PROVIDER NO. 15-0021 PARKVIEW HOSPITAL
PERIOD FROM 01/01/2007 TO 12/31/2007

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

VERSION: 2007.06
05/28/2008 10:17

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

WORKSHEET S
PARTS I & II

INTERMEDIARY USE ONLY:	[XX]	AUDITED	DATE RECEIVED	_____	[XX]	INITIAL	[ ]	RE-OPENING
	[ ]	DESK REVIEWED	INTERMEDIARY NO.	_____	[ ]	FINAL	[XX]	MCR CODE 1

PART I - CERTIFICATION

CHECK APPLICABLE BOX
XX ELECTRONICALLY FILED COST REPORT
__ MANUALLY SUBMITTED COST REPORT
DATE: _05/28/2008
TIME: _10:17____

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 PARKVIEW HOSPITAL (15-0021) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2007 AND ENDING 12/31/2007, 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.

ECR Encryption: 05/28/2008 10:17
tARvMdZocA.Srci8teHqFjp55NQgK0
1CuZp0laBXOVq:n1.hofkdXBKI:eCl
sd3K30HdyE07GWYs

PI Encryption: 05/28/2008 10:17
VmqL:Lgkhx6Bke0xkma8IHUCRl4Kt0
EBFuj0rI.5bDG9Lr.:tAbSngKkWK1V
6:G8nTE0F90yht7G

(SIGNED) Mark Nafziger
OFFICER OR ADMINISTRATOR OF PROVIDER(S)

CFO
TITLE

5/29/08
DATE

PART II - SETTLEMENT SUMMARY

		TITLE V	TITLE XVIII PART A	TITLE XVIII PART B	TITLE XIX	
		1	2	3	4	
1	HOSPITAL		334600	329846		1
2	SUBPROVIDER I		118236			2
2.01	SUBPROVIDER II		-57829			2.01
3	SWING BED - SNF					3
4	SWING BED - NF					4
5	SKILLED NURSING FACILITY		2820			5
6	NURSING FACILITY					6
7	HOME HEALTH AGENCY					7
8	OUTPATIENT REHABILITATION PROVIDER					8
9	HEALTH CLINIC					9
100	TOTAL		397827	329846		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 OMD 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 HOSPITAL HEALTH CARE COMPLEX COST REPORT
CERTIFICATION AND SETTLEMENT SUMMARY

WORKSHEET S
PARTS I & II

INTERMEDIARY USE ONLY:	[XX]	AUDITED	DATE RECEIVED	_____	[XX]	INITIAL	[ ]	RE-OPENING
	[ ]	DESK REVIEWED	INTERMEDIARY NO.	_____	[ ]	FINAL	[XX]	MCR CODE 1

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

_____
TITLE

_____
DATE

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HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA — WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1	STREET: 2200 RANDALLIA DRIVE		P.O.BOX:		1
1.01	CITY: FORT WAYNE	STATE: IN	ZIP CODE: 46805	COUNTY: ALLEN	1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

	COMPONENT	COMPONENT NAME	PROVIDER NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N) V	XVIII	XIX	
	0	1	2	3	4	5	6	
2	HOSPITAL	PARKVIEW HOSPITAL	15-0021	07/01/1966	N	P	P	2
3	SUBPROVIDER I	PARKVIEW REHABILITATION UNIT	15-T021	01/01/1984	N	P	P	3
3.01	SUBPROVIDER II	PARKVIEW PSYCHIATRIC UNIT	15-S021	01/01/1984	N	T	P	3.01
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF	PARKVIEW CONTINUING CARE CENTER	15-5516	04/06/1994	N	P	O	6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA	PARKVIEW HOME HEALTH SERVICES	15-7423	04/25/1995	N	P	N	9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE	PARKVIEW HOME HEALTH & HOSPICE	15-1552	06/27/1996				12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16

17	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 01/01/2007	TO: 12/31/2007	17
		1	2	
18	TYPE OF CONTROL	2		18

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL	1	19
20	SUBPROVIDER I	5	20
20.01	SUBPROVIDER II	4	20.01

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	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? ENTER 'Y' FOR YES AND 'N' FOR NO.	NO		21.06
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(mm/dd/yyyy)			23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE (mm/dd/yyyy)			23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE (mm/dd/yyyy)			23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE (mm/dd/yyyy)			23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION DATE			23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CTR, ENTER THE CERT. DATE (mm/dd/yyyy)			23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERT. DATE (mm/dd/yyyy)			23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2			24

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

OTHER INFORMATION

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-I, 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-I, 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	YES		25.06
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: 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.		NO			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		100	0.9517	0.9284	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.	306.28	1	2760	23060	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	30.50	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	EMPLOYEE BENEFITS	7.80	N	28.07
28.08	CAPITAL	2.00	N	28.08
28.09	DATA PROCESSING	11.40	Y	28.09
28.10	OTHER	33.20	Y	28.10

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
31.02	IS THIS A RURAL HOSPITAL SUB II QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31.02

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA — WORKSHEET S-2 (CONTINUED)

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 (EXLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	NO	35
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER II (EXCLUDED UNIT) UNDER 42 CFR 413.40(F)(1)(i)?	NO	35.01

PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL

		V	XVIII	XIX	
		1	2	3	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	YES	NO	36
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?		YES	YES	36.01
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

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	15H032	40
40.01	NAME: PARKVIEW HEALTH SYSTEM, INC FI/CONTRACTOR'S NAME: NATIONAL GOVERNMENT SERVICE	FI/CONTRACTOR'S NUMBER:		40.01
40.02	STREET:	P.O.BOX: P.O. BOX		40.02
40.03	CITY: FORT WAYNE	STATE: IN	ZIP CODE: 46895-5600	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES		41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO		42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO		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?	YES		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 NHCMQ 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	N	47
48	SUBPROVIDER I	N	N	N	N	N	48
48.01	SUBPROVIDER II	N	N	N	N	N	48.01
49	SKILLED NURSING FACILITY	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:			54
	PREMIUMS: 716685 PAID LOSSES: 323292 AND/OR SELF INSURANCE: 560142			
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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

		DATE 0	Y/N 1	LIMIT 2	Y/N 3	FEES 4	
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.	/ /	NO	0.00	NO		56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		YES				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.		YES				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)		YES	NO			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
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	NO			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	NO			60.01

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: TITLE V 3	TITLE XVIII 4	LTCH NONCOVERED DAYS 4.01	TITLE XIX 5	OBS. BEDS ADMITTED 5.01	
1	HOSPITAL ADULTS & PEDS, EXCL SWING BED, OBSERV & HOSPICE DAYS	412	150472			32402		6669		1
2	HMO					11701		14109		2
2.01	HMO (IRF PPS Sub)							483		2.01
3	HOSPITAL ADULTS & PEDS - SWING BED SNF									3
4	HOSPITAL ADULTS & PEDS - SWING BED NF									4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS	412	150472			32402		6669		5
6	INTENSIVE CARE UNIT	30	10950			3468		274		6
6.01	PEDIATRIC ICU	6	2190					112		6.01
6.02	NEONATAL ICU	34	12349					634		6.02
7	CORONARY CARE UNIT	31	11315			3847		178		7
8	BURN INTENSIVE CARE UNIT									8
9	SURGICAL INTENSIVE CARE UNIT									9
10	OTHER SPECIAL CARE (SPECIFY)									10
11	NURSERY							414		11
12	TOTAL HOSPITAL	513	187276			39717		8281		12
13	RPCH VISITS									13
14	SUBPROVIDER I	30	10950			2645		603		14
14.01	SUBPROVIDER II	67	24455			5312		2734		14.01
15	SKILLED NURSING FACILITY	28	10220			6777				15
16	NURSING FACILITY									16
17	OTHER LONG TERM CARE									17
18	HOME HEALTH AGENCY					29078		10793		18
20	ASC (DISTINCT PART)									20
21	HOSPICE (DISTINCT PART)									21
23	O/P REHAB PROVIDER									23
24	RHC I									24
25	TOTAL	638								25
26	OBSERVATION BED DAYS							652	224	26
26.02	OBSERVATION BED DAYS-Sub II							17	2	26.02
27	AMBULANCE TRIPS					237				27
28	EMPLOYEE DISCOUNT DAYS									28
28.01	EMP. DISC. DAYS(IRF Sub)									28.01

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I
(CONTINUED)

	COMPONENT	I/P DAYS OBS. BEDS NOT ADMITTED 5.02	I/P DAYS TOTAL ALL PATIENTS 6	O/P VISITS / TRIPS OBS. BEDS ADMITTED 6.01	O/P VISITS / TRIPS OBS. BEDS NOT ADMITTED 6.02	INTERNS & RES FTES TOTAL 7	INTERNS & RES FTES LESS I&R REPL NON-PHYS ANES 8	INTERNS & RES FTES NET 9	FULL TIME EQUIV EMPLOYEES ON PAYROLL 10	FULL TIME EQUIV NONPAID WORKERS 11	
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		80834								1
2	HMO XIX										2
2.01	HMO (IRF PPS Sub)										2.01
3	HOSPITAL ADULTS & PEDS - SWING BED SNF										3
4	HOSPITAL ADULTS & PEDS - SWING BED NF										4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS		80834								5
6	INTENSIVE CARE UNIT		8468								6
6.01	PEDIATRIC ICU		934								6.01
6.02	NEONATAL ICU		4588								6.02
7	CORONARY CARE UNIT		7796								7
8	BURN INTENSIVE CARE UNIT										8
9	SURGICAL INTENSIVE CARE UNIT										9
10	OTHER SPECIAL CARE (SPECIFY)										10
11	NURSERY		4051								11
12	TOTAL HOSPITAL		106671			12.26		12.26	3194.54		12
13	RPCH VISITS										13
14	SUBPROVIDER I		6236			.46		.46	38.55		14
14.01	SUBPROVIDER II		14838						103.47		14.01
15	SKILLED NURSING FACILITY		9822						43.53		15
16	NURSING FACILITY										16
17	OTHER LONG TERM CARE										17
18	HOME HEALTH AGENCY		57434						118.78		18
20	ASC (DISTINCT PART)										20
21	HOSPICE (DISTINCT PART)										21
23	O/P REHAB PROVIDER										23
24	RHC I										24
25	TOTAL					12.72		12.72	3498.87		25
26	OBSERVATION BED DAYS	428	8349	1535	6814						26
26.02	OBSERVATION BED DAYS-Sub II	15	28	9	19						26.02
27	AMBULANCE TRIPS										27
28	EMPLOYEE DISCOUNT DAYS		2116								28
28.01	EMP. DISC. DAYS(IRF Sub)		88								28.01

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I
(CONTINUED)

	COMPONENT	DISCHARGES TITLE V 12	DISCHARGES TITLE XVIII 13	DISCHARGES TITLE XIX 14	DISCHARGES TOTAL ALL PATIENTS 15	
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		7077	998	20404	1
2	HMO XIX					2
2.01	HMO (IRF PPS Sub)					2.01
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
6.01	PEDIATRIC ICU					6.01
6.02	NEONATAL ICU					6.02
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		7077	998	20404	12
13	RPCH VISITS					13
14	SUBPROVIDER I		176	19	384	14
14.01	SUBPROVIDER II		535	411	2296	14.01
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
26.02	OBSERVATION BED DAYS-Sub II					26.02
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28
28.01	EMP. DISC. DAYS(IRF Sub)					28.01

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PART II

	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	
	SALARIES	1	2	3	4	5	6	
1	TOTAL SALARIES	172375446	4991911	177367357	7277639.00	24.37		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A	321638		321638	3035.00	105.98	PHYSICIAN SUMM	4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B						PHYSICIAN SUMM	5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)							6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL	26392294	5287389	31679683	1025699.00	30.89	A-8-1 WORKPAPER	7
8	SNF	1843352	9246	1852598	90549.00	20.46	PER HOURS SUMM	8
8.01	EXCLUDED AREA SALARIES	19932492	856229	20788721	888985.00	23.38	PER HOURS SUMM	8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	935110		935110	9340.00	100.12	CONTRACT SUMM	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	871444		871444	4635.00	188.01	PHYSICIAN SUMM	10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	26392294	5287389	31679683	1025699.00	30.89	A-8-1 WORKPAPER	11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	50035325		50035325			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	7333025		7333025			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	77029		77029			CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B						CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	2030728	-1634090	396638	24143.00	16.43		21
22	ADMINISTRATIVE & GENERAL	28958880	5448610	34407490	1067285.00	32.24		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT	4022379	74472	4096851	206173.00	19.87		24
25	LAUNDRY & LINEN SERVICE	180136	413	180549	14456.00	12.49		25
26	HOUSEKEEPING	2593820	-648	2593172	230401.00	11.26		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	3073052	51109	3124161	229203.00	13.63		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA							28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	2258061	168608	2426669	62527.00	38.81		30
31	CENTRAL SERVICES AND SUPPLY	1039957	10069	1050026	70673.00	14.86		31
32	PHARMACY	7113492	-536703	6576789	201110.00	32.70		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	2914570	-393339	2521231	148623.00	16.96		33
34	SOCIAL SERVICE	2062462	47001	2109463	75548.00	27.92		34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PART III

	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)	
		1	2	3	4	5	
1	NET SALARIES	145983152	-295478	145687674	6251940.00	23.30	1
2	EXCLUDED AREA SALARIES	21775844	865475	22641319	979534.00	23.11	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	124207308	-1160953	123046355	5272406.00	23.34	3
4	SUBTOTAL OTHER WAGES & REL COSTS	28198848	5287389	33486237	1039674.00	32.21	4
5	SUBTOTAL WAGE-RELATED COSTS	50112354		50112354		40.73%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	202518510	4126436	206644946	6312080.00	32.74	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	56247537	3235502	59483039	2330142.00	25.53	13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA | HHA NO.: 15-7423 | WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA | COUNTY: ALLEN

	DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1	HOME HEALTH AIDE HOURS		12199		4956	17155	1
2	UNDUPLICATED CENSUS COUNT		2059.00		1851.00	3910.00	2

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

	ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK: 40.00	STAFF 1	CONTRACT 2	TOTAL 3	
3	ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4	DIRECTORS AND ASSISTANT DIRECTOR(S)	1.00		1.00	4
5	OTHER ADMINISTRATIVE PERSONNEL	29.77		29.77	5
6	DIRECT NURSING SERVICE	37.12		37.12	6
7	NURSING SUPERVISOR	8.47		8.47	7
8	PHYSICAL THERAPY SERVICE	7.11		7.11	8
9	PHYSICAL THERAPY SUPERVISOR				9
10	OCCUPATIONAL THERAPY SERVICE	5.61		5.61	10
11	OCCUPATIONAL THERAPY SUPERVISOR				11
12	SPEECH PATHOLOGY SERVICE	.95		.95	12
13	SPEECH PATHOLOGY SUPERVISOR	1.00		1.00	13
14	MEDICAL SOCIAL SERVICE	1.54		1.54	14
15	MEDICAL SOCIAL SERVICE SUPERVISOR				15
16	HOME HEALTH AIDE	23.80		23.80	16
17	HOME HEALTH AIDE SUPERVISOR				17
18	OTHER	37.76		37.76	18

HOME HEALTH AGENCY MSA CODES

		1	1.01	
19	HOW MANY MSAs IN COLUMN 1 OR CBSAs IN COLUMN 1.01 DID YOU PROVIDE SERVICES TO DURING THIS COST REPORTING PERIOD		3	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)		21140	20
20.01			23060	20.01
20.02			99915	20.02

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 15-7423

WORKSHEET S-4
(CONTINUED)

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

		FULL EPISODES				SCIC			
		WITHOUT OUTLIERS	WITH OUTLIERS	LUPA EPISODES	PEP ONLY EPISODES	WITHIN A PEP	SCIC ONLY EPISODES	TOTAL	
		1	2	3	4	5	6	7	
21	SKILLED NURSING VISITS	11289	1752	513	257	11	33	13855	21
22	SKILLED NURSING VISIT CHARGES	1672876	250940	81291	38465	1645	4895	2050112	22
23	PHYSICAL THERAPY VISITS	4300	92	36	73	1	23	4525	23
24	PHYSICAL THERAPY VISIT CHARGES	686982	14714	5754	11674	160	3680	722964	24
25	OCCUPATIONAL THERAPY VISITS	2399	74	13	38	1	14	2539	25
26	OCCUPATIONAL THERAPY VISIT CHARGES	383227	11840	2079	6073	160	2240	405619	26
27	SPEECH PATHOLOGY VISITS	216	49	4	2			271	27
28	SPEECH PATHOLOGY VISIT CHARGES	34496	7840	640	320			43296	28
29	MEDICAL SOCIAL SERVICE VISITS	338	13	11	11			373	29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	67252	2596	2192	2184			74224	30
31	HOME HEALTH AIDE VISITS	5929	1436	28	106	3	13	7515	31
32	HOME HEALTH AIDE VISIT CHARGES	410341	99635	1948	7390	210	910	520434	32
33	TOTAL VISITS	24471	3416	605	487	16	83	29078	33
34	OTHER CHARGES	81301	20317	3574	5131		854	111177	34
35	TOTAL CHARGES	3336475	407882	97478	71237	2175	12579	3927826	35
36	TOTAL NUMBER OF EPISODES	1475		226	33	1	3	1738	36
37	TOTAL NUMBER OF OUTLIER EPISODES		42		1			43	37
38	TOTAL MEDICAL SUPPLY CHARGES								38

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

WORKSHEET S-7

	GROUP (1)	M3PI REVENUE CODE	SERVICES PRIOR TO OCTOBER 1st RATE	SERVICES PRIOR TO OCTOBER 1st DAYS	SERVICES ON OR AFTER OCTOBER 1st RATE	SERVICES ON OR AFTER OCTOBER 1st DAYS	SERVICES THROUGH 4/1/2001 - 9/30/2001 RATE	SERVICES THROUGH 4/1/2001 - 9/30/2001 DAYS	SWING BED SNF DAYS	TOTAL	
	1	2	3	3.01	4	4.01	4.02	4.03	4.06	5	
1	RUC			1							1
2	RUB										2
3	RUA										3
3.01	RUX										3.01
3.02	RUL										3.02
4	RVC			25							4
5	RVB			174							5
6	RVA			40							6
6.01	RVX										6.01
6.02	RVL			46							6.02
7	RHC			726							7
8	RHB			1754							8
9	RHA			476							9
9.01	RHX										9.01
9.02	RHL										9.02
10	RMC			53							10
11	RMB			215							11
12	RMA			65							12
12.01	RMX			895							12.01
12.02	RML			2043							12.02
13	RLB										13
14	RLA										14
14.01	RLX										14.01
15	SE3			65							15
16	SE2			32							16
17	SE1										17
18	SSC										18
19	SSB			7							19
20	SSA			139							20
21	CC2										21
22	CC1										22
23	CB2										23
24	CB1										24
25	CA2										25
26	CA1			19							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			1							38
39	PC2										39
40	PC1										40
41	PB2										41
42	PB1										42
43	PA2										43
44	PA1			1							44
45	DEFAULT RATE										45
46	TOTAL			6777							46

HOSPICE IDENTIFICATION DATA

HOSPICE NO.: 15-1552

WORKSHEET S-9
PARTS I & II

PART I - ENROLLMENT DAYS

		TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL 6	
1	CONTINUOUS HOME CARE							1
2	ROUTINE HOME CARE	34773	1303		4384	2175	38251	2
3	INPATIENT RESPITE CARE	56				57	113	3
4	GENERAL INPATIENT CARE	700	15			1	716	4
5	TOTAL HOSPICE DAYS	35529	1318		4384	2233	39080	5

PART II - CENSUS DATA

		TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL 6	
6	NUMBER OF PATIENTS RECEIVING HOSPICE CARE	626	16		74	80	722	6
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE							7
8	AVERAGE LENGTH OF STAY	56.76	82.38		59.24	27.91	54.13	8
9	UNDUPLICATED CENSUS COUNT	626	16		74	80	722	9

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	64520769	17
17.01	GROSS MEDICAID REVENUES	127577333	17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	9502090	18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)		19
20	RESTRICTED GRANTS		20
21	NON-RESTRICTED GRANTS		21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	201600192	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	9502090	23
24	COST TO CHARGE RATIO	0.365154	24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	3469726	25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS		26
27	TOTAL SCHIP COST		27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	127577333	28
29	TOTAL GROSS MEDICAID COST	46585373	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	64520769	30
31	UNCOMPENSATED CARE COST	23560017	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	50055099	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	OLD CAP REL COSTS-BLDG & FIXT								1
2	0200	OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300	NEW CAP REL COSTS-BLDG & FIXT		8579144	8579144	-786256	7792888	1084877	8877765	3
4	0400	NEW CAP REL COSTS-MVBLE EQUIP				14027019	14027019	11965999	25993018	4
5	0500	EMPLOYEE BENEFITS	2030728	40113244	42143972	11458674	53602646	-17394412	36208234	5
6.01	1160	COMMUNICATIONS				912816	912816	-245531	667285	6.01
6.02	0620	DATA PROCESSIN	5964186	24047862	30012048	-1897903	28114145		28114145	6.02
6.03	0630	MATERIALS MANAGEMENT	1472920	1450168	2923088	-468719	2454369	-1180804	1273565	6.03
6.04	0640	PATIENT SERVICES	5378150	3295355	8673505	-1411640	7261865		7261865	6.04
6.05	0650	PATIENT ACCOUNTING						4105653	4105653	6.05
6.06	1950	AMBULATORY SVCS ADMIN								6.06
6.07	0660	OTHER A&G	16143624	26106886	42250510	-4819778	37430732	-19172785	18257947	6.07
6.08	1951	CAREW MEDICAL PARK ADMIN		447425	447425	-1523	445902		445902	6.08
6.09	1952	CRITICAL CARE ADMIN								6.09
7	0700	MAINTENANCE & REPAIRS								7
8	0800	OPERATION OF PLANT	109701	4747089	4856790	-19212	4837578	-4667	4832911	8
8.01	0801	FACILITY ENGINEERING	3912678	805615	4718293	-76681	4641612	-47969	4593643	8.01
9	0900	LAUNDRY & LINEN SERVICE	180136	1183721	1363857	413	1364270	205678	1569948	9
10	1000	HOUSEKEEPING	2593820	1151595	3745415	-28730	3716685	-18	3716667	10
11	1100	DIETARY	3073052	1860552	4933604	-1435589	3498015	-2572395	925620	11
11.01	1101	KITCHEN-NO CONNECT W/CAFE				1448068	1448068		1448068	11.01
11.02	1102	CAFETERIA								11.02
11.03	1103	PREADMITS AND ER								11.03
12	1200	CAFETERIA								12
13	1300	MAINTENANCE OF PERSONNEL								13
14	1400	NURSING ADMINISTRATION	2258061	86989	2345050	181434	2526484		2526484	14
15	1500	CENTRAL SERVICES & SUPPLY	1039957	409465	1449422	-137905	1311517		1311517	15
16	1600	PHARMACY	5907822	21138888	27046710	-20603941	6442769	-80208	6362561	16
16.01	1601	OUTPATIENT PHARMACY	365792	3975207	4340999	-76737	4264262	-440636	3823626	16.01
16.02	1602	IV SOLUTIONS	839878	674717	1514595	1653984	3168579		3168579	16.02
16.03	1603	MED SURG SUPPLY		-815145	-815145	58382739	57567594		57567594	16.03
17	1700	MEDICAL RECORDS & LIBRARY	2914570	2932221	5846791	-1748771	4098020	-1357810	2740210	17
18	1800	SOCIAL SERVICE	1761129	8159	1769288	30067	1799355		1799355	18
18.01	1801	REHAB ADMIN	301333	28911	330244	11196	341440	-19	341421	18.01
20	2000	NONPHYSICIAN ANESTHETISTS								20
21	2100	NURSING SCHOOL								21
22	2200	I&R SERVICES-SALARY & FRINGES A		2113513	2113513		2113513		2113513	22
23	2300	I&R SERVICES-OTHER PRGM COSTS A								23
24	2400	PARAMED ED PRGM-(SPECIFY)				37291	37291		37291	24
24.01	2401	PARAMED ED RADIOLOGY				123432	123432		123432	24.01
24.02	2402	PARAMED ED PHARMACY				114806	114806		114806	24.02
		INPATIENT ROUTINE SERV COST CENTERS								
25	2500	ADULTS & PEDIATRICS	28493848	3829965	32323813	-2371279	29952534	-332636	29619898	25
26	2600	INTENSIVE CARE UNIT	5899708	2569997	8469705	-1229271	7240434	-126898	7113536	26
26.01	2601	PEDIATRIC ICU	852327	153984	1006311	-38111	968200	-29556	938644	26.01
26.02	2602	NEONATAL ICU	2096922	370343	2467265	-17368	2449897	-6885	2443012	26.02
27	2700	CORONARY CARE UNIT	4898508	777317	5675825	-359547	5316278	-50928	5265350	27
31	3100	SUBPROVIDER I	1417170	160781	1577951	274413	1852364	-23354	1829010	31
31.01	3101	SUBPROVIDER II	4996288	879878	5876166	-546521	5329645	-184693	5144952	31.01
33	3300	NURSERY	491446	60603	552049	1171350	1723399		1723399	33
34	3400	SKILLED NURSING FACILITY	1843352	117342	1960694	-11275	1949419	-12149	1937270	34
		ANCILLARY SERVICE COST CENTERS								
37	3700	OPERATING ROOM	8561847	42773420	51335267	-38777274	12557993		12557993	37
37.01	3701	CAREW MEDICAL PARK SURG	476090	622626	1098716	-501220	597496	-2200	595296	37.01
38	3800	RECOVERY ROOM	1799462	354883	2154345	1225147	3379492		3379492	38
39	3900	DELIVERY ROOM & LABOR ROOM	1977056	438295	2415351	825007	3240358	-6016	3234342	39
40	4000	ANESTHESIOLOGY	-1255	4778159	4776904	-615876	4161028	-3898409	262619	40
41	4100	RADIOLOGY-DIAGNOSTIC	4515445	6700711	11216156	-5053754	6162402	-2265	6160137	41
41.01	4101	RADIOLOGY - WABASH								41.01
41.02	4102	RADIOLOGY - MANCHESTER								41.02
41.03	4103	RADIOLOGY - EAST STATE								41.03
41.04	4104	RADIOLOGY - JEFFERSON								41.04
41.05	4105	RADIOLOGY - NHMP	172911	37402	210313	-2864	207449	-22692	184757	41.05
41.06	4106	RADIOLOGY - CMP	400396	251233	651629	-96604	555025		555025	41.06
41.07	4107	RADIOLOGY - WP	171293	103891	275184	155	275339	-72631	202708	41.07
41.08	4108	RADIOLOGY - PULM CLINIC	109352	73272	182624	-37340	145284		145284	41.08
41.09	4109	RADIOLOGY - WHITLEY POOL								41.09
42	4200	RADIOLOGY-THERAPEUTIC	2626570	3786167	6412737	-1513260	4899477	-56419	4843058	42
43	4300	RADIOISOTOPE	364988	802046	1167034	-700957	466077		466077	43
44	4400	LABORATORY	11063313	11136321	22199634	-2218921	19980713	-15937952	4042761	44
44.01	4401	ANATOMICAL PATHOLOGY	409028	438159	847187	76317	923504	-37305	886199	44.01
46	4600	WHOLE BLOOD & PACKED RED BLOOD		2602275	2602275	217703	2819978	-70807	2749171	46
46.30	4650	BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	4900	RESPIRATORY THERAPY	4111783	947700	5059483	-481010	4578473	-18077	4560396	49

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	
49.01	3950	WOUND CARE	229797	533259	763056	-372277	390779		390779	49.01
49.02	3951	DIALYSIS	54467	1083442	1137909	-8961	1128948		1128948	49.02
49.03	3330	ENDOSCOPY	719327	977192	1696519	-542615	1153904		1153904	49.03
50	5000	PHYSICAL THERAPY	2275135	230747	2505882	-192083	2313799	-46590	2267209	50
50.01	3952	TRANSITIONAL THERAPY	334029	13922	347951	-336634	11317		11317	50.01
50.02	3650	PV REHAB OUTREACH								50.02
51	5100	OCCUPATIONAL THERAPY	1237520	46660	1284180	90995	1375175	-700	1374475	51
52	5200	SPEECH PATHOLOGY	528001	41870	569871	16098	585969	-492	585477	52
52.01	3953	NEURO REHAB	585492	167962	753454	-7768	745686	-119	745567	52.01
53	5300	ELECTROCARDIOLOGY	251953	139929	391882	51833	443715	-2197	441518	53
54	5400	ELECTROENCEPHALOGRAPHY	165609	49727	215336	-22943	192393		192393	54
54.01	3954	NUTRITION SUPPORT	356946	60919	417865	4442	422307	-3817	418490	54.01
54.02	3120	MRI	763344	1069805	1833149	-647424	1185725	-89264	1096461	54.02
54.03	3121	CARDIAC CATH LAB	1349466	19634431	20983897	-17520746	3463151	-317979	3145172	54.03
54.04	3122	CARDIAC REHAB SERVICES	111363	33864	145227	-18338	126889		126889	54.04
55	5500	MEDICAL SUPPLIES CHARGED TO PAT								55
55.01	3955	COST OF SOLUTIONS								55.01
56	5600	DRUGS CHARGED TO PATIENTS				19035096	19035096		19035096	56
		OUTPATIENT SERVICE COST CENTERS								
60	6000	CLINIC		545590	545590	-144160	401430	-5630	395800	60
60.01	6001	ANTICOAG CLINIC	364092	322285	686377	169775	856152	-24323	831829	60.01
61	6100	EMERGENCY	5465038	3384584	8849622	55115	8904737	-1651590	7253147	61
61.01	4950	PARTIAL HOSPITALIZATION	69448	5368	74816	321	75137		75137	61.01
62	6200	OBSERVATION BEDS (NON-DISTINCT								62
63.50	6310	RHC								63.50
63.60	6320	FQHC								63.60
		OTHER REIMBURSABLE COST CENTERS								
65	6500	AMBULANCE SERVICES	1313610	4082032	5395642	47339	5442981	-27846	5415135	65
69.10	6910	CMHC								69.10
69.20	6920	OUTPATIENT PHYSICAL THERAPY								69.20
69.30	6930	OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	6940	OUTPATIENT SPEECH PATHOLOGY								69.40
71	7100	HOME HEALTH AGENCY	7623750	7640433	15264183	-6130855	9133328	-169398	8963930	71
		SPECIAL PURPOSE COST CENTERS								
85.01	8510	PANCREAS ACQUISITION								85.01
85.02	8520	INTESTINAL ACQUISITION								85.02
85.03	8530	ISLET CELL ACQUISITION								85.03
93	9300	HOSPICE				3551390	3551390		3551390	93
95		SUBTOTALS	167793772	269172372	436966144	1163794	438129938	-48366864	389763074	95
		NONREIMBURSABLE COST CENTERS								
96	9600	GIFT, FLOWER, COFFEE SHOP & CAN	104059	408994	513053	-29748	483305		483305	96
100	7950	NON ALLOWABLE								100
100.01	7951	TELEVISION	27912	66848	94760	-26137	68623		68623	100.01
100.02	7952	PHYSICIAN PRACTICES		633747	633747		633747		633747	100.02
100.03	7953	OP CLINIC	1164201	268257	1432458	-357348	1075110	-4136	1070974	100.03
100.04	7954	PHYS. ANSWERING SERVICE								100.04
100.05	7955	EDUCARE CTR	838839	451840	1290679	-283470	1007209		1007209	100.05
100.06	7956	STUCKY RESEARCH CTR	506107	438864	944971	-134232	810739	-30349	780390	100.06
100.07	7957	CORPORATE HEALTH SVC		-195990	-195990	195990				100.07
100.08	7958	FOUNDATION		1470	1470	13343	14813		14813	100.08
100.09	7959	LV HEALTH PLAN								100.09
100.10	7960	PV RESPIRATORY OUTREACH								100.10
100.11	7961	OUTREACH TRANSCRIPTION								100.11
100.12	7962	GUEST SERVICES								100.12
100.13	7963	HUNTINGTON ARC								100.13
100.14	7964	SENIOR HEALTH SERVICES	39361	32488	71849	8918	80767		80767	100.14
100.15	7965	SCHOOL NURSE/COMMUNITY OUTREACH	1410542	457169	1867711	-387433	1480278		1480278	100.15
100.16	7966	FITNESS				216261	216261		216261	100.16
100.17	7967	NONALLOWABLE ADVERTISING								100.17
100.18	7968	BREAST DIAGNOSTIC CTR	-4	4359	4355	3272	7627	2997	10624	100.18
100.19	7969	REGIONAL PAIN CLINIC								100.19
100.20	7970	START-UP COSTS NORTH								100.20
100.21	7971	RONALD MCDONALD FAMILY ROOM		20813	20813	-3008	17805		17805	100.21
100.22	7972	EBT	41563	526883	568446	-241101	327345		327345	100.22
100.23	7973	MEDICAL OFFICE BUILDINGS	448600	506866	955466	-128725	826741	-126427	700314	100.23
100.24	7974	START-UP COSTS ORTHO								100.24
100.25	7975	PREMIER SURGERY CENTER		4683579	4683579	-10372	4673207		4673207	100.25
100.26	7976	ISH	494		494	-4	490		490	100.26
101		TOTAL	172375446	277478559	449854005		449854005	-48524779	401329226	101

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
			COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	DIETARY PERSONNEL	A	KITCHEN-NO CONNECT W/CAFE	11.01	1448068		1
2	PHARMACY SALARIES-SOLUTIONS	B	IV SOLUTIONS	16.02	119425		2
3	ER-ACCOUNTING FUNCTIONS	C	OTHER A&G	6.07	41392		3
4	BLOOD BANK	D	ANTICOAG CLINIC	60.01	148696	136259	4
5	REHAB SALARIES	E	SUBPROVIDER I	31	334029		5
6	BLOOD BANK-LAB ADMIN	F	ANATOMICAL PATHOLOGY	44.01	73326	21814	6
7		F	WHOLE BLOOD & PACKED RED BLOO	46	85695	132165	7
8	MEDICAL RECORDS TRANSCRIPTION COSTS	G	OPERATING ROOM	37		198099	8
9		G	EMERGENCY	61		623176	9
10	DEPR-LEY ROAD LEASEHOLD IMPROV	H	LABORATORY	44		2600	10
11		H	ANATOMICAL PATHOLOGY	44.01		488	11
12	EQUIPMENT DEPRECIATION	I					12
13		I					13
14		I					14
15		I					15
16		I					16
17		I					17
18		I					18
19		I					19
20		I					20
21		I					21
22		I	NEW CAP REL COSTS-BLDG & FIXT	3		30655	22
23		I					23
24		I					24
25		I					25
26		I					26
27		I					27
28		I					28
29		I					29
30		I					30
31		I					31
32		I					32
33		I					33
34		I					34
35		I					35
36	SUBTOTAL				2250631	1145256	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE				WKST A-7 REF.	
		1	COST CENTER 6	LINE # 7	SALARY 8	OTHER 9	10	
1	DIETARY PERSONNEL	A	DIETARY	11	1448068			1
2	PHARMACY SALARIES-SOLUTIONS	B	PHARMACY	16	119425			2
3	ER-ACCOUNTING FUNCTIONS	C	EMERGENCY	61	41392			3
4	BLOOD BANK	D	LABORATORY	44	148696	136259		4
5	REHAB SALARIES	E	TRANSITIONAL THERAPY	50.01	334029			5
6	BLOOD BANK-LAB ADMIN	F	LABORATORY	44	159021	153979		6
7		F						7
8	MEDICAL RECORDS TRANSCRIPTION COS	G	MEDICAL RECORDS & LIBRARY	17		821275		8
9		G						9
10	DEPR-LEY ROAD LEASEHOLD IMPROV	H	NEW CAP REL COSTS-BLDG & FIXT	3		3088	9	10
11		H					9	11
12	EQUIPMENT DEPRECIATION	I	EMPLOYEE BENEFITS	5		3229	9	12
13		I	OTHER A&G	6.07		427	9	13
14		I	PHARMACY	16		787	9	14
15		I	ADULTS & PEDIATRICS	25		3638	9	15
16		I	INTENSIVE CARE UNIT	26		844	9	16
17		I	SUBPROVIDER II	31.01		4444	9	17
18		I	RADIOLOGY-THERAPEUTIC	42		15709	9	18
19		I	RADIOISOTOPE	43		18	9	19
20		I	MRI	54.02		38	9	20
21		I	EDUCARE CTR	100.05		1522	9	21
22		I	NEW CAP REL COSTS-BLDG & FIXT	3		1089366	9	22
23		I	EMPLOYEE BENEFITS	5		10821	9	23
24		I	PATIENT SERVICES	6.04		232	9	24
25		I	OTHER A&G	6.07		167511	9	25
26		I	CAREW MEDICAL PARK ADMIN	6.08		1523	9	26
27		I	OPERATION OF PLANT	8		51702	9	27
28		I	FACILITY ENGINEERING	8.01		145918	9	28
29		I	HOUSEKEEPING	10		27065	9	29
30		I	DIETARY	11		37919	9	30
31		I	NURSING ADMINISTRATION	14		10091	9	31
32		I	CENTRAL SERVICES & SUPPLY	15		147197	9	32
33		I	PHARMACY	16		890374	9	33
34		I	OUTPATIENT PHARMACY	16.01		58251	9	34
35		I	IV SOLUTIONS	16.02		8858	9	35
36	SUBTOTAL				2250631	3792085		36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
			COST CENTER	LINE #	SALARY	OTHER
		1	2	3	4	5
1		I				
2		I				
3		I				
4		I				
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28		I				
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30		I				
31		I				
32		I				
33		I				
34		I				
35		I				
36	SUBTOTAL				2250631	1145256

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE				WKST A-7 REF.	
			COST CENTER	LINE #	SALARY	OTHER		
		1	6	7	8	9	10	
1		I	MED SURG SUPPLY	16.03		76384	9	1
2		I	SOCIAL SERVICE	18		869	9	2
3		I	REHAB ADMIN	18.01		834	9	3
4		I	ADULTS & PEDIATRICS	25		526731	9	4
5		I	INTENSIVE CARE UNIT	26		518458	9	5
6		I	PEDIATRIC ICU	26.01		26570	9	6
7		I	NEONATAL ICU	26.02		90784	9	7
8		I	CORONARY CARE UNIT	27		138464	9	8
9		I	SUBPROVIDER I	31		43626	9	9
10		I	SUBPROVIDER II	31.01		64859	9	10
11		I	NURSERY	33		24579	9	11
12		I	SKILLED NURSING FACILITY	34		9133	9	12
13		I	OPERATING ROOM	37		1853867	9	13
14		I	CAREW MEDICAL PARK SURG	37.01		108128	9	14
15		I	RECOVERY ROOM	38		75934	9	15
16		I	DELIVERY ROOM & LABOR ROOM	39		83521	9	16
17		I	ANESTHESIOLOGY	40		284111	9	17
18		I	RADIOLOGY-DIAGNOSTIC	41		2626585	9	18
19		I	RADIOLOGY - NHMP	41.05		1438	9	19
20		I	RADIOLOGY - CMP	41.06		62357	9	20
21		I	RADIOLOGY - WP	41.07		2381	9	21
22		I	RADIOLOGY - PULM CLINIC	41.08		2929	9	22
23		I	RADIOLOGY-THERAPEUTIC	42		1432773	9	23
24		I	RADIOISOTOPE	43		185720	9	24
25		I	LABORATORY	44		697872	9	25
26		I	ANATOMICAL PATHOLOGY	44.01		15355	9	26
27		I	RESPIRATORY THERAPY	49		202698	9	27
28		I	WOUND CARE	49.01		9238	9	28
29		I	DIALYSIS	49.02		4894	9	29
30		I	ENDOSCOPY	49.03		125201	9	30
31		I	PHYSICAL THERAPY	50		12001	9	31
32		I	OCCUPATIONAL THERAPY	51		13944	9	32
33		I	SPEECH PATHOLOGY	52		3778	9	33
34		I	NEURO REHAB	52.01		3693	9	34
35		I	ELECTROCARDIOLOGY	53		99126	9	35
36	SUBTOTAL				2250631	13220920		36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
			COST CENTER	LINE #	SALARY	OTHER
		1	2	3	4	5	
1		I					1
2		I					2
3		I					3
4		I					4
5		I					5
6		I					6
7		I					7
8		I					8
9		I					9
10		I					10
11		I					11
12		I					12
13		I					13
14		I					14
15		I					15
16		I					16
17		I					17
18		I					18
19		I					19
20		I	NEW CAP REL COSTS-MVBLE EQUIP	4		13926194	20
21	MED SURG/IV SOLUTIONS	J	IV SOLUTIONS	16.02		2645302	21
22		J	MED SURG SUPPLY	16.03		58462996	22
23		J	PATIENT SERVICES	6.04		2	23
24		J					24
25		J					25
26		J					26
27		J					27
28		J					28
29		J					29
30		J					30
31		J					31
32		J					32
33		J					33
34		J					34
35		J					35
36	SUBTOTAL				2250631	76179750	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE				WKST A-7 REF.	
			COST CENTER	LINE #	SALARY	OTHER		
		1	6	7	8	9	10	
1		I	ELECTROENCEPHALOGRAPHY	54		27171	9	1
2		I	NUTRITION SUPPORT	54.01		253	9	2
3		I	MRI	54.02		499094	9	3
4		I	CARDIAC CATH LAB	54.03		792120	9	4
5		I	CARDIAC REHAB SERVICES	54.04		17858	9	5
6		I	CLINIC	60		1636	9	6
7		I	ANTICOAG CLINIC	60.01		5150	9	7
8		I	EMERGENCY	61		143847	9	8
9		I	AMBULANCE SERVICES	65		25044	9	9
10		I	HOME HEALTH AGENCY	71		47616	9	10
11		I	GIFT, FLOWER, COFFEE SHOP & C	96		3639	9	11
12		I	TELEVISION	100.01		25805	9	12
13		I	OP CLINIC	100.03		966	9	13
14		I	EDUCARE CTR	100.05		38	9	14
15		I	STUCKY RESEARCH CTR	100.06		2216	9	15
16		I	SENIOR HEALTH SERVICES	100.14		1185	9	16
17		I	RONALD MCDONALD FAMILY ROOM	100.21		5532	9	17
18		I	EBT	100.22		234941	9	18
19		I	MEDICAL OFFICE BUILDINGS	100.23		16419	9	19
20		I					9	20
21	MED SURG/IV SOLUTIONS	J	EMPLOYEE BENEFITS	5		5		21
22		J	OTHER A&G	6.07		1705		22
23		J	FACILITY ENGINEERING	8.01		70		23
24		J	HOUSEKEEPING	10		26		24
25		J	CENTRAL SERVICES & SUPPLY	15		105		25
26		J	PHARMACY	16		543980		26
27		J	OUTPATIENT PHARMACY	16.01		16905		27
28		J	IV SOLUTIONS	16.02		569143		28
29		J	MED SURG SUPPLY	16.03		3873		29
30		J	ADULTS & PEDIATRICS	25		742054		30
31		J	INTENSIVE CARE UNIT	26		415667		31
32		J	PEDIATRIC ICU	26.01		29955		32
33		J	NEONATAL ICU	26.02		38841		33
34		J	CORONARY CARE UNIT	27		263622		34
35		J	SUBPROVIDER I	31		19704		35
36	SUBTOTAL				2250631	17717105		36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
			COST CENTER	LINE #	SALARY	OTHER
		1	2	3	4	5	
1		J					1
2		J					2
3		J					3
4		J					4
5		J					5
6		J					6
7		J					7
8		J					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		J					18
19		J					19
20		J					20
21		J					21
22		J					22
23		J					23
24		J					24
25		J					25
26		J					26
27		J					27
28		J					28
29		J					29
30		J					30
31		J					31
32		J					32
33		J					33
34		J					34
35		J					35
36	SUBTOTAL				2250631	76179750	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE				WKST A-7 REF.
			COST CENTER	LINE #	SALARY	OTHER	
		1	6	7	8	9	10
1		J	SUBPROVIDER II	31.01		3054	1
2		J	NURSERY	33		9591	2
3		J	SKILLED NURSING FACILITY	34		33067	3
4		J	OPERATING ROOM	37		35484770	4
5		J	CAREW MEDICAL PARK SURG	37.01		404980	5
6		J	RECOVERY ROOM	38		205629	6
7		J	DELIVERY ROOM & LABOR ROOM	39		125722	7
8		J	ANESTHESIOLOGY	40		331775	8
9		J	RADIOLOGY-DIAGNOSTIC	41		2265289	9
10		J	RADIOLOGY - CMP	41.06		42200	10
11		J	RADIOLOGY - PULM CLINIC	41.08		60	11
12		J	RADIOLOGY-THERAPEUTIC	42		153258	12
13		J	RADIOISOTOPE	43		512356	13
14		J	LABORATORY	44		4219	14
15		J	ANATOMICAL PATHOLOGY	44.01		2884	15
16		J	RESPIRATORY THERAPY	49		115220	16
17		J	WOUND CARE	49.01		372515	17
18		J	DIALYSIS	49.02		3552	18
19		J	ENDOSCOPY	49.03		550457	19
20		J	PHYSICAL THERAPY	50		10754	20
21		J	OCCUPATIONAL THERAPY	51		7631	21
22		J	SPEECH PATHOLOGY	52		10300	22
23		J	NEURO REHAB	52.01		6750	23
24		J	ELECTROCARDIOLOGY	53		597	24
25		J	ELECTROENCEPHALOGRAPHY	54		40	25
26		J	NUTRITION SUPPORT	54.01		11700	26
27		J	MRI	54.02		121517	27
28		J	CARDIAC CATH LAB	54.03		16805504	28
29		J	CARDIAC REHAB SERVICES	54.04		89	29
30		J	CLINIC	60		1513	30
31		J	ANTICOAG CLINIC	60.01		89	31
32		J	EMERGENCY	61		592179	32
33		J	PARTIAL HOSPITALIZATION	61.01		19	33
34		J	AMBULANCE SERVICES	65		9330	34
35		J	HOME HEALTH AGENCY	71		263924	35
36	SUBTOTAL				2250631	76179639	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
			COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1		J					1
2	EDUCARE UTILITIES	K	OPERATION OF PLANT	8		32735	2
3	IV SALARIES	L	ADULTS & PEDIATRICS	25	407469		3
4		L	INTENSIVE CARE UNIT	26	16084		4
5		L	PEDIATRIC ICU	26.01	16084		5
6		L	NEONATAL ICU	26.02	10723		6
7		L	CORONARY CARE UNIT	27	26807		7
8		L	SUBPROVIDER I	31	5361		8
9		L	SKILLED NURSING FACILITY	34	10723		9
10		L	EMERGENCY	61	42891		10
11	COST OF DRUGS SOLD	M	DRUGS CHARGED TO PATIENTS	56		19035096	11
12	PBH ADMIN COSTS	N	ADULTS & PEDIATRICS	25	324615	149877	12
13	FITNESS CENTER	O	FITNESS	100.16	142619	73092	13
14	TRAUMA/ICU MEDICAL DIRECTOR	P	EMERGENCY	61		219795	14
15	CAPITAL INSURANCE	S	NEW CAP REL COSTS-BLDG & FIXT	3		275543	15
16		S	NEW CAP REL COSTS-MVBLE EQUIP	4		100825	16
17	HOSPICE RECLASS	T	HOSPICE	93	1626259	1186431	17
18	RECLASS HOSPICE ADMIN FROM HHA	U	HOSPICE	93	275897	462803	18
19	PSYCH PHYSICIAN SALARIES	V	SUBPROVIDER II	31.01	158243		19
20	RECLASS PTO DOLLARS	W	PATIENT SERVICES	6.04	23811		20
21		W	OTHER A&G	6.07	244397		21
22		W	FACILITY ENGINEERING	8.01	100789		22
23		W	LAUNDRY & LINEN SERVICE	9	1860		23
24		W	HOUSEKEEPING	10	17957		24
25		W	DIETARY	11	67151		25
26		W	NURSING ADMINISTRATION	14	165238		26
27		W	CENTRAL SERVICES & SUPPLY	15	13006		27
28		W	PHARMACY	16	148300		28
29		W	OUTPATIENT PHARMACY	16.01	1261		29
30		W	IV SOLUTIONS	16.02	10148		30
31		W	SOCIAL SERVICE	18	48588		31
32		W	REHAB ADMIN	18.01	14836		32
33		W	ADULTS & PEDIATRICS	25	276977		33
34		W	INTENSIVE CARE UNIT	26	73023		34
35		W	PEDIATRIC ICU	26.01	9280		35
36	SUBTOTAL				6531028	97715947	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE				WKST A-7 REF.	
			COST CENTER	LINE #	SALARY	OTHER		
		I	6	7	8	9	10	
1		J	SCHOOL NURSE/COMMUNITY OUTREA	100.15		111		1
2	EDUCARE UTILITIES	K	EDUCARE CTR	100.05		32735		2
3	IV SALARIES	L	IV SOLUTIONS	16.02	536142			3
4		L						4
5		L						5
6		L						6
7		L						7
8		L						8
9		L						9
10		L						10
11	COST OF DRUGS SOLD	M	PHARMACY	16		19035096		11
12	PBH ADMIN COSTS	N	SUBPROVIDER II	31.01	324615	149877		12
13	FITNESS CENTER	O	EMPLOYEE BENEFITS	5	142619	73092		13
14	TRAUMA/ICU MEDICAL DIRECTOR	P	INTENSIVE CARE UNIT	26		219795		14
15	CAPITAL INSURANCE	S	OTHER A&G	6.07		376368	12	15
16		S					12	16
17	HOSPICE RECLASS	T	HOME HEALTH AGENCY	71	1626259	1186431		17
18	RECLASS HOSPICE ADMIN FROM HHA	U	HOME HEALTH AGENCY	71	275897	462803		18
19	PSYCH PHYSICIAN SALARIES	V	OP CLINIC	100.03	158243			19
20	RECLASS PTO DOLLARS	W	DATA PROCESSIN	6.02	1070			20
21		W	MATERIALS MANAGEMENT	6.03	276			21
22		W	MEDICAL RECORDS & LIBRARY	17	560			22
23		W	RADIOLOGY - NHMP	41.05	37			23
24		W	ELECTROENCEPHALOGRAPHY	54	35			24
25		W	TELEVISION	100.01	6			25
26		W	EMPLOYEE BENEFITS	5	2356162			26
27		W						27
28		W						28
29		W						29
30		W						30
31		W						31
32		W						32
33		W						33
34		W						34
35		W						35
36	SUBTOTAL				7672552	97715947		36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
			COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1		W	NEONATAL ICU	26.02	38613		1
2		W	CORONARY CARE UNIT	27	53374		2
3		W	SUBPROVIDER I	31	9813		3
4		W	SKILLED NURSING FACILITY	34	13334		4
5		W	OPERATING ROOM	37	50690		5
6		W	CAREW MEDICAL PARK SURG	37.01	8313		6
7		W	RECOVERY ROOM	38	15451		7
8		W	DELIVERY ROOM & LABOR ROOM	39	21079		8
9		W	RADIOLOGY-DIAGNOSTIC	41	34404		9
10		W	RADIOLOGY - CMP	41.06	11285		10
11		W	RADIOLOGY - WP	41.07	3912		11
12		W	RADIOLOGY - PULM CLINIC	41.08	427		12
13		W	RADIOLOGY-THERAPEUTIC	42	112461		13
14		W	RADIOISOTOPE	43	816		14
15		W	LABORATORY	44	223227		15
16		W	ANATOMICAL PATHOLOGY	44.01	2369		16
17		W	RESPIRATORY THERAPY	49	29648		17
18		W	WOUND CARE	49.01	11571		18
19		W	DIALYSIS	49.02	104		19
20		W	ENDOSCOPY	49.03	348		20
21		W	PHYSICAL THERAPY	50	14043		21
22		W	TRANSITIONAL THERAPY	50.01	79		22
23		W	OCCUPATIONAL THERAPY	51	2404		23
24		W	SPEECH PATHOLOGY	52	6539		24
25		W	NEURO REHAB	52.01	13609		25
26		W	ELECTROCARDIOLOGY	53	2720		26
27		W	NUTRITION SUPPORT	54.01	19263		27
28		W	MRI	54.02	4583		28
29		W	CARDIAC CATH LAB	54.03	90289		29
30		W	CARDIAC REHAB SERVICES	54.04	626		30
31		W	ANTICOAG CLINIC	60.01	6569		31
32		W	EMERGENCY	61	54635		32
33		W	AMBULANCE SERVICES	65	92392		33
34		W	GIFT, FLOWER, COFFEE SHOP & C	96	7004		34
35		W	EDUCARE CTR	100.05	17699		35
36	SUBTOTAL				7504721	97715947	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE				WKST A-7 REF.	
			COST CENTER	LINE #	SALARY	OTHER		
		1	6	7	8	9	10	
1		W						1
2		W						2
3		W						3
4		W						4
5		W						5
6		W						6
7		W						7
8		W						8
9		W						9
10		W						10
11		W						11
12		W						12
13		W						13
14		W						14
15		W						15
16		W						16
17		W						17
18		W						18
19		W						19
20		W						20
21		W						21
22		W						22
23		W						23
24		W						24
25		W						25
26		W						26
27		W						27
28		W						28
29		W						29
30		W						30
31		W						31
32		W						32
33		W						33
34		W						34
35		W						35
36	SUBTOTAL				7672552	97715947		36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
			COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1		W	STUCKY RESEARCH CTR	100.06	30433		1
2		W	FOUNDATION	100.08	13343		2
3		W	SENIOR HEALTH SERVICES	100.14	9663		3
4		W	SCHOOL NURSE/COMMUNITY OUTREA	100.15	70062		4
5		W	FITNESS	100.16	550		5
6		W	BREAST DIAGNOSTIC CTR	100.18	3272		6
7		W	RONALD MCDONALD FAMILY ROOM	100.21	4553		7
8		W	EBT	100.22	5472		8
9		W	MEDICAL OFFICE BUILDINGS	100.23	30483		9
10	EMPLOYEE BENEFIT RECLASS	Y	EMPLOYEE BENEFITS	5		13179970	10
11		Y	SENIOR HEALTH SERVICES	100.14		756	11
12		Y	AMBULANCE SERVICES	65		246	12
13		Y	OPERATING ROOM	37		320	13
14		Y	NURSING ADMINISTRATION	14		24897	14
15		Y	SKILLED NURSING FACILITY	34		21860	15
16		Y					16
17		Y					17
18		Y					18
19		Y					19
20		Y					20
21		Y					21
22		Y					22
23		Y					23
24		Y					24
25		Y					25
26		Y					26
27		Y					27
28		Y					28
29	PTO ACCRUAL RECLASS - 1	Z	EMPLOYEE BENEFITS	5	1238512		29
30		Z	ANESTHESIOLOGY	40	10		30
31		Z					31
32		Z					32
33		Z					33
34		Z					34
35		Z					35
36	SUBTOTAL				8911074	110943996	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE				WKST A-7 REF.	
			COST CENTER	LINE #	SALARY	OTHER		
		1	6	7	8	9	10	
1		W						1
2		W						2
3		W						3
4		W						4
5		W						5
6		W						6
7		W						7
8		W						8
9		W						9
10	EMPLOYEE BENEFIT RECLASS	Y	DATA PROCESSIN	6.02		1848894		10
11		Y	MATERIALS MANAGEMENT	6.03		456604		11
12		Y	PATIENT SERVICES	6.04		1391846		12
13		Y	OTHER A&G	6.07		3579292		13
14		Y	MEDICAL RECORDS & LIBRARY	17		903512		14
15		Y	INTENSIVE CARE UNIT	26		115096		15
16		Y	SUBPROVIDER II	31.01		198866		16
17		Y	RADIOLOGY - PULM CLINIC	41.08		33899		17
18		Y	LABORATORY	44		1009489		18
19		Y	ANTICOAG CLINIC	60.01		112869		19
20		Y	HOME HEALTH AGENCY	71		2346488		20
21		Y	GIFT, FLOWER, COFFEE SHOP & C	96		32258		21
22		Y	OP CLINIC	100.03		193286		22
23		Y	EDUCARE CTR	100.05		260040		23
24		Y	STUCKY RESEARCH CTR	100.06		156893		24
25		Y	SCHOOL NURSE/COMMUNITY OUTREA	100.15		437268		25
26		Y	RONALD MCDONALD FAMILY ROOM	100.21		2011		26
27		Y	MEDICAL OFFICE BUILDINGS	100.23		139066		27
28		Y	PREMIER SURGERY CENTER	100.25		10372		28
29	PTO ACCRUAL RECLASS - 1	Z	DATA PROCESSIN	6.02	47922			29
30		Z	MATERIALS MANAGEMENT	6.03	11835			30
31		Z	PATIENT SERVICES	6.04	43214			31
32		Z	OTHER A&G	6.07	129715			32
33		Z	OPERATION OF PLANT	8	881			33
34		Z	FACILITY ENGINEERING	8.01	29214			34
35		Z	LAUNDRY & LINEN SERVICE	9	1447			35
36	SUBTOTAL				7936780	110943996		36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
			COST CENTER	LINE #	SALARY	OTHER
		1	2	3	4	5	
1		Z					1
2		Z					2
3		Z					3
4		Z					4
5		Z					5
6		Z					6
7		Z					7
8		Z					8
9		Z					9
10		Z					10
11		Z					11
12		Z					12
13		Z					13
14		Z					14
15		Z					15
16		Z					16
17		Z					17
18		Z					18
19		Z					19
20		Z					20
21		Z					21
22		Z					22
23		Z					23
24		Z					24
25		Z					25
26		Z					26
27		Z					27
28		Z					28
29		Z					29
30		Z					30
31		Z					31
32		Z					32
33		Z					33
34		Z					34
35		Z					35
36	SUBTOTAL				8911074	110943996	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE				WKST A-7 REF.
			COST CENTER	LINE #	SALARY	OTHER	
		1	6	7	8	9	10
1		Z	HOUSEKEEPING	10	19430		1
2		Z	DIETARY	11	23265		2
3		Z	NURSING ADMINISTRATION	14	18144		3
4		Z	CENTRAL SERVICES & SUPPLY	15	8356		4
5		Z	PHARMACY	16	47470		5
6		Z	OUTPATIENT PHARMACY	16.01	2939		6
7		Z	IV SOLUTIONS	16.02	6748		7
8		Z	MEDICAL RECORDS & LIBRARY	17	23419		8
9		Z	SOCIAL SERVICE	18	14151		9
10		Z	REHAB ADMIN	18.01	2421		10
11		Z	ADULTS & PEDIATRICS	25	217252		11
12		Z	INTENSIVE CARE UNIT	26	47404		12
13		Z	PEDIATRIC ICU	26.01	6848		13
14		Z	NEONATAL ICU	26.02	16849		14
15		Z	CORONARY CARE UNIT	27	39360		15
16		Z	SUBPROVIDER I	31	11387		16
17		Z	NURSERY	33	3949		17
18		Z	SKILLED NURSING FACILITY	34	14811		18
19		Z	OPERATING ROOM	37	68795		19
20		Z	CAREW MEDICAL PARK SURG	37.01	3825		20
21		Z	RECOVERY ROOM	38	14459		21
22		Z	DELIVERY ROOM & LABOR ROOM	39	15886		22
23		Z	RADIOLOGY-DIAGNOSTIC	41	36282		23
24		Z	RADIOLOGY - NHMP	41.05	1389		24
25		Z	RADIOLOGY - CMP	41.06	3217		25
26		Z	RADIOLOGY - WP	41.07	1376		26
27		Z	RADIOLOGY - PULM CLINIC	41.08	879		27
28		Z	RADIOLOGY-THERAPEUTIC	42	21105		28
29		Z	RADIOISOTOPE	43	2933		29
30		Z	LABORATORY	44	88894		30
31		Z	ANATOMICAL PATHOLOGY	44.01	3287		31
32		Z	RESPIRATORY THERAPY	49	33038		32
33		Z	WOUND CARE	49.01	1846		33
34		Z	DIALYSIS	49.02	438		34
35		Z	ENDOSCOPY	49.03	5780		35
36	SUBTOTAL				8764412	110943996	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
			COST CENTER	LINE #	SALARY	OTHER
		1	2	3	4	5	
1		Z					1
2		Z					2
3		Z					3
4		Z					4
5		Z					5
6		Z					6
7		Z					7
8		Z					8
9		Z					9
10		Z					10
11		Z					11
12		Z					12
13		Z					13
14		Z					14
15		Z					15
16		Z					16
17		Z					17
18		Z					18
19		Z					19
20		Z					20
21		Z					21
22		Z					22
23		Z					23
24		Z					24
25	PTO RECLASS - 3	AA	OTHER A&G	6.07	1849		25
26		AA	OPERATION OF PLANT	8	947		26
27		AA	FACILITY ENGINEERING	8.01	987		27
28		AA	HOUSEKEEPING	10	1091		28
29		AA	DIETARY	11	6814		29
30		AA	NURSING ADMINISTRATION	14	21514		30
31		AA	CENTRAL SERVICES & SUPPLY	15	5419		31
32		AA	PHARMACY	16	11694		32
33		AA	SOCIAL SERVICE	18	149		33
34		AA	ADULTS & PEDIATRICS	25	28261		34
35		AA	CORONARY CARE UNIT	27	2037		35
36	SUBTOTAL				8991836	110943996	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE				WKST A-7 REF.
			COST CENTER	LINE #	SALARY	OTHER	
		1	6	7	8	9	10
1		Z	PHYSICAL THERAPY	50	18281		1
2		Z	TRANSITIONAL THERAPY	50.01	2684		2
3		Z	OCCUPATIONAL THERAPY	51	7786		3
4		Z	SPEECH PATHOLOGY	52	4243		4
5		Z	NEURO REHAB	52.01	4704		5
6		Z	ELECTROCARDIOLOGY	53	2024		6
7		Z	ELECTROENCEPHALOGRAPHY	54	1331		7
8		Z	NUTRITION SUPPORT	54.01	2868		8
9		Z	MRI	54.02	6134		9
10		Z	CARDIAC CATH LAB	54.03	10843		10
11		Z	CARDIAC REHAB SERVICES	54.04	895		11
12		Z	ANTICOAG CLINIC	60.01	2925		12
13		Z	EMERGENCY	61	43912		13
14		Z	AMBULANCE SERVICES	65	10555		14
15		Z	GIFT, FLOWER, COFFEE SHOP & C	96	836		15
16		Z	TELEVISION	100.01	224		16
17		Z	OP CLINIC	100.03	17		17
18		Z	EDUCARE CTR	100.05	6740		18
19		Z	STUCKY RESEARCH CTR	100.06	4067		19
20		Z	SENIOR HEALTH SERVICES	100.14	316		20
21		Z	SCHOOL NURSE/COMMUNITY OUTREA	100.15	11334		21
22		Z	EBT	100.22	334		22
23		Z	MEDICAL OFFICE BUILDINGS	100.23	3605		23
24		Z	ISH	100.26	4		24
25	PTO RECLASS - 3	AA	EMPLOYEE BENEFITS	5	133557		25
26		AA	GIFT, FLOWER, COFFEE SHOP & C	96	1		26
27		AA	RESPIRATORY THERAPY	49	5		27
28		AA	MEDICAL RECORDS & LIBRARY	17	2		28
29		AA	OUTPATIENT PHARMACY	16.01	1		29
30		AA	PATIENT SERVICES	6.04	5		30
31		AA	MATERIALS MANAGEMENT	6.03	2		31
32		AA	DATA PROCESSIN	6.02	8		32
33		AA					33
34		AA					34
35		AA					35
36	SUBTOTAL				9044655	110943996	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
			COST CENTER	LINE #	SALARY	OTHER
		1	2	3	4	5	
1		AA	NURSERY	33	1294		1
2		AA	OPERATING ROOM	37	28972		2
3		AA	RADIOLOGY-DIAGNOSTIC	41	6973		3
4		AA	RADIOISOTOPE	43	199		4
5		AA	MRI	54.02	196		5
6		AA	EMERGENCY	61	15185		6
7	PTO RECLASS - 2	AB	FACILITY ENGINEERING	8.01	3793		7
8		AB	HOUSEKEEPING	10	971		8
9		AB	DIETARY	11	1659		9
10		AB	ADULTS & PEDIATRICS	25	7421		10
11		AB	SUBPROVIDER II	31.01	127360		11
12		AB	OCCUPATIONAL THERAPY	51	346		12
13		AB	PARTIAL HOSPITALIZATION	61.01	834		13
14		AB	OP CLINIC	100.03	3399		14
15	PTO ACCRUAL RECLASS - 2	AC	EMPLOYEE BENEFITS	5	60412		15
16		AC					16
17		AC					17
18		AC					18
19		AC					19
20		AC					20
21		AC					21
22		AC					22
23	PTO RECLASS - HOME HEALTH	AD	HOME HEALTH AGENCY	71	161165		23
24	PTO ACCRUAL RECLASS-HOME HEALTH	AE	EMPLOYEE BENEFITS	5	38328		24
25	DIRECT MEDICAL EDUCATION	AF	PARAMED ED PRGM-(SPECIFY)	24	35134	2157	25
26		AF	PARAMED ED RADIOLOGY	24.01	93336	30096	26
27		AF	PARAMED ED PHARMACY	24.02	114806		27
28	DIABETES CLINIC RECLASS	AG	ADULTS & PEDIATRICS	25		140641	28
29	CORPORATE ALLOCATION RECLASS	AH	OTHER A&G	6.07	5864722		29
30		AH	MATERIALS MANAGEMENT	6.03		503456	30
31		AH	MEDICAL RECORDS & LIBRARY	17		369355	31
32	INTERNAL MEDICINE PHYSICIAN RECLASS	AI	ADULTS & PEDIATRICS	25		106224	32
33	TELEPHONE EXPENSE RECLASS	AK	COMMUNICATIONS	6.01		912816	33
34		AK					34
35		AK					35
36	SUBTOTAL				15558341	113008741	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE				WKST A-7 REF.	
			COST CENTER	LINE #	SALARY	OTHER		
		1	6	7	8	9	10	
1		AA						1
2		AA						2
3		AA						3
4		AA						4
5		AA						5
6		AA						6
7	PTO RECLASS - 2	AB	EMPLOYEE BENEFITS	5	145783			7
8		AB						8
9		AB						9
10		AB						10
11		AB						11
12		AB						12
13		AB						13
14		AB						14
15	PTO ACCRUAL RECLASS - 2	AC	FACILITY ENGINEERING	8.01	1949			15
16		AC	HOUSEKEEPING	10	1237			16
17		AC	DIETARY	11	1250			17
18		AC	ADULTS & PEDIATRICS	25	10247			18
19		AC	SUBPROVIDER II	31.01	35170			19
20		AC	OCCUPATIONAL THERAPY	51	1890			20
21		AC	PARTIAL HOSPITALIZATION	61.01	489			21
22		AC	OP CLINIC	100.03	8180			22
23	PTO RECLASS - HOME HEALTH	AD	EMPLOYEE BENEFITS	5	161165			23
24	PTO ACCRUAL RECLASS-HOME HEALTH	AE	HOME HEALTH AGENCY	71	38328			24
25	DIRECT MEDICAL EDUCATION	AF	LABORATORY	44	35134	2157		25
26		AF	RADIOLOGY-DIAGNOSTIC	41	93336	30096		26
27		AF	PHARMACY	16	114806			27
28	DIABETES CLINIC RECLASS	AG	CLINIC	60		140641		28
29	CORPORATE ALLOCATION RECLASS	AH	OTHER A&G	6.07		5864722		29
30		AH	MATERIALS MANAGEMENT	6.03	503456			30
31		AH	MEDICAL RECORDS & LIBRARY	17	369355			31
32	INTERNAL MEDICINE PHYSICIAN RECLA	AI	OTHER A&G	6.07		106224		32
33	TELEPHONE EXPENSE RECLASS	AK	EMPLOYEE BENEFITS	5		59		33
34		AK	PATIENT SERVICES	6.04		150		34
35		AK	OTHER A&G	6.07		756133		35
36	SUBTOTAL				10566430	117844178		36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
			COST CENTER	LINE #	SALARY	OTHER
		1	2	3	4	5	
1		AK					1
2		AK					2
3		AK					3
4		AK					4
5		AK					5
6		AK					6
7		AK					7
8		AK					8
9		AK					9
10		AK					10
11		AK					11
12		AK					12
13		AK					13
14		AK					14
15		AK					15
16		AK					16
17		AK					17
18		AK					18
19		AK					19
20		AK					20
21		AK					21
22		AK					22
23		AK					23
24		AK					24
25		AK					25
26		AK					26
27		AK					27
28		AK					28
29		AK					29
30		AK					30
31		AK					31
32		AK					32
33		AK					33
34		AK					34
35		AK					35
36	SUBTOTAL				15558341	113008741	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE				WKST A-7 REF.
			COST CENTER	LINE #	SALARY	OTHER	
		1	6	7	8	9	10
1		AK	OPERATION OF PLANT	8		311	1
2		AK	FACILITY ENGINEERING	8.01		5099	2
3		AK	HOUSEKEEPING	10		991	3
4		AK	DIETARY	11		711	4
5		AK	NURSING ADMINISTRATION	14		1980	5
6		AK	CENTRAL SERVICES & SUPPLY	15		672	6
7		AK	PHARMACY	16		1985	7
8		AK	OUTPATIENT PHARMACY	16.01		55	8
9		AK	SOCIAL SERVICE	18		3650	9
10		AK	REHAB ADMIN	18.01		385	10
11		AK	ADULTS & PEDIATRICS	25		4141	11
12		AK	INTENSIVE CARE UNIT	26		1114	12
13		AK	PEDIATRIC ICU	26.01		102	13
14		AK	NEONATAL ICU	26.02		695	14
15		AK	CORONARY CARE UNIT	27		319	15
16		AK	SUBPROVIDER I	31		73	16
17		AK	SUBPROVIDER II	31.01		51239	17
18		AK	SKILLED NURSING FACILITY	34		181	18
19		AK	OPERATING ROOM	37		3167	19
20		AK	CAREW MEDICAL PARK SURG	37.01		232	20
21		AK	RECOVERY ROOM	38		75	21
22		AK	DELIVERY ROOM & LABOR ROOM	39		453	22
23		AK	RADIOLOGY-DIAGNOSTIC	41		3794	23
24		AK	RADIOLOGY - CMP	41.06		115	24
25		AK	RADIOLOGY-THERAPEUTIC	42		2876	25
26		AK	RADIOISOTOPE	43		416	26
27		AK	LABORATORY	44		5242	27
28		AK	ANATOMICAL PATHOLOGY	44.01		110	28
29		AK	RESPIRATORY THERAPY	49		1223	29
30		AK	WOUND CARE	49.01		249	30
31		AK	DIALYSIS	49.02		181	31
32		AK	ENDOSCOPY	49.03		605	32
33		AK	PHYSICAL THERAPY	50		983	33
34		AK	OCCUPATIONAL THERAPY	51		1985	34
35		AK	SPEECH PATHOLOGY	52		941	35
36	SUBTOTAL				10566430	117940528	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
			COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1		AK					1
2		AK					2
3		AK					3
4		AK					4
5		AK					5
6		AK					6
7		AK					7
8		AK					8
9		AK					9
10		AK					10
11		AK					11
12		AK					12
13		AK					13
14		AK					14
15		AK					15
16		AK					16
17		AK					17
18		AK					18
19		AK					19
20		AK					20
21	PTO RECLASS - 4	AL	OTHER A&G	6.07	9959		21
22		AL	ADULTS & PEDIATRICS	25	10357		22
23		AL	OPERATING ROOM	37	316		23
24		AL	CAREW MEDICAL PARK SURG	37.01	7632		24
25		AL	PHYSICAL THERAPY	50	3812		25
26	NURSING ADMIN NLC	AM	ADULTS & PEDIATRICS	25	26706	4067	26
27		AM	NURSERY	33	23700	3610	27
28		AM	NEONATAL ICU	26.02	69830	10635	28
29	OCCUPATIONAL HEALTH	AN	CORPORATE HEALTH SVC	100.07		195990	29
30		AN					30
31		AN					31
32		AN					32
33		AN					33
34		AN					34
35		AN					35
36	SUBTOTAL				15710653	113223043	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE				WKST A-7 REF.
			COST CENTER	LINE #	SALARY	OTHER	
		1	6	7	8	9	10
1		AK	NEURO REHAB	52.01		52	1
2		AK	ELECTROCARDIOLOGY	53		59	2
3		AK	ELECTROENCEPHALOGRAPHY	54		230	3
4		AK	MRI	54.02		460	4
5		AK	CARDIAC CATH LAB	54.03		2568	5
6		AK	CARDIAC REHAB SERVICES	54.04		122	6
7		AK	CLINIC	60		370	7
8		AK	EMERGENCY	61		883	8
9		AK	PARTIAL HOSPITALIZATION	61.01		5	9
10		AK	AMBULANCE SERVICES	65		370	10
11		AK	HOME HEALTH AGENCY	71		44274	11
12		AK	GIFT, FLOWER, COFFEE SHOP & C	96		18	12
13		AK	TELEVISION	100.01		102	13
14		AK	OP CLINIC	100.03		55	14
15		AK	EDUCARE CTR	100.05		94	15
16		AK	STUCKY RESEARCH CTR	100.06		1489	16
17		AK	SCHOOL NURSE/COMMUNITY OUTREA	100.15		8782	17
18		AK	RONALD MCDONALD FAMILY ROOM	100.21		18	18
19		AK	EBT	100.22		55	19
20		AK	MEDICAL OFFICE BUILDINGS	100.23		118	20
21	PTO RECLASS - 4	AL	EMPLOYEE BENEFITS	5	32056		21
22		AL	DATA PROCESSIN	6.02	9		22
23		AL	MATERIALS MANAGEMENT	6.03	2		23
24		AL	PATIENT SERVICES	6.04	6		24
25		AL	MEDICAL RECORDS & LIBRARY	17	3		25
26	NURSING ADMIN NLC	AM	DELIVERY ROOM & LABOR ROOM	39	120236	18312	26
27		AM					27
28		AM					28
29	OCCUPATIONAL HEALTH	AN	PHARMACY	16		9859	29
30		AN	OPERATING ROOM	37		11	30
31		AN	DELIVERY ROOM & LABOR ROOM	39		908	31
32		AN	RADIOLOGY-DIAGNOSTIC	41		39749	32
33		AN	RADIOISOTOPE	43		529	33
34		AN	LABORATORY	44		3786	34
35		AN	ANATOMICAL PATHOLOGY	44.01		44	35
36	SUBTOTAL				10718742	118073850	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
			COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1		AN					1
2		AN					2
3		AN					3
4		AN					4
5		AN					5
6		AN					6
7		AN					7
8		AN					8
9		AN					9
10		AN					10
11	CONVERSION TABLE RECLASS	AO	RECOVERY ROOM	38	153536	828791	11
12		AO	DELIVERY ROOM & LABOR ROOM	39	955885	213081	12
13		AO	OUTPATIENT PHARMACY	16.01	29	124	13
14		AO	OCCUPATIONAL THERAPY	51	111398	10083	14
15		AO	SPEECH PATHOLOGY	52	16974	11847	15
16		AO	ELECTROCARDIOLOGY	53	127042	24225	16
17		AO	ELECTROENCEPHALOGRAPHY	54	4930	934	17
18		AO	RECOVERY ROOM	38	85072	438394	18
19		AO	ENDOSCOPY	49.03	41558	97710	19
20	NURSERY RECLASS NORTH	AP	NURSERY	33	607865		20
21	NURSERY RECLASS PARKVIEW HOSP	AQ	NURSERY	33	573000		21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36	TOTAL RECLASSIFICATIONS				18387942	114848232	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE COST CENTER	DECREASE LINE #	DECREASE SALARY	DECREASE OTHER	WKST A-7 REF.	
		1	6	7	8	9	10	
1		AN	WHOLE BLOOD & PACKED RED BLOO	46		157	1	1
2		AN	RESPIRATORY THERAPY	49		1343	2	2
3		AN	ENDOSCOPY	49.03		188	3	3
4		AN	PHYSICAL THERAPY	50		17617	4	4
5		AN	NEURO REHAB	52.01		6178	5	5
6		AN	ELECTROCARDIOLOGY	53		348	6	6
7		AN	MRI	54.02		24960	7	7
8		AN	ANTICOAG CLINIC	60.01		716	8	8
9		AN	EMERGENCY	61		78354	9	9
10		AN	EBT	100.22		11243	10	10
11	CONVERSION TABLE RECLASS	AO	OPERATING ROOM	37	153536	828791	11	11
12		AO	ADULTS & PEDIATRICS	25	955885	213081	12	12
13		AO	PHARMACY	16	29	124	13	13
14		AO	PHYSICAL THERAPY	50	111398	10083	14	14
15		AO	PHYSICAL THERAPY	50	16974	11847	15	15
16		AO	RESPIRATORY THERAPY	49	127042	24225	16	16
17		AO	RESPIRATORY THERAPY	49	4930	934	17	17
18		AO	OPERATING ROOM	37	85072	438394	18	18
19		AO	OPERATING ROOM	37	41558	97710	19	19
20	NURSERY RECLASS NORTH	AP	ADULTS & PEDIATRICS	25	607865		20	20
21	NURSERY RECLASS PARKVIEW HOSP	AQ	ADULTS & PEDIATRICS	25	573000		21	21
22							22	22
23							23	23
24							24	24
25							25	25
26							26	26
27							27	27
28							28	28
29							29	29
30							30	30
31							31	31
32							32	32
33							33	33
34							34	34
35							35	35
36	TOTAL RECLASSIFICATIONS				13396031	119840143	36	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 PURCHASE 2	ACQUISITIONS DONATION 3	ACQUISITIONS TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
1	LAND								1
2	LAND IMPROVEMENTS	1461172				5343	1455829	1442916	2
3	BUILDINGS AND FIXTURES	64129461					64129461	41615369	3
4	BUILDING IMPROVEMENTS	19315					19315		4
5	FIXED EQUIPMENT								5
6	MOVABLE EQUIPMENT	10487747				875828	9611919	9564230	6
7	SUBTOTAL	76097695				881171	75216524	52622515	7
8	RECONCILING ITEMS								8
9	TOTAL	76097695				881171	75216524	52622515	9

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS PURCHASE 2	ACQUISITIONS DONATION 3	ACQUISITIONS TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
1	LAND	4096316					4096316		1
2	LAND IMPROVEMENTS	9433476	119579		119579		9553055	2572927	2
3	BUILDINGS AND FIXTURES	138927147	2546394		2546394	33491	141440050	18006451	3
4	BUILDING IMPROVEMENTS	1217163	6837		6837		1224000	882090	4
5	FIXED EQUIPMENT	14005162	1668082		1668082		15673244		5
6	MOVABLE EQUIPMENT	124553634	10061886		10061886	5661174	128954346	45240012	6
7	SUBTOTAL	292232898	14402778		14402778	5694665	300941011	66701480	7
8	RECONCILING ITEMS								8
9	TOTAL	292232898	14402778		14402778	5694665	300941011	66701480	9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
PARTS III & IV

	DESCRIPTION	COMPUTATION OF RATIOS: GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	ALLOCATION OF OTHER CAPITAL: INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL	
		1	2	3	4	5	6	7	8	
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	237591268		237591268	.669970					3
4	NEW CAP REL COSTS-MVBLE EQUIP	127802345	10763922	117038423	.330030					4
5	TOTAL	365393613	10763922	354629691	1.000000					5

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL: DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL	
		9	10	11	12	13	14	15	
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT	8602222			275543			8877765	3
4	NEW CAP REL COSTS-MVBLE EQUIP	25892193			100825			25993018	4
5	TOTAL	34494415			376368			34870783	5

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

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL: DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL	
		9	10	11	12	13	14	15	
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT	8579144						8579144	3
4	NEW CAP REL COSTS-MVBLE EQUIP								4
5	TOTAL	8579144						8579144	5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO. 4	WKST A-7 REF 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			NEW CAP REL COSTS-BLDG & FIXT	3		3
4	INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4		4
5	INVESTMENT INCOME-OTHER						5
6	TRADE, QUANTITY, AND TIME DISCOUNTS						6
7	REFUNDS AND REBATES OF EXPENSES						7
8	RENTAL OF PROVIDER SPACE BY SUPPLIERS						8
9	TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-245531	COMMUNICATIONS	6.01		9
10	TELEVISION AND RADIO SERVICE	A	-2399	OPERATION OF PLANT	8		10
11	PARKING LOT						11
12	PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-3224018				12
13	SALE OF SCRAP, WASTE, ETC.						13
14	RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1	-9198070				14
15	LAUNDRY AND LINEN SERVICE						15
16	CAFETERIA - EMPLOYEES AND GUESTS	A	-694240	DIETARY	11		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	B	-440636	OUTPATIENT PHARMACY	16.01		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					35
36	ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4					36
37							37
37.01	PHYSICIAN GOLF OUTING	A	-34379	OTHER A&G	6.07		37.01
37.02	EKG NONPATIENT EXPENSE	A	-2197	ELECTROCARDIOLOGY	53		37.02
37.04	FITNESS CENTER EMPLOYEE REVENUE	B	-122161	EMPLOYEE BENEFITS	5		37.04
37.05	HEALTH FITNESS EMPLOYEE DUES	B	-6943	EMPLOYEE BENEFITS	5		37.05
37.06	NONALLOWABLE LOBBYING FEES	A	-19467	OTHER A&G	6.07		37.06
37.09	MEDICARE ALLOWABLE DEPRECIATION	A	257689	NEW CAP REL COSTS-BLDG & FIXT	3	9	37.09
37.10	MEDICARE ALLOWABLE DEPRECIATION	A	54442	NEW CAP REL COSTS-MVBLE EQUIP	4	9	37.10
37.11	CAPITAL COST NEW B&F	A	-229	NEW CAP REL COSTS-BLDG & FIXT	3	9	37.11
38							38
38.03	CAPITAL COST CARRYFORWARD	A	144731	NEW CAP REL COSTS-MVBLE EQUIP	4	9	38.03
38.06	SELF FUNDED INSURANCE REVENUE OFF	A	-12408677	EMPLOYEE BENEFITS	5		38.06
38.35	CAPITAL COST CARRYFORWARD	A	1738	NEW CAP REL COSTS-MVBLE EQUIP	4	9	38.35
38.36	CAPITAL COST CARRYFORWARD	A	218690	NEW CAP REL COSTS-BLDG & FIXT	3	9	38.36
38.38	CAPITAL COST CARRYFORWARD	A	7944	NEW CAP REL COSTS-BLDG & FIXT	3	9	38.38
39	EMPLOYEE HEALTH TESTS	A	-4762	EMPLOYEE BENEFITS	5		39
39.01	INTEREST EXPENSE ON MRI	A	-4730	MRI	54.02		39.01
39.02	LIQOUR EXPENSE	A	-1941	OTHER A&G	6.07		39.02
39.03	LIQOUR EXPENSE	A	-678	DIETARY	11		39.03
39.08	TELEPHONE OFFSET	A	-69400	NEW CAP REL COSTS-MVBLE EQUIP	4	9	39.08
39.09	CAFETERIA EMPLOYEE ADJUSTMENT	B	-1584145	DIETARY	11		39.09
40	OFFSET DIABETIC REVENUE	B	-290523	DIETARY	11		40
40.01	OFFSET CATERING INCOME	B	-2809	DIETARY	11		40.01
40.02	OFFSET LAB SERVICES BILLED	B	-1412332	LABORATORY	44		40.02
40.03	OFFSET LAB SERVICES BILLED	B	-1372033	LABORATORY	44		40.03
40.04	OFFSET LAB SERVICES BILLED	B	-1707023	LABORATORY	44		40.04
40.05	BLOOD SERVICES BILLED	B	-70807	WHOLE BLOOD & PACKED RED BLOOD	46		40.05
40.06	LAB SERVICES BILLED	B	-10090307	LABORATORY	44		40.06
40.07	MISC OPERATING INCOME	B	-37305	ANATOMICAL PATHOLOGY	44.01		40.07
40.09	OFFSET OTHER OPERATING REVENUE	B	-2000	PHARMACY	16		40.09

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE NO.	WKST A-7 REF	
		1	2	3	4	5	
40.13	OFFSET LAB SERVICES BILLED AVILLA	B	-120651	LABORATORY	44		40.13
40.14	OFFSET LAB SERVICES BILLED LAGRAN	B	-762352	LABORATORY	44		40.14
41	OFFSET CMP BUILDING RENT	B	-11718	NEW CAP REL COSTS-BLDG & FIXT	3	9	41
41.02	PARKING LOT ADJUSTMENT	A	-26942	NEW CAP REL COSTS-BLDG & FIXT	3	9	41.02
41.04	PARKING LOT ADJUSTMENT	A	-13794	EMPLOYEE BENEFITS	5		41.04
41.05	PARKING LOT ADJUSTMENT	A	-234411	OTHER A&G	6.07		41.05
41.07	VENDING MACHINES	A	-2268	OPERATION OF PLANT	8		41.07
41.08	VENDING MACHINES	A	-5465	NEW CAP REL COSTS-BLDG & FIXT	3	9	41.08
41.09	VENDING MACHINES	A	-120	OTHER A&G	6.07		41.09
41.10	VENDING MACHINES	A	-225	MATERIALS MANAGEMENT	6.03		41.10
42							42
43	RENTAL PROPERTY ADJUSTMENT	A	-45335	OTHER A&G	6.07		43
44	FILM DUPLICATION	B	-2265	RADIOLOGY-DIAGNOSTIC	41		44
44.02	LAB SERVICES BILLED SHIPSHEWANA	B	-5001	LABORATORY	44		44.02
45	GOODWILL HHA	A	-11000	HOME HEALTH AGENCY	71		45
46						9	46
46.01	INTEREST EXPENSE ON LEASE	A	-78208	PHARMACY	16		46.01
47							47
48							48
48.04	OFFSET PULM REHAB REVENUE	B	-6714	RESPIRATORY THERAPY	49		48.04
48.07	CMP OTHER OPERATING REVNUE OFFSET	B	-2200	CAREW MEDICAL PARK SURG	37.01		48.07
48.11	OFFSET HHC REVENUE	B	66	HOME HEALTH AGENCY	71		48.11
49							49
49.07	GROSS UP BREAST DIAGNOSTIC CENTER	A	2997	BREAST DIAGNOSTIC CTR	100.18		49.07
49.15	REBATES	B	-5928	OTHER A&G	6.07		49.15
49.17	INDIANA SALES TAX DISCOUNT	B	-1446	OTHER A&G	6.07		49.17
49.27	INTERUNIT RENT EXPENSE	A	-31823	INTENSIVE CARE UNIT	26		49.27
49.28	INTERUNIT RENT EXPENSE	A	-22692	RADIOLOGY - NHMP	41.05		49.28
49.29	INTERUNIT RENT EXPENSE	A	-72631	RADIOLOGY - WP	41.07		49.29
49.30	INTERUNIT RENT EXPENSE	A	-42709	LABORATORY	44		49.30
49.31	INTERUNIT RENT EXPENSE	A	-45748	PHYSICAL THERAPY	50		49.31
49.32	INTERUNIT RENT EXPENSE	A	-84534	MRI	54.02		49.32
49.33	INTERUNIT RENT EXPENSE	A	-158464	HOME HEALTH AGENCY	71		49.33
49.34	COMMUNITY BENEFIT	A	-3802996	OTHER A&G	6.07		49.34
49.35	OFFSET DIABETES OTHER REVENUE	B	-5630	CLINIC	60		49.35
49.36	OFFSET ONCOLOGY ADMIN REAL ESTATE	B	-11165	RADIOLOGY-THERAPEUTIC	42		49.36
49.37	NEONATOLOGY REAL ESTATE INCOME OF	B	-6016	DELIVERY ROOM & LABOR ROOM	39		49.37
49.38	OFFSET NUTRITION CLASS REVENUE	B	-3817	NUTRITION SUPPORT	54.01		49.38
49.39	OFFSET HOUSEKEEPING REVENUE	B	-18	HOUSEKEEPING	10		49.39
49.40	TRAUMA OTHER OPERATING REVENUE	B	-17	EMERGENCY	61		49.40
49.41	OFFSET MRI OTHER REVENUE	B	-3737	LAUNDRY & LINEN SERVICE	9		49.41
49.42	OFFSET SECURITY OTHER REVENUE	B	-10	FACILITY ENGINEERING	8.01		49.42
49.44	INTERUNIT RENT EXPENSE	A	-4136	OP CLINIC	100.03		49.44
49.45	INTERUNIT RENT EXPENSE	A	-30349	STUCKY RESEARCH CTR	100.06		49.45
49.46	INTERUNIT RENT EXPENSE	A	-165660	MEDICAL OFFICE BUILDINGS	100.23		49.46
49.56	ONCOLOGY OTHER REVENUE	B	-259	RADIOLOGY-THERAPEUTIC	42		49.56
49.63	A & G OTHER REVENUE	B	-32000	OTHER A&G	6.07		49.63
49.68	CYBERKNIFE OTHER REVENUE	B	-15000	RADIOLOGY-THERAPEUTIC	42		49.68
49.69	LAGRANGE ASSET TRANSFER DEPRECIAT	A	1333	NEW CAP REL COSTS-MVBLE EQUIP	4	9	49.69
49.70	COLLECTION EXPENSE PATIENT ACCOUN	A	4105653	PATIENT ACCOUNTING	6.05		49.70
49.71	OUTSOURCED TRANSCRIPTION	A	-470752	MEDICAL RECORDS & LIBRARY	17		49.71
49.72	PHYSICAL THERAPY OTHER OPERATING	B	-842	PHYSICAL THERAPY	50		49.72
49.73	OCCUPATIONAL THERAPY OTHER OPERAT	B	-700	OCCUPATIONAL THERAPY	51		49.73
49.74	SPEECH PATHOLOGY OTHER OPERATING	B	-492	SPEECH PATHOLOGY	52		49.74
49.75	FACILITY ENGINEERING OTHER OPERAT	B	-100	FACILITY ENGINEERING	8.01		49.75
49.76	REHAB ADMIN OTHER OPERATING INCO	B	-19	REHAB ADMIN	18.01		49.76
49.77	ELIMINATE OHPVN DEPR RESIDING ON	A	-23552	NEW CAP REL COSTS-BLDG & FIXT	3	9	49.77
49.78	ANESTHESIOLOGIST PROFESSINAL FEE	A	-3898409	ANESTHESIOLOGY	40		49.78
50	TOTAL		-48524779				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	
1								1
2								2
3	9	LAUNDRY & LINEN SERVICE	PURCHASED SERVICES	1194497	1108964	85533		3
4								4
4.04	5	EMPLOYEE BENEFITS	PURCHASED SERVICES	1441521	1448107	-6586		4.04
4.05	4	NEW CAP REL COSTS-MVBLE EQUIP	HOME OFFICE COST REPORT	11833155		11833155	9	4.05
4.06	6.07	OTHER A&G	HOME OFFICE COST REPORT	44436540	59431302	-14994762		4.06
4.07	9	LAUNDRY & LINEN SERVICE	LAUNDRY CARRYFORWARD	123882		123882		4.07
4.08	3	NEW CAP REL COSTS-BLDG & FIXT	HOME OFFICE COST REPORT	669706	1246	668460	9	4.08
4.09	100.23	MEDICAL OFFICE BUILDINGS	HOME OFFICE COST REPORT	45571	6338	39233	9	4.09
4.10	5	EMPLOYEE BENEFITS	HOME OFFICE COST REPORT	3350125	8181614	-4831489		4.10
4.11	6.03	MATERIALS MANAGEMENT	HOME OFFICE COST REPORT	1285905	2466484	-1180579		4.11
4.12	17	MEDICAL RECORDS & LIBRARY	HOME OFFICE COST REPORT	4054696	4941754	-887058		4.12
4.16	8.01	FACILITY ENGINEERING	HOME OFFICE COST REPORT		47859	-47859		4.16
5		TOTALS		68435598	77633668	-9198070		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.

			RELATED ORGANIZATION(S) AND/OR HOME OFFICE				
	SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
	1	2	3	4	5	6	
1	C			HOSPITAL LAUNDRY	33.00	LAUNDRY SERVICES	1
2	B		100.00	PV HEALTH SYSTEM		HOME OFFICE	2
3							3
4							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 LINE NO. 1	COST CENTER/ PHYSICIAN IDENTIFIER 2		TOTAL REMUNERATION INCL FRINGES 3	PROFESSIONAL COMPONENT 4	PROVIDER COMPONENT 5	RCE AMOUNT 6	PHYSICIAN/ PROVIDER COMPONENT HOURS 7	UNADJUSTED RCE LIMIT 8	PERCENT OF UNADJUSTED RCE LIMIT 9
1	6.07	OTHER A&G	AGGREGATE	2474		2474	171400	50	4120	206
2	25	ADULTS & PEDIATRICS	AGGREGATE	332636	332636		171400			
3	25	ADULTS & PEDIATRICS	AGGREGATE	6327		6327	171400	198	16316	816
4	26	INTENSIVE CARE UNIT	AGGREGATE	108257		108257	171400	778	64110	3206
5	26	INTENSIVE CARE UNIT	AGGREGATE	50928	50928		171400			
6	26.02	NEONATAL ICU	AGGREGATE	50065		50065	171400	524	43180	2159
7	27	CORONARY CARE UNIT	AGGREGATE	50928	50928		171400			
8	26.01	PEDIATRIC ICU	AGGREGATE	34583		34583	171400	61	5027	251
9	31	SUBPROVIDER I	AGGREGATE	40000		40000	171400	202	16646	832
10	31.01	SUBPROVIDER II	AGGREGATE	156892		156892	142500	468	32063	1603
11	31.01	SUBPROVIDER II	AGGREGATE	59796		59796	142500	68	4659	233
12	31.01	SUBPROVIDER II	AGGREGATE	15552		15552	142500	158	10825	541
13	34	SKILLED NURSING FACILITY	AGGREGATE	12149	12149		171400	136	11207	560
14	44	LABORATORY	AGGREGATE	374496	374496		219500			
15	44	LABORATORY	AGGREGATE	117320		117320	219500	628	66272	3314
16	49	RESPIRATORY THERAPY	AGGREGATE	18367		12367	171400	85	7004	350
18	52.01	NEURO REHAB	AGGREGATE	1108		1108	171400	12	989	49
19	54.03	CARDIAC CATH LAB	AGGREGATE	250745		250745	171400	1040	85700	4285
20	60.01	ANTICOAG CLINIC	AGGREGATE	34770		34770	219500	99	10447	522
21	61	EMERGENCY	AGGREGATE	60000		60000	171400	654	53892	2695
22	61	EMERGENCY	AGGREGATE	219795		219795	171400	1168	96248	4812
23	61	EMERGENCY	AGGREGATE	47015		47015	171400	475	39142	1957
24	61	EMERGENCY	AGGREGATE	1514045	1514045		171400			
25	65	AMBULANCE SERVICES	AGGREGATE	27846	27846		171400			
27	42	RADIOLOGY-THERAPEUTIC	AGGREGATE	41367		41367	171400	138	11372	569
28	54.03	CARDIAC CATH LAB	AGGEGATE	189933		189933	171400	449	36999	1850
101		TOTAL		3817394	2363028	1448366		7391	616218	30810

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

	WKST A LINE NO. 10	COST CENTER/ PHYSICIAN IDENTIFIER 11		COST OF MEMBERSHIP & CONTIN. EDUCATION 12	PROVIDER COMPONENT SHARE OF COLUMN 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COLUMN 14 15	ADJUSTED RCE LIMIT 16	RCE DIS- ALLOWANCE 17	ADJUST- MENT 18
1	6.07	OTHER A&G	AGGREGATE					4120		
2	25	ADULTS & PEDIATRICS	AGGREGATE							332636
3	25	ADULTS & PEDIATRICS	AGGREGATE					16316		
4	26	INTENSIVE CARE UNIT	AGGREGATE					64110	44147	44147
5	26	INTENSIVE CARE UNIT	AGGREGATE							50928
6	26.02	NEONATAL ICU	AGGREGATE					43180	6885	6885
7	27	CORONARY CARE UNIT	AGGREGATE							50928
8	26.01	PEDIATRIC ICU	AGGREGATE					5027	29556	29556
9	31	SUBPROVIDER I	AGGREGATE					16646	23354	23354
10	31.01	SUBPROVIDER II	AGGREGATE					32063	124829	124829
11	31.01	SUBPROVIDER II	AGGREGATE					4659	55137	55137
12	31.01	SUBPROVIDER II	AGGREGATE					10825	4727	4727
13	34	SKILLED NURSING FACILITY	AGGREGATE					11207		12149
14	44	LABORATORY	AGGREGATE							374496
15	44	LABORATORY	AGGREGATE					66272	51048	51048
16	49	RESPIRATORY THERAPY	AGGREGATE					7004	5363	11363
18	52.01	NEURO REHAB	AGGREGATE					989	119	119
19	54.03	CARDIAC CATH LAB	AGGREGATE					85700	165045	165045
20	60.01	ANTICOAG CLINIC	AGGREGATE					10447	24323	24323
21	61	EMERGENCY	AGGREGATE					53892	6108	6108
22	61	EMERGENCY	AGGREGATE					96248	123547	123547
23	61	EMERGENCY	AGGREGATE					39142	7873	7873
24	61	EMERGENCY	AGGREGATE							1514045
25	65	AMBULANCE SERVICES	AGGREGATE							27846
27	42	RADIOLOGY-THERAPEUTIC	AGGREGATE					11372	29995	29995
28	54.03	CARDIAC CATH LAB	AGGEGATE					36999	152934	152934
101		TOTAL						616218	854990	3224018

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION	NEW CAP BLDGS & FIXTURES	NEW CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS	COMMUN-CATIONS	DATA PROCESSING	MATERIALS MGMT	PATIENT SERVICES	
		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	8877765	8877765							3
4	NEW CAP REL COSTS-MVBLE EQUIP	25993018		25993018						4
5	EMPLOYEE BENEFITS	36208234	258016	402557	36868807					5
6.01	COMMUNICATIONS	667285		361		667646				6.01
6.02	DATA PROCESSIN	28114145	304892	12927875	1232297	100377	42679586			6.02
6.03	MATERIALS MANAGEMENT	1273565	81529	12622	199443	4729	200714	1772602		6.03
6.04	PATIENT SERVICES	7261865	51440	9459	1116375	15606		345	8455090	6.04
6.05	PATIENT ACCOUNTING	4105653	17570	12304		11705				6.05
6.06	AMBULATORY SVCS ADMIN									6.06
6.07	OTHER A&G	18257947	406967	1298301	4619929	55214	1174393	9786		6.07
6.08	CAREW MEDICAL PARK ADMIN	445902	30216	1300		236				6.08
6.09	CRITICAL CARE ADMIN									6.09
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT	4832911	1196286	42777	22868	7330	64058	3983		8
8.01	FACILITY ENGINEERING	4593643	136512	123744	830621	17498	1417813	8255		8.01
9	LAUNDRY & LINEN SERVICE	1569948	15750		37613	10050	89681	11773		9
10	HOUSEKEEPING	3716667	94583	23106	540230	6030	1682585	14006		10
11	DIETARY	925620	256460	34068	349177	7094	1814971	12075		11
11.01	KITCHEN-NO CONNECT W/CAFE	1448068			301673					11.01
11.02	CAFETERIA									11.02
11.03	PREADMITS AND ER									11.03
12	CAFETERIA									12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION	2526484	1285	8615	505543	1064	465487	269		14
15	CENTRAL SERVICES & SUPPLY	1311517	157999	125667	218750	6739	521004	5272		15
16	PHARMACY	6362561	76383	936506	1205404	11823	1234181	9104		16
16.01	OUTPATIENT PHARMACY	3823626	6982	49782	75861	946	98222	457		16.01
16.02	IV SOLUTIONS	3168579	3144	7562	88865		166550	44903		16.02
16.03	MED SURG SUPPLY	57567594		65212			435593	638009		16.03
17	MEDICAL RECORDS & LIBRARY	2740210	108769	24254	525243	41617	59787	32		17
18	SOCIAL SERVICE	1799355	9583	742	374098	2956		165		18
18.01	REHAB ADMIN	341421	2314	712	65362	2246		231		18.01
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES A	2113513				118				22
23	I&R SERVICES-OTHER PRGM COSTS A									23
24	PARAMED ED PRGM-(SPECIFY)	37291			7319					24
24.01	PARAMED ED RADIOLOGY	123432			19445					24.01
24.02	PARAMED ED PHARMACY	114806			23917					24.02
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	29619898	1492636	540771	5668946	95294	9647106	39195	1282870	25
26	INTENSIVE CARE UNIT	7113536	177476	492988	1237762	10877	1460518	11210	337415	26
26.01	PEDIATRIC ICU	938644	30336	21525	181421	1419	170821	662	28186	26.01
26.02	NEONATAL ICU	2443012	103368	77506	458163	5320	414241	1958	113797	26.02
27	CORONARY CARE UNIT	5265350	130672	117964	1029425	10168	1362296	8517	266546	27
31	SUBPROVIDER I	1829010	171827	37245	365613	6621	418511	1217	86329	31
31.01	SUBPROVIDER II	5144952	246239	56843	1025412	12651	2122449	3751	219821	31.01
33	NURSERY	1723399	64310	20984	352773	591	350183	531	61825	33
34	SKILLED NURSING FACILITY	1937270	90601	7797	385948	7094	563709	1877	50649	34
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	12557993	642889	1662989	1727636	30503	2767298	598634	809734	37
37.01	CAREW MEDICAL PARK SURG	595296	94447	92313	101708	3074	111034	2434	3638	37.01
38	RECOVERY ROOM	3379492	108067	64828	424794	11941	414241	1620	102706	38
39	DELIVERY ROOM & LABOR ROOM	3234342	100870	72632	587047	5793	567979	5468	101702	39
40	ANESTHESIOLOGY	262619	2641	242624				6682	43068	40
41	RADIOLOGY-DIAGNOSTIC	6160137	234470	2319068	922311	21045	1366567	77901	616349	41
41.01	RADIOLOGY - WABASH									41.01
41.02	RADIOLOGY - MANCHESTER									41.02
41.03	RADIOLOGY - EAST STATE									41.03
41.04	RADIOLOGY - JEFFERSON									41.04
41.05	RADIOLOGY - NHMP	184757	23753	1228	35725	1892	51246	144	36	41.05
41.06	RADIOLOGY - CMP	555025	42735	53236	85094	3074	106763	393	493	41.06
41.07	RADIOLOGY - WP	202708	21296	2033	36213	1655	59787	84	16	41.07
41.08	RADIOLOGY - PULM CLINIC	145284	22477	2501	22687	2246	21353	94	11	41.08
41.09	RADIOLOGY - WHITLEY POOL									41.09
42	RADIOLOGY-THERAPEUTIC	4843058	190051	1208767	566220	8158	499651	1890	12911	42
43	RADIOISOTOPE	466077	30264	158556	75638	1301	98222	15748	13312	43
44	LABORATORY	4042761	214985	584031	2261358	18326	3459122	145442	509584	44
44.01	ANATOMICAL PATHOLOGY	886199	40342	13109	100297	2601	123845	9728	27285	44.01
46	WHOLE BLOOD & PACKED RED BLOOD	2749171			17853	355			28765	46
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
49	RESPIRATORY THERAPY	4560396	52206	168434	828399	9340	1110335	12525	253391	49

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION	NEW CAP BLDGS & FIXTURES	NEW CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS	COMMUN-CATIONS	DATA PROCESSING	MATERIALS MGMT	PATIENT SERVICES	
		0	3	4	5	6.01	6.02	6.03	6.04	
49.01	WOUND CARE	390779	1843	1032	49899	709	4271	185	25735	49.01
49.02	DIALYSIS	1128948	10899	4178	11277	473	21353	227	23109	49.02
49.03	ENDOSCOPY	1153904	35275	106477	157382	1892	149468	2772	45076	49.03
50	PHYSICAL THERAPY	2267209	87306	11564	447142	4020	533815	1235	64526	50
50.01	TRANSITIONAL THERAPY	11317	14769			1064	72599			50.01
50.02	PV REHAB OUTREACH									50.02
51	OCCUPATIONAL THERAPY	1374475	29929	11937	279575	1419	354453	513	52895	51
52	SPEECH PATHOLOGY	585477	22908	3406	114012	1064	128116	419	23213	52
52.01	NEURO REHAB	745567		2396	123830	1419	128116	292	9	52.01
53	ELECTROCARDIOLOGY	441518	14306	83639	79100	118	111034	413	31148	53
54	ELECTROENCEPHALOGRAPHY	192393	20961	23197	35243	236	42705	276	9493	54
54.01	NUTRITION SUPPORT	418490	1979	216	77777		89681	1377	1540	54.01
54.02	MRI	1096461	31756	427389	158744	4493	281854	1335	46298	54.02
54.03	CARDIAC CATH LAB	3145172	339385	676328	297682	20336	230608	1259	262499	54.03
54.04	CARDIAC REHAB SERVICES	126889	37318	15246	23144	1064	34164	261	251	54.04
55	MEDICAL SUPPLIES CHARGED TO PAT								1380030	55
55.01	COST OF SOLUTIONS								372496	55.01
56	DRUGS CHARGED TO PATIENTS	19035096							962663	56
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	395800	12615	1380		1182		384	1212	60
60.01	ANTICOAG CLINIC	831829	16812	4397	107587	1064	68328	2894	174	60.01
61	EMERGENCY	7253147	291160	122807	1144230	24947	1904652	10998	181673	61
61.01	PARTIAL HOSPITALIZATION	75137	7819		14540	1537	25623	5		61.01
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES	5415135	16445	21381	290711	1892	290395	9828	611	65
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	8963930		39853	1217559	7685		17635		71
	SPECIAL PURPOSE COST CENTERS									
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02
85.03	ISLET CELL ACQUISITION									85.03
93	HOSPICE	3551390			396272					93
95	SUBTOTALS	389763074	8539123	25684321	35884182	651331	41163551	1758678	8455090	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN	483305	19604	3107	22963	1537	68328	11196		96
100	NON ALLOWABLE									100
100.01	TELEVISION	68623	3511	22031	5767	355	12812	60		100.01
100.02	PHYSICIAN PRACTICES	633747								100.02
100.03	OP CLINIC	1070974	19939	37418	208570	1773	213526	292		100.03
100.04	PHYS. ANSWERING SERVICE									100.04
100.05	EDUCARE CTR	1007209	120594	32	177037	709	444134	320		100.05
100.06	STUCKY RESEARCH CTR	780390	35139	1892	110929	473	89681	409		100.06
100.07	CORPORATE HEALTH SVC					4138				100.07
100.08	FOUNDATION	14813			2780					100.08
100.09	LV HEALTH PLAN									100.09
100.10	PV RESPIRATORY OUTREACH									100.10
100.11	OUTREACH TRANSCRIPTION									100.11
100.12	GUEST SERVICES					2128				100.12
100.13	HUNTINGTON ARC									100.13
100.14	SENIOR HEALTH SERVICES	80767	12296	1012	10147	709	8541	200		100.14
100.15	SCHOOL NURSE/COMMUNITY OUTREACH	1480278	2936	209	306090		559438	265		100.15
100.16	FITNESS	216261			29826					100.16
100.17	NONALLOWABLE ADVERTISING									100.17
100.18	BREAST DIAGNOSTIC CTR	10624	34740		681	473		11		100.18
100.19	REGIONAL PAIN CLINIC									100.19
100.20	START-UP COSTS NORTH									100.20
100.21	RONALD MCDONALD FAMILY ROOM	17805	23570	4723	949	828		31		100.21
100.22	EBT	327345	8322	200578	9729		12812	60		100.22
100.23	MEDICAL OFFICE BUILDINGS	700314	57991	24019	99055	3192	106763	1080		100.23
100.24	START-UP COSTS ORTHO			13676						100.24
100.25	PREMIER SURGERY CENTER	4673207								100.25
100.26	ISH	490			102					100.26
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	401329226	8877765	25993018	36868807	667646	42679586	1772602	8455090	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	PATIENT ACCOUNTING	SUBTOTAL	OTHER A&G	CAREW MED PARK ADMIN	OPERATION OF PLANT	FACILITY ENGINEERIN	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	
		6.05	5A	6.07	6.08	8	8.01	9	10	
	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	DATA PROCESSIN									6.02
6.03	MATERIALS MANAGEMENT									6.03
6.04	PATIENT SERVICES									6.04
6.05	PATIENT ACCOUNTING	4147232								6.05
6.06	AMBULATORY SVCS ADMIN									6.06
6.07	OTHER A&G		25822537	25822537						6.07
6.08	CAREW MEDICAL PARK ADMIN		477654	32847	510501					6.08
6.09	CRITICAL CARE ADMIN									6.09
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT		6170213	424307		6594520				8
8.01	FACILITY ENGINEERING		7128086	490177		148244	7766507			8.01
9	LAUNDRY & LINEN SERVICE		1734815	119298		17104	19405	1890622		9
10	HOUSEKEEPING		6077207	417911		102711	116526		6714355	10
11	DIETARY		3399465	233771		278500	315959		227617	11
11.01	KITCHEN-NO CONNECT W/CAFE		1749741	120324						11.01
11.02	CAFETERIA									11.02
11.03	PREADMITS AND ER									11.03
12	CAFETERIA									12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION		3508747	241286		1395	1583		1343	14
15	CENTRAL SERVICES & SUPPLY		2346948	161393		155037	175890	52559	42972	15
16	PHARMACY		9835962	676390		82947	94104		40286	16
16.01	OUTPATIENT PHARMACY		4055876	278910		7582	8601		1343	16.01
16.02	IV SOLUTIONS		3479603	239282		3414	3873		8057	16.02
16.03	MED SURG SUPPLY		58706408	4037128						16.03
17	MEDICAL RECORDS & LIBRARY		3499912	240678		118117	134004		54386	17
18	SOCIAL SERVICE		2186899	150386		10406	11806		6714	18
18.01	REHAB ADMIN		412286	28352		2513	2851		1343	18.01
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES A		2113631	145348						22
23	I&R SERVICES-OTHER PRGM COSTS A									23
24	PARAMED ED PRGM-(SPECIFY)		44610	3068						24
24.01	PARAMED ED RADIOLOGY		142877	9825						24.01
24.02	PARAMED ED PHARMACY		138723	9540						24.02
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	446419	48833135	3358108		1620907	1838926	628254	2795184	25
26	INTENSIVE CARE UNIT	107735	10949517	752965		192728	218651	80919	258503	26
26.01	PEDIATRIC ICU	9000	1382014	95037		32943	37374	7562	25515	26.01
26.02	NEONATAL ICU	36335	3653700	251254		112251	127349	9075	122201	26.02
27	CORONARY CARE UNIT	85107	8276045	569119		141901	160988	76381	246417	27
31	SUBPROVIDER I	27564	2943937	202446		186594	211691	38002	244403	31
31.01	SUBPROVIDER II	70188	8902306	612185		267400	303367	48400	68486	31.01
33	NURSERY	19741	2594337	178405		69837	79231	50480		33
34	SKILLED NURSING FACILITY	16172	3061117	210504		98387	111621	43484	212845	34
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	372586	21170262	1455815		650742	738270	251075	452548	37
37.01	CAREW MEDICAL PARK SURG	18401	1022345	70304	117187		116359	9075		37.01
38	RECOVERY ROOM	65303	4572992	314471		117354	133139	24200	155773	38
39	DELIVERY ROOM & LABOR ROOM	36234	4712067	324035		109539	124272	31762	118844	39
40	ANESTHESIOLOGY	23555	581189	39967		2868	3254		3357	40
41	RADIOLOGY-DIAGNOSTIC	443473	12161321	836298		254620	288867	94531	149059	41
41.01	RADIOLOGY - WABASH									41.01
41.02	RADIOLOGY - MANCHESTER									41.02
41.03	RADIOLOGY - EAST STATE									41.03
41.04	RADIOLOGY - JEFFERSON									41.04
41.05	RADIOLOGY - NHMP	1939	300720	20680			29264			41.05
41.06	RADIOLOGY - CMP	24304	871117	59904	125120		52650	8886		41.06
41.07	RADIOLOGY - WP	2199	325991	22417			26237			41.07
41.08	RADIOLOGY - PULM CLINIC	394	217047	14926	37482	24408	27691			41.08
41.09	RADIOLOGY - WHITLEY POOL									41.09
42	RADIOLOGY-THERAPEUTIC	149153	7479859	514367		206384	234143	13802	239031	42
43	RADIOISOTOPE	12682	871800	59951		32865	37286	11722	42972	43
44	LABORATORY	238485	11474094	789039	89811	91352	229425	1323	53715	44
44.01	ANATOMICAL PATHOLOGY	19892	1223298	84123		30760	49701		20143	44.01
46	WHOLE BLOOD & PACKED RED BLOOD	10575	2806719	193010						46
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
49	RESPIRATORY THERAPY	105902	7100928	488310		53738	60966	10209	44315	49

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	PATIENT ACCOUNTING	SUBTOTAL	OTHER A&G	CAREW MED PARK ADMIN	OPERATION OF PLANT	FACILITY ENGINEERIN	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	
		6.05	5A	6.07	6.08	8	8.01	9	10	
49.01	WOUND CARE	9675	484128	33292		2002	2271	1323	2014	49.01
49.02	DIALYSIS	7692	1208156	83081		11836	13428	11155	8057	49.02
49.03	ENDOSCOPY	43233	1695479	116593		38306	43459	27225	26186	49.03
50	PHYSICAL THERAPY	28109	3444926	236897		94809	107561	14558	45658	50
50.01	TRANSITIONAL THERAPY	790	100539	6914		16038	18196		14100	50.01
50.02	PV REHAB OUTREACH									50.02
51	OCCUPATIONAL THERAPY	17817	2123013	145993		32501	36873		12757	51
52	SPEECH PATHOLOGY	8615	887230	61012		24876	28222		12086	52
52.01	NEURO REHAB	7678	1009307	69407						52.01
53	ELECTROCARDIOLOGY	21462	782738	53827		15536	17625	2458	11414	53
54	ELECTROENCEPHALOGRAPHY	4236	328740	22606		22762	25824		13429	54
54.01	NUTRITION SUPPORT	578	591638	40685		2149	2438		1343	54.01
54.02	MRI	42909	2091239	143808		34485	39124	2269	12086	54.02
54.03	CARDIAC CATH LAB	158976	5132245	352929		368551	418123	6806	273274	54.03
54.04	CARDIAC REHAB SERVICES	2630	240967	16571		40525	45975	3970	30215	54.04
55	MEDICAL SUPPLIES CHARGED TO PAT	645653	2025683	139300						55
55.01	COST OF SOLUTIONS	141661	514157	35357						55.01
56	DRUGS CHARGED TO PATIENTS	397190	20394949	1402499						56
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	2212	414785	28524		13699	15541		9400	60
60.01	ANTICOAG CLINIC	7029	1040114	71526	140901		20712		13429	60.01
61	EMERGENCY	216277	11149891	766745		316182	358710	323485	273946	61
61.01	PARTIAL HOSPITALIZATION	1969	126630	8708		8491	9633			61.01
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES	37503	6083901	418372		17858	20260		6043	65
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		10246662	704632						71
	SPECIAL PURPOSE COST CENTERS									
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02
85.03	ISLET CELL ACQUISITION									85.03
93	HOSPICE		3947662	271469						93
95	SUBTOTALS	4147232	386584836	24808608	510501	6286154	7349299	1884950	6402809	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN		610040	41951		21289	24153		12086	96
100	NON ALLOWABLE									100
100.01	TELEVISION		113159	7782		3812	4325			100.01
100.02	PHYSICIAN PRACTICES		633747	43581						100.02
100.03	OP CLINIC		1552492	106760			24565			100.03
100.04	PHYS. ANSWERING SERVICE									100.04
100.05	EDUCARE CTR		1750035	120345		130958	148572		177259	100.05
100.06	STUCKY RESEARCH CTR		1018913	70068		38159	43292		10743	100.06
100.07	CORPORATE HEALTH SVC		4138	285						100.07
100.08	FOUNDATION		17593	1210						100.08
100.09	LV HEALTH PLAN									100.09
100.10	PV RESPIRATORY OUTREACH									100.10
100.11	OUTREACH TRANSCRIPTION									100.11
100.12	GUEST SERVICES		2128	146					30215	100.12
100.13	HUNTINGTON ARC									100.13
100.14	SENIOR HEALTH SERVICES		113672	7817		13352	15148		2014	100.14
100.15	SCHOOL NURSE/COMMUNITY OUTREACH		2349216	161549		3189	3617		671	100.15
100.16	FITNESS		246087	16923						100.16
100.17	NONALLOWABLE ADVERTISING									100.17
100.18	BREAST DIAGNOSTIC CTR		46529	3200			42800			100.18
100.19	REGIONAL PAIN CLINIC									100.19
100.20	START-UP COSTS NORTH									100.20
100.21	RONALD MCDONALD FAMILY ROOM		47906	3294		25595	29038	5672	71844	100.21
100.22	EBT		558846	38430		9037	10253		6714	100.22
100.23	MEDICAL OFFICE BUILDINGS		992414	68245		62975	71445			100.23
100.24	START-UP COSTS ORTHO		13676	940						100.24
100.25	PREMIER SURGERY CENTER		4673207	321362						100.25
100.26	ISH		592	41						100.26
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	4147232	401329226	25822537	510501	6594520	7766507	1890622	6714355	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	DIETARY	KITCHEN-NO CONNECT W/CAFE	CAFETERIA	PREADMITS AND ER	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11	11.01	11.02	11.03	12	14	15	16	
	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	DATA PROCESSIN									6.02
6.03	MATERIALS MANAGEMENT									6.03
6.04	PATIENT SERVICES									6.04
6.05	PATIENT ACCOUNTING									6.05
6.06	AMBULATORY SVCS ADMIN									6.06
6.07	OTHER A&G									6.07
6.08	CAREW MEDICAL PARK ADMIN									6.08
6.09	CRITICAL CARE ADMIN									6.09
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT									8
8.01	FACILITY ENGINEERING									8.01
9	LAUNDRY & LINEN SERVICE									9
10	HOUSEKEEPING									10
11	DIETARY	4455312								11
11.01	KITCHEN-NO CONNECT W/CAFE		1870065							11.01
11.02	CAFETERIA	1063591		1063591						11.02
11.03	PREADMITS AND ER	124862	19142	83893	227897					11.03
12	CAFETERIA			979698		979698				12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION					13973	3768327			14
15	CENTRAL SERVICES & SUPPLY					16122		2950921		15
16	PHARMACY					41918		885	10772492	16
16.01	OUTPATIENT PHARMACY					2687			1723173	16.01
16.02	IV SOLUTIONS					5912	57096	58133	231	16.02
16.03	MED SURG SUPPLY							2166272		16.03
17	MEDICAL RECORDS & LIBRARY									17
18	SOCIAL SERVICE					15047				18
18.01	REHAB ADMIN					2150			2	18.01
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES A									22
23	I&R SERVICES-OTHER PRGM COSTS A									23
24	PARAMED ED PRGM-(SPECIFY)									24
24.01	PARAMED ED RADIOLOGY									24.01
24.02	PARAMED ED PHARMACY									24.02
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	2145491	1215583		227897	280529	1484492	200663	12191	25
26	INTENSIVE CARE UNIT	83409	47257			53204	477529	58428	316	26
26.01	PEDIATRIC ICU	12939	7331			5912	62286	4131	43	26.01
26.02	NEONATAL ICU					15047	145335	14164	604	26.02
27	CORONARY CARE UNIT	115522	65452			9673	420433	46329	567	27
31	SUBPROVIDER I	148994	84416			15047		5902	76	31
31.01	SUBPROVIDER II	518193	293596			51591		5312	43	31.01
33	NURSERY					16122	155716	1180	2186	33
34	SKILLED NURSING FACILITY	242311	137288			20422		11509	181	34
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM					87060		163186	3784	37
37.01	CAREW MEDICAL PARK SURG								1071	37.01
38	RECOVERY ROOM					15047		20952	232	38
39	DELIVERY ROOM & LABOR ROOM					20422	197240	29214	370	39
40	ANESTHESIOLOGY							21247		40
41	RADIOLOGY-DIAGNOSTIC					39231		16230	177	41
41.01	RADIOLOGY - WABASH									41.01
41.02	RADIOLOGY - MANCHESTER									41.02
41.03	RADIOLOGY - EAST STATE									41.03
41.04	RADIOLOGY - JEFFERSON									41.04
41.05	RADIOLOGY - NHMP									41.05
41.06	RADIOLOGY - CMP							1475	266	41.06
41.07	RADIOLOGY - WP									41.07
41.08	RADIOLOGY - PULM CLINIC						10381		111	41.08
41.09	RADIOLOGY - WHITLEY POOL									41.09
42	RADIOLOGY-THERAPEUTIC						176478	2361	753	42
43	RADIOISOTOPE					2687		1475	2128	43
44	LABORATORY					49979		590	289	44
44.01	ANATOMICAL PATHOLOGY					4299		1771	16	44.01
46	WHOLE BLOOD & PACKED RED BLOOD									46
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
49	RESPIRATORY THERAPY					35469		2951	924	49

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	DIETARY	KITCHEN-NO CONNECT W/CAFE	CAFETERIA	PREADMITS AND ER	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11	11.01	11.02	11.03	12	14	15	16	
49.01	WOUND CARE						15572	1180	794	49.01
49.02	DIALYSIS					1075	5191	2066		49.02
49.03	ENDOSCOPY					5374		15345	104	49.03
50	PHYSICAL THERAPY					17735		590	339	50
50.01	TRANSITIONAL THERAPY					2687				50.01
50.02	PV REHAB OUTREACH									50.02
51	OCCUPATIONAL THERAPY					11823				51
52	SPEECH PATHOLOGY					4837				52
52.01	NEURO REHAB								813	52.01
53	ELECTROCARDIOLOGY					4299		590	353	53
54	ELECTROENCEPHALOGRAPHY					1612			441	54
54.01	NUTRITION SUPPORT					3224				54.01
54.02	MRI					5912		2361	5	54.02
54.03	CARDIAC CATH LAB					8599		7082	75	54.03
54.04	CARDIAC REHAB SERVICES					1612		590	4	54.04
55	MEDICAL SUPPLIES CHARGED TO PAT									55
55.01	COST OF SOLUTIONS									55.01
56	DRUGS CHARGED TO PATIENTS								8519197	56
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC								68	60
60.01	ANTICOAG CLINIC									60.01
61	EMERGENCY					53741	477529	85282	17169	61
61.01	PARTIAL HOSPITALIZATION					537				61.01
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES					10748		590	1875	65
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							885	457222	71
	SPECIAL PURPOSE COST CENTERS									
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02
85.03	ISLET CELL ACQUISITION									85.03
93	HOSPICE									93
95	SUBTOTALS	4455312	1870065	1063591	227897	953365	3685278	2950921	10748193	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN					1612				96
100	NON ALLOWABLE									100
100.01	TELEVISION					537				100.01
100.02	PHYSICIAN PRACTICES									100.02
100.03	OP CLINIC								23893	100.03
100.04	PHYS. ANSWERING SERVICE									100.04
100.05	EDUCARE CTR									100.05
100.06	STUCKY RESEARCH CTR									100.06
100.07	CORPORATE HEALTH SVC									100.07
100.08	FOUNDATION									100.08
100.09	LV HEALTH PLAN									100.09
100.10	PV RESPIRATORY OUTREACH									100.10
100.11	OUTREACH TRANSCRIPTION									100.11
100.12	GUEST SERVICES									100.12
100.13	HUNTINGTON ARC									100.13
100.14	SENIOR HEALTH SERVICES									100.14
100.15	SCHOOL NURSE/COMMUNITY OUTREACH					20422	46715		227	100.15
100.16	FITNESS									100.16
100.17	NONALLOWABLE ADVERTISING									100.17
100.18	BREAST DIAGNOSTIC CTR								179	100.18
100.19	REGIONAL PAIN CLINIC									100.19
100.20	START-UP COSTS NORTH									100.20
100.21	RONALD MCDONALD FAMILY ROOM									100.21
100.22	EBT									100.22
100.23	MEDICAL OFFICE BUILDINGS					3762	36334			100.23
100.24	START-UP COSTS ORTHO									100.24
100.25	PREMIER SURGERY CENTER									100.25
100.26	ISH									100.26
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	4455312	1870065	1063591	227897	979698	3768327	2950921	10772492	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	OUTPATIENT PHARMACY	IV SOLUTIONS	MED SURG SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	I&R SALARY & FRINGES	PARAMED EDUCATION	
		16.01	16.02	16.03	17	18	18.01	22	24	
	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	DATA PROCESSIN									6.02
6.03	MATERIALS MANAGEMENT									6.03
6.04	PATIENT SERVICES									6.04
6.05	PATIENT ACCOUNTING									6.05
6.06	AMBULATORY SVCS ADMIN									6.06
6.07	OTHER A&G									6.07
6.08	CAREW MEDICAL PARK ADMIN									6.08
6.09	CRITICAL CARE ADMIN									6.09
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT									8
8.01	FACILITY ENGINEERING									8.01
9	LAUNDRY & LINEN SERVICE									9
10	HOUSEKEEPING									10
11	DIETARY									11
11.01	KITCHEN-NO CONNECT W/CAFE									11.01
11.02	CAFETERIA									11.02
11.03	PREADMITS AND ER									11.03
12	CAFETERIA									12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION									14
15	CENTRAL SERVICES & SUPPLY									15
16	PHARMACY									16
16.01	OUTPATIENT PHARMACY	6078172								16.01
16.02	IV SOLUTIONS		3855601							16.02
16.03	MED SURG SUPPLY			64909808						16.03
17	MEDICAL RECORDS & LIBRARY				4047097					17
18	SOCIAL SERVICE					2381258				18
18.01	REHAB ADMIN						449497			18.01
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES A							2258979		22
23	I&R SERVICES-OTHER PRGM COSTS A									23
24	PARAMED ED PRGM-(SPECIFY)								47678	24
24.01	PARAMED ED RADIOLOGY									24.01
24.02	PARAMED ED PHARMACY									24.02
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS				913429	1632828	28768	965487		25
26	INTENSIVE CARE UNIT				45327	126207		207374		26
26.01	PEDIATRIC ICU				7285	17859		5196		26.01
26.02	NEONATAL ICU				20235	83106				26.02
27	CORONARY CARE UNIT				46946	130255		85841		27
31	SUBPROVIDER I				33186		65941	141412		31
31.01	SUBPROVIDER II				73252					31.01
33	NURSERY				42090			93748		33
34	SKILLED NURSING FACILITY				52612					34
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM				119794			330489		37
37.01	CAREW MEDICAL PARK SURG				12951					37.01
38	RECOVERY ROOM				64754			11521		38
39	DELIVERY ROOM & LABOR ROOM				12546			25526		39
40	ANESTHESIOLOGY				31567					40
41	RADIOLOGY-DIAGNOSTIC				682341					41
41.01	RADIOLOGY - WABASH									41.01
41.02	RADIOLOGY - MANCHESTER									41.02
41.03	RADIOLOGY - EAST STATE									41.03
41.04	RADIOLOGY - JEFFERSON									41.04
41.05	RADIOLOGY - NHMP				5666					41.05
41.06	RADIOLOGY - CMP				68396					41.06
41.07	RADIOLOGY - WP				6071					41.07
41.08	RADIOLOGY - PULM CLINIC				809					41.08
41.09	RADIOLOGY - WHITLEY POOL									41.09
42	RADIOLOGY-THERAPEUTIC									42
43	RADIOISOTOPE				30758					43
44	LABORATORY				224614				47678	44
44.01	ANATOMICAL PATHOLOGY				29949					44.01
46	WHOLE BLOOD & PACKED RED BLOOD				7285					46
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
49	RESPIRATORY THERAPY				73657			678		49

COST ALLOCATION - GENERAL SERVICE COSTS

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PART I

	COST CENTER DESCRIPTION	OUTPATIENT PHARMACY	IV SOLUTIONS	MED SURG SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	I&R SALARY & FRINGES	PARAMED EDUCATION	
		16.01	16.02	16.03	17	18	18.01	22	24	
49.01	WOUND CARE				809					49.01
49.02	DIALYSIS				809					49.02
49.03	ENDOSCOPY				94702					49.03
50	PHYSICAL THERAPY				12546		95202			50
50.01	TRANSITIONAL THERAPY				2024		74482			50.01
50.02	PV REHAB OUTREACH									50.02
51	OCCUPATIONAL THERAPY				405		88911			51
52	SPEECH PATHOLOGY				1214		88911			52
52.01	NEURO REHAB				20235		7282			52.01
53	ELECTROCARDIOLOGY				26711					53
54	ELECTROENCEPHALOGRAPHY				3238					54
54.01	NUTRITION SUPPORT				405					54.01
54.02	MRI				89846					54.02
54.03	CARDIAC CATH LAB				420493					54.03
54.04	CARDIAC REHAB SERVICES				7285					54.04
55	MEDICAL SUPPLIES CHARGED TO PAT			64909808						55
55.01	COST OF SOLUTIONS		3855601							55.01
56	DRUGS CHARGED TO PATIENTS	6078172								56
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC				5261					60
60.01	ANTICOAG CLINIC				19831					60.01
61	EMERGENCY				629324	391003		391707		61
61.01	PARTIAL HOSPITALIZATION				6071					61.01
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES				97940					65
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									71
	SPECIAL PURPOSE COST CENTERS									
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02
85.03	ISLET CELL ACQUISITION									85.03
93	HOSPICE									93
95	SUBTOTALS	6078172	3855601	64909808	4044669	2381258	449497	2258979	47678	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN									96
100	NON ALLOWABLE									100
100.01	TELEVISION									100.01
100.02	PHYSICIAN PRACTICES									100.02
100.03	OP CLINIC									100.03
100.04	PHYS. ANSWERING SERVICE									100.04
100.05	EDUCARE CTR									100.05
100.06	STUCKY RESEARCH CTR									100.06
100.07	CORPORATE HEALTH SVC									100.07
100.08	FOUNDATION									100.08
100.09	LV HEALTH PLAN									100.09
100.10	PV RESPIRATORY OUTREACH									100.10
100.11	OUTREACH TRANSCRIPTION									100.11
100.12	GUEST SERVICES									100.12
100.13	HUNTINGTON ARC									100.13
100.14	SENIOR HEALTH SERVICES									100.14
100.15	SCHOOL NURSE/COMMUNITY OUTREACH									100.15
100.16	FITNESS									100.16
100.17	NONALLOWABLE ADVERTISING									100.17
100.18	BREAST DIAGNOSTIC CTR									100.18
100.19	REGIONAL PAIN CLINIC									100.19
100.20	START-UP COSTS NORTH									100.20
100.21	RONALD MCDONALD FAMILY ROOM									100.21
100.22	EBT				2428					100.22
100.23	MEDICAL OFFICE BUILDINGS									100.23
100.24	START-UP COSTS ORTHO									100.24
100.25	PREMIER SURGERY CENTER									100.25
100.26	ISH									100.26
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	6078172	3855601	64909808	4047097	2381258	449497	2258979	47678	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	PARAMED ED RADIOLOGY	PARAMED ED PHARMACY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		24.01	24.02	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	DATA PROCESSIN						6.02
6.03	MATERIALS MANAGEMENT						6.03
6.04	PATIENT SERVICES						6.04
6.05	PATIENT ACCOUNTING						6.05
6.06	AMBULATORY SVCS ADMIN						6.06
6.07	OTHER A&G						6.07
6.08	CAREW MEDICAL PARK ADMIN						6.08
6.09	CRITICAL CARE ADMIN						6.09
7	MAINTENANCE & REPAIRS						7
8	OPERATION OF PLANT						8
8.01	FACILITY ENGINEERING						8.01
9	LAUNDRY & LINEN SERVICE						9
10	HOUSEKEEPING						10
11	DIETARY						11
11.01	KITCHEN-NO CONNECT W/CAFE						11.01
11.02	CAFETERIA						11.02
11.03	PREADMITS AND ER						11.03
12	CAFETERIA						12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION						14
15	CENTRAL SERVICES & SUPPLY						15
16	PHARMACY						16
16.01	OUTPATIENT PHARMACY						16.01
16.02	IV SOLUTIONS						16.02
16.03	MED SURG SUPPLY						16.03
17	MEDICAL RECORDS & LIBRARY						17
18	SOCIAL SERVICE						18
18.01	REHAB ADMIN						18.01
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A						22
23	I&R SERVICES-OTHER PRGM COSTS A						23
24	PARAMED ED PRGM-(SPECIFY)						24
24.01	PARAMED ED RADIOLOGY	152702					24.01
24.02	PARAMED ED PHARMACY		148263				24.02
	INPATIENT ROUTINE SERV COST CENTERS						
25	ADULTS & PEDIATRICS		200	68182072	-965487	67216585	25
26	INTENSIVE CARE UNIT		5	13552339	-207374	13344965	26
26.01	PEDIATRIC ICU		1	1703428	-5196	1698232	26.01
26.02	NEONATAL ICU		10	4554331		4554331	26.02
27	CORONARY CARE UNIT		9	10391878	-85841	10306037	27
31	SUBPROVIDER I		1	4322048	-141412	4180636	31
31.01	SUBPROVIDER II		1	11144132		11144132	31.01
33	NURSERY		36	3283368	-93748	3189620	33
34	SKILLED NURSING FACILITY		3	4202284		4202284	34
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM		62	25423087	-330489	25092598	37
37.01	CAREW MEDICAL PARK SURG		18	1349310		1349310	37.01
38	RECOVERY ROOM		4	5430439	-11521	5418918	38
39	DELIVERY ROOM & LABOR ROOM		6	5705843	-25526	5680317	39
40	ANESTHESIOLOGY			683449		683449	40
41	RADIOLOGY-DIAGNOSTIC	152702	3	14675380		14675380	41
41.01	RADIOLOGY - WABASH						41.01
41.02	RADIOLOGY - MANCHESTER						41.02
41.03	RADIOLOGY - EAST STATE						41.03
41.04	RADIOLOGY - JEFFERSON						41.04
41.05	RADIOLOGY - NHMP			356330		356330	41.05
41.06	RADIOLOGY - CMP		4	1187818		1187818	41.06
41.07	RADIOLOGY - WP			380716		380716	41.07
41.08	RADIOLOGY - PULM CLINIC		2	332857		332857	41.08
41.09	RADIOLOGY - WHITLEY POOL						41.09
42	RADIOLOGY-THERAPEUTIC		12	8867190		8867190	42
43	RADIOISOTOPE		35	1093679		1093679	43
44	LABORATORY		5	13051914		13051914	44
44.01	ANATOMICAL PATHOLOGY			1444060		1444060	44.01
46	WHOLE BLOOD & PACKED RED BLOOD			3007014		3007014	46
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
49	RESPIRATORY THERAPY		15	7872160	-678	7871482	49

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	PARAMED ED RADIOLOGY	PARAMED ED PHARMACY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		24.01	24.02	25	26	27	
49.01	WOUND CARE		13	543398		543398	49.01
49.02	DIALYSIS			1344854		1344854	49.02
49.03	ENDOSCOPY		2	2062775		2062775	49.03
50	PHYSICAL THERAPY		6	4070827		4070827	50
50.01	TRANSITIONAL THERAPY			234980		234980	50.01
50.02	PV REHAB OUTREACH						50.02
51	OCCUPATIONAL THERAPY			2452276		2452276	51
52	SPEECH PATHOLOGY			1108388		1108388	52
52.01	NEURO REHAB		13	1107057		1107057	52.01
53	ELECTROCARDIOLOGY		6	915557		915557	53
54	ELECTROENCEPHALOGRAPHY		7	418659		418659	54
54.01	NUTRITION SUPPORT			641882		641882	54.01
54.02	MRI			2421135		2421135	54.02
54.03	CARDIAC CATH LAB		1	6988178		6988178	54.03
54.04	CARDIAC REHAB SERVICES			387714		387714	54.04
55	MEDICAL SUPPLIES CHARGED TO PAT			67074791		67074791	55
55.01	COST OF SOLUTIONS			4405115		4405115	55.01
56	DRUGS CHARGED TO PATIENTS		139581	36534398		36534398	56
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC		1	487279		487279	60
60.01	ANTICOAG CLINIC			1306513		1306513	60.01
61	EMERGENCY		281	15234995	-391707	14843288	61
61.01	PARTIAL HOSPITALIZATION			160070		160070	61.01
62	OBSERVATION BEDS (NON-DISTINCT						62
63.50	RHC						63.50
63.60	FQHC						63.60
	OTHER REIMBURSABLE COST CENTERS						
65	AMBULANCE SERVICES		31	6657618		6657618	65
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		7491	11416892		11416892	71
	SPECIAL PURPOSE COST CENTERS						
85.01	PANCREAS ACQUISITION						85.01
85.02	INTESTINAL ACQUISITION						85.02
85.03	ISLET CELL ACQUISITION						85.03
93	HOSPICE			4219131		4219131	93
95	SUBTOTALS	152702	147865	384391608	-2258979	382132629	95
	NONREIMBURSABLE COST CENTERS						
96	GIFT, FLOWER, COFFEE SHOP & CAN			711131		711131	96
100	NON ALLOWABLE						100
100.01	TELEVISION			129615		129615	100.01
100.02	PHYSICIAN PRACTICES			677328		677328	100.02
100.03	OP CLINIC		391	1708101		1708101	100.03
100.04	PHYS. ANSWERING SERVICE						100.04
100.05	EDUCARE CTR			2327169		2327169	100.05
100.06	STUCKY RESEARCH CTR			1181175		1181175	100.06
100.07	CORPORATE HEALTH SVC			4423		4423	100.07
100.08	FOUNDATION			18803		18803	100.08
100.09	LV HEALTH PLAN						100.09
100.10	PV RESPIRATORY OUTREACH						100.10
100.11	OUTREACH TRANSCRIPTION						100.11
100.12	GUEST SERVICES			32489		32489	100.12
100.13	HUNTINGTON ARC						100.13
100.14	SENIOR HEALTH SERVICES			152003		152003	100.14
100.15	SCHOOL NURSE/COMMUNITY OUTREACH		4	2585610		2585610	100.15
100.16	FITNESS			263010		263010	100.16
100.17	NONALLOWABLE ADVERTISING						100.17
100.18	BREAST DIAGNOSTIC CTR		3	92711		92711	100.18
100.19	REGIONAL PAIN CLINIC						100.19
100.20	START-UP COSTS NORTH						100.20
100.21	RONALD MCDONALD FAMILY ROOM			183349		183349	100.21
100.22	EBT			625708		625708	100.22
100.23	MEDICAL OFFICE BUILDINGS			1235175		1235175	100.23
100.24	START-UP COSTS ORTHO			14616		14616	100.24
100.25	PREMIER SURGERY CENTER			4994569		4994569	100.25
100.26	ISH			633		633	100.26
101	CROSS FOOT ADJUSTMENTS						101
102	NEGATIVE COST CENTER						102
103	TOTAL	152702	148263	401329226	-2258979	399070247	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	COMMUN-CATIONS 6.01	DATA PROCESSING 6.02	MATERIALS MGMT 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		258016	402557	660573	660573				5
6.01	COMMUNICATIONS			361	361		361			6.01
6.02	DATA PROCESSIN		304892	12927875	13232767	22081	56	13254904		6.02
6.03	MATERIALS MANAGEMENT		81529	12622	94151	3574	3	62335	160063	6.03
6.04	PATIENT SERVICES		51440	9459	60899	20004	8		31	6.04
6.05	PATIENT ACCOUNTING		17570	12304	29874		6			6.05
6.06	AMBULATORY SVCS ADMIN									6.06
6.07	OTHER A&G		406967	1298301	1705268	82784	30	364729	884	6.07
6.08	CAREW MEDICAL PARK ADMIN		30216	1300	31516					6.08
6.09	CRITICAL CARE ADMIN									6.09
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT		1196286	42777	1239063	410	4	19894	360	8
8.01	FACILITY ENGINEERING		136512	123744	260256	14884	9	440327	746	8.01
9	LAUNDRY & LINEN SERVICE		15750		15750	674	5	27852	1063	9
10	HOUSEKEEPING		94583	23106	117689	9680	3	522557	1265	10
11	DIETARY		256460	34068	290528	6257	4	563672	1091	11
11.01	KITCHEN-NO CONNECT W/CAFE					5406				11.01
11.02	CAFETERIA									11.02
11.03	PREADMITS AND ER									11.03
12	CAFETERIA									12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION		1285	8615	9900	9059	1	144565	24	14
15	CENTRAL SERVICES & SUPPLY		157999	125667	283666	3920	4	161807	476	15
16	PHARMACY		76383	936506	1012889	21599	6	383297	822	16
16.01	OUTPATIENT PHARMACY		6982	49782	56764	1359	1	30505	41	16.01
16.02	IV SOLUTIONS		3144	7562	10706	1592		51725	4055	16.02
16.03	MED SURG SUPPLY			65212	65212			135281	57595	16.03
17	MEDICAL RECORDS & LIBRARY		108769	24254	133023	9412	23	18568	3	17
18	SOCIAL SERVICE		9583	742	10325	6703	2		15	18
18.01	REHAB ADMIN		2314	712	3026	1171	1		21	18.01
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES A									22
23	I&R SERVICES-OTHER PRGM COSTS A									23
24	PARAMED ED PRGM-(SPECIFY)					131				24
24.01	PARAMED ED RADIOLOGY					348				24.01
24.02	PARAMED ED PHARMACY					429				24.02
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS		1492636	540771	2033407	101509	52	2996082	3540	25
26	INTENSIVE CARE UNIT		177476	492988	670464	22179	6	453590	1012	26
26.01	PEDIATRIC ICU		30336	21525	51861	3251	1	53051	60	26.01
26.02	NEONATAL ICU		103368	77506	180874	8210	3	128650	177	26.02
27	CORONARY CARE UNIT		130672	117964	248636	18446	5	423085	769	27
31	SUBPROVIDER I		171827	37245	209072	6551	4	129976	110	31
31.01	SUBPROVIDER II		246239	56843	303082	18374	7	659164	339	31.01
33	NURSERY		64310	20984	85294	6321		108755	48	33
34	SKILLED NURSING FACILITY		90601	7797	98398	6916	4	175070	170	34
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		642889	1662989	2305878	30957	16	859433	54064	37
37.01	CAREW MEDICAL PARK SURG		94447	92313	186760	1822	2	34483	220	37.01
38	RECOVERY ROOM		108067	64828	172895	7612	6	128650	146	38
39	DELIVERY ROOM & LABOR ROOM		100870	72632	173502	10519	3	176396	494	39
40	ANESTHESIOLOGY		2641	242624	245265				603	40
41	RADIOLOGY-DIAGNOSTIC		234470	2319068	2553538	16527	11	424412	7035	41
41.01	RADIOLOGY - WABASH									41.01
41.02	RADIOLOGY - MANCHESTER									41.02
41.03	RADIOLOGY - EAST STATE									41.03
41.04	RADIOLOGY - JEFFERSON									41.04
41.05	RADIOLOGY - NHMP		23753	1228	24981	640	1	15915	13	41.05
41.06	RADIOLOGY - CMP		42735	53236	95971	1525	2	33157	36	41.06
41.07	RADIOLOGY - WP		21296	2033	23329	649	1	18568	8	41.07
41.08	RADIOLOGY - PULM CLINIC		22477	2501	24978	407	1	6631	9	41.08
41.09	RADIOLOGY - WHITLEY POOL									41.09
42	RADIOLOGY-THERAPEUTIC		190051	1208767	1398818	10146	4	155175	171	42
43	RADIOISOTOPE		30264	158556	188820	1355	1	30505	1422	43
44	LABORATORY		214985	584031	799016	40521	10	1074292	13135	44
44.01	ANATOMICAL PATHOLOGY		40342	13109	53451	1797	1	38462	879	44.01
46	WHOLE BLOOD & PACKED RED BLOOD					320				46
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
49	RESPIRATORY THERAPY		52206	168434	220640	14844	5	344834	1131	49

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	COMMUN-CATIONS 6.01	DATA PROCESSING 6.02	MATERIALS MGMT 6.03	
49.01	WOUND CARE		1843	1032	2875	894		1326	17	49.01
49.02	DIALYSIS		10899	4178	15077	202		6631	20	49.02
49.03	ENDOSCOPY		35275	106477	141752	2820	1	46420	250	49.03
50	PHYSICAL THERAPY		87306	11564	98870	8012	2	165786	112	50
50.01	TRANSITIONAL THERAPY		14769		14769		1	22547		50.01
50.02	PV REHAB OUTREACH									50.02
51	OCCUPATIONAL THERAPY		29929	11937	41866	5010	1	110082	46	51
52	SPEECH PATHOLOGY		22908	3406	26314	2043	1	39789	38	52
52.01	NEURO REHAB			2396	2396	2219	1	39789	26	52.01
53	ELECTROCARDIOLOGY		14306	83639	97945	1417		34483	37	53
54	ELECTROENCEPHALOGRAPHY		20961	23197	44158	632		13263	25	54
54.01	NUTRITION SUPPORT		1979	216	2195	1394		27852	124	54.01
54.02	MRI		31756	427389	459145	2845	2	87535	121	54.02
54.03	CARDIAC CATH LAB		339385	676328	1015713	5334	11	71619	114	54.03
54.04	CARDIAC REHAB SERVICES		37318	15246	52564	415	1	10610	24	54.04
55	MEDICAL SUPPLIES CHARGED TO PAT									55
55.01	COST OF SOLUTIONS									55.01
56	DRUGS CHARGED TO PATIENTS									56
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC		12615	1380	13995		1		35	60
60.01	ANTICOAG CLINIC		16812	4397	21209	1928	1	21221	261	60.01
61	EMERGENCY		291160	122807	413967	20503	13	591524	993	61
61.01	PARTIAL HOSPITALIZATION		7819		7819	261	1	7958		61.01
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES		16445	21381	37826	5209	1	90187	888	65
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			39853	39853	21817	4		1593	71
	SPECIAL PURPOSE COST CENTERS									
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02
85.03	ISLET CELL ACQUISITION									85.03
93	HOSPICE					7101				93
95	SUBTOTALS		8539123	25684321	34223444	642931	354	12784072	158807	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN		19604	3107	22711	411	1	21221	1011	96
100	NON ALLOWABLE									100
100.01	TELEVISION		3511	22031	25542	103		3979	5	100.01
100.02	PHYSICIAN PRACTICES									100.02
100.03	OP CLINIC		19939	37418	57357	3737	1	66314	26	100.03
100.04	PHYS. ANSWERING SERVICE									100.04
100.05	EDUCARE CTR		120594	32	120626	3172		137934	29	100.05
100.06	STUCKY RESEARCH CTR		35139	1892	37031	1988		27852	37	100.06
100.07	CORPORATE HEALTH SVC						2			100.07
100.08	FOUNDATION					50				100.08
100.09	LV HEALTH PLAN									100.09
100.10	PV RESPIRATORY OUTREACH									100.10
100.11	OUTREACH TRANSCRIPTION									100.11
100.12	GUEST SERVICES						1			100.12
100.13	HUNTINGTON ARC									100.13
100.14	SENIOR HEALTH SERVICES		12296	1012	13308	182		2653	18	100.14
100.15	SCHOOL NURSE/COMMUNITY OUTREACH		2936	209	3145	5485		173743	24	100.15
100.16	FITNESS					534				100.16
100.17	NONALLOWABLE ADVERTISING									100.17
100.18	BREAST DIAGNOSTIC CTR		34740		34740	12			1	100.18
100.19	REGIONAL PAIN CLINIC									100.19
100.20	START-UP COSTS NORTH									100.20
100.21	RONALD MCDONALD FAMILY ROOM		23570	4723	28293	17			3	100.21
100.22	EBT		8322	200578	208900	174		3979	5	100.22
100.23	MEDICAL OFFICE BUILDINGS		57991	24019	82010	1775	2	33157	97	100.23
100.24	START-UP COSTS ORTHO			13676	13676					100.24
100.25	PREMIER SURGERY CENTER									100.25
100.26	ISH					2				100.26
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL		8877765	25993018	34870783	660573	361	13254904	160063	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	PATIENT SERVICES	PATIENT ACCOUNTING	OTHER A&G	CAREW MED PARK ADMIN	OPERATION OF PLANT	FACILITY ENGINEERIN	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	
		6.04	6.05	6.07	6.08	8	8.01	9	10	
	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	DATA PROCESSIN									6.02
6.03	MATERIALS MANAGEMENT									6.03
6.04	PATIENT SERVICES	80942								6.04
6.05	PATIENT ACCOUNTING		29880							6.05
6.06	AMBULATORY SVCS ADMIN									6.06
6.07	OTHER A&G			2153695						6.07
6.08	CAREW MEDICAL PARK ADMIN			2739	34255					6.08
6.09	CRITICAL CARE ADMIN									6.09
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT			35386		1295117				8
8.01	FACILITY ENGINEERING			40880		29114	786216			8.01
9	LAUNDRY & LINEN SERVICE			9949		3359	1964	60616		9
10	HOUSEKEEPING			34853		20172	11796		718015	10
11	DIETARY			19496		54695	31985		24341	11
11.01	KITCHEN-NO CONNECT W/CAFE			10035						11.01
11.02	CAFETERIA									11.02
11.03	PREADMITS AND ER									11.03
12	CAFETERIA									12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION			20123		274	160		144	14
15	CENTRAL SERVICES & SUPPLY			13460		30448	17806	1685	4595	15
16	PHARMACY			56409		16290	9526		4308	16
16.01	OUTPATIENT PHARMACY			23260		1489	871		144	16.01
16.02	IV SOLUTIONS			19956		670	392		862	16.02
16.03	MED SURG SUPPLY			336843						16.03
17	MEDICAL RECORDS & LIBRARY			20072		23197	13565		5816	17
18	SOCIAL SERVICE			12542		2044	1195		718	18
18.01	REHAB ADMIN			2364		493	289		144	18.01
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES A			12122						22
23	I&R SERVICES-OTHER PRGM COSTS A									23
24	PARAMED ED PRGM-(SPECIFY)			256						24
24.01	PARAMED ED RADIOLOGY			819						24.01
24.02	PARAMED ED PHARMACY			796						24.02
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	12292	3241	280058		318334	186159	20145	298909	25
26	INTENSIVE CARE UNIT	3233	782	62795		37850	22134	2594	27644	26
26.01	PEDIATRIC ICU	270	65	7926		6470	3783	242	2728	26.01
26.02	NEONATAL ICU	1090	264	20954		22045	12892	291	13068	26.02
27	CORONARY CARE UNIT	2554	618	47463		27868	16297	2449	26351	27
31	SUBPROVIDER I	827	200	16883		36646	21430	1218	26136	31
31.01	SUBPROVIDER II	2106	510	51055		52516	30710	1552	7324	31.01
33	NURSERY	592	143	14879		13716	8021	1618		33
34	SKILLED NURSING FACILITY	485	117	17556		19323	11300	1394	22761	34
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	7759	2705	121411		127801	74736	8050	48394	37
37.01	CAREW MEDICAL PARK SURG	35	134	5863	7863		11779	291		37.01
38	RECOVERY ROOM	984	474	26226		23048	13478	776	16658	38
39	DELIVERY ROOM & LABOR ROOM	975	263	27024		21513	12580	1018	12709	39
40	ANESTHESIOLOGY	413	171	3333		563	329		359	40
41	RADIOLOGY-DIAGNOSTIC	5906	3220	69745		50006	29243	3031	15940	41
41.01	RADIOLOGY - WABASH									41.01
41.02	RADIOLOGY - MANCHESTER									41.02
41.03	RADIOLOGY - EAST STATE									41.03
41.04	RADIOLOGY - JEFFERSON									41.04
41.05	RADIOLOGY - NHMP		14	1725			2962			41.05
41.06	RADIOLOGY - CMP	5	176	4996	8396		5330	285		41.06
41.07	RADIOLOGY - WP		16	1870			2656			41.07
41.08	RADIOLOGY - PULM CLINIC		3	1245	2515	4794	2803			41.08
41.09	RADIOLOGY - WHITLEY POOL									41.09
42	RADIOLOGY-THERAPEUTIC	124	1083	42897		40532	23703	442	25561	42
43	RADIOISOTOPE	128	92	5000		6454	3774	376	4595	43
44	LABORATORY	4883	1731	65804	6026	17941	23225	42	5744	44
44.01	ANATOMICAL PATHOLOGY	261	144	7016		6041	5031		2154	44.01
46	WHOLE BLOOD & PACKED RED BLOOD	276	77	16097						46
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
49	RESPIRATORY THERAPY	2428	769	40724		10554	6172	327	4739	49

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	PATIENT SERVICES	PATIENT ACCOUNTING	OTHER A&G	CAREW MED PARK ADMIN	OPERATION OF PLANT	FACILITY ENGINEERIN	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	
		6.04	6.05	6.07	6.08	8	8.01	9	10	
49.01	WOUND CARE	247	70	2776		393	230	42	215	49.01
49.02	DIALYSIS	221	56	6929		2324	1359	358	862	49.02
49.03	ENDOSCOPY	432	314	9724		7523	4399	873	2800	49.03
50	PHYSICAL THERAPY	618	204	19757		18620	10889	467	4883	50
50.01	TRANSITIONAL THERAPY		6	577		3150	1842		1508	50.01
50.02	PV REHAB OUTREACH									50.02
51	OCCUPATIONAL THERAPY	507	129	12175		6383	3733		1364	51
52	SPEECH PATHOLOGY	222	63	5088		4886	2857		1292	52
52.01	NEURO REHAB		56	5788						52.01
53	ELECTROCARDIOLOGY	298	156	4489		3051	1784	79	1221	53
54	ELECTROENCEPHALOGRAPHY	91	31	1885		4470	2614		1436	54
54.01	NUTRITION SUPPORT	15	4	3393		422	247		144	54.01
54.02	MRI	444	312	11993		6773	3961	73	1292	54.02
54.03	CARDIAC CATH LAB	2515	1154	29433		72381	42327	218	29223	54.03
54.04	CARDIAC REHAB SERVICES	2	19	1382		7959	4654	127	3231	54.04
55	MEDICAL SUPPLIES CHARGED TO PAT	13150	4458	11617						55
55.01	COST OF SOLUTIONS	3569	1029	2949						55.01
56	DRUGS CHARGED TO PATIENTS	9224	2884	116965						56
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	12	16	2379		2690	1573		1005	60
60.01	ANTICOAG CLINIC	2	51	5965	9455		2097		1436	60.01
61	EMERGENCY	1741	1570	63945		62096	36313	10371	29295	61
61.01	PARTIAL HOSPITALIZATION		14	726		1668	975			61.01
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES	6	272	34891		3507	2051		646	65
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			58765						71
	SPECIAL PURPOSE COST CENTERS									
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02
85.03	ISLET CELL ACQUISITION									85.03
93	HOSPICE			22640						93
95	SUBTOTALS	80942	29880	2069136	34255	1234556	743981	60434	684699	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN			3499		4181	2445		1292	96
100	NON ALLOWABLE									100
100.01	TELEVISION			649		749	438			100.01
100.02	PHYSICIAN PRACTICES			3635						100.02
100.03	OP CLINIC			8904			2487			100.03
100.04	PHYS. ANSWERING SERVICE									100.04
100.05	EDUCARE CTR			10036		25719	15040		18956	100.05
100.06	STUCKY RESEARCH CTR			5843		7494	4382		1149	100.06
100.07	CORPORATE HEALTH SVC			24						100.07
100.08	FOUNDATION			101						100.08
100.09	LV HEALTH PLAN									100.09
100.10	PV RESPIRATORY OUTREACH									100.10
100.11	OUTREACH TRANSCRIPTION									100.11
100.12	GUEST SERVICES			12					3231	100.12
100.13	HUNTINGTON ARC									100.13
100.14	SENIOR HEALTH SERVICES			652		2622	1533		215	100.14
100.15	SCHOOL NURSE/COMMUNITY OUTREACH			13473		626	366		72	100.15
100.16	FITNESS			1411						100.16
100.17	NONALLOWABLE ADVERTISING									100.17
100.18	BREAST DIAGNOSTIC CTR			267			4333			100.18
100.19	REGIONAL PAIN CLINIC									100.19
100.20	START-UP COSTS NORTH									100.20
100.21	RONALD MCDONALD FAMILY ROOM			275		5027	2940	182	7683	100.21
100.22	EBT			3205		1775	1038		718	100.22
100.23	MEDICAL OFFICE BUILDINGS			5691		12368	7233			100.23
100.24	START-UP COSTS ORTHO			78						100.24
100.25	PREMIER SURGERY CENTER			26801						100.25
100.26	ISH			3						100.26
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	80942	29880	2153695	34255	1295117	786216	60616	718015	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	DIETARY	KITCHEN-NO CONNECT W/CAFE	CAFETERIA	PREADMITS AND ER	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11	11.01	11.02	11.03	12	14	15	16	
	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	DATA PROCESSIN									6.02
6.03	MATERIALS MANAGEMENT									6.03
6.04	PATIENT SERVICES									6.04
6.05	PATIENT ACCOUNTING									6.05
6.06	AMBULATORY SVCS ADMIN									6.06
6.07	OTHER A&G									6.07
6.08	CAREW MEDICAL PARK ADMIN									6.08
6.09	CRITICAL CARE ADMIN									6.09
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT									8
8.01	FACILITY ENGINEERING									8.01
9	LAUNDRY & LINEN SERVICE									9
10	HOUSEKEEPING									10
11	DIETARY	992069								11
11.01	KITCHEN-NO CONNECT W/CAFE		15441							11.01
11.02	CAFETERIA	236831		236831						11.02
11.03	PREADMITS AND ER	27803	158	18681	46642					11.03
12	CAFETERIA			218150		218150				12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION					3111	187361			14
15	CENTRAL SERVICES & SUPPLY					3590		521457		15
16	PHARMACY					9334		156	1514636	16
16.01	OUTPATIENT PHARMACY					598			242283	16.01
16.02	IV SOLUTIONS					1316	2839	10273	32	16.02
16.03	MED SURG SUPPLY							382803		16.03
17	MEDICAL RECORDS & LIBRARY									17
18	SOCIAL SERVICE					3351				18
18.01	REHAB ADMIN					479				18.01
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES A									22
23	I&R SERVICES-OTHER PRGM COSTS A									23
24	PARAMED ED PRGM-(SPECIFY)									24
24.01	PARAMED ED RADIOLOGY									24.01
24.02	PARAMED ED PHARMACY									24.02
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	477738	10037		46642	62464	73808	35459	1714	25
26	INTENSIVE CARE UNIT	18573	390			11847	23743	10325	44	26
26.01	PEDIATRIC ICU	2881	61			1316	3097	730	6	26.01
26.02	NEONATAL ICU					3351	7226	2503	85	26.02
27	CORONARY CARE UNIT	25723	540			2154	20904	8187	80	27
31	SUBPROVIDER I	33177	697			3351		1043	11	31
31.01	SUBPROVIDER II	115387	2424			11488		939	6	31.01
33	NURSERY					3590	7742	209	307	33
34	SKILLED NURSING FACILITY	53956	1134			4547		2034	25	34
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM					19386		28837	532	37
37.01	CAREW MEDICAL PARK SURG								151	37.01
38	RECOVERY ROOM					3351		3702	33	38
39	DELIVERY ROOM & LABOR ROOM					4547	9807	5162	52	39
40	ANESTHESIOLOGY							3754		40
41	RADIOLOGY-DIAGNOSTIC					8736		2868	25	41
41.01	RADIOLOGY - WABASH									41.01
41.02	RADIOLOGY - MANCHESTER									41.02
41.03	RADIOLOGY - EAST STATE									41.03
41.04	RADIOLOGY - JEFFERSON									41.04
41.05	RADIOLOGY - NHMP									41.05
41.06	RADIOLOGY - CMP							261	37	41.06
41.07	RADIOLOGY - WP									41.07
41.08	RADIOLOGY - PULM CLINIC						516		16	41.08
41.09	RADIOLOGY - WHITLEY POOL									41.09
42	RADIOLOGY-THERAPEUTIC						8774	417	106	42
43	RADIOISOTOPE					598		261	299	43
44	LABORATORY					11129		104	41	44
44.01	ANATOMICAL PATHOLOGY					957		313	2	44.01
46	WHOLE BLOOD & PACKED RED BLOOD									46
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
49	RESPIRATORY THERAPY					7898		521	130	49

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	DIETARY	KITCHEN-NO CONNECT W/CAFE	CAFETERIA	PREADMITS AND ER	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11	11.01	11.02	11.03	12	14	15	16	
49.01	WOUND CARE						774	209	112	49.01
49.02	DIALYSIS					239	258	365		49.02
49.03	ENDOSCOPY					1197		2712	15	49.03
50	PHYSICAL THERAPY					3949		104	48	50
50.01	TRANSITIONAL THERAPY					598				50.01
50.02	PV REHAB OUTREACH									50.02
51	OCCUPATIONAL THERAPY					2633				51
52	SPEECH PATHOLOGY					1077				52
52.01	NEURO REHAB								114	52.01
53	ELECTROCARDIOLOGY					957		104	50	53
54	ELECTROENCEPHALOGRAPHY					359			62	54
54.01	NUTRITION SUPPORT					718				54.01
54.02	MRI					1316		417	1	54.02
54.03	CARDIAC CATH LAB					1915		1251	11	54.03
54.04	CARDIAC REHAB SERVICES					359		104	1	54.04
55	MEDICAL SUPPLIES CHARGED TO PAT									55
55.01	COST OF SOLUTIONS									55.01
56	DRUGS CHARGED TO PATIENTS								1197814	56
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC								10	60
60.01	ANTICOAG CLINIC									60.01
61	EMERGENCY					11967	23743	15070	2414	61
61.01	PARTIAL HOSPITALIZATION					120				61.01
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES					2393		104	264	65
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							156	64287	71
	SPECIAL PURPOSE COST CENTERS									
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02
85.03	ISLET CELL ACQUISITION									85.03
93	HOSPICE									93
95	SUBTOTALS	992069	15441	236831	46642	212286	183231	521457	1511220	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN					359				96
100	NON ALLOWABLE									100
100.01	TELEVISION					120				100.01
100.02	PHYSICIAN PRACTICES									100.02
100.03	OP CLINIC								3359	100.03
100.04	PHYS. ANSWERING SERVICE									100.04
100.05	EDUCARE CTR									100.05
100.06	STUCKY RESEARCH CTR									100.06
100.07	CORPORATE HEALTH SVC									100.07
100.08	FOUNDATION									100.08
100.09	LV HEALTH PLAN									100.09
100.10	PV RESPIRATORY OUTREACH									100.10
100.11	OUTREACH TRANSCRIPTION									100.11
100.12	GUEST SERVICES									100.12
100.13	HUNTINGTON ARC									100.13
100.14	SENIOR HEALTH SERVICES									100.14
100.15	SCHOOL NURSE/COMMUNITY OUTREACH					4547	2323		32	100.15
100.16	FITNESS									100.16
100.17	NONALLOWABLE ADVERTISING									100.17
100.18	BREAST DIAGNOSTIC CTR								25	100.18
100.19	REGIONAL PAIN CLINIC									100.19
100.20	START-UP COSTS NORTH									100.20
100.21	RONALD MCDONALD FAMILY ROOM									100.21
100.22	EBT									100.22
100.23	MEDICAL OFFICE BUILDINGS					838	1807			100.23
100.24	START-UP COSTS ORTHO									100.24
100.25	PREMIER SURGERY CENTER									100.25
100.26	ISH									100.26
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	992069	15441	236831	46642	218150	187361	521457	1514636	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	OUTPATIENT PHARMACY	IV SOLUTIONS	MED SURG SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	I&R SALARY & FRINGES	PARAMED EDUCATION	
		16.01	16.02	16.03	17	18	18.01	22	24	
	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	DATA PROCESSIN									6.02
6.03	MATERIALS MANAGEMENT									6.03
6.04	PATIENT SERVICES									6.04
6.05	PATIENT ACCOUNTING									6.05
6.06	AMBULATORY SVCS ADMIN									6.06
6.07	OTHER A&G									6.07
6.08	CAREW MEDICAL PARK ADMIN									6.08
6.09	CRITICAL CARE ADMIN									6.09
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT									8
8.01	FACILITY ENGINEERING									8.01
9	LAUNDRY & LINEN SERVICE									9
10	HOUSEKEEPING									10
11	DIETARY									11
11.01	KITCHEN-NO CONNECT W/CAFE									11.01
11.02	CAFETERIA									11.02
11.03	PREADMITS AND ER									11.03
12	CAFETERIA									12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION									14
15	CENTRAL SERVICES & SUPPLY									15
16	PHARMACY									16
16.01	OUTPATIENT PHARMACY	357315								16.01
16.02	IV SOLUTIONS		104418							16.02
16.03	MED SURG SUPPLY			977734						16.03
17	MEDICAL RECORDS & LIBRARY				223679					17
18	SOCIAL SERVICE					36895				18
18.01	REHAB ADMIN						7988			18.01
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES A							12122		22
23	I&R SERVICES-OTHER PRGM COSTS A									23
24	PARAMED ED PRGM-(SPECIFY)								387	24
24.01	PARAMED ED RADIOLOGY									24.01
24.02	PARAMED ED PHARMACY									24.02
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS				50484	25299	511			25
26	INTENSIVE CARE UNIT				2505	1955				26
26.01	PEDIATRIC ICU				403	277				26.01
26.02	NEONATAL ICU				1118	1288				26.02
27	CORONARY CARE UNIT				2595	2018				27
31	SUBPROVIDER I				1834		1172			31
31.01	SUBPROVIDER II				4049					31.01
33	NURSERY				2326					33
34	SKILLED NURSING FACILITY				2908					34
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM				6621					37
37.01	CAREW MEDICAL PARK SURG				716					37.01
38	RECOVERY ROOM				3579					38
39	DELIVERY ROOM & LABOR ROOM				693					39
40	ANESTHESIOLOGY				1745					40
41	RADIOLOGY-DIAGNOSTIC				37712					41
41.01	RADIOLOGY - WABASH									41.01
41.02	RADIOLOGY - MANCHESTER									41.02
41.03	RADIOLOGY - EAST STATE									41.03
41.04	RADIOLOGY - JEFFERSON									41.04
41.05	RADIOLOGY - NHMP				313					41.05
41.06	RADIOLOGY - CMP				3780					41.06
41.07	RADIOLOGY - WP				336					41.07
41.08	RADIOLOGY - PULM CLINIC				45					41.08
41.09	RADIOLOGY - WHITLEY POOL									41.09
42	RADIOLOGY-THERAPEUTIC									42
43	RADIOISOTOPE				1700					43
44	LABORATORY				12414					44
44.01	ANATOMICAL PATHOLOGY				1655					44.01
46	WHOLE BLOOD & PACKED RED BLOOD				403					46
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
49	RESPIRATORY THERAPY				4071					49

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	OUTPATIENT PHARMACY	IV SOLUTIONS	MED SURG SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	I&R SALARY & FRINGES	PARAMED EDUCATION	
		16.01	16.02	16.03	17	18	18.01	22	24	
49.01	WOUND CARE				45					49.01
49.02	DIALYSIS				45					49.02
49.03	ENDOSCOPY				5234					49.03
50	PHYSICAL THERAPY				693		1692			50
50.01	TRANSITIONAL THERAPY				112		1324			50.01
50.02	PV REHAB OUTREACH									50.02
51	OCCUPATIONAL THERAPY				22		1580			51
52	SPEECH PATHOLOGY				67		1580			52
52.01	NEURO REHAB				1118		129			52.01
53	ELECTROCARDIOLOGY				1476					53
54	ELECTROENCEPHALOGRAPHY				179					54
54.01	NUTRITION SUPPORT				22					54.01
54.02	MRI				4966					54.02
54.03	CARDIAC CATH LAB				23240					54.03
54.04	CARDIAC REHAB SERVICES				403					54.04
55	MEDICAL SUPPLIES CHARGED TO PAT			977734						55
55.01	COST OF SOLUTIONS		104418							55.01
56	DRUGS CHARGED TO PATIENTS	357315								56
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC				291					60
60.01	ANTICOAG CLINIC				1096					60.01
61	EMERGENCY				34782	6058				61
61.01	PARTIAL HOSPITALIZATION				336					61.01
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES				5413					65
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									71
	SPECIAL PURPOSE COST CENTERS									
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02
85.03	ISLET CELL ACQUISITION									85.03
93	HOSPICE									93
95	SUBTOTALS	357315	104418	977734	223545	36895	7988			95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN									96
100	NON ALLOWABLE									100
100.01	TELEVISION									100.01
100.02	PHYSICIAN PRACTICES									100.02
100.03	OP CLINIC									100.03
100.04	PHYS. ANSWERING SERVICE									100.04
100.05	EDUCARE CTR									100.05
100.06	STUCKY RESEARCH CTR									100.06
100.07	CORPORATE HEALTH SVC									100.07
100.08	FOUNDATION									100.08
100.09	LV HEALTH PLAN									100.09
100.10	PV RESPIRATORY OUTREACH									100.10
100.11	OUTREACH TRANSCRIPTION									100.11
100.12	GUEST SERVICES									100.12
100.13	HUNTINGTON ARC									100.13
100.14	SENIOR HEALTH SERVICES									100.14
100.15	SCHOOL NURSE/COMMUNITY OUTREACH									100.15
100.16	FITNESS									100.16
100.17	NONALLOWABLE ADVERTISING									100.17
100.18	BREAST DIAGNOSTIC CTR									100.18
100.19	REGIONAL PAIN CLINIC									100.19
100.20	START-UP COSTS NORTH									100.20
100.21	RONALD MCDONALD FAMILY ROOM									100.21
100.22	EBT				134					100.22
100.23	MEDICAL OFFICE BUILDINGS									100.23
100.24	START-UP COSTS ORTHO									100.24
100.25	PREMIER SURGERY CENTER									100.25
100.26	ISH									100.26
101	CROSS FOOT ADJUSTMENTS							12122	387	101
102	NEGATIVE COST CENTER									102
103	TOTAL	357315	104418	977734	223679	36895	7988	12122	387	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	PARAMED ED RADIOLOGY	PARAMED ED PHARMACY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		24.01	24.02	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	DATA PROCESSIN						6.02
6.03	MATERIALS MANAGEMENT						6.03
6.04	PATIENT SERVICES						6.04
6.05	PATIENT ACCOUNTING						6.05
6.06	AMBULATORY SVCS ADMIN						6.06
6.07	OTHER A&G						6.07
6.08	CAREW MEDICAL PARK ADMIN						6.08
6.09	CRITICAL CARE ADMIN						6.09
7	MAINTENANCE & REPAIRS						7
8	OPERATION OF PLANT						8
8.01	FACILITY ENGINEERING						8.01
9	LAUNDRY & LINEN SERVICE						9
10	HOUSEKEEPING						10
11	DIETARY						11
11.01	KITCHEN-NO CONNECT W/CAFE						11.01
11.02	CAFETERIA						11.02
11.03	PREADMITS AND ER						11.03
12	CAFETERIA						12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION						14
15	CENTRAL SERVICES & SUPPLY						15
16	PHARMACY						16
16.01	OUTPATIENT PHARMACY						16.01
16.02	IV SOLUTIONS						16.02
16.03	MED SURG SUPPLY						16.03
17	MEDICAL RECORDS & LIBRARY						17
18	SOCIAL SERVICE						18
18.01	REHAB ADMIN						18.01
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A						22
23	I&R SERVICES-OTHER PRGM COSTS A						23
24	PARAMED ED PRGM-(SPECIFY)						24
24.01	PARAMED ED RADIOLOGY	1167					24.01
24.02	PARAMED ED PHARMACY		1225				24.02
	INPATIENT ROUTINE SERV COST CENTERS						
25	ADULTS & PEDIATRICS			7037884		7037884	25
26	INTENSIVE CARE UNIT			1373665		1373665	26
26.01	PEDIATRIC ICU			138479		138479	26.01
26.02	NEONATAL ICU			404089		404089	26.02
27	CORONARY CARE UNIT			876742		876742	27
31	SUBPROVIDER I			490338		490338	31
31.01	SUBPROVIDER II			1261032		1261032	31.01
33	NURSERY			253561		253561	33
34	SKILLED NURSING FACILITY			418098		418098	34
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM			3696580		3696580	37
37.01	CAREW MEDICAL PARK SURG			250119		250119	37.01
38	RECOVERY ROOM			401618		401618	38
39	DELIVERY ROOM & LABOR ROOM			457257		457257	39
40	ANESTHESIOLOGY			256535		256535	40
41	RADIOLOGY-DIAGNOSTIC			3227955		3227955	41
41.01	RADIOLOGY - WABASH						41.01
41.02	RADIOLOGY - MANCHESTER						41.02
41.03	RADIOLOGY - EAST STATE						41.03
41.04	RADIOLOGY - JEFFERSON						41.04
41.05	RADIOLOGY - NHMP			46564		46564	41.05
41.06	RADIOLOGY - CMP			153957		153957	41.06
41.07	RADIOLOGY - WP			47433		47433	41.07
41.08	RADIOLOGY - PULM CLINIC			43963		43963	41.08
41.09	RADIOLOGY - WHITLEY POOL						41.09
42	RADIOLOGY-THERAPEUTIC			1707953		1707953	42
43	RADIOISOTOPE			245380		245380	43
44	LABORATORY			2076058		2076058	44
44.01	ANATOMICAL PATHOLOGY			118164		118164	44.01
46	WHOLE BLOOD & PACKED RED BLOOD			17173		17173	46
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
49	RESPIRATORY THERAPY			659787		659787	49

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	PARAMED ED RADIOLOGY	PARAMED ED PHARMACY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		24.01	24.02	25	26	27	
49.01	WOUND CARE			10225		10225	49.01
49.02	DIALYSIS			34946		34946	49.02
49.03	ENDOSCOPY			226466		226466	49.03
50	PHYSICAL THERAPY			334706		334706	50
50.01	TRANSITIONAL THERAPY			46434		46434	50.01
50.02	PV REHAB OUTREACH						50.02
51	OCCUPATIONAL THERAPY			185531		185531	51
52	SPEECH PATHOLOGY			85317		85317	52
52.01	NEURO REHAB			51636		51636	52.01
53	ELECTROCARDIOLOGY			147547		147547	53
54	ELECTROENCEPHALOGRAPHY			69205		69205	54
54.01	NUTRITION SUPPORT			36530		36530	54.01
54.02	MRI			581196		581196	54.02
54.03	CARDIAC CATH LAB			1296459		1296459	54.03
54.04	CARDIAC REHAB SERVICES			81855		81855	54.04
55	MEDICAL SUPPLIES CHARGED TO PAT			1006959		1006959	55
55.01	COST OF SOLUTIONS			111965		111965	55.01
56	DRUGS CHARGED TO PATIENTS			1684202		1684202	56
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC			22007		22007	60
60.01	ANTICOAG CLINIC			64722		64722	60.01
61	EMERGENCY			1326365		1326365	61
61.01	PARTIAL HOSPITALIZATION			19878		19878	61.01
62	OBSERVATION BEDS (NON-DISTINCT						62
63.50	RHC						63.50
63.60	FQHC						63.60
	OTHER REIMBURSABLE COST CENTERS						
65	AMBULANCE SERVICES			183658		183658	65
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			186475		186475	71
	SPECIAL PURPOSE COST CENTERS						
85.01	PANCREAS ACQUISITION						85.01
85.02	INTESTINAL ACQUISITION						85.02
85.03	ISLET CELL ACQUISITION						85.03
93	HOSPICE			29741		29741	93
95	SUBTOTALS			33484409		33484409	95
	NONREIMBURSABLE COST CENTERS						
96	GIFT, FLOWER, COFFEE SHOP & CAN			57131		57131	96
100	NON ALLOWABLE						100
100.01	TELEVISION			31585		31585	100.01
100.02	PHYSICIAN PRACTICES			3635		3635	100.02
100.03	OP CLINIC			142185		142185	100.03
100.04	PHYS. ANSWERING SERVICE						100.04
100.05	EDUCARE CTR			331512		331512	100.05
100.06	STUCKY RESEARCH CTR			85776		85776	100.06
100.07	CORPORATE HEALTH SVC			26		26	100.07
100.08	FOUNDATION			151		151	100.08
100.09	LV HEALTH PLAN						100.09
100.10	PV RESPIRATORY OUTREACH						100.10
100.11	OUTREACH TRANSCRIPTION						100.11
100.12	GUEST SERVICES			3244		3244	100.12
100.13	HUNTINGTON ARC						100.13
100.14	SENIOR HEALTH SERVICES			21183		21183	100.14
100.15	SCHOOL NURSE/COMMUNITY OUTREACH			203836		203836	100.15
100.16	FITNESS			1945		1945	100.16
100.17	NONALLOWABLE ADVERTISING						100.17
100.18	BREAST DIAGNOSTIC CTR			39378		39378	100.18
100.19	REGIONAL PAIN CLINIC						100.19
100.20	START-UP COSTS NORTH						100.20
100.21	RONALD MCDONALD FAMILY ROOM			44420		44420	100.21
100.22	EBT			219928		219928	100.22
100.23	MEDICAL OFFICE BUILDINGS			144978		144978	100.23
100.24	START-UP COSTS ORTHO			13754		13754	100.24
100.25	PREMIER SURGERY CENTER			26801		26801	100.25
100.26	ISH			5		5	100.26
101	CROSS FOOT ADJUSTMENTS	1167	1225	14901		14901	101
102	NEGATIVE COST CENTER						102
103	TOTAL	1167	1225	34870783		34870783	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	COMMUN-CATIONS NUMBER OF PHONES	DATA PROCESSING TIME SPENT	MATERIALS MGMT COSTED REQUISTION	PATIENT SERVICES INPATIENT REVENUE	
		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	1112646							3
4	NEW CAP REL COSTS-MVBLE EQUIP		30446194						4
5	EMPLOYEE BENEFITS	32337	471524	176974569					5
6.01	COMMUNICATIONS		423		5647				6.01
6.02	DATA PROCESSIN	38212	15142701	5915177	849	9994			6.02
6.03	MATERIALS MANAGEMENT	10218	14785	957349	40	47	57586076		6.03
6.04	PATIENT SERVICES	6447	11079	5358736	132		11193	653370382	6.04
6.05	PATIENT ACCOUNTING	2202	14412		99				6.05
6.06	AMBULATORY SVCS ADMIN								6.06
6.07	OTHER A&G	51005	1520729	22176228	467	275	317897		6.07
6.08	CAREW MEDICAL PARK ADMIN	3787	1523		2		14		6.08
6.09	CRITICAL CARE ADMIN								6.09
7	MAINTENANCE & REPAIRS								7
8	OPERATION OF PLANT	149930	50106	109767	62	15	129387		8
8.01	FACILITY ENGINEERING	17109	144944	3987084	148	332	268172		8.01
9	LAUNDRY & LINEN SERVICE	1974		180549	85	21	382450		9
10	HOUSEKEEPING	11854	27065	2593172	51	394	455008		10
11	DIETARY	32142	39905	1676093	60	425	392287		11
11.01	KITCHEN-NO CONNECT W/CAFE			1448068					11.01
11.02	CAFETERIA								11.02
11.03	PREADMITS AND ER								11.03
12	CAFETERIA								12
13	MAINTENANCE OF PERSONNEL								13
14	NURSING ADMINISTRATION	161	10091	2426669	9	109	8723		14
15	CENTRAL SERVICES & SUPPLY	19802	147197	1050026	57	122	171259		15
16	PHARMACY	9573	1096950	5786086	100	289	295751		16
16.01	OUTPATIENT PHARMACY	875	58311	364142	8	23	14844		16.01
16.02	IV SOLUTIONS	394	8858	426561		39	1458729		16.02
16.03	MED SURG SUPPLY		76384			102	20727114		16.03
17	MEDICAL RECORDS & LIBRARY	13632	28409	2521231	352	14	1025		17
18	SOCIAL SERVICE	1201	869	1795715	25		5372		18
18.01	REHAB ADMIN	290	834	313748	19		7504		18.01
20	NONPHYSICIAN ANESTHETISTS								20
21	NURSING SCHOOL								21
22	I&R SERVICES-SALARY & FRINGES				1				22
23	I&R SERVICES-OTHER PRGM COSTS								23
24	PARAMED ED PRGM-(SPECIFY)			35134					24
24.01	PARAMED ED RADIOLOGY			93336					24.01
24.02	PARAMED ED PHARMACY			114806					24.02
	INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	187071	633417	27211405	806	2259	1273305	99132184	25
26	INTENSIVE CARE UNIT	22243	577448	5941411	92	342	364184	26073371	26
26.01	PEDIATRIC ICU	3802	25213	870843	12	40	21515	2178025	26.01
26.02	NEONATAL ICU	12955	90784	2199239	45	97	63607	8793514	26.02
27	CORONARY CARE UNIT	16377	138174	4941366	86	319	276672	20597014	27
31	SUBPROVIDER I	21535	43626	1754986	56	98	39538	6670957	31
31.01	SUBPROVIDER II	30861	66581	4922106	107	497	121864	16986401	31.01
33	NURSERY	8060	24579	1693356	5	82	17242	4777472	33
34	SKILLED NURSING FACILITY	11355	9133	1852598	60	132	60984	3913877	34
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	80573	1947896	8292864	258	648	19447526	62571185	37
37.01	CAREW MEDICAL PARK SURG	11837	108128	488210	26	26	79058	281095	37.01
38	RECOVERY ROOM	13544	75934	2039062	101	97	52627	7936497	38
39	DELIVERY ROOM & LABOR ROOM	12642	85076	2817898	49	133	177649	7858935	39
40	ANESTHESIOLOGY	331	284191				217062	3328062	40
41	RADIOLOGY-DIAGNOSTIC	29386	2716376	4427204	178	320	2530748	47627586	41
41.01	RADIOLOGY - WABASH								41.01
41.02	RADIOLOGY - MANCHESTER								41.02
41.03	RADIOLOGY - EAST STATE								41.03
41.04	RADIOLOGY - JEFFERSON								41.04
41.05	RADIOLOGY - NHMP	2977	1438	171485	16	12	4694	2809	41.05
41.06	RADIOLOGY - CMP	5356	62357	408464	26	25	12776	38122	41.06
41.07	RADIOLOGY - WP	2669	2381	173829	14	14	2713	1221	41.07
41.08	RADIOLOGY - PULM CLINIC	2817	2929	108900	19	5	3067	832	41.08
41.09	RADIOLOGY - WHITLEY POOL								41.09
42	RADIOLOGY-THERAPEUTIC	23819	1415856	2717926	69	117	61391	997683	42
43	RADIOISOTOPE	3793	185720	363070	11	23	511606	1028703	43
44	LABORATORY	26944	684088	10854795	155	810	4724920	39377466	44
44.01	ANATOMICAL PATHOLOGY	5056	15355	481436	22	29	316034	2108419	44.01
46	WHOLE BLOOD & PACKED RED BLOO			85695	3			2222742	46

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	COMMUN-CATIONS NUMBER OF PHONES	DATA PROCESSING TIME SPENT	MATERIALS MGMT COSTED REQUISTION	PATIENT SERVICES INPATIENT REVENUE	
		3	4	5	6.01	6.02	6.03	6.04	
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
49	RESPIRATORY THERAPY	6543	197291	3976416	79	260	406890	19580475	49
49.01	WOUND CARE	231	1209	239522	6	1	6015	1988605	49.01
49.02	DIALYSIS	1366	4894	54133	4	5	7368	1785734	49.02
49.03	ENDOSCOPY	4421	124719	755453	16	35	90049	3483172	49.03
50	PHYSICAL THERAPY	10942	13545	2146337	34	125	40114	4986168	50
50.01	TRANSITIONAL THERAPY	1851			9	17			50.01
50.02	PV REHAB OUTREACH								50.02
51	OCCUPATIONAL THERAPY	3751	13982	1341992	12	83	16669	4087366	51
52	SPEECH PATHOLOGY	2871	3990	547271	9	30	13609	1793779	52
52.01	NEURO REHAB		2806	594397	12	30	9492	725	52.01
53	ELECTROCARDIOLOGY	1793	97968	379691	1	26	13404	2406916	53
54	ELECTROENCEPHALOGRAPHY	2627	27171	169173	2	10	8980	733534	54
54.01	NUTRITION SUPPORT	248	253	373341		21	44745	118993	54.01
54.02	MRI	3980	500610	761989	38	66	43356	3577599	54.02
54.03	CARDIAC CATH LAB	42535	792198	1428912	172	54	40908	20284288	54.03
54.04	CARDIAC REHAB SERVICES	4677	17858	111094	9	8	8470	19385	54.04
55	MEDICAL SUPPLIES CHARGED TO P							106653836	55
55.01	COST OF SOLUTIONS							28784206	55.01
56	DRUGS CHARGED TO PATIENTS							74388594	56
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC	1581	1617		10		12464	93630	60
60.01	ANTICOAG CLINIC	2107	5150	516432	9	16	94013	13466	60.01
61	EMERGENCY	36491	143847	5492445	211	446	357299	14038538	61
61.01	PARTIAL HOSPITALIZATION	980		69793	13	6	175		61.01
62	OBSERVATION BEDS (NON-DISTINC								62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	AMBULANCE SERVICES	2061	25044	1395447	16	68	319290	47201	65
69.10	CMHC								69.10
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		46681	5844431	65		572895		71
	SPECIAL PURPOSE COST CENTERS								
85.01	PANCREAS ACQUISITION								85.01
85.02	INTESTINAL ACQUISITION								85.02
85.03	ISLET CELL ACQUISITION								85.03
93	HOSPICE			1902156					93
95	SUBTOTALS	1070204	30084612	172248250	5509	9639	57133716	653370382	95
	NONREIMBURSABLE COST CENTERS								
96	GIFT, FLOWER, COFFEE SHOP & C	2457	3639	110226	13	16	363720		96
100	NON ALLOWABLE								100
100.01	TELEVISION	440	25805	27682	3	3	1961		100.01
100.02	PHYSICIAN PRACTICES								100.02
100.03	OP CLINIC	2499	43828	1001160	15	50	9481		100.03
100.04	PHYS. ANSWERING SERVICE								100.04
100.05	EDUCARE CTR	15114	38	849798	6	104	10408		100.05
100.06	STUCKY RESEARCH CTR	4404	2216	532473	4	21	13303		100.06
100.07	CORPORATE HEALTH SVC				35				100.07
100.08	FOUNDATION			13343					100.08
100.09	LV HEALTH PLAN								100.09
100.10	PV RESPIRATORY OUTREACH								100.10
100.11	OUTREACH TRANSCRIPTION								100.11
100.12	GUEST SERVICES				18				100.12
100.13	HUNTINGTON ARC								100.13
100.14	SENIOR HEALTH SERVICES	1541	1185	48708	6	2	6491		100.14
100.15	SCHOOL NURSE/COMMUNITY OUTREA	368	245	1469270		131	8621		100.15
100.16	FITNESS			143169					100.16
100.17	NONALLOWABLE ADVERTISING								100.17
100.18	BREAST DIAGNOSTIC CTR	4354		3268	4		355		100.18
100.19	REGIONAL PAIN CLINIC								100.19
100.20	START-UP COSTS NORTH								100.20
100.21	RONALD MCDONALD FAMILY ROOM	2954	5532	4553	7		1001		100.21
100.22	EBT	1043	234941	46701		3	1949		100.22
100.23	MEDICAL OFFICE BUILDINGS	7268	28134	475478	27	25	35070		100.23
100.24	START-UP COSTS ORTHO		16019						100.24
100.25	PREMIER SURGERY CENTER								100.25
100.26	ISH			490					100.26

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	COMMUN-CATIONS NUMBER OF PHONES	DATA PROCESSING TIME SPENT	MATERIALS MGMT COSTED REQUISTION	PATIENT SERVICES INPATIENT REVENUE	
		3	4	5	6.01	6.02	6.03	6.04	
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	COST TO BE ALLOC PER B PT I	8877765	25993018	36868807	667646	42679586	1772602	8455090	103
104	UNIT COST MULT-WS B PT I		.853736		118.230211		.030782		104
104	UNIT COST MULT-WS B PT I	7.978966		.208328		4270.520913		.012941	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			660573	361	13254904	160063	80942	107
108	UNIT COST MULT-WS B PT III				.063928		.002780		108
108	UNIT COST MULT-WS B PT III			.003733		1326.286172		.000124	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	PATIENT ACCOUNTING	RECON-CILIATION	OTHER A&G	CAREW MED PARK ADMIN	OPERATION OF PLANT	FACILITY ENGINEERIN	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	
		GROSS REVENUE		ACCUM COST	DIRECT EXPENSES	SQUARE FEET	SQUARE FEET	POUNDS OF LAUNDRY	HOURS OF SERVICE	
		6.05	6A.07	6.07	6.08	8	8.01	9	10	
	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	DATA PROCESSIN									6.02
6.03	MATERIALS MANAGEMENT									6.03
6.04	PATIENT SERVICES									6.04
6.05	PATIENT ACCOUNTING	1003676789								6.05
6.06	AMBULATORY SVCS ADMIN									6.06
6.07	OTHER A&G		-25822537	375506689						6.07
6.08	CAREW MEDICAL PARK ADMIN			477654	2486523					6.08
6.09	CRITICAL CARE ADMIN									6.09
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT			6170213		761082				8
8.01	FACILITY ENGINEERING			7128086		17109	790074			8.01
9	LAUNDRY & LINEN SERVICE			1734815		1974	1974	10000		9
10	HOUSEKEEPING			6077207		11854	11854		10000	10
11	DIETARY			3399465		32142	32142		339	11
11.01	KITCHEN-NO CONNECT W/CAFE			1749741						11.01
11.02	CAFETERIA									11.02
11.03	PREADMITS AND ER									11.03
12	CAFETERIA									12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION			3508747		161	161		2	14
15	CENTRAL SERVICES & SUPPLY			2346948		17893	17893	278	64	15
16	PHARMACY			9835962		9573	9573		60	16
16.01	OUTPATIENT PHARMACY			4055876		875	875		2	16.01
16.02	IV SOLUTIONS			3479603		394	394		12	16.02
16.03	MED SURG SUPPLY			58706408						16.03
17	MEDICAL RECORDS & LIBRARY			3499912		13632	13632		81	17
18	SOCIAL SERVICE			2186899		1201	1201		10	18
18.01	REHAB ADMIN			412286		290	290		2	18.01
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES			2113631						22
23	I&R SERVICES-OTHER PRGM COSTS									23
24	PARAMED ED PRGM-(SPECIFY)			44610						24
24.01	PARAMED ED RADIOLOGY			142877						24.01
24.02	PARAMED ED PHARMACY			138723						24.02
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	108039473		48833135		187071	187071	3323	4163	25
26	INTENSIVE CARE UNIT	26073371		10949517		22243	22243	428	385	26
26.01	PEDIATRIC ICU	2178025		1382014		3802	3802	40	38	26.01
26.02	NEONATAL ICU	8793514		3653700		12955	12955	48	182	26.02
27	CORONARY CARE UNIT	20597014		8276045		16377	16377	404	367	27
31	SUBPROVIDER I	6670957		2943937		21535	21535	201	364	31
31.01	SUBPROVIDER II	16986401		8902306		30861	30861	256	102	31.01
33	NURSERY	4777472		2594337		8060	8060	267		33
34	SKILLED NURSING FACILITY	3913877		3061117		11355	11355	230	317	34
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	90170778		21170262		75103	75103	1328	674	37
37.01	CAREW MEDICAL PARK SURG	4453409		1022345	570791		11837	48		37.01
38	RECOVERY ROOM	15804302		4572992		13544	13544	128	232	38
39	DELIVERY ROOM & LABOR ROOM	8769065		4712067		12642	12642	168	177	39
40	ANESTHESIOLOGY	5700522		581189		331	331		5	40
41	RADIOLOGY-DIAGNOSTIC	107326389		12161321		29386	29386	500	222	41
41.01	RADIOLOGY - WABASH									41.01
41.02	RADIOLOGY - MANCHESTER									41.02
41.03	RADIOLOGY - EAST STATE									41.03
41.04	RADIOLOGY - JEFFERSON									41.04
41.05	RADIOLOGY - NHMP	469339		300720			2977			41.05
41.06	RADIOLOGY - CMP	5882018		871117	609430		5356	47		41.06
41.07	RADIOLOGY - WP	532116		325991			2669			41.07
41.08	RADIOLOGY - PULM CLINIC	95323		217047	182564	2817	2817			41.08
41.09	RADIOLOGY - WHITLEY POOL									41.09
42	RADIOLOGY-THERAPEUTIC	36097131		7479859		23819	23819	73	356	42
43	RADIOISOTOPE	3069175		871800		3793	3793	62	64	43
44	LABORATORY	57716568		11474094	437449	10543	23339	7	80	44
44.01	ANATOMICAL PATHOLOGY	4814254		1223298		3550	5056		30	44.01
46	WHOLE BLOOD & PACKED RED BLOO	2559359		2806719						46

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	PATIENT ACCOUNTING	RECON-CILIATION	OTHER A&G	CAREW MED PARK ADMIN	OPERATION OF PLANT	FACILITY ENGINEERIN	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	
		GROSS REVENUE		ACCUM COST	DIRECT EXPENSES	SQUARE FEET	SQUARE FEET	POUNDS OF LAUNDRY	HOURS OF SERVICE	
		6.05	6A.07	6.07	6.08	8	8.01	9	10	
46.30	BLOOD CLOTTING FACTORS ADMIN									46.30
49	RESPIRATORY THERAPY	25629699		7100928		6202	6202	54	66	49
49.01	WOUND CARE	2341526		484128		231	231	7	3	49.01
49.02	DIALYSIS	1861505		1208156		1366	1366	59	12	49.02
49.03	ENDOSCOPY	10463075		1695479		4421	4421	144	39	49.03
50	PHYSICAL THERAPY	6802751		3444926		10942	10942	77	68	50
50.01	TRANSITIONAL THERAPY	191149		100539		1851	1851		21	50.01
50.02	PV REHAB OUTREACH									50.02
51	OCCUPATIONAL THERAPY	4311995		2123013		3751	3751		19	51
52	SPEECH PATHOLOGY	2084884		887230		2871	2871		18	52
52.01	NEURO REHAB	1858155		1009307						52.01
53	ELECTROCARDIOLOGY	5194010		782738		1793	1793	13	17	53
54	ELECTROENCEPHALOGRAPHY	1025063		328740		2627	2627		20	54
54.01	NUTRITION SUPPORT	139781		591638		248	248		2	54.01
54.02	MRI	10384581		2091239		3980	3980	12	18	54.02
54.03	CARDIAC CATH LAB	38474300		5132245		42535	42535	36	407	54.03
54.04	CARDIAC REHAB SERVICES	636419		240967		4677	4677	21	45	54.04
55	MEDICAL SUPPLIES CHARGED TO P	156247595		2025683						55
55.01	COST OF SOLUTIONS	34283832		514157						55.01
56	DRUGS CHARGED TO PATIENTS	96125412		20394949						56
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	535348		414785		1581	1581		14	60
60.01	ANTICOAG CLINIC	1701182		1040114	686289		2107		20	60.01
61	EMERGENCY	52341984		11149891		36491	36491	1711	408	61
61.01	PARTIAL HOSPITALIZATION	476570		126630		980	980			61.01
62	OBSERVATION BEDS (NON-DISTINC									62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES	9076121		6083901		2061	2061		9	65
69.10	CMHC									69.10
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			10246662						71
	SPECIAL PURPOSE COST CENTERS									
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02
85.03	ISLET CELL ACQUISITION									85.03
93	HOSPICE			3947662						93
95	SUBTOTALS	1003676789	-25822537	360762299	2486523	725493	747632	9970	9536	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & C			610040		2457	2457		18	96
100	NON ALLOWABLE									100
100.01	TELEVISION			113159		440	440			100.01
100.02	PHYSICIAN PRACTICES			633747						100.02
100.03	OP CLINIC			1552492			2499			100.03
100.04	PHYS. ANSWERING SERVICE									100.04
100.05	EDUCARE CTR			1750035		15114	15114		264	100.05
100.06	STUCKY RESEARCH CTR			1018913		4404	4404		16	100.06
100.07	CORPORATE HEALTH SVC			4138						100.07
100.08	FOUNDATION			17593						100.08
100.09	LV HEALTH PLAN									100.09
100.10	PV RESPIRATORY OUTREACH									100.10
100.11	OUTREACH TRANSCRIPTION									100.11
100.12	GUEST SERVICES			2128					45	100.12
100.13	HUNTINGTON ARC									100.13
100.14	SENIOR HEALTH SERVICES			113672		1541	1541		3	100.14
100.15	SCHOOL NURSE/COMMUNITY OUTREA			2349216		368	368		1	100.15
100.16	FITNESS			246087						100.16
100.17	NONALLOWABLE ADVERTISING									100.17
100.18	BREAST DIAGNOSTIC CTR			46529			4354			100.18
100.19	REGIONAL PAIN CLINIC									100.19
100.20	START-UP COSTS NORTH									100.20
100.21	RONALD MCDONALD FAMILY ROOM			47906		2954	2954	30	107	100.21
100.22	EBT			558846		1043	1043		10	100.22
100.23	MEDICAL OFFICE BUILDINGS			992414		7268	7268			100.23
100.24	START-UP COSTS ORTHO			13676						100.24
100.25	PREMIER SURGERY CENTER			4673207						100.25
100.26	ISH			592						100.26

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	PATIENT ACCOUNTING	RECON-CILIATION	OTHER A&G	CAREW MED PARK ADMIN	OPERATION OF PLANT	FACILITY ENGINEERIN	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	
		GROSS REVENUE		ACCUM COST	DIRECT EXPENSES	SQUARE FEET	SQUARE FEET	POUNDS OF LAUNDRY	HOURS OF SERVICE	
		6.05	6A.07	6.07	6.08	8	8.01	9	10	
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	COST TO BE ALLOC PER B PT I	4147232		25822537	510501	6594520	7766507	1890622	6714355	103
104	UNIT COST MULT-WS B PT I	.004132		.068767		8.664664		189.062200		104
104	UNIT COST MULT-WS B PT I				.205307		9.830101		671.435500	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	29880		2153695	34255	1295117	786216	60616	718015	107
108	UNIT COST MULT-WS B PT III	.000030		.005735		1.701679		6.061600		108
108	UNIT COST MULT-WS B PT III				.013776		.995117		71.801500	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	DIETARY MEALS SERVED 11	KITCHEN-NO CONNECT W/CAFE MEALS SERVED 11.01	CAFETERIA NUMBER OF PERSONNEL 11.02	PREADMITS AND ER MEALS PREADMITS 11.03	CAFETERIA MEALS FTES 12	NURSING ADMINIS-TRATION DIRECT NRSING FTE 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	PHARMACY COSTED REQUIS. 16	
	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	DATA PROCESSIN									6.02
6.03	MATERIALS MANAGEMENT									6.03
6.04	PATIENT SERVICES									6.04
6.05	PATIENT ACCOUNTING									6.05
6.06	AMBULATORY SVCS ADMIN									6.06
6.07	OTHER A&G									6.07
6.08	CAREW MEDICAL PARK ADMIN									6.08
6.09	CRITICAL CARE ADMIN									6.09
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT									8
8.01	FACILITY ENGINEERING									8.01
9	LAUNDRY & LINEN SERVICE									9
10	HOUSEKEEPING									10
11	DIETARY	540938								11
11.01	KITCHEN-NO CONNECT W/CAFE		400745							11.01
11.02	CAFETERIA	129135		140193						11.02
11.03	PREADMITS AND ER	15160	4102	11058	260493					11.03
12	CAFETERIA			129135		1823				12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION					26	726			14
15	CENTRAL SERVICES & SUPPLY					30		10000		15
16	PHARMACY					78		3	24069808	16
16.01	OUTPATIENT PHARMACY					5			3850219	16.01
16.02	IV SOLUTIONS					11	11	197	516	16.02
16.03	MED SURG SUPPLY							7341		16.03
17	MEDICAL RECORDS & LIBRARY									17
18	SOCIAL SERVICE					28				18
18.01	REHAB ADMIN					4			5	18.01
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
24.01	PARAMED ED RADIOLOGY									24.01
24.02	PARAMED ED PHARMACY									24.02
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	260493	260493		260493	522	286	680	27239	25
26	INTENSIVE CARE UNIT	10127	10127			99	92	198	705	26
26.01	PEDIATRIC ICU	1571	1571			11	12	14	96	26.01
26.02	NEONATAL ICU					28	28	48	1349	26.02
27	CORONARY CARE UNIT	14026	14026			18	81	157	1268	27
31	SUBPROVIDER I	18090	18090			28		20	169	31
31.01	SUBPROVIDER II	62916	62916			96		18	95	31.01
33	NURSERY					30	30	4	4884	33
34	SKILLED NURSING FACILITY	29420	29420			38		39	405	34
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM					162		553	8454	37
37.01	CAREW MEDICAL PARK SURG								2394	37.01
38	RECOVERY ROOM					28		71	518	38
39	DELIVERY ROOM & LABOR ROOM					38	38	99	826	39
40	ANESTHESIOLOGY							72		40
41	RADIOLOGY-DIAGNOSTIC					73		55	396	41
41.01	RADIOLOGY - WABASH									41.01
41.02	RADIOLOGY - MANCHESTER									41.02
41.03	RADIOLOGY - EAST STATE									41.03
41.04	RADIOLOGY - JEFFERSON									41.04
41.05	RADIOLOGY - NHMP									41.05
41.06	RADIOLOGY - CMP							5	595	41.06
41.07	RADIOLOGY - WP									41.07
41.08	RADIOLOGY - PULM CLINIC						2		248	41.08
41.09	RADIOLOGY - WHITLEY POOL									41.09
42	RADIOLOGY-THERAPEUTIC						34	8	1683	42
43	RADIOISOTOPE					5		5	4755	43
44	LABORATORY					93		2	646	44
44.01	ANATOMICAL PATHOLOGY					8		6	36	44.01
46	WHOLE BLOOD & PACKED RED BLOO									46

COST ALLOCATION - STATISTICAL BASIS | WORKSHEET B-1

	COST CENTER DESCRIPTION	DIETARY MEALS SERVED 11	KITCHEN-NO CONNECT W/CAFE MEALS SERVED 11.01	CAFETERIA NUMBER OF PERSONNEL 11.02	PREADMITS AND ER MEALS PREADMITS 11.03	CAFETERIA MEALS FTES 12	NURSING ADMINIS-TRATION DIRECT NRSING FTE 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	PHARMACY COSTED REQUIS. 16	
46.30	BLOOD CLOTTING FACTORS ADMIN									46.30
49	RESPIRATORY THERAPY					66		10	2065	49
49.01	WOUND CARE						3	4	1773	49.01
49.02	DIALYSIS					2	1	7		49.02
49.03	ENDOSCOPY					10		52	232	49.03
50	PHYSICAL THERAPY					33		2	757	50
50.01	TRANSITIONAL THERAPY					5				50.01
50.02	PV REHAB OUTREACH									50.02
51	OCCUPATIONAL THERAPY					22				51
52	SPEECH PATHOLOGY					9				52
52.01	NEURO REHAB								1816	52.01
53	ELECTROCARDIOLOGY					8		2	789	53
54	ELECTROENCEPHALOGRAPHY					3			986	54
54.01	NUTRITION SUPPORT					6				54.01
54.02	MRI					11		8	12	54.02
54.03	CARDIAC CATH LAB					16		24	168	54.03
54.04	CARDIAC REHAB SERVICES					3		2	9	54.04
55	MEDICAL SUPPLIES CHARGED TO P									55
55.01	COST OF SOLUTIONS									55.01
56	DRUGS CHARGED TO PATIENTS								19035096	56
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC								151	60
60.01	ANTICOAG CLINIC									60.01
61	EMERGENCY					100	92	289	38361	61
61.01	PARTIAL HOSPITALIZATION					1				61.01
62	OBSERVATION BEDS (NON-DISTINC									62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES					20		2	4190	65
69.10	CMHC									69.10
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							3	1021606	71
	SPECIAL PURPOSE COST CENTERS									
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02
85.03	ISLET CELL ACQUISITION									85.03
93	HOSPICE									93
95	SUBTOTALS	540938	400745	140193	260493	1774	710	10000	24015512	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & C					3				96
100	NON ALLOWABLE									100
100.01	TELEVISION					1				100.01
100.02	PHYSICIAN PRACTICES									100.02
100.03	OP CLINIC								53387	100.03
100.04	PHYS. ANSWERING SERVICE									100.04
100.05	EDUCARE CTR									100.05
100.06	STUCKY RESEARCH CTR									100.06
100.07	CORPORATE HEALTH SVC									100.07
100.08	FOUNDATION									100.08
100.09	LV HEALTH PLAN									100.09
100.10	PV RESPIRATORY OUTREACH									100.10
100.11	OUTREACH TRANSCRIPTION									100.11
100.12	GUEST SERVICES									100.12
100.13	HUNTINGTON ARC									100.13
100.14	SENIOR HEALTH SERVICES									100.14
100.15	SCHOOL NURSE/COMMUNITY OUTREA					38	9		508	100.15
100.16	FITNESS									100.16
100.17	NONALLOWABLE ADVERTISING									100.17
100.18	BREAST DIAGNOSTIC CTR								401	100.18
100.19	REGIONAL PAIN CLINIC									100.19
100.20	START-UP COSTS NORTH									100.20
100.21	RONALD MCDONALD FAMILY ROOM									100.21
100.22	EBT									100.22
100.23	MEDICAL OFFICE BUILDINGS					7	7			100.23
100.24	START-UP COSTS ORTHO									100.24
100.25	PREMIER SURGERY CENTER									100.25
100.26	ISH									100.26

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	DIETARY	KITCHEN-NO CONNECT W/CAFE	CAFETERIA	PREADMITS AND ER	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		MEALS SERVED 11	MEALS SERVED 11.01	NUMBER OF PERSONNEL 11.02	MEALS PREADMITS 11.03	MEALS FTES 12	DIRECT NRSING FTE 14	COSTED REQUIS. 15	COSTED REQUIS. 16	
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	COST TO BE ALLOC PER B PT I	4455312	1870065	1063591	227897	979698	3768327	2950921	10772492	103
104	UNIT COST MULT-WS B PT I	8.236271		7.586620		537.409764		295.092100		104
104	UNIT COST MULT-WS B PT I		4.666471		.874868		5190.533058		.447552	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	992069	15441	236831	46642	218150	187361	521457	1514636	107
108	UNIT COST MULT-WS B PT III	1.833979		1.689321		119.665387		52.145700		108
108	UNIT COST MULT-WS B PT III		.038531		.179053		258.073003		.062927	108

COST ALLOCATION - STATISTICAL BASIS — WORKSHEET B-1

	COST CENTER DESCRIPTION	OUTPATIENT PHARMACY	IV SOLUTIONS	MED SURG SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	I&R SALARY & FRINGES	PARAMED EDUCATION	
		PERCENTAGE	PERCENTAGE	PERCENTAGE	TIME	TIME	PERCENTAGE	ASSIGNED	ASSIGNED	
		1	2	3	SPENT	SPENT	4	TIME	TIME	
		16.01	16.02	16.03	17	18	18.01	22	24	
	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	DATA PROCESSIN									6.02
6.03	MATERIALS MANAGEMENT									6.03
6.04	PATIENT SERVICES									6.04
6.05	PATIENT ACCOUNTING									6.05
6.06	AMBULATORY SVCS ADMIN									6.06
6.07	OTHER A&G									6.07
6.08	CAREW MEDICAL PARK ADMIN									6.08
6.09	CRITICAL CARE ADMIN									6.09
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT									8
8.01	FACILITY ENGINEERING									8.01
9	LAUNDRY & LINEN SERVICE									9
10	HOUSEKEEPING									10
11	DIETARY									11
11.01	KITCHEN-NO CONNECT W/CAFE									11.01
11.02	CAFETERIA									11.02
11.03	PREADMITS AND ER									11.03
12	CAFETERIA									12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION									14
15	CENTRAL SERVICES & SUPPLY									15
16	PHARMACY									16
16.01	OUTPATIENT PHARMACY	10000								16.01
16.02	IV SOLUTIONS		10000							16.02
16.03	MED SURG SUPPLY			10000						16.03
17	MEDICAL RECORDS & LIBRARY				10000					17
18	SOCIAL SERVICE					10000				18
18.01	REHAB ADMIN						10000			18.01
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES							10000		22
23	I&R SERVICES-OTHER PRGM COSTS									23
24	PARAMED ED PRGM-(SPECIFY)								10000	24
24.01	PARAMED ED RADIOLOGY									24.01
24.02	PARAMED ED PHARMACY									24.02
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS				2257	6857	640	4274		25
26	INTENSIVE CARE UNIT				112	530		918		26
26.01	PEDIATRIC ICU				18	75		23		26.01
26.02	NEONATAL ICU				50	349				26.02
27	CORONARY CARE UNIT				116	547		380		27
31	SUBPROVIDER I				82		1467	626		31
31.01	SUBPROVIDER II				181					31.01
33	NURSERY				104			415		33
34	SKILLED NURSING FACILITY				130					34
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM				296			1463		37
37.01	CAREW MEDICAL PARK SURG				32					37.01
38	RECOVERY ROOM				160			51		38
39	DELIVERY ROOM & LABOR ROOM				31			113		39
40	ANESTHESIOLOGY				78					40
41	RADIOLOGY-DIAGNOSTIC				1686					41
41.01	RADIOLOGY - WABASH									41.01
41.02	RADIOLOGY - MANCHESTER									41.02
41.03	RADIOLOGY - EAST STATE									41.03
41.04	RADIOLOGY - JEFFERSON									41.04
41.05	RADIOLOGY - NHMP				14					41.05
41.06	RADIOLOGY - CMP				169					41.06
41.07	RADIOLOGY - WP				15					41.07
41.08	RADIOLOGY - PULM CLINIC				2					41.08
41.09	RADIOLOGY - WHITLEY POOL									41.09
42	RADIOLOGY-THERAPEUTIC									42
43	RADIOISOTOPE				76					43
44	LABORATORY				555				10000	44
44.01	ANATOMICAL PATHOLOGY				74					44.01
46	WHOLE BLOOD & PACKED RED BLOO				18					46

COST ALLOCATION - STATISTICAL BASIS — WORKSHEET B-1

	COST CENTER DESCRIPTION	OUTPATIENT PHARMACY	IV SOLUTIONS	MED SURG SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	I&R SALARY & FRINGES	PARAMED EDUCATION	
		PERCENTAGE	PERCENTAGE	PERCENTAGE	TIME	TIME	PERCENTAGE	ASSIGNED	ASSIGNED	
		1	2	3	SPENT	SPENT	4	TIME	TIME	
		16.01	16.02	16.03	17	18	18.01	22	24	
46.30	BLOOD CLOTTING FACTORS ADMIN									46.30
49	RESPIRATORY THERAPY				182			3		49
49.01	WOUND CARE				2					49.01
49.02	DIALYSIS				2					49.02
49.03	ENDOSCOPY				234					49.03
50	PHYSICAL THERAPY				31		2118			50
50.01	TRANSITIONAL THERAPY				5		1657			50.01
50.02	PV REHAB OUTREACH									50.02
51	OCCUPATIONAL THERAPY				1		1978			51
52	SPEECH PATHOLOGY				3		1978			52
52.01	NEURO REHAB				50		162			52.01
53	ELECTROCARDIOLOGY				66					53
54	ELECTROENCEPHALOGRAPHY				8					54
54.01	NUTRITION SUPPORT				1					54.01
54.02	MRI				222					54.02
54.03	CARDIAC CATH LAB				1039					54.03
54.04	CARDIAC REHAB SERVICES				18					54.04
55	MEDICAL SUPPLIES CHARGED TO P			10000						55
55.01	COST OF SOLUTIONS		10000							55.01
56	DRUGS CHARGED TO PATIENTS	10000								56
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC				13					60
60.01	ANTICOAG CLINIC				49					60.01
61	EMERGENCY				1555	1642		1734		61
61.01	PARTIAL HOSPITALIZATION				15					61.01
62	OBSERVATION BEDS (NON-DISTINC									62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES				242					65
69.10	CMHC									69.10
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
85.03	ISLET CELL ACQUISITION									85.03
93	HOSPICE									93
95	SUBTOTALS	10000	10000	10000	9994	10000	10000	10000	10000	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & C									96
100	NON ALLOWABLE									100
100.01	TELEVISION									100.01
100.02	PHYSICIAN PRACTICES									100.02
100.03	OP CLINIC									100.03
100.04	PHYS. ANSWERING SERVICE									100.04
100.05	EDUCARE CTR									100.05
100.06	STUCKY RESEARCH CTR									100.06
100.07	CORPORATE HEALTH SVC									100.07
100.08	FOUNDATION									100.08
100.09	LV HEALTH PLAN									100.09
100.10	PV RESPIRATORY OUTREACH									100.10
100.11	OUTREACH TRANSCRIPTION									100.11
100.12	GUEST SERVICES									100.12
100.13	HUNTINGTON ARC									100.13
100.14	SENIOR HEALTH SERVICES									100.14
100.15	SCHOOL NURSE/COMMUNITY OUTREA									100.15
100.16	FITNESS									100.16
100.17	NONALLOWABLE ADVERTISING									100.17
100.18	BREAST DIAGNOSTIC CTR									100.18
100.19	REGIONAL PAIN CLINIC									100.19
100.20	START-UP COSTS NORTH									100.20
100.21	RONALD MCDONALD FAMILY ROOM									100.21
100.22	EBT				6					100.22
100.23	MEDICAL OFFICE BUILDINGS									100.23
100.24	START-UP COSTS ORTHO									100.24
100.25	PREMIER SURGERY CENTER									100.25
100.26	ISH									100.26

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	OUTPATIENT PHARMACY	IV SOLUTIONS	MED SURG SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	I&R SALARY & FRINGES	PARAMED EDUCATION	
		PERCENTAGE	PERCENTAGE	PERCENTAGE	TIME	TIME	PERCENTAGE	ASSIGNED	ASSIGNED	
		1	2	3	SPENT	SPENT	4	TIME	TIME	
		16.01	16.02	16.03	17	18	18.01	22	24	
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	COST TO BE ALLOC PER B PT I	6078172	3855601	64909808	4047097	2381258	449497	2258979	47678	103
104	UNIT COST MULT-WS B PT I	607.817200		6490.980800		238.125800		225.897900		104
104	UNIT COST MULT-WS B PT I		385.560100		404.709700		44.949700		4.767800	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	357315	104418	977734	223679	36895	7988	12122	387	107
108	UNIT COST MULT-WS B PT III	35.731500		97.773400		3.689500		1.212200		108
108	UNIT COST MULT-WS B PT III		10.441800		22.367900		.798800		.038700	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	PARAMED ED RADIOLOGY	PARAMED ED PHARMACY	
		PERCENTAGE 7 24.01	DRUG REQUISITIO 24.02	
	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	DATA PROCESSIN			6.02
6.03	MATERIALS MANAGEMENT			6.03
6.04	PATIENT SERVICES			6.04
6.05	PATIENT ACCOUNTING			6.05
6.06	AMBULATORY SVCS ADMIN			6.06
6.07	OTHER A&G			6.07
6.08	CAREW MEDICAL PARK ADMIN			6.08
6.09	CRITICAL CARE ADMIN			6.09
7	MAINTENANCE & REPAIRS			7
8	OPERATION OF PLANT			8
8.01	FACILITY ENGINEERING			8.01
9	LAUNDRY & LINEN SERVICE			9
10	HOUSEKEEPING			10
11	DIETARY			11
11.01	KITCHEN-NO CONNECT W/CAFE			11.01
11.02	CAFETERIA			11.02
11.03	PREADMITS AND ER			11.03
12	CAFETERIA			12
13	MAINTENANCE OF PERSONNEL			13
14	NURSING ADMINISTRATION			14
15	CENTRAL SERVICES & SUPPLY			15
16	PHARMACY			16
16.01	OUTPATIENT PHARMACY			16.01
16.02	IV SOLUTIONS			16.02
16.03	MED SURG SUPPLY			16.03
17	MEDICAL RECORDS & LIBRARY			17
18	SOCIAL SERVICE			18
18.01	REHAB ADMIN			18.01
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
24.01	PARAMED ED RADIOLOGY	10000		24.01
24.02	PARAMED ED PHARMACY		20219068	24.02
	INPATIENT ROUTINE SERV COST CENTERS			
25	ADULTS & PEDIATRICS		27239	25
26	INTENSIVE CARE UNIT		705	26
26.01	PEDIATRIC ICU		96	26.01
26.02	NEONATAL ICU		1349	26.02
27	CORONARY CARE UNIT		1268	27
31	SUBPROVIDER I		169	31
31.01	SUBPROVIDER II		95	31.01
33	NURSERY		4884	33
34	SKILLED NURSING FACILITY		405	34
	ANCILLARY SERVICE COST CENTERS			
37	OPERATING ROOM		8454	37
37.01	CAREW MEDICAL PARK SURG		2394	37.01
38	RECOVERY ROOM		518	38
39	DELIVERY ROOM & LABOR ROOM		826	39
40	ANESTHESIOLOGY			40
41	RADIOLOGY-DIAGNOSTIC	10000	396	41
41.01	RADIOLOGY - WABASH			41.01
41.02	RADIOLOGY - MANCHESTER			41.02
41.03	RADIOLOGY - EAST STATE			41.03
41.04	RADIOLOGY - JEFFERSON			41.04
41.05	RADIOLOGY - NHMP			41.05
41.06	RADIOLOGY - CMP		595	41.06
41.07	RADIOLOGY - WP			41.07
41.08	RADIOLOGY - PULM CLINIC		248	41.08
41.09	RADIOLOGY - WHITLEY POOL			41.09
42	RADIOLOGY-THERAPEUTIC		1683	42
43	RADIOISOTOPE		4755	43
44	LABORATORY		646	44
44.01	ANATOMICAL PATHOLOGY		36	44.01
46	WHOLE BLOOD & PACKED RED BLOO			46

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	PARAMED ED RADIOLOGY	PARAMED ED PHARMACY	
		PERCENTAGE 7 24.01	DRUG REQUISITIO 24.02	
46.30	BLOOD CLOTTING FACTORS ADMIN			46.30
49	RESPIRATORY THERAPY		2065	49
49.01	WOUND CARE		1773	49.01
49.02	DIALYSIS			49.02
49.03	ENDOSCOPY		232	49.03
50	PHYSICAL THERAPY		757	50
50.01	TRANSITIONAL THERAPY			50.01
50.02	PV REHAB OUTREACH			50.02
51	OCCUPATIONAL THERAPY			51
52	SPEECH PATHOLOGY			52
52.01	NEURO REHAB		1816	52.01
53	ELECTROCARDIOLOGY		789	53
54	ELECTROENCEPHALOGRAPHY		986	54
54.01	NUTRITION SUPPORT			54.01
54.02	MRI		12	54.02
54.03	CARDIAC CATH LAB		168	54.03
54.04	CARDIAC REHAB SERVICES		9	54.04
55	MEDICAL SUPPLIES CHARGED TO P			55
55.01	COST OF SOLUTIONS			55.01
56	DRUGS CHARGED TO PATIENTS		19035096	56
	OUTPATIENT SERVICE COST CENTERS			
60	CLINIC		151	60
60.01	ANTICOAG CLINIC			60.01
61	EMERGENCY		38361	61
61.01	PARTIAL HOSPITALIZATION			61.01
62	OBSERVATION BEDS (NON-DISTINC			62
63.50	RHC			63.50
63.60	FQHC			63.60
	OTHER REIMBURSABLE COST CENTERS			
65	AMBULANCE SERVICES		4190	65
69.10	CMHC			69.10
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		1021606	71
	SPECIAL PURPOSE COST CENTERS			
85.01	PANCREAS ACQUISITION			85.01
85.02	INTESTINAL ACQUISITION			85.02
85.03	ISLET CELL ACQUISITION			85.03
93	HOSPICE			93
95	SUBTOTALS	10000	20164772	95
	NONREIMBURSABLE COST CENTERS			
96	GIFT, FLOWER, COFFEE SHOP & C			96
100	NON ALLOWABLE			100
100.01	TELEVISION			100.01
100.02	PHYSICIAN PRACTICES			100.02
100.03	OP CLINIC		53387	100.03
100.04	PHYS. ANSWERING SERVICE			100.04
100.05	EDUCARE CTR			100.05
100.06	STUCKY RESEARCH CTR			100.06
100.07	CORPORATE HEALTH SVC			100.07
100.08	FOUNDATION			100.08
100.09	LV HEALTH PLAN			100.09
100.10	PV RESPIRATORY OUTREACH			100.10
100.11	OUTREACH TRANSCRIPTION			100.11
100.12	GUEST SERVICES			100.12
100.13	HUNTINGTON ARC			100.13
100.14	SENIOR HEALTH SERVICES			100.14
100.15	SCHOOL NURSE/COMMUNITY OUTREA		508	100.15
100.16	FITNESS			100.16
100.17	NONALLOWABLE ADVERTISING			100.17
100.18	BREAST DIAGNOSTIC CTR		401	100.18
100.19	REGIONAL PAIN CLINIC			100.19
100.20	START-UP COSTS NORTH			100.20
100.21	RONALD MCDONALD FAMILY ROOM			100.21
100.22	EBT			100.22
100.23	MEDICAL OFFICE BUILDINGS			100.23
100.24	START-UP COSTS ORTHO			100.24
100.25	PREMIER SURGERY CENTER			100.25
100.26	ISH			100.26

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	PARAMED ED RADIOLOGY	PARAMED ED PHARMACY	
		PERCENTAGE 7	DRUG REQUISITIO	
		24.01	24.02	
101	CROSS FOOT ADJUSTMENTS			101
102	NEGATIVE COST CENTER			102
103	COST TO BE ALLOC PER B PT I	152702	148263	103
104	UNIT COST MULT-WS B PT I	15.270200		104
104	UNIT COST MULT-WS B PT I		.007333	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	1167	1225	107
108	UNIT COST MULT-WS B PT III	.116700		108
108	UNIT COST MULT-WS B PT III		.000061	108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
	INPATIENT ROUTINE SERV COST CENTERS						
25	ADULTS & PEDIATRICS	67216585		67216585		67216585	25
26	INTENSIVE CARE UNIT	13344965		13344965	44147	13389112	26
26.01	PEDIATRIC ICU	1698232		1698232	29556	1727788	26.01
26.02	NEONATAL ICU	4554331		4554331	6885	4561216	26.02
27	CORONARY CARE UNIT	10306037		10306037		10306037	27
31	SUBPROVIDER I	4180636		4180636	23354	4203990	31
31.01	SUBPROVIDER II	11144132		11144132	184693	11328825	31.01
33	NURSERY	3189620		3189620		3189620	33
34	SKILLED NURSING FACILITY	4202284		4202284		4202284	34
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM	25092598		25092598		25092598	37
37.01	CAREW MEDICAL PARK SURG	1349310		1349310		1349310	37.01
38	RECOVERY ROOM	5418918		5418918		5418918	38
39	DELIVERY ROOM & LABOR ROOM	5680317		5680317		5680317	39
40	ANESTHESIOLOGY	683449		683449		683449	40
41	RADIOLOGY-DIAGNOSTIC	14675380		14675380		14675380	41
41.01	RADIOLOGY - WABASH						41.01
41.02	RADIOLOGY - MANCHESTER						41.02
41.03	RADIOLOGY - EAST STATE						41.03
41.04	RADIOLOGY - JEFFERSON						41.04
41.05	RADIOLOGY - NHMP	356330		356330		356330	41.05
41.06	RADIOLOGY - CMP	1187818		1187818		1187818	41.06
41.07	RADIOLOGY - WP	380716		380716		380716	41.07
41.08	RADIOLOGY - PULM CLINIC	332857		332857		332857	41.08
41.09	RADIOLOGY - WHITLEY POOL						41.09
42	RADIOLOGY-THERAPEUTIC	8867190		8867190	29995	8897185	42
43	RADIOISOTOPE	1093679		1093679		1093679	43
44	LABORATORY	13051914		13051914	51048	13102962	44
44.01	ANATOMICAL PATHOLOGY	1444060		1444060		1444060	44.01
46	WHOLE BLOOD & PACKED RED BL	3007014		3007014		3007014	46
46.30	BLOOD CLOTTING FACTORS ADMI						46.30
49	RESPIRATORY THERAPY	7871482		7871482	5363	7876845	49
49.01	WOUND CARE	543398		543398		543398	49.01
49.02	DIALYSIS	1344854		1344854		1344854	49.02
49.03	ENDOSCOPY	2062775		2062775		2062775	49.03
50	PHYSICAL THERAPY	4070827		4070827		4070827	50
50.01	TRANSITIONAL THERAPY	234980		234980		234980	50.01
50.02	PV REHAB OUTREACH						50.02
51	OCCUPATIONAL THERAPY	2452276		2452276		2452276	51
52	SPEECH PATHOLOGY	1108388		1108388		1108388	52
52.01	NEURO REHAB	1107057		1107057	119	1107176	52.01
53	ELECTROCARDIOLOGY	915557		915557		915557	53
54	ELECTROENCEPHALOGRAPHY	418659		418659		418659	54
54.01	NUTRITION SUPPORT	641882		641882		641882	54.01
54.02	MRI	2421135		2421135		2421135	54.02
54.03	CARDIAC CATH LAB	6988178		6988178	317979	7306157	54.03
54.04	CARDIAC REHAB SERVICES	387714		387714		387714	54.04
55	MEDICAL SUPPLIES CHARGED TO	67074791		67074791		67074791	55
55.01	COST OF SOLUTIONS	4405115		4405115		4405115	55.01
56	DRUGS CHARGED TO PATIENTS	36534398		36534398		36534398	56
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC	487279		487279		487279	60
60.01	ANTICOAG CLINIC	1306513		1306513	24323	1330836	60.01
61	EMERGENCY	14843288		14843288	137528	14980816	61
61.01	PARTIAL HOSPITALIZATION	160070		160070		160070	61.01
62	OBSERVATION BEDS (NON-DISTI	6313548		6313548		6313548	62
63.50	RHC						63.50
63.60	FQHC						63.60
	OTHER REIMBURSABLE COST CENTERS						
65	AMBULANCE SERVICES	6657618		6657618		6657618	65
101	SUBTOTAL	372810154		372810154	854990	373665144	101
102	LESS OBSERVATION BEDS	6313548		6313548		6313548	102
103	TOTAL	366496606		366496606	854990	367351596	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I (CONT)

	COST CENTER DESCRIPTION	CHARGES			COST OR OTHER RATIO	TEFRA INPATIENT RATIO	PPS INPATIENT RATIO	
		INPATIENT	OUTPATIENT	TOTAL				
		6	7	8	9	10	11	
	INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	99132184		99132184				25
26	INTENSIVE CARE UNIT	26073371		26073371				26
26.01	PEDIATRIC ICU	2178025		2178025				26.01
26.02	NEONATAL ICU	8793514		8793514				26.02
27	CORONARY CARE UNIT	20597014		20597014				27
31	SUBPROVIDER I	6670957		6670957				31
31.01	SUBPROVIDER II	16986401		16986401				31.01
33	NURSERY	4777472		4777472				33
34	SKILLED NURSING FACILITY	3913877		3913877				34
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	62571185	27599593	90170778	.278279	.278279	.278279	37
37.01	CAREW MEDICAL PARK SURG	281095	4172314	4453409	.302984	.302984	.302984	37.01
38	RECOVERY ROOM	7936497	7867805	15804302	.342876	.342876	.342876	38
39	DELIVERY ROOM & LABOR ROOM	7858935	910130	8769065	.647768	.647768	.647768	39
40	ANESTHESIOLOGY	3328062	2372460	5700522	.119892	.119892	.119892	40
41	RADIOLOGY-DIAGNOSTIC	47627586	59698803	107326389	.136736	.136736	.136736	41
41.01	RADIOLOGY - WABASH							41.01
41.02	RADIOLOGY - MANCHESTER							41.02
41.03	RADIOLOGY - EAST STATE							41.03
41.04	RADIOLOGY - JEFFERSON							41.04
41.05	RADIOLOGY - NHMP	2809	466530	469339	.759217	.759217	.759217	41.05
41.06	RADIOLOGY - CMP	38122	5843896	5882018	.201941	.201941	.201941	41.06
41.07	RADIOLOGY - WP	1221	530895	532116	.715476	.715476	.715476	41.07
41.08	RADIOLOGY - PULM CLINIC	832	94491	95323	3.491885	3.491885	3.491885	41.08
41.09	RADIOLOGY - WHITLEY POOL							41.09
42	RADIOLOGY-THERAPEUTIC	997683	35099448	36097131	.245648	.245648	.246479	42
43	RADIOISOTOPE	1028703	2040472	3069175	.356343	.356343	.356343	43
44	LABORATORY	39377466	18339102	57716568	.226138	.226138	.227023	44
44.01	ANATOMICAL PATHOLOGY	2108419	2705835	4814254	.299955	.299955	.299955	44.01
46	WHOLE BLOOD & PACKED RED BL	2222742	336617	2559359	1.174909	1.174909	1.174909	46
46.30	BLOOD CLOTTING FACTORS ADMI							46.30
49	RESPIRATORY THERAPY	19580475	6049224	25629699	.307123	.307123	.307333	49
49.01	WOUND CARE	1988605	352921	2341526	.232070	.232070	.232070	49.01
49.02	DIALYSIS	1785734	75771	1861505	.722455	.722455	.722455	49.02
49.03	ENDOSCOPY	3483172	6979903	10463075	.197148	.197148	.197148	49.03
50	PHYSICAL THERAPY	4986168	1816583	6802751	.598409	.598409	.598409	50
50.01	TRANSITIONAL THERAPY		191149	191149	1.229303	1.229303	1.229303	50.01
50.02	PV REHAB OUTREACH							50.02
51	OCCUPATIONAL THERAPY	4087366	224629	4311995	.568710	.568710	.568710	51
52	SPEECH PATHOLOGY	1793779	291105	2084884	.531631	.531631	.531631	52
52.01	NEURO REHAB	725	1857430	1858155	.595783	.595783	.595847	52.01
53	ELECTROCARDIOLOGY	2406916	2787094	5194010	.176272	.176272	.176272	53
54	ELECTROENCEPHALOGRAPHY	733534	291529	1025063	.408423	.408423	.408423	54
54.01	NUTRITION SUPPORT	118993	20788	139781	4.592055	4.592055	4.592055	54.01
54.02	MRI	3577599	6806982	10384581	.233147	.233147	.233147	54.02
54.03	CARDIAC CATH LAB	20284288	18190012	38474300	.181632	.181632	.189897	54.03
54.04	CARDIAC REHAB SERVICES	19385	617034	636419	.609212	.609212	.609212	54.04
55	MEDICAL SUPPLIES CHARGED TO	106653836	49593759	156247595	.429285	.429285	.429285	55
55.01	COST OF SOLUTIONS	28784206	5499626	34283832	.128490	.128490	.128490	55.01
56	DRUGS CHARGED TO PATIENTS	74388594	21736818	96125412	.380070	.380070	.380070	56
	OUTPATIENT SERVICE COST CENTERS							
60	CLINIC	93630	441718	535348	.910210	.910210	.910210	60
60.01	ANTICOAG CLINIC	13466	1687716	1701182	.768003	.768003	.782301	60.01
61	EMERGENCY	14038538	38303446	52341984	.283583	.283583	.286210	61
61.01	PARTIAL HOSPITALIZATION		476570	476570	.335879	.335879	.335879	61.01
62	OBSERVATION BEDS (NON-DISTI		8907289	8907289	.708807	.708807	.708807	62
63.50	RHC							63.50
63.60	FQHC							63.60
	OTHER REIMBURSABLE COST CENTERS							
65	AMBULANCE SERVICES	47201	9028920	9076121	.733531	.733531	.733531	65
101	SUBTOTAL	653370382	350306407	1003676789				101
102	LESS OBSERVATION BEDS							102
103	TOTAL	653370382	350306407	1003676789				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: CAPITAL RELATED COST 1	OLD CAPITAL: SWING-BED ADJUSTMENT 2	OLD CAPITAL: REDUCED CAPITAL RELATED COST 3	NEW CAPITAL: CAPITAL RELATED COST 4	NEW CAPITAL: SWING-BED ADJUSTMENT 5	NEW CAPITAL: REDUCED CAPITAL RELATED COST 6	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS				7037884		7037884	25
26	INTENSIVE CARE UNIT				1373665		1373665	26
26.01	PEDIATRIC ICU				138479		138479	26.01
26.02	NEONATAL ICU				404089		404089	26.02
27	CORONARY CARE UNIT				876742		876742	27
28	BURN INTENSIVE CARE UNIT							28
29	SURGICAL INTENSIVE CARE UNIT							29
30	OTHER SPECIAL CARE (SPECIFY)							30
31	SUBPROVIDER I				490338		490338	31
31.01	SUBPROVIDER II				1261032		1261032	31.01
33	NURSERY				253561		253561	33
101	TOTAL				11835790		11835790	101

	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL: PER DIEM 9	OLD CAPITAL: INPATIENT PROGRAM CAPITAL COST 10	NEW CAPITAL: PER DIEM 11	NEW CAPITAL: INPATIENT PROGRAM CAPITAL COST 12	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS	89183	32402			78.92	2557166	25
26	INTENSIVE CARE UNIT	8468	3468			162.22	562579	26
26.01	PEDIATRIC ICU	934				148.26		26.01
26.02	NEONATAL ICU	4588				88.08		26.02
27	CORONARY CARE UNIT	7796	3847			112.46	432634	27
28	BURN INTENSIVE CARE UNIT							28
29	SURGICAL INTENSIVE CARE UNIT							29
30	OTHER SPECIAL CARE (SPECIFY)							30
31	SUBPROVIDER I	6236	2645			78.63	207976	31
31.01	SUBPROVIDER II	14866	5312			84.83	450617	31.01
33	NURSERY	4051				62.59		33
101	TOTAL	136122	47674				4210972	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS — WORKSHEET D PART II

CHECK	[ ] TITLE V	[XX] HOSPITAL (15-0021)	[ ] SUB III	[XX] PPS			
APPLICABLE	[XX] TITLE XVIII-PT A	[ ] SUB I	[ ] SUB IV	[ ] TEFRA			
BOXES	[ ] TITLE XIX	[ ] SUB II					

	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPATIENT PROGRAM CHARGES 4	OLD CAPITAL RATIO OF COST TO CHARGES 5	OLD CAPITAL COSTS 6	NEW CAPITAL RATIO OF COST TO CHARGES 7	NEW CAPITAL COSTS 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	3696580	90170778	20493858				.040995	840146	37
37.01	CAREW MEDICAL PARK SURG	250119	4453409	261				.056163	15	37.01
38	RECOVERY ROOM	401618	15804302	2937574				.025412	74650	38
39	DELIVERY ROOM & LABOR ROOM	457257	8769065	20843				.052144	1087	39
40	ANESTHESIOLOGY	256535	5700522	1420448				.045002	63923	40
41	RADIOLOGY-DIAGNOSTIC	3227955	107326389	22223811				.030076	668403	41
41.01	RADIOLOGY - WABASH									41.01
41.02	RADIOLOGY - MANCHESTER									41.02
41.03	RADIOLOGY - EAST STATE									41.03
41.04	RADIOLOGY - JEFFERSON									41.04
41.05	RADIOLOGY - NHMP	46564	469339					.099212		41.05
41.06	RADIOLOGY - CMP	153957	5882018					.026174		41.06
41.07	RADIOLOGY - WP	47433	532116					.089140		41.07
41.08	RADIOLOGY - PULM CLINIC	43963	95323					.461200		41.08
41.09	RADIOLOGY - WHITLEY POOL									41.09
42	RADIOLOGY-THERAPEUTIC	1707953	36097131	406587				.047315	19238	42
43	RADIOISOTOPE	245380	3069175	650268				.079950	51989	43
44	LABORATORY	2076058	57716568	15190380				.035970	546398	44
44.01	ANATOMICAL PATHOLOGY	118164	4814254	782878				.024545	19216	44.01
46	WHOLE BLOOD & PACKED RED BLOO	17173	2559359	1543974				.006710	10360	46
46.30	BLOOD CLOTTING FACTORS ADMIN									46.30
49	RESPIRATORY THERAPY	659787	25629699	8317531				.025743	214118	49
49.01	WOUND CARE	10225	2341526	927862				.004367	4052	49.01
49.02	DIALYSIS	34946	1861505	1168837				.018773	21943	49.02
49.03	ENDOSCOPY	226466	10463075	1655791				.021644	35838	49.03
50	PHYSICAL THERAPY	334706	6802751	1335505				.049202	65710	50
50.01	TRANSITIONAL THERAPY	46434	191149					.242920		50.01
50.02	PV REHAB OUTREACH									50.02
51	OCCUPATIONAL THERAPY	185531	4311995	957803				.043027	41211	51
52	SPEECH PATHOLOGY	85317	2084884	348817				.040922	14274	52
52.01	NEURO REHAB	51636	1858155					.027789		52.01
53	ELECTROCARDIOLOGY	147547	5194010	1169839				.028407	33232	53
54	ELECTROENCEPHALOGRAPHY	69205	1025063	252122				.067513	17022	54
54.01	NUTRITION SUPPORT	36530	139781	81698				.261337	21351	54.01
54.02	MRI	581196	10384581	1485006				.055967	83111	54.02
54.03	CARDIAC CATH LAB	1296459	38474300	7962599				.033697	268316	54.03
54.04	CARDIAC REHAB SERVICES	81855	636419	7710				.128618	992	54.04
55	MEDICAL SUPPLIES CHARGED TO P	1006959	156247595	44775288				.006445	288577	55
55.01	COST OF SOLUTIONS	111965	34283832	10528599				.003266	34386	55.01
56	DRUGS CHARGED TO PATIENTS	1684202	96125412	28307220				.017521	495971	56
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	22007	535348	26796				.041108	1102	60
60.01	ANTICOAG CLINIC	64722	1701182	3595				.038045	137	60.01
61	EMERGENCY	1326365	52341984	6168967				.025340	156322	61
61.01	PARTIAL HOSPITALIZATION	19878	476570					.041711		61.01
62	OBSERVATION BEDS (NON-DISTINC	661237	8907289					.074235		62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES									65
101	TOTAL	21491884	805477853	181152467					4093090	101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL COST 2	ALLIED HEALTH COSTS 2.01	ALL OTHER MEDICAL EDUCATION COSTS 2.02	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS			200			200	25
26	INTENSIVE CARE UNIT			5			5	26
26.01	PEDIATRIC ICU			1			1	26.01
26.02	NEONATAL ICU			10			10	26.02
27	CORONARY CARE UNIT			9			9	27
28	BURN INTENSIVE CARE UNIT							28
29	SURGICAL INTENSIVE CARE UNIT							29
30	OTHER SPECIAL CARE (SPECIFY)							30
31	SUBPROVIDER I			1			1	31
31.01	SUBPROVIDER II			1			1	31.01
33	NURSERY			36			36	33
34	SKILLED NURSING FACILITY			3			3	34
35	NURSING FACILITY							35
101	TOTAL			266			266	101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

CHECK APPLICABLE BOXES
{ } TITLE V
{XX} TITLE XVIII-PT A
{ } TITLE XIX

	COST CENTER DESCRIPTION	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	89183		32402		25
26	INTENSIVE CARE UNIT	8468		3468		26
26.01	PEDIATRIC ICU	934				26.01
26.02	NEONATAL ICU	4588				26.02
27	CORONARY CARE UNIT	7796		3847		27
28	BURN INTENSIVE CARE UNIT					28
29	SURGICAL INTENSIVE CARE UNIT					29
30	OTHER SPECIAL CARE (SPECIFY)					30
31	SUBPROVIDER I	6236		2645		31
31.01	SUBPROVIDER II	14866		5312		31.01
33	NURSERY	4051	.01			33
34	SKILLED NURSING FACILITY	9822		6777		34
35	NURSING FACILITY					35
101	TOTAL	145944		54451		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (15-0021)	[ ]	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 NONPHYSICIAN ANESTHETIST COST 1	OUTPATIENT NONPHYSICIAN ANESTHETIST COST 1.01	NURSING SCHOOL COST 2	ALLIED HEALTH COSTS 2.01	ALL OTHER MEDICAL EDUCATION COSTS 2.02	ADMINISTERING BLOOD CLOTTING FACTORS COST 2.03	TOTAL COSTS 3	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM				62			62	37
37.01	CAREW MEDICAL PARK SURG				18			18	37.01
38	RECOVERY ROOM				4			4	38
39	DELIVERY ROOM & LABOR ROOM				6			6	39
40	ANESTHESIOLOGY								40
41	RADIOLOGY-DIAGNOSTIC				152705			152705	41
41.01	RADIOLOGY - WABASH								41.01
41.02	RADIOLOGY - MANCHESTER								41.02
41.03	RADIOLOGY - EAST STATE								41.03
41.04	RADIOLOGY - JEFFERSON								41.04
41.05	RADIOLOGY - NHMP								41.05
41.06	RADIOLOGY - CMP				4			4	41.06
41.07	RADIOLOGY - WP								41.07
41.08	RADIOLOGY - PULM CLINIC				2			2	41.08
41.09	RADIOLOGY - WHITLEY POOL								41.09
42	RADIOLOGY-THERAPEUTIC				12			12	42
43	RADIOISOTOPE				35			35	43
44	LABORATORY				47683			47683	44
44.01	ANATOMICAL PATHOLOGY								44.01
46	WHOLE BLOOD & PACKED RED BLOO								46
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
49	RESPIRATORY THERAPY				15			15	49
49.01	WOUND CARE				13			13	49.01
49.02	DIALYSIS								49.02
49.03	ENDOSCOPY				2			2	49.03
50	PHYSICAL THERAPY				6			6	50
50.01	TRANSITIONAL THERAPY								50.01
50.02	PV REHAB OUTREACH								50.02
51	OCCUPATIONAL THERAPY								51
52	SPEECH PATHOLOGY								52
52.01	NEURO REHAB				13			13	52.01
53	ELECTROCARDIOLOGY				6			6	53
54	ELECTROENCEPHALOGRAPHY				7			7	54
54.01	NUTRITION SUPPORT								54.01
54.02	MRI								54.02
54.03	CARDIAC CATH LAB				1			1	54.03
54.04	CARDIAC REHAB SERVICES								54.04
55	MEDICAL SUPPLIES CHARGED TO P								55
55.01	COST OF SOLUTIONS								55.01
56	DRUGS CHARGED TO PATIENTS				139581			139581	56
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC				1			1	60
60.01	ANTICOAG CLINIC								60.01
61	EMERGENCY				281			281	61
61.01	PARTIAL HOSPITALIZATION								61.01
62	OBSERVATION BEDS (NON-DISTINC				19			19	62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	AMBULANCE SERVICES								65
101	TOTAL				340476			340476	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS — WORKSHEET D PART IV

CHECK APPLICABLE BOXES	[ ]	TITLE V	[XX]	HOSPITAL (15-0021)	[ ]	SUB IV	[ ]	PPS
	[XX]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA
	[ ]	TITLE XIX	[ ]	SUB II	[ ]	NF		
			[ ]	SUB III	[ ]	ICF/MR		

	COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	62	90170778	.000001	.000001	20493858	20	3963264	37
37.01	CAREW MEDICAL PARK SURG	18	4453409	.000004	.000004	261		2144072	37.01
38	RECOVERY ROOM	4	15804302			2937574		1409344	38
39	DELIVERY ROOM & LABOR ROOM	6	8769065	.000001	.000001	20843		4345	39
40	ANESTHESIOLOGY		5700522			1420448		666202	40
41	RADIOLOGY-DIAGNOSTIC	152705	107326389	.001423	.001423	22223811	31624	18254924	41
41.01	RADIOLOGY - WABASH								41.01
41.02	RADIOLOGY - MANCHESTER								41.02
41.03	RADIOLOGY - EAST STATE								41.03
41.04	RADIOLOGY - JEFFERSON								41.04
41.05	RADIOLOGY - NHMP		469339						41.05
41.06	RADIOLOGY - CMP	4	5882018	.000001	.000001				41.06
41.07	RADIOLOGY - WP		532116						41.07
41.08	RADIOLOGY - PULM CLINIC	2	95323	.000021	.000021				41.08
41.09	RADIOLOGY - WHITLEY POOL								41.09
42	RADIOLOGY-THERAPEUTIC	12	36097131			406587		12778351	42
43	RADIOISOTOPE	35	3069175	.000011	.000011	650268	7	652995	43
44	LABORATORY	47683	57716568	.000826	.000826	15190380	12547	173588	44
44.01	ANATOMICAL PATHOLOGY		4814254			782878		863576	44.01
46	WHOLE BLOOD & PACKED RED BLOO		2559359			1543974		242270	46
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
49	RESPIRATORY THERAPY	15	25629699	.000001	.000001	8317531	8	589299	49
49.01	WOUND CARE	13	2341526	.000006	.000006	927862	6	165314	49.01
49.02	DIALYSIS		1861505			1168837		17715	49.02
49.03	ENDOSCOPY	2	10463075			1655791		2192295	49.03
50	PHYSICAL THERAPY	6	6802751	.000001	.000001	1335505	1	181	50
50.01	TRANSITIONAL THERAPY		191149						50.01
50.02	PV REHAB OUTREACH								50.02
51	OCCUPATIONAL THERAPY		4311995			957803		3705	51
52	SPEECH PATHOLOGY		2084884			348817			52
52.01	NEURO REHAB	13	1858155	.000007	.000007				52.01
53	ELECTROCARDIOLOGY	6	5194010	.000001	.000001	1169839	1	1035025	53
54	ELECTROENCEPHALOGRAPHY	7	1025063	.000007	.000007	252122	2	25179	54
54.01	NUTRITION SUPPORT		139781			81698		2844	54.01
54.02	MRI		10384581			1485006		323554	54.02
54.03	CARDIAC CATH LAB	1	38474300			7962599		5084262	54.03
54.04	CARDIAC REHAB SERVICES		636419			7710		229280	54.04
55	MEDICAL SUPPLIES CHARGED TO P		156247595			44775288		16847646	55
55.01	COST OF SOLUTIONS		34283832			10528599		1038062	55.01
56	DRUGS CHARGED TO PATIENTS	139581	96125412	.001452	.001452	28307220	41102	5577113	56
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC	1	535348	.000002	.000002	26796		118775	60
60.01	ANTICOAG CLINIC		1701182			3595		935228	60.01
61	EMERGENCY	281	52341984	.000005	.000005	6168967	31	6146481	61
61.01	PARTIAL HOSPITALIZATION		476570						61.01
62	OBSERVATION BEDS (NON-DISTINC	19	8907289	.000002	.000002			2096539	62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	AMBULANCE SERVICES								65
101	TOTAL	340476	805477853			181152467	85349	83581428	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK	[ ] TITLE V	[XX] HOSPITAL (15-0021)	[ ] 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 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM			4			37
37.01	CAREW MEDICAL PARK SURG			9			37.01
38	RECOVERY ROOM						38
39	DELIVERY ROOM & LABOR ROOM						39
40	ANESTHESIOLOGY						40
41	RADIOLOGY-DIAGNOSTIC			25977			41
41.01	RADIOLOGY - WABASH						41.01
41.02	RADIOLOGY - MANCHESTER						41.02
41.03	RADIOLOGY - EAST STATE						41.03
41.04	RADIOLOGY - JEFFERSON						41.04
41.05	RADIOLOGY - NHMP						41.05
41.06	RADIOLOGY - CMP						41.06
41.07	RADIOLOGY - WP						41.07
41.08	RADIOLOGY - PULM CLINIC						41.08
41.09	RADIOLOGY - WHITLEY POOL						41.09
42	RADIOLOGY-THERAPEUTIC						42
43	RADIOISOTOPE			7			43
44	LABORATORY			143			44
44.01	ANATOMICAL PATHOLOGY						44.01
46	WHOLE BLOOD & PACKED RED BLOO						46
46.30	BLOOD CLOTTING FACTORS ADMIN						46.30
49	RESPIRATORY THERAPY			1			49
49.01	WOUND CARE			1			49.01
49.02	DIALYSIS						49.02
49.03	ENDOSCOPY						49.03
50	PHYSICAL THERAPY						50
50.01	TRANSITIONAL THERAPY						50.01
50.02	PV REHAB OUTREACH						50.02
51	OCCUPATIONAL THERAPY						51
52	SPEECH PATHOLOGY						52
52.01	NEURO REHAB						52.01
53	ELECTROCARDIOLOGY			1			53
54	ELECTROENCEPHALOGRAPHY						54
54.01	NUTRITION SUPPORT						54.01
54.02	MRI						54.02
54.03	CARDIAC CATH LAB						54.03
54.04	CARDIAC REHAB SERVICES						54.04
55	MEDICAL SUPPLIES CHARGED TO P						55
55.01	COST OF SOLUTIONS						55.01
56	DRUGS CHARGED TO PATIENTS			8098			56
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC						60
60.01	ANTICOAG CLINIC						60.01
61	EMERGENCY			31			61
61.01	PARTIAL HOSPITALIZATION						61.01
62	OBSERVATION BEDS (NON-DISTINC			4			62
63.50	RHC						63.50
63.60	FQHC						63.60
	OTHER REIMBURSABLE COST CENTERS						
65	AMBULANCE SERVICES						65
101	TOTAL			34276			101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK APPLICABLE BOXES	[ ] TITLE V - O/P	[XX] HOSPITAL (15-0021)	[ ] SNF
	[XX] TITLE XVIII-PT B	[ ] SUB I	[ ] NF
	[ ] 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, PART II COL. 8	PART I COL. 9	PART II COL. 9	PROGRAM CHARGES - OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC	
		1	1.01	1.02	2	3	4	
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	.278279	.278279	.278279				37
37.01	CAREW MEDICAL PARK SURG	.302984	.302984	.302984				37.01
38	RECOVERY ROOM	.342876	.342876	.342876				38
39	DELIVERY ROOM & LABOR ROOM	.647768	.647768	.647768				39
40	ANESTHESIOLOGY	.119892	.119892	.119892				40
41	RADIOLOGY-DIAGNOSTIC	.136736	.136736	.136736				41
41.01	RADIOLOGY - WABASH							41.01
41.02	RADIOLOGY - MANCHESTER							41.02
41.03	RADIOLOGY - EAST STATE							41.03
41.04	RADIOLOGY - JEFFERSON							41.04
41.05	RADIOLOGY - NHMP	.759217	.759217	.759217				41.05
41.06	RADIOLOGY - CMP	.201941	.201941	.201941				41.06
41.07	RADIOLOGY - WP	.715476	.715476	.715476				41.07
41.08	RADIOLOGY - PULM CLINIC	3.491885	3.491885	3.491885				41.08
41.09	RADIOLOGY - WHITLEY POOL							41.09
42	RADIOLOGY-THERAPEUTIC	.245648	.245648	.245648				42
43	RADIOISOTOPE	.356343	.356343	.356343				43
44	LABORATORY	.226138	.226138	.226138				44
44.01	ANATOMICAL PATHOLOGY	.299955	.299955	.299955				44.01
46	WHOLE BLOOD & PACKED RED BLOOD	1.174909	1.174909	1.174909				46
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
49	RESPIRATORY THERAPY	.307123	.307123	.307123				49
49.01	WOUND CARE	.232070	.232070	.232070				49.01
49.02	DIALYSIS	.722455	.722455	.722455				49.02
49.03	ENDOSCOPY	.197148	.197148	.197148				49.03
50	PHYSICAL THERAPY	.598409	.598409	.598409				50
50.01	TRANSITIONAL THERAPY	1.229303	1.229303	1.229303				50.01
50.02	PV REHAB OUTREACH							50.02
51	OCCUPATIONAL THERAPY	.568710	.568710	.568710				51
52	SPEECH PATHOLOGY	.531631	.531631	.531631				52
52.01	NEURO REHAB	.595783	.595783	.595783				52.01
53	ELECTROCARDIOLOGY	.176272	.176272	.176272				53
54	ELECTROENCEPHALOGRAPHY	.408423	.408423	.408423				54
54.01	NUTRITION SUPPORT	4.592055	4.592055	4.592055				54.01
54.02	MRI	.233147	.233147	.233147				54.02
54.03	CARDIAC CATH LAB	.181632	.181632	.181632				54.03
54.04	CARDIAC REHAB SERVICES	.609212	.609212	.609212				54.04
55	MEDICAL SUPPLIES CHARGED TO PAT	.429285	.429285	.429285				55
55.01	COST OF SOLUTIONS	.128490	.128490	.128490				55.01
56	DRUGS CHARGED TO PATIENTS	.380070	.380070	.380070				56
	OUTPATIENT SERVICE COST CENTERS							
60	CLINIC	.910210	.910210	.910210				60
60.01	ANTICOAG CLINIC	.768003	.768003	.768003				60.01
61	EMERGENCY	.283583	.283583	.283583				61
61.01	PARTIAL HOSPITALIZATION	.335879	.335879	.335879				61.01
62	OBSERVATION BEDS (NON-DISTINCT	.708807	.708807	.708807				62
63.50	RHC							63.50
63.60	FQHC							63.60
	OTHER REIMBURSABLE COST CENTERS							
65	AMBULANCE SERVICES	.733531	.733531	.733531				65
65.01	AMBULANCE CHARGES (S-2 LINE 56.	.733531	.733531					65.01
65.02	AMBULANCE CHARGES (S-2 LINE 56.	.733531	.733531					65.02
65.03	AMBULANCE CHARGES (S-2 LINE 56.	.733531	.733531					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	
1	DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.380070	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 APPLICABLE BOXES	[ ] TITLE V - O/P	[XX]	HOSPITAL (15-0021)	[ ]	SNF
	[XX] TITLE XVIII-PT B	[ ]	SUB I	[ ]	NF
	[ ] TITLE XIX - O/P	[ ]	SUB II	[ ]	S/B-SNF
		[ ]	SUB III	[ ]	S/B-NF
		[ ]	SUB IV	[ ]	ICF/MR

	COST CENTER DESCRIPTION	PROGRAM CHARGES: ALL OTHER (1) (SEE INSTRU.) 5	PPS SERVICES (SEE INSTRU.) 5.01	ALL OTHER (SEE INSTRU.) 5.02	PPS SERVICES (SEE INSTRU.) 5.03	PPS SERVICES (SEE INSTRU.) 5.04	PROGRAM COST: OUTPATIENT AMBULATORY SURGICAL CENTER 6	OUTPATIENT RADIOLOGY 7	OTHER OUTPATIENT DIAGNOSTIC 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		3963264							37
37.01	CAREW MEDICAL PARK SURG		2144072							37.01
38	RECOVERY ROOM		1409344							38
39	DELIVERY ROOM & LABOR ROOM		4345							39
40	ANESTHESIOLOGY		666202							40
41	RADIOLOGY-DIAGNOSTIC		18254924							41
41.01	RADIOLOGY - WABASH									41.01
41.02	RADIOLOGY - MANCHESTER									41.02
41.03	RADIOLOGY - EAST STATE									41.03
41.04	RADIOLOGY - JEFFERSON									41.04
41.05	RADIOLOGY - NHMP									41.05
41.06	RADIOLOGY - CMP									41.06
41.07	RADIOLOGY - WP									41.07
41.08	RADIOLOGY - PULM CLINIC									41.08
41.09	RADIOLOGY - WHITLEY POOL									41.09
42	RADIOLOGY-THERAPEUTIC		12778351							42
43	RADIOISOTOPE		652995							43
44	LABORATORY		173588							44
44.01	ANATOMICAL PATHOLOGY		863576							44.01
46	WHOLE BLOOD & PACKED RED BLOOD		242270							46
46.30	BLOOD CLOTTING FACTORS ADMIN C									46.30
49	RESPIRATORY THERAPY		589299							49
49.01	WOUND CARE		165314							49.01
49.02	DIALYSIS		17715							49.02
49.03	ENDOSCOPY		2192295							49.03
50	PHYSICAL THERAPY		181							50
50.01	TRANSITIONAL THERAPY									50.01
50.02	PV REHAB OUTREACH									50.02
51	OCCUPATIONAL THERAPY		3705							51
52	SPEECH PATHOLOGY									52
52.01	NEURO REHAB									52.01
53	ELECTROCARDIOLOGY		1035025							53
54	ELECTROENCEPHALOGRAPHY		25179							54
54.01	NUTRITION SUPPORT		2844							54.01
54.02	MRI		323554							54.02
54.03	CARDIAC CATH LAB		5084262							54.03
54.04	CARDIAC REHAB SERVICES		229280							54.04
55	MEDICAL SUPPLIES CHARGED TO PA		16847646	35						55
55.01	COST OF SOLUTIONS		1038062							55.01
56	DRUGS CHARGED TO PATIENTS		5577113	6150						56
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC		118775							60
60.01	ANTICOAG CLINIC		935228							60.01
61	EMERGENCY		6146481							61
61.01	PARTIAL HOSPITALIZATION									61.01
62	OBSERVATION BEDS (NON-DISTINCT		2096539							62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES									65
65.01	AMBULANCE CHARGES (S-2 LINE 56									65.01
65.02	AMBULANCE CHARGES (S-2 LINE 56									65.02
65.03	AMBULANCE CHARGES (S-2 LINE 56									65.03
101	SUBTOTAL		83581428	6185						101
102	CRNA CHARGES									102
103	PBP CLINIC LAB									103
104	NET CHARGES		83581428	6185						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK	[ ] TITLE V - O/P	[XX] HOSPITAL (15-0021)	[ ] 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 ALL OTHER (COLS 1x5) 9	PROGRAM COST PPS SERVICES (COLUMNS 1.01x5.01) 9.01	PROGRAM COST ALL OTHER (COLUMNS 1.01x5.02) 9.02	PROGRAM COST PPS SERVICES (COLUMNS 1.01x5.03 9.03	PROGRAM COST PPS SERVICES (COLUMNS 1.01x5.04 9.04	HOSPITAL I/P PART B CHARGES (SEE INSTRU.) 10	HOSPITAL I/P PART B COST (COLUMNS 1.02x10) 11	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM		1102893						37
37.01	CAREW MEDICAL PARK SURG		649620						37.01
38	RECOVERY ROOM		483230						38
39	DELIVERY ROOM & LABOR ROOM		2815						39
40	ANESTHESIOLOGY		79872						40
41	RADIOLOGY-DIAGNOSTIC		2496105						41
41.01	RADIOLOGY - WABASH								41.01
41.02	RADIOLOGY - MANCHESTER								41.02
41.03	RADIOLOGY - EAST STATE								41.03
41.04	RADIOLOGY - JEFFERSON								41.04
41.05	RADIOLOGY - NHMP								41.05
41.06	RADIOLOGY - CMP								41.06
41.07	RADIOLOGY - WP								41.07
41.08	RADIOLOGY - PULM CLINIC								41.08
41.09	RADIOLOGY - WHITLEY POOL								41.09
42	RADIOLOGY-THERAPEUTIC		3138976						42
43	RADIOISOTOPE		232690						43
44	LABORATORY		39255						44
44.01	ANATOMICAL PATHOLOGY		259034						44.01
46	WHOLE BLOOD & PACKED RED BLOOD		284645						46
46.30	BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	RESPIRATORY THERAPY		180987						49
49.01	WOUND CARE		38364						49.01
49.02	DIALYSIS		12798						49.02
49.03	ENDOSCOPY		432207						49.03
50	PHYSICAL THERAPY		108						50
50.01	TRANSITIONAL THERAPY								50.01
50.02	PV REHAB OUTREACH								50.02
51	OCCUPATIONAL THERAPY		2107						51
52	SPEECH PATHOLOGY								52
52.01	NEURO REHAB								52.01
53	ELECTROCARDIOLOGY		182446						53
54	ELECTROENCEPHALOGRAPHY		10284						54
54.01	NUTRITION SUPPORT		13060						54.01
54.02	MRI		75436						54.02
54.03	CARDIAC CATH LAB		923465						54.03
54.04	CARDIAC REHAB SERVICES		139680						54.04
55	MEDICAL SUPPLIES CHARGED TO PAT		7232442	15					55
55.01	COST OF SOLUTIONS		133381						55.01
56	DRUGS CHARGED TO PATIENTS		2119693	2337					56
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC		108110						60
60.01	ANTICOAG CLINIC		718258						60.01
61	EMERGENCY		1743038						61
61.01	PARTIAL HOSPITALIZATION								61.01
62	OBSERVATION BEDS (NON-DISTINCT		1486042						62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	AMBULANCE SERVICES								65
65.01	AMBULANCE CHARGES (S-2 LINE 56.								65.01
65.02	AMBULANCE CHARGES (S-2 LINE 56.								65.02
65.03	AMBULANCE CHARGES (S-2 LINE 56.								65.03
101	SUBTOTAL		24321041	2352					101
102	CRNA CHARGES								102
103	LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS								103
104	NET CHARGES		24321041	2352					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	(15-T021)	[ ] SUB IV	[ ] TEFRA		
BOXES	[ ] TITLE XIX	[ ] SUB II					

	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPATIENT PROGRAM CHARGES 4	---- OLD CAPITAL ---- RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	---- NEW CAPITAL ---- RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	3696580	90170778	6071				.040995	249	37
37.01	CAREW MEDICAL PARK SURG	250119	4453409					.056163		37.01
38	RECOVERY ROOM	401618	15804302	3958				.025412	101	38
39	DELIVERY ROOM & LABOR ROOM	457257	8769065					.052144		39
40	ANESTHESIOLOGY	256535	5700522	1042				.045002	47	40
41	RADIOLOGY-DIAGNOSTIC	3227955	107326389	176608				.030076	5312	41
41.01	RADIOLOGY - WABASH									41.01
41.02	RADIOLOGY - MANCHESTER									41.02
41.03	RADIOLOGY - EAST STATE									41.03
41.04	RADIOLOGY - JEFFERSON									41.04
41.05	RADIOLOGY - NHMP		46564	469339				.099212		41.05
41.06	RADIOLOGY - CMP		153957	5882018				.026174		41.06
41.07	RADIOLOGY - WP		47433	532116				.089140		41.07
41.08	RADIOLOGY - PULM CLINIC		43963	95323				.461200		41.08
41.09	RADIOLOGY - WHITLEY POOL									41.09
42	RADIOLOGY-THERAPEUTIC	1707953	36097131	67706				.047315	3204	42
43	RADIOISOTOPE	245380	3069175	3814				.079950	305	43
44	LABORATORY	2076058	57716568	158613				.035970	5705	44
44.01	ANATOMICAL PATHOLOGY	118164	4814254	2449				.024545	60	44.01
46	WHOLE BLOOD & PACKED RED BLOO	17173	2559359	1164				.006710	8	46
46.30	BLOOD CLOTTING FACTORS ADMIN									46.30
49	RESPIRATORY THERAPY	659787	25629699	31800				.025743	819	49
49.01	WOUND CARE	10225	2341526	73286				.004367	320	49.01
49.02	DIALYSIS	34946	1861505	12860				.018773	241	49.02
49.03	ENDOSCOPY	226466	10463075	7342				.021644	159	49.03
50	PHYSICAL THERAPY	334706	6802751	565657				.049202	27831	50
50.01	TRANSITIONAL THERAPY	46434	191149					.242920		50.01
50.02	PV REHAB OUTREACH									50.02
51	OCCUPATIONAL THERAPY	185531	4311995	570781				.043027	24559	51
52	SPEECH PATHOLOGY	85317	2084884	387017				.040922	15838	52
52.01	NEURO REHAB	51636	1858155					.027789		52.01
53	ELECTROCARDIOLOGY	147547	5194010	4102				.028407	117	53
54	ELECTROENCEPHALOGRAPHY	69205	1025063	3485				.067513	235	54
54.01	NUTRITION SUPPORT	36530	139781	1450				.261337	379	54.01
54.02	MRI	581196	10384581	33547				.055967	1878	54.02
54.03	CARDIAC CATH LAB	1296459	38474300					.033697		54.03
54.04	CARDIAC REHAB SERVICES	81855	636419					.128618		54.04
55	MEDICAL SUPPLIES CHARGED TO P	1006959	156247595	52123				.006445	336	55
55.01	COST OF SOLUTIONS	111965	34283832	36598				.003266	120	55.01
56	DRUGS CHARGED TO PATIENTS	1684202	96125412	221530				.017521	3881	56
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	22007	535348	2977				.041108	122	60
60.01	ANTICOAG CLINIC	64722	1701182					.038045		60.01
61	EMERGENCY	1326365	52341984					.025340		61
61.01	PARTIAL HOSPITALIZATION	19878	476570					.041711		61.01
62	OBSERVATION BEDS (NON-DISTINC	661237	8907289					.074235		62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES									65
101	TOTAL	21491884	805477853	2425980					91826	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	(15-T021)	[ ]	SNF	[ ]	TEFRA
BOXES	[ ]	TITLE XIX	[ ]	SUB II		[ ]	NF		
			[ ]	SUB III		[ ]	ICF/MR		

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	OUTPATIENT NONPHYSICIAN ANESTHETIST COST 1.01	NURSING SCHOOL COST 2	ALLIED HEALTH COSTS 2.01	ALL OTHER MEDICAL EDUCATION COSTS 2.02	ADMINISTERING BLOOD CLOTTING FACTORS COST 2.03	TOTAL COSTS 3	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM				62			62	37
37.01	CAREW MEDICAL PARK SURG				18			18	37.01
38	RECOVERY ROOM				4			4	38
39	DELIVERY ROOM & LABOR ROOM				6			6	39
40	ANESTHESIOLOGY								40
41	RADIOLOGY-DIAGNOSTIC				152705			152705	41
41.01	RADIOLOGY - WABASH								41.01
41.02	RADIOLOGY - MANCHESTER								41.02
41.03	RADIOLOGY - EAST STATE								41.03
41.04	RADIOLOGY - JEFFERSON								41.04
41.05	RADIOLOGY - NHMP								41.05
41.06	RADIOLOGY - CMP				4			4	41.06
41.07	RADIOLOGY - WP								41.07
41.08	RADIOLOGY - PULM CLINIC				2			2	41.08
41.09	RADIOLOGY - WHITLEY POOL								41.09
42	RADIOLOGY-THERAPEUTIC				12			12	42
43	RADIOISOTOPE				35			35	43
44	LABORATORY				47683			47683	44
44.01	ANATOMICAL PATHOLOGY								44.01
46	WHOLE BLOOD & PACKED RED BLOO								46
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
49	RESPIRATORY THERAPY				15			15	49
49.01	WOUND CARE				13			13	49.01
49.02	DIALYSIS								49.02
49.03	ENDOSCOPY				2			2	49.03
50	PHYSICAL THERAPY				6			6	50
50.01	TRANSITIONAL THERAPY								50.01
50.02	PV REHAB OUTREACH								50.02
51	OCCUPATIONAL THERAPY								51
52	SPEECH PATHOLOGY								52
52.01	NEURO REHAB				13			13	52.01
53	ELECTROCARDIOLOGY				6			6	53
54	ELECTROENCEPHALOGRAPHY				7			7	54
54.01	NUTRITION SUPPORT								54.01
54.02	MRI								54.02
54.03	CARDIAC CATH LAB				1			1	54.03
54.04	CARDIAC REHAB SERVICES								54.04
55	MEDICAL SUPPLIES CHARGED TO P								55
55.01	COST OF SOLUTIONS								55.01
56	DRUGS CHARGED TO PATIENTS				139581			139581	56
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC				1			1	60
60.01	ANTICOAG CLINIC								60.01
61	EMERGENCY				281			281	61
61.01	PARTIAL HOSPITALIZATION								61.01
62	OBSERVATION BEDS (NON-DISTINC				19			19	62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	AMBULANCE SERVICES								65
101	TOTAL				340476			340476	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	(15-T021)	[ ]	SNF	[ ] TEFRA
BOXES	[ ]	TITLE XIX	[ ]	SUB II		[ ]	NF	
			[ ]	SUB III		[ ]	ICF/MR	

	COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	62	90170778	.000001	.000001	6071			37
37.01	CAREW MEDICAL PARK SURG	18	4453409	.000004	.000004				37.01
38	RECOVERY ROOM	4	15804302			3958			38
39	DELIVERY ROOM & LABOR ROOM	6	8769065	.000001	.000001				39
40	ANESTHESIOLOGY		5700522			1042			40
41	RADIOLOGY-DIAGNOSTIC	152705	107326389	.001423	.001423	176608	251		41
41.01	RADIOLOGY - WABASH								41.01
41.02	RADIOLOGY - MANCHESTER								41.02
41.03	RADIOLOGY - EAST STATE								41.03
41.04	RADIOLOGY - JEFFERSON								41.04
41.05	RADIOLOGY - NHMP		469339						41.05
41.06	RADIOLOGY - CMP	4	5882018	.000001	.000001				41.06
41.07	RADIOLOGY - WP		532116						41.07
41.08	RADIOLOGY - PULM CLINIC	2	95323	.000021	.000021				41.08
41.09	RADIOLOGY - WHITLEY POOL								41.09
42	RADIOLOGY-THERAPEUTIC	12	36097131			67706			42
43	RADIOISOTOPE	35	3069175	.000011	.000011	3814			43
44	LABORATORY	47683	57716568	.000826	.000826	158613	131		44
44.01	ANATOMICAL PATHOLOGY		4814254			2449			44.01
46	WHOLE BLOOD & PACKED RED BLOO		2559359			1164			46
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
49	RESPIRATORY THERAPY	15	25629699	.000001	.000001	31800			49
49.01	WOUND CARE	13	2341526	.000006	.000006	73286			49.01
49.02	DIALYSIS		1861505			12860			49.02
49.03	ENDOSCOPY	2	10463075			7342			49.03
50	PHYSICAL THERAPY	6	6802751	.000001	.000001	565657	1		50
50.01	TRANSITIONAL THERAPY		191149						50.01
50.02	PV REHAB OUTREACH								50.02
51	OCCUPATIONAL THERAPY		4311995			570781			51
52	SPEECH PATHOLOGY		2084884			387017			52
52.01	NEURO REHAB	13	1858155	.000007	.000007				52.01
53	ELECTROCARDIOLOGY	6	5194010	.000001	.000001	4102			53
54	ELECTROENCEPHALOGRAPHY	7	1025063	.000007	.000007	3485			54
54.01	NUTRITION SUPPORT		139781			1450			54.01
54.02	MRI		10384581			33547			54.02
54.03	CARDIAC CATH LAB	1	38474300						54.03
54.04	CARDIAC REHAB SERVICES		636419						54.04
55	MEDICAL SUPPLIES CHARGED TO P		156247595			52123			55
55.01	COST OF SOLUTIONS		34283832			36598			55.01
56	DRUGS CHARGED TO PATIENTS	139581	96125412	.001452	.001452	221530	322		56
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC	1	535348	.000002	.000002	2977			60
60.01	ANTICOAG CLINIC		1701182						60.01
61	EMERGENCY	281	52341984	.000005	.000005				61
61.01	PARTIAL HOSPITALIZATION		476570						61.01
62	OBSERVATION BEDS (NON-DISTINC	19	8907289	.000002	.000002				62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	AMBULANCE SERVICES								65
101	TOTAL	340476	805477853			2425980	705		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	(15-T021)	[ ]	SNF	[ ]	TEFRA
BOXES	[ ]	TITLE XIX	[ ]	SUB II		[ ]	NF		
			[ ]	SUB III		[ ]	ICF/MR		

	COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM						37
37.01	CAREW MEDICAL PARK SURG						37.01
38	RECOVERY ROOM						38
39	DELIVERY ROOM & LABOR ROOM						39
40	ANESTHESIOLOGY						40
41	RADIOLOGY-DIAGNOSTIC						41
41.01	RADIOLOGY - WABASH						41.01
41.02	RADIOLOGY - MANCHESTER						41.02
41.03	RADIOLOGY - EAST STATE						41.03
41.04	RADIOLOGY - JEFFERSON						41.04
41.05	RADIOLOGY - NHMP						41.05
41.06	RADIOLOGY - CMP						41.06
41.07	RADIOLOGY - WP						41.07
41.08	RADIOLOGY - PULM CLINIC						41.08
41.09	RADIOLOGY - WHITLEY POOL						41.09
42	RADIOLOGY-THERAPEUTIC						42
43	RADIOISOTOPE						43
44	LABORATORY						44
44.01	ANATOMICAL PATHOLOGY						44.01
46	WHOLE BLOOD & PACKED RED BLOO						46
46.30	BLOOD CLOTTING FACTORS ADMIN						46.30
49	RESPIRATORY THERAPY						49
49.01	WOUND CARE						49.01
49.02	DIALYSIS						49.02
49.03	ENDOSCOPY						49.03
50	PHYSICAL THERAPY						50
50.01	TRANSITIONAL THERAPY						50.01
50.02	PV REHAB OUTREACH						50.02
51	OCCUPATIONAL THERAPY						51
52	SPEECH PATHOLOGY						52
52.01	NEURO REHAB						52.01
53	ELECTROCARDIOLOGY						53
54	ELECTROENCEPHALOGRAPHY						54
54.01	NUTRITION SUPPORT						54.01
54.02	MRI						54.02
54.03	CARDIAC CATH LAB						54.03
54.04	CARDIAC REHAB SERVICES						54.04
55	MEDICAL SUPPLIES CHARGED TO P						55
55.01	COST OF SOLUTIONS						55.01
56	DRUGS CHARGED TO PATIENTS						56
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC						60
60.01	ANTICOAG CLINIC						60.01
61	EMERGENCY						61
61.01	PARTIAL HOSPITALIZATION						61.01
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 APPLICABLE BOXES	[ ] TITLE V	[ ] HOSPITAL	[ ] SUB III	[ ] PPS
	[XX] TITLE XVIII-PT A	[ ] SUB I	[ ] SUB IV	[XX] TEFRA
	[ ] TITLE XIX	[XX] SUB II (15-S021)		

	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPATIENT PROGRAM CHARGES 4	---- OLD CAPITAL ---- RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	---- NEW CAPITAL ---- RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		3696580	90170778				.040995		37
37.01	CAREW MEDICAL PARK SURG		250119	4453409	167454			.056163	9405	37.01
38	RECOVERY ROOM		401618	15804302				.025412		38
39	DELIVERY ROOM & LABOR ROOM		457257	8769065				.052144		39
40	ANESTHESIOLOGY		256535	5700522				.045002		40
41	RADIOLOGY-DIAGNOSTIC		3227955	107326389	104354			.030076	3139	41
41.01	RADIOLOGY - WABASH									41.01
41.02	RADIOLOGY - MANCHESTER									41.02
41.03	RADIOLOGY - EAST STATE									41.03
41.04	RADIOLOGY - JEFFERSON									41.04
41.05	RADIOLOGY - NHMP		46564	469339				.099212		41.05
41.06	RADIOLOGY - CMP		153957	5882018				.026174		41.06
41.07	RADIOLOGY - WP		47433	532116				.089140		41.07
41.08	RADIOLOGY - PULM CLINIC		43963	95323				.461200		41.08
41.09	RADIOLOGY - WHITLEY POOL									41.09
42	RADIOLOGY-THERAPEUTIC		1707953	36097131				.047315		42
43	RADIOISOTOPE		245380	3069175				.079950		43
44	LABORATORY		2076058	57716568	464364			.035970	16703	44
44.01	ANATOMICAL PATHOLOGY		118164	4814254				.024545		44.01
46	WHOLE BLOOD & PACKED RED BLOO		17173	2559359				.006710		46
46.30	BLOOD CLOTTING FACTORS ADMIN									46.30
49	RESPIRATORY THERAPY		659787	25629699	2486			.025743	64	49
49.01	WOUND CARE		10225	2341526	1983			.004367	9	49.01
49.02	DIALYSIS		34946	1861505	13820			.018773	259	49.02
49.03	ENDOSCOPY		226466	10463075				.021644		49.03
50	PHYSICAL THERAPY		334706	6802751	295			.049202	15	50
50.01	TRANSITIONAL THERAPY		46434	191149				.242920		50.01
50.02	PV REHAB OUTREACH									50.02
51	OCCUPATIONAL THERAPY		185531	4311995	3317			.043027	143	51
52	SPEECH PATHOLOGY		85317	2084884	288			.040922	12	52
52.01	NEURO REHAB		51636	1858155				.027789		52.01
53	ELECTROCARDIOLOGY		147547	5194010	32591			.028407	926	53
54	ELECTROENCEPHALOGRAPHY		69205	1025063	3142			.067513	212	54
54.01	NUTRITION SUPPORT		36530	139781	4873			.261337	1273	54.01
54.02	MRI		581196	10384581	16253			.055967	910	54.02
54.03	CARDIAC CATH LAB		1296459	38474300				.033697		54.03
54.04	CARDIAC REHAB SERVICES		81855	636419				.128618		54.04
55	MEDICAL SUPPLIES CHARGED TO P		1006959	156247595	3324			.006445	21	55
55.01	COST OF SOLUTIONS		111965	34283832	27509			.003266	90	55.01
56	DRUGS CHARGED TO PATIENTS		1684202	96125412	598851			.017521	10492	56
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC		22007	535348	650			.041108	27	60
60.01	ANTICOAG CLINIC		64722	1701182	91			.038045	3	60.01
61	EMERGENCY		1326365	52341984	218080			.025340	5526	61
61.01	PARTIAL HOSPITALIZATION		19878	476570				.041711		61.01
62	OBSERVATION BEDS (NON-DISTINC		661237	8907289				.074235		62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES									65
101	TOTAL		21491884	805477853	1663725				49229	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS — WORKSHEET D PART IV

CHECK APPLICABLE BOXES	[ ]	TITLE V	[ ]	HOSPITAL		[ ]	SUB IV	[ ]	PPS
	[XX]	TITLE XVIII-PT A	[ ]	SUB I		[ ]	SNF	[ ]	TEFRA
	[ ]	TITLE XIX	[XX]	SUB II	(15-S021)	[ ]	NF		
			[ ]	SUB III		[ ]	ICF/MR		

	COST CENTER DESCRIPTION	OUTPATIENT NONPHYSICIAN ANESTHETIST COST 1	OUTPATIENT NONPHYSICIAN ANESTHETIST COST 1.01	NURSING SCHOOL COST 2	ALLIED HEALTH COSTS 2.01	ALL OTHER MEDICAL EDUCATION COSTS 2.02	ADMINISTERING BLOOD CLOTTING FACTORS COST 2.03	TOTAL COSTS 3	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM				62			62	37
37.01	CAREW MEDICAL PARK SURG				18			18	37.01
38	RECOVERY ROOM				4			4	38
39	DELIVERY ROOM & LABOR ROOM				6			6	39
40	ANESTHESIOLOGY								40
41	RADIOLOGY-DIAGNOSTIC				152705			152705	41
41.01	RADIOLOGY - WABASH								41.01
41.02	RADIOLOGY - MANCHESTER								41.02
41.03	RADIOLOGY - EAST STATE								41.03
41.04	RADIOLOGY - JEFFERSON								41.04
41.05	RADIOLOGY - NHMP								41.05
41.06	RADIOLOGY - CMP				4			4	41.06
41.07	RADIOLOGY - WP								41.07
41.08	RADIOLOGY - PULM CLINIC				2			2	41.08
41.09	RADIOLOGY - WHITLEY POOL								41.09
42	RADIOLOGY-THERAPEUTIC				12			12	42
43	RADIOISOTOPE				35			35	43
44	LABORATORY				47683			47683	44
44.01	ANATOMICAL PATHOLOGY								44.01
46	WHOLE BLOOD & PACKED RED BLOO								46
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
49	RESPIRATORY THERAPY				15			15	49
49.01	WOUND CARE				13			13	49.01
49.02	DIALYSIS								49.02
49.03	ENDOSCOPY				2			2	49.03
50	PHYSICAL THERAPY				6			6	50
50.01	TRANSITIONAL THERAPY								50.01
50.02	PV REHAB OUTREACH								50.02
51	OCCUPATIONAL THERAPY								51
52	SPEECH PATHOLOGY								52
52.01	NEURO REHAB				13			13	52.01
53	ELECTROCARDIOLOGY				6			6	53
54	ELECTROENCEPHALOGRAPHY				7			7	54
54.01	NUTRITION SUPPORT								54.01
54.02	MRI								54.02
54.03	CARDIAC CATH LAB				1			1	54.03
54.04	CARDIAC REHAB SERVICES								54.04
55	MEDICAL SUPPLIES CHARGED TO P								55
55.01	COST OF SOLUTIONS								55.01
56	DRUGS CHARGED TO PATIENTS				139581			139581	56
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC				1			1	60
60.01	ANTICOAG CLINIC								60.01
61	EMERGENCY				281			281	61
61.01	PARTIAL HOSPITALIZATION								61.01
62	OBSERVATION BEDS (NON-DISTINC				19			19	62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	AMBULANCE SERVICES								65
101	TOTAL				340476			340476	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	[ ]	SUB I		[ ]	SNF	[ ] TEFRA
BOXES	[ ]	TITLE XIX	[XX]	SUB II	(15-S021)	[ ]	NF	
			[ ]	SUB III		[ ]	ICF/MR	

	COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	62	90170778	.000001	.000001				37
37.01	CAREW MEDICAL PARK SURG	18	4453409	.000004	.000004	167454	1		37.01
38	RECOVERY ROOM	4	15804302						38
39	DELIVERY ROOM & LABOR ROOM	6	8769065	.000001	.000001				39
40	ANESTHESIOLOGY		5700522						40
41	RADIOLOGY-DIAGNOSTIC	152705	107326389	.001423	.001423	104354	148		41
41.01	RADIOLOGY - WABASH								41.01
41.02	RADIOLOGY - MANCHESTER								41.02
41.03	RADIOLOGY - EAST STATE								41.03
41.04	RADIOLOGY - JEFFERSON								41.04
41.05	RADIOLOGY - NHMP		469339						41.05
41.06	RADIOLOGY - CMP	4	5882018	.000001	.000001				41.06
41.07	RADIOLOGY - WP		532116						41.07
41.08	RADIOLOGY - PULM CLINIC	2	95323	.000021	.000021				41.08
41.09	RADIOLOGY - WHITLEY POOL								41.09
42	RADIOLOGY-THERAPEUTIC	12	36097131						42
43	RADIOISOTOPE	35	3069175	.000011	.000011				43
44	LABORATORY	47683	57716568	.000826	.000826	464364	384		44
44.01	ANATOMICAL PATHOLOGY		4814254						44.01
46	WHOLE BLOOD & PACKED RED BLOO		2559359						46
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
49	RESPIRATORY THERAPY	15	25629699	.000001	.000001	2486			49
49.01	WOUND CARE	13	2341526	.000006	.000006	1983			49.01
49.02	DIALYSIS		1861505			13820			49.02
49.03	ENDOSCOPY	2	10463075						49.03
50	PHYSICAL THERAPY	6	6802751	.000001	.000001	295			50
50.01	TRANSITIONAL THERAPY		191149						50.01
50.02	PV REHAB OUTREACH								50.02
51	OCCUPATIONAL THERAPY		4311995			3317			51
52	SPEECH PATHOLOGY		2084884			288			52
52.01	NEURO REHAB	13	1858155	.000007	.000007				52.01
53	ELECTROCARDIOLOGY	6	5194010	.000001	.000001	32591			53
54	ELECTROENCEPHALOGRAPHY	7	1025063	.000007	.000007	3142			54
54.01	NUTRITION SUPPORT		139781			4873			54.01
54.02	MRI		10384581			16253			54.02
54.03	CARDIAC CATH LAB	1	38474300						54.03
54.04	CARDIAC REHAB SERVICES		636419						54.04
55	MEDICAL SUPPLIES CHARGED TO P		156247595			3324			55
55.01	COST OF SOLUTIONS		34283832			27509			55.01
56	DRUGS CHARGED TO PATIENTS	139581	96125412	.001452	.001452	598851	870		56
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC	1	535348	.000002	.000002	650			60
60.01	ANTICOAG CLINIC		1701182			91			60.01
61	EMERGENCY	281	52341984	.000005	.000005	218080	1		61
61.01	PARTIAL HOSPITALIZATION		476570						61.01
62	OBSERVATION BEDS (NON-DISTINC	19	8907289	.000002	.000002				62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	AMBULANCE SERVICES								65
101	TOTAL	340476	805477853			1663725	1404		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	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA
BOXES	[ ]	TITLE XIX	[XX]	SUB II (15-S021)	[ ]	NF		
			[ ]	SUB III	[ ]	ICF/MR		

	COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM						37
37.01	CAREW MEDICAL PARK SURG						37.01
38	RECOVERY ROOM						38
39	DELIVERY ROOM & LABOR ROOM						39
40	ANESTHESIOLOGY						40
41	RADIOLOGY-DIAGNOSTIC						41
41.01	RADIOLOGY - WABASH						41.01
41.02	RADIOLOGY - MANCHESTER						41.02
41.03	RADIOLOGY - EAST STATE						41.03
41.04	RADIOLOGY - JEFFERSON						41.04
41.05	RADIOLOGY - NHMP						41.05
41.06	RADIOLOGY - CMP						41.06
41.07	RADIOLOGY - WP						41.07
41.08	RADIOLOGY - PULM CLINIC						41.08
41.09	RADIOLOGY - WHITLEY POOL						41.09
42	RADIOLOGY-THERAPEUTIC						42
43	RADIOISOTOPE						43
44	LABORATORY						44
44.01	ANATOMICAL PATHOLOGY						44.01
46	WHOLE BLOOD & PACKED RED BLOO						46
46.30	BLOOD CLOTTING FACTORS ADMIN						46.30
49	RESPIRATORY THERAPY						49
49.01	WOUND CARE						49.01
49.02	DIALYSIS						49.02
49.03	ENDOSCOPY						49.03
50	PHYSICAL THERAPY						50
50.01	TRANSITIONAL THERAPY						50.01
50.02	PV REHAB OUTREACH						50.02
51	OCCUPATIONAL THERAPY						51
52	SPEECH PATHOLOGY						52
52.01	NEURO REHAB						52.01
53	ELECTROCARDIOLOGY						53
54	ELECTROENCEPHALOGRAPHY						54
54.01	NUTRITION SUPPORT						54.01
54.02	MRI						54.02
54.03	CARDIAC CATH LAB						54.03
54.04	CARDIAC REHAB SERVICES						54.04
55	MEDICAL SUPPLIES CHARGED TO P						55
55.01	COST OF SOLUTIONS						55.01
56	DRUGS CHARGED TO PATIENTS						56
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC						60
60.01	ANTICOAG CLINIC						60.01
61	EMERGENCY						61
61.01	PARTIAL HOSPITALIZATION						61.01
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	[ ]	SUB I	[XX]	SNF	(15-5516)	[ ]	TEFRA
BOXES	[ ]	TITLE XIX	[ ]	SUB II	[ ]	NF			
			[ ]	SUB III	[ ]	ICF/MR			

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	OUTPATIENT NONPHYSICIAN ANESTHETIST COST 1.01	NURSING SCHOOL COST 2	ALLIED HEALTH COSTS 2.01	ALL OTHER MEDICAL EDUCATION COSTS 2.02	ADMINISTERING BLOOD CLOTTING FACTORS COST 2.03	TOTAL COSTS 3	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM				62			62	37
37.01	CAREW MEDICAL PARK SURG				18			18	37.01
38	RECOVERY ROOM				4			4	38
39	DELIVERY ROOM & LABOR ROOM				6			6	39
40	ANESTHESIOLOGY								40
41	RADIOLOGY-DIAGNOSTIC				152705			152705	41
41.01	RADIOLOGY - WABASH								41.01
41.02	RADIOLOGY - MANCHESTER								41.02
41.03	RADIOLOGY - EAST STATE								41.03
41.04	RADIOLOGY - JEFFERSON								41.04
41.05	RADIOLOGY - NHMP								41.05
41.06	RADIOLOGY - CMP				4			4	41.06
41.07	RADIOLOGY - WP								41.07
41.08	RADIOLOGY - PULM CLINIC				2			2	41.08
41.09	RADIOLOGY - WHITLEY POOL								41.09
42	RADIOLOGY-THERAPEUTIC				12			12	42
43	RADIOISOTOPE				35			35	43
44	LABORATORY				47683			47683	44
44.01	ANATOMICAL PATHOLOGY								44.01
46	WHOLE BLOOD & PACKED RED BLOO								46
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
49	RESPIRATORY THERAPY				15			15	49
49.01	WOUND CARE				13			13	49.01
49.02	DIALYSIS								49.02
49.03	ENDOSCOPY				2			2	49.03
50	PHYSICAL THERAPY				6			6	50
50.01	TRANSITIONAL THERAPY								50.01
50.02	PV REHAB OUTREACH								50.02
51	OCCUPATIONAL THERAPY								51
52	SPEECH PATHOLOGY								52
52.01	NEURO REHAB				13			13	52.01
53	ELECTROCARDIOLOGY				6			6	53
54	ELECTROENCEPHALOGRAPHY				7			7	54
54.01	NUTRITION SUPPORT								54.01
54.02	MRI								54.02
54.03	CARDIAC CATH LAB				1			1	54.03
54.04	CARDIAC REHAB SERVICES								54.04
55	MEDICAL SUPPLIES CHARGED TO P								55
55.01	COST OF SOLUTIONS								55.01
56	DRUGS CHARGED TO PATIENTS				139581			139581	56
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC				1			1	60
60.01	ANTICOAG CLINIC								60.01
61	EMERGENCY				281			281	61
61.01	PARTIAL HOSPITALIZATION								61.01
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				340457			340457	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	[ ]	SUB I	[XX]	SNF (15-5516)	[ ]	TEFRA
BOXES	[ ]	TITLE XIX	[ ]	SUB II	[ ]	NF		
			[ ]	SUB III	[ ]	ICF/MR		

	COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	62	90170778	.000001	.000001	10086			37
37.01	CAREW MEDICAL PARK SURG	18	4453409	.000004	.000004				37.01
38	RECOVERY ROOM	4	15804302			3005			38
39	DELIVERY ROOM & LABOR ROOM	6	8769065	.000001	.000001				39
40	ANESTHESIOLOGY		5700522			1861			40
41	RADIOLOGY-DIAGNOSTIC	152705	107326389	.001423	.001423	191266	272		41
41.01	RADIOLOGY - WABASH								41.01
41.02	RADIOLOGY - MANCHESTER								41.02
41.03	RADIOLOGY - EAST STATE								41.03
41.04	RADIOLOGY - JEFFERSON								41.04
41.05	RADIOLOGY - NHMP		469339						41.05
41.06	RADIOLOGY - CMP	4	5882018	.000001	.000001				41.06
41.07	RADIOLOGY - WP		532116						41.07
41.08	RADIOLOGY - PULM CLINIC	2	95323	.000021	.000021				41.08
41.09	RADIOLOGY - WHITLEY POOL								41.09
42	RADIOLOGY-THERAPEUTIC	12	36097131			15899			42
43	RADIOISOTOPE	35	3069175	.000011	.000011	2554			43
44	LABORATORY	47683	57716568	.000826	.000826	618522	511		44
44.01	ANATOMICAL PATHOLOGY		4814254			8978			44.01
46	WHOLE BLOOD & PACKED RED BLOO		2559359			38049			46
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
49	RESPIRATORY THERAPY	15	25629699	.000001	.000001	221338			49
49.01	WOUND CARE	13	2341526	.000006	.000006	110223	1		49.01
49.02	DIALYSIS		1861505						49.02
49.03	ENDOSCOPY	2	10463075						49.03
50	PHYSICAL THERAPY	6	6802751	.000001	.000001	620295	1		50
50.01	TRANSITIONAL THERAPY		191149						50.01
50.02	PV REHAB OUTREACH								50.02
51	OCCUPATIONAL THERAPY		4311995			659895			51
52	SPEECH PATHOLOGY		2084884			144063			52
52.01	NEURO REHAB	13	1858155	.000007	.000007				52.01
53	ELECTROCARDIOLOGY	6	5194010	.000001	.000001	14285			53
54	ELECTROENCEPHALOGRAPHY	7	1025063	.000007	.000007	5021			54
54.01	NUTRITION SUPPORT		139781			642			54.01
54.02	MRI		10384581			464			54.02
54.03	CARDIAC CATH LAB	1	38474300						54.03
54.04	CARDIAC REHAB SERVICES		636419						54.04
55	MEDICAL SUPPLIES CHARGED TO P		156247595			153429			55
55.01	COST OF SOLUTIONS		34283832			265673			55.01
56	DRUGS CHARGED TO PATIENTS	139581	96125412	.001452	.001452	1401542	2035		56
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC	1	535348	.000002	.000002	3681			60
60.01	ANTICOAG CLINIC		1701182						60.01
61	EMERGENCY	281	52341984	.000005	.000005	66			61
61.01	PARTIAL HOSPITALIZATION		476570						61.01
62	OBSERVATION BEDS (NON-DISTINC		8907289						62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	AMBULANCE SERVICES								65
101	TOTAL	340457	805477853			4490837	2820		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK APPLICABLE BOXES	[ ] TITLE V	[ ] HOSPITAL	[ ] SUB IV		[ ] PPS		
	[XX] TITLE XVIII-PT A	[ ] SUB I	[XX] SNF	(15-5516)	[ ] TEFRA		
	[ ] TITLE XIX	[ ] SUB II	[ ] NF				
		[ ] SUB III	[ ] ICF/MR				

	COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM						37
37.01	CAREW MEDICAL PARK SURG						37.01
38	RECOVERY ROOM						38
39	DELIVERY ROOM & LABOR ROOM						39
40	ANESTHESIOLOGY						40
41	RADIOLOGY-DIAGNOSTIC						41
41.01	RADIOLOGY - WABASH						41.01
41.02	RADIOLOGY - MANCHESTER						41.02
41.03	RADIOLOGY - EAST STATE						41.03
41.04	RADIOLOGY - JEFFERSON						41.04
41.05	RADIOLOGY - NHMP						41.05
41.06	RADIOLOGY - CMP						41.06
41.07	RADIOLOGY - WP						41.07
41.08	RADIOLOGY - PULM CLINIC						41.08
41.09	RADIOLOGY - WHITLEY POOL						41.09
42	RADIOLOGY-THERAPEUTIC						42
43	RADIOISOTOPE						43
44	LABORATORY						44
44.01	ANATOMICAL PATHOLOGY						44.01
46	WHOLE BLOOD & PACKED RED BLOO						46
46.30	BLOOD CLOTTING FACTORS ADMIN						46.30
49	RESPIRATORY THERAPY						49
49.01	WOUND CARE						49.01
49.02	DIALYSIS						49.02
49.03	ENDOSCOPY						49.03
50	PHYSICAL THERAPY						50
50.01	TRANSITIONAL THERAPY						50.01
50.02	PV REHAB OUTREACH						50.02
51	OCCUPATIONAL THERAPY						51
52	SPEECH PATHOLOGY						52
52.01	NEURO REHAB						52.01
53	ELECTROCARDIOLOGY						53
54	ELECTROENCEPHALOGRAPHY						54
54.01	NUTRITION SUPPORT						54.01
54.02	MRI						54.02
54.03	CARDIAC CATH LAB						54.03
54.04	CARDIAC REHAB SERVICES						54.04
55	MEDICAL SUPPLIES CHARGED TO P						55
55.01	COST OF SOLUTIONS						55.01
56	DRUGS CHARGED TO PATIENTS						56
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC						60
60.01	ANTICOAG CLINIC						60.01
61	EMERGENCY						61
61.01	PARTIAL HOSPITALIZATION						61.01
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 APPLICABLE BOXES
[ ] TITLE V
[ ] TITLE XVIII-PT A
[XX] TITLE XIX

	COST CENTER DESCRIPTION	OLD CAPITAL: CAPITAL RELATED COST 1	OLD CAPITAL: SWING-BED ADJUSTMENT 2	OLD CAPITAL: REDUCED CAPITAL RELATED COST 3	NEW CAPITAL: CAPITAL RELATED COST 4	NEW CAPITAL: SWING-BED ADJUSTMENT 5	NEW CAPITAL: REDUCED CAPITAL RELATED COST 6	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS				7037884		7037884	25
26	INTENSIVE CARE UNIT				1373665		1373665	26
26.01	PEDIATRIC ICU				138479		138479	26.01
26.02	NEONATAL ICU				404089		404089	26.02
27	CORONARY CARE UNIT				876742		876742	27
28	BURN INTENSIVE CARE UNIT							28
29	SURGICAL INTENSIVE CARE UNIT							29
30	OTHER SPECIAL CARE (SPECIFY)							30
31	SUBPROVIDER I				490338		490338	31
31.01	SUBPROVIDER II				1261032		1261032	31.01
33	NURSERY				253561		253561	33
101	TOTAL				11835790		11835790	101

	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL: PER DIEM 9	OLD CAPITAL: INPATIENT PROGRAM CAPITAL COST 10	NEW CAPITAL: PER DIEM 11	NEW CAPITAL: INPATIENT PROGRAM CAPITAL COST 12	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS	89183	6669			78.92	526317	25
26	INTENSIVE CARE UNIT	8468	274			162.22	44448	26
26.01	PEDIATRIC ICU	934	112			148.26	16605	26.01
26.02	NEONATAL ICU	4588	634			88.08	55843	26.02
27	CORONARY CARE UNIT	7796	178			112.46	20018	27
28	BURN INTENSIVE CARE UNIT							28
29	SURGICAL INTENSIVE CARE UNIT							29
30	OTHER SPECIAL CARE (SPECIFY)							30
31	SUBPROVIDER I	6236	603			78.63	47414	31
31.01	SUBPROVIDER II	14866	2734			84.83	231925	31.01
33	NURSERY	4051	414			62.59	25912	33
101	TOTAL	136122	11618				968482	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
PART II

CHECK APPLICABLE BOXES	[ ] TITLE V	[XX] HOSPITAL (15-0021)	[ ] SUB III	[XX] PPS
	[ ] TITLE XVIII-PT A	[ ] SUB I	[ ] SUB IV	[ ] TEFRA
	[XX] TITLE XIX	[ ] SUB II	[ ] OTHER	

	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPATIENT PROGRAM CHARGES 4	---- OLD CAPITAL ---- RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	---- NEW CAPITAL ---- RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		3696580	90170778	2660928			.040995	109085	37
37.01	CAREW MEDICAL PARK SURG		250119	4453409	670			.056163	38	37.01
38	RECOVERY ROOM		401618	15804302	373353			.025412	9488	38
39	DELIVERY ROOM & LABOR ROOM		457257	8769065	668935			.052144	34881	39
40	ANESTHESIOLOGY		256535	5700522	236474			.045002	10642	40
41	RADIOLOGY-DIAGNOSTIC		3227955	107326389	3138444			.030076	94392	41
41.01	RADIOLOGY - WABASH									41.01
41.02	RADIOLOGY - MANCHESTER									41.02
41.03	RADIOLOGY - EAST STATE									41.03
41.04	RADIOLOGY - JEFFERSON									41.04
41.05	RADIOLOGY - NHMP		46564	469339				.099212		41.05
41.06	RADIOLOGY - CMP		153957	5882018				.026174		41.06
41.07	RADIOLOGY - WP		47433	532116				.089140		41.07
41.08	RADIOLOGY - PULM CLINIC		43963	95323				.461200		41.08
41.09	RADIOLOGY - WHITLEY POOL									41.09
42	RADIOLOGY-THERAPEUTIC		1707953	36097131	153808			.047315	7277	42
43	RADIOISOTOPE		245380	3069175	110531			.079950	8837	43
44	LABORATORY		2076058	57716568	2511601			.035970	90342	44
44.01	ANATOMICAL PATHOLOGY		118164	4814254	139240			.024545	3418	44.01
46	WHOLE BLOOD & PACKED RED BLOO		17173	2559359	276495			.006710	1855	46
46.30	BLOOD CLOTTING FACTORS ADMIN									46.30
49	RESPIRATORY THERAPY		659787	25629699	1309056			.025743	33699	49
49.01	WOUND CARE		10225	2341526	127653			.004367	557	49.01
49.02	DIALYSIS		34946	1861505	102451			.018773	1923	49.02
49.03	ENDOSCOPY		226466	10463075	224235			.021644	4853	49.03
50	PHYSICAL THERAPY		334706	6802751	142595			.049202	7016	50
50.01	TRANSITIONAL THERAPY		46434	191149				.242920		50.01
50.02	PV REHAB OUTREACH									50.02
51	OCCUPATIONAL THERAPY		185531	4311995	126408			.043027	5439	51
52	SPEECH PATHOLOGY		85317	2084884	97378			.040922	3985	52
52.01	NEURO REHAB		51636	1858155				.027789		52.01
53	ELECTROCARDIOLOGY		147547	5194010	117286			.028407	3332	53
54	ELECTROENCEPHALOGRAPHY		69205	1025063	64477			.067513	4353	54
54.01	NUTRITION SUPPORT		36530	139781	10969			.261337	2867	54.01
54.02	MRI		581196	10384581	314867			.055967	17622	54.02
54.03	CARDIAC CATH LAB		1296459	38474300	571364			.033697	19253	54.03
54.04	CARDIAC REHAB SERVICES		81855	636419	655			.128618	84	54.04
55	MEDICAL SUPPLIES CHARGED TO P		1006959	156247595	4172008			.006445	26889	55
55.01	COST OF SOLUTIONS		111965	34283832	1973198			.003266	6444	55.01
56	DRUGS CHARGED TO PATIENTS		1684202	96125412	5388417			.017521	94410	56
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC		22007	535348	5774			.041108	237	60
60.01	ANTICOAG CLINIC		64722	1701182				.038045		60.01
61	EMERGENCY		1326365	52341984	1024475			.025340	25960	61
61.01	PARTIAL HOSPITALIZATION		19878	476570				.041711		61.01
62	OBSERVATION BEDS (NON-DISTINC		661237	8907289				.074235		62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES									65
101	TOTAL		21491884	805477853	26043745				629178	101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL COST 2	ALLIED HEALTH COSTS 2.01	ALL OTHER MEDICAL EDUCATION COSTS 2.02	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS			200			200	25
26	INTENSIVE CARE UNIT			5			5	26
26.01	PEDIATRIC ICU			1			1	26.01
26.02	NEONATAL ICU			10			10	26.02
27	CORONARY CARE UNIT			9			9	27
28	BURN INTENSIVE CARE UNIT							28
29	SURGICAL INTENSIVE CARE UNIT							29
30	OTHER SPECIAL CARE (SPECIFY)							30
31	SUBPROVIDER I			1			1	31
31.01	SUBPROVIDER II			1			1	31.01
33	NURSERY			36			36	33
34	SKILLED NURSING FACILITY			3			3	34
35	NURSING FACILITY							35
101	TOTAL			266			266	101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

	COST CENTER DESCRIPTION	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	89183		6669		25
26	INTENSIVE CARE UNIT	8468		274		26
26.01	PEDIATRIC ICU	934		112		26.01
26.02	NEONATAL ICU	4588		634		26.02
27	CORONARY CARE UNIT	7796		178		27
28	BURN INTENSIVE CARE UNIT					28
29	SURGICAL INTENSIVE CARE UNIT					29
30	OTHER SPECIAL CARE (SPECIFY)					30
31	SUBPROVIDER I	6236		603		31
31.01	SUBPROVIDER II	14866		2734		31.01
33	NURSERY	4051	.01	414	4	33
34	SKILLED NURSING FACILITY	9822				34
35	NURSING FACILITY					35
101	TOTAL	145944		11618	4	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS — WORKSHEET D PART IV

CHECK APPLICABLE BOXES	[ ]	TITLE V	[XX]	HOSPITAL (15-0021)	[ ]	SUB IV	[ ]	PPS
	[ ]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA
	[XX]	TITLE XIX	[ ]	SUB II	[ ]	NF	[ ]	OTHER
			[ ]	SUB III	[ ]	ICF/MR		

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST	OUTPATIENT NONPHYSICIAN ANESTHETIST COST	NURSING SCHOOL COST	ALLIED HEALTH COSTS	ALL OTHER MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS	
		1	1.01	2	2.01	2.02	2.03	3	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM				62			62	37
37.01	CAREW MEDICAL PARK SURG				18			18	37.01
38	RECOVERY ROOM				4			4	38
39	DELIVERY ROOM & LABOR ROOM				6			6	39
40	ANESTHESIOLOGY								40
41	RADIOLOGY-DIAGNOSTIC				152705			152705	41
41.01	RADIOLOGY - WABASH								41.01
41.02	RADIOLOGY - MANCHESTER								41.02
41.03	RADIOLOGY - EAST STATE								41.03
41.04	RADIOLOGY - JEFFERSON								41.04
41.05	RADIOLOGY - NHMP								41.05
41.06	RADIOLOGY - CMP				4			4	41.06
41.07	RADIOLOGY - WP								41.07
41.08	RADIOLOGY - PULM CLINIC				2			2	41.08
41.09	RADIOLOGY - WHITLEY POOL								41.09
42	RADIOLOGY-THERAPEUTIC				12			12	42
43	RADIOISOTOPE				35			35	43
44	LABORATORY				47683			47683	44
44.01	ANATOMICAL PATHOLOGY								44.01
46	WHOLE BLOOD & PACKED RED BLOO								46
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
49	RESPIRATORY THERAPY				15			15	49
49.01	WOUND CARE				13			13	49.01
49.02	DIALYSIS								49.02
49.03	ENDOSCOPY				2			2	49.03
50	PHYSICAL THERAPY				6			6	50
50.01	TRANSITIONAL THERAPY								50.01
50.02	PV REHAB OUTREACH								50.02
51	OCCUPATIONAL THERAPY								51
52	SPEECH PATHOLOGY								52
52.01	NEURO REHAB				13			13	52.01
53	ELECTROCARDIOLOGY				6			6	53
54	ELECTROENCEPHALOGRAPHY				7			7	54
54.01	NUTRITION SUPPORT								54.01
54.02	MRI								54.02
54.03	CARDIAC CATH LAB				1			1	54.03
54.04	CARDIAC REHAB SERVICES								54.04
55	MEDICAL SUPPLIES CHARGED TO P								55
55.01	COST OF SOLUTIONS								55.01
56	DRUGS CHARGED TO PATIENTS				139581			139581	56
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC				1			1	60
60.01	ANTICOAG CLINIC								60.01
61	EMERGENCY				281			281	61
61.01	PARTIAL HOSPITALIZATION								61.01
62	OBSERVATION BEDS (NON-DISTINC				19			19	62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	AMBULANCE SERVICES								65
101	TOTAL				340476			340476	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (15-0021)	[ ]	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 PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	62	90170778	.000001	.000001	2660928	3		37
37.01	CAREW MEDICAL PARK SURG	18	4453409	.000004	.000004	670			37.01
38	RECOVERY ROOM	4	15804302			373353			38
39	DELIVERY ROOM & LABOR ROOM	6	8769065	.000001	.000001	668935	1		39
40	ANESTHESIOLOGY		5700522			236474			40
41	RADIOLOGY-DIAGNOSTIC	152705	107326389	.001423	.001423	3138444	4466		41
41.01	RADIOLOGY - WABASH								41.01
41.02	RADIOLOGY - MANCHESTER								41.02
41.03	RADIOLOGY - EAST STATE								41.03
41.04	RADIOLOGY - JEFFERSON								41.04
41.05	RADIOLOGY - NHMP		469339						41.05
41.06	RADIOLOGY - CMP	4	5882018	.000001	.000001				41.06
41.07	RADIOLOGY - WP		532116						41.07
41.08	RADIOLOGY - PULM CLINIC	2	95323	.000021	.000021				41.08
41.09	RADIOLOGY - WHITLEY POOL								41.09
42	RADIOLOGY-THERAPEUTIC	12	36097131			153808			42
43	RADIOISOTOPE	35	3069175	.000011	.000011	110531	1		43
44	LABORATORY	47683	57716568	.000826	.000826	2511601	2075		44
44.01	ANATOMICAL PATHOLOGY		4814254			139240			44.01
46	WHOLE BLOOD & PACKED RED BLOO		2559359			276495			46
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
49	RESPIRATORY THERAPY	15	25629699	.000001	.000001	1309056	1		49
49.01	WOUND CARE	13	2341526	.000006	.000006	127653	1		49.01
49.02	DIALYSIS		1861505			102451			49.02
49.03	ENDOSCOPY	2	10463075			224235			49.03
50	PHYSICAL THERAPY	6	6802751	.000001	.000001	142595			50
50.01	TRANSITIONAL THERAPY		191149						50.01
50.02	PV REHAB OUTREACH								50.02
51	OCCUPATIONAL THERAPY		4311995			126408			51
52	SPEECH PATHOLOGY		2084884			97378			52
52.01	NEURO REHAB	13	1858155	.000007	.000007				52.01
53	ELECTROCARDIOLOGY	6	5194010	.000001	.000001	117286			53
54	ELECTROENCEPHALOGRAPHY	7	1025063	.000007	.000007	64477			54
54.01	NUTRITION SUPPORT		139781			10969			54.01
54.02	MRI		10384581			314867			54.02
54.03	CARDIAC CATH LAB	1	38474300			571364			54.03
54.04	CARDIAC REHAB SERVICES		636419			655			54.04
55	MEDICAL SUPPLIES CHARGED TO P		156247595			4172008			55
55.01	COST OF SOLUTIONS		34283832			1973198			55.01
56	DRUGS CHARGED TO PATIENTS	139581	96125412	.001452	.001452	5388417	7824		56
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC	1	535348	.000002	.000002	5774			60
60.01	ANTICOAG CLINIC		1701182						60.01
61	EMERGENCY	281	52341984	.000005	.000005	1024475	5		61
61.01	PARTIAL HOSPITALIZATION		476570						61.01
62	OBSERVATION BEDS (NON-DISTINC	19	8907289	.000002	.000002				62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	AMBULANCE SERVICES								65
101	TOTAL	340476	805477853			26043745	14377		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (15-0021)	[ ]	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 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM						37
37.01	CAREW MEDICAL PARK SURG						37.01
38	RECOVERY ROOM						38
39	DELIVERY ROOM & LABOR ROOM						39
40	ANESTHESIOLOGY						40
41	RADIOLOGY-DIAGNOSTIC						41
41.01	RADIOLOGY - WABASH						41.01
41.02	RADIOLOGY - MANCHESTER						41.02
41.03	RADIOLOGY - EAST STATE						41.03
41.04	RADIOLOGY - JEFFERSON						41.04
41.05	RADIOLOGY - NHMP						41.05
41.06	RADIOLOGY - CMP						41.06
41.07	RADIOLOGY - WP						41.07
41.08	RADIOLOGY - PULM CLINIC						41.08
41.09	RADIOLOGY - WHITLEY POOL						41.09
42	RADIOLOGY-THERAPEUTIC						42
43	RADIOISOTOPE						43
44	LABORATORY						44
44.01	ANATOMICAL PATHOLOGY						44.01
46	WHOLE BLOOD & PACKED RED BLOO						46
46.30	BLOOD CLOTTING FACTORS ADMIN						46.30
49	RESPIRATORY THERAPY						49
49.01	WOUND CARE						49.01
49.02	DIALYSIS						49.02
49.03	ENDOSCOPY						49.03
50	PHYSICAL THERAPY						50
50.01	TRANSITIONAL THERAPY						50.01
50.02	PV REHAB OUTREACH						50.02
51	OCCUPATIONAL THERAPY						51
52	SPEECH PATHOLOGY						52
52.01	NEURO REHAB						52.01
53	ELECTROCARDIOLOGY						53
54	ELECTROENCEPHALOGRAPHY						54
54.01	NUTRITION SUPPORT						54.01
54.02	MRI						54.02
54.03	CARDIAC CATH LAB						54.03
54.04	CARDIAC REHAB SERVICES						54.04
55	MEDICAL SUPPLIES CHARGED TO P						55
55.01	COST OF SOLUTIONS						55.01
56	DRUGS CHARGED TO PATIENTS						56
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC						60
60.01	ANTICOAG CLINIC						60.01
61	EMERGENCY						61
61.01	PARTIAL HOSPITALIZATION						61.01
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 APPLICABLE BOXES	[ ]	TITLE V - O/P	[XX]	HOSPITAL (15-0021)	[ ]	SNF
	[ ]	TITLE XVIII-PT B	[ ]	SUB I	[ ]	NF
	[XX]	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, PART II COL. 8	PART I COL. 9	PART II COL. 9	PROGRAM CHARGES: OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC	
		1	1.01	1.02	2	3	4	
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	.278279	.278279	.278279				37
37.01	CAREW MEDICAL PARK SURG	.302984	.302984	.302984				37.01
38	RECOVERY ROOM	.342876	.342876	.342876				38
39	DELIVERY ROOM & LABOR ROOM	.647768	.647768	.647768				39
40	ANESTHESIOLOGY	.119892	.119892	.119892				40
41	RADIOLOGY-DIAGNOSTIC	.136736	.136736	.136736				41
41.01	RADIOLOGY - WABASH							41.01
41.02	RADIOLOGY - MANCHESTER							41.02
41.03	RADIOLOGY - EAST STATE							41.03
41.04	RADIOLOGY - JEFFERSON							41.04
41.05	RADIOLOGY - NHMP	.759217	.759217	.759217				41.05
41.06	RADIOLOGY - CMP	.201941	.201941	.201941				41.06
41.07	RADIOLOGY - WP	.715476	.715476	.715476				41.07
41.08	RADIOLOGY - PULM CLINIC	3.491885	3.491885	3.491885				41.08
41.09	RADIOLOGY - WHITLEY POOL							41.09
42	RADIOLOGY-THERAPEUTIC	.245648	.245648	.245648				42
43	RADIOISOTOPE	.356343	.356343	.356343				43
44	LABORATORY	.226138	.226138	.226138				44
44.01	ANATOMICAL PATHOLOGY	.299955	.299955	.299955				44.01
46	WHOLE BLOOD & PACKED RED BLOOD	1.174909	1.174909	1.174909				46
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
49	RESPIRATORY THERAPY	.307123	.307123	.307123				49
49.01	WOUND CARE	.232070	.232070	.232070				49.01
49.02	DIALYSIS	.722455	.722455	.722455				49.02
49.03	ENDOSCOPY	.197148	.197148	.197148				49.03
50	PHYSICAL THERAPY	.598409	.598409	.598409				50
50.01	TRANSITIONAL THERAPY	1.229303	1.229303	1.229303				50.01
50.02	PV REHAB OUTREACH							50.02
51	OCCUPATIONAL THERAPY	.568710	.568710	.568710				51
52	SPEECH PATHOLOGY	.531631	.531631	.531631				52
52.01	NEURO REHAB	.595783	.595783	.595783				52.01
53	ELECTROCARDIOLOGY	.176272	.176272	.176272				53
54	ELECTROENCEPHALOGRAPHY	.408423	.408423	.408423				54
54.01	NUTRITION SUPPORT	4.592055	4.592055	4.592055				54.01
54.02	MRI	.233147	.233147	.233147				54.02
54.03	CARDIAC CATH LAB	.181632	.181632	.181632				54.03
54.04	CARDIAC REHAB SERVICES	.609212	.609212	.609212				54.04
55	MEDICAL SUPPLIES CHARGED TO PAT	.429285	.429285	.429285				55
55.01	COST OF SOLUTIONS	.128490	.128490	.128490				55.01
56	DRUGS CHARGED TO PATIENTS	.380070	.380070	.380070				56
	OUTPATIENT SERVICE COST CENTERS							
60	CLINIC	.910210	.910210	.910210				60
60.01	ANTICOAG CLINIC	.768003	.768003	.768003				60.01
61	EMERGENCY	.283583	.283583	.283583				61
61.01	PARTIAL HOSPITALIZATION	.335879	.335879	.335879				61.01
62	OBSERVATION BEDS (NON-DISTINCT	.708807	.708807	.708807				62
63.50	RHC							63.50
63.60	FQHC							63.60
	OTHER REIMBURSABLE COST CENTERS							
65	AMBULANCE SERVICES	.733531	.733531	.733531				65
65.01	AMBULANCE CHARGES (S-2 LINE 56.	.733531	.733531					65.01
65.02	AMBULANCE CHARGES (S-2 LINE 56.	.733531	.733531					65.02
65.03	AMBULANCE CHARGES (S-2 LINE 56.	.733531	.733531					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	
1	DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.380070	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 APPLICABLE BOXES	[ ] TITLE V - O/P	[XX] HOSPITAL (15-0021)	[ ] SNF		
	[ ] TITLE XVIII-PT B	[ ] SUB I	[ ] NF		
	[XX] TITLE XIX - O/P	[ ] SUB II	[ ] S/B-SNF		
		[ ] SUB III	[ ] S/B-NF		
		[ ] SUB IV	[ ] ICF/MR		

	COST CENTER DESCRIPTION	PROGRAM CHARGES ALL OTHER (1) (SEE INSTRU.) 5	PROGRAM CHARGES PPS SERVICES (SEE INSTRU.) 5.01	PROGRAM CHARGES ALL OTHER (SEE INSTRU.) 5.02	PROGRAM CHARGES PPS SERVICES (SEE INSTRU.) 5.03	PROGRAM CHARGES PPS SERVICES (SEE INSTRU.) 5.04	PROGRAM COST OUTPATIENT AMBULATORY SURGICAL CENTER 6	PROGRAM COST OUTPATIENT RADIOLOGY 7	PROGRAM COST OTHER OUTPATIENT DIAGNOSTIC 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	812297								37
37.01	CAREW MEDICAL PARK SURG	78866								37.01
38	RECOVERY ROOM	315214								38
39	DELIVERY ROOM & LABOR ROOM	133490								39
40	ANESTHESIOLOGY	154386								40
41	RADIOLOGY-DIAGNOSTIC	3797073								41
41.01	RADIOLOGY - WABASH									41.01
41.02	RADIOLOGY - MANCHESTER									41.02
41.03	RADIOLOGY - EAST STATE									41.03
41.04	RADIOLOGY - JEFFERSON									41.04
41.05	RADIOLOGY - NHMP									41.05
41.06	RADIOLOGY - CMP									41.06
41.07	RADIOLOGY - WP									41.07
41.08	RADIOLOGY - PULM CLINIC	14011								41.08
41.09	RADIOLOGY - WHITLEY POOL									41.09
42	RADIOLOGY-THERAPEUTIC	1461275								42
43	RADIOISOTOPE	126778								43
44	LABORATORY	1442251								44
44.01	ANATOMICAL PATHOLOGY	80445								44.01
46	WHOLE BLOOD & PACKED RED BLOOD	49759								46
46.30	BLOOD CLOTTING FACTORS ADMIN C									46.30
49	RESPIRATORY THERAPY	291922								49
49.01	WOUND CARE	20696								49.01
49.02	DIALYSIS	2668								49.02
49.03	ENDOSCOPY	190785								49.03
50	PHYSICAL THERAPY	118058								50
50.01	TRANSITIONAL THERAPY									50.01
50.02	PV REHAB OUTREACH									50.02
51	OCCUPATIONAL THERAPY	62049								51
52	SPEECH PATHOLOGY	111343								52
52.01	NEURO REHAB									52.01
53	ELECTROCARDIOLOGY	144120								53
54	ELECTROENCEPHALOGRAPHY	28096								54
54.01	NUTRITION SUPPORT	1591								54.01
54.02	MRI	356759								54.02
54.03	CARDIAC CATH LAB	408746								54.03
54.04	CARDIAC REHAB SERVICES	8949								54.04
55	MEDICAL SUPPLIES CHARGED TO PA	1366571								55
55.01	COST OF SOLUTIONS	295736								55.01
56	DRUGS CHARGED TO PATIENTS	1721300								56
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	10881								60
60.01	ANTICOAG CLINIC	48258								60.01
61	EMERGENCY	3228855								61
61.01	PARTIAL HOSPITALIZATION									61.01
62	OBSERVATION BEDS (NON-DISTINCT	638564								62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES	510305								65
65.01	AMBULANCE CHARGES (S-2 LINE 56									65.01
65.02	AMBULANCE CHARGES (S-2 LINE 56									65.02
65.03	AMBULANCE CHARGES (S-2 LINE 56									65.03
101	SUBTOTAL	18032097								101
102	CRNA CHARGES									102
103	PBP CLINIC LAB									103
104	NET CHARGES	18032097								104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK APPLICABLE BOXES	[ ] TITLE V - O/P	[XX] HOSPITAL (15-0021)	[ ] SNF
	[ ] TITLE XVIII-PT B	[ ] SUB I	[ ] NF
	[XX] TITLE XIX - O/P	[ ] SUB II	[ ] S/B-SNF
		[ ] SUB III	[ ] S/B-NF
		[ ] SUB IV	[ ] ICF/MR

	COST CENTER DESCRIPTION	PROGRAM COST ALL OTHER (COLS 1x5) 9	PROGRAM COST PPS SERVICES (COLUMNS 1.01x5.01) 9.01	PROGRAM COST ALL OTHER (COLUMNS 1.01x5.02) 9.02	PROGRAM COST PPS SERVICES (COLUMNS 1.01x5.03 9.03	PROGRAM COST PPS SERVICES (COLUMNS 1.01x5.04 9.04	HOSPITAL I/P PART B CHARGES (SEE INSTRU.) 10	HOSPITAL I/P PART B COST (COLUMNS 1.02x10) 11	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	226045							37
37.01	CAREW MEDICAL PARK SURG	23895							37.01
38	RECOVERY ROOM	108079							38
39	DELIVERY ROOM & LABOR ROOM	86471							39
40	ANESTHESIOLOGY	18510							40
41	RADIOLOGY-DIAGNOSTIC	519197							41
41.01	RADIOLOGY - WABASH								41.01
41.02	RADIOLOGY - MANCHESTER								41.02
41.03	RADIOLOGY - EAST STATE								41.03
41.04	RADIOLOGY - JEFFERSON								41.04
41.05	RADIOLOGY - NHMP								41.05
41.06	RADIOLOGY - CMP								41.06
41.07	RADIOLOGY - WP								41.07
41.08	RADIOLOGY - PULM CLINIC	48925							41.08
41.09	RADIOLOGY - WHITLEY POOL								41.09
42	RADIOLOGY-THERAPEUTIC	358959							42
43	RADIOISOTOPE	45176							43
44	LABORATORY	326148							44
44.01	ANATOMICAL PATHOLOGY	24130							44.01
46	WHOLE BLOOD & PACKED RED BLOOD	58462							46
46.30	BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	RESPIRATORY THERAPY	89656							49
49.01	WOUND CARE	4803							49.01
49.02	DIALYSIS	1928							49.02
49.03	ENDOSCOPY	37613							49.03
50	PHYSICAL THERAPY	70647							50
50.01	TRANSITIONAL THERAPY								50.01
50.02	PV REHAB OUTREACH								50.02
51	OCCUPATIONAL THERAPY	35288							51
52	SPEECH PATHOLOGY	59193							52
52.01	NEURO REHAB								52.01
53	ELECTROCARDIOLOGY	25404							53
54	ELECTROENCEPHALOGRAPHY	11475							54
54.01	NUTRITION SUPPORT	7306							54.01
54.02	MRI	83177							54.02
54.03	CARDIAC CATH LAB	74241							54.03
54.04	CARDIAC REHAB SERVICES	5452							54.04
55	MEDICAL SUPPLIES CHARGED TO PAT	586648							55
55.01	COST OF SOLUTIONS	37999							55.01
56	DRUGS CHARGED TO PATIENTS	654214							56
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC	9904							60
60.01	ANTICOAG CLINIC	37062							60.01
61	EMERGENCY	915648							61
61.01	PARTIAL HOSPITALIZATION								61.01
62	OBSERVATION BEDS (NON-DISTINCT	452619							62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	AMBULANCE SERVICES	374325							65
65.01	AMBULANCE CHARGES (S-2 LINE 56.								65.01
65.02	AMBULANCE CHARGES (S-2 LINE 56.								65.02
65.03	AMBULANCE CHARGES (S-2 LINE 56.								65.03
101	SUBTOTAL	5418599							101
102	CRNA CHARGES								102
103	LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS								103
104	NET CHARGES	5418599							104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
PART II

CHECK	[ ] TITLE V	[ ] HOSPITAL		[ ] SUB III	[XX] PPS		
APPLICABLE	[ ] TITLE XVIII-PT A	[XX] SUB I	(15-T021)	[ ] SUB IV	[ ] TEFRA		
BOXES	[XX] TITLE XIX	[ ] SUB II		[ ] OTHER			

	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPATIENT PROGRAM CHARGES 4	---- OLD CAPITAL ---- RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	---- NEW CAPITAL ---- RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		3696580	90170778				.040995		37
37.01	CAREW MEDICAL PARK SURG		250119	4453409				.056163		37.01
38	RECOVERY ROOM		401618	15804302				.025412		38
39	DELIVERY ROOM & LABOR ROOM		457257	8769065				.052144		39
40	ANESTHESIOLOGY		256535	5700522				.045002		40
41	RADIOLOGY-DIAGNOSTIC		3227955	107326389	13148			.030076	395	41
41.01	RADIOLOGY - WABASH									41.01
41.02	RADIOLOGY - MANCHESTER									41.02
41.03	RADIOLOGY - EAST STATE									41.03
41.04	RADIOLOGY - JEFFERSON									41.04
41.05	RADIOLOGY - NHMP		46564	469339				.099212		41.05
41.06	RADIOLOGY - CMP		153957	5882018				.026174		41.06
41.07	RADIOLOGY - WP		47433	532116				.089140		41.07
41.08	RADIOLOGY - PULM CLINIC		43963	95323				.461200		41.08
41.09	RADIOLOGY - WHITLEY POOL									41.09
42	RADIOLOGY-THERAPEUTIC		1707953	36097131				.047315		42
43	RADIOISOTOPE		245380	3069175	3656			.079950	292	43
44	LABORATORY		2076058	57716568	18024			.035970	648	44
44.01	ANATOMICAL PATHOLOGY		118164	4814254				.024545		44.01
46	WHOLE BLOOD & PACKED RED BLOO		17173	2559359	1665			.006710	11	46
46.30	BLOOD CLOTTING FACTORS ADMIN									46.30
49	RESPIRATORY THERAPY		659787	25629699	10180			.025743	262	49
49.01	WOUND CARE		10225	2341526	5765			.004367	25	49.01
49.02	DIALYSIS		34946	1861505	1387			.018773	26	49.02
49.03	ENDOSCOPY		226466	10463075				.021644		49.03
50	PHYSICAL THERAPY		334706	6802751	83774			.049202	4122	50
50.01	TRANSITIONAL THERAPY		46434	191149				.242920		50.01
50.02	PV REHAB OUTREACH									50.02
51	OCCUPATIONAL THERAPY		185531	4311995	90354			.043027	3888	51
52	SPEECH PATHOLOGY		85317	2084884	76576			.040922	3134	52
52.01	NEURO REHAB		51636	1858155				.027789		52.01
53	ELECTROCARDIOLOGY		147547	5194010	131			.028407	4	53
54	ELECTROENCEPHALOGRAPHY		69205	1025063				.067513		54
54.01	NUTRITION SUPPORT		36530	139781	357			.261337	93	54.01
54.02	MRI		581196	10384581	5417			.055967	303	54.02
54.03	CARDIAC CATH LAB		1296459	38474300				.033697		54.03
54.04	CARDIAC REHAB SERVICES		81855	636419				.128618		54.04
55	MEDICAL SUPPLIES CHARGED TO P		1006959	156247595	4078			.006445	26	55
55.01	COST OF SOLUTIONS		111965	34283832	3667			.003266	12	55.01
56	DRUGS CHARGED TO PATIENTS		1684202	96125412	29469			.017521	516	56
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC		22007	535348	878			.041108	36	60
60.01	ANTICOAG CLINIC		64722	1701182				.038045		60.01
61	EMERGENCY		1326365	52341984				.025340		61
61.01	PARTIAL HOSPITALIZATION		19878	476570				.041711		61.01
62	OBSERVATION BEDS (NON-DISTINC		661237	8907289				.074235		62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES									65
101	TOTAL		21491884	805477853	348526				13793	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	(15-T021)	[ ]	SNF	[ ]	TEFRA
BOXES	[XX]	TITLE XIX	[ ]	SUB II		[ ]	NF	[ ]	OTHER
			[ ]	SUB III		[ ]	ICF/MR		

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	OUTPATIENT NONPHYSICIAN ANESTHETIST COST 1.01	NURSING SCHOOL COST 2	ALLIED HEALTH COSTS 2.01	ALL OTHER MEDICAL EDUCATION COSTS 2.02	ADMINISTERING BLOOD CLOTTING FACTORS COST 2.03	TOTAL COSTS 3	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM				62			62	37
37.01	CAREW MEDICAL PARK SURG				18			18	37.01
38	RECOVERY ROOM				4			4	38
39	DELIVERY ROOM & LABOR ROOM				6			6	39
40	ANESTHESIOLOGY								40
41	RADIOLOGY-DIAGNOSTIC				152705			152705	41
41.01	RADIOLOGY - WABASH								41.01
41.02	RADIOLOGY - MANCHESTER								41.02
41.03	RADIOLOGY - EAST STATE								41.03
41.04	RADIOLOGY - JEFFERSON								41.04
41.05	RADIOLOGY - NHMP								41.05
41.06	RADIOLOGY - CMP				4			4	41.06
41.07	RADIOLOGY - WP								41.07
41.08	RADIOLOGY - PULM CLINIC				2			2	41.08
41.09	RADIOLOGY - WHITLEY POOL								41.09
42	RADIOLOGY-THERAPEUTIC				12			12	42
43	RADIOISOTOPE				35			35	43
44	LABORATORY				47683			47683	44
44.01	ANATOMICAL PATHOLOGY								44.01
46	WHOLE BLOOD & PACKED RED BLOO								46
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
49	RESPIRATORY THERAPY				15			15	49
49.01	WOUND CARE				13			13	49.01
49.02	DIALYSIS								49.02
49.03	ENDOSCOPY				2			2	49.03
50	PHYSICAL THERAPY				6			6	50
50.01	TRANSITIONAL THERAPY								50.01
50.02	PV REHAB OUTREACH								50.02
51	OCCUPATIONAL THERAPY								51
52	SPEECH PATHOLOGY								52
52.01	NEURO REHAB				13			13	52.01
53	ELECTROCARDIOLOGY				6			6	53
54	ELECTROENCEPHALOGRAPHY				7			7	54
54.01	NUTRITION SUPPORT								54.01
54.02	MRI								54.02
54.03	CARDIAC CATH LAB				1			1	54.03
54.04	CARDIAC REHAB SERVICES								54.04
55	MEDICAL SUPPLIES CHARGED TO P								55
55.01	COST OF SOLUTIONS								55.01
56	DRUGS CHARGED TO PATIENTS				139581			139581	56
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC				1			1	60
60.01	ANTICOAG CLINIC								60.01
61	EMERGENCY				281			281	61
61.01	PARTIAL HOSPITALIZATION								61.01
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				340457			340457	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS — WORKSHEET D PART IV

CHECK APPLICABLE BOXES	[ ]	TITLE V	[ ]	HOSPITAL		[ ]	SUB IV	[ ]	PPS
	[ ]	TITLE XVIII-PT A	[XX]	SUB I	(15-T021)	[ ]	SNF	[ ]	TEFRA
	[XX]	TITLE XIX	[ ]	SUB II		[ ]	NF	[ ]	OTHER
			[ ]	SUB III		[ ]	ICF/MR		

	COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	62	90170778	.000001	.000001				37
37.01	CAREW MEDICAL PARK SURG	18	4453409	.000004	.000004				37.01
38	RECOVERY ROOM	4	15804302						38
39	DELIVERY ROOM & LABOR ROOM	6	8769065	.000001	.000001				39
40	ANESTHESIOLOGY		5700522						40
41	RADIOLOGY-DIAGNOSTIC	152705	107326389	.001423	.001423	13148	19		41
41.01	RADIOLOGY - WABASH								41.01
41.02	RADIOLOGY - MANCHESTER								41.02
41.03	RADIOLOGY - EAST STATE								41.03
41.04	RADIOLOGY - JEFFERSON								41.04
41.05	RADIOLOGY - NHMP		469339						41.05
41.06	RADIOLOGY - CMP	4	5882018	.000001	.000001				41.06
41.07	RADIOLOGY - WP		532116						41.07
41.08	RADIOLOGY - PULM CLINIC	2	95323	.000021	.000021				41.08
41.09	RADIOLOGY - WHITLEY POOL								41.09
42	RADIOLOGY-THERAPEUTIC	12	36097131						42
43	RADIOISOTOPE	35	3069175	.000011	.000011	3656			43
44	LABORATORY	47683	57716568	.000826	.000826	18024	15		44
44.01	ANATOMICAL PATHOLOGY		4814254						44.01
46	WHOLE BLOOD & PACKED RED BLOO		2559359			1665			46
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
49	RESPIRATORY THERAPY	15	25629699	.000001	.000001	10180			49
49.01	WOUND CARE	13	2341526	.000006	.000006	5765			49.01
49.02	DIALYSIS		1861505			1387			49.02
49.03	ENDOSCOPY	2	10463075						49.03
50	PHYSICAL THERAPY	6	6802751	.000001	.000001	83774			50
50.01	TRANSITIONAL THERAPY		191149						50.01
50.02	PV REHAB OUTREACH								50.02
51	OCCUPATIONAL THERAPY		4311995			90354			51
52	SPEECH PATHOLOGY		2084884			76576			52
52.01	NEURO REHAB	13	1858155	.000007	.000007				52.01
53	ELECTROCARDIOLOGY	6	5194010	.000001	.000001	131			53
54	ELECTROENCEPHALOGRAPHY	7	1025063	.000007	.000007				54
54.01	NUTRITION SUPPORT		139781			357			54.01
54.02	MRI		10384581			5417			54.02
54.03	CARDIAC CATH LAB	1	38474300						54.03
54.04	CARDIAC REHAB SERVICES		636419						54.04
55	MEDICAL SUPPLIES CHARGED TO P		156247595			4078			55
55.01	COST OF SOLUTIONS		34283832			3667			55.01
56	DRUGS CHARGED TO PATIENTS	139581	96125412	.001452	.001452	29469	43		56
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC	1	535348	.000002	.000002	878			60
60.01	ANTICOAG CLINIC		1701182						60.01
61	EMERGENCY	281	52341984	.000005	.000005				61
61.01	PARTIAL HOSPITALIZATION		476570						61.01
62	OBSERVATION BEDS (NON-DISTINC		8907289						62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	AMBULANCE SERVICES								65
101	TOTAL	340457	805477853			348526	77		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	(15-T021)	[ ]	SNF	[ ]	TEFRA
BOXES	[XX]	TITLE XIX	[ ]	SUB II		[ ]	NF	[ ]	OTHER
			[ ]	SUB III		[ ]	ICF/MR		

	COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM						37
37.01	CAREW MEDICAL PARK SURG						37.01
38	RECOVERY ROOM						38
39	DELIVERY ROOM & LABOR ROOM						39
40	ANESTHESIOLOGY						40
41	RADIOLOGY-DIAGNOSTIC						41
41.01	RADIOLOGY - WABASH						41.01
41.02	RADIOLOGY - MANCHESTER						41.02
41.03	RADIOLOGY - EAST STATE						41.03
41.04	RADIOLOGY - JEFFERSON						41.04
41.05	RADIOLOGY - NHMP						41.05
41.06	RADIOLOGY - CMP						41.06
41.07	RADIOLOGY - WP						41.07
41.08	RADIOLOGY - PULM CLINIC						41.08
41.09	RADIOLOGY - WHITLEY POOL						41.09
42	RADIOLOGY-THERAPEUTIC						42
43	RADIOISOTOPE						43
44	LABORATORY						44
44.01	ANATOMICAL PATHOLOGY						44.01
46	WHOLE BLOOD & PACKED RED BLOO						46
46.30	BLOOD CLOTTING FACTORS ADMIN						46.30
49	RESPIRATORY THERAPY						49
49.01	WOUND CARE						49.01
49.02	DIALYSIS						49.02
49.03	ENDOSCOPY						49.03
50	PHYSICAL THERAPY						50
50.01	TRANSITIONAL THERAPY						50.01
50.02	PV REHAB OUTREACH						50.02
51	OCCUPATIONAL THERAPY						51
52	SPEECH PATHOLOGY						52
52.01	NEURO REHAB						52.01
53	ELECTROCARDIOLOGY						53
54	ELECTROENCEPHALOGRAPHY						54
54.01	NUTRITION SUPPORT						54.01
54.02	MRI						54.02
54.03	CARDIAC CATH LAB						54.03
54.04	CARDIAC REHAB SERVICES						54.04
55	MEDICAL SUPPLIES CHARGED TO P						55
55.01	COST OF SOLUTIONS						55.01
56	DRUGS CHARGED TO PATIENTS						56
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC						60
60.01	ANTICOAG CLINIC						60.01
61	EMERGENCY						61
61.01	PARTIAL HOSPITALIZATION						61.01
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 APPLICABLE BOXES	[ ] TITLE V	[ ] HOSPITAL	[ ] SUB III	[XX] PPS
	[ ] TITLE XVIII-PT A	[ ] SUB I	[ ] SUB IV	[ ] TEFRA
	[XX] TITLE XIX	[XX] SUB II (15-S021)	[ ] OTHER	

	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPATIENT PROGRAM CHARGES 4	OLD CAPITAL RATIO OF COST TO CHARGES 5	OLD CAPITAL CAPITAL COSTS 6	NEW CAPITAL RATIO OF COST TO CHARGES 7	NEW CAPITAL CAPITAL COSTS 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		3696580	90170778				.040995		37
37.01	CAREW MEDICAL PARK SURG		250119	4453409	16455			.056163	924	37.01
38	RECOVERY ROOM		401618	15804302				.025412		38
39	DELIVERY ROOM & LABOR ROOM		457257	8769065	316			.052144	16	39
40	ANESTHESIOLOGY		256535	5700522				.045002		40
41	RADIOLOGY-DIAGNOSTIC		3227955	107326389	70344			.030076	2116	41
41.01	RADIOLOGY - WABASH									41.01
41.02	RADIOLOGY - MANCHESTER									41.02
41.03	RADIOLOGY - EAST STATE									41.03
41.04	RADIOLOGY - JEFFERSON									41.04
41.05	RADIOLOGY - NHMP		46564	469339				.099212		41.05
41.06	RADIOLOGY - CMP		153957	5882018				.026174		41.06
41.07	RADIOLOGY - WP		47433	532116				.089140		41.07
41.08	RADIOLOGY - PULM CLINIC		43963	95323				.461200		41.08
41.09	RADIOLOGY - WHITLEY POOL									41.09
42	RADIOLOGY-THERAPEUTIC		1707953	36097131				.047315		42
43	RADIOISOTOPE		245380	3069175	2291			.079950	183	43
44	LABORATORY		2076058	57716568	430369			.035970	15480	44
44.01	ANATOMICAL PATHOLOGY		118164	4814254	259			.024545	6	44.01
46	WHOLE BLOOD & PACKED RED BLOO		17173	2559359				.006710		46
46.30	BLOOD CLOTTING FACTORS ADMIN									46.30
49	RESPIRATORY THERAPY		659787	25629699	1117			.025743	29	49
49.01	WOUND CARE		10225	2341526	336			.004367	1	49.01
49.02	DIALYSIS		34946	1861505				.018773		49.02
49.03	ENDOSCOPY		226466	10463075	1214			.021644	26	49.03
50	PHYSICAL THERAPY		334706	6802751	4369			.049202	215	50
50.01	TRANSITIONAL THERAPY		46434	191149				.242920		50.01
50.02	PV REHAB OUTREACH									50.02
51	OCCUPATIONAL THERAPY		185531	4311995	4514			.043027	194	51
52	SPEECH PATHOLOGY		85317	2084884	4064			.040922	166	52
52.01	NEURO REHAB		51636	1858155				.027789		52.01
53	ELECTROCARDIOLOGY		147547	5194010	12534			.028407	356	53
54	ELECTROENCEPHALOGRAPHY		69205	1025063	3142			.067513	212	54
54.01	NUTRITION SUPPORT		36530	139781	1046			.261337	273	54.01
54.02	MRI		581196	10384581	12434			.055967	696	54.02
54.03	CARDIAC CATH LAB		1296459	38474300				.033697		54.03
54.04	CARDIAC REHAB SERVICES		81855	636419				.128618		54.04
55	MEDICAL SUPPLIES CHARGED TO P		1006959	156247595	2388			.006445	15	55
55.01	COST OF SOLUTIONS		111965	34283832	8648			.003266	28	55.01
56	DRUGS CHARGED TO PATIENTS		1684202	96125412	345062			.017521	6046	56
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC		22007	535348	722			.041108	30	60
60.01	ANTICOAG CLINIC		64722	1701182				.038045		60.01
61	EMERGENCY		1326365	52341984	213312			.025340	5405	61
61.01	PARTIAL HOSPITALIZATION		19878	476570				.041711		61.01
62	OBSERVATION BEDS (NON-DISTINC		661237	8907289				.074235		62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES									65
101	TOTAL		21491884	805477853	1134936				32417	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS — WORKSHEET D PART IV

CHECK APPLICABLE BOXES	[ ]	TITLE V	[ ]	HOSPITAL		[ ]	SUB IV	[ ]	PPS
	[ ]	TITLE XVIII-PT A	[ ]	SUB I		[ ]	SNF	[ ]	TEFRA
	[XX]	TITLE XIX	[XX]	SUB II	(15-S021)	[ ]	NF	[ ]	OTHER
			[ ]	SUB III		[ ]	ICF/MR		

	COST CENTER DESCRIPTION	OUTPATIENT NONPHYSICIAN ANESTHETIST COST 1	OUTPATIENT NONPHYSICIAN ANESTHETIST COST 1.01	NURSING SCHOOL COST 2	ALLIED HEALTH COSTS 2.01	ALL OTHER MEDICAL EDUCATION COSTS 2.02	ADMINISTERING BLOOD CLOTTING FACTORS COST 2.03	TOTAL COSTS 3	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM				62			62	37
37.01	CAREW MEDICAL PARK SURG				18			18	37.01
38	RECOVERY ROOM				4			4	38
39	DELIVERY ROOM & LABOR ROOM				6			6	39
40	ANESTHESIOLOGY								40
41	RADIOLOGY-DIAGNOSTIC				152705			152705	41
41.01	RADIOLOGY - WABASH								41.01
41.02	RADIOLOGY - MANCHESTER								41.02
41.03	RADIOLOGY - EAST STATE								41.03
41.04	RADIOLOGY - JEFFERSON								41.04
41.05	RADIOLOGY - NHMP								41.05
41.06	RADIOLOGY - CMP				4			4	41.06
41.07	RADIOLOGY - WP								41.07
41.08	RADIOLOGY - PULM CLINIC				2			2	41.08
41.09	RADIOLOGY - WHITLEY POOL								41.09
42	RADIOLOGY-THERAPEUTIC				12			12	42
43	RADIOISOTOPE				35			35	43
44	LABORATORY				47683			47683	44
44.01	ANATOMICAL PATHOLOGY								44.01
46	WHOLE BLOOD & PACKED RED BLOO								46
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
49	RESPIRATORY THERAPY				15			15	49
49.01	WOUND CARE				13			13	49.01
49.02	DIALYSIS								49.02
49.03	ENDOSCOPY				2			2	49.03
50	PHYSICAL THERAPY				6			6	50
50.01	TRANSITIONAL THERAPY								50.01
50.02	PV REHAB OUTREACH								50.02
51	OCCUPATIONAL THERAPY								51
52	SPEECH PATHOLOGY								52
52.01	NEURO REHAB				13			13	52.01
53	ELECTROCARDIOLOGY				6			6	53
54	ELECTROENCEPHALOGRAPHY				7			7	54
54.01	NUTRITION SUPPORT								54.01
54.02	MRI								54.02
54.03	CARDIAC CATH LAB				1			1	54.03
54.04	CARDIAC REHAB SERVICES								54.04
55	MEDICAL SUPPLIES CHARGED TO P								55
55.01	COST OF SOLUTIONS								55.01
56	DRUGS CHARGED TO PATIENTS				139581			139581	56
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC				1			1	60
60.01	ANTICOAG CLINIC								60.01
61	EMERGENCY				281			281	61
61.01	PARTIAL HOSPITALIZATION								61.01
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				340457			340457	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK APPLICABLE BOXES	[ ] TITLE V	[ ] HOSPITAL		[ ] SUB IV		[ ] PPS	
	[ ] TITLE XVIII-PT A	[ ] SUB I		[ ] SNF		[ ] TEFRA	
	[XX] TITLE XIX	[XX] SUB II	(15-5021)	[ ] NF		[ ] OTHER	
		[ ] SUB III		[ ] ICF/MR			

	COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	62	90170778	.000001	.000001				37
37.01	CAREW MEDICAL PARK SURG	18	4453409	.000004	.000004	16455			37.01
38	RECOVERY ROOM	4	15804302						38
39	DELIVERY ROOM & LABOR ROOM	6	8769065	.000001	.000001	316			39
40	ANESTHESIOLOGY		5700522						40
41	RADIOLOGY-DIAGNOSTIC	152705	107326389	.001423	.001423	70344	100		41
41.01	RADIOLOGY - WABASH								41.01
41.02	RADIOLOGY - MANCHESTER								41.02
41.03	RADIOLOGY - EAST STATE								41.03
41.04	RADIOLOGY - JEFFERSON								41.04
41.05	RADIOLOGY - NHMP		469339						41.05
41.06	RADIOLOGY - CMP	4	5882018	.000001	.000001				41.06
41.07	RADIOLOGY - WP		532116						41.07
41.08	RADIOLOGY - PULM CLINIC	2	95323	.000021	.000021				41.08
41.09	RADIOLOGY - WHITLEY POOL								41.09
42	RADIOLOGY-THERAPEUTIC	12	36097131						42
43	RADIOISOTOPE	35	3069175	.000011	.000011	2291			43
44	LABORATORY	47683	57716568	.000826	.000826	430369	355		44
44.01	ANATOMICAL PATHOLOGY		4814254			259			44.01
46	WHOLE BLOOD & PACKED RED BLOO		2559359						46
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
49	RESPIRATORY THERAPY	15	25629699	.000001	.000001	1117			49
49.01	WOUND CARE	13	2341526	.000006	.000006	336			49.01
49.02	DIALYSIS		1861505						49.02
49.03	ENDOSCOPY	2	10463075			1214			49.03
50	PHYSICAL THERAPY	6	6802751	.000001	.000001	4369			50
50.01	TRANSITIONAL THERAPY		191149						50.01
50.02	PV REHAB OUTREACH								50.02
51	OCCUPATIONAL THERAPY		4311995			4514			51
52	SPEECH PATHOLOGY		2084884			4064			52
52.01	NEURO REHAB	13	1858155	.000007	.000007				52.01
53	ELECTROCARDIOLOGY	6	5194010	.000001	.000001	12534			53
54	ELECTROENCEPHALOGRAPHY	7	1025063	.000007	.000007	3142			54
54.01	NUTRITION SUPPORT		139781			1046			54.01
54.02	MRI		10384581			12434			54.02
54.03	CARDIAC CATH LAB	1	38474300						54.03
54.04	CARDIAC REHAB SERVICES		636419						54.04
55	MEDICAL SUPPLIES CHARGED TO P		156247595			2388			55
55.01	COST OF SOLUTIONS		34283832			8648			55.01
56	DRUGS CHARGED TO PATIENTS	139581	96125412	.001452	.001452	345062	501		56
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC	1	535348	.000002	.000002	722			60
60.01	ANTICOAG CLINIC		1701182						60.01
61	EMERGENCY	281	52341984	.000005	.000005	213312	1		61
61.01	PARTIAL HOSPITALIZATION		476570						61.01
62	OBSERVATION BEDS (NON-DISTINC		8907289						62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	AMBULANCE SERVICES								65
101	TOTAL	340457	805477853			1134936	957		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS — WORKSHEET D PART IV

CHECK APPLICABLE BOXES	[ ]	TITLE V	[ ]	HOSPITAL	[ ]	SUB IV	[ ]	PPS	
	[ ]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA	
	[XX]	TITLE XIX	[XX]	SUB II (15-S021)	[ ]	NF	[ ]	OTHER	
			[ ]	SUB III	[ ]	ICF/MR			

	COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM						37
37.01	CAREW MEDICAL PARK SURG						37.01
38	RECOVERY ROOM						38
39	DELIVERY ROOM & LABOR ROOM						39
40	ANESTHESIOLOGY						40
41	RADIOLOGY-DIAGNOSTIC						41
41.01	RADIOLOGY - WABASH						41.01
41.02	RADIOLOGY - MANCHESTER						41.02
41.03	RADIOLOGY - EAST STATE						41.03
41.04	RADIOLOGY - JEFFERSON						41.04
41.05	RADIOLOGY - NHMP						41.05
41.06	RADIOLOGY - CMP						41.06
41.07	RADIOLOGY - WP						41.07
41.08	RADIOLOGY - PULM CLINIC						41.08
41.09	RADIOLOGY - WHITLEY POOL						41.09
42	RADIOLOGY-THERAPEUTIC						42
43	RADIOISOTOPE						43
44	LABORATORY						44
44.01	ANATOMICAL PATHOLOGY						44.01
46	WHOLE BLOOD & PACKED RED BLOO						46
46.30	BLOOD CLOTTING FACTORS ADMIN						46.30
49	RESPIRATORY THERAPY						49
49.01	WOUND CARE						49.01
49.02	DIALYSIS						49.02
49.03	ENDOSCOPY						49.03
50	PHYSICAL THERAPY						50
50.01	TRANSITIONAL THERAPY						50.01
50.02	PV REHAB OUTREACH						50.02
51	OCCUPATIONAL THERAPY						51
52	SPEECH PATHOLOGY						52
52.01	NEURO REHAB						52.01
53	ELECTROCARDIOLOGY						53
54	ELECTROENCEPHALOGRAPHY						54
54.01	NUTRITION SUPPORT						54.01
54.02	MRI						54.02
54.03	CARDIAC CATH LAB						54.03
54.04	CARDIAC REHAB SERVICES						54.04
55	MEDICAL SUPPLIES CHARGED TO P						55
55.01	COST OF SOLUTIONS						55.01
56	DRUGS CHARGED TO PATIENTS						56
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC						60
60.01	ANTICOAG CLINIC						60.01
61	EMERGENCY						61
61.01	PARTIAL HOSPITALIZATION						61.01
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 APPLICABLE BOXES	[ ] TITLE V - O/P	[ ] HOSPITAL	[ ] SNF
	[ ] TITLE XVIII-PT B	[ ] SUB I	[ ] NF
	[XX] TITLE XIX - O/P	[XX] SUB II (15-S021)	[ ] S/B-SNF
		[ ] SUB III	[ ] S/B-NF
		[ ] SUB IV	[ ] ICF/MR

	COST CENTER DESCRIPTION	COST TO CHARGE RATIO	PROGRAM CHARGES: OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC	ALL OTHER PART B	PROGRAM COSTS: OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC	ALL OTHER PART B	
		1	2	3	4	5	6	7	8	9	
	ANCILLARY SERVICE COST CENTERS										
37	OPERATING ROOM	.278279									37
37.01	CAREW MEDICAL PARK SURG	.302984									37.01
38	RECOVERY ROOM	.342876									38
39	DELIVERY ROOM & LABOR RO	.647768									39
40	ANESTHESIOLOGY	.119892									40
41	RADIOLOGY-DIAGNOSTIC	.136736				11905				1628	41
41.01	RADIOLOGY - WABASH										41.01
41.02	RADIOLOGY - MANCHESTER										41.02
41.03	RADIOLOGY - EAST STATE										41.03
41.04	RADIOLOGY - JEFFERSON										41.04
41.05	RADIOLOGY - NHMP	.759217									41.05
41.06	RADIOLOGY - CMP	.201941									41.06
41.07	RADIOLOGY - WP	.715476									41.07
41.08	RADIOLOGY - PULM CLINIC	3.491885									41.08
41.09	RADIOLOGY - WHITLEY POOL										41.09
42	RADIOLOGY-THERAPEUTIC	.245648									42
43	RADIOISOTOPE	.356343									43
44	LABORATORY	.226138				15872				3589	44
44.01	ANATOMICAL PATHOLOGY	.299955									44.01
46	WHOLE BLOOD & PACKED RED	1.174909									46
46.30	BLOOD CLOTTING FACTORS A										46.30
49	RESPIRATORY THERAPY	.307123									49
49.01	WOUND CARE	.232070									49.01
49.02	DIALYSIS	.722455									49.02
49.03	ENDOSCOPY	.197148									49.03
50	PHYSICAL THERAPY	.598409									50
50.01	TRANSITIONAL THERAPY	1.229303									50.01
50.02	PV REHAB OUTREACH										50.02
51	OCCUPATIONAL THERAPY	.568710									51
52	SPEECH PATHOLOGY	.531631									52
52.01	NEURO REHAB	.595783									52.01
53	ELECTROCARDIOLOGY	.176272				261				46	53
54	ELECTROENCEPHALOGRAPHY	.408423									54
54.01	NUTRITION SUPPORT	4.592055									54.01
54.02	MRI	.233147				1350				315	54.02
54.03	CARDIAC CATH LAB	.181632									54.03
54.04	CARDIAC REHAB SERVICES	.609212									54.04
55	MEDICAL SUPPLIES CHARGED	.429285				1226				526	55
55.01	COST OF SOLUTIONS	.128490				483				62	55.01
56	DRUGS CHARGED TO PATIENT	.380070				2779				1056	56
	OUTPATIENT SERVICE COST CENTERS										
60	CLINIC	.910210									60
60.01	ANTICOAG CLINIC	.768003									60.01
61	EMERGENCY	.283583				16352				4637	61
61.01	PARTIAL HOSPITALIZATION	.335879									61.01
62	OBSERVATION BEDS (NON-DI	.708807				17370				12312	62
63.50	RHC										63.50
63.60	FQHC										63.60
	OTHER REIMBURSABLE COST CENTERS										
65	AMBULANCE SERVICES	.733531									65
65.01	AMBULANCE CHARGES (S-2 L	.733531									65.01
65.02	AMBULANCE CHARGES (S-2 L	.733531									65.02
65.03	AMBULANCE CHARGES (S-2 L	.733531									65.03
101	SUBTOTAL					67598				24171	101
102	CRNA CHARGES										102
103	LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS										103
104	NET CHARGES					67598				24171	104

PART VI - VACCINE COST APPORTIONMENT

		1	
1	DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.380070	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 INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS — WORKSHEET D PART IV

CHECK APPLICABLE BOXES	[ ] TITLE V	[ ] HOSPITAL	[ ] SUB IV		[ ] PPS		
	[ ] TITLE XVIII-PT A	[ ] SUB I	[XX] SNF	(15-5516)	[ ] TEFRA		
	[XX] TITLE XIX	[ ] SUB II	[ ] NF		[ ] OTHER		
		[ ] SUB III	[ ] ICF/MR				

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	OUTPATIENT NONPHYSICIAN ANESTHETIST COST 1.01	NURSING SCHOOL COST 2	ALLIED HEALTH COSTS 2.01	ALL OTHER MEDICAL EDUCATION COSTS 2.02	ADMINISTERING BLOOD CLOTTING FACTORS COST 2.03	TOTAL COSTS 3	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM				62			62	37
37.01	CAREW MEDICAL PARK SURG				18			18	37.01
38	RECOVERY ROOM				4			4	38
39	DELIVERY ROOM & LABOR ROOM				6			6	39
40	ANESTHESIOLOGY								40
41	RADIOLOGY-DIAGNOSTIC				152705			152705	41
41.01	RADIOLOGY - WABASH								41.01
41.02	RADIOLOGY - MANCHESTER								41.02
41.03	RADIOLOGY - EAST STATE								41.03
41.04	RADIOLOGY - JEFFERSON								41.04
41.05	RADIOLOGY - NHMP								41.05
41.06	RADIOLOGY - CMP				4			4	41.06
41.07	RADIOLOGY - WP								41.07
41.08	RADIOLOGY - PULM CLINIC				2			2	41.08
41.09	RADIOLOGY - WHITLEY POOL								41.09
42	RADIOLOGY-THERAPEUTIC				12			12	42
43	RADIOISOTOPE				35			35	43
44	LABORATORY				47683			47683	44
44.01	ANATOMICAL PATHOLOGY								44.01
46	WHOLE BLOOD & PACKED RED BLOO								46
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
49	RESPIRATORY THERAPY				15			15	49
49.01	WOUND CARE				13			13	49.01
49.02	DIALYSIS								49.02
49.03	ENDOSCOPY				2			2	49.03
50	PHYSICAL THERAPY				6			6	50
50.01	TRANSITIONAL THERAPY								50.01
50.02	PV REHAB OUTREACH								50.02
51	OCCUPATIONAL THERAPY								51
52	SPEECH PATHOLOGY								52
52.01	NEURO REHAB				13			13	52.01
53	ELECTROCARDIOLOGY				6			6	53
54	ELECTROENCEPHALOGRAPHY				7			7	54
54.01	NUTRITION SUPPORT								54.01
54.02	MRI								54.02
54.03	CARDIAC CATH LAB				1			1	54.03
54.04	CARDIAC REHAB SERVICES								54.04
55	MEDICAL SUPPLIES CHARGED TO P								55
55.01	COST OF SOLUTIONS								55.01
56	DRUGS CHARGED TO PATIENTS				139581			139581	56
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC				1			1	60
60.01	ANTICOAG CLINIC								60.01
61	EMERGENCY				281			281	61
61.01	PARTIAL HOSPITALIZATION								61.01
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				340457			340457	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK APPLICABLE BOXES	[ ]	TITLE V	[ ]	HOSPITAL	[ ]	SUB IV		[ ]	PPS
	[ ]	TITLE XVIII-PT A	[ ]	SUB I	[XX]	SNF	(15-5516)	[ ]	TEFRA
	[XX]	TITLE XIX	[ ]	SUB II	[ ]	NF		[ ]	OTHER
			[ ]	SUB III	[ ]	ICF/MR			

	COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	62	90170778	.000001	.000001				37
37.01	CAREW MEDICAL PARK SURG	18	4453409	.000004	.000004				37.01
38	RECOVERY ROOM	4	15804302						38
39	DELIVERY ROOM & LABOR ROOM	6	8769065	.000001	.000001				39
40	ANESTHESIOLOGY		5700522						40
41	RADIOLOGY-DIAGNOSTIC	152705	107326389	.001423	.001423				41
41.01	RADIOLOGY - WABASH								41.01
41.02	RADIOLOGY - MANCHESTER								41.02
41.03	RADIOLOGY - EAST STATE								41.03
41.04	RADIOLOGY - JEFFERSON								41.04
41.05	RADIOLOGY - NHMP		469339						41.05
41.06	RADIOLOGY - CMP	4	5882018	.000001	.000001				41.06
41.07	RADIOLOGY - WP		532116						41.07
41.08	RADIOLOGY - PULM CLINIC	2	95323	.000021	.000021				41.08
41.09	RADIOLOGY - WHITLEY POOL								41.09
42	RADIOLOGY-THERAPEUTIC	12	36097131						42
43	RADIOISOTOPE	35	3069175	.000011	.000011				43
44	LABORATORY	47683	57716568	.000826	.000826				44
44.01	ANATOMICAL PATHOLOGY		4814254						44.01
46	WHOLE BLOOD & PACKED RED BLOO		2559359						46
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
49	RESPIRATORY THERAPY	15	25629699	.000001	.000001				49
49.01	WOUND CARE	13	2341526	.000006	.000006				49.01
49.02	DIALYSIS		1861505						49.02
49.03	ENDOSCOPY	2	10463075						49.03
50	PHYSICAL THERAPY	6	6802751	.000001	.000001				50
50.01	TRANSITIONAL THERAPY		191149						50.01
50.02	PV REHAB OUTREACH								50.02
51	OCCUPATIONAL THERAPY		4311995						51
52	SPEECH PATHOLOGY		2084884						52
52.01	NEURO REHAB	13	1858155	.000007	.000007				52.01
53	ELECTROCARDIOLOGY	6	5194010	.000001	.000001				53
54	ELECTROENCEPHALOGRAPHY	7	1025063	.000007	.000007				54
54.01	NUTRITION SUPPORT		139781						54.01
54.02	MRI		10384581						54.02
54.03	CARDIAC CATH LAB	1	38474300						54.03
54.04	CARDIAC REHAB SERVICES		636419						54.04
55	MEDICAL SUPPLIES CHARGED TO P		156247595						55
55.01	COST OF SOLUTIONS		34283832						55.01
56	DRUGS CHARGED TO PATIENTS	139581	96125412	.001452	.001452				56
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC	1	535348	.000002	.000002				60
60.01	ANTICOAG CLINIC		1701182						60.01
61	EMERGENCY	281	52341984	.000005	.000005				61
61.01	PARTIAL HOSPITALIZATION		476570						61.01
62	OBSERVATION BEDS (NON-DISTINC		8907289						62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	AMBULANCE SERVICES								65
101	TOTAL	340457	805477853						101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK APPLICABLE BOXES	[ ]	TITLE V	[ ]	HOSPITAL	[ ]	SUB IV		[ ]	PPS
	[ ]	TITLE XVIII-PT A	[ ]	SUB I	[XX]	SNF	(15-5516)	[ ]	TEFRA
	[XX]	TITLE XIX	[ ]	SUB II	[ ]	NF		[ ]	OTHER
			[ ]	SUB III	[ ]	ICF/MR			

	COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM						37
37.01	CAREW MEDICAL PARK SURG						37.01
38	RECOVERY ROOM						38
39	DELIVERY ROOM & LABOR ROOM						39
40	ANESTHESIOLOGY						40
41	RADIOLOGY-DIAGNOSTIC						41
41.01	RADIOLOGY - WABASH						41.01
41.02	RADIOLOGY - MANCHESTER						41.02
41.03	RADIOLOGY - EAST STATE						41.03
41.04	RADIOLOGY - JEFFERSON						41.04
41.05	RADIOLOGY - NHMP						41.05
41.06	RADIOLOGY - CMP						41.06
41.07	RADIOLOGY - WP						41.07
41.08	RADIOLOGY - PULM CLINIC						41.08
41.09	RADIOLOGY - WHITLEY POOL						41.09
42	RADIOLOGY-THERAPEUTIC						42
43	RADIOISOTOPE						43
44	LABORATORY						44
44.01	ANATOMICAL PATHOLOGY						44.01
46	WHOLE BLOOD & PACKED RED BLOO						46
46.30	BLOOD CLOTTING FACTORS ADMIN						46.30
49	RESPIRATORY THERAPY						49
49.01	WOUND CARE						49.01
49.02	DIALYSIS						49.02
49.03	ENDOSCOPY						49.03
50	PHYSICAL THERAPY						50
50.01	TRANSITIONAL THERAPY						50.01
50.02	PV REHAB OUTREACH						50.02
51	OCCUPATIONAL THERAPY						51
52	SPEECH PATHOLOGY						52
52.01	NEURO REHAB						52.01
53	ELECTROCARDIOLOGY						53
54	ELECTROENCEPHALOGRAPHY						54
54.01	NUTRITION SUPPORT						54.01
54.02	MRI						54.02
54.03	CARDIAC CATH LAB						54.03
54.04	CARDIAC REHAB SERVICES						54.04
55	MEDICAL SUPPLIES CHARGED TO P						55
55.01	COST OF SOLUTIONS						55.01
56	DRUGS CHARGED TO PATIENTS						56
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC						60
60.01	ANTICOAG CLINIC						60.01
61	EMERGENCY						61
61.01	PARTIAL HOSPITALIZATION						61.01
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

	INPATIENT DAYS	HOSPITAL (PPS) (15-0021) 1	SUB I (PPS) (15-T021) 1	SUB II (TEFRA) (15-S021) 1	SUB III 1	SUB IV 1	SNF (PPS) (15-5516) 1	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	89183	6236	14866			9822	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	89183	6236	14866			9822	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	89183	6236	14866			9822	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)	32402	2645	5312			6777	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

	SWING-BED ADJUSTMENT	HOSPITAL (PPS) (15-0021) 1	SUB I (PPS) (15-T021) 1	SUB II (TEFRA) (15-S021) 1	SUB III 1	SUB IV 1	SNF (PPS) (15-5516) 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	67216585	4203990	11144132			4202284	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	67216585	4203990	11144132			4202284	27
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	99132184	6670957	16986401			3913877	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	99132184	6670957	16986401			3913877	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.678050	.630193	.656062			1.073688	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1111.56	1069.75	1142.63			398.48	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	67216585	4203990	11144132			4202284	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) (15-0021) 1	SUB I (PPS) (15-T021) 1	SUB II (TEFRA) (15-S021) 1	SUB III 1	SUB IV 1	
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS						
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	753.69	674.15	749.64			38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	24421063	1783127	3982088			39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	24421063	1783127	3982088			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	13389112	8468	1581.14	3468	5483394	43
43.01	PEDIATRIC ICU	1727788	934	1849.88			43.01
43.02	NEONATAL ICU	4561216	4588	994.16			43.02
44	CORONARY CARE UNIT	10306037	7796	1321.96	3847	5085580	44
45	BURN INTENSIVE CARE UNIT						45
46	SURGICAL INTENSIVE CARE UNIT						46
47	OTHER SPECIAL CARE (SPECIFY)						47

		HOSPITAL (PPS) (15-0021) 1	SUB I (PPS) (15-T021) 1	SUB II (TEFRA) (15-S021) 1	SUB III 1	SUB IV 1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	56907113	1120460	511706			48
49	TOTAL PROGRAM INPATIENT COSTS	91897150	2903587	4493794			49
	PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	3552379	207976	450617			50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	4178439	92531	50633			51
52	TOTAL PROGRAM EXCLUDABLE COST	7730818	300507	501250			52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	84166332	2603080	3992544			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

	TARGET AMOUNT AND LIMITATION COMPUTATION	HOSPITAL (PPS) (15-0021) 1	SUB I (PPS) (15-T021) 1	SUB II (TEFRA) (15-S021) 1	SUB III 1	SUB IV 1	
54	PROGRAM DISCHARGES			535			54
55	TARGET AMOUNT PER DISCHARGE			8680.50			55
56	TARGET AMOUNT			4644068			56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT			651524			57
58	BONUS PAYMENT			92881			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			6912.11			58.01
58.02	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET			6912.11			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			4586675			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 (PPS) (15-5516) 1	
66	SNF/NF/ICF/MR ROUTINE SERVICE COST	4202284	66
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	427.84	67
68	PROGRAM ROUTINE SERVICE COST	2899472	68
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	2899472	70
71	CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	418098	71
72	PER DIEM CAPITAL RELATED COSTS	42.57	72
73	PROGRAM CAPITAL RELATED COSTS	288497	73
74	INPATIENT ROUTINE SERVICE COST	2610975	74
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76	TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	2610975	76
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78	INPATIENT ROUTINE SERVICE COST LIMITATION		78
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	2899472	79
80	PROGRAM INPATIENT ANCILLARY SERVICES	1782600	80
81	UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	4682072	82

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

	HOSPITAL (PPS) (15-0021) 1	SUB I (PPS) (15-T021) 1	SUB II (TEFRA) (15-S021) 1	SUB III 1	SUB IV 1	
PART IV - COMPUTATION OF OBSERVATION BED COST						
83 TOTAL OBSERVATION BEDS	8349		28			83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	753.69		749.64			84
85 OBSERVATION BED COST	6292558		20990			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		67216585		6292558		86
87	NEW CAPITAL-RELATED COST	7037884	67216585	.104705	6292558	658862	87
88	NON PHYSICIAN ANESTHETIST		67216585		6292558		88
89	NURSING SCHOOL		67216585		6292558		89
89.01	ALLIED HEALTH	200	67216585	.000003	6292558	19	89.01
89.02	ALL OTHER		67216585		6292558		89.02

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

	INPATIENT DAYS	HOSPITAL (PPS) (15-0021) 1	SUB I (PPS) (15-T021) 1	SUB II (PPS) (15-S021) 1	SUB III 1	SNF (OTHER) (15-5516) 1	NF 1	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	89183	6236	14866		9822		1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	89183	6236	14866		9822		2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	89183	6236	14866		9822		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)	6669	603	2734				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	4051						15
16	TITLE V OR XIX NURSERY DAYS	414						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

	SWING-BED ADJUSTMENT	HOSPITAL (PPS) (15-0021) 1	SUB I (PPS) (15-T021) 1	SUB II (PPS) (15-S021) 1	SUB III 1	SNF (OTHER) (15-5516) 1	NF 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	67216585	4203990	11328825		4202284		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	67216585	4203990	11328825		4202284		27
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	99132184	6670957	16986401				28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	99132184	6670957	16986401				30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.678050	.630193	.666935				31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1111.56	1069.75	1142.63				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	67216585	4203990	11328825		4202284		37

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 (PPS) (15-0021) 1	SUB I (PPS) (15-T021) 1	SUB II (PPS) (15-S021) 1	SUB III 1	SUB IV 1	
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS						
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	753.69	674.15	762.06			38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	5026359	406512	2083472			39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	5026359	406512	2083472			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)	3189620	4051	787.37	414	325971	42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	INTENSIVE CARE UNIT	13389112	8468	1581.14	274	433232	43
43.01	PEDIATRIC ICU	1727788	934	1849.88	112	207187	43.01
43.02	NEONATAL ICU	4561216	4588	994.16	634	630297	43.02
44	CORONARY CARE UNIT	10306037	7796	1321.96	178	235309	44
45	BURN INTENSIVE CARE UNIT						45
46	SURGICAL INTENSIVE CARE UNIT						46
47	OTHER SPECIAL CARE (SPECIFY)						47

		HOSPITAL (PPS) (15-0021) 1	SUB I (PPS) (15-T021) 1	SUB II (PPS) (15-S021) 1	SUB III 1	SUB IV 1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	8203412	173990	327597			48
49	TOTAL PROGRAM INPATIENT COSTS	15061767	580502	2411069			49
	PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	689147	47414	231925			50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	643555	13870	33374			51
52	TOTAL PROGRAM EXCLUDABLE COST	1332702	61284	265299			52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	13729065	519218	2145770			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

	TARGET AMOUNT AND LIMITATION COMPUTATION	HOSPITAL (PPS) (15-0021) 1	SUB I (PPS) (15-T021) 1	SUB II (PPS) (15-S021) 1	SUB III 1	SUB IV 1	
54	PROGRAM DISCHARGES		19	411			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 [ ] TITLE XVIII-PART A [XX] TITLE XIX-INPT

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

		SNF (OTHER) (15-5516)	NF	
		1	1	
66	SNF/NF/ICF/MR ROUTINE SERVICE COST	4202284		66
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	427.84		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	418098		71
72	PER DIEM CAPITAL RELATED COSTS	42.57		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 (PPS) (15-0021) 1	SUB I (PPS) (15-T021) 1	SUB II (PPS) (15-S021) 1	SUB III 1	SUB IV 1	
PART IV - COMPUTATION OF OBSERVATION BED COST							
83	TOTAL OBSERVATION BEDS	8349		28			83
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	753.69		749.64			84
85	OBSERVATION BED COST	6292558		20990			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		67216585		6292558		86
87	NEW CAPITAL-RELATED COST	7037884	67216585	.104705	6292558	658862	87
88	NON PHYSICIAN ANESTHETIST		67216585		6292558		88
89	NURSING SCHOOL		67216585		6292558		89
89.01	ALLIED HEALTH	200	67216585	.000003	6292558	19	89.01
89.02	ALL OTHER		67216585		6292558		89.02

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V	[XX] HOSPITAL (15-0021)	[ ] 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		39417666		25
26	INTENSIVE CARE UNIT		10587480		26
26.01	PEDIATRIC ICU				26.01
26.02	NEONATAL ICU				26.02
27	CORONARY CARE UNIT		10389510		27
31	SUBPROVIDER I				31
31.01	SUBPROVIDER II				31.01
	ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	.278279	20493858	5703010	37
37.01	CAREW MEDICAL PARK SURG	.302984	261	79	37.01
38	RECOVERY ROOM	.342876	2937574	1007224	38
39	DELIVERY ROOM & LABOR ROOM	.647768	20843	13501	39
40	ANESTHESIOLOGY	.119892	1420448	170300	40
41	RADIOLOGY-DIAGNOSTIC	.136736	22223811	3038795	41
41.01	RADIOLOGY - WABASH				41.01
41.02	RADIOLOGY - MANCHESTER				41.02
41.03	RADIOLOGY - EAST STATE				41.03
41.04	RADIOLOGY - JEFFERSON				41.04
41.05	RADIOLOGY - NHMP	.759217			41.05
41.06	RADIOLOGY - CMP	.201941			41.06
41.07	RADIOLOGY - WP	.715476			41.07
41.08	RADIOLOGY - PULM CLINIC	3.491885			41.08
41.09	RADIOLOGY - WHITLEY POOL				41.09
42	RADIOLOGY-THERAPEUTIC	.246479	406587	100215	42
43	RADIOISOTOPE	.356343	650268	231718	43
44	LABORATORY	.227023	15190380	3448566	44
44.01	ANATOMICAL PATHOLOGY	.299955	782878	234828	44.01
46	WHOLE BLOOD & PACKED RED BLOOD	1.174909	1543974	1814029	46
46.30	BLOOD CLOTTING FACTORS ADMIN CO				46.30
49	RESPIRATORY THERAPY	.307333	8317531	2556252	49
49.01	WOUND CARE	.232070	927862	215329	49.01
49.02	DIALYSIS	.722455	1168837	844432	49.02
49.03	ENDOSCOPY	.197148	1655791	326436	49.03
50	PHYSICAL THERAPY	.598409	1335505	799178	50
50.01	TRANSITIONAL THERAPY	1.229303			50.01
50.02	PV REHAB OUTREACH				50.02
51	OCCUPATIONAL THERAPY	.568710	957803	544712	51
52	SPEECH PATHOLOGY	.531631	348817	185442	52
52.01	NEURO REHAB	.595847			52.01
53	ELECTROCARDIOLOGY	.176272	1169839	206210	53
54	ELECTROENCEPHALOGRAPHY	.408423	252122	102972	54
54.01	NUTRITION SUPPORT	4.592055	81698	375162	54.01
54.02	MRI	.233147	1485006	346225	54.02
54.03	CARDIAC CATH LAB	.189897	7962599	1512074	54.03
54.04	CARDIAC REHAB SERVICES	.609212	7710	4697	54.04
55	MEDICAL SUPPLIES CHARGED TO PAT	.429285	44775288	19221360	55
55.01	COST OF SOLUTIONS	.128490	10528599	1352820	55.01
56	DRUGS CHARGED TO PATIENTS	.380070	28307220	10758725	56
	OUTPATIENT SERVICE COST CENTERS				
60	CLINIC	.910210	26796	24390	60
60.01	ANTICOAG CLINIC	.782301	3595	2812	60.01
61	EMERGENCY	.286210	6168967	1765620	61
61.01	PARTIAL HOSPITALIZATION	.335879			61.01
62	OBSERVATION BEDS (NON-DISTINCT	.708807			62
	OTHER REIMBURSABLE COST CENTERS				
63.50	RHC				63.50
63.60	FQHC				63.60
65	AMBULANCE SERVICES				65
101	TOTAL		181152467	56907113	101
102	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103	NET CHARGES		181152467		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V	[ ] HOSPITAL	[ ] SNF	[XX] PPS
[XX] TITLE XVIII-PT A	[XX] SUB I (15-T021)	[ ] 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				25
26	INTENSIVE CARE UNIT				26
26.01	PEDIATRIC ICU				26.01
26.02	NEONATAL ICU				26.02
27	CORONARY CARE UNIT				27
31	SUBPROVIDER I		2763293		31
31.01	SUBPROVIDER II				31.01
	ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	.278279	6071	1689	37
37.01	CAREW MEDICAL PARK SURG	.302984			37.01
38	RECOVERY ROOM	.342876	3958	1357	38
39	DELIVERY ROOM & LABOR ROOM	.647768			39
40	ANESTHESIOLOGY	.119892	1042	125	40
41	RADIOLOGY-DIAGNOSTIC	.136736	176608	24149	41
41.01	RADIOLOGY - WABASH				41.01
41.02	RADIOLOGY - MANCHESTER				41.02
41.03	RADIOLOGY - EAST STATE				41.03
41.04	RADIOLOGY - JEFFERSON				41.04
41.05	RADIOLOGY - NHMP	.759217			41.05
41.06	RADIOLOGY - CMP	.201941			41.06
41.07	RADIOLOGY - WP	.715476			41.07
41.08	RADIOLOGY - PULM CLINIC	3.491885			41.08
41.09	RADIOLOGY - WHITLEY POOL				41.09
42	RADIOLOGY-THERAPEUTIC	.246479	67706	16688	42
43	RADIOISOTOPE	.356343	3814	1359	43
44	LABORATORY	.227023	158613	36009	44
44.01	ANATOMICAL PATHOLOGY	.299955	2449	735	44.01
46	WHOLE BLOOD & PACKED RED BLOOD	1.174909	1164	1368	46
46.30	BLOOD CLOTTING FACTORS ADMIN CO				46.30
49	RESPIRATORY THERAPY	.307333	31800	9773	49
49.01	WOUND CARE	.232070	73286	17007	49.01
49.02	DIALYSIS	.722455	12860	9291	49.02
49.03	ENDOSCOPY	.197148	7342	1447	49.03
50	PHYSICAL THERAPY	.598409	565657	338494	50
50.01	TRANSITIONAL THERAPY	1.229303			50.01
50.02	PV REHAB OUTREACH				50.02
51	OCCUPATIONAL THERAPY	.568710	570781	324609	51
52	SPEECH PATHOLOGY	.531631	387017	205750	52
52.01	NEURO REHAB	.595847			52.01
53	ELECTROCARDIOLOGY	.176272	4102	723	53
54	ELECTROENCEPHALOGRAPHY	.408423	3485	1423	54
54.01	NUTRITION SUPPORT	4.592055	1450	6658	54.01
54.02	MRI	.233147	33547	7821	54.02
54.03	CARDIAC CATH LAB	.189897			54.03
54.04	CARDIAC REHAB SERVICES	.609212			54.04
55	MEDICAL SUPPLIES CHARGED TO PAT	.429285	52123	22376	55
55.01	COST OF SOLUTIONS	.128490	36598	4702	55.01
56	DRUGS CHARGED TO PATIENTS	.380070	221530	84197	56
	OUTPATIENT SERVICE COST CENTERS				
60	CLINIC	.910210	2977	2710	60
60.01	ANTICOAG CLINIC	.782301			60.01
61	EMERGENCY	.286210			61
61.01	PARTIAL HOSPITALIZATION	.335879			61.01
62	OBSERVATION BEDS (NON-DISTINCT	.708807			62
	OTHER REIMBURSABLE COST CENTERS				
63.50	RHC				63.50
63.60	FQHC				63.60
65	AMBULANCE SERVICES				65
101	TOTAL		2425980	1120460	101
102	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103	NET CHARGES		2425980		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V	[ ] HOSPITAL	[ ] SNF	[ ] PPS
[XX] TITLE XVIII-PT A	[ ] SUB I	[ ] NF	[XX] TEFRA
[ ] TITLE XIX	[XX] SUB II (15-S021)	[ ] 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				25
26	INTENSIVE CARE UNIT				26
26.01	PEDIATRIC ICU				26.01
26.02	NEONATAL ICU				26.02
27	CORONARY CARE UNIT				27
31	SUBPROVIDER I				31
31.01	SUBPROVIDER II		6077139		31.01
	ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	.278279			37
37.01	CAREW MEDICAL PARK SURG	.302984	167454	50736	37.01
38	RECOVERY ROOM	.342876			38
39	DELIVERY ROOM & LABOR ROOM	.647768			39
40	ANESTHESIOLOGY	.119892			40
41	RADIOLOGY-DIAGNOSTIC	.136736	104354	14269	41
41.01	RADIOLOGY - WABASH				41.01
41.02	RADIOLOGY - MANCHESTER				41.02
41.03	RADIOLOGY - EAST STATE				41.03
41.04	RADIOLOGY - JEFFERSON				41.04
41.05	RADIOLOGY - NHMP	.759217			41.05
41.06	RADIOLOGY - CMP	.201941			41.06
41.07	RADIOLOGY - WP	.715476			41.07
41.08	RADIOLOGY - PULM CLINIC	3.491885			41.08
41.09	RADIOLOGY - WHITLEY POOL				41.09
42	RADIOLOGY-THERAPEUTIC	.245648			42
43	RADIOISOTOPE	.356343			43
44	LABORATORY	.226138	464364	105010	44
44.01	ANATOMICAL PATHOLOGY	.299955			44.01
46	WHOLE BLOOD & PACKED RED BLOOD	1.174909			46
46.30	BLOOD CLOTTING FACTORS ADMIN CO				46.30
49	RESPIRATORY THERAPY	.307123	2486	764	49
49.01	WOUND CARE	.232070	1983	460	49.01
49.02	DIALYSIS	.722455	13820	9984	49.02
49.03	ENDOSCOPY	.197148			49.03
50	PHYSICAL THERAPY	.598409	295	177	50
50.01	TRANSITIONAL THERAPY	1.229303			50.01
50.02	PV REHAB OUTREACH				50.02
51	OCCUPATIONAL THERAPY	.568710	3317	1886	51
52	SPEECH PATHOLOGY	.531631	288	153	52
52.01	NEURO REHAB	.595783			52.01
53	ELECTROCARDIOLOGY	.176272	32591	5745	53
54	ELECTROENCEPHALOGRAPHY	.408423	3142	1283	54
54.01	NUTRITION SUPPORT	4.592055	4873	22377	54.01
54.02	MRI	.233147	16253	3789	54.02
54.03	CARDIAC CATH LAB	.181632			54.03
54.04	CARDIAC REHAB SERVICES	.609212			54.04
55	MEDICAL SUPPLIES CHARGED TO PAT	.429285	3324	1427	55
55.01	COST OF SOLUTIONS	.128490	27509	3535	55.01
56	DRUGS CHARGED TO PATIENTS	.380070	598851	227605	56
	OUTPATIENT SERVICE COST CENTERS				
60	CLINIC	.910210	650	592	60
60.01	ANTICOAG CLINIC	.768003	91	70	60.01
61	EMERGENCY	.283583	218080	61844	61
61.01	PARTIAL HOSPITALIZATION	.335879			61.01
62	OBSERVATION BEDS (NON-DISTINCT	.708807			62
	OTHER REIMBURSABLE COST CENTERS				
63.50	RHC				63.50
63.60	FQHC				63.60
65	AMBULANCE SERVICES				65
101	TOTAL		1663725	511706	101
102	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103	NET CHARGES		1663725		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V
[XX] TITLE XVIII-PT A
[ ] TITLE XIX

[ ] HOSPITAL
[ ] SUB I
[ ] SUB II
[ ] SUB III
[ ] SUB IV

[XX] SNF (15-5516)
[ ] NF
[ ] S/B-SNF
[ ] S/B-NF
[ ] ICF/MR

[XX] PPS
[ ] TEFRA
[ ] OTHER

	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
26	INTENSIVE CARE UNIT				26
26.01	PEDIATRIC ICU				26.01
26.02	NEONATAL ICU				26.02
27	CORONARY CARE UNIT				27
31	SUBPROVIDER I				31
31.01	SUBPROVIDER II				31.01
	ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	.278279	10086	2807	37
37.01	CAREW MEDICAL PARK SURG	.302984			37.01
38	RECOVERY ROOM	.342876	3005	1030	38
39	DELIVERY ROOM & LABOR ROOM	.647768			39
40	ANESTHESIOLOGY	.119892	1861	223	40
41	RADIOLOGY-DIAGNOSTIC	.136736	191266	26153	41
41.01	RADIOLOGY - WABASH				41.01
41.02	RADIOLOGY - MANCHESTER				41.02
41.03	RADIOLOGY - EAST STATE				41.03
41.04	RADIOLOGY - JEFFERSON				41.04
41.05	RADIOLOGY - NHMP	.759217			41.05
41.06	RADIOLOGY - CMP	.201941			41.06
41.07	RADIOLOGY - WP	.715476			41.07
41.08	RADIOLOGY - PULM CLINIC	3.491885			41.08
41.09	RADIOLOGY - WHITLEY POOL				41.09
42	RADIOLOGY-THERAPEUTIC	.245648	15899	3906	42
43	RADIOISOTOPE	.356343	2554	910	43
44	LABORATORY	.226138	618522	139871	44
44.01	ANATOMICAL PATHOLOGY	.299955	8978	2693	44.01
46	WHOLE BLOOD & PACKED RED BLOOD	1.174909	38049	44704	46
46.30	BLOOD CLOTTING FACTORS ADMIN CO				46.30
49	RESPIRATORY THERAPY	.307123	221338	67978	49
49.01	WOUND CARE	.232070	110223	25579	49.01
49.02	DIALYSIS	.722455			49.02
49.03	ENDOSCOPY	.197148			49.03
50	PHYSICAL THERAPY	.598409	620295	371190	50
50.01	TRANSITIONAL THERAPY	1.229303			50.01
50.02	PV REHAB OUTREACH				50.02
51	OCCUPATIONAL THERAPY	.568710	659895	375289	51
52	SPEECH PATHOLOGY	.531631	144063	76588	52
52.01	NEURO REHAB	.595783			52.01
53	ELECTROCARDIOLOGY	.176272	14285	2518	53
54	ELECTROENCEPHALOGRAPHY	.408423	5021	2051	54
54.01	NUTRITION SUPPORT	4.592055	642	2948	54.01
54.02	MRI	.233147	464	108	54.02
54.03	CARDIAC CATH LAB	.181632			54.03
54.04	CARDIAC REHAB SERVICES	.609212			54.04
55	MEDICAL SUPPLIES CHARGED TO PAT	.429285	153429	65865	55
55.01	COST OF SOLUTIONS	.128490	265673	34136	55.01
56	DRUGS CHARGED TO PATIENTS	.380070	1401542	532684	56
	OUTPATIENT SERVICE COST CENTERS				
60	CLINIC	.910210	3681	3350	60
60.01	ANTICOAG CLINIC	.768003			60.01
61	EMERGENCY	.283583	66	19	61
61.01	PARTIAL HOSPITALIZATION	.335879			61.01
62	OBSERVATION BEDS (NON-DISTINCT	.708807			62
	OTHER REIMBURSABLE COST CENTERS				
63.50	RHC				63.50
63.60	FQHC				63.60
65	AMBULANCE SERVICES				65
101	TOTAL		4490837	1782600	101
102	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103	NET CHARGES		4490837		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V
[ ] TITLE XVIII-PT A
[XX] TITLE XIX

[XX] HOSPITAL (15-0021)
[ ] SUB I
[ ] SUB II
[ ] SUB III
[ ] SUB IV

[ ] SNF
[ ] NF
[ ] S/B-SNF
[ ] S/B-NF
[ ] ICF/MR

[XX] PPS
[ ] TEFRA
[ ] OTHER

	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		7534449		25
26	INTENSIVE CARE UNIT		1617890		26
26.01	PEDIATRIC ICU		325300		26.01
26.02	NEONATAL ICU		1194498		26.02
27	CORONARY CARE UNIT		1234550		27
31	SUBPROVIDER I				31
31.01	SUBPROVIDER II				31.01
	ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	.278279	2660928	740480	37
37.01	CAREW MEDICAL PARK SURG	.302984	670	203	37.01
38	RECOVERY ROOM	.342876	373353	128014	38
39	DELIVERY ROOM & LABOR ROOM	.647768	668935	433315	39
40	ANESTHESIOLOGY	.119892	236474	28351	40
41	RADIOLOGY-DIAGNOSTIC	.136736	3138444	429138	41
41.01	RADIOLOGY - WABASH				41.01
41.02	RADIOLOGY - MANCHESTER				41.02
41.03	RADIOLOGY - EAST STATE				41.03
41.04	RADIOLOGY - JEFFERSON				41.04
41.05	RADIOLOGY - NHMP	.759217			41.05
41.06	RADIOLOGY - CMP	.201941			41.06
41.07	RADIOLOGY - WP	.715476			41.07
41.08	RADIOLOGY - PULM CLINIC	3.491885			41.08
41.09	RADIOLOGY - WHITLEY POOL				41.09
42	RADIOLOGY-THERAPEUTIC	.246479	153808	37910	42
43	RADIOISOTOPE	.356343	110531	39387	43
44	LABORATORY	.227023	2511601	570191	44
44.01	ANATOMICAL PATHOLOGY	.299955	139240	41766	44.01
46	WHOLE BLOOD & PACKED RED BLOOD	1.174909	276495	324856	46
46.30	BLOOD CLOTTING FACTORS ADMIN CO				46.30
49	RESPIRATORY THERAPY	.307333	1309056	402316	49
49.01	WOUND CARE	.232070	127653	29624	49.01
49.02	DIALYSIS	.722455	102451	74016	49.02
49.03	ENDOSCOPY	.197148	224235	44207	49.03
50	PHYSICAL THERAPY	.598409	142595	85330	50
50.01	TRANSITIONAL THERAPY	1.229303			50.01
50.02	PV REHAB OUTREACH				50.02
51	OCCUPATIONAL THERAPY	.568710	126408	71889	51
52	SPEECH PATHOLOGY	.531631	97378	51769	52
52.01	NEURO REHAB	.595847			52.01
53	ELECTROCARDIOLOGY	.176272	117286	20674	53
54	ELECTROENCEPHALOGRAPHY	.408423	64477	26334	54
54.01	NUTRITION SUPPORT	4.592055	10969	50370	54.01
54.02	MRI	.233147	314867	73410	54.02
54.03	CARDIAC CATH LAB	.189897	571364	108500	54.03
54.04	CARDIAC REHAB SERVICES	.609212	655	399	54.04
55	MEDICAL SUPPLIES CHARGED TO PAT	.429285	4172008	1790980	55
55.01	COST OF SOLUTIONS	.128490	1973198	253536	55.01
56	DRUGS CHARGED TO PATIENTS	.380070	5388417	2047976	56
	OUTPATIENT SERVICE COST CENTERS				
60	CLINIC	.910210	5774	5256	60
60.01	ANTICOAG CLINIC	.782301			60.01
61	EMERGENCY	.286210	1024475	293215	61
61.01	PARTIAL HOSPITALIZATION	.335879			61.01
62	OBSERVATION BEDS (NON-DISTINCT	.708807			62
	OTHER REIMBURSABLE COST CENTERS				
63.50	RHC				63.50
63.60	FQHC				63.60
65	AMBULANCE SERVICES				65
101	TOTAL		26043745	8203412	101
102	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103	NET CHARGES		26043745		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V	[ ] HOSPITAL	[ ] SNF	[XX] PPS
[ ] TITLE XVIII-PT A	[XX] SUB I (15-T021)	[ ] NF	[ ] TEFRA
[XX] 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				25
26	INTENSIVE CARE UNIT				26
26.01	PEDIATRIC ICU				26.01
26.02	NEONATAL ICU				26.02
27	CORONARY CARE UNIT				27
31	SUBPROVIDER I		432480		31
31.01	SUBPROVIDER II				31.01
	ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	.278279			37
37.01	CAREW MEDICAL PARK SURG	.302984			37.01
38	RECOVERY ROOM	.342876			38
39	DELIVERY ROOM & LABOR ROOM	.647768			39
40	ANESTHESIOLOGY	.119892			40
41	RADIOLOGY-DIAGNOSTIC	.136736	13148	1798	41
41.01	RADIOLOGY - WABASH				41.01
41.02	RADIOLOGY - MANCHESTER				41.02
41.03	RADIOLOGY - EAST STATE				41.03
41.04	RADIOLOGY - JEFFERSON				41.04
41.05	RADIOLOGY - NHMP	.759217			41.05
41.06	RADIOLOGY - CMP	.201941			41.06
41.07	RADIOLOGY - WP	.715476			41.07
41.08	RADIOLOGY - PULM CLINIC	3.491885			41.08
41.09	RADIOLOGY - WHITLEY POOL				41.09
42	RADIOLOGY-THERAPEUTIC	.246479			42
43	RADIOISOTOPE	.356343	3656	1303	43
44	LABORATORY	.227023	18024	4092	44
44.01	ANATOMICAL PATHOLOGY	.299955			44.01
46	WHOLE BLOOD & PACKED RED BLOOD	1.174909	1665	1956	46
46.30	BLOOD CLOTTING FACTORS ADMIN CO				46.30
49	RESPIRATORY THERAPY	.307333	10180	3129	49
49.01	WOUND CARE	.232070	5765	1338	49.01
49.02	DIALYSIS	.722455	1387	1002	49.02
49.03	ENDOSCOPY	.197148			49.03
50	PHYSICAL THERAPY	.598409	83774	50131	50
50.01	TRANSITIONAL THERAPY	1.229303			50.01
50.02	PV REHAB OUTREACH				50.02
51	OCCUPATIONAL THERAPY	.568710	90354	51385	51
52	SPEECH PATHOLOGY	.531631	76576	40710	52
52.01	NEURO REHAB	.595847			52.01
53	ELECTROCARDIOLOGY	.176272	131	23	53
54	ELECTROENCEPHALOGRAPHY	.408423			54
54.01	NUTRITION SUPPORT	4.592055	357	1639	54.01
54.02	MRI	.233147	5417	1263	54.02
54.03	CARDIAC CATH LAB	.189897			54.03
54.04	CARDIAC REHAB SERVICES	.609212			54.04
55	MEDICAL SUPPLIES CHARGED TO PAT	.429285	4078	1751	55
55.01	COST OF SOLUTIONS	.128490	3667	471	55.01
56	DRUGS CHARGED TO PATIENTS	.380070	29469	11200	56
	OUTPATIENT SERVICE COST CENTERS				
60	CLINIC	.910210	878	799	60
60.01	ANTICOAG CLINIC	.782301			60.01
61	EMERGENCY	.286210			61
61.01	PARTIAL HOSPITALIZATION	.335879			61.01
62	OBSERVATION BEDS (NON-DISTINCT	.708807			62
	OTHER REIMBURSABLE COST CENTERS				
63.50	RHC				63.50
63.60	FQHC				63.60
65	AMBULANCE SERVICES				65
101	TOTAL		348526	173990	101
102	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103	NET CHARGES		348526		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V	[ ] HOSPITAL	[ ] SNF	[XX] PPS
[ ] TITLE XVIII-PT A	[ ] SUB I	[ ] NF	[ ] TEFRA
[XX] TITLE XIX	[XX] SUB II (15-S021)	[ ] 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				25
26	INTENSIVE CARE UNIT				26
26.01	PEDIATRIC ICU				26.01
26.02	NEONATAL ICU				26.02
27	CORONARY CARE UNIT				27
31	SUBPROVIDER I				31
31.01	SUBPROVIDER II		3113920		31.01
	ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	.278279			37
37.01	CAREW MEDICAL PARK SURG	.302984	16455	4986	37.01
38	RECOVERY ROOM	.342876			38
39	DELIVERY ROOM & LABOR ROOM	.647768	316	205	39
40	ANESTHESIOLOGY	.119892			40
41	RADIOLOGY-DIAGNOSTIC	.136736	70344	9619	41
41.01	RADIOLOGY - WABASH				41.01
41.02	RADIOLOGY - MANCHESTER				41.02
41.03	RADIOLOGY - EAST STATE				41.03
41.04	RADIOLOGY - JEFFERSON				41.04
41.05	RADIOLOGY - NHMP	.759217			41.05
41.06	RADIOLOGY - CMP	.201941			41.06
41.07	RADIOLOGY - WP	.715476			41.07
41.08	RADIOLOGY - PULM CLINIC	3.491885			41.08
41.09	RADIOLOGY - WHITLEY POOL				41.09
42	RADIOLOGY-THERAPEUTIC	.246479			42
43	RADIOISOTOPE	.356343	2291	816	43
44	LABORATORY	.227023	430369	97704	44
44.01	ANATOMICAL PATHOLOGY	.299955	259	78	44.01
46	WHOLE BLOOD & PACKED RED BLOOD	1.174909			46
46.30	BLOOD CLOTTING FACTORS ADMIN CO				46.30
49	RESPIRATORY THERAPY	.307333	1117	343	49
49.01	WOUND CARE	.232070	336	78	49.01
49.02	DIALYSIS	.722455			49.02
49.03	ENDOSCOPY	.197148	1214	239	49.03
50	PHYSICAL THERAPY	.598409	4369	2614	50
50.01	TRANSITIONAL THERAPY	1.229303			50.01
50.02	PV REHAB OUTREACH				50.02
51	OCCUPATIONAL THERAPY	.568710	4514	2567	51
52	SPEECH PATHOLOGY	.531631	4064	2161	52
52.01	NEURO REHAB	.595847			52.01
53	ELECTROCARDIOLOGY	.176272	12534	2209	53
54	ELECTROENCEPHALOGRAPHY	.408423	3142	1283	54
54.01	NUTRITION SUPPORT	4.592055	1046	4803	54.01
54.02	MRI	.233147	12434	2899	54.02
54.03	CARDIAC CATH LAB	.189897			54.03
54.04	CARDIAC REHAB SERVICES	.609212			54.04
55	MEDICAL SUPPLIES CHARGED TO PAT	.429285	2388	1025	55
55.01	COST OF SOLUTIONS	.128490	8648	1111	55.01
56	DRUGS CHARGED TO PATIENTS	.380070	345062	131148	56
	OUTPATIENT SERVICE COST CENTERS				
60	CLINIC	.910210	722	657	60
60.01	ANTICOAG CLINIC	.782301			60.01
61	EMERGENCY	.286210	213312	61052	61
61.01	PARTIAL HOSPITALIZATION	.335879			61.01
62	OBSERVATION BEDS (NON-DISTINCT	.708807			62
	OTHER REIMBURSABLE COST CENTERS				
63.50	RHC				63.50
63.60	FQHC				63.60
65	AMBULANCE SERVICES				65
101	TOTAL		1134936	327597	101
102	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103	NET CHARGES		1134936		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V	[ ] HOSPITAL	[XX] SNF (15-5516)	[ ] 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
26	INTENSIVE CARE UNIT				26
26.01	PEDIATRIC ICU				26.01
26.02	NEONATAL ICU				26.02
27	CORONARY CARE UNIT				27
31	SUBPROVIDER I				31
31.01	SUBPROVIDER II				31.01
	ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	.278279			37
37.01	CAREW MEDICAL PARK SURG	.302984			37.01
38	RECOVERY ROOM	.342876			38
39	DELIVERY ROOM & LABOR ROOM	.647768			39
40	ANESTHESIOLOGY	.119892			40
41	RADIOLOGY-DIAGNOSTIC	.136736			41
41.01	RADIOLOGY - WABASH				41.01
41.02	RADIOLOGY - MANCHESTER				41.02
41.03	RADIOLOGY - EAST STATE				41.03
41.04	RADIOLOGY - JEFFERSON				41.04
41.05	RADIOLOGY - NHMP	.759217			41.05
41.06	RADIOLOGY - CMP	.201941			41.06
41.07	RADIOLOGY - WP	.715476			41.07
41.08	RADIOLOGY - PULM CLINIC	3.491885			41.08
41.09	RADIOLOGY - WHITLEY POOL				41.09
42	RADIOLOGY-THERAPEUTIC	.245648			42
43	RADIOISOTOPE	.356343			43
44	LABORATORY	.226138			44
44.01	ANATOMICAL PATHOLOGY	.299955			44.01
46	WHOLE BLOOD & PACKED RED BLOOD	1.174909			46
46.30	BLOOD CLOTTING FACTORS ADMIN CO				46.30
49	RESPIRATORY THERAPY	.307123			49
49.01	WOUND CARE	.232070			49.01
49.02	DIALYSIS	.722455			49.02
49.03	ENDOSCOPY	.197148			49.03
50	PHYSICAL THERAPY	.598409			50
50.01	TRANSITIONAL THERAPY	1.229303			50.01
50.02	PV REHAB OUTREACH				50.02
51	OCCUPATIONAL THERAPY	.568710			51
52	SPEECH PATHOLOGY	.531631			52
52.01	NEURO REHAB	.595783			52.01
53	ELECTROCARDIOLOGY	.176272			53
54	ELECTROENCEPHALOGRAPHY	.408423			54
54.01	NUTRITION SUPPORT	4.592055			54.01
54.02	MRI	.233147			54.02
54.03	CARDIAC CATH LAB	.181632			54.03
54.04	CARDIAC REHAB SERVICES	.609212			54.04
55	MEDICAL SUPPLIES CHARGED TO PAT	.429285			55
55.01	COST OF SOLUTIONS	.128490			55.01
56	DRUGS CHARGED TO PATIENTS	.380070			56
	OUTPATIENT SERVICE COST CENTERS				
60	CLINIC	.910210			60
60.01	ANTICOAG CLINIC	.768003			60.01
61	EMERGENCY	.283583			61
61.01	PARTIAL HOSPITALIZATION	.335879			61.01
62	OBSERVATION BEDS (NON-DISTINCT	.708807			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

		HOSPITAL (15-0021)	SUB I	SUB II	SUB III	SUB IV	
	DRG AMOUNT						
1	OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	43292932					1
1.01	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	14430977					1.01
1.02	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS						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						1.04
1.05	PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						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	5487763					2.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT						
3	BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	494.42					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	10.33					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	10.33					3.07
3.08	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	12.72					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						3.13
3.14	CURRENT YEAR ALLOWABLE FTE	10.33					3.14
3.15	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	10.29					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..	8.53					3.16
3.17	SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (RES. IN INIT YRS) 0.00	9.72					3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		HOSPITAL (15-0021)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.019659					3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.018374					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	0.018374					3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	422929					3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	144180					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]						3.23
3.24	SUM OF LINES 3.21-3.23 567109 56108	623217					3.24
4	DISPROPORTIONATE SHARE ADJUSTMENT PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.0369					4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.2050					4.01
4.02	SUM OF 4 AND 4.01	0.2419					4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0912					4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT	5264421					4.04
5	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES 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,						5.01
5.02	DIVIDE LINE 5.01 BY LINE 5						5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs						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	69099310					6
7	HOSPITAL SPECIFIC PAYMENTS						7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)						7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	69099310					8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	5859547					9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL						10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	390414					11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE						11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES	10670					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	85349					15
16	TOTAL	75445290					16
17	PRIMARY PAYER PAYMENTS	14751					17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	75430539					18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	5134902					19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	268461					20
21	REIMBURSABLE BAD DEBTS	1064932					21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	745452					21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	973862					21.02
22	SUBTOTAL	70772628					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		HOSPITAL (15-0021)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION						23
24	OTHER ADJUSTMENTS						24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						25
26	AMOUNT DUE PROVIDER	70772628					26
27	SEQUESTRATION ADJUSTMENT						27
28	INTERIM PAYMENTS	70438028					28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						28.01
29	BALANCE DUE PROVIDER (PROGRAM)	334600					29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						30
	TO BE COMPLETED BY INTERMEDIARY						
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01						50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01						51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIO						52
53	CAPITAL OUTLIER RECONILIATION AMOUNT (SEE INSTRUCTIONS)						53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)						55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

		HOSPITAL (15-0021) 1	HOSPITAL (15-0021) 1.01	HOSPITAL (15-0021) 1.02	
1	MEDICAL AND OTHER SERVICES	2352			1
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	24286765			1.01
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	21502453			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	34276			1.07
2	INTERNS AND RESIDENTS				2
3	ORGAN ACQUISITIONS				3
4	COST OF TEACHING PHYSICIANS				4
5	TOTAL COST	2352			5
	COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6	ANCILLARY SERVICE CHARGES	6185			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	6185			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	6185			14
15	EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	3833			15
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17	LESSER OF COST OR CHARGES	2352			17
17.01	TOTAL PPS PAYMENTS	21536729			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

		HOSPITAL (15-0021) 1	HOSPITAL (15-0021) 1.01	HOSPITAL (15-0021) 1.02	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18	DEDUCTIBLES AND COINSURANCE	277			18
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	4994766			18.01
19	SUBTOTAL	16544038			19
20	SUM OF AMOUNTS FROM WKST E, PARTS C,D & E				20
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	92954			21
22	ESRD DIRECT MEDICAL EDUCATION COSTS				22
23	SUBTOTAL	16636992			23
24	PRIMARY PAYER PAYMENTS				24
25	SUBTOTAL	16636992			25
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
26	COMPOSITE RATE ESRD				26
27	BAD DEBTS	741945			27
27.01	REDUCED REIMBURSABLE BAD DEBTS	519362			27.01
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	662171			27.02
28	SUBTOTAL	17156354			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	17156354			32
33	SEQUESTRATION ADJUSTMENT				33
34	INTERIM PAYMENTS	16826508			34
34.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)				34.01
35	BALANCE DUE PROVIDER/PROGRAM	329846			35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2				36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

		SUB I (15-T021) 1	SUB I (15-T021) 1.01	SUB I (15-T021) 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 (15-T021) 1	SUB I (15-T021) 1.01	SUB I (15-T021) 1.02	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18	DEDUCTIBLES AND COINSURANCE				18
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01				18.01
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 BENEFICIARIES (SEE INSTRUCTIONS)				27.02
28	SUBTOTAL				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				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 REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2				36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

		SUB II (15-S021) 1	SUB II (15-S021) 1.01	SUB II (15-S021) 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 II (15-S021) 1	SUB II (15-S021) 1.01	SUB II (15-S021) 1.02	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18	DEDUCTIBLES AND COINSURANCE				18
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01				18.01
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 BENEFICIARIES (SEE INSTRUCTIONS)				27.02
28	SUBTOTAL				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				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 REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2				36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

		SNF (15-5516) 1	SNF (15-5516) 1.01	SNF (15-5516) 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

		SNF (15-5516) 1	SNF (15-5516) 1.01	SNF (15-5516) 1.02	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18	DEDUCTIBLES AND COINSURANCE				18
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01				18.01
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 BENEFICIARIES (SEE INSTRUCTIONS)				27.02
28	SUBTOTAL				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				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 REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2				36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

		HOSPITAL (15-0021) OCTOBER 1, 1997 PRIOR TO 1	ON OR AFTER 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 (15-0021) 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 (15-0021) 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 WORKSHEET E-1

HOSPITAL (15-0021)

DESCRIPTION			INPATIENT PART A MM/DD/YYYY 1	INPATIENT PART A AMOUNT 2	PART B MM/DD/YYYY 3	PART B AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				70394643		16835121	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.				NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		.01	01/11/2008	43494	02/26/2007	5556	3.01
	PROGRAM TO PROVIDER	.02					3.02
		.03					3.03
		.04					3.04
		.05					3.05
		.50	08/27/2007	109	02/26/2007	14169	3.50
	PROVIDER TO PROGRAM	.51					3.51
		.52					3.52
		.53					3.53
		.54					3.54
SUBTOTAL		.99		43385		-8613	3.99
4 TOTAL INTERIM PAYMENTS				70438028		16826508	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 TO PROVIDER	.01					5.01
		.02					5.02
		.03					5.03
		.50					5.50
	PROVIDER TO PROGRAM	.51					5.51
		.52					5.52
SUBTOTAL		.99					5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER	.01					6.01
	PROVIDER TO PROGRAM	.02					6.02
7 TOTAL MEDICARE PROGRAM LIABILITY							7

NAME OF INTERMEDIARY: _____ INTERMEDIARY NUMBER: _____

SIGNATURE OF AUTHORIZED PERSON: _____ DATE (MO/DAY/YR): _____

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED — WORKSHEET E-1

SUBPROVIDER I (15-T021)

	DESCRIPTION			INPATIENT PART A MM/DD/YYYY 1	INPATIENT PART A AMOUNT 2	PART B MM/DD/YYYY 3	PART B AMOUNT 4	
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER				3316875			1
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.				NONE		NONE	2
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		.01					3.01
		PROGRAM	.02					3.02
		TO	.03		NONE		NONE	3.03
		PROVIDER	.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				3316875			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					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 PROVIDER	.01					6.01
		PROVIDER TO PROGRAM	.02					6.02
7	TOTAL MEDICARE PROGRAM LIABILITY							7

NAME OF INTERMEDIARY: _____ INTERMEDIARY NUMBER: _____

SIGNATURE OF AUTHORIZED PERSON: _____ DATE (MO/DAY/YR): _____

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED — WORKSHEET E-1

SUBPROVIDER II (15-S021)

	DESCRIPTION			INPATIENT PART A MM/DD/YYYY 1	INPATIENT PART A AMOUNT 2	PART B MM/DD/YYYY 3	PART B AMOUNT 4	
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER				3305638			1
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.				NONE		NONE	2
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		.01	09/01/2007	14069			3.01
		PROGRAM	.02					3.02
		TO	.03				NONE	3.03
		PROVIDER	.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		14069			3.99
4	TOTAL INTERIM PAYMENTS				3319707			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					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 PROVIDER	.01					6.01
		PROVIDER TO PROGRAM	.02					6.02
7	TOTAL MEDICARE PROGRAM LIABILITY							7

NAME OF INTERMEDIARY: _____ INTERMEDIARY NUMBER: _____

SIGNATURE OF AUTHORIZED PERSON: _____ DATE (MO/DAY/YR): _____

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED — WORKSHEET E-1

SKILLED NURSING FACILITY I (15-5516)

DESCRIPTION			INPATIENT PART A MM/DD/YYYY 1	INPATIENT PART A AMOUNT 2	PART B MM/DD/YYYY 3	PART B AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				2135876			1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.				NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		.01					3.01
	PROGRAM	.02					3.02
	TO	.03		NONE		NONE	3.03
	PROVIDER	.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				2135876			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					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 PROVIDER	.01					6.01
	PROVIDER TO PROGRAM	.02					6.02
7 TOTAL MEDICARE PROGRAM LIABILITY							7

NAME OF INTERMEDIARY: _____ INTERMEDIARY NUMBER: _____

SIGNATURE OF AUTHORIZED PERSON: _____ DATE (MO/DAY/YR): _____

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

		HOSPITAL	SUB I (15-T021)	SUB II (15-S021)	SUB III	SUB IV	
1	INPATIENT HOSPITAL SERVICES			4586675			1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)			1146669			1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)		2972691				1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		0.0248				1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)		351512				1.04
1.05	OUTLIER PAYMENTS		70787				1.05
1.06	TOTAL PPS PAYMENTS		3467024				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)			2466149			1.08
1.09	NET IPF PPS OUTLIER PAYMENTS			44585			1.09
1.10	NET IPF PPS ECT PAYMENTS			25467			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)			40.652055			1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR						1.17
1.18	MEDICAL EDUCATION ADJUSTMENT						1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS			2536201			1.19
1.20	STOP LESS PAYMENT FLOOR			3210673			1.20
1.21	ADJUSTED NET PAYMENT FLOOR			2408005			1.21
1.22	STOP LOSS ADJUSTMENT						1.22
1.23	TOTAL IPF PPS PAYMENTS			3682870			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)		0.79				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)		0.46				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)		0.46				1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)		17.084932				1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR		0.024232				1.41
1.42	MEDICAL EDUCATION ADJUSTMENT		72034				1.42
2	ORGAN ACQUISITION						2
3	COST OF TEACHING PHYSICIANS						3
4	SUBTOTAL		3467024	3682870			4
5	PRIMARY PAYER PAYMENTS		5090	13335			5
6	SUBTOTAL		3461934	3669535			6
7	DEDUCTIBLES		6944	332418			7
8	SUBTOTAL		3454990	3337117			8
9	COINSURANCE		20584	76292			9
10	SUBTOTAL		3434406	3260825			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		3434406	3260825			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 (15-T021)	SUB II (15-S021)	SUB III	SUB IV	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		705	1053			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		3435111	3261878			17
18	SEQUESTRATION ADJUSTMENT						18
19	INTERIM PAYMENTS		3316875	3319707			19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20	BALANCE DUE PROVIDER/PROGRAM		118236	-57829			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 FROM WKST E-3, PART I, LINE 1.05 (IRF) OR 1.09 (IPF)						50
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)						51
52	INTEREST RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)						52
53	TIME VALUE OF MONEY						53

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART III

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

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

		SNF 1 (15-5516) (PPS) 2	
	COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL/SNF/NF SERVICES		1
2	MEDICAL AND OTHER SERVICES		2
3	INTERNS AND RESIDENTS		3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS ONLY		4
5	COST OF TEACHING PHYSICIANS		5
6	SUBTOTAL		6
7	INPATIENT PRIMARY PAYER PAYMENTS		7
8	OUTPATIENT PRIMARY PAYER PAYMENTS		8
9	SUBTOTAL		9
	COMPUTATION OF LESSER OF COST OR CHARGES		
10	ROUTINE SERVICE CHARGES		10
11	ANCILLARY SERVICE CHARGES		11
12	INTERNS AND RESIDENTS SERVICE CHARGES		12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE		13
14	TEACHING PHYSICIANS		14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION		15
16	TOTAL REASONABLE CHARGES		16
	CUSTOMARY CHARGES		
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		17
18	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)		18
19	RATIO OF LINE 17 TO LINE 18		19
20	TOTAL CUSTOMARY CHARGES		20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		22
23	COST OF COVERED SERVICES		23
	PROSPECTIVE PAYMENT AMOUNT		
24	OTHER THAN OUTLIER PAYMENTS	2368573	24
25	OUTLIER PAYMENTS		25
26	PROGRAM CAPITAL PAYMENTS		26
27	CAPITAL EXCEPTION PAYMENTS		27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS		28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	2820	29
30	SUBTOTAL	2371393	30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		31
32	AMOUNT FROM LINE 30	2371393	32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		33

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART III

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

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

		SNF 1 (15-5516) (PPS) 2	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
34	EXCESS OF REASONABLE COST		34
35	SUBTOTAL	2371393	35
36	COINSURANCE	232697	36
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, LINE 19		37
38	REIMBURSABLE BAD DEBTS		38
38.01	REDUCED REIMBURSABLE BAD DEBTS		38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		38.02
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING ON OR AFTER 10/01/05 (SEE INSTR.)		38.03
39	UTILIZATION REVIEW		39
40	SUBTOTAL	2138696	40
41	INPATIENT ROUTINE SERVICE COST		41
42	MEDICARE INPATIENT ROUTINE CHARGES		42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		43
44	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)		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 PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		49
50	LOSS ON SALE OF ASSETS		50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		51
52	SUBTOTAL	2138696	52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	2138696	55
56	SEQUESTRATION ADJUSTMENT		56
57	INTERIM PAYMENTS	2135876	57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)		57.01
58	BALANCE DUE PROVIDER/PROGRAM	2820	58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2		59

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 (15-0021) (PPS)	SUB I (15-T021) (PPS)	SUB II (15-S021) (PPS)	SUB III	SNF I (15-5516) (OTHER)	NF I (PPS)	
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	1	
1	INPATIENT HOSPITAL/SNF/NF SERVICES							1
2	MEDICAL AND OTHER SERVICES	5418599		24171				2
3	INTERNS AND RESIDENTS							3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O							4
5	COST OF TEACHING PHYSICIANS							5
6	SUBTOTAL	5418599		24171				6
7	INPATIENT PRIMARY PAYER PAYMENTS							7
8	OUTPATIENT PRIMARY PAYER PAYMENTS							8
9	SUBTOTAL	5418599		24171				9
	COMPUTATION OF LESSER OF COST OR CHARGES							
10	ROUTINE SERVICE CHARGES	5731930		3112110				10
11	ANCILLARY SERVICE CHARGES	44075842	348526	1202534				11
12	INTERNS AND RESIDENTS SERVICE CHARGES							12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE							13
14	TEACHING PHYSICIANS							14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION							15
16	TOTAL REASONABLE CHARGES	49807772	348526	4314644				16
	CUSTOMARY CHARGES							
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE							17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)							18
19	RATIO OF LINE 17 TO LINE 18							19
20	TOTAL CUSTOMARY CHARGES	49807772	348526	4314644				20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	44389173	348526	4290473				21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES							22
23	COST OF COVERED SERVICES	5418599		24171				23
	PROSPECTIVE PAYMENT AMOUNT							
24	OTHER THAN OUTLIER PAYMENTS							24
25	OUTLIER PAYMENTS							25
26	PROGRAM CAPITAL PAYMENTS							26
27	CAPITAL EXCEPTION PAYMENTS							27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS	4						28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	14377	77	957				29
30	SUBTOTAL	5432980	77	25128				30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED	18060354	782466	67598				31
32	LESSER OF LINES 30 OR 31	5432980	77	25128				32
33	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

		HOSPITAL (15-0021) (PPS) 1	SUB I (15-T021) (PPS) 1	SUB II (15-S021) (PPS) 1	SUB III 1	SNF I (15-5516) (OTHER) 1	NF I 1	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT							
34	EXCESS OF REASONABLE COST							34
35	SUBTOTAL	5432980	77	25128				35
36	COINSURANCE							36
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,							37
38	REIMBURSABLE BAD DEBTS							38
38.01	REDUCED REIMBURSABLE BAD DEBTS							38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)							38.02
39	UTILIZATION REVIEW							39
40	SUBTOTAL	5432980	77	25128				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	LOSS ON SALE OF ASSETS							50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS							51
52	SUBTOTAL	5432980	77	25128				52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT							53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS							54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	5432980	77	25128				55
56	SEQUESTRATION ADJUSTMENT							56
57	INTERIM PAYMENTS	5432980	77	25128				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	12.03	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	12.03	3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	13.05	3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	12.03	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	9.47	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	2.96	3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	12.43	3.09
3.10	SEE INSTRUCTIONS	11.46	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	2.73	3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	3.85	3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	2.69	3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	3.09	3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	3.09	3.16
3.17	SEE INSTRUCTIONS	86268.66	3.17
3.18	SEE INSTRUCTIONS	266570	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	8.18	3.19
3.20	SEE INSTRUCTIONS	5.84	3.20
3.21	SEE INSTRUCTIONS	7.58	3.21
3.22	SEE INSTRUCTIONS {RESIDENTS IN INITIAL YEARS 0.00}	7.58	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	91105.26	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	690578	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	957148	3.25

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS	47674	4
5	TOTAL INPATIENT DAYS	123694	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS [LINE 6 x] {E-3,PART 6} [LINE 3.25] [LINE 11]	.385419	6
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 368903 30326	399229	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD	11701	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE	123694	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	77748	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 6391	6391	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 [XX] TITLE XVIII [ ] TITLE XIX

	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
	PART A REASONABLE COST		
12	REASONABLE COST	102194003	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	33176	15
16	TOTAL PART A REASONABLE COST	102160827	16
	PART B REASONABLE COST		
17	REASONABLE COST	24323393	17
18	PRIMARY PAYER PAYMENTS		18
19	TOTAL PART B REASONABLE COST	24323393	19
20	TOTAL REASONABLE COST	126484220	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.807696	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.192304	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	483368	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	390414	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	92954	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	11204	4
5	TOTAL INPATIENT DAYS	123694	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS	.090578	6

		[LINE 6 x] [E-3,PART 6] [LINE 3.25] [LINE 11]		
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		123694	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

		[PRIOR TO] [E-3,PART 6] [422] [LINE 12]		
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	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

	APPORTIONMENT 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	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)	3.50	5
5.01	PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS		5.01
6	GME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	.97	6
7	ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)	.97	7
8	LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)	81118.00	8
9	LINE 7 TIMES LINE 8	78684	9
10	MEDICARE PGM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6	.385419	10
11	DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS	30326	11
12	DIRECT GME PAYMENT FOR MANAGED CARE DAYS	6391	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)	1.80	16
17	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	2.39	17
18	SEE INSTRUCTIONS	1.80	18
19	RESIDENT TO BED COUNT	.003641	19
20	IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	.000972	20
21	DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	57723909	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	56108	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	464664				1
2	TEMPORARY INVESTMENTS					2
3	NOTES RECEIVABLE					3
4	ACCOUNTS RECEIVABLE	72735722				4
5	OTHER RECEIVABLES	35859538				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE					6
7	INVENTORY	10906592				7
8	PREPAID EXPENSES	31553082				8
9	OTHER CURRENT ASSETS					9
10	DUE FROM OTHER FUNDS					10
11	TOTAL CURRENT ASSETS	151519598				11
	FIXED ASSETS					
12	LAND	4096316				12
12.01	ACCUMULATED DEPRECIATION					12.01
13	LAND IMPROVEMENTS	11008883				13
13.01	ACCUMULATED DEPRECIATION	-6489631				13.01
14	BUILDINGS	205569510				14
14.01	ACCUMULATED DEPRECIATION	-120004678				14.01
15	LEASEHOLD IMPROVEMENTS	1243315				15
15.01	ACCUMULATED AMORTIZATION	-1029903				15.01
16	FIXED EQUIPMENT	220730				16
16.01	ACCUMULATED DEPRECIATION	-17873				16.01
17	AUTOMOBILES AND TRUCKS	669781				17
17.01	ACCUMULATED DEPRECIATION	-474955				17.01
18	MAJOR MOVABLE EQUIPMENT	145152685				18
18.01	ACCUMULATED DEPRECIATION	-97361062				18.01
19	MINOR EQUIPMENT DEPRECIABLE					19
19.01	ACCUMULATED DEPRECIATION					19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE	24979522				20
21	TOTAL FIXED ASSETS	167562640				21
	OTHER ASSETS					
22	INVESTMENTS	16829235				22
23	DEPOSITS ON LEASES					23
24	DUE FROM OWNERS/OFFICERS					24
25	OTHER ASSETS	27896787				25
26	TOTAL OTHER ASSETS	44726022				26
27	TOTAL ASSETS	363808260				27

	LIABILITIES AND FUND BALANCES	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
		1	2	3	4	
	CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	39604959				28
29	SALARIES, WAGES & FEES PAYABLE	8887895				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	10887084				35
36	TOTAL CURRENT LIABILITIES	59379938				36
	LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE					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	2934923				41
42	TOTAL LONG TERM LIABILITIES	2934923				42
43	TOTAL LIABILITIES	62314861				43
	CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	301493399				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	301493399				51
52	TOTAL LIABILITIES AND FUND BALANCES	363808260				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		284234824				1
2	NET INCOME (LOSS)		68455450				2
3	TOTAL		352690274				3
4	ADDITIONS (CREDIT ADJUSTMENTS)	50007555					4
5	UNREALIZED GAIN ON INVESTMENTS						5
6							6
7							7
8							8
9							9
10	TOTAL ADDITIONS		50007555				10
11	SUBTOTAL		402697829				11
12	DEDUCTIONS (DEBIT ADJUSTMENTS)						12
13	TRANSFERS	101204430					13
14	UNREALIZED LOSS ON INVESTMENTS						14
15							15
16							16
17							17
18	TOTAL DEDUCTIONS		101204430				18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		301493399				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	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	HOSPITAL	99568560		99568560	1
2	SUBPROVIDER I	6703440		6703440	2
2.01	SUBPROVIDER II	17138431		17138431	2.01
4	SWING BED - SNF				4
5	SWING BED - NF				5
6	SKILLED NURSING FACILITY	4946755		4946755	6
7	NURSING FACILITY				7
8	OTHER LONG TERM CARE				8
9	TOTAL GENERAL INPATIENT CARE SERVICES	128357186		128357186	9
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10	INTENSIVE CARE UNIT	26102915		26102915	10
10.01	PEDIATRIC ICU	2206330		2206330	10.01
10.02	NEONATAL ICU	9274581		9274581	10.02
11	CORONARY CARE UNIT	20504485		20504485	11
12	BURN INTENSIVE CARE UNIT				12
13	SURGICAL INTENSIVE CARE UNIT				13
14	OTHER SPECIAL CARE (SPECIFY)				14
15	TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	58088311		58088311	15
16	TOTAL INPATIENT ROUTINE CARE SERVICES	186445497		186445497	16
17	ANCILLARY SERVICES	475356455	373852480	849208935	17
18	OUTPATIENT SERVICES				18
18.50	RHC				18.50
18.60	FQHC				18.60
19	HOME HEALTH AGENCY		22428017	22428017	19
20	AMBULANCE				20
21	CORF				21
22	ASC				22
23	HOSPICE				23
24					24
25	TOTAL PATIENT REVENUES	661801952	396280497	1058082449	25

PART II - OPERATING EXPENSES

		1	2	
26	OPERATING EXPENSES		449854005	26
27	ADD (SPECIFY)			27
28	PROVISION FOR BAD DEBTS			28
29	ROUNDING	1		29
30				30
31				31
32				32
33	TOTAL ADDITIONS		1	33
34	DEDUCT (SPECIFY)			34
35	LOSS ON SALE OF FIXED ASSETS			35
36				36
37				37
38				38
39	TOTAL DEDUCTIONS			39
40	TOTAL OPERATING EXPENSES		449854006	40

STATEMENT OF REVENUES AND EXPENSES — WORKSHEET G-3

	DESCRIPTION		
1	TOTAL PATIENT REVENUES	1058082449	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	564764713	2
3	NET PATIENT REVENUES	493317736	3
4	LESS - TOTAL OPERATING EXPENSES	449854006	4
5	NET INCOME FROM SERVICE TO PATIENTS	43463730	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	1296953	6
7	INCOME FROM INVESTMENTS	2432941	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	1446	11
12	PARKING LOT RECEIPTS	21786	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	100899	13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1699577	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	1090	21
22	RENTAL OF HOSPITAL SPACE	790579	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	LAB SERVICES BILLED	15577516	24
24.01	HEALTH FITNESS INCOME	442002	24.01
24.02	OTHER OPERATING INCOME	1099345	24.02
24.03	GIFT SHOP	501279	24.03
24.04	INCOME RELATED TO NON-REIMBURSEABLE	1292425	24.04
25	TOTAL OTHER INCOME	25257838	25
26	TOTAL	68721568	26
27	UNREALIZED LOSSES	59280	27
27.01	LOSS ON SALE OF ASSET	206838	27.01
28			28
29			29
30	TOTAL OTHER EXPENSES	266118	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	68455450	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS HHA NO.: 15-7423 WORKSHEET H

		SALARIES 1	EMPLOYEE BENEFITS 2	TRANS-PORTATION 3	CONTRACTED/ PURCH SVCS 4	OTHER COSTS 5	TOTAL HHA COST 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	1060448	2342853	35651		2167620	5606572	5
	HHA REIMBURSABLE SERVICES							
6	SKILLED NURSING CARE	2886726		272925		68386	3228037	6
7	PHYSICAL THERAPY	460434		41835			502269	7
8	OCCUPATIONAL THERAPY	419980		27331			447311	8
9	SPEECH PATHOLOGY	71978		3371			75349	9
10	MEDICAL SOCIAL SERVICES	67416		27284			94700	10
11	HOME HEALTH AIDE	443971		170987			614958	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	2212797			571404	1910786	4694987	23
23.50	TELEMEDICINE							23.50
24	TOTAL	7623750	2342853	579384	571404	4146792	15264183	24

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 15-7423

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	-2579465	3027107	-169398	2857709	5
	HHA REIMBURSABLE SERVICES					
6	SKILLED NURSING CARE		3228037		3228037	6
7	PHYSICAL THERAPY		502269		502269	7
8	OCCUPATIONAL THERAPY		447311		447311	8
9	SPEECH PATHOLOGY		75349		75349	9
10	MEDICAL SOCIAL SERVICES		94700		94700	10
11	HOME HEALTH AIDE		614958		614958	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	-3551390	1143597		1143597	23
23.50	TELEMEDICINE					23.50
24	TOTAL	-6130855	9133328	-169398	8963930	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 15-7423

WORKSHEET H-4
PART I

		NET EXPENSES FOR COST ALLOCATION 0	CAP REL BLDGS & FIXTURES 1	CAP REL MOVABLE EQUIPMENT 2	PLANT OPERATN & MAINT 3	TRANSPORT-ATION 4	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6	
	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	2857709					2857709	2857709		5
	HHA REIMBURSABLE SERVICES									
6	SKILLED NURSING CARE	3228037					3228037	1510719	4738756	6
7	PHYSICAL THERAPY	502269					502269	235062	737331	7
8	OCCUPATIONAL THERAPY	447311					447311	209342	656653	8
9	SPEECH PATHOLOGY	75349					75349	35263	110612	9
10	MEDICAL SOCIAL SERVICES	94700					94700	44320	139020	10
11	HOME HEALTH AIDE	614958					614958	287800	902758	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	1143597					1143597	535203	1678800	23
23.50	TELEMEDICINE									23.50
24	TOTAL	8963930					8963930		8963930	24

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 15-7423

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					-2857709	6106221	5
	HHA REIMBURSABLE SERVICES							
6	SKILLED NURSING CARE						3228037	6
7	PHYSICAL THERAPY						502269	7
8	OCCUPATIONAL THERAPY						447311	8
9	SPEECH PATHOLOGY						75349	9
10	MEDICAL SOCIAL SERVICES						94700	10
11	HOME HEALTH AIDE						614958	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						1143597	23
23.50	TELEMEDICINE							23.50
24	TOTAL					-2857709	6106221	24
25	COST TO BE ALLOC (PER W/S H)						2857709	25
26	UNIT COST MULTIPLIER						.468000	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 15-7423

WORKSHEET H-5
PART I

	HHA COST CENTER	HHA TRIAL BALANCE 0	OLD CAP BLDGS & FIXTURES 1	OLD CAP MOVABLE EQUIPMENT 2	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	COMMUN-CATIONS 6.01	DATA PROCESSING 6.02	
1	ADMINISTRATIVE AND GENERAL					39853	1217559	7685		1
2	SKILLED NURSING CARE	4738756								2
3	PHYSICAL THERAPY	737331								3
4	OCCUPATIONAL THERAPY	656653								4
5	SPEECH PATHOLOGY	110612								5
6	MEDICAL SOCIAL SERVICES	139020								6
7	HOME HEALTH AIDE	902758								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	1678800								19
19.50	TELEMEDICINE									19.50
20	TOTALS	8963930				39853	1217559	7685		20
21	UNIT COST MULTIPLIER									21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 15-7423 WORKSHEET H-5
PART I

	HHA COST CENTER	MATERIALS MGMT	PATIENT SERVICES	PATIENT ACCOUNTING	AMBULATORY SVCS ADMIN	SUBTOTAL	OTHER A&G	CAREW MED PARK ADMIN	CRITICAL CARE ADMIN	
		6.03	6.04	6.05	6.06	5A	6.07	6.08	6.09	
1	ADMINISTRATIVE AND GENERAL	17635				1282732	88210			1
2	SKILLED NURSING CARE					4738756	325870			2
3	PHYSICAL THERAPY					737331	50704			3
4	OCCUPATIONAL THERAPY					656653	45156			4
5	SPEECH PATHOLOGY					110612	7606			5
6	MEDICAL SOCIAL SERVICES					139020	9560			6
7	HOME HEALTH AIDE					902758	62080			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					1678800	115446			19
19.50	TELEMEDICINE									19.50
20	TOTALS	17635				10246662	704632			20
21	UNIT COST MULTIPLIER									21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 15-7423 WORKSHEET H-5
PART I

	HHA COST CENTER	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	FACILITY ENGINEERIN	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	KITCHEN-CONNECT W/CAFE	NO CAFETERIA	
		7	8	8.01	9	10	11	11.01	11.02	
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	UNIT COST MULTIPLIER									21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 15-7423

WORKSHEET H-5
PART I

	HHA COST CENTER	PREADMITS AND ER	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	OUTPATIENT PHARMACY	IV SOLUTIONS	
		11.03	12	13	14	15	16	16.01	16.02	
1	ADMINISTRATIVE AND GENERAL					885	457222			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					885	457222			20
21	UNIT COST MULTIPLIER									21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 15-7423 WORKSHEET H-5
PART I

	HHA COST CENTER	MED SURG SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	NONPHYSIC. ANESTHET.	NURSING SCHOOL	I&R SALARY & FRINGES	I&R PROGRAM COSTS	
		16.03	17	18	18.01	20	21	22	23	
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	UNIT COST MULTIPLIER									21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 15-7423

WORKSHEET H-5
PART I

	HHA COST CENTER	PARAMED EDUCATION	PARAMED ED RADIOLOGY	PARAMED ED PHARMACY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	SUBTOTAL	ALLOCATED HHA A & G	TOTAL HHA COSTS	
		24	24.01	24.02	25	26	27	28	29	
1	ADMINISTRATIVE AND GENERAL			7491	1836540		1836540			1
2	SKILLED NURSING CARE				5064626		5064626	970880	6035506	2
3	PHYSICAL THERAPY				788035		788035	151066	939101	3
4	OCCUPATIONAL THERAPY				701809		701809	134536	836345	4
5	SPEECH PATHOLOGY				118218		118218	22662	140880	5
6	MEDICAL SOCIAL SERVICES				148580		148580	28483	177063	6
7	HOME HEALTH AIDE				964838		964838	184958	1149796	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				1794246		1794246	343955	2138201	19
19.50	TELEMEDICINE									19.50
20	TOTALS			7491	11416892		11416892	1836540	11416892	20
21	UNIT COST MULTIPLIER							.191699		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
STATISTICAL BASIS

HHA NO.: 15-7423

WORKSHEET H-5
PART II

	HHA COST CENTER	OLD CAP BLDGS & FIXTURES SQUARE FEET 1	OLD CAP MOVABLE EQUIPMENT SQUARE FEET 2	NEW CAP BLDGS & FIXTURES SQUARE FEET 3	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE 4	EMPLOYEE BENEFITS GROSS SALARIES 5	COMMUN-CATIONS NUMBER OF PHONES 6.01	DATA PROCESSING TIME SPENT 6.02	MATERIALS MGMT COSTED REQUISTION 6.03	
1	ADMINISTRATIVE AND GENERAL				46681	5844431	65		572895	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				46681	5844431	65		572895	20
21	TOTAL COST TO BE ALLOCATED				39853	1217559	7685		17635	21
22	UNIT COST MULTIPLIER					.208328				22
22	UNIT COST MULTIPLIER				.853731		118.230769		.030782	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 15-7423 WORKSHEET H-5
STATISTICAL BASIS PART II

	HHA COST CENTER	PATIENT SERVICES INPATIENT REVENUE 6.04	PATIENT ACCOUNTING GROSS REVENUE 6.05	AMBULATORY SVCS ADMIN FTES 6.06	RECON-CILIATION 6A.07	OTHER A&G ACCUM COST 6.07	CAREW MED PARK ADMIN DIRECT EXPENSES 6.08	CRITICAL CARE ADMIN OTHER 6.09	MAIN-TENANCE & REPAIRS SQUARE FEET 7	
1	ADMINISTRATIVE AND GENERAL					1282732				1
2	SKILLED NURSING CARE					4738756				2
3	PHYSICAL THERAPY					737331				3
4	OCCUPATIONAL THERAPY					656653				4
5	SPEECH PATHOLOGY					110612				5
6	MEDICAL SOCIAL SERVICES					139020				6
7	HOME HEALTH AIDE					902758				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					1678800				19
19.50	TELEMEDICINE									19.50
20	TOTALS					10246662				20
21	TOTAL COST TO BE ALLOCATED					704632				21
22	UNIT COST MULTIPLIER					.068767				22
22	UNIT COST MULTIPLIER									22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 15-7423 WORKSHEET H-5
STATISTICAL BASIS PART II

	HHA COST CENTER	OPERATION OF PLANT SQUARE FEET 8	FACILITY ENGINEERIN SQUARE FEET 8.01	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE-KEEPING HOURS OF SERVICE 10	DIETARY MEALS SERVED 11	KITCHEN-NO CONNECT W/CAFE MEALS SERVED 11.01	CAFETERIA NUMBER OF PERSONNEL 11.02	PREADMITS AND ER MEALS PREADMITS 11.03	
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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 15-7423 WORKSHEET H-5
STATISTICAL BASIS PART II

	HHA COST CENTER	CAFETERIA MEALS FTES 12	MAINTENANCE OF PERSONNEL NUMBER HOUSED 13	NURSING ADMINISTRATION DIRECT NRSING FTE 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	PHARMACY COSTED REQUIS. 16	OUTPATIENT PHARMACY PERCENTAGE 1 16.01	IV SOLUTIONS PERCENTAGE 2 16.02	MED SURG SUPPLY PERCENTAGE 3 16.03	
1	ADMINISTRATIVE AND GENERAL				3	1021606				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				3	1021606				20
21	TOTAL COST TO BE ALLOCATED				885	457222				21
22	UNIT COST MULTIPLIER					.447552				22
22	UNIT COST MULTIPLIER				295.000000					22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 15-7423 WORKSHEET H-5
STATISTICAL BASIS PART II

	HHA COST CENTER	MEDICAL RECORDS & LIBRARY TIME SPENT 17	SOCIAL SERVICE TIME SPENT 18	REHAB ADMIN PERCENTAGE 4 18.01	NONPHYSIC. ANESTHET. ASSIGNED TIME 20	NURSING SCHOOL ASSIGNED TIME 21	I&R SALARY & FRINGES ASSIGNED TIME 22	I&R PROGRAM COSTS ASSIGNED TIME 23	PARAMED EDUCATION ASSIGNED TIME 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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 15-7423 WORKSHEET H-5
STATISTICAL BASIS PART II

	HHA COST CENTER	PARAMED ED RADIOLOGY PERCENTAGE 7 24.01	PARAMED ED PHARMACY DRUG REQUISITIO 24.02	
1	ADMINISTRATIVE AND GENERAL		1021606	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		1021606	20
21	TOTAL COST TO BE ALLOCATED		7491	21
22	UNIT COST MULTIPLIER			22
22	UNIT COST MULTIPLIER		.007333	22

APPORTIONMENT OF PATIENT SERVICE COSTS | HHA NO.: 15-7423 | 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 PATIENT SERVICES	FROM WKST H-5, PART I, COL 29, LINE	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	
			1	2	3	4	5	
1	SKILLED NURSING CARE	2	6035506		6035506	29724	203.05	1
2	PHYSICAL THERAPY	3	939101		939101	7055	133.11	2
3	OCCUPATIONAL THERAPY	4	836345		836345	3952	211.63	3
4	SPEECH PATHOLOGY	5	140880		140880	523	269.37	4
5	MEDICAL SOCIAL SERV	6	177063		177063	842	210.29	5
6	HOME HEALTH AIDE SERV	7	1149796		1149796	15338	74.96	6
7	TOTAL		9278691		9278691	57434		7

	LIMITATION COST COMPUTATION PATIENT SERVICES	MSA NO.				PROGRAM COST LIMITS	
		1	2	3	4	5	
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 OTHER PATIENT SERVICES	FROM WKST H-5, PART I, COL 29, LINE	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	
			1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8						15
16	COST OF DRUGS	9						16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20

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

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 15-7423

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				
		PART B			PART B		TOTAL	
PATIENT SERVICES	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PROGRAM COST	
	6	7	8	9	10	11	12	
1 SKILLED NURSING CARE	8104	5751		1645517	1167741		2813258	1
2 PHYSICAL THERAPY	2806	1719		373507	228816		602323	2
3 OCCUPATIONAL THERAPY	1634	905		345803	191525		537328	3
4 SPEECH PATHOLOGY	222	49		59800	13199		72999	4
5 MEDICAL SOCIAL SERV	188	185		39535	38904		78439	5
6 HOME HEALTH AIDE SERV	2029	5486		152094	411231		563325	6
7 TOTAL	14983	14095		2616256	2051416		4667672	7

LIMITATION COST COMPUTATION	PROGRAM VISITS			COST OF SERVICES				
		PART B			PART B		TOTAL	
PATIENT SERVICES	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PROGRAM COST	
	6	7	8	9	10	11	12	
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				
		--- PART B DEDUCT. & COINSUR. ---				--- PART B DEDUCT. & COINSUR. ---			
		FEE	NOT			FEE	NOT		
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	
15 COST OF MEDICAL SUPPLIES									15
16 COST OF DRUGS									16
16.20 COST OF ADMINISTERING VA									16.20

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 15-7423

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 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I 4	
1	PHYSICAL THERAPY	50	.598409			COL 2, LINE 2	1
1.01	TRANSITIONAL THERAPY	50.01	1.229303			COL 2, LINE 2	1.01
1.02	PV REHAB OUTREACH	50.02				COL 2, LINE 2	1.02
2	OCCUPATIONAL THERAPY	51	.568710			COL 2, LINE 3	2
3	SPEECH PATHOLOGY	52	.531631			COL 2, LINE 4	3
3.01	NEURO REHAB	52.01	.595783			COL 2, LINE 4	3.01
4	MEDICAL SUPPLIES CHARGED TO PA	55	.429285			COL 2, LINE 15	4
4.01	COST OF SOLUTIONS	55.01	.128490			COL 2, LINE 15	4.01
5	DRUGS CHARGED TO PATIENTS	56	.380070			COL 2, LINE 16	5

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

				PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE				
				PROGRAM VISITS		PROGRAM COST		PROGRAM
		FROM PART I COL. 5	COST PER VISIT	PRIOR TO 1/1/98	FROM 1/1/98 THRU 12/31/98	PRIOR TO 1/1/98	FROM 1/1/98 THRU 12/31/98	VISITS ON OR AFTER 1/1/99
		1	2	2.01	3	3.01	4	5
1	PHYSICAL THERAPY	2	133.11					1
2	OCCUPATIONAL THERAPY	3	211.63					2
3	SPEECH PATHOLOGY	4	269.37					3
4	TOTAL							4

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT — HHA NO.: 15-7423 — 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	PART B SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
	REASONABLE COST OF PROGRAM SERVICES				
1	REASONABLE COST OF SERVICES				1
2	TOTAL CHARGES	2200567	1727259		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	2200567	1727259		6
7	EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	2200567	1727259		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	TOTAL REASONABLE COST			10
10.01	TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	2306525	1557238	10.01
10.02	TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	44468	57353	10.02
10.03	TOTAL PPS REIMBURSEMENT - LUPA EPISODES	34801	22976	10.03
10.04	TOTAL PPS REIMBURSEMENT - PEP EPISODES	15534	14910	10.04
10.05	TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES	341		10.05
10.06	TOTAL PPS REIMBURSEMENT - SCIC EPISODES	4149	4207	10.06
10.07	TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	19324	54338	10.07
10.08	TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES		294	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	2425142	1711316	12
13	EXCESS REASONABLE COST			13
14	SUBTOTAL	2425142	1711316	14
15	COINSURANCE BILLED TO PROGRAM PATIENTS			15
16	NET COST	2425142	1711316	16
17	REIMBURSABLE BAD DEBTS			17
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD	2425142	1711316	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	2425142	1711316	22
23	SEQUESTRATION ADJUSTMENT			23
24	SUBTOTAL	2425142	1711316	24
25	TOTAL INTERIM PAYMENTS	2425142	1711316	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.: 15-7423

WORKSHEET H-8

	DESCRIPTION			PART A MO/DAY/YR 1	PART A AMOUNT 2	PART B MO/DAY/YR 3	PART B AMOUNT 4	
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER				2425142		1711316	1
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.				NONE		NONE	2
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		.01					3.01
		PROGRAM	.02					3.02
		TO	.03		NONE		NONE	3.03
		PROVIDER	.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				2425142		1711316	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					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 PROVIDER	.01					6.01
		PROVIDER TO PROGRAM	.02					6.02
7	TOTAL MEDICARE PROGRAM LIABILITY							7

NAME OF INTERMEDIARY: _____

INTERMEDIARY NUMBER: _____

SIGNATURE OF AUTHORIZED PERSON: _____

DATE (MO/DAY/YR): _____

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 15-1552

WORKSHEET K

		SALARIES 1	EMPLOYEE BENEFITS 2	TRANS-PORTATION 3	CONTRACTED SERVICES 4	OTHER 5	TOTAL 6	
	GENERAL SERVICE COST CENTER							
1	CAPITAL RELATED COSTS-BLDG AND FIXT.							1
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.							2
3	PLANT OPERATION AND MAINTENANCE							3
4	TRANSPORTATION - STAFF							4
5	VOLUNTEER SERVICE COORDINATION	79241	23572				102813	5
6	ADMINISTRATIVE AND GENERAL	332525	16845		693905		1043275	6
	INPATIENT CARE SERVICE							
7	INPATIENT - GENERAL CARE				230556		230556	7
8	INPATIENT - RESPITE CARE							8
	VISITING SERVICES							
9	PHYSICIAN SERVICES	31132	9261		44333		84726	9
10	NURSING CARE	971664	289041	53868			1314573	10
10.20	NURSING CARE-CONTINUOUS HOME CARE							10.20
11	PHYSICAL THERAPY	2496	742	277			3515	11
12	OCCUPATIONAL THERAPY	2593	771	221			3585	12
13	SPEECH/LANGUAGE PATHOLOGY	819	244	86			1149	13
14	MEDICAL SOCIAL SERVICES	148232	44095	11567			203894	14
15	SPIRITUAL COUNSELING	106886	31795	13612			152293	15
16	DIETARY COUNSELING			51			51	16
17	COUNSELING - OTHER							17
18	HOME HEALTH AIDE AND HOMEMAKER	226566	67397	45978			339941	18
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE							18.20
19	OTHER							19
	OTHER HOSPICE SERVICE COSTS							
20	DRUGS, BIOLOGICAL & INFUSION THERAPY							20
20.30	ANALGESICS							20.30
20.31	SEDATIVES / HYPNOTICS							20.31
20.32	OTHER - SPECIFY							20.32
21	DURABLE MEDICAL EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION				9550		9550	22
23	IMAGING SERVICES				3010		3010	23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (INCLUDING E/R DEPT.)				48571		48571	26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER				4285		4285	29
	HOSPICE NONREIMBURSABLE SERVICE							
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS			5603			5603	31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTAL	1902154	483763	131263	1034210		3551390	34

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 15-1552

WORKSHEET K
(CONTINUED)

		RECLASSIFICATION 7	SUBTOTAL 8	ADJUSTMENTS 9	TOTAL 10	
	GENERAL SERVICE COST CENTER					
1	CAPITAL RELATED COSTS-BLDG AND FIXT.					1
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.					2
3	PLANT OPERATION AND MAINTENANCE					3
4	TRANSPORTATION - STAFF					4
5	VOLUNTEER SERVICE COORDINATION		102813		102813	5
6	ADMINISTRATIVE AND GENERAL		1043275		1043275	6
	INPATIENT CARE SERVICE					
7	INPATIENT - GENERAL CARE		230556		230556	7
8	INPATIENT - RESPITE CARE					8
	VISITING SERVICES					
9	PHYSICIAN SERVICES		84726		84726	9
10	NURSING CARE		1314573		1314573	10
10.20	NURSING CARE-CONTINUOUS HOME CARE					10.20
11	PHYSICAL THERAPY		3515		3515	11
12	OCCUPATIONAL THERAPY		3585		3585	12
13	SPEECH/LANGUAGE PATHOLOGY		1149		1149	13
14	MEDICAL SOCIAL SERVICES		203894		203894	14
15	SPIRITUAL COUNSELING		152293		152293	15
16	DIETARY COUNSELING		51		51	16
17	COUNSELING - OTHER					17
18	HOME HEALTH AIDE AND HOMEMAKER		339941		339941	18
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE					18.20
19	OTHER					19
	OTHER HOSPICE SERVICE COSTS					
20	DRUGS, BIOLOGICAL & INFUSION THERAPY					20
20.30	ANALGESICS					20.30
20.31	SEDATIVES / HYPNOTICS					20.31
20.32	OTHER - SPECIFY					20.32
21	DURABLE MEDICAL EQUIPMENT/OXYGEN					21
22	PATIENT TRANSPORTATION		9550		9550	22
23	IMAGING SERVICES		3010		3010	23
24	LABS AND DIAGNOSTICS					24
25	MEDICAL SUPPLIES					25
26	OUTPATIENT SERVICES (INCLUDING E/R DEPT.)		48571		48571	26
27	RADIATION THERAPY					27
28	CHEMOTHERAPY					28
29	OTHER		4285		4285	29
	HOSPICE NONREIMBURSABLE SERVICE					
30	BEREAVEMENT PROGRAM COSTS					30
31	VOLUNTEER PROGRAM COSTS		5603		5603	31
32	FUNDRAISING					32
33	OTHER PROGRAM COSTS					33
34	TOTAL		3551390		3551390	34

HOSPICE COMPENSATION ANALYSIS - SALARIES AND WAGES

HOSPICE NO.: 15-1552

WORKSHEET K-1

		ADMINI-STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER-VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9	
	GENERAL SERVICE COST CENTER										
1	CAP REL COSTS-BLDG AND FIXT.										1
2	CAP REL COSTS-MOVABLE EQUIP.										2
3	PLANT OPERATION & MAINT.										3
4	TRANSPORTATION - STAFF										4
5	VOLUNTEER SERVICE COORD.								79241	79241	5
6	ADMINISTRATIVE AND GENERAL								332525	332525	6
	INPATIENT CARE SERVICE										
7	INPATIENT - GENERAL CARE										7
8	INPATIENT - RESPITE CARE										8
	VISITING SERVICES										
9	PHYSICIAN SERVICES								31132	31132	9
10	NURSING CARE				129959	841705				971664	10
10.20	NURSING CARE-CONT.HOME CARE										10.20
11	PHYSICAL THERAPY						2496			2496	11
12	OCCUPATIONAL THERAPY						2593			2593	12
13	SPEECH/LANGUAGE PATHOLOGY						819			819	13
14	MEDICAL SOCIAL SERVICES			148232						148232	14
15	SPIRITUAL COUNSELING								106886	106886	15
16	DIETARY COUNSELING										16
17	COUNSELING - OTHER										17
18	HH AIDE AND HOMEMAKER							226566		226566	18
18.20	HH AIDE & HMKR-CONT.HME CARE										18.20
19	OTHER										19
	OTHER HOSPICE SERVICE COSTS										
20	DRUGS, BIOL. & INFUS. THER.										20
20.30	ANALGESICS										20.30
20.31	SEDATIVES / HYPNOTICS										20.31
20.32	OTHER - SPECIFY										20.32
21	DURABLE MED. EQUIP./OXYGEN										21
22	PATIENT TRANSPORTATION										22
23	IMAGING SERVICES										23
24	LABS AND DIAGNOSTICS										24
25	MEDICAL SUPPLIES										25
26	OUTPAT.SERV.(INCL.E/R DEPT.)										26
27	RADIATION THERAPY										27
28	CHEMOTHERAPY										28
29	OTHER										29
	HOSPICE NONREIMBURSABLE SERVICE										
30	BEREAVEMENT PROGRAM COSTS										30
31	VOLUNTEER PROGRAM COSTS										31
32	FUNDRAISING										32
33	OTHER PROGRAM COSTS										33
34	TOTAL			148232	129959	841705	5908	226566	549784	1902154	34

HOSPICE COMPENSATION ANALYSIS - EMPLOYEE BENEFITS (PAYROLL RELATED) HOSPICE NO.: 15-1552 WORKSHEET K-2

		ADMINI-STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER-VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9	
	GENERAL SERVICE COST CENTER										
1	CAP REL COSTS-BLDG AND FIXT.										1
2	CAP REL COSTS-MOVABLE EQUIP.										2
3	PLANT OPERATION & MAINT.										3
4	TRANSPORTATION - STAFF										4
5	VOLUNTEER SERVICE COORD.								23572	23572	5
6	ADMINISTRATIVE AND GENERAL								16845	16845	6
	INPATIENT CARE SERVICE										
7	INPATIENT - GENERAL CARE										7
8	INPATIENT - RESPITE CARE										8
	VISITING SERVICES										
9	PHYSICIAN SERVICES								9261	9261	9
10	NURSING CARE				38659	250382				289041	10
10.20	NURSING CARE-CONT.HOME CARE										10.20
11	PHYSICAL THERAPY						742			742	11
12	OCCUPATIONAL THERAPY						771			771	12
13	SPEECH/LANGUAGE PATHOLOGY						244			244	13
14	MEDICAL SOCIAL SERVICES			44095						44095	14
15	SPIRITUAL COUNSELING								31795	31795	15
16	DIETARY COUNSELING										16
17	COUNSELING - OTHER										17
18	HH AIDE AND HOMEMAKER							67397		67397	18
18.20	HH AIDE & HMKR-CONT.HME CARE										18.20
19	OTHER										19
	OTHER HOSPICE SERVICE COSTS										
20	DRUGS, BIOL. & INFUS. THER.										20
20.30	ANALGESICS										20.30
20.31	SEDATIVES / HYPNOTICS										20.31
20.32	OTHER - SPECIFY										20.32
21	DURABLE MED. EQUIP./OXYGEN										21
22	PATIENT TRANSPORTATION										22
23	IMAGING SERVICES										23
24	LABS AND DIAGNOSTICS										24
25	MEDICAL SUPPLIES										25
26	OUTPAT.SERV.(INCL.E/R DEPT.)										26
27	RADIATION THERAPY										27
28	CHEMOTHERAPY										28
29	OTHER										29
	HOSPICE NONREIMBURSABLE SERVICE										
30	BEREAVEMENT PROGRAM COSTS										30
31	VOLUNTEER PROGRAM COSTS										31
32	FUNDRAISING										32
33	OTHER PROGRAM COSTS										33
34	TOTAL			44095	38659	250382	1757	67397	81473	483763	34

HOSPICE COMPENSATION ANALYSIS - CONTRACTED SERVICES/PURCHASED SERVICES HOSPICE NO.: 15-1552 WORKSHEET K-3

		ADMINI-STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER-VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9	
	GENERAL SERVICE COST CENTER										
1	CAP REL COSTS-BLDG AND FIXT.										1
2	CAP REL COSTS-MOVABLE EQUIP.										2
3	PLANT OPERATION & MAINT.										3
4	TRANSPORTATION - STAFF										4
5	VOLUNTEER SERVICE COORD.										5
6	ADMINISTRATIVE AND GENERAL								693905	693905	6
	INPATIENT CARE SERVICE										
7	INPATIENT - GENERAL CARE								230556	230556	7
8	INPATIENT - RESPITE CARE										8
	VISITING SERVICES										
9	PHYSICIAN SERVICES								44333	44333	9
10	NURSING CARE										10
10.20	NURSING CARE-CONT.HOME CARE										10.20
11	PHYSICAL THERAPY										11
12	OCCUPATIONAL THERAPY										12
13	SPEECH/LANGUAGE PATHOLOGY										13
14	MEDICAL SOCIAL SERVICES										14
15	SPIRITUAL COUNSELING										15
16	DIETARY COUNSELING										16
17	COUNSELING - OTHER										17
18	HH AIDE AND HOMEMAKER										18
18.20	HH AIDE & HMKR-CONT.HME CARE										18.20
19	OTHER										19
	OTHER HOSPICE SERVICE COSTS										
20	DRUGS, BIOL. & INFUS. THER.										20
20.30	ANALGESICS										20.30
20.31	SEDATIVES / HYPNOTICS										20.31
20.32	OTHER - SPECIFY										20.32
21	DURABLE MED. EQUIP./OXYGEN										21
22	PATIENT TRANSPORTATION								9550	9550	22
23	IMAGING SERVICES								3010	3010	23
24	LABS AND DIAGNOSTICS										24
25	MEDICAL SUPPLIES										25
26	OUTPAT.SERV.(INCL.E/R DEPT.)								48571	48571	26
27	RADIATION THERAPY										27
28	CHEMOTHERAPY										28
29	OTHER								4285	4285	29
	HOSPICE NONREIMBURSABLE SERVICE										
30	BEREAVEMENT PROGRAM COSTS										30
31	VOLUNTEER PROGRAM COSTS										31
32	FUNDRAISING										32
33	OTHER PROGRAM COSTS										33
34	TOTAL								1034210	1034210	34

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE NO.: 15-1552

WORKSHEET K-4
PART I

		NET EXPENSES FOR COST ALLOCATION 0	CAP REL COST BLDG & FIXTURES 1	CAP REL MOVABLE EQUIPMENT 2	PLANT OPERATN & MAINT 3	TRANSPO-RTATION 4	VOLUNTEER SERV. CO-ORDINATOR 5	SUBTOTAL 5A	ADMIN & GENERAL 6	TOTAL 7	
	GENERAL SERVICE COST CENTER										
1	CAP REL COSTS-BLDG AND FIXT.										1
2	CAP REL COSTS-MOVABLE EQUIP.										2
3	PLANT OPERATION & MAINT.										3
4	TRANSPORTATION - STAFF										4
5	VOLUNTEER SERVICE COORD.	102813					102813				5
6	ADMINISTRATIVE AND GENERAL	1043275					102813	1146088	1146088		6
	INPATIENT CARE SERVICE										
7	INPATIENT - GENERAL CARE	230556						230556	109856	340412	7
8	INPATIENT - RESPITE CARE										8
	VISITING SERVICES										
9	PHYSICIAN SERVICES	84726						84726	40371	125097	9
10	NURSING CARE	1314573						1314573	626375	1940948	10
10.20	NURSING CARE-CONTINUOUS HOME										10.20
11	PHYSICAL THERAPY	3515						3515	1675	5190	11
12	OCCUPATIONAL THERAPY	3585						3585	1708	5293	12
13	SPEECH/LANGUAGE PATHOLOGY	1149						1149	547	1696	13
14	MEDICAL SOCIAL SERVICES	203894						203894	97152	301046	14
15	SPIRITUAL COUNSELING	152293						152293	72565	224858	15
16	DIETARY COUNSELING	51						51	24	75	16
17	COUNSELING - OTHER										17
18	HH AIDE AND HOMEMAKER	339941						339941	161976	501917	18
18.20	HH AIDE & HMKR-CONT. HOME CA										18.20
19	OTHER										19
	OTHER HOSPICE SERVICE COSTS										
20	DRUGS, BIOL. & INFUS. THER.										20
20.30	ANALGESICS										20.30
20.31	SEDATIVES / HYPNOTICS										20.31
20.32	OTHER - SPECIFY										20.32
21	DURABLE MED. EQUIP./OXYGEN										21
22	PATIENT TRANSPORTATION	9550						9550	4550	14100	22
23	IMAGING SERVICES	3010						3010	1434	4444	23
24	LABS AND DIAGNOSTICS										24
25	MEDICAL SUPPLIES										25
26	OUTPAT.SERV.(INCL.E/R DEPT.)	48571						48571	23143	71714	26
27	RADIATION THERAPY										27
28	CHEMOTHERAPY										28
29	OTHER	4285						4285	2042	6327	29
	HOSPICE NONREIMBURSABLE SERV.										
30	BEREAVEMENT PROGRAM COSTS										30
31	VOLUNTEER PROGRAM COSTS	5603						5603	2670	8273	31
32	FUNDRAISING										32
33	OTHER PROGRAM COSTS										33
34	COST TO BE ALLOCATED	3551390					102813	3551390		3551390	34

COST ALLOCATION - HOSPICE STATISTICAL BASIS

HOSPICE NO.: 15-1552

WORKSHEET K-4
PART II

		CAP REL COST BLDG & FIXTURES (SQUARE FEET) 1	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPO-RTATION (MILEAGE) 4	VOLUNTEER SERV. CO-ORDINATOR (HOURS) 5	RECONCIL-IATION 6A	ADMIN & GENERAL (ACCUM COST) 6	
	GENERAL SERVICE COST CENTER								
1	CAP REL COSTS-BLDG AND FIXT.								1
2	CAP REL COSTS-MOVABLE EQUIP.								2
3	PLANT OPERATION & MAINT.								3
4	TRANSPORTATION - STAFF				270648				4
5	VOLUNTEER SERVICE COORD.					4159			5
6	ADMINISTRATIVE AND GENERAL					4159	-1146088	2405302	6
	INPATIENT CARE SERVICE								
7	INPATIENT - GENERAL CARE							230556	7
8	INPATIENT - RESPITE CARE								8
	VISITING SERVICES								
9	PHYSICIAN SERVICES							84726	9
10	NURSING CARE				111069			1314573	10
10.20	NURSING CARE-CONTINUOUS HOME								10.20
11	PHYSICAL THERAPY				572			3515	11
12	OCCUPATIONAL THERAPY				455			3585	12
13	SPEECH/LANGUAGE PATHOLOGY				178			1149	13
14	MEDICAL SOCIAL SERVICES				23850			203894	14
15	SPIRITUAL COUNSELING				28067			152293	15
16	DIETARY COUNSELING				106			51	16
17	COUNSELING - OTHER								17
18	HH AIDE AND HOMEMAKER				94799			339941	18
18.20	HH AIDE & HMKR-CONT. HOME CA								18.20
19	OTHER								19
	OTHER HOSPICE SERVICE COSTS								
20	DRUGS, BIOL. & INFUS. THER.								20
20.30	ANALGESICS								20.30
20.31	SEDATIVES / HYPNOTICS								20.31
20.32	OTHER - SPECIFY								20.32
21	DURABLE MED. EQUIP./OXYGEN								21
22	PATIENT TRANSPORTATION							9550	22
23	IMAGING SERVICES							3010	23
24	LABS AND DIAGNOSTICS								24
25	MEDICAL SUPPLIES								25
26	OUTPAT.SERV.(INCL.E/R DEPT.)							48571	26
27	RADIATION THERAPY								27
28	CHEMOTHERAPY								28
29	OTHER							4285	29
	HOSPICE NONREIMBURSABLE SERVICE								
30	BEREAVEMENT PROGRAM COSTS								30
31	VOLUNTEER PROGRAM COSTS				11552			5603	31
32	FUNDRAISING								32
33	OTHER PROGRAM COSTS								33
34	COST TO BE ALLOCATED					102813		1146088	34
35	UNIT COST MULTIPLIER					24.720606		.476484	35

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 15-1552

WORKSHEET K-5
PART I

	HOSPICE COST CENTER	HOSPICE TRIAL BALANCE 0	OLD CAP BLDGS & FIXTURES 1	OLD CAP MOVABLE EQUIPMENT 2	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	COMMUN-CATIONS 6.01	DATA PROCESSING 6.02	
1	ADMINISTRATIVE AND GENERAL						13799			1
2	INPATIENT - GENERAL CARE	340412								2
3	INPATIENT - RESPITE CARE									3
4	PHYSICIAN SERVICES	125097					7586			4
5	NURSING CARE	1940948					236765			5
5.20	NURSING CARE-CONTINUOUS HOM									5.20
6	PHYSICAL THERAPY	5190					608			6
7	OCCUPATIONAL THERAPY	5293					632			7
8	SPEECH/LANGUAGE PATHOLOGY	1696					200			8
9	MEDICAL SOCIAL SERV. - DIRE	301046					36120			9
10	SPIRITUAL COUNSELING	224858					26045			10
11	DIETARY COUNSELING	75								11
12	COUNSELING - OTHER									12
13	HOME HLTH AIDE & HOMEMAKERS	501917					55208			13
13.20	HH AIDE & HMKR-CONT. HOME C									13.20
14	OTHER									14
15	DRUGS,BIOLOGICALS & INFUSIO									15
15.30	ANALGESICS									15.30
15.31	SEDATIVES / HYPNOTICS									15.31
15.32	OTHER - SPECIFY									15.32
16	DURABLE MED. EQUIP./OXYGEN									16
17	PATIENT TRANSPORTATION	14100								17
18	IMAGING SERVICES	4444								18
19	LABS AND DIAGNOSTICS									19
20	MEDICAL SUPPLIES									20
21	OUTPAT. SERV.(INCL.E/R DEPT	71714								21
22	RADIATION THERAPY									22
23	CHEMOTHERAPY									23
24	OTHER	6327								24
25	BEREAVEMENT PROGRAM COSTS									25
26	VOLUNTEER PROGRAM COSTS	8273					19309			26
27	FUNDRAISING									27
28	OTHER PROGRAM COSTS									28
29	TOTALS	3551390					396272			29
30	UNIT COST MULTIPLIER									30

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 15-1552

WORKSHEET K-5
PART I

	HOSPICE COST CENTER	MATERIALS MGMT	PATIENT SERVICES	PATIENT ACCOUNTING	AMBULATORY SVCS ADMIN	SUBTOTAL	OTHER A&G	CAREW MED PARK ADMIN	CRITICAL CARE ADMIN	
		6.03	6.04	6.05	6.06	5A	6.07	6.08	6.09	
1	ADMINISTRATIVE AND GENERAL					13799	949			1
2	INPATIENT - GENERAL CARE					340412	23409			2
3	INPATIENT - RESPITE CARE									3
4	PHYSICIAN SERVICES					132683	9124			4
5	NURSING CARE					2177713	149754			5
5.20	NURSING CARE-CONTINUOUS HOM									5.20
6	PHYSICAL THERAPY					5798	399			6
7	OCCUPATIONAL THERAPY					5925	407			7
8	SPEECH/LANGUAGE PATHOLOGY					1896	130			8
9	MEDICAL SOCIAL SERV. - DIRE					337166	23186			9
10	SPIRITUAL COUNSELING					250903	17254			10
11	DIETARY COUNSELING					75	5			11
12	COUNSELING - OTHER									12
13	HOME HLTH AIDE & HOMEMAKERS					557125	38312			13
13.20	HH AIDE & HMKR-CONT. HOME C									13.20
14	OTHER									14
15	DRUGS,BIOLOGICALS & INFUSIO									15
15.30	ANALGESICS									15.30
15.31	SEDATIVES / HYPNOTICS									15.31
15.32	OTHER - SPECIFY									15.32
16	DURABLE MED. EQUIP./OXYGEN									16
17	PATIENT TRANSPORTATION					14100	970			17
18	IMAGING SERVICES					4444	306			18
19	LABS AND DIAGNOSTICS									19
20	MEDICAL SUPPLIES									20
21	OUTPAT. SERV.(INCL.E/R DEPT					71714	4932			21
22	RADIATION THERAPY									22
23	CHEMOTHERAPY									23
24	OTHER					6327	435			24
25	BEREAVEMENT PROGRAM COSTS									25
26	VOLUNTEER PROGRAM COSTS					27582	1897			26
27	FUNDRAISING									27
28	OTHER PROGRAM COSTS									28
29	TOTALS					3947662	271469			29
30	UNIT COST MULTIPLIER									30

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 15-1552

WORKSHEET K-5
PART I

	HOSPICE COST CENTER	MAIN-TENANCE & REPAIRS 7	OPERATION OF PLANT 8	FACILITY ENGINEERIN 8.01	LAUNDRY & LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	KITCHEN-NO CAFETERIA CONNECT W/CAFE 11.01	11.02	
1	ADMINISTRATIVE AND GENERAL									1
2	INPATIENT - GENERAL CARE									2
3	INPATIENT - RESPITE CARE									3
4	PHYSICIAN SERVICES									4
5	NURSING CARE									5
5.20	NURSING CARE-CONTINUOUS HOM									5.20
6	PHYSICAL THERAPY									6
7	OCCUPATIONAL THERAPY									7
8	SPEECH/LANGUAGE PATHOLOGY									8
9	MEDICAL SOCIAL SERV. - DIRE									9
10	SPIRITUAL COUNSELING									10
11	DIETARY COUNSELING									11
12	COUNSELING - OTHER									12
13	HOME HLTH AIDE & HOMEMAKERS									13
13.20	HH AIDE & HMKR-CONT. HOME C									13.20
14	OTHER									14
15	DRUGS,BIOLOGICALS & INFUSIO									15
15.30	ANALGESICS									15.30
15.31	SEDATIVES / HYPNOTICS									15.31
15.32	OTHER - SPECIFY									15.32
16	DURABLE MED. EQUIP./OXYGEN									16
17	PATIENT TRANSPORTATION									17
18	IMAGING SERVICES									18
19	LABS AND DIAGNOSTICS									19
20	MEDICAL SUPPLIES									20
21	OUTPAT. SERV.(INCL.E/R DEPT									21
22	RADIATION THERAPY									22
23	CHEMOTHERAPY									23
24	OTHER									24
25	BEREAVEMENT PROGRAM COSTS									25
26	VOLUNTEER PROGRAM COSTS									26
27	FUNDRAISING									27
28	OTHER PROGRAM COSTS									28
29	TOTALS									29
30	UNIT COST MULTIPLIER									30

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 15-1552

WORKSHEET K-5
PART I

	HOSPICE COST CENTER	PREADMITS AND ER	CAFETERIA	MAIN-TENANCE OF PERSONNEL	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	OUTPATIENT PHARMACY	IV SOLUTIONS	
		11.03	12	13	14	15	16	16.01	16.02	
1	ADMINISTRATIVE AND GENERAL									1
2	INPATIENT - GENERAL CARE									2
3	INPATIENT - RESPITE CARE									3
4	PHYSICIAN SERVICES									4
5	NURSING CARE									5
5.20	NURSING CARE-CONTINUOUS HOM									5.20
6	PHYSICAL THERAPY									6
7	OCCUPATIONAL THERAPY									7
8	SPEECH/LANGUAGE PATHOLOGY									8
9	MEDICAL SOCIAL SERV. - DIRE									9
10	SPIRITUAL COUNSELING									10
11	DIETARY COUNSELING									11
12	COUNSELING - OTHER									12
13	HOME HLTH AIDE & HOMEMAKERS									13
13.20	HH AIDE & HMKR-CONT. HOME C									13.20
14	OTHER									14
15	DRUGS,BIOLOGICALS & INFUSIO									15
15.30	ANALGESICS									15.30
15.31	SEDATIVES / HYPNOTICS									15.31
15.32	OTHER - SPECIFY									15.32
16	DURABLE MED. EQUIP./OXYGEN									16
17	PATIENT TRANSPORTATION									17
18	IMAGING SERVICES									18
19	LABS AND DIAGNOSTICS									19
20	MEDICAL SUPPLIES									20
21	OUTPAT. SERV.(INCL.E/R DEPT									21
22	RADIATION THERAPY									22
23	CHEMOTHERAPY									23
24	OTHER									24
25	BEREAVEMENT PROGRAM COSTS									25
26	VOLUNTEER PROGRAM COSTS									26
27	FUNDRAISING									27
28	OTHER PROGRAM COSTS									28
29	TOTALS									29
30	UNIT COST MULTIPLIER									30

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 15-1552

WORKSHEET K-5
PART I

	HOSPICE COST CENTER	MED SURG SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	NONPHYSIC. ANESTHET.	NURSING SCHOOL	I&R SALARY & FRINGES	I&R PROGRAM COSTS	
		16.03	17	18	18.01	20	21	22	23	
1	ADMINISTRATIVE AND GENERAL									1
2	INPATIENT - GENERAL CARE									2
3	INPATIENT - RESPITE CARE									3
4	PHYSICIAN SERVICES									4
5	NURSING CARE									5
5.20	NURSING CARE-CONTINUOUS HOM									5.20
6	PHYSICAL THERAPY									6
7	OCCUPATIONAL THERAPY									7
8	SPEECH/LANGUAGE PATHOLOGY									8
9	MEDICAL SOCIAL SERV. - DIRE									9
10	SPIRITUAL COUNSELING									10
11	DIETARY COUNSELING									11
12	COUNSELING - OTHER									12
13	HOME HLTH AIDE & HOMEMAKERS									13
13.20	HH AIDE & HMKR-CONT. HOME C									13.20
14	OTHER									14
15	DRUGS,BIOLOGICALS & INFUSIO									15
15.30	ANALGESICS									15.30
15.31	SEDATIVES / HYPNOTICS									15.31
15.32	OTHER - SPECIFY									15.32
16	DURABLE MED. EQUIP./OXYGEN									16
17	PATIENT TRANSPORTATION									17
18	IMAGING SERVICES									18
19	LABS AND DIAGNOSTICS									19
20	MEDICAL SUPPLIES									20
21	OUTPAT. SERV.(INCL.E/R DEPT									21
22	RADIATION THERAPY									22
23	CHEMOTHERAPY									23
24	OTHER									24
25	BEREAVEMENT PROGRAM COSTS									25
26	VOLUNTEER PROGRAM COSTS									26
27	FUNDRAISING									27
28	OTHER PROGRAM COSTS									28
29	TOTALS									29
30	UNIT COST MULTIPLIER									30

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 15-1552

WORKSHEET K-5
PART I

	HOSPICE COST CENTER	PARAMED EDUCATION	PARAMED ED RADIOLOGY	PARAMED ED PHARMACY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	SUBTOTAL	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS	
		24	24.01	24.02	25	26	27	28	29	
1	ADMINISTRATIVE AND GENERAL				14748		14748			1
2	INPATIENT - GENERAL CARE				363821		363821	1276	365097	2
3	INPATIENT - RESPITE CARE									3
4	PHYSICIAN SERVICES				141807		141807	497	142304	4
5	NURSING CARE				2327467		2327467	8164	2335631	5
5.20	NURSING CARE-CONTINUOUS HOM									5.20
6	PHYSICAL THERAPY				6197		6197	22	6219	6
7	OCCUPATIONAL THERAPY				6332		6332	22	6354	7
8	SPEECH/LANGUAGE PATHOLOGY				2026		2026	7	2033	8
9	MEDICAL SOCIAL SERV. - DIRE				360352		360352	1264	361616	9
10	SPIRITUAL COUNSELING				268157		268157	941	269098	10
11	DIETARY COUNSELING				80		80		80	11
12	COUNSELING - OTHER									12
13	HOME HLTH AIDE & HOMEMAKERS				595437		595437	2089	597526	13
13.20	HH AIDE & HMKR-CONT. HOME C									13.20
14	OTHER									14
15	DRUGS,BIOLOGICALS & INFUSIO									15
15.30	ANALGESICS									15.30
15.31	SEDATIVES / HYPNOTICS									15.31
15.32	OTHER - SPECIFY									15.32
16	DURABLE MED. EQUIP./OXYGEN									16
17	PATIENT TRANSPORTATION				15070		15070	53	15123	17
18	IMAGING SERVICES				4750		4750	17	4767	18
19	LABS AND DIAGNOSTICS									19
20	MEDICAL SUPPLIES									20
21	OUTPAT. SERV.(INCL.E/R DEPT				76646		76646	269	76915	21
22	RADIATION THERAPY									22
23	CHEMOTHERAPY									23
24	OTHER				6762		6762	24	6786	24
25	BEREAVEMENT PROGRAM COSTS									25
26	VOLUNTEER PROGRAM COSTS				29479		29479	103	29582	26
27	FUNDRAISING									27
28	OTHER PROGRAM COSTS									28
29	TOTALS				4219131		4219131		4219131	29
30	UNIT COST MULTIPLIER							.003508		30

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 15-1552 WORKSHEET K-5
STATISTICAL BASIS PART II

	HOSPICE COST CENTER	OLD CAP BLDGS & FIXTURES SQUARE FEET 1	OLD CAP MOVABLE EQUIPMENT SQUARE FEET 2	NEW CAP BLDGS & FIXTURES SQUARE FEET 3	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE 4	EMPLOYEE BENEFITS GROSS SALARIES 5	COMMUN-CATIONS NUMBER OF PHONES 6.01	DATA PROCESSING TIME SPENT 6.02	MATERIALS MGMT COSTED REQUISTION 6.03	
1	ADMINISTRATIVE AND GENERAL					56628				1
2	INPATIENT - GENERAL CARE									2
3	INPATIENT - RESPITE CARE									3
4	PHYSICIAN SERVICES					31132				4
5	NURSING CARE					971664				5
5.20	NURSING CARE-CONTINUOUS HOM									5.20
6	PHYSICAL THERAPY					2497				6
7	OCCUPATIONAL THERAPY					2593				7
8	SPEECH/LANGUAGE PATHOLOGY					819				8
9	MEDICAL SOCIAL SERV. - DIRE					148232				9
10	SPIRITUAL COUNSELING					106886				10
11	DIETARY COUNSELING									11
12	COUNSELING - OTHER									12
13	HOME HLTH AIDE & HOMEMAKERS					226566				13
13.20	HH AIDE & HMKR-CONT. HOME C									13.20
14	OTHER									14
15	DRUGS,BIOLOGICALS & INFUSIO									15
15.30	ANALGESICS									15.30
15.31	SEDATIVES / HYPNOTICS									15.31
15.32	OTHER - SPECIFY									15.32
16	DURABLE MED. EQUIP./OXYGEN									16
17	PATIENT TRANSPORTATION									17
18	IMAGING SERVICES									18
19	LABS AND DIAGNOSTICS									19
20	MEDICAL SUPPLIES									20
21	OUTPAT. SERV.(INCL.E/R DEPT									21
22	RADIATION THERAPY									22
23	CHEMOTHERAPY									23
24	OTHER									24
25	BEREAVEMENT PROGRAM COSTS									25
26	VOLUNTEER PROGRAM COSTS					79241				26
27	FUNDRAISING									27
28	OTHER PROGRAM COSTS									28
29	TOTAL					1626258				29
30	TOTAL COST TO BE ALLOCATED					396272				30
31	UNIT COST MULTIPLIER					.243671				31
31	UNIT COST MULTIPLIER									31

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 15-1552 WORKSHEET K-5
STATISTICAL BASIS PART II

	HOSPICE COST CENTER	PATIENT SERVICES INPATIENT REVENUE 6.04	PATIENT ACCOUNTING GROSS REVENUE 6.05	AMBULATORY SVCS ADMIN FTES 6.06	RECON-CILIATION 6A.07	OTHER A&G ACCUM COST 6.07	CAREW MED PARK ADMIN DIRECT EXPENSES 6.08	CRITICAL CARE ADMIN OTHER 6.09	MAIN-TENANCE & REPAIRS SQUARE FEET 7	
1	ADMINISTRATIVE AND GENERAL					13799				1
2	INPATIENT - GENERAL CARE					340412				2
3	INPATIENT - RESPITE CARE									3
4	PHYSICIAN SERVICES					132683				4
5	NURSING CARE					2177713				5
5.20	NURSING CARE-CONTINUOUS HOM									5.20
6	PHYSICAL THERAPY					5798				6
7	OCCUPATIONAL THERAPY					5925				7
8	SPEECH/LANGUAGE PATHOLOGY					1896				8
9	MEDICAL SOCIAL SERV. - DIRE					337166				9
10	SPIRITUAL COUNSELING					250903				10
11	DIETARY COUNSELING					75				11
12	COUNSELING - OTHER									12
13	HOME HLTH AIDE & HOMEMAKERS					557125				13
13.20	HH AIDE & HMKR-CONT. HOME C									13.20
14	OTHER									14
15	DRUGS,BIOLOGICALS & INFUSIO									15
15.30	ANALGESICS									15.30
15.31	SEDATIVES / HYPNOTICS									15.31
15.32	OTHER - SPECIFY									15.32
16	DURABLE MED. EQUIP./OXYGEN									16
17	PATIENT TRANSPORTATION					14100				17
18	IMAGING SERVICES					4444				18
19	LABS AND DIAGNOSTICS									19
20	MEDICAL SUPPLIES									20
21	OUTPAT. SERV.(INCL.E/R DEPT					71714				21
22	RADIATION THERAPY									22
23	CHEMOTHERAPY									23
24	OTHER					6327				24
25	BEREAVEMENT PROGRAM COSTS									25
26	VOLUNTEER PROGRAM COSTS					27582				26
27	FUNDRAISING									27
28	OTHER PROGRAM COSTS									28
29	TOTAL					3947662				29
30	TOTAL COST TO BE ALLOCATED					271469				30
31	UNIT COST MULTIPLIER					.068767				31
31	UNIT COST MULTIPLIER									31

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 15-1552 WORKSHEET K-5
STATISTICAL BASIS PART II

	HOSPICE COST CENTER	OPERATION OF PLANT SQUARE FEET 8	FACILITY ENGINEERIN SQUARE FEET 8.01	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE-KEEPING HOURS OF SERVICE 10	DIETARY MEALS SERVED 11	KITCHEN-NO CONNECT W/CAFE MEALS SERVED 11.01	CAFETERIA NUMBER OF PERSONNEL 11.02	PREADMITS AND ER MEALS PREADMITS 11.03	
1	ADMINISTRATIVE AND GENERAL									1
2	INPATIENT - GENERAL CARE									2
3	INPATIENT - RESPITE CARE									3
4	PHYSICIAN SERVICES									4
5	NURSING CARE									5
5.20	NURSING CARE-CONTINUOUS HOM									5.20
6	PHYSICAL THERAPY									6
7	OCCUPATIONAL THERAPY									7
8	SPEECH/LANGUAGE PATHOLOGY									8
9	MEDICAL SOCIAL SERV. - DIRE									9
10	SPIRITUAL COUNSELING									10
11	DIETARY COUNSELING									11
12	COUNSELING - OTHER									12
13	HOME HLTH AIDE & HOMEMAKERS									13
13.20	HH AIDE & HMKR-CONT. HOME C									13.20
14	OTHER									14
15	DRUGS,BIOLOGICALS & INFUSIO									15
15.30	ANALGESICS									15.30
15.31	SEDATIVES / HYPNOTICS									15.31
15.32	OTHER - SPECIFY									15.32
16	DURABLE MED. EQUIP./OXYGEN									16
17	PATIENT TRANSPORTATION									17
18	IMAGING SERVICES									18
19	LABS AND DIAGNOSTICS									19
20	MEDICAL SUPPLIES									20
21	OUTPAT. SERV.(INCL.E/R DEPT									21
22	RADIATION THERAPY									22
23	CHEMOTHERAPY									23
24	OTHER									24
25	BEREAVEMENT PROGRAM COSTS									25
26	VOLUNTEER PROGRAM COSTS									26
27	FUNDRAISING									27
28	OTHER PROGRAM COSTS									28
29	TOTAL									29
30	TOTAL COST TO BE ALLOCATED									30
31	UNIT COST MULTIPLIER									31
31	UNIT COST MULTIPLIER									31

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 15-1552 WORKSHEET K-5
STATISTICAL BASIS PART II

	HOSPICE COST CENTER	CAFETERIA MEALS FTES 12	MAINTENANCE OF PERSONNEL NUMBER HOUSED 13	NURSING ADMINISTRATION DIRECT NRSING FTE 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	PHARMACY COSTED REQUIS. 16	OUTPATIENT PHARMACY PERCENTAGE 1 16.01	IV SOLUTIONS PERCENTAGE 2 16.02	MED SURG SUPPLY PERCENTAGE 3 16.03	
1	ADMINISTRATIVE AND GENERAL									1
2	INPATIENT - GENERAL CARE									2
3	INPATIENT - RESPITE CARE									3
4	PHYSICIAN SERVICES									4
5	NURSING CARE									5
5.20	NURSING CARE-CONTINUOUS HOM									5.20
6	PHYSICAL THERAPY									6
7	OCCUPATIONAL THERAPY									7
8	SPEECH/LANGUAGE PATHOLOGY									8
9	MEDICAL SOCIAL SERV. - DIRE									9
10	SPIRITUAL COUNSELING									10
11	DIETARY COUNSELING									11
12	COUNSELING - OTHER									12
13	HOME HLTH AIDE & HOMEMAKERS									13
13.20	HH AIDE & HMKR-CONT. HOME C									13.20
14	OTHER									14
15	DRUGS,BIOLOGICALS & INFUSIO									15
15.30	ANALGESICS									15.30
15.31	SEDATIVES / HYPNOTICS									15.31
15.32	OTHER - SPECIFY									15.32
16	DURABLE MED. EQUIP./OXYGEN									16
17	PATIENT TRANSPORTATION									17
18	IMAGING SERVICES									18
19	LABS AND DIAGNOSTICS									19
20	MEDICAL SUPPLIES									20
21	OUTPAT. SERV.(INCL.E/R DEPT									21
22	RADIATION THERAPY									22
23	CHEMOTHERAPY									23
24	OTHER									24
25	BEREAVEMENT PROGRAM COSTS									25
26	VOLUNTEER PROGRAM COSTS									26
27	FUNDRAISING									27
28	OTHER PROGRAM COSTS									28
29	TOTAL									29
30	TOTAL COST TO BE ALLOCATED									30
31	UNIT COST MULTIPLIER									31
31	UNIT COST MULTIPLIER									31

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 15-1552 WORKSHEET K-5
STATISTICAL BASIS PART II

	HOSPICE COST CENTER	MEDICAL RECORDS & LIBRARY TIME SPENT 17	SOCIAL SERVICE TIME SPENT 18	REHAB ADMIN PERCENTAGE 4 18.01	NONPHYSIC. ANESTHET. ASSIGNED TIME 20	NURSING SCHOOL ASSIGNED TIME 21	I&R SALARY & FRINGES ASSIGNED TIME 22	I&R PROGRAM COSTS ASSIGNED TIME 23	PARAMED EDUCATION ASSIGNED TIME 24	
1	ADMINISTRATIVE AND GENERAL									1
2	INPATIENT - GENERAL CARE									2
3	INPATIENT - RESPITE CARE									3
4	PHYSICIAN SERVICES									4
5	NURSING CARE									5
5.20	NURSING CARE-CONTINUOUS HOM									5.20
6	PHYSICAL THERAPY									6
7	OCCUPATIONAL THERAPY									7
8	SPEECH/LANGUAGE PATHOLOGY									8
9	MEDICAL SOCIAL SERV. - DIRE									9
10	SPIRITUAL COUNSELING									10
11	DIETARY COUNSELING									11
12	COUNSELING - OTHER									12
13	HOME HLTH AIDE & HOMEMAKERS									13
13.20	HH AIDE & HMKR-CONT. HOME C									13.20
14	OTHER									14
15	DRUGS,BIOLOGICALS & INFUSIO									15
15.30	ANALGESICS									15.30
15.31	SEDATIVES / HYPNOTICS									15.31
15.32	OTHER - SPECIFY									15.32
16	DURABLE MED. EQUIP./OXYGEN									16
17	PATIENT TRANSPORTATION									17
18	IMAGING SERVICES									18
19	LABS AND DIAGNOSTICS									19
20	MEDICAL SUPPLIES									20
21	OUTPAT. SERV.(INCL.E/R DEPT									21
22	RADIATION THERAPY									22
23	CHEMOTHERAPY									23
24	OTHER									24
25	BEREAVEMENT PROGRAM COSTS									25
26	VOLUNTEER PROGRAM COSTS									26
27	FUNDRAISING									27
28	OTHER PROGRAM COSTS									28
29	TOTAL									29
30	TOTAL COST TO BE ALLOCATED									30
31	UNIT COST MULTIPLIER									31
31	UNIT COST MULTIPLIER									31

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 15-1552 WORKSHEET K-5
STATISTICAL BASIS PART II

	HOSPICE COST CENTER	PARAMED ED RADIOLOGY 24.01	PARAMED ED PHARMACY PERCENTAGE DRUG REQUISITIO 24.02	
1	ADMINISTRATIVE AND GENERAL			1
2	INPATIENT - GENERAL CARE			2
3	INPATIENT - RESPITE CARE			3
4	PHYSICIAN SERVICES			4
5	NURSING CARE			5
5.20	NURSING CARE-CONTINUOUS HOM			5.20
6	PHYSICAL THERAPY			6
7	OCCUPATIONAL THERAPY			7
8	SPEECH/LANGUAGE PATHOLOGY			8
9	MEDICAL SOCIAL SERV. - DIRE			9
10	SPIRITUAL COUNSELING			10
11	DIETARY COUNSELING			11
12	COUNSELING - OTHER			12
13	HOME HLTH AIDE & HOMEMAKERS			13
13.20	HH AIDE & HMKR-CONT. HOME C			13.20
14	OTHER			14
15	DRUGS,BIOLOGICALS & INFUSIO			15
15.30	ANALGESICS			15.30
15.31	SEDATIVES / HYPNOTICS			15.31
15.32	OTHER - SPECIFY			15.32
16	DURABLE MED. EQUIP./OXYGEN			16
17	PATIENT TRANSPORTATION			17
18	IMAGING SERVICES			18
19	LABS AND DIAGNOSTICS			19
20	MEDICAL SUPPLIES			20
21	OUTPAT. SERV.(INCL.E/R DEPT			21
22	RADIATION THERAPY			22
23	CHEMOTHERAPY			23
24	OTHER			24
25	BEREAVEMENT PROGRAM COSTS			25
26	VOLUNTEER PROGRAM COSTS			26
27	FUNDRAISING			27
28	OTHER PROGRAM COSTS			28
29	TOTAL			29
30	TOTAL COST TO BE ALLOCATED			30
31	UNIT COST MULTIPLIER			31
31	UNIT COST MULTIPLIER			31

APPORTIONMENT OF HOSPICE SHARED SERVICES

HOSPICE NO.: 15-1552

WORKSHEET K-5
PART III

PART III - COMPUTATION OF TOTAL HOSPICE SHARED COSTS

		WKST C, PART I, COL. 9, LINE 0	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3	
	ANCILLARY SERVICE COST CENTERS					
1	PHYSICAL THERAPY	50	0.598409			1
1.01	TRANSITIONAL THERAPY	50.01	1.229303			1.01
1.02	PV REHAB OUTREACH	50.02				1.02
2	OCCUPATIONAL THERAPY	51	0.568710			2
3	SPEECH/LANGUAGE PATHOLOGY	52	0.531631			3
3.01	NEURO REHAB	52.01	0.595783			3.01
4	DRUGS, BIOLOGICALS AND INFUSION	56	0.380070			4
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	67				5
6	LABS AND DIAGNOSTICS	44	0.226138			6
6.01	ANATOMICAL PATHOLOGY	44.01	0.299955			6.01
7	MEDICAL SUPPLIES	55	0.429285			7
7.01	COST OF SOLUTIONS	55.01	0.128490			7.01
8	OUTPATIENT SERVICES (INCL. E/R DEPT)	61	0.283583			8
8.01	PARTIAL HOSPITALIZATION	61.01	0.335879			8.01
9	RADIATION THERAPY	41	0.136736			9
9.01	RADIOLOGY - WABASH	41.01				9.01
9.02	RADIOLOGY - MANCHESTER	41.02				9.02
9.03	RADIOLOGY - EAST STATE	41.03				9.03
9.04	RADIOLOGY - JEFFERSON	41.04				9.04
9.05	RADIOLOGY - NHMP	41.05	0.759217			9.05
9.06	RADIOLOGY - CMP	41.06	0.201941			9.06
9.07	RADIOLOGY - WP	41.07	0.715476			9.07
9.08	RADIOLOGY - PULM CLINIC	41.08	3.491885			9.08
9.09	RADIOLOGY - WHITLEY POOL	41.09				9.09
10	OTHER ANCILLARY (SPECIFY)	59				10
11	TOTALS					11

CALCULATION OF HOSPICE PER DIEM COST

HOSPICE NO.: 15-1552

WORKSHEET K-6

	COMPUTATION OF PER DIEM COST	TITLE XVIII 1	TITLE XIX 2	OTHER 3	TOTAL 4	
1	TOTAL COST				4219131	1
2	TOTAL UNDUPLICATED DAYS				39080	2
3	AGGREGATE COST PER DIEM				107.96	3
4	UNDUPLICATED MEDICARE DAYS	35529				4
5	AGGREGATE MEDICARE COST	3835711				5
6	UNDUPLICATED MEDICAID DAYS		1318			6
7	AGGREGATE MEDICAID COST		142291			7
8	UNDUPLICATED SNF DAYS					8
9	AGGREGATE SNF COST					9
10	UNDUPLICATED NF DAYS		4384			10
11	AGGREGATE NF COST		473297			11
12	OTHER UNDUPLICATED DAYS			2233		12
13	AGGREGATE COST FOR OTHER DAYS			241075		13

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD — WORKSHEET L

		HOSPITAL (15-0021)	SUB I (15-T021)	SUB II	SUB III	SUB IV	
	PART I - FULLY PROSPECTIVE METHOD						
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS						1
	CAPITAL FEDERAL AMOUNT						
2	CAPITAL DRG OTHER THAN OUTLIER	4996676					2
3	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997						3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997	555076					3.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT						
4	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD { E-3,PT VI,LN.18}	286.95					4
	[E,PT A,LN.3.17]{x E-3,PT VI,LN.1}						
4.01	NO. OF INTERNS & RESIDENTS 9.72 1.80	11.52					4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	1.14					4.02
4.03	INDIRECT MEDICAL EDUCATON ADJUSTMENT	56962					4.03
	DISPROPORTIONATE SHARE ADJUSTMENT						
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS	0.0369					5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I	0.2050					5.01
5.02	SUM OF LINES 5 AND 5.01	0.2419					5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0502					5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	250833					5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	5859547					6
	PART II - HOLD HARMLESS METHOD						
1	NEW CAPITAL						1
2	OLD CAPITAL						2
3	TOTAL CAPITAL						3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL						4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE						5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT						6
7	REDUCED OLD CAPITAL AMOUNT						7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL						8
9	SUBTOTAL						9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)						10
	PART III - PAYMENT UNDER REASONABLE COST						
1	PROGRAM INPATIENT ROUTINE CAPITAL COST						1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST						2
3	TOTAL INPATIENT PROGRAM CAPITAL						3
4	CAPITAL COST PAYMENT FACTOR						4
5	TOTAL INPATIENT PROGRAM CAPITAL COST						5
	PART IV - COMPUTATION OF EXCEPTION PAYMENTS						
1	PROGRAM INPATIENT CAPITAL COSTS						1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES						2
3	NET PROGRAM INPATIENT CAPITAL COSTS						3
4	APPLICABLE EXCEPTION PERCENTAGE						4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS						5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES						6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES						7
8	CAPITAL MINIMUM PAYMENT LEVEL						8
9	CURRENT YEAR CAPITAL PAYMENTS						9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS						10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT						11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS						12
13	CURRENT YEAR EXCEPTION PAYMENT						13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD						14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)						15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)						16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT						17

CALCULATION OF CAPITAL PAYMENT - TITLE XIX - COST METHOD — WORKSHEET L

		HOSPITAL (15-0021)	SUB I (15-T021)	SUB II (15-S021)	SUB III	SUB IV	
	PART I - FULLY PROSPECTIVE METHOD						
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS						1
	CAPITAL FEDERAL AMOUNT						
2	CAPITAL DRG OTHER THAN OUTLIER						2
3	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997						3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997						3.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT						
4	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD						4
4.01	NUMBER OF INTERNS AND RESIDENTS FROM WORKSHEET S-3, PART I						4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE						4.02
4.03	INDIRECT MEDICAL EDUCATON ADJUSTMENT						4.03
	DISPROPORTIONATE SHARE ADJUSTMENT						
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS						5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I						5.01
5.02	SUM OF LINES 5 AND 5.01						5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE						5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT						5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS						6
	PART II - HOLD HARMLESS METHOD						
1	NEW CAPITAL						1
2	OLD CAPITAL						2
3	TOTAL CAPITAL						3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL						4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE						5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT						6
7	REDUCED OLD CAPITAL AMOUNT						7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL						8
9	SUBTOTAL						9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)						10
	PART III - PAYMENT UNDER REASONABLE COST						
1	PROGRAM INPATIENT ROUTINE CAPITAL COST						1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST						2
3	TOTAL INPATIENT PROGRAM CAPITAL						3
4	CAPITAL COST PAYMENT FACTOR						4
5	TOTAL INPATIENT PROGRAM CAPITAL COST						5
	PART IV - COMPUTATION OF EXCEPTION PAYMENTS						
1	PROGRAM INPATIENT CAPITAL COSTS						1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES						2
3	NET PROGRAM INPATIENT CAPITAL COSTS						3
4	APPLICABLE EXCEPTION PERCENTAGE						4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS						5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES						6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES						7
8	CAPITAL MINIMUM PAYMENT LEVEL						8
9	CURRENT YEAR CAPITAL PAYMENTS						9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS						10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT						11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS						12
13	CURRENT YEAR EXCEPTION PAYMENT						13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD						14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)						15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)						16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT						17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

	COST CENTER DESCRIPTION	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		0	4A	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	DATA PROCESSIN						6.02
6.03	MATERIALS MANAGEMENT						6.03
6.04	PATIENT SERVICES						6.04
6.05	PATIENT ACCOUNTING						6.05
6.06	AMBULATORY SVCS ADMIN						6.06
6.07	OTHER A&G						6.07
6.08	CAREW MEDICAL PARK ADMIN						6.08
6.09	CRITICAL CARE ADMIN						6.09
7	MAINTENANCE & REPAIRS						7
8	OPERATION OF PLANT						8
8.01	FACILITY ENGINEERING						8.01
9	LAUNDRY & LINEN SERVICE						9
10	HOUSEKEEPING						10
11	DIETARY						11
11.01	KITCHEN-NO CONNECT W/CAFE						11.01
11.02	CAFETERIA						11.02
11.03	PREADMITS AND ER						11.03
12	CAFETERIA						12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION						14
15	CENTRAL SERVICES & SUPPLY						15
16	PHARMACY						16
16.01	OUTPATIENT PHARMACY						16.01
16.02	IV SOLUTIONS						16.02
16.03	MED SURG SUPPLY						16.03
17	MEDICAL RECORDS & LIBRARY						17
18	SOCIAL SERVICE						18
18.01	REHAB ADMIN						18.01
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A						22
23	I&R SERVICES-OTHER PRGM COSTS A						23
24	PARAMED ED PRGM-(SPECIFY)						24
24.01	PARAMED ED RADIOLOGY						24.01
24.02	PARAMED ED PHARMACY						24.02
	INPATIENT ROUTINE SERV COST CENTERS						
25	ADULTS & PEDIATRICS						25
26	INTENSIVE CARE UNIT						26
26.01	PEDIATRIC ICU						26.01
26.02	NEONATAL ICU						26.02
27	CORONARY CARE UNIT						27
31	SUBPROVIDER I						31
31.01	SUBPROVIDER II						31.01
33	NURSERY						33
34	SKILLED NURSING FACILITY						34
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM						37
37.01	CAREW MEDICAL PARK SURG						37.01
38	RECOVERY ROOM						38
39	DELIVERY ROOM & LABOR ROOM						39
40	ANESTHESIOLOGY						40
41	RADIOLOGY-DIAGNOSTIC						41
41.01	RADIOLOGY - WABASH						41.01
41.02	RADIOLOGY - MANCHESTER						41.02
41.03	RADIOLOGY - EAST STATE						41.03
41.04	RADIOLOGY - JEFFERSON						41.04
41.05	RADIOLOGY - NHMP						41.05
41.06	RADIOLOGY - CMP						41.06
41.07	RADIOLOGY - WP						41.07
41.08	RADIOLOGY - PULM CLINIC						41.08
41.09	RADIOLOGY - WHITLEY POOL						41.09
42	RADIOLOGY-THERAPEUTIC						42
43	RADIOISOTOPE						43
44	LABORATORY						44
44.01	ANATOMICAL PATHOLOGY						44.01
46	WHOLE BLOOD & PACKED RED BLOOD						46
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
49	RESPIRATORY THERAPY						49

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

	COST CENTER DESCRIPTION	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		0	4A	25	26	27	
49.01	WOUND CARE						49.01
49.02	DIALYSIS						49.02
49.03	ENDOSCOPY						49.03
50	PHYSICAL THERAPY						50
50.01	TRANSITIONAL THERAPY						50.01
50.02	PV REHAB OUTREACH						50.02
51	OCCUPATIONAL THERAPY						51
52	SPEECH PATHOLOGY						52
52.01	NEURO REHAB						52.01
53	ELECTROCARDIOLOGY						53
54	ELECTROENCEPHALOGRAPHY						54
54.01	NUTRITION SUPPORT						54.01
54.02	MRI						54.02
54.03	CARDIAC CATH LAB						54.03
54.04	CARDIAC REHAB SERVICES						54.04
55	MEDICAL SUPPLIES CHARGED TO PAT						55
55.01	COST OF SOLUTIONS						55.01
56	DRUGS CHARGED TO PATIENTS						56
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC						60
60.01	ANTICOAG CLINIC						60.01
61	EMERGENCY						61
61.01	PARTIAL HOSPITALIZATION						61.01
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
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
85.03	ISLET CELL ACQUISITION						85.03
93	HOSPICE						93
95	SUBTOTALS						95
	NONREIMBURSABLE COST CENTERS						
96	GIFT, FLOWER, COFFEE SHOP & CAN						96
00	NON ALLOWABLE						00
00.01	TELEVISION						00.01
00.02	PHYSICIAN PRACTICES						00.02
00.03	OP CLINIC						00.03
00.04	PHYS. ANSWERING SERVICE						00.04
00.05	EDUCARE CTR						00.05
00.06	STUCKY RESEARCH CTR						00.06
00.07	CORPORATE HEALTH SVC						00.07
00.08	FOUNDATION						00.08
00.09	LV HEALTH PLAN						00.09
00.10	PV RESPIRATORY OUTREACH						00.10
00.11	OUTREACH TRANSCRIPTION						00.11
00.12	GUEST SERVICES						00.12
00.13	HUNTINGTON ARC						00.13
00.14	SENIOR HEALTH SERVICES						00.14
00.15	SCHOOL NURSE/COMMUNITY OUTREACH						00.15
00.16	FITNESS						00.16
00.17	NONALLOWABLE ADVERTISING						00.17
00.18	BREAST DIAGNOSTIC CTR						00.18
00.19	REGIONAL PAIN CLINIC						00.19
00.20	START-UP COSTS NORTH						00.20
00.21	RONALD MCDONALD FAMILY ROOM						00.21
00.22	EBT						00.22
00.23	MEDICAL OFFICE BUILDINGS						00.23
00.24	START-UP COSTS ORTHO						00.24
00.25	PREMIER SURGERY CENTER						00.25
00.26	ISH						00.26
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 PART A 1	TITLE XVIII PART B 2	TITLE XIX INPATIENT 3	TITLE XIX OUTPATIENT 4	TITLE V INPATIENT 5	TITLE V OUTPATIENT 6	TOTAL THIRD PARTY UTIL 7	
UTILIZATION PERCENTAGES BASED ON DAYS									
25	ADULTS & PEDIATRICS	36.33		7.48				43.81	25
26	INTENSIVE CARE UNIT	40.95		3.24				44.19	26
26.01	PEDIATRIC ICU			11.99				11.99	26.01
26.02	NEONATAL ICU			13.82				13.82	26.02
27	CORONARY CARE UNIT	49.35		2.28				51.63	27
33	NURSERY			10.22				10.22	33
UTILIZATION PERCENTAGES BASED ON CHARGES									
37	OPERATING ROOM	22.73	4.40	2.95	0.90			30.98	37
37.01	CAREW MEDICAL PARK SURG	0.01	48.14	0.02	1.77			49.94	37.01
38	RECOVERY ROOM	18.59	8.92	2.36	1.99			31.86	38
39	DELIVERY ROOM & LABOR ROOM	0.24	0.05	7.63	1.52			9.44	39
40	ANESTHESIOLOGY	24.92	11.69	4.15	2.71			43.47	40
41	RADIOLOGY-DIAGNOSTIC	20.71	17.01	2.92	3.54			44.18	41
41.08	RADIOLOGY - PULM CLINIC				14.70			14.70	41.08
42	RADIOLOGY-THERAPEUTIC	1.13	35.40	0.43	4.05			41.01	42
43	RADIOISOTOPE	21.19	21.28	3.60	4.13			50.20	43
44	LABORATORY	26.32	0.30	4.35	2.50			33.47	44
44.01	ANATOMICAL PATHOLOGY	16.26	17.94	2.89	1.67			38.76	44.01
46	WHOLE BLOOD & PACKED RED BLOOD	60.33	9.47	10.80	1.94			82.54	46
49	RESPIRATORY THERAPY	32.45	2.30	5.11	1.14			41.00	49
49.01	WOUND CARE	39.63	7.06	5.45	0.88			53.02	49.01
49.02	DIALYSIS	62.79	0.95	5.50	0.14			69.38	49.02
49.03	ENDOSCOPY	15.83	20.95	2.14	1.82			40.74	49.03
50	PHYSICAL THERAPY	19.63		2.10	1.74			23.47	50
51	OCCUPATIONAL THERAPY	22.21	0.09	2.93	1.44			26.67	51
52	SPEECH PATHOLOGY	16.73		4.67	5.34			26.74	52
53	ELECTROCARDIOLOGY	22.52	19.93	2.26	2.77			47.48	53
54	ELECTROENCEPHALOGRAPHY	24.60	2.46	6.29	2.74			36.09	54
54.01	NUTRITION SUPPORT	58.45	2.03	7.85	1.14			69.47	54.01
54.02	MRI	14.30	3.12	3.03	3.44			23.89	54.02
54.03	CARDIAC CATH LAB	20.70	13.21	1.49	1.06			36.46	54.03
54.04	CARDIAC REHAB SERVICES	1.21	36.03	0.10	1.41			38.75	54.04
55	MEDICAL SUPPLIES CHARGED TO PAT	28.66	10.78	2.67	0.87			42.98	55
55.01	COST OF SOLUTIONS	30.71	3.03	5.76	0.86			40.36	55.01
56	DRUGS CHARGED TO PATIENTS	29.45	5.80	5.61	1.79			42.65	56
60	CLINIC	5.01	22.19	1.08	2.03			30.31	60
60.01	ANTICOAG CLINIC	0.21	54.98		2.84			58.03	60.01
61	EMERGENCY	11.79	11.74	1.96	6.17			31.66	61
62	OBSERVATION BEDS (NON-DISTINCT		23.54		7.17			30.71	62
65	AMBULANCE SERVICES				5.62			5.62	65
101	TOTAL CHARGES	18.05	8.33	2.59	1.80			30.77	101

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

SUBPROVIDER I

	COST CENTERS	TITLE XVIII PART A 1	TITLE XVIII PART B 2	TITLE XIX INPATIENT 3	TITLE XIX OUTPATIENT 4	TITLE V INPATIENT 5	TITLE V OUTPATIENT 6	TOTAL THIRD PARTY UTIL 7	
UTILIZATION PERCENTAGES BASED ON DAYS									
31	SUBPROVIDER I	42.42		9.67				52.09	31
UTILIZATION PERCENTAGES BASED ON CHARGES									
37	OPERATING ROOM	0.01						0.01	37
38	RECOVERY ROOM	0.03						0.03	38
40	ANESTHESIOLOGY	0.02						0.02	40
41	RADIOLOGY-DIAGNOSTIC	0.16		0.01				0.17	41
42	RADIOLOGY-THERAPEUTIC	0.19						0.19	42
43	RADIOISOTOPE	0.12		0.12				0.24	43
44	LABORATORY	0.27		0.03				0.30	44
44.01	ANATOMICAL PATHOLOGY	0.05						0.05	44.01
46	WHOLE BLOOD & PACKED RED BLOOD	0.05		0.07				0.12	46
49	RESPIRATORY THERAPY	0.12		0.04				0.16	49
49.01	WOUND CARE	3.13		0.25				3.38	49.01
49.02	DIALYSIS	0.69		0.07				0.76	49.02
49.03	ENDOSCOPY	0.07						0.07	49.03
50	PHYSICAL THERAPY	8.32		1.23				9.55	50
51	OCCUPATIONAL THERAPY	13.24		2.10				15.34	51
52	SPEECH PATHOLOGY	18.56		3.67				22.23	52
53	ELECTROCARDIOLOGY	0.08						0.08	53
54	ELECTROENCEPHALOGRAPHY	0.34						0.34	54
54.01	NUTRITION SUPPORT	1.04		0.26				1.30	54.01
54.02	MRI	0.32		0.05				0.37	54.02
55	MEDICAL SUPPLIES CHARGED TO PAT	0.03						0.03	55
55.01	COST OF SOLUTIONS	0.11		0.01				0.12	55.01
56	DRUGS CHARGED TO PATIENTS	0.23		0.03				0.26	56
60	CLINIC	0.56		0.16				0.72	60
101	TOTAL CHARGES	0.24		0.03				0.27	101

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

SUBPROVIDER II

COST CENTERS	TITLE XVIII PART A 1	TITLE XVIII PART B 2	TITLE XIX INPATIENT 3	TITLE XIX OUTPATIENT 4	TITLE V INPATIENT 5	TITLE V OUTPATIENT 6	TOTAL THIRD PARTY UTIL 7	
UTILIZATION PERCENTAGES BASED ON DAYS								
31.01 SUBPROVIDER II	35.73		18.39				54.12	31.01
UTILIZATION PERCENTAGES BASED ON CHARGES								
37.01 CAREW MEDICAL PARK SURG	3.76		0.37				4.13	37.01
41 RADIOLOGY-DIAGNOSTIC	0.10		0.07	0.01			0.18	41
43 RADIOISOTOPE			0.07				0.07	43
44 LABORATORY	0.80		0.75	0.03			1.58	44
44.01 ANATOMICAL PATHOLOGY			0.01				0.01	44.01
49 RESPIRATORY THERAPY	0.01						0.01	49
49.01 WOUND CARE	0.08		0.01				0.09	49.01
49.02 DIALYSIS	0.74						0.74	49.02
49.03 ENDOSCOPY			0.01				0.01	49.03
50 PHYSICAL THERAPY			0.06				0.06	50
51 OCCUPATIONAL THERAPY	0.08		0.10				0.18	51
52 SPEECH PATHOLOGY	0.01		0.19				0.20	52
53 ELECTROCARDIOLOGY	0.63		0.24	0.01			0.88	53
54 ELECTROENCEPHALOGRAPHY	0.31		0.31				0.62	54
54.01 NUTRITION SUPPORT	3.49		0.75				4.24	54.01
54.02 MRI	0.16		0.12	0.01			0.29	54.02
55.01 COST OF SOLUTIONS	0.08		0.03				0.11	55.01
56 DRUGS CHARGED TO PATIENTS	0.62		0.36				0.98	56
60 CLINIC	0.12		0.13				0.25	60
60.01 ANTICOAG CLINIC	0.01						0.01	60.01
61 EMERGENCY	0.42		0.41	0.03			0.86	61
62 OBSERVATION BEDS (NON-DISTINCT				0.20			0.20	62
101 TOTAL CHARGES	0.17		0.11	0.01			0.29	101

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

SNF / NF

	COST CENTERS	SNF ---- TITLE XVIII ---- PART A 1	PART B 2	NF ----- TITLE XIX ----- INPATIENT 3	OUTPATIENT 4	NF ------- TITLE V ------- INPATIENT 5	OUTPATIENT 6	TOTAL THIRD PARTY UTIL 7	
UTILIZATION PERCENTAGES BASED ON DAYS									
34	SKILLED NURSING FACILITY	69.00						69.00	34
UTILIZATION PERCENTAGES BASED ON CHARGES									
37	OPERATING ROOM	0.01						0.01	37
38	RECOVERY ROOM	0.02						0.02	38
40	ANESTHESIOLOGY	0.03						0.03	40
41	RADIOLOGY-DIAGNOSTIC	0.18						0.18	41
42	RADIOLOGY-THERAPEUTIC	0.04						0.04	42
43	RADIOISOTOPE	0.08						0.08	43
44	LABORATORY	1.07						1.07	44
44.01	ANATOMICAL PATHOLOGY	0.19						0.19	44.01
46	WHOLE BLOOD & PACKED RED BLOOD	1.49						1.49	46
49	RESPIRATORY THERAPY	0.86						0.86	49
49.01	WOUND CARE	4.71						4.71	49.01
50	PHYSICAL THERAPY	9.12						9.12	50
51	OCCUPATIONAL THERAPY	15.30						15.30	51
52	SPEECH PATHOLOGY	6.91						6.91	52
53	ELECTROCARDIOLOGY	0.28						0.28	53
54	ELECTROENCEPHALOGRAPHY	0.49						0.49	54
54.01	NUTRITION SUPPORT	0.46						0.46	54.01
55	MEDICAL SUPPLIES CHARGED TO PAT	0.10						0.10	55
55.01	COST OF SOLUTIONS	0.77						0.77	55.01
56	DRUGS CHARGED TO PATIENTS	1.46						1.46	56
60	CLINIC	0.69						0.69	60
101	TOTAL CHARGES	0.45						0.45	101

	COST CENTER	--- DIRECT COSTS --- AMOUNT	%	-- ALLOCATED OVERHEAD -- AMOUNT	%	--- TOTAL COSTS --- 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	8877765	2.21	-8877765	-3.85			3
4	NEW CAP REL COSTS-MVBLE EQUIP	25993018	6.48	-25993018	-11.29			4
5	EMPLOYEE BENEFITS	36208234	9.02	-36208234	-15.72			5
6.01	COMMUNICATIONS	667285	.17	-667285	-.29			6.01
6.02	DATA PROCESSIN	28114145	7.01	-28114145	-12.21			6.02
6.03	MATERIALS MANAGEMENT	1273565	.32	-1273565	-.55			6.03
6.04	PATIENT SERVICES	7261865	1.81	-7261865	-3.15			6.04
6.05	PATIENT ACCOUNTING	4105653	1.02	-4105653	-1.78			6.05
6.06	AMBULATORY SVCS ADMIN							6.06
6.07	OTHER A&G	18257947	4.55	-18257947	-7.93			6.07
6.08	CAREW MEDICAL PARK ADMIN	445902	.11	-445902	-.19			6.08
6.09	CRITICAL CARE ADMIN							6.09
7	MAINTENANCE & REPAIRS							7
8	OPERATION OF PLANT	4832911	1.20	-4832911	-2.10			8
8.01	FACILITY ENGINEERING	4593643	1.14	-4593643	-1.99			8.01
9	LAUNDRY & LINEN SERVICE	1569948	.39	-1569948	-.68			9
10	HOUSEKEEPING	3716667	.93	-3716667	-1.61			10
11	DIETARY	925620	.23	-925620	-.40			11
11.01	KITCHEN-NO CONNECT W/CAFE	1448068	.36	-1448068	-.63			11.01
11.02	CAFETERIA							11.02
11.03	PREADMITS AND ER							11.03
12	CAFETERIA							12
13	MAINTENANCE OF PERSONNEL							13
14	NURSING ADMINISTRATION	2526484	.63	-2526484	-1.10			14
15	CENTRAL SERVICES & SUPPLY	1311517	.33	-1311517	-.57			15
16	PHARMACY	6362561	1.59	-6362561	-2.76			16
16.01	OUTPATIENT PHARMACY	3823626	.95	-3823626	-1.66			16.01
16.02	IV SOLUTIONS	3168579	.79	-3168579	-1.38			16.02
16.03	MED SURG SUPPLY	57567594	14.34	-57567594	-24.99			16.03
17	MEDICAL RECORDS & LIBRARY	2740210	.68	-2740210	-1.19			17
18	SOCIAL SERVICE	1799355	.45	-1799355	-.78			18
18.01	REHAB ADMIN	341421	.09	-341421	-.15			18.01
20	NONPHYSICIAN ANESTHETISTS							20
21	NURSING SCHOOL							21
22	I&R SERVICES-SALARY & FRINGES A	2113513	.53	-2113513	-.92			22
23	I&R SERVICES-OTHER PRGM COSTS A							23
24	PARAMED ED PRGM-(SPECIFY)	37291	.01	-37291	-.02			24
24.01	PARAMED ED RADIOLOGY	123432	.03	-123432	-.05			24.01
24.02	PARAMED ED PHARMACY	114806	.03	-114806	-.05			24.02
	INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	29619898	7.38	38562174	16.74	68182072	16.99	25
26	INTENSIVE CARE UNIT	7113536	1.77	6438803	2.80	13552339	3.38	26
26.01	PEDIATRIC ICU	938644	.23	764784	.33	1703428	.42	26.01
26.02	NEONATAL ICU	2443012	.61	2111319	.92	4554331	1.13	26.02

	COST CENTER	--- DIRECT COSTS --- AMOUNT	%	-- ALLOCATED OVERHEAD -- AMOUNT	%	--- TOTAL COSTS --- AMOUNT	%	
27	CORONARY CARE UNIT	5265350	1.31	5126528	2.23	10391878	2.59	27
31	SUBPROVIDER I	1829010	.46	2493038	1.08	4322048	1.08	31
31.01	SUBPROVIDER II	5144952	1.28	5999180	2.60	11144132	2.78	31.01
33	NURSERY	1723399	.43	1559969	.68	3283368	.82	33
34	SKILLED NURSING FACILITY	1937270	.48	2265014	.98	4202284	1.05	34
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	12557993	3.13	12865094	5.59	25423087	6.33	37
37.01	CAREW MEDICAL PARK SURG	595296	.15	754014	.33	1349310	.34	37.01
38	RECOVERY ROOM	3379492	.84	2050947	.89	5430439	1.35	38
39	DELIVERY ROOM & LABOR ROOM	3234342	.81	2471501	1.07	5705843	1.42	39
40	ANESTHESIOLOGY	262619	.07	420830	.18	683449	.17	40
41	RADIOLOGY-DIAGNOSTIC	6160137	1.53	8515243	3.70	14675380	3.66	41
41.01	RADIOLOGY - WABASH							41.01
41.02	RADIOLOGY - MANCHESTER							41.02
41.03	RADIOLOGY - EAST STATE							41.03
41.04	RADIOLOGY - JEFFERSON							41.04
41.05	RADIOLOGY - NHMP	184757	.05	171573	.07	356330	.09	41.05
41.06	RADIOLOGY - CMP	555025	.14	632793	.27	1187818	.30	41.06
41.07	RADIOLOGY - WP	202708	.05	178008	.08	380716	.09	41.07
41.08	RADIOLOGY - PULM CLINIC	145284	.04	187573	.08	332857	.08	41.08
41.09	RADIOLOGY - WHITLEY POOL							41.09
42	RADIOLOGY-THERAPEUTIC	4843058	1.21	4024132	1.75	8867190	2.21	42
43	RADIOISOTOPE	466077	.12	627602	.27	1093679	.27	43
44	LABORATORY	4042761	1.01	9009153	3.91	13051914	3.25	44
44.01	ANATOMICAL PATHOLOGY	886199	.22	557861	.24	1444060	.36	44.01
46	WHOLE BLOOD & PACKED RED BLOOD	2749171	.69	257843	.11	3007014	.75	46
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
49	RESPIRATORY THERAPY	4560396	1.14	3311764	1.44	7872160	1.96	49
49.01	WOUND CARE	390779	.10	152619	.07	543398	.14	49.01
49.02	DIALYSIS	1128948	.28	215906	.09	1344854	.34	49.02
49.03	ENDOSCOPY	1153904	.29	908871	.39	2062775	.51	49.03
50	PHYSICAL THERAPY	2267209	.56	1803618	.78	4070827	1.01	50
50.01	TRANSITIONAL THERAPY	11317		223663	.10	234980	.06	50.01
50.02	PV REHAB OUTREACH							50.02
51	OCCUPATIONAL THERAPY	1374475	.34	1077801	.47	2452276	.61	51
52	SPEECH PATHOLOGY	585477	.15	522911	.23	1108388	.28	52
52.01	NEURO REHAB	745567	.19	361490	.16	1107057	.28	52.01
53	ELECTROCARDIOLOGY	441518	.11	474039	.21	915557	.23	53
54	ELECTROENCEPHALOGRAPHY	192393	.05	226266	.10	418659	.10	54
54.01	NUTRITION SUPPORT	418490	.10	223392	.10	641882	.16	54.01
54.02	MRI	1096461	.27	1324674	.58	2421135	.60	54.02
54.03	CARDIAC CATH LAB	3145172	.78	3843006	1.67	6988178	1.74	54.03
54.04	CARDIAC REHAB SERVICES	126889	.03	260825	.11	387714	.10	54.04
55	MEDICAL SUPPLIES CHARGED TO PAT			67074791	29.12	67074791	16.71	55
55.01	COST OF SOLUTIONS			4405115	1.91	4405115	1.10	55.01
56	DRUGS CHARGED TO PATIENTS	19035096	4.74	17499302	7.60	36534398	9.10	56
60	CLINIC	395800	.10	91479	.04	487279	.12	60

	COST CENTER	--- DIRECT COSTS --- AMOUNT	%	-- ALLOCATED OVERHEAD -- AMOUNT	%	--- TOTAL COSTS --- AMOUNT	%	
60.01	ANTICOAG CLINIC	831829	.21	474684	.21	1306513	.33	60.01
61	EMERGENCY	7253147	1.81	7981848	3.47	15234995	3.80	61
61.01	PARTIAL HOSPITALIZATION	75137	.02	84933	.04	160070	.04	61.01
62	OBSERVATION BEDS (NON-DISTINCT							62
63.50	RHC							63.50
63.60	FQHC							63.60
	OTHER REIMBURSABLE COST CENTERS							
65	AMBULANCE SERVICES	5415135	1.35	1242483	.54	6657618	1.66	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	8963930	2.23	2452962	1.07	11416892	2.84	71
	SPECIAL PURPOSE COST CENTERS							
85.01	PANCREAS ACQUISITION							85.01
85.02	INTESTINAL ACQUISITION							85.02
85.03	ISLET CELL ACQUISITION							85.03
93	HOSPICE	3551390	.88	667741	.29	4219131	1.05	93
	NONREIMBURSABLE COST CENTERS							
96	GIFT, FLOWER, COFFEE SHOP & CAN	483305	.12	227826	.10	711131	.18	96
100	NON ALLOWABLE							100
100.01	TELEVISION	68623	.02	60992	.03	129615	.03	100.01
100.02	PHYSICIAN PRACTICES	633747	.16	43581	.02	677328	.17	100.02
100.03	OP CLINIC	1070974	.27	637127	.28	1708101	.43	100.03
100.04	PHYS. ANSWERING SERVICE							100.04
100.05	EDUCARE CTR	1007209	.25	1319960	.57	2327169	.58	100.05
100.06	STUCKY RESEARCH CTR	780390	.19	400785	.17	1181175	.29	100.06
100.07	CORPORATE HEALTH SVC			4423		4423		100.07
100.08	FOUNDATION	14813		3990		18803		100.08
100.09	LV HEALTH PLAN							100.09
100.10	PV RESPIRATORY OUTREACH							100.10
100.11	OUTREACH TRANSCRIPTION							100.11
100.12	GUEST SERVICES			32489	.01	32489	.01	100.12
100.13	HUNTINGTON ARC							100.13
100.14	SENIOR HEALTH SERVICES	80767	.02	71236	.03	152003	.04	100.14
100.15	SCHOOL NURSE/COMMUNITY OUTREACH	1480278	.37	1105332	.48	2585610	.64	100.15
100.16	FITNESS	216261	.05	46749	.02	263010	.07	100.16
100.17	NONALLOWABLE ADVERTISING							100.17
100.18	BREAST DIAGNOSTIC CTR	10624		82087	.04	92711	.02	100.18
100.19	REGIONAL PAIN CLINIC							100.19
100.20	START-UP COSTS NORTH							100.20
100.21	RONALD MCDONALD FAMILY ROOM	17805		165544	.07	183349	.05	100.21
100.22	EBT	327345	.08	298363	.13	625708	.16	100.22
100.23	MEDICAL OFFICE BUILDINGS	700314	.17	534861	.23	1235175	.31	100.23
100.24	START-UP COSTS ORTHO			14616	.01	14616		100.24
100.25	PREMIER SURGERY CENTER	4673207	1.16	321362	.14	4994569	1.24	100.25

	COST CENTER	--- DIRECT COSTS --- AMOUNT	%	-- ALLOCATED OVERHEAD -- AMOUNT	%	--- TOTAL COSTS --- AMOUNT	%	
100.26	ISH	490		143		633		100.26
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	TOTAL	401329226	100.00	0	.00	401329226	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	3696580	90170778	.040995	20493858	840146	37
37.01	CAREW MEDICAL PARK SURG	250119	4453409	.056163	261	15	37.01
38	RECOVERY ROOM	401618	15804302	.025412	2937574	74650	38
39	DELIVERY ROOM & LABOR ROOM	457257	8769065	.052144	20843	1087	39
40	ANESTHESIOLOGY	256535	5700522	.045002	1420448	63923	40
41	RADIOLOGY-DIAGNOSTIC	3227955	107326389	.030076	22223811	668403	41
41.01	RADIOLOGY - WABASH						41.01
41.02	RADIOLOGY - MANCHESTER						41.02
41.03	RADIOLOGY - EAST STATE						41.03
41.04	RADIOLOGY - JEFFERSON						41.04
41.05	RADIOLOGY - NHMP	46564	469339	.099212			41.05
41.06	RADIOLOGY - CMP	153957	5882018	.026174			41.06
41.07	RADIOLOGY - WP	47433	532116	.089140			41.07
41.08	RADIOLOGY - PULM CLINIC	43963	95323	.461200			41.08
41.09	RADIOLOGY - WHITLEY POOL						41.09
42	RADIOLOGY-THERAPEUTIC	1707953	36097131	.047315	406587	19238	42
43	RADIOISOTOPE	245380	3069175	.079950	650268	51989	43
44	LABORATORY	2076058	57716568	.035970	15190380	546398	44
44.01	ANATOMICAL PATHOLOGY	118164	4814254	.024545	782878	19216	44.01
46	WHOLE BLOOD & PACKED RED BLOOD	17173	2559359	.006710	1543974	10360	46
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
49	RESPIRATORY THERAPY	659787	25629699	.025743	8317531	214118	49
49.01	WOUND CARE	10225	2341526	.004367	927862	4052	49.01
49.02	DIALYSIS	34946	1861505	.018773	1168837	21943	49.02
49.03	ENDOSCOPY	226466	10463075	.021644	1655791	35838	49.03
50	PHYSICAL THERAPY	334706	6802751	.049202	1335505	65710	50
50.01	TRANSITIONAL THERAPY	46434	191149	.242920			50.01
50.02	PV REHAB OUTREACH						50.02
51	OCCUPATIONAL THERAPY	185531	4311995	.043027	957803	41211	51
52	SPEECH PATHOLOGY	85317	2084884	.040922	348817	14274	52
52.01	NEURO REHAB	51636	1858155	.027789			52.01
53	ELECTROCARDIOLOGY	147547	5194010	.028407	1169839	33232	53
54	ELECTROENCEPHALOGRAPHY	69205	1025063	.067513	252122	17022	54
54.01	NUTRITION SUPPORT	36530	139781	.261337	81698	21351	54.01
54.02	MRI	581196	10384581	.055967	1485006	83111	54.02
54.03	CARDIAC CATH LAB	1296459	38474300	.033697	7962599	268316	54.03
54.04	CARDIAC REHAB SERVICES	81855	636419	.128618	7710	992	54.04
55	MEDICAL SUPPLIES CHARGED TO PAT	1006959	156247595	.006445	44775288	288577	55
55.01	COST OF SOLUTIONS	111965	34283832	.003266	10528599	34386	55.01
56	DRUGS CHARGED TO PATIENTS	1684202	96125412	.017521	28307220	495971	56
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC	22007	535348	.041108	26796	1102	60
60.01	ANTICOAG CLINIC	64722	1701182	.038045	3595	137	60.01
61	EMERGENCY	1326365	52341984	.025340	6168967	156322	61
61.01	PARTIAL HOSPITALIZATION	19878	476570	.041711			61.01
62	OBSERVATION BEDS (NON-DISTINCT	661237	8907289	.074235			62
	OTHER REIMBURSABLE COST CENTERS						
63.50	RHC						63.50
63.60	FQHC						63.60
65	AMBULANCE SERVICES						65
101	TOTAL	21491884	805477853		181152467	4093090	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	7037884		7037884	89183	78.92	32402	2557166	25
26	INTENSIVE CARE UNIT	1373665		1373665	8468	162.22	3468	562579	26
26.01	PEDIATRIC ICU	138479		138479	934	148.26			26.01
26.02	NEONATAL ICU	404089		404089	4588	88.08			26.02
27	CORONARY CARE UNIT	876742		876742	7796	112.46	3847	432634	27
101	TOTAL	9830859		9830859			39717	3552379	101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS		3552379
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS		4093090
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS		7645469
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 8, COLUMN 13)	7077	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 8, COLUMN 4)	39717	
PER DISCHARGE CAPITAL COSTS		1080.33
PER DIEM CAPITAL COSTS		192.50

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)	84166332
2.	HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	241547123
3.	RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.348

COST TO CHARGE RATIO FOR REHAB 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))	2902882
2.	TOTAL MEDICARE CHARGES [(WKST D-1 PART II LINE 41 DIVIDED BY (WKST C PART I LINE 31 COLUMN 3 DIVIDED BY COLUMN 6)] PLUS WKST D-4 COLUMN 2 LINE 103	5271280
3.	RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.551

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))	4492390
2.	TOTAL MEDICARE CHARGES (WKST D-4 LINE 31.01 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	7740864
3.	RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.580

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)	7645469
2.	RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.032

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 (WKST B, PART I, COLUMN 27 - COLUMNS 21 & 24 / WKST C, PART I, COLUMN 8) LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66) (SEE CR 5238))	24284549
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)	83577542
3.	RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.291