

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

WORKSHEET S
PARTS I & II

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

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY THE METHODIST HOSP, INC.- NORTHLAKE (15-0002) (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.

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

TITLE

DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
	1	2	3	4	
1	HOSPITAL				1
2	SUBPROVIDER I	671239	289816		2
3	SWING BED - SNF	-170480			3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY	1512			5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY	1			7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	502272	289816		100

THE ABOVE AMOUNTS REPRESENT 'DUE TO' OR 'DUE FROM' THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED.

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 657 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 600 GRANT STREET P.O.BOX: 1
 1.01 CITY: GARY STATE: IN ZIP CODE: 46402 COUNTY: LAKE 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)				
				V 4	XVIII 5	XIX 6		
2	HOSPITAL	THE METHODIST HOSP, INC.- NORTHLAK	15-0002	01/01/1966	N	P	O	2
3	SUBPROVIDER I	REHABILITATION	15-T002	01/01/1984	N	P	O	3
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF	PROGRESSIVE CARE UNIT	15-5652	06/30/1998	N	P	P	6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA	METHODIST HOME CARE SERVICES	15-7536	02/12/2002	N	P	N	9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE							12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16

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

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1 19
 20 SUBPROVIDER I 5 20

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. 21

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? YES 21.01

21.02 HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE. 21.02

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 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 IN COL. 2 AND TERMINATION IN COL. 3. 23.01

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.02

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.03

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.04

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. 23.05

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.06

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.07

24 IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3. 24

24.01 IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3. 24.01

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R? YES 25

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-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. YES 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) NO NO 25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				26
26.01	ENTER THE APPLICABLE SCH DATES:	BEGINNING:	ENDING:		26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.				26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS):	BEGINNING:	ENDING:		26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.			NO	27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.			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	0.9410	0.9337	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.	1	2960	23844	28.02
<p>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)</p>					
28.03	STAFFING	0.00		N	28.03
28.04	RECRUITMENT	0.00		N	28.04
28.05	RETENTION OF EMPLOYEES	0.00		N	28.05
28.06	TRAINING	0.00		N	28.06
28.07	OTHER (SPECIFY)				28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?			NO	29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.			NO	30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.				30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?				30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)				30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.				30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).			NO	31
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).			NO	31.01
<p>MISCELLANEOUS COST REPORTING INFORMATION</p>					
32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.			NO	32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.			NO	33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?			NO	34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?			NO	35
<p>PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL</p>					
		V	XVIII	XIX	
		1	2	3	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	YES	YES	36
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	NO	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?	NO	NO	NO	37.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES	38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO	38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO	38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO	38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO	38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	NO	40
40.01	NAME:	FI/CONTRACTOR'S NAME:	40.01
40.02	STREET:	P.O. BOX:	40.02
40.03	CITY:	STATE: ZIP CODE:	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 NCMQ 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		
47	HOSPITAL	1	2	3	4	5	47	
48	SUBPROVIDER I	N	N	N	N	N	48	
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	
54.01	PREMIUMS: PAID LOSSES: AND/OR SELF INSURANCE: ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.				NO		54.01	
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.				NO		55	
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.			DATE 0 / /	Y/N 1 NO	LIMIT 2 0.00	Y/N 3 NO	FEEES 4
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?				NO		57	
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.				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)				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	

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)	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.)		60.01		
MULTICAMPUS					
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.	NO	61		
	COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS
	1	2	3	4	5

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

COMPONENT	-----I/P DAYS / O/P VISITS / TRIPS-----				---INTERNS & RES FTES---			--FULL TIME EQUIV--	
	OBS.	TOTAL ALL	OBS.	OBS.	LESS I&R	REPL NON-	NET	EMPLOYEES	NONPAID
	BEDS NOT ADMITTED	PATIENTS	BEDS ADMITTED	BEDS NOT ADMITTED	TOTAL	PHYS ANES		ON PAYROLL	WORKERS
	5.02	6	6.01	6.02	7	8	9	10	11
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		82244							1
2 HMO XIX									2
3 HOSPITAL ADULTS & PEDS - SWING BED SNF									3
4 HOSPITAL ADULTS & PEDS - SWING BED NF									4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS		82244							5
6 INTENSIVE CARE UNIT		10135							6
6.01 NEONATAL ICU		2862							6.01
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		3197							11
12 TOTAL HOSPITAL		98438						2159.12	12
13 RPCH VISITS									13
14 SUBPROVIDER I		9000						39.92	14
14.01 SUBPROVIDER II PSYCH/ALCOHOL									14.01
15 SKILLED NURSING FACILITY		11654						48.96	15
16 NURSING FACILITY									16
17 OTHER LONG TERM CARE									17
18 HOME HEALTH AGENCY		19473						32.39	18
20 ASC (DISTINCT PART)									20
21 HOSPICE (DISTINCT PART)									21
23 O/P REHAB PROVIDER									23
24 RHC I									24
25 TOTAL								2280.39	25
26 OBSERVATION BED DAYS	3228	6378	837	5541					26
27 AMBULANCE TRIPS									27
28 EMPLOYEE DISCOUNT DAYS		1175							28

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

COMPONENT	-----DISCHARGES-----				TOTAL ALL PATIENTS
	TITLE V	TITLE XVIII	TITLE XIX		
	12	13	14	15	
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		8140	5472	19130	1
2 HMO XIX					2
3 HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4 HOSPITAL ADULTS & PEDS - SWING BED NF					4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6 INTENSIVE CARE UNIT					6
6.01 NEONATAL ICU					6.01
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		8140	5472	19130	12
13 RPCH VISITS					13
14 SUBPROVIDER I		565	50	706	14
14.01 SUBPROVIDER II PSYCH/ALCOHOL					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
27 AMBULANCE TRIPS					27
28 EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART II

PART II - WAGE DATA	AMOUNT REPORTED	RECLASS.	ADJUSTED	PAID HOURS	AVERAGE	DATA SOURCE	
		OF SALARIES FROM WKST. A-6	SALARIES (COL.1 + COL.2)	RELATED TO SALARY IN COL.3	HOURLY WAGE (COL.3 / COL.4)		
SALARIES	1	2	3	4	5	6	
1 TOTAL SALARIES	116022724	-12916974	103105750	4574573.00	22.54		1
2 NON-PHYSICIAN ANESTHETIST PART A							2
3 NON-PHYSICIAN ANESTHETIST PART B							3
4 PHYSICIAN - PART A							4
4.01 TEACHING PHYSICIAN SALARIES							4.01
5 PHYSICIAN - PART B							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							7
8 SNF	2226660		2226660	101830.00	21.87		8
8.01 EXCLUDED AREA SALARIES	20054681	-12840390	7214291	297613.00	24.24		8.01
OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR	10947609		10947609	242446.00	45.15		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	1326101		1326101	4579.00	289.60		10
10.01 TEACHING PHYSICIAN UNDER CONTRACT							10.01
11 HOME OFFICE SALARIES & WAGE REL COSTS							11
12 HOME OFFICE: PHYSICIAN PART A							12
12.01 TEACHING PHYSICIAN SALARIES							12.01
WAGE-RELATED COSTS							
13 WAGE RELATED COSTS (CORE)	48457485		48457485			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS	7519367		7519367			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						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	970269		970269	37179.00	26.10		21
22 ADMINISTRATIVE & GENERAL	15598419		15598419	787623.00	19.80		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23 MAINTENANCE & REPAIRS							23
24 OPERATION OF PLANT	3144924		3144924	186870.00	16.83		24
25 LAUNDRY & LINEN SERVICE	648429		648429	49536.00	13.09		25
26 HOUSEKEEPING	2801674		2801674	232412.00	12.05		26
26.01 HOUSEKEEPING UNDER CONTRACT							26.01
27 DIETARY	2202941	-559594	1643347	111047.00	14.80		27
27.01 DIETARY UNDER CONTRACT							27.01
28 CAFETERIA	363721	559594	923315	86543.00	10.67		28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	1674261	218019	1892280	61414.00	30.81		30
31 CENTRAL SERVICES AND SUPPLY	524754		524754	30969.00	16.94		31
32 PHARMACY							32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	1948298		1948298	117209.00	16.62		33
34 SOCIAL SERVICE	1996196	-218019	1778177	58472.00	30.41		34
35 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART III

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS.	ADJUSTED	PAID HOURS	AVERAGE	
		OF SALARIES FROM WKST. A-6	SALARIES (COL.1 + COL.2)	RELATED TO SALARY IN COL.3	HOURLY WAGE (COL.3 / COL.4)	
	1	2	3	4	5	
1 NET SALARIES	116022724	-12916974	103105750	4574573.00	22.54	1
2 EXCLUDED AREA SALARIES	22281341	-12840390	9440951	399443.00	23.64	2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	93741383	-76584	93664799	4175130.00	22.43	3
4 SUBTOTAL OTHER WAGES & REL COSTS	12273710		12273710	247025.00	49.69	4
5 SUBTOTAL WAGE-RELATED COSTS	48457485		48457485		51.74%	5
6 TOTAL (SUM OF LINES 3 THRU 5)	154472578	-76584	154395994	4422155.00	34.91	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	31873886		31873886	1759274.00	18.12	13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO. : 15-7536

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY:

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		6420	96	413	6929	1
2 UNDUPLICATED CENSUS COUNT		489.00	2.00	193.00	684.00	2

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK:	STAFF 1	CONTRACT 2	TOTAL 3	
.00				
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)	1.00		1.00	4
5 OTHER ADMINISTRATIVE PERSONNEL	10.00		10.00	5
6 DIRECT NURSING SERVICE	13.60		13.60	6
7 NURSING SUPERVISOR				7
8 PHYSICAL THERAPY SERVICE	5.00		5.00	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE	1.70		1.70	10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE	1.00		1.00	12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE	.50		.50	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE	3.30		3.30	16
17 HOME HEALTH AIDE SUPERVISOR				17
18 OTHER (SPECIFY)				18

HOME HEALTH AGENCY MSA CODES

19 HOW MANY MSAs IN COLUMN 1 OR CBSAs IN COLUMN 1.01 DID YOU PROVIDE SERVICES TO DURING THIS COST REPORTING PERIOD	1	1.01	1	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)		23844		20

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO. : 15-7536

WORKSHEET S-4
 (CONTINUED)

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

	FULL EPISODES		LUPA EPISODES 3	PEP ONLY EPISODES 4	SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL 7	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2						
21	4144	318	141	226		28	4857	21
22	621600	47700	21150	33900		4200	728550	22
23	3286	21	26	189		17	3539	23
24	538904	3444	4264	30996		2788	580396	24
25	1148	13	5	46		5	1217	25
26	189420	2145	825	7590		825	200805	26
27	225		6				231	27
28	39825		1062				40887	28
29	9						9	29
30	2151						2151	30
31	2692	97	8	93		5	2895	31
32	180364	6499	536	6231		335	193965	32
33	11504	449	186	554		55	12748	33
34								34
35	1572264	59788	27837	78717		8148	1746754	35
36								36
37								37
38	39362	2452	2906	1148		86	45954	38

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

GROUP (1)	M3PI REVENUE CODE	SERVICES PRIOR TO OCTOBER 1st		SERVICES ON OR AFTER OCTOBER 1st		SERVICES THROUGH 4/1/2001 - 9/30/2001		SWING BED SNF DAYS	TOTAL
		RATE	DAYS	RATE	DAYS	RATE	DAYS		
1	2	3	3.01	4	4.01	4.02	4.03	4.06	5
1	RUC								1
2	RUB		31						2
3	RUA		1						3
3.01	RUX		3						3.01
3.02	RUL		20						3.02
4	RVC		39						4
5	RVB		72						5
6	RVA		158						6
6.01	RVX		9						6.01
6.02	RVL		178						6.02
7	RHC		388						7
8	RHB		577						8
9	RHA		1476						9
9.01	RHX								9.01
9.02	RHL								9.02
10	RMC		88						10
11	RMB		142						11
12	RMA		297						12
12.01	RMX		2069						12.01
12.02	RML		3461						12.02
13	RLB								13
14	RLA								14
14.01	RLX								14.01
15	SE3		639						15
16	SE2		255						16
17	SE1								17
18	SSC		14						18
19	SSB								19
20	SSA		358						20
21	CC2								21
22	CC1								22
23	CB2								23
24	CB1		2						24
25	CA2								25
26	CA1		4						26
27	IB2								27
28	IB1								28
29	IA2								29
30	IA1								30
31	BB2								31
32	BB1								32
33	BA2								33
34	BA1								34
35	PE2								35
36	PE1								36
37	PD2								37
38	PD1								38
39	PC2								39
40	PC1								40
41	PB2								41
42	PB1								42
43	PA2								43
44	PA1								44
45	DEFAULT RATE								45
46	TOTAL		10281						46

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	17
17.01	GROSS MEDICAID REVENUES	17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	19
20	RESTRICTED GRANTS	20
21	NON-RESTRICTED GRANTS	21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.490483 24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	26
27	TOTAL SCHIP COST	27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	28
29	TOTAL GROSS MEDICAID COST	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	30
31	UNCOMPENSATED CARE COST	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	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		20014093	20014093	4496691	24510784	1508172	26018956	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				412864	412864	5678830	6091694	4
5	0500 EMPLOYEE BENEFITS	970269	45214572	46184841	37546	46222387	14903213	61125600	5
6.01	0620 DATA PROCESSING	1709793	4693596	6403389	-11703	6391686	40997	6432683	6.01
6.02	0630 PURCHASING RECEIVING STORES	1088592	702067	1790659	-204725	1585934	-90	1585844	6.02
6.03	0640 ADMITTING & REGISTRATION	2034578	138652	2173230	-557	2172673		2172673	6.03
6.04	0650 CASH, A/R & COLLECTIONS	1853102	1852123	3705225		3705225		3705225	6.04
6.05	0660 OTHER ADMIN & GENERAL	8179414	23681742	31861156	966282	32827438	-2756918	30070520	6.05
6.06	0661 PATIENT TRANSPORTATION	732940	247322	980262	-103	980159		980159	6.06
7	0700 MAINTENANCE & REPAIRS								7
8	0800 OPERATION OF PLANT	3144924	12213558	15358482		15358482		15358482	8
9	0900 LAUNDRY & LINEN SERVICE	648429	631651	1280080	-382	1279698		1279698	9
10	1000 HOUSEKEEPING	2801674	934242	3735916	-701	3735215		3735215	10
11	1100 DIETARY	2202941	2623230	4826171	-1418929	3407242	-21935	3385307	11
12	1200 CAFETERIA	363721	91141	454862	1418870	1873732	-687209	1186523	12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	1674261	208000	1882261	224307	2106568	-5464	2101104	14
15	1500 CENTRAL SERVICES & SUPPLY	524754	9161208	9685962	-9024280	661682		661682	15
16	1600 PHARMACY		16273186	16273186	-9534647	6738539	761	6739300	16
17	1700 MEDICAL RECORDS & LIBRARY	1948298	374273	2322571		2322571	-1745	2320826	17
18	1800 SOCIAL SERVICE	1565006	144149	1709155	-178	1708977	199	1709176	18
18.01	1801 STAFF EDUCATION	400608	44039	444647	-225073	219574	-2353	217221	18.01
18.02	1802 MEDICAL EDUCATION	30582	57257	87839	-54	87785	-3288	84497	18.02
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL								21
22	2200 I&R SERVICES-SALARY & FRINGES A								22
23	2300 I&R SERVICES-OTHER PRGM COSTS A	389849	206666	596515	-66341	530174		530174	23
24	2400 PARAMED ED PRGM-(SPECIFY)	413118	53819	466937	75144	542081	-368886	173195	24
INPATIENT ROUTINE SERV COST CENTERS									
25	2500 ADULTS & PEDIATRICS	22212350	1980190	24192540	-1567950	22624590	-232425	22392165	25
26	2600 INTENSIVE CARE UNIT	5628002	792441	6420443	-684825	5735618	-36025	5699593	26
26.01	2060 NEONATAL ICU	1916866	580531	2497397	-12096	2485301	-557246	1928055	26.01
31	3100 SUBPROVIDER I	1845344	197499	2042843	-120414	1922429		1922429	31
31.01	3101 SUBPROVIDER II PSYCH/ALCOHOL								31.01
33	3300 NURSERY	838493	232558	1071051	-206989	864062	-12070	851992	33
34	3400 SKILLED NURSING FACILITY	2226660	650829	2877489	-615223	2262266		2262266	34
ANCILLARY SERVICE COST CENTERS									
37	3700 OPERATING ROOM	3070581	7957550	11028131	-5934021	5094110	-728992	4365118	37
38	3800 RECOVERY ROOM	1175247	59697	1234944	-51021	1183923		1183923	38
39	3900 DELIVERY ROOM & LABOR ROOM	2131795	180236	2312031	-158746	2153285		2153285	39
40	4000 ANESTHESIOLOGY				8441950	8441950	-8441950		40
41	4100 RADIOLOGY-DIAGNOSTIC	1992045	1192877	3184922	-14702	3170220	-5882	3164338	41
41.01	3030 RADIOLOGY - ANGIOGRAPHY	1452514	3215330	4667844	-306792	4361052	50416	4411468	41.01
41.02	3630 RADIOLOGY - ULTRASOUND	994065	93516	1087581	-31417	1056164	-25	1056139	41.02
42	4200 RADIOLOGY-THERAPEUTIC	489794	565004	1054798	-26951	1027847		1027847	42
43	4300 RADIOISOTOPE	365641	512015	877656	-6963	870693		870693	43
43.01	3430 MRI	375420	89180	464600	-3389	461211		461211	43.01
44	4400 LABORATORY	3023843	4298779	7322622	-21468	7301154	-2383640	4917514	44
46	4600 WHOLE BLOOD & PACKED RED BLOOD	1696129	1981654	3677783	-40907	3636876		3636876	46
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	4900 RESPIRATORY THERAPY	1821561	572022	2393583	-125565	2268018	-1525	2266493	49
50	5000 PHYSICAL THERAPY	1316356	96654	1413010	-28737	1384273		1384273	50
51	5100 OCCUPATIONAL THERAPY	856698	93203	949901	-5200	944701		944701	51
52	5200 SPEECH PATHOLOGY	218901	12073	230974	-11	230963		230963	52
53.01	3280 EKG & EEG	971012	259818	1230830	-32851	1197979	471	1198450	53.01
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				19646322	19646322		19646322	55
56	5600 DRUGS CHARGED TO PATIENTS	204112	275536	479648	9939567	10419215	-734065	9685150	56
57	5700 RENAL DIALYSIS		1474770	1474770		1474770		1474770	57
59	3230 CT SCAN	892963	332003	1224966	-23675	1201291	3384	1204675	59
OUTPATIENT SERVICE COST CENTERS									
60	6000 CLINIC	3124211	3121311	6245522	-208377	6037145	-314140	5723005	60
60.01	6001 O/P COUNSELING		1356	1356		1356	-1003	353	60.01
61	6100 EMERGENCY	4709049	1074274	5783323	3473020	9256343	-4478833	4777510	61
62	6200 OBSERVATION BEDS (NON-DISTINCT								62
63.50	6310 RHC								63.50
63.60	6320 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS									
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	1482333	372257	1854590	-52067	1802523	306932	2109455	71

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
SPECIAL PURPOSE COST CENTERS								
85.01	8510							85.01
85.02	8520							85.02
85.03	8530							85.03
88	8800		4496691	4496691	-4496691			88
93	9300	333	1729	2062		2062		2062 93
95								
		99709171	176324169	276033340	13867842	289901182	717666	290618848 95
NONREIMBURSABLE COST CENTERS								
96	9600	45812	218811	264623		264623		264623 96
98	9800	15781737	6972352	22754089	-13867643	8886446	620424	9506870 98
98.01	9801	486004	2326966	2812970	-199	2812771	292047	3104818 98.01
98.02	9802		2657	2657		2657	8706	11363 98.02
101		116022724	185844955	301867679		301867679	1638843	303506522 101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 CAFETERIA RECLASS	OO	CAFETERIA	12	559594	859276	1
2						2
3 INTEREST RECLASS	A	NEW CAP REL COSTS-BLDG & FIXT	3		4496691	3
4						4
5 COST OF DRUGS SOLD	B	DRUGS CHARGED TO PATIENTS	56		9649910	5
6						6
7 COST OF MEDICAL SUPPLIES	C	MEDICAL SUPPLIES CHARGED TO P	55		19646322	7
8	C					8
9	C					9
10	C					10
11	C					11
12	C					12
13	C					13
14	C					14
15	C					15
16	C					16
17	C					17
18	C					18
19	C					19
20	C					20
21	C					21
22	C					22
23	C					23
24	C					24
25	C					25
26	C					26
27	C					27
28	C					28
29	C					29
30	C					30
31	C					31
32	C					32
33	C					33
34	C					34
35	C					35
36 SUBTOTAL				559594	34652199	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1 CAFETERIA RECLASS	OO	DIETARY	11	559594	859276	1
2						2
3 INTEREST RECLASS	A	INTEREST EXPENSE	88		4496691	9 3
4						4
5 COST OF DRUGS SOLD	B	PHARMACY	16		9649910	5
6						6
7 COST OF MEDICAL SUPPLIES	C	EMPLOYEE BENEFITS	5		1035	7
8	C	DATA PROCESSING	6.01		11703	8
9	C	PURCHASING RECEIVING STORES	6.02		204725	9
10	C	ADMITTING & REGISTRATION	6.03		557	10
11	C	OTHER ADMIN & GENERAL	6.05		12120	11
12	C	PATIENT TRANSPORTATION	6.06		103	12
13	C	LAUNDRY & LINEN SERVICE	9		382	13
14	C	HOUSEKEEPING	10		701	14
15	C	DIETARY	11		59	15
16	C	CENTRAL SERVICES & SUPPLY	15		8611416	16
17	C	PHARMACY	16		13236	17
18	C	SOCIAL SERVICE	18		178	18
19	C	STAFF EDUCATION	18.01		766	19
20	C	MEDICAL EDUCATION	18.02		54	20
21	C	PARAMED ED PRGM-(SPECIFY)	24		1440	21
22	C	ADULTS & PEDIATRICS	25		1563502	22
23	C	INTENSIVE CARE UNIT	26		681068	23
24	C	NEONATAL ICU	26.01		8158	24
25	C	SUBPROVIDER I	31		120414	25
26	C	NURSERY	33		206989	26
27	C	SKILLED NURSING FACILITY	34		197067	27
28	C	OPERATING ROOM	37		5929411	28
29	C	RECOVERY ROOM	38		51021	29
30	C	DELIVERY ROOM & LABOR ROOM	39		158746	30
31	C	RADIOLOGY-DIAGNOSTIC	41		14702	31
32	C	RADIOLOGY - ANGIOGRAPHY	41.01		306792	32
33	C	RADIOLOGY - ULTRASOUND	41.02		31417	33
34	C	RADIOLOGY-THERAPEUTIC	42		26951	34
35	C	RADIOISOTOPE	43		6963	35
36 SUBTOTAL				559594	33167553	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1	C					1
2	C					2
3	C					3
4	C					4
5	C					5
6	C					6
7	C					7
8	C					8
9	C					9
10	C					10
11	C					11
12	C					12
13	C					13
14	C					14
15	C					15
16	EE BENEFIT TURKEYS	D	EMPLOYEE BENEFITS	5		38581 16
17						17
18	MALPRACTICE EXPENSE	E	OTHER ADMIN & GENERAL	6.05		1016983 18
19		E				19
20						20
21						21
22	NURSING EDUCATION	H	NURSING ADMINISTRATION	14	218019	6288 22
23						23
24	RECLASS CARDINAL	CC	NEW CAP REL COSTS-MVBLE EQUIP	4		84197 24
25						25
26	RECLASS KCI USA	AA	NEW CAP REL COSTS-MVBLE EQUIP	4		141704 26
27						27
28	RECLASS HILL ROM	BB	NEW CAP REL COSTS-MVBLE EQUIP	4		186963 28
29						29
30	COST OF DRUGS SOLD SNF	GG	PHARMACY	16		128499 30
31						31
32	COST OF DRUGS SOLD SNF	HH	DRUGS CHARGED TO PATIENTS	56		289657 32
33						33
34						34
35	CLINICAL TRAINING COST	Z	PARAMED ED PRGM-(SPECIFY)	24	76584	35
36	SUBTOTAL				854197	36545071 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- COST CENTER 1 6	DECREASE -----			WKST A-7 REF. 10			
			LINE # 7	SALARY 8	OTHER 9				
1	C	MRI	43.01		3389	1			
2	C	LABORATORY	44		20175	2			
3	C	WHOLE BLOOD & PACKED RED BLOO	46		40907	3			
4	C	RESPIRATORY THERAPY	49		122581	4			
5	C	PHYSICAL THERAPY	50		28737	5			
6	C	OCCUPATIONAL THERAPY	51		5200	6			
7	C	SPEECH PATHOLOGY	52		11	7			
8	C	EKG & EEG	53.01		32851	8			
9	C	CT SCAN	59		23675	9			
10	C	CLINIC	60		206736	10			
11	C	EMERGENCY	61		948091	11			
12	C	HOME HEALTH AGENCY	71		52067	12			
13	C	PHYSICIANS' PRIVATE OFFICES	98		27	13			
14	C	OTHER NON-REIMBURSEABLE COST	98.01		199	14			
15						15			
16	EE	BENEFIT TURKEYS	D	OTHER ADMIN & GENERAL	6.05	38581	16		
17							17		
18	MAL	PRACTICE EXPENSE	E	I&R SERVICES-OTHER PRGM COSTS	23	66341	18		
19			E	PHYSICIANS' PRIVATE OFFICES	98	950642	19		
20							20		
21							21		
22	NURSING	EDUCATION	H	STAFF EDUCATION	18.01	218019	6288	22	
23								23	
24	RECLASS	CARDINAL	CC	CENTRAL SERVICES & SUPPLY	15		84197	10	24
25									25
26	RECLASS	KCI USA	AA	CENTRAL SERVICES & SUPPLY	15		141704	11	26
27									27
28	RECLASS	HILL ROM	BB	CENTRAL SERVICES & SUPPLY	15		186963	12	28
29									29
30	COST OF	DRUGS SOLD SNF	GG	SKILLED NURSING FACILITY	34		128499		30
31									31
32	COST OF	DRUGS SOLD SNF	HH	SKILLED NURSING FACILITY	34		289657		32
33									33
34									34
35	CLINICAL	TRAINING COST	Z	ADULTS & PEDIATRICS	25	4448			35
36	SUBTOTAL					782061	36545071		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					8
9	AA	ANESTHESIOLOGY	40		8441950 9
10	AA	EMERGENCY	61		4475024 10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36		TOTAL RECLASSIFICATIONS		854197	49462045 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- COST CENTER 6	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	10
1	Z	INTENSIVE CARE UNIT	26	3757		1
2	Z	NEONATAL ICU	26.01	3938		2
3	Z	OPERATING ROOM	37	4610		3
4	Z	LABORATORY	44	1293		4
5	Z	RESPIRATORY THERAPY	49	2984		5
6	Z	CLINIC	60	1641		6
7	Z	EMERGENCY	61	53913		7
8						8
9	AA	PHYSICIANS' PRIVATE OFFICES	98	8441950		9
10	AA	PHYSICIANS' PRIVATE OFFICES	98	4475024		10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36		TOTAL RECLASSIFICATIONS		13771171	36545071	36

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

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
		PURCHASE 2	DONATION 3	TOTAL 4			
1 LAND	2252106				56913	2195193	1
2 LAND IMPROVEMENTS	3271828				219507	3052321	2
3 BUILDINGS AND FIXTURES	77768633				2346188	75422445	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT	27383687				14335403	13048284	6
7 SUBTOTAL	110676254				16958011	93718243	7
8 RECONCILING ITEMS							8
9 TOTAL	110676254				16958011	93718243	9

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
		PURCHASE 2	DONATION 3	TOTAL 4			
1 LAND	1563249				9904	1553345	1
2 LAND IMPROVEMENTS	2580305	134498		134498	163824	2550979	2
3 BUILDINGS AND FIXTURES	154295070	1839224		1839224	1354353	154779941	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT	191480953	10431298		10431298	10282160	191630091	6
7 SUBTOTAL	349919577	12405020		12405020	11810241	350514356	7
8 RECONCILING ITEMS	-1383406	-51066		-51066		-1434472	8
9 TOTAL	351302983	12456086		12456086	11810241	351948828	9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	
	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				.000000				3
4 NEW CAP REL COSTS-MVBLE EQUIP				.000000				4
5 TOTAL				.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL-RELATED COSTS	TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
	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	20014093	6004863					26018956 3
4 NEW CAP REL COSTS-MVBLE EQUIP		84197	5820534	186963			6091694 4
5 TOTAL	20014093	6089060	5820534	186963			32110650 5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL-RELATED COSTS	TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
	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	20014093						20014093 3
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 TOTAL	20014093						20014093 5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES	B	-4496691	NEW CAP REL COSTS-BLDG & FIXT	3	9 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	B	-663454	OTHER ADMIN & GENERAL	6.05	6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)					9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-14480766			12
13 SALE OF SCRAP, WASTE, ETC.	B	-1557	RADIOLOGY-DIAGNOSTIC	41	13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1				14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-687209	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-4813	CLINIC	60	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES	B	-29502	DIETARY	11	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		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		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	A	6004863	NEW CAP REL COSTS-BLDG & FIXT	3	10 31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT	A	5678830	NEW CAP REL COSTS-MVBLE EQUIP	4	11 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 FOOD SERVICES	B	-5156	DIETARY	11	37
37.01 RENTAL INCOME (FINANCIAL & SUPP	B	-427151	OTHER ADMIN & GENERAL	6.05	37.01
38 BUSINESS OFFICE & RESPITE CARE	B	-14693	ADULTS & PEDIATRICS	25	38
38.05 CHAPEL REVENUE	B	-210	OTHER ADMIN & GENERAL	6.05	38.05
38.35 SICK CHILD REVENUE	B	-55	ADULTS & PEDIATRICS	25	38.35
38.45 EMPLOYEE BENEFITS	B	-1022	EMPLOYEE BENEFITS	5	38.45
38.53 HOME HEALTH REV	B	-204	HOME HEALTH AGENCY	71	38.53
38.65 MISC REVENUES	B	-283974	PARAMED ED PRGM-(SPECIFY)	24	38.65
39 WOMENS AUXILIARY	B	-22290	OTHER ADMIN & GENERAL	6.05	39
39.16 NON-ALLOWABLE MARKETING	A	-44500	OTHER ADMIN & GENERAL	6.05	39.16
39.86 REGIONAL COORDINTR CENTER	B	-84861	PARAMED ED PRGM-(SPECIFY)	24	39.86
39.87 CORP TRAINING & DEVELOPMENT	B	-2353	STAFF EDUCATION	18.01	39.87
39.88 ULTRASOUND	B	-25	RADIOLOGY - ULTRASOUND	41.02	39.88
40 AUDIT ADJUSTMENT	A	-3125128	EMPLOYEE BENEFITS	5	40
40.01 AUDIT ADJUSTMENT	A	41697	DATA PROCESSING	6.01	40.01
40.02 AUDIT ADJUSTMENT	A	-1477680	OTHER ADMIN & GENERAL	6.05	40.02
40.03 AUDIT ADJUSTMENT	A	12945	DIETARY	11	40.03
40.04 AUDIT ADJUSTMENT	A	761	PHARMACY	16	40.04
40.05 AUDIT ADJUSTMENT	A	20	MEDICAL RECORDS & LIBRARY	17	40.05
40.06 AUDIT ADJUSTMENT	A	199	SOCIAL SERVICE	18	40.06
40.07 AUDIT ADJUSTMENT	A	50416	RADIOLOGY - ANGIOGRAPHY	41.01	40.07
40.08 AUDIT ADJUSTMENT	A	28622	LABORATORY	44	40.08
40.09 AUDIT ADJUSTMENT	A	2630	RESPIRATORY THERAPY	49	40.09
40.10 AUDIT ADJUSTMENT	A	531	EKG & EEG	53.01	40.10
40.11 AUDIT ADJUSTMENT	A	3384	CT SCAN	59	40.11
40.12 AUDIT ADJUSTMENT	A	56642	CLINIC	60	40.12
40.13 AUDIT ADJUSTMENT	A	2691	EMERGENCY	61	40.13
40.14 AUDIT ADJUSTMENT	A	307136	HOME HEALTH AGENCY	71	40.14
40.15 AUDIT ADJUSTMENT	A	620424	PHYSICIANS' PRIVATE OFFICES	98	40.15
40.16 AUDIT ADJUSTMENT	A	292047	OTHER NON-REIMBURSEABLE COST CE	98.01	40.16

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7
			COST CENTER	LINE NO.	
	1	2	3	4	5
40.17 AUDIT ADJUSTMENT	A	8706	FAMILY HEALTH/GARY COMM HEALTH	98.02	40.17
41 PENSION TERMINATION ADJUSTMENT	A	18036427	EMPLOYEE BENEFITS	5	41
41.25 FILM DUPLICATION	B	-14314	OTHER ADMIN & GENERAL	6.05	41.25
42 AMRPA LOBBYING	A	-5464	NURSING ADMINISTRATION	14	42
43 IHHA LOBBYING	A	-6574	OTHER ADMIN & GENERAL	6.05	43
43.01 AHA LOBBYING	A	-13039	OTHER ADMIN & GENERAL	6.05	43.01
43.05 MEDICAL RECORDS	B	-1765	MEDICAL RECORDS & LIBRARY	17	43.05
43.07 RADIO REHAB RENT	B	-273852	CLINIC	60	43.07
44 CONSULTING REV DIETARY	B	-222	DIETARY	11	44
44.01 CONSULTING REV	B	-10958	CLINIC	60	44.01
45 O/P PHARMACY	B	-734065	DRUGS CHARGED TO PATIENTS	56	45
46 EDUCATION	B	-65	RADIOLOGY-DIAGNOSTIC	41	46
46.01 OTHER REVENUE	B	-6500	EMERGENCY	61	46.01
46.02 OTHER REVENUE	B	-797	EMPLOYEE BENEFITS	5	46.02
46.03 OTHER REVENUE	B	-700	DATA PROCESSING	6.01	46.03
46.04 OTHER REVENUE	B	-90	PURCHASING RECEIVING STORES	6.02	46.04
46.05 OTHER REVENUE	B	-57706	OTHER ADMIN & GENERAL	6.05	46.05
46.06 OTHER REVENUE	B	-51	PARAMED ED PRGM-(SPECIFY)	24	46.06
46.07 OTHER REVENUE	B	-56250	ADULTS & PEDIATRICS	25	46.07
46.08 NONPATIENT REVENUE	B	-2412262	LABORATORY	44	46.08
46.09 OTHER REVENUE	B	-900	CLINIC	60	46.09
46.10 OTHER PATIENT REVENUE	B	-1200	CLINIC	60	46.10
46.11 OTHER REVENUE	B	-30000	CLINIC	60	46.11
47 ECHO DUPLICATION REVENUE	B	-60	EKG & EEG	53.01	47
48 MEDICARE NON ALLOWABLE EXPENSES	A	-30000	OTHER ADMIN & GENERAL	6.05	48
49					49
50 TOTAL		1638843			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						
2						
3						
4						
5	TOTALS					

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

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

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

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT	
LINE NO.	1	2	3	4	5	6	7	8	9
1	5	EMPLOYEE BENEFITS	8553		8553	153400	31	2286	114
2	6.05	OTHER ADMIN & GENERAL	129103		129103	153400	1780	131275	6564
3	18.02	MEDICAL EDUCATION	14498		14498	153400	152	11210	561
4	23	I&R SERVICES-OTHER PRGM	77824		77824	153400	3349	246989	12349
5	25	ADULTS & PEDIATRICS	200736		200736	153400	533	39309	1965
6	26	INTENSIVE CARE UNIT	64640		64640	153400	388	28615	1431
7	26.01	NEONATAL ICU	557246	557246		195000			
8	31	SUBPROVIDER I	57030		57030	153400	1075	79281	3964
9	33	NURSERY	12070	12070		153400			
10	34	SKILLED NURSING FACILITY	30466		30466	153400	559	41226	2061
11	37	OPERATING ROOM	785804		785804	195000	606	56812	2841
12	41	RADIOLOGY-DIAGNOSTIC	4260	4260		180000			
13	49	RESPIRATORY THERAPY	18167		18167	153400	190	14012	701
14	60	CLINIC	74134		74134	153400	340	25075	1254
15	60.01	O/P COUNSELING	1003	1003		153400			
16	40	ANESTHESIOLOGY	8441950	8441950		195000			
17	61	EMERGENCY	4475024	4475024					
101		TOTAL	14952508	13491553	1460955		9003	676090	33805

PROVIDER NO. 15-0002 THE METHODIST HOSP, INC.- NORT
 PERIOD FROM 01/01/2007 TO 12/31/2007

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2008.05
 11/13/2008 12:23

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11	12	13	14	15	16	17	18
1	5	EMPLOYEE BENEFITS				2286	6267	6267
2	6.05	OTHER ADMIN & GENERAL				131275		
3	18.02	MEDICAL EDUCATION				11210	3288	3288
4	23	I&R SERVICES-OTHER PRGM				246989		
5	25	ADULTS & PEDIATRICS				39309	161427	161427
6	26	INTENSIVE CARE UNIT				28615	36025	36025
7	26.01	NEONATAL ICU	AGGREGATE					557246
8	31	SUBPROVIDER I				79281		
9	33	NURSERY	AGGREGATE					12070
10	34	SKILLED NURSING FACILITY				41226		
11	37	OPERATING ROOM				56812	728992	728992
12	41	RADIOLOGY-DIAGNOSTIC	AGGREGATE					4260
13	49	RESPIRATORY THERAPY				14012	4155	4155
14	60	CLINIC				25075	49059	49059
15	60.01	O/P COUNSELING	AGGREGATE					1003
16	40	ANESTHESIOLOGY	AGGREGATE					8441950
17	61	EMERGENCY	AGGREGATE					4475024
101		TOTAL				676090	989213	14480766

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	DATA PROCESSING 6.01	PURCH RECEIVING STORES 6.02	ADMIT REGISTRATN 6.03	CA A/R & COLLECTION 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	26018956	26018956							3
4 NEW CAP REL COSTS-MVBLE EQUIP	6091694		6091694						4
5 EMPLOYEE BENEFITS	61125600	108691		61259738					5
6.01 DATA PROCESSING	6432683	169128		39597	7666923				6.01
6.02 PURCHASING RECEIVING STORES	1585844	134935		31592		2405297			6.02
6.03 ADMITTING & REGISTRATION	2172673	178827		41868		5233	3618919		6.03
6.04 CASH, A/R & COLLECTIONS	3705225	563994	132045	1111470		1930		5514664	6.04
6.05 OTHER ADMIN & GENERAL	30070520	1832604	429059	4905923	7666923	8705			6.05
6.06 PATIENT TRANSPORTATION	980159			439609		272			6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	15358482	5508706	1289728	1886291		33036			8
9 LAUNDRY & LINEN SERVICE	1279698	328043	76803	388921		3793			9
10 HOUSEKEEPING	3735215	379757	88911	1680413		26401			10
11 DIETARY	3385307	346870	81211	985661		125326			11
12 CAFETERIA	1186523	242503	56776	553794		4990			12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	2101104	116862	27360	1134969		746			14
15 CENTRAL SERVICES & SUPPLY	661682	659637	154438	314742		967272			15
16 PHARMACY	6739300	348876	81681			558348			16
17 MEDICAL RECORDS & LIBRARY	2320826	208089	48719	1168568		3157			17
18 SOCIAL SERVICE	1709176	29979	7019	938673		462			18
18.01 STAFF EDUCATION	217221	205144	48029	109515		537			18.01
18.02 MEDICAL EDUCATION	84497	6883	1611	18343		93			18.02
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A	530174	82209	19247	233827		362			23
24 PARAMED ED PRGM-(SPECIFY)	173195	63621	14895	293718		1218			24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	22392165	5208363	1219409	13320056		54909	331704	505485	25
26 INTENSIVE CARE UNIT	5699593	365568	85589	3373360		11478	78201	119171	26
26.01 NEONATAL ICU	1928055	41555	9729	1147353		738	35730	54450	26.01
31 SUBPROVIDER I	1922429	574981	134618	1106817		2191	28706	43745	31
31.01 SUBPROVIDER II PSYCH/ALCOHOL									31.01
33 NURSERY	851992	449488	105236	502919		5846	8519	12982	33
34 SKILLED NURSING FACILITY	2262266	629032	147272	1335526		5153	32052	48844	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	4365118	1097715	257003	1838936		32561	496774	756807	37
38 RECOVERY ROOM	1183923	267698	62675	704900		1302	44527	67855	38
39 DELIVERY ROOM & LABOR ROOM	2153285	128880	30174	1278627		4663	20529	31285	39
40 ANESTHESIOLOGY									40
41 RADIOLOGY-DIAGNOSTIC	3164338	976473	228617	1194807		16045	122359	186464	41
41.01 RADIOLOGY - ANGIOGRAPHY	4411468	157589	36896	871202		169997	156952	239180	41.01
41.02 RADIOLOGY - ULTRASOUND	1056139	93011	21776	596229		4033	63547	96840	41.02
42 RADIOLOGY-THERAPEUTIC	1027847	248172	58103	293773		1037	70791	107879	42
43 RADIOISOTOPE	870693	166423	38964	219307		22944	44984	68552	43
43.01 MRI	461211	77387	18118	225173		4484	85472	130251	43.01
44 LABORATORY	4917514	432814	101333	1812892		186372	415762	633583	44
46 WHOLE BLOOD & PACKED RED BLOOD	3636876	7085	1659	1017320		8554	33263	50689	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	2266493	142922	33462	1090762		25466	48857	74454	49
50 PHYSICAL THERAPY	1384273	225811	52868	789536		813	41383	63064	50
51 OCCUPATIONAL THERAPY	944701	194065	45436	513838		661	33695	51348	51
52 SPEECH PATHOLOGY	230963	33053	7738	131294		358	3061	4664	52
53.01 EKG & EEG	1198450	154461	36163	582402		12332	101081	154038	53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	19646322						250450	381663	55
56 DRUGS CHARGED TO PATIENTS	9685150	30587	7161	122424			416282	634374	56
57 RENAL DIALYSIS	1474770	80663	18885				11745	17898	57
59 CT SCAN	1204675	67541	15813	535589		17625	279543	425997	59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	5723005	1400287	327843	1872883		27821	120692	183924	60
60.01 O/P COUNSELING	353						2	2	60.01
61 EMERGENCY	4777510	498055	116607	2792099		27967	242256	369176	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE 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	2109455			889087		1777			71

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	DATA PROCESSING 6.01	PURCH RECEIVING STORES 6.02	ADMIT REGISTRATN 6.03	CA A/R & COLLECTION 6.04	
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	2062			200					93
95 SUBTOTALS	290618848	25265037	5915183	59222507	7666923	2389008	3618919	5514664	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	264623	33145	7760	27478		12299			96
98 PHYSICIANS' PRIVATE OFFICES	9506870	491577	115090	1718253		3153			98
98.01 OTHER NON-REIMBURSEABLE COST CE	3104818	63621	14895	291500		837			98.01
98.02 FAMILY HEALTH/GARY COMM HEALTH	11363	165576	38766						98.02
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	303506522	26018956	6091694	61259738	7666923	2405297	3618919	5514664	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	OTHER ADMIN & GENERAL	PATIENT TRANSPRTN	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA		
										5A
GENERAL SERVICE COST CENTERS										
1										1
2										2
3										3
4										4
5										5
6.01										6.01
6.02										6.02
6.03										6.03
6.04										6.04
6.05	44913734	44913734								6.05
6.06	1420040	246640	1666680							6.06
7										7
8	24076243	4181682		28257925						8
9	2077258	360789		529036	2967083					9
10	5910697	1026599		612435		7549731				10
11	4924375	855290		559398		155747	6494810			11
12	2044586	355114		391086		108886	2090095	4989767		12
13										13
14	3381041	587236		188465		52472		92209		14
15	2757771	478983		1063801	37497	296182		47786		15
16	7728205	1342273		562633	34	156648				16
17	3749359	651207		335586		93433		180852		17
18	2685309	466398		48348		13461		90221		18
18.01	580446	100815		330837		92111		14421		18.01
18.02	111427	19353		11100		3090		3796		18.02
20										20
21										21
22										22
23	865819	150380		132578		36912		24015		23
24	546647	94944		102602		28566		59257		24
INPATIENT ROUTINE SERV COST CENTERS										
25	43032091	7474077	716354	8399552	1366249	2338596	3038454	1420840		25
26	9732960	1690469	13833	589553	154718	164143	225224	288765		26
26.01	3217610	558851	2933	67016		18659		90377		26.01
31	3813487	662345	24495	927275	135566	258171	394169	128142		31
31.01										31.01
33	1936982	336425		724891	59969	201823		51142		33
34	4460145	774660	25169	1014444	71637	282440	510408	157122		34
ANCILLARY SERVICE COST CENTERS										
37	8844914	1536229		1770290	242486	492882		304892		37
38	2332880	405186		431717	146970	120198	493	63444		38
39	3647443	633506		207845	64161	57868	73113	114707		39
40										40
41	5889103	1022849	276069	1574762	101788	438443		140953		41
41.01	6043284	1049628	58940	254145		70759	31273	72280		41.01
41.02	1931575	335486	52003	150000	13180	41763		46265		41.02
42	1807602	313953	10860	400227	38434	111431		72280		42
43	1431867	248694	38765	268391	32866	74725		16141		43
43.01	1002096	174049	13516	124802	10173	34747		19446		43.01
44	8500270	1476369	396	698001		194337		373126		44
46	4755446	825950		11427		3181		25763		46
46.30										46.30
49	3682416	639580	3369	230491	4143	64173		119413		49
50	2557748	444242		364167	41251	101391		73543		50
51	1783744	309810		312970		87137		49880		51
52	411131	71407	22593	53304		14841		11168		52
53.01	2238927	388868	49823	249100	22087	69354		70854		53.01
55	20278435	3522060								55
56	10895978	1892468		49327		13734		13581		56
57	1603961	278584	1625	130085	14147	36218				57
59	2546783	442338	167861	108924	18120	30326		51673		59
OUTPATIENT SERVICE COST CENTERS										
60	9656455	1677181	17559	2258250	75699	628739	23308	172652		60
60.01	357	62								60.01
61	8823670	1532539	170517	803215	281224	223630	108273	336496		61
62										62
63.50										63.50
63.60										63.60
OTHER REIMBURSABLE COST CENTERS										
69.10										69.10
69.20										69.20
69.30										69.30
69.40										69.40
71	3000319	521110						87825		71

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	OTHER ADMIN & GENERAL	PATIENT TRANSPRTN	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA
	5A	6.05	6.06	8	9	10	11	12
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	2262	393						93
95 SUBTOTALS	287634898	42157071	1666680	27042076	2932399	7211217	6494810	4885327 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	345305	59974		53453		14882		8190 96
98 PHYSICIANS' PRIVATE OFFICES	11834943	2055552		792768	224	220721		70661 98
98.01 OTHER NON-REIMBURSEABLE COST CE	3475671	603672		102602	31796	28566		25589 98.01
98.02 FAMILY HEALTH/GARY COMM HEALTH	215705	37465		267026	2664	74345		98.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	303506522	44913734	1666680	28257925	2967083	7549731	6494810	4989767 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	STAFF EDUC 18.01	MEDICAL EDUC 18.02	I&R PROGRAM COSTS 23	
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 DATA PROCESSING									6.01
6.02 PURCHASING RECEIVING STORES									6.02
6.03 ADMITTING & REGISTRATION									6.03
6.04 CASH, A/R & COLLECTIONS									6.04
6.05 OTHER ADMIN & GENERAL									6.05
6.06 PATIENT TRANSPORTATION									6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE									9
10 HOUSEKEEPING									10
11 DIETARY									11
12 CAFETERIA									12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	4301423								14
15 CENTRAL SERVICES & SUPPLY		4682020							15
16 PHARMACY		7705	9797498						16
17 MEDICAL RECORDS & LIBRARY		34		5010471					17
18 SOCIAL SERVICE		4	1008		3304749				18
18.01 STAFF EDUCATION		180				1118810			18.01
18.02 MEDICAL EDUCATION		1				1052	149819		18.02
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A						7176		1216880	23
24 PARAMED ED PRGM-(SPECIFY)	88287	61	9			2757			24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	2116915	170178	7904	459258	2478562	507140	57158	464265	25
26 INTENSIVE CARE UNIT	430233	36422	99	108272	363522	143450	3047	24746	26
26.01 NEONATAL ICU	134654	2067		49470		6693	3047	24746	26.01
31 SUBPROVIDER I		5334		39744	198285	28249	3908	31740	31
31.01 SUBPROVIDER II PSYCH/ALCOHOL									31.01
33 NURSERY	76197	10220	828	11795		5485			33
34 SKILLED NURSING FACILITY	234098	15817	65	44377	66095	44364			34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	454262	115953	14658	687727		21201	4504	36582	37
38 RECOVERY ROOM	94526	3163	23	61649		7801			38
39 DELIVERY ROOM & LABOR ROOM	170903	12477	7199	28424	132190	35070			39
40 ANESTHESIOLOGY									40
41 RADIOLOGY-DIAGNOSTIC		5163	533	169412		10501	2318	18829	41
41.01 RADIOLOGY - ANGIOGRAPHY		26115	4106	217307		7531			41.01
41.02 RADIOLOGY - ULTRASOUND		6209	69	87984		2430			41.02
42 RADIOLOGY-THERAPEUTIC		228	53	98013		2814			42
43 RADIOISOTOPE		2073	445	62283		1322			43
43.01 MRI		2048	9307	118339		2032			43.01
44 LABORATORY		14484	2	575641		29557	4570	37120	44
46 WHOLE BLOOD & PACKED RED BLOOD		77	1274	46054		12917			46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY		37479	49	67645		17166			49
50 PHYSICAL THERAPY		1895		57296		9123			50
51 OCCUPATIONAL THERAPY		506		46652		6750			51
52 SPEECH PATHOLOGY		437		4238		1108			52
53.01 EKG & EEG		3439	56	139951		6323			53.01
55 MEDICAL SUPPLIES CHARGED TO PAT		4053695		346759					55
56 DRUGS CHARGED TO PATIENTS		11984	9553994	576360		3638			56
57 RENAL DIALYSIS				16262		199			57
59 CT SCAN		2414	287	387039		3808			59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		59390	174255	167104		23986	22784	185060	60
60.01 O/P COUNSELING				2		625			60.01
61 EMERGENCY	501348	68966	9110	335414	66095	128203	6623	53797	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE 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		1919	8393			6011			71

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	STAFF EDUC 18.01	MEDICAL EDUC 18.02	I&R PROGRAM COSTS 23	
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	4301423	4678137	9793726	5010471	3304749	1086482	107959	876885	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN			1973			611			96
98 PHYSICIANS' PRIVATE OFFICES		3664	1799			25564	530	4304	98
98.01 OTHER NON-REIMBURSEABLE COST CE		219				6153	1656	13449	98.01
98.02 FAMILY HEALTH/GARY COMM HEALTH							39674	322242	98.02
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	4301423	4682020	9797498	5010471	3304749	1118810	149819	1216880	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	24	25	26	27	
GENERAL SERVICE COST CENTERS					
1					1
2					2
3					3
4					4
5					5
6.01					6.01
6.02					6.02
6.03					6.03
6.04					6.04
6.05					6.05
6.06					6.06
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
18.01					18.01
18.02					18.02
20					20
21					21
22					22
23					23
24					24
24	923130				24
INPATIENT ROUTINE SERV COST CENTERS					
25	57101	74104694	-464265	73640429	25
26	38067	14007523	-24746	13982777	26
26.01	38067	4214190	-24746	4189444	26.01
31		6650910	-31740	6619170	31
31.01					31.01
33		3415757		3415757	33
34		7700841		7700841	34
ANCILLARY SERVICE COST CENTERS					
37	57101	14583681	-36582	14547099	37
38		3668050		3668050	38
39		5184906		5184906	39
40					40
41		9650723	-18829	9631894	41
41.01		7835368		7835368	41.01
41.02		2666964		2666964	41.02
42		2855895		2855895	42
43		2177572		2177572	43
43.01		1510555		1510555	43.01
44	19034	11922907	-37120	11885787	44
46		5682089		5682089	46
46.30					46.30
49	38067	4903991		4903991	49
50		3650656		3650656	50
51		2597449		2597449	51
52		590227		590227	52
53.01		3238782		3238782	53.01
55		28200949		28200949	55
56		23011064		23011064	56
57		2081081		2081081	57
59		3759573		3759573	59
OUTPATIENT SERVICE COST CENTERS					
60	19034	15161456	-185060	14976396	60
60.01		1046		1046	60.01
61	654280	14103400	-53797	14049603	61
62					62
63.50					63.50
63.60					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10					69.10
69.20					69.20
69.30					69.30
69.40					69.40
71		3625577		3625577	71

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	24	25	26	27	
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		2655		2655	93
95 SUBTOTALS	920751	282760531	-876885	281883646	95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN		484388		484388	96
98 PHYSICIANS' PRIVATE OFFICES	2379	15013109	-4304	15008805	98
98.01 OTHER NON-REIMBURSEABLE COST CE		4289373	-13449	4275924	98.01
98.02 FAMILY HEALTH/GARY COMM HEALTH		959121	-322242	636879	98.02
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL	923130	303506522	-1216880	302289642	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	NEW CAP	CAP REL	EMPLOYEE	DATA	PURCH	ADMIT
	CAP-REL COSTS 0	BLDGS & FIXTURES 3	MOVABLE EQUIPMENT 4	COST TO BE ALLOC 4A	BENEFITS 5	PROCESSING 6.01	RECEIVING STORES 6.02	REGISTRATN 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		108691	25447	134138	134138			5
6.01 DATA PROCESSING		169128	39597	208725	2245	210970		6.01
6.02 PURCHASING RECEIVING STORES		134935	31592	166527	1429		167956	6.02
6.03 ADMITTING & REGISTRATION		178827	41868	220695	2671		365	223731 6.03
6.04 CASH, A/R & COLLECTIONS		563994	132045	696039	2433		135	6.04
6.05 OTHER ADMIN & GENERAL		1832604	429059	2261663	10740	210970	608	6.05
6.06 PATIENT TRANSPORTATION					962		19	6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT		5508706	1289728	6798434	4129		2307	8
9 LAUNDRY & LINEN SERVICE		328043	76803	404846	851		265	9
10 HOUSEKEEPING		379757	88911	468668	3679		1843	10
11 DIETARY		346870	81211	428081	2158		8750	11
12 CAFETERIA		242503	56776	299279	1212		348	12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION		116862	27360	144222	2485		52	14
15 CENTRAL SERVICES & SUPPLY		659637	154438	814075	689		67554	15
16 PHARMACY		348876	81681	430557			38984	16
17 MEDICAL RECORDS & LIBRARY		208089	48719	256808	2558		220	17
18 SOCIAL SERVICE		29979	7019	36998	2055		32	18
18.01 STAFF EDUCATION		205144	48029	253173	240		38	18.01
18.02 MEDICAL EDUCATION		6883	1611	8494	40		7	18.02
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								22
23 I&R SERVICES-OTHER PRGM COSTS A		82209	19247	101456	512		25	23
24 PARAMED ED PRGM-(SPECIFY)		63621	14895	78516	643		85	24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS		5208363	1219409	6427772	29194		3834	20488 25
26 INTENSIVE CARE UNIT		365568	85589	451157	7385		801	4830 26
26.01 NEONATAL ICU		41555	9729	51284	2512		52	2207 26.01
31 SUBPROVIDER I		574981	134618	709599	2423		153	1773 31
31.01 SUBPROVIDER II PSYCH/ALCOHOL								31.01
33 NURSERY		449488	105236	554724	1101		408	526 33
34 SKILLED NURSING FACILITY		629032	147272	776304	2924		360	1980 34
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1097715	257003	1354718	4026		2273	30892 37
38 RECOVERY ROOM		267698	62675	330373	1543		91	2750 38
39 DELIVERY ROOM & LABOR ROOM		128880	30174	159054	2799		326	1268 39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC		976473	228617	1205090	2616		1120	7558 41
41.01 RADIOLOGY - ANGIOGRAPHY		157589	36896	194485	1907		11869	9694 41.01
41.02 RADIOLOGY - ULTRASOUND		93011	21776	114787	1305		282	3925 41.02
42 RADIOLOGY-THERAPEUTIC		248172	58103	306275	643		72	4372 42
43 RADIOISOTOPE		166423	38964	205387	480		1602	2778 43
43.01 MRI		77387	18118	95505	493		313	5279 43.01
44 LABORATORY		432814	101333	534147	3969		13012	25680 44
46 WHOLE BLOOD & PACKED RED BLOOD		7085	1659	8744	2227		597	2054 46
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY		142922	33462	176384	2388		1778	3018 49
50 PHYSICAL THERAPY		225811	52868	278679	1728		57	2556 50
51 OCCUPATIONAL THERAPY		194065	45436	239501	1125		46	2081 51
52 SPEECH PATHOLOGY		33053	7738	40791	287		25	189 52
53.01 EKG & EEG		154461	36163	190624	1275		861	6243 53.01
55 MEDICAL SUPPLIES CHARGED TO PAT								15469 55
56 DRUGS CHARGED TO PATIENTS		30587	7161	37748	268			25712 56
57 RENAL DIALYSIS		80663	18885	99548				725 57
59 CT SCAN		67541	15813	83354	1172		1231	17266 59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		1400287	327843	1728130	4100		1942	7455 60
60.01 O/P COUNSELING								60.01
61 EMERGENCY		498055	116607	614662	6112		1953	14963 61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE 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					1946		124	71

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	DATA PROCESSING 6.01	PURCH RECEIVING STORES 6.02	ADMIT REGISTRATN 6.03	
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		25265037	5915183	31180220	129679	210970	166819	223731	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		33145	7760	40905	60		859		96
98 PHYSICIANS' PRIVATE OFFICES		491577	115090	606667	3761		220		98
98.01 OTHER NON-REIMBURSEABLE COST CE		63621	14895	78516	638		58		98.01
98.02 FAMILY HEALTH/GARY COMM HEALTH		165576	38766	204342					98.02
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL		26018956	6091694	32110650	134138	210970	167956	223731	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CA A/R & COLLECTION 6.04	OTHER ADMIN & GENERAL 6.05	PATIENT TRANSPRTN 6.06	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 DATA PROCESSING									6.01
6.02 PURCHASING RECEIVING STORES									6.02
6.03 ADMITTING & REGISTRATION									6.03
6.04 CASH, A/R & COLLECTIONS	698607								6.04
6.05 OTHER ADMIN & GENERAL		2483981							6.05
6.06 PATIENT TRANSPORTATION		13641	14622						6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT		231276		7036146					8
9 LAUNDRY & LINEN SERVICE		19954		131729	557645				9
10 HOUSEKEEPING		56778		152495		683463			10
11 DIETARY		47304		139289		14099	639681		11
12 CAFETERIA		19640		97379		9857	205856	633571	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		32478		46927		4750		11708	14
15 CENTRAL SERVICES & SUPPLY		26491		264883	7047	26813		6068	15
16 PHARMACY		74237		140094	6	14181			16
17 MEDICAL RECORDS & LIBRARY		36016		83560		8458		22963	17
18 SOCIAL SERVICE		25795		12038		1219		11456	18
18.01 STAFF EDUCATION		5576		82377		8339		1831	18.01
18.02 MEDICAL EDUCATION		1070		2764		280		482	18.02
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A		8317		33012		3342		3049	23
24 PARAMED ED PRGM-(SPECIFY)		5251		25548		2586		7524	24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	64011	413306	6285	2091464	256778	211706	299259	180411	25
26 INTENSIVE CARE UNIT	15091	93495	121	146797	29078	14860	22183	36666	26
26.01 NEONATAL ICU	6895	30908	26	16687		1689		11476	26.01
31 SUBPROVIDER I	5540	36632	215	230889	25479	23372	38822	16271	31
31.01 SUBPROVIDER II PSYCH/ALCOHOL									31.01
33 NURSERY	1644	18607		180496	11271	18271		6494	33
34 SKILLED NURSING FACILITY	6185	42844	221	252594	13464	25569	50271	19950	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	96104	84964		440797	45574	44620		38713	37
38 RECOVERY ROOM	8593	22410		107496	27622	10881	49	8056	38
39 DELIVERY ROOM & LABOR ROOM	3962	35037		51753	12059	5239	7201	14565	39
40 ANESTHESIOLOGY									40
41 RADIOLOGY-DIAGNOSTIC	23613	56571	2422	392111	19130	39691		17897	41
41.01 RADIOLOGY - ANGIOGRAPHY	30288	58052	517	63281		6406	3080	9178	41.01
41.02 RADIOLOGY - ULTRASOUND	12263	18555	456	37350	2477	3781		5874	41.02
42 RADIOLOGY-THERAPEUTIC	13661	17364	95	99656	7223	10088		9178	42
43 RADIOISOTOPE	8681	13755	340	66829	6177	6765		2050	43
43.01 MRI	16494	9626	119	31075	1912	3146		2469	43.01
44 LABORATORY	80233	81654	3	173800		17593		47377	44
46 WHOLE BLOOD & PACKED RED BLOOD	6419	45681		2845		288		3271	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	9428	35373	30	57392	779	5809		15162	49
50 PHYSICAL THERAPY	7986	24570		90677	7753	9179		9338	50
51 OCCUPATIONAL THERAPY	6502	17135		77929		7888		6333	51
52 SPEECH PATHOLOGY	591	3949	198	13273		1344		1418	52
53.01 EKG & EEG	19506	21507	437	62025	4151	6278		8997	53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	48331	194795							55
56 DRUGS CHARGED TO PATIENTS	80333	104667		12282		1243		1724	56
57 RENAL DIALYSIS	2267	15408	14	32391	2659	3279			57
59 CT SCAN	53945	24464	1473	27122	3406	2745		6561	59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	23291	92760	154	562298	14227	56919	2296	21922	60
60.01 O/P COUNSELING		3							60.01
61 EMERGENCY	46750	84760	1496	199998	52854	20245	10664	42726	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE 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		28821						11152	71

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CA	OTHER	PATIENT	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA
	A/R & COLLECTION	ADMIN & GENERAL	TRANSPRTN	OF PLANT	& LINEN SERVICE	KEEPING		
	6.04	6.05	6.06	8	9	10	11	12
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		22						93
95 SUBTOTALS	698607	2331519	14622	6733402	551126	652818	639681	620310 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		3317		13310		1347		1040 96
98 PHYSICIANS' PRIVATE OFFICES		113686		197397	42	19982		8972 98
98.01 OTHER NON-REIMBURSEABLE COST CE		33387		25548	5976	2586		3249 98.01
98.02 FAMILY HEALTH/GARY COMM HEALTH		2072		66489	501	6730		98.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	698607	2483981	14622	7036146	557645	683463	639681	633571 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	STAFF EDUC 18.01	MEDICAL EDUC 18.02	I&R PROGRAM COSTS 23
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 DATA PROCESSING								6.01
6.02 PURCHASING RECEIVING STORES								6.02
6.03 ADMITTING & REGISTRATION								6.03
6.04 CASH, A/R & COLLECTIONS								6.04
6.05 OTHER ADMIN & GENERAL								6.05
6.06 PATIENT TRANSPORTATION								6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA								12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	242622							14
15 CENTRAL SERVICES & SUPPLY		1213620						15
16 PHARMACY		1997	700056					16
17 MEDICAL RECORDS & LIBRARY		9		410592				17
18 SOCIAL SERVICE		1	72		89666			18
18.01 STAFF EDUCATION		47				351621		18.01
18.02 MEDICAL EDUCATION						330	13467	18.02
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								22
23 I&R SERVICES-OTHER PRGM COSTS A						2255		23
24 PARAMED ED PRGM-(SPECIFY)	4980	16	1			866		24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	119404	44112	565	37648	67250	159386	5138	25
26 INTENSIVE CARE UNIT	24267	9441	7	8876	9863	45084	274	26
26.01 NEONATAL ICU	7595	536		4055		2103	274	26.01
31 SUBPROVIDER I		1383		3258	5380	8878	351	31
31.01 SUBPROVIDER II PSYCH/ALCOHOL								31.01
33 NURSERY	4298	2649	59	967		1724		33
34 SKILLED NURSING FACILITY	13204	4100	5	3638	1793	13943		34
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	25623	30056	1047	56238		6663	405	37
38 RECOVERY ROOM	5332	820	2	5054		2452		38
39 DELIVERY ROOM & LABOR ROOM	9640	3234	514	2330	3587	11022		39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC		1338	38	13887		3300	208	41
41.01 RADIOLOGY - ANGIOGRAPHY		6769	293	17814		2367		41.01
41.02 RADIOLOGY - ULTRASOUND		1610	5	7212		764		41.02
42 RADIOLOGY-THERAPEUTIC		59	4	8035		884		42
43 RADIOISOTOPE		537	32	5106		415		43
43.01 MRI		531	665	9701		639		43.01
44 LABORATORY		3755		47188		9289	411	44
46 WHOLE BLOOD & PACKED RED BLOOD		20	91	3775		4060		46
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY		9715	4	5545		5395		49
50 PHYSICAL THERAPY		491		4697		2867		50
51 OCCUPATIONAL THERAPY		131		3824		2121		51
52 SPEECH PATHOLOGY		113		347		348		52
53.01 EKG & EEG		891	4	11472		1987		53.01
55 MEDICAL SUPPLIES CHARGED TO PAT		1050751		28425				55
56 DRUGS CHARGED TO PATIENTS		3106	682655	47247		1143		56
57 RENAL DIALYSIS				1333		63		57
59 CT SCAN		626	21	31727		1197		59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		15395	12451	13698		7538	2048	60
60.01 O/P COUNSELING						197		60.01
61 EMERGENCY	28279	17877	651	27495	1793	40292	595	61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE 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		497	600			1889		71

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	STAFF EDUC 18.01	MEDICAL EDUC 18.02	I&R PROGRAM COSTS 23
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	242622	1212613	699786	410592	89666	341461	9704	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN			141			192		96
98 PHYSICIANS' PRIVATE OFFICES		950	129			8034	48	98
98.01 OTHER NON-REIMBURSEABLE COST CE		57				1934	149	98.01
98.02 FAMILY HEALTH/GARY COMM HEALTH							3566	98.02
101 CROSS FOOT ADJUSTMENTS								151968 101
102 NEGATIVE COST CENTER								102
103 TOTAL	242622	1213620	700056	410592	89666	351621	13467	151968 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	24	25	26	27
GENERAL SERVICE COST CENTERS				
1				1
2				2
3				3
4				4
5				5
6.01				6.01
6.02				6.02
6.03				6.03
6.04				6.04
6.05				6.05
6.06				6.06
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
18.01				18.01
18.02				18.02
20				20
21				21
22				22
23				23
24				24
24	126016			24
INPATIENT ROUTINE SERV COST CENTERS				
25		10438011		25
26		920276		26
26.01		138299		26.01
31		1110418		31
31.01				31.01
33		803239		33
34		1229349		34
ANCILLARY SERVICE COST CENTERS				
37		2262713		37
38		533524		38
39		323590		39
40				40
41		1786590		41
41.01		416000		41.01
41.02		210646		41.02
42		477609		42
43		320934		43
43.01		177967		43.01
44		1038111		44
46		80072		46
46.30				46.30
49		328200		49
50		440578		50
51		364616		51
52		62873		52
53.01		336258		53.01
55		1337771		55
56		998128		56
57		157687		57
59		256310		59
OUTPATIENT SERVICE COST CENTERS				
60		2566624		60
60.01		200		60.01
61		1214165		61
62				62
63.50				63.50
63.60				63.60
OTHER REIMBURSABLE COST CENTERS				
69.10				69.10
69.20				69.20
69.30				69.30
69.40				69.40
71		45029		71

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	24	25	26	27
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		22		93
95 SUBTOTALS		30375809		95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN		61171		96
98 PHYSICIANS' PRIVATE OFFICES		959888		98
98.01 OTHER NON-REIMBURSEABLE COST CE		152098		98.01
98.02 FAMILY HEALTH/GARY COMM HEALTH		283700		98.02
101 CROSS FOOT ADJUSTMENTS	126016	277984		101
102 NEGATIVE COST CENTER				102
103 TOTAL	126016	32110650		103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET 3	NEW CAP MOVABLE EQUIPMENT SQUARE FEET 4	EMPLOYEE BENEFITS GROSS SALARIES 5	DATA PROCESSING MACHINE TIME 6.01	PURCH RECEIVING STORES PURCHASE REQUISTNS 6.02	ADMIT REGISTRATN GROSS REVENUE 6.03	CA A/R & COLLECTION GROSS REVENUE 6.04	
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY			1482333			31277		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			333					93
95 SUBTOTALS	1372837	1372837	98738902	100	42046378	567309056	567309056	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	1801	1801	45812		216467			96
98 PHYSICIANS' PRIVATE OFFICES	26711	26711	2864763		55488			98
98.01 OTHER NON-REIMBURSEABLE COST	3457	3457	486004		14733			98.01
98.02 FAMILY HEALTH/GARY COMM HEALT	8997	8997						98.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	26018956	6091694	61259738	7666923	2405297	3618919	5514664	103
104 UNIT COST MULT-WS B PT I		4.308729		76669.230000		.006379		104
104 UNIT COST MULT-WS B PT I	18.403523		.599789		.056818		.009721	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			134138	210970	167956	223731	698607	107
108 UNIT COST MULT-WS B PT III				2109.700000		.000394		108
108 UNIT COST MULT-WS B PT III			.001313		.003967		.001231	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON-	OTHER	PATIENT	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	CILIAATION	ADMIN & GENERAL ACCUM COST	TRANSPRTN	OF PLANT	& LINEN SERVICE POUNDS OF LAUNDRY	KEEPING	MEALS SERVED	MEALS SERVED	
	6A.05	6.05	6.06	8	9	10	11	12	
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY		3000319						56919	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		2262							93
95 SUBTOTALS	-44913734	242721164	42049	911138	4042464	872678	474544	3166152	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C		345305		1801		1801			5308 96
98 PHYSICIANS' PRIVATE OFFICES		11834943		26711	309	26711			45795 98
98.01 OTHER NON-REIMBURSEABLE COST		3475671		3457	43833	3457			16584 98.01
98.02 FAMILY HEALTH/GARY COMM HEALT		215705		8997	3672	8997			98.02
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I		44913734	1666680	28257925	2967083	7549731	6494810	4989767	103
104 UNIT COST MULT-WS B PT I			39.636614		.725399		13.686423		104
104 UNIT COST MULT-WS B PT I		.173685		29.679452		8.263318		1.542986	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		2483981	14622	7036146	557645	683463	639681	633571	107
108 UNIT COST MULT-WS B PT III			.347737		.136334		1.347991		108
108 UNIT COST MULT-WS B PT III		.009606		7.390102		.748063		.195919	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION MEALS SERVED 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	PHARMACY COSTED REQUIS. 16	MEDICAL RECORDS & LIBRARY GROSS REVENUE 17	SOCIAL SERVICE TIME SPENT 18	STAFF EDUC TIME SPENT 18.01	MEDICAL EDUC ASSIGNED TIME 18.02	I&R PROGRAM COSTS ASSIGNED TIME 23	
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY		8025	8482			423			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	1871074	19565840	9897056	567309056	100	76459	1630	1630	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C			1994			43			96
98 PHYSICIANS' PRIVATE OFFICES		15325	1818			1799	8	8	98
98.01 OTHER NON-REIMBURSEABLE COST		917				433	25	25	98.01
98.02 FAMILY HEALTH/GARY COMM HEALT							599	599	98.02
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	4301423	4682020	9797498	5010471	3304749	1118810	149819	1216880	103
104 UNIT COST MULT-WS B PT I	2.298906		.989560		33047.490000		66.232980		104
104 UNIT COST MULT-WS B PT I		.239097		.008832		14.209998		537.966401	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	242622	1213620	700056	410592	89666	351621	13467	151968	107
108 UNIT COST MULT-WS B PT III	.129670		.070707		896.660000		5.953581		108
108 UNIT COST MULT-WS B PT III		.061976		.000724		4.465936		67.183024	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMED EDUCATION	ASSIGNED TIME	
		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 DATA PROCESSING			6.01
6.02 PURCHASING RECEIVING STORES			6.02
6.03 ADMITTING & REGISTRATION			6.03
6.04 CASH, A/R & COLLECTIONS			6.04
6.05 OTHER ADMIN & GENERAL			6.05
6.06 PATIENT TRANSPORTATION			6.06
7 MAINTENANCE & REPAIRS			7
8 OPERATION OF PLANT			8
9 LAUNDRY & LINEN SERVICE			9
10 HOUSEKEEPING			10
11 DIETARY			11
12 CAFETERIA			12
13 MAINTENANCE OF PERSONNEL			13
14 NURSING ADMINISTRATION			14
15 CENTRAL SERVICES & SUPPLY			15
16 PHARMACY			16
17 MEDICAL RECORDS & LIBRARY			17
18 SOCIAL SERVICE			18
18.01 STAFF EDUCATION			18.01
18.02 MEDICAL EDUCATION			18.02
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)	3104		24
INPATIENT ROUTINE SERV COST CENTERS			
25 ADULTS & PEDIATRICS	192		25
26 INTENSIVE CARE UNIT	128		26
26.01 NEONATAL ICU	128		26.01
31 SUBPROVIDER I			31
31.01 SUBPROVIDER II PSYCH/ALCOHOL			31.01
33 NURSERY			33
34 SKILLED NURSING FACILITY			34
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	192		37
38 RECOVERY ROOM			38
39 DELIVERY ROOM & LABOR ROOM			39
40 ANESTHESIOLOGY			40
41 RADIOLOGY-DIAGNOSTIC			41
41.01 RADIOLOGY - ANGIOGRAPHY			41.01
41.02 RADIOLOGY - ULTRASOUND			41.02
42 RADIOLOGY-THERAPEUTIC			42
43 RADIOISOTOPE			43
43.01 MRI			43.01
44 LABORATORY	64		44
46 WHOLE BLOOD & PACKED RED BLOO			46
46.30 BLOOD CLOTTING FACTORS ADMIN			46.30
49 RESPIRATORY THERAPY	128		49
50 PHYSICAL THERAPY			50
51 OCCUPATIONAL THERAPY			51
52 SPEECH PATHOLOGY			52
53.01 EKG & EEG			53.01
55 MEDICAL SUPPLIES CHARGED TO P			55
56 DRUGS CHARGED TO PATIENTS			56
57 RENAL DIALYSIS			57
59 CT SCAN			59
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	64		60
60.01 O/P COUNSELING			60.01
61 EMERGENCY	2200		61
62 OBSERVATION BEDS (NON-DISTINC			62
63.50 RHC			63.50
63.60 FQHC			63.60
OTHER REIMBURSABLE COST CENTERS			
69.10 CMHC			69.10
69.20 OUTPATIENT PHYSICAL THERAPY			69.20
69.30 OUTPATIENT OCCUPATIONAL THERA			69.30

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMED EDUCATION	ASSIGNED TIME	
		24	
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	3096		95
NONREIMBURSABLE COST CENTERS			
96 GIFT, FLOWER, COFFEE SHOP & C			96
98 PHYSICIANS' PRIVATE OFFICES	8		98
98.01 OTHER NON-REIMBURSEABLE COST			98.01
98.02 FAMILY HEALTH/GARY COMM HEALT			98.02
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 COST TO BE ALLOC PER B PT I	923130		103
104 UNIT COST MULT-WS B PT I	297.400129		104
104 UNIT COST MULT-WS B PT I			104
105 COST TO BE ALLOC PER B PT II			105
106 UNIT COST MULT-WS B PT II			106
106 UNIT COST MULT-WS B PT II			106
107 COST TO BE ALLOC PER B PT III	126016		107
108 UNIT COST MULT-WS B PT III	40.597938		108
108 UNIT COST MULT-WS B PT III			108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (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	73640429		73640429	161427	73801856	25
26 INTENSIVE CARE UNIT	13982777		13982777	36025	14018802	26
26.01 NEONATAL ICU	4189444		4189444		4189444	26.01
31 SUBPROVIDER I	6619170		6619170		6619170	31
31.01 SUBPROVIDER II PSYCH/ALCOHO						31.01
33 NURSERY	3415757		3415757		3415757	33
34 SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTERS	7700841		7700841		7700841	34
37 OPERATING ROOM	14547099		14547099	728992	15276091	37
38 RECOVERY ROOM	3668050		3668050		3668050	38
39 DELIVERY ROOM & LABOR ROOM	5184906		5184906		5184906	39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC	9631894		9631894		9631894	41
41.01 RADIOLOGY - ANGIOGRAPHY	7835368		7835368		7835368	41.01
41.02 RADIOLOGY - ULTRASOUND	2666964		2666964		2666964	41.02
42 RADIOLOGY-THERAPEUTIC	2855895		2855895		2855895	42
43 RADIOISOTOPE	2177572		2177572		2177572	43
43.01 MRI	1510555		1510555		1510555	43.01
44 LABORATORY	11885787		11885787		11885787	44
46 WHOLE BLOOD & PACKED RED BL	5682089		5682089		5682089	46
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	4903991		4903991	4155	4908146	49
50 PHYSICAL THERAPY	3650656		3650656		3650656	50
51 OCCUPATIONAL THERAPY	2597449		2597449		2597449	51
52 SPEECH PATHOLOGY	590227		590227		590227	52
53.01 EKG & EEG	3238782		3238782		3238782	53.01
55 MEDICAL SUPPLIES CHARGED TO	28200949		28200949		28200949	55
56 DRUGS CHARGED TO PATIENTS	23011064		23011064		23011064	56
57 RENAL DIALYSIS	2081081		2081081		2081081	57
59 CT SCAN	3759573		3759573		3759573	59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	14976396		14976396	49059	15025455	60
60.01 O/P COUNSELING	1046		1046		1046	60.01
61 EMERGENCY	14049603		14049603		14049603	61
62 OBSERVATION BEDS (NON-DISTI	5311407		5311407		5311407	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	283566821		283566821	979658	284546479	101
102 LESS OBSERVATION BEDS	5311407		5311407		5311407	102
103 TOTAL	278255414		278255414	979658	279235072	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL 8			
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	47263068		47263068			25
26 INTENSIVE CARE UNIT	12259090		12259090			26
26.01 NEONATAL ICU	5601226		5601226			26.01
31 SUBPROVIDER I	4500036		4500036			31
31.01 SUBPROVIDER II PSYCH/ALCOHO						31.01
33 NURSERY	1335454		1335454			33
34 SKILLED NURSING FACILITY	5024605		5024605			34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	55262392	22605698	77868090	.186817	.186817	.196179 37
38 RECOVERY ROOM	3773204	3207035	6980239	.525491	.525491	.525491 38
39 DELIVERY ROOM & LABOR ROOM	1524325	1693961	3218286	1.611077	1.611077	1.611077 39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC	6615191	12566412	19181603	.502142	.502142	.502142 41
41.01 RADIOLOGY - ANGIOGRAPHY	13162938	11441547	24604485	.318453	.318453	.318453 41.01
41.02 RADIOLOGY - ULTRASOUND	4030849	5931123	9961972	.267714	.267714	.267714 41.02
42 RADIOLOGY-THERAPEUTIC	870327	10227176	11097503	.257346	.257346	.257346 42
43 RADIOISOTOPE	4381263	2670704	7051967	.308789	.308789	.308789 43
43.01 MRI	6589454	6809448	13398902	.112737	.112737	.112737 43.01
44 LABORATORY	35201782	29974906	65176688	.182363	.182363	.182363 44
46 WHOLE BLOOD & PACKED RED BL	4708321	506087	5214408	1.089690	1.089690	1.089690 46
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	7010970	648136	7659106	.640282	.640282	.640282 49
50 PHYSICAL THERAPY	6465129	22239	6487368	.562733	.562733	.562733 50
51 OCCUPATIONAL THERAPY	5275916	6215	5282131	.491743	.491743	.491743 51
52 SPEECH PATHOLOGY	475131	4681	479812	1.230121	1.230121	1.230121 52
53.01 EKG & EEG	10352325	5493533	15845858	.204393	.204393	.204393 53.01
55 MEDICAL SUPPLIES CHARGED TO	26355192	12906462	39261654	.718282	.718282	.718282 55
56 DRUGS CHARGED TO PATIENTS	57349404	7908727	65258131	.352616	.352616	.352616 56
57 RENAL DIALYSIS	1781504	59704	1841208	1.130280	1.130280	1.130280 57
59 CT SCAN	20130055	23692254	43822309	.085791	.085791	.085791 59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	3803298	15116939	18920237	.791554	.791554	.791554 60
60.01 O/P COUNSELING	244		244	4.286885	4.286885	4.286885 60.01
61 EMERGENCY	11738315	26238799	37977114	.369949	.369949	.369949 61
62 OBSERVATION BEDS (NON-DISTI	592794	4143468	4736262	1.121434	1.121434	1.121434 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	363433802	203875254	567309056			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	363433802	203875254	567309056			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS				10438011		10438011	25
26 INTENSIVE CARE UNIT				920276		920276	26
26.01 NEONATAL ICU				138299		138299	26.01
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I				1110418		1110418	31
31.01 SUBPROVIDER II PSYCH/ALCOHOL							31.01
33 NURSERY				803239		803239	33
101 TOTAL				13410243		13410243	101

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	88622	44374			117.78	5226370	25
26 INTENSIVE CARE UNIT	10135	5625			90.80	510750	26
26.01 NEONATAL ICU	2862				48.32		26.01
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I	9000	7201			123.38	888459	31
31.01 SUBPROVIDER II PSYCH/ALCOHOL							31.01
33 NURSERY	3197				251.25		33
101 TOTAL	113816	57200				6625579	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (15-0002) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		2262713	77868090	24656546			.029058	716470 37
38 RECOVERY ROOM		533524	6980239	1613683			.076433	123339 38
39 DELIVERY ROOM & LABOR ROOM		323590	3218286	7116			.100547	715 39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC		1786590	19181603	2585516			.093141	240818 41
41.01 RADIOLOGY - ANGIOGRAPHY		416000	24604485	8666576			.016907	146526 41.01
41.02 RADIOLOGY - ULTRASOUND		210646	9961972	2279128			.021145	48192 41.02
42 RADIOLOGY-THERAPEUTIC		477609	11097503	291187			.043038	12532 42
43 RADIOISOTOPE		320934	7051967	2374522			.045510	108064 43
43.01 MRI		177967	13398902	3430103			.013282	45559 43.01
44 LABORATORY		1038111	65176688	18670608			.015928	297385 44
46 WHOLE BLOOD & PACKED RED BLOO		80072	5214408	2016064			.015356	30959 46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		328200	7659106	3791920			.042851	162488 49
50 PHYSICAL THERAPY		440578	6487368	1491472			.067913	101290 50
51 OCCUPATIONAL THERAPY		364616	5282131	629794			.069028	43473 51
52 SPEECH PATHOLOGY		62873	479812	154226			.131037	20209 52
53.01 EKG & EEG		336258	15845858	5717959			.021221	121341 53.01
55 MEDICAL SUPPLIES CHARGED TO P		1337771	39261654	16699153			.034073	568990 55
56 DRUGS CHARGED TO PATIENTS		998128	65258131	25592196			.015295	391433 56
57 RENAL DIALYSIS		157687	1841208	1188570			.085643	101793 57
59 CT SCAN		256310	43822309	10191802			.005849	59612 59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		2566624	18920237	1881239			.135655	255199 60
60.01 O/P COUNSELING		200	244				.819672	60.01
61 EMERGENCY		1214165	37977114	6185169			.031971	197746 61
62 OBSERVATION BEDS (NON-DISTINC		751208	4736262	256512			.158608	40685 62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		16442374	491325577	140371061				3834818 101

PROVIDER NO. 15-0002 THE METHODIST HOSP, INC.- NORT
 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: 2008.05
 11/13/2008 12:23

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER	DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	INPATIENT
		ANESTHETIST	EDUCATION	ADJUSTMENT	COSTS	PATIENT	DIEM	PROGRAM	PROGRAM
		COST	COST	AMOUNT		DAYS		DAYS	PASS THRU
		1	2	3	4	5	6	7	8
	INPAT ROUTINE SERV COST CTRS								
25	ADULTS & PEDIATRICS		57101		57101	88622	.64	44374	28399 25
26	INTENSIVE CARE UNIT		38067		38067	10135	3.76	5625	21150 26
26.01	NEONATAL ICU		38067		38067	2862	13.30		26.01 27
27	CORONARY CARE UNIT								27
28	BURN INTENSIVE CARE UNIT								28
29	SURGICAL INTENSIVE CARE UNIT								29
30	OTHER SPECIAL CARE (SPECIFY)								30
31	SUBPROVIDER I					9000		7201	31
31.01	SUBPROVIDER II PSYCH/ALCOHOL								31.01
33	NURSERY					3197			33
34	SKILLED NURSING FACILITY					11654		10281	34
35	NURSING FACILITY								35
101	TOTAL		133235		133235	125470		67481	49549 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (15-0002) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST	NONPHYSICIAN ANESTHETIST	MEDICAL EDUCATION				
	COST 1	COST 1.01	COST 2				
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM			57101				57101 37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 RADIOLOGY - ANGIOGRAPHY							41.01
41.02 RADIOLOGY - ULTRASOUND							41.02
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
43.01 MRI							43.01
44 LABORATORY			19034				19034 44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY			38067				38067 49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53.01 EKG & EEG							53.01
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 CT SCAN							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC			19034				19034 60
60.01 O/P COUNSELING							60.01
61 EMERGENCY			654280				654280 61
62 OBSERVATION BEDS (NON-DISTINC			4111				4111 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL			791627				791627 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (15-0002) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT	
	PASS THROUGH			TO		PROGRAM		PROGRAM
	COSTS	CHARGES	COST TO	TO	CHARGES	PASS THROUGH	PROGRAM	
	3.01	4	CHARGES	CHARGES	6	COSTS	CHARGES	
			5	5.01		7	8	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	57101	77868090	.000733	.000733	24656546	18073	8525629	37
38 RECOVERY ROOM		6980239			1613683		1796574	38
39 DELIVERY ROOM & LABOR ROOM		3218286			7116			39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC		19181603			2585516		7051849	41
41.01 RADIOLOGY - ANGIOGRAPHY		24604485			8666576		3515383	41.01
41.02 RADIOLOGY - ULTRASOUND		9961972			2279128		1511582	41.02
42 RADIOLOGY-THERAPEUTIC		11097503			291187		4396588	42
43 RADIOISOTOPE		7051967			2374522		1295723	43
43.01 MRI		13398902			3430103		2263584	43.01
44 LABORATORY	19034	65176688	.000292	.000292	18670608	5452	452103	44
46 WHOLE BLOOD & PACKED RED BLOO		5214408			2016064		74936	46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	38067	7659106	.004970	.004970	3791920	18846	206968	49
50 PHYSICAL THERAPY		6487368			1491472		2004	50
51 OCCUPATIONAL THERAPY		5282131			629794		334	51
52 SPEECH PATHOLOGY		479812			154226			52
53.01 EKG & EEG		15845858			5717959		1538448	53.01
55 MEDICAL SUPPLIES CHARGED TO P		39261654			16699153		7428304	55
56 DRUGS CHARGED TO PATIENTS		65258131			25592196		2252093	56
57 RENAL DIALYSIS		1841208			1188570		54772	57
59 CT SCAN		43822309			10191802		7982710	59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	19034	18920237	.001006	.001006	1881239	1893	2869875	60
60.01 O/P COUNSELING		244						60.01
61 EMERGENCY	654280	37977114	.017228	.017228	6185169	106558	4956153	61
62 OBSERVATION BEDS (NON-DISTINC	4111	4736262	.000868	.000868	256512	223	1170981	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	791627	491325577			140371061	151045	59346593	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (15-0002) [] 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			6249		37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 RADIOLOGY - ANGIOGRAPHY					41.01
41.02 RADIOLOGY - ULTRASOUND					41.02
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
43.01 MRI					43.01
44 LABORATORY			132		44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY			1029		49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53.01 EKG & EEG					53.01
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 CT SCAN					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC			2887		60
60.01 O/P COUNSELING					60.01
61 EMERGENCY			85385		61
62 OBSERVATION BEDS (NON-DISTINC			1016		62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL			96698		101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (15-0002) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES			
	PART II	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER	
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT	
	1	1.01	1.02	SURGICAL	CENTER	DIAGNOSTIC	
				2	3	4	
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	.186817	.186817	.186817				37
38 RECOVERY ROOM	.525491	.525491	.525491				38
39 DELIVERY ROOM & LABOR ROOM	1.611077	1.611077	1.611077				39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC	.502142	.502142	.502142				41
41.01 RADIOLOGY - ANGIOGRAPHY	.318453	.318453	.318453				41.01
41.02 RADIOLOGY - ULTRASOUND	.267714	.267714	.267714				41.02
42 RADIOLOGY-THERAPEUTIC	.257346	.257346	.257346				42
43 RADIOISOTOPE	.308789	.308789	.308789				43
43.01 MRI	.112737	.112737	.112737				43.01
44 LABORATORY	.182363	.182363	.182363				44
46 WHOLE BLOOD & PACKED RED BLOOD	1.089690	1.089690	1.089690				46
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY	.640282	.640282	.640282				49
50 PHYSICAL THERAPY	.562733	.562733	.562733				50
51 OCCUPATIONAL THERAPY	.491743	.491743	.491743				51
52 SPEECH PATHOLOGY	1.230121	1.230121	1.230121				52
53.01 EKG & EEG	.204393	.204393	.204393				53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.718282	.718282	.718282				55
56 DRUGS CHARGED TO PATIENTS	.352616	.352616	.352616				56
57 RENAL DIALYSIS	1.130280	1.130280	1.130280				57
59 CT SCAN	.085791	.085791	.085791				59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	.791554	.791554	.791554				60
60.01 O/P COUNSELING	4.286885	4.286885	4.286885				60.01
61 EMERGENCY	.369949	.369949	.369949				61
62 OBSERVATION BEDS (NON-DISTINCT	1.121434	1.121434	1.121434				62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL							101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES							104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES		1	.352616	1
2 PROGRAM VACCINE CHARGES			1254	2
2.01 PROGRAM VACCINE CHARGES				2.01
3 PROGRAM COSTS			442	3
3.01 PROGRAM COSTS				3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (15-0002) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST			
	ALL OTHER (1)	PPS SER-VICES	ALL OTHER	PPS SER-VICES	PPS SER-VICES	OUTPATIENT AMBULATORY	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC	
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	SURGICAL CENTER	7	8	
	5	5.01	5.02	5.03	5.04	6			
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		8525629							37
38 RECOVERY ROOM		1796574							38
39 DELIVERY ROOM & LABOR ROOM									39
40 ANESTHESIOLOGY									40
41 RADIOLOGY-DIAGNOSTIC		7051849							41
41.01 RADIOLOGY - ANGIOGRAPHY		3515383							41.01
41.02 RADIOLOGY - ULTRASOUND		1511582							41.02
42 RADIOLOGY-THERAPEUTIC		4396588							42
43 RADIOISOTOPE		1295723							43
43.01 MRI		2263584							43.01
44 LABORATORY		452103							44
46 WHOLE BLOOD & PACKED RED BLOOD		74936							46
46.30 BLOOD CLOTTING FACTORS ADMIN C									46.30
49 RESPIRATORY THERAPY		206968							49
50 PHYSICAL THERAPY		2004							50
51 OCCUPATIONAL THERAPY		334							51
52 SPEECH PATHOLOGY									52
53.01 EKG & EEG		1538448							53.01
55 MEDICAL SUPPLIES CHARGED TO PA		7428304	62						55
56 DRUGS CHARGED TO PATIENTS		2252093	72						56
57 RENAL DIALYSIS		54772							57
59 CT SCAN		7982710							59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		2869875							60
60.01 O/P COUNSELING									60.01
61 EMERGENCY		4956153							61
62 OBSERVATION BEDS (NON-DISTINCT)		1170981	2240						62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65.01 AMBULANCE SERVICES (2ND PERIOD)									65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)									65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)									65.03
101 SUBTOTAL		59346593	2374						101
102 CRNA CHARGES									102
103 PBP CLINIC LAB									103
104 NET CHARGES		59346593	2374						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (15-0002) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		1592732					37
38 RECOVERY ROOM		944083					38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC		3541030					41
41.01 RADIOLOGY - ANGIOGRAPHY		1119484					41.01
41.02 RADIOLOGY - ULTRASOUND		404672					41.02
42 RADIOLOGY-THERAPEUTIC		1131444					42
43 RADIOISOTOPE		400105					43
43.01 MRI		255190					43.01
44 LABORATORY		82447					44
46 WHOLE BLOOD & PACKED RED BLOOD		81657					46
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		132518					49
50 PHYSICAL THERAPY		1128					50
51 OCCUPATIONAL THERAPY		164					51
52 SPEECH PATHOLOGY							52
53.01 EKG & EEG		314448					53.01
55 MEDICAL SUPPLIES CHARGED TO PAT		5335617	45				55
56 DRUGS CHARGED TO PATIENTS		794124	25				56
57 RENAL DIALYSIS		61908					57
59 CT SCAN		684845					59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		2271661					60
60.01 O/P COUNSELING							60.01
61 EMERGENCY		1833524					61
62 OBSERVATION BEDS (NON-DISTINCT)		1313178	2512				62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL		22295959	2582				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		22295959	2582				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-T002) [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		2262713	77868090	138241			.029058	4017 37
38 RECOVERY ROOM		533524	6980239	15554			.076433	1189 38
39 DELIVERY ROOM & LABOR ROOM		323590	3218286				.100547	39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC		1786590	19181603	33958			.093141	3163 41
41.01 RADIOLOGY - ANGIOGRAPHY		416000	24604485	131841			.016907	2229 41.01
41.02 RADIOLOGY - ULTRASOUND		210646	9961972	66560			.021145	1407 41.02
42 RADIOLOGY-THERAPEUTIC		477609	11097503	17247			.043038	742 42
43 RADIOISOTOPE		320934	7051967	43431			.045510	1977 43
43.01 MRI		177967	13398902	100256			.013282	1332 43.01
44 LABORATORY		1038111	65176688	628632			.015928	10013 44
46 WHOLE BLOOD & PACKED RED BLOO		80072	5214408	38904			.015356	597 46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		328200	7659106	75911			.042851	3253 49
50 PHYSICAL THERAPY		440578	6487368	2243088			.067913	152335 50
51 OCCUPATIONAL THERAPY		364616	5282131	2406761			.069028	166134 51
52 SPEECH PATHOLOGY		62873	479812	124479			.131037	16311 52
53.01 EKG & EEG		336258	15845858	76191			.021221	1617 53.01
55 MEDICAL SUPPLIES CHARGED TO P		1337771	39261654	135947			.034073	4632 55
56 DRUGS CHARGED TO PATIENTS		998128	65258131	1475809			.015295	22572 56
57 RENAL DIALYSIS		157687	1841208	148710			.085643	12736 57
59 CT SCAN		256310	43822309	164592			.005849	963 59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		2566624	18920237	31148			.135655	4225 60
60.01 O/P COUNSELING		200	244				.819672	60.01
61 EMERGENCY		1214165	37977114	1113			.031971	36 61
62 OBSERVATION BEDS (NON-DISTINC		751208	4736262				.158608	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		16442374	491325577	8098373				411480 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-T002) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			MEDICAL EDUCATION COST	N/A 2.01	N/A 2.02	N/A 2.03	TOTAL COSTS 3
	NONPHYSICIAN ANESTHETIST COST 1	NONPHYSICIAN ANESTHETIST COST 1.01						
	ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM			57101				57101	37
38 RECOVERY ROOM								38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC								41
41.01 RADIOLOGY - ANGIOGRAPHY								41.01
41.02 RADIOLOGY - ULTRASOUND								41.02
42 RADIOLOGY-THERAPEUTIC								42
43 RADIOISOTOPE								43
43.01 MRI								43.01
44 LABORATORY			19034				19034	44
46 WHOLE BLOOD & PACKED RED BLOO								46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY			38067				38067	49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53.01 EKG & EEG								53.01
55 MEDICAL SUPPLIES CHARGED TO P								55
56 DRUGS CHARGED TO PATIENTS								56
57 RENAL DIALYSIS								57
59 CT SCAN								59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC			19034				19034	60
60.01 O/P COUNSELING								60.01
61 EMERGENCY			654280				654280	61
62 OBSERVATION BEDS (NON-DISTINC			4111				4111	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL			791627				791627	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-T002) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	PROGRAM
	COSTS	CHARGES	COST TO	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	57101	77868090	.000733	.000733	138241	101	37
38 RECOVERY ROOM		6980239			15554		38
39 DELIVERY ROOM & LABOR ROOM		3218286					39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC		19181603			33958		41
41.01 RADIOLOGY - ANGIOGRAPHY		24604485			131841		41.01
41.02 RADIOLOGY - ULTRASOUND		9961972			66560		41.02
42 RADIOLOGY-THERAPEUTIC		11097503			17247		42
43 RADIOISOTOPE		7051967			43431		43
43.01 MRI		13398902			100256		43.01
44 LABORATORY	19034	65176688	.000292	.000292	628632	184	44
46 WHOLE BLOOD & PACKED RED BLOO		5214408			38904		46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY	38067	7659106	.004970	.004970	75911	377	49
50 PHYSICAL THERAPY		6487368			2243088		50
51 OCCUPATIONAL THERAPY		5282131			2406761		51
52 SPEECH PATHOLOGY		479812			124479		52
53.01 EKG & EEG		15845858			76191		53.01
55 MEDICAL SUPPLIES CHARGED TO P		39261654			135947		55
56 DRUGS CHARGED TO PATIENTS		65258131			1475809		56
57 RENAL DIALYSIS		1841208			148710		57
59 CT SCAN		43822309			164592		59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	19034	18920237	.001006	.001006	31148	31	60
60.01 O/P COUNSELING		244					60.01
61 EMERGENCY	654280	37977114	.017228	.017228	1113	19	61
62 OBSERVATION BEDS (NON-DISTINC	4111	4736262	.000868	.000868			62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	791627	491325577			8098373	712	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-T002) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 RADIOLOGY - ANGIOGRAPHY					41.01
41.02 RADIOLOGY - ULTRASOUND					41.02
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
43.01 MRI					43.01
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53.01 EKG & EEG					53.01
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 CT SCAN					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 O/P COUNSELING					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
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 (15-5652) [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST	NONPHYSICIAN ANESTHETIST	MEDICAL EDUCATION				
	COST 1	COST 1.01	COST 2				
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM			57101				57101 37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 RADIOLOGY - ANGIOGRAPHY							41.01
41.02 RADIOLOGY - ULTRASOUND							41.02
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
43.01 MRI							43.01
44 LABORATORY			19034				19034 44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY			38067				38067 49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53.01 EKG & EEG							53.01
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 CT SCAN							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC			19034				19034 60
60.01 O/P COUNSELING							60.01
61 EMERGENCY			654280				654280 61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL			787516				787516 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 (15-5652) [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	PROGRAM
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	57101	77868090	.000733	.000733	23905	18	37
38 RECOVERY ROOM		6980239			4386		38
39 DELIVERY ROOM & LABOR ROOM		3218286					39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC		19181603			22262		41
41.01 RADIOLOGY - ANGIOGRAPHY		24604485			159225		41.01
41.02 RADIOLOGY - ULTRASOUND		9961972			89504		41.02
42 RADIOLOGY-THERAPEUTIC		11097503			40752		42
43 RADIOISOTOPE		7051967			55219		43
43.01 MRI		13398902			5558		43.01
44 LABORATORY	19034	65176688	.000292	.000292	896578	262	44
46 WHOLE BLOOD & PACKED RED BLOO		5214408			98922		46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY	38067	7659106	.004970	.004970	238756	1187	49
50 PHYSICAL THERAPY		6487368			1374205		50
51 OCCUPATIONAL THERAPY		5282131			1223908		51
52 SPEECH PATHOLOGY		479812			54436		52
53.01 EKG & EEG		15845858			53556		53.01
55 MEDICAL SUPPLIES CHARGED TO P		39261654			412137		55
56 DRUGS CHARGED TO PATIENTS		65258131			3266197		56
57 RENAL DIALYSIS		1841208			2600		57
59 CT SCAN		43822309			2778		59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	19034	18920237	.001006	.001006	45642	46	60
60.01 O/P COUNSELING		244					60.01
61 EMERGENCY	654280	37977114	.017228	.017228			61
62 OBSERVATION BEDS (NON-DISTINC		4736262					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	787516	491325577			8070526	1513	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 (15-5652) [] 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
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 RADIOLOGY - ANGIOGRAPHY					41.01
41.02 RADIOLOGY - ULTRASOUND					41.02
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
43.01 MRI					43.01
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53.01 EKG & EEG					53.01
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 CT SCAN					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 O/P COUNSELING					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS				10438011		10438011	25
26 INTENSIVE CARE UNIT				920276		920276	26
26.01 NEONATAL ICU				138299		138299	26.01
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I				1110418		1110418	31
31.01 SUBPROVIDER II PSYCH/ALCOHOL							31.01
33 NURSERY				803239		803239	33
101 TOTAL				13410243		13410243	101

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	88622	7319			117.78	862032	25
26 INTENSIVE CARE UNIT	10135	1685			90.80	152998	26
26.01 NEONATAL ICU	2862	264			48.32	12756	26.01
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I	9000	636			123.38	78470	31
31.01 SUBPROVIDER II PSYCH/ALCOHOL							31.01
33 NURSERY	3197	1072			251.25	269340	33
101 TOTAL	113816	10976				1375596	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (15-0002) [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL	CAPITAL			RATIO OF	CAPITAL	RATIO OF	CAPITAL
	RELATED	RELATED	CHARGES	PROGRAM	COST TO	COSTS	COST TO	COSTS
	COST	COST		CHARGES	CHARGES		CHARGES	
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		2262713	77868090				.029058	37
38 RECOVERY ROOM		533524	6980239				.076433	38
39 DELIVERY ROOM & LABOR ROOM		323590	3218286				.100547	39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC		1786590	19181603				.093141	41
41.01 RADIOLOGY - ANGIOGRAPHY		416000	24604485				.016907	41.01
41.02 RADIOLOGY - ULTRASOUND		210646	9961972				.021145	41.02
42 RADIOLOGY-THERAPEUTIC		477609	11097503				.043038	42
43 RADIOISOTOPE		320934	7051967				.045510	43
43.01 MRI		177967	13398902				.013282	43.01
44 LABORATORY		1038111	65176688				.015928	44
46 WHOLE BLOOD & PACKED RED BLOO		80072	5214408				.015356	46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		328200	7659106				.042851	49
50 PHYSICAL THERAPY		440578	6487368				.067913	50
51 OCCUPATIONAL THERAPY		364616	5282131				.069028	51
52 SPEECH PATHOLOGY		62873	479812				.131037	52
53.01 EKG & EEG		336258	15845858				.021221	53.01
55 MEDICAL SUPPLIES CHARGED TO P		1337771	39261654				.034073	55
56 DRUGS CHARGED TO PATIENTS		998128	65258131				.015295	56
57 RENAL DIALYSIS		157687	1841208				.085643	57
59 CT SCAN		256310	43822309				.005849	59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		2566624	18920237				.135655	60
60.01 O/P COUNSELING		200	244				.819672	60.01
61 EMERGENCY		1214165	37977114				.031971	61
62 OBSERVATION BEDS (NON-DISTINC		751208	4736262				.158608	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		16442374	491325577					101

PROVIDER NO. 15-0002 THE METHODIST HOSP, INC.- NORT
 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: 2008.05
 11/13/2008 12:23

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER	DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	INPATIENT
		ANESTHETIST	EDUCATION	ADJUSTMENT	COSTS	PATIENT		PROGRAM	PROGRAM
		COST	COST	AMOUNT		DAYS	DIEM	DAYS	PASS THRU
		1	2	3	4	5	6	7	8
	INPAT ROUTINE SERV COST CTRS								
25	ADULTS & PEDIATRICS		57101		57101	88622	.64	7319	4684 25
26	INTENSIVE CARE UNIT		38067		38067	10135	3.76	1685	6336 26
26.01	NEONATAL ICU		38067		38067	2862	13.30	264	3511 26.01
27	CORONARY CARE UNIT								27
28	BURN INTENSIVE CARE UNIT								28
29	SURGICAL INTENSIVE CARE UNIT								29
30	OTHER SPECIAL CARE (SPECIFY)								30
31	SUBPROVIDER I					9000		636	31
31.01	SUBPROVIDER II PSYCH/ALCOHOL								31.01
33	NURSERY					3197		1072	33
34	SKILLED NURSING FACILITY					11654			34
35	NURSING FACILITY								35
101	TOTAL		133235		133235	125470		10976	14531 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (15-0002) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A 2.01	N/A 2.02	N/A 2.03	TOTAL COSTS 3
	NONPHYSICIAN ANESTHETIST COST 1	NONPHYSICIAN ANESTHETIST COST 1.01	MEDICAL EDUCATION COST 2				
	ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM			57101				57101 37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 RADIOLOGY - ANGIOGRAPHY							41.01
41.02 RADIOLOGY - ULTRASOUND							41.02
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
43.01 MRI							43.01
44 LABORATORY			19034				19034 44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY			38067				38067 49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53.01 EKG & EEG							53.01
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 CT SCAN							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC			19034				19034 60
60.01 O/P COUNSELING							60.01
61 EMERGENCY			654280				654280 61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL			787516				787516 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (15-0002) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	PASS THROUGH
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	CHARGES	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	57101	77868090	.000733	.000733			37
38 RECOVERY ROOM		6980239					38
39 DELIVERY ROOM & LABOR ROOM		3218286					39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC		19181603					41
41.01 RADIOLOGY - ANGIOGRAPHY		24604485					41.01
41.02 RADIOLOGY - ULTRASOUND		9961972					41.02
42 RADIOLOGY-THERAPEUTIC		11097503					42
43 RADIOISOTOPE		7051967					43
43.01 MRI		13398902					43.01
44 LABORATORY	19034	65176688	.000292	.000292			44
46 WHOLE BLOOD & PACKED RED BLOO		5214408					46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY	38067	7659106	.004970	.004970			49
50 PHYSICAL THERAPY		6487368					50
51 OCCUPATIONAL THERAPY		5282131					51
52 SPEECH PATHOLOGY		479812					52
53.01 EKG & EEG		15845858					53.01
55 MEDICAL SUPPLIES CHARGED TO P		39261654					55
56 DRUGS CHARGED TO PATIENTS		65258131					56
57 RENAL DIALYSIS		1841208					57
59 CT SCAN		43822309					59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	19034	18920237	.001006	.001006			60
60.01 O/P COUNSELING		244					60.01
61 EMERGENCY	654280	37977114	.017228	.017228			61
62 OBSERVATION BEDS (NON-DISTINC		4736262					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	787516	491325577					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (15-0002) [] 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
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 RADIOLOGY - ANGIOGRAPHY					41.01
41.02 RADIOLOGY - ULTRASOUND					41.02
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
43.01 MRI					43.01
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53.01 EKG & EEG					53.01
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 CT SCAN					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 O/P COUNSELING					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (15-T002) [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL	CAPITAL			RATIO OF	CAPITAL	RATIO OF	CAPITAL
	RELATED	RELATED	CHARGES	PROGRAM	COST TO	COSTS	COST TO	COSTS
	COST	COST		CHARGES	CHARGES		CHARGES	
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		2262713	77868090				.029058	37
38 RECOVERY ROOM		533524	6980239				.076433	38
39 DELIVERY ROOM & LABOR ROOM		323590	3218286				.100547	39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC		1786590	19181603				.093141	41
41.01 RADIOLOGY - ANGIOGRAPHY		416000	24604485				.016907	41.01
41.02 RADIOLOGY - ULTRASOUND		210646	9961972				.021145	41.02
42 RADIOLOGY-THERAPEUTIC		477609	11097503				.043038	42
43 RADIOISOTOPE		320934	7051967				.045510	43
43.01 MRI		177967	13398902				.013282	43.01
44 LABORATORY		1038111	65176688				.015928	44
46 WHOLE BLOOD & PACKED RED BLOO		80072	5214408				.015356	46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		328200	7659106				.042851	49
50 PHYSICAL THERAPY		440578	6487368				.067913	50
51 OCCUPATIONAL THERAPY		364616	5282131				.069028	51
52 SPEECH PATHOLOGY		62873	479812				.131037	52
53.01 EKG & EEG		336258	15845858				.021221	53.01
55 MEDICAL SUPPLIES CHARGED TO P		1337771	39261654				.034073	55
56 DRUGS CHARGED TO PATIENTS		998128	65258131				.015295	56
57 RENAL DIALYSIS		157687	1841208				.085643	57
59 CT SCAN		256310	43822309				.005849	59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		2566624	18920237				.135655	60
60.01 O/P COUNSELING		200	244				.819672	60.01
61 EMERGENCY		1214165	37977114				.031971	61
62 OBSERVATION BEDS (NON-DISTINC		751208	4736262				.158608	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		16442374	491325577					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-T002) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST	NONPHYSICIAN ANESTHETIST	MEDICAL EDUCATION				
	COST 1	COST 1.01	COST 2				
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM			57101				57101 37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 RADIOLOGY - ANGIOGRAPHY							41.01
41.02 RADIOLOGY - ULTRASOUND							41.02
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
43.01 MRI							43.01
44 LABORATORY			19034				19034 44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY			38067				38067 49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53.01 EKG & EEG							53.01
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 CT SCAN							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC			19034				19034 60
60.01 O/P COUNSELING							60.01
61 EMERGENCY			654280				654280 61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL			787516				787516 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-T002) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH			CHARGES	COST TO	PROGRAM	
	COSTS	CHARGES	CHARGES	TO	CHARGES	CHARGES	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	57101	77868090	.000733	.000733			37
38 RECOVERY ROOM		6980239					38
39 DELIVERY ROOM & LABOR ROOM		3218286					39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC		19181603					41
41.01 RADIOLOGY - ANGIOGRAPHY		24604485					41.01
41.02 RADIOLOGY - ULTRASOUND		9961972					41.02
42 RADIOLOGY-THERAPEUTIC		11097503					42
43 RADIOISOTOPE		7051967					43
43.01 MRI		13398902					43.01
44 LABORATORY	19034	65176688	.000292	.000292			44
46 WHOLE BLOOD & PACKED RED BLOO		5214408					46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY	38067	7659106	.004970	.004970			49
50 PHYSICAL THERAPY		6487368					50
51 OCCUPATIONAL THERAPY		5282131					51
52 SPEECH PATHOLOGY		479812					52
53.01 EKG & EEG		15845858					53.01
55 MEDICAL SUPPLIES CHARGED TO P		39261654					55
56 DRUGS CHARGED TO PATIENTS		65258131					56
57 RENAL DIALYSIS		1841208					57
59 CT SCAN		43822309					59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	19034	18920237	.001006	.001006			60
60.01 O/P COUNSELING		244					60.01
61 EMERGENCY	654280	37977114	.017228	.017228			61
62 OBSERVATION BEDS (NON-DISTINC		4736262					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	787516	491325577					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-T002) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 RADIOLOGY - ANGIOGRAPHY					41.01
41.02 RADIOLOGY - ULTRASOUND					41.02
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
43.01 MRI					43.01
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53.01 EKG & EEG					53.01
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 CT SCAN					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 O/P COUNSELING					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [XX] SNF (15-5652) [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST	NONPHYSICIAN ANESTHETIST	MEDICAL EDUCATION				
	COST 1	COST 1.01	COST 2				
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM			57101				57101 37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 RADIOLOGY - ANGIOGRAPHY							41.01
41.02 RADIOLOGY - ULTRASOUND							41.02
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
43.01 MRI							43.01
44 LABORATORY			19034				19034 44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY			38067				38067 49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53.01 EKG & EEG							53.01
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 CT SCAN							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC			19034				19034 60
60.01 O/P COUNSELING							60.01
61 EMERGENCY			654280				654280 61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL			787516				787516 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 [] SUB I [XX] SNF (15-5652) [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	TO	PROGRAM	PROGRAM	PROGRAM
	COSTS	CHARGES	CHARGES	CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	57101	77868090	.000733	.000733			37
38 RECOVERY ROOM		6980239					38
39 DELIVERY ROOM & LABOR ROOM		3218286					39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC		19181603					41
41.01 RADIOLOGY - ANGIOGRAPHY		24604485					41.01
41.02 RADIOLOGY - ULTRASOUND		9961972					41.02
42 RADIOLOGY-THERAPEUTIC		11097503					42
43 RADIOISOTOPE		7051967					43
43.01 MRI		13398902					43.01
44 LABORATORY	19034	65176688	.000292	.000292			44
46 WHOLE BLOOD & PACKED RED BLOO		5214408					46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY	38067	7659106	.004970	.004970			49
50 PHYSICAL THERAPY		6487368					50
51 OCCUPATIONAL THERAPY		5282131					51
52 SPEECH PATHOLOGY		479812					52
53.01 EKG & EEG		15845858					53.01
55 MEDICAL SUPPLIES CHARGED TO P		39261654					55
56 DRUGS CHARGED TO PATIENTS		65258131					56
57 RENAL DIALYSIS		1841208					57
59 CT SCAN		43822309					59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	19034	18920237	.001006	.001006			60
60.01 O/P COUNSELING		244					60.01
61 EMERGENCY	654280	37977114	.017228	.017228			61
62 OBSERVATION BEDS (NON-DISTINC		4736262					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	787516	491325577					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 [] SUB I [XX] SNF (15-5652) [] 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
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 RADIOLOGY - ANGIOGRAPHY					41.01
41.02 RADIOLOGY - ULTRASOUND					41.02
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
43.01 MRI					43.01
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53.01 EKG & EEG					53.01
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 CT SCAN					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 O/P COUNSELING					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
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	SUB I	SUB II	SUB III	SUB IV	SNF	
	(PPS) (15-0002)	(PPS) (15-T002)	1	1	1	(PPS) (15-5652)	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	88622	9000				11654	1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	88622	9000				11654	2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	88622	9000				11654	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)	44374	7201				10281	9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (15-0002)	SUB I (PPS) (15-T002)	SUB II	SUB III	SUB IV	SNF (PPS) (15-5652)	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	73801856	6619170				7700841	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	73801856	6619170				7700841	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	52690299	4500036				5024605	28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	52690299	4500036				5024605	30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.400673	1.470915				1.532626	31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	594.55	500.00				431.15	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	73801856	6619170				7700841	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) (15-0002)	SUB I (PPS) (15-T002)	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	832.77	735.46				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	36953336	5296047				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	36953336	5296047				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	14018802	10135	1383.21	5625	7780556	43
43.01 NEONATAL ICU	4189444	2862	1463.82			43.01
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (15-0002)	SUB I (PPS) (15-T002)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	49405381	3786839				48
49 TOTAL PROGRAM INPATIENT COSTS	94139273	9082886				49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	5786669	888459				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	3985863	412192				51
52 TOTAL PROGRAM EXCLUDABLE COST	9772532	1300651				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	84366741	7782235				53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (15-0002)	SUB I (PPS) (15-T002)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54						PROGRAM DISCHARGES
55						TARGET AMOUNT PER DISCHARGE
56						TARGET AMOUNT
57						DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58						BONUS PAYMENT
58.01						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET
58.02						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET
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
58.04						RELIEF PAYMENT
59						ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01						ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)
59.02						PROGRAM DISCHARGES PRIOR TO JULY 1
59.03						PROGRAM DISCHARGES AFTER JULY 1
59.04						PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05						REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1
59.06						REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
59.07						REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)
59.08						REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
61						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
62						TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65						TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

PROVIDER NO. 15-0002 THE METHODIST HOSP, INC.- NORT
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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)	
	(15-5652)	
	1	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST	7700841	66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	660.79	67
68 PROGRAM ROUTINE SERVICE COST	6793582	68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	6793582	70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	1229349	71
72 PER DIEM CAPITAL RELATED COSTS	105.49	72
73 PROGRAM CAPITAL RELATED COSTS	1084543	73
74 INPATIENT ROUTINE SERVICE COST	5709039	74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	5709039	76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	6793582	79
80 PROGRAM INPATIENT ANCILLARY SERVICES	3485067	80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	10278649	82

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS) (PPS)
 (15-0002)(15-T002)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	6378	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	832.77	84
85 OBSERVATION BED COST	5311407	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		73801856		5311407		86
87 NEW CAPITAL-RELATED COST	10438011	73801856	.141433	5311407	751208	87
88 NON PHYSICIAN ANESTHETIST		73801856		5311407		88
89 MEDICAL EDUCATION	57101	73801856	.000774	5311407	4111	89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS	HOSPITAL	SUB I	SUB II	SUB III	SNF	NF	
	(OTHER) (15-0002)	(OTHER) (15-T002)			(PPS) (15-5652)		
	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	88622	9000			11654		1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	88622	9000			11654		2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	88622	9000			11654		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)	7319	636					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		3197					15
16 TITLE V OR XIX NURSERY DAYS		1072					16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (15-0002)	SUB I (OTHER) (15-T002)	SUB II	SUB III	SNF (PPS) (15-5652)	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	73640429	6619170			7700841		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	73640429	6619170			7700841		27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	52690299	4500036					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	52690299	4500036					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.397609	1.470915					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	594.55	500.00					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	73640429	6619170			7700841		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 (OTHER) (15-0002)	SUB I (OTHER) (15-T002)	SUB II	SUB III	SUB IV			
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		1	1	1	1	1			
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	830.95	735.46					38	
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	6081723	467753					39	
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	6081723	467753					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)	3415757	3197	1068.43	1072	1145357	42		
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS								
43	INTENSIVE CARE UNIT	13982777	10135	1379.65	1685	2324710	43		
43.01	NEONATAL ICU	4189444	2862	1463.82	264	386448	43.01		
44	CORONARY CARE UNIT						44		
45	BURN INTENSIVE CARE UNIT						45		
46	SURGICAL INTENSIVE CARE UNIT						46		
47	OTHER SPECIAL CARE (SPECIFY)						47		
		HOSPITAL (OTHER) (15-0002)	SUB I (OTHER) (15-T002)	SUB II	SUB III	SUB IV			
		1	1	1	1	1			
48	PROGRAM INPATIENT ANCILLARY SERVICE COST							48	
49	TOTAL PROGRAM INPATIENT COSTS	9938238	467753					49	
		PASS THROUGH COST ADJUSTMENTS							
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1311657	78470					50	
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES							51	
52	TOTAL PROGRAM EXCLUDABLE COST	1311657	78470					52	
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS							53	

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (15-0002)	SUB I (OTHER) (15-T002)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	50	1	1	54
55						55
56						56
57						57
58						58
58.01						58.01
58.02						58.02
58.03						58.03
58.04						58.04
59						59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

PROVIDER NO. 15-0002 THE METHODIST HOSP, INC.- NORT
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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	NF	
	(PPS)		
	(15-5652)		
	1	1	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST	7700841		66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	660.79		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	1229349		71
72 PER DIEM CAPITAL RELATED COSTS	105.49		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

PROVIDER NO. 15-0002 THE METHODIST HOSP, INC.- NORT
PERIOD FROM 01/01/2007 TO 12/31/2007

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

HOSPITAL (OTHER) (15-0002)	SUB I (OTHER) (15-T002)	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	6378	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	832.77	84
85 OBSERVATION BED COST	5311407	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (15-0002) [] SNF [XX] PPS
 [XX] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [] TITLE XIX [] SUB II [] S/B-SNF [] OTHER
 [] SUB III
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		25429918		25
26 INTENSIVE CARE UNIT		7042457		26
26.01 NEONATAL ICU				26.01
31 SUBPROVIDER I				31
31.01 SUBPROVIDER II PSYCH/ALCOHOL				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.196179	24656546	4837097	37
38 RECOVERY ROOM	.525491	1613683	847976	38
39 DELIVERY ROOM & LABOR ROOM	1.611077	7116	11464	39
40 ANESTHESIOLOGY				40
41 RADIOLOGY-DIAGNOSTIC	.502142	2585516	1298296	41
41.01 RADIOLOGY - ANGIOGRAPHY	.318453	8666576	2759897	41.01
41.02 RADIOLOGY - ULTRASOUND	.267714	2279128	610154	41.02
42 RADIOLOGY-THERAPEUTIC	.257346	291187	74936	42
43 RADIOISOTOPE	.308789	2374522	733226	43
43.01 MRI	.112737	3430103	386700	43.01
44 LABORATORY	.182363	18670608	3404828	44
46 WHOLE BLOOD & PACKED RED BLOOD	1.089690	2016064	2196885	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.640825	3791920	2429957	49
50 PHYSICAL THERAPY	.562733	1491472	839301	50
51 OCCUPATIONAL THERAPY	.491743	629794	309697	51
52 SPEECH PATHOLOGY	1.230121	154226	189717	52
53.01 EKG & EEG	.204393	5717959	1168711	53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.718282	16699153	11994701	55
56 DRUGS CHARGED TO PATIENTS	.352616	25592196	9024218	56
57 RENAL DIALYSIS	1.130280	1188570	1343417	57
59 CT SCAN	.085791	10191802	874365	59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.794147	1881239	1493980	60
60.01 O/P COUNSELING	4.286885			60.01
61 EMERGENCY	.369949	6185169	2288197	61
62 OBSERVATION BEDS (NON-DISTINCT	1.121434	256512	287661	62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		140371061	49405381	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		140371061		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [] HOSPITAL [] SNF [XX] PPS
 [XX] TITLE XVIII-PT A [XX] SUB I (15-T002) [] NF [] TEFRA
 [] TITLE XIX [] SUB II [] S/B-SNF [] OTHER
 [] SUB III
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
26.01 NEONATAL ICU				26.01
31 SUBPROVIDER I		3600500		31
31.01 SUBPROVIDER II PSYCH/ALCOHOL				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.196179	138241	27120	37
38 RECOVERY ROOM	.525491	15554	8173	38
39 DELIVERY ROOM & LABOR ROOM	1.611077			39
40 ANESTHESIOLOGY				40
41 RADIOLOGY-DIAGNOSTIC	.502142	33958	17052	41
41.01 RADIOLOGY - ANGIOGRAPHY	.318453	131841	41985	41.01
41.02 RADIOLOGY - ULTRASOUND	.267714	66560	17819	41.02
42 RADIOLOGY-THERAPEUTIC	.257346	17247	4438	42
43 RADIOISOTOPE	.308789	43431	13411	43
43.01 MRI	.112737	100256	11303	43.01
44 LABORATORY	.182363	628632	114639	44
46 WHOLE BLOOD & PACKED RED BLOOD	1.089690	38904	42393	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.640825	75911	48646	49
50 PHYSICAL THERAPY	.562733	2243088	1262260	50
51 OCCUPATIONAL THERAPY	.491743	2406761	1183508	51
52 SPEECH PATHOLOGY	1.230121	124479	153124	52
53.01 EKG & EEG	.204393	76191	15573	53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.718282	135947	97648	55
56 DRUGS CHARGED TO PATIENTS	.352616	1475809	520394	56
57 RENAL DIALYSIS	1.130280	148710	168084	57
59 CT SCAN	.085791	164592	14121	59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.794147	31148	24736	60
60.01 O/P COUNSELING	4.286885			60.01
61 EMERGENCY	.369949	1113	412	61
62 OBSERVATION BEDS (NON-DISTINCT	1.121434			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		8098373	3786839	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		8098373		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input checked="" type="checkbox"/> SNF (15-5652)	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
26.01 NEONATAL ICU				26.01
31 SUBPROVIDER I				31
31.01 SUBPROVIDER II PSYCH/ALCOHOL				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.186817	23905	4466	37
38 RECOVERY ROOM	.525491	4386	2305	38
39 DELIVERY ROOM & LABOR ROOM	1.611077			39
40 ANESTHESIOLOGY				40
41 RADIOLOGY-DIAGNOSTIC	.502142	22262	11179	41
41.01 RADIOLOGY - ANGIOGRAPHY	.318453	159225	50706	41.01
41.02 RADIOLOGY - ULTRASOUND	.267714	89504	23961	41.02
42 RADIOLOGY-THERAPEUTIC	.257346	40752	10487	42
43 RADIOISOTOPE	.308789	55219	17051	43
43.01 MRI	.112737	5558	627	43.01
44 LABORATORY	.182363	896578	163503	44
46 WHOLE BLOOD & PACKED RED BLOOD	1.089690	98922	107794	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.640282	238756	152871	49
50 PHYSICAL THERAPY	.562733	1374205	773311	50
51 OCCUPATIONAL THERAPY	.491743	1223908	601848	51
52 SPEECH PATHOLOGY	1.230121	54436	66963	52
53.01 EKG & EEG	.204393	53556	10946	53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.718282	412137	296031	55
56 DRUGS CHARGED TO PATIENTS	.352616	3266197	1151713	56
57 RENAL DIALYSIS	1.130280	2600	2939	57
59 CT SCAN	.085791	2778	238	59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.791554	45642	36128	60
60.01 O/P COUNSELING	4.286885			60.01
61 EMERGENCY	.369949			61
62 OBSERVATION BEDS (NON-DISTINCT	1.121434			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		8070526	3485067	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		8070526		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (15-0002)	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
26.01 NEONATAL ICU			26.01
31 SUBPROVIDER I			31
31.01 SUBPROVIDER II PSYCH/ALCOHOL			31.01
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.186817		37
38 RECOVERY ROOM	.525491		38
39 DELIVERY ROOM & LABOR ROOM	1.611077		39
40 ANESTHESIOLOGY			40
41 RADIOLOGY-DIAGNOSTIC	.502142		41
41.01 RADIOLOGY - ANGIOGRAPHY	.318453		41.01
41.02 RADIOLOGY - ULTRASOUND	.267714		41.02
42 RADIOLOGY-THERAPEUTIC	.257346		42
43 RADIOISOTOPE	.308789		43
43.01 MRI	.112737		43.01
44 LABORATORY	.182363		44
46 WHOLE BLOOD & PACKED RED BLOOD	1.089690		46
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.640282		49
50 PHYSICAL THERAPY	.562733		50
51 OCCUPATIONAL THERAPY	.491743		51
52 SPEECH PATHOLOGY	1.230121		52
53.01 EKG & EEG	.204393		53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.718282		55
56 DRUGS CHARGED TO PATIENTS	.352616		56
57 RENAL DIALYSIS	1.130280		57
59 CT SCAN	.085791		59
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.791554		60
60.01 O/P COUNSELING	4.286885		60.01
61 EMERGENCY	.369949		61
62 OBSERVATION BEDS (NON-DISTINCT	1.121434		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (15-T002)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
26.01 NEONATAL ICU			26.01
31 SUBPROVIDER I			31
31.01 SUBPROVIDER II PSYCH/ALCOHOL			31.01
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.186817		37
38 RECOVERY ROOM	.525491		38
39 DELIVERY ROOM & LABOR ROOM	1.611077		39
40 ANESTHESIOLOGY			40
41 RADIOLOGY-DIAGNOSTIC	.502142		41
41.01 RADIOLOGY - ANGIOGRAPHY	.318453		41.01
41.02 RADIOLOGY - ULTRASOUND	.267714		41.02
42 RADIOLOGY-THERAPEUTIC	.257346		42
43 RADIOISOTOPE	.308789		43
43.01 MRI	.112737		43.01
44 LABORATORY	.182363		44
46 WHOLE BLOOD & PACKED RED BLOOD	1.089690		46
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.640282		49
50 PHYSICAL THERAPY	.562733		50
51 OCCUPATIONAL THERAPY	.491743		51
52 SPEECH PATHOLOGY	1.230121		52
53.01 EKG & EEG	.204393		53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.718282		55
56 DRUGS CHARGED TO PATIENTS	.352616		56
57 RENAL DIALYSIS	1.130280		57
59 CT SCAN	.085791		59
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.791554		60
60.01 O/P COUNSELING	4.286885		60.01
61 EMERGENCY	.369949		61
62 OBSERVATION BEDS (NON-DISTINCT	1.121434		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input checked="" type="checkbox"/> SNF (15-5652)	<input checked="" type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
26.01 NEONATAL ICU			26.01
31 SUBPROVIDER I			31
31.01 SUBPROVIDER II PSYCH/ALCOHOL			31.01
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.186817		37
38 RECOVERY ROOM	.525491		38
39 DELIVERY ROOM & LABOR ROOM	1.611077		39
40 ANESTHESIOLOGY			40
41 RADIOLOGY-DIAGNOSTIC	.502142		41
41.01 RADIOLOGY - ANGIOGRAPHY	.318453		41.01
41.02 RADIOLOGY - ULTRASOUND	.267714		41.02
42 RADIOLOGY-THERAPEUTIC	.257346		42
43 RADIOISOTOPE	.308789		43
43.01 MRI	.112737		43.01
44 LABORATORY	.182363		44
46 WHOLE BLOOD & PACKED RED BLOOD	1.089690		46
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.640282		49
50 PHYSICAL THERAPY	.562733		50
51 OCCUPATIONAL THERAPY	.491743		51
52 SPEECH PATHOLOGY	1.230121		52
53.01 EKG & EEG	.204393		53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.718282		55
56 DRUGS CHARGED TO PATIENTS	.352616		56
57 RENAL DIALYSIS	1.130280		57
59 CT SCAN	.085791		59
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.791554		60
60.01 O/P COUNSELING	4.286885		60.01
61 EMERGENCY	.369949		61
62 OBSERVATION BEDS (NON-DISTINCT	1.121434		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (15-0002)	SUB I	SUB II	SUB III	SUB IV	
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	44542689					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	14847563					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	286766					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 INDIRECT MEDICAL EDUCATION ADJUSTMENT	1344065					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	452.82					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	10.83					3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI,LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00 0.00					3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	5.15					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	5.15					3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	11.16					3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS	10.83					3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00	9.05				3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (15-0002)	SUB I	SUB II	SUB III	SUB IV	
3.18 CURRENT YEAR RESIDENT TO BED RATIO	0.019986					3.18
3.19 PRIOR YEAR RESIDENT TO BED RATIO	0.017085					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	0.017085					3.20
3.21 IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	407410					3.21
3.22 IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	138008					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	545418	0				3.24
DISPROPORTIONATE SHARE ADJUSTMENT						
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.0860					4
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.2678					4.01
4.02 SUM OF 4 AND 4.01	0.3538					4.02
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.1874					4.03
4.04 DISPROPORTIONATE SHARE ADJUSTMENT	11129733					4.04
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES						
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317						5
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317						5.01
5.02 DIVIDE LINE 5.01 BY LINE 5						5.02
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317						5.03
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK						5.04
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS						5.05
5.06 TOTAL ADDITIONAL PAYMENT						5.06
6 SUBTOTAL	72409468					6
7 HOSPITAL SPECIFIC PAYMENTS						7
7.01 HOSPITAL SPECIFIC PAYMENTS (1996 HSR)						7.01
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	72409468					8
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	5873221					9
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL						10
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	239429					11
11.01 NURSING AND ALLIED HEALTH MANAGED CARE						11.01
11.02 ADD-ON PAYMENT FOR NEW TECHNOLOGIES						11.02
12 NET ORGAN ACQUISITION COST						12
13 COST OF TEACHING PHYSICIANS						13
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS	49549					14
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS	151045					15
16 TOTAL	78722712					16
17 PRIMARY PAYER PAYMENTS	328203					17
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	78394509					18
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	5043875					19
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	730412					20
21 REIMBURSABLE BAD DEBTS	867086					21
21.01 REDUCED PROGRAM REIMBURSABLE BAD DEBTS	606960					21.01
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	662697					21.02
22 SUBTOTAL	73227182					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (15-0002)	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	73227182				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	72555943				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	671239				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	1003695				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 INSTR.)					52
53	CAPITAL OUTLIER RECONCILIATION 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 (15-0002) 1	HOSPITAL (15-0002) 1.01	HOSPITAL (15-0002) 1.02
1 MEDICAL AND OTHER SERVICES	3024		1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	22199261		1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	14843442		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	96698		1.07
2 INTERNS AND RESIDENTS			2
3 ORGAN ACQUISITIONS			3
4 COST OF TEACHING PHYSICIANS			4
5 TOTAL COST	3024		5
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
6 ANCILLARY SERVICE CHARGES	3628		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	3628		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	3628		14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	604		15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			16
17 LESSER OF COST OR CHARGES	3024		17
17.01 TOTAL PPS PAYMENTS	14940140		17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (15-0002) 1	HOSPITAL (15-0002) 1.01	HOSPITAL (15-0002) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	3809289		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL	11133875		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	48652		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	11182527		23
24 PRIMARY PAYER PAYMENTS	8117		24
25 SUBTOTAL	11174410		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	938394		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	656876		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	721841		27.02
28 SUBTOTAL	11831286		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	11831286		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	11541470		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	289816		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-T002) 1	SUB I (15-T002) 1.01	SUB I (15-T002) 1.02	
1				1
1.01				1.01
1.02				1.02
1.03				1.03
1.04				1.04
1.05				1.05
1.06				1.06
1.07				1.07
2				2
3				3
4				4
5				5
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
6				6
7				7
8				8
9				9
10				10
CUSTOMARY CHARGES				
11				11
12				12
13				13
14				14
15				15
16				16
17				17
17.01				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (15-T002) 1	SUB I (15-T002) 1.01	SUB I (15-T002) 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 (15-5652) 1	SNF (15-5652) 1.01	SNF (15-5652) 1.02	
1				1
1.01				1.01
1.02				1.02
1.03				1.03
1.04				1.04
1.05				1.05
1.06				1.06
1.07				1.07
2				2
3				3
4				4
5				5
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
6				6
7				7
8				8
9				9
10				10
CUSTOMARY CHARGES				
11				11
12				12
13				13
14				14
15				15
16				16
17				17
17.01				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (15-5652) 1	SNF (15-5652) 1.01	SNF (15-5652) 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
(15-0002)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1 STANDARD OVERHEAD AMOUNTS (ASC FEES)	1
2 DEDUCTIBLES	2
3 SUBTOTAL	3
4 80 PERCENT OF LINE 3	4
5 ASC PORTION OF BLEND	5
6 OUTPATIENT ASC COST	6
COMPUTATION OF LESSER OF COST OR CHARGES	
7 TOTAL CHARGES	7
CUSTOMARY CHARGES	
8 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10 RATIO OF LINE 8 TO LINE 9	10
11 TOTAL CUSTOMARY CHARGES	11
12 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14 LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT	
15 DEDUCTIBLES AND COINSURANCE	15
16 TOTAL	16
17 HOSPITAL SPECIFIC PORTION OF BLEND	17
18 ASC BLENDED AMOUNT	18
19 LESSER OF LINES 16 OR 18	19
20 PART B DEDUCTIBLES AND COINSURANCE	20
21 ASC PAYMENT AMOUNT	21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

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

HOSPITAL
(15-0002)
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
(15-0002)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (15-0002)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		72435094		11541470	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					3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .01				3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .02				3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .03			NONE	3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .04				3.05
	TO .05				3.09
	PROGRAM .09	08/20/2007		120849	3.09
	TO .50				3.50
	PROVIDER .51				3.51
	TO .52			NONE	3.52
	PROGRAM .53				3.53
	PROGRAM .54				3.54
SUBTOTAL	.99	120849			3.99
4 TOTAL INTERIM PAYMENTS		72555943		11541470	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02			NONE	5.02
	PROVIDER .03				5.03
	PROVIDER .50				5.50
	TO .51			NONE	5.51
	PROGRAM .52				5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01				6.01
	PROVIDER TO .02	671239		289816	6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		73227182		11831286	7
NAME OF INTERMEDIARY:	_____		INTERMEDIARY NUMBER:	_____	
SIGNATURE OF AUTHORIZED PERSON:	_____		DATE (MO/DAY/YR):	_____	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER I (15-T002)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	PART A			
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		8336606		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	.01			3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02			3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03			3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04	NONE	NONE	3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.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		8336606		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02	NONE	NONE	5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51	NONE	NONE	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 TO .01 PROVIDER TO .02 PROGRAM			6.01
		-170480		6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		8166126		7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SKILLED NURSING FACILITY I (15-5652)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	PART A			
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				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.		3415309	NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM	.01			3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02			3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03	NONE	NONE	3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04			3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.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		3415309		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02	NONE	NONE	5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51	NONE	NONE	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 TO .01 PROVIDER TO .02 PROGRAM	1512		6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		3416821		7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (15-T002)	SUB II	SUB III	SUB IV	
1						1
1.01						1.01
1.02		7433339				1.02
1.03		0.0618				1.03
1.04		598897				1.04
1.05		216154				1.05
1.06		8248390				1.06
1.07						1.07
1.08						1.08
1.09						1.09
1.10						1.10
1.11						1.11
1.12						1.12
1.13						1.13
1.14						1.14
1.15						1.15
1.16						1.16
1.17						1.17
1.18						1.18
1.19						1.19
1.20						1.20
1.21						1.21
1.22						1.22
1.23						1.23
1.35						1.35
1.36						1.36
1.37						1.37
1.38						1.38
1.39						1.39
1.40		24.657534				1.40
1.41						1.41
1.42						1.42
2						2
3						3
4		8248390				4
5						5
6		8248390				6
7		42576				7
8		8205814				8
9		40400				9
10		8165414				10
11						11
11.01						11.01
11.02						11.02
12		8165414				12
13						13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (15-T002)	SUB II	SUB III	SUB IV	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	712				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	8166126				17
18	SEQUESTRATION ADJUSTMENT					18
19	INTERIM PAYMENTS	8336606				19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					19.01
20	BALANCE DUE PROVIDER/PROGRAM	-170480				20
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					21
TO BE COMPLETED BY INTERMEDIARY						
50	ORIGINAL OUTLIER AMOUNT					50
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					52
53	OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)					53

CALCULATION OF REIMBURSEMENT SETTLEMENT

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 I
 (15-5652)
 (PPS)
 2

1	COMPUTATION OF NET COST OF COVERED SERVICES		
2	INPATIENT HOSPITAL/SNF/NF SERVICES		1
3	MEDICAL AND OTHER SERVICES		2
4	INTERNS AND RESIDENTS		3
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS ONLY		4
6	COST OF TEACHING PHYSICIANS		5
7	SUBTOTAL		6
8	INPATIENT PRIMARY PAYER PAYMENTS		7
9	OUTPATIENT PRIMARY PAYER PAYMENTS		8
	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	3621148	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	1513	29
30	SUBTOTAL	3622661	30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		31
32	AMOUNT FROM LINE 30	3622661	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 I
 (15-5652)
 (PPS)
 2

COMPUTATION OF REIMBURSEMENT SETTLEMENT		
34	EXCESS OF REASONABLE COST	34
35	SUBTOTAL	35 3622661
36	COINSURANCE	36 205840
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	40 3416821
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	CALCULATION ERROR ON WORKSHEET S-7	50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	51
52	SUBTOTAL	52 3416821
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)	53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	55 3416821
56	SEQUESTRATION ADJUSTMENT	56
57	INTERIM PAYMENTS	57 3415309
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)	57.01
58	BALANCE DUE PROVIDER/PROGRAM	58 1512
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 (15-0002) (OTHER)	SUB I (15-T002) (OTHER)	SUB II	SUB III
	1	1	1	1
	9938238	467753		
			SNF I (15-5652) (PPS)	NF I (PPS)
			1	1
1	COMPUTATION OF NET COST OF COVERED SERVICES			
2	INPATIENT HOSPITAL/SNF/NF SERVICES	9938238	467753	1
3	MEDICAL AND OTHER SERVICES			2
4	INTERNS AND RESIDENTS			3
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O			4
6	COST OF TEACHING PHYSICIANS			5
7	SUBTOTAL	9938238	467753	6
8	INPATIENT PRIMARY PAYER PAYMENTS			7
9	OUTPATIENT PRIMARY PAYER PAYMENTS			8
	SUBTOTAL	9938238	467753	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			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			20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	9938238	467753	22
23	COST OF COVERED SERVICES	9938238	467753	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			28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			29
30	SUBTOTAL	9938238	467753	30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)			31
32	LESSER OF LINES 30 OR 31	9938238	467753	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 (15-0002) (OTHER)	SUB I (15-T002) (OTHER)	SUB II	SUB III	SNF I (15-5652) (PPS)	NF I
		1	1	1	1	1	1
	COMPUTATION OF REIMBURSEMENT SETTLEMENT						
34	EXCESS OF REASONABLE COST	9938238	467753				34
35	SUBTOTAL						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						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	CALCULATION ERROR ON WORKSHEET S-7						50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS						51
52	SUBTOTAL						52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT						53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS						54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER						55
56	SEQUESTRATION ADJUSTMENT						56
57	INTERIM PAYMENTS						57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						57.01
58	BALANCE DUE PROVIDER/PROGRAM						58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2						59

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

WORKSHEET E-3
 PART IV

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT		Col. 0	Col. 1	
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		10.83	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		10.83	3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR		5.15	3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05		5.15	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	5.15		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	5.15		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)	1.00	10.83	3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	1.00	9.91	3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)		6.91	3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 1.00]		7.91	3.16
3.17	SEE INSTRUCTIONS		66152.00	3.17
3.18	SEE INSTRUCTIONS		523262	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			10.83	3.19
3.20 SEE INSTRUCTIONS			9.91	3.20
3.21 SEE INSTRUCTIONS			6.91	3.21
3.22 SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]			6.91	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			523262	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4 PROGRAM PART A INPATIENT DAYS			57200	4
5 TOTAL INPATIENT DAYS			104241	5
6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS			.548728	6
	[LINE 6 x] [E-3,PART 6]			
	[LINE 3.25] [LINE 11]			
6.01 TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 287129	0		287129	6.01
6.02 PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD			221	6.02
6.03 TOTAL INPATIENT DAYS FROM LINE 5 ABOVE			104241	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			952	6.05
6.06 PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR				6.06
6.07 APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE			100.00	6.07
	[PRIOR TO] [E-3,PART 6]			
	[422] [LINE 12]			
6.08 GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS 0	0			6.08
PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD				
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7 RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS				7
8 RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES			1841208	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

PROVIDER NO. 15-0002 THE METHODIST HOSP, INC.- NORT
PERIOD FROM 01/01/2007 TO 12/31/2007

KPMG LLP COMPU-MAX MICRO SYSTEM
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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	110015741	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	328203	15
16	TOTAL PART A REASONABLE COST	109687538	16
PART B REASONABLE COST			
17	REASONABLE COST	22298983	17
18	PRIMARY PAYER PAYMENTS	10498	18
19	TOTAL PART B REASONABLE COST	22288485	19
20	TOTAL REASONABLE COST	131976023	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.831117	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.168883	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	288081	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	239429	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	48652	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		Col. 0	Col. 1	
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			9904	4
5 TOTAL INPATIENT DAYS			104241	5
6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS			.095011	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			104241	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

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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

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	28532124	723055		1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	48770842			4
5	OTHER RECEIVABLES	21023068			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-19538336			6
7	INVENTORY	6559938			7
8	PREPAID EXPENSES	2052484			8
9	OTHER CURRENT ASSETS	1347754		25000	9
10	DUE FROM OTHER FUNDS	1110025			10
11	TOTAL CURRENT ASSETS	89857899	723055	25000	11
FIXED ASSETS					
12	LAND	3748537			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	5611740			13
13.01	ACCUMULATED DEPRECIATION				13.01
14	BUILDINGS	235421549			14
14.01	ACCUMULATED DEPRECIATION	-296219952			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT				16
16.01	ACCUMULATED DEPRECIATION				16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	197127107			18
18.01	ACCUMULATED DEPRECIATION				18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	145688981			21
OTHER ASSETS					
22	INVESTMENTS	1592484			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	130301848			25
26	TOTAL OTHER ASSETS	131894332			26
27	TOTAL ASSETS	367441212	723055	25000	27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	9419563			28
29	SALARIES, WAGES & FEES PAYABLE	13910328			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	2960354			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	7380234			35
36	TOTAL CURRENT LIABILITIES	33670479			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE	101095539			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	44012755			41
42	TOTAL LONG TERM LIABILITIES	145108294			42
43	TOTAL LIABILITIES	178778773			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	188662439			44
45	SPECIFIC PURPOSE FUND BALANCE		723055		45
46	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED			25000	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	188662439	723055	25000	51
52	TOTAL LIABILITIES AND FUND BALANCES	367441212	723055	25000	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	208507821	723055	25000	1
2 NET INCOME (LOSS)	-20037994			2
3 TOTAL	188469827	723055	25000	3
4 ADDITIONS (CREDIT ADJUSTMENTS)	192612			4
5				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS	192612			10
11 SUBTOTAL	188662439	723055	25000	11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 MASC/MOB ENTRS GL SYST DELTT & TUCH				13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	188662439	723055	25000	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	75457007		75457007	1
2 SUBPROVIDER I				2
4 SWING BED - SNF				4
5 SWING BED - NF				5
6 SKILLED NURSING FACILITY				6
7 NURSING FACILITY				7
8 OTHER LONG TERM CARE				8
9 TOTAL GENERAL INPATIENT CARE SERVICES	75457007		75457007	9
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10 INTENSIVE CARE UNIT				10
10.01 NEONATAL ICU				10.01
11 CORONARY CARE UNIT				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				15
16 TOTAL INPATIENT ROUTINE CARE SERVICES	75457007		75457007	16
17 ANCILLARY SERVICES	292072057	208922043	500994100	17
18 OUTPATIENT SERVICES				18
18.50 RHC				18.50
18.60 FQHC				18.60
19 HOME HEALTH AGENCY		2809991	2809991	19
20 AMBULANCE				20
21 CORF				21
22 ASC				22
23 HOSPICE				23
24 PHYSICIAN SERVICES		40143092	40143092	24
25 TOTAL PATIENT REVENUES	367529064	251875126	619404190	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		301867679	26
27 ADD (SPECIFY)			27
28 BAD DEBTS	23051249		28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		23051249	33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		324918928	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	619404190	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	327690468	2
3	NET PATIENT REVENUES	291713722	3
4	LESS - TOTAL OPERATING EXPENSES	324918928	4
5	NET INCOME FROM SERVICE TO PATIENTS	-33205206	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	4137662	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	687209	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	1765	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)	84861	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	29502	21
22	RENTAL OF HOSPITAL SPACE	985404	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	GAIN ON INVESTMENTS	7240814	24
25	TOTAL OTHER INCOME	13167217	25
26	TOTAL	-20037989	26
27			27
28	CHANGE IN UNREALIZED GAINS/LOSSES		28
29			29
29.25		5	29.25
30	TOTAL OTHER EXPENSES	5	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-20037994	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 15-7536

WORKSHEET H

	SALARIES	EMPLOYEE BENEFITS	TRANS-PORTATION	CONTRACTED/PURCH SVCS	OTHER COSTS	TOTAL HHA COST
	1	2	3	4	5	6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDG & FIXTURES						1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE						3
4 TRANSPORTATION						4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	330522					330522 5
6 SKILLED NURSING CARE	588578		42770		148686	780034 6
7 PHYSICAL THERAPY	310141		15724		54664	380529 7
8 OCCUPATIONAL THERAPY	93096		5346		18586	117028 8
9 SPEECH PATHOLOGY	58549		3145		10933	72627 9
10 MEDICAL SOCIAL SERVICES	29795		1572		5466	36833 10
11 HOME HEALTH AIDE	71652		10378		36078	118108 11
12 SUPPLIES					18909	18909 12
13 DRUGS						13
13.20 COST OF ADMINISTERING VACCINES						13.20
14 DME						14
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						15
16 RESPIRATORY THERAPY						16
17 PRIVATE DUTY NURSING						17
18 CLINIC						18
19 HEALTH PROMOTION ACTIVITIES						19
20 DAY CARE PROGRAM						20
21 HOME DELIVERED MEALS PROGRAM						21
22 HOMEMAKER SERVICE						22
23 ALL OTHERS						23
23.50 TELEMEDICINE						23.50
24 TOTAL	1482333		78935		293322	1854590 24

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 15-7536

WORKSHEET H
 (CONTINUED)

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	
1					1
2					2
3					3
4					4
5	-52067	278455	306932	585387	5
6		780034		780034	6
7		380529		380529	7
8		117028		117028	8
9		72627		72627	9
10		36833		36833	10
11		118108		118108	11
12		18909		18909	12
13					13
13.20					13.20
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
23.50					23.50
24	-52067	1802523	306932	2109455	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO. : 15-7536

WORKSHEET H-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL BLDGS & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATN & MAINT	TRANSPORT- ATION	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6
	0	1	2	3	4			
GENERAL SERVICE COST CENTER								
1 CAPITAL RELATED-BLDG & FIXT								1
2 CAPITAL RELATED-MOVABLE EQUIP								2
3 PLANT OPERATION & MAINTENANCE								3
4 TRANSPORTATION								4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	585387					585387	585387	5
6 SKILLED NURSING CARE	780034					780034	299607	1079641 6
7 PHYSICAL THERAPY	380529					380529	146159	526688 7
8 OCCUPATIONAL THERAPY	117028					117028	44950	161978 8
9 SPEECH PATHOLOGY	72627					72627	27896	100523 9
10 MEDICAL SOCIAL SERVICES	36833					36833	14147	50980 10
11 HOME HEALTH AIDE	118108					118108	45365	163473 11
12 SUPPLIES	18909					18909	7263	26172 12
13 DRUGS								13
13.20 COST OF ADMINISTERING VACCINES								13.20
14 DME								14
HHA NONREIMBURSABLE SERVICES								
15 HOME DIALYSIS AIDE SERVICES								15
16 RESPIRATORY THERAPY								16
17 PRIVATE DUTY NURSING								17
18 CLINIC								18
19 HEALTH PROMOTION ACTIVITIES								19
20 DAY CARE PROGRAM								20
21 HOME DELIVERED MEALS PROGRAM								21
22 HOMEMAKER SERVICE								22
23 ALL OTHERS								23
23.50 TELEMEDICINE								23.50
24 TOTAL	2109455					2109455		2109455 24

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 15-7536

WORKSHEET H-4
 PART II

	CAP REL BLDGS & FIXTURES (SQUARE FEET)	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE)	PLANT OPERATN & MAINT (SQUARE FEET)	TRANSPORT- ATION (MILEAGE)	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
	1	2	3	4			
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDG & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-585387	1524068	5
6 SKILLED NURSING CARE						780034	6
7 PHYSICAL THERAPY						380529	7
8 OCCUPATIONAL THERAPY						117028	8
9 SPEECH PATHOLOGY						72627	9
10 MEDICAL SOCIAL SERVICES						36833	10
11 HOME HEALTH AIDE						118108	11
12 SUPPLIES						18909	12
13 DRUGS							13
13.20 COST OF ADMINISTERING VACCINES							13.20
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING							17
18 CLINIC							18
19 HEALTH PROMOTION ACTIVITIES							19
20 DAY CARE PROGRAM							20
21 HOME DELIVERED MEALS PROGRAM							21
22 HOMEMAKER SERVICE							22
23 ALL OTHERS							23
23.50 TELEMEDICINE							23.50
24 TOTAL					-585387	1524068	24
25 COST TO BE ALLOC (PER W/S H)						585387	25
26 UNIT COST MULTIPLIER						.384095	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 15-7536

WORKSHEET H-5
 PART I

HHA COST CENTER	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL	ALLOCATED HHA A & G	TOTAL HHA COSTS	
	25	26	27	28	29	
1 ADMINISTRATIVE AND GENERAL	287993		287993			1
2 SKILLED NURSING CARE	1711092		1711092	147647	1858739	2
3 PHYSICAL THERAPY	854469		854469	73730	928199	3
4 OCCUPATIONAL THERAPY	261988		261988	22606	284594	4
5 SPEECH PATHOLOGY	162377		162377	14011	176388	5
6 MEDICAL SOCIAL SERVICES	61954		61954	5346	67300	6
7 HOME HEALTH AIDE	254986		254986	22002	276988	7
8 SUPPLIES	30718		30718	2651	33369	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	3625577		3625577	287993	3625577	20
21 UNIT COST MULTIPLIER				.086288		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 15-7536

WORKSHEET H-5
 PART II

HHA COST CENTER	DIETARY MEALS SERVED 11	CAFETERIA MEALS SERVED 12	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED 13	NURSING ADMINIS- TRATION MEALS SERVED 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	PHARMACY COSTED REQUIS. 16	MEDICAL RECORDS & LIBRARY GROSS REVENUE 17	SOCIAL SERVICE TIME SPENT 18
1 ADMINISTRATIVE AND GENERAL		18214			2568	2714		1
2 SKILLED NURSING CARE		15937			2247	2375		2
3 PHYSICAL THERAPY		9676			1364	1442		3
4 OCCUPATIONAL THERAPY		3415			482	509		4
5 SPEECH PATHOLOGY		1708			241	254		5
6 MEDICAL SOCIAL SERVICES		1139			161	170		6
7 HOME HEALTH AIDE		6830			962	1018		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		56919			8025	8482		20
21 TOTAL COST TO BE ALLOCATED		87825			1919	8393		21
22 UNIT COST MULTIPLIER					.239128			22
22 UNIT COST MULTIPLIER		1.542982				.989507		22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 15-7536

WORKSHEET H-6
 PARTS I & II

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

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

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	VISITS	COST PER VISIT	
			1	2	3	4	5	
1	SKILLED NURSING CARE	2	1858739		1858739	8727	212.99	1
2	PHYSICAL THERAPY	3	928199		928199	5188	178.91	2
3	OCCUPATIONAL THERAPY	4	284594		284594	1651	172.38	3
4	SPEECH PATHOLOGY	5	176388		176388	356	495.47	4
5	MEDICAL SOCIAL SERV	6	67300		67300	38	1771.05	5
6	HOME HEALTH AIDE SERV	7	276988		276988	3513	78.85	6
7	TOTAL		3592208		3592208	19473		7
LIMITATION COST COMPUTATION			MSA				PROGRAM	
PATIENT SERVICES			NO.				COST	
			1	2	3	4	LIMITS	
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		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	RATIO	
OTHER PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	CHARGES		
			1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8	33369		33369	70266	.474895	15
16	COST OF DRUGS	9						16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20
PER BENEFICIARY COST LIMITATION:						MSA	AMOUNT	
						NO.		
						1	2	
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4							17
18	PER BENEFICIARY COST LIMITATION							18
19	PER BENEFICIARY COST LIMITATION							19

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 15-7536

WORKSHEET H-6
 PARTS II & III

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

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

	FROM WKST C, PART I, COL 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I	
	1	2	3	4	5	
1	PHYSICAL THERAPY 50	.562733			COL 2, LINE 2	1
2	OCCUPATIONAL THERAPY 51	.491743			COL 2, LINE 3	2
3	SPEECH PATHOLOGY 52	1.230121			COL 2, LINE 4	3
4	MEDICAL SUPPLIES CHARGED TO PA 55	.718282			COL 2, LINE 15	4
5	DRUGS CHARGED TO PATIENTS 56	.352616			COL 2, LINE 16	5

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE

	FROM PART I COL. 5	COST PER VISIT	PRIOR TO 1/1/98	PROGRAM VISITS FROM 1/1/98 THRU 12/31/98	PROGRAM COST PRIOR TO 1/1/98	PROGRAM FROM 1/1/98 THRU 12/31/98	PROGRAM VISITS ON OR AFTER 1/1/99	
	1	2	3	4	5	6	7	
1	PHYSICAL THERAPY 2	178.91	2.01	3	3.01	4	5	1
2	OCCUPATIONAL THERAPY 3	172.38						2
3	SPEECH PATHOLOGY 4	495.47						3
4	TOTAL							4

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 15-7536

WORKSHEET H-7
 PARTS I & II

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

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

DESCRIPTION	PART A 1	PART B -----		
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
REASONABLE COST OF PROGRAM SERVICES				
1 REASONABLE COST OF SERVICES				1
2 TOTAL CHARGES	1281193		511516	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	1281193		511516	6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	1281193		511516	7
8 EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES				8
9 PRIMARY PAYOR PAYMENTS			2381	9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	1236891	437905	10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	9320	10662	10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	9892	7408	10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	25069	19680	10.04
10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.05
10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES	2674	1332	10.06
10.07 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	2410	4218	10.07
10.08 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			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	1286256	478824	12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL	1286256	478824	14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST	1286256	478824	16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	1286256	478824	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	1286256	478824	22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL	1286256	478824	24
25 TOTAL INTERIM PAYMENTS	1286255	478824	25
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			25.01
26 BALANCE DUE PROVIDER/PROGRAM		1	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. : 15-7536

WORKSHEET H-8

DESCRIPTION	PART A		PART B		
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1286255		478824	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	.01				3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02				3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03				3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04	NONE		NONE	3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.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		1286255		478824	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02	NONE		NONE	5.02
	PROVIDER .03				5.03
	PROVIDER .50				5.50
	TO .51	NONE		NONE	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 TO PROGRAM	.01 .02	1		6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		1286256		478824	7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

		HOSPITAL (15-0002)	SUB I (15-T002)	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	5165705				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	273597				3.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT					
4	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI,LN.18]	264.15				4
	[E,PT A,LN.3.17][x E-3,PT VI,LN.1]					
4.01	NO. OF INTERNS & RESIDENTS 9.05 0.00	9.05				4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	0.97				4.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT	50107				4.03
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS	0.0860				5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I	0.2678				5.01
5.02	SUM OF LINES 5 AND 5.01	0.3538				5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0743				5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	383812				5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	5873221				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	EXTRAORDI- NARY 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	DATA PROCESSING				6.01
6.02	PURCHASING RECEIVING STORES				6.02
6.03	ADMITTING & REGISTRATION				6.03
6.04	CASH, A/R & COLLECTIONS				6.04
6.05	OTHER ADMIN & GENERAL				6.05
6.06	PATIENT TRANSPORTATION				6.06
7	MAINTENANCE & REPAIRS				7
8	OPERATION OF PLANT				8
9	LAUNDRY & LINEN SERVICE				9
10	HOUSEKEEPING				10
11	DIETARY				11
12	CAFETERIA				12
13	MAINTENANCE OF PERSONNEL				13
14	NURSING ADMINISTRATION				14
15	CENTRAL SERVICES & SUPPLY				15
16	PHARMACY				16
17	MEDICAL RECORDS & LIBRARY				17
18	SOCIAL SERVICE				18
18.01	STAFF EDUCATION				18.01
18.02	MEDICAL EDUCATION				18.02
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
INPATIENT ROUTINE SERV COST CENTERS					
25	ADULTS & PEDIATRICS				25
26	INTENSIVE CARE UNIT				26
26.01	NEONATAL ICU				26.01
31	SUBPROVIDER I				31
31.01	SUBPROVIDER II PSYCH/ALCOHOL				31.01
33	NURSERY				33
34	SKILLED NURSING FACILITY				34
ANCILLARY SERVICE COST CENTERS					
37	OPERATING ROOM				37
38	RECOVERY ROOM				38
39	DELIVERY ROOM & LABOR ROOM				39
40	ANESTHESIOLOGY				40
41	RADIOLOGY-DIAGNOSTIC				41
41.01	RADIOLOGY - ANGIOGRAPHY				41.01
41.02	RADIOLOGY - ULTRASOUND				41.02
42	RADIOLOGY-THERAPEUTIC				42
43	RADIOISOTOPE				43
43.01	MRI				43.01
44	LABORATORY				44
46	WHOLE BLOOD & PACKED RED BLOOD				46
46.30	BLOOD CLOTTING FACTORS ADMIN CO				46.30
49	RESPIRATORY THERAPY				49
50	PHYSICAL THERAPY				50
51	OCCUPATIONAL THERAPY				51
52	SPEECH PATHOLOGY				52
53.01	EKG & EEG				53.01
55	MEDICAL SUPPLIES CHARGED TO PAT				55
56	DRUGS CHARGED TO PATIENTS				56
57	RENAL DIALYSIS				57
59	CT SCAN				59
OUTPATIENT SERVICE COST CENTERS					
60	CLINIC				60
60.01	O/P COUNSELING				60.01
61	EMERGENCY				61
62	OBSERVATION BEDS (NON-DISTINCT				62
63.50	RHC				63.50
63.60	FQHC				63.60
OTHER REIMBURSABLE 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				71

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
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
98	PHYSICIANS' PRIVATE OFFICES				98
98.01	OTHER NON-REIMBURSEABLE COST CE				98.01
98.02	FAMILY HEALTH/GARY COMM HEALTH				98.02
101	CROSS FOOT ADJUSTMENTS				101
102	NEGATIVE COST CENTER				102
103	TOTAL				103
104	TOTAL STATISTICAL BASIS				104
105	UNIT COST MULTIPLIER				105
105	UNIT COST MULTIPLIER				105

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	50.07		8.26				58.33 25
26 INTENSIVE CARE UNIT	55.50		16.63				72.13 26
26.01 NEONATAL ICU			9.22				9.22 26.01
33 NURSERY			33.53				33.53 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	31.66	10.95					42.61 37
38 RECOVERY ROOM	23.12	25.74					48.86 38
39 DELIVERY ROOM & LABOR ROOM	0.22						0.22 39
41 RADIOLOGY-DIAGNOSTIC	13.48	36.76					50.24 41
41.01 RADIOLOGY - ANGIOGRAPHY	35.22	14.29					49.51 41.01
41.02 RADIOLOGY - ULTRASOUND	22.88	15.17					38.05 41.02
42 RADIOLOGY-THERAPEUTIC	2.62	39.62					42.24 42
43 RADIOISOTOPE	33.67	18.37					52.04 43
43.01 MRI	25.60	16.89					42.49 43.01
44 LABORATORY	28.65	0.69					29.34 44
46 WHOLE BLOOD & PACKED RED BLOOD	38.66	1.44					40.10 46
49 RESPIRATORY THERAPY	49.51	2.70					52.21 49
50 PHYSICAL THERAPY	22.99	0.03					23.02 50
51 OCCUPATIONAL THERAPY	11.92	0.01					11.93 51
52 SPEECH PATHOLOGY	32.14						32.14 52
53.01 EKG & EEG	36.08	9.71					45.79 53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	42.53	18.92					61.45 55
56 DRUGS CHARGED TO PATIENTS	39.22	3.45					42.67 56
57 RENAL DIALYSIS	64.55	2.97					67.52 57
59 CT SCAN	23.26	18.22					41.48 59
60 CLINIC	9.94	15.17					25.11 60
61 EMERGENCY	16.29	13.05					29.34 61
62 OBSERVATION BEDS (NON-DISTINCT)	5.42	24.72					30.14 62
101 TOTAL CHARGES	24.74	10.46					35.20 101

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

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31 SUBPROVIDER I	80.01		7.07				87.08 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.18						0.18 37
38 RECOVERY ROOM	0.22						0.22 38
41 RADIOLOGY-DIAGNOSTIC	0.18						0.18 41
41.01 RADIOLOGY - ANGIOGRAPHY	0.54						0.54 41.01
41.02 RADIOLOGY - ULTRASOUND	0.67						0.67 41.02
42 RADIOLOGY-THERAPEUTIC	0.16						0.16 42
43 RADIOISOTOPE	0.62						0.62 43
43.01 MRI	0.75						0.75 43.01
44 LABORATORY	0.96						0.96 44
46 WHOLE BLOOD & PACKED RED BLOOD	0.75						0.75 46
49 RESPIRATORY THERAPY	0.99						0.99 49
50 PHYSICAL THERAPY	34.58						34.58 50
51 OCCUPATIONAL THERAPY	45.56						45.56 51
52 SPEECH PATHOLOGY	25.94						25.94 52
53.01 EKG & EEG	0.48						0.48 53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	0.35						0.35 55
56 DRUGS CHARGED TO PATIENTS	2.26						2.26 56
57 RENAL DIALYSIS	8.08						8.08 57
59 CT SCAN	0.38						0.38 59
60 CLINIC	0.16						0.16 60
101 TOTAL CHARGES	1.43						1.43 101

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

SNF / NF

COST CENTERS	SNF		NF		NF		TOTAL THIRD PARTY UTIL
	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
34 SKILLED NURSING FACILITY	88.22						88.22 34
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.03						0.03 37
38 RECOVERY ROOM	0.06						0.06 38
41 RADIOLOGY-DIAGNOSTIC	0.12						0.12 41
41.01 RADIOLOGY - ANGIOGRAPHY	0.65						0.65 41.01
41.02 RADIOLOGY - ULTRASOUND	0.90						0.90 41.02
42 RADIOLOGY-THERAPEUTIC	0.37						0.37 42
43 RADIOISOTOPE	0.78						0.78 43
43.01 MRI	0.04						0.04 43.01
44 LABORATORY	1.38						1.38 44
46 WHOLE BLOOD & PACKED RED BLOOD	1.90						1.90 46
49 RESPIRATORY THERAPY	3.12						3.12 49
50 PHYSICAL THERAPY	21.18						21.18 50
51 OCCUPATIONAL THERAPY	23.17						23.17 51
52 SPEECH PATHOLOGY	11.35						11.35 52
53.01 EKG & EEG	0.34						0.34 53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	1.05						1.05 55
56 DRUGS CHARGED TO PATIENTS	5.01						5.01 56
57 RENAL DIALYSIS	0.14						0.14 57
59 CT SCAN	0.01						0.01 59
60 CLINIC	0.24						0.24 60
101 TOTAL CHARGES	1.42						1.42 101

COST CENTER		--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS								
1	OLD CAP REL COSTS-BLDG & FIXT							1
2	OLD CAP REL COSTS-MVBLE EQUIP							2
3	NEW CAP REL COSTS-BLDG & FIXT	26018956	8.57	-26018956	-14.64			3
4	NEW CAP REL COSTS-MVBLE EQUIP	6091694	2.01	-6091694	-3.43			4
5	EMPLOYEE BENEFITS	61125600	20.14	-61125600	-34.40			5
6.01	DATA PROCESSING	6432683	2.12	-6432683	-3.62			6.01
6.02	PURCHASING RECEIVING STORES	1585844	.52	-1585844	-.89			6.02
6.03	ADMITTING & REGISTRATION	2172673	.72	-2172673	-1.22			6.03
6.04	CASH, A/R & COLLECTIONS	3705225	1.22	-3705225	-2.09			6.04
6.05	OTHER ADMIN & GENERAL	30070520	9.91	-30070520	-16.93			6.05
6.06	PATIENT TRANSPORTATION	980159	.32	-980159	-.55			6.06
7	MAINTENANCE & REPAIRS							7
8	OPERATION OF PLANT	15358482	5.06	-15358482	-8.64			8
9	LAUNDRY & LINEN SERVICE	1279698	.42	-1279698	-.72			9
10	HOUSEKEEPING	3735215	1.23	-3735215	-2.10			10
11	DIETARY	3385307	1.12	-3385307	-1.91			11
12	CAFETERIA	1186523	.39	-1186523	-.67			12
13	MAINTENANCE OF PERSONNEL							13
14	NURSING ADMINISTRATION	2101104	.69	-2101104	-1.18			14
15	CENTRAL SERVICES & SUPPLY	661682	.22	-661682	-.37			15
16	PHARMACY	6739300	2.22	-6739300	-3.79			16
17	MEDICAL RECORDS & LIBRARY	2320826	.76	-2320826	-1.31			17
18	SOCIAL SERVICE	1709176	.56	-1709176	-.96			18
18.01	STAFF EDUCATION	217221	.07	-217221	-.12			18.01
18.02	MEDICAL EDUCATION	84497	.03	-84497	-.05			18.02
20	NONPHYSICIAN ANESTHETISTS							20
21	NURSING SCHOOL							21
22	I&R SERVICES-SALARY & FRINGES A							22
23	I&R SERVICES-OTHER PRGM COSTS A	530174	.17	-530174	-.30			23
24	PARAMED ED PRGM-(SPECIFY)	173195	.06	-173195	-.10			24
INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	22392165	7.38	51712529	29.11	74104694	24.42	25
26	INTENSIVE CARE UNIT	5699593	1.88	8307930	4.68	14007523	4.62	26
26.01	NEONATAL ICU	1928055	.64	2286135	1.29	4214190	1.39	26.01
31	SUBPROVIDER I	1922429	.63	4728481	2.66	6650910	2.19	31
31.01	SUBPROVIDER II PSYCH/ALCOHOL							31.01
33	NURSERY	851992	.28	2563765	1.44	3415757	1.13	33
34	SKILLED NURSING FACILITY	2262266	.75	5438575	3.06	7700841	2.54	34
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	4365118	1.44	10218563	5.75	14583681	4.81	37
38	RECOVERY ROOM	1183923	.39	2484127	1.40	3668050	1.21	38
39	DELIVERY ROOM & LABOR ROOM	2153285	.71	3031621	1.71	5184906	1.71	39
40	ANESTHESIOLOGY							40
41	RADIOLOGY-DIAGNOSTIC	3164338	1.04	6486385	3.65	9650723	3.18	41
41.01	RADIOLOGY - ANGIOGRAPHY	4411468	1.45	3423900	1.93	7835368	2.58	41.01
41.02	RADIOLOGY - ULTRASOUND	1056139	.35	1610825	.91	2666964	.88	41.02

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
42 RADIOLOGY-THERAPEUTIC	1027847	.34	1828048	1.03	2855895	.94	42
43 RADIOISOTOPE	870693	.29	1306879	.74	2177572	.72	43
43.01 MRI	461211	.15	1049344	.59	1510555	.50	43.01
44 LABORATORY	4917514	1.62	7005393	3.94	11922907	3.93	44
46 WHOLE BLOOD & PACKED RED BLOOD	3636876	1.20	2045213	1.15	5682089	1.87	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY	2266493	.75	2637498	1.48	4903991	1.62	49
50 PHYSICAL THERAPY	1384273	.46	2266383	1.28	3650656	1.20	50
51 OCCUPATIONAL THERAPY	944701	.31	1652748	.93	2597449	.86	51
52 SPEECH PATHOLOGY	230963	.08	359264	.20	590227	.19	52
53.01 EKG & EEG	1198450	.39	2040332	1.15	3238782	1.07	53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	19646322	6.47	8554627	4.82	28200949	9.29	55
56 DRUGS CHARGED TO PATIENTS	9685150	3.19	13325914	7.50	23011064	7.58	56
57 RENAL DIALYSIS	1474770	.49	606311	.34	2081081	.69	57
59 CT SCAN	1204675	.40	2554898	1.44	3759573	1.24	59
60 CLINIC	5723005	1.89	9438451	5.31	15161456	5.00	60
60.01 O/P COUNSELING	353		693		1046		60.01
61 EMERGENCY	4777510	1.57	9325890	5.25	14103400	4.65	61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
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	2109455	.70	1516122	.85	3625577	1.19	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	2062		593		2655		93
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN	264623	.09	219765	.12	484388	.16	96
98 PHYSICIANS' PRIVATE OFFICES	9506870	3.13	5506239	3.10	15013109	4.95	98
98.01 OTHER NON-REIMBURSEABLE COST CE	3104818	1.02	1184555	.67	4289373	1.41	98.01
98.02 FAMILY HEALTH/GARY COMM HEALTH	11363		947758	.53	959121	.32	98.02
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	303506522	100.00	0	.00	303506522	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	2262713	77868090	.029058	24656546	716470	37
38 RECOVERY ROOM	533524	6980239	.076433	1613683	123339	38
39 DELIVERY ROOM & LABOR ROOM	323590	3218286	.100547	7116	715	39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC	1786590	19181603	.093141	2585516	240818	41
41.01 RADIOLOGY - ANGIOGRAPHY	416000	24604485	.016907	8666576	146526	41.01
41.02 RADIOLOGY - ULTRASOUND	210646	9961972	.021145	2279128	48192	41.02
42 RADIOLOGY-THERAPEUTIC	477609	11097503	.043038	291187	12532	42
43 RADIOISOTOPE	320934	7051967	.045510	2374522	108064	43
43.01 MRI	177967	13398902	.013282	3430103	45559	43.01
44 LABORATORY	1038111	65176688	.015928	18670608	297385	44
46 WHOLE BLOOD & PACKED RED BLOOD	80072	5214408	.015356	2016064	30959	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	328200	7659106	.042851	3791920	162488	49
50 PHYSICAL THERAPY	440578	6487368	.067913	1491472	101290	50
51 OCCUPATIONAL THERAPY	364616	5282131	.069028	629794	43473	51
52 SPEECH PATHOLOGY	62873	479812	.131037	154226	20209	52
53.01 EKG & EEG	336258	15845858	.021221	5717959	121341	53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	1337771	39261654	.034073	16699153	568990	55
56 DRUGS CHARGED TO PATIENTS	998128	65258131	.015295	25592196	391433	56
57 RENAL DIALYSIS	157687	1841208	.085643	1188570	101793	57
59 CT SCAN	256310	43822309	.005849	10191802	59612	59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	2566624	18920237	.135655	1881239	255199	60
60.01 O/P COUNSELING	200	244	.819672			60.01
61 EMERGENCY	1214165	37977114	.031971	6185169	197746	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	751208	4736262	.158608	256512	40685	62
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	16442374	491325577		140371061	3834818	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	10438011		10438011	88622	117.78	44374	5226370 25
26 INTENSIVE CARE UNIT	920276		920276	10135	90.80	5625	510750 26
26.01 NEONATAL ICU	138299		138299	2862	48.32		26.01
101 TOTAL	11496586		11496586			49999	5737120 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS 5737120

MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS 3834818

TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS 9571938

MEDICARE DISCHARGES (WORKSHEET S-3, LINE 8, COLUMN 13)

MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 8, COLUMN 4)

PER DISCHARGE CAPITAL COSTS

PER DIEM CAPITAL COSTS

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)	84366741
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	172843436
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.488

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))	9082174
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	11698885
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.776

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)	9571938
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.055

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))	22136060
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)	59289483
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.373