[XX] TITLE XIX	[] SUB II	[] S/B-SNF	[XX] OTHER
	[] SUB III	[] S/B-NF	
	[] SUB IV	[] ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
29 SURGICAL INTENSIVE CARE UNIT			29
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.403597		37
37.01 ENDOSCOPY	.216208		37.01
38 RECOVERY ROOM	.229074		38
41 RADIOLOGY-DIAGNOSTIC	.562668		41
42 RADIOLOGY-THERAPEUTIC			42
43 RADIOISOTOPE	.383723		43
44 LABORATORY	.209207		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	.419867		47
49 RESPIRATORY THERAPY	.338045		49
50 PHYSICAL THERAPY	.555274		50
51 OCCUPATIONAL THERAPY			51
53 ELECTROCARDIOLOGY	.140456		53
54 ELECTROENCEPHALOGRAPHY	.335774		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.646264		55
56 DRUGS CHARGED TO PATIENTS	.489828		56
59 MAG RESONANCE	.207669		59
59.01 COMPUTERIZED AXIAL IMAGING	.090459		59.01
59.02 CARDIAC CATHERIZATION			59.02
59.03 HEMODIALYSIS	.692015		59.03
OUTPATIENT SERVICE COST CENTERS			
60.01 WOMEN'S HEALTH	.995059		60.01
60.02 ALCOHOLISM CENTER	.547347		60.02
60.03 DAY CHEMOTHERAPY	.280449		60.03
60.04 DAY PSORIASIS			60.04
60.05 BONE MARROW CLINIC	.267206		60.05
60.06 TB CLINIC			60.06
60.07 PAIN CLINIC			60.07
60.08 WOUND THERAPY CLINIC	.144697		60.08
60.09 NEURO-SPINE CLINIC			60.09
60.10 HEMATOLOGY/ONCOLOGY	.677011		60.10
61 EMERGENCY	.213560		61
62 OBSERVATION BEDS (NON-DISTINCT	.435225		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
65 AMBULANCE SERVICES			65
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (41-0004)	SUB I	SUB II	SUB III	SUB IV	
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1						1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	4794457					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	14383370					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	2894435					1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	8683306					1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	738004					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	151.16					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996	55.29					3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI, LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00	0.00				3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	63.22					3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS	4.42					3.13
3.14 CURRENT YEAR ALLOWABLE FTE	59.71					3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	59.54					3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS	59.46					3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00	59.57				3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (41-0004)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.394086				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.382765				3.19
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19	0.382765				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1					3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	1455876				3.22
3.23	IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1 [SUM OF LINES][PLUS E-3,PT.VI] [3.21-3.23][LINE 23]	4367629				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	5823505 5823505	0			3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.1785				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.1765				4.01
4.02	SUM OF 4 AND 4.01	0.3550				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.1197				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	2295586				4.04
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317					5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317					5.01
5.02	DIVIDE LINE 5.01 BY LINE 5					5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317					5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK					5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS					5.05
5.06	TOTAL ADDITIONAL PAYMENT					5.06
6	SUBTOTAL	28034922				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	28034922				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	2007818				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	3356249				11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE					11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES					11.02
12	NET ORGAN ACQUISITION COST					12
13	COST OF TEACHING PHYSICIANS					13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS					14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS					15
16	TOTAL	33398989				16
17	PRIMARY PAYER PAYMENTS					17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	33398989				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1634520				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	237019				20
21	REIMBURSABLE BAD DEBTS	348976				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	244283				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES					21.02
22	SUBTOTAL	31771733				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (41-0004) 1	HOSPITAL (41-0004) 1.01	HOSPITAL (41-0004) 1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	8365378			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	7223498			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.856			1.03
1.04 LINE 1.01 TIMES LINE 1.03	7160764			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				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				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS	7223498			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (41-0004) 1	HOSPITAL (41-0004) 1.01	HOSPITAL (41-0004) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	1722096		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL	5501402		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	1099217		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	6600619		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	6600619		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	592293		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	414605		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL	7015224		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	7015224		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	6770947		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	244277		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (41-S004)	SUB I (41-S004)	SUB I (41-S004)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				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				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (41-S004)	SUB I (41-S004)	SUB I (41-S004)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO			18.01
LINE 17.01			
19 SUBTOTAL			19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL			23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL			25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR			
PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE			27.02
BENEFICIARIES (SEE INSTRUCTIONS)			
28 SUBTOTAL			28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING			29
FROM PROVIDER TERMINATION OR A DECREASE IN			
PROGRAM UTILIZATION			
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION			30.99
AMOUNT)			
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING			31
PERIODS RESULTING FROM DISPOSITION OF			
DEPRECIABLE ASSETS			
32 SUBTOTAL			32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST			36
REPORT ITEMS) IN ACCORDANCE WITH CMS PUB			
15-II, SECTION 115.2			
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

HOSPITAL
 (41-0004)
 OCTOBER 1, 1997
 PRIOR TO ON OR AFTER
 1 1.01

1 STANDARD OVERHEAD AMOUNTS (ASC FEES)	1
2 DEDUCTIBLES	2
3 SUBTOTAL	3
4 80 PERCENT OF LINE 3	4
5 ASC PORTION OF BLEND	5
6 OUTPATIENT ASC COST	6
COMPUTATION OF LESSER OF COST OR CHARGES	
7 TOTAL CHARGES	7
CUSTOMARY CHARGES	
8 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9 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)	9
10 RATIO OF LINE 8 TO LINE 9	10
11 TOTAL CUSTOMARY CHARGES	11
12 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14 LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT	
15 DEDUCTIBLES AND COINSURANCE	15
16 TOTAL	16
17 HOSPITAL SPECIFIC PORTION OF BLEND	17
18 ASC BLENDED AMOUNT	18
19 LESSER OF LINES 16 OR 18	19
20 PART B DEDUCTIBLES AND COINSURANCE	20
21 ASC PAYMENT AMOUNT	21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

HOSPITAL
(41-0004)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1	PREVAILING CHARGES	1
2	62 PERCENT OF LINE 1	2
3	DEDUCTIBLES	3
4	SUBTOTAL	4
5	BLENDED CHARGE PROPORTION	5
6	COST OF OUTPATIENT RADIOLOGY	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
18	OUTPATIENT RADIOLOGY BLENDED AMOUNT	18
19	LESSER OF LINE 16 OR LINE 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	RADIOLOGY PAYMENT AMOUNT	21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

HOSPITAL
(41-0004)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1	PREVAILING CHARGES	1
2	42 PERCENT OF LINE 1	2
3	DEDUCTIBLES	3
4	SUBTOTAL	4
5	BLENDED CHARGE PROPORTION	5
6	COST OF OTHER OUTPATIENT DIAGNOSTIC PROCEDURES	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
18	OTHER OUTPATIENT DIAGNOSTIC BLENDED AMOUNT	18
19	LESSER OF LINE 16 OR LINE 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	DIAGNOSTIC PAYMENT AMOUNT	21

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (41-0004)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		31895622		6770947	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	PROGRAM .01				3.01
REVISION OF THE INTERIM RATE FOR THE COST	TO .02				3.02
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .03	NONE		NONE	3.03
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .04				3.04
	.05				3.05
	.50				3.50
	PROVIDER .51				3.51
	TO .52	NONE		NONE	3.52
	PROGRAM .53				3.53
	.54				3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		31895622		6770947	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02				5.02
	PROVIDER .03				5.03
	PROVIDER .50				5.50
	TO .51				5.51
	PROGRAM .52				5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01				6.01
	PROVIDER TO .02				6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

INTERMEDIARY NUMBER: _____
 DATE (MO/DAY/YR): _____

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER I (41-S004)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1927325		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 TO .05 PROGRAM .50 PROVIDER .51 TO .52 PROGRAM .53 .54	NONE	NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		1927325		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52			5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01 PROVIDER TO .02 PROGRAM			6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY				7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

INTERMEDIARY NUMBER: _____
 DATE (MO/DAY/YR): _____

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

HOSPITAL SUB I SUB II SUB III SUB IV
 (41-S004)

1	INPATIENT HOSPITAL SERVICES					1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)					1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)					1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)					1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)					1.04
1.05	OUTLIER PAYMENTS					1.05
1.06	TOTAL PPS PAYMENTS					1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT					1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)					
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)	2073152				1.08
1.09	NET IPF PPS OUTLIER PAYMENTS					1.09
1.10	NET IPF PPS ECT PAYMENTS	7207				1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)					1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)					1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	10.649315				1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS	2080359				1.19
1.20	STOP LESS PAYMENT FLOOR					1.20
1.21	ADJUSTED NET PAYMENT FLOOR					1.21
1.22	STOP LOSS ADJUSTMENT					1.22
1.23	TOTAL IPF PPS PAYMENTS	2080359				1.23
	INPATIENT REHABILITATION FACILITY (IRF)					
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)					1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)					1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)					1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.41
1.42	MEDICAL EDUCATION ADJUSTMENT					1.42
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL	2080359				4
5	PRIMARY PAYER PAYMENTS					5
6	SUBTOTAL	2080359				6
7	DEDUCTIBLES	119320				7
8	SUBTOTAL	1961039				8
9	COINSURANCE	33714				9
10	SUBTOTAL	1927325				10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)					11
11.01	REDUCED REIMBURSABLE BAD DEBTS					11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					11.02
12	SUBTOTAL	1927325				12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (41-S004)	SUB II	SUB III	SUB IV	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)					13.01
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					14
15	OTHER ADJUSTMENTS					15
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					16
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER	1927325				17
18	SEQUESTRATION ADJUSTMENT					18
19	INTERIM PAYMENTS	1927325				19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					19.01
20	BALANCE DUE PROVIDER/PROGRAM					20
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					21
TO BE COMPLETED BY INTERMEDIARY						
50	ORIGINAL OUTLIER AMOUNT					50
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					52
53	OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)					53

CALCULATION OF REIMBURSEMENT SETTLEMENT
 PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX			
	HOSPITAL (41-0004) (OTHER)	SUB I (41-S004) (OTHER)	SUB II	SUB III	SUB IV	NF I
	1	1	1	1	1	1
1	COMPUTATION OF NET COST OF COVERED SERVICES					
2	INPATIENT HOSPITAL/SNF/NF SERVICES	3352169				1
3	MEDICAL AND OTHER SERVICES					2
4	INTERNS AND RESIDENTS					3
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O					4
6	COST OF TEACHING PHYSICIANS					5
7	SUBTOTAL	3352169				6
8	INPATIENT PRIMARY PAYER PAYMENTS					7
9	OUTPATIENT PRIMARY PAYER PAYMENTS					8
10	SUBTOTAL	3352169				9
11	COMPUTATION OF LESSER OF COST OR CHARGES					
12	ROUTINE SERVICE CHARGES					10
13	ANCILLARY SERVICE CHARGES					11
14	INTERNS AND RESIDENTS SERVICE CHARGES					12
15	ORGAN ACQUISITION CHARGES, NET OF REVENUE					13
16	TEACHING PHYSICIANS					14
17	INCENTIVE FROM TARGET AMOUNT COMPUTATION					15
18	TOTAL REASONABLE CHARGES					16
19	CUSTOMARY CHARGES					
20	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE					17
21	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM					18
22	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN					
23	ACCORDANCE WITH 42 CFR 413.13(E)					
24	RATIO OF LINE 17 TO LINE 18					19
25	TOTAL CUSTOMARY CHARGES					20
26	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST					21
27	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	3352169				22
28	COST OF COVERED SERVICES	3352169				23
29	PROSPECTIVE PAYMENT AMOUNT					
30	OTHER THAN OUTLIER PAYMENTS					24
31	OUTLIER PAYMENTS					25
32	PROGRAM CAPITAL PAYMENTS					26
33	CAPITAL EXCEPTION PAYMENTS					27
34	ROUTINE SERVICE OTHER PASS THROUGH COSTS					28
35	ANCILLARY SERVICE OTHER PASS THROUGH COSTS					29
36	SUBTOTAL	3352169				30
37	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)					31
38	LESSER OF LINES 30 OR 31	3352169				32
39	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)					33

CALCULATION OF REIMBURSEMENT SETTLEMENT
 PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX			NF I
	HOSPITAL (41-0004) (OTHER)	SUB I (41-S004) (OTHER)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT					
35	EXCESS OF REASONABLE COST	3352169				34
36	COINSURANCE					35
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,					36
38	REIMBURSABLE BAD DEBTS					37
38.01	REDUCED REIMBURSABLE BAD DEBTS					38
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE					38.01
	BENEFICIARIES (SEE INSTRUCTIONS)					38.02
39	UTILIZATION REVIEW					39
40	SUBTOTAL					40
41	INPATIENT ROUTINE SERVICE COST					41
42	MEDICARE INPATIENT ROUTINE CHARGES					42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE					43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)					44
45	RATIO OF LINE 43 TO LINE 44					45
46	TOTAL CUSTOMARY CHARGES					46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST					47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES					48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM UTILIZATION					49
50	OTHER ADJUSTMENTS					50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS					51
52	SUBTOTAL					52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT					53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER					55
56	SEQUESTRATION ADJUSTMENT					56
57	INTERIM PAYMENTS					57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					57.01
58	BALANCE DUE PROVIDER/PROGRAM					58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2					59

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

WORKSHEET E-3
 PART IV

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT		
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS	1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE	2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS	2.01
3	AGGREGATE APPROVED AMOUNT	3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	61.00 3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]	3.03
3.04	FTE ADJUSTMENT CAP	61.00 3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	67.64 3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	61.00 3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	41.87 3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	13.89 3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	55.76 3.09
3.10	SEE INSTRUCTIONS	50.29 3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.42 3.11
3.12	SEE INSTRUCTIONS	15.95 3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	15.55 3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	15.31 3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	15.60 3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	15.60 3.16
3.17	SEE INSTRUCTIONS	139057.86 3.17
3.18	SEE INSTRUCTIONS	2169303 3.18

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

WORKSHEET E-3
 PART IV
 (CONT)

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

3.19	SEE INSTRUCTIONS		40.47	3.19
3.20	SEE INSTRUCTIONS		39.44	3.20
3.21	SEE INSTRUCTIONS		39.22	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		39.22	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		141021.75	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		5530873	3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		7700176	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		15821	4
5	TOTAL INPATIENT DAYS		40629	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.389402	6
		[LINE 6 x] [E-3,PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 2998464	27041	3025505	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		8708	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		40629	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS		100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD		1417180	6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR			6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE		100.00	6.07
		[PRIOR TO] [E-3,PART 6]		
		[422] [LINE 12]		
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS 0	12781	12781	6.08
	PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD			
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS			7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES			8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES			9
10	MEDICARE O/P ESRD CHARGES			10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS			11

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

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[XX] TITLE XVIII

[] TITLE XIX

APPORIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY
PART A REASONABLE COST

12	REASONABLE COST	25542025	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS		15
16	TOTAL PART A REASONABLE COST	25542025	16
PART B REASONABLE COST			
17	REASONABLE COST	8365378	17
18	PRIMARY PAYER PAYMENTS		18
19	TOTAL PART B REASONABLE COST	8365378	19
20	TOTAL REASONABLE COST	33907403	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.753288	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.246712	22
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			
23	TOTAL PROGRAM GME PAYMENT		23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	4455466	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	3356249	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	1099217	25

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

WORKSHEET E-3
 PART IV

[] TITLE V [] TITLE XVIII [XX] TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT		
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS	1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE	2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS	2.01
3	AGGREGATE APPROVED AMOUNT	3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]	3.03
3.04	FTE ADJUSTMENT CAP	3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	3.09
3.10	SEE INSTRUCTIONS	3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.11
3.12	SEE INSTRUCTIONS	3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	3.16
3.17	SEE INSTRUCTIONS	3.17
3.18	SEE INSTRUCTIONS	3.18

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

WORKSHEET E-3
 PART IV
 (CONT)

[] TITLE V [] TITLE XVIII [XX] TITLE XIX

3.19	SEE INSTRUCTIONS		3.19
3.20	SEE INSTRUCTIONS		3.20
3.21	SEE INSTRUCTIONS		3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	0.00	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001	0.00	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		3.25
COMPUTATION OF PROGRAM PATIENT LOAD			
4	PROGRAM PART A INPATIENT DAYS	3594	4
5	TOTAL INPATIENT DAYS	40629	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS [LINE 6 x] [E-3,PART 6] [LINE 3.25] [LINE 11]	.088459	6
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 0 0		6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE	40629	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS	100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD		6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR		6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE	100.00	6.07
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD [PRIOR TO] [E-3,PART 6] [422] [LINE 12] 0 0		6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		9
10	MEDICARE O/P ESRD CHARGES		10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS		11

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

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

APPORIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY
PART A REASONABLE COST

12	REASONABLE COST	12
13	ORGAN ACQUISITION COSTS	13
14	COST OF TEACHING PHYSICIANS	14
15	PRIMARY PAYER PAYMENTS	15
16	TOTAL PART A REASONABLE COST	16
	PART B REASONABLE COST	
17	REASONABLE COST	17
18	PRIMARY PAYER PAYMENTS	18
19	TOTAL PART B REASONABLE COST	19
20	TOTAL REASONABLE COST	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	22

ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B

23	TOTAL PROGRAM GME PAYMENT	23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	25

CALCULATION OF GME AND IME PAYMENTS FOR
 REDISTRIBUTION OF UNUSED RESIDENCY SLOTS

WORKSHEET E-3
 PART VI

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA		
1	RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD	1.000000
2	REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	
3	UNADJUSTED DIRECT GME FTE CAP	
4	PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	
CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA		
5	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC.413.79(c)(4)	.95
5.01	PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS	
6	GME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	6.64
7	ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)	.78
8	LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)	89028.81
9	LINE 7 TIMES LINE 8	69442
10	MEDICARE PGM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6	.389402
11	DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS	27041
12	DIRECT GME PAYMENT FOR MANAGED CARE DAYS	12781
CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA		
13	REDUCED IME FTE CAP (SEE INSTRUCTIONS)	
14	UNADJUSTED IME FTE CAP	
15	PRORATED REDUCED ALLOWABLE FTE CAP	
CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA		
16	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC.412.105(f)(1)(iv)(C)	
17	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	
18	SEE INSTRUCTIONS	
19	RESIDENT TO BED COUNT	
20	IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	
21	DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	
22	SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	
23	ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA	

CALCULATION OF GME AND IME PAYMENTS FOR
 REDISTRIBUTION OF UNUSED RESIDENCY SLOTS

WORKSHEET E-3
 PART VI

[] TITLE V [] TITLE XVIII [XX] TITLE XIX

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA		
1	RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD	1.000000 1
2	REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	2
3	UNADJUSTED DIRECT GME FTE CAP	3
4	PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	4
CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA		
5	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC.413.79(c)(4)	5
5.01	PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS	5.01
6	GME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	6
7	ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)	7
8	LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)	8
9	LINE 7 TIMES LINE 8	9
10	MEDICARE PGM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6	10
11	DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS	11
12	DIRECT GME PAYMENT FOR MANAGED CARE DAYS	12
CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA		
13	REDUCED IME FTE CAP (SEE INSTRUCTIONS)	13
14	UNADJUSTED IME FTE CAP	14
15	PRORATED REDUCED ALLOWABLE FTE CAP	15
CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA		
16	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC.412.105(f)(1)(iv)(C)	16
17	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	17
18	SEE INSTRUCTIONS	18
19	RESIDENT TO BED COUNT	19
20	IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	20
21	DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	21
22	SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	22
23	ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA	23

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	13916538			1
2 TEMPORARY INVESTMENTS				2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	20914071			4
5 OTHER RECEIVABLES	188016			5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-5670700			6
7 INVENTORY	3343306			7
8 PREPAID EXPENSES	1826281			8
9 OTHER CURRENT ASSETS	25993585			9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS	60511097			11
FIXED ASSETS				
12 LAND	85661			12
12.01 ACCUMULATED DEPRECIATION				12.01
13 LAND IMPROVEMENTS	663140			13
13.01 ACCUMULATED DEPRECIATION	-539102			13.01
14 BUILDINGS	20469108			14
14.01 ACCUMULATED DEPRECIATION	-9575705			14.01
15 LEASEHOLD IMPROVEMENTS	24391316			15
15.01 ACCUMULATED AMORTIZATION	-9943187			15.01
16 FIXED EQUIPMENT	12253831			16
16.01 ACCUMULATED DEPRECIATION	-6584155			16.01
17 AUTOMOBILES AND TRUCKS				17
17.01 ACCUMULATED DEPRECIATION				17.01
18 MAJOR MOVABLE EQUIPMENT	27130753			18
18.01 ACCUMULATED DEPRECIATION	-26919553			18.01
19 MINOR EQUIPMENT DEPRECIABLE				19
19.01 ACCUMULATED DEPRECIATION				19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE				20
21 TOTAL FIXED ASSETS	31432107			21
OTHER ASSETS				
22 INVESTMENTS				22
23 DEPOSITS ON LEASES				23
24 DUE FROM OWNERS/OFFICERS				24
25 OTHER ASSETS	8544119			25
26 TOTAL OTHER ASSETS	8544119			26
27 TOTAL ASSETS	100487323			27
LIABILITIES AND FUND BALANCES	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	23578258			28
29 SALARIES, WAGES & FEES PAYABLE				29
30 PAYROLL TAXES PAYABLE				30
31 NOTES & LOANS PAYABLE (SHORT TERM)				31
32 DEFERRED INCOME				32
33 ACCELERATED PAYMENTS				33
34 DUE TO OTHER FUNDS				34
35 OTHER CURRENT LIABILITIES	12222611			35
36 TOTAL CURRENT LIABILITIES	35800869			36
LONG-TERM LIABILITIES				
37 MORTGAGE PAYABLE	16789838			37
38 NOTES PAYABLE				38
39 UNSECURED LOANS				39
40 LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41 OTHER LONG TERM LIABILITIES	10161683			41
42 TOTAL LONG TERM LIABILITIES	26951521			42
43 TOTAL LIABILITIES	62752390			43
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	37734933			44
45 SPECIFIC PURPOSE FUND BALANCE				45
46 DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				46
47 DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				47
48 GOVERNING BODY CREATED - ENDOWMENT FUND BAL				48
49 PLANT FUND BALANCE - INVESTED IN PLANT				49
50 PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				50
51 TOTAL FUND BALANCES	37734933			51
52 TOTAL LIABILITIES AND FUND BALANCES	100487323			52

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
1 FUND BALANCES AT BEGINNING OF PERIOD	39644026			1
2 NET INCOME (LOSS)	-965768			2
3 TOTAL	38678258			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 UNREALIZED GAINS	11696939			5
6 OTHER OPERATING GAINS				6
7				7
8				8
9				9
10 TOTAL ADDITIONS	11696939			10
11 SUBTOTAL	50375197			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 DECREASE IN TEMP RESTRICTED ASSETS	12640264			13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	12640264			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	37734933			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				
2 HOSPITAL	36036385		36036385	1
4 SUBPROVIDER I	5036950		5036950	2
5 SWING BED - SNF				4
6 SWING BED - NF				5
7 SKILLED NURSING FACILITY				6
8 NURSING FACILITY				7
9 OTHER LONG TERM CARE				8
10 TOTAL GENERAL INPATIENT CARE SERVICES	41073335		41073335	9
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
12 INTENSIVE CARE UNIT				10
13 CORONARY CARE UNIT				11
14 BURN INTENSIVE CARE UNIT				12
15 SURGICAL INTENSIVE CARE UNIT	8620770		8620770	13
16 OTHER SPECIAL CARE (SPECIFY)				14
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	8620770		8620770	15
18 TOTAL INPATIENT ROUTINE CARE SERVICES	49694105		49694105	16
18.50 ANCILLARY SERVICES	91876750	129529390	221406140	17
18.60 OUTPATIENT SERVICES	8917889	25827528	34745417	18
19 RHC				18.50
20 FQHC				18.60
21 HOME HEALTH AGENCY		8585527	8585527	19
22 AMBULANCE		4144	4144	20
23 CORF				21
24 ASC	2972802	2336194	5308996	22
25 HOSPICE				23
26 TOTAL PATIENT REVENUES	153461546	166282783	319744329	24

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		160063985	26
27 ADD (SPECIFY)			27
28 BAD DEBT EXPENSE	10453638		28
29 LICENSE FEE			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		10453638	33
34 DEDUCT (SPECIFY)			34
35 GROSS UPS AND SALARY	-2746827		35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS	-2746827		39
40 TOTAL OPERATING EXPENSES		167770796	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	319744329	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	165531876	2
3	NET PATIENT REVENUES	154212453	3
4	LESS - TOTAL OPERATING EXPENSES	167770796	4
5	NET INCOME FROM SERVICE TO PATIENTS	-13558343	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	-412241	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (SPECIFY)		24
24.01	RESEARCH	6403821	24.01
24.02	LAB OUTREACH	4412753	24.02
24.03	CAFETERIA	518834	24.03
24.04	GRANT OVERHEAD		24.04
24.05	MISCELLANEOUS	1641119	24.05
24.06	FREE CARE	87513	24.06
25	TOTAL OTHER INCOME	12651799	25
26	TOTAL	-906544	26
27			27
27.01	UNREALIZED LOSS TRANS TO AFFILIATES	59224	27.01
28			28
29			29
30	TOTAL OTHER EXPENSES	59224	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-965768	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 41-7029

WORKSHEET H

	SALARIES	EMPLOYEE	TRANS-	CONTRACTED/	OTHER	TOTAL HHA
	1	BENEFITS	PORTATION	PURCH SVCS	COSTS	COST
		2	3	4	5	6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDG & FIXTURES						1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE						3
4 TRANSPORTATION						4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	1174836				101180	1276016
6 SKILLED NURSING CARE	1963413		130227		102085	2195725
7 PHYSICAL THERAPY	629447		51621			681068
8 OCCUPATIONAL THERAPY			7089			7089
9 SPEECH PATHOLOGY	17223		1691			18914
10 MEDICAL SOCIAL SERVICES	5839		537			6376
11 HOME HEALTH AIDE	164366		19621			183987
12 SUPPLIES						12
13 DRUGS						13
13.20 COST OF ADMINISTERING VACCINES						13.20
14 DME						14
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						15
16 RESPIRATORY THERAPY						16
17 PRIVATE DUTY NURSING						17
18 CLINIC						18
19 HEALTH PROMOTION ACTIVITIES						19
20 DAY CARE PROGRAM						20
21 HOME DELIVERED MEALS PROGRAM						21
22 HOMEMAKER SERVICE						22
23 ALL OTHERS						23
23.50 TELEMEDICINE						23.50
24 TOTAL	3955124		210786		203265	4369175

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 41-7029

WORKSHEET H
 (CONTINUED)

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	
GENERAL SERVICE COST CENTER					
1 CAPITAL RELATED-BLDG & FIXTURES					1
2 CAPITAL RELATED-MOVABLE EQUIPMENT					2
3 PLANT OPERATION & MAINTENANCE					3
4 TRANSPORTATION					4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	36758	1312774		1312774	5
6 SKILLED NURSING CARE	-42206	2153519		2153519	6
7 PHYSICAL THERAPY		681068		681068	7
8 OCCUPATIONAL THERAPY		7089		7089	8
9 SPEECH PATHOLOGY		18914		18914	9
10 MEDICAL SOCIAL SERVICES		6376		6376	10
11 HOME HEALTH AIDE		183987		183987	11
12 SUPPLIES					12
13 DRUGS					13
13.20 COST OF ADMINISTERING VACCINES					13.20
14 DME					14
HHA NONREIMBURSABLE SERVICES					
15 HOME DIALYSIS AIDE SERVICES					15
16 RESPIRATORY THERAPY					16
17 PRIVATE DUTY NURSING					17
18 CLINIC					18
19 HEALTH PROMOTION ACTIVITIES					19
20 DAY CARE PROGRAM					20
21 HOME DELIVERED MEALS PROGRAM					21
22 HOMEMAKER SERVICE					22
23 ALL OTHERS					23
23.50 TELEMEDICINE					23.50
24 TOTAL	-5448	4363727		4363727	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 41-7029

WORKSHEET H-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL BLDGS & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATN & MAINT	TRANSPORT- ATION	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6
	0	1	2	3	4			
GENERAL SERVICE COST CENTER								
1 CAPITAL RELATED-BLDG & FIXT								1
2 CAPITAL RELATED-MOVABLE EQUIP								2
3 PLANT OPERATION & MAINTENANCE								3
4 TRANSPORTATION								4
5 ADMINISTRATIVE AND GENERAL	1312774					1312774	1312774	5
HHA REIMBURSABLE SERVICES								
6 SKILLED NURSING CARE	2153519					2153519	926625	3080144 6
7 PHYSICAL THERAPY	681068					681068	293052	974120 7
8 OCCUPATIONAL THERAPY	7089					7089	3050	10139 8
9 SPEECH PATHOLOGY	18914					18914	8138	27052 9
10 MEDICAL SOCIAL SERVICES	6376					6376	2743	9119 10
11 HOME HEALTH AIDE	183987					183987	79166	263153 11
12 SUPPLIES								12
13 DRUGS								13
13.20 COST OF ADMINISTERING VACCINES								13.20
14 DME								14
HHA NONREIMBURSABLE SERVICES								
15 HOME DIALYSIS AIDE SERVICES								15
16 RESPIRATORY THERAPY								16
17 PRIVATE DUTY NURSING								17
18 CLINIC								18
19 HEALTH PROMOTION ACTIVITIES								19
20 DAY CARE PROGRAM								20
21 HOME DELIVERED MEALS PROGRAM								21
22 HOMEMAKER SERVICE								22
23 ALL OTHERS								23
23.50 TELEMEDICINE								23.50
24 TOTAL	4363727					4363727		4363727 24

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 41-7029

WORKSHEET H-4
 PART II

	CAP REL BLDGS & FIXTURES (SQUARE FEET) 1	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDG & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-1312774	3050953	5
6 SKILLED NURSING CARE						2153519	6
7 PHYSICAL THERAPY						681068	7
8 OCCUPATIONAL THERAPY						7089	8
9 SPEECH PATHOLOGY						18914	9
10 MEDICAL SOCIAL SERVICES						6376	10
11 HOME HEALTH AIDE						183987	11
12 SUPPLIES							12
13 DRUGS							13
13.20 COST OF ADMINISTERING VACCINES							13.20
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING							17
18 CLINIC							18
19 HEALTH PROMOTION ACTIVITIES							19
20 DAY CARE PROGRAM							20
21 HOME DELIVERED MEALS PROGRAM							21
22 HOMEMAKER SERVICE							22
23 ALL OTHERS							23
23.50 TELEMEDICINE							23.50
24 TOTAL					-1312774	3050953	24
25 COST TO BE ALLOC (PER W/S H)						1312774	25
26 UNIT COST MULTIPLIER						.430283	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 41-7029

WORKSHEET H-5
 PART I

HHA COST CENTER	HHA	OLD CAP	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	TELEPHONES	PURCHASING	
	TRIAL BALANCE 0	BLDGS & FIXTURES 1	MOVABLE EQUIPMENT 2	BLDGS & FIXTURES 3	MOVABLE EQUIPMENT 4	BENEFITS 5	6.01	6.02	
1 ADMINISTRATIVE AND GENERAL				66341	784	301546	19414		1
2 SKILLED NURSING CARE	3080144					503951		8218	2
3 PHYSICAL THERAPY	974120					161561			3
4 OCCUPATIONAL THERAPY	10139								4
5 SPEECH PATHOLOGY	27052					4421			5
6 MEDICAL SOCIAL SERVICES	9119					1499			6
7 HOME HEALTH AIDE	263153					42188			7
8 SUPPLIES									8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTALS	4363727			66341	784	1015166	19414	8218	20
21 UNIT COST MULTIPLIER									21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 41-7029

WORKSHEET H-5
 PART I

HHA COST CENTER	ADMITTING 6.03	ACCT REC 6.04	SUBTOTAL 5A	A+G 6.05	MAIN- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY + LINEN SERVICE 9	HOUSE- KEEPING 10	
1 ADMINISTRATIVE AND GENERAL		85	388170	72880	68477	80326		38452	1
2 SKILLED NURSING CARE		27938	3620251	679717					2
3 PHYSICAL THERAPY		11611	1147292	215409					3
4 OCCUPATIONAL THERAPY		1531	11670	2191					4
5 SPEECH PATHOLOGY		388	31861	5982					5
6 MEDICAL SOCIAL SERVICES		161	10779	2024					6
7 HOME HEALTH AIDE		2835	308176	57861					7
8 SUPPLIES		1289	1289	242					8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTALS		45838	5519488	1036306	68477	80326		38452	20
21 UNIT COST MULTIPLIER									21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 41-7029

WORKSHEET H-5
 PART I

HHA COST CENTER	DIETARY 11	CAFETERIA 12	MAIN- TENANCE OF PERSONNEL 13	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	SOCIAL SERVICE 18
1 ADMINISTRATIVE AND GENERAL		5842			3753			1
2 SKILLED NURSING CARE		6956		136974		33		2
3 PHYSICAL THERAPY		1306						3
4 OCCUPATIONAL THERAPY								4
5 SPEECH PATHOLOGY								5
6 MEDICAL SOCIAL SERVICES		3						6
7 HOME HEALTH AIDE		1229						7
8 SUPPLIES								8
9 DRUGS								9
9.20 COST OF ADMINISTERING VACC								9.20
10 DME								10
11 HOME DIALYSIS AIDE SERVICE								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIE								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGR								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE				136974		33		19.50
20 TOTALS		15336		136974	3753			20
21 UNIT COST MULTIPLIER								21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 41-7029

WORKSHEET H-5
 PART I

HHA COST CENTER	DEPT MED	DEPT SURG	NONPHYSIC. ANESTHET.	NURSING SCHOOL	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	SUBTOTAL
	19	19.01	20	21	22	23	24	25
1 ADMINISTRATIVE AND GENERAL								657900 1
2 SKILLED NURSING CARE								4443931 2
3 PHYSICAL THERAPY								1364007 3
4 OCCUPATIONAL THERAPY								13861 4
5 SPEECH PATHOLOGY								37843 5
6 MEDICAL SOCIAL SERVICES								12806 6
7 HOME HEALTH AIDE								367266 7
8 SUPPLIES								1531 8
9 DRUGS								9 9
9.20 COST OF ADMINISTERING VACC								9.20 9.20
10 DME								10 10
11 HOME DIALYSIS AIDE SERVICE								11 11
12 RESPIRATORY THERAPY								12 12
13 PRIVATE DUTY NURSING								13 13
14 CLINIC								14 14
15 HEALTH PROMOTION ACTIVITIE								15 15
16 DAY CARE PROGRAM								16 16
17 HOME DELIVERED MEALS PROGR								17 17
18 HOMEMAKER SERVICE								18 18
19 ALL OTHERS								19 19
19.50 TELEMEDICINE								19.50 19.50
20 TOTALS								6899145 20
21 UNIT COST MULTIPLIER								21 21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 41-7029

WORKSHEET H-5
 PART I

HHA COST CENTER	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL	ALLOCATED		
			HHA A & G	TOTAL HHA COSTS	
	26	27	28	29	
1 ADMINISTRATIVE AND GENERAL		657900			1
2 SKILLED NURSING CARE		4443931	468442	4912373	2
3 PHYSICAL THERAPY		1364007	143783	1507790	3
4 OCCUPATIONAL THERAPY		13861	1461	15322	4
5 SPEECH PATHOLOGY		37843	3989	41832	5
6 MEDICAL SOCIAL SERVICES		12806	1350	14156	6
7 HOME HEALTH AIDE		367266	38714	405980	7
8 SUPPLIES		1531	161	1692	8
9 DRUGS					9
9.20 COST OF ADMINISTERING VACC					9.20
10 DME					10
11 HOME DIALYSIS AIDE SERVICE					11
12 RESPIRATORY THERAPY					12
13 PRIVATE DUTY NURSING					13
14 CLINIC					14
15 HEALTH PROMOTION ACTIVITIE					15
16 DAY CARE PROGRAM					16
17 HOME DELIVERED MEALS PROGR					17
18 HOMEMAKER SERVICE					18
19 ALL OTHERS					19
19.50 TELEMEDICINE					19.50
20 TOTALS		6899145	657900	6899145	20
21 UNIT COST MULTIPLIER			.105412		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 41-7029

WORKSHEET H-5
 PART II

HHA COST CENTER	OLD CAP BLDGS & FIXTURES SQUARE FEET	OLD CAP MOVABLE EQUIPMENT DOLLAR VALUE	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	TELEPHONES NUMBER OF TELEPHONES	PURCHASING PURCH. SUP	ADMITTING I/P REVENU
	1	2	3	4	5	6.01	6.02	6.03
1 ADMINISTRATIVE AND GENERAL			5000	736	1174836	61		1
2 SKILLED NURSING CARE					1963413		82255	2
3 PHYSICAL THERAPY					629447			3
4 OCCUPATIONAL THERAPY								4
5 SPEECH PATHOLOGY					17223			5
6 MEDICAL SOCIAL SERVICES					5839			6
7 HOME HEALTH AIDE					164366			7
8 SUPPLIES								8
9 DRUGS								9
9.20 COST OF ADMINISTERING VACC								9.20
10 DME								10
11 HOME DIALYSIS AIDE SERVICE								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIE								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGR								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE								19.50
20 TOTALS			5000	736	3955124	61	82255	20
21 TOTAL COST TO BE ALLOCATED			66341	784	1015166	19414	8218	21
22 UNIT COST MULTIPLIER			13.268200		.256671		.099909	22
22 UNIT COST MULTIPLIER				1.065217		318.262295		22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 41-7029

WORKSHEET H-5
 PART II

HHA COST CENTER	ACCT REC TOTAL REV	RECON- CILIATION	A+G ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	LAUNDRY + LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING SQUARE FEET	DIETARY NUMBER HOUSED
	6.04	6A.05	6.05	7	8	9	10	11
1 ADMINISTRATIVE AND GENERAL	15907		388170	5000	5000		5000	1
2 SKILLED NURSING CARE	5232797		3620251					2
3 PHYSICAL THERAPY	2174803		1147292					3
4 OCCUPATIONAL THERAPY	286722		11670					4
5 SPEECH PATHOLOGY	72719		31861					5
6 MEDICAL SOCIAL SERVICES	30107		10779					6
7 HOME HEALTH AIDE	531064		308176					7
8 SUPPLIES	241408		1289					8
9 DRUGS								9
9.20 COST OF ADMINISTERING VACC								9.20
10 DME								10
11 HOME DIALYSIS AIDE SERVICE								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIE								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGR								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE								19.50
20 TOTALS	8585527		5519488	5000	5000		5000	20
21 TOTAL COST TO BE ALLOCATED	45838		1036306	68477	80326		38452	21
22 UNIT COST MULTIPLIER	.005339		.187754		16.065200		7.690400	22
22 UNIT COST MULTIPLIER				13.695400				22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 41-7029

WORKSHEET H-5
 PART II

HHA COST CENTER	CAFETERIA NUMBER FTE'S 12	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED 13	NURSING ADMINIS- TRATION DIRECT NRSING HRS 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	PHARMACY COSTED REQUIS. 16	MEDICAL RECORDS + LIBRARY NUMBER CASES 17	SOCIAL SERVICE TIME SPENT 18	DEPT MED TIME STUDY 19
1 ADMINISTRATIVE AND GENERAL	2273			61760				1
2 SKILLED NURSING CARE	2707		51243		105			2
3 PHYSICAL THERAPY	508							3
4 OCCUPATIONAL THERAPY								4
5 SPEECH PATHOLOGY								5
6 MEDICAL SOCIAL SERVICES	1							6
7 HOME HEALTH AIDE	478							7
8 SUPPLIES								8
9 DRUGS								9
9.20 COST OF ADMINISTERING VACC								9.20
10 DME								10
11 HOME DIALYSIS AIDE SERVICE								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIE								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGR								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE								19.50
20 TOTALS	5967		51243	61760	105			20
21 TOTAL COST TO BE ALLOCATED	15336		136974	3753	33			21
22 UNIT COST MULTIPLIER	2.570136		2.673029		.314286			22
22 UNIT COST MULTIPLIER				.060767				22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 41-7029

WORKSHEET H-5
 PART II

HHA COST CENTER	DEPT SURG	NONPHYSIC. ANESTHET.	NURSING SCHOOL	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	
	TIME STUDY	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	
	19.01	20	21	22	23	24	
1 ADMINISTRATIVE AND GENERAL							1
2 SKILLED NURSING CARE							2
3 PHYSICAL THERAPY							3
4 OCCUPATIONAL THERAPY							4
5 SPEECH PATHOLOGY							5
6 MEDICAL SOCIAL SERVICES							6
7 HOME HEALTH AIDE							7
8 SUPPLIES							8
9 DRUGS							9
9.20 COST OF ADMINISTERING VACC							9.20
10 DME							10
11 HOME DIALYSIS AIDE SERVICE							11
12 RESPIRATORY THERAPY							12
13 PRIVATE DUTY NURSING							13
14 CLINIC							14
15 HEALTH PROMOTION ACTIVITIE							15
16 DAY CARE PROGRAM							16
17 HOME DELIVERED MEALS PROGR							17
18 HOMEMAKER SERVICE							18
19 ALL OTHERS							19
19.50 TELEMEDICINE							19.50
20 TOTALS							20
21 TOTAL COST TO BE ALLOCATED							21
22 UNIT COST MULTIPLIER							22
22 UNIT COST MULTIPLIER							22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 41-7029

WORKSHEET H-6
 PARTS I & II

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

PART I - APPORTIONMENT OF HHA COST CENTERS: COMPUTATION OF THE LESSER OF AGGREGATE PROGRAM COST OR THE AGGREGATE OF THE PROGRAM LIMITATION

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	VISITS	COST PER VISIT	
		2	1	2	3	4	5	
1	SKILLED NURSING CARE	2	4912373		4912373	28878	170.11	1
2	PHYSICAL THERAPY	3	1507790		1507790	11447	131.72	2
3	OCCUPATIONAL THERAPY	4	15322		15322	1572	9.75	3
4	SPEECH PATHOLOGY	5	41832		41832	375	111.55	4
5	MEDICAL SOCIAL SERV	6	14156		14156	119	118.96	5
6	HOME HEALTH AIDE SERV	7	405980		405980	4351	93.31	6
7	TOTAL		6897453		6897453	46742		7

LIMITATION COST COMPUTATION		MSA				PROGRAM	
PATIENT SERVICES		NO.				COST LIMITS	
		1	2	3	4	5	
8	SKILLED NURSING CARE	6483					8
9	PHYSICAL THERAPY	6483					9
10	OCCUPATIONAL THERAPY	6483					10
11	SPEECH PATHOLOGY	6483					11
12	MEDICAL SOCIAL SERV	6483					12
13	HOME HEALTH AIDE SERV	6483					13
14	TOTAL						14

SUPPLIES AND DRUGS COST COMPUTATIONS		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	RATIO	
OTHER PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	CHARGES		
		8	1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8	1692		1692	99899	.016937	15
16	COST OF DRUGS	9						16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20

PER BENEFICIARY COST LIMITATION:		MSA	AMOUNT	
		NO.		
		1	2	
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4	6483		17
18	PER BENEFICIARY COST LIMITATION	6483		18
19	PER BENEFICIARY COST LIMITATION			19

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 41-7029

WORKSHEET H-6
 PARTS I & II
 (CONTINUED)

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

PART I - APPORTIONMENT OF HHA COST CENTERS: COMPUTATION OF THE LESSER OF AGGREGATE PROGRAM COST OR THE AGGREGATE OF THE PROGRAM LIMITATION

COST PER VISIT COMPUTATION		PROGRAM VISITS				COST OF SERVICES				TOTAL
		PART B		PART B		PART B		PART B		PROGRAM
		NOT SUBJ TO	SUBJECT TO	NOT SUBJ TO	SUBJECT TO	NOT SUBJ TO	SUBJECT TO	NOT SUBJ TO	SUBJECT TO	COST
PATIENT SERVICES		PART A	DEDUCTIBLES & COINSUR	PART A	DEDUCTIBLES & COINSUR	PART A	DEDUCTIBLES & COINSUR	PART A	DEDUCTIBLES & COINSUR	
		6	7	8	9	10	11	12	13	14
1	SKILLED NURSING CARE	4368	6455		743040	1098060		1841100		1
2	PHYSICAL THERAPY	2240	1576		295053	207591		502644		2
3	OCCUPATIONAL THERAPY	336	221		3276	2155		5431		3
4	SPEECH PATHOLOGY	118	83		13163	9259		22422		4
5	MEDICAL SOCIAL SERV	18	25		2141	2974		5115		5
6	HOME HEALTH AIDE SERV	486	736		45349	68676		114025		6
7	TOTAL	7566	9096		1102022	1388715		2490737		7

LIMITATION COST COMPUTATION		PROGRAM VISITS				COST OF SERVICES				TOTAL
		PART B		PART B		PART B		PART B		PROGRAM
		NOT SUBJ TO	SUBJECT TO	NOT SUBJ TO	SUBJECT TO	NOT SUBJ TO	SUBJECT TO	NOT SUBJ TO	SUBJECT TO	COST
PATIENT SERVICES		PART A	DEDUCTIBLES & COINSUR	PART A	DEDUCTIBLES & COINSUR	PART A	DEDUCTIBLES & COINSUR	PART A	DEDUCTIBLES & COINSUR	
		6	7	8	9	10	11	12	13	14
8	SKILLED NURSING CARE									8
9	PHYSICAL THERAPY									9
10	OCCUPATIONAL THERAPY									10
11	SPEECH PATHOLOGY									11
12	MEDICAL SOCIAL SERV									12
13	HOME HEALTH AIDE SERV									13
14	TOTAL									14

SUPPLIES AND DRUGS COST COMPUTATIONS		PROGRAM COVERED CHARGES				COST OF SERVICES				TOTAL
		PART B DEDUCT. & COINSUR.		PART B DEDUCT. & COINSUR.		PART B DEDUCT. & COINSUR.		PART B DEDUCT. & COINSUR.		PROGRAM
		FEE	NOT	FEE	NOT	FEE	NOT	FEE	NOT	COST
OTHER PATIENT SERVICES		PART A	REIMBURSED	SUBJECT TO	SUBJECT TO	PART A	REIMBURSED	SUBJECT TO	SUBJECT TO	
		6	7	7.01	8	9	10	10.01	11	12
15	COST OF MEDICAL SUPPLIES	20885	79014			354	1338			15
16	COST OF DRUGS									16
16.20	COST OF ADMINISTERING VA									16.20

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 41-7029

WORKSHEET H-6
 PARTS II & III

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

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

	FROM WKST C, PART I, COL 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I	
	1	2	3	4		
1	PHYSICAL THERAPY 50	.555274			COL 2, LINE 2	1
2	OCCUPATIONAL THERAPY 51				COL 2, LINE 3	2
3	SPEECH PATHOLOGY 52				COL 2, LINE 4	3
4	MEDICAL SUPPLIES CHARGED TO PA 55	.646264			COL 2, LINE 15	4
5	DRUGS CHARGED TO PATIENTS 56	.489828			COL 2, LINE 16	5

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE

	FROM PART I COL. 5	COST PER VISIT	PROGRAM VISITS PRIOR TO 1/1/98	PROGRAM VISITS FROM 1/1/98 THRU 12/31/98	PROGRAM COST PRIOR TO 1/1/98	PROGRAM COST FROM 1/1/98 THRU 12/31/98	PROGRAM VISITS ON OR AFTER 1/1/99	
	1	2	3	4	5			
1	PHYSICAL THERAPY 2	131.72	2.01	3	3.01			1
2	OCCUPATIONAL THERAPY 3	9.75						2
3	SPEECH PATHOLOGY 4	111.55						3
4	TOTAL							4

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 41-7029

WORKSHEET H-7
 PARTS I & II

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

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

DESCRIPTION	PART A 1	----- PART B -----	
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3
1 REASONABLE COST OF PROGRAM SERVICES			1
2 REASONABLE COST OF SERVICES			1
2 TOTAL CHARGES	1		2
CUSTOMARY CHARGES			
3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			3
4 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)			4
5 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)			5
6 TOTAL CUSTOMARY CHARGES	1		6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	1		7
8 EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES			8
9 PRIMARY PAYOR PAYMENTS			9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	1225314	1156900	10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	26081	53665	10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	50917	77622	10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	18069	27804	10.04
10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.05
10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES			10.06
10.07 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	8996	16768	10.07
10.08 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES		949	10.08
10.09 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.09
10.10 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC EPISODES			10.10
10.11 TOTAL OTHER PAYMENTS			10.11
10.12 DME PAYMENTS			10.12
10.13 OXYGEN PAYMENTS			10.13
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS			10.14
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCL COINSURANCE)			11
12 SUBTOTAL	1329377	1333708	12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL	1329377	1333708	14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST	1329377	1333708	16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	1329377	1333708	18
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			19
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR OR DECREASE IN PROGRAM UTILIZATION			20
21 OTHER ADJUSTMENTS (SPECIFY):			21
22 SUBTOTAL	1329377	1333708	22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL	1329377	1333708	24
25 TOTAL INTERIM PAYMENTS	1329377	1333708	25
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			25.01
26 BALANCE DUE PROVIDER/PROGRAM			26
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			27

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHA'S
 FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

HHA NO.: 41-7029

WORKSHEET H-8

DESCRIPTION	PART A		PART B		
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1329377		1333708	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 TO .02 PROVIDER .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	NONE		NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		1329377		1333708	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52				5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01 PROVIDER TO .02 PROGRAM				6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

INTERMEDIARY NUMBER: _____
 DATE (MO/DAY/YR): _____

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (41-0004)	SUB I	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1					1
2					2
3	1580953				3
3.01	21667				3.01
4	100.66				4
4.01	59.57				4.01
4.02	18.18				4.02
4.03	287417				4.03
5	0.1785				5
5.01	0.1765				5.01
5.02	0.3550				5.02
5.03	0.0745				5.03
5.04	117781				5.04
6	2007818				6
PART II - HOLD HARMLESS METHOD					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
PART III - PAYMENT UNDER REASONABLE COST					
1					1
2					2
3					3
4					4
5					5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL 4A	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6.01 COMMUNICATIONS					6.01
6.02 PURCHASING					6.02
6.03 ADMITTING					6.03
6.04 ACCOUNTS RECEIVABLE					6.04
6.05 ADMINISTRATIVE & GENERAL					6.05
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
19 DEPARTMENT OF MEDICINE					19
19.01 DEPARTMENT OF SURGERY					19.01
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES					22
23 I&R SERVICES-OTHER PRGM COSTS					23
24 PARAMED ED PRGM-(SPECIFY)					24
25 INPATIENT ROUTINE SERV COST CENTERS					25
ADULTS & PEDIATRICS					25
29 SURGICAL INTENSIVE CARE UNIT					29
31 SUBPROVIDER I					31
ANCILLARY SERVICE COST CENTERS					
OPERATING ROOM					37
37.01 ENDOSCOPY					37.01
38 RECOVERY ROOM					38
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN C					46.30
47 BLOOD STORING, PROCESSING & TR					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PA					55
56 DRUGS CHARGED TO PATIENTS					56
59 MAG RESONANCE					59
59.01 COMPUTERIZED AXIAL IMAGING					59.01
59.02 CARDIAC CATHERIZATION					59.02
59.03 HEMODIALYSIS					59.03
OUTPATIENT SERVICE COST CENTERS					
60.01 WOMEN'S HEALTH					60.01
60.02 ALCOHOLISM CENTER					60.02
60.03 DAY CHEMOTHERAPY					60.03
60.04 DAY PSORIASIS					60.04
60.05 BONE MARROW CLINIC					60.05
60.06 TB CLINIC					60.06
60.07 PAIN CLINIC					60.07
60.08 WOUND THERAPY CLINIC					60.08
60.09 NEURO-SPINE CLINIC					60.09
60.10 HEMATOLOGY/ONCOLOGY					60.10
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAP					69.30

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
71 SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
95 SUBTOTALS					95
95 NONREIMBURSABLE COST CENTERS					
97 RESEARCH					97
97.01 RESEARCH ADMINISTRATION					97.01
97.02 NON RESEARCH GRANTS					97.02
98 PHYSICIANS' PRIVATE OFFICES					98
99.02 BLANK					99.02
100 OTHER NONREIMBURSABLE C					100
100.01 MARKETING					100.01
100.02 ETHICS COORDINATOR					100.02
100.03 OTHER NONREIMBURSABLE					100.03
100.04 CANCER CTR-TUMOR REG					100.04
100.05 SPECIALTY PA'S					100.05
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL					103
104 TOTAL STATISTICAL BASIS					104
105 UNIT COST MULTIPLIER					105
105 UNIT COST MULTIPLIER					105

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	29.57		9.93				39.50 25
29 SURGICAL INTENSIVE CARE UNIT	52.37		5.79				58.16 29
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	11.35	6.25					17.60 37
37.01 ENDOSCOPY	3.37	13.59					16.96 37.01
38 RECOVERY ROOM	14.58	23.97					38.55 38
41 RADIOLOGY-DIAGNOSTIC	12.54	10.93					23.47 41
43 RADIOISOTOPE	7.99	20.46					28.45 43
44 LABORATORY	13.13	3.53					16.66 44
47 BLOOD STORING, PROCESSING & TRA	15.25	3.23					18.48 47
49 RESPIRATORY THERAPY	41.32	5.91					47.23 49
50 PHYSICAL THERAPY	35.83						35.83 50
53 ELECTROCARDIOLOGY	27.26	14.01					41.27 53
54 ELECTROENCEPHALOGRAPHY	2.41	8.10					10.51 54
55 MEDICAL SUPPLIES CHARGED TO PAT	17.34	4.85					22.19 55
56 DRUGS CHARGED TO PATIENTS	14.96	19.11					34.07 56
59 MAG RESONANCE	8.91	14.14					23.05 59
59.01 COMPUTERIZED AXIAL IMAGING	14.98	15.86					30.84 59.01
59.03 HEMODIALYSIS	40.47	0.58					41.05 59.03
60.01 WOMEN'S HEALTH		20.29					20.29 60.01
60.02 ALCOHOLISM CENTER	0.43	18.16					18.59 60.02
60.03 DAY CHEMOTHERAPY	0.40	13.04					13.44 60.03
60.05 BONE MARROW CLINIC		0.30					0.30 60.05
60.08 WOUND THERAPY CLINIC	0.01	34.41					34.42 60.08
60.10 HEMATOLOGY/ONCOLOGY	0.61	29.42					30.03 60.10
61 EMERGENCY	8.34	10.45					18.79 61
62 OBSERVATION BEDS (NON-DISTINCT	2.90	29.66					32.56 62
101 TOTAL CHARGES	10.47	8.28					18.75 101

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

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31 SUBPROVIDER I	63.75		1.29				65.04 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.01						0.01 37
37.01 ENDOSCOPY	0.02						0.02 37.01
38 RECOVERY ROOM	0.20						0.20 38
41 RADIOLOGY-DIAGNOSTIC	0.23						0.23 41
44 LABORATORY	0.44						0.44 44
47 BLOOD STORING, PROCESSING & TRA	0.06						0.06 47
49 RESPIRATORY THERAPY	0.30						0.30 49
50 PHYSICAL THERAPY	1.76						1.76 50
53 ELECTROCARDIOLOGY	0.47						0.47 53
54 ELECTROENCEPHALOGRAPHY	2.27						2.27 54
55 MEDICAL SUPPLIES CHARGED TO PAT	0.01						0.01 55
56 DRUGS CHARGED TO PATIENTS	0.95						0.95 56
59 MAG RESONANCE	0.25						0.25 59
59.01 COMPUTERIZED AXIAL IMAGING	0.75						0.75 59.01
61 EMERGENCY	0.65						0.65 61
101 TOTAL CHARGES	0.32						0.32 101

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT						1
2	OLD CAP REL COSTS-MVBLE EQUIP						2
3	NEW CAP REL COSTS-BLDG & FIXT	4038669	2.65	-4038669	-5.86		3
4	NEW CAP REL COSTS-MVBLE EQUIP	2272437	1.49	-2272437	-3.30		4
5	EMPLOYEE BENEFITS	16511674	10.82	-16511674	-23.96		5
6.01	COMMUNICATIONS	427247	.28	-427247	-.62		6.01
6.02	PURCHASING	531233	.35	-531233	-.77		6.02
6.03	ADMITTING	902875	.59	-902875	-1.31		6.03
6.04	ACCOUNTS RECEIVABLE	1203587	.79	-1203587	-1.75		6.04
6.05	ADMINISTRATIVE & GENERAL	21672181	14.20	-21672181	-31.44		6.05
7	MAINTENANCE & REPAIRS	2593517	1.70	-2593517	-3.76		7
8	OPERATION OF PLANT	2863430	1.88	-2863430	-4.15		8
9	LAUNDRY & LINEN SERVICE	570037	.37	-570037	-.83		9
10	HOUSEKEEPING	1141082	.75	-1141082	-1.66		10
11	DIETARY	1708799	1.12	-1708799	-2.48		11
12	CAFETERIA	-129080	-.08	129080	.19		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	1117606	.73	-1117606	-1.62		14
15	CENTRAL SERVICES & SUPPLY	366815	.24	-366815	-.53		15
16	PHARMACY	1465845	.96	-1465845	-2.13		16
17	MEDICAL RECORDS & LIBRARY	983647	.64	-983647	-1.43		17
18	SOCIAL SERVICE	992581	.65	-992581	-1.44		18
19	DEPARTMENT OF MEDICINE	2639672	1.73	-2639672	-3.83		19
19.01	DEPARTMENT OF SURGERY	501994	.33	-501994	-.73		19.01
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A	3848499	2.52	-3848499	-5.58		22
23	I&R SERVICES-OTHER PRGM COSTS A	700030	.46	-700030	-1.02		23
24	PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	13548299	8.88	23141711	33.58	36690010	24.04
29	SURGICAL INTENSIVE CARE UNIT	2752198	1.80	5530049	8.02	8282247	5.43
31	SUBPROVIDER I	1285546	.84	1492226	2.17	2777772	1.82
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	4823880	3.16	5117704	7.43	9941584	6.51
37.01	ENDOSCOPY	2183673	1.43	1532822	2.22	3716495	2.44
38	RECOVERY ROOM	680820	.45	535333	.78	1216153	.80
41	RADIOLOGY-DIAGNOSTIC	3340643	2.19	2840169	4.12	6180812	4.05
42	RADIOLOGY-THERAPEUTIC	-15				-15	
43	RADIOISOTOPE	870624	.57	643964	.93	1514588	.99
44	LABORATORY	8530728	5.59	5399617	7.83	13930345	9.13
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
47	BLOOD STORING, PROCESSING & TRA	1613764	1.06	523604	.76	2137368	1.40
49	RESPIRATORY THERAPY	939220	.62	646016	.94	1585236	1.04
50	PHYSICAL THERAPY	532535	.35	311752	.45	844287	.55
51	OCCUPATIONAL THERAPY						51

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
53 ELECTROCARDIOLOGY	145856	.10	273678	.40	419534	.27	53
54 ELECTROENCEPHALOGRAPHY	515991	.34	297198	.43	813189	.53	54
55 MEDICAL SUPPLIES CHARGED TO PAT	15058823	9.87	3205075	4.65	18263898	11.97	55
56 DRUGS CHARGED TO PATIENTS	7754844	5.08	4081151	5.92	11835995	7.76	56
59 MAG RESONANCE	188885	.12	214397	.31	403282	.26	59
59.01 COMPUTERIZED AXIAL IMAGING	597286	.39	594766	.86	1192052	.78	59.01
59.02 CARDIAC CATHETERIZATION							59.02
59.03 HEMODIALYSIS	255865	.17	56033	.08	311898	.20	59.03
60.01 WOMEN'S HEALTH	109846	.07	46219	.07	156065	.10	60.01
60.02 ALCOHOLISM CENTER	229504	.15	339075	.49	568579	.37	60.02
60.03 DAY CHEMOTHERAPY	295540	.19	485605	.70	781145	.51	60.03
60.04 DAY PSORIASIS							60.04
60.05 BONE MARROW CLINIC	182192	.12	203893	.30	386085	.25	60.05
60.06 TB CLINIC							60.06
60.07 PAIN CLINIC			32550	.05	32550	.02	60.07
60.08 WOUND THERAPY CLINIC	199085	.13	254066	.37	453151	.30	60.08
60.09 NEURO-SPINE CLINIC	36106	.02	17448	.03	53554	.04	60.09
60.10 HEMATOLOGY/ONCOLOGY	213773	.14	169960	.25	383733	.25	60.10
61 EMERGENCY	3268213	2.14	3540224	5.14	6808437	4.46	61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES	27157	.02	124492	.18	151649	.10	65
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY	4363727	2.86	2535418	3.68	6899145	4.52	71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
NONREIMBURSABLE COST CENTERS							
97 RESEARCH	4276624	2.80	2352043	3.41	6628667	4.34	97
97.01 RESEARCH ADMINISTRATION	1821290	1.19	611834	.89	2433124	1.59	97.01
97.02 NON RESEARCH GRANTS	441963	.29	120146	.17	562109	.37	97.02
98 PHYSICIANS' PRIVATE OFFICES	987966	.65	753693	1.09	1741659	1.14	98
99.02 BLANK							99.02
100 OTHER NONREIMBURSABLE C			121395	.18	121395	.08	100
100.01 MARKETING	303057	.20	111005	.16	414062	.27	100.01
100.02 ETHICS COORDINATOR	91285	.06	64557	.09	155842	.10	100.02
100.03 OTHER NONREIMBURSABLE	66258	.04	39081	.06	105339	.07	100.03
100.04 CANCER CTR-TUMOR REG	25295	.02	21331	.03	46626	.03	100.04
100.05 SPECIALTY PA'S	1112594	.73	543077	.79	1655671	1.09	100.05
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	152595317	100.00	0	.00	152595317	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	956790	24632438	.038843	2795789	108597	37
37.01 ENDOSCOPY	138852	17189414	.008078	578536	4673	37.01
38 RECOVERY ROOM	40829	5308996	.007691	774199	5954	38
41 RADIOLOGY-DIAGNOSTIC	420875	10984837	.038314	1377302	52770	41
42 RADIOLOGY-THERAPEUTIC						42
43 RADIOISOTOPE	69929	3947082	.017717	315565	5591	43
44 LABORATORY	718158	64579782	.011120	8478739	94284	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	37356	5090580	.007338	776441	5698	47
49 RESPIRATORY THERAPY	89429	4689419	.019070	1937700	36952	49
50 PHYSICAL THERAPY	12981	1520488	.008537	544861	4651	50
51 OCCUPATIONAL THERAPY						51
53 ELECTROCARDIOLOGY	34906	2986935	.011686	814278	9516	53
54 ELECTROENCEPHALOGRAPHY	44997	2421836	.018580	58274	1083	54
55 MEDICAL SUPPLIES CHARGED TO PAT	136082	28260760	.004815	4899897	23593	55
56 DRUGS CHARGED TO PATIENTS	155917	24163597	.006453	3615855	23333	56
59 MAG RESONANCE	29332	1941946	.015104	173124	2615	59
59.01 COMPUTERIZED AXIAL IMAGING	43584	13177779	.003307	1973428	6526	59.01
59.02 CARDIAC CATHETERIZATION						59.02
59.03 HEMODIALYSIS	2409	450710	.005345	182416	975	59.03
OUTPATIENT SERVICE COST CENTERS						
60.01 WOMEN'S HEALTH	1647	156840	.010501			60.01
60.02 ALCOHOLISM CENTER	50595	1038790	.048706	4433	216	60.02
60.03 DAY CHEMOTHERAPY	54654	2785338	.019622	11064	217	60.03
60.04 DAY PSORIASIS						60.04
60.05 BONE MARROW CLINIC	33648	1444899	.023287			60.05
60.06 TB CLINIC						60.06
60.07 PAIN CLINIC	14753					60.07
60.08 WOUND THERAPY CLINIC	51129	3131714	.016326	325	5	60.08
60.09 NEURO-SPINE CLINIC	443					60.09
60.10 HEMATOLOGY/ONCOLOGY	4733	566805	.008350	3474	29	60.10
61 EMERGENCY	302533	28690906	.010545	2393153	25236	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	110712	5077322	.021805	147450	3215	62
63.50 RHC						63.50
63.60 FQHC						63.60
65 AMBULANCE SERVICES						65
101 TOTAL	3557273	254239213		31856303	415729	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS								
25	ADULTS & PEDIATRICS	1526117		1526117	31043	49.16	9179	451240 25
29	SURGICAL INTENSIVE CARE UNIT	305750		305750	7951	38.45	4164	160106 29
101	TOTAL	1831867		1831867			13343	611346 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							611346	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							415729	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							1027075	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)							2507	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)							13343	
PER DISCHARGE CAPITAL COSTS							409.68	
PER DIEM CAPITAL COSTS							76.97	

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	22444268
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	47939489
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.468

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	2070682
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	4192816
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.494

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8)	1027075
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.021

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	8365378
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	25181730
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.332