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

WORKSHEET S
PARTS I & II

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

PART I - CERTIFICATION

CHECK APPLICABLE BOX __ ELECTRONICALLY FILED COST REPORT DATE: _____
__ 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 PARKVIEW HOSPITAL (15-0021) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2008 AND ENDING 12/31/2008, 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 PART A	TITLE XVIII PART B	TITLE XIX	
		1	2	3	4	
1	HOSPITAL		1186693	479947		1
2	SUBPROVIDER I		-71621			2
2.01	SUBPROVIDER II		2286			2.01
3	SWING BED - SNF					3
4	SWING BED - NF					4
5	SKILLED NURSING FACILITY		3124			5
6	NURSING FACILITY					6
7	HOME HEALTH AGENCY					7
8	OUTPATIENT REHABILITATION PROVIDER					8
9	HEALTH CLINIC					9
100	TOTAL		1120482	479947		100

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

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

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

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

17	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 01/01/2008 TO: 12/31/2008 1 2	17
18	TYPE OF CONTROL	2	18

TYPE OF HOSPITAL/SUBPROVIDER

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

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.		21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106?	YES	21.01
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.		21.02
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.	1 N N	21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.	1	21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.	1	21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER 'Y' FOR YES AND 'N' FOR NO.	NO	21.06
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?	NO	22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW	NO	23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE 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

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

OTHER INFORMATION

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	YES			25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	YES			25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	YES			25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO			25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO			25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO		25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	YES	YES		25.06
26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:				26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.				26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:				26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO			27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.	NO			28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st	100	0.9517	0.9284	28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) If YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.	306.28	1	2760	23060	28.02

A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)

28.03	STAFFING	28.70	N	28.03
28.04	RECRUITMENT	0.00	N	28.04
28.05	RETENTION OF EMPLOYEES	0.00	N	28.05
28.06	TRAINING	0.00	N	28.06
28.07	EMPLOYEE BENEFITS	9.70	Y	28.07
28.08	CAPITAL	2.20	Y	28.08
28.09	DATA PROCESSING	3.80	N	28.09
28.10	OTHER	41.30	Y	28.10

29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO	29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	NO	30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.		30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?		30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)		30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.		30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO	31
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO	31.01
31.02	IS THIS A RURAL HOSPITAL SUB II QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO	31.02

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

MISCELLANEOUS COST REPORTING INFORMATION

32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	NO	32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.	NO	33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?	NO	34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	NO	35
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER II (EXCLUDED UNIT) UNDER 42 CFR 413.40(F)(1)(i)?	NO	35.01

		V	XVIII	XIX	
	PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL	1	2	3	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	YES	NO	36
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?		YES	YES	36.01
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?				37.01

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES	38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO	38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO	38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO	38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO	38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	YES 15H032	40
40.01	NAME: PARKVIEW HEALTH SYSTEM, INC FI/CONTRACTOR'S NAME: NATIONAL GOVERNMENT SERVICEFI/CONTRACTOR'S NUMBER:		40.01
40.02	STREET: P.O.BOX: P.O. BOX		40.02
40.03	CITY: FORT WAYNE STATE: IN ZIP CODE: 46895-5600		40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES	41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO	43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	YES	44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO	45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?		45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?		45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?		45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.		46

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

		PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
		1	2	3	4	5	
47	HOSPITAL	N	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	N	48
48.01	SUBPROVIDER II	N	N	N	N	N	48.01
49	SKILLED NURSING FACILITY	N	N				49
50	HOME HEALTH AGENCY	N	N				50

52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?	NO	52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.	NO	52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.		53
53.01	MDH PERIOD: BEGINNING: ENDING:		53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: PAID LOSSES: 212001 AND/OR SELF INSURANCE: 1226103		54
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	NO	54.01
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.	NO	55

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

		DATE 0	Y/N 1	LIMIT 2	Y/N 3	FEES 4	
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.	/ /	NO	0.00	NO		56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		YES				57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		YES				58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)		NO	NO			58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO				59
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		YES				60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)		NO	NO			60.01

MULTICAMPUS

61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO.	NO				61
	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.	COUNTY: 1	STATE: 2	ZIP CODE 3	CBSA 4	FTE/ CAMPUS 5

SETTLEMENT DATA

63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)	NO	63

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I

	COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH PATIENT HOURS 2.01	I/P DAYS / O/P VISITS / TRIPS: TITLE V 3	TITLE XVIII 4	LTCH NONCOVERED DAYS 4.01	TITLE XIX 5	OBS. BEDS ADMITTED 5.01	
1	HOSPITAL ADULTS & PEDS, EXCL SWING BED, OBSERV & HOSPICE DAYS	427	155687			30918		6427		1
2	HMO					18388		15311		2
2.01	HMO (IRF PPS Sub)							727		2.01
3	HOSPITAL ADULTS & PEDS - SWING BED SNF									3
4	HOSPITAL ADULTS & PEDS - SWING BED NF									4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS	427	155687			30918		6427		5
6	INTENSIVE CARE UNIT	30	10950			2857		420		6
6.01	PEDIATRIC ICU	6	2190					93		6.01
6.02	NEONATAL ICU	46	16683					753		6.02
7	CORONARY CARE UNIT	31	11315			3468		399		7
8	BURN INTENSIVE CARE UNIT									8
9	SURGICAL INTENSIVE CARE UNIT									9
10	OTHER SPECIAL CARE (SPECIFY)									10
11	NURSERY							627		11
12	TOTAL HOSPITAL	540	196825			37243		8719		12
13	RPCH VISITS									13
14	SUBPROVIDER I	31	11315			2262		385		14
14.01	SUBPROVIDER II	67	24455			5542		1872		14.01
15	SKILLED NURSING FACILITY	28	10220			5779		19		15
16	NURSING FACILITY									16
17	OTHER LONG TERM CARE									17
18	HOME HEALTH AGENCY					28073		9058		18
20	ASC (DISTINCT PART)									20
21	HOSPICE (DISTINCT PART)									21
23	O/P REHAB PROVIDER									23
24	RHC I									24
25	TOTAL	666								25
26	OBSERVATION BED DAYS							671	204	26
26.01	OBSERVATION BED DAYS-Sub I									26.01
26.02	OBSERVATION BED DAYS-Sub II							5		26.02
27	AMBULANCE TRIPS					254				27
28	EMPLOYEE DISCOUNT DAYS									28
28.01	EMP. DISC. DAYS(IRF Sub)									28.01

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I
(CONTINUED)

	COMPONENT	-----I/P DAYS / O/P VISITS / TRIPS---- OBS. BEDS NOT ADMITTED 5.02	TOTAL ALL PATIENTS 6	OBS. BEDS ADMITTED 6.01	OBS. BEDS NOT ADMITTED 6.02	---INTERNS & RES FTES---- TOTAL 7	LESS I&R REPL NON-PHYS ANES 8	NET 9	--FULL TIME EQUIV-- EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		83559								1
2	HMO XIX										2
2.01	HMO (IRF PPS Sub)										2.01
3	HOSPITAL ADULTS & PEDS - SWING BED SNF										3
4	HOSPITAL ADULTS & PEDS - SWING BED NF										4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS		83559								5
6	INTENSIVE CARE UNIT		8591								6
6.01	PEDIATRIC ICU		896								6.01
6.02	NEONATAL ICU		5663								6.02
7	CORONARY CARE UNIT		8364								7
8	BURN INTENSIVE CARE UNIT										8
9	SURGICAL INTENSIVE CARE UNIT										9
10	OTHER SPECIAL CARE (SPECIFY)										10
11	NURSERY		4537								11
12	TOTAL HOSPITAL		111610			12.28		12.28	3242.90		12
13	RPCH VISITS										13
14	SUBPROVIDER I		6871			.69		.69	34.00		14
14.01	SUBPROVIDER II		14486			.28		.28	107.30		14.01
15	SKILLED NURSING FACILITY		9644						43.40		15
16	NURSING FACILITY										16
17	OTHER LONG TERM CARE										17
18	HOME HEALTH AGENCY		59071						161.30		18
20	ASC (DISTINCT PART)										20
21	HOSPICE (DISTINCT PART)										21
23	O/P REHAB PROVIDER										23
24	RHC I										24
25	TOTAL					13.25		13.25	3588.90		25
26	OBSERVATION BED DAYS	467	8867	1324	7543						26
26.01	OBSERVATION BED DAYS-Sub I		1	1							26.01
26.02	OBSERVATION BED DAYS-Sub II	5	25	12	13						26.02
27	AMBULANCE TRIPS										27
28	EMPLOYEE DISCOUNT DAYS		2361								28
28.01	EMP. DISC. DAYS(IRF Sub)		159								28.01

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I
(CONTINUED)

	COMPONENT	DISCHARGES TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15	
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		6424	1342	20638	1
2	HMO XIX					2
2.01	HMO (IRF PPS Sub)					2.01
3	HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4	HOSPITAL ADULTS & PEDS - SWING BED NF					4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6	INTENSIVE CARE UNIT					6
6.01	PEDIATRIC ICU					6.01
6.02	NEONATAL ICU					6.02
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		6424	1342	20638	12
13	RPCH VISITS					13
14	SUBPROVIDER I		122	17	399	14
14.01	SUBPROVIDER II		554	302	2396	14.01
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
26.01	OBSERVATION BED DAYS-Sub I					26.01
26.02	OBSERVATION BED DAYS-Sub II					26.02
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28
28.01	EMP. DISC. DAYS(IRF Sub)					28.01

HOSPITAL WAGE INDEX INFORMATION — WORKSHEET S-3 PART II

	PART II - WAGE DATA	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	
	SALARIES	1	2	3	4	5	6	
1	TOTAL SALARIES	183569102	-1087559	182481543	7215504.00	25.29		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A	200123		200123	1671.00	119.76	PHYSICIAN SUMM	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	33118356	-1087559	32030797	910999.00	35.16	A-8-1 WORKPAPER	7
8	SNF	1693333	168999	1862332	90546.00	20.57	PER HOURS SUMM	8
8.01	EXCLUDED AREA SALARIES	18176974	2013661	20190635	887027.00	22.76	PER HOURS SUMM	8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	411490		411490	4800.00	85.73	CONTRACT SUMM	9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10	CONTRACT LABOR: PHYSICIAN PART A	936370		936370	4468.00	209.57	PHYSICIAN SUMM	10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	33118356	-1087559	32030797	910999.00	35.16	A-8-1 WORKPAPER	11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	51538449		51538449			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	7089405		7089405			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	34807		34807			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	17594951	-15795450	1799501	24073.00	74.75		21
22	ADMINISTRATIVE & GENERAL	38506905	367836	38874741	984710.00	39.48		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT	3848613	374652	4223265	228023.00	18.52		24
25	LAUNDRY & LINEN SERVICE	163237	15361	178598	14675.00	12.17		25
26	HOUSEKEEPING	2444189	237564	2681753	240647.00	11.14		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	3206178	310298	3516476	265234.00	13.26		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA							28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	2268203	233936	2502139	72670.00	34.43		30
31	CENTRAL SERVICES AND SUPPLY	605682	57006	662688	50034.00	13.24		31
32	PHARMACY	7054505	41797	7096302	213886.00	33.18		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR		2226067	2226067	124660.00	17.86		33
34	SOCIAL SERVICE	2093818	201612	2295430	82703.00	27.76		34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION — WORKSHEET S-3 PART III

	PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	
		1	2	3	4	5	
1	NET SALARIES	150450746		150450746	6304505.00	23.86	1
2	EXCLUDED AREA SALARIES	19870307	2182660	22052967	977573.00	22.56	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	130580439	-2182660	128397779	5326932.00	24.10	3
4	SUBTOTAL OTHER WAGES & REL COSTS	34466216	-1087559	33378657	920267.00	36.27	4
5	SUBTOTAL WAGE-RELATED COSTS	51573256		51573256		40.17%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	216619911	-3270219	213349692	6247199.00	34.15	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	77786281	-11729321	66056960	2301315.00	28.70	13

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

HOME HEALTH AGENCY STATISTICAL DATA COUNTY: ALLEN

	DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1	HOME HEALTH AIDE HOURS		12346		4654	17000	1
2	UNDUPLICATED CENSUS COUNT		1974.00		1979.00	3953.00	2

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

	ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK: 40.00	STAFF 1	CONTRACT 2	TOTAL 3	
3	ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4	DIRECTORS AND ASSISTANT DIRECTOR(S)	1.00		1.00	4
5	OTHER ADMINISTRATIVE PERSONNEL	27.63		27.63	5
6	DIRECT NURSING SERVICE	41.10		41.10	6
7	NURSING SUPERVISOR	8.74		8.74	7
8	PHYSICAL THERAPY SERVICE	7.38	.20	7.58	8
9	PHYSICAL THERAPY SUPERVISOR				9
10	OCCUPATIONAL THERAPY SERVICE	5.55		5.55	10
11	OCCUPATIONAL THERAPY SUPERVISOR				11
12	SPEECH PATHOLOGY SERVICE	.95	.03	.98	12
13	SPEECH PATHOLOGY SUPERVISOR	1.00		1.00	13
14	MEDICAL SOCIAL SERVICE	1.51		1.51	14
15	MEDICAL SOCIAL SERVICE SUPERVISOR				15
16	HOME HEALTH AIDE	21.97		21.97	16
17	HOME HEALTH AIDE SUPERVISOR				17
18	HOME INFUSION GEN WRK	2.34		2.34	18
18.01	QA MANAGER	1.00		1.00	18.01
18.02	HH SCHEDULER	1.02		1.02	18.02
18.03	PHARMACIST TECHNICIAN II	4.14		4.14	18.03
18.04	CLINICAL DIETICIAN	.20		.20	18.04
18.05	MARKETING REPRESENTATIVE	1.00		1.00	18.05
18.06	SOCIAL WORKER (HOSPICE)	3.26		3.26	18.06
18.07	VOLUNTEER COORDINATOR	1.00		1.00	18.07
18.08	VOLUNTEER COORDINATOR - BREV	1.02		1.02	18.08
18.09	ALL OTHER EMPLOYEES	28.48		28.48	18.09

HOME HEALTH AGENCY MSA CODES

		1	1.01	
19	HOW MANY MSAs IN COLUMN 1 OR CBSAs IN COLUMN 1.01 DID YOU PROVIDE SERVICES TO DURING THIS COST REPORTING PERIOD		2	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)		23060	20
20.01			99915	20.01

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 15-7423

WORKSHEET S-4
(CONTINUED)

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

		FULL EPISODES WITHOUT OUTLIERS 1	FULL EPISODES WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4	SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL 7	
21	SKILLED NURSING VISITS	11501	1498	210	185		11	13405	21
22	SKILLED NURSING VISIT CHARGES	1703575	212810	31330	28345		1645	1977705	22
23	PHYSICAL THERAPY VISITS	4251	41	22	33		8	4355	23
24	PHYSICAL THERAPY VISIT CHARGES	680160	6560	3520	5280		1280	696800	24
25	OCCUPATIONAL THERAPY VISITS	2356	46	7	16			2425	25
26	OCCUPATIONAL THERAPY VISIT CHARGES	376960	7360	1120	2560			388000	26
27	SPEECH PATHOLOGY VISITS	422	14	3	1			440	27
28	SPEECH PATHOLOGY VISIT CHARGES	67520	2240	480	160			70400	28
29	MEDICAL SOCIAL SERVICE VISITS	353	9	4	9			375	29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	70600	1800	800	1800			75000	30
31	HOME HEALTH AIDE VISITS	5831	1116	7	106		13	7073	31
32	HOME HEALTH AIDE VISIT CHARGES	408170	78120	490	7420		910	495110	32
33	TOTAL VISITS	24714	2724	253	350		32	28073	33
34	OTHER CHARGES	133958	48441	5927	723		33	189082	34
35	TOTAL CHARGES	3440943	357331	43667	46288		3868	3892097	35
36	TOTAL NUMBER OF EPISODES	1417		94	39		1	1551	36
37	TOTAL NUMBER OF OUTLIER EPISODES		39					39	37
38	TOTAL MEDICAL SUPPLY CHARGES								38

PROSPECTIVE PAYMENT FOR SNF WORKSHEET S-7
STATISTICAL DATA

GROUP (1)	M3PI REVENUE CODE	SERVICES PRIOR TO OCTOBER 1st RATE	SERVICES PRIOR TO OCTOBER 1st DAYS	SERVICES ON OR AFTER OCTOBER 1st RATE	SERVICES ON OR AFTER OCTOBER 1st DAYS	SERVICES THROUGH 4/1/2001 - 9/30/2001 RATE	SERVICES THROUGH 4/1/2001 - 9/30/2001 DAYS	SWING BED SNF DAYS	TOTAL	
1	2	3	3.01	4	4.01	4.02	4.03	4.06	5	
1	RUC									1
2	RUB									2
3	RUA									3
3.01	RUX									3.01
3.02	RUL									3.02
4	RVC		22							4
5	RVB		171							5
6	RVA		11							6
6.01	RVX									6.01
6.02	RVL		17							6.02
7	RHC		591							7
8	RHB		2181							8
9	RHA		561							9
9.01	RHX									9.01
9.02	RHL									9.02
10	RMC		24							10
11	RMB		228							11
12	RMA		129							12
12.01	RMX		257							12.01
12.02	RML		1475							12.02
13	RLB									13
14	RLA									14
14.01	RLX									14.01
15	SE3									15
16	SE2		40							16
17	SE1									17
18	SSC									18
19	SSB									19
20	SSA		42							20
21	CC2									21
22	CC1									22
23	CB2									23
24	CB1									24
25	CA2									25
26	CA1		30							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		5779							46

HOSPICE IDENTIFICATION DATA

HOSPICE NO.: 15-1552

WORKSHEET S-9
PARTS I & II

PART I - ENROLLMENT DAYS

		TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL 6	
1	CONTINUOUS HOME CARE							1
2	ROUTINE HOME CARE	38550	1756		4774	2834	43140	2
3	INPATIENT RESPITE CARE	44				5	49	3
4	GENERAL INPATIENT CARE	637	17			126	780	4
5	TOTAL HOSPICE DAYS	39231	1773		4774	2965	43969	5

PART II - CENSUS DATA

		TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL 6	
6	NUMBER OF PATIENTS RECEIVING HOSPICE CARE	643	39		106	82	764	6
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE							7
8	AVERAGE LENGTH OF STAY	61.01	45.46		45.04	36.16	57.55	8
9	UNDUPLICATED CENSUS COUNT	698	34		79	97	829	9

HOSPITAL UNCOMPENSATED CARE DATA WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?		1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04		2
2.01	IS IT AT THE TIME OF ADMISSION?		2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?		2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?		2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)		2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?		3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?		4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?		5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?		6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?		7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01		8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?		8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04		9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?		9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?		9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?		9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?		9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?		10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04		11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?		11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?		11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?		11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?		11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?		12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?		13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01		14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?		14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?		14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?		15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?		16
17	REVENUE RELATED TO UNCOMPENSATED CARE	66613989	17
17.01	GROSS MEDICAID REVENUES	125086181	17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	366001	18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)		19
20	RESTRICTED GRANTS		20
21	NON-RESTRICTED GRANTS		21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	192066171	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	366001	23
24	COST TO CHARGE RATIO	0.310899	24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	113789	25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS		26
27	TOTAL SCHIP COST		27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	125086181	28
29	TOTAL GROSS MEDICAID COST	38889169	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	66613989	30
31	UNCOMPENSATED CARE COST	20710223	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	39002958	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		9984505	9984505	-1266867	8717638	1267851	9985489	3
4	0400	NEW CAP REL COSTS-MVBLE EQUIP				15534728	15534728	11732594	27267322	4
5	0500	EMPLOYEE BENEFITS	17594951	42225542	59820493	-1236759	58583734	-13077310	45506424	5
6.01	1160	COMMUNICATIONS				1304430	1304430	-205220	1099210	6.01
6.02	0620	DATA PROCESSIN								6.02
6.03	0630	MATERIALS MANAGEMENT						1069463	1069463	6.03
6.04	0640	PATIENT SERVICES	1036640	137402	1174042	96051	1270093		1270093	6.04
6.05	0650	PATIENT ACCOUNTING								6.05
6.06	1950	AMBULATORY SVCS ADMIN								6.06
6.07	0660	OTHER A&G	37470265	49534844	87005109	-9032928	77972181	-18217640	59754541	6.07
6.08	1951	CAREW MEDICAL PARK ADMIN		419392	419392	-846	418546		418546	6.08
6.09	1952	CRITICAL CARE ADMIN								6.09
7	0700	MAINTENANCE & REPAIRS								7
8	0800	OPERATION OF PLANT	139385	4809110	4948495	8126	4956621	-5049	4951572	8
8.01	0801	FACILITY ENGINEERING	3709228	2102678	5811906	179805	5991711	-106068	5885643	8.01
9	0900	LAUNDRY & LINEN SERVICE	163237	1289682	1452919	15361	1468280	176089	1644369	9
10	1000	HOUSEKEEPING	2444189	1206320	3650509	212750	3863259		3863259	10
11	1100	DIETARY	3206178	2211007	5417185	-1211518	4205667	-3402147	803520	11
11.01	1101	KITCHEN-NO CONNECT W/CAFE				1457025	1457025		1457025	11.01
11.02	1102	CAFETERIA								11.02
11.03	1103	PREADMITS AND ER								11.03
12	1200	CAFETERIA								12
13	1300	MAINTENANCE OF PERSONNEL								13
14	1400	NURSING ADMINISTRATION	2268203	274041	2542244	257358	2799602		2799602	14
15	1500	CENTRAL SERVICES & SUPPLY	605682	355005	960687	-69923	890764		890764	15
16	1600	PHARMACY	5863454	18381300	24244754	-17957324	6287430	-75833	6211597	16
16.01	1601	OUTPATIENT PHARMACY	418393	5188748	5607141	-36863	5570278	-455388	5114890	16.01
16.02	1602	IV SOLUTIONS	772658	767683	1540341	2085255	3625596		3625596	16.02
16.03	1603	MED SURG SUPPLY		-961513	-961513	43689917	42728404		42728404	16.03
17	1700	MEDICAL RECORDS & LIBRARY				-843900	-843900	3416707	2572807	17
18	1800	SOCIAL SERVICE	1577171	-30656	1546515	143573	1690088		1690088	18
18.01	1801	REHAB ADMIN	516647	33548	550195	51924	602119	-692	601427	18.01
20	2000	NONPHYSICIAN ANESTHETISTS								20
21	2100	NURSING SCHOOL								21
22	2200	I&R SERVICES-SALARY & FRINGES A		2806822	2806822		2806822		2806822	22
23	2300	I&R SERVICES-OTHER PRGM COSTS A								23
24	2400	PARAMED ED PRGM-(SPECIFY)				58264	58264		58264	24
24.01	2401	PARAMED ED RADIOLOGY				81517	81517		81517	24.01
24.02	2402	PARAMED ED PHARMACY				144381	144381		144381	24.02
		INPATIENT ROUTINE SERV COST CENTERS								
25	2500	ADULTS & PEDIATRICS	27892938	7687493	35580431	-308652	35271779	-2055482	33216297	25
26	2600	INTENSIVE CARE UNIT	5219336	3561816	8781152	-721884	8059268	-33162	8026106	26
26.01	2601	PEDIATRIC ICU	827735	182698	1010433	43640	1054073	-68368	985705	26.01
26.02	2602	NEONATAL ICU	2648848	681547	3330395	23873	3354268		3354268	26.02
27	2700	CORONARY CARE UNIT	4830431	1064842	5895273	-104234	5791039		5791039	27
31	3100	SUBPROVIDER I	1360338	168580	1528918	72449	1601367	-152357	1449010	31
31.01	3101	SUBPROVIDER II	4631058	826117	5457175	64937	5522112	-228	5521884	31.01
33	3300	NURSERY				1884189	1884189	-184	1884005	33
34	3400	SKILLED NURSING FACILITY	1693333	122690	1816023	158325	1974348		1974348	34
		ANCILLARY SERVICE COST CENTERS								
37	3700	OPERATING ROOM	6761195	25736429	32497624	-21117627	11379997		11379997	37
37.01	3701	CAREW MEDICAL PARK SURG	452282	729213	1181495	-581421	600074		600074	37.01
38	3800	RECOVERY ROOM	1603147	316657	1919804	665642	2585446		2585446	38
39	3900	DELIVERY ROOM & LABOR ROOM	169988	100649	270637	682010	952647		952647	39
40	4000	ANESTHESIOLOGY		4341902	4341902	-590241	3751661	-3557414	194247	40
41	4100	RADIOLOGY-DIAGNOSTIC	4481707	5828435	10310142	-4529100	5781042	-2016	5779026	41
41.01	4101	RADIOLOGY - WABASH								41.01
41.02	4102	RADIOLOGY - MANCHESTER								41.02
41.03	4103	RADIOLOGY - EAST STATE								41.03
41.04	4104	RADIOLOGY - JEFFERSON								41.04
41.05	4105	RADIOLOGY - NHMP	160021	34619	194640	14355	208995	-20686	188309	41.05
41.06	4106	RADIOLOGY - CMP	318532	369879	688411	-222335	466076		466076	41.06
41.07	4107	RADIOLOGY - WP	140589	113925	254514	-1459	253055	-81316	171739	41.07
41.08	4108	RADIOLOGY - PULM CLINIC	86416	33359	119775	4538	124313		124313	41.08
41.09	4109	RADIOLOGY - WHITLEY POOL								41.09
42	4200	RADIOLOGY-THERAPEUTIC	2264018	4742560	7006578	-2350556	4656022	-63904	4592118	42
43	4300	RADIOISOTOPE	342924	937241	1280165	-773062	507103		507103	43
44	4400	LABORATORY	10791285	11731222	22522507	-2619167	19903340	-16166669	3736671	44
44.01	4401	ANATOMICAL PATHOLOGY	359236	562991	922227	237217	1159444	-58605	1100839	44.01
46	4600	WHOLE BLOOD & PACKED RED BLOOD		2526426	2526426	927205	3453631	-81348	3372283	46
46.30	4650	BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	4900	RESPIRATORY THERAPY	3650199	846503	4496702	-283412	4213290	-5602	4207688	49

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES WORKSHEET A

		COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI-FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST-MENTS 6	NET EXP FOR ALLOCATION 7	
49.01	3950	WOUND CARE	188822	672393	861215	-126849	734366		734366	49.01
49.02	3951	DIALYSIS	36901	1193612	1230513	-4793	1225720		1225720	49.02
49.03	3330	ENDOSCOPY	625652	985448	1611100	-489473	1121627		1121627	49.03
50	5000	PHYSICAL THERAPY	1871868	315259	2187127	18960	2206087	-52586	2153501	50
50.01	3952	TRANSITIONAL THERAPY	459	57318	57777	-875	56902	-56924	-22	50.01
50.02	3650	PV REHAB OUTREACH								50.02
51	5100	OCCUPATIONAL THERAPY	1186817	35706	1222523	147403	1369926	-6171	1363755	51
52	5200	SPEECH PATHOLOGY	493677	49306	542983	71533	614516	-3607	610909	52
52.01	3953	NEURO REHAB	536144	178070	714214	14129	728343	-166	728177	52.01
53	5300	ELECTROCARDIOLOGY	256398	138115	394513	69724	464237	-2180	462057	53
54	5400	ELECTROENCEPHALOGRAPHY	149853	40896	190749	-6438	184311		184311	54
54.01	3954	NUTRITION SUPPORT	343600	87378	430978	15234	446212	-10532	435680	54.01
54.02	3120	MRI	873636	964697	1838333	-482765	1355568	-39909	1315659	54.02
54.03	3121	CARDIAC CATH LAB	769057	20879662	21648719	-18196959	3451760	-76044	3375716	54.03
54.04	3122	CARDIAC REHAB SERVICES	87810	29440	117250	-9423	107827		107827	54.04
55	5500	MEDICAL SUPPLIES CHARGED TO PAT								55
55.01	3955	COST OF SOLUTIONS								55.01
56	5600	DRUGS CHARGED TO PATIENTS				16685325	16685325		16685325	56
		OUTPATIENT SERVICE COST CENTERS								
60	6000	CLINIC		591376	591376	-276969	314407	-160	314247	60
60.01	6001	ANTICOAG CLINIC	328243	185978	514221	311124	825345	-17283	808062	60.01
61	6100	EMERGENCY	5101452	5699011	10800463	553869	11354332	-1698513	9655819	61
61.01	4950	PARTIAL HOSPITALIZATION	61298	554	61852	8165	70017		70017	61.01
62	6200	OBSERVATION BEDS (NON-DISTINCT								62
63.50	6310	RHC								63.50
63.60	6320	FQHC								63.60
		OTHER REIMBURSABLE COST CENTERS								
65	6500	AMBULANCE SERVICES	1290143	4112412	5402555	84829	5487384		5487384	65
69.10	6910	CMHC								69.10
69.20	6920	OUTPATIENT PHYSICAL THERAPY								69.20
69.30	6930	OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	6940	OUTPATIENT SPEECH PATHOLOGY								69.40
71	7100	HOME HEALTH AGENCY	7450691	8335564	15786255	-5882796	9903459	-178690	9724769	71
		SPECIAL PURPOSE COST CENTERS								
85.01	8510	PANCREAS ACQUISITION								85.01
85.02	8520	INTESTINAL ACQUISITION								85.02
85.03	8530	ISLET CELL ACQUISITION								85.03
93	9300	HOSPICE				4193764	4193764		4193764	93
95		SUBTOTALS	180124358	258535448	438659806	935486	439595292	-42372749	397222543	95
		NONREIMBURSABLE COST CENTERS								
96	9600	GIFT, FLOWER, COFFEE SHOP & CAN	113137	411986	525123	-38923	486200		486200	96
100	7950	NON ALLOWABLE	3		3		3		3	100
100.01	7951	TELEVISION	32803	72170	104973	-17889	87084		87084	100.01
100.02	7952	PHYSICIAN PRACTICES		438144	438144		438144	-256003	182141	100.02
100.03	7953	OP CLINIC	49034	516484	565518	-36407	529111	-447051	82060	100.03
100.04	7954	PHYS. ANSWERING SERVICE								100.04
100.05	7955	EDUCARE CTR	861507	532981	1394488	-281530	1112958		1112958	100.05
100.06	7956	STUCKY RESEARCH CTR	556739	455358	1012097	-191409	820688	-33108	787580	100.06
100.07	7957	CORPORATE HEALTH SVC		-191771	-191771	191771				100.07
100.08	7958	FOUNDATION	-1237		-1237	1122	-115		-115	100.08
100.09	7959	LV HEALTH PLAN								100.09
100.10	7960	PV RESPIRATORY OUTREACH								100.10
100.11	7961	OUTREACH TRANSCRIPTION								100.11
100.12	7962	GUEST SERVICES								100.12
100.13	7963	HUNTINGTON ARC								100.13
100.14	7964	SENIOR HEALTH SERVICES		45743	45743	-2196	43547		43547	100.14
100.15	7965	SCHOOL NURSE/COMMUNITY OUTREACH	1393949	2457054	3851003	-403088	3447915		3447915	100.15
100.16	7966	FITNESS				148161	148161		148161	100.16
100.17	7967	NONALLOWABLE ADVERTISING								100.17
100.18	7968	BREAST DIAGNOSTIC CTR	1579	13898	15477	-93907	-78430	-781	-79211	100.18
100.19	7969	REGIONAL PAIN CLINIC								100.19
100.20	7970	START-UP COSTS NORTH								100.20
100.21	7971	RONALD MCDONALD FAMILY ROOM		10923	10923	-4219	6704		6704	100.21
100.22	7972	EBT	39297	168081	207378	-17009	190369		190369	100.22
100.23	7973	MEDICAL OFFICE BUILDINGS	399116	601600	1000716	-154026	846690	-82432	764258	100.23
100.24	7974	START-UP COSTS ORTHO								100.24
100.25	7975	PREMIER SURGERY CENTER		6826955	6826955	-35829	6791126		6791126	100.25
100.26	7976	ISH	-1183		-1183	-108	-1291		-1291	100.26
101		TOTAL	183569102	270895054	454464156		454464156	-43192124	411272032	101

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	DIETARY PERSONNEL	A	KITCHEN-NO CONNECT W/CAFE	11.01	1457025		1
2	PHARMACY SALARIES-SOLUTIONS	B	IV SOLUTIONS	16.02	122808		2
3	ER-ACCOUNTING FUNCTIONS	C	OTHER A&G	6.07	47489		3
4	BLOOD BANK	D	ANTICOAG CLINIC	60.01	154211	127668	4
5		D	WHOLE BLOOD & PACKED RED BLOO	46	534231	172539	5
6	REHAB SALARIES	E	SUBPROVIDER I	31	459		6
7	BLOOD BANK-LAB ADMIN	F	ANATOMICAL PATHOLOGY	44.01	60699	20625	7
8		F	WHOLE BLOOD & PACKED RED BLOO	46	71747	115083	8
9	MEDICAL RECORDS TRANSCRIPTION COSTS	G	OPERATING ROOM	37		151081	9
10		G	EMERGENCY	61		692819	10
11	DEPR-LEY ROAD LEASEHOLD IMPROV	H	LABORATORY	44		9434	11
12		H	ANATOMICAL PATHOLOGY	44.01		1670	12
13	EQUIPMENT DEPRECIATION	I	NEW CAP REL COSTS-MVBLE EQUIP	4		15431362	13
14		I	NEW CAP REL COSTS-BLDG & FIXT	3		209507	14
15		I					15
16		I					16
17		I					17
18		I					18
19		I					19
20		I					20
21		I					21
22		I					22
23		I					23
24		I					24
25		I					25
26		I					26
27		I					27
28		I					28
29		I					29
30		I					30
31		I					31
32		I					32
33		I					33
34		I					34
35		I					35
36	SUBTOTAL				2448669	16931788	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
		1	6	7	8	9	10
1	DIETARY PERSONNEL	A	DIETARY	11	1457025		1
2	PHARMACY SALARIES-SOLUTIONS	B	PHARMACY	16	122808		2
3	ER-ACCOUNTING FUNCTIONS	C	EMERGENCY	61	47489		3
4	BLOOD BANK	D	LABORATORY	44	688442	300207	4
5		D					5
6	REHAB SALARIES	E	TRANSITIONAL THERAPY	50.01	459		6
7	BLOOD BANK-LAB ADMIN	F	LABORATORY	44	132446	135708	7
8		F					8
9	MEDICAL RECORDS TRANSCRIPTION COS	G	MEDICAL RECORDS & LIBRARY	17		843900	9
10		G					10
11	DEPR-LEY ROAD LEASEHOLD IMPROV	H	NEW CAP REL COSTS-BLDG & FIXT	3		11104	9 11
12		H					9 12
13	EQUIPMENT DEPRECIATION	I	EMPLOYEE BENEFITS	5		1615	9 13
14		I	OTHER A&G	6.07		373	9 14
15		I	PHARMACY	16		656	9 15
16		I	ADULTS & PEDIATRICS	25		3959	9 16
17		I	INTENSIVE CARE UNIT	26		844	9 17
18		I	SUBPROVIDER II	31.01		2222	9 18
19		I	RADIOLOGY-DIAGNOSTIC	41		1934	9 19
20		I	RADIOLOGY-THERAPEUTIC	42		15648	9 20
21		I	RADIOISOTOPE	43		18	9 21
22		I	MRI	54.02		90	9 22
23		I	EDUCARE CTR	100.05		1522	9 23
24		I	MEDICAL OFFICE BUILDINGS	100.23		180627	9 24
25		I	NEW CAP REL COSTS-BLDG & FIXT	3		1757103	9 25
26		I	EMPLOYEE BENEFITS	5		11138	9 26
27		I	PATIENT SERVICES	6.04		1445	9 27
28		I	OTHER A&G	6.07		825439	9 28
29		I	CAREW MEDICAL PARK ADMIN	6.08		846	9 29
30		I	OPERATION OF PLANT	8		38629	9 30
31		I	FACILITY ENGINEERING	8.01		174172	9 31
32		I	HOUSEKEEPING	10		23467	9 32
33		I	DIETARY	11		63446	9 33
34		I	NURSING ADMINISTRATION	14		7116	9 34
35		I	CENTRAL SERVICES & SUPPLY	15		124356	9 35
36	SUBTOTAL				2448669	4527584	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1		I					1
2		I					2
3		I					3
4		I					4
5		I					5
6		I					6
7		I					7
8		I					8
9		I					9
10		I					10
11		I					11
12		I					12
13		I					13
14		I					14
15		I					15
16		I					16
17		I					17
18		I					18
19		I					19
20		I					20
21		I					21
22		I					22
23		I					23
24		I					24
25		I					25
26		I					26
27		I					27
28		I					28
29		I					29
30		I					30
31		I					31
32		I					32
33		I					33
34		I					34
35		I					35
36	SUBTOTAL				2448669	16931788	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
		1	6	7	8	9	10
1		I	PHARMACY	16		965157	9 1
2		I	OUTPATIENT PHARMACY	16.01		58251	9 2
3		I	IV SOLUTIONS	16.02		8092	9 3
4		I	SOCIAL SERVICE	18		869	9 4
5		I	REHAB ADMIN	18.01		834	9 5
6		I	ADULTS & PEDIATRICS	25		606958	9 6
7		I	INTENSIVE CARE UNIT	26		607261	9 7
8		I	PEDIATRIC ICU	26.01		18985	9 8
9		I	NEONATAL ICU	26.02		22418	9 9
10		I	CORONARY CARE UNIT	27		199885	9 10
11		I	SUBPROVIDER I	31		42578	9 11
12		I	SUBPROVIDER II	31.01		57988	9 12
13		I	NURSERY	33		103565	9 13
14		I	SKILLED NURSING FACILITY	34		6920	9 14
15		I	OPERATING ROOM	37		1739011	9 15
16		I	CAREW MEDICAL PARK SURG	37.01		147520	9 16
17		I	RECOVERY ROOM	38		75990	9 17
18		I	DELIVERY ROOM & LABOR ROOM	39		4143	9 18
19		I	ANESTHESIOLOGY	40		284111	9 19
20		I	RADIOLOGY-DIAGNOSTIC	41		2073224	9 20
21		I	RADIOLOGY - NHMP	41.05		719	9 21
22		I	RADIOLOGY - CMP	41.06		224163	9 22
23		I	RADIOLOGY - WP	41.07		14820	9 23
24		I	RADIOLOGY - PULM CLINIC	41.08		3474	9 24
25		I	RADIOLOGY-THERAPEUTIC	42		2409616	9 25
26		I	RADIOISOTOPE	43		181811	9 26
27		I	LABORATORY	44		687926	9 27
28		I	ANATOMICAL PATHOLOGY	44.01		12911	9 28
29		I	RESPIRATORY THERAPY	49		205900	9 29
30		I	WOUND CARE	49.01		8775	9 30
31		I	DIALYSIS	49.02		2359	9 31
32		I	ENDOSCOPY	49.03		100070	9 32
33		I	PHYSICAL THERAPY	50		14265	9 33
34		I	OCCUPATIONAL THERAPY	51		13735	9 34
35		I	SPEECH PATHOLOGY	52		9497	9 35
36	SUBTOTAL				2448669	15441385	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1		I					1
2		I					2
3		I					3
4		I					4
5		I					5
6		I					6
7		I					7
8		I					8
9		I					9
10		I					10
11		I					11
12		I					12
13		I					13
14		I					14
15		I					15
16		I					16
17		I					17
18		I					18
19		I					19
20		I					20
21		I					21
22	MED SURG/IV SOLUTIONS	J	IV SOLUTIONS	16.02		3058425	22
23		J	MED SURG SUPPLY	16.03		43689917	23
24		J					24
25		J					25
26		J					26
27		J					27
28		J					28
29		J					29
30		J					30
31		J					31
32		J					32
33		J					33
34		J					34
35		J					35
36	SUBTOTAL				2448669	63680130	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
		1	6	7	8	9	10
1		I	NEURO REHAB	52.01		6505	9 1
2		I	ELECTROCARDIOLOGY	53		93461	9 2
3		I	ELECTROENCEPHALOGRAPHY	54		25533	9 3
4		I	NUTRITION SUPPORT	54.01		253	9 4
5		I	MRI	54.02		354880	9 5
6		I	CARDIAC CATH LAB	54.03		713653	9 6
7		I	CARDIAC REHAB SERVICES	54.04		17669	9 7
8		I	CLINIC	60		1163	9 8
9		I	ANTICOAG CLINIC	60.01		1416	9 9
10		I	EMERGENCY	61		131596	9 10
11		I	AMBULANCE SERVICES	65		24011	9 11
12		I	HOME HEALTH AGENCY	71		45777	9 12
13		I	GIFT, FLOWER, COFFEE SHOP & C	96		3560	9 13
14		I	TELEVISION	100.01		20860	9 14
15		I	EDUCARE CTR	100.05		1588	9 15
16		I	STUCKY RESEARCH CTR	100.06		1085	9 16
17		I	SENIOR HEALTH SERVICES	100.14		2196	9 17
18		I	BREAST DIAGNOSTIC CTR	100.18		11803	9 18
19		I	RONALD MCDONALD FAMILY ROOM	100.21		4210	9 19
20		I	EBT	100.22		18989	9 20
21		I	MEDICAL OFFICE BUILDINGS	100.23		10195	9 21
22	MED SURG/IV SOLUTIONS	J	EMPLOYEE BENEFITS	5		221	22
23		J	FACILITY ENGINEERING	8.01		353	23
24		J	NURSING ADMINISTRATION	14		445	24
25		J	CENTRAL SERVICES & SUPPLY	15		2076	25
26		J	PHARMACY	16		584976	26
27		J	OUTPATIENT PHARMACY	16.01		18134	27
28		J	IV SOLUTIONS	16.02		679987	28
29		J	ADULTS & PEDIATRICS	25		1024629	29
30		J	INTENSIVE CARE UNIT	26		390574	30
31		J	PEDIATRIC ICU	26.01		29573	31
32		J	NEONATAL ICU	26.02		4135	32
33		J	CORONARY CARE UNIT	27		382827	33
34		J	SUBPROVIDER I	31		18103	34
35		J	SUBPROVIDER II	31.01		3549	35
36	SUBTOTAL				2448669	20071370	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1		J					1
2		J					2
3		J					3
4		J					4
5		J					5
6		J					6
7		J					7
8		J					8
9		J					9
10		J					10
11		J					11
12		J					12
13		J					13
14		J					14
15		J					15
16		J					16
17		J					17
18		J					18
19		J					19
20		J					20
21		J					21
22		J					22
23		J					23
24		J					24
25		J					25
26		J					26
27		J					27
28		J					28
29		J					29
30		J					30
31		J					31
32		J					32
33	EDUCARE UTILITIES	K	OPERATION OF PLANT	8		34118	33
34	IV SALARIES	L	ADULTS & PEDIATRICS	25	365263		34
35		L	INTENSIVE CARE UNIT	26	14418		35
36	SUBTOTAL				2828350	63714248	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
		1	6	7	8	9	10
1		J	NURSERY	33		77293	1
2		J	SKILLED NURSING FACILITY	34		28198	2
3		J	OPERATING ROOM	37		19272711	3
4		J	CAREW MEDICAL PARK SURG	37.01		476364	4
5		J	RECOVERY ROOM	38		155620	5
6		J	ANESTHESIOLOGY	40		306130	6
7		J	RADIOLOGY-DIAGNOSTIC	41		2745973	7
8		J	RADIOLOGY - CMP	41.06		27542	8
9		J	RADIOLOGY - PULM CLINIC	41.08		120	9
10		J	RADIOLOGY-THERAPEUTIC	42		138919	10
11		J	RADIOISOTOPE	43		621240	11
12		J	LABORATORY	44		15210	12
13		J	ANATOMICAL PATHOLOGY	44.01		2872	13
14		J	RESPIRATORY THERAPY	49		272044	14
15		J	WOUND CARE	49.01		135544	15
16		J	DIALYSIS	49.02		5772	16
17		J	ENDOSCOPY	49.03		588965	17
18		J	PHYSICAL THERAPY	50		12607	18
19		J	OCCUPATIONAL THERAPY	51		5130	19
20		J	SPEECH PATHOLOGY	52		11707	20
21		J	NEURO REHAB	52.01		8828	21
22		J	ELECTROCARDIOLOGY	53		218	22
23		J	NUTRITION SUPPORT	54.01		16847	23
24		J	MRI	54.02		195659	24
25		J	CARDIAC CATH LAB	54.03		17547986	25
26		J	CLINIC	60		874	26
27		J	EMERGENCY	61		634765	27
28		J	PARTIAL HOSPITALIZATION	61.01		363	28
29		J	AMBULANCE SERVICES	65		9685	29
30		J	HOME HEALTH AGENCY	71		292947	30
31		J	OP CLINIC	100.03		27	31
32		J	SCHOOL NURSE/COMMUNITY OUTREA	100.15		600	32
33	EDUCARE UTILITIES	K	EDUCARE CTR	100.05		34118	33
34	IV SALARIES	L	IV SOLUTIONS	16.02	480609		34
35		L					35
36	SUBTOTAL				2929278	63714248	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
		1	2	3	4	5	
1		L	PEDIATRIC ICU	26.01	14418		1
2		L	NEONATAL ICU	26.02	9612		2
3		L	CORONARY CARE UNIT	27	24030		3
4		L	SUBPROVIDER I	31	4806		4
5		L	SKILLED NURSING FACILITY	34	9612		5
6		L	EMERGENCY	61	38450		6
7	COST OF DRUGS SOLD	M	DRUGS CHARGED TO PATIENTS	56		16685325	7
8	PBH ADMIN COSTS	N	ADULTS & PEDIATRICS	25	300389	169270	8
9	FITNESS CENTER	O	FITNESS	100.16	125611	22550	9
10	TRAUMA/ICU MEDICAL DIRECTOR	P	EMERGENCY	61		227843	10
11	CAPITAL INSURANCE	S	NEW CAP REL COSTS-BLDG & FIXT	3		291833	11
12		S	NEW CAP REL COSTS-MVBLE EQUIP	4		103366	12
13	HOSPICE RECLASS	T	HOSPICE	93	2052298	1591008	13
14	RECLASS HOSPICE ADMIN FROM HHA	U	HOSPICE	93	211809	338649	14
15	PSYCH PHYSICIAN SALARIES	V	SUBPROVIDER II	31.01	27499		15
16	RECLASS PTO DOLLARS	W	EMPLOYEE BENEFITS	5	7057		16
17		W	PATIENT SERVICES	6.04	415		17
18		W	OTHER A&G	6.07	18488		18
19		W	FACILITY ENGINEERING	8.01	1830		19
20		W	LAUNDRY & LINEN SERVICE	9	91		20
21		W	HOUSEKEEPING	10	1053		21
22		W	DIETARY	11	1345		22
23		W	NURSING ADMINISTRATION	14	1106		23
24		W	CENTRAL SERVICES & SUPPLY	15	285		24
25		W	PHARMACY	16	2861		25
26		W	OUTPATIENT PHARMACY	16.01	150		26
27		W	IV SOLUTIONS	16.02	424		27
28		W	SOCIAL SERVICE	18	794		28
29		W	REHAB ADMIN	18.01	287		29
30		W	ADULTS & PEDIATRICS	25	12079		30
31		W	INTENSIVE CARE UNIT	26	2904		31
32		W	PEDIATRIC ICU	26.01	460		32
33		W	NEONATAL ICU	26.02	87		33
34		W	CORONARY CARE UNIT	27	2402		34
35		W	SUBPROVIDER I	31	757		35
36	SUBTOTAL				5701759	83144092	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
		1	6	7	8	9	10
1		L					1
2		L					2
3		L					3
4		L					4
5		L					5
6		L					6
7	COST OF DRUGS SOLD	M	PHARMACY	16		16685325	7
8	PBH ADMIN COSTS	N	SUBPROVIDER II	31.01	300389	169270	8
9	FITNESS CENTER	O	EMPLOYEE BENEFITS	5	125611	22550	9
10	TRAUMA/ICU MEDICAL DIRECTOR	P	INTENSIVE CARE UNIT	26		227843	10
11	CAPITAL INSURANCE	S	OTHER A&G	6.07		395199	12 11
12		S					12 12
13	HOSPICE RECLASS	T	HOME HEALTH AGENCY	71	2052298	1591008	13
14	RECLASS HOSPICE ADMIN FROM HHA	U	HOME HEALTH AGENCY	71	211809	338649	14
15	PSYCH PHYSICIAN SALARIES	V	OP CLINIC	100.03	27499		15
16	RECLASS PTO DOLLARS	W	EMPLOYEE BENEFITS	5	79302		16
17		W					17
18		W					18
19		W					19
20		W					20
21		W					21
22		W					22
23		W					23
24		W					24
25		W					25
26		W					26
27		W					27
28		W					28
29		W					29
30		W					30
31		W					31
32		W					32
33		W					33
34		W					34
35		W					35
36	SUBTOTAL				5726186	83144092	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
		1	2	3	4	5	
1		W	NURSERY	33	109		1
2		W	SKILLED NURSING FACILITY	34	942		2
3		W	OPERATING ROOM	37	2783		3
4		W	CAREW MEDICAL PARK SURG	37.01	252		4
5		W	RECOVERY ROOM	38	892		5
6		W	DELIVERY ROOM & LABOR ROOM	39	95		6
7		W	RADIOLOGY-DIAGNOSTIC	41	1832		7
8		W	RADIOLOGY - NHMP	41.05	89		8
9		W	RADIOLOGY - CMP	41.06	177		9
10		W	RADIOLOGY - WP	41.07	78		10
11		W	RADIOLOGY - PULM CLINIC	41.08	48		11
12		W	RADIOLOGY-THERAPEUTIC	42	103		12
13		W	RADIOISOTOPE	43	142		13
14		W	LABORATORY	44	6003		14
15		W	ANATOMICAL PATHOLOGY	44.01	200		15
16		W	RESPIRATORY THERAPY	49	1711		16
17		W	WOUND CARE	49.01	103		17
18		W	DIALYSIS	49.02	21		18
19		W	ENDOSCOPY	49.03	348		19
20		W	PHYSICAL THERAPY	50	1041		20
21		W	OCCUPATIONAL THERAPY	51	531		21
22		W	SPEECH PATHOLOGY	52	275		22
23		W	NEURO REHAB	52.01	298		23
24		W	ELECTROCARDIOLOGY	53	143		24
25		W	ELECTROENCEPHALOGRAPHY	54	83		25
26		W	NUTRITION SUPPORT	54.01	191		26
27		W	MRI	54.02	376		27
28		W	CARDIAC CATH LAB	54.03	428		28
29		W	CARDIAC REHAB SERVICES	54.04	49		29
30		W	ANTICOAG CLINIC	60.01	183		30
31		W	EMERGENCY	61	2318		31
32		W	AMBULANCE SERVICES	65	718		32
33		W	GIFT, FLOWER, COFFEE SHOP & C	96	38		33
34		W	TELEVISION	100.01	18		34
35		W	EDUCARE CTR	100.05	479		35
36	SUBTOTAL				5724856	83144092	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE COST CENTER	DECREASE LINE #	DECREASE SALARY	DECREASE OTHER	WKST A-7 REF.
		1	6	7	8	9	10
1		W					1
2		W					2
3		W					3
4		W					4
5		W					5
6		W					6
7		W					7
8		W					8
9		W					9
10		W					10
11		W					11
12		W					12
13		W					13
14		W					14
15		W					15
16		W					16
17		W					17
18		W					18
19		W					19
20		W					20
21		W					21
22		W					22
23		W					23
24		W					24
25		W					25
26		W					26
27		W					27
28		W					28
29		W					29
30		W					30
31		W					31
32		W					32
33		W					33
34		W					34
35		W					35
36	SUBTOTAL				5726186	83144092	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
		1	2	3	4	5	
1		W	STUCKY RESEARCH CTR	100.06	310		1
2		W	SCHOOL NURSE/COMMUNITY OUTREA	100.15	775		2
3		W	BREAST DIAGNOSTIC CTR	100.18	1		3
4		W	EBT	100.22	22		4
5		W	MEDICAL OFFICE BUILDINGS	100.23	222		5
6	EMPLOYEE BENEFIT RECLASS	Y	EMPLOYEE BENEFITS	5		14594324	6
7		Y	FACILITY ENGINEERING	8.01		1384	7
8		Y	NURSING ADMINISTRATION	14		33691	8
9		Y	SKILLED NURSING FACILITY	34		24596	9
10		Y					10
11		Y					11
12		Y					12
13		Y					13
14		Y					14
15		Y					15
16		Y					16
17	PTO ACCRUAL RECLASS - 1	Z	PATIENT SERVICES	6.04	97118		17
18		Z	OTHER A&G	6.07	3514925		18
19		Z	OPERATION OF PLANT	8	13039		19
20		Z	FACILITY ENGINEERING	8.01	321125		20
21		Z	LAUNDRY & LINEN SERVICE	9	15270		21
22		Z	HOUSEKEEPING	10	214079		22
23		Z	DIETARY	11	282714		23
24		Z	NURSING ADMINISTRATION	14	232643		24
25		Z	CENTRAL SERVICES & SUPPLY	15	56659		25
26		Z	PHARMACY	16	551344		26
27		Z	OUTPATIENT PHARMACY	16.01	39139		27
28		Z	IV SOLUTIONS	16.02	72279		28
29		Z	SOCIAL SERVICE	18	147539		29
30		Z	REHAB ADMIN	18.01	52892		30
31		Z	ADULTS & PEDIATRICS	25	2480754		31
32		Z	INTENSIVE CARE UNIT	26	488451		32
33		Z	PEDIATRIC ICU	26.01	77436		33
34		Z	NEONATAL ICU	26.02	17245		34
35		Z	CORONARY CARE UNIT	27	452175		35
36	SUBTOTAL				14853012	97798087	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
		1	6	7	8	9	10
1		W					1
2		W					2
3		W					3
4		W					4
5		W					5
6	EMPLOYEE BENEFIT RECLASS	Y	OTHER A&G	6.07		10273771	6
7		Y	LABORATORY	44		1137916	7
8		Y	RESPIRATORY THERAPY	49		2295	8
9		Y	EMERGENCY	61		5064	9
10		Y	HOME HEALTH AGENCY	71		2294600	10
11		Y	GIFT, FLOWER, COFFEE SHOP & C	96		34994	11
12		Y	OP CLINIC	100.03		15127	12
13		Y	EDUCARE CTR	100.05		250460	13
14		Y	STUCKY RESEARCH CTR	100.06		172232	14
15		Y	SCHOOL NURSE/COMMUNITY OUTREA	100.15		431707	15
16		Y	PREMIER SURGERY CENTER	100.25		35829	16
17	PTO ACCRUAL RECLASS - 1	Z	EMPLOYEE BENEFITS	5	13581905		17
18		Z	TRANSITIONAL THERAPY	50.01	416		18
19		Z	GIFT, FLOWER, COFFEE SHOP & C	96	371		19
20		Z	STUCKY RESEARCH CTR	100.06	16055		20
21		Z	BREAST DIAGNOSTIC CTR	100.18	82105		21
22		Z	ISH	100.26	108		22
23		Z					23
24		Z					24
25		Z					25
26		Z					26
27		Z					27
28		Z					28
29		Z					29
30		Z					30
31		Z					31
32		Z					32
33		Z					33
34		Z					34
35		Z					35
36	SUBTOTAL				19407146	97798087	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
		1	2	3	4	5	
1		Z	SUBPROVIDER I	31	127288		1
2		Z	NURSERY	33	231072		2
3		Z	SKILLED NURSING FACILITY	34	158445		3
4		Z	OPERATING ROOM	37	632726		4
5		Z	CAREW MEDICAL PARK SURG	37.01	42472		5
6		Z	RECOVERY ROOM	38	150028		6
7		Z	DELIVERY ROOM & LABOR ROOM	39	20641		7
8		Z	RADIOLOGY-DIAGNOSTIC	41	419629		8
9		Z	RADIOLOGY - NHMP	41.05	14985		9
10		Z	RADIOLOGY - CMP	41.06	29797		10
11		Z	RADIOLOGY - WP	41.07	13283		11
12		Z	RADIOLOGY - PULM CLINIC	41.08	8084		12
13		Z	RADIOLOGY-THERAPEUTIC	42	215074		13
14		Z	RADIOISOTOPE	43	32079		14
15		Z	LABORATORY	44	702316		15
16		Z	WHOLE BLOOD & PACKED RED BLOO	46	33605		16
17		Z	RESPIRATORY THERAPY	49	341718		17
18		Z	WOUND CARE	49.01	17664		18
19		Z	DIALYSIS	49.02	3452		19
20		Z	ENDOSCOPY	49.03	58650		20
21		Z	PHYSICAL THERAPY	50	175308		21
22		Z	OCCUPATIONAL THERAPY	51	89277		22
23		Z	SPEECH PATHOLOGY	52	46182		23
24		Z	NEURO REHAB	52.01	50154		24
25		Z	ELECTROCARDIOLOGY	53	23985		25
26		Z	ELECTROENCEPHALOGRAPHY	54	14018		26
27		Z	NUTRITION SUPPORT	54.01	32143		27
28		Z	MRI	54.02	81782		28
29		Z	CARDIAC CATH LAB	54.03	67301		29
30		Z	CARDIAC REHAB SERVICES	54.04	8327		30
31		Z	ANTICOAG CLINIC	60.01	30706		31
32		Z	EMERGENCY	61	476362		32
33		Z	AMBULANCE SERVICES	65	120688		33
34		Z	TELEVISION	100.01	3069		34
35		Z	EDUCARE CTR	100.05	5773		35
36	SUBTOTAL				19331095	97798087	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE COST CENTER	DECREASE LINE #	DECREASE SALARY	DECREASE OTHER	WKST A-7 REF.
		1	6	7	8	9	10
1		Z					1
2		Z					2
3		Z					3
4		Z					4
5		Z					5
6		Z					6
7		Z					7
8		Z					8
9		Z					9
10		Z					10
11		Z					11
12		Z					12
13		Z					13
14		Z					14
15		Z					15
16		Z					16
17		Z					17
18		Z					18
19		Z					19
20		Z					20
21		Z					21
22		Z					22
23		Z					23
24		Z					24
25		Z					25
26		Z					26
27		Z					27
28		Z					28
29		Z					29
30		Z					30
31		Z					31
32		Z					32
33		Z					33
34		Z					34
35		Z					35
36	SUBTOTAL				19407146	97798087	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
		1	2	3	4	5	
1		Z	FOUNDATION	100.08	1122		1
2		Z	SCHOOL NURSE/COMMUNITY OUTREA	100.15	34472		2
3		Z	EBT	100.22	3676		3
4		Z	MEDICAL OFFICE BUILDINGS	100.23	36781		4
5	PTO RECLASS - 3	AA	PATIENT SERVICES	6.04	194		5
6		AA	OTHER A&G	6.07	2833		6
7		AA	OPERATION OF PLANT	8	93		7
8		AA	FACILITY ENGINEERING	8.01	96		8
9		AA	HOUSEKEEPING	10	263		9
10		AA	DIETARY	11	403		10
11		AA	NURSING ADMINISTRATION	14	187		11
12		AA	CENTRAL SERVICES & SUPPLY	15	62		12
13		AA	PHARMACY	16	483		13
14		AA	OUTPATIENT PHARMACY	16.01	100		14
15		AA	IV SOLUTIONS	16.02	7		15
16		AA	SOCIAL SERVICE	18	100		16
17		AA	ADULTS & PEDIATRICS	25	3243		17
18		AA	CORONARY CARE UNIT	27	343		18
19		AA	NURSERY	33	1535		19
20		AA	OPERATING ROOM	37	1176		20
21		AA	RADIOLOGY-DIAGNOSTIC	41	795		21
22		AA	RADIOLOGY-THERAPEUTIC	42	1391		22
23		AA	RADIOISOTOPE	43	59		23
24		AA	RESPIRATORY THERAPY	49	384		24
25		AA	WOUND CARE	49.01	2		25
26		AA	MRI	54.02	132		26
27		AA	EMERGENCY	61	625		27
28		AA	GIFT, FLOWER, COFFEE SHOP & C	96	29		28
29	PTO RECLASS - 2	AB	FACILITY ENGINEERING	8.01	254		29
30		AB	HOUSEKEEPING	10	146		30
31		AB	DIETARY	11	170		31
32		AB	ADULTS & PEDIATRICS	25	1222		32
33		AB	SUBPROVIDER II	31.01	4251		33
34		AB	OCCUPATIONAL THERAPY	51	214		34
35		AB	PARTIAL HOSPITALIZATION	61.01	56		35
36	SUBTOTAL				19427994	97798087	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE COST CENTER	DECREASE LINE #	DECREASE SALARY	DECREASE OTHER	WKST A-7 REF.
		1	6	7	8	9	10
1		Z					1
2		Z					2
3		Z					3
4		Z					4
5	PTO RECLASS - 3	AA	EMPLOYEE BENEFITS	5	14535		5
6		AA					6
7		AA					7
8		AA					8
9		AA					9
10		AA					10
11		AA					11
12		AA					12
13		AA					13
14		AA					14
15		AA					15
16		AA					16
17		AA					17
18		AA					18
19		AA					19
20		AA					20
21		AA					21
22		AA					22
23		AA					23
24		AA					24
25		AA					25
26		AA					26
27		AA					27
28		AA					28
29	PTO RECLASS - 2	AB	EMPLOYEE BENEFITS	5	6358		29
30		AB					30
31		AB					31
32		AB					32
33		AB					33
34		AB					34
35		AB					35
36	SUBTOTAL				19428039	97798087	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
		1	2	3	4	5	
1		AB	OP CLINIC	100.03	45		1
2	PTO ACCRUAL RECLASS - 2	AC	FACILITY ENGINEERING	8.01	38215		2
3		AC	HOUSEKEEPING	10	22023		3
4		AC	DIETARY	11	25666		4
5		AC	ADULTS & PEDIATRICS	25	184321		5
6		AC	SUBPROVIDER II	31.01	635584		6
7		AC	OCCUPATIONAL THERAPY	51	32160		7
8		AC	PARTIAL HOSPITALIZATION	61.01	8472		8
9		AC	OP CLINIC	100.03	6201		9
10	PTO RECLASS - HOME HEALTH	AD	HOME HEALTH AGENCY	71	3864		10
11	PTO ACCRUAL RECLASS-HOME HEALTH	AE	HOME HEALTH AGENCY	71	1038290		11
12	DIRECT MEDICAL EDUCATION	AF	PARAMED ED PRGM-(SPECIFY)	24	55714	2550	12
13		AF	PARAMED ED RADIOLOGY	24.01	57245	24272	13
14		AF	PARAMED ED PHARMACY	24.02	144381		14
15	DIABETES CLINIC RECLASS	AG	ADULTS & PEDIATRICS	25		274631	15
16	CORPORATE ALLOCATION RECLASS	AH	MATERIALS MANAGEMENT	6.03	1053405		16
17		AH	OTHER A&G	6.07		4367031	17
18		AH	MEDICAL RECORDS & LIBRARY	17	2226067		18
19	INTERNAL MEDICINE PHYSICIAN RECLASS	AI	ADULTS & PEDIATRICS	25		65880	19
20	TELEPHONE EXPENSE RECLASS	AK	OUTPATIENT PHARMACY	16.01		4	20
21		AK	ELECTROCARDIOLOGY	53		1	21
22		AK	COMMUNICATIONS	6.01		1304430	22
23		AK					23
24		AK					24
25		AK					25
26		AK					26
27		AK					27
28		AK					28
29		AK					29
30		AK					30
31		AK					31
32		AK					32
33		AK					33
34		AK					34
35		AK					35
36	SUBTOTAL				24959647	103836886	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
		1	6	7	8	9	10
1		AB					1
2	PTO ACCRUAL RECLASS - 2	AC	EMPLOYEE BENEFITS	5	952642		2
3		AC					3
4		AC					4
5		AC					5
6		AC					6
7		AC					7
8		AC					8
9		AC					9
10	PTO RECLASS - HOME HEALTH	AD	EMPLOYEE BENEFITS	5	3864		10
11	PTO ACCRUAL RECLASS-HOME HEALTH	AE	EMPLOYEE BENEFITS	5	1038290		11
12	DIRECT MEDICAL EDUCATION	AF	LABORATORY	44	55714	2550	12
13		AF	RADIOLOGY-DIAGNOSTIC	41	57245	24272	13
14		AF	PHARMACY	16	144381		14
15	DIABETES CLINIC RECLASS	AG	CLINIC	60		274631	15
16	CORPORATE ALLOCATION RECLASS	AH	MATERIALS MANAGEMENT	6.03		1053405	16
17		AH	OTHER A&G	6.07	4367031		17
18		AH	MEDICAL RECORDS & LIBRARY	17		2226067	18
19	INTERNAL MEDICINE PHYSICIAN RECLA	AI	OTHER A&G	6.07		65880	19
20	TELEPHONE EXPENSE RECLASS	AK	EMPLOYEE BENEFITS	5		109	20
21		AK	PATIENT SERVICES	6.04		231	21
22		AK	OTHER A&G	6.07		1056001	22
23		AK	OPERATION OF PLANT	8		495	23
24		AK	FACILITY ENGINEERING	8.01		8574	24
25		AK	HOUSEKEEPING	10		1347	25
26		AK	DIETARY	11		1345	26
27		AK	NURSING ADMINISTRATION	14		2708	27
28		AK	CENTRAL SERVICES & SUPPLY	15		497	28
29		AK	PHARMACY	16		2406	29
30		AK	SOCIAL SERVICE	18		3991	30
31		AK	REHAB ADMIN	18.01		421	31
32		AK	ADULTS & PEDIATRICS	25		6207	32
33		AK	INTENSIVE CARE UNIT	26		1135	33
34		AK	PEDIATRIC ICU	26.01		116	34
35		AK	NEONATAL ICU	26.02		86	35
36	SUBTOTAL				26047206	102530561	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE COST CENTER	INCREASE LINE #	INCREASE SALARY	INCREASE OTHER	
		1	2	3	4	5	
1		AK					1
2		AK					2
3		AK					3
4		AK					4
5		AK					5
6		AK					6
7		AK					7
8		AK					8
9		AK					9
10		AK					10
11		AK					11
12		AK					12
13		AK					13
14		AK					14
15		AK					15
16		AK					16
17		AK					17
18		AK					18
19		AK					19
20		AK					20
21		AK					21
22		AK					22
23		AK					23
24		AK					24
25		AK					25
26		AK					26
27		AK					27
28		AK					28
29		AK					29
30		AK					30
31		AK					31
32		AK					32
33		AK					33
34		AK					34
35		AK					35
36	SUBTOTAL				24959647	103836886	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
		1	6	7	8	9	10
1		AK	CORONARY CARE UNIT	27		472	1
2		AK	SUBPROVIDER I	31		180	2
3		AK	SUBPROVIDER II	31.01		68979	3
4		AK	SKILLED NURSING FACILITY	34		152	4
5		AK	OPERATING ROOM	37		6076	5
6		AK	CAREW MEDICAL PARK SURG	37.01		261	6
7		AK	RECOVERY ROOM	38		98	7
8		AK	DELIVERY ROOM & LABOR ROOM	39		1486	8
9		AK	RADIOLOGY-DIAGNOSTIC	41		5764	9
10		AK	RADIOLOGY - CMP	41.06		130	10
11		AK	RADIOLOGY-THERAPEUTIC	42		2941	11
12		AK	RADIOISOTOPE	43		528	12
13		AK	LABORATORY	44		7838	13
14		AK	ANATOMICAL PATHOLOGY	44.01		452	14
15		AK	RESPIRATORY THERAPY	49		1218	15
16		AK	WOUND CARE	49.01		299	16
17		AK	DIALYSIS	49.02		135	17
18		AK	ENDOSCOPY	49.03		601	18
19		AK	PHYSICAL THERAPY	50		1564	19
20		AK	OCCUPATIONAL THERAPY	51		2798	20
21		AK	SPEECH PATHOLOGY	52		1132	21
22		AK	ELECTROENCEPHALOGRAPHY	54		312	22
23		AK	MRI	54.02		520	23
24		AK	CARDIAC CATH LAB	54.03		3049	24
25		AK	CARDIAC REHAB SERVICES	54.04		130	25
26		AK	CLINIC	60		301	26
27		AK	EMERGENCY	61		1685	27
28		AK	AMBULANCE SERVICES	65		2881	28
29		AK	HOME HEALTH AGENCY	71		97862	29
30		AK	GIFT, FLOWER, COFFEE SHOP & C	96		65	30
31		AK	TELEVISION	100.01		116	31
32		AK	EDUCARE CTR	100.05		94	32
33		AK	STUCKY RESEARCH CTR	100.06		2347	33
34		AK	SCHOOL NURSE/COMMUNITY OUTREA	100.15		6028	34
35		AK	RONALD MCDONALD FAMILY ROOM	100.21		9	35
36	SUBTOTAL				26047206	102749064	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
		1	2	3	4	5	
1		AK					1
2		AK					2
3	NURSING ADMIN NLC	AM	ADULTS & PEDIATRICS	25	97716	55887	3
4		AM	NURSERY	33	57209	32719	4
5		AM	NEONATAL ICU	26.02	14993	8575	5
6	OCCUPATIONAL HEALTH	AN	CORPORATE HEALTH SVC	100.07		191771	6
7		AN					7
8		AN					8
9		AN					9
10		AN					10
11		AN					11
12		AN					12
13		AN					13
14		AN					14
15		AN					15
16		AN					16
17		AN					17
18		AN					18
19		AN					19
20	CONVERSION TABLE RECLASS	AO	RECOVERY ROOM	38	130422	359664	20
21		AO	DELIVERY ROOM & LABOR ROOM	39	598922	335080	21
22		AO	OUTPATIENT PHARMACY	16.01	52	77	22
23		AO	OCCUPATIONAL THERAPY	51		46884	23
24		AO	SPEECH PATHOLOGY	52		47412	24
25		AO	ANATOMICAL PATHOLOGY	44.01		170258	25
26		AO	ELECTROCARDIOLOGY	53	124785	14932	26
27		AO	ELECTROENCEPHALOGRAPHY	54	4739	567	27
28		AO	RECOVERY ROOM	38	68682	187662	28
29		AO	ENDOSCOPY	49.03	37510	103655	29
30	NURSERY RECLASS NORTH	AP	NURSERY	33	1241101		30
31	NURSERY RECLASS PARKVIEW HOSP	AQ	NURSERY	33	501302		31
32							32
33							33
34							34
35							35
36	TOTAL RECLASSIFICATIONS				27837080	105392029	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
		1	6	7	8	9	10
1		AK	EBT	100.22		56	1
2		AK	MEDICAL OFFICE BUILDINGS	100.23		207	2
3	NURSING ADMIN NLC	AM	DELIVERY ROOM & LABOR ROOM	39	169918	97181	3
4		AM					4
5		AM					5
6	OCCUPATIONAL HEALTH	AN	PHARMACY	16		6174	6
7		AN	ADULTS & PEDIATRICS	25		1149	7
8		AN	RADIOLOGY-DIAGNOSTIC	41		42944	8
9		AN	RADIOLOGY - CMP	41.06		474	9
10		AN	RADIOISOTOPE	43		1745	10
11		AN	LABORATORY	44		2705	11
12		AN	RESPIRATORY THERAPY	49		745	12
13		AN	PHYSICAL THERAPY	50		34657	13
14		AN	NEURO REHAB	52.01		20990	14
15		AN	ELECTROCARDIOLOGY	53		443	15
16		AN	MRI	54.02		13906	16
17		AN	ANTICOAG CLINIC	60.01		228	17
18		AN	EMERGENCY	61		63949	18
19		AN	EBT	100.22		1662	19
20	CONVERSION TABLE RECLASS	AO	OPERATING ROOM	37	130422	359664	20
21		AO	ADULTS & PEDIATRICS	25	598922	335080	21
22		AO	PHARMACY	16	52	77	22
23		AO	PHYSICAL THERAPY	50		46884	23
24		AO	PHYSICAL THERAPY	50		47412	24
25		AO	LABORATORY	44		170258	25
26		AO	RESPIRATORY THERAPY	49	124785	14932	26
27		AO	RESPIRATORY THERAPY	49	4739	567	27
28		AO	OPERATING ROOM	37	68682	187662	28
29		AO	OPERATING ROOM	37	37510	103655	29
30	NURSERY RECLASS NORTH	AP	ADULTS & PEDIATRICS	25	1241101		30
31	NURSERY RECLASS PARKVIEW HOSP	AQ	ADULTS & PEDIATRICS	25	501302		31
32							32
33							33
34							34
35							35
36	TOTAL RECLASSIFICATIONS				28924639	104304470	36

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

WORKSHEET A-7
PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS PURCHASE 2	ACQUISITIONS DONATION 3	ACQUISITIONS TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
1	LAND								1
2	LAND IMPROVEMENTS	1455829					1455829	1442916	2
3	BUILDINGS AND FIXTURES	64129461					64129461	41622442	3
4	BUILDING IMPROVEMENTS	19315					19315		4
5	FIXED EQUIPMENT								5
6	MOVABLE EQUIPMENT	9611919				2254966	7356953	7321622	6
7	SUBTOTAL	75216524				2254966	72961558	50386980	7
8	RECONCILING ITEMS								8
9	TOTAL	75216524				2254966	72961558	50386980	9

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS PURCHASE 2	ACQUISITIONS DONATION 3	ACQUISITIONS TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
1	LAND	4096316					4096316		1
2	LAND IMPROVEMENTS	9553054	704612		704612	1334866	8922800	2628423	2
3	BUILDINGS AND FIXTURES	141440049	17804056	20732	17824788	1825	159263012	22669392	3
4	BUILDING IMPROVEMENTS	1224000	9701496		9701496		10925496		4
5	FIXED EQUIPMENT	15673244	11060774		11060774		26734018		5
6	MOVABLE EQUIPMENT	120758033	20965193	248711	21213904	14394871	127577066	45188296	6
7	SUBTOTAL	292744696	60236131	269443	60505574	15731562	337518708	70486111	7
8	RECONCILING ITEMS	-8196314		3719752	3719752		-4476562		8
9	TOTAL	300941010	60236131	-3450309	56785822	15731562	341995270	70486111	9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
PARTS III & IV

	DESCRIPTION	COMPUTATION OF RATIOS: GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	ALLOCATION OF OTHER CAPITAL: INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL	
		1	2	3	4	5	6	7	8	
1	OLD CAP REL COSTS-BLDG & FIXT	65604605		65604605	.174407					1
2	OLD CAP REL COSTS-MVBLE EQUIP	9611919		9611919	.025553					2
3	NEW CAP REL COSTS-BLDG & FIXT	167890347		167890347	.446330					3
4	NEW CAP REL COSTS-MVBLE EQUIP	133050664		133050664	.353710					4
5	TOTAL	376157535		376157535	1.000000					5

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL	
		9	10	11	12	13	14	15	
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT	9693656			291833			9985489	3
4	NEW CAP REL COSTS-MVBLE EQUIP	27163956			103366			27267322	4
5	TOTAL	36857612			395199			37252811	5

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

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL	
		9	10	11	12	13	14	15	
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT	9984505						9984505	3
4	NEW CAP REL COSTS-MVBLE EQUIP								4
5	TOTAL	9984505						9984505	5

ADJUSTMENTS TO EXPENSES WORKSHEET A-8

	DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE NO.	WKST A-7 REF	
		1	2	3	4	5	
1	INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1		1
2	INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2		2
3	INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3		3
4	INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4		4
5	INVESTMENT INCOME-OTHER						5
6	TRADE, QUANTITY, AND TIME DISCOUNTS						6
7	REFUNDS AND REBATES OF EXPENSES						7
8	RENTAL OF PROVIDER SPACE BY SUPPLIERS						8
9	TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-205220	COMMUNICATIONS	6.01		9
10	TELEVISION AND RADIO SERVICE	A	-2613	OPERATION OF PLANT	8		10
11	PARKING LOT						11
12	PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-2100854				12
13	SALE OF SCRAP, WASTE, ETC.						13
14	RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1	3219500				14
15	LAUNDRY AND LINEN SERVICE						15
16	CAFETERIA - EMPLOYEES AND GUESTS	A	-1308391	DIETARY	11		16
17	RENTAL OF QUARTERS TO EMPLOYEES & OTHERS						17
18	SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS						18
19	SALE OF DRUGS TO OTHER THAN PATIENTS	B	-455388	OUTPATIENT PHARMACY	16.01		19
20	SALE OF MEDICAL RECORDS AND ABSTRACTS						20
21	NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)						21
22	VENDING MACHINES						22
23	INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES						23
24	INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT						24
25	ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		RESPIRATORY THERAPY	49		25
26	ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		PHYSICAL THERAPY	50		26
27	ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST A-8-3		HOME HEALTH AGENCY	71		27
28	UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89		28
29	DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1		29
30	DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2		30
31	DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3		31
32	DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4		32
33	NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20		33
34	PHYSICIANS' ASSISTANT						34
35	ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4					35
36	ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4					36
37							37
37.01	PHYSICIAN GOLF OUTING	A	-35187	OTHER A&G	6.07		37.01
37.02	EKG NONPATIENT EXPENSE	A	-2180	ELECTROCARDIOLOGY	53		37.02
37.04	FITNESS CENTER EMPLOYEE REVENUE	B	-109713	EMPLOYEE BENEFITS	5		37.04
37.05	HEALTH FITNESS EMPLOYEE DUES	B	-21746	EMPLOYEE BENEFITS	5		37.05
37.06	NON ALLOWABLE LOBBYING EXPENSES	A	-20310	OTHER A&G	6.07		37.06
37.09	CAPITAL COSTS NEW B&F	A	212103	NEW CAP REL COSTS-BLDG & FIXT	3	9	37.09
37.10	CAPITAL COST NEW M&E	A	-260202	NEW CAP REL COSTS-MVBLE EQUIP	4	9	37.10
38							38
38.03	CAPITAL COSTS NEW M&E	A	144731	NEW CAP REL COSTS-MVBLE EQUIP	4	9	38.03
38.06	SELF FUNDED INSURANCE ADJUSTMENT	A	-13835094	EMPLOYEE BENEFITS	5		38.06
38.36	CAPITAL COST NEW M&E	A	212258	NEW CAP REL COSTS-BLDG & FIXT	3	9	38.36
38.38	CAPITAL COST NEW M&E	A	7944	NEW CAP REL COSTS-BLDG & FIXT	3	9	38.38
39	EMPLOYEE HEALTH TESTS	A	-4453	EMPLOYEE BENEFITS	5		39
39.02	LIQOUR EXPENSE	A	-14248	OTHER A&G	6.07		39.02
39.08	TELEPHONE OFFSET	A	-71898	NEW CAP REL COSTS-MVBLE EQUIP	4	9	39.08
39.09	CAFETERIA EMPLOYEE ADJUSTMENT	B	-1652102	DIETARY	11		39.09
40	OFFSET DIETETIC REVENUE	B	-441654	DIETARY	11		40
40.02	OFFSET LAB SERVICES BILLED	B	-1373945	LABORATORY	44		40.02
40.03	OFFSET LAB SERVICES BILLED	B	-1391541	LABORATORY	44		40.03
40.04	OFFSET LAB SERVICES BILLED NOBLE	B	-1807479	LABORATORY	44		40.04
40.05	BLOOD SERVICES BILLED	B	-81348	WHOLE BLOOD & PACKED RED BLOOD	46		40.05
40.06	LAB SERVICES BILLED	B	-10645401	LABORATORY	44		40.06
40.07	MISC OPERATING INCOME	B	-58605	ANATOMICAL PATHOLOGY	44.01		40.07
40.11	OFFSET LAB SERVICES BILLED NORTH	B	57690	LABORATORY	44		40.11
40.13	OFFSET LAB SERVICES BILLED AVILLA	B	-119560	LABORATORY	44		40.13
40.14	OFFSET LAB SERVICES BILLED LAGRAN	B	-832121	LABORATORY	44		40.14
41							41
41.07	VENDING MACHINES	A	-2436	OPERATION OF PLANT	8		41.07
41.08	VENDING MACHINES	A	-5386	NEW CAP REL COSTS-BLDG & FIXT	3	9	41.08

ADJUSTMENTS TO EXPENSES WORKSHEET A-8

	DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE NO.	WKST A-7 REF
		1	2	3	4	5
41.09	VENDING MACHINES	A	-124	OTHER A&G	6.07	41.09
41.10	VENDING MACHINES	A	-234	MATERIALS MANAGEMENT	6.03	41.10
42						42
43	RENTAL PROPERTY ADJUSTMENT	A	-71842	OTHER A&G	6.07	43
44	FILM DUPLICATION	B	-2016	RADIOLOGY-DIAGNOSTIC	41	44
45	GOODWILL HHA	A	-11000	HOME HEALTH AGENCY	71	45
46						46
46.01	INTEREST EXPENSE	A	-75833	PHARMACY	16	46.01
47	HHA PHYSICIAN OFFSET	A	-9149	HOME HEALTH AGENCY	71	47
48						48
48.04	OFFSET PULM REHAB REVENUE	B	-5488	RESPIRATORY THERAPY	49	48.04
48.11	OFFSET HHC REVENUE	B	-77	HOME HEALTH AGENCY	71	48.11
49						49
49.07	GROSS UP BREAST DIAGNOSTIC CENTER	A	-781	BREAST DIAGNOSTIC CTR	100.18	49.07
49.15	REBATES	B	-401	OTHER A&G	6.07	49.15
49.27	INTERUNIT RENT EXPENSE	A	5884	INTENSIVE CARE UNIT	26	49.27
49.28	INTERUNIT RENT EXPENSE	A	-20686	RADIOLOGY - NHMP	41.05	49.28
49.29	INTERUNIT RENT EXPENSE	A	-81316	RADIOLOGY - WP	41.07	49.29
49.30	INTERUNIT RENT EXPENSE	A	-54312	LABORATORY	44	49.30
49.31	INTERUNIT RENT EXPENSE	A	-45748	PHYSICAL THERAPY	50	49.31
49.32	INTERUNIT RENT EXPENSE	A	-39909	MRI	54.02	49.32
49.33	INTERUNIT RENT EXPENSE	A	-158464	HOME HEALTH AGENCY	71	49.33
49.35	OFFSET DIABETES OTHER REVENUE	B	-160	CLINIC	60	49.35
49.36	OFFSET ONCOLOGY RENT INCOME	B	-39250	RADIOLOGY-THERAPEUTIC	42	49.36
49.38	OFFSET NUTRITION CLASS REVENUE	B	-10532	NUTRITION SUPPORT	54.01	49.38
49.41	OFFSET MRI OTHER REVENUE	B	-226	LAUNDRY & LINEN SERVICE	9	49.41
49.42	OFFSET SECURTIY OTHER REVENUE	B	-14941	FACILITY ENGINEERING	8.01	49.42
49.44	INTERUNIT RENT EXPENSE	A	-48893	OTHER A&G	6.07	49.44
49.45	INERUNIT RENT	A	-33108	STUCKY RESEARCH CTR	100.06	49.45
49.46	INERUNIT RENT EXPENSE	A	-186142	MEDICAL OFFICE BUILDINGS	100.23	49.46
49.53	NURSERY OTHER REVENUE	B	-184	NURSERY	33	49.53
49.63	A&G OTHER REVENUE	B	-17000	OTHER A&G	6.07	49.63
49.68	CYBERKNIFE OTHER REVENUE	B	-15000	RADIOLOGY-THERAPEUTIC	42	49.68
49.71	OUTSOURCED TRANSCRIPTION	A	-470729	MEDICAL RECORDS & LIBRARY	17	49.71
49.72	PHYSICAL THERAPY OTHER OPERATING	B	-6838	PHYSICAL THERAPY	50	49.72
49.73	OCCUPATIONAL THERAPY OTHER OPERAT	B	-6171	OCCUPATIONAL THERAPY	51	49.73
49.74	SPEECH PATHOLOGY	B	-3607	SPEECH PATHOLOGY	52	49.74
49.76	REHAB ADMINISTRATION	B	-692	REHAB ADMIN	18.01	49.76
49.78	ANESTHESIOLOGIST PROFESIONAL FEE	A	-3557414	ANESTHESIOLOGY	40	49.78
49.79	ELIMINATE SUBSIDY TRANSFER FROM P	A	-2428513	OTHER A&G	6.07	49.79
49.80	ELIMINATE SUBSIDY TRANSFER FROM P	A	-2016401	ADULTS & PEDIATRICS	25	49.80
49.81	ELIMINATE SUBSIDY TRANSFER FROM P	A	-56924	TRANSITIONAL THERAPY	50.01	49.81
49.82	ELIMINATE SUBSIDY TRANSFER FROM P	A	-256003	PHYSICIAN PRACTICES	100.02	49.82
49.83	ELIMINATE SUBSIDY TRANSFER FROM P	A	-447051	OP CLINIC	100.03	49.83
50	TOTAL		-43192124			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. 1	COST CENTER 2	EXPENSE ITEMS 3	AMOUNT OF ALLOWABLE COST 4	AMOUNT (INCL IN WKST A, COL 5) 5	NET ADJ-USTMENTS 6	WKST A-7 REF 7	
1								1
2								2
3	9	LAUNDRY & LINEN SERVICE	PURCHASED SERVICES	1191975	1139542	52433		3
4								4
4.04	5	EMPLOYEE BENEFITS	PURCHASED SERVICES	837624	792647	44977		4.04
4.05	4	NEW CAP REL COSTS-MVBLE EQUIP	HOME OFFICE COST REPORT	11919963		11919963	9	4.05
4.06	6.07	OTHER A&G	HOME OFFICE COST REPORT	48709502	64290624	-15581122		4.06
4.07	9	LAUNDRY & LINEN SERVICE	LAUNDRY CARRYFORWARD	123882		123882		4.07
4.08	3	NEW CAP REL COSTS-BLDG & FIXT	HOME OFFICE COST REPORT	872833	31901	840932	9	4.08
4.09	100.23	MEDICAL OFFICE BUILDINGS	HOME OFFICE COST REPORT	119214	15504	103710	9	4.09
4.10	5	EMPLOYEE BENEFITS	HOME OFFICE COST REPORT	11115403	10266684	848719		4.10
4.11	6.03	MATERIALS MANAGEMENT	HOME OFFICE COST REPORT	1069697		1069697		4.11
4.12	17	MEDICAL RECORDS & LIBRARY	HOME OFFICE COST REPORT	3887436		3887436		4.12
4.16	8.01	FACILITY ENGINEERING	HOME OFFICE COST REPORT		91127	-91127		4.16
5		TOTALS		79847529	76628029	3219500		5

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

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

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

	SYMBOL (1) 1	NAME 2	RELATED ORGANIZATION(S) AND/OR HOME OFFICE: PERCENT OF OWNERSHIP 3	NAME 4	PERCENT OF OWNERSHIP 5	TYPE OF BUSINESS 6	
1	C			HOSPITAL LAUNDRY		LAUNDRY SERVICES	1
2	B			PV HEALTH SYSTEM		HOME OFFICE	2
3							3
4							4
5							5

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

	WKST A LINE NO. 1	COST CENTER/ PHYSICIAN IDENTIFIER 2		TOTAL REMUNERA-TION INCL FRINGES 3	PROFES-SIONAL COMPONENT 4	PROVIDER COMPONENT 5	RCE AMOUNT 6	PHYSICIAN/ PROVIDER COMPONENT HOURS 7	UNAD-JUSTED RCE LIMIT 8	PERCENT OF UNAD-JUSTED RCE LIMIT 9
1	6.07	OTHER A&G	AGGREGATE							
2	25	ADULTS & PEDIATRICS	AGGREGATE	21900	21900		171400			
3	25	ADULTS & PEDIATRICS	AGGREGATE	18087		18087	171400	11	906	45
4	26	INTENSIVE CARE UNIT	AGGREGATE	112221		112221	171400	888	73175	3659
5	26.01	PEDIATRIC ICU	AGGREGATE	68667	68368	299	171400	32	2637	132
6	26.02	NEONATAL ICU	AGGREGATE	14878		14878	171400	198	16316	816
7	27	CORONARY CARE UNIT	AGGREGATE							
8	26.01	PEDIATRIC ICU	AGGREGATE							
9	31	SUBPROVIDER I	AGGREGATE	176666	122999	53667	171400	295	24309	1215
10	31.01	SUBPROVIDER II	AGGREGATE	2588		2588	142500	40	2740	137
11	31.01	SUBPROVIDER II	AGGREGATE	8381		8381	142500	119	8153	408
12	31.01	SUBPROVIDER II	AGGREGATE							
13	34	SKILLED NURSING FACILITY	AGGREGATE							
14	44	LABORATORY	AGGREGATE	51084		51084	219500	628	66272	3314
15	44	LABORATORY	AGGREGATE							
16	49	RESPIRATORY THERAPY	AGGREGATE	444		444	171400	4	330	17
17	54.03	CARDIAC CATH LAB	AGGREGATE	35700		35700	171400	136	11207	560
18	52.01	NEURO REHAB	AGGREGATE	1320		1320	171400	14	1154	58
19	54.03	CARDIAC CATH LAB	AGGREGATE	75695		75695	171400	293	24144	1207
20	60.01	ANTICOAG CLINIC	AGGREGATE	25725		25725	219500	80	8442	422
21	61	EMERGENCY	AGGREGATE	74633		74633	171400	887	73092	3655
22	61	EMERGENCY	AGGREGATE	227843		227843	171400	1332	109762	5488
23	61	EMERGENCY	AGGREGATE	49795		49795	171400	491	40460	2023
24	61	EMERGENCY	AGGREGATE	1569556	1569556		171400			
25	65	AMBULANCE SERVICES	AGGREGATE							
27	42	RADIOLOGY-THERAPEUTIC	AGGREGATE	19954		19954	171400	125	10300	515
28	54.03	CARDIAC CATH LAB	AGGEGATE							
101		TOTAL		2555137	1782823	772314		5573	473399	23671

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

	WKST A LINE NO. 10	COST CENTER/ PHYSICIAN IDENTIFIER 11		COST OF MEMBERSHIP & CONTIN. EDUCATION 12	PROVIDER COMPONENT SHARE OF COLUMN 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COLUMN 14 15	ADJUSTED RCE LIMIT 16	RCE DIS-ALLOWANCE 17	ADJUST-MENT 18
1	6.07	OTHER A&G	AGGREGATE							
2	25	ADULTS & PEDIATRICS	AGGREGATE							21900
3	25	ADULTS & PEDIATRICS	AGGREGATE					906	17181	17181
4	26	INTENSIVE CARE UNIT	AGGREGATE					73175	39046	39046
5	26.01	PEDIATRIC ICU	AGGREGATE					2637		68368
6	26.02	NEONATAL ICU	AGGREGATE					16316		
7	27	CORONARY CARE UNIT	AGGREGATE							
8	26.01	PEDIATRIC ICU	AGGREGATE							
9	31	SUBPROVIDER I	AGGREGATE					24309	29358	152357
10	31.01	SUBPROVIDER II	AGGREGATE					2740		
11	31.01	SUBPROVIDER II	AGGREGATE					8153	228	228
12	31.01	SUBPROVIDER II	AGGREGATE							
13	34	SKILLED NURSING FACILITY	AGGREGATE							
14	44	LABORATORY	AGGREGATE					66272		
15	44	LABORATORY	AGGREGATE							
16	49	RESPIRATORY THERAPY	AGGREGATE					330	114	114
17	54.03	CARDIAC CATH LAB	AGGREGATE					11207	24493	24493
18	52.01	NEURO REHAB	AGGREGATE					1154	166	166
19	54.03	CARDIAC CATH LAB	AGGREGATE					24144	51551	51551
20	60.01	ANTICOAG CLINIC	AGGREGATE					8442	17283	17283
21	61	EMERGENCY	AGGREGATE					73092	1541	1541
22	61	EMERGENCY	AGGREGATE					109762	118081	118081
23	61	EMERGENCY	AGGREGATE					40460	9335	9335
24	61	EMERGENCY	AGGREGATE							1569556
25	65	AMBULANCE SERVICES	AGGREGATE							
27	42	RADIOLOGY-THERAPEUTIC	AGGREGATE					10300	9654	9654
28	54.03	CARDIAC CATH LAB	AGGEGATE							
101		TOTAL						473399	318031	2100854

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION	NEW CAP BLDGS & FIXTURES	NEW CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS	COMMUN-CATIONS	DATA PROCESSING	MATERIALS MGMT	PATIENT SERVICES	
		0	3	4	5	6.01	6.02	6.03	6.04	
	GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT	9985489	9985489							3
4	NEW CAP REL COSTS-MVBLE EQUIP	27267322		27267322						4
5	EMPLOYEE BENEFITS	45506424	287952	32869	45827245					5
6.01	COMMUNICATIONS	1099210		2656		1101866				6.01
6.02	DATA PROCESSIN		373794	12500868		146295	13020957			6.02
6.03	MATERIALS MANAGEMENT	1069463	101791	13524	267058	6596		1458432		6.03
6.04	PATIENT SERVICES	1270093	56290	11329	287584	28752	86422	377	1740847	6.04
6.05	PATIENT ACCOUNTING		20131	12466		17589				6.05
6.06	AMBULATORY SVCS ADMIN									6.06
6.07	OTHER A&G	59754541	455188	2123856	9300885	113992	695307			6.07
6.08	CAREW MEDICAL PARK ADMIN	418546	8285	813						6.08
6.09	CRITICAL CARE ADMIN									6.09
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT	4951572	1319345	35609	38666	7103	15713	5404		8
8.01	FACILITY ENGINEERING	5885643	174137	163891	1032012	32134	475323	9785		8.01
9	LAUNDRY & LINEN SERVICE	1644369	17529		45278	15898	30117	15394		9
10	HOUSEKEEPING	3863259	101516	22565	679875	8795	517224	17257		10
11	DIETARY	803520	285145	64286	522110	10486	570911	16108		11
11.01	KITCHEN-NO CONNECT W/CAFE	1457025			369384					11.01
11.02	CAFETERIA									11.02
11.03	PREADMITS AND ER									11.03
12	CAFETERIA									12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION	2799602	1900	6842	634340	3044	153203	481		14
15	CENTRAL SERVICES & SUPPLY	890764	175842	119818	168004	9979	104754	4439		15
16	PHARMACY	6211597	82735	1116491	1559370	20295	400685	10346		16
16.01	OUTPATIENT PHARMACY	5114890	7770	56040	116070	169	30117	584		16.01
16.02	IV SOLUTIONS	3625596	3499	7781	123607		56305	48568		16.02
16.03	MED SURG SUPPLY	42728404						651895		16.03
17	MEDICAL RECORDS & LIBRARY	2572807	132800	25886	564350	1691		2119		17
18	SOCIAL SERVICE	1690088	9360	836	437473	7103	130943	249		18
18.01	REHAB ADMIN	601427	2575	802	144462	3213	40592	363		18.01
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES A	2806822								22
23	I&R SERVICES-OTHER PRGM COSTS A									23
24	PARAMED ED PRGM-(SPECIFY)	58264	2362		14125					24
24.01	PARAMED ED RADIOLOGY	81517	8543		14513					24.01
24.02	PARAMED ED PHARMACY	144381	2664		36603					24.02
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	33216297	1592754	667115	7351189	197377	2874198	56937	283424	25
26	INTENSIVE CARE UNIT	8026106	190724	329575	1451424	19788	439968	12594	59857	26
26.01	PEDIATRIC ICU	985705	33762	42253	233250	2706	58924	812	4917	26.01
26.02	NEONATAL ICU	3354268	152567	21620	682165	22494	11785	198	3483	26.02
27	CORONARY CARE UNIT	5791039	152185	191857	1346029	16405	409851	13316	52947	27
31	SUBPROVIDER I	1449010	191231	40941	378668	9809	144037	1599	17656	31
31.01	SUBPROVIDER II	5521884	274196	63487	1267089	18266	661261	3330	39181	31.01
33	NURSERY	1884005	54257	99518	515234	169	222603	4813	29727	33
34	SKILLED NURSING FACILITY	1974348	100832	6654	472137	10655	184629	2609	15157	34
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	11379997	588735	1668617	1815517	29428	679593	177395	163631	37
37.01	CAREW MEDICAL PARK SURG	600074	140632	141848	125493	4566	37973	1833	915	37.01
38	RECOVERY ROOM	2585446	120271	73068	495166	19619	130943	1997	15285	38
39	DELIVERY ROOM & LABOR ROOM	952647	151137	5883	157113	18773	27498	2675	59694	39
40	ANESTHESIOLOGY	194247	2939	273226		1860		5052	16889	40
41	RADIOLOGY-DIAGNOSTIC	5779026	252369	2450017	1228735	36024	392829	106340	116298	41
41.01	RADIOLOGY - WABASH									41.01
41.02	RADIOLOGY - MANCHESTER									41.02
41.03	RADIOLOGY - EAST STATE									41.03
41.04	RADIOLOGY - JEFFERSON		4298							41.04
41.05	RADIOLOGY - NHMP	188309	26436	691	44390		17023	77	8	41.05
41.06	RADIOLOGY - CMP	466076	47561	215544	88353	4059	32736	295	122	41.06
41.07	RADIOLOGY - WP	171739	23701	14250	39029		17023	76	1	41.07
41.08	RADIOLOGY - PULM CLINIC	124313	25015	3340	23970	3213	7857	115	2	41.08
41.09	RADIOLOGY - WHITLEY POOL									41.09
42	RADIOLOGY-THERAPEUTIC	4592118	203583	1918055	628876	41775	167607	6010	2673	42
43	RADIOISOTOPE	507103	33682	230999	95121	1691	28807	3968	13610	43
44	LABORATORY	3736671	251295	660373	2693133	24693	1162773	168506	94812	44
44.01	ANATOMICAL PATHOLOGY	1100839	44897	12415	106512	3552	39283	12451	4943	44.01
46	WHOLE BLOOD & PACKED RED BLOOD	3372283			162146	507		1	8741	46
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
49	RESPIRATORY THERAPY	4207688	62409	197125	979721	17420	320810	14920	98110	49

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION	NEW CAP BLDGS & FIXTURES	NEW CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS	COMMUN-CATIONS	DATA PROCESSING	MATERIALS MGMT	PATIENT SERVICES	
		0	3	4	5	6.01	6.02	6.03	6.04	
49.01	WOUND CARE	734366	2051	1105	52375		1309	112	6444	49.01
49.02	DIALYSIS	1225720	12130	2268	10236	846	6547	281	4643	49.02
49.03	ENDOSCOPY	1121627	39258	95698	183081	2875	47139	2508	40321	49.03
50	PHYSICAL THERAPY	2153501	100646	13717	519262	4905	147965	368	11019	50
50.01	TRANSITIONAL THERAPY	-22	16437			1691		9		50.01
50.02	PV REHAB OUTREACH									50.02
51	OCCUPATIONAL THERAPY	1363755	33309	13207	331856	1860	113920	812	9746	51
52	SPEECH PATHOLOGY	610909	25787	9132	136934	1353	39283	321	5187	52
52.01	NEURO REHAB	728177		5402	148713	2030	40592	249	1082	52.01
53	ELECTROCARDIOLOGY	462057	15922	89406	102754	1691	37973	542	5653	53
54	ELECTROENCEPHALOGRAPHY	184311	21072	24551	42767	338	14404	445	1730	54
54.01	NUTRITION SUPPORT	435680	2202	243	95306	2875	31426	2065	275	54.01
54.02	MRI	1315659	92272	353732	242345	4228	70709	2341	8604	54.02
54.03	CARDIAC CATH LAB	3375716	377710	686214	212141	33995	61543	1351	45322	54.03
54.04	CARDIAC REHAB SERVICES	107827	41532	16990	24385	1691	10475	269	45	54.04
55	MEDICAL SUPPLIES CHARGED TO PAT								175697	55
55.01	COST OF SOLUTIONS								59536	55.01
56	DRUGS CHARGED TO PATIENTS	16685325							223444	56
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	314247	14039	1109		1860		503	244	60
60.01	ANTICOAG CLINIC	808062	18710	1362	130142	1860	20951	3040	28	60.01
61	EMERGENCY	9655819	323738	126536	1412536	40591	502821	12962	39740	61
61.01	PARTIAL HOSPITALIZATION	70017	8702		17702	1353	7857	13		61.01
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES	5487384	18302	23088	357854	2875	98207	13940	4	65
69.10	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40	OUTPATIENT SPEECH PATHOLOGY									69.40
71	HOME HEALTH AGENCY	9724769		48702	1579103	11670		20923		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	4193764			573994					93
95	SUBTOTALS	397222543	9516440	27160161	44909715	1058570	12630748	1444342	1740847	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN	486200	21818	3423	28605	2706	15713	11620		96
100	NON ALLOWABLE	3			1					100
100.01	TELEVISION	87084	3907	20058	9099	507	3928	51		100.01
100.02	PHYSICIAN PRACTICES	182141								100.02
100.03	OP CLINIC	82060	22040	41618	7043	2706	7857	4		100.03
100.04	PHYS. ANSWERING SERVICE									100.04
100.05	EDUCARE CTR	1112958	134212	1527	219993	1184	145347	280		100.05
100.06	STUCKY RESEARCH CTR	787580	39107	1043	137152	507	31426	370		100.06
100.07	CORPORATE HEALTH SVC					9133				100.07
100.08	FOUNDATION	-115	19092			2537	1309			100.08
100.09	LV HEALTH PLAN									100.09
100.10	PV RESPIRATORY OUTREACH									100.10
100.11	OUTREACH TRANSCRIPTION									100.11
100.12	GUEST SERVICES									100.12
100.13	HUNTINGTON ARC									100.13
100.14	SENIOR HEALTH SERVICES	43547	13684	2112		507		75		100.14
100.15	SCHOOL NURSE/COMMUNITY OUTREACH	3447915	3268	236	362328	846	146656	302		100.15
100.16	FITNESS	148161			31845					100.16
100.17	NONALLOWABLE ADVERTISING									100.17
100.18	BREAST DIAGNOSTIC CTR	-79211	38663	11349		4228		22		100.18
100.19	REGIONAL PAIN CLINIC									100.19
100.20	START-UP COSTS NORTH									100.20
100.21	RONALD MCDONALD FAMILY ROOM	6704	26231	4048						100.21
100.22	EBT	190369	9262		10900		3928	155		100.22
100.23	MEDICAL OFFICE BUILDINGS	764258	58271	21747	110564	4059	34045	1184		100.23
100.24	START-UP COSTS ORTHO									100.24
100.25	PREMIER SURGERY CENTER	6791126	79494			14376		27		100.25
100.26	ISH	-1291								100.26
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	411272032	9985489	27267322	45827245	1101866	13020957	1458432	1740847	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	PATIENT ACCOUNTING	SUBTOTAL	OTHER A&G	CAREW MED PARK ADMIN	OPERATION OF PLANT	FACILITY ENGINEERIN	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	
		6.05	5A	6.07	6.08	8	8.01	9	10	
	GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6.01	COMMUNICATIONS									6.01
6.02	DATA PROCESSIN									6.02
6.03	MATERIALS MANAGEMENT									6.03
6.04	PATIENT SERVICES									6.04
6.05	PATIENT ACCOUNTING	50186								6.05
6.06	AMBULATORY SVCS ADMIN									6.06
6.07	OTHER A&G		72443769	72443769						6.07
6.08	CAREW MEDICAL PARK ADMIN		427644	91426	519070					6.08
6.09	CRITICAL CARE ADMIN									6.09
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT		6373412	1362572		7735984				8
8.01	FACILITY ENGINEERING		7772925	1661774		182965	9617664			8.01
9	LAUNDRY & LINEN SERVICE		1768585	378106		18418	23452	2188561		9
10	HOUSEKEEPING		5210491	1113951		106663	135819		6566924	10
11	DIETARY		2272566	485852		299602	381499		264873	11
11.01	KITCHEN-NO CONNECT W/CAFE		1826409	390468						11.01
11.02	CAFETERIA									11.02
11.03	PREADMITS AND ER									11.03
12	CAFETERIA									12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION		3599412	769518		1997	2542		1765	14
15	CENTRAL SERVICES & SUPPLY		1473600	315041		184756	235260	90635	163340	15
16	PHARMACY		9401519	2009951		86929	110692		76853	16
16.01	OUTPATIENT PHARMACY		5325640	1138569		8164	10396		7218	16.01
16.02	IV SOLUTIONS		3865356	826374		3676	4681		3250	16.02
16.03	MED SURG SUPPLY		43380299	9274274						16.03
17	MEDICAL RECORDS & LIBRARY		3299653	705433		139533	177675		123359	17
18	SOCIAL SERVICE		2276052	486597		9834	12522		8694	18
18.01	REHAB ADMIN		793434	169628		2706	3445		2392	18.01
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES A		2806822	600070						22
23	I&R SERVICES-OTHER PRGM COSTS A									23
24	PARAMED ED PRGM-(SPECIFY)		74751	15981		2482	3160		2194	24
24.01	PARAMED ED RADIOLOGY		104573	22357		8976	11429		7935	24.01
24.02	PARAMED ED PHARMACY		183648	39262		2799	3564		2475	24.02
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	5529	46244820	9886745		1673498	2130963	758621	1479517	25
26	INTENSIVE CARE UNIT	1181	10531217	2251469		200394	255172	89302	177165	26
26.01	PEDIATRIC ICU	97	1362426	291273		35473	45170	11996	31361	26.01
26.02	NEONATAL ICU	69	4248649	908319		160302	204121		141720	26.02
27	CORONARY CARE UNIT	1044	7974673	1704905		159901	203610	94855	141366	27
31	SUBPROVIDER I	348	2233299	477457		200926	255849	45095	177635	31
31.01	SUBPROVIDER II	773	7849467	1678138		288097	366850	58202	254702	31.01
33	NURSERY	586	2810912	600945		57007	72591	18660	50399	33
34	SKILLED NURSING FACILITY	299	2767320	591625		105944	134905	49982	93664	34
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	4448	16507361	3529109		618582	787674	221033	546879	37
37.01	CAREW MEDICAL PARK SURG	192	1053526	225233	137809	147762	188153	3332	130634	37.01
38	RECOVERY ROOM	623	3442418	735955		126368	160911	30212	111720	38
39	DELIVERY ROOM & LABOR ROOM	1186	1376606	294305		158800	202208		140392	39
40	ANESTHESIOLOGY	421	494634	105748		3088	3932		2730	40
41	RADIOLOGY-DIAGNOSTIC	5278	10366916	2216343		265164	337647	130176	234427	41
41.01	RADIOLOGY - WABASH									41.01
41.02	RADIOLOGY - MANCHESTER									41.02
41.03	RADIOLOGY - EAST STATE									41.03
41.04	RADIOLOGY - JEFFERSON	1	4299	919		4516	5750		3992	41.04
41.05	RADIOLOGY - NHMP	25	276959	59211		27776	35369		24556	41.05
41.06	RADIOLOGY - CMP	302	855048	182801	150441	49972	63633	19771	44180	41.06
41.07	RADIOLOGY - WP	27	265846	56835		24902	31709		22016	41.07
41.08	RADIOLOGY - PULM CLINIC	5	187830	40156	27239	26283	33468		23237	41.08
41.09	RADIOLOGY - WHITLEY POOL									41.09
42	RADIOLOGY-THERAPEUTIC	1574	7562271	1616738		213904	272375	13773	189109	42
43	RADIOISOTOPE	380	915361	195695		35389	45063	15550	31287	43
44	LABORATORY	2671	8794927	1880267	86522	264035	336210	16661	233429	44
44.01	ANATOMICAL PATHOLOGY	226	1325118	283297		47173	60068		41705	44.01
46	WHOLE BLOOD & PACKED RED BLOOD	265	3543943	757660						46
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
49	RESPIRATORY THERAPY	2169	5900372	1261441		65573	83497	10885	57972	49

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	PATIENT ACCOUNTING	SUBTOTAL	OTHER A&G	CAREW MED PARK ADMIN	OPERATION OF PLANT	FACILITY ENGINEERIN	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	
		6.05	5A	6.07	6.08	8	8.01	9	10	
49.01	WOUND CARE	146	797908	170585		2155	2744	1111	1905	49.01
49.02	DIALYSIS	95	1262766	269967		12745	16229	1333	11268	49.02
49.03	ENDOSCOPY	1117	1533624	327873		41249	52524	35765	36467	49.03
50	PHYSICAL THERAPY	267	2951650	631033		105748	134655	13106	93490	50
50.01	TRANSITIONAL THERAPY	22	18137	3878		17270	21991		15268	50.01
50.02	PV REHAB OUTREACH									50.02
51	OCCUPATIONAL THERAPY	198	1868663	399501		34998	44564		30941	51
52	SPEECH PATHOLOGY	108	829014	177235		27095	34501		23954	52
52.01	NEURO REHAB	110	926355	198045						52.01
53	ELECTROCARDIOLOGY	248	716246	153126		16729	21302	2888	14790	53
54	ELECTROENCEPHALOGRAPHY	49	289667	61928		22141	28193		19574	54
54.01	NUTRITION SUPPORT	7	570079	121877		2314	2946		2046	54.01
54.02	MRI	513	2090403	446907		96950	123452	3554	85712	54.02
54.03	CARDIAC CATH LAB	1902	4795894	1025314		396859	505342	9552	350857	54.03
54.04	CARDIAC REHAB SERVICES	23	203237	43450		43637	55566	5998	38579	54.04
55	MEDICAL SUPPLIES CHARGED TO PAT	5818	181515	38806						55
55.01	COST OF SOLUTIONS	1351	60887	13017						55.01
56	DRUGS CHARGED TO PATIENTS	5359	16914128	3616071						56
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	22	332024	70983		14751	18783		13041	60
60.01	ANTICOAG CLINIC	75	984230	210419	117059	19659	25032		17380	60.01
61	EMERGENCY	2581	12117324	2590563		340151	433132	429404	300722	61
61.01	PARTIAL HOSPITALIZATION	18	105662	22589		9144	11643		8084	61.01
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES	438	6002092	1283187		19230	24486		17001	65
69.10	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40	OUTPATIENT SPEECH PATHOLOGY									69.40
71	HOME HEALTH AGENCY		11385167	2434035						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		4767758	1019299						93
95	SUBTOTALS	50186	395281208	69019481	519070	7243154	8990119	2181452	6131221	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN		570085	121878		22924	29191		20267	96
100	NON ALLOWABLE		4	1						100
100.01	TELEVISION		124634	26646		4105	5227		3629	100.01
100.02	PHYSICIAN PRACTICES		182141	38940						100.02
100.03	OP CLINIC		163328	34918		23158	29488		20473	100.03
100.04	PHYS. ANSWERING SERVICE									100.04
100.05	EDUCARE CTR		1615501	345378		141016	179564		124670	100.05
100.06	STUCKY RESEARCH CTR		997185	213188		41090	52322		36327	100.06
100.07	CORPORATE HEALTH SVC		9133	1953						100.07
100.08	FOUNDATION		22823	4879		20060	25543		17735	100.08
100.09	LV HEALTH PLAN									100.09
100.10	PV RESPIRATORY OUTREACH									100.10
100.11	OUTREACH TRANSCRIPTION									100.11
100.12	GUEST SERVICES									100.12
100.13	HUNTINGTON ARC									100.13
100.14	SENIOR HEALTH SERVICES		59925	12811		14378	18308		12711	100.14
100.15	SCHOOL NURSE/COMMUNITY OUTREACH		3961551	846940		3434	4372		3036	100.15
100.16	FITNESS		180006	38483						100.16
100.17	NONALLOWABLE ADVERTISING									100.17
100.18	BREAST DIAGNOSTIC CTR		-24949			40624	51728		35915	100.18
100.19	REGIONAL PAIN CLINIC									100.19
100.20	START-UP COSTS NORTH									100.20
100.21	RONALD MCDONALD FAMILY ROOM		36983	7907		27561	35095	7109	24367	100.21
100.22	EBT		214614	45882		9731	12391		8603	100.22
100.23	MEDICAL OFFICE BUILDINGS		994128	212535		61225	77961		54128	100.23
100.24	START-UP COSTS ORTHO									100.24
100.25	PREMIER SURGERY CENTER		6885023	1471949		83524	106355		73842	100.25
100.26	ISH		-1291							100.26
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	50186	411272032	72443769	519070	7735984	9617664	2188561	6566924	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	DIETARY 11	KITCHEN-NO CONNECT W/CAFE 11.01	CAFETERIA 11.02	PREADMITS AND ER 11.03	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	
	GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6.01	COMMUNICATIONS									6.01
6.02	DATA PROCESSIN									6.02
6.03	MATERIALS MANAGEMENT									6.03
6.04	PATIENT SERVICES									6.04
6.05	PATIENT ACCOUNTING									6.05
6.06	AMBULATORY SVCS ADMIN									6.06
6.07	OTHER A&G									6.07
6.08	CAREW MEDICAL PARK ADMIN									6.08
6.09	CRITICAL CARE ADMIN									6.09
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT									8
8.01	FACILITY ENGINEERING									8.01
9	LAUNDRY & LINEN SERVICE									9
10	HOUSEKEEPING									10
11	DIETARY	3704392								11
11.01	KITCHEN-NO CONNECT W/CAFE		2216877							11.01
11.02	CAFETERIA	839889		839889						11.02
11.03	PREADMITS AND ER	125045	36553	72307	233905					11.03
12	CAFETERIA			767582		767582				12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION					12886	4388120			14
15	CENTRAL SERVICES & SUPPLY					8870		2471502		15
16	PHARMACY					34183		67	11720194	16
16.01	OUTPATIENT PHARMACY					2510		22	2541388	16.01
16.02	IV SOLUTIONS					4812	56771	33880	14	16.02
16.03	MED SURG SUPPLY							1755061		16.03
17	MEDICAL RECORDS & LIBRARY									17
18	SOCIAL SERVICE					11213				18
18.01	REHAB ADMIN					3431			7	18.01
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES A									22
23	I&R SERVICES-OTHER PRGM COSTS A									23
24	PARAMED ED PRGM-(SPECIFY)									24
24.01	PARAMED ED RADIOLOGY									24.01
24.02	PARAMED ED PHARMACY									24.02
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	1806089	1437459		233905	237562	1760382	213721	12614	25
26	INTENSIVE CARE UNIT	69101	54997			38116	440342	51344	394	26
26.01	PEDIATRIC ICU	13712	10913			5104	60226	3533	50	26.01
26.02	NEONATAL ICU					1046	12341	1019	1	26.02
27	CORONARY CARE UNIT	94543	75247			35019	413191	52561	689	27
31	SUBPROVIDER I	133437	106202			12510		6655	128	31
31.01	SUBPROVIDER II	434500	345817			39538		4218	17	31.01
33	NURSERY					17112	201906	19529	4427	33
34	SKILLED NURSING FACILITY	188076	149689			15983		11974	627	34
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM					56859	550428	170420	4631	37
37.01	CAREW MEDICAL PARK SURG							703	88	37.01
38	RECOVERY ROOM					11297	133287	16778	159	38
39	DELIVERY ROOM & LABOR ROOM					2385	28138	13418		39
40	ANESTHESIOLOGY							14391		40
41	RADIOLOGY-DIAGNOSTIC					29538		11293	561	41
41.01	RADIOLOGY - WABASH									41.01
41.02	RADIOLOGY - MANCHESTER									41.02
41.03	RADIOLOGY - EAST STATE									41.03
41.04	RADIOLOGY - JEFFERSON									41.04
41.05	RADIOLOGY - NHMP							12		41.05
41.06	RADIOLOGY - CMP							856	166	41.06
41.07	RADIOLOGY - WP							2		41.07
41.08	RADIOLOGY - PULM CLINIC						7899	22	220	41.08
41.09	RADIOLOGY - WHITLEY POOL									41.09
42	RADIOLOGY-THERAPEUTIC						151059	176	69	42
43	RADIOISOTOPE					2008		690	707	43
44	LABORATORY					38325		225	154	44
44.01	ANATOMICAL PATHOLOGY					3431		1430	34	44.01
46	WHOLE BLOOD & PACKED RED BLOOD									46
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
49	RESPIRATORY THERAPY					26819		2506	1414	49

COST ALLOCATION - GENERAL SERVICE COSTS WORKSHEET B PART I

	COST CENTER DESCRIPTION	DIETARY 11	KITCHEN-NO CONNECT W/CAFE 11.01	CAFETERIA 11.02	PREADMITS AND ER 11.03	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	
49.01	WOUND CARE					126	13329	532	566	49.01
49.02	DIALYSIS					544	6418	1826	23	49.02
49.03	ENDOSCOPY					4058		10183	220	49.03
50	PHYSICAL THERAPY					11129		482	474	50
50.01	TRANSITIONAL THERAPY							5		50.01
50.02	PV REHAB OUTREACH									50.02
51	OCCUPATIONAL THERAPY					9121		72		51
52	SPEECH PATHOLOGY					3389		15		52
52.01	NEURO REHAB							923	830	52.01
53	ELECTROCARDIOLOGY					3305		475	133	53
54	ELECTROENCEPHALOGRAPHY					1213		42	2	54
54.01	NUTRITION SUPPORT					2678		40		54.01
54.02	MRI					4937		891	270	54.02
54.03	CARDIAC CATH LAB					5314		5393	354	54.03
54.04	CARDIAC REHAB SERVICES					920		171		54.04
55	MEDICAL SUPPLIES CHARGED TO PAT									55
55.01	COST OF SOLUTIONS									55.01
56	DRUGS CHARGED TO PATIENTS								8391894	56
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC							17	71	60
60.01	ANTICOAG CLINIC								2	60.01
61	EMERGENCY					42299	466013	62570	34450	61
61.01	PARTIAL HOSPITALIZATION					502				61.01
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES					8535		576	2634	65
69.10	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40	OUTPATIENT SPEECH PATHOLOGY									69.40
71	HOME HEALTH AGENCY							705	717182	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	3704392	2216877	839889	233905	748627	4301730	2471424	11717664	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN					1423				96
100	NON ALLOWABLE									100
100.01	TELEVISION					377		2	6	100.01
100.02	PHYSICIAN PRACTICES									100.02
100.03	OP CLINIC									100.03
100.04	PHYS. ANSWERING SERVICE									100.04
100.05	EDUCARE CTR					544				100.05
100.06	STUCKY RESEARCH CTR							17		100.06
100.07	CORPORATE HEALTH SVC								213	100.07
100.08	FOUNDATION					84				100.08
100.09	LV HEALTH PLAN									100.09
100.10	PV RESPIRATORY OUTREACH									100.10
100.11	OUTREACH TRANSCRIPTION									100.11
100.12	GUEST SERVICES									100.12
100.13	HUNTINGTON ARC									100.13
100.14	SENIOR HEALTH SERVICES							2		100.14
100.15	SCHOOL NURSE/COMMUNITY OUTREACH					13598	51834	22	149	100.15
100.16	FITNESS									100.16
100.17	NONALLOWABLE ADVERTISING									100.17
100.18	BREAST DIAGNOSTIC CTR									100.18
100.19	REGIONAL PAIN CLINIC									100.19
100.20	START-UP COSTS NORTH									100.20
100.21	RONALD MCDONALD FAMILY ROOM									100.21
100.22	EBT							35		100.22
100.23	MEDICAL OFFICE BUILDINGS					2929	34556			100.23
100.24	START-UP COSTS ORTHO									100.24
100.25	PREMIER SURGERY CENTER								2162	100.25
100.26	ISH									100.26
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	3704392	2216877	839889	233905	767582	4388120	2471502	11720194	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	OUTPATIENT PHARMACY 16.01	IV SOLUTIONS 16.02	MED SURG SUPPLY 16.03	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	REHAB ADMIN 18.01	I&R SALARY & FRINGES 22	PARAMED EDUCATION 24	
	GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6.01	COMMUNICATIONS									6.01
6.02	DATA PROCESSIN									6.02
6.03	MATERIALS MANAGEMENT									6.03
6.04	PATIENT SERVICES									6.04
6.05	PATIENT ACCOUNTING									6.05
6.06	AMBULATORY SVCS ADMIN									6.06
6.07	OTHER A&G									6.07
6.08	CAREW MEDICAL PARK ADMIN									6.08
6.09	CRITICAL CARE ADMIN									6.09
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT									8
8.01	FACILITY ENGINEERING									8.01
9	LAUNDRY & LINEN SERVICE									9
10	HOUSEKEEPING									10
11	DIETARY									11
11.01	KITCHEN-NO CONNECT W/CAFE									11.01
11.02	CAFETERIA									11.02
11.03	PREADMITS AND ER									11.03
12	CAFETERIA									12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION									14
15	CENTRAL SERVICES & SUPPLY									15
16	PHARMACY									16
16.01	OUTPATIENT PHARMACY	9033907								16.01
16.02	IV SOLUTIONS		4798814							16.02
16.03	MED SURG SUPPLY			54409634						16.03
17	MEDICAL RECORDS & LIBRARY				4445653					17
18	SOCIAL SERVICE					2804912				18
18.01	REHAB ADMIN						975043			18.01
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES A							3406892		22
23	I&R SERVICES-OTHER PRGM COSTS A									23
24	PARAMED ED PRGM-(SPECIFY)								98568	24
24.01	PARAMED ED RADIOLOGY									24.01
24.02	PARAMED ED PHARMACY									24.02
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS				654950	1439481	38128	1761703		25
26	INTENSIVE CARE UNIT				54658	282174		283113		26
26.01	PEDIATRIC ICU				8481	53013				26.01
26.02	NEONATAL ICU				35810	183441				26.02
27	CORONARY CARE UNIT				57014			131847		27
31	SUBPROVIDER I				40522		129791	253813		31
31.01	SUBPROVIDER II				89054			101185		31.01
33	NURSERY				40051			141727		33
34	SKILLED NURSING FACILITY				64081					34
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM				120153			116516		37
37.01	CAREW MEDICAL PARK SURG				14136					37.01
38	RECOVERY ROOM				51359					38
39	DELIVERY ROOM & LABOR ROOM				6597			45652		39
40	ANESTHESIOLOGY				22146					40
41	RADIOLOGY-DIAGNOSTIC				686520					41
41.01	RADIOLOGY - WABASH									41.01
41.02	RADIOLOGY - MANCHESTER									41.02
41.03	RADIOLOGY - EAST STATE									41.03
41.04	RADIOLOGY - JEFFERSON									41.04
41.05	RADIOLOGY - NHMP				5654					41.05
41.06	RADIOLOGY - CMP				67851					41.06
41.07	RADIOLOGY - WP				6125					41.07
41.08	RADIOLOGY - PULM CLINIC				942					41.08
41.09	RADIOLOGY - WHITLEY POOL									41.09
42	RADIOLOGY-THERAPEUTIC				310512					42
43	RADIOISOTOPE				31570					43
44	LABORATORY				207794				98568	44
44.01	ANATOMICAL PATHOLOGY				24973					44.01
46	WHOLE BLOOD & PACKED RED BLOOD				7539					46
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
49	RESPIRATORY THERAPY				57014			10221		49

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	OUTPATIENT PHARMACY	IV SOLUTIONS	MED SURG SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	I&R SALARY & FRINGES	PARAMED EDUCATION	
		16.01	16.02	16.03	17	18	18.01	22	24	
49.01	WOUND CARE				471					49.01
49.02	DIALYSIS				942					49.02
49.03	ENDOSCOPY				85285					49.03
50	PHYSICAL THERAPY				10366		169577			50
50.01	TRANSITIONAL THERAPY						265238			50.01
50.02	PV REHAB OUTREACH									50.02
51	OCCUPATIONAL THERAPY				471		159728			51
52	SPEECH PATHOLOGY				1414		159728			52
52.01	NEURO REHAB				19319		52853			52.01
53	ELECTROCARDIOLOGY				24973					53
54	ELECTROENCEPHALOGRAPHY				3298					54
54.01	NUTRITION SUPPORT				471					54.01
54.02	MRI				127221					54.02
54.03	CARDIAC CATH LAB				439618					54.03
54.04	CARDIAC REHAB SERVICES				5183					54.04
55	MEDICAL SUPPLIES CHARGED TO PAT			54409634						55
55.01	COST OF SOLUTIONS		4798814							55.01
56	DRUGS CHARGED TO PATIENTS	9033907								56
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC				3769					60
60.01	ANTICOAG CLINIC				16963					60.01
61	EMERGENCY				843897	846803		561115		61
61.01	PARTIAL HOSPITALIZATION				4712					61.01
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES				92353					65
69.10	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40	OUTPATIENT SPEECH PATHOLOGY									69.40
71	HOME HEALTH AGENCY									71
	SPECIAL PURPOSE COST CENTERS									
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02
85.03	ISLET CELL ACQUISITION									85.03
93	HOSPICE									93
95	SUBTOTALS	9033907	4798814	54409634	4346232	2804912	975043	3406892	98568	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN									96
100	NON ALLOWABLE									100
100.01	TELEVISION									100.01
100.02	PHYSICIAN PRACTICES									100.02
100.03	OP CLINIC									100.03
100.04	PHYS. ANSWERING SERVICE									100.04
100.05	EDUCARE CTR									100.05
100.06	STUCKY RESEARCH CTR									100.06
100.07	CORPORATE HEALTH SVC									100.07
100.08	FOUNDATION									100.08
100.09	LV HEALTH PLAN									100.09
100.10	PV RESPIRATORY OUTREACH									100.10
100.11	OUTREACH TRANSCRIPTION									100.11
100.12	GUEST SERVICES									100.12
100.13	HUNTINGTON ARC									100.13
100.14	SENIOR HEALTH SERVICES									100.14
100.15	SCHOOL NURSE/COMMUNITY OUTREACH									100.15
100.16	FITNESS									100.16
100.17	NONALLOWABLE ADVERTISING									100.17
100.18	BREAST DIAGNOSTIC CTR									100.18
100.19	REGIONAL PAIN CLINIC									100.19
100.20	START-UP COSTS NORTH									100.20
100.21	RONALD MCDONALD FAMILY ROOM									100.21
100.22	EBT				1885					100.22
100.23	MEDICAL OFFICE BUILDINGS									100.23
100.24	START-UP COSTS ORTHO									100.24
100.25	PREMIER SURGERY CENTER				97536					100.25
100.26	ISH									100.26
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	9033907	4798814	54409634	4445653	2804912	975043	3406892	98568	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	PARAMED ED RADIOLOGY	PARAMED ED PHARMACY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		24.01	24.02	25	26	27	
	GENERAL SERVICE COST CENTERS						
1	OLD CAP REL COSTS-BLDG & FIXT						1
2	OLD CAP REL COSTS-MVBLE EQUIP						2
3	NEW CAP REL COSTS-BLDG & FIXT						3
4	NEW CAP REL COSTS-MVBLE EQUIP						4
5	EMPLOYEE BENEFITS						5
6.01	COMMUNICATIONS						6.01
6.02	DATA PROCESSIN						6.02
6.03	MATERIALS MANAGEMENT						6.03
6.04	PATIENT SERVICES						6.04
6.05	PATIENT ACCOUNTING						6.05
6.06	AMBULATORY SVCS ADMIN						6.06
6.07	OTHER A&G						6.07
6.08	CAREW MEDICAL PARK ADMIN						6.08
6.09	CRITICAL CARE ADMIN						6.09
7	MAINTENANCE & REPAIRS						7
8	OPERATION OF PLANT						8
8.01	FACILITY ENGINEERING						8.01
9	LAUNDRY & LINEN SERVICE						9
10	HOUSEKEEPING						10
11	DIETARY						11
11.01	KITCHEN-NO CONNECT W/CAFE						11.01
11.02	CAFETERIA						11.02
11.03	PREADMITS AND ER						11.03
12	CAFETERIA						12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION						14
15	CENTRAL SERVICES & SUPPLY						15
16	PHARMACY						16
16.01	OUTPATIENT PHARMACY						16.01
16.02	IV SOLUTIONS						16.02
16.03	MED SURG SUPPLY						16.03
17	MEDICAL RECORDS & LIBRARY						17
18	SOCIAL SERVICE						18
18.01	REHAB ADMIN						18.01
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A						22
23	I&R SERVICES-OTHER PRGM COSTS A						23
24	PARAMED ED PRGM-(SPECIFY)						24
24.01	PARAMED ED RADIOLOGY	155270					24.01
24.02	PARAMED ED PHARMACY		231748				24.02
	INPATIENT ROUTINE SERV COST CENTERS						
25	ADULTS & PEDIATRICS		318	71770476	-1761703	70008773	25
26	INTENSIVE CARE UNIT		10	14778968	-283113	14495855	26
26.01	PEDIATRIC ICU		1	1932732		1932732	26.01
26.02	NEONATAL ICU			5896769		5896769	26.02
27	CORONARY CARE UNIT		17	11139438	-131847	11007591	27
31	SUBPROVIDER I		3	4073322	-253813	3819509	31
31.01	SUBPROVIDER II			11509785	-101185	11408600	31.01
33	NURSERY		112	4035378	-141727	3893651	33
34	SKILLED NURSING FACILITY		16	4173886		4173886	34
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM		117	23229762	-116516	23113246	37
37.01	CAREW MEDICAL PARK SURG		2	1901378		1901378	37.01
38	RECOVERY ROOM		4	4820468		4820468	38
39	DELIVERY ROOM & LABOR ROOM			2268501	-45652	2222849	39
40	ANESTHESIOLOGY			646669		646669	40
41	RADIOLOGY-DIAGNOSTIC	155270	14	14433869		14433869	41
41.01	RADIOLOGY - WABASH						41.01
41.02	RADIOLOGY - MANCHESTER						41.02
41.03	RADIOLOGY - EAST STATE						41.03
41.04	RADIOLOGY - JEFFERSON			19476		19476	41.04
41.05	RADIOLOGY - NHMP			429537		429537	41.05
41.06	RADIOLOGY - CMP		4	1434723		1434723	41.06
41.07	RADIOLOGY - WP			407435		407435	41.07
41.08	RADIOLOGY - PULM CLINIC		6	347302		347302	41.08
41.09	RADIOLOGY - WHITLEY POOL						41.09
42	RADIOLOGY-THERAPEUTIC		2	10329988		10329988	42
43	RADIOISOTOPE		18	1273338		1273338	43
44	LABORATORY		4	11957121		11957121	44
44.01	ANATOMICAL PATHOLOGY		1	1787230		1787230	44.01
46	WHOLE BLOOD & PACKED RED BLOOD			4309142		4309142	46
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
49	RESPIRATORY THERAPY		36	7477750	-10221	7467529	49

COST ALLOCATION - GENERAL SERVICE COSTS WORKSHEET B PART I

	COST CENTER DESCRIPTION	PARAMED ED RADIOLOGY	PARAMED ED PHARMACY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		24.01	24.02	25	26	27	
49.01	WOUND CARE		14	991446		991446	49.01
49.02	DIALYSIS		1	1584062		1584062	49.02
49.03	ENDOSCOPY		6	2127254		2127254	49.03
50	PHYSICAL THERAPY		12	4121722		4121722	50
50.01	TRANSITIONAL THERAPY			341787		341787	50.01
50.02	PV REHAB OUTREACH						50.02
51	OCCUPATIONAL THERAPY			2548059		2548059	51
52	SPEECH PATHOLOGY			1256345		1256345	52
52.01	NEURO REHAB		21	1198346		1198346	52.01
53	ELECTROCARDIOLOGY		3	953970		953970	53
54	ELECTROENCEPHALOGRAPHY			426058		426058	54
54.01	NUTRITION SUPPORT			702451		702451	54.01
54.02	MRI		7	2980304		2980304	54.02
54.03	CARDIAC CATH LAB		9	7534506		7534506	54.03
54.04	CARDIAC REHAB SERVICES			396741		396741	54.04
55	MEDICAL SUPPLIES CHARGED TO PAT			54629955		54629955	55
55.01	COST OF SOLUTIONS			4872718		4872718	55.01
56	DRUGS CHARGED TO PATIENTS		211879	38167879		38167879	56
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC		2	453441		453441	60
60.01	ANTICOAG CLINIC			1390744		1390744	60.01
61	EMERGENCY		870	19069313	-561115	18508198	61
61.01	PARTIAL HOSPITALIZATION			162336		162336	61.01
62	OBSERVATION BEDS (NON-DISTINCT						62
63.50	RHC						63.50
63.60	FQHC						63.60
	OTHER REIMBURSABLE COST CENTERS						
65	AMBULANCE SERVICES		67	7450161		7450161	65
69.10	CMHC						69.10
69.20	OUTPATIENT PHYSICAL THERAPY						69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY						69.30
69.40	OUTPATIENT SPEECH PATHOLOGY						69.40
71	HOME HEALTH AGENCY		18108	14555197		14555197	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			5787057		5787057	93
95	SUBTOTALS	155270	231684	390086295	-3406892	386679403	95
	NONREIMBURSABLE COST CENTERS						
96	GIFT, FLOWER, COFFEE SHOP & CAN			765768		765768	96
100	NON ALLOWABLE			5		5	100
100.01	TELEVISION			164626		164626	100.01
100.02	PHYSICIAN PRACTICES			221081		221081	100.02
100.03	OP CLINIC			271365		271365	100.03
100.04	PHYS. ANSWERING SERVICE						100.04
100.05	EDUCARE CTR			2406673		2406673	100.05
100.06	STUCKY RESEARCH CTR			1340129		1340129	100.06
100.07	CORPORATE HEALTH SVC		5	11304		11304	100.07
100.08	FOUNDATION			91124		91124	100.08
100.09	LV HEALTH PLAN						100.09
100.10	PV RESPIRATORY OUTREACH						100.10
100.11	OUTREACH TRANSCRIPTION						100.11
100.12	GUEST SERVICES						100.12
100.13	HUNTINGTON ARC						100.13
100.14	SENIOR HEALTH SERVICES			118135		118135	100.14
100.15	SCHOOL NURSE/COMMUNITY OUTREACH		4	4884940		4884940	100.15
100.16	FITNESS			218489		218489	100.16
100.17	NONALLOWABLE ADVERTISING						100.17
100.18	BREAST DIAGNOSTIC CTR			103318		103318	100.18
100.19	REGIONAL PAIN CLINIC						100.19
100.20	START-UP COSTS NORTH						100.20
100.21	RONALD MCDONALD FAMILY ROOM			139022		139022	100.21
100.22	EBT			293141		293141	100.22
100.23	MEDICAL OFFICE BUILDINGS			1437462		1437462	100.23
100.24	START-UP COSTS ORTHO						100.24
100.25	PREMIER SURGERY CENTER		55	8720446		8720446	100.25
100.26	ISH			-1291		-1291	100.26
101	CROSS FOOT ADJUSTMENTS						101
102	NEGATIVE COST CENTER						102
103	TOTAL	155270	231748	411272032	-3406892	407865140	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS	NEW CAP BLDGS & FIXTURES	NEW CAP MOVABLE EQUIPMENT	CAP REL COST TO BE ALLOC	EMPLOYEE BENEFITS	COMMUN-CATIONS	DATA PROCESSING	MATERIALS MGMT	
		0	3	4	4A	5	6.01	6.02	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	2982	287952	32869	323803	323803				5
6.01	COMMUNICATIONS			2656	2656		2656			6.01
6.02	DATA PROCESSIN		373794	12500868	12874662		353	12875015		6.02
6.03	MATERIALS MANAGEMENT		101791	13524	115315	1887	16		117218	6.03
6.04	PATIENT SERVICES	6729	56290	11329	74348	2032	69	85454	30	6.04
6.05	PATIENT ACCOUNTING		20131	12466	32597		42			6.05
6.06	AMBULATORY SVCS ADMIN									6.06
6.07	OTHER A&G	194095	455188	2123856	2773139	65761	275	687513		6.07
6.08	CAREW MEDICAL PARK ADMIN	-24415	8285	813	-15317					6.08
6.09	CRITICAL CARE ADMIN									6.09
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT	493	1319345	35609	1355447	273	17	15537	434	8
8.01	FACILITY ENGINEERING	13863	174137	163891	351891	7291	77	469995	787	8.01
9	LAUNDRY & LINEN SERVICE		17529		17529	320	38	29779	1237	9
10	HOUSEKEEPING	1673	101516	22565	125754	4803	21	511427	1387	10
11	DIETARY	9857	285145	64286	359288	3688	25	564512	1295	11
11.01	KITCHEN-NO CONNECT W/CAFE					2610				11.01
11.02	CAFETERIA									11.02
11.03	PREADMITS AND ER									11.03
12	CAFETERIA									12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION	1337	1900	6842	10079	4481	7	151486	39	14
15	CENTRAL SERVICES & SUPPLY	10000	175842	119818	305660	1187	24	103580	357	15
16	PHARMACY	816620	82735	1116491	2015846	11016	49	396194	832	16
16.01	OUTPATIENT PHARMACY	6731	7770	56040	70541	820		29779	47	16.01
16.02	IV SOLUTIONS		3499	7781	11280	873		55674	3904	16.02
16.03	MED SURG SUPPLY	1500			1500				52387	16.03
17	MEDICAL RECORDS & LIBRARY		132800	25886	158686	3987	4		170	17
18	SOCIAL SERVICE	5640	9360	836	15836	3091	17	129475	20	18
18.01	REHAB ADMIN	5716	2575	802	9093	1021	8	40137	29	18.01
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES A									22
23	I&R SERVICES-OTHER PRGM COSTS A									23
24	PARAMED ED PRGM-(SPECIFY)		2362		2362	100				24
24.01	PARAMED ED RADIOLOGY		8543		8543	103				24.01
24.02	PARAMED ED PHARMACY		2664		2664	259				24.02
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	51335	1592754	667115	2311204	51933	477	2841980	4577	25
26	INTENSIVE CARE UNIT	10506	190724	329575	530805	10254	48	435037	1012	26
26.01	PEDIATRIC ICU	110	33762	42253	76125	1648	7	58264	65	26.01
26.02	NEONATAL ICU	1556	152567	21620	175743	4819	54	11653	16	26.02
27	CORONARY CARE UNIT	6943	152185	191857	350985	9509	40	405257	1070	27
31	SUBPROVIDER I	9196	191231	40941	241368	2675	24	142423	129	31
31.01	SUBPROVIDER II		274196	63487	337683	8951	44	653850	268	31.01
33	NURSERY		54257	99518	153775	3640		220108	387	33
34	SKILLED NURSING FACILITY	8400	100832	6654	115886	3335	26	182560	210	34
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	23286	588735	1668617	2280638	12826	71	671976	14259	37
37.01	CAREW MEDICAL PARK SURG	2036	140632	141848	284516	887	11	37548	147	37.01
38	RECOVERY ROOM	2441	120271	73068	195780	3498	47	129475	161	38
39	DELIVERY ROOM & LABOR ROOM	11761	151137	5883	168781	1110	45	27190	215	39
40	ANESTHESIOLOGY	1844	2939	273226	278009		4		406	40
41	RADIOLOGY-DIAGNOSTIC	144519	252369	2450017	2846905	8680	87	388426	8548	41
41.01	RADIOLOGY - WABASH									41.01
41.02	RADIOLOGY - MANCHESTER									41.02
41.03	RADIOLOGY - EAST STATE									41.03
41.04	RADIOLOGY - JEFFERSON		4298		4298					41.04
41.05	RADIOLOGY - NHMP	1998	26436	691	29125	314		16832	6	41.05
41.06	RADIOLOGY - CMP	1422	47561	215544	264527	624	10	32369	24	41.06
41.07	RADIOLOGY - WP	3229	23701	14250	41180	276		16832	6	41.07
41.08	RADIOLOGY - PULM CLINIC	46676	25015	3340	75031	169	8	7769	9	41.08
41.09	RADIOLOGY - WHITLEY POOL									41.09
42	RADIOLOGY-THERAPEUTIC	1349622	203583	1918055	3471260	4443	101	165728	483	42
43	RADIOISOTOPE	2246	33682	230999	266927	672	4	28485	319	43
44	LABORATORY	397350	251295	660373	1309018	19026	60	1149740	13545	44
44.01	ANATOMICAL PATHOLOGY	13477	44897	12415	70789	752	9	38843	1001	44.01
46	WHOLE BLOOD & PACKED RED BLOOD					1145	1			46
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
49	RESPIRATORY THERAPY	96746	62409	197125	356280	6921	42	317214	1199	49

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS	NEW CAP BLDGS & FIXTURES	NEW CAP MOVABLE EQUIPMENT	CAP REL COST TO BE ALLOC	EMPLOYEE BENEFITS	COMMUN-CATIONS	DATA PROCESSING	MATERIALS MGMT	
		0	3	4	4A	5	6.01	6.02	6.03	
49.01	WOUND CARE	879257	2051	1105	882413	370		1295	9	49.01
49.02	DIALYSIS	207	12130	2268	14605	72	2	6474	23	49.02
49.03	ENDOSCOPY	189359	39258	95698	324315	1293	7	46611	202	49.03
50	PHYSICAL THERAPY	148206	100646	13717	262569	3668	12	146307	30	50
50.01	TRANSITIONAL THERAPY	-133	16437		16304		4		1	50.01
50.02	PV REHAB OUTREACH									50.02
51	OCCUPATIONAL THERAPY	165	33309	13207	46681	2344	4	112643	65	51
52	SPEECH PATHOLOGY	-162	25787	9132	34757	967	3	38843	26	52
52.01	NEURO REHAB	261612		5402	267014	1051	5	40137	20	52.01
53	ELECTROCARDIOLOGY	863	15922	89406	106191	726	4	37548	44	53
54	ELECTROENCEPHALOGRAPHY		21072	24551	45623	302	1	14242	36	54
54.01	NUTRITION SUPPORT	354	2202	243	2799	673	7	31074	166	54.01
54.02	MRI	258250	92272	353732	704254	1712	10	69917	188	54.02
54.03	CARDIAC CATH LAB	10144	377710	686214	1074068	1499	82	60853	109	54.03
54.04	CARDIAC REHAB SERVICES	1482	41532	16990	60004	172	4	10358	22	54.04
55	MEDICAL SUPPLIES CHARGED TO PAT									55
55.01	COST OF SOLUTIONS									55.01
56	DRUGS CHARGED TO PATIENTS									56
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	95358	14039	1109	110506		4		40	60
60.01	ANTICOAG CLINIC	2220	18710	1362	22292	919	4	20716	244	60.01
61	EMERGENCY	22760	323738	126536	473034	9979	98	497185	1042	61
61.01	PARTIAL HOSPITALIZATION		8702		8702	125	3	7769	1	61.01
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES	18610	18302	23088	60000	2528	7	97106	1120	65
69.10	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40	OUTPATIENT SPEECH PATHOLOGY									69.40
71	HOME HEALTH AGENCY	1310493		48702	1359195	11156	28		1682	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					4055				93
95	SUBTOTALS	6438565	9516440	27160161	43115166	317321	2551	12489179	116087	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN		21818	3423	25241	202	7	15537	934	96
100	NON ALLOWABLE									100
100.01	TELEVISION		3907	20058	23965	64	1	3884	4	100.01
100.02	PHYSICIAN PRACTICES									100.02
100.03	OP CLINIC		22040	41618	63658	50	7	7769		100.03
100.04	PHYS. ANSWERING SERVICE									100.04
100.05	EDUCARE CTR	4686	134212	1527	140425	1554	3	143717	22	100.05
100.06	STUCKY RESEARCH CTR	54817	39107	1043	94967	969	1	31074	30	100.06
100.07	CORPORATE HEALTH SVC						22			100.07
100.08	FOUNDATION		19092		19092		6	1295		100.08
100.09	LV HEALTH PLAN									100.09
100.10	PV RESPIRATORY OUTREACH									100.10
100.11	OUTREACH TRANSCRIPTION									100.11
100.12	GUEST SERVICES									100.12
100.13	HUNTINGTON ARC									100.13
100.14	SENIOR HEALTH SERVICES		13684	2112	15796		1		6	100.14
100.15	SCHOOL NURSE/COMMUNITY OUTREACH		3268	236	3504	2560	2	145012	24	100.15
100.16	FITNESS					225				100.16
100.17	NONALLOWABLE ADVERTISING									100.17
100.18	BREAST DIAGNOSTIC CTR	4148	38663	11349	54160		10		2	100.18
100.19	REGIONAL PAIN CLINIC									100.19
100.20	START-UP COSTS NORTH									100.20
100.21	RONALD MCDONALD FAMILY ROOM	-32	26231	4048	30247					100.21
100.22	EBT	333	9262		9595	77		3884	12	100.22
100.23	MEDICAL OFFICE BUILDINGS	10740	58271	21747	90758	781	10	33664	95	100.23
100.24	START-UP COSTS ORTHO									100.24
100.25	PREMIER SURGERY CENTER		79494		79494		35		2	100.25
100.26	ISH									100.26
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	6513257	9985489	27267322	43766068	323803	2656	12875015	117218	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	PATIENT SERVICES	PATIENT ACCOUNTING	OTHER A&G	CAREW MED PARK ADMIN	OPERATION OF PLANT	FACILITY ENGINEERIN	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	
		6.04	6.05	6.07	6.08	8	8.01	9	10	
	GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6.01	COMMUNICATIONS									6.01
6.02	DATA PROCESSIN									6.02
6.03	MATERIALS MANAGEMENT									6.03
6.04	PATIENT SERVICES	161933								6.04
6.05	PATIENT ACCOUNTING		32639							6.05
6.06	AMBULATORY SVCS ADMIN									6.06
6.07	OTHER A&G			3526688						6.07
6.08	CAREW MEDICAL PARK ADMIN			4451	-10866					6.08
6.09	CRITICAL CARE ADMIN									6.09
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT			66334		1438042				8
8.01	FACILITY ENGINEERING			80901		34011	944953			8.01
9	LAUNDRY & LINEN SERVICE			18407		3424	2304	73038		9
10	HOUSEKEEPING			54231		19828	13344		730795	10
11	DIETARY			23653		55693	37483		29476	11
11.01	KITCHEN-NO CONNECT W/CAFE			19009						11.01
11.02	CAFETERIA									11.02
11.03	PREADMITS AND ER									11.03
12	CAFETERIA									12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION			37463		371	250		196	14
15	CENTRAL SERVICES & SUPPLY			15337		34344	23115	3025	18177	15
16	PHARMACY			97851		16159	10876		8553	16
16.01	OUTPATIENT PHARMACY			55429		1518	1021		803	16.01
16.02	IV SOLUTIONS			40231		683	460		362	16.02
16.03	MED SURG SUPPLY			451502						16.03
17	MEDICAL RECORDS & LIBRARY			34343		25938	17457		13728	17
18	SOCIAL SERVICE			23689		1828	1230		968	18
18.01	REHAB ADMIN			8258		503	339		266	18.01
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES A			29213						22
23	I&R SERVICES-OTHER PRGM COSTS A									23
24	PARAMED ED PRGM-(SPECIFY)			778		461	310		244	24
24.01	PARAMED ED RADIOLOGY			1088		1668	1123		883	24.01
24.02	PARAMED ED PHARMACY			1911		520	350		275	24.02
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	26220	3557	481204		311087	209371	25319	164645	25
26	INTENSIVE CARE UNIT	5574	769	109609		37251	25071	2980	19716	26
26.01	PEDIATRIC ICU	458	63	14180		6594	4438	400	3490	26.01
26.02	NEONATAL ICU	324	45	44220		29799	20055		15771	26.02
27	CORONARY CARE UNIT	4930	680	83000		29724	20005	3166	15732	27
31	SUBPROVIDER I	1644	227	23244		37350	25138	1505	19768	31
31.01	SUBPROVIDER II	3648	503	81697		53554	36044	1942	28344	31.01
33	NURSERY	2768	382	29256		10597	7132	623	5609	33
34	SKILLED NURSING FACILITY	1411	195	28802		19694	13255	1668	10423	34
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	15237	2896	171809		114988	77390	7376	60859	37
37.01	CAREW MEDICAL PARK SURG	85	125	10965		27468	18486	111	14538	37.01
38	RECOVERY ROOM	1423	406	35829		23491	15810	1008	12433	38
39	DELIVERY ROOM & LABOR ROOM	5559	772	14328		29519	19867		15623	39
40	ANESTHESIOLOGY	1573	274	5148		574	386		304	40
41	RADIOLOGY-DIAGNOSTIC	10830	3437	107899		49291	33174	4344	26088	41
41.01	RADIOLOGY - WABASH									41.01
41.02	RADIOLOGY - MANCHESTER									41.02
41.03	RADIOLOGY - EAST STATE									41.03
41.04	RADIOLOGY - JEFFERSON		1	45		839	565		444	41.04
41.05	RADIOLOGY - NHMP	1	17	2883		5163	3475		2733	41.05
41.06	RADIOLOGY - CMP	11	197	8899		9289	6252	660	4917	41.06
41.07	RADIOLOGY - WP		18	2767		4629	3116		2450	41.07
41.08	RADIOLOGY - PULM CLINIC		3	1955		4886	3288		2586	41.08
41.09	RADIOLOGY - WHITLEY POOL									41.09
42	RADIOLOGY-THERAPEUTIC	249	1025	78708		39763	26761	460	21045	42
43	RADIOISOTOPE	1267	247	9527		6579	4428	519	3482	43
44	LABORATORY	8829	1739	91538		49081	33033	556	25977	44
44.01	ANATOMICAL PATHOLOGY	460	147	13792		8769	5902		4641	44.01
46	WHOLE BLOOD & PACKED RED BLOOD	814	173	36885						46
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
49	RESPIRATORY THERAPY	9136	1413	61411		12189	8204	363	6451	49

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	PATIENT SERVICES	PATIENT ACCOUNTING	OTHER A&G	CAREW MED PARK ADMIN	OPERATION OF PLANT	FACILITY ENGINEERIN	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	
		6.04	6.05	6.07	6.08	8	8.01	9	10	
49.01	WOUND CARE	600	95	8305		401	270	37	212	49.01
49.02	DIALYSIS	432	62	13143		2369	1595	44	1254	49.02
49.03	ENDOSCOPY	3755	727	15962		7668	5161	1194	4058	49.03
50	PHYSICAL THERAPY	1026	174	30721		19658	13230	437	10404	50
50.01	TRANSITIONAL THERAPY		14	189		3210	2161		1699	50.01
50.02	PV REHAB OUTREACH									50.02
51	OCCUPATIONAL THERAPY	908	129	19449		6506	4379		3443	51
52	SPEECH PATHOLOGY	483	71	8628		5037	3390		2666	52
52.01	NEURO REHAB	101	72	9642						52.01
53	ELECTROCARDIOLOGY	526	162	7455		3110	2093	96	1646	53
54	ELECTROENCEPHALOGRAPHY	161	32	3015		4116	2770		2178	54
54.01	NUTRITION SUPPORT	26	4	5933		430	289		228	54.01
54.02	MRI	801	334	21757		18022	12129	119	9538	54.02
54.03	CARDIAC CATH LAB	4220	1239	49916		73772	49651	319	39045	54.03
54.04	CARDIAC REHAB SERVICES	4	15	2115		8112	5459	200	4293	54.04
55	MEDICAL SUPPLIES CHARGED TO PAT	16361	3788	1889						55
55.01	COST OF SOLUTIONS	5544	880	634						55.01
56	DRUGS CHARGED TO PATIENTS	20807	3490	176042						56
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	23	14	3456		2742	1845		1451	60
60.01	ANTICOAG CLINIC	3	49	10244		3654	2459		1934	60.01
61	EMERGENCY	3701	1680	126117		63231	42556	14330	33466	61
61.01	PARTIAL HOSPITALIZATION		12	1100		1700	1144		900	61.01
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES		285	62470		3575	2406		1892	65
69.10	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40	OUTPATIENT SPEECH PATHOLOGY									69.40
71	HOME HEALTH AGENCY			118497						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			49623						93
95	SUBTOTALS	161933	32639	3359981		1346430	883295	72801	682307	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN			5933		4261	2868		2255	96
100	NON ALLOWABLE									100
100.01	TELEVISION			1297		763	514		404	100.01
100.02	PHYSICIAN PRACTICES			1896						100.02
100.03	OP CLINIC			1700		4305	2897		2278	100.03
100.04	PHYS. ANSWERING SERVICE									100.04
100.05	EDUCARE CTR			16814		26214	17642		13874	100.05
100.06	STUCKY RESEARCH CTR			10379		7638	5141		4043	100.06
100.07	CORPORATE HEALTH SVC			95						100.07
100.08	FOUNDATION			238		3729	2510		1974	100.08
100.09	LV HEALTH PLAN									100.09
100.10	PV RESPIRATORY OUTREACH									100.10
100.11	OUTREACH TRANSCRIPTION									100.11
100.12	GUEST SERVICES									100.12
100.13	HUNTINGTON ARC									100.13
100.14	SENIOR HEALTH SERVICES			624		2673	1799		1415	100.14
100.15	SCHOOL NURSE/COMMUNITY OUTREACH			41232		638	430		338	100.15
100.16	FITNESS			1874						100.16
100.17	NONALLOWABLE ADVERTISING									100.17
100.18	BREAST DIAGNOSTIC CTR					7552	5082		3997	100.18
100.19	REGIONAL PAIN CLINIC									100.19
100.20	START-UP COSTS NORTH									100.20
100.21	RONALD MCDONALD FAMILY ROOM			385		5123	3448	237	2712	100.21
100.22	EBT			2234		1809	1217		957	100.22
100.23	MEDICAL OFFICE BUILDINGS			10347		11381	7660		6024	100.23
100.24	START-UP COSTS ORTHO									100.24
100.25	PREMIER SURGERY CENTER			71659		15526	10450		8217	100.25
100.26	ISH									100.26
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER				-10866					102
103	TOTAL	161933	32639	3526688	-10866	1438042	944953	73038	730795	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	DIETARY 11	KITCHEN-NO CONNECT W/CAFE 11.01	CAFETERIA 11.02	PREADMITS AND ER 11.03	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	
	GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6.01	COMMUNICATIONS									6.01
6.02	DATA PROCESSIN									6.02
6.03	MATERIALS MANAGEMENT									6.03
6.04	PATIENT SERVICES									6.04
6.05	PATIENT ACCOUNTING									6.05
6.06	AMBULATORY SVCS ADMIN									6.06
6.07	OTHER A&G									6.07
6.08	CAREW MEDICAL PARK ADMIN									6.08
6.09	CRITICAL CARE ADMIN									6.09
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT									8
8.01	FACILITY ENGINEERING									8.01
9	LAUNDRY & LINEN SERVICE									9
10	HOUSEKEEPING									10
11	DIETARY	1075113								11
11.01	KITCHEN-NO CONNECT W/CAFE		21619							11.01
11.02	CAFETERIA	243758		243758						11.02
11.03	PREADMITS AND ER	36291	356	20985	57632					11.03
12	CAFETERIA			222773		222773				12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION					3740	208112			14
15	CENTRAL SERVICES & SUPPLY					2574		507380		15
16	PHARMACY					9921		14	2567311	16
16.01	OUTPATIENT PHARMACY					729		5	556689	16.01
16.02	IV SOLUTIONS					1396	2692	6955	3	16.02
16.03	MED SURG SUPPLY							360299		16.03
17	MEDICAL RECORDS & LIBRARY									17
18	SOCIAL SERVICE					3254				18
18.01	REHAB ADMIN					996			2	18.01
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES A									22
23	I&R SERVICES-OTHER PRGM COSTS A									23
24	PARAMED ED PRGM-(SPECIFY)									24
24.01	PARAMED ED RADIOLOGY									24.01
24.02	PARAMED ED PHARMACY									24.02
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	524175	14019		57632	68947	83489	43875	2763	25
26	INTENSIVE CARE UNIT	20055	536			11062	20884	10540	86	26
26.01	PEDIATRIC ICU	3980	106			1481	2856	725	11	26.01
26.02	NEONATAL ICU					304	585	209		26.02
27	CORONARY CARE UNIT	27439	734			10164	19596	10790	151	27
31	SUBPROVIDER I	38727	1036			3631		1366	28	31
31.01	SUBPROVIDER II	126103	3372			11475		866	4	31.01
33	NURSERY					4966	9576	4009	970	33
34	SKILLED NURSING FACILITY	54585	1460			4639		2458	137	34
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM					16502	26105	34986	1014	37
37.01	CAREW MEDICAL PARK SURG							144	19	37.01
38	RECOVERY ROOM					3279	6321	3444	35	38
39	DELIVERY ROOM & LABOR ROOM					692	1335	2755		39
40	ANESTHESIOLOGY							2954		40
41	RADIOLOGY-DIAGNOSTIC					8573		2318	123	41
41.01	RADIOLOGY - WABASH									41.01
41.02	RADIOLOGY - MANCHESTER									41.02
41.03	RADIOLOGY - EAST STATE									41.03
41.04	RADIOLOGY - JEFFERSON									41.04
41.05	RADIOLOGY - NHMP							3		41.05
41.06	RADIOLOGY - CMP							176	36	41.06
41.07	RADIOLOGY - WP							1		41.07
41.08	RADIOLOGY - PULM CLINIC						375	5	48	41.08
41.09	RADIOLOGY - WHITLEY POOL									41.09
42	RADIOLOGY-THERAPEUTIC						7164	36	15	42
43	RADIOISOTOPE					583		142	155	43
44	LABORATORY					11123		46	34	44
44.01	ANATOMICAL PATHOLOGY					996		294	7	44.01
46	WHOLE BLOOD & PACKED RED BLOOD									46
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
49	RESPIRATORY THERAPY					7784		514	310	49

ALLOCATION OF NEW CAPITAL RELATED COSTS WORKSHEET B PART III

	COST CENTER DESCRIPTION	DIETARY 11	KITCHEN-NO CONNECT W/CAFE 11.01	CAFETERIA 11.02	PREADMITS AND ER 11.03	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	
49.01	WOUND CARE					36	632	109	124	49.01
49.02	DIALYSIS					158	304	375	5	49.02
49.03	ENDOSCOPY					1178		2090	48	49.03
50	PHYSICAL THERAPY					3230		99	104	50
50.01	TRANSITIONAL THERAPY							1		50.01
50.02	PV REHAB OUTREACH									50.02
51	OCCUPATIONAL THERAPY					2647		15		51
52	SPEECH PATHOLOGY					984		3		52
52.01	NEURO REHAB							189	182	52.01
53	ELECTROCARDIOLOGY					959		98	29	53
54	ELECTROENCEPHALOGRAPHY					352		9		54
54.01	NUTRITION SUPPORT					777		8		54.01
54.02	MRI					1433		183	59	54.02
54.03	CARDIAC CATH LAB					1542		1107	77	54.03
54.04	CARDIAC REHAB SERVICES					267		35		54.04
55	MEDICAL SUPPLIES CHARGED TO PAT									55
55.01	COST OF SOLUTIONS									55.01
56	DRUGS CHARGED TO PATIENTS								1838251	56
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC							4	16	60
60.01	ANTICOAG CLINIC									60.01
61	EMERGENCY					12276	22101	12845	7546	61
61.01	PARTIAL HOSPITALIZATION					146				61.01
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES					2477		118	577	65
69.10	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40	OUTPATIENT SPEECH PATHOLOGY									69.40
71	HOME HEALTH AGENCY							145	157098	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	1075113	21619	243758	57632	217273	204015	507362	2566756	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN					413				96
100	NON ALLOWABLE									100
100.01	TELEVISION					109		1	1	100.01
100.02	PHYSICIAN PRACTICES									100.02
100.03	OP CLINIC									100.03
100.04	PHYS. ANSWERING SERVICE									100.04
100.05	EDUCARE CTR					158				100.05
100.06	STUCKY RESEARCH CTR							4		100.06
100.07	CORPORATE HEALTH SVC								47	100.07
100.08	FOUNDATION					24				100.08
100.09	LV HEALTH PLAN									100.09
100.10	PV RESPIRATORY OUTREACH									100.10
100.11	OUTREACH TRANSCRIPTION									100.11
100.12	GUEST SERVICES									100.12
100.13	HUNTINGTON ARC									100.13
100.14	SENIOR HEALTH SERVICES							1		100.14
100.15	SCHOOL NURSE/COMMUNITY OUTREACH					3946	2458	5	33	100.15
100.16	FITNESS									100.16
100.17	NONALLOWABLE ADVERTISING									100.17
100.18	BREAST DIAGNOSTIC CTR									100.18
100.19	REGIONAL PAIN CLINIC									100.19
100.20	START-UP COSTS NORTH									100.20
100.21	RONALD MCDONALD FAMILY ROOM									100.21
100.22	EBT							7		100.22
100.23	MEDICAL OFFICE BUILDINGS					850	1639			100.23
100.24	START-UP COSTS ORTHO									100.24
100.25	PREMIER SURGERY CENTER								474	100.25
100.26	ISH									100.26
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	1075113	21619	243758	57632	222773	208112	507380	2567311	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	OUTPATIENT PHARMACY	IV SOLUTIONS	MED SURG SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	I&R SALARY & FRINGES	PARAMED EDUCATION	
		16.01	16.02	16.03	17	18	18.01	22	24	
	GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6.01	COMMUNICATIONS									6.01
6.02	DATA PROCESSIN									6.02
6.03	MATERIALS MANAGEMENT									6.03
6.04	PATIENT SERVICES									6.04
6.05	PATIENT ACCOUNTING									6.05
6.06	AMBULATORY SVCS ADMIN									6.06
6.07	OTHER A&G									6.07
6.08	CAREW MEDICAL PARK ADMIN									6.08
6.09	CRITICAL CARE ADMIN									6.09
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT									8
8.01	FACILITY ENGINEERING									8.01
9	LAUNDRY & LINEN SERVICE									9
10	HOUSEKEEPING									10
11	DIETARY									11
11.01	KITCHEN-NO CONNECT W/CAFE									11.01
11.02	CAFETERIA									11.02
11.03	PREADMITS AND ER									11.03
12	CAFETERIA									12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION									14
15	CENTRAL SERVICES & SUPPLY									15
16	PHARMACY									16
16.01	OUTPATIENT PHARMACY	717381								16.01
16.02	IV SOLUTIONS		124513							16.02
16.03	MED SURG SUPPLY			865688						16.03
17	MEDICAL RECORDS & LIBRARY				254313					17
18	SOCIAL SERVICE					179408				18
18.01	REHAB ADMIN						60652			18.01
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES A							29213		22
23	I&R SERVICES-OTHER PRGM COSTS A									23
24	PARAMED ED PRGM-(SPECIFY)								4255	24
24.01	PARAMED ED RADIOLOGY									24.01
24.02	PARAMED ED PHARMACY									24.02
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS				37466	92073	2372			25
26	INTENSIVE CARE UNIT				3127	18048				26
26.01	PEDIATRIC ICU				485	3391				26.01
26.02	NEONATAL ICU				2049	11733				26.02
27	CORONARY CARE UNIT				3261					27
31	SUBPROVIDER I				2318		8074			31
31.01	SUBPROVIDER II				5094					31.01
33	NURSERY				2291					33
34	SKILLED NURSING FACILITY				3666					34
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM				6873					37
37.01	CAREW MEDICAL PARK SURG				809					37.01
38	RECOVERY ROOM				2938					38
39	DELIVERY ROOM & LABOR ROOM				377					39
40	ANESTHESIOLOGY				1267					40
41	RADIOLOGY-DIAGNOSTIC				39272					41
41.01	RADIOLOGY - WABASH									41.01
41.02	RADIOLOGY - MANCHESTER									41.02
41.03	RADIOLOGY - EAST STATE									41.03
41.04	RADIOLOGY - JEFFERSON									41.04
41.05	RADIOLOGY - NHMP				323					41.05
41.06	RADIOLOGY - CMP				3881					41.06
41.07	RADIOLOGY - WP				350					41.07
41.08	RADIOLOGY - PULM CLINIC				54					41.08
41.09	RADIOLOGY - WHITLEY POOL									41.09
42	RADIOLOGY-THERAPEUTIC				17763					42
43	RADIOISOTOPE				1806					43
44	LABORATORY				11887					44
44.01	ANATOMICAL PATHOLOGY				1429					44.01
46	WHOLE BLOOD & PACKED RED BLOOD				431					46
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
49	RESPIRATORY THERAPY				3261					49

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	OUTPATIENT PHARMACY	IV SOLUTIONS	MED SURG SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	I&R SALARY & FRINGES	PARAMED EDUCATION	
		16.01	16.02	16.03	17	18	18.01	22	24	
49.01	WOUND CARE				27					49.01
49.02	DIALYSIS				54					49.02
49.03	ENDOSCOPY				4879					49.03
50	PHYSICAL THERAPY				593		10548			50
50.01	TRANSITIONAL THERAPY						16498			50.01
50.02	PV REHAB OUTREACH									50.02
51	OCCUPATIONAL THERAPY				27		9936			51
52	SPEECH PATHOLOGY				81		9936			52
52.01	NEURO REHAB				1105		3288			52.01
53	ELECTROCARDIOLOGY				1429					53
54	ELECTROENCEPHALOGRAPHY				189					54
54.01	NUTRITION SUPPORT				27					54.01
54.02	MRI				7278					54.02
54.03	CARDIAC CATH LAB				25148					54.03
54.04	CARDIAC REHAB SERVICES				296					54.04
55	MEDICAL SUPPLIES CHARGED TO PAT			865688						55
55.01	COST OF SOLUTIONS		124513							55.01
56	DRUGS CHARGED TO PATIENTS	717381								56
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC				216					60
60.01	ANTICOAG CLINIC				970					60.01
61	EMERGENCY				48275	54163				61
61.01	PARTIAL HOSPITALIZATION				270					61.01
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES				5283					65
69.10	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40	OUTPATIENT SPEECH PATHOLOGY									69.40
71	HOME HEALTH AGENCY									71
	SPECIAL PURPOSE COST CENTERS									
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02
85.03	ISLET CELL ACQUISITION									85.03
93	HOSPICE									93
95	SUBTOTALS	717381	124513	865688	248625	179408	60652			95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN									96
100	NON ALLOWABLE									100
100.01	TELEVISION									100.01
100.02	PHYSICIAN PRACTICES									100.02
100.03	OP CLINIC									100.03
100.04	PHYS. ANSWERING SERVICE									100.04
100.05	EDUCARE CTR									100.05
100.06	STUCKY RESEARCH CTR									100.06
100.07	CORPORATE HEALTH SVC									100.07
100.08	FOUNDATION									100.08
100.09	LV HEALTH PLAN									100.09
100.10	PV RESPIRATORY OUTREACH									100.10
100.11	OUTREACH TRANSCRIPTION									100.11
100.12	GUEST SERVICES									100.12
100.13	HUNTINGTON ARC									100.13
100.14	SENIOR HEALTH SERVICES									100.14
100.15	SCHOOL NURSE/COMMUNITY OUTREACH									100.15
100.16	FITNESS									100.16
100.17	NONALLOWABLE ADVERTISING									100.17
100.18	BREAST DIAGNOSTIC CTR									100.18
100.19	REGIONAL PAIN CLINIC									100.19
100.20	START-UP COSTS NORTH									100.20
100.21	RONALD MCDONALD FAMILY ROOM									100.21
100.22	EBT				108					100.22
100.23	MEDICAL OFFICE BUILDINGS									100.23
100.24	START-UP COSTS ORTHO									100.24
100.25	PREMIER SURGERY CENTER				5580					100.25
100.26	ISH									100.26
101	CROSS FOOT ADJUSTMENTS							29213	4255	101
102	NEGATIVE COST CENTER									102
103	TOTAL	717381	124513	865688	254313	179408	60652	29213	4255	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	PARAMED ED RADIOLOGY	PARAMED ED PHARMACY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		24.01	24.02	25	26	27	
	GENERAL SERVICE COST CENTERS						
1	OLD CAP REL COSTS-BLDG & FIXT						1
2	OLD CAP REL COSTS-MVBLE EQUIP						2
3	NEW CAP REL COSTS-BLDG & FIXT						3
4	NEW CAP REL COSTS-MVBLE EQUIP						4
5	EMPLOYEE BENEFITS						5
6.01	COMMUNICATIONS						6.01
6.02	DATA PROCESSIN						6.02
6.03	MATERIALS MANAGEMENT						6.03
6.04	PATIENT SERVICES						6.04
6.05	PATIENT ACCOUNTING						6.05
6.06	AMBULATORY SVCS ADMIN						6.06
6.07	OTHER A&G						6.07
6.08	CAREW MEDICAL PARK ADMIN						6.08
6.09	CRITICAL CARE ADMIN						6.09
7	MAINTENANCE & REPAIRS						7
8	OPERATION OF PLANT						8
8.01	FACILITY ENGINEERING						8.01
9	LAUNDRY & LINEN SERVICE						9
10	HOUSEKEEPING						10
11	DIETARY						11
11.01	KITCHEN-NO CONNECT W/CAFE						11.01
11.02	CAFETERIA						11.02
11.03	PREADMITS AND ER						11.03
12	CAFETERIA						12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION						14
15	CENTRAL SERVICES & SUPPLY						15
16	PHARMACY						16
16.01	OUTPATIENT PHARMACY						16.01
16.02	IV SOLUTIONS						16.02
16.03	MED SURG SUPPLY						16.03
17	MEDICAL RECORDS & LIBRARY						17
18	SOCIAL SERVICE						18
18.01	REHAB ADMIN						18.01
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A						22
23	I&R SERVICES-OTHER PRGM COSTS A						23
24	PARAMED ED PRGM-(SPECIFY)						24
24.01	PARAMED ED RADIOLOGY	13408					24.01
24.02	PARAMED ED PHARMACY		5979				24.02
	INPATIENT ROUTINE SERV COST CENTERS						
25	ADULTS & PEDIATRICS			7358385		7358385	25
26	INTENSIVE CARE UNIT			1262464		1262464	26
26.01	PEDIATRIC ICU			178767		178767	26.01
26.02	NEONATAL ICU			317379		317379	26.02
27	CORONARY CARE UNIT			996233		996233	27
31	SUBPROVIDER I			550675		550675	31
31.01	SUBPROVIDER II			1353442		1353442	31.01
33	NURSERY			456089		456089	33
34	SKILLED NURSING FACILITY			444410		444410	34
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM			3515805		3515805	37
37.01	CAREW MEDICAL PARK SURG			395859		395859	37.01
38	RECOVERY ROOM			435378		435378	38
39	DELIVERY ROOM & LABOR ROOM			288168		288168	39
40	ANESTHESIOLOGY			290899		290899	40
41	RADIOLOGY-DIAGNOSTIC			3537995		3537995	41
41.01	RADIOLOGY - WABASH						41.01
41.02	RADIOLOGY - MANCHESTER						41.02
41.03	RADIOLOGY - EAST STATE						41.03
41.04	RADIOLOGY - JEFFERSON			6192		6192	41.04
41.05	RADIOLOGY - NHMP			60875		60875	41.05
41.06	RADIOLOGY - CMP			331872		331872	41.06
41.07	RADIOLOGY - WP			71625		71625	41.07
41.08	RADIOLOGY - PULM CLINIC			96186		96186	41.08
41.09	RADIOLOGY - WHITLEY POOL						41.09
42	RADIOLOGY-THERAPEUTIC			3835004		3835004	42
43	RADIOISOTOPE			325142		325142	43
44	LABORATORY			2725232		2725232	44
44.01	ANATOMICAL PATHOLOGY			147831		147831	44.01
46	WHOLE BLOOD & PACKED RED BLOOD			39449		39449	46
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
49	RESPIRATORY THERAPY			792692		792692	49

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	PARAMED ED RADIOLOGY	PARAMED ED PHARMACY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		24.01	24.02	25	26	27	
49.01	WOUND CARE			894935		894935	49.01
49.02	DIALYSIS			40971		40971	49.02
49.03	ENDOSCOPY			419148		419148	49.03
50	PHYSICAL THERAPY			502810		502810	50
50.01	TRANSITIONAL THERAPY			40081		40081	50.01
50.02	PV REHAB OUTREACH						50.02
51	OCCUPATIONAL THERAPY			209176		209176	51
52	SPEECH PATHOLOGY			105875		105875	52
52.01	NEURO REHAB			322806		322806	52.01
53	ELECTROCARDIOLOGY			162116		162116	53
54	ELECTROENCEPHALOGRAPHY			73026		73026	54
54.01	NUTRITION SUPPORT			42441		42441	54.01
54.02	MRI			847734		847734	54.02
54.03	CARDIAC CATH LAB			1382647		1382647	54.03
54.04	CARDIAC REHAB SERVICES			91356		91356	54.04
55	MEDICAL SUPPLIES CHARGED TO PAT			887726		887726	55
55.01	COST OF SOLUTIONS			131571		131571	55.01
56	DRUGS CHARGED TO PATIENTS			2755971		2755971	56
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC			120317		120317	60
60.01	ANTICOAG CLINIC			63488		63488	60.01
61	EMERGENCY			1423625		1423625	61
61.01	PARTIAL HOSPITALIZATION			21872		21872	61.01
62	OBSERVATION BEDS (NON-DISTINCT						62
63.50	RHC						63.50
63.60	FQHC						63.60
	OTHER REIMBURSABLE COST CENTERS						
65	AMBULANCE SERVICES			239844		239844	65
69.10	CMHC						69.10
69.20	OUTPATIENT PHYSICAL THERAPY						69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY						69.30
69.40	OUTPATIENT SPEECH PATHOLOGY						69.40
71	HOME HEALTH AGENCY			1647801		1647801	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			53678		53678	93
95	SUBTOTALS			42295063		42295063	95
	NONREIMBURSABLE COST CENTERS						
96	GIFT, FLOWER, COFFEE SHOP & CAN			57651		57651	96
100	NON ALLOWABLE						100
100.01	TELEVISION			31007		31007	100.01
100.02	PHYSICIAN PRACTICES			1896		1896	100.02
100.03	OP CLINIC			82664		82664	100.03
100.04	PHYS. ANSWERING SERVICE						100.04
100.05	EDUCARE CTR			360423		360423	100.05
100.06	STUCKY RESEARCH CTR			154246		154246	100.06
100.07	CORPORATE HEALTH SVC			164		164	100.07
100.08	FOUNDATION			28868		28868	100.08
100.09	LV HEALTH PLAN						100.09
100.10	PV RESPIRATORY OUTREACH						100.10
100.11	OUTREACH TRANSCRIPTION						100.11
100.12	GUEST SERVICES						100.12
100.13	HUNTINGTON ARC						100.13
100.14	SENIOR HEALTH SERVICES			22315		22315	100.14
100.15	SCHOOL NURSE/COMMUNITY OUTREACH			200182		200182	100.15
100.16	FITNESS			2099		2099	100.16
100.17	NONALLOWABLE ADVERTISING						100.17
100.18	BREAST DIAGNOSTIC CTR			70803		70803	100.18
100.19	REGIONAL PAIN CLINIC						100.19
100.20	START-UP COSTS NORTH						100.20
100.21	RONALD MCDONALD FAMILY ROOM			42152		42152	100.21
100.22	EBT			19900		19900	100.22
100.23	MEDICAL OFFICE BUILDINGS			163209		163209	100.23
100.24	START-UP COSTS ORTHO						100.24
100.25	PREMIER SURGERY CENTER			191437		191437	100.25
100.26	ISH						100.26
101	CROSS FOOT ADJUSTMENTS	13408	5979	52855		52855	101
102	NEGATIVE COST CENTER			-10866		-10866	102
103	TOTAL	13408	5979	43766068		43766068	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET 3	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE 4	EMPLOYEE BENEFITS GROSS SALARIES 5	COMMUN-CATIONS NUMBER OF PHONES 6.01	DATA PROCESSING TIME SPENT 6.02	MATERIALS MGMT COSTED REQUISTION 6.03	PATIENT SERVICES INPATIENT REVENUE 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	1124493							3
4	NEW CAP REL COSTS-MVBLE EQUIP		28357655						4
5	EMPLOYEE BENEFITS	32427	34183	180764389					5
6.01	COMMUNICATIONS		2762		6515				6.01
6.02	DATA PROCESSIN	42094	13000745		865	9944			6.02
6.03	MATERIALS MANAGEMENT	11463	14065	1053405	39		45331716		6.03
6.04	PATIENT SERVICES	6339	11782	1134367	170	66	11726	798442533	6.04
6.05	PATIENT ACCOUNTING	2267	12964		104				6.05
6.06	AMBULATORY SVCS ADMIN								6.06
6.07	OTHER A&G	51260	2208781	36686969	674	531			6.07
6.08	CAREW MEDICAL PARK ADMIN	933	846						6.08
6.09	CRITICAL CARE ADMIN								6.09
7	MAINTENANCE & REPAIRS								7
8	OPERATION OF PLANT	148575	37033	152517	42	12	167970		8
8.01	FACILITY ENGINEERING	19610	170444	4070748	190	363	304150		8.01
9	LAUNDRY & LINEN SERVICE	1974		178598	94	23	478489		9
10	HOUSEKEEPING	11432	23467	2681753	52	395	536387		10
11	DIETARY	32111	66857	2059451	62	436	500694		11
11.01	KITCHEN-NO CONNECT W/CAFE			1457025					11.01
11.02	CAFETERIA								11.02
11.03	PREADMITS AND ER								11.03
12	CAFETERIA								12
13	MAINTENANCE OF PERSONNEL								13
14	NURSING ADMINISTRATION	214	7116	2502139	18	117	14936		14
15	CENTRAL SERVICES & SUPPLY	19802	124609	662688	59	80	137968		15
16	PHARMACY	9317	1161135	6150901	120	306	321576		16
16.01	OUTPATIENT PHARMACY	875	58281	457834	1	23	18148		16.01
16.02	IV SOLUTIONS	394	8092	487567		43	1509639		16.02
16.03	MED SURG SUPPLY						20262205		16.03
17	MEDICAL RECORDS & LIBRARY	14955	26921	2226067	10		65856		17
18	SOCIAL SERVICE	1054	869	1725604	42	100	7751		18
18.01	REHAB ADMIN	290	834	569826	19	31	11272		18.01
20	NONPHYSICIAN ANESTHETISTS								20
21	NURSING SCHOOL								21
22	I&R SERVICES-SALARY & FRINGES								22
23	I&R SERVICES-OTHER PRGM COSTS								23
24	PARAMED ED PRGM-(SPECIFY)	266		55714					24
24.01	PARAMED ED RADIOLOGY	962		57245					24.01
24.02	PARAMED ED PHARMACY	300		144381					24.02
	INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	179364	693791	28996600	1167	2195	1769761	129899707	25
26	INTENSIVE CARE UNIT	21478	342754	5725109	117	336	391467	27457225	26
26.01	PEDIATRIC ICU	3802	43943	920049	16	45	25251	2255551	26.01
26.02	NEONATAL ICU	17181	22485	2690785	133	9	6162	1597616	26.02
27	CORONARY CARE UNIT	17138	199529	5309381	97	313	413888	24287407	27
31	SUBPROVIDER I	21535	42578	1493648	58	110	49704	8098981	31
31.01	SUBPROVIDER II	30878	66026	4998003	108	505	103517	17972828	31.01
33	NURSERY	6110	103497	2032328	1	170	149604	13636127	33
34	SKILLED NURSING FACILITY	11355	6920	1862332	63	141	81107	6952838	34
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	66299	1735339	7161266	174	519	5513941	75060042	37
37.01	CAREW MEDICAL PARK SURG	15837	147520	495006	27	29	56990	419843	37.01
38	RECOVERY ROOM	13544	75990	1953171	116	100	62084	7011642	38
39	DELIVERY ROOM & LABOR ROOM	17020	6118	619728	111	21	83148	27382457	39
40	ANESTHESIOLOGY	331	284151		11		157034	7747246	40
41	RADIOLOGY-DIAGNOSTIC	28420	2547984	4846718	213	300	3305355	53347558	41
41.01	RADIOLOGY - WABASH								41.01
41.02	RADIOLOGY - MANCHESTER								41.02
41.03	RADIOLOGY - EAST STATE								41.03
41.04	RADIOLOGY - JEFFERSON	484							41.04
41.05	RADIOLOGY - NHMP	2977	719	175095		13	2389	3829	41.05
41.06	RADIOLOGY - CMP	5356	224163	348506	24	25	9167	56111	41.06
41.07	RADIOLOGY - WP	2669	14820	153950		13	2360	684	41.07
41.08	RADIOLOGY - PULM CLINIC	2817	3474	94548	19	6	3562	1079	41.08
41.09	RADIOLOGY - WHITLEY POOL								41.09
42	RADIOLOGY-THERAPEUTIC	22926	1994751	2480586	247	128	186812	1225966	42
43	RADIOISOTOPE	3793	240236	375204	10	22	123334	6243233	43
44	LABORATORY	28299	686779	10623002	146	888	5237663	43491807	44
44.01	ANATOMICAL PATHOLOGY	5056	12911	420135	21	30	387015	2267444	44.01
46	WHOLE BLOOD & PACKED RED BLOO			639583	3		17	4009786	46

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET 3	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE 4	EMPLOYEE BENEFITS GROSS SALARIES 5	COMMUN-CATIONS NUMBER OF PHONES 6.01	DATA PROCESSING TIME SPENT 6.02	MATERIALS MGMT COSTED REQUISTION 6.03	PATIENT SERVICES INPATIENT REVENUE 6.04	
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
49	RESPIRATORY THERAPY	7028	205007	3864488	103	245	463755	45004783	49
49.01	WOUND CARE	231	1149	206591		1	3480	2955802	49.01
49.02	DIALYSIS	1366	2359	40374	5	5	8737	2129645	49.02
49.03	ENDOSCOPY	4421	99525	722160	17	36	77951	18495649	49.03
50	PHYSICAL THERAPY	11334	14265	2048217	29	113	11448	5054393	50
50.01	TRANSITIONAL THERAPY	1851			10		291		50.01
50.02	PV REHAB OUTREACH								50.02
51	OCCUPATIONAL THERAPY	3751	13735	1308999	11	87	25239	4470766	51
52	SPEECH PATHOLOGY	2904	9497	540134	8	30	9979	2379397	52
52.01	NEURO REHAB		5618	586596	12	31	7745	496154	52.01
53	ELECTROCARDIOLOGY	1793	92981	405311	10	29	16839	2593344	53
54	ELECTROENCEPHALOGRAPHY	2373	25533	168693	2	11	13831	793723	54
54.01	NUTRITION SUPPORT	248	253	375934	17	24	64182	126283	54.01
54.02	MRI	10391	367876	955926	25	54	72773	3946560	54.02
54.03	CARDIAC CATH LAB	42535	713653	836786	201	47	41994	20790079	54.03
54.04	CARDIAC REHAB SERVICES	4677	17669	96186	10	8	8348	20857	54.04
55	MEDICAL SUPPLIES CHARGED TO P							80594794	55
55.01	COST OF SOLUTIONS							27310148	55.01
56	DRUGS CHARGED TO PATIENTS							102497108	56
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC	1581	1153		11		15634	111991	60
60.01	ANTICOAG CLINIC	2107	1416	513343	11	16	94481	12795	60.01
61	EMERGENCY	36457	131596	5571718	240	384	402909	18229371	61
61.01	PARTIAL HOSPITALIZATION	980		69826	8	6	417		61.01
62	OBSERVATION BEDS (NON-DISTINC								62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	AMBULANCE SERVICES	2061	24011	1411549	17	75	433292	1884	65
69.10	CMHC								69.10
69.20	OUTPATIENT PHYSICAL THERAPY								69.20
69.30	OUTPATIENT OCCUPATIONAL THERA								69.30
69.40	OUTPATIENT SPEECH PATHOLOGY								69.40
71	HOME HEALTH AGENCY		50649	6228738	69		650341		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			2264107					93
95	SUBTOTALS	1071672	28246209	177145208	6259	9646	44893765	798442533	95
	NONREIMBURSABLE COST CENTERS								
96	GIFT, FLOWER, COFFEE SHOP & C	2457	3560	112833	16	12	361185		96
100	NON ALLOWABLE			3					100
100.01	TELEVISION	440	20860	35890	3	3	1571		100.01
100.02	PHYSICIAN PRACTICES								100.02
100.03	OP CLINIC	2482	43282	27781	16	6	135		100.03
100.04	PHYS. ANSWERING SERVICE								100.04
100.05	EDUCARE CTR	15114	1588	867759	7	111	8690		100.05
100.06	STUCKY RESEARCH CTR	4404	1085	540994	3	24	11505		100.06
100.07	CORPORATE HEALTH SVC				54				100.07
100.08	FOUNDATION	2150			15	1			100.08
100.09	LV HEALTH PLAN								100.09
100.10	PV RESPIRATORY OUTREACH								100.10
100.11	OUTREACH TRANSCRIPTION								100.11
100.12	GUEST SERVICES								100.12
100.13	HUNTINGTON ARC								100.13
100.14	SENIOR HEALTH SERVICES	1541	2196		3		2320		100.14
100.15	SCHOOL NURSE/COMMUNITY OUTREA	368	245	1429196	5	112	9396		100.15
100.16	FITNESS			125611					100.16
100.17	NONALLOWABLE ADVERTISING								100.17
100.18	BREAST DIAGNOSTIC CTR	4354	11803		25		677		100.18
100.19	REGIONAL PAIN CLINIC								100.19
100.20	START-UP COSTS NORTH								100.20
100.21	RONALD MCDONALD FAMILY ROOM	2954	4210						100.21
100.22	EBT	1043		42995		3	4826		100.22
100.23	MEDICAL OFFICE BUILDINGS	6562	22617	436119	24	26	36796		100.23
100.24	START-UP COSTS ORTHO								100.24
100.25	PREMIER SURGERY CENTER	8952			85		850		100.25
100.26	ISH								100.26

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET 3	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE 4	EMPLOYEE BENEFITS GROSS SALARIES 5	COMMUN-CATIONS NUMBER OF PHONES 6.01	DATA PROCESSING TIME SPENT 6.02	MATERIALS MGMT COSTED REQUISTION 6.03	PATIENT SERVICES INPATIENT REVENUE 6.04	
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	COST TO BE ALLOC PER B PT I	9985489	27267322	45827245	1101866	13020957	1458432	1740847	103
104	UNIT COST MULT-WS B PT I		.961551		169.127552		.032172		104
104	UNIT COST MULT-WS B PT I	8.879992		.253519		1309.428500		.002180	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			323803	2656	12875015	117218	161933	107
108	UNIT COST MULT-WS B PT III				.407675		.002586		108
108	UNIT COST MULT-WS B PT III			.001791		1294.752112		.000203	108

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	PATIENT ACCOUNTING GROSS REVENUE 6.05	RECON-CILIATION 6A.07	OTHER A&G ACCUM COST 6.07	CAREW MED PARK ADMIN DIRECT EXPENSES 6.08	OPERATION OF PLANT SQUARE FEET 8	FACILITY ENGINEERIN SQUARE FEET 8.01	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE-KEEPING SQUARE FEET 10	
	GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6.01	COMMUNICATIONS									6.01
6.02	DATA PROCESSIN									6.02
6.03	MATERIALS MANAGEMENT									6.03
6.04	PATIENT SERVICES									6.04
6.05	PATIENT ACCOUNTING	1178315223								6.05
6.06	AMBULATORY SVCS ADMIN									6.06
6.07	OTHER A&G		-72443769	338854503						6.07
6.08	CAREW MEDICAL PARK ADMIN			427644	2280195					6.08
6.09	CRITICAL CARE ADMIN									6.09
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT			6373412		829135				8
8.01	FACILITY ENGINEERING			7772925		19610	809525			8.01
9	LAUNDRY & LINEN SERVICE			1768585		1974	1974	9852		9
10	HOUSEKEEPING			5210491		11432	11432		796119	10
11	DIETARY			2272566		32111	32111		32111	11
11.01	KITCHEN-NO CONNECT W/CAFE			1826409						11.01
11.02	CAFETERIA									11.02
11.03	PREADMITS AND ER									11.03
12	CAFETERIA									12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION			3599412		214	214		214	14
15	CENTRAL SERVICES & SUPPLY			1473600		19802	19802	408	19802	15
16	PHARMACY			9401519		9317	9317		9317	16
16.01	OUTPATIENT PHARMACY			5325640		875	875		875	16.01
16.02	IV SOLUTIONS			3865356		394	394		394	16.02
16.03	MED SURG SUPPLY			43380299						16.03
17	MEDICAL RECORDS & LIBRARY			3299653		14955	14955		14955	17
18	SOCIAL SERVICE			2276052		1054	1054		1054	18
18.01	REHAB ADMIN			793434		290	290		290	18.01
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES			2806822						22
23	I&R SERVICES-OTHER PRGM COSTS									23
24	PARAMED ED PRGM-(SPECIFY)			74751		266	266		266	24
24.01	PARAMED ED RADIOLOGY			104573		962	962		962	24.01
24.02	PARAMED ED PHARMACY			183648		300	300		300	24.02
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	139776720		46244820		179364	179364	3415	179364	25
26	INTENSIVE CARE UNIT	27457225		10531217		21478	21478	402	21478	26
26.01	PEDIATRIC ICU	2255551		1362426		3802	3802	54	3802	26.01
26.02	NEONATAL ICU	1597616		4248649		17181	17181		17181	26.02
27	CORONARY CARE UNIT	24287407		7974673		17138	17138	427	17138	27
31	SUBPROVIDER I	8098981		2233299		21535	21535	203	21535	31
31.01	SUBPROVIDER II	17972828		7849467		30878	30878	262	30878	31.01
33	NURSERY	13636127		2810912		6110	6110	84	6110	33
34	SKILLED NURSING FACILITY	6952838		2767320		11355	11355	225	11355	34
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	103433022		16507361		66299	66299	995	66299	37
37.01	CAREW MEDICAL PARK SURG	4468199		1053526	605372	15837	15837	15	15837	37.01
38	RECOVERY ROOM	14488779		3442418		13544	13544	136	13544	38
39	DELIVERY ROOM & LABOR ROOM	27573012		1376606		17020	17020		17020	39
40	ANESTHESIOLOGY	9798915		494634		331	331		331	40
41	RADIOLOGY-DIAGNOSTIC	122733360		10366916		28420	28420	586	28420	41
41.01	RADIOLOGY - WABASH									41.01
41.02	RADIOLOGY - MANCHESTER									41.02
41.03	RADIOLOGY - EAST STATE									41.03
41.04	RADIOLOGY - JEFFERSON	25001		4299		484	484		484	41.04
41.05	RADIOLOGY - NHMP	591352		276959		2977	2977		2977	41.05
41.06	RADIOLOGY - CMP	7021360		855048	660869	5356	5356	89	5356	41.06
41.07	RADIOLOGY - WP	636235		265846		2669	2669		2669	41.07
41.08	RADIOLOGY - PULM CLINIC	108104		187830	119655	2817	2817		2817	41.08
41.09	RADIOLOGY - WHITLEY POOL									41.09
42	RADIOLOGY-THERAPEUTIC	36604145		7562271		22926	22926	62	22926	42
43	RADIOISOTOPE	8838054		915361		3793	3793	70	3793	43
44	LABORATORY	62121974		8794927	380078	28299	28299	75	28299	44
44.01	ANATOMICAL PATHOLOGY	5244992		1325118		5056	5056		5056	44.01
46	WHOLE BLOOD & PACKED RED BLOO	6165336		3543943						46

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	PATIENT ACCOUNTING GROSS REVENUE 6.05	RECON-CILIATION 6A.07	OTHER A&G ACCUM COST 6.07	CAREW MED PARK ADMIN DIRECT EXPENSES 6.08	OPERATION OF PLANT SQUARE FEET 8	FACILITY ENGINEERIN SQUARE FEET 8.01	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE-KEEPING SQUARE FEET 10	
46.30	BLOOD CLOTTING FACTORS ADMIN									46.30
49	RESPIRATORY THERAPY	50451566		5900372		7028	7028	49	7028	49
49.01	WOUND CARE	3390784		797908		231	231	5	231	49.01
49.02	DIALYSIS	2204319		1262766		1366	1366	6	1366	49.02
49.03	ENDOSCOPY	25981706		1533624		4421	4421	161	4421	49.03
50	PHYSICAL THERAPY	6207240		2951650		11334	11334	59	11334	50
50.01	TRANSITIONAL THERAPY	500100		18137		1851	1851		1851	50.01
50.02	PV REHAB OUTREACH									50.02
51	OCCUPATIONAL THERAPY	4603436		1868663		3751	3751		3751	51
52	SPEECH PATHOLOGY	2518740		829014		2904	2904		2904	52
52.01	NEURO REHAB	2568450		926355						52.01
53	ELECTROCARDIOLOGY	5772962		716246		1793	1793	13	1793	53
54	ELECTROENCEPHALOGRAPHY	1137632		289667		2373	2373		2373	54
54.01	NUTRITION SUPPORT	152344		570079		248	248		248	54.01
54.02	MRI	11924583		2090403		10391	10391	16	10391	54.02
54.03	CARDIAC CATH LAB	44239704		4795894		42535	42535	43	42535	54.03
54.04	CARDIAC REHAB SERVICES	535750		203237		4677	4677	27	4677	54.04
55	MEDICAL SUPPLIES CHARGED TO P	135299543		181515						55
55.01	COST OF SOLUTIONS	31417949		60887						55.01
56	DRUGS CHARGED TO PATIENTS	124638957		16914128						56
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	503494		332024		1581	1581		1581	60
60.01	ANTICOAG CLINIC	1750912		984230	514221	2107	2107		2107	60.01
61	EMERGENCY	60013798		12117324		36457	36457	1933	36457	61
61.01	PARTIAL HOSPITALIZATION	419804		105662		980	980		980	61.01
62	OBSERVATION BEDS (NON-DISTINC									62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES	10194317		6002092		2061	2061		2061	65
69.10	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20
69.30	OUTPATIENT OCCUPATIONAL THERA									69.30
69.40	OUTPATIENT SPEECH PATHOLOGY									69.40
71	HOME HEALTH AGENCY			11385167						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			4767758						93
95	SUBTOTALS	1178315223	-72443769	322837439	2280195	776314	756704	9820	743298	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & C			570085		2457	2457		2457	96
100	NON ALLOWABLE			4						100
100.01	TELEVISION			124634		440	440		440	100.01
100.02	PHYSICIAN PRACTICES			182141						100.02
100.03	OP CLINIC			163328		2482	2482		2482	100.03
100.04	PHYS. ANSWERING SERVICE									100.04
100.05	EDUCARE CTR			1615501		15114	15114		15114	100.05
100.06	STUCKY RESEARCH CTR			997185		4404	4404		4404	100.06
100.07	CORPORATE HEALTH SVC			9133						100.07
100.08	FOUNDATION			22823		2150	2150		2150	100.08
100.09	LV HEALTH PLAN									100.09
100.10	PV RESPIRATORY OUTREACH									100.10
100.11	OUTREACH TRANSCRIPTION									100.11
100.12	GUEST SERVICES									100.12
100.13	HUNTINGTON ARC									100.13
100.14	SENIOR HEALTH SERVICES			59925		1541	1541		1541	100.14
100.15	SCHOOL NURSE/COMMUNITY OUTREA			3961551		368	368		368	100.15
100.16	FITNESS			180006						100.16
100.17	NONALLOWABLE ADVERTISING									100.17
100.18	BREAST DIAGNOSTIC CTR		24949			4354	4354		4354	100.18
100.19	REGIONAL PAIN CLINIC									100.19
100.20	START-UP COSTS NORTH									100.20
100.21	RONALD MCDONALD FAMILY ROOM			36983		2954	2954	32	2954	100.21
100.22	EBT			214614		1043	1043		1043	100.22
100.23	MEDICAL OFFICE BUILDINGS			994128		6562	6562		6562	100.23
100.24	START-UP COSTS ORTHO									100.24
100.25	PREMIER SURGERY CENTER			6885023		8952	8952		8952	100.25
100.26	ISH		1291							100.26

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	PATIENT ACCOUNTING GROSS REVENUE 6.05	RECON-CILIATION 6A.07	OTHER A&G ACCUM COST 6.07	CAREW MED PARK ADMIN DIRECT EXPENSES 6.08	OPERATION OF PLANT SQUARE FEET 8	FACILITY ENGINEERIN SQUARE FEET 8.01	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE-KEEPING SQUARE FEET 10	
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	COST TO BE ALLOC PER B PT I	50186		72443769	519070	7735984	9617664	2188561	6566924	103
104	UNIT COST MULT-WS B PT I	.000043		.213790		9.330186		222.143829		104
104	UNIT COST MULT-WS B PT I				.227643		11.880626		8.248671	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	32639		3526688		1438042	944953	73038	730795	107
108	UNIT COST MULT-WS B PT III	.000028		.010408		1.734388		7.413520		108
108	UNIT COST MULT-WS B PT III						1.167293		.917947	108

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	DIETARY MEALS SERVED 11	KITCHEN-NO CONNECT W/CAFE MEALS SERVED 11.01	CAFETERIA NUMBER OF PERSONNEL 11.02	PREADMITS AND ER MEALS PREADMITS 11.03	CAFETERIA MEALS FTES 12	NURSING ADMINIS-TRATION DIRECT NRSING FTE 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	PHARMACY COSTED REQUIS. 16	
	GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6.01	COMMUNICATIONS									6.01
6.02	DATA PROCESSIN									6.02
6.03	MATERIALS MANAGEMENT									6.03
6.04	PATIENT SERVICES									6.04
6.05	PATIENT ACCOUNTING									6.05
6.06	AMBULATORY SVCS ADMIN									6.06
6.07	OTHER A&G									6.07
6.08	CAREW MEDICAL PARK ADMIN									6.08
6.09	CRITICAL CARE ADMIN									6.09
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT									8
8.01	FACILITY ENGINEERING									8.01
9	LAUNDRY & LINEN SERVICE									9
10	HOUSEKEEPING									10
11	DIETARY	553562								11
11.01	KITCHEN-NO CONNECT W/CAFE		416231							11.01
11.02	CAFETERIA	125508		137331						11.02
11.03	PREADMITS AND ER	18686	6863	11823	269891					11.03
12	CAFETERIA			125508		18346				12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION					308	8889			14
15	CENTRAL SERVICES & SUPPLY					212		999027		15
16	PHARMACY					817		27	23302867	16
16.01	OUTPATIENT PHARMACY					60		9	5052953	16.01
16.02	IV SOLUTIONS					115	115	13695	28	16.02
16.03	MED SURG SUPPLY							709428		16.03
17	MEDICAL RECORDS & LIBRARY									17
18	SOCIAL SERVICE					268				18
18.01	REHAB ADMIN					82			14	18.01
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES									22
23	I&R SERVICES-OTHER PRGM COSTS									23
24	PARAMED ED PRGM-(SPECIFY)									24
24.01	PARAMED ED RADIOLOGY									24.01
24.02	PARAMED ED PHARMACY									24.02
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	269891	269891		269891	5678	3566	86390	25079	25
26	INTENSIVE CARE UNIT	10326	10326			911	892	20754	784	26
26.01	PEDIATRIC ICU	2049	2049			122	122	1428	99	26.01
26.02	NEONATAL ICU					25	25	412	2	26.02
27	CORONARY CARE UNIT	14128	14128			837	837	21246	1369	27
31	SUBPROVIDER I	19940	19940			299		2690	255	31
31.01	SUBPROVIDER II	64929	64929			945		1705	33	31.01
33	NURSERY					409	409	7894	8803	33
34	SKILLED NURSING FACILITY	28105	28105			382		4840	1246	34
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM					1359	1115	68887	9208	37
37.01	CAREW MEDICAL PARK SURG							284	174	37.01
38	RECOVERY ROOM					270	270	6782	317	38
39	DELIVERY ROOM & LABOR ROOM					57	57	5424		39
40	ANESTHESIOLOGY							5817		40
41	RADIOLOGY-DIAGNOSTIC					706		4565	1116	41
41.01	RADIOLOGY - WABASH									41.01
41.02	RADIOLOGY - MANCHESTER									41.02
41.03	RADIOLOGY - EAST STATE									41.03
41.04	RADIOLOGY - JEFFERSON									41.04
41.05	RADIOLOGY - NHMP							5		41.05
41.06	RADIOLOGY - CMP							346	331	41.06
41.07	RADIOLOGY - WP							1		41.07
41.08	RADIOLOGY - PULM CLINIC						16	9	438	41.08
41.09	RADIOLOGY - WHITLEY POOL									41.09
42	RADIOLOGY-THERAPEUTIC						306	71	138	42
43	RADIOISOTOPE					48		279	1406	43
44	LABORATORY					916		91	306	44
44.01	ANATOMICAL PATHOLOGY					82		578	68	44.01
46	WHOLE BLOOD & PACKED RED BLOO									46

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	DIETARY MEALS SERVED 11	KITCHEN-NO CONNECT W/CAFE MEALS SERVED 11.01	CAFETERIA NUMBER OF PERSONNEL 11.02	PREADMITS AND ER MEALS PREADMITS 11.03	CAFETERIA MEALS FTES 12	NURSING ADMINIS-TRATION DIRECT NRSING FTE 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	PHARMACY COSTED REQUIS. 16	
46.30	BLOOD CLOTTING FACTORS ADMIN									46.30
49	RESPIRATORY THERAPY					641		1013	2811	49
49.01	WOUND CARE					3	27	215	1125	49.01
49.02	DIALYSIS					13	13	738	46	49.02
49.03	ENDOSCOPY					97		4116	438	49.03
50	PHYSICAL THERAPY					266		195	942	50
50.01	TRANSITIONAL THERAPY							2		50.01
50.02	PV REHAB OUTREACH									50.02
51	OCCUPATIONAL THERAPY					218		29		51
52	SPEECH PATHOLOGY					81		6		52
52.01	NEURO REHAB							373	1651	52.01
53	ELECTROCARDIOLOGY					79		192	265	53
54	ELECTROENCEPHALOGRAPHY					29		17	4	54
54.01	NUTRITION SUPPORT					64		16		54.01
54.02	MRI					118		360	536	54.02
54.03	CARDIAC CATH LAB					127		2180	703	54.03
54.04	CARDIAC REHAB SERVICES					22		69		54.04
55	MEDICAL SUPPLIES CHARGED TO P									55
55.01	COST OF SOLUTIONS									55.01
56	DRUGS CHARGED TO PATIENTS								16685325	56
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC							7	141	60
60.01	ANTICOAG CLINIC								3	60.01
61	EMERGENCY					1011	944	25292	68496	61
61.01	PARTIAL HOSPITALIZATION					12				61.01
62	OBSERVATION BEDS (NON-DISTINC									62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES					204		233	5237	65
69.10	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20
69.30	OUTPATIENT OCCUPATIONAL THERA									69.30
69.40	OUTPATIENT SPEECH PATHOLOGY									69.40
71	HOME HEALTH AGENCY							285	1425948	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	553562	416231	137331	269891	17893	8714	998995	23297838	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & C					34				96
100	NON ALLOWABLE									100
100.01	TELEVISION					9		1	11	100.01
100.02	PHYSICIAN PRACTICES									100.02
100.03	OP CLINIC									100.03
100.04	PHYS. ANSWERING SERVICE									100.04
100.05	EDUCARE CTR					13				100.05
100.06	STUCKY RESEARCH CTR							7		100.06
100.07	CORPORATE HEALTH SVC								423	100.07
100.08	FOUNDATION					2				100.08
100.09	LV HEALTH PLAN									100.09
100.10	PV RESPIRATORY OUTREACH									100.10
100.11	OUTREACH TRANSCRIPTION									100.11
100.12	GUEST SERVICES									100.12
100.13	HUNTINGTON ARC									100.13
100.14	SENIOR HEALTH SERVICES							1		100.14
100.15	SCHOOL NURSE/COMMUNITY OUTREA					325	105	9	297	100.15
100.16	FITNESS									100.16
100.17	NONALLOWABLE ADVERTISING									100.17
100.18	BREAST DIAGNOSTIC CTR									100.18
100.19	REGIONAL PAIN CLINIC									100.19
100.20	START-UP COSTS NORTH									100.20
100.21	RONALD MCDONALD FAMILY ROOM									100.21
100.22	EBT							14		100.22
100.23	MEDICAL OFFICE BUILDINGS					70	70			100.23
100.24	START-UP COSTS ORTHO									100.24
100.25	PREMIER SURGERY CENTER								4298	100.25
100.26	ISH									100.26

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	DIETARY	KITCHEN-NO CONNECT W/CAFE	CAFETERIA	PREADMITS AND ER	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		MEALS SERVED	MEALS SERVED	NUMBER OF PERSONNEL	MEALS PREADMITS	MEALS FTES	DIRECT NRSING FTE	COSTED REQUIS.	COSTED REQUIS.	
		11	11.01	11.02	11.03	12	14	15	16	
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	COST TO BE ALLOC PER B PT I	3704392	2216877	839889	233905	767582	4388120	2471502	11720194	103
104	UNIT COST MULT-WS B PT I	6.691919		6.115801		41.839202		2.473909		104
104	UNIT COST MULT-WS B PT I		5.326074		.866665		493.657329		.502951	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	1075113	21619	243758	57632	222773	208112	507380	2567311	107
108	UNIT COST MULT-WS B PT III	1.942173		1.774967		12.142865		.507874		108
108	UNIT COST MULT-WS B PT III		.051940		.213538		23.412307		.110171	108

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	OUTPATIENT PHARMACY PERCENTAGE 1 16.01	IV SOLUTIONS PERCENTAGE 2 16.02	MED SURG SUPPLY PERCENTAGE 3 16.03	MEDICAL RECORDS & LIBRARY TIME SPENT 17	SOCIAL SERVICE TIME SPENT 18	REHAB ADMIN PERCENTAGE 4 18.01	I&R SALARY & FRINGES ASSIGNED TIME 22	I&R PROGRAM COSTS ASSIGNED TIME 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	COMMUNICATIONS									6.01
6.02	DATA PROCESSIN									6.02
6.03	MATERIALS MANAGEMENT									6.03
6.04	PATIENT SERVICES									6.04
6.05	PATIENT ACCOUNTING									6.05
6.06	AMBULATORY SVCS ADMIN									6.06
6.07	OTHER A&G									6.07
6.08	CAREW MEDICAL PARK ADMIN									6.08
6.09	CRITICAL CARE ADMIN									6.09
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT									8
8.01	FACILITY ENGINEERING									8.01
9	LAUNDRY & LINEN SERVICE									9
10	HOUSEKEEPING									10
11	DIETARY									11
11.01	KITCHEN-NO CONNECT W/CAFE									11.01
11.02	CAFETERIA									11.02
11.03	PREADMITS AND ER									11.03
12	CAFETERIA									12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION									14
15	CENTRAL SERVICES & SUPPLY									15
16	PHARMACY									16
16.01	OUTPATIENT PHARMACY	10000								16.01
16.02	IV SOLUTIONS		10000							16.02
16.03	MED SURG SUPPLY			10000						16.03
17	MEDICAL RECORDS & LIBRARY				9435					17
18	SOCIAL SERVICE					10000				18
18.01	REHAB ADMIN						9999			18.01
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES							10000		22
23	I&R SERVICES-OTHER PRGM COSTS								10000	23
24	PARAMED ED PRGM-(SPECIFY)									24
24.01	PARAMED ED RADIOLOGY									24.01
24.02	PARAMED ED PHARMACY									24.02
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS				1390	5132	391	5171	5171	25
26	INTENSIVE CARE UNIT				116	1006		831	831	26
26.01	PEDIATRIC ICU				18	189				26.01
26.02	NEONATAL ICU				76	654				26.02
27	CORONARY CARE UNIT				121			387	387	27
31	SUBPROVIDER I				86		1331	745	745	31
31.01	SUBPROVIDER II				189			297	297	31.01
33	NURSERY				85			416	416	33
34	SKILLED NURSING FACILITY				136					34
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM				255			342	342	37
37.01	CAREW MEDICAL PARK SURG				30					37.01
38	RECOVERY ROOM				109					38
39	DELIVERY ROOM & LABOR ROOM				14			134	134	39
40	ANESTHESIOLOGY				47					40
41	RADIOLOGY-DIAGNOSTIC				1457					41
41.01	RADIOLOGY - WABASH									41.01
41.02	RADIOLOGY - MANCHESTER									41.02
41.03	RADIOLOGY - EAST STATE									41.03
41.04	RADIOLOGY - JEFFERSON									41.04
41.05	RADIOLOGY - NHMP				12					41.05
41.06	RADIOLOGY - CMP				144					41.06
41.07	RADIOLOGY - WP				13					41.07
41.08	RADIOLOGY - PULM CLINIC				2					41.08
41.09	RADIOLOGY - WHITLEY POOL									41.09
42	RADIOLOGY-THERAPEUTIC				659					42
43	RADIOISOTOPE				67					43
44	LABORATORY				441					44
44.01	ANATOMICAL PATHOLOGY				53					44.01
46	WHOLE BLOOD & PACKED RED BLOO				16					46

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	OUTPATIENT PHARMACY PERCENTAGE 1 16.01	IV SOLUTIONS PERCENTAGE 2 16.02	MED SURG SUPPLY PERCENTAGE 3 16.03	MEDICAL RECORDS & LIBRARY TIME SPENT 17	SOCIAL SERVICE TIME SPENT 18	REHAB ADMIN PERCENTAGE 4 18.01	I&R SALARY & FRINGES ASSIGNED TIME 22	I&R PROGRAM COSTS ASSIGNED TIME 23	
46.30	BLOOD CLOTTING FACTORS ADMIN									46.30
49	RESPIRATORY THERAPY				121			30	30	49
49.01	WOUND CARE				1					49.01
49.02	DIALYSIS				2					49.02
49.03	ENDOSCOPY				181					49.03
50	PHYSICAL THERAPY				22		1739			50
50.01	TRANSITIONAL THERAPY						2720			50.01
50.02	PV REHAB OUTREACH									50.02
51	OCCUPATIONAL THERAPY				1		1638			51
52	SPEECH PATHOLOGY				3		1638			52
52.01	NEURO REHAB				41		542			52.01
53	ELECTROCARDIOLOGY				53					53
54	ELECTROENCEPHALOGRAPHY				7					54
54.01	NUTRITION SUPPORT				1					54.01
54.02	MRI				270					54.02
54.03	CARDIAC CATH LAB				933					54.03
54.04	CARDIAC REHAB SERVICES				11					54.04
55	MEDICAL SUPPLIES CHARGED TO P			10000						55
55.01	COST OF SOLUTIONS		10000							55.01
56	DRUGS CHARGED TO PATIENTS	10000								56
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC				8					60
60.01	ANTICOAG CLINIC				36					60.01
61	EMERGENCY				1791	3019		1647	1647	61
61.01	PARTIAL HOSPITALIZATION				10					61.01
62	OBSERVATION BEDS (NON-DISTINC									62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES				196					65
69.10	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20
69.30	OUTPATIENT OCCUPATIONAL THERA									69.30
69.40	OUTPATIENT SPEECH PATHOLOGY									69.40
71	HOME HEALTH AGENCY									71
	SPECIAL PURPOSE COST CENTERS									
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02
85.03	ISLET CELL ACQUISITION									85.03
93	HOSPICE									93
95	SUBTOTALS	10000	10000	10000	9224	10000	9999	10000	10000	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & C									96
100	NON ALLOWABLE									100
100.01	TELEVISION									100.01
100.02	PHYSICIAN PRACTICES									100.02
100.03	OP CLINIC									100.03
100.04	PHYS. ANSWERING SERVICE									100.04
100.05	EDUCARE CTR									100.05
100.06	STUCKY RESEARCH CTR									100.06
100.07	CORPORATE HEALTH SVC									100.07
100.08	FOUNDATION									100.08
100.09	LV HEALTH PLAN									100.09
100.10	PV RESPIRATORY OUTREACH									100.10
100.11	OUTREACH TRANSCRIPTION									100.11
100.12	GUEST SERVICES									100.12
100.13	HUNTINGTON ARC									100.13
100.14	SENIOR HEALTH SERVICES									100.14
100.15	SCHOOL NURSE/COMMUNITY OUTREA									100.15
100.16	FITNESS									100.16
100.17	NONALLOWABLE ADVERTISING									100.17
100.18	BREAST DIAGNOSTIC CTR									100.18
100.19	REGIONAL PAIN CLINIC									100.19
100.20	START-UP COSTS NORTH									100.20
100.21	RONALD MCDONALD FAMILY ROOM									100.21
100.22	EBT				4					100.22
100.23	MEDICAL OFFICE BUILDINGS									100.23
100.24	START-UP COSTS ORTHO									100.24
100.25	PREMIER SURGERY CENTER				207					100.25
100.26	ISH									100.26

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	OUTPATIENT PHARMACY PERCENTAGE 1 16.01	IV SOLUTIONS PERCENTAGE 2 16.02	MED SURG SUPPLY PERCENTAGE 3 16.03	MEDICAL RECORDS & LIBRARY TIME SPENT 17	SOCIAL SERVICE TIME SPENT 18	REHAB ADMIN PERCENTAGE 4 18.01	I&R SALARY & FRINGES ASSIGNED TIME 22	I&R PROGRAM COSTS ASSIGNED TIME 23	
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	COST TO BE ALLOC PER B PT I	9033907	4798814	54409634	4445653	2804912	975043	3406892		103
104	UNIT COST MULT-WS B PT I	903.390700		5440.963400		280.491200		340.689200		104
104	UNIT COST MULT-WS B PT I		479.881400		471.187387		97.514051			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	717381	124513	865688	254313	179408	60652	29213		107
108	UNIT COST MULT-WS B PT III	71.738100		86.568800		17.940800		2.921300		108
108	UNIT COST MULT-WS B PT III		12.451300		26.954213		6.065807			108

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	PARAMED EDUCATION	PARAMED ED RADIOLOGY	PARAMED ED PHARMACY	
		ASSIGNED TIME	PERCENTAGE 7	COSTED REQUIS.	
		24	24.01	24.02	
	GENERAL SERVICE COST CENTERS				
1	OLD CAP REL COSTS-BLDG & FIXT				1
2	OLD CAP REL COSTS-MVBLE EQUIP				2
3	NEW CAP REL COSTS-BLDG & FIXT				3
4	NEW CAP REL COSTS-MVBLE EQUIP				4
5	EMPLOYEE BENEFITS				5
6.01	COMMUNICATIONS				6.01
6.02	DATA PROCESSIN				6.02
6.03	MATERIALS MANAGEMENT				6.03
6.04	PATIENT SERVICES				6.04
6.05	PATIENT ACCOUNTING				6.05
6.06	AMBULATORY SVCS ADMIN				6.06
6.07	OTHER A&G				6.07
6.08	CAREW MEDICAL PARK ADMIN				6.08
6.09	CRITICAL CARE ADMIN				6.09
7	MAINTENANCE & REPAIRS				7
8	OPERATION OF PLANT				8
8.01	FACILITY ENGINEERING				8.01
9	LAUNDRY & LINEN SERVICE				9
10	HOUSEKEEPING				10
11	DIETARY				11
11.01	KITCHEN-NO CONNECT W/CAFE				11.01
11.02	CAFETERIA				11.02
11.03	PREADMITS AND ER				11.03
12	CAFETERIA				12
13	MAINTENANCE OF PERSONNEL				13
14	NURSING ADMINISTRATION				14
15	CENTRAL SERVICES & SUPPLY				15
16	PHARMACY				16
16.01	OUTPATIENT PHARMACY				16.01
16.02	IV SOLUTIONS				16.02
16.03	MED SURG SUPPLY				16.03
17	MEDICAL RECORDS & LIBRARY				17
18	SOCIAL SERVICE				18
18.01	REHAB ADMIN				18.01
20	NONPHYSICIAN ANESTHETISTS				20
21	NURSING SCHOOL				21
22	I&R SERVICES-SALARY & FRINGES				22
23	I&R SERVICES-OTHER PRGM COSTS				23
24	PARAMED ED PRGM-(SPECIFY)	100			24
24.01	PARAMED ED RADIOLOGY		100		24.01
24.02	PARAMED ED PHARMACY			18249872	24.02
	INPATIENT ROUTINE SERV COST CENTERS				
25	ADULTS & PEDIATRICS			25079	25
26	INTENSIVE CARE UNIT			784	26
26.01	PEDIATRIC ICU			99	26.01
26.02	NEONATAL ICU			2	26.02
27	CORONARY CARE UNIT			1369	27
31	SUBPROVIDER I			255	31
31.01	SUBPROVIDER II			33	31.01
33	NURSERY			8803	33
34	SKILLED NURSING FACILITY			1246	34
	ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM			9208	37
37.01	CAREW MEDICAL PARK SURG			174	37.01
38	RECOVERY ROOM			317	38
39	DELIVERY ROOM & LABOR ROOM				39
40	ANESTHESIOLOGY				40
41	RADIOLOGY-DIAGNOSTIC		100	1116	41
41.01	RADIOLOGY - WABASH				41.01
41.02	RADIOLOGY - MANCHESTER				41.02
41.03	RADIOLOGY - EAST STATE				41.03
41.04	RADIOLOGY - JEFFERSON				41.04
41.05	RADIOLOGY - NHMP				41.05
41.06	RADIOLOGY - CMP			331	41.06
41.07	RADIOLOGY - WP				41.07
41.08	RADIOLOGY - PULM CLINIC			438	41.08
41.09	RADIOLOGY - WHITLEY POOL				41.09
42	RADIOLOGY-THERAPEUTIC			138	42
43	RADIOISOTOPE			1406	43
44	LABORATORY	100		306	44
44.01	ANATOMICAL PATHOLOGY			68	44.01
46	WHOLE BLOOD & PACKED RED BLOO				46

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	PARAMED EDUCATION	PARAMED ED RADIOLOGY	PARAMED ED PHARMACY	
		ASSIGNED TIME	PERCENTAGE 7	COSTED REQUIS.	
		24	24.01	24.02	
46.30	BLOOD CLOTTING FACTORS ADMIN				46.30
49	RESPIRATORY THERAPY			2811	49
49.01	WOUND CARE			1125	49.01
49.02	DIALYSIS			46	49.02
49.03	ENDOSCOPY			438	49.03
50	PHYSICAL THERAPY			942	50
50.01	TRANSITIONAL THERAPY				50.01
50.02	PV REHAB OUTREACH				50.02
51	OCCUPATIONAL THERAPY				51
52	SPEECH PATHOLOGY				52
52.01	NEURO REHAB			1651	52.01
53	ELECTROCARDIOLOGY			265	53
54	ELECTROENCEPHALOGRAPHY			4	54
54.01	NUTRITION SUPPORT				54.01
54.02	MRI			536	54.02
54.03	CARDIAC CATH LAB			703	54.03
54.04	CARDIAC REHAB SERVICES				54.04
55	MEDICAL SUPPLIES CHARGED TO P				55
55.01	COST OF SOLUTIONS				55.01
56	DRUGS CHARGED TO PATIENTS			16685325	56
	OUTPATIENT SERVICE COST CENTERS				
60	CLINIC			141	60
60.01	ANTICOAG CLINIC			3	60.01
61	EMERGENCY			68496	61
61.01	PARTIAL HOSPITALIZATION				61.01
62	OBSERVATION BEDS (NON-DISTINC				62
63.50	RHC				63.50
63.60	FQHC				63.60
	OTHER REIMBURSABLE COST CENTERS				
65	AMBULANCE SERVICES			5237	65
69.10	CMHC				69.10
69.20	OUTPATIENT PHYSICAL THERAPY				69.20
69.30	OUTPATIENT OCCUPATIONAL THERA				69.30
69.40	OUTPATIENT SPEECH PATHOLOGY				69.40
71	HOME HEALTH AGENCY			1425948	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	100	100	18244843	95
	NONREIMBURSABLE COST CENTERS				
96	GIFT, FLOWER, COFFEE SHOP & C				96
100	NON ALLOWABLE				100
100.01	TELEVISION			11	100.01
100.02	PHYSICIAN PRACTICES				100.02
100.03	OP CLINIC				100.03
100.04	PHYS. ANSWERING SERVICE				100.04
100.05	EDUCARE CTR				100.05
100.06	STUCKY RESEARCH CTR				100.06
100.07	CORPORATE HEALTH SVC			423	100.07
100.08	FOUNDATION				100.08
100.09	LV HEALTH PLAN				100.09
100.10	PV RESPIRATORY OUTREACH				100.10
100.11	OUTREACH TRANSCRIPTION				100.11
100.12	GUEST SERVICES				100.12
100.13	HUNTINGTON ARC				100.13
100.14	SENIOR HEALTH SERVICES				100.14
100.15	SCHOOL NURSE/COMMUNITY OUTREA			297	100.15
100.16	FITNESS				100.16
100.17	NONALLOWABLE ADVERTISING				100.17
100.18	BREAST DIAGNOSTIC CTR				100.18
100.19	REGIONAL PAIN CLINIC				100.19
100.20	START-UP COSTS NORTH				100.20
100.21	RONALD MCDONALD FAMILY ROOM				100.21
100.22	EBT				100.22
100.23	MEDICAL OFFICE BUILDINGS				100.23
100.24	START-UP COSTS ORTHO				100.24
100.25	PREMIER SURGERY CENTER			4298	100.25
100.26	ISH				100.26

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	PARAMED EDUCATION	PARAMED ED RADIOLOGY	PARAMED ED PHARMACY	
		ASSIGNED TIME	PERCENTAGE 7	COSTED REQUIS.	
		24	24.01	24.02	
101	CROSS FOOT ADJUSTMENTS				101
102	NEGATIVE COST CENTER				102
103	COST TO BE ALLOC PER B PT I	98568	155270	231748	103
104	UNIT COST MULT-WS B PT I	985.680000		.012699	104
104	UNIT COST MULT-WS B PT I		1552.700000		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	4255	13408	5979	107
108	UNIT COST MULT-WS B PT III	42.550000		.000328	108
108	UNIT COST MULT-WS B PT III		134.080000		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	70008773		70008773	17181	70025954	25
26	INTENSIVE CARE UNIT	14495855		14495855	39046	14534901	26
26.01	PEDIATRIC ICU	1932732		1932732		1932732	26.01
26.02	NEONATAL ICU	5896769		5896769		5896769	26.02
27	CORONARY CARE UNIT	11007591		11007591		11007591	27
31	SUBPROVIDER I	3819509		3819509	29358	3848867	31
31.01	SUBPROVIDER II	11408600		11408600	228	11408828	31.01
33	NURSERY	3893651		3893651		3893651	33
34	SKILLED NURSING FACILITY	4173886		4173886		4173886	34
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM	23113246		23113246		23113246	37
37.01	CAREW MEDICAL PARK SURG	1901378		1901378		1901378	37.01
38	RECOVERY ROOM	4820468		4820468		4820468	38
39	DELIVERY ROOM & LABOR ROOM	2222849		2222849		2222849	39
40	ANESTHESIOLOGY	646669		646669		646669	40
41	RADIOLOGY-DIAGNOSTIC	14433869		14433869		14433869	41
41.01	RADIOLOGY - WABASH						41.01
41.02	RADIOLOGY - MANCHESTER						41.02
41.03	RADIOLOGY - EAST STATE						41.03
41.04	RADIOLOGY - JEFFERSON	19476		19476		19476	41.04
41.05	RADIOLOGY - NHMP	429537		429537		429537	41.05
41.06	RADIOLOGY - CMP	1434723		1434723		1434723	41.06
41.07	RADIOLOGY - WP	407435		407435		407435	41.07
41.08	RADIOLOGY - PULM CLINIC	347302		347302		347302	41.08
41.09	RADIOLOGY - WHITLEY POOL						41.09
42	RADIOLOGY-THERAPEUTIC	10329988		10329988	9654	10339642	42
43	RADIOISOTOPE	1273338		1273338		1273338	43
44	LABORATORY	11957121		11957121		11957121	44
44.01	ANATOMICAL PATHOLOGY	1787230		1787230		1787230	44.01
46	WHOLE BLOOD & PACKED RED BL	4309142		4309142		4309142	46
46.30	BLOOD CLOTTING FACTORS ADMI						46.30
49	RESPIRATORY THERAPY	7467529		7467529	114	7467643	49
49.01	WOUND CARE	991446		991446		991446	49.01
49.02	DIALYSIS	1584062		1584062		1584062	49.02
49.03	ENDOSCOPY	2127254		2127254		2127254	49.03
50	PHYSICAL THERAPY	4121722		4121722		4121722	50
50.01	TRANSITIONAL THERAPY	341787		341787		341787	50.01
50.02	PV REHAB OUTREACH						50.02
51	OCCUPATIONAL THERAPY	2548059		2548059		2548059	51
52	SPEECH PATHOLOGY	1256345		1256345		1256345	52
52.01	NEURO REHAB	1198346		1198346	166	1198512	52.01
53	ELECTROCARDIOLOGY	953970		953970		953970	53
54	ELECTROENCEPHALOGRAPHY	426058		426058		426058	54
54.01	NUTRITION SUPPORT	702451		702451		702451	54.01
54.02	MRI	2980304		2980304		2980304	54.02
54.03	CARDIAC CATH LAB	7534506		7534506	76044	7610550	54.03
54.04	CARDIAC REHAB SERVICES	396741		396741		396741	54.04
55	MEDICAL SUPPLIES CHARGED TO	54629955		54629955		54629955	55
55.01	COST OF SOLUTIONS	4872718		4872718		4872718	55.01
56	DRUGS CHARGED TO PATIENTS	38167879		38167879		38167879	56
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC	453441		453441		453441	60
60.01	ANTICOAG CLINIC	1390744		1390744	17283	1408027	60.01
61	EMERGENCY	18508198		18508198	128957	18637155	61
61.01	PARTIAL HOSPITALIZATION	162336		162336		162336	61.01
62	OBSERVATION BEDS (NON-DISTI	6738210		6738210		6738210	62
63.50	RHC						63.50
63.60	FQHC						63.60
	OTHER REIMBURSABLE COST CENTERS						
65	AMBULANCE SERVICES	7450161		7450161		7450161	65
101	SUBTOTAL	373075359		373075359	318031	373393390	101
102	LESS OBSERVATION BEDS	6738210		6738210		6738210	102
103	TOTAL	366337149		366337149	318031	366655180	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I (CONT)

	COST CENTER DESCRIPTION	CHARGES INPATIENT 6	CHARGES OUTPATIENT 7	CHARGES TOTAL 8	COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11	
	INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	129899707		129899707				25
26	INTENSIVE CARE UNIT	27457225		27457225				26
26.01	PEDIATRIC ICU	2255551		2255551				26.01
26.02	NEONATAL ICU	1597616		1597616				26.02
27	CORONARY CARE UNIT	24287407		24287407				27
31	SUBPROVIDER I	8098981		8098981				31
31.01	SUBPROVIDER II	17972828		17972828				31.01
33	NURSERY	13636127		13636127				33
34	SKILLED NURSING FACILITY	6952838		6952838				34
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	75060042	28372980	103433022	.223461	.223461	.223461	37
37.01	CAREW MEDICAL PARK SURG	419843	4048356	4468199	.425536	.425536	.425536	37.01
38	RECOVERY ROOM	7011642	7477137	14488779	.332704	.332704	.332704	38
39	DELIVERY ROOM & LABOR ROOM	27382457	190555	27573012	.080617	.080617	.080617	39
40	ANESTHESIOLOGY	7747246	2051669	9798915	.065994	.065994	.065994	40
41	RADIOLOGY-DIAGNOSTIC	53347558	69385802	122733360	.117603	.117603	.117603	41
41.01	RADIOLOGY - WABASH							41.01
41.02	RADIOLOGY - MANCHESTER							41.02
41.03	RADIOLOGY - EAST STATE							41.03
41.04	RADIOLOGY - JEFFERSON		25001	25001	.779009	.779009	.779009	41.04
41.05	RADIOLOGY - NHMP	3829	587523	591352	.726364	.726364	.726364	41.05
41.06	RADIOLOGY - CMP	56111	6965249	7021360	.204337	.204337	.204337	41.06
41.07	RADIOLOGY - WP	684	635551	636235	.640384	.640384	.640384	41.07
41.08	RADIOLOGY - PULM CLINIC	1079	107025	108104	3.212666	3.212666	3.212666	41.08
41.09	RADIOLOGY - WHITLEY POOL							41.09
42	RADIOLOGY-THERAPEUTIC	1225966	35378179	36604145	.282208	.282208	.282472	42
43	RADIOISOTOPE	6243233	2594821	8838054	.144074	.144074	.144074	43
44	LABORATORY	43491807	18630167	62121974	.192478	.192478	.192478	44
44.01	ANATOMICAL PATHOLOGY	2267444	2977548	5244992	.340750	.340750	.340750	44.01
46	WHOLE BLOOD & PACKED RED BL	4009786	2155550	6165336	.698931	.698931	.698931	46
46.30	BLOOD CLOTTING FACTORS ADMI							46.30
49	RESPIRATORY THERAPY	45004783	5446783	50451566	.148014	.148014	.148016	49
49.01	WOUND CARE	2955802	434982	3390784	.292394	.292394	.292394	49.01
49.02	DIALYSIS	2129645	74674	2204319	.718617	.718617	.718617	49.02
49.03	ENDOSCOPY	18495649	7486057	25981706	.081875	.081875	.081875	49.03
50	PHYSICAL THERAPY	5054393	1152847	6207240	.664018	.664018	.664018	50
50.01	TRANSITIONAL THERAPY		500100	500100	.683437	.683437	.683437	50.01
50.02	PV REHAB OUTREACH							50.02
51	OCCUPATIONAL THERAPY	4470766	132670	4603436	.553512	.553512	.553512	51
52	SPEECH PATHOLOGY	2379397	139343	2518740	.498799	.498799	.498799	52
52.01	NEURO REHAB	496154	2072296	2568450	.466564	.466564	.466629	52.01
53	ELECTROCARDIOLOGY	2593344	3179618	5772962	.165248	.165248	.165248	53
54	ELECTROENCEPHALOGRAPHY	793723	343909	1137632	.374513	.374513	.374513	54
54.01	NUTRITION SUPPORT	126283	26061	152344	4.610953	4.610953	4.610953	54.01
54.02	MRI	3946560	7978023	11924583	.249929	.249929	.249929	54.02
54.03	CARDIAC CATH LAB	20790079	23449625	44239704	.170311	.170311	.172030	54.03
54.04	CARDIAC REHAB SERVICES	20857	514893	535750	.740534	.740534	.740534	54.04
55	MEDICAL SUPPLIES CHARGED TO	80594794	54704749	135299543	.403770	.403770	.403770	55
55.01	COST OF SOLUTIONS	27310148	4107801	31417949	.155093	.155093	.155093	55.01
56	DRUGS CHARGED TO PATIENTS	102497108	22141849	124638957	.306228	.306228	.306228	56
	OUTPATIENT SERVICE COST CENTERS							
60	CLINIC	111991	391503	503494	.900589	.900589	.900589	60
60.01	ANTICOAG CLINIC	12795	1738117	1750912	.794297	.794297	.804168	60.01
61	EMERGENCY	18229371	41784427	60013798	.308399	.308399	.310548	61
61.01	PARTIAL HOSPITALIZATION		419804	419804	.386695	.386695	.386695	61.01
62	OBSERVATION BEDS (NON-DISTI		9877013	9877013	.682211	.682211	.682211	62
63.50	RHC							63.50
63.60	FQHC							63.60
	OTHER REIMBURSABLE COST CENTERS							
65	AMBULANCE SERVICES	1884	10192433	10194317	.730815	.730815	.730815	65
101	SUBTOTAL	798442533	379872690	1178315223				101
102	LESS OBSERVATION BEDS							102
103	TOTAL	798442533	379872690	1178315223				103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS WORKSHEET D PART I

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

	COST CENTER DESCRIPTION	OLD CAPITAL CAPITAL RELATED COST 1	OLD CAPITAL SWING-BED ADJUSTMENT 2	OLD CAPITAL REDUCED CAPITAL RELATED COST 3	NEW CAPITAL CAPITAL RELATED COST 4	NEW CAPITAL SWING-BED ADJUSTMENT 5	NEW CAPITAL REDUCED CAPITAL RELATED COST 6	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS				7358385		7358385	25
26	INTENSIVE CARE UNIT				1262464		1262464	26
26.01	PEDIATRIC ICU				178767		178767	26.01
26.02	NEONATAL ICU				317379		317379	26.02
27	CORONARY CARE UNIT				996233		996233	27
28	BURN INTENSIVE CARE UNIT							28
29	SURGICAL INTENSIVE CARE UNIT							29
30	OTHER SPECIAL CARE (SPECIFY)							30
31	SUBPROVIDER I				550675		550675	31
31.01	SUBPROVIDER II				1353442		1353442	31.01
33	NURSERY				456089		456089	33
101	TOTAL				12473434		12473434	101

	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	OLD CAPITAL INPATIENT PROGRAM CAPITAL COST 10	NEW CAPITAL PER DIEM 11	NEW CAPITAL INPATIENT PROGRAM CAPITAL COST 12	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS	92426	30918			79.61	2461382	25
26	INTENSIVE CARE UNIT	8591	2857			146.95	419836	26
26.01	PEDIATRIC ICU	896				199.52		26.01
26.02	NEONATAL ICU	5663				56.04		26.02
27	CORONARY CARE UNIT	8364	3468			119.11	413073	27
28	BURN INTENSIVE CARE UNIT							28
29	SURGICAL INTENSIVE CARE UNIT							29
30	OTHER SPECIAL CARE (SPECIFY)							30
31	SUBPROVIDER I	6872	2262			80.13	181254	31
31.01	SUBPROVIDER II	14511	5542			93.27	516902	31.01
33	NURSERY	4537				100.53		33
101	TOTAL	141860	45047				3992447	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS WORKSHEET D PART II

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

	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPATIENT PROGRAM CHARGES 4	---- OLD CAPITAL ---- RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	---- NEW CAPITAL ---- RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	3515805	103433022	15128926				.033991	514247	37
37.01	CAREW MEDICAL PARK SURG	395859	4468199	220				.088595	19	37.01
38	RECOVERY ROOM	435378	14488779	2165131				.030049	65060	38
39	DELIVERY ROOM & LABOR ROOM	288168	27573012	18588				.010451	194	39
40	ANESTHESIOLOGY	290899	9798915	1732354				.029687	51428	40
41	RADIOLOGY-DIAGNOSTIC	3537995	122733360	22203470				.028827	640059	41
41.01	RADIOLOGY - WABASH									41.01
41.02	RADIOLOGY - MANCHESTER									41.02
41.03	RADIOLOGY - EAST STATE									41.03
41.04	RADIOLOGY - JEFFERSON	6192	25001					.247670		41.04
41.05	RADIOLOGY - NHMP	60875	591352					.102942		41.05
41.06	RADIOLOGY - CMP	331872	7021360					.047266		41.06
41.07	RADIOLOGY - WP	71625	636235					.112576		41.07
41.08	RADIOLOGY - PULM CLINIC	96186	108104					.889754		41.08
41.09	RADIOLOGY - WHITLEY POOL									41.09
42	RADIOLOGY-THERAPEUTIC	3835004	36604145	397420				.104770	41638	42
43	RADIOISOTOPE	325142	8838054	545873				.036789	20082	43
44	LABORATORY	2725232	62121974	15602631				.043869	684472	44
44.01	ANATOMICAL PATHOLOGY	147831	5244992	744039				.028185	20971	44.01
46	WHOLE BLOOD & PACKED RED BLOO	39449	6165336	1359963				.006399	8702	46
46.30	BLOOD CLOTTING FACTORS ADMIN									46.30
49	RESPIRATORY THERAPY	792692	50451566	8745834				.015712	137415	49
49.01	WOUND CARE	894935	3390784	1106300				.263932	291988	49.01
49.02	DIALYSIS	40971	2204319	1240416				.018587	23056	49.02
49.03	ENDOSCOPY	419148	25981706	1662101				.016132	26813	49.03
50	PHYSICAL THERAPY	502810	6207240	1028367				.081004	83302	50
50.01	TRANSITIONAL THERAPY	40081	500100					.080146		50.01
50.02	PV REHAB OUTREACH									50.02
51	OCCUPATIONAL THERAPY	209176	4603436	873143				.045439	39675	51
52	SPEECH PATHOLOGY	105875	2518740	364074				.042035	15304	52
52.01	NEURO REHAB	322806	2568450					.125681		52.01
53	ELECTROCARDIOLOGY	162116	5772962	1172819				.028082	32935	53
54	ELECTROENCEPHALOGRAPHY	73026	1137632	270592				.064191	17370	54
54.01	NUTRITION SUPPORT	42441	152344	64692				.278587	18022	54.01
54.02	MRI	847734	11924583	1428232				.071091	101534	54.02
54.03	CARDIAC CATH LAB	1382647	44239704	7495968				.031254	234279	54.03
54.04	CARDIAC REHAB SERVICES	91356	535750	7116				.170520	1213	54.04
55	MEDICAL SUPPLIES CHARGED TO P	887726	135299543	29422172				.006561	193039	55
55.01	COST OF SOLUTIONS	131571	31417949	9999724				.004188	41879	55.01
56	DRUGS CHARGED TO PATIENTS	2755971	124638957	24965949				.022112	552047	56
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	120317	503494	25003				.238964	5975	60
60.01	ANTICOAG CLINIC	63488	1750912	2674				.036260	97	60.01
61	EMERGENCY	1423625	60013798	6398951				.023722	151796	61
61.01	PARTIAL HOSPITALIZATION	21872	419804					.052101		61.01
62	OBSERVATION BEDS (NON-DISTINC	708346	9877013					.071717		62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES									65
101	TOTAL	28144242	935962626	156172742					4014611	101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL COST 2	ALLIED HEALTH COSTS 2.01	ALL OTHER MEDICAL EDUCATION COSTS 2.02	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS			318			318	25
26	INTENSIVE CARE UNIT			10			10	26
26.01	PEDIATRIC ICU			1			1	26.01
26.02	NEONATAL ICU							26.02
27	CORONARY CARE UNIT			17			17	27
28	BURN INTENSIVE CARE UNIT							28
29	SURGICAL INTENSIVE CARE UNIT							29
30	OTHER SPECIAL CARE (SPECIFY)							30
31	SUBPROVIDER I			3			3	31
31.01	SUBPROVIDER II							31.01
33	NURSERY			112			112	33
34	SKILLED NURSING FACILITY			16			16	34
35	NURSING FACILITY							35
101	TOTAL			477			477	101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS WORKSHEET D PART III

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

	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
	INPAT ROUTINE SERV COST CTRS					
25	ADULTS & PEDIATRICS	92426		30918		25
26	INTENSIVE CARE UNIT	8591		2857		26
26.01	PEDIATRIC ICU	896				26.01
26.02	NEONATAL ICU	5663				26.02
27	CORONARY CARE UNIT	8364		3468		27
28	BURN INTENSIVE CARE UNIT					28
29	SURGICAL INTENSIVE CARE UNIT					29
30	OTHER SPECIAL CARE (SPECIFY)					30
31	SUBPROVIDER I	6872		2262		31
31.01	SUBPROVIDER II	14511		5542		31.01
33	NURSERY	4537	.02			33
34	SKILLED NURSING FACILITY	9644		5779		34
35	NURSING FACILITY					35
101	TOTAL	151504		50826		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

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

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	OUTPATIENT NONPHYSICIAN ANESTHETIST COST 1.01	NURSING SCHOOL COST 2	ALLIED HEALTH COSTS 2.01	ALL OTHER MEDICAL EDUCATION COSTS 2.02	ADMINISTERING BLOOD CLOTTING FACTORS COST 2.03	TOTAL COSTS 3	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM				117			117	37
37.01	CAREW MEDICAL PARK SURG				2			2	37.01
38	RECOVERY ROOM				4			4	38
39	DELIVERY ROOM & LABOR ROOM								39
40	ANESTHESIOLOGY								40
41	RADIOLOGY-DIAGNOSTIC				155284			155284	41
41.01	RADIOLOGY - WABASH								41.01
41.02	RADIOLOGY - MANCHESTER								41.02
41.03	RADIOLOGY - EAST STATE								41.03
41.04	RADIOLOGY - JEFFERSON								41.04
41.05	RADIOLOGY - NHMP								41.05
41.06	RADIOLOGY - CMP				4			4	41.06
41.07	RADIOLOGY - WP								41.07
41.08	RADIOLOGY - PULM CLINIC				6			6	41.08
41.09	RADIOLOGY - WHITLEY POOL								41.09
42	RADIOLOGY-THERAPEUTIC				2			2	42
43	RADIOISOTOPE				18			18	43
44	LABORATORY				98572			98572	44
44.01	ANATOMICAL PATHOLOGY				1			1	44.01
46	WHOLE BLOOD & PACKED RED BLOO								46
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
49	RESPIRATORY THERAPY				36			36	49
49.01	WOUND CARE				14			14	49.01
49.02	DIALYSIS				1			1	49.02
49.03	ENDOSCOPY				6			6	49.03
50	PHYSICAL THERAPY				12			12	50
50.01	TRANSITIONAL THERAPY								50.01
50.02	PV REHAB OUTREACH								50.02
51	OCCUPATIONAL THERAPY								51
52	SPEECH PATHOLOGY								52
52.01	NEURO REHAB				21			21	52.01
53	ELECTROCARDIOLOGY				3			3	53
54	ELECTROENCEPHALOGRAPHY								54
54.01	NUTRITION SUPPORT								54.01
54.02	MRI				7			7	54.02
54.03	CARDIAC CATH LAB				9			9	54.03
54.04	CARDIAC REHAB SERVICES								54.04
55	MEDICAL SUPPLIES CHARGED TO P								55
55.01	COST OF SOLUTIONS								55.01
56	DRUGS CHARGED TO PATIENTS				211879			211879	56
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC				2			2	60
60.01	ANTICOAG CLINIC								60.01
61	EMERGENCY				870			870	61
61.01	PARTIAL HOSPITALIZATION								61.01
62	OBSERVATION BEDS (NON-DISTINC				34			34	62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	AMBULANCE SERVICES								65
101	TOTAL				466904			466904	101

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

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

	COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	117	103433022	.000001	.000001	15128926	15	3713291	37
37.01	CAREW MEDICAL PARK SURG	2	4468199			220		1989350	37.01
38	RECOVERY ROOM	4	14488779			2165131		1402574	38
39	DELIVERY ROOM & LABOR ROOM		27573012			18588		3286	39
40	ANESTHESIOLOGY		9798915			1732354		757468	40
41	RADIOLOGY-DIAGNOSTIC	155284	122733360	.001265	.001265	22203470	28087	19823205	41
41.01	RADIOLOGY - WABASH								41.01
41.02	RADIOLOGY - MANCHESTER								41.02
41.03	RADIOLOGY - EAST STATE								41.03
41.04	RADIOLOGY - JEFFERSON		25001						41.04
41.05	RADIOLOGY - NHMP		591352						41.05
41.06	RADIOLOGY - CMP	4	7021360	.000001	.000001				41.06
41.07	RADIOLOGY - WP		636235						41.07
41.08	RADIOLOGY - PULM CLINIC	6	108104	.000056	.000056				41.08
41.09	RADIOLOGY - WHITLEY POOL								41.09
42	RADIOLOGY-THERAPEUTIC	2	36604145			397420		12623698	42
43	RADIOISOTOPE	18	8838054	.000002	.000002	545873	1	678627	43
44	LABORATORY	98572	62121974	.001587	.001587	15602631	24761	156022	44
44.01	ANATOMICAL PATHOLOGY	1	5244992			744039		831595	44.01
46	WHOLE BLOOD & PACKED RED BLOO		6165336			1359963		274584	46
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
49	RESPIRATORY THERAPY	36	50451566	.000001	.000001	8745834	9	478946	49
49.01	WOUND CARE	14	3390784	.000004	.000004	1106300	4	188947	49.01
49.02	DIALYSIS	1	2204319			1240416		20954	49.02
49.03	ENDOSCOPY	6	25981706			1662101		2116641	49.03
50	PHYSICAL THERAPY	12	6207240	.000002	.000002	1028367	2		50
50.01	TRANSITIONAL THERAPY		500100						50.01
50.02	PV REHAB OUTREACH								50.02
51	OCCUPATIONAL THERAPY		4603436			873143			51
52	SPEECH PATHOLOGY		2518740			364074			52
52.01	NEURO REHAB	21	2568450	.000008	.000008				52.01
53	ELECTROCARDIOLOGY	3	5772962	.000001	.000001	1172819	1	1115994	53
54	ELECTROENCEPHALOGRAPHY		1137632			270592		35507	54
54.01	NUTRITION SUPPORT		152344			64692		4068	54.01
54.02	MRI	7	11924583	.000001	.000001	1428232	1	2079159	54.02
54.03	CARDIAC CATH LAB	9	44239704			7495968		5293335	54.03
54.04	CARDIAC REHAB SERVICES		535750			7116		181342	54.04
55	MEDICAL SUPPLIES CHARGED TO P		135299543			29422172		20128787	55
55.01	COST OF SOLUTIONS		31417949			9999724		1097314	55.01
56	DRUGS CHARGED TO PATIENTS	211879	124638957	.001700	.001700	24965949	42442	6483128	56
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC	2	503494	.000004	.000004	25003		89025	60
60.01	ANTICOAG CLINIC		1750912			2674		939021	60.01
61	EMERGENCY	870	60013798	.000014	.000014	6398951	90	6619522	61
61.01	PARTIAL HOSPITALIZATION		419804						61.01
62	OBSERVATION BEDS (NON-DISTINC	34	9877013	.000003	.000003			2404366	62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	AMBULANCE SERVICES								65
101	TOTAL	466904	935962626			156172742	95413	91529756	101

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

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

	COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM			4			37
37.01	CAREW MEDICAL PARK SURG						37.01
38	RECOVERY ROOM						38
39	DELIVERY ROOM & LABOR ROOM						39
40	ANESTHESIOLOGY						40
41	RADIOLOGY-DIAGNOSTIC			25076			41
41.01	RADIOLOGY - WABASH						41.01
41.02	RADIOLOGY - MANCHESTER						41.02
41.03	RADIOLOGY - EAST STATE						41.03
41.04	RADIOLOGY - JEFFERSON						41.04
41.05	RADIOLOGY - NHMP						41.05
41.06	RADIOLOGY - CMP						41.06
41.07	RADIOLOGY - WP						41.07
41.08	RADIOLOGY - PULM CLINIC						41.08
41.09	RADIOLOGY - WHITLEY POOL						41.09
42	RADIOLOGY-THERAPEUTIC						42
43	RADIOISOTOPE			1			43
44	LABORATORY			248			44
44.01	ANATOMICAL PATHOLOGY						44.01
46	WHOLE BLOOD & PACKED RED BLOO						46
46.30	BLOOD CLOTTING FACTORS ADMIN						46.30
49	RESPIRATORY THERAPY						49
49.01	WOUND CARE			1			49.01
49.02	DIALYSIS						49.02
49.03	ENDOSCOPY						49.03
50	PHYSICAL THERAPY						50
50.01	TRANSITIONAL THERAPY						50.01
50.02	PV REHAB OUTREACH						50.02
51	OCCUPATIONAL THERAPY						51
52	SPEECH PATHOLOGY						52
52.01	NEURO REHAB						52.01
53	ELECTROCARDIOLOGY			1			53
54	ELECTROENCEPHALOGRAPHY						54
54.01	NUTRITION SUPPORT						54.01
54.02	MRI			2			54.02
54.03	CARDIAC CATH LAB						54.03
54.04	CARDIAC REHAB SERVICES						54.04
55	MEDICAL SUPPLIES CHARGED TO P						55
55.01	COST OF SOLUTIONS						55.01
56	DRUGS CHARGED TO PATIENTS			11021			56
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC						60
60.01	ANTICOAG CLINIC						60.01
61	EMERGENCY			93			61
61.01	PARTIAL HOSPITALIZATION						61.01
62	OBSERVATION BEDS (NON-DISTINC			7			62
63.50	RHC						63.50
63.60	FQHC						63.60
	OTHER REIMBURSABLE COST CENTERS						
65	AMBULANCE SERVICES						65
101	TOTAL			36454			101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

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

	COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C, PART II COL. 8	PART I COL. 9	PART II COL. 9	PROGRAM CHARGES: OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC	
		1	1.01	1.02	2	3	4	
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	.223461	.223461	.223461				37
37.01	CAREW MEDICAL PARK SURG	.425536	.425536	.425536				37.01
38	RECOVERY ROOM	.332704	.332704	.332704				38
39	DELIVERY ROOM & LABOR ROOM	.080617	.080617	.080617				39
40	ANESTHESIOLOGY	.065994	.065994	.065994				40
41	RADIOLOGY-DIAGNOSTIC	.117603	.117603	.117603				41
41.01	RADIOLOGY - WABASH							41.01
41.02	RADIOLOGY - MANCHESTER							41.02
41.03	RADIOLOGY - EAST STATE							41.03
41.04	RADIOLOGY - JEFFERSON	.779009	.779009	.779009				41.04
41.05	RADIOLOGY - NHMP	.726364	.726364	.726364				41.05
41.06	RADIOLOGY - CMP	.204337	.204337	.204337				41.06
41.07	RADIOLOGY - WP	.640384	.640384	.640384				41.07
41.08	RADIOLOGY - PULM CLINIC	3.212666	3.212666	3.212666				41.08
41.09	RADIOLOGY - WHITLEY POOL							41.09
42	RADIOLOGY-THERAPEUTIC	.282208	.282208	.282208				42
43	RADIOISOTOPE	.144074	.144074	.144074				43
44	LABORATORY	.192478	.192478	.192478				44
44.01	ANATOMICAL PATHOLOGY	.340750	.340750	.340750				44.01
46	WHOLE BLOOD & PACKED RED BLOOD	.698931	.698931	.698931				46
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
49	RESPIRATORY THERAPY	.148014	.148014	.148014				49
49.01	WOUND CARE	.292394	.292394	.292394				49.01
49.02	DIALYSIS	.718617	.718617	.718617				49.02
49.03	ENDOSCOPY	.081875	.081875	.081875				49.03
50	PHYSICAL THERAPY	.664018	.664018	.664018				50
50.01	TRANSITIONAL THERAPY	.683437	.683437	.683437				50.01
50.02	PV REHAB OUTREACH							50.02
51	OCCUPATIONAL THERAPY	.553512	.553512	.553512				51
52	SPEECH PATHOLOGY	.498799	.498799	.498799				52
52.01	NEURO REHAB	.466564	.466564	.466564				52.01
53	ELECTROCARDIOLOGY	.165248	.165248	.165248				53
54	ELECTROENCEPHALOGRAPHY	.374513	.374513	.374513				54
54.01	NUTRITION SUPPORT	4.610953	4.610953	4.610953				54.01
54.02	MRI	.249929	.249929	.249929				54.02
54.03	CARDIAC CATH LAB	.170311	.170311	.170311				54.03
54.04	CARDIAC REHAB SERVICES	.740534	.740534	.740534				54.04
55	MEDICAL SUPPLIES CHARGED TO PAT	.403770	.403770	.403770				55
55.01	COST OF SOLUTIONS	.155093	.155093	.155093				55.01
56	DRUGS CHARGED TO PATIENTS	.306228	.306228	.306228				56
	OUTPATIENT SERVICE COST CENTERS							
60	CLINIC	.900589	.900589	.900589				60
60.01	ANTICOAG CLINIC	.794297	.794297	.794297				60.01
61	EMERGENCY	.308399	.308399	.308399				61
61.01	PARTIAL HOSPITALIZATION	.386695	.386695	.386695				61.01
62	OBSERVATION BEDS (NON-DISTINCT	.682211	.682211	.682211				62
63.50	RHC							63.50
63.60	FQHC							63.60
	OTHER REIMBURSABLE COST CENTERS							
65	AMBULANCE SERVICES	.730815	.730815	.730815				65
65.01	AMBULANCE CHARGES (S-2 LINE 56.	.730815	.730815					65.01
65.02	AMBULANCE CHARGES (S-2 LINE 56.	.730815	.730815					65.02
65.03	AMBULANCE CHARGES (S-2 LINE 56.	.730815	.730815					65.03
101	SUBTOTAL							101
102	CRNA CHARGES							102
103	LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104	NET CHARGES							104

PART VI - VACCINE COST APPORTIONMENT

		1	
1	DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.306228	1
2	PROGRAM VACCINE CHARGES	9697	2
2.01	PROGRAM VACCINE CHARGES		2.01
3	PROGRAM COSTS	2969	3
3.01	PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

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

	COST CENTER DESCRIPTION	PROGRAM CHARGES: ALL OTHER (1) (SEE INSTRU.) 5	PROGRAM CHARGES: PPS SERVICES (SEE INSTRU.) 5.01	PROGRAM CHARGES: ALL OTHER (SEE INSTRU.) 5.02	PROGRAM CHARGES: PPS SERVICES (SEE INSTRU.) 5.03	PROGRAM CHARGES: PPS SERVICES (SEE INSTRU.) 5.04	PROGRAM COST: OUTPATIENT AMBULATORY SURGICAL CENTER 6	PROGRAM COST: OUTPATIENT RADIOLOGY 7	PROGRAM COST: OTHER OUTPATIENT DIAGNOSTIC 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		3713291							37
37.01	CAREW MEDICAL PARK SURG		1989350							37.01
38	RECOVERY ROOM		1402574							38
39	DELIVERY ROOM & LABOR ROOM		3286							39
40	ANESTHESIOLOGY		757468							40
41	RADIOLOGY-DIAGNOSTIC		19823205							41
41.01	RADIOLOGY - WABASH									41.01
41.02	RADIOLOGY - MANCHESTER									41.02
41.03	RADIOLOGY - EAST STATE									41.03
41.04	RADIOLOGY - JEFFERSON									41.04
41.05	RADIOLOGY - NHMP									41.05
41.06	RADIOLOGY - CMP									41.06
41.07	RADIOLOGY - WP									41.07
41.08	RADIOLOGY - PULM CLINIC									41.08
41.09	RADIOLOGY - WHITLEY POOL									41.09
42	RADIOLOGY-THERAPEUTIC		12623698							42
43	RADIOISOTOPE		678627							43
44	LABORATORY		156022							44
44.01	ANATOMICAL PATHOLOGY		831595							44.01
46	WHOLE BLOOD & PACKED RED BLOOD		274584							46
46.30	BLOOD CLOTTING FACTORS ADMIN C									46.30
49	RESPIRATORY THERAPY		478946							49
49.01	WOUND CARE		188947							49.01
49.02	DIALYSIS		20954							49.02
49.03	ENDOSCOPY		2116641							49.03
50	PHYSICAL THERAPY									50
50.01	TRANSITIONAL THERAPY									50.01
50.02	PV REHAB OUTREACH									50.02
51	OCCUPATIONAL THERAPY									51
52	SPEECH PATHOLOGY									52
52.01	NEURO REHAB									52.01
53	ELECTROCARDIOLOGY		1115994							53
54	ELECTROENCEPHALOGRAPHY		35507							54
54.01	NUTRITION SUPPORT		4068							54.01
54.02	MRI		2079159							54.02
54.03	CARDIAC CATH LAB		5293335							54.03
54.04	CARDIAC REHAB SERVICES		181342							54.04
55	MEDICAL SUPPLIES CHARGED TO PA		20128787							55
55.01	COST OF SOLUTIONS		1097314							55.01
56	DRUGS CHARGED TO PATIENTS		6483128							56
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC		89025							60
60.01	ANTICOAG CLINIC		939021							60.01
61	EMERGENCY		6619522							61
61.01	PARTIAL HOSPITALIZATION									61.01
62	OBSERVATION BEDS (NON-DISTINCT		2404366							62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES									65
65.01	AMBULANCE CHARGES (S-2 LINE 56									65.01
65.02	AMBULANCE CHARGES (S-2 LINE 56									65.02
65.03	AMBULANCE CHARGES (S-2 LINE 56									65.03
101	SUBTOTAL		91529756							101
102	CRNA CHARGES									102
103	PBP CLINIC LAB									103
104	NET CHARGES		91529756							104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

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

	COST CENTER DESCRIPTION	PROGRAM COST: ALL OTHER (COLS 1x5) 9	PROGRAM COST: PPS SERVICES (COLUMNS 1.01x5.01) 9.01	PROGRAM COST: ALL OTHER (COLUMNS 1.01x5.02) 9.02	PROGRAM COST: PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PROGRAM COST: PPS SERVICES (COLUMNS 1.01x5.04) 9.04	HOSPITAL I/P PART B CHARGES (SEE INSTRU.) 10	HOSPITAL I/P PART B COST (COLUMNS 1.02x10) 11	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM		829776						37
37.01	CAREW MEDICAL PARK SURG		846540						37.01
38	RECOVERY ROOM		466642						38
39	DELIVERY ROOM & LABOR ROOM		265						39
40	ANESTHESIOLOGY		49988						40
41	RADIOLOGY-DIAGNOSTIC		2331268						41
41.01	RADIOLOGY - WABASH								41.01
41.02	RADIOLOGY - MANCHESTER								41.02
41.03	RADIOLOGY - EAST STATE								41.03
41.04	RADIOLOGY - JEFFERSON								41.04
41.05	RADIOLOGY - NHMP								41.05
41.06	RADIOLOGY - CMP								41.06
41.07	RADIOLOGY - WP								41.07
41.08	RADIOLOGY - PULM CLINIC								41.08
41.09	RADIOLOGY - WHITLEY POOL								41.09
42	RADIOLOGY-THERAPEUTIC		3562509						42
43	RADIOISOTOPE		97773						43
44	LABORATORY		30031						44
44.01	ANATOMICAL PATHOLOGY		283366						44.01
46	WHOLE BLOOD & PACKED RED BLOOD		191915						46
46.30	BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	RESPIRATORY THERAPY		70891						49
49.01	WOUND CARE		55247						49.01
49.02	DIALYSIS		15058						49.02
49.03	ENDOSCOPY		173300						49.03
50	PHYSICAL THERAPY								50
50.01	TRANSITIONAL THERAPY								50.01
50.02	PV REHAB OUTREACH								50.02
51	OCCUPATIONAL THERAPY								51
52	SPEECH PATHOLOGY								52
52.01	NEURO REHAB								52.01
53	ELECTROCARDIOLOGY		184416						53
54	ELECTROENCEPHALOGRAPHY		13298						54
54.01	NUTRITION SUPPORT		18757						54.01
54.02	MRI		519642						54.02
54.03	CARDIAC CATH LAB		901513						54.03
54.04	CARDIAC REHAB SERVICES		134290						54.04
55	MEDICAL SUPPLIES CHARGED TO PAT		8127400						55
55.01	COST OF SOLUTIONS		170186						55.01
56	DRUGS CHARGED TO PATIENTS		1985315						56
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC		80175						60
60.01	ANTICOAG CLINIC		745862						60.01
61	EMERGENCY		2041454						61
61.01	PARTIAL HOSPITALIZATION								61.01
62	OBSERVATION BEDS (NON-DISTINCT		1640285						62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	AMBULANCE SERVICES								65
65.01	AMBULANCE CHARGES (S-2 LINE 56.								65.01
65.02	AMBULANCE CHARGES (S-2 LINE 56.								65.02
65.03	AMBULANCE CHARGES (S-2 LINE 56.								65.03
101	SUBTOTAL		25567162						101
102	CRNA CHARGES								102
103	LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS								103
104	NET CHARGES		25567162						104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS WORKSHEET D PART II

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

	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPATIENT PROGRAM CHARGES 4	---- OLD CAPITAL ---- RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	---- NEW CAPITAL ---- RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	3515805	103433022	2611				.033991	89	37
37.01	CAREW MEDICAL PARK SURG	395859	4468199					.088595		37.01
38	RECOVERY ROOM	435378	14488779	2521				.030049	76	38
39	DELIVERY ROOM & LABOR ROOM	288168	27573012					.010451		39
40	ANESTHESIOLOGY	290899	9798915	1033				.029687	31	40
41	RADIOLOGY-DIAGNOSTIC	3537995	122733360	131791				.028827	3799	41
41.01	RADIOLOGY - WABASH									41.01
41.02	RADIOLOGY - MANCHESTER									41.02
41.03	RADIOLOGY - EAST STATE									41.03
41.04	RADIOLOGY - JEFFERSON	6192	25001					.247670		41.04
41.05	RADIOLOGY - NHMP	60875	591352					.102942		41.05
41.06	RADIOLOGY - CMP	331872	7021360					.047266		41.06
41.07	RADIOLOGY - WP	71625	636235					.112576		41.07
41.08	RADIOLOGY - PULM CLINIC	96186	108104					.889754		41.08
41.09	RADIOLOGY - WHITLEY POOL									41.09
42	RADIOLOGY-THERAPEUTIC	3835004	36604145	61859				.104770	6481	42
43	RADIOISOTOPE	325142	8838054	2704				.036789	99	43
44	LABORATORY	2725232	62121974	163499				.043869	7173	44
44.01	ANATOMICAL PATHOLOGY	147831	5244992	575				.028185	16	44.01
46	WHOLE BLOOD & PACKED RED BLOO	39449	6165336	4201				.006399	27	46
46.30	BLOOD CLOTTING FACTORS ADMIN									46.30
49	RESPIRATORY THERAPY	792692	50451566	27306				.015712	429	49
49.01	WOUND CARE	894935	3390784	36543				.263932	9645	49.01
49.02	DIALYSIS	40971	2204319	18484				.018587	344	49.02
49.03	ENDOSCOPY	419148	25981706	12102				.016132	195	49.03
50	PHYSICAL THERAPY	502810	6207240	517615				.081004	41929	50
50.01	TRANSITIONAL THERAPY	40081	500100					.080146		50.01
50.02	PV REHAB OUTREACH									50.02
51	OCCUPATIONAL THERAPY	209176	4603436	546287				.045439	24823	51
52	SPEECH PATHOLOGY	105875	2518740	362006				.042035	15217	52
52.01	NEURO REHAB	322806	2568450					.125681		52.01
53	ELECTROCARDIOLOGY	162116	5772962	4497				.028082	126	53
54	ELECTROENCEPHALOGRAPHY	73026	1137632	3489				.064191	224	54
54.01	NUTRITION SUPPORT	42441	152344	3063				.278587	853	54.01
54.02	MRI	847734	11924583	19027				.071091	1353	54.02
54.03	CARDIAC CATH LAB	1382647	44239704					.031254		54.03
54.04	CARDIAC REHAB SERVICES	91356	535750					.170520		54.04
55	MEDICAL SUPPLIES CHARGED TO P	887726	135299543	16463				.006561	108	55
55.01	COST OF SOLUTIONS	131571	31417949	35498				.004188	149	55.01
56	DRUGS CHARGED TO PATIENTS	2755971	124638957	400197				.022112	8849	56
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	120317	503494	3125				.238964	747	60
60.01	ANTICOAG CLINIC	63488	1750912					.036260		60.01
61	EMERGENCY	1423625	60013798					.023722		61
61.01	PARTIAL HOSPITALIZATION	21872	419804					.052101		61.01
62	OBSERVATION BEDS (NON-DISTINC	708346	9877013					.071717		62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES									65
101	TOTAL	28144242	935962626	2376496					122782	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

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

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	OUTPATIENT NONPHYSICIAN ANESTHETIST COST 1.01	NURSING SCHOOL COST 2	ALLIED HEALTH COSTS 2.01	ALL OTHER MEDICAL EDUCATION COSTS 2.02	ADMINISTERING BLOOD CLOTTING FACTORS COST 2.03	TOTAL COSTS 3	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM				117			117	37
37.01	CAREW MEDICAL PARK SURG				2			2	37.01
38	RECOVERY ROOM				4			4	38
39	DELIVERY ROOM & LABOR ROOM								39
40	ANESTHESIOLOGY								40
41	RADIOLOGY-DIAGNOSTIC				155284			155284	41
41.01	RADIOLOGY - WABASH								41.01
41.02	RADIOLOGY - MANCHESTER								41.02
41.03	RADIOLOGY - EAST STATE								41.03
41.04	RADIOLOGY - JEFFERSON								41.04
41.05	RADIOLOGY - NHMP								41.05
41.06	RADIOLOGY - CMP				4			4	41.06
41.07	RADIOLOGY - WP								41.07
41.08	RADIOLOGY - PULM CLINIC				6			6	41.08
41.09	RADIOLOGY - WHITLEY POOL								41.09
42	RADIOLOGY-THERAPEUTIC				2			2	42
43	RADIOISOTOPE				18			18	43
44	LABORATORY				98572			98572	44
44.01	ANATOMICAL PATHOLOGY				1			1	44.01
46	WHOLE BLOOD & PACKED RED BLOO								46
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
49	RESPIRATORY THERAPY				36			36	49
49.01	WOUND CARE				14			14	49.01
49.02	DIALYSIS				1			1	49.02
49.03	ENDOSCOPY				6			6	49.03
50	PHYSICAL THERAPY				12			12	50
50.01	TRANSITIONAL THERAPY								50.01
50.02	PV REHAB OUTREACH								50.02
51	OCCUPATIONAL THERAPY								51
52	SPEECH PATHOLOGY								52
52.01	NEURO REHAB				21			21	52.01
53	ELECTROCARDIOLOGY				3			3	53
54	ELECTROENCEPHALOGRAPHY								54
54.01	NUTRITION SUPPORT								54.01
54.02	MRI				7			7	54.02
54.03	CARDIAC CATH LAB				9			9	54.03
54.04	CARDIAC REHAB SERVICES								54.04
55	MEDICAL SUPPLIES CHARGED TO P								55
55.01	COST OF SOLUTIONS								55.01
56	DRUGS CHARGED TO PATIENTS				211879			211879	56
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC				2			2	60
60.01	ANTICOAG CLINIC								60.01
61	EMERGENCY				870			870	61
61.01	PARTIAL HOSPITALIZATION								61.01
62	OBSERVATION BEDS (NON-DISTINC				34			34	62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	AMBULANCE SERVICES								65
101	TOTAL				466904			466904	101

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

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

	COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	117	103433022	.000001	.000001	2611			37
37.01	CAREW MEDICAL PARK SURG	2	4468199						37.01
38	RECOVERY ROOM	4	14488779			2521			38
39	DELIVERY ROOM & LABOR ROOM		27573012						39
40	ANESTHESIOLOGY		9798915			1033			40
41	RADIOLOGY-DIAGNOSTIC	155284	122733360	.001265	.001265	131791	167		41
41.01	RADIOLOGY - WABASH								41.01
41.02	RADIOLOGY - MANCHESTER								41.02
41.03	RADIOLOGY - EAST STATE								41.03
41.04	RADIOLOGY - JEFFERSON		25001						41.04
41.05	RADIOLOGY - NHMP		591352						41.05
41.06	RADIOLOGY - CMP	4	7021360	.000001	.000001				41.06
41.07	RADIOLOGY - WP		636235						41.07
41.08	RADIOLOGY - PULM CLINIC	6	108104	.000056	.000056				41.08
41.09	RADIOLOGY - WHITLEY POOL								41.09
42	RADIOLOGY-THERAPEUTIC	2	36604145			61859			42
43	RADIOISOTOPE	18	8838054	.000002	.000002	2704			43
44	LABORATORY	98572	62121974	.001587	.001587	163499	259		44
44.01	ANATOMICAL PATHOLOGY	1	5244992			575			44.01
46	WHOLE BLOOD & PACKED RED BLOO		6165336			4201			46
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
49	RESPIRATORY THERAPY	36	50451566	.000001	.000001	27306			49
49.01	WOUND CARE	14	3390784	.000004	.000004	36543			49.01
49.02	DIALYSIS	1	2204319			18484			49.02
49.03	ENDOSCOPY	6	25981706			12102			49.03
50	PHYSICAL THERAPY	12	6207240	.000002	.000002	517615	1		50
50.01	TRANSITIONAL THERAPY		500100						50.01
50.02	PV REHAB OUTREACH								50.02
51	OCCUPATIONAL THERAPY		4603436			546287			51
52	SPEECH PATHOLOGY		2518740			362006			52
52.01	NEURO REHAB	21	2568450	.000008	.000008				52.01
53	ELECTROCARDIOLOGY	3	5772962	.000001	.000001	4497			53
54	ELECTROENCEPHALOGRAPHY		1137632			3489			54
54.01	NUTRITION SUPPORT		152344			3063			54.01
54.02	MRI	7	11924583	.000001	.000001	19027			54.02
54.03	CARDIAC CATH LAB	9	44239704						54.03
54.04	CARDIAC REHAB SERVICES		535750						54.04
55	MEDICAL SUPPLIES CHARGED TO P		135299543			16463			55
55.01	COST OF SOLUTIONS		31417949			35498			55.01
56	DRUGS CHARGED TO PATIENTS	211879	124638957	.001700	.001700	400197	680		56
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC	2	503494	.000004	.000004	3125			60
60.01	ANTICOAG CLINIC		1750912						60.01
61	EMERGENCY	870	60013798	.000014	.000014				61
61.01	PARTIAL HOSPITALIZATION		419804						61.01
62	OBSERVATION BEDS (NON-DISTINC	34	9877013	.000003	.000003				62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	AMBULANCE SERVICES								65
101	TOTAL	466904	935962626			2376496	1107		101

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

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

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS WORKSHEET D PART II

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

	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPATIENT PROGRAM CHARGES 4	---- OLD CAPITAL ---- RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	---- NEW CAPITAL ---- RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	3515805	103433022					.033991		37
37.01	CAREW MEDICAL PARK SURG	395859	4468199	171761				.088595	15217	37.01
38	RECOVERY ROOM	435378	14488779					.030049		38
39	DELIVERY ROOM & LABOR ROOM	288168	27573012					.010451		39
40	ANESTHESIOLOGY	290899	9798915					.029687		40
41	RADIOLOGY-DIAGNOSTIC	3537995	122733360	132369				.028827	3816	41
41.01	RADIOLOGY - WABASH									41.01
41.02	RADIOLOGY - MANCHESTER									41.02
41.03	RADIOLOGY - EAST STATE									41.03
41.04	RADIOLOGY - JEFFERSON	6192	25001					.247670		41.04
41.05	RADIOLOGY - NHMP	60875	591352					.102942		41.05
41.06	RADIOLOGY - CMP	331872	7021360					.047266		41.06
41.07	RADIOLOGY - WP	71625	636235					.112576		41.07
41.08	RADIOLOGY - PULM CLINIC	96186	108104					.889754		41.08
41.09	RADIOLOGY - WHITLEY POOL									41.09
42	RADIOLOGY-THERAPEUTIC	3835004	36604145					.104770		42
43	RADIOISOTOPE	325142	8838054					.036789		43
44	LABORATORY	2725232	62121974	499063				.043869	21893	44
44.01	ANATOMICAL PATHOLOGY	147831	5244992					.028185		44.01
46	WHOLE BLOOD & PACKED RED BLOO	39449	6165336	611				.006399	4	46
46.30	BLOOD CLOTTING FACTORS ADMIN									46.30
49	RESPIRATORY THERAPY	792692	50451566	3145				.015712	49	49
49.01	WOUND CARE	894935	3390784	418				.263932	110	49.01
49.02	DIALYSIS	40971	2204319					.018587		49.02
49.03	ENDOSCOPY	419148	25981706					.016132		49.03
50	PHYSICAL THERAPY	502810	6207240	841				.081004	68	50
50.01	TRANSITIONAL THERAPY	40081	500100					.080146		50.01
50.02	PV REHAB OUTREACH									50.02
51	OCCUPATIONAL THERAPY	209176	4603436	1466				.045439	67	51
52	SPEECH PATHOLOGY	105875	2518740	245				.042035	10	52
52.01	NEURO REHAB	322806	2568450					.125681		52.01
53	ELECTROCARDIOLOGY	162116	5772962	19193				.028082	539	53
54	ELECTROENCEPHALOGRAPHY	73026	1137632	4124				.064191	265	54
54.01	NUTRITION SUPPORT	42441	152344	9769				.278587	2722	54.01
54.02	MRI	847734	11924583	9713				.071091	691	54.02
54.03	CARDIAC CATH LAB	1382647	44239704					.031254		54.03
54.04	CARDIAC REHAB SERVICES	91356	535750					.170520		54.04
55	MEDICAL SUPPLIES CHARGED TO P	887726	135299543	1697				.006561	11	55
55.01	COST OF SOLUTIONS	131571	31417949	25719				.004188	108	55.01
56	DRUGS CHARGED TO PATIENTS	2755971	124638957	778883				.022112	17223	56
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	120317	503494	76				.238964	18	60
60.01	ANTICOAG CLINIC	63488	1750912	191				.036260	7	60.01
61	EMERGENCY	1423625	60013798	219220				.023722	5200	61
61.01	PARTIAL HOSPITALIZATION	21872	419804					.052101		61.01
62	OBSERVATION BEDS (NON-DISTINC	708346	9877013					.071717		62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES									65
101	TOTAL	28144242	935962626	1878504					68018	101

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

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

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	OUTPATIENT NONPHYSICIAN ANESTHETIST COST 1.01	NURSING SCHOOL COST 2	ALLIED HEALTH COSTS 2.01	ALL OTHER MEDICAL EDUCATION COSTS 2.02	ADMINISTERING BLOOD CLOTTING FACTORS COST 2.03	TOTAL COSTS 3	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM				117			117	37
37.01	CAREW MEDICAL PARK SURG				2			2	37.01
38	RECOVERY ROOM				4			4	38
39	DELIVERY ROOM & LABOR ROOM								39
40	ANESTHESIOLOGY								40
41	RADIOLOGY-DIAGNOSTIC				155284			155284	41
41.01	RADIOLOGY - WABASH								41.01
41.02	RADIOLOGY - MANCHESTER								41.02
41.03	RADIOLOGY - EAST STATE								41.03
41.04	RADIOLOGY - JEFFERSON								41.04
41.05	RADIOLOGY - NHMP								41.05
41.06	RADIOLOGY - CMP				4			4	41.06
41.07	RADIOLOGY - WP								41.07
41.08	RADIOLOGY - PULM CLINIC				6			6	41.08
41.09	RADIOLOGY - WHITLEY POOL								41.09
42	RADIOLOGY-THERAPEUTIC				2			2	42
43	RADIOISOTOPE				18			18	43
44	LABORATORY				98572			98572	44
44.01	ANATOMICAL PATHOLOGY				1			1	44.01
46	WHOLE BLOOD & PACKED RED BLOO								46
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
49	RESPIRATORY THERAPY				36			36	49
49.01	WOUND CARE				14			14	49.01
49.02	DIALYSIS				1			1	49.02
49.03	ENDOSCOPY				6			6	49.03
50	PHYSICAL THERAPY				12			12	50
50.01	TRANSITIONAL THERAPY								50.01
50.02	PV REHAB OUTREACH								50.02
51	OCCUPATIONAL THERAPY								51
52	SPEECH PATHOLOGY								52
52.01	NEURO REHAB				21			21	52.01
53	ELECTROCARDIOLOGY				3			3	53
54	ELECTROENCEPHALOGRAPHY								54
54.01	NUTRITION SUPPORT								54.01
54.02	MRI				7			7	54.02
54.03	CARDIAC CATH LAB				9			9	54.03
54.04	CARDIAC REHAB SERVICES								54.04
55	MEDICAL SUPPLIES CHARGED TO P								55
55.01	COST OF SOLUTIONS								55.01
56	DRUGS CHARGED TO PATIENTS				211879			211879	56
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC				2			2	60
60.01	ANTICOAG CLINIC								60.01
61	EMERGENCY				870			870	61
61.01	PARTIAL HOSPITALIZATION								61.01
62	OBSERVATION BEDS (NON-DISTINC				34			34	62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	AMBULANCE SERVICES								65
101	TOTAL				466904			466904	101

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

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

	COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	117	103433022	.000001	.000001				37
37.01	CAREW MEDICAL PARK SURG	2	4468199			171761			37.01
38	RECOVERY ROOM	4	14488779						38
39	DELIVERY ROOM & LABOR ROOM		27573012						39
40	ANESTHESIOLOGY		9798915						40
41	RADIOLOGY-DIAGNOSTIC	155284	122733360	.001265	.001265	132369	167		41
41.01	RADIOLOGY - WABASH								41.01
41.02	RADIOLOGY - MANCHESTER								41.02
41.03	RADIOLOGY - EAST STATE								41.03
41.04	RADIOLOGY - JEFFERSON		25001						41.04
41.05	RADIOLOGY - NHMP		591352						41.05
41.06	RADIOLOGY - CMP	4	7021360	.000001	.000001				41.06
41.07	RADIOLOGY - WP		636235						41.07
41.08	RADIOLOGY - PULM CLINIC	6	108104	.000056	.000056				41.08
41.09	RADIOLOGY - WHITLEY POOL								41.09
42	RADIOLOGY-THERAPEUTIC	2	36604145						42
43	RADIOISOTOPE	18	8838054	.000002	.000002				43
44	LABORATORY	98572	62121974	.001587	.001587	499063	792		44
44.01	ANATOMICAL PATHOLOGY	1	5244992						44.01
46	WHOLE BLOOD & PACKED RED BLOO		6165336			611			46
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
49	RESPIRATORY THERAPY	36	50451566	.000001	.000001	3145			49
49.01	WOUND CARE	14	3390784	.000004	.000004	418			49.01
49.02	DIALYSIS	1	2204319						49.02
49.03	ENDOSCOPY	6	25981706						49.03
50	PHYSICAL THERAPY	12	6207240	.000002	.000002	841			50
50.01	TRANSITIONAL THERAPY		500100						50.01
50.02	PV REHAB OUTREACH								50.02
51	OCCUPATIONAL THERAPY		4603436			1466			51
52	SPEECH PATHOLOGY		2518740			245			52
52.01	NEURO REHAB	21	2568450	.000008	.000008				52.01
53	ELECTROCARDIOLOGY	3	5772962	.000001	.000001	19193			53
54	ELECTROENCEPHALOGRAPHY		1137632			4124			54
54.01	NUTRITION SUPPORT		152344			9769			54.01
54.02	MRI	7	11924583	.000001	.000001	9713			54.02
54.03	CARDIAC CATH LAB	9	44239704						54.03
54.04	CARDIAC REHAB SERVICES		535750						54.04
55	MEDICAL SUPPLIES CHARGED TO P		135299543			1697			55
55.01	COST OF SOLUTIONS		31417949			25719			55.01
56	DRUGS CHARGED TO PATIENTS	211879	124638957	.001700	.001700	778883	1324		56
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC	2	503494	.000004	.000004	76			60
60.01	ANTICOAG CLINIC		1750912			191			60.01
61	EMERGENCY	870	60013798	.000014	.000014	219220	3		61
61.01	PARTIAL HOSPITALIZATION		419804						61.01
62	OBSERVATION BEDS (NON-DISTINC	34	9877013	.000003	.000003				62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	AMBULANCE SERVICES								65
101	TOTAL	466904	935962626			1878504	2286		101

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

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

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

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

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	OUTPATIENT NONPHYSICIAN ANESTHETIST COST 1.01	NURSING SCHOOL COST 2	ALLIED HEALTH COSTS 2.01	ALL OTHER MEDICAL EDUCATION COSTS 2.02	ADMINISTERING BLOOD CLOTTING FACTORS COST 2.03	TOTAL COSTS 3	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM				117			117	37
37.01	CAREW MEDICAL PARK SURG				2			2	37.01
38	RECOVERY ROOM				4			4	38
39	DELIVERY ROOM & LABOR ROOM								39
40	ANESTHESIOLOGY								40
41	RADIOLOGY-DIAGNOSTIC				155284			155284	41
41.01	RADIOLOGY - WABASH								41.01
41.02	RADIOLOGY - MANCHESTER								41.02
41.03	RADIOLOGY - EAST STATE								41.03
41.04	RADIOLOGY - JEFFERSON								41.04
41.05	RADIOLOGY - NHMP								41.05
41.06	RADIOLOGY - CMP				4			4	41.06
41.07	RADIOLOGY - WP								41.07
41.08	RADIOLOGY - PULM CLINIC				6			6	41.08
41.09	RADIOLOGY - WHITLEY POOL								41.09
42	RADIOLOGY-THERAPEUTIC				2			2	42
43	RADIOISOTOPE				18			18	43
44	LABORATORY				98572			98572	44
44.01	ANATOMICAL PATHOLOGY				1			1	44.01
46	WHOLE BLOOD & PACKED RED BLOO								46
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
49	RESPIRATORY THERAPY				36			36	49
49.01	WOUND CARE				14			14	49.01
49.02	DIALYSIS				1			1	49.02
49.03	ENDOSCOPY				6			6	49.03
50	PHYSICAL THERAPY				12			12	50
50.01	TRANSITIONAL THERAPY								50.01
50.02	PV REHAB OUTREACH								50.02
51	OCCUPATIONAL THERAPY								51
52	SPEECH PATHOLOGY								52
52.01	NEURO REHAB				21			21	52.01
53	ELECTROCARDIOLOGY				3			3	53
54	ELECTROENCEPHALOGRAPHY								54
54.01	NUTRITION SUPPORT								54.01
54.02	MRI				7			7	54.02
54.03	CARDIAC CATH LAB				9			9	54.03
54.04	CARDIAC REHAB SERVICES								54.04
55	MEDICAL SUPPLIES CHARGED TO P								55
55.01	COST OF SOLUTIONS								55.01
56	DRUGS CHARGED TO PATIENTS				211879			211879	56
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC				2			2	60
60.01	ANTICOAG CLINIC								60.01
61	EMERGENCY				870			870	61
61.01	PARTIAL HOSPITALIZATION								61.01
62	OBSERVATION BEDS (NON-DISTINC								62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	AMBULANCE SERVICES								65
101	TOTAL				466870			466870	101

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

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

	COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	117	103433022	.000001	.000001				37
37.01	CAREW MEDICAL PARK SURG	2	4468199						37.01
38	RECOVERY ROOM	4	14488779			265			38
39	DELIVERY ROOM & LABOR ROOM		27573012						39
40	ANESTHESIOLOGY		9798915			716			40
41	RADIOLOGY-DIAGNOSTIC	155284	122733360	.001265	.001265	194783	246		41
41.01	RADIOLOGY - WABASH								41.01
41.02	RADIOLOGY - MANCHESTER								41.02
41.03	RADIOLOGY - EAST STATE								41.03
41.04	RADIOLOGY - JEFFERSON		25001						41.04
41.05	RADIOLOGY - NHMP		591352						41.05
41.06	RADIOLOGY - CMP	4	7021360	.000001	.000001				41.06
41.07	RADIOLOGY - WP		636235						41.07
41.08	RADIOLOGY - PULM CLINIC	6	108104	.000056	.000056				41.08
41.09	RADIOLOGY - WHITLEY POOL								41.09
42	RADIOLOGY-THERAPEUTIC	2	36604145			15430			42
43	RADIOISOTOPE	18	8838054	.000002	.000002	13781			43
44	LABORATORY	98572	62121974	.001587	.001587	584620	928		44
44.01	ANATOMICAL PATHOLOGY	1	5244992			13019			44.01
46	WHOLE BLOOD & PACKED RED BLOO		6165336			26615			46
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
49	RESPIRATORY THERAPY	36	50451566	.000001	.000001	115393			49
49.01	WOUND CARE	14	3390784	.000004	.000004	135282	1		49.01
49.02	DIALYSIS	1	2204319						49.02
49.03	ENDOSCOPY	6	25981706			1573			49.03
50	PHYSICAL THERAPY	12	6207240	.000002	.000002	572851	1		50
50.01	TRANSITIONAL THERAPY		500100						50.01
50.02	PV REHAB OUTREACH								50.02
51	OCCUPATIONAL THERAPY		4603436			586603			51
52	SPEECH PATHOLOGY		2518740			146712			52
52.01	NEURO REHAB	21	2568450	.000008	.000008				52.01
53	ELECTROCARDIOLOGY	3	5772962	.000001	.000001	12135			53
54	ELECTROENCEPHALOGRAPHY		1137632			3304			54
54.01	NUTRITION SUPPORT		152344			279			54.01
54.02	MRI	7	11924583	.000001	.000001				54.02
54.03	CARDIAC CATH LAB	9	44239704			260			54.03
54.04	CARDIAC REHAB SERVICES		535750						54.04
55	MEDICAL SUPPLIES CHARGED TO P		135299543			39696			55
55.01	COST OF SOLUTIONS		31417949			229802			55.01
56	DRUGS CHARGED TO PATIENTS	211879	124638957	.001700	.001700	1146140	1948		56
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC	2	503494	.000004	.000004	4087			60
60.01	ANTICOAG CLINIC		1750912						60.01
61	EMERGENCY	870	60013798	.000014	.000014	890			61
61.01	PARTIAL HOSPITALIZATION		419804						61.01
62	OBSERVATION BEDS (NON-DISTINC		9877013						62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	AMBULANCE SERVICES								65
101	TOTAL	466870	935962626			3844236	3124		101

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

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

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

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS WORKSHEET D PART I

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

	COST CENTER DESCRIPTION	OLD CAPITAL CAPITAL RELATED COST 1	OLD CAPITAL SWING-BED ADJUSTMENT 2	OLD CAPITAL REDUCED CAPITAL RELATED COST 3	NEW CAPITAL CAPITAL RELATED COST 4	NEW CAPITAL SWING-BED ADJUSTMENT 5	NEW CAPITAL REDUCED CAPITAL RELATED COST 6	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS				7358385		7358385	25
26	INTENSIVE CARE UNIT				1262464		1262464	26
26.01	PEDIATRIC ICU				178767		178767	26.01
26.02	NEONATAL ICU				317379		317379	26.02
27	CORONARY CARE UNIT				996233		996233	27
28	BURN INTENSIVE CARE UNIT							28
29	SURGICAL INTENSIVE CARE UNIT							29
30	OTHER SPECIAL CARE (SPECIFY)							30
31	SUBPROVIDER I				550675		550675	31
31.01	SUBPROVIDER II				1353442		1353442	31.01
33	NURSERY				456089		456089	33
101	TOTAL				12473434		12473434	101

	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	OLD CAPITAL INPATIENT PROGRAM CAPITAL COST 10	NEW CAPITAL PER DIEM 11	NEW CAPITAL INPATIENT PROGRAM CAPITAL COST 12	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS	92426	6427			79.61	511653	25
26	INTENSIVE CARE UNIT	8591	420			146.95	61719	26
26.01	PEDIATRIC ICU	896	93			199.52	18555	26.01
26.02	NEONATAL ICU	5663	753			56.04	42198	26.02
27	CORONARY CARE UNIT	8364	399			119.11	47525	27
28	BURN INTENSIVE CARE UNIT							28
29	SURGICAL INTENSIVE CARE UNIT							29
30	OTHER SPECIAL CARE (SPECIFY)							30
31	SUBPROVIDER I	6872	385			80.13	30850	31
31.01	SUBPROVIDER II	14511	1872			93.27	174601	31.01
33	NURSERY	4537	627			100.53	63032	33
101	TOTAL	141860	10976				950133	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS WORKSHEET D PART II

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

	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPATIENT PROGRAM CHARGES 4	---- OLD CAPITAL ---- RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	---- NEW CAPITAL ---- RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	3515805	103433022	2479254				.033991	84272	37
37.01	CAREW MEDICAL PARK SURG	395859	4468199					.088595		37.01
38	RECOVERY ROOM	435378	14488779	300520				.030049	9030	38
39	DELIVERY ROOM & LABOR ROOM	288168	27573012	269968				.010451	2821	39
40	ANESTHESIOLOGY	290899	9798915	298659				.029687	8866	40
41	RADIOLOGY-DIAGNOSTIC	3537995	122733360	3435687				.028827	99041	41
41.01	RADIOLOGY - WABASH									41.01
41.02	RADIOLOGY - MANCHESTER									41.02
41.03	RADIOLOGY - EAST STATE									41.03
41.04	RADIOLOGY - JEFFERSON	6192	25001					.247670		41.04
41.05	RADIOLOGY - NHMP	60875	591352					.102942		41.05
41.06	RADIOLOGY - CMP	331872	7021360					.047266		41.06
41.07	RADIOLOGY - WP	71625	636235					.112576		41.07
41.08	RADIOLOGY - PULM CLINIC	96186	108104	450				.889754	400	41.08
41.09	RADIOLOGY - WHITLEY POOL									41.09
42	RADIOLOGY-THERAPEUTIC	3835004	36604145	73876				.104770	7740	42
43	RADIOISOTOPE	325142	8838054	101809				.036789	3745	43
44	LABORATORY	2725232	62121974	2941301				.043869	129032	44
44.01	ANATOMICAL PATHOLOGY	147831	5244992	136577				.028185	3849	44.01
46	WHOLE BLOOD & PACKED RED BLOO	39449	6165336	239629				.006399	1533	46
46.30	BLOOD CLOTTING FACTORS ADMIN									46.30
49	RESPIRATORY THERAPY	792692	50451566	2216466				.015712	34825	49
49.01	WOUND CARE	894935	3390784	179975				.263932	47501	49.01
49.02	DIALYSIS	40971	2204319	121244				.018587	2254	49.02
49.03	ENDOSCOPY	419148	25981706	246241				.016132	3972	49.03
50	PHYSICAL THERAPY	502810	6207240	146102				.081004	11835	50
50.01	TRANSITIONAL THERAPY	40081	500100					.080146		50.01
50.02	PV REHAB OUTREACH									50.02
51	OCCUPATIONAL THERAPY	209176	4603436	130920				.045439	5949	51
52	SPEECH PATHOLOGY	105875	2518740	86212				.042035	3624	52
52.01	NEURO REHAB	322806	2568450					.125681		52.01
53	ELECTROCARDIOLOGY	162116	5772962	134114				.028082	3766	53
54	ELECTROENCEPHALOGRAPHY	73026	1137632	70880				.064191	4550	54
54.01	NUTRITION SUPPORT	42441	152344	18668				.278587	5201	54.01
54.02	MRI	847734	11924583	264241				.071091	18785	54.02
54.03	CARDIAC CATH LAB	1382647	44239704	825946				.031254	25814	54.03
54.04	CARDIAC REHAB SERVICES	91356	535750	917				.170520	156	54.04
55	MEDICAL SUPPLIES CHARGED TO P	887726	135299543	3547607				.006561	23276	55
55.01	COST OF SOLUTIONS	131571	31417949	2207618				.004188	9246	55.01
56	DRUGS CHARGED TO PATIENTS	2755971	124638957	5245160				.022112	115981	56
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	120317	503494	8564				.238964	2046	60
60.01	ANTICOAG CLINIC	63488	1750912					.036260		60.01
61	EMERGENCY	1423625	60013798	1024485				.023722	24303	61
61.01	PARTIAL HOSPITALIZATION	21872	419804					.052101		61.01
62	OBSERVATION BEDS (NON-DISTINC	708346	9877013					.071717		62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES									65
101	TOTAL	28144242	935962626	26753090					693413	101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL COST 2	ALLIED HEALTH COSTS 2.01	ALL OTHER MEDICAL EDUCATION COSTS 2.02	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS			318			318	25
26	INTENSIVE CARE UNIT			10			10	26
26.01	PEDIATRIC ICU			1			1	26.01
26.02	NEONATAL ICU							26.02
27	CORONARY CARE UNIT			17			17	27
28	BURN INTENSIVE CARE UNIT							28
29	SURGICAL INTENSIVE CARE UNIT							29
30	OTHER SPECIAL CARE (SPECIFY)							30
31	SUBPROVIDER I			3			3	31
31.01	SUBPROVIDER II							31.01
33	NURSERY			112			112	33
34	SKILLED NURSING FACILITY			16			16	34
35	NURSING FACILITY							35
101	TOTAL			477			477	101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS WORKSHEET D PART III

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

	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
	INPAT ROUTINE SERV COST CTRS					
25	ADULTS & PEDIATRICS	92426		6427		25
26	INTENSIVE CARE UNIT	8591		420		26
26.01	PEDIATRIC ICU	896		93		26.01
26.02	NEONATAL ICU	5663		753		26.02
27	CORONARY CARE UNIT	8364		399		27
28	BURN INTENSIVE CARE UNIT					28
29	SURGICAL INTENSIVE CARE UNIT					29
30	OTHER SPECIAL CARE (SPECIFY)					30
31	SUBPROVIDER I	6872		385		31
31.01	SUBPROVIDER II	14511		1872		31.01
33	NURSERY	4537	.02	627	13	33
34	SKILLED NURSING FACILITY	9644		19		34
35	NURSING FACILITY					35
101	TOTAL	151504		10995	13	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

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

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	OUTPATIENT NONPHYSICIAN ANESTHETIST COST 1.01	NURSING SCHOOL COST 2	ALLIED HEALTH COSTS 2.01	ALL OTHER MEDICAL EDUCATION COSTS 2.02	ADMINISTERING BLOOD CLOTTING FACTORS COST 2.03	TOTAL COSTS 3	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM				117			117	37
37.01	CAREW MEDICAL PARK SURG				2			2	37.01
38	RECOVERY ROOM				4			4	38
39	DELIVERY ROOM & LABOR ROOM								39
40	ANESTHESIOLOGY								40
41	RADIOLOGY-DIAGNOSTIC				155284			155284	41
41.01	RADIOLOGY - WABASH								41.01
41.02	RADIOLOGY - MANCHESTER								41.02
41.03	RADIOLOGY - EAST STATE								41.03
41.04	RADIOLOGY - JEFFERSON								41.04
41.05	RADIOLOGY - NHMP								41.05
41.06	RADIOLOGY - CMP				4			4	41.06
41.07	RADIOLOGY - WP								41.07
41.08	RADIOLOGY - PULM CLINIC				6			6	41.08
41.09	RADIOLOGY - WHITLEY POOL								41.09
42	RADIOLOGY-THERAPEUTIC				2			2	42
43	RADIOISOTOPE				18			18	43
44	LABORATORY				98572			98572	44
44.01	ANATOMICAL PATHOLOGY				1			1	44.01
46	WHOLE BLOOD & PACKED RED BLOO								46
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
49	RESPIRATORY THERAPY				36			36	49
49.01	WOUND CARE				14			14	49.01
49.02	DIALYSIS				1			1	49.02
49.03	ENDOSCOPY				6			6	49.03
50	PHYSICAL THERAPY				12			12	50
50.01	TRANSITIONAL THERAPY								50.01
50.02	PV REHAB OUTREACH								50.02
51	OCCUPATIONAL THERAPY								51
52	SPEECH PATHOLOGY								52
52.01	NEURO REHAB				21			21	52.01
53	ELECTROCARDIOLOGY				3			3	53
54	ELECTROENCEPHALOGRAPHY								54
54.01	NUTRITION SUPPORT								54.01
54.02	MRI				7			7	54.02
54.03	CARDIAC CATH LAB				9			9	54.03
54.04	CARDIAC REHAB SERVICES								54.04
55	MEDICAL SUPPLIES CHARGED TO P								55
55.01	COST OF SOLUTIONS								55.01
56	DRUGS CHARGED TO PATIENTS				211879			211879	56
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC				2			2	60
60.01	ANTICOAG CLINIC								60.01
61	EMERGENCY				870			870	61
61.01	PARTIAL HOSPITALIZATION								61.01
62	OBSERVATION BEDS (NON-DISTINC				34			34	62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	AMBULANCE SERVICES								65
101	TOTAL				466904			466904	101

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

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

	COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	117	103433022	.000001	.000001	2479254	2		37
37.01	CAREW MEDICAL PARK SURG	2	4468199						37.01
38	RECOVERY ROOM	4	14488779			300520			38
39	DELIVERY ROOM & LABOR ROOM		27573012			269968			39
40	ANESTHESIOLOGY		9798915			298659			40
41	RADIOLOGY-DIAGNOSTIC	155284	122733360	.001265	.001265	3435687	4346		41
41.01	RADIOLOGY - WABASH								41.01
41.02	RADIOLOGY - MANCHESTER								41.02
41.03	RADIOLOGY - EAST STATE								41.03
41.04	RADIOLOGY - JEFFERSON		25001						41.04
41.05	RADIOLOGY - NHMP		591352						41.05
41.06	RADIOLOGY - CMP	4	7021360	.000001	.000001				41.06
41.07	RADIOLOGY - WP		636235						41.07
41.08	RADIOLOGY - PULM CLINIC	6	108104	.000056	.000056	450			41.08
41.09	RADIOLOGY - WHITLEY POOL								41.09
42	RADIOLOGY-THERAPEUTIC	2	36604145			73876			42
43	RADIOISOTOPE	18	8838054	.000002	.000002	101809			43
44	LABORATORY	98572	62121974	.001587	.001587	2941301	4668		44
44.01	ANATOMICAL PATHOLOGY	1	5244992			136577			44.01
46	WHOLE BLOOD & PACKED RED BLOO		6165336			239629			46
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
49	RESPIRATORY THERAPY	36	50451566	.000001	.000001	2216466	2		49
49.01	WOUND CARE	14	3390784	.000004	.000004	179975	1		49.01
49.02	DIALYSIS	1	2204319			121244			49.02
49.03	ENDOSCOPY	6	25981706			246241			49.03
50	PHYSICAL THERAPY	12	6207240	.000002	.000002	146102			50
50.01	TRANSITIONAL THERAPY		500100						50.01
50.02	PV REHAB OUTREACH								50.02
51	OCCUPATIONAL THERAPY		4603436			130920			51
52	SPEECH PATHOLOGY		2518740			86212			52
52.01	NEURO REHAB	21	2568450	.000008	.000008				52.01
53	ELECTROCARDIOLOGY	3	5772962	.000001	.000001	134114			53
54	ELECTROENCEPHALOGRAPHY		1137632			70880			54
54.01	NUTRITION SUPPORT		152344			18668			54.01
54.02	MRI	7	11924583	.000001	.000001	264241			54.02
54.03	CARDIAC CATH LAB	9	44239704			825946			54.03
54.04	CARDIAC REHAB SERVICES		535750			917			54.04
55	MEDICAL SUPPLIES CHARGED TO P		135299543			3547607			55
55.01	COST OF SOLUTIONS		31417949			2207618			55.01
56	DRUGS CHARGED TO PATIENTS	211879	124638957	.001700	.001700	5245160	8917		56
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC	2	503494	.000004	.000004	8564			60
60.01	ANTICOAG CLINIC		1750912						60.01
61	EMERGENCY	870	60013798	.000014	.000014	1024485	14		61
61.01	PARTIAL HOSPITALIZATION		419804						61.01
62	OBSERVATION BEDS (NON-DISTINC	34	9877013	.000003	.000003				62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	AMBULANCE SERVICES								65
101	TOTAL	466904	935962626			26753090	17950		101

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

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

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK APPLICABLE BOXES

[ ] TITLE V - O/P
[ ] TITLE XVIII-PT B
[XX] TITLE XIX - O/P

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

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

	COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C, PART II COL. 8	PART I COL. 9	PART II COL. 9	PROGRAM CHARGES: OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC	
		1	1.01	1.02	2	3	4	
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	.223461	.223461	.223461				37
37.01	CAREW MEDICAL PARK SURG	.425536	.425536	.425536				37.01
38	RECOVERY ROOM	.332704	.332704	.332704				38
39	DELIVERY ROOM & LABOR ROOM	.080617	.080617	.080617				39
40	ANESTHESIOLOGY	.065994	.065994	.065994				40
41	RADIOLOGY-DIAGNOSTIC	.117603	.117603	.117603				41
41.01	RADIOLOGY - WABASH							41.01
41.02	RADIOLOGY - MANCHESTER							41.02
41.03	RADIOLOGY - EAST STATE							41.03
41.04	RADIOLOGY - JEFFERSON	.779009	.779009	.779009				41.04
41.05	RADIOLOGY - NHMP	.726364	.726364	.726364				41.05
41.06	RADIOLOGY - CMP	.204337	.204337	.204337				41.06
41.07	RADIOLOGY - WP	.640384	.640384	.640384				41.07
41.08	RADIOLOGY - PULM CLINIC	3.212666	3.212666	3.212666				41.08
41.09	RADIOLOGY - WHITLEY POOL							41.09
42	RADIOLOGY-THERAPEUTIC	.282208	.282208	.282208				42
43	RADIOISOTOPE	.144074	.144074	.144074				43
44	LABORATORY	.192478	.192478	.192478				44
44.01	ANATOMICAL PATHOLOGY	.340750	.340750	.340750				44.01
46	WHOLE BLOOD & PACKED RED BLOOD	.698931	.698931	.698931				46
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
49	RESPIRATORY THERAPY	.148014	.148014	.148014				49
49.01	WOUND CARE	.292394	.292394	.292394				49.01
49.02	DIALYSIS	.718617	.718617	.718617				49.02
49.03	ENDOSCOPY	.081875	.081875	.081875				49.03
50	PHYSICAL THERAPY	.664018	.664018	.664018				50
50.01	TRANSITIONAL THERAPY	.683437	.683437	.683437				50.01
50.02	PV REHAB OUTREACH							50.02
51	OCCUPATIONAL THERAPY	.553512	.553512	.553512				51
52	SPEECH PATHOLOGY	.498799	.498799	.498799				52
52.01	NEURO REHAB	.466564	.466564	.466564				52.01
53	ELECTROCARDIOLOGY	.165248	.165248	.165248				53
54	ELECTROENCEPHALOGRAPHY	.374513	.374513	.374513				54
54.01	NUTRITION SUPPORT	4.610953	4.610953	4.610953				54.01
54.02	MRI	.249929	.249929	.249929				54.02
54.03	CARDIAC CATH LAB	.170311	.170311	.170311				54.03
54.04	CARDIAC REHAB SERVICES	.740534	.740534	.740534				54.04
55	MEDICAL SUPPLIES CHARGED TO PAT	.403770	.403770	.403770				55
55.01	COST OF SOLUTIONS	.155093	.155093	.155093				55.01
56	DRUGS CHARGED TO PATIENTS	.306228	.306228	.306228				56
	OUTPATIENT SERVICE COST CENTERS							
60	CLINIC	.900589	.900589	.900589				60
60.01	ANTICOAG CLINIC	.794297	.794297	.794297				60.01
61	EMERGENCY	.308399	.308399	.308399				61
61.01	PARTIAL HOSPITALIZATION	.386695	.386695	.386695				61.01
62	OBSERVATION BEDS (NON-DISTINCT	.682211	.682211	.682211				62
63.50	RHC							63.50
63.60	FQHC							63.60
	OTHER REIMBURSABLE COST CENTERS							
65	AMBULANCE SERVICES	.730815	.730815	.730815				65
65.01	AMBULANCE CHARGES (S-2 LINE 56.	.730815	.730815					65.01
65.02	AMBULANCE CHARGES (S-2 LINE 56.	.730815	.730815					65.02
65.03	AMBULANCE CHARGES (S-2 LINE 56.	.730815	.730815					65.03
101	SUBTOTAL							101
102	CRNA CHARGES							102
103	LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104	NET CHARGES							104

PART VI - VACCINE COST APPORTIONMENT

		1	
1	DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.306228	1
2	PROGRAM VACCINE CHARGES		2
2.01	PROGRAM VACCINE CHARGES		2.01
3	PROGRAM COSTS		3
3.01	PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

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

	COST CENTER DESCRIPTION	PROGRAM CHARGES: ALL OTHER (1) (SEE INSTRU.) 5	PROGRAM CHARGES: PPS SERVICES (SEE INSTRU.) 5.01	PROGRAM CHARGES: ALL OTHER (SEE INSTRU.) 5.02	PROGRAM CHARGES: PPS SERVICES (SEE INSTRU.) 5.03	PROGRAM CHARGES: PPS SERVICES (SEE INSTRU.) 5.04	PROGRAM COST: OUTPATIENT AMBULATORY SURGICAL CENTER 6	PROGRAM COST: OUTPATIENT RADIOLOGY 7	PROGRAM COST: OTHER OUTPATIENT DIAGNOSTIC 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	687494								37
37.01	CAREW MEDICAL PARK SURG	59188								37.01
38	RECOVERY ROOM	269113								38
39	DELIVERY ROOM & LABOR ROOM	63786								39
40	ANESTHESIOLOGY	119800								40
41	RADIOLOGY-DIAGNOSTIC	4063282								41
41.01	RADIOLOGY - WABASH									41.01
41.02	RADIOLOGY - MANCHESTER									41.02
41.03	RADIOLOGY - EAST STATE									41.03
41.04	RADIOLOGY - JEFFERSON									41.04
41.05	RADIOLOGY - NHMP									41.05
41.06	RADIOLOGY - CMP									41.06
41.07	RADIOLOGY - WP									41.07
41.08	RADIOLOGY - PULM CLINIC	17729								41.08
41.09	RADIOLOGY - WHITLEY POOL									41.09
42	RADIOLOGY-THERAPEUTIC	997741								42
43	RADIOISOTOPE	171662								43
44	LABORATORY	1535337								44
44.01	ANATOMICAL PATHOLOGY	96807								44.01
46	WHOLE BLOOD & PACKED RED BLOOD	37840								46
46.30	BLOOD CLOTTING FACTORS ADMIN C									46.30
49	RESPIRATORY THERAPY	383806								49
49.01	WOUND CARE	26395								49.01
49.02	DIALYSIS	5043								49.02
49.03	ENDOSCOPY	226090								49.03
50	PHYSICAL THERAPY	178952								50
50.01	TRANSITIONAL THERAPY									50.01
50.02	PV REHAB OUTREACH									50.02
51	OCCUPATIONAL THERAPY	97405								51
52	SPEECH PATHOLOGY	135945								52
52.01	NEURO REHAB									52.01
53	ELECTROCARDIOLOGY	161632								53
54	ELECTROENCEPHALOGRAPHY	40600								54
54.01	NUTRITION SUPPORT	2019								54.01
54.02	MRI	512020								54.02
54.03	CARDIAC CATH LAB	446362								54.03
54.04	CARDIAC REHAB SERVICES	12761								54.04
55	MEDICAL SUPPLIES CHARGED TO PA	1955590								55
55.01	COST OF SOLUTIONS	296420								55.01
56	DRUGS CHARGED TO PATIENTS	1710229								56
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	12729								60
60.01	ANTICOAG CLINIC	51654								60.01
61	EMERGENCY	3294480								61
61.01	PARTIAL HOSPITALIZATION									61.01
62	OBSERVATION BEDS (NON-DISTINCT	595476								62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES	542317								65
65.01	AMBULANCE CHARGES (S-2 LINE 56									65.01
65.02	AMBULANCE CHARGES (S-2 LINE 56									65.02
65.03	AMBULANCE CHARGES (S-2 LINE 56									65.03
101	SUBTOTAL	18807704								101
102	CRNA CHARGES									102
103	PBP CLINIC LAB									103
104	NET CHARGES	18807704								104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

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

	COST CENTER DESCRIPTION	PROGRAM COST ALL OTHER (COLS 1x5) 9	PROGRAM COST PPS SERVICES (COLUMNS 1.01x5.01) 9.01	PROGRAM COST ALL OTHER (COLUMNS 1.01x5.02) 9.02	PROGRAM COST PPS SERVICES (COLUMNS 1.01x5.03 9.03	PROGRAM COST PPS SERVICES (COLUMNS 1.01x5.04 9.04	HOSPITAL I/P PART B CHARGES (SEE INSTRU.) 10	HOSPITAL I/P PART B COST (COLUMNS 1.02x10) 11	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	153628							37
37.01	CAREW MEDICAL PARK SURG	25187							37.01
38	RECOVERY ROOM	89535							38
39	DELIVERY ROOM & LABOR ROOM	5142							39
40	ANESTHESIOLOGY	7906							40
41	RADIOLOGY-DIAGNOSTIC	477854							41
41.01	RADIOLOGY - WABASH								41.01
41.02	RADIOLOGY - MANCHESTER								41.02
41.03	RADIOLOGY - EAST STATE								41.03
41.04	RADIOLOGY - JEFFERSON								41.04
41.05	RADIOLOGY - NHMP								41.05
41.06	RADIOLOGY - CMP								41.06
41.07	RADIOLOGY - WP								41.07
41.08	RADIOLOGY - PULM CLINIC	56957							41.08
41.09	RADIOLOGY - WHITLEY POOL								41.09
42	RADIOLOGY-THERAPEUTIC	281570							42
43	RADIOISOTOPE	24732							43
44	LABORATORY	295519							44
44.01	ANATOMICAL PATHOLOGY	32987							44.01
46	WHOLE BLOOD & PACKED RED BLOOD	26448							46
46.30	BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	RESPIRATORY THERAPY	56809							49
49.01	WOUND CARE	7718							49.01
49.02	DIALYSIS	3624							49.02
49.03	ENDOSCOPY	18511							49.03
50	PHYSICAL THERAPY	118827							50
50.01	TRANSITIONAL THERAPY								50.01
50.02	PV REHAB OUTREACH								50.02
51	OCCUPATIONAL THERAPY	53915							51
52	SPEECH PATHOLOGY	67809							52
52.01	NEURO REHAB								52.01
53	ELECTROCARDIOLOGY	26709							53
54	ELECTROENCEPHALOGRAPHY	15205							54
54.01	NUTRITION SUPPORT	9310							54.01
54.02	MRI	127969							54.02
54.03	CARDIAC CATH LAB	76020							54.03
54.04	CARDIAC REHAB SERVICES	9450							54.04
55	MEDICAL SUPPLIES CHARGED TO PAT	789609							55
55.01	COST OF SOLUTIONS	45973							55.01
56	DRUGS CHARGED TO PATIENTS	523720							56
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC	11464							60
60.01	ANTICOAG CLINIC	41029							60.01
61	EMERGENCY	1016014							61
61.01	PARTIAL HOSPITALIZATION								61.01
62	OBSERVATION BEDS (NON-DISTINCT	406240							62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	AMBULANCE SERVICES	396333							65
65.01	AMBULANCE CHARGES (S-2 LINE 56.								65.01
65.02	AMBULANCE CHARGES (S-2 LINE 56.								65.02
65.03	AMBULANCE CHARGES (S-2 LINE 56.								65.03
101	SUBTOTAL	5299723							101
102	CRNA CHARGES								102
103	LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS								103
104	NET CHARGES	5299723							104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS WORKSHEET D PART II

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

	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPATIENT PROGRAM CHARGES 4	---- OLD CAPITAL ---- RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	---- NEW CAPITAL ---- RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	3515805	103433022		3807			.033991	129	37
37.01	CAREW MEDICAL PARK SURG	395859	4468199					.088595		37.01
38	RECOVERY ROOM	435378	14488779		483			.030049	15	38
39	DELIVERY ROOM & LABOR ROOM	288168	27573012					.010451		39
40	ANESTHESIOLOGY	290899	9798915		274			.029687	8	40
41	RADIOLOGY-DIAGNOSTIC	3537995	122733360		9693			.028827	279	41
41.01	RADIOLOGY - WABASH									41.01
41.02	RADIOLOGY - MANCHESTER									41.02
41.03	RADIOLOGY - EAST STATE									41.03
41.04	RADIOLOGY - JEFFERSON	6192	25001					.247670		41.04
41.05	RADIOLOGY - NHMP	60875	591352					.102942		41.05
41.06	RADIOLOGY - CMP	331872	7021360					.047266		41.06
41.07	RADIOLOGY - WP	71625	636235					.112576		41.07
41.08	RADIOLOGY - PULM CLINIC	96186	108104					.889754		41.08
41.09	RADIOLOGY - WHITLEY POOL									41.09
42	RADIOLOGY-THERAPEUTIC	3835004	36604145					.104770		42
43	RADIOISOTOPE	325142	8838054		806			.036789	30	43
44	LABORATORY	2725232	62121974		11472			.043869	503	44
44.01	ANATOMICAL PATHOLOGY	147831	5244992		136			.028185	4	44.01
46	WHOLE BLOOD & PACKED RED BLOO	39449	6165336					.006399		46
46.30	BLOOD CLOTTING FACTORS ADMIN									46.30
49	RESPIRATORY THERAPY	792692	50451566		3518			.015712	55	49
49.01	WOUND CARE	894935	3390784		5036			.263932	1329	49.01
49.02	DIALYSIS	40971	2204319					.018587		49.02
49.03	ENDOSCOPY	419148	25981706					.016132		49.03
50	PHYSICAL THERAPY	502810	6207240		47454			.081004	3844	50
50.01	TRANSITIONAL THERAPY	40081	500100					.080146		50.01
50.02	PV REHAB OUTREACH									50.02
51	OCCUPATIONAL THERAPY	209176	4603436		48711			.045439	2213	51
52	SPEECH PATHOLOGY	105875	2518740		38941			.042035	1637	52
52.01	NEURO REHAB	322806	2568450					.125681		52.01
53	ELECTROCARDIOLOGY	162116	5772962					.028082		53
54	ELECTROENCEPHALOGRAPHY	73026	1137632					.064191		54
54.01	NUTRITION SUPPORT	42441	152344		401			.278587	112	54.01
54.02	MRI	847734	11924583					.071091		54.02
54.03	CARDIAC CATH LAB	1382647	44239704					.031254		54.03
54.04	CARDIAC REHAB SERVICES	91356	535750					.170520		54.04
55	MEDICAL SUPPLIES CHARGED TO P	887726	135299543		729			.006561	5	55
55.01	COST OF SOLUTIONS	131571	31417949		1347			.004188	6	55.01
56	DRUGS CHARGED TO PATIENTS	2755971	124638957		54209			.022112	1199	56
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	120317	503494		303			.238964	72	60
60.01	ANTICOAG CLINIC	63488	1750912					.036260		60.01
61	EMERGENCY	1423625	60013798					.023722		61
61.01	PARTIAL HOSPITALIZATION	21872	419804					.052101		61.01
62	OBSERVATION BEDS (NON-DISTINC	708346	9877013					.071717		62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES									65
101	TOTAL	28144242	935962626		227320				11440	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

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

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	OUTPATIENT NONPHYSICIAN ANESTHETIST COST 1.01	NURSING SCHOOL COST 2	ALLIED HEALTH COSTS 2.01	ALL OTHER MEDICAL EDUCATION COSTS 2.02	ADMINISTERING BLOOD CLOTTING FACTORS COST 2.03	TOTAL COSTS 3	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM				117			117	37
37.01	CAREW MEDICAL PARK SURG				2			2	37.01
38	RECOVERY ROOM				4			4	38
39	DELIVERY ROOM & LABOR ROOM								39
40	ANESTHESIOLOGY								40
41	RADIOLOGY-DIAGNOSTIC				155284			155284	41
41.01	RADIOLOGY - WABASH								41.01
41.02	RADIOLOGY - MANCHESTER								41.02
41.03	RADIOLOGY - EAST STATE								41.03
41.04	RADIOLOGY - JEFFERSON								41.04
41.05	RADIOLOGY - NHMP								41.05
41.06	RADIOLOGY - CMP				4			4	41.06
41.07	RADIOLOGY - WP								41.07
41.08	RADIOLOGY - PULM CLINIC				6			6	41.08
41.09	RADIOLOGY - WHITLEY POOL								41.09
42	RADIOLOGY-THERAPEUTIC				2			2	42
43	RADIOISOTOPE				18			18	43
44	LABORATORY				98572			98572	44
44.01	ANATOMICAL PATHOLOGY				1			1	44.01
46	WHOLE BLOOD & PACKED RED BLOO								46
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
49	RESPIRATORY THERAPY				36			36	49
49.01	WOUND CARE				14			14	49.01
49.02	DIALYSIS				1			1	49.02
49.03	ENDOSCOPY				6			6	49.03
50	PHYSICAL THERAPY				12			12	50
50.01	TRANSITIONAL THERAPY								50.01
50.02	PV REHAB OUTREACH								50.02
51	OCCUPATIONAL THERAPY								51
52	SPEECH PATHOLOGY								52
52.01	NEURO REHAB				21			21	52.01
53	ELECTROCARDIOLOGY				3			3	53
54	ELECTROENCEPHALOGRAPHY								54
54.01	NUTRITION SUPPORT								54.01
54.02	MRI				7			7	54.02
54.03	CARDIAC CATH LAB				9			9	54.03
54.04	CARDIAC REHAB SERVICES								54.04
55	MEDICAL SUPPLIES CHARGED TO P								55
55.01	COST OF SOLUTIONS								55.01
56	DRUGS CHARGED TO PATIENTS				211879			211879	56
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC				2			2	60
60.01	ANTICOAG CLINIC								60.01
61	EMERGENCY				870			870	61
61.01	PARTIAL HOSPITALIZATION								61.01
62	OBSERVATION BEDS (NON-DISTINC								62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	AMBULANCE SERVICES								65
101	TOTAL				466870			466870	101

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

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

	COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	117	103433022	.000001	.000001	3807			37
37.01	CAREW MEDICAL PARK SURG	2	4468199						37.01
38	RECOVERY ROOM	4	14488779			483			38
39	DELIVERY ROOM & LABOR ROOM		27573012						39
40	ANESTHESIOLOGY		9798915			274			40
41	RADIOLOGY-DIAGNOSTIC	155284	122733360	.001265	.001265	9693	12		41
41.01	RADIOLOGY - WABASH								41.01
41.02	RADIOLOGY - MANCHESTER								41.02
41.03	RADIOLOGY - EAST STATE								41.03
41.04	RADIOLOGY - JEFFERSON		25001						41.04
41.05	RADIOLOGY - NHMP		591352						41.05
41.06	RADIOLOGY - CMP	4	7021360	.000001	.000001				41.06
41.07	RADIOLOGY - WP		636235						41.07
41.08	RADIOLOGY - PULM CLINIC	6	108104	.000056	.000056				41.08
41.09	RADIOLOGY - WHITLEY POOL								41.09
42	RADIOLOGY-THERAPEUTIC	2	36604145						42
43	RADIOISOTOPE	18	8838054	.000002	.000002	806			43
44	LABORATORY	98572	62121974	.001587	.001587	11472	18		44
44.01	ANATOMICAL PATHOLOGY	1	5244992			136			44.01
46	WHOLE BLOOD & PACKED RED BLOO		6165336						46
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
49	RESPIRATORY THERAPY	36	50451566	.000001	.000001	3518			49
49.01	WOUND CARE	14	3390784	.000004	.000004	5036			49.01
49.02	DIALYSIS	1	2204319						49.02
49.03	ENDOSCOPY	6	25981706						49.03
50	PHYSICAL THERAPY	12	6207240	.000002	.000002	47454			50
50.01	TRANSITIONAL THERAPY		500100						50.01
50.02	PV REHAB OUTREACH								50.02
51	OCCUPATIONAL THERAPY		4603436			48711			51
52	SPEECH PATHOLOGY		2518740			38941			52
52.01	NEURO REHAB	21	2568450	.000008	.000008				52.01
53	ELECTROCARDIOLOGY	3	5772962	.000001	.000001				53
54	ELECTROENCEPHALOGRAPHY		1137632						54
54.01	NUTRITION SUPPORT		152344			401			54.01
54.02	MRI	7	11924583	.000001	.000001				54.02
54.03	CARDIAC CATH LAB	9	44239704						54.03
54.04	CARDIAC REHAB SERVICES		535750						54.04
55	MEDICAL SUPPLIES CHARGED TO P		135299543			729			55
55.01	COST OF SOLUTIONS		31417949			1347			55.01
56	DRUGS CHARGED TO PATIENTS	211879	124638957	.001700	.001700	54209	92		56
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC	2	503494	.000004	.000004	303			60
60.01	ANTICOAG CLINIC		1750912						60.01
61	EMERGENCY	870	60013798	.000014	.000014				61
61.01	PARTIAL HOSPITALIZATION		419804						61.01
62	OBSERVATION BEDS (NON-DISTINC		9877013						62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	AMBULANCE SERVICES								65
101	TOTAL	466870	935962626			227320	122		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

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

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS WORKSHEET D PART II

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

	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPATIENT PROGRAM CHARGES 4	---- OLD CAPITAL ---- RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	---- NEW CAPITAL ---- RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	3515805	103433022					.033991		37
37.01	CAREW MEDICAL PARK SURG	395859	4468199	13689				.088595	1213	37.01
38	RECOVERY ROOM	435378	14488779					.030049		38
39	DELIVERY ROOM & LABOR ROOM	288168	27573012	897				.010451	9	39
40	ANESTHESIOLOGY	290899	9798915					.029687		40
41	RADIOLOGY-DIAGNOSTIC	3537995	122733360	37827				.028827	1090	41
41.01	RADIOLOGY - WABASH									41.01
41.02	RADIOLOGY - MANCHESTER									41.02
41.03	RADIOLOGY - EAST STATE									41.03
41.04	RADIOLOGY - JEFFERSON	6192	25001					.247670		41.04
41.05	RADIOLOGY - NHMP	60875	591352					.102942		41.05
41.06	RADIOLOGY - CMP	331872	7021360					.047266		41.06
41.07	RADIOLOGY - WP	71625	636235					.112576		41.07
41.08	RADIOLOGY - PULM CLINIC	96186	108104					.889754		41.08
41.09	RADIOLOGY - WHITLEY POOL									41.09
42	RADIOLOGY-THERAPEUTIC	3835004	36604145					.104770		42
43	RADIOISOTOPE	325142	8838054					.036789		43
44	LABORATORY	2725232	62121974	333541				.043869	14632	44
44.01	ANATOMICAL PATHOLOGY	147831	5244992					.028185		44.01
46	WHOLE BLOOD & PACKED RED BLOO	39449	6165336					.006399		46
46.30	BLOOD CLOTTING FACTORS ADMIN									46.30
49	RESPIRATORY THERAPY	792692	50451566	233				.015712	4	49
49.01	WOUND CARE	894935	3390784					.263932		49.01
49.02	DIALYSIS	40971	2204319					.018587		49.02
49.03	ENDOSCOPY	419148	25981706					.016132		49.03
50	PHYSICAL THERAPY	502810	6207240					.081004		50
50.01	TRANSITIONAL THERAPY	40081	500100					.080146		50.01
50.02	PV REHAB OUTREACH									50.02
51	OCCUPATIONAL THERAPY	209176	4603436	1251				.045439	57	51
52	SPEECH PATHOLOGY	105875	2518740					.042035		52
52.01	NEURO REHAB	322806	2568450					.125681		52.01
53	ELECTROCARDIOLOGY	162116	5772962	10584				.028082	297	53
54	ELECTROENCEPHALOGRAPHY	73026	1137632	412				.064191	26	54
54.01	NUTRITION SUPPORT	42441	152344	1348				.278587	376	54.01
54.02	MRI	847734	11924583	4034				.071091	287	54.02
54.03	CARDIAC CATH LAB	1382647	44239704					.031254		54.03
54.04	CARDIAC REHAB SERVICES	91356	535750					.170520		54.04
55	MEDICAL SUPPLIES CHARGED TO P	887726	135299543	667				.006561	4	55
55.01	COST OF SOLUTIONS	131571	31417949	4399				.004188	18	55.01
56	DRUGS CHARGED TO PATIENTS	2755971	124638957	336842				.022112	7448	56
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	120317	503494	455				.238964	109	60
60.01	ANTICOAG CLINIC	63488	1750912					.036260		60.01
61	EMERGENCY	1423625	60013798	155914				.023722	3699	61
61.01	PARTIAL HOSPITALIZATION	21872	419804					.052101		61.01
62	OBSERVATION BEDS (NON-DISTINC	708346	9877013					.071717		62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES									65
101	TOTAL	28144242	935962626	902093					29269	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

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

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	OUTPATIENT NONPHYSICIAN ANESTHETIST COST 1.01	NURSING SCHOOL COST 2	ALLIED HEALTH COSTS 2.01	ALL OTHER MEDICAL EDUCATION COSTS 2.02	ADMINISTERING BLOOD CLOTTING FACTORS COST 2.03	TOTAL COSTS 3	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM				117			117	37
37.01	CAREW MEDICAL PARK SURG				2			2	37.01
38	RECOVERY ROOM				4			4	38
39	DELIVERY ROOM & LABOR ROOM								39
40	ANESTHESIOLOGY								40
41	RADIOLOGY-DIAGNOSTIC				155284			155284	41
41.01	RADIOLOGY - WABASH								41.01
41.02	RADIOLOGY - MANCHESTER								41.02
41.03	RADIOLOGY - EAST STATE								41.03
41.04	RADIOLOGY - JEFFERSON								41.04
41.05	RADIOLOGY - NHMP								41.05
41.06	RADIOLOGY - CMP				4			4	41.06
41.07	RADIOLOGY - WP								41.07
41.08	RADIOLOGY - PULM CLINIC				6			6	41.08
41.09	RADIOLOGY - WHITLEY POOL								41.09
42	RADIOLOGY-THERAPEUTIC				2			2	42
43	RADIOISOTOPE				18			18	43
44	LABORATORY				98572			98572	44
44.01	ANATOMICAL PATHOLOGY				1			1	44.01
46	WHOLE BLOOD & PACKED RED BLOO								46
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
49	RESPIRATORY THERAPY				36			36	49
49.01	WOUND CARE				14			14	49.01
49.02	DIALYSIS				1			1	49.02
49.03	ENDOSCOPY				6			6	49.03
50	PHYSICAL THERAPY				12			12	50
50.01	TRANSITIONAL THERAPY								50.01
50.02	PV REHAB OUTREACH								50.02
51	OCCUPATIONAL THERAPY								51
52	SPEECH PATHOLOGY								52
52.01	NEURO REHAB				21			21	52.01
53	ELECTROCARDIOLOGY				3			3	53
54	ELECTROENCEPHALOGRAPHY								54
54.01	NUTRITION SUPPORT								54.01
54.02	MRI				7			7	54.02
54.03	CARDIAC CATH LAB				9			9	54.03
54.04	CARDIAC REHAB SERVICES								54.04
55	MEDICAL SUPPLIES CHARGED TO P								55
55.01	COST OF SOLUTIONS								55.01
56	DRUGS CHARGED TO PATIENTS				211879			211879	56
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC				2			2	60
60.01	ANTICOAG CLINIC								60.01
61	EMERGENCY				870			870	61
61.01	PARTIAL HOSPITALIZATION								61.01
62	OBSERVATION BEDS (NON-DISTINC								62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	AMBULANCE SERVICES								65
101	TOTAL				466870			466870	101

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

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

	COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	117	103433022	.000001	.000001				37
37.01	CAREW MEDICAL PARK SURG	2	4468199			13689			37.01
38	RECOVERY ROOM	4	14488779						38
39	DELIVERY ROOM & LABOR ROOM		27573012			897			39
40	ANESTHESIOLOGY		9798915						40
41	RADIOLOGY-DIAGNOSTIC	155284	122733360	.001265	.001265	37827	48		41
41.01	RADIOLOGY - WABASH								41.01
41.02	RADIOLOGY - MANCHESTER								41.02
41.03	RADIOLOGY - EAST STATE								41.03
41.04	RADIOLOGY - JEFFERSON		25001						41.04
41.05	RADIOLOGY - NHMP		591352						41.05
41.06	RADIOLOGY - CMP	4	7021360	.000001	.000001				41.06
41.07	RADIOLOGY - WP		636235						41.07
41.08	RADIOLOGY - PULM CLINIC	6	108104	.000056	.000056				41.08
41.09	RADIOLOGY - WHITLEY POOL								41.09
42	RADIOLOGY-THERAPEUTIC	2	36604145						42
43	RADIOISOTOPE	18	8838054	.000002	.000002				43
44	LABORATORY	98572	62121974	.001587	.001587	333541	529		44
44.01	ANATOMICAL PATHOLOGY	1	5244992						44.01
46	WHOLE BLOOD & PACKED RED BLOO		6165336						46
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
49	RESPIRATORY THERAPY	36	50451566	.000001	.000001	233			49
49.01	WOUND CARE	14	3390784	.000004	.000004				49.01
49.02	DIALYSIS	1	2204319						49.02
49.03	ENDOSCOPY	6	25981706						49.03
50	PHYSICAL THERAPY	12	6207240	.000002	.000002				50
50.01	TRANSITIONAL THERAPY		500100						50.01
50.02	PV REHAB OUTREACH								50.02
51	OCCUPATIONAL THERAPY		4603436			1251			51
52	SPEECH PATHOLOGY		2518740						52
52.01	NEURO REHAB	21	2568450	.000008	.000008				52.01
53	ELECTROCARDIOLOGY	3	5772962	.000001	.000001	10584			53
54	ELECTROENCEPHALOGRAPHY		1137632			412			54
54.01	NUTRITION SUPPORT		152344			1348			54.01
54.02	MRI	7	11924583	.000001	.000001	4034			54.02
54.03	CARDIAC CATH LAB	9	44239704						54.03
54.04	CARDIAC REHAB SERVICES		535750						54.04
55	MEDICAL SUPPLIES CHARGED TO P		135299543			667			55
55.01	COST OF SOLUTIONS		31417949			4399			55.01
56	DRUGS CHARGED TO PATIENTS	211879	124638957	.001700	.001700	336842	573		56
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC	2	503494	.000004	.000004	455			60
60.01	ANTICOAG CLINIC		1750912						60.01
61	EMERGENCY	870	60013798	.000014	.000014	155914	2		61
61.01	PARTIAL HOSPITALIZATION		419804						61.01
62	OBSERVATION BEDS (NON-DISTINC		9877013						62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	AMBULANCE SERVICES								65
101	TOTAL	466870	935962626			902093	1152		101

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

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

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK APPLICABLE BOXES

[ ] TITLE V - O/P
[ ] TITLE XVIII-PT B
[XX] TITLE XIX - O/P

[ ] HOSPITAL
[ ] SUB I
[XX] SUB II (15-S021)
[ ] SUB III
[ ] SUB IV

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

	COST CENTER DESCRIPTION	COST TO CHARGE RATIO 1	PROGRAM CHARGES: OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4	ALL OTHER PART B 5	PROGRAM COSTS: OUTPATIENT AMBULATORY SURGICAL CENTER 6	OUTPATIENT RADIOLOGY 7	OTHER OUTPATIENT DIAGNOSTIC 8	ALL OTHER PART B 9	
	ANCILLARY SERVICE COST CENTERS										
37	OPERATING ROOM	.223461									37
37.01	CAREW MEDICAL PARK SURG	.425536									37.01
38	RECOVERY ROOM	.332704									38
39	DELIVERY ROOM & LABOR RO	.080617									39
40	ANESTHESIOLOGY	.065994									40
41	RADIOLOGY-DIAGNOSTIC	.117603				3674				432	41
41.01	RADIOLOGY - WABASH										41.01
41.02	RADIOLOGY - MANCHESTER										41.02
41.03	RADIOLOGY - EAST STATE										41.03
41.04	RADIOLOGY - JEFFERSON	.779009									41.04
41.05	RADIOLOGY - NHMP	.726364									41.05
41.06	RADIOLOGY - CMP	.204337									41.06
41.07	RADIOLOGY - WP	.640384									41.07
41.08	RADIOLOGY - PULM CLINIC	3.212666									41.08
41.09	RADIOLOGY - WHITLEY POOL										41.09
42	RADIOLOGY-THERAPEUTIC	.282208									42
43	RADIOISOTOPE	.144074									43
44	LABORATORY	.192478				5749				1107	44
44.01	ANATOMICAL PATHOLOGY	.340750									44.01
46	WHOLE BLOOD & PACKED RED	.698931									46
46.30	BLOOD CLOTTING FACTORS A										46.30
49	RESPIRATORY THERAPY	.148014				27				4	49
49.01	WOUND CARE	.292394									49.01
49.02	DIALYSIS	.718617									49.02
49.03	ENDOSCOPY	.081875									49.03
50	PHYSICAL THERAPY	.664018									50
50.01	TRANSITIONAL THERAPY	.683437									50.01
50.02	PV REHAB OUTREACH										50.02
51	OCCUPATIONAL THERAPY	.553512									51
52	SPEECH PATHOLOGY	.498799									52
52.01	NEURO REHAB	.466564									52.01
53	ELECTROCARDIOLOGY	.165248				548				91	53
54	ELECTROENCEPHALOGRAPHY	.374513									54
54.01	NUTRITION SUPPORT	4.610953									54.01
54.02	MRI	.249929									54.02
54.03	CARDIAC CATH LAB	.170311									54.03
54.04	CARDIAC REHAB SERVICES	.740534									54.04
55	MEDICAL SUPPLIES CHARGED	.403770				60				24	55
55.01	COST OF SOLUTIONS	.155093				207				32	55.01
56	DRUGS CHARGED TO PATIENT	.306228				4657				1426	56
	OUTPATIENT SERVICE COST CENTERS										
60	CLINIC	.900589									60
60.01	ANTICOAG CLINIC	.794297									60.01
61	EMERGENCY	.308399				9330				2877	61
61.01	PARTIAL HOSPITALIZATION	.386695									61.01
62	OBSERVATION BEDS (NON-DI	.682211				8138				5552	62
63.50	RHC										63.50
63.60	FQHC										63.60
	OTHER REIMBURSABLE COST CENTERS										
65	AMBULANCE SERVICES	.730815									65
65.01	AMBULANCE CHARGES (S-2 L	.730815									65.01
65.02	AMBULANCE CHARGES (S-2 L	.730815									65.02
65.03	AMBULANCE CHARGES (S-2 L	.730815									65.03
101	SUBTOTAL					32390				11545	101
102	CRNA CHARGES										102
103	LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS										103
104	NET CHARGES					32390				11545	104

PART VI - VACCINE COST APPORTIONMENT

		1	
1	DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.306228	1
2	PROGRAM VACCINE CHARGES		2
2.01	PROGRAM VACCINE CHARGES		2.01
3	PROGRAM COSTS		3
3.01	PROGRAM COSTS		3.01

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

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

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	OUTPATIENT NONPHYSICIAN ANESTHETIST COST 1.01	NURSING SCHOOL COST 2	ALLIED HEALTH COSTS 2.01	ALL OTHER MEDICAL EDUCATION COSTS 2.02	ADMINISTERING BLOOD CLOTTING FACTORS COST 2.03	TOTAL COSTS 3	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM				117			117	37
37.01	CAREW MEDICAL PARK SURG				2			2	37.01
38	RECOVERY ROOM				4			4	38
39	DELIVERY ROOM & LABOR ROOM								39
40	ANESTHESIOLOGY								40
41	RADIOLOGY-DIAGNOSTIC				155284			155284	41
41.01	RADIOLOGY - WABASH								41.01
41.02	RADIOLOGY - MANCHESTER								41.02
41.03	RADIOLOGY - EAST STATE								41.03
41.04	RADIOLOGY - JEFFERSON								41.04
41.05	RADIOLOGY - NHMP								41.05
41.06	RADIOLOGY - CMP				4			4	41.06
41.07	RADIOLOGY - WP								41.07
41.08	RADIOLOGY - PULM CLINIC				6			6	41.08
41.09	RADIOLOGY - WHITLEY POOL								41.09
42	RADIOLOGY-THERAPEUTIC				2			2	42
43	RADIOISOTOPE				18			18	43
44	LABORATORY				98572			98572	44
44.01	ANATOMICAL PATHOLOGY				1			1	44.01
46	WHOLE BLOOD & PACKED RED BLOO								46
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
49	RESPIRATORY THERAPY				36			36	49
49.01	WOUND CARE				14			14	49.01
49.02	DIALYSIS				1			1	49.02
49.03	ENDOSCOPY				6			6	49.03
50	PHYSICAL THERAPY				12			12	50
50.01	TRANSITIONAL THERAPY								50.01
50.02	PV REHAB OUTREACH								50.02
51	OCCUPATIONAL THERAPY								51
52	SPEECH PATHOLOGY								52
52.01	NEURO REHAB				21			21	52.01
53	ELECTROCARDIOLOGY				3			3	53
54	ELECTROENCEPHALOGRAPHY								54
54.01	NUTRITION SUPPORT								54.01
54.02	MRI				7			7	54.02
54.03	CARDIAC CATH LAB				9			9	54.03
54.04	CARDIAC REHAB SERVICES								54.04
55	MEDICAL SUPPLIES CHARGED TO P								55
55.01	COST OF SOLUTIONS								55.01
56	DRUGS CHARGED TO PATIENTS				211879			211879	56
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC				2			2	60
60.01	ANTICOAG CLINIC								60.01
61	EMERGENCY				870			870	61
61.01	PARTIAL HOSPITALIZATION								61.01
62	OBSERVATION BEDS (NON-DISTINC								62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	AMBULANCE SERVICES								65
101	TOTAL				466870			466870	101

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

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

	COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	117	103433022	.000001	.000001				37
37.01	CAREW MEDICAL PARK SURG	2	4468199						37.01
38	RECOVERY ROOM	4	14488779						38
39	DELIVERY ROOM & LABOR ROOM		27573012						39
40	ANESTHESIOLOGY		9798915						40
41	RADIOLOGY-DIAGNOSTIC	155284	122733360	.001265	.001265				41
41.01	RADIOLOGY - WABASH								41.01
41.02	RADIOLOGY - MANCHESTER								41.02
41.03	RADIOLOGY - EAST STATE								41.03
41.04	RADIOLOGY - JEFFERSON		25001						41.04
41.05	RADIOLOGY - NHMP		591352						41.05
41.06	RADIOLOGY - CMP	4	7021360	.000001	.000001				41.06
41.07	RADIOLOGY - WP		636235						41.07
41.08	RADIOLOGY - PULM CLINIC	6	108104	.000056	.000056				41.08
41.09	RADIOLOGY - WHITLEY POOL								41.09
42	RADIOLOGY-THERAPEUTIC	2	36604145						42
43	RADIOISOTOPE	18	8838054	.000002	.000002				43
44	LABORATORY	98572	62121974	.001587	.001587				44
44.01	ANATOMICAL PATHOLOGY	1	5244992						44.01
46	WHOLE BLOOD & PACKED RED BLOO		6165336						46
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
49	RESPIRATORY THERAPY	36	50451566	.000001	.000001				49
49.01	WOUND CARE	14	3390784	.000004	.000004				49.01
49.02	DIALYSIS	1	2204319						49.02
49.03	ENDOSCOPY	6	25981706						49.03
50	PHYSICAL THERAPY	12	6207240	.000002	.000002				50
50.01	TRANSITIONAL THERAPY		500100						50.01
50.02	PV REHAB OUTREACH								50.02
51	OCCUPATIONAL THERAPY		4603436						51
52	SPEECH PATHOLOGY		2518740						52
52.01	NEURO REHAB	21	2568450	.000008	.000008				52.01
53	ELECTROCARDIOLOGY	3	5772962	.000001	.000001				53
54	ELECTROENCEPHALOGRAPHY		1137632						54
54.01	NUTRITION SUPPORT		152344						54.01
54.02	MRI	7	11924583	.000001	.000001				54.02
54.03	CARDIAC CATH LAB	9	44239704						54.03
54.04	CARDIAC REHAB SERVICES		535750						54.04
55	MEDICAL SUPPLIES CHARGED TO P		135299543						55
55.01	COST OF SOLUTIONS		31417949						55.01
56	DRUGS CHARGED TO PATIENTS	211879	124638957	.001700	.001700				56
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC	2	503494	.000004	.000004				60
60.01	ANTICOAG CLINIC		1750912						60.01
61	EMERGENCY	870	60013798	.000014	.000014				61
61.01	PARTIAL HOSPITALIZATION		419804						61.01
62	OBSERVATION BEDS (NON-DISTINC		9877013						62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	AMBULANCE SERVICES								65
101	TOTAL	466870	935962626						101

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

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

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART I

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

PART I - ALL PROVIDER COMPONENTS

	INPATIENT DAYS	HOSPITAL (PPS) (15-0021) 1	SUB I (PPS) (15-T021) 1	SUB II (PPS) (15-S021) 1	SUB III 1	SUB IV 1	SNF (PPS) (15-5516) 1	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	92426	6872	14511			9644	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	92426	6872	14511			9644	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	92426	6872	14511			9644	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)	30918	2262	5542			5779	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) (15-0021)	SUB I (PPS) (15-T021)	SUB II (PPS) (15-S021)	SUB III	SUB IV	SNF (PPS) (15-5516)	
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	70025954	3848867	11408828			4173886	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	70025954	3848867	11408828			4173886	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	129899707	8098981	17972828			6952838	28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	129899707	8098981	17972828			6952838	30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.539077	.475229	.634782			.600314	31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1405.45	1178.55	1238.57			720.95	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	70025954	3848867	11408828			4173886	37

COMPUTATION OF INPATIENT OPERATING COST WORKSHEET D-1 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (PPS) (15-0021)	SUB I (PPS) (15-T021)	SUB II (PPS) (15-S021)	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	757.64	560.08	786.22			38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	23424714	1266901	4357231			39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	23424714	1266901	4357231			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	14534901	8591	1691.88	2857	4833701	43
43.01	PEDIATRIC ICU	1932732	896	2157.07			43.01
43.02	NEONATAL ICU	5896769	5663	1041.28			43.02
44	CORONARY CARE UNIT	11007591	8364	1316.07	3468	4564131	44
45	BURN INTENSIVE CARE UNIT						45
46	SURGICAL INTENSIVE CARE UNIT						46
47	OTHER SPECIAL CARE (SPECIFY)						47

		HOSPITAL (PPS) (15-0021)	SUB I (PPS) (15-T021)	SUB II (PPS) (15-S021)	SUB III	SUB IV	
		1	1	1	1	1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	40552516	1083551	550900			48
49	TOTAL PROGRAM INPATIENT COSTS	73375062	2350452	4908131			49
	PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	3294291	181254	516902			50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	4110024	123889	70304			51
52	TOTAL PROGRAM EXCLUDABLE COST	7404315	305143	587206			52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	65970747	2045309	4320925			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) (15-0021)	SUB I (PPS) (15-T021)	SUB II (PPS) (15-S021)	SUB III	SUB IV	
	TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54	PROGRAM DISCHARGES						54
55	TARGET AMOUNT PER DISCHARGE						55
56	TARGET AMOUNT						56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58	BONUS PAYMENT						58
58.01	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03	IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04	RELIEF PAYMENT						58.04
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03	PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05	REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06	REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07	REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		60
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		61
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS		62
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		63
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		64
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS		65

COMPUTATION OF INPATIENT OPERATING COST WORKSHEET D-1
PARTS III & IV

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

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

		SNF (PPS) (15-5516) 1	
66	SNF/NF/ICF/MR ROUTINE SERVICE COST	4173886	66
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	432.80	67
68	PROGRAM ROUTINE SERVICE COST	2501151	68
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	2501151	70
71	CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	444410	71
72	PER DIEM CAPITAL RELATED COSTS	46.08	72
73	PROGRAM CAPITAL RELATED COSTS	266296	73
74	INPATIENT ROUTINE SERVICE COST	2234855	74
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76	TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	2234855	76
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78	INPATIENT ROUTINE SERVICE COST LIMITATION		78
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	2501151	79
80	PROGRAM INPATIENT ANCILLARY SERVICES	1411141	80
81	UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	3912292	82

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

	HOSPITAL (PPS) (15-0021)	SUB I (PPS) (15-T021)	SUB II (PPS) (15-S021)	SUB III	SUB IV	
	1	1	1	1	1	
PART IV - COMPUTATION OF OBSERVATION BED COST						
83 TOTAL OBSERVATION BEDS	8867	1	25			83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	757.64	560.08	786.22			84
85 OBSERVATION BED COST	6717994	560	19656			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		70025954		6717994		86
87 NEW CAPITAL-RELATED COST	7358385	70025954	.105081	6717994	705934	87
88 NON PHYSICIAN ANESTHETIST		70025954		6717994		88
89 NURSING SCHOOL		70025954		6717994		89
89.01 ALLIED HEALTH	318	70025954	.000005	6717994	34	89.01
89.02 ALL OTHER		70025954		6717994		89.02

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART I

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

PART I - ALL PROVIDER COMPONENTS

		HOSPITAL (PPS) (15-0021)	SUB I (PPS) (15-T021)	SUB II (PPS) (15-S021)	SUB III	SNF (OTHER) (15-5516)	NF	
	INPATIENT DAYS	1	1	1	1	1	1	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	92426	6872	14511		9644		1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	92426	6872	14511		9644		2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	92426	6872	14511		9644		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)	6427	385	1872		19		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	4537						15
16	TITLE V OR XIX NURSERY DAYS	627						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 (PPS) (15-0021)	SUB I (PPS) (15-T021)	SUB II (PPS) (15-S021)	SUB III	SNF (OTHER) (15-5516)	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	70025954	3848867	11408828		4173886		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	70025954	3848867	11408828		4173886		27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	129899707	8098981	17972828		6952838		28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	129899707	8098981	17972828		6952838		30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.539077	.475229	.634782		.600314		31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1405.45	1178.55	1238.57		720.95		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	70025954	3848867	11408828		4173886		37

COMPUTATION OF INPATIENT OPERATING COST WORKSHEET D-1 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (PPS) (15-0021)	SUB I (PPS) (15-T021)	SUB II (PPS) (15-S021)	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	757.64	560.08	786.22			38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	4869352	215631	1471804			39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	4869352	215631	1471804			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)	3893651	4537	858.20	627	538091	42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	INTENSIVE CARE UNIT	14534901	8591	1691.88	420	710590	43
43.01	PEDIATRIC ICU	1932732	896	2157.07	93	200608	43.01
43.02	NEONATAL ICU	5896769	5663	1041.28	753	784084	43.02
44	CORONARY CARE UNIT	11007591	8364	1316.07	399	525112	44
45	BURN INTENSIVE CARE UNIT						45
46	SURGICAL INTENSIVE CARE UNIT						46
47	OTHER SPECIAL CARE (SPECIFY)						47

		HOSPITAL (PPS) (15-0021)	SUB I (PPS) (15-T021)	SUB II (PPS) (15-S021)	SUB III	SUB IV	
		1	1	1	1	1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	6667604	103654	237328			48
49	TOTAL PROGRAM INPATIENT COSTS	14295441	319285	1709132			49
	PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	744695	30850	174601			50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	711363	11562	30421			51
52	TOTAL PROGRAM EXCLUDABLE COST	1456058	42412	205022			52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	12839383	276873	1504110			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 (PPS) (15-0021)	SUB I (PPS) (15-T021)	SUB II (PPS) (15-S021)	SUB III	SUB IV	
	TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54	PROGRAM DISCHARGES		17	302			54
55	TARGET AMOUNT PER DISCHARGE						55
56	TARGET AMOUNT						56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58	BONUS PAYMENT						58
58.01	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03	IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04	RELIEF PAYMENT						58.04
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03	PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05	REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06	REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07	REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST WORKSHEET D-1
PARTS III & IV

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

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

		SNF (OTHER) (15-5516)	NF	
		1	1	
66	SNF/NF/ICF/MR ROUTINE SERVICE COST	4173886		66
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	432.80		67
68	PROGRAM ROUTINE SERVICE COST	8223		68
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM			69
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	8223		70
71	CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	444410		71
72	PER DIEM CAPITAL RELATED COSTS	46.08		72
73	PROGRAM CAPITAL RELATED COSTS	876		73
74	INPATIENT ROUTINE SERVICE COST	7347		74
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS			75
76	TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	7347		76
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION			77
78	INPATIENT ROUTINE SERVICE COST LIMITATION			78
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	876		79
80	PROGRAM INPATIENT ANCILLARY SERVICES			80
81	UTILIZATION REVIEW--PHYSICIAN COMPENSATION			81
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	876		82

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

	HOSPITAL (PPS) (15-0021)	SUB I (PPS) (15-T021)	SUB II (PPS) (15-S021)	SUB III	SUB IV	
	1	1	1	1	1	
PART IV - COMPUTATION OF OBSERVATION BED COST						
83 TOTAL OBSERVATION BEDS	8867	1	25			83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	757.64	560.08	786.22			84
85 OBSERVATION BED COST	6717994	560	19656			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		70025954		6717994		86
87 NEW CAPITAL-RELATED COST	7358385	70025954	.105081	6717994	705934	87
88 NON PHYSICIAN ANESTHETIST		70025954		6717994		88
89 NURSING SCHOOL		70025954		6717994		89
89.01 ALLIED HEALTH	318	70025954	.000005	6717994	34	89.01
89.02 ALL OTHER		70025954		6717994		89.02

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

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

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

[XX] PPS
[ ] TEFRA
[ ] OTHER

	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
25	ADULTS & PEDIATRICS		40040505		25
26	INTENSIVE CARE UNIT		9020933		26
26.01	PEDIATRIC ICU				26.01
26.02	NEONATAL ICU				26.02
27	CORONARY CARE UNIT		10223145		27
31	SUBPROVIDER I				31
31.01	SUBPROVIDER II				31.01
	ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	.223461	15128926	3380725	37
37.01	CAREW MEDICAL PARK SURG	.425536	220	94	37.01
38	RECOVERY ROOM	.332704	2165131	720348	38
39	DELIVERY ROOM & LABOR ROOM	.080617	18588	1499	39
40	ANESTHESIOLOGY	.065994	1732354	114325	40
41	RADIOLOGY-DIAGNOSTIC	.117603	22203470	2611195	41
41.01	RADIOLOGY - WABASH				41.01
41.02	RADIOLOGY - MANCHESTER				41.02
41.03	RADIOLOGY - EAST STATE				41.03
41.04	RADIOLOGY - JEFFERSON	.779009			41.04
41.05	RADIOLOGY - NHMP	.726364			41.05
41.06	RADIOLOGY - CMP	.204337			41.06
41.07	RADIOLOGY - WP	.640384			41.07
41.08	RADIOLOGY - PULM CLINIC	3.212666			41.08
41.09	RADIOLOGY - WHITLEY POOL				41.09
42	RADIOLOGY-THERAPEUTIC	.282472	397420	112260	42
43	RADIOISOTOPE	.144074	545873	78646	43
44	LABORATORY	.192478	15602631	3003163	44
44.01	ANATOMICAL PATHOLOGY	.340750	744039	253531	44.01
46	WHOLE BLOOD & PACKED RED BLOOD	.698931	1359963	950520	46
46.30	BLOOD CLOTTING FACTORS ADMIN CO				46.30
49	RESPIRATORY THERAPY	.148016	8745834	1294523	49
49.01	WOUND CARE	.292394	1106300	323475	49.01
49.02	DIALYSIS	.718617	1240416	891384	49.02
49.03	ENDOSCOPY	.081875	1662101	136085	49.03
50	PHYSICAL THERAPY	.664018	1028367	682854	50
50.01	TRANSITIONAL THERAPY	.683437			50.01
50.02	PV REHAB OUTREACH				50.02
51	OCCUPATIONAL THERAPY	.553512	873143	483295	51
52	SPEECH PATHOLOGY	.498799	364074	181600	52
52.01	NEURO REHAB	.466629			52.01
53	ELECTROCARDIOLOGY	.165248	1172819	193806	53
54	ELECTROENCEPHALOGRAPHY	.374513	270592	101340	54
54.01	NUTRITION SUPPORT	4.610953	64692	298292	54.01
54.02	MRI	.249929	1428232	356957	54.02
54.03	CARDIAC CATH LAB	.172030	7495968	1289531	54.03
54.04	CARDIAC REHAB SERVICES	.740534	7116	5270	54.04
55	MEDICAL SUPPLIES CHARGED TO PAT	.403770	29422172	11879790	55
55.01	COST OF SOLUTIONS	.155093	9999724	1550887	55.01
56	DRUGS CHARGED TO PATIENTS	.306228	24965949	7645273	56
	OUTPATIENT SERVICE COST CENTERS				
60	CLINIC	.900589	25003	22517	60
60.01	ANTICOAG CLINIC	.804168	2674	2150	60.01
61	EMERGENCY	.310548	6398951	1987181	61
61.01	PARTIAL HOSPITALIZATION	.386695			61.01
62	OBSERVATION BEDS (NON-DISTINCT	.682211			62
	OTHER REIMBURSABLE COST CENTERS				
63.50	RHC				63.50
63.60	FQHC				63.60
65	AMBULANCE SERVICES				65
101	TOTAL		156172742	40552516	101
102	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103	NET CHARGES		156172742		103

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	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
25	ADULTS & PEDIATRICS				25
26	INTENSIVE CARE UNIT				26
26.01	PEDIATRIC ICU				26.01
26.02	NEONATAL ICU				26.02
27	CORONARY CARE UNIT				27
31	SUBPROVIDER I		2555109		31
31.01	SUBPROVIDER II				31.01
	ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	.223461	2611	583	37
37.01	CAREW MEDICAL PARK SURG	.425536			37.01
38	RECOVERY ROOM	.332704	2521	839	38
39	DELIVERY ROOM & LABOR ROOM	.080617			39
40	ANESTHESIOLOGY	.065994	1033	68	40
41	RADIOLOGY-DIAGNOSTIC	.117603	131791	15499	41
41.01	RADIOLOGY - WABASH				41.01
41.02	RADIOLOGY - MANCHESTER				41.02
41.03	RADIOLOGY - EAST STATE				41.03
41.04	RADIOLOGY - JEFFERSON	.779009			41.04
41.05	RADIOLOGY - NHMP	.726364			41.05
41.06	RADIOLOGY - CMP	.204337			41.06
41.07	RADIOLOGY - WP	.640384			41.07
41.08	RADIOLOGY - PULM CLINIC	3.212666			41.08
41.09	RADIOLOGY - WHITLEY POOL				41.09
42	RADIOLOGY-THERAPEUTIC	.282472	61859	17473	42
43	RADIOISOTOPE	.144074	2704	390	43
44	LABORATORY	.192478	163499	31470	44
44.01	ANATOMICAL PATHOLOGY	.340750	575	196	44.01
46	WHOLE BLOOD & PACKED RED BLOOD	.698931	4201	2936	46
46.30	BLOOD CLOTTING FACTORS ADMIN CO				46.30
49	RESPIRATORY THERAPY	.148016	27306	4042	49
49.01	WOUND CARE	.292394	36543	10685	49.01
49.02	DIALYSIS	.718617	18484	13283	49.02
49.03	ENDOSCOPY	.081875	12102	991	49.03
50	PHYSICAL THERAPY	.664018	517615	343706	50
50.01	TRANSITIONAL THERAPY	.683437			50.01
50.02	PV REHAB OUTREACH				50.02
51	OCCUPATIONAL THERAPY	.553512	546287	302376	51
52	SPEECH PATHOLOGY	.498799	362006	180568	52
52.01	NEURO REHAB	.466629			52.01
53	ELECTROCARDIOLOGY	.165248	4497	743	53
54	ELECTROENCEPHALOGRAPHY	.374513	3489	1307	54
54.01	NUTRITION SUPPORT	4.610953	3063	14123	54.01
54.02	MRI	.249929	19027	4755	54.02
54.03	CARDIAC CATH LAB	.172030			54.03
54.04	CARDIAC REHAB SERVICES	.740534			54.04
55	MEDICAL SUPPLIES CHARGED TO PAT	.403770	16463	6647	55
55.01	COST OF SOLUTIONS	.155093	35498	5505	55.01
56	DRUGS CHARGED TO PATIENTS	.306228	400197	122552	56
	OUTPATIENT SERVICE COST CENTERS				
60	CLINIC	.900589	3125	2814	60
60.01	ANTICOAG CLINIC	.804168			60.01
61	EMERGENCY	.310548			61
61.01	PARTIAL HOSPITALIZATION	.386695			61.01
62	OBSERVATION BEDS (NON-DISTINCT	.682211			62
	OTHER REIMBURSABLE COST CENTERS				
63.50	RHC				63.50
63.60	FQHC				63.60
65	AMBULANCE SERVICES				65
101	TOTAL		2376496	1083551	101
102	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103	NET CHARGES		2376496		103

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	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
25	ADULTS & PEDIATRICS				25
26	INTENSIVE CARE UNIT				26
26.01	PEDIATRIC ICU				26.01
26.02	NEONATAL ICU				26.02
27	CORONARY CARE UNIT				27
31	SUBPROVIDER I				31
31.01	SUBPROVIDER II		6234630		31.01
	ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	.223461			37
37.01	CAREW MEDICAL PARK SURG	.425536	171761	73090	37.01
38	RECOVERY ROOM	.332704			38
39	DELIVERY ROOM & LABOR ROOM	.080617			39
40	ANESTHESIOLOGY	.065994			40
41	RADIOLOGY-DIAGNOSTIC	.117603	132369	15567	41
41.01	RADIOLOGY - WABASH				41.01
41.02	RADIOLOGY - MANCHESTER				41.02
41.03	RADIOLOGY - EAST STATE				41.03
41.04	RADIOLOGY - JEFFERSON	.779009			41.04
41.05	RADIOLOGY - NHMP	.726364			41.05
41.06	RADIOLOGY - CMP	.204337			41.06
41.07	RADIOLOGY - WP	.640384			41.07
41.08	RADIOLOGY - PULM CLINIC	3.212666			41.08
41.09	RADIOLOGY - WHITLEY POOL				41.09
42	RADIOLOGY-THERAPEUTIC	.282472			42
43	RADIOISOTOPE	.144074			43
44	LABORATORY	.192478	499063	96059	44
44.01	ANATOMICAL PATHOLOGY	.340750			44.01
46	WHOLE BLOOD & PACKED RED BLOOD	.698931	611	427	46
46.30	BLOOD CLOTTING FACTORS ADMIN CO				46.30
49	RESPIRATORY THERAPY	.148016	3145	466	49
49.01	WOUND CARE	.292394	418	122	49.01
49.02	DIALYSIS	.718617			49.02
49.03	ENDOSCOPY	.081875			49.03
50	PHYSICAL THERAPY	.664018	841	558	50
50.01	TRANSITIONAL THERAPY	.683437			50.01
50.02	PV REHAB OUTREACH				50.02
51	OCCUPATIONAL THERAPY	.553512	1466	811	51
52	SPEECH PATHOLOGY	.498799	245	122	52
52.01	NEURO REHAB	.466629			52.01
53	ELECTROCARDIOLOGY	.165248	19193	3172	53
54	ELECTROENCEPHALOGRAPHY	.374513	4124	1544	54
54.01	NUTRITION SUPPORT	4.610953	9769	45044	54.01
54.02	MRI	.249929	9713	2428	54.02
54.03	CARDIAC CATH LAB	.172030			54.03
54.04	CARDIAC REHAB SERVICES	.740534			54.04
55	MEDICAL SUPPLIES CHARGED TO PAT	.403770	1697	685	55
55.01	COST OF SOLUTIONS	.155093	25719	3989	55.01
56	DRUGS CHARGED TO PATIENTS	.306228	778883	238516	56
	OUTPATIENT SERVICE COST CENTERS				
60	CLINIC	.900589	76	68	60
60.01	ANTICOAG CLINIC	.804168	191	154	60.01
61	EMERGENCY	.310548	219220	68078	61
61.01	PARTIAL HOSPITALIZATION	.386695			61.01
62	OBSERVATION BEDS (NON-DISTINCT	.682211			62
	OTHER REIMBURSABLE COST CENTERS				
63.50	RHC				63.50
63.60	FQHC				63.60
65	AMBULANCE SERVICES				65
101	TOTAL		1878504	550900	101
102	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103	NET CHARGES		1878504		103

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	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
25	ADULTS & PEDIATRICS				25
26	INTENSIVE CARE UNIT				26
26.01	PEDIATRIC ICU				26.01
26.02	NEONATAL ICU				26.02
27	CORONARY CARE UNIT				27
31	SUBPROVIDER I				31
31.01	SUBPROVIDER II				31.01
	ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	.223461			37
37.01	CAREW MEDICAL PARK SURG	.425536			37.01
38	RECOVERY ROOM	.332704	265	88	38
39	DELIVERY ROOM & LABOR ROOM	.080617			39
40	ANESTHESIOLOGY	.065994	716	47	40
41	RADIOLOGY-DIAGNOSTIC	.117603	194783	22907	41
41.01	RADIOLOGY - WABASH				41.01
41.02	RADIOLOGY - MANCHESTER				41.02
41.03	RADIOLOGY - EAST STATE				41.03
41.04	RADIOLOGY - JEFFERSON	.779009			41.04
41.05	RADIOLOGY - NHMP	.726364			41.05
41.06	RADIOLOGY - CMP	.204337			41.06
41.07	RADIOLOGY - WP	.640384			41.07
41.08	RADIOLOGY - PULM CLINIC	3.212666			41.08
41.09	RADIOLOGY - WHITLEY POOL				41.09
42	RADIOLOGY-THERAPEUTIC	.282208	15430	4354	42
43	RADIOISOTOPE	.144074	13781	1985	43
44	LABORATORY	.192478	584620	112526	44
44.01	ANATOMICAL PATHOLOGY	.340750	13019	4436	44.01
46	WHOLE BLOOD & PACKED RED BLOOD	.698931	26615	18602	46
46.30	BLOOD CLOTTING FACTORS ADMIN CO				46.30
49	RESPIRATORY THERAPY	.148014	115393	17080	49
49.01	WOUND CARE	.292394	135282	39556	49.01
49.02	DIALYSIS	.718617			49.02
49.03	ENDOSCOPY	.081875	1573	129	49.03
50	PHYSICAL THERAPY	.664018	572851	380383	50
50.01	TRANSITIONAL THERAPY	.683437			50.01
50.02	PV REHAB OUTREACH				50.02
51	OCCUPATIONAL THERAPY	.553512	586603	324692	51
52	SPEECH PATHOLOGY	.498799	146712	73180	52
52.01	NEURO REHAB	.466564			52.01
53	ELECTROCARDIOLOGY	.165248	12135	2005	53
54	ELECTROENCEPHALOGRAPHY	.374513	3304	1237	54
54.01	NUTRITION SUPPORT	4.610953	279	1286	54.01
54.02	MRI	.249929			54.02
54.03	CARDIAC CATH LAB	.170311	260	44	54.03
54.04	CARDIAC REHAB SERVICES	.740534			54.04
55	MEDICAL SUPPLIES CHARGED TO PAT	.403770	39696	16028	55
55.01	COST OF SOLUTIONS	.155093	229802	35641	55.01
56	DRUGS CHARGED TO PATIENTS	.306228	1146140	350980	56
	OUTPATIENT SERVICE COST CENTERS				
60	CLINIC	.900589	4087	3681	60
60.01	ANTICOAG CLINIC	.794297			60.01
61	EMERGENCY	.308399	890	274	61
61.01	PARTIAL HOSPITALIZATION	.386695			61.01
62	OBSERVATION BEDS (NON-DISTINCT	.682211			62
	OTHER REIMBURSABLE COST CENTERS				
63.50	RHC				63.50
63.60	FQHC				63.60
65	AMBULANCE SERVICES				65
101	TOTAL		3844236	1411141	101
102	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103	NET CHARGES		3844236		103

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	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
25	ADULTS & PEDIATRICS		8218836		25
26	INTENSIVE CARE UNIT		1736695		26
26.01	PEDIATRIC ICU		255352		26.01
26.02	NEONATAL ICU		865895		26.02
27	CORONARY CARE UNIT		2209275		27
31	SUBPROVIDER I				31
31.01	SUBPROVIDER II				31.01
	ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	.223461	2479254	554017	37
37.01	CAREW MEDICAL PARK SURG	.425536			37.01
38	RECOVERY ROOM	.332704	300520	99984	38
39	DELIVERY ROOM & LABOR ROOM	.080617	269968	21764	39
40	ANESTHESIOLOGY	.065994	298659	19710	40
41	RADIOLOGY-DIAGNOSTIC	.117603	3435687	404047	41
41.01	RADIOLOGY - WABASH				41.01
41.02	RADIOLOGY - MANCHESTER				41.02
41.03	RADIOLOGY - EAST STATE				41.03
41.04	RADIOLOGY - JEFFERSON	.779009			41.04
41.05	RADIOLOGY - NHMP	.726364			41.05
41.06	RADIOLOGY - CMP	.204337			41.06
41.07	RADIOLOGY - WP	.640384			41.07
41.08	RADIOLOGY - PULM CLINIC	3.212666	450	1446	41.08
41.09	RADIOLOGY - WHITLEY POOL				41.09
42	RADIOLOGY-THERAPEUTIC	.282472	73876	20868	42
43	RADIOISOTOPE	.144074	101809	14668	43
44	LABORATORY	.192478	2941301	566136	44
44.01	ANATOMICAL PATHOLOGY	.340750	136577	46539	44.01
46	WHOLE BLOOD & PACKED RED BLOOD	.698931	239629	167484	46
46.30	BLOOD CLOTTING FACTORS ADMIN CO				46.30
49	RESPIRATORY THERAPY	.148016	2216466	328072	49
49.01	WOUND CARE	.292394	179975	52624	49.01
49.02	DIALYSIS	.718617	121244	87128	49.02
49.03	ENDOSCOPY	.081875	246241	20161	49.03
50	PHYSICAL THERAPY	.664018	146102	97014	50
50.01	TRANSITIONAL THERAPY	.683437			50.01
50.02	PV REHAB OUTREACH				50.02
51	OCCUPATIONAL THERAPY	.553512	130920	72466	51
52	SPEECH PATHOLOGY	.498799	86212	43002	52
52.01	NEURO REHAB	.466629			52.01
53	ELECTROCARDIOLOGY	.165248	134114	22162	53
54	ELECTROENCEPHALOGRAPHY	.374513	70880	26545	54
54.01	NUTRITION SUPPORT	4.610953	18668	86077	54.01
54.02	MRI	.249929	264241	66041	54.02
54.03	CARDIAC CATH LAB	.172030	825946	142087	54.03
54.04	CARDIAC REHAB SERVICES	.740534	917	679	54.04
55	MEDICAL SUPPLIES CHARGED TO PAT	.403770	3547607	1432417	55
55.01	COST OF SOLUTIONS	.155093	2207618	342386	55.01
56	DRUGS CHARGED TO PATIENTS	.306228	5245160	1606215	56
	OUTPATIENT SERVICE COST CENTERS				
60	CLINIC	.900589	8564	7713	60
60.01	ANTICOAG CLINIC	.804168			60.01
61	EMERGENCY	.310548	1024485	318152	61
61.01	PARTIAL HOSPITALIZATION	.386695			61.01
62	OBSERVATION BEDS (NON-DISTINCT	.682211			62
	OTHER REIMBURSABLE COST CENTERS				
63.50	RHC				63.50
63.60	FQHC				63.60
65	AMBULANCE SERVICES				65
101	TOTAL		26753090	6667604	101
102	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103	NET CHARGES		26753090		103

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	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
25	ADULTS & PEDIATRICS				25
26	INTENSIVE CARE UNIT				26
26.01	PEDIATRIC ICU				26.01
26.02	NEONATAL ICU				26.02
27	CORONARY CARE UNIT				27
31	SUBPROVIDER I		241980		31
31.01	SUBPROVIDER II				31.01
	ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	.223461	3807	851	37
37.01	CAREW MEDICAL PARK SURG	.425536			37.01
38	RECOVERY ROOM	.332704	483	161	38
39	DELIVERY ROOM & LABOR ROOM	.080617			39
40	ANESTHESIOLOGY	.065994	274	18	40
41	RADIOLOGY-DIAGNOSTIC	.117603	9693	1140	41
41.01	RADIOLOGY - WABASH				41.01
41.02	RADIOLOGY - MANCHESTER				41.02
41.03	RADIOLOGY - EAST STATE				41.03
41.04	RADIOLOGY - JEFFERSON	.779009			41.04
41.05	RADIOLOGY - NHMP	.726364			41.05
41.06	RADIOLOGY - CMP	.204337			41.06
41.07	RADIOLOGY - WP	.640384			41.07
41.08	RADIOLOGY - PULM CLINIC	3.212666			41.08
41.09	RADIOLOGY - WHITLEY POOL				41.09
42	RADIOLOGY-THERAPEUTIC	.282472			42
43	RADIOISOTOPE	.144074	806	116	43
44	LABORATORY	.192478	11472	2208	44
44.01	ANATOMICAL PATHOLOGY	.340750	136	46	44.01
46	WHOLE BLOOD & PACKED RED BLOOD	.698931			46
46.30	BLOOD CLOTTING FACTORS ADMIN CO				46.30
49	RESPIRATORY THERAPY	.148016	3518	521	49
49.01	WOUND CARE	.292394	5036	1472	49.01
49.02	DIALYSIS	.718617			49.02
49.03	ENDOSCOPY	.081875			49.03
50	PHYSICAL THERAPY	.664018	47454	31510	50
50.01	TRANSITIONAL THERAPY	.683437			50.01
50.02	PV REHAB OUTREACH				50.02
51	OCCUPATIONAL THERAPY	.553512	48711	26962	51
52	SPEECH PATHOLOGY	.498799	38941	19424	52
52.01	NEURO REHAB	.466629			52.01
53	ELECTROCARDIOLOGY	.165248			53
54	ELECTROENCEPHALOGRAPHY	.374513			54
54.01	NUTRITION SUPPORT	4.610953	401	1849	54.01
54.02	MRI	.249929			54.02
54.03	CARDIAC CATH LAB	.172030			54.03
54.04	CARDIAC REHAB SERVICES	.740534			54.04
55	MEDICAL SUPPLIES CHARGED TO PAT	.403770	729	294	55
55.01	COST OF SOLUTIONS	.155093	1347	209	55.01
56	DRUGS CHARGED TO PATIENTS	.306228	54209	16600	56
	OUTPATIENT SERVICE COST CENTERS				
60	CLINIC	.900589	303	273	60
60.01	ANTICOAG CLINIC	.804168			60.01
61	EMERGENCY	.310548			61
61.01	PARTIAL HOSPITALIZATION	.386695			61.01
62	OBSERVATION BEDS (NON-DISTINCT	.682211			62
	OTHER REIMBURSABLE COST CENTERS				
63.50	RHC				63.50
63.60	FQHC				63.60
65	AMBULANCE SERVICES				65
101	TOTAL		227320	103654	101
102	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103	NET CHARGES		227320		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

[ ] HOSPITAL
[ ] SUB I
[XX] SUB II (15-S021)
[ ] SUB III
[ ] SUB IV

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

[XX] PPS
[ ] TEFRA
[ ] OTHER

	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
25	ADULTS & PEDIATRICS				25
26	INTENSIVE CARE UNIT				26
26.01	PEDIATRIC ICU				26.01
26.02	NEONATAL ICU				26.02
27	CORONARY CARE UNIT				27
31	SUBPROVIDER I				31
31.01	SUBPROVIDER II		2224973		31.01
	ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	.223461			37
37.01	CAREW MEDICAL PARK SURG	.425536	13689	5825	37.01
38	RECOVERY ROOM	.332704			38
39	DELIVERY ROOM & LABOR ROOM	.080617	897	72	39
40	ANESTHESIOLOGY	.065994			40
41	RADIOLOGY-DIAGNOSTIC	.117603	37827	4449	41
41.01	RADIOLOGY - WABASH				41.01
41.02	RADIOLOGY - MANCHESTER				41.02
41.03	RADIOLOGY - EAST STATE				41.03
41.04	RADIOLOGY - JEFFERSON	.779009			41.04
41.05	RADIOLOGY - NHMP	.726364			41.05
41.06	RADIOLOGY - CMP	.204337			41.06
41.07	RADIOLOGY - WP	.640384			41.07
41.08	RADIOLOGY - PULM CLINIC	3.212666			41.08
41.09	RADIOLOGY - WHITLEY POOL				41.09
42	RADIOLOGY-THERAPEUTIC	.282472			42
43	RADIOISOTOPE	.144074			43
44	LABORATORY	.192478	333541	64199	44
44.01	ANATOMICAL PATHOLOGY	.340750			44.01
46	WHOLE BLOOD & PACKED RED BLOOD	.698931			46
46.30	BLOOD CLOTTING FACTORS ADMIN CO				46.30
49	RESPIRATORY THERAPY	.148016	233	34	49
49.01	WOUND CARE	.292394			49.01
49.02	DIALYSIS	.718617			49.02
49.03	ENDOSCOPY	.081875			49.03
50	PHYSICAL THERAPY	.664018			50
50.01	TRANSITIONAL THERAPY	.683437			50.01
50.02	PV REHAB OUTREACH				50.02
51	OCCUPATIONAL THERAPY	.553512	1251	692	51
52	SPEECH PATHOLOGY	.498799			52
52.01	NEURO REHAB	.466629			52.01
53	ELECTROCARDIOLOGY	.165248	10584	1749	53
54	ELECTROENCEPHALOGRAPHY	.374513	412	154	54
54.01	NUTRITION SUPPORT	4.610953	1348	6216	54.01
54.02	MRI	.249929	4034	1008	54.02
54.03	CARDIAC CATH LAB	.172030			54.03
54.04	CARDIAC REHAB SERVICES	.740534			54.04
55	MEDICAL SUPPLIES CHARGED TO PAT	.403770	667	269	55
55.01	COST OF SOLUTIONS	.155093	4399	682	55.01
56	DRUGS CHARGED TO PATIENTS	.306228	336842	103150	56
	OUTPATIENT SERVICE COST CENTERS				
60	CLINIC	.900589	455	410	60
60.01	ANTICOAG CLINIC	.804168			60.01
61	EMERGENCY	.310548	155914	48419	61
61.01	PARTIAL HOSPITALIZATION	.386695			61.01
62	OBSERVATION BEDS (NON-DISTINCT	.682211			62
	OTHER REIMBURSABLE COST CENTERS				
63.50	RHC				63.50
63.60	FQHC				63.60
65	AMBULANCE SERVICES				65
101	TOTAL		902093	237328	101
102	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103	NET CHARGES		902093		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

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

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

[ ] PPS
[ ] TEFRA
[XX] OTHER

	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
25	ADULTS & PEDIATRICS				25
26	INTENSIVE CARE UNIT				26
26.01	PEDIATRIC ICU				26.01
26.02	NEONATAL ICU				26.02
27	CORONARY CARE UNIT				27
31	SUBPROVIDER I				31
31.01	SUBPROVIDER II				31.01
	ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	.223461			37
37.01	CAREW MEDICAL PARK SURG	.425536			37.01
38	RECOVERY ROOM	.332704			38
39	DELIVERY ROOM & LABOR ROOM	.080617			39
40	ANESTHESIOLOGY	.065994			40
41	RADIOLOGY-DIAGNOSTIC	.117603			41
41.01	RADIOLOGY - WABASH				41.01
41.02	RADIOLOGY - MANCHESTER				41.02
41.03	RADIOLOGY - EAST STATE				41.03
41.04	RADIOLOGY - JEFFERSON	.779009			41.04
41.05	RADIOLOGY - NHMP	.726364			41.05
41.06	RADIOLOGY - CMP	.204337			41.06
41.07	RADIOLOGY - WP	.640384			41.07
41.08	RADIOLOGY - PULM CLINIC	3.212666			41.08
41.09	RADIOLOGY - WHITLEY POOL				41.09
42	RADIOLOGY-THERAPEUTIC	.282208			42
43	RADIOISOTOPE	.144074			43
44	LABORATORY	.192478			44
44.01	ANATOMICAL PATHOLOGY	.340750			44.01
46	WHOLE BLOOD & PACKED RED BLOOD	.698931			46
46.30	BLOOD CLOTTING FACTORS ADMIN CO				46.30
49	RESPIRATORY THERAPY	.148014			49
49.01	WOUND CARE	.292394			49.01
49.02	DIALYSIS	.718617			49.02
49.03	ENDOSCOPY	.081875			49.03
50	PHYSICAL THERAPY	.664018			50
50.01	TRANSITIONAL THERAPY	.683437			50.01
50.02	PV REHAB OUTREACH				50.02
51	OCCUPATIONAL THERAPY	.553512			51
52	SPEECH PATHOLOGY	.498799			52
52.01	NEURO REHAB	.466564			52.01
53	ELECTROCARDIOLOGY	.165248			53
54	ELECTROENCEPHALOGRAPHY	.374513			54
54.01	NUTRITION SUPPORT	4.610953			54.01
54.02	MRI	.249929			54.02
54.03	CARDIAC CATH LAB	.170311			54.03
54.04	CARDIAC REHAB SERVICES	.740534			54.04
55	MEDICAL SUPPLIES CHARGED TO PAT	.403770			55
55.01	COST OF SOLUTIONS	.155093			55.01
56	DRUGS CHARGED TO PATIENTS	.306228			56
	OUTPATIENT SERVICE COST CENTERS				
60	CLINIC	.900589			60
60.01	ANTICOAG CLINIC	.794297			60.01
61	EMERGENCY	.308399			61
61.01	PARTIAL HOSPITALIZATION	.386695			61.01
62	OBSERVATION BEDS (NON-DISTINCT	.682211			62
	OTHER REIMBURSABLE COST CENTERS				
63.50	RHC				63.50
63.60	FQHC				63.60
65	AMBULANCE SERVICES				65
101	TOTAL				101
102	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103	NET CHARGES				103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		HOSPITAL (15-0021)	SUB I	SUB II	SUB III	SUB IV	
	DRG AMOUNT						
1	OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	37934783					1
1.01	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	12644928					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	19656797					1.03
1.04	PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	6552266					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	4564426					2.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT						
3	BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	517.16					3
3.01	NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02	INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996	10.33					3.04
3.05	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06	ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI,LN.15][PLUS LN.3.06]						3.06
3.07	SUM OF LINES 3.04-3.06 0.00 0.00	10.33					3.07
3.08	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	13.24					3.08
3.09	FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10	FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13	FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14	CURRENT YEAR ALLOWABLE FTE	10.33					3.14
3.15	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	10.33					3.15
3.16	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE..	8.53					3.16
3.17	SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (RES. IN INIT YRS: 0.00)	9.73					3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		HOSPITAL (15-0021)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.018814					3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.019937					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	0.018814					3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	589104					3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	196368					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 785472 71337	856809					3.24
	DISPROPORTIONATE SHARE ADJUSTMENT						
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.0369					4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.2102					4.01
4.02	SUM OF 4 AND 4.01	0.2471					4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0929					4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT	4698855					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	60699801					6
7	HOSPITAL SPECIFIC PAYMENTS						7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)						7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	60699801					8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	5011973					9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL						10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	427700					11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE	1					11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES	1					11.02
12	NET ORGAN ACQUISITION COST						12
13	COST OF TEACHING PHYSICIANS						13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS						14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	95413					15
16	TOTAL	66234889					16
17	PRIMARY PAYER PAYMENTS	73339					17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	66161550					18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4627328					19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	234744					20
21	REIMBURSABLE BAD DEBTS	1398929					21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	979250					21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	871622					21.02
22	SUBTOTAL	62278728					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		HOSPITAL (15-0021)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION						23
24	OTHER ADJUSTMENTS						24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						25
26	AMOUNT DUE PROVIDER	62278728					26
27	SEQUESTRATION ADJUSTMENT						27
28	INTERIM PAYMENTS	61092035					28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						28.01
29	BALANCE DUE PROVIDER (PROGRAM)	1186693					29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						30
	TO BE COMPLETED BY INTERMEDIARY						
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01						50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01						51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)						52
53	CAPITAL OUTLIER RECONILIATION AMOUNT (SEE INSTRUCTIONS)						53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)						55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

		HOSPITAL (15-0021) 1	HOSPITAL (15-0021) 1.01	HOSPITAL (15-0021) 1.02	
1	MEDICAL AND OTHER SERVICES	2969			1
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	25530708			1.01
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	21371144			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	36454			1.07
2	INTERNS AND RESIDENTS				2
3	ORGAN ACQUISITIONS				3
4	COST OF TEACHING PHYSICIANS				4
5	TOTAL COST	2969			5
	COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6	ANCILLARY SERVICE CHARGES	9697			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	9697			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	9697			14
15	EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	6728			15
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17	LESSER OF COST OR CHARGES	2969			17
17.01	TOTAL PPS PAYMENTS	21407598			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

		HOSPITAL (15-0021) 1	HOSPITAL (15-0021) 1.01	HOSPITAL (15-0021) 1.02	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18	DEDUCTIBLES AND COINSURANCE	92			18
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	4643526			18.01
19	SUBTOTAL	16766949			19
20	SUM OF AMOUNTS FROM WKST E, PARTS C,D & E				20
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	131649			21
22	ESRD DIRECT MEDICAL EDUCATION COSTS				22
23	SUBTOTAL	16898598			23
24	PRIMARY PAYER PAYMENTS	4814			24
25	SUBTOTAL	16893784			25
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
26	COMPOSITE RATE ESRD				26
27	BAD DEBTS	999752			27
27.01	REDUCED REIMBURSABLE BAD DEBTS	699826			27.01
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	621691			27.02
28	SUBTOTAL	17593610			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	17593610			32
33	SEQUESTRATION ADJUSTMENT				33
34	INTERIM PAYMENTS	17113663			34
34.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)				34.01
35	BALANCE DUE PROVIDER/PROGRAM	479947			35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2				36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

		SUB I (15-T021) 1	SUB I (15-T021) 1.01	SUB I (15-T021) 1.02	
1	MEDICAL AND OTHER SERVICES				1
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03	1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04	LINE 1.01 TIMES LINE 1.03				1.04
1.05	LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06	TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07	AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2	INTERNS AND RESIDENTS				2
3	ORGAN ACQUISITIONS				3
4	COST OF TEACHING PHYSICIANS				4
5	TOTAL COST				5
	COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6	ANCILLARY SERVICE CHARGES				6
7	INTERNS AND RESIDENTS SERVICE CHARGES				7
8	ORGAN ACQUISITION CHARGES				8
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10	TOTAL REASONABLE CHARGES				10
	CUSTOMARY CHARGES				
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13	RATIO OF LINE 11 TO LINE 12				13
14	TOTAL CUSTOMARY CHARGES				14
15	EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17	LESSER OF COST OR CHARGES				17
17.01	TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

		SUB I (15-T021) 1	SUB I (15-T021) 1.01	SUB I (15-T021) 1.02	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18	DEDUCTIBLES AND COINSURANCE				18
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01				18.01
19	SUBTOTAL				19
20	SUM OF AMOUNTS FROM WKST E, PARTS C,D & E				20
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS				21
22	ESRD DIRECT MEDICAL EDUCATION COSTS				22
23	SUBTOTAL				23
24	PRIMARY PAYER PAYMENTS				24
25	SUBTOTAL				25
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
26	COMPOSITE RATE ESRD				26
27	BAD DEBTS				27
27.01	REDUCED REIMBURSABLE BAD DEBTS				27.01
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)				27.02
28	SUBTOTAL				28
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION				29
30	OTHER ADJUSTMENTS				30
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)				30.99
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS				31
32	SUBTOTAL				32
33	SEQUESTRATION ADJUSTMENT				33
34	INTERIM PAYMENTS				34
34.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)				34.01
35	BALANCE DUE PROVIDER/PROGRAM				35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2				36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

		SUB II (15-S021) 1	SUB II (15-S021) 1.01	SUB II (15-S021) 1.02	
1	MEDICAL AND OTHER SERVICES				1
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03	1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04	LINE 1.01 TIMES LINE 1.03				1.04
1.05	LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06	TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07	AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2	INTERNS AND RESIDENTS				2
3	ORGAN ACQUISITIONS				3
4	COST OF TEACHING PHYSICIANS				4
5	TOTAL COST				5
	COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6	ANCILLARY SERVICE CHARGES				6
7	INTERNS AND RESIDENTS SERVICE CHARGES				7
8	ORGAN ACQUISITION CHARGES				8
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10	TOTAL REASONABLE CHARGES				10
	CUSTOMARY CHARGES				
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13	RATIO OF LINE 11 TO LINE 12				13
14	TOTAL CUSTOMARY CHARGES				14
15	EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17	LESSER OF COST OR CHARGES				17
17.01	TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

		SUB II (15-S021) 1	SUB II (15-S021) 1.01	SUB II (15-S021) 1.02	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18	DEDUCTIBLES AND COINSURANCE				18
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01				18.01
19	SUBTOTAL				19
20	SUM OF AMOUNTS FROM WKST E, PARTS C,D & E				20
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS				21
22	ESRD DIRECT MEDICAL EDUCATION COSTS				22
23	SUBTOTAL				23
24	PRIMARY PAYER PAYMENTS				24
25	SUBTOTAL				25
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
26	COMPOSITE RATE ESRD				26
27	BAD DEBTS				27
27.01	REDUCED REIMBURSABLE BAD DEBTS				27.01
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)				27.02
28	SUBTOTAL				28
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION				29
30	OTHER ADJUSTMENTS				30
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)				30.99
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS				31
32	SUBTOTAL				32
33	SEQUESTRATION ADJUSTMENT				33
34	INTERIM PAYMENTS				34
34.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)				34.01
35	BALANCE DUE PROVIDER/PROGRAM				35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2				36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

		SNF (15-5516) 1	SNF (15-5516) 1.01	SNF (15-5516) 1.02	
1	MEDICAL AND OTHER SERVICES				1
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03	1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04	LINE 1.01 TIMES LINE 1.03				1.04
1.05	LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06	TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07	AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2	INTERNS AND RESIDENTS				2
3	ORGAN ACQUISITIONS				3
4	COST OF TEACHING PHYSICIANS				4
5	TOTAL COST				5
	COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6	ANCILLARY SERVICE CHARGES				6
7	INTERNS AND RESIDENTS SERVICE CHARGES				7
8	ORGAN ACQUISITION CHARGES				8
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10	TOTAL REASONABLE CHARGES				10
	CUSTOMARY CHARGES				
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13	RATIO OF LINE 11 TO LINE 12				13
14	TOTAL CUSTOMARY CHARGES				14
15	EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17	LESSER OF COST OR CHARGES				17
17.01	TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

		SNF (15-5516) 1	SNF (15-5516) 1.01	SNF (15-5516) 1.02	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18	DEDUCTIBLES AND COINSURANCE				18
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01				18.01
19	SUBTOTAL				19
20	SUM OF AMOUNTS FROM WKST E, PARTS C,D & E				20
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS				21
22	ESRD DIRECT MEDICAL EDUCATION COSTS				22
23	SUBTOTAL				23
24	PRIMARY PAYER PAYMENTS				24
25	SUBTOTAL				25
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
26	COMPOSITE RATE ESRD				26
27	BAD DEBTS				27
27.01	REDUCED REIMBURSABLE BAD DEBTS				27.01
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)				27.02
28	SUBTOTAL				28
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION				29
30	OTHER ADJUSTMENTS				30
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)				30.99
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS				31
32	SUBTOTAL				32
33	SEQUESTRATION ADJUSTMENT				33
34	INTERIM PAYMENTS				34
34.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)				34.01
35	BALANCE DUE PROVIDER/PROGRAM				35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2				36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

		HOSPITAL (15-0021) OCTOBER 1, 1997 PRIOR TO 1	ON OR AFTER 1.01	
1	STANDARD OVERHEAD AMOUNTS (ASC FEES)			1
2	DEDUCTIBLES			2
3	SUBTOTAL			3
4	80 PERCENT OF LINE 3			4
5	ASC PORTION OF BLEND			5
6	OUTPATIENT ASC COST			6
	COMPUTATION OF LESSER OF COST OR CHARGES			
7	TOTAL CHARGES			7
	CUSTOMARY CHARGES			
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)			9
10	RATIO OF LINE 8 TO LINE 9			10
11	TOTAL CUSTOMARY CHARGES			11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			13
14	LESSER OF COST OR CHARGES			14
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
15	DEDUCTIBLES AND COINSURANCE			15
16	TOTAL			16
17	HOSPITAL SPECIFIC PORTION OF BLEND			17
18	ASC BLENDED AMOUNT			18
19	LESSER OF LINES 16 OR 18			19
20	PART B DEDUCTIBLES AND COINSURANCE			20
21	ASC PAYMENT AMOUNT			21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

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

		HOSPITAL (15-0021) OCTOBER 1, 1997 PRIOR TO 1	ON OR AFTER 1.01	
1	PREVAILING CHARGES			1
2	62 PERCENT OF LINE 1			2
3	DEDUCTIBLES			3
4	SUBTOTAL			4
5	BLENDED CHARGE PROPORTION			5
6	COST OF OUTPATIENT RADIOLOGY			6
	COMPUTATION OF LESSER OF COST OR CHARGES			
7	TOTAL CHARGES			7
	CUSTOMARY CHARGES			
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)			9
10	RATIO OF LINE 8 TO LINE 9			10
11	TOTAL CUSTOMARY CHARGES			11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			13
14	LESSER OF COST OR CHARGES			14
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
15	DEDUCTIBLES AND COINSURANCE			15
16	TOTAL			16
17	COST PROPORTION			17
18	OUTPATIENT RADIOLOGY BLENDED AMOUNT			18
19	LESSER OF LINE 16 OR LINE 18			19
20	PART B DEDUCTIBLES AND COINSURANCE			20
21	RADIOLOGY PAYMENT AMOUNT			21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

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

		HOSPITAL (15-0021) OCTOBER 1, 1997 PRIOR TO 1	ON OR AFTER 1.01	
1	PREVAILING CHARGES			1
2	42 PERCENT OF LINE 1			2
3	DEDUCTIBLES			3
4	SUBTOTAL			4
5	BLENDED CHARGE PROPORTION			5
6	COST OF OTHER OUTPATIENT DIAGNOSTIC PROCEDURES			6
	COMPUTATION OF LESSER OF COST OR CHARGES			
7	TOTAL CHARGES			7
	CUSTOMARY CHARGES			
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)			9
10	RATIO OF LINE 8 TO LINE 9			10
11	TOTAL CUSTOMARY CHARGES			11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			13
14	LESSER OF COST OR CHARGES			14
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
15	DEDUCTIBLES AND COINSURANCE			15
16	TOTAL			16
17	COST PROPORTION			17
18	OTHER OUTPATIENT DIAGNOSTIC BLENDED AMOUNT			18
19	LESSER OF LINE 16 OR LINE 18			19
20	PART B DEDUCTIBLES AND COINSURANCE			20
21	DIAGNOSTIC PAYMENT AMOUNT			21

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED WORKSHEET E-1
HOSPITAL (15-0021)

DESCRIPTION		INPATIENT PART A MM/DD/YYYY 1	AMOUNT 2	PART B MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER			61002888		17080156	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	08/07/2008	103867	08/07/2008	37657	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					3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.05					3.05
	.50					3.50
	PROVIDER .51	08/07/2008	14720	08/07/2008	4150	3.51
	TO .52					3.52
	PROGRAM .53					3.53
	.54					3.54
SUBTOTAL	.99		89147		33507	3.99
4 TOTAL INTERIM PAYMENTS			61092035		17113663	4
	TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY-	PROGRAM .01					5.01
MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH	TO .02					5.02
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROVIDER .03					5.03
	PROVIDER .50					5.50
	TO .51					5.51
	PROGRAM .52					5.52
SUBTOTAL	.99					5.99
6 DETERMINED NET SETTLEMENT AMOUNT	PROGRAM TO					
(BALANCE DUE) BASED ON THE COST	PROVIDER .01					6.01
REPORT.	PROVIDER TO .02					6.02
	PROGRAM					
7 TOTAL MEDICARE PROGRAM LIABILITY						7

NAME OF INTERMEDIARY: _____ INTERMEDIARY NUMBER: _____

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED WORKSHEET E-1
SUBPROVIDER I (15-T021)

DESCRIPTION		INPATIENT PART A MM/DD/YYYY 1	INPATIENT PART A AMOUNT 2	PART B MM/DD/YYYY 3	PART B AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER			2616199			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		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			2616199			4
	TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY-	PROGRAM .01					5.01
MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH	TO .02					5.02
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROVIDER .03					5.03
	PROVIDER .50					5.50
	TO .51					5.51
	PROGRAM .52					5.52
SUBTOTAL	.99					5.99
6 DETERMINED NET SETTLEMENT AMOUNT	PROGRAM TO					
(BALANCE DUE) BASED ON THE COST	PROVIDER .01					6.01
REPORT.	PROVIDER TO .02					6.02
	PROGRAM					
7 TOTAL MEDICARE PROGRAM LIABILITY						7

NAME OF INTERMEDIARY: _____ INTERMEDIARY NUMBER: _____

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED WORKSHEET E-1
SUBPROVIDER II (15-S021)

DESCRIPTION		INPATIENT PART A MM/DD/YYYY 1	INPATIENT PART A AMOUNT 2	PART B MM/DD/YYYY 3	PART B AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER			3370361			1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.			NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		.01				3.01
	PROGRAM	.02				3.02
	TO	.03	NONE		NONE	3.03
	PROVIDER	.04				3.04
		.05				3.05
		.50				3.50
	PROVIDER	.51				3.51
	TO	.52	NONE		NONE	3.52
	PROGRAM	.53				3.53
		.54				3.54
SUBTOTAL		.99				3.99
4 TOTAL INTERIM PAYMENTS			3370361			4
	TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM	.01				5.01
	TO	.02				5.02
	PROVIDER	.03				5.03
	PROVIDER	.50				5.50
	TO	.51				5.51
	PROGRAM	.52				5.52
SUBTOTAL		.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER	.01				6.01
	PROVIDER TO PROGRAM	.02				6.02
7 TOTAL MEDICARE PROGRAM LIABILITY						7

NAME OF INTERMEDIARY: _____ INTERMEDIARY NUMBER: _____

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED WORKSHEET E-1
SKILLED NURSING FACILITY I (15-5516)

DESCRIPTION		INPATIENT PART A MM/DD/YYYY 1	INPATIENT PART A AMOUNT 2	PART B MM/DD/YYYY 3	PART B AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER			1814216			1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.			NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		.01				3.01
	PROGRAM	.02				3.02
	TO	.03	NONE		NONE	3.03
	PROVIDER	.04				3.04
		.05				3.05
		.50				3.50
	PROVIDER	.51				3.51
	TO	.52	NONE		NONE	3.52
	PROGRAM	.53				3.53
		.54				3.54
SUBTOTAL		.99				3.99
4 TOTAL INTERIM PAYMENTS			1814216			4
	TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM	.01				5.01
	TO	.02				5.02
	PROVIDER	.03				5.03
	PROVIDER	.50				5.50
	TO	.51				5.51
	PROGRAM	.52				5.52
SUBTOTAL		.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER	.01				6.01
	PROVIDER TO PROGRAM	.02				6.02
7 TOTAL MEDICARE PROGRAM LIABILITY						7

NAME OF INTERMEDIARY: _____ INTERMEDIARY NUMBER: _____

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

		HOSPITAL	SUB I (15-T021)	SUB II (15-S021)	SUB III	SUB IV	
1	INPATIENT HOSPITAL SERVICES						1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)						1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)		2174560				1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		0.0260				1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)		241474				1.04
1.05	OUTLIER PAYMENTS		160797				1.05
1.06	TOTAL PPS PAYMENTS		2576831				1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT						1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)						
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)			3716602			1.08
1.09	NET IPF PPS OUTLIER PAYMENTS			52896			1.09
1.10	NET IPF PPS ECT PAYMENTS			49427			1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)						1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)						1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)						1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)						1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)						1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)			39.579235			1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR						1.17
1.18	MEDICAL EDUCATION ADJUSTMENT						1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS			3818925			1.19
1.20	STOP LESS PAYMENT FLOOR						1.20
1.21	ADJUSTED NET PAYMENT FLOOR						1.21
1.22	STOP LOSS ADJUSTMENT						1.22
1.23	TOTAL IPF PPS PAYMENTS			3818925			1.23
	INPATIENT REHABILITATION FACILITY (IRF)						
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)						1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)						1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)						1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)						1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)						1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)		18.773224				1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR						1.41
1.42	MEDICAL EDUCATION ADJUSTMENT						1.42
2	ORGAN ACQUISITION						2
3	COST OF TEACHING PHYSICIANS						3
4	SUBTOTAL		2576831	3818925			4
5	PRIMARY PAYER PAYMENTS			5684			5
6	SUBTOTAL		2576831	3813241			6
7	DEDUCTIBLES		1024	353952			7
8	SUBTOTAL		2575807	3459289			8
9	COINSURANCE		32336	88928			9
10	SUBTOTAL		2543471	3370361			10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)						11
11.01	REDUCED REIMBURSABLE BAD DEBTS						11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)						11.02
12	SUBTOTAL		2543471	3370361			12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS						13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

		HOSPITAL	SUB I (15-T021)	SUB II (15-S021)	SUB III	SUB IV	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		1107	2286			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		2544578	3372647			17
18	SEQUESTRATION ADJUSTMENT						18
19	INTERIM PAYMENTS		2616199	3370361			19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20	BALANCE DUE PROVIDER/PROGRAM		-71621	2286			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 (15-5516) (PPS) 2	
	COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL/SNF/NF SERVICES		1
2	MEDICAL AND OTHER SERVICES		2
3	INTERNS AND RESIDENTS		3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS ONLY		4
5	COST OF TEACHING PHYSICIANS		5
6	SUBTOTAL		6
7	INPATIENT PRIMARY PAYER PAYMENTS		7
8	OUTPATIENT PRIMARY PAYER PAYMENTS		8
9	SUBTOTAL		9
	COMPUTATION OF LESSER OF COST OR CHARGES		
10	ROUTINE SERVICE CHARGES		10
11	ANCILLARY SERVICE CHARGES		11
12	INTERNS AND RESIDENTS SERVICE CHARGES		12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE		13
14	TEACHING PHYSICIANS		14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION		15
16	TOTAL REASONABLE CHARGES		16
	CUSTOMARY CHARGES		
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)		18
19	RATIO OF LINE 17 TO LINE 18		19
20	TOTAL CUSTOMARY CHARGES		20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		22
23	COST OF COVERED SERVICES		23
	PROSPECTIVE PAYMENT AMOUNT		
24	OTHER THAN OUTLIER PAYMENTS	1988640	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	3124	29
30	SUBTOTAL	1991764	30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		31
32	AMOUNT FROM LINE 30	1991764	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 (15-5516) (PPS) 2	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
34	EXCESS OF REASONABLE COST		34
35	SUBTOTAL	1991764	35
36	COINSURANCE	174424	36
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, LINE 19		37
38	REIMBURSABLE BAD DEBTS		38
38.01	REDUCED REIMBURSABLE BAD DEBTS		38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		38.02
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING ON OR AFTER 10/01/05 (SEE INSTR.)		38.03
39	UTILIZATION REVIEW		39
40	SUBTOTAL	1817340	40
41	INPATIENT ROUTINE SERVICE COST		41
42	MEDICARE INPATIENT ROUTINE CHARGES		42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)		44
45	RATIO OF LINE 43 TO LINE 44		45
46	TOTAL CUSTOMARY CHARGES		46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		49
50	LOSS ON SALE OF ASSETS		50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		51
52	SUBTOTAL	1817340	52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	1817340	55
56	SEQUESTRATION ADJUSTMENT		56
57	INTERIM PAYMENTS	1814216	57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)		57.01
58	BALANCE DUE PROVIDER/PROGRAM	3124	58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2		59

CALCULATION OF REIMBURSEMENT SETTLEMENT WORKSHEET E-3
PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY PART III

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

		HOSPITAL (15-0021) (PPS)	SUB I (15-T021) (PPS)	SUB II (15-S021) (PPS)	SUB III	SNF I (15-5516) (OTHER)	NF I (PPS)	
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	1	
1	INPATIENT HOSPITAL/SNF/NF SERVICES					876		1
2	MEDICAL AND OTHER SERVICES	5299723		11545				2
3	INTERNS AND RESIDENTS							3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O							4
5	COST OF TEACHING PHYSICIANS							5
6	SUBTOTAL	5299723		11545		876		6
7	INPATIENT PRIMARY PAYER PAYMENTS							7
8	OUTPATIENT PRIMARY PAYER PAYMENTS							8
9	SUBTOTAL	5299723		11545		876		9
	COMPUTATION OF LESSER OF COST OR CHARGES							
10	ROUTINE SERVICE CHARGES	6378977						10
11	ANCILLARY SERVICE CHARGES	45560794	227320	934483				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	51939771	227320	934483				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	51939771	227320	934483				20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	46640048	227320	922938				21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES					876		22
23	COST OF COVERED SERVICES	5299723		11545		876		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	13						28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	17950	122	1152				29
30	SUBTOTAL	5317686	122	12697		876		30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED							31
32	LESSER OF LINES 30 OR 31					876		32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)							33

CALCULATION OF REIMBURSEMENT SETTLEMENT WORKSHEET E-3
PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY PART III

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

		HOSPITAL (15-0021) (PPS)	SUB I (15-T021) (PPS)	SUB II (15-S021) (PPS)	SUB III	SNF I (15-5516) (OTHER)	NF I	
		1	1	1	1	1	1	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT							
34	EXCESS OF REASONABLE COST					876		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	LOSS ON SALE OF ASSETS							50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS							51
52	SUBTOTAL							52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT							53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS							54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER							55
56	SEQUESTRATION ADJUSTMENT							56
57	INTERIM PAYMENTS							57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)							57.01
58	BALANCE DUE PROVIDER/PROGRAM							58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2							59

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

WORKSHEET E-3 PART IV

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS		1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE		2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS		2.01
3	AGGREGATE APPROVED AMOUNT		3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	12.03	3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]		3.03
3.04	FTE ADJUSTMENT CAP	12.03	3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	13.24	3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	12.03	3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	9.98	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	3.26	3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	13.24	3.09
3.10	SEE INSTRUCTIONS	12.03	3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO		3.11
3.12	SEE INSTRUCTIONS	2.96	3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	2.73	3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	3.85	3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	3.18	3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS -0.38]	2.80	3.16
3.17	SEE INSTRUCTIONS	90633.85	3.17
3.18	SEE INSTRUCTIONS	253775	3.18

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

WORKSHEET E-3
PART IV
(CONT)

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

3.19	SEE INSTRUCTIONS			8.73	3.19
3.20	SEE INSTRUCTIONS			8.18	3.20
3.21	SEE INSTRUCTIONS			8.66	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]			8.66	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			95715.20	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			828894	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			1082669	3.25
	COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS			45047	4
5	TOTAL INPATIENT DAYS			128430	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS	[LINE 6 x] [E-3,PART 6] [LINE 3.25] [LINE 11]		.350751	6
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	379747	34427	414174	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD			18388	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE			128430	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			133108	6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR				6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE			100.00	6.07
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	[PRIOR TO] [E-3,PART 6] [422] [LINE 12] 0	12067	12067	6.08
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS				7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES				8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES				9
10	MEDICARE O/P ESRD CHARGES				10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS				11

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

WORKSHEET E-3
PART IV
(CONT)

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

	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
	PART A REASONABLE COST		
12	REASONABLE COST	83134796	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	79023	15
16	TOTAL PART A REASONABLE COST	83055773	16
	PART B REASONABLE COST		
17	REASONABLE COST	25570131	17
18	PRIMARY PAYER PAYMENTS	4814	18
19	TOTAL PART B REASONABLE COST	25565317	19
20	TOTAL REASONABLE COST	108621090	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.764638	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.235362	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	559349	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	427700	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	131649	25

DIRECT GRADUATE MEDICAL EDUCATION (GME) WORKSHEET E-3
& ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS PART IV

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT

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

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

WORKSHEET E-3
PART IV
(CONT)

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

3.19	SEE INSTRUCTIONS		3.19
3.20	SEE INSTRUCTIONS		3.20
3.21	SEE INSTRUCTIONS		3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	0.00	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001	0.00	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		3.25

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS			10349	4
5	TOTAL INPATIENT DAYS			128430	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS	[LINE 6 x] [LINE 3.25]	[E-3,PART 6] [LINE 11]	.080581	6
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	0	0		6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD				6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE			128430	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS			100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD				6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR				6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE			100.00	6.07
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	0	0		6.08

[PRIOR TO] [E-3,PART 6]
[422] [LINE 12]

DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY
(NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		9
10	MEDICARE O/P ESRD CHARGES		10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS		11

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

WORKSHEET E-3
PART IV
(CONT)

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

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

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

WORKSHEET E-3 PART VI

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

	CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA		
1	RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD	1.000000	1
2	REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		2
3	UNADJUSTED DIRECT GME FTE CAP		3
4	PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		4
	CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA		
5	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC.413.79(c)(4)	3.50	5
5.01	PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS		5.01
6	GME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	1.21	6
7	ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)	1.21	7
8	LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)	81118.00	8
9	LINE 7 TIMES LINE 8	98153	9
10	MEDICARE PGM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6	.350751	10
11	DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS	34427	11
12	DIRECT GME PAYMENT FOR MANAGED CARE DAYS	12067	12
	CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA		
13	REDUCED IME FTE CAP (SEE INSTRUCTIONS)		13
14	UNADJUSTED IME FTE CAP		14
15	PRORATED REDUCED ALLOWABLE FTE CAP		15
	CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA		
16	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC.412.105(f)(1)(iv)(C)	1.80	16
17	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	2.91	17
18	SEE INSTRUCTIONS	1.80	18
19	RESIDENT TO BED COUNT	.003481	19
20	IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	.000929	20
21	DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	50579711	21
22	SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	26209063	22
23	ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA	71337	23

BALANCE SHEET WORKSHEET G

	ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
		1	2	3	4	
	CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	-568036				1
2	TEMPORARY INVESTMENTS					2
3	NOTES RECEIVABLE					3
4	ACCOUNTS RECEIVABLE	72814180				4
5	OTHER RECEIVABLES	1442002				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE					6
7	INVENTORY	11286880				7
8	PREPAID EXPENSES	35255966				8
9	OTHER CURRENT ASSETS					9
10	DUE FROM OTHER FUNDS					10
11	TOTAL CURRENT ASSETS	120230992				11
	FIXED ASSETS					
12	LAND	4096316				12
12.01	ACCUMULATED DEPRECIATION					12.01
13	LAND IMPROVEMENTS	11713495				13
13.01	ACCUMULATED DEPRECIATION	-6958433				13.01
14	BUILDINGS	223371741				14
14.01	ACCUMULATED DEPRECIATION	-127607112				14.01
15	LEASEHOLD IMPROVEMENTS	9609945				15
15.01	ACCUMULATED AMORTIZATION	-1720249				15.01
16	FIXED EQUIPMENT	370704				16
16.01	ACCUMULATED DEPRECIATION	-45151				16.01
17	AUTOMOBILES AND TRUCKS	745439				17
17.01	ACCUMULATED DEPRECIATION	-519213				17.01
18	MAJOR MOVABLE EQUIPMENT	160572627				18
18.01	ACCUMULATED DEPRECIATION	-97227899				18.01
19	MINOR EQUIPMENT DEPRECIABLE					19
19.01	ACCUMULATED DEPRECIATION					19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE	4670489				20
21	TOTAL FIXED ASSETS	181072699				21
	OTHER ASSETS					
22	INVESTMENTS	13538383				22
23	DEPOSITS ON LEASES					23
24	DUE FROM OWNERS/OFFICERS					24
25	OTHER ASSETS	6067542				25
26	TOTAL OTHER ASSETS	19605925				26
27	TOTAL ASSETS	320909616				27

	LIABILITIES AND FUND BALANCES	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
		1	2	3	4	
	CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	28432029				28
29	SALARIES, WAGES & FEES PAYABLE	10000558				29
30	PAYROLL TAXES PAYABLE					30
31	NOTES & LOANS PAYABLE (SHORT TERM)					31
32	DEFERRED INCOME					32
33	ACCELERATED PAYMENTS					33
34	DUE TO OTHER FUNDS					34
35	OTHER CURRENT LIABILITIES	6562626				35
36	TOTAL CURRENT LIABILITIES	44995213				36
	LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE					37
38	NOTES PAYABLE					38
39	UNSECURED LOANS					39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66					40
41	OTHER LONG TERM LIABILITIES	2366699				41
42	TOTAL LONG TERM LIABILITIES	2366699				42
43	TOTAL LIABILITIES	47361912				43
	CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	273547704				44
45	SPECIFIC PURPOSE FUND BALANCE					45
46	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED					46
47	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED					47
48	GOVERNING BODY CREATED - ENDOWMENT FUND BAL					48
49	PLANT FUND BALANCE - INVESTED IN PLANT					49
50	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION					50
51	TOTAL FUND BALANCES	273547704				51
52	TOTAL LIABILITIES AND FUND BALANCES	320909616				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	301493400				1
2	NET INCOME (LOSS)	39547622				2
3	TOTAL	341041022				3
4	ADDITIONS (CREDIT ADJUSTMENTS)	44141479				4
5	UNREALIZED GAIN ON INVESTMENTS					5
6						6
7						7
8						8
9						9
10	TOTAL ADDITIONS	44141479				10
11	SUBTOTAL	385182501				11
12	DEDUCTIONS (DEBIT ADJUSTMENTS)					12
13	TRANSFERS	111634797				13
14	UNREALIZED LOSS ON INVESTMENTS					14
15						15
16						16
17						17
18	TOTAL DEDUCTIONS	111634797				18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	273547704				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	106321320		106321320	1
2	SUBPROVIDER I	7803300		7803300	2
2.01	SUBPROVIDER II	17635480		17635480	2.01
4	SWING BED - SNF				4
5	SWING BED - NF				5
6	SKILLED NURSING FACILITY	4875000		4875000	6
7	NURSING FACILITY				7
8	OTHER LONG TERM CARE				8
9	TOTAL GENERAL INPATIENT CARE SERVICES	136635100		136635100	9
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10	INTENSIVE CARE UNIT	27460790		27460790	10
10.01	PEDIATRIC ICU	2194384		2194384	10.01
10.02	NEONATAL ICU	15051785		15051785	10.02
11	CORONARY CARE UNIT	22711625		22711625	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	67418584		67418584	15
16	TOTAL INPATIENT ROUTINE CARE SERVICES	204053684		204053684	16
17	ANCILLARY SERVICES				17
18	OUTPATIENT SERVICES	463178655	407472518	870651173	18
18.50	RHC				18.50
18.60	FQHC				18.60
19	HOME HEALTH AGENCY		24162421	24162421	19
20	AMBULANCE				20
21	CORF				21
22	ASC				22
23	HOSPICE				23
24					24
25	TOTAL PATIENT REVENUES	667232339	431634939	1098867278	25

PART II - OPERATING EXPENSES

		1	2	
26	OPERATING EXPENSES		454464156	26
27	ADD (SPECIFY)			27
28	PROVISION FOR BAD DEBTS			28
29	ROUNDING			29
30				30
31				31
32				32
33	TOTAL ADDITIONS			33
34	DEDUCT (SPECIFY)			34
35	LOSS ON SALE OF FIXED ASSETS			35
36				36
37				37
38				38
39	TOTAL DEDUCTIONS			39
40	TOTAL OPERATING EXPENSES		454464156	40

STATEMENT OF REVENUES AND EXPENSES WORKSHEET G-3

	DESCRIPTION		
1	TOTAL PATIENT REVENUES	1098867278	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	639257320	2
3	NET PATIENT REVENUES	459609958	3
4	LESS - TOTAL OPERATING EXPENSES	454464156	4
5	NET INCOME FROM SERVICE TO PATIENTS	5145802	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	1397590	6
7	INCOME FROM INVESTMENTS	1381361	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	36246	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	149536	13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1902914	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	636	21
22	RENTAL OF HOSPITAL SPACE	1995378	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	LAB SERVICES BILLED	16252310	24
24.01	HEALTH FITNESS INCOME	430431	24.01
24.02	OTHER OPERATING INCOME	6928767	24.02
24.03	GIFT SHOP	499255	24.03
24.04	INCOME RELATED TO NON-REIMBURSEABLE	-238333	24.04
24.05	ALL OTHER INCOME	7779891	24.05
24.06	ROUNDING	-5	24.06
25	TOTAL OTHER INCOME	38515977	25
26	TOTAL	43661779	26
27	UNREALIZED LOSSES	4264666	27
27.01	GAIN ON SALE OF ASSET	-454383	27.01
28	INTEREST EXPENSE	303874	28
29			29
30	TOTAL OTHER EXPENSES	4114157	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	39547622	31

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

		SALARIES 1	EMPLOYEE BENEFITS 2	TRANS-PORTATION 3	CONTRACTED/ PURCH SVCS 4	OTHER COSTS 5	TOTAL HHA COST 6	
	GENERAL SERVICE COST CENTER							
1	CAPITAL RELATED-BLDG & FIXTURES							1
2	CAPITAL RELATED-MOVABLE EQUIPMENT							2
3	PLANT OPERATION & MAINTENANCE							3
4	TRANSPORTATION							4
5	ADMINISTRATIVE AND GENERAL	1027806	2290238			2173667	5491711	5
	HHA REIMBURSABLE SERVICES							
6	SKILLED NURSING CARE	2623172		332154		66201	3021527	6
7	PHYSICAL THERAPY	449338		53369			502707	7
8	OCCUPATIONAL THERAPY	391998		36664			428662	8
9	SPEECH PATHOLOGY	54478		8595			63073	9
10	MEDICAL SOCIAL SERVICES	67111		24781			91892	10
11	HOME HEALTH AIDE	328609		180990			509599	11
12	SUPPLIES							12
13	DRUGS							13
13.20	COST OF ADMINISTERING VACCINES							13.20
14	DME							14
	HHA NONREIMBURSABLE SERVICES							
15	HOME DIALYSIS AIDE SERVICES							15
16	RESPIRATORY THERAPY							16
17	PRIVATE DUTY NURSING							17
18	CLINIC							18
19	HEALTH PROMOTION ACTIVITIES							19
20	DAY CARE PROGRAM							20
21	HOME DELIVERED MEALS PROGRAM							21
22	HOMEMAKER SERVICE							22
23	ALL OTHERS	2508179		28140	807958	2332807	5677084	23
23.50	TELEMEDICINE							23.50
24	TOTAL	7450691	2290238	664693	807958	4572675	15786255	24

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

		RECLASSIFI-CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	
	GENERAL SERVICE COST CENTER					
1	CAPITAL RELATED-BLDG & FIXTURES					1
2	CAPITAL RELATED-MOVABLE EQUIPMENT					2
3	PLANT OPERATION & MAINTENANCE					3
4	TRANSPORTATION					4
5	ADMINISTRATIVE AND GENERAL	-1689032	3802679	-178690	3623989	5
	HHA REIMBURSABLE SERVICES					
6	SKILLED NURSING CARE		3021527		3021527	6
7	PHYSICAL THERAPY		502707		502707	7
8	OCCUPATIONAL THERAPY		428662		428662	8
9	SPEECH PATHOLOGY		63073		63073	9
10	MEDICAL SOCIAL SERVICES		91892		91892	10
11	HOME HEALTH AIDE		509599		509599	11
12	SUPPLIES					12
13	DRUGS					13
13.20	COST OF ADMINISTERING VACCINES					13.20
14	DME					14
	HHA NONREIMBURSABLE SERVICES					
15	HOME DIALYSIS AIDE SERVICES					15
16	RESPIRATORY THERAPY					16
17	PRIVATE DUTY NURSING					17
18	CLINIC					18
19	HEALTH PROMOTION ACTIVITIES					19
20	DAY CARE PROGRAM					20
21	HOME DELIVERED MEALS PROGRAM					21
22	HOMEMAKER SERVICE					22
23	ALL OTHERS	-4193764	1483320		1483320	23
23.50	TELEMEDICINE					23.50
24	TOTAL	-5882796	9903459	-178690	9724769	24

COST ALLOCATION - HHA GENERAL SERVICE COST HHA NO.: 15-7423 WORKSHEET H-4 PART I

		NET EXPENSES FOR COST ALLOCATION 0	CAP REL BLDGS & FIXTURES 1	CAP REL MOVABLE EQUIPMENT 2	PLANT OPERATN & MAINT 3	TRANSPORT-ATION 4	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6	
	GENERAL SERVICE COST CENTER									
1	CAPITAL RELATED-BLDG & FIXT									1
2	CAPITAL RELATED-MOVABLE EQUIP									2
3	PLANT OPERATION & MAINTENANCE									3
4	TRANSPORTATION									4
5	ADMINISTRATIVE AND GENERAL	3623989					3623989	3623989		5
	HHA REIMBURSABLE SERVICES									
6	SKILLED NURSING CARE	3021527					3021527	1794847	4816374	6
7	PHYSICAL THERAPY	502707					502707	298619	801326	7
8	OCCUPATIONAL THERAPY	428662					428662	254634	683296	8
9	SPEECH PATHOLOGY	63073					63073	37467	100540	9
10	MEDICAL SOCIAL SERVICES	91892					91892	54586	146478	10
11	HOME HEALTH AIDE	509599					509599	302713	812312	11
12	SUPPLIES									12
13	DRUGS									13
13.20	COST OF ADMINISTERING VACCINES									13.20
14	DME									14
	HHA NONREIMBURSABLE SERVICES									
15	HOME DIALYSIS AIDE SERVICES									15
16	RESPIRATORY THERAPY									16
17	PRIVATE DUTY NURSING									17
18	CLINIC									18
19	HEALTH PROMOTION ACTIVITIES									19
20	DAY CARE PROGRAM									20
21	HOME DELIVERED MEALS PROGRAM									21
22	HOMEMAKER SERVICE									22
23	ALL OTHERS	1483320					1483320	881123	2364443	23
23.50	TELEMEDICINE									23.50
24	TOTAL	9724769					9724769		9724769	24

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 15-7423

WORKSHEET H-4
PART II

		CAP REL BLDGS & FIXTURES (SQUARE FEET) 1	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT-ATION (MILEAGE) 4	RECONCIL-IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
	GENERAL SERVICE COST CENTER							
1	CAPITAL RELATED-BLDG & FIXT							1
2	CAPITAL RELATED-MOVABLE EQUIP							2
3	PLANT OPERATION & MAINTENANCE							3
4	TRANSPORTATION							4
5	ADMINISTRATIVE AND GENERAL					-3623989	6100780	5
	HHA REIMBURSABLE SERVICES							
6	SKILLED NURSING CARE						3021527	6
7	PHYSICAL THERAPY						502707	7
8	OCCUPATIONAL THERAPY						428662	8
9	SPEECH PATHOLOGY						63073	9
10	MEDICAL SOCIAL SERVICES						91892	10
11	HOME HEALTH AIDE						509599	11
12	SUPPLIES							12
13	DRUGS							13
13.20	COST OF ADMINISTERING VACCINES							13.20
14	DME							14
	HHA NONREIMBURSABLE SERVICES							
15	HOME DIALYSIS AIDE SERVICES							15
16	RESPIRATORY THERAPY							16
17	PRIVATE DUTY NURSING							17
18	CLINIC							18
19	HEALTH PROMOTION ACTIVITIES							19
20	DAY CARE PROGRAM							20
21	HOME DELIVERED MEALS PROGRAM							21
22	HOMEMAKER SERVICE							22
23	ALL OTHERS						1483320	23
23.50	TELEMEDICINE							23.50
24	TOTAL					-3623989	6100780	24
25	COST TO BE ALLOC (PER W/S H)						3623989	25
26	UNIT COST MULTIPLIER						.594021	26

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

	HHA COST CENTER	HHA TRIAL BALANCE 0	OLD CAP BLDGS & FIXTURES 1	OLD CAP MOVABLE EQUIPMENT 2	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	COMMUN-CATIONS 6.01	DATA PROCESSING 6.02	
1	ADMINISTRATIVE AND GENERAL					48702	1579103	11670		1
2	SKILLED NURSING CARE	4816374								2
3	PHYSICAL THERAPY	801326								3
4	OCCUPATIONAL THERAPY	683296								4
5	SPEECH PATHOLOGY	100540								5
6	MEDICAL SOCIAL SERVICES	146478								6
7	HOME HEALTH AIDE	812312								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	2364443								19
19.50	TELEMEDICINE									19.50
20	TOTALS	9724769				48702	1579103	11670		20
21	UNIT COST MULTIPLIER									21

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

	HHA COST CENTER	MATERIALS MGMT	PATIENT SERVICES	PATIENT ACCOUNTING	AMBULATORY SVCS ADMIN	SUBTOTAL	OTHER A&G	CAREW MED PARK ADMIN	CRITICAL CARE ADMIN	
		6.03	6.04	6.05	6.06	5A	6.07	6.08	6.09	
1	ADMINISTRATIVE AND GENERAL	20923				1660398	354976			1
2	SKILLED NURSING CARE					4816374	1029694			2
3	PHYSICAL THERAPY					801326	171315			3
4	OCCUPATIONAL THERAPY					683296	146082			4
5	SPEECH PATHOLOGY					100540	21494			5
6	MEDICAL SOCIAL SERVICES					146478	31316			6
7	HOME HEALTH AIDE					812312	173664			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					2364443	505494			19
19.50	TELEMEDICINE									19.50
20	TOTALS	20923				11385167	2434035			20
21	UNIT COST MULTIPLIER									21

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

	HHA COST CENTER	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	FACILITY ENGINEERIN	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	KITCHEN-NO CONNECT W/CAFE	CAFETERIA	
		7	8	8.01	9	10	11	11.01	11.02	
1	ADMINISTRATIVE AND GENERAL									1
2	SKILLED NURSING CARE									2
3	PHYSICAL THERAPY									3
4	OCCUPATIONAL THERAPY									4
5	SPEECH PATHOLOGY									5
6	MEDICAL SOCIAL SERVICES									6
7	HOME HEALTH AIDE									7
8	SUPPLIES									8
9	DRUGS									9
9.20	COST OF ADMINISTERING VACC									9.20
10	DME									10
11	HOME DIALYSIS AIDE SERVICE									11
12	RESPIRATORY THERAPY									12
13	PRIVATE DUTY NURSING									13
14	CLINIC									14
15	HEALTH PROMOTION ACTIVITIE									15
16	DAY CARE PROGRAM									16
17	HOME DELIVERED MEALS PROGR									17
18	HOMEMAKER SERVICE									18
19	ALL OTHERS									19
19.50	TELEMEDICINE									19.50
20	TOTALS									20
21	UNIT COST MULTIPLIER									21

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

	HHA COST CENTER	PREADMITS AND ER	CAFETERIA	MAIN-TENANCE OF PERSONNEL	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	OUTPATIENT PHARMACY	IV SOLUTIONS	
		11.03	12	13	14	15	16	16.01	16.02	
1	ADMINISTRATIVE AND GENERAL					705	717182			1
2	SKILLED NURSING CARE									2
3	PHYSICAL THERAPY									3
4	OCCUPATIONAL THERAPY									4
5	SPEECH PATHOLOGY									5
6	MEDICAL SOCIAL SERVICES									6
7	HOME HEALTH AIDE									7
8	SUPPLIES									8
9	DRUGS									9
9.20	COST OF ADMINISTERING VACC									9.20
10	DME									10
11	HOME DIALYSIS AIDE SERVICE									11
12	RESPIRATORY THERAPY									12
13	PRIVATE DUTY NURSING									13
14	CLINIC									14
15	HEALTH PROMOTION ACTIVITIE									15
16	DAY CARE PROGRAM									16
17	HOME DELIVERED MEALS PROGR									17
18	HOMEMAKER SERVICE									18
19	ALL OTHERS									19
19.50	TELEMEDICINE									19.50
20	TOTALS					705	717182			20
21	UNIT COST MULTIPLIER									21

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

	HHA COST CENTER	MED SURG SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	NONPHYSIC. ANESTHET.	NURSING SCHOOL	I&R SALARY & FRINGES	I&R PROGRAM COSTS	
		16.03	17	18	18.01	20	21	22	23	
1	ADMINISTRATIVE AND GENERAL									1
2	SKILLED NURSING CARE									2
3	PHYSICAL THERAPY									3
4	OCCUPATIONAL THERAPY									4
5	SPEECH PATHOLOGY									5
6	MEDICAL SOCIAL SERVICES									6
7	HOME HEALTH AIDE									7
8	SUPPLIES									8
9	DRUGS									9
9.20	COST OF ADMINISTERING VACC									9.20
10	DME									10
11	HOME DIALYSIS AIDE SERVICE									11
12	RESPIRATORY THERAPY									12
13	PRIVATE DUTY NURSING									13
14	CLINIC									14
15	HEALTH PROMOTION ACTIVITIE									15
16	DAY CARE PROGRAM									16
17	HOME DELIVERED MEALS PROGR									17
18	HOMEMAKER SERVICE									18
19	ALL OTHERS									19
19.50	TELEMEDICINE									19.50
20	TOTALS									20
21	UNIT COST MULTIPLIER									21

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

	HHA COST CENTER	PARAMED EDUCATION	PARAMED ED RADIOLOGY	PARAMED ED PHARMACY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	SUBTOTAL	ALLOCATED HHA A & G	TOTAL HHA COSTS	
		24	24.01	24.02	25	26	27	28	29	
1	ADMINISTRATIVE AND GENERAL			18108	2751369		2751369			1
2	SKILLED NURSING CARE				5846068		5846068	1362669	7208737	2
3	PHYSICAL THERAPY				972641		972641	226714	1199355	3
4	OCCUPATIONAL THERAPY				829378		829378	193321	1022699	4
5	SPEECH PATHOLOGY				122034		122034	28445	150479	5
6	MEDICAL SOCIAL SERVICES				177794		177794	41442	219236	6
7	HOME HEALTH AIDE				985976		985976	229822	1215798	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				2869937		2869937	668956	3538893	19
19.50	TELEMEDICINE									19.50
20	TOTALS			18108	14555197		14555197	2751369	14555197	20
21	UNIT COST MULTIPLIER							.233091		21

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

	HHA COST CENTER	OLD CAP BLDGS & FIXTURES SQUARE FEET 1	OLD CAP MOVABLE EQUIPMENT SQUARE FEET 2	NEW CAP BLDGS & FIXTURES SQUARE FEET 3	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE 4	EMPLOYEE BENEFITS GROSS SALARIES 5	COMMUN-CATIONS NUMBER OF PHONES 6.01	DATA PROCESSING TIME SPENT 6.02	MATERIALS MGMT COSTED REQUISTION 6.03	
1	ADMINISTRATIVE AND GENERAL				50649	6228738	69		650341	1
2	SKILLED NURSING CARE									2
3	PHYSICAL THERAPY									3
4	OCCUPATIONAL THERAPY									4
5	SPEECH PATHOLOGY									5
6	MEDICAL SOCIAL SERVICES									6
7	HOME HEALTH AIDE									7
8	SUPPLIES									8
9	DRUGS									9
9.20	COST OF ADMINISTERING VACC									9.20
10	DME									10
11	HOME DIALYSIS AIDE SERVICE									11
12	RESPIRATORY THERAPY									12
13	PRIVATE DUTY NURSING									13
14	CLINIC									14
15	HEALTH PROMOTION ACTIVITIE									15
16	DAY CARE PROGRAM									16
17	HOME DELIVERED MEALS PROGR									17
18	HOMEMAKER SERVICE									18
19	ALL OTHERS									19
19.50	TELEMEDICINE									19.50
20	TOTALS				50649	6228738	69		650341	20
21	TOTAL COST TO BE ALLOCATED				48702	1579103	11670		20923	21
22	UNIT COST MULTIPLIER					.253519				22
22	UNIT COST MULTIPLIER				.961559		169.130435		.032172	22

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

	HHA COST CENTER	PATIENT SERVICES INPATIENT REVENUE 6.04	PATIENT ACCOUNTING GROSS REVENUE 6.05	AMBULATORY SVCS ADMIN FTES 6.06	RECON-CILIATION 6A.07	OTHER A&G ACCUM COST 6.07	CAREW MED PARK ADMIN DIRECT EXPENSES 6.08	CRITICAL CARE ADMIN OTHER 6.09	MAIN-TENANCE & REPAIRS SQUARE FEET 7	
1	ADMINISTRATIVE AND GENERAL					1660398				1
2	SKILLED NURSING CARE					4816374				2
3	PHYSICAL THERAPY					801326				3
4	OCCUPATIONAL THERAPY					683296				4
5	SPEECH PATHOLOGY					100540				5
6	MEDICAL SOCIAL SERVICES					146478				6
7	HOME HEALTH AIDE					812312				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					2364443				19
19.50	TELEMEDICINE									19.50
20	TOTALS					11385167				20
21	TOTAL COST TO BE ALLOCATED					2434035				21
22	UNIT COST MULTIPLIER					.213790				22
22	UNIT COST MULTIPLIER									22

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

	HHA COST CENTER	OPERATION OF PLANT SQUARE FEET 8	FACILITY ENGINEERIN SQUARE FEET 8.01	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE-KEEPING SQUARE FEET 10	DIETARY MEALS SERVED 11	KITCHEN-NO CAFETERIA CONNECT W/CAFE MEALS SERVED 11.01	NUMBER OF PERSONNEL 11.02	PREADMITS AND ER MEALS PREADMITS 11.03	
1	ADMINISTRATIVE AND GENERAL									1
2	SKILLED NURSING CARE									2
3	PHYSICAL THERAPY									3
4	OCCUPATIONAL THERAPY									4
5	SPEECH PATHOLOGY									5
6	MEDICAL SOCIAL SERVICES									6
7	HOME HEALTH AIDE									7
8	SUPPLIES									8
9	DRUGS									9
9.20	COST OF ADMINISTERING VACC									9.20
10	DME									10
11	HOME DIALYSIS AIDE SERVICE									11
12	RESPIRATORY THERAPY									12
13	PRIVATE DUTY NURSING									13
14	CLINIC									14
15	HEALTH PROMOTION ACTIVITIE									15
16	DAY CARE PROGRAM									16
17	HOME DELIVERED MEALS PROGR									17
18	HOMEMAKER SERVICE									18
19	ALL OTHERS									19
19.50	TELEMEDICINE									19.50
20	TOTALS									20
21	TOTAL COST TO BE ALLOCATED									21
22	UNIT COST MULTIPLIER									22
22	UNIT COST MULTIPLIER									22

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

	HHA COST CENTER	CAFETERIA MEALS FTES 12	MAIN-TENANCE OF PERSONNEL NUMBER HOUSED 13	NURSING ADMINIS-TRATION DIRECT NRSING FTE 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	PHARMACY COSTED REQUIS. 16	OUTPATIENT PHARMACY PERCENTAGE 1 16.01	IV SOLUTIONS PERCENTAGE 2 16.02	MED SURG SUPPLY PERCENTAGE 3 16.03	
1	ADMINISTRATIVE AND GENERAL				285	1425948				1
2	SKILLED NURSING CARE									2
3	PHYSICAL THERAPY									3
4	OCCUPATIONAL THERAPY									4
5	SPEECH PATHOLOGY									5
6	MEDICAL SOCIAL SERVICES									6
7	HOME HEALTH AIDE									7
8	SUPPLIES									8
9	DRUGS									9
9.20	COST OF ADMINISTERING VACC									9.20
10	DME									10
11	HOME DIALYSIS AIDE SERVICE									11
12	RESPIRATORY THERAPY									12
13	PRIVATE DUTY NURSING									13
14	CLINIC									14
15	HEALTH PROMOTION ACTIVITIE									15
16	DAY CARE PROGRAM									16
17	HOME DELIVERED MEALS PROGR									17
18	HOMEMAKER SERVICE									18
19	ALL OTHERS									19
19.50	TELEMEDICINE									19.50
20	TOTALS				285	1425948				20
21	TOTAL COST TO BE ALLOCATED				705	717182				21
22	UNIT COST MULTIPLIER					.502951				22
22	UNIT COST MULTIPLIER				2.473684					22

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

	HHA COST CENTER	MEDICAL RECORDS & LIBRARY TIME SPENT 17	SOCIAL SERVICE TIME SPENT 18	REHAB ADMIN PERCENTAGE 4 18.01	NONPHYSIC. ANESTHET. ASSIGNED TIME 20	NURSING SCHOOL ASSIGNED TIME 21	I&R SALARY & FRINGES ASSIGNED TIME 22	I&R PROGRAM COSTS ASSIGNED TIME 23	PARAMED EDUCATION ASSIGNED TIME 24	
1	ADMINISTRATIVE AND GENERAL									1
2	SKILLED NURSING CARE									2
3	PHYSICAL THERAPY									3
4	OCCUPATIONAL THERAPY									4
5	SPEECH PATHOLOGY									5
6	MEDICAL SOCIAL SERVICES									6
7	HOME HEALTH AIDE									7
8	SUPPLIES									8
9	DRUGS									9
9.20	COST OF ADMINISTERING VACC									9.20
10	DME									10
11	HOME DIALYSIS AIDE SERVICE									11
12	RESPIRATORY THERAPY									12
13	PRIVATE DUTY NURSING									13
14	CLINIC									14
15	HEALTH PROMOTION ACTIVITIE									15
16	DAY CARE PROGRAM									16
17	HOME DELIVERED MEALS PROGR									17
18	HOMEMAKER SERVICE									18
19	ALL OTHERS									19
19.50	TELEMEDICINE									19.50
20	TOTALS									20
21	TOTAL COST TO BE ALLOCATED									21
22	UNIT COST MULTIPLIER									22
22	UNIT COST MULTIPLIER									22

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

	HHA COST CENTER	PARAMED ED RADIOLOGY	PARAMED ED PHARMACY	
		PERCENTAGE COSTED		
		7	REQUIS.	
		24.01	24.02	
1	ADMINISTRATIVE AND GENERAL		1425948	1
2	SKILLED NURSING CARE			2
3	PHYSICAL THERAPY			3
4	OCCUPATIONAL THERAPY			4
5	SPEECH PATHOLOGY			5
6	MEDICAL SOCIAL SERVICES			6
7	HOME HEALTH AIDE			7
8	SUPPLIES			8
9	DRUGS			9
9.20	COST OF ADMINISTERING VACC			9.20
10	DME			10
11	HOME DIALYSIS AIDE SERVICE			11
12	RESPIRATORY THERAPY			12
13	PRIVATE DUTY NURSING			13
14	CLINIC			14
15	HEALTH PROMOTION ACTIVITIE			15
16	DAY CARE PROGRAM			16
17	HOME DELIVERED MEALS PROGR			17
18	HOMEMAKER SERVICE			18
19	ALL OTHERS			19
19.50	TELEMEDICINE			19.50
20	TOTALS		1425948	20
21	TOTAL COST TO BE ALLOCATED		18108	21
22	UNIT COST MULTIPLIER			22
22	UNIT COST MULTIPLIER		.012699	22

APPORTIONMENT OF PATIENT SERVICE COSTS HHA NO.: 15-7423 WORKSHEET H-6
PARTS I & II

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

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

	COST PER VISIT COMPUTATION PATIENT SERVICES	FROM WKST H-5, PART I, COL 29, LINE	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	
			1	2	3	4	5	
1	SKILLED NURSING CARE	2	7208737		7208737	31238	230.77	1
2	PHYSICAL THERAPY	3	1199355		1199355	7041	170.34	2
3	OCCUPATIONAL THERAPY	4	1022699		1022699	3872	264.13	3
4	SPEECH PATHOLOGY	5	150479		150479	679	221.62	4
5	MEDICAL SOCIAL SERV	6	219236		219236	929	235.99	5
6	HOME HEALTH AIDE SERV	7	1215798		1215798	15312	79.40	6
7	TOTAL		11016304		11016304	59071		7

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

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

PER BENEFICIARY COST LIMITATION:

		MSA NO.	AMOUNT	
		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.: 15-7423

WORKSHEET H-6
PARTS I & II
(CONTINUED)

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

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

	COST PER VISIT COMPUTATION	PROGRAM VISITS			COST OF SERVICES				
			PART B			PART B			
	PATIENT SERVICES	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	TOTAL PROGRAM COST	
		6	7	8	9	10	11	12	
1	SKILLED NURSING CARE	7976	5429		1840622	1252850		3093472	1
2	PHYSICAL THERAPY	2583	1772		439988	301842		741830	2
3	OCCUPATIONAL THERAPY	1467	958		387479	253037		640516	3
4	SPEECH PATHOLOGY	244	196		54075	43438		97513	4
5	MEDICAL SOCIAL SERV	218	157		51446	37050		88496	5
6	HOME HEALTH AIDE SERV	1803	5270		143158	418438		561596	6
7	TOTAL	14291	13782		2916768	2306655		5223423	7

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

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

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 15-7423

WORKSHEET H-6
PARTS II & III

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

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

		FROM WKST C, PART I, COL 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I	
			1	2	3	4	
1	PHYSICAL THERAPY	50	.664018			COL 2, LINE 2	1
1.01	TRANSITIONAL THERAPY	50.01	.683437			COL 2, LINE 2	1.01
1.02	PV REHAB OUTREACH	50.02				COL 2, LINE 2	1.02
2	OCCUPATIONAL THERAPY	51	.553512			COL 2, LINE 3	2
3	SPEECH PATHOLOGY	52	.498799			COL 2, LINE 4	3
3.01	NEURO REHAB	52.01	.466564			COL 2, LINE 4	3.01
4	MEDICAL SUPPLIES CHARGED TO PA	55	.403770			COL 2, LINE 15	4
4.01	COST OF SOLUTIONS	55.01	.155093			COL 2, LINE 15	4.01
5	DRUGS CHARGED TO PATIENTS	56	.306228			COL 2, LINE 16	5

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

				PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE					
				PROGRAM VISITS		PROGRAM COST		PROGRAM	
		FROM PART I COL. 5	COST PER VISIT	PRIOR TO 1/1/98	FROM 1/1/98 THRU 12/31/98	PRIOR TO 1/1/98	FROM 1/1/98 THRU 12/31/98	VISITS ON OR AFTER 1/1/99	
		1	2	2.01	3	3.01	4	5	
1	PHYSICAL THERAPY	2	170.34						1
2	OCCUPATIONAL THERAPY	3	264.13						2
3	SPEECH PATHOLOGY	4	221.62						3
4	TOTAL								4

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT HHA NO.: 15-7423 WORKSHEET H-7 PARTS I & II

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

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

	DESCRIPTION	PART A 1	PART B NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	PART B SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
	REASONABLE COST OF PROGRAM SERVICES				
1	REASONABLE COST OF SERVICES				1
2	TOTAL CHARGES	2145947	1746149		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	2145947	1746149		6
7	EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	2145947	1746149		7
8	EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES				8
9	PRIMARY PAYOR PAYMENTS				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10	TOTAL REASONABLE COST			10
10.01	TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	2146694	1522780	10.01
10.02	TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	38743	55273	10.02
10.03	TOTAL PPS REIMBURSEMENT - LUPA EPISODES	13605	12113	10.03
10.04	TOTAL PPS REIMBURSEMENT - PEP EPISODES	9625	8196	10.04
10.05	TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.05
10.06	TOTAL PPS REIMBURSEMENT - SCIC EPISODES		1734	10.06
10.07	TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	13086	19418	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	2221753	1619514	12
13	EXCESS REASONABLE COST			13
14	SUBTOTAL	2221753	1619514	14
15	COINSURANCE BILLED TO PROGRAM PATIENTS			15
16	NET COST	2221753	1619514	16
17	REIMBURSABLE BAD DEBTS			17
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD	2221753	1619514	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	2221753	1619514	22
23	SEQUESTRATION ADJUSTMENT			23
24	SUBTOTAL	2221753	1619514	24
25	TOTAL INTERIM PAYMENTS	2221753	1619514	25
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			25.01
26	BALANCE DUE PROVIDER/PROGRAM			26
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			27

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

HHA NO.: 15-7423

WORKSHEET H-8

DESCRIPTION			PART A MO/DAY/YR 1	PART A AMOUNT 2	PART B MO/DAY/YR 3	PART B AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				2221753		1619514	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.				NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		.01					3.01
	PROGRAM	.02					3.02
	TO	.03		NONE		NONE	3.03
	PROVIDER	.04					3.04
		.05					3.05
		.50					3.50
	PROVIDER	.51					3.51
	TO	.52		NONE		NONE	3.52
	PROGRAM	.53					3.53
		.54					3.54
SUBTOTAL		.99					3.99
4 TOTAL INTERIM PAYMENTS				2221753		1619514	4
	TO BE COMPLETED BY INTERMEDIARY						
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM	.01					5.01
	TO	.02					5.02
	PROVIDER	.03					5.03
	PROVIDER	.50					5.50
	TO	.51					5.51
	PROGRAM	.52					5.52
SUBTOTAL		.99					5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER	.01					6.01
	PROVIDER TO PROGRAM	.02					6.02
7 TOTAL MEDICARE PROGRAM LIABILITY							7

NAME OF INTERMEDIARY: _____

INTERMEDIARY NUMBER: _____

SIGNATURE OF AUTHORIZED PERSON: _____

DATE (MO/DAY/YR): _____

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 15-1552

WORKSHEET K

		SALARIES 1	EMPLOYEE BENEFITS 2	TRANS-PORTATION 3	CONTRACTED SERVICES 4	OTHER 5	TOTAL 6	
	GENERAL SERVICE COST CENTER							
1	CAPITAL RELATED COSTS-BLDG AND FIXT.							1
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.							2
3	PLANT OPERATION AND MAINTENANCE							3
4	TRANSPORTATION - STAFF							4
5	VOLUNTEER SERVICE COORDINATION	80167	24532				104699	5
6	ADMINISTRATIVE AND GENERAL	58991	18052				77043	6
	INPATIENT CARE SERVICE							
7	INPATIENT - GENERAL CARE				282150		282150	7
8	INPATIENT - RESPITE CARE							8
	VISITING SERVICES							
9	PHYSICIAN SERVICES	35140	10753		74983		120876	9
10	NURSING CARE	1249170	382258	71858			1703286	10
10.20	NURSING CARE-CONTINUOUS HOME CARE							10.20
11	PHYSICAL THERAPY	3010	921	203			4134	11
12	OCCUPATIONAL THERAPY	2859	875	239			3973	12
13	SPEECH/LANGUAGE PATHOLOGY	1105	338	152			1595	13
14	MEDICAL SOCIAL SERVICES	176603	54042	13332			243977	14
15	SPIRITUAL COUNSELING	121610	37214	13521			172345	15
16	DIETARY COUNSELING	10910	3339	207			14456	16
17	COUNSELING - OTHER							17
18	HOME HEALTH AIDE AND HOMEMAKER	312733	95700	53681			462114	18
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE							18.20
19	OTHER				143387		143387	19
	OTHER HOSPICE SERVICE COSTS							
20	DRUGS, BIOLOGICAL & INFUSION THERAPY							20
20.30	ANALGESICS							20.30
20.31	SEDATIVES / HYPNOTICS							20.31
20.32	OTHER - SPECIFY							20.32
21	DURABLE MEDICAL EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION				7988		7988	22
23	IMAGING SERVICES				4062		4062	23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (INCLUDING E/R DEPT.)				37024		37024	26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER				9862		9862	29
	HOSPICE NONREIMBURSABLE SERVICE							
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS			5172			5172	31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS				248503		248503	33
34	TOTAL	2052298	628024	158365	807959		3646646	34

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 15-1552

WORKSHEET K
(CONTINUED)

		RECLASSIFI-CATION 7	SUBTOTAL 8	ADJUSTMENTS 9	TOTAL 10	
	GENERAL SERVICE COST CENTER					
1	CAPITAL RELATED COSTS-BLDG AND FIXT.					1
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.					2
3	PLANT OPERATION AND MAINTENANCE					3
4	TRANSPORTATION - STAFF					4
5	VOLUNTEER SERVICE COORDINATION		104699		104699	5
6	ADMINISTRATIVE AND GENERAL	547118	624161		624161	6
	INPATIENT CARE SERVICE					
7	INPATIENT - GENERAL CARE		282150		282150	7
8	INPATIENT - RESPITE CARE					8
	VISITING SERVICES					
9	PHYSICIAN SERVICES		120876		120876	9
10	NURSING CARE		1703286		1703286	10
10.20	NURSING CARE-CONTINUOUS HOME CARE					10.20
11	PHYSICAL THERAPY		4134		4134	11
12	OCCUPATIONAL THERAPY		3973		3973	12
13	SPEECH/LANGUAGE PATHOLOGY		1595		1595	13
14	MEDICAL SOCIAL SERVICES		243977		243977	14
15	SPIRITUAL COUNSELING		172345		172345	15
16	DIETARY COUNSELING		14456		14456	16
17	COUNSELING - OTHER					17
18	HOME HEALTH AIDE AND HOMEMAKER		462114		462114	18
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE					18.20
19	OTHER		143387		143387	19
	OTHER HOSPICE SERVICE COSTS					
20	DRUGS, BIOLOGICAL & INFUSION THERAPY					20
20.30	ANALGESICS					20.30
20.31	SEDATIVES / HYPNOTICS					20.31
20.32	OTHER - SPECIFY					20.32
21	DURABLE MEDICAL EQUIPMENT/OXYGEN					21
22	PATIENT TRANSPORTATION		7988		7988	22
23	IMAGING SERVICES		4062		4062	23
24	LABS AND DIAGNOSTICS					24
25	MEDICAL SUPPLIES					25
26	OUTPATIENT SERVICES (INCLUDING E/R DEPT.)		37024		37024	26
27	RADIATION THERAPY					27
28	CHEMOTHERAPY					28
29	OTHER		9862		9862	29
	HOSPICE NONREIMBURSABLE SERVICE					
30	BEREAVEMENT PROGRAM COSTS					30
31	VOLUNTEER PROGRAM COSTS		5172		5172	31
32	FUNDRAISING					32
33	OTHER PROGRAM COSTS		248503		248503	33
34	TOTAL	547118	4193764		4193764	34

HOSPICE COMPENSATION ANALYSIS - SALARIES AND WAGES HOSPICE NO.: 15-1552 WORKSHEET K-1

		ADMINI-STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER-VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9	
	GENERAL SERVICE COST CENTER										
1	CAP REL COSTS-BLDG AND FIXT.										1
2	CAP REL COSTS-MOVABLE EQUIP.										2
3	PLANT OPERATION & MAINT.										3
4	TRANSPORTATION - STAFF										4
5	VOLUNTEER SERVICE COORD.								80167	80167	5
6	ADMINISTRATIVE AND GENERAL								58991	58991	6
	INPATIENT CARE SERVICE										
7	INPATIENT - GENERAL CARE										7
8	INPATIENT - RESPITE CARE										8
	VISITING SERVICES										
9	PHYSICIAN SERVICES								35140	35140	9
10	NURSING CARE				132526	1116644				1249170	10
10.20	NURSING CARE-CONT.HOME CARE										10.20
11	PHYSICAL THERAPY						3010			3010	11
12	OCCUPATIONAL THERAPY						2859			2859	12
13	SPEECH/LANGUAGE PATHOLOGY						1105			1105	13
14	MEDICAL SOCIAL SERVICES			176603						176603	14
15	SPIRITUAL COUNSELING								121610	121610	15
16	DIETARY COUNSELING								10910	10910	16
17	COUNSELING - OTHER										17
18	HH AIDE AND HOMEMAKER							312733		312733	18
18.20	HH AIDE & HMKR-CONT.HME CARE										18.20
19	OTHER										19
	OTHER HOSPICE SERVICE COSTS										
20	DRUGS, BIOL. & INFUS. THER.										20
20.30	ANALGESICS										20.30
20.31	SEDATIVES / HYPNOTICS										20.31
20.32	OTHER - SPECIFY										20.32
21	DURABLE MED. EQUIP./OXYGEN										21
22	PATIENT TRANSPORTATION										22
23	IMAGING SERVICES										23
24	LABS AND DIAGNOSTICS										24
25	MEDICAL SUPPLIES										25
26	OUTPAT.SERV.(INCL.E/R DEPT.)										26
27	RADIATION THERAPY										27
28	CHEMOTHERAPY										28
29	OTHER										29
	HOSPICE NONREIMBURSABLE SERVICE										
30	BEREAVEMENT PROGRAM COSTS										30
31	VOLUNTEER PROGRAM COSTS										31
32	FUNDRAISING										32
33	OTHER PROGRAM COSTS										33
34	TOTAL			176603	132526	1116644	6974	312733	306818	2052298	34

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

		ADMINI-STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER-VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9	
	GENERAL SERVICE COST CENTER										
1	CAP REL COSTS-BLDG AND FIXT.										1
2	CAP REL COSTS-MOVABLE EQUIP.										2
3	PLANT OPERATION & MAINT.										3
4	TRANSPORTATION - STAFF										4
5	VOLUNTEER SERVICE COORD.								24532	24532	5
6	ADMINISTRATIVE AND GENERAL								18052	18052	6
	INPATIENT CARE SERVICE										
7	INPATIENT - GENERAL CARE										7
8	INPATIENT - RESPITE CARE										8
	VISITING SERVICES										
9	PHYSICIAN SERVICES								10753	10753	9
10	NURSING CARE				40554	341704				382258	10
10.20	NURSING CARE-CONT.HOME CARE										10.20
11	PHYSICAL THERAPY						921			921	11
12	OCCUPATIONAL THERAPY						875			875	12
13	SPEECH/LANGUAGE PATHOLOGY						338			338	13
14	MEDICAL SOCIAL SERVICES			54042						54042	14
15	SPIRITUAL COUNSELING								37214	37214	15
16	DIETARY COUNSELING								3339	3339	16
17	COUNSELING - OTHER										17
18	HH AIDE AND HOMEMAKER							95700		95700	18
18.20	HH AIDE & HMKR-CONT.HME CARE										18.20
19	OTHER										19
	OTHER HOSPICE SERVICE COSTS										
20	DRUGS, BIOL. & INFUS. THER.										20
20.30	ANALGESICS										20.30
20.31	SEDATIVES / HYPNOTICS										20.31
20.32	OTHER - SPECIFY										20.32
21	DURABLE MED. EQUIP./OXYGEN										21
22	PATIENT TRANSPORTATION										22
23	IMAGING SERVICES										23
24	LABS AND DIAGNOSTICS										24
25	MEDICAL SUPPLIES										25
26	OUTPAT.SERV.(INCL.E/R DEPT.)										26
27	RADIATION THERAPY										27
28	CHEMOTHERAPY										28
29	OTHER										29
	HOSPICE NONREIMBURSABLE SERVICE										
30	BEREAVEMENT PROGRAM COSTS										30
31	VOLUNTEER PROGRAM COSTS										31
32	FUNDRAISING										32
33	OTHER PROGRAM COSTS										33
34	TOTAL			54042	40554	341704	2134	95700	93890	628024	34

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

		ADMINI-STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER-VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9	
	GENERAL SERVICE COST CENTER										
1	CAP REL COSTS-BLDG AND FIXT.										1
2	CAP REL COSTS-MOVABLE EQUIP.										2
3	PLANT OPERATION & MAINT.										3
4	TRANSPORTATION - STAFF										4
5	VOLUNTEER SERVICE COORD.										5
6	ADMINISTRATIVE AND GENERAL										6
	INPATIENT CARE SERVICE										
7	INPATIENT - GENERAL CARE								282150	282150	7
8	INPATIENT - RESPITE CARE										8
	VISITING SERVICES										
9	PHYSICIAN SERVICES								74983	74983	9
10	NURSING CARE										10
10.20	NURSING CARE-CONT.HOME CARE										10.20
11	PHYSICAL THERAPY										11
12	OCCUPATIONAL THERAPY										12
13	SPEECH/LANGUAGE PATHOLOGY										13
14	MEDICAL SOCIAL SERVICES										14
15	SPIRITUAL COUNSELING										15
16	DIETARY COUNSELING										16
17	COUNSELING - OTHER										17
18	HH AIDE AND HOMEMAKER										18
18.20	HH AIDE & HMKR-CONT.HME CARE										18.20
19	OTHER								143387	143387	19
	OTHER HOSPICE SERVICE COSTS										
20	DRUGS, BIOL. & INFUS. THER.										20
20.30	ANALGESICS										20.30
20.31	SEDATIVES / HYPNOTICS										20.31
20.32	OTHER - SPECIFY										20.32
21	DURABLE MED. EQUIP./OXYGEN										21
22	PATIENT TRANSPORTATION								7988	7988	22
23	IMAGING SERVICES								4062	4062	23
24	LABS AND DIAGNOSTICS										24
25	MEDICAL SUPPLIES										25
26	OUTPAT.SERV.(INCL.E/R DEPT.)								37024	37024	26
27	RADIATION THERAPY										27
28	CHEMOTHERAPY										28
29	OTHER								9862	9862	29
	HOSPICE NONREIMBURSABLE SERVICE										
30	BEREAVEMENT PROGRAM COSTS										30
31	VOLUNTEER PROGRAM COSTS										31
32	FUNDRAISING										32
33	OTHER PROGRAM COSTS								248503	248503	33
34	TOTAL								807959	807959	34

COST ALLOCATION - HOSPICE GENERAL SERVICE COST HOSPICE NO.: 15-1552 WORKSHEET K-4 PART I

		NET EXPENSES FOR COST ALLOCATION 0	CAP REL COST BLDG & FIXTURES 1	CAP REL MOVABLE EQUIPMENT 2	PLANT OPERATN & MAINT 3	TRANSPO-RTATION 4	VOLUNTEER SERV. CO-ORDINATOR 5	SUBTOTAL 5A	ADMIN & GENERAL 6	TOTAL 7	
	GENERAL SERVICE COST CENTER										
1	CAP REL COSTS-BLDG AND FIXT.										1
2	CAP REL COSTS-MOVABLE EQUIP.										2
3	PLANT OPERATION & MAINT.										3
4	TRANSPORTATION - STAFF										4
5	VOLUNTEER SERVICE COORD.	104699					104699				5
6	ADMINISTRATIVE AND GENERAL	624161					104699	728860	728860		6
	INPATIENT CARE SERVICE										
7	INPATIENT - GENERAL CARE	282150						282150	59352	341502	7
8	INPATIENT - RESPITE CARE										8
	VISITING SERVICES										
9	PHYSICIAN SERVICES	120876						120876	25427	146303	9
10	NURSING CARE	1703286						1703286	358293	2061579	10
10.20	NURSING CARE-CONTINUOUS HOME										10.20
11	PHYSICAL THERAPY	4134						4134	870	5004	11
12	OCCUPATIONAL THERAPY	3973						3973	836	4809	12
13	SPEECH/LANGUAGE PATHOLOGY	1595						1595	336	1931	13
14	MEDICAL SOCIAL SERVICES	243977						243977	51322	295299	14
15	SPIRITUAL COUNSELING	172345						172345	36254	208599	15
16	DIETARY COUNSELING	14456						14456	3041	17497	16
17	COUNSELING - OTHER										17
18	HH AIDE AND HOMEMAKER	462114						462114	97208	559322	18
18.20	HH AIDE & HMKR-CONT. HOME CA										18.20
19	OTHER	143387						143387	30162	173549	19
	OTHER HOSPICE SERVICE COSTS										
20	DRUGS, BIOL. & INFUS. THER.										20
20.30	ANALGESICS										20.30
20.31	SEDATIVES / HYPNOTICS										20.31
20.32	OTHER - SPECIFY										20.32
21	DURABLE MED. EQUIP./OXYGEN										21
22	PATIENT TRANSPORTATION	7988						7988	1680	9668	22
23	IMAGING SERVICES	4062						4062	854	4916	23
24	LABS AND DIAGNOSTICS										24
25	MEDICAL SUPPLIES										25
26	OUTPAT.SERV.(INCL.E/R DEPT.)	37024						37024	7788	44812	26
27	RADIATION THERAPY										27
28	CHEMOTHERAPY										28
29	OTHER	9862						9862	2075	11937	29
	HOSPICE NONREIMBURSABLE SERV.										
30	BEREAVEMENT PROGRAM COSTS										30
31	VOLUNTEER PROGRAM COSTS	5172						5172	1088	6260	31
32	FUNDRAISING										32
33	OTHER PROGRAM COSTS	248503						248503	52274	300777	33
34	COST TO BE ALLOCATED	4193764					104699	4193764		4193764	34

COST ALLOCATION - HOSPICE STATISTICAL BASIS HOSPICE NO.: 15-1552 WORKSHEET K-4 PART II

		CAP REL COST BLDG & FIXTURES (SQUARE FEET) 1	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPO-RTATION (MILEAGE) 4	VOLUNTEER SERV. CO-ORDINATOR (HOURS) 5	RECONCIL-IATION 6A	ADMIN & GENERAL (ACCUM COST) 6	
	GENERAL SERVICE COST CENTER								
1	CAP REL COSTS-BLDG AND FIXT.								1
2	CAP REL COSTS-MOVABLE EQUIP.								2
3	PLANT OPERATION & MAINT.								3
4	TRANSPORTATION - STAFF								4
5	VOLUNTEER SERVICE COORD.					4200			5
6	ADMINISTRATIVE AND GENERAL					4200	-728860	3464904	6
	INPATIENT CARE SERVICE								
7	INPATIENT - GENERAL CARE							282150	7
8	INPATIENT - RESPITE CARE								8
	VISITING SERVICES								
9	PHYSICIAN SERVICES							120876	9
10	NURSING CARE							1703286	10
10.20	NURSING CARE-CONTINUOUS HOME								10.20
11	PHYSICAL THERAPY							4134	11
12	OCCUPATIONAL THERAPY							3973	12
13	SPEECH/LANGUAGE PATHOLOGY							1595	13
14	MEDICAL SOCIAL SERVICES							243977	14
15	SPIRITUAL COUNSELING							172345	15
16	DIETARY COUNSELING							14456	16
17	COUNSELING - OTHER								17
18	HH AIDE AND HOMEMAKER							462114	18
18.20	HH AIDE & HMKR-CONT. HOME CA								18.20
19	OTHER							143387	19
	OTHER HOSPICE SERVICE COSTS								
20	DRUGS, BIOL. & INFUS. THER.								20
20.30	ANALGESICS								20.30
20.31	SEDATIVES / HYPNOTICS								20.31
20.32	OTHER - SPECIFY								20.32
21	DURABLE MED. EQUIP./OXYGEN								21
22	PATIENT TRANSPORTATION							7988	22
23	IMAGING SERVICES							4062	23
24	LABS AND DIAGNOSTICS								24
25	MEDICAL SUPPLIES								25
26	OUTPAT.SERV.(INCL.E/R DEPT.)							37024	26
27	RADIATION THERAPY								27
28	CHEMOTHERAPY								28
29	OTHER							9862	29
	HOSPICE NONREIMBURSABLE SERVICE								
30	BEREAVEMENT PROGRAM COSTS								30
31	VOLUNTEER PROGRAM COSTS							5172	31
32	FUNDRAISING								32
33	OTHER PROGRAM COSTS							248503	33
34	COST TO BE ALLOCATED					104699		728860	34
35	UNIT COST MULTIPLIER					24.928333		.210355	35

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

	HOSPICE COST CENTER	HOSPICE TRIAL BALANCE 0	OLD CAP BLDGS & FIXTURES 1	OLD CAP MOVABLE EQUIPMENT 2	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	COMMUN-CATIONS 6.01	DATA PROCESSING 6.02	
1	ADMINISTRATIVE AND GENERAL						573994			1
2	INPATIENT - GENERAL CARE	341502								2
3	INPATIENT - RESPITE CARE									3
4	PHYSICIAN SERVICES	146303								4
5	NURSING CARE	2061579								5
5.20	NURSING CARE-CONTINUOUS HOM									5.20
6	PHYSICAL THERAPY	5004								6
7	OCCUPATIONAL THERAPY	4809								7
8	SPEECH/LANGUAGE PATHOLOGY	1931								8
9	MEDICAL SOCIAL SERV. - DIRE	295299								9
10	SPIRITUAL COUNSELING	208599								10
11	DIETARY COUNSELING	17497								11
12	COUNSELING - OTHER									12
13	HOME HLTH AIDE & HOMEMAKERS	559322								13
13.20	HH AIDE & HMKR-CONT. HOME C									13.20
14	OTHER	173549								14
15	DRUGS,BIOLOGICALS & INFUSIO									15
15.30	ANALGESICS									15.30
15.31	SEDATIVES / HYPNOTICS									15.31
15.32	OTHER - SPECIFY									15.32
16	DURABLE MED. EQUIP./OXYGEN									16
17	PATIENT TRANSPORTATION	9668								17
18	IMAGING SERVICES	4916								18
19	LABS AND DIAGNOSTICS									19
20	MEDICAL SUPPLIES									20
21	OUTPAT. SERV.(INCL.E/R DEPT	44812								21
22	RADIATION THERAPY									22
23	CHEMOTHERAPY									23
24	OTHER	11937								24
25	BEREAVEMENT PROGRAM COSTS									25
26	VOLUNTEER PROGRAM COSTS	6260								26
27	FUNDRAISING									27
28	OTHER PROGRAM COSTS	300777								28
29	TOTALS	4193764					573994			29
30	UNIT COST MULTIPLIER									30

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

	HOSPICE COST CENTER	MATERIALS MGMT	PATIENT SERVICES	PATIENT ACCOUNTING	AMBULATORY SVCS ADMIN	SUBTOTAL	OTHER A&G	CAREW MED PARK ADMIN	CRITICAL CARE ADMIN	
		6.03	6.04	6.05	6.06	5A	6.07	6.08	6.09	
1	ADMINISTRATIVE AND GENERAL					573994	122714			1
2	INPATIENT - GENERAL CARE					341502	73010			2
3	INPATIENT - RESPITE CARE									3
4	PHYSICIAN SERVICES					146303	31278			4
5	NURSING CARE					2061579	440746			5
5.20	NURSING CARE-CONTINUOUS HOM									5.20
6	PHYSICAL THERAPY					5004	1070			6
7	OCCUPATIONAL THERAPY					4809	1028			7
8	SPEECH/LANGUAGE PATHOLOGY					1931	413			8
9	MEDICAL SOCIAL SERV. - DIRE					295299	63132			9
10	SPIRITUAL COUNSELING					208599	44596			10
11	DIETARY COUNSELING					17497	3741			11
12	COUNSELING - OTHER									12
13	HOME HLTH AIDE & HOMEMAKERS					559322	119577			13
13.20	HH AIDE & HMKR-CONT. HOME C									13.20
14	OTHER					173549	37103			14
15	DRUGS,BIOLOGICALS & INFUSIO									15
15.30	ANALGESICS									15.30
15.31	SEDATIVES / HYPNOTICS									15.31
15.32	OTHER - SPECIFY									15.32
16	DURABLE MED. EQUIP./OXYGEN									16
17	PATIENT TRANSPORTATION					9668	2067			17
18	IMAGING SERVICES					4916	1051			18
19	LABS AND DIAGNOSTICS									19
20	MEDICAL SUPPLIES									20
21	OUTPAT. SERV.(INCL.E/R DEPT					44812	9580			21
22	RADIATION THERAPY									22
23	CHEMOTHERAPY									23
24	OTHER					11937	2552			24
25	BEREAVEMENT PROGRAM COSTS									25
26	VOLUNTEER PROGRAM COSTS					6260	1338			26
27	FUNDRAISING									27
28	OTHER PROGRAM COSTS					300777	64303			28
29	TOTALS					4767758	1019299			29
30	UNIT COST MULTIPLIER									30

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

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

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

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

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

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

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

	HOSPICE COST CENTER	PARAMED EDUCATION 24	PARAMED ED RADIOLOGY 24.01	PARAMED ED PHARMACY 24.02	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26	SUBTOTAL 27	ALLOCATED HOSPICE A & G 28	TOTAL HOSPICE COSTS 29	
1	ADMINISTRATIVE AND GENERAL				696708		696708			1
2	INPATIENT - GENERAL CARE				414512		414512	56733	471245	2
3	INPATIENT - RESPITE CARE									3
4	PHYSICIAN SERVICES				177581		177581	24305	201886	4
5	NURSING CARE				2502325		2502325	342489	2844814	5
5.20	NURSING CARE-CONTINUOUS HOM									5.20
6	PHYSICAL THERAPY				6074		6074	831	6905	6
7	OCCUPATIONAL THERAPY				5837		5837	799	6636	7
8	SPEECH/LANGUAGE PATHOLOGY				2344		2344	321	2665	8
9	MEDICAL SOCIAL SERV. - DIRE				358431		358431	49058	407489	9
10	SPIRITUAL COUNSELING				253195		253195	34654	287849	10
11	DIETARY COUNSELING				21238		21238	2907	24145	11
12	COUNSELING - OTHER									12
13	HOME HLTH AIDE & HOMEMAKERS				678899		678899	92920	771819	13
13.20	HH AIDE & HMKR-CONT. HOME C									13.20
14	OTHER				210652		210652	28832	239484	14
15	DRUGS,BIOLOGICALS & INFUSIO									15
15.30	ANALGESICS									15.30
15.31	SEDATIVES / HYPNOTICS									15.31
15.32	OTHER - SPECIFY									15.32
16	DURABLE MED. EQUIP./OXYGEN									16
17	PATIENT TRANSPORTATION				11735		11735	1606	13341	17
18	IMAGING SERVICES				5967		5967	817	6784	18
19	LABS AND DIAGNOSTICS									19
20	MEDICAL SUPPLIES									20
21	OUTPAT. SERV.(INCL.E/R DEPT				54392		54392	7445	61837	21
22	RADIATION THERAPY									22
23	CHEMOTHERAPY									23
24	OTHER				14489		14489	1983	16472	24
25	BEREAVEMENT PROGRAM COSTS									25
26	VOLUNTEER PROGRAM COSTS				7598		7598	1040	8638	26
27	FUNDRAISING									27
28	OTHER PROGRAM COSTS				365080		365080	49968	415048	28
29	TOTALS				5787057		5787057		5787057	29
30	UNIT COST MULTIPLIER							.136868		30

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

	HOSPICE COST CENTER	OLD CAP BLDGS & FIXTURES SQUARE FEET 1	OLD CAP MOVABLE EQUIPMENT SQUARE FEET 2	NEW CAP BLDGS & FIXTURES SQUARE FEET 3	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE 4	EMPLOYEE BENEFITS GROSS SALARIES 5	COMMUN-CATIONS NUMBER OF PHONES 6.01	DATA PROCESSING TIME SPENT 6.02	MATERIALS MGMT COSTED REQUISTION 6.03	
1	ADMINISTRATIVE AND GENERAL					573994				1
2	INPATIENT - GENERAL CARE									2
3	INPATIENT - RESPITE CARE									3
4	PHYSICIAN SERVICES									4
5	NURSING CARE									5
5.20	NURSING CARE-CONTINUOUS HOM									5.20
6	PHYSICAL THERAPY									6
7	OCCUPATIONAL THERAPY									7
8	SPEECH/LANGUAGE PATHOLOGY									8
9	MEDICAL SOCIAL SERV. - DIRE									9
10	SPIRITUAL COUNSELING									10
11	DIETARY COUNSELING									11
12	COUNSELING - OTHER									12
13	HOME HLTH AIDE & HOMEMAKERS									13
13.20	HH AIDE & HMKR-CONT. HOME C									13.20
14	OTHER									14
15	DRUGS,BIOLOGICALS & INFUSIO									15
15.30	ANALGESICS									15.30
15.31	SEDATIVES / HYPNOTICS									15.31
15.32	OTHER - SPECIFY									15.32
16	DURABLE MED. EQUIP./OXYGEN									16
17	PATIENT TRANSPORTATION									17
18	IMAGING SERVICES									18
19	LABS AND DIAGNOSTICS									19
20	MEDICAL SUPPLIES									20
21	OUTPAT. SERV.(INCL.E/R DEPT									21
22	RADIATION THERAPY									22
23	CHEMOTHERAPY									23
24	OTHER									24
25	BEREAVEMENT PROGRAM COSTS									25
26	VOLUNTEER PROGRAM COSTS									26
27	FUNDRAISING									27
28	OTHER PROGRAM COSTS									28
29	TOTAL					573994				29
30	TOTAL COST TO BE ALLOCATED					573994				30
31	UNIT COST MULTIPLIER					1.000000				31
31	UNIT COST MULTIPLIER									31

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

	HOSPICE COST CENTER	PATIENT SERVICES INPATIENT REVENUE 6.04	PATIENT ACCOUNTING GROSS REVENUE 6.05	AMBULATORY SVCS ADMIN FTES 6.06	RECON-CILIATION 6A.07	OTHER A&G ACCUM COST 6.07	CAREW MED PARK ADMIN DIRECT EXPENSES 6.08	CRITICAL CARE ADMIN OTHER 6.09	MAIN-TENANCE & REPAIRS SQUARE FEET 7	
1	ADMINISTRATIVE AND GENERAL					573994				1
2	INPATIENT - GENERAL CARE					341502				2
3	INPATIENT - RESPITE CARE									3
4	PHYSICIAN SERVICES					146303				4
5	NURSING CARE					2061579				5
5.20	NURSING CARE-CONTINUOUS HOM									5.20
6	PHYSICAL THERAPY					5004				6
7	OCCUPATIONAL THERAPY					4809				7
8	SPEECH/LANGUAGE PATHOLOGY					1931				8
9	MEDICAL SOCIAL SERV. - DIRE					295299				9
10	SPIRITUAL COUNSELING					208599				10
11	DIETARY COUNSELING					17497				11
12	COUNSELING - OTHER									12
13	HOME HLTH AIDE & HOMEMAKERS					559322				13
13.20	HH AIDE & HMKR-CONT. HOME C									13.20
14	OTHER					173549				14
15	DRUGS,BIOLOGICALS & INFUSIO									15
15.30	ANALGESICS									15.30
15.31	SEDATIVES / HYPNOTICS									15.31
15.32	OTHER - SPECIFY									15.32
16	DURABLE MED. EQUIP./OXYGEN									16
17	PATIENT TRANSPORTATION					9668				17
18	IMAGING SERVICES					4916				18
19	LABS AND DIAGNOSTICS									19
20	MEDICAL SUPPLIES									20
21	OUTPAT. SERV.(INCL.E/R DEPT					44812				21
22	RADIATION THERAPY									22
23	CHEMOTHERAPY									23
24	OTHER					11937				24
25	BEREAVEMENT PROGRAM COSTS									25
26	VOLUNTEER PROGRAM COSTS					6260				26
27	FUNDRAISING									27
28	OTHER PROGRAM COSTS					300777				28
29	TOTAL					4767758				29
30	TOTAL COST TO BE ALLOCATED					1019299				30
31	UNIT COST MULTIPLIER					.213790				31
31	UNIT COST MULTIPLIER									31

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

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

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

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

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

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

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

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

APPORTIONMENT OF HOSPICE SHARED SERVICES

HOSPICE NO.: 15-1552

WORKSHEET K-5
PART III

PART III - COMPUTATION OF TOTAL HOSPICE SHARED COSTS

		WKST C, PART I, COL. 9, LINE 0	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3	
	ANCILLARY SERVICE COST CENTERS					
1	PHYSICAL THERAPY	50	0.664018			1
1.01	TRANSITIONAL THERAPY	50.01	0.683437			1.01
1.02	PV REHAB OUTREACH	50.02				1.02
2	OCCUPATIONAL THERAPY	51	0.553512			2
3	SPEECH/LANGUAGE PATHOLOGY	52	0.498799			3
3.01	NEURO REHAB	52.01	0.466564			3.01
4	DRUGS, BIOLOGICALS AND INFUSION	56	0.306228			4
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	67				5
6	LABS AND DIAGNOSTICS	44	0.192478			6
6.01	ANATOMICAL PATHOLOGY	44.01	0.340750			6.01
7	MEDICAL SUPPLIES	55	0.403770			7
7.01	COST OF SOLUTIONS	55.01	0.155093			7.01
8	OUTPATIENT SERVICES (INCL. E/R DEPT)	61	0.308399			8
8.01	PARTIAL HOSPITALIZATION	61.01	0.386695			8.01
9	RADIATION THERAPY	41	0.117603			9
9.01	RADIOLOGY - WABASH	41.01				9.01
9.02	RADIOLOGY - MANCHESTER	41.02				9.02
9.03	RADIOLOGY - EAST STATE	41.03				9.03
9.04	RADIOLOGY - JEFFERSON	41.04	0.779009			9.04
9.05	RADIOLOGY - NHMP	41.05	0.726364			9.05
9.06	RADIOLOGY - CMP	41.06	0.204337			9.06
9.07	RADIOLOGY - WP	41.07	0.640384			9.07
9.08	RADIOLOGY - PULM CLINIC	41.08	3.212666			9.08
9.09	RADIOLOGY - WHITLEY POOL	41.09				9.09
10	OTHER ANCILLARY (SPECIFY)	59				10
11	TOTALS					11

CALCULATION OF HOSPICE PER DIEM COST HOSPICE NO.: 15-1552 WORKSHEET K-6

	COMPUTATION OF PER DIEM COST	TITLE XVIII 1	TITLE XIX 2	OTHER 3	TOTAL 4	
1	TOTAL COST				5372009	1
2	TOTAL UNDUPLICATED DAYS				43969	2
3	AGGREGATE COST PER DIEM				122.18	3
4	UNDUPLICATED MEDICARE DAYS	39231				4
5	AGGREGATE MEDICARE COST	4793244				5
6	UNDUPLICATED MEDICAID DAYS		1773			6
7	AGGREGATE MEDICAID COST		216625			7
8	UNDUPLICATED SNF DAYS					8
9	AGGREGATE SNF COST					9
10	UNDUPLICATED NF DAYS		4774			10
11	AGGREGATE NF COST		583287			11
12	OTHER UNDUPLICATED DAYS			2965		12
13	AGGREGATE COST FOR OTHER DAYS			362264		13

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

		HOSPITAL (15-0021) 1	HOSPITAL (15-0021) 1.01	SUB I	SUB II	SUB III	
	PART I - FULLY PROSPECTIVE METHOD						
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS						1
	CAPITAL FEDERAL AMOUNT						
2	CAPITAL DRG OTHER THAN OUTLIER	4252204					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	495282					3.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT						
4	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI,LN.18]	299.00					4
4.01	NO. OF INTERNS & RESIDENTS [E,PT A,LN.3.17] 9.73 [x E-3,PT VI,LN.1] 1.80	11.53					4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	1.09					4.02
4.03	INDIRECT MEDICAL EDUCATON ADJUSTMENT	46349					4.03
	DISPROPORTIONATE SHARE ADJUSTMENT						
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS	0.0369					5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I	0.2102					5.01
5.02	SUM OF LINES 5 AND 5.01	0.2471					5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0513					5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	218138					5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	5011973					6
	PART II - HOLD HARMLESS METHOD						
1	NEW CAPITAL						1
2	OLD CAPITAL						2
3	TOTAL CAPITAL						3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL						4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE						5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT						6
7	REDUCED OLD CAPITAL AMOUNT						7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL						8
9	SUBTOTAL						9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)						10
	PART III - PAYMENT UNDER REASONABLE COST						
1	PROGRAM INPATIENT ROUTINE CAPITAL COST						1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST						2
3	TOTAL INPATIENT PROGRAM CAPITAL						3
4	CAPITAL COST PAYMENT FACTOR						4
5	TOTAL INPATIENT PROGRAM CAPITAL COST						5
	PART IV - COMPUTATION OF EXCEPTION PAYMENTS						
1	PROGRAM INPATIENT CAPITAL COSTS						1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES						2
3	NET PROGRAM INPATIENT CAPITAL COSTS						3
4	APPLICABLE EXCEPTION PERCENTAGE						4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS						5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES						6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES						7
8	CAPITAL MINIMUM PAYMENT LEVEL						8
9	CURRENT YEAR CAPITAL PAYMENTS						9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS						10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT						11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS						12
13	CURRENT YEAR EXCEPTION PAYMENT						13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD						14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)						15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)						16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT						17

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

		HOSPITAL (15-0021) 1	HOSPITAL (15-0021) 1.01	SUB I	SUB II	SUB III	
	PART I - FULLY PROSPECTIVE METHOD						
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS						1
	CAPITAL FEDERAL AMOUNT						
2	CAPITAL DRG OTHER THAN OUTLIER						2
3	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997						3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997						3.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT						
4	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD						4
4.01	NUMBER OF INTERNS AND RESIDENTS FROM WORKSHEET S-3, PART I						4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE						4.02
4.03	INDIRECT MEDICAL EDUCATON ADJUSTMENT						4.03
	DISPROPORTIONATE SHARE ADJUSTMENT						
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS						5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I						5.01
5.02	SUM OF LINES 5 AND 5.01						5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE						5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT						5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS						6
	PART II - HOLD HARMLESS METHOD						
1	NEW CAPITAL						1
2	OLD CAPITAL						2
3	TOTAL CAPITAL						3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL						4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE						5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT						6
7	REDUCED OLD CAPITAL AMOUNT						7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL						8
9	SUBTOTAL						9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)						10
	PART III - PAYMENT UNDER REASONABLE COST						
1	PROGRAM INPATIENT ROUTINE CAPITAL COST						1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST						2
3	TOTAL INPATIENT PROGRAM CAPITAL						3
4	CAPITAL COST PAYMENT FACTOR						4
5	TOTAL INPATIENT PROGRAM CAPITAL COST						5
	PART IV - COMPUTATION OF EXCEPTION PAYMENTS						
1	PROGRAM INPATIENT CAPITAL COSTS						1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES						2
3	NET PROGRAM INPATIENT CAPITAL COSTS						3
4	APPLICABLE EXCEPTION PERCENTAGE						4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS						5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES						6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES						7
8	CAPITAL MINIMUM PAYMENT LEVEL						8
9	CURRENT YEAR CAPITAL PAYMENTS						9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS						10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT						11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS						12
13	CURRENT YEAR EXCEPTION PAYMENT						13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD						14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)						15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)						16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT						17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

	COST CENTER DESCRIPTION	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	COMMUNICATIONS						6.01
6.02	DATA PROCESSIN						6.02
6.03	MATERIALS MANAGEMENT						6.03
6.04	PATIENT SERVICES						6.04
6.05	PATIENT ACCOUNTING						6.05
6.06	AMBULATORY SVCS ADMIN						6.06
6.07	OTHER A&G						6.07
6.08	CAREW MEDICAL PARK ADMIN						6.08
6.09	CRITICAL CARE ADMIN						6.09
7	MAINTENANCE & REPAIRS						7
8	OPERATION OF PLANT						8
8.01	FACILITY ENGINEERING						8.01
9	LAUNDRY & LINEN SERVICE						9
10	HOUSEKEEPING						10
11	DIETARY						11
11.01	KITCHEN-NO CONNECT W/CAFE						11.01
11.02	CAFETERIA						11.02
11.03	PREADMITS AND ER						11.03
12	CAFETERIA						12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION						14
15	CENTRAL SERVICES & SUPPLY						15
16	PHARMACY						16
16.01	OUTPATIENT PHARMACY						16.01
16.02	IV SOLUTIONS						16.02
16.03	MED SURG SUPPLY						16.03
17	MEDICAL RECORDS & LIBRARY						17
18	SOCIAL SERVICE						18
18.01	REHAB ADMIN						18.01
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A						22
23	I&R SERVICES-OTHER PRGM COSTS A						23
24	PARAMED ED PRGM-(SPECIFY)						24
24.01	PARAMED ED RADIOLOGY						24.01
24.02	PARAMED ED PHARMACY						24.02
	INPATIENT ROUTINE SERV COST CENTERS						
25	ADULTS & PEDIATRICS						25
26	INTENSIVE CARE UNIT						26
26.01	PEDIATRIC ICU						26.01
26.02	NEONATAL ICU						26.02
27	CORONARY CARE UNIT						27
31	SUBPROVIDER I						31
31.01	SUBPROVIDER II						31.01
33	NURSERY						33
34	SKILLED NURSING FACILITY						34
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM						37
37.01	CAREW MEDICAL PARK SURG						37.01
38	RECOVERY ROOM						38
39	DELIVERY ROOM & LABOR ROOM						39
40	ANESTHESIOLOGY						40
41	RADIOLOGY-DIAGNOSTIC						41
41.01	RADIOLOGY - WABASH						41.01
41.02	RADIOLOGY - MANCHESTER						41.02
41.03	RADIOLOGY - EAST STATE						41.03
41.04	RADIOLOGY - JEFFERSON						41.04
41.05	RADIOLOGY - NHMP						41.05
41.06	RADIOLOGY - CMP						41.06
41.07	RADIOLOGY - WP						41.07
41.08	RADIOLOGY - PULM CLINIC						41.08
41.09	RADIOLOGY - WHITLEY POOL						41.09
42	RADIOLOGY-THERAPEUTIC						42
43	RADIOISOTOPE						43
44	LABORATORY						44
44.01	ANATOMICAL PATHOLOGY						44.01
46	WHOLE BLOOD & PACKED RED BLOOD						46
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
49	RESPIRATORY THERAPY						49

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES WORKSHEET L-1 PART I

COST CENTER DESCRIPTION	EXTRAORDI-NARY CAP-REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	0	4A	25	26	27	
49.01 WOUND CARE						49.01
49.02 DIALYSIS						49.02
49.03 ENDOSCOPY						49.03
50 PHYSICAL THERAPY						50
50.01 TRANSITIONAL THERAPY						50.01
50.02 PV REHAB OUTREACH						50.02
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
52.01 NEURO REHAB						52.01
53 ELECTROCARDIOLOGY						53
54 ELECTROENCEPHALOGRAPHY						54
54.01 NUTRITION SUPPORT						54.01
54.02 MRI						54.02
54.03 CARDIAC CATH LAB						54.03
54.04 CARDIAC REHAB SERVICES						54.04
55 MEDICAL SUPPLIES CHARGED TO PAT						55
55.01 COST OF SOLUTIONS						55.01
56 DRUGS CHARGED TO PATIENTS						56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
60.01 ANTICOAG CLINIC						60.01
61 EMERGENCY						61
61.01 PARTIAL HOSPITALIZATION						61.01
62 OBSERVATION BEDS (NON-DISTINCT						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES						65
69.10 CMHC						69.10
69.20 OUTPATIENT PHYSICAL THERAPY						69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY						69.30
69.40 OUTPATIENT SPEECH PATHOLOGY						69.40
71 HOME HEALTH AGENCY						71
SPECIAL PURPOSE COST CENTERS						
85.01 PANCREAS ACQUISITION						85.01
85.02 INTESTINAL ACQUISITION						85.02
85.03 ISLET CELL ACQUISITION						85.03
93 HOSPICE						93
95 SUBTOTALS						95
NONREIMBURSABLE COST CENTERS						
96 GIFT, FLOWER, COFFEE SHOP & CAN						96
00 NON ALLOWABLE						00
00.01 TELEVISION						00.01
00.02 PHYSICIAN PRACTICES						00.02
00.03 OP CLINIC						00.03
00.04 PHYS. ANSWERING SERVICE						00.04
00.05 EDUCARE CTR						00.05
00.06 STUCKY RESEARCH CTR						00.06
00.07 CORPORATE HEALTH SVC						00.07
00.08 FOUNDATION						00.08
00.09 LV HEALTH PLAN						00.09
00.10 PV RESPIRATORY OUTREACH						00.10
00.11 OUTREACH TRANSCRIPTION						00.11
00.12 GUEST SERVICES						00.12
00.13 HUNTINGTON ARC						00.13
00.14 SENIOR HEALTH SERVICES						00.14
00.15 SCHOOL NURSE/COMMUNITY OUTREACH						00.15
00.16 FITNESS						00.16
00.17 NONALLOWABLE ADVERTISING						00.17
00.18 BREAST DIAGNOSTIC CTR						00.18
00.19 REGIONAL PAIN CLINIC						00.19
00.20 START-UP COSTS NORTH						00.20
00.21 RONALD MCDONALD FAMILY ROOM						00.21
00.22 EBT						00.22
00.23 MEDICAL OFFICE BUILDINGS						00.23
00.24 START-UP COSTS ORTHO						00.24
00.25 PREMIER SURGERY CENTER						00.25
00.26 ISH						00.26
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL						103
104 TOTAL STATISTICAL BASIS						104
105 UNIT COST MULTIPLIER						105
105 UNIT COST MULTIPLIER						105

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

	COST CENTERS	---- TITLE XVIII ---- PART A 1	PART B 2	----- TITLE XIX ----- INPATIENT 3	OUTPATIENT 4	------ TITLE V ------ INPATIENT 5	OUTPATIENT 6	TOTAL THIRD PARTY 7	UTIL
UTILIZATION PERCENTAGES BASED ON DAYS									
25	ADULTS & PEDIATRICS	33.45		6.95				40.40	25
26	INTENSIVE CARE UNIT	33.26		4.89				38.15	26
26.01	PEDIATRIC ICU			10.38				10.38	26.01
26.02	NEONATAL ICU			13.30				13.30	26.02
27	CORONARY CARE UNIT	41.46		4.77				46.23	27
33	NURSERY			13.82				13.82	33
UTILIZATION PERCENTAGES BASED ON CHARGES									
37	OPERATING ROOM	14.63	3.59	2.40	0.66			21.28	37
37.01	CAREW MEDICAL PARK SURG		44.52		1.32			45.84	37.01
38	RECOVERY ROOM	14.94	9.68	2.07	1.86			28.55	38
39	DELIVERY ROOM & LABOR ROOM	0.07	0.01	0.98	0.23			1.29	39
40	ANESTHESIOLOGY	17.68	7.73	3.05	1.22			29.68	40
41	RADIOLOGY-DIAGNOSTIC	18.09	16.15	2.80	3.31			40.35	41
41.08	RADIOLOGY - PULM CLINIC			0.42	16.40			16.82	41.08
42	RADIOLOGY-THERAPEUTIC	1.09	34.49	0.20	2.73			38.51	42
43	RADIOISOTOPE	6.18	7.68	1.15	1.94			16.95	43
44	LABORATORY	25.12	0.25	4.73	2.47			32.57	44
44.01	ANATOMICAL PATHOLOGY	14.19	15.86	2.60	1.85			34.50	44.01
46	WHOLE BLOOD & PACKED RED BLOOD	22.06	4.45	3.89	0.61			31.01	46
49	RESPIRATORY THERAPY	17.34	0.95	4.39	0.76			23.44	49
49.01	WOUND CARE	32.63	5.57	5.31	0.78			44.29	49.01
49.02	DIALYSIS	56.27	0.95	5.50	0.23			62.95	49.02
49.03	ENDOSCOPY	6.40	8.15	0.95	0.87			16.37	49.03
50	PHYSICAL THERAPY	16.57		2.35	2.88			21.80	50
51	OCCUPATIONAL THERAPY	18.97		2.84	2.12			23.93	51
52	SPEECH PATHOLOGY	14.45		3.42	5.40			23.27	52
53	ELECTROCARDIOLOGY	20.32	19.33	2.32	2.80			44.77	53
54	ELECTROENCEPHALOGRAPHY	23.79	3.12	6.23	3.57			36.71	54
54.01	NUTRITION SUPPORT	42.46	2.67	12.25	1.33			58.71	54.01
54.02	MRI	11.98	17.44	2.22	4.29			35.93	54.02
54.03	CARDIAC CATH LAB	16.94	11.97	1.87	1.01			31.79	54.03
54.04	CARDIAC REHAB SERVICES	1.33	33.85	0.17	2.38			37.73	54.04
55	MEDICAL SUPPLIES CHARGED TO PAT	21.75	14.88	2.62	1.45			40.70	55
55.01	COST OF SOLUTIONS	31.83	3.49	7.03	0.94			43.29	55.01
56	DRUGS CHARGED TO PATIENTS	20.03	5.20	4.21	1.37			30.81	56
60	CLINIC	4.97	17.68	1.70	2.53			26.88	60
60.01	ANTICOAG CLINIC	0.15	53.63		2.95			56.73	60.01
61	EMERGENCY	10.66	11.03	1.71	5.49			28.89	61
62	OBSERVATION BEDS (NON-DISTINCT		24.34		6.03			30.37	62
65	AMBULANCE SERVICES				5.32			5.32	65
101	TOTAL CHARGES	13.25	7.77	2.27	1.60			24.89	101

***** REPORT 97 ***** UTILIZATION STATISTICS ***** SUBPROVIDER I

	COST CENTERS	---- TITLE XVIII ---- PART A 1	PART B 2	----- TITLE XIX ----- INPATIENT 3	OUTPATIENT 4	------ TITLE V ------ INPATIENT 5	OUTPATIENT 6	TOTAL THIRD PARTY 7	UTIL
UTILIZATION PERCENTAGES BASED ON DAYS									
31	SUBPROVIDER I	32.92		5.60				38.52	31
UTILIZATION PERCENTAGES BASED ON CHARGES									
38	RECOVERY ROOM	0.02						0.02	38
40	ANESTHESIOLOGY	0.01						0.01	40
41	RADIOLOGY-DIAGNOSTIC	0.11		0.01				0.12	41
42	RADIOLOGY-THERAPEUTIC	0.17						0.17	42
43	RADIOISOTOPE	0.03		0.01				0.04	43
44	LABORATORY	0.26		0.02				0.28	44
44.01	ANATOMICAL PATHOLOGY	0.01						0.01	44.01
46	WHOLE BLOOD & PACKED RED BLOOD	0.07						0.07	46
49	RESPIRATORY THERAPY	0.05		0.01				0.06	49
49.01	WOUND CARE	1.08		0.15				1.23	49.01
49.02	DIALYSIS	0.84						0.84	49.02
49.03	ENDOSCOPY	0.05						0.05	49.03
50	PHYSICAL THERAPY	8.34		0.76				9.10	50
51	OCCUPATIONAL THERAPY	11.87		1.06				12.93	51
52	SPEECH PATHOLOGY	14.37		1.55				15.92	52
53	ELECTROCARDIOLOGY	0.08						0.08	53
54	ELECTROENCEPHALOGRAPHY	0.31						0.31	54
54.01	NUTRITION SUPPORT	2.01		0.26				2.27	54.01
54.02	MRI	0.16						0.16	54.02
55	MEDICAL SUPPLIES CHARGED TO PAT	0.01						0.01	55
55.01	COST OF SOLUTIONS	0.11						0.11	55.01
56	DRUGS CHARGED TO PATIENTS	0.32		0.04				0.36	56
60	CLINIC	0.62		0.06				0.68	60
101	TOTAL CHARGES	0.20		0.02				0.22	101

***** REPORT 97 ***** UTILIZATION STATISTICS ***** SUBPROVIDER II

COST CENTERS	---- TITLE XVIII ---- PART A 1	PART B 2	----- TITLE XIX ----- INPATIENT 3	OUTPATIENT 4	------ TITLE V ------ INPATIENT 5	OUTPATIENT 6	TOTAL THIRD PARTY UTIL 7	
UTILIZATION PERCENTAGES BASED ON DAYS								
31.01 SUBPROVIDER II	38.19		12.90				51.09	31.01
UTILIZATION PERCENTAGES BASED ON CHARGES								
37.01 CAREW MEDICAL PARK SURG	3.84		0.31				4.15	37.01
41 RADIOLOGY-DIAGNOSTIC	0.11		0.03				0.14	41
44 LABORATORY	0.80		0.54	0.01			1.35	44
46 WHOLE BLOOD & PACKED RED BLOOD	0.01						0.01	46
49 RESPIRATORY THERAPY	0.01						0.01	49
49.01 WOUND CARE	0.01						0.01	49.01
50 PHYSICAL THERAPY	0.01						0.01	50
51 OCCUPATIONAL THERAPY	0.03		0.03				0.06	51
52 SPEECH PATHOLOGY	0.01						0.01	52
53 ELECTROCARDIOLOGY	0.33		0.18	0.01			0.52	53
54 ELECTROENCEPHALOGRAPHY	0.36		0.04				0.40	54
54.01 NUTRITION SUPPORT	6.41		0.88				7.29	54.01
54.02 MRI	0.08		0.03				0.11	54.02
55.01 COST OF SOLUTIONS	0.08		0.01				0.09	55.01
56 DRUGS CHARGED TO PATIENTS	0.62		0.27				0.89	56
60 CLINIC	0.02		0.09				0.11	60
60.01 ANTICOAG CLINIC	0.01						0.01	60.01
61 EMERGENCY	0.37		0.26	0.02			0.65	61
62 OBSERVATION BEDS (NON-DISTINCT				0.08			0.08	62
101 TOTAL CHARGES	0.16		0.08				0.24	101

***** REPORT 97 ***** UTILIZATION STATISTICS ***** SNF / NF

COST CENTERS	SNF ---- TITLE XVIII ---- PART A 1	PART B 2	NF ----- TITLE XIX ----- INPATIENT 3	OUTPATIENT 4	NF ------ TITLE V ------ INPATIENT 5	OUTPATIENT 6	TOTAL THIRD PARTY UTIL 7	
UTILIZATION PERCENTAGES BASED ON DAYS								
34 SKILLED NURSING FACILITY	59.92						59.92	34
35 NURSING FACILITY			0.20				0.20	35
UTILIZATION PERCENTAGES BASED ON CHARGES								
40 ANESTHESIOLOGY	0.01						0.01	40
41 RADIOLOGY-DIAGNOSTIC	0.16						0.16	41
42 RADIOLOGY-THERAPEUTIC	0.04						0.04	42
43 RADIOISOTOPE	0.16						0.16	43
44 LABORATORY	0.94						0.94	44
44.01 ANATOMICAL PATHOLOGY	0.25						0.25	44.01
46 WHOLE BLOOD & PACKED RED BLOOD	0.43						0.43	46
49 RESPIRATORY THERAPY	0.23						0.23	49
49.01 WOUND CARE	3.99						3.99	49.01
49.03 ENDOSCOPY	0.01						0.01	49.03
50 PHYSICAL THERAPY	9.23						9.23	50
51 OCCUPATIONAL THERAPY	12.74						12.74	51
52 SPEECH PATHOLOGY	5.82						5.82	52
53 ELECTROCARDIOLOGY	0.21						0.21	53
54 ELECTROENCEPHALOGRAPHY	0.29						0.29	54
54.01 NUTRITION SUPPORT	0.18						0.18	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	0.03						0.03	55
55.01 COST OF SOLUTIONS	0.73						0.73	55.01
56 DRUGS CHARGED TO PATIENTS	0.92						0.92	56
60 CLINIC	0.81						0.81	60
101 TOTAL CHARGES	0.33						0.33	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	9985489	2.43	-9985489	-4.26			3
4	NEW CAP REL COSTS-MVBLE EQUIP	27267322	6.63	-27267322	-11.64			4
5	EMPLOYEE BENEFITS	45506424	11.06	-45506424	-19.42			5
6.01	COMMUNICATIONS	1099210	.27	-1099210	-.47			6.01
6.02	DATA PROCESSIN							6.02
6.03	MATERIALS MANAGEMENT	1069463	.26	-1069463	-.46			6.03
6.04	PATIENT SERVICES	1270093	.31	-1270093	-.54			6.04
6.05	PATIENT ACCOUNTING							6.05
6.06	AMBULATORY SVCS ADMIN							6.06
6.07	OTHER A&G	59754541	14.53	-59754541	-25.50			6.07
6.08	CAREW MEDICAL PARK ADMIN	418546	.10	-418546	-.18			6.08
6.09	CRITICAL CARE ADMIN							6.09
7	MAINTENANCE & REPAIRS							7
8	OPERATION OF PLANT	4951572	1.20	-4951572	-2.11			8
8.01	FACILITY ENGINEERING	5885643	1.43	-5885643	-2.51			8.01
9	LAUNDRY & LINEN SERVICE	1644369	.40	-1644369	-.70			9
10	HOUSEKEEPING	3863259	.94	-3863259	-1.65			10
11	DIETARY	803520	.20	-803520	-.34			11
11.01	KITCHEN-NO CONNECT W/CAFE	1457025	.35	-1457025	-.62			11.01
11.02	CAFETERIA							11.02
11.03	PREADMITS AND ER							11.03
12	CAFETERIA							12
13	MAINTENANCE OF PERSONNEL							13
14	NURSING ADMINISTRATION	2799602	.68	-2799602	-1.19			14
15	CENTRAL SERVICES & SUPPLY	890764	.22	-890764	-.38			15
16	PHARMACY	6211597	1.51	-6211597	-2.65			16
16.01	OUTPATIENT PHARMACY	5114890	1.24	-5114890	-2.18			16.01
16.02	IV SOLUTIONS	3625596	.88	-3625596	-1.55			16.02
16.03	MED SURG SUPPLY	42728404	10.39	-42728404	-18.24			16.03
17	MEDICAL RECORDS & LIBRARY	2572807	.63	-2572807	-1.10			17
18	SOCIAL SERVICE	1690088	.41	-1690088	-.72			18
18.01	REHAB ADMIN	601427	.15	-601427	-.26			18.01
20	NONPHYSICIAN ANESTHETISTS							20
21	NURSING SCHOOL							21
22	I&R SERVICES-SALARY & FRINGES A	2806822	.68	-2806822	-1.20			22
23	I&R SERVICES-OTHER PRGM COSTS A							23
24	PARAMED ED PRGM-(SPECIFY)	58264	.01	-58264	-.02			24
24.01	PARAMED ED RADIOLOGY	81517	.02	-81517	-.03			24.01
24.02	PARAMED ED PHARMACY	144381	.04	-144381	-.06			24.02
	INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	33216297	8.08	38554179	16.45	71770476	17.45	25
26	INTENSIVE CARE UNIT	8026106	1.95	6752862	2.88	14778968	3.59	26
26.01	PEDIATRIC ICU	985705	.24	947027	.40	1932732	.47	26.01
26.02	NEONATAL ICU	3354268	.82	2542501	1.09	5896769	1.43	26.02

	COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
27	CORONARY CARE UNIT	5791039	1.41	5348399	2.28	11139438	2.71	27
31	SUBPROVIDER I	1449010	.35	2624312	1.12	4073322	.99	31
31.01	SUBPROVIDER II	5521884	1.34	5987901	2.56	11509785	2.80	31.01
33	NURSERY	1884005	.46	2151373	.92	4035378	.98	33
34	SKILLED NURSING FACILITY	1974348	.48	2199538	.94	4173886	1.01	34
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	11379997	2.77	11849765	5.06	23229762	5.65	37
37.01	CAREW MEDICAL PARK SURG	600074	.15	1301304	.56	1901378	.46	37.01
38	RECOVERY ROOM	2585446	.63	2235022	.95	4820468	1.17	38
39	DELIVERY ROOM & LABOR ROOM	952647	.23	1315854	.56	2268501	.55	39
40	ANESTHESIOLOGY	194247	.05	452422	.19	646669	.16	40
41	RADIOLOGY-DIAGNOSTIC	5779026	1.41	8654843	3.69	14433869	3.51	41
41.01	RADIOLOGY - WABASH							41.01
41.02	RADIOLOGY - MANCHESTER							41.02
41.03	RADIOLOGY - EAST STATE							41.03
41.04	RADIOLOGY - JEFFERSON			19476	.01	19476		41.04
41.05	RADIOLOGY - NHMP	188309	.05	241228	.10	429537	.10	41.05
41.06	RADIOLOGY - CMP	466076	.11	968647	.41	1434723	.35	41.06
41.07	RADIOLOGY - WP	171739	.04	235696	.10	407435	.10	41.07
41.08	RADIOLOGY - PULM CLINIC	124313	.03	222989	.10	347302	.08	41.08
41.09	RADIOLOGY - WHITLEY POOL							41.09
42	RADIOLOGY-THERAPEUTIC	4592118	1.12	5737870	2.45	10329988	2.51	42
43	RADIOISOTOPE	507103	.12	766235	.33	1273338	.31	43
44	LABORATORY	3736671	.91	8220450	3.51	11957121	2.91	44
44.01	ANATOMICAL PATHOLOGY	1100839	.27	686391	.29	1787230	.43	44.01
46	WHOLE BLOOD & PACKED RED BLOOD	3372283	.82	936859	.40	4309142	1.05	46
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
49	RESPIRATORY THERAPY	4207688	1.02	3270062	1.40	7477750	1.82	49
49.01	WOUND CARE	734366	.18	257080	.11	991446	.24	49.01
49.02	DIALYSIS	1225720	.30	358342	.15	1584062	.39	49.02
49.03	ENDOSCOPY	1121627	.27	1005627	.43	2127254	.52	49.03
50	PHYSICAL THERAPY	2153501	.52	1968221	.84	4121722	1.00	50
50.01	TRANSITIONAL THERAPY	-22		341809	.15	341787	.08	50.01
50.02	PV REHAB OUTREACH							50.02
51	OCCUPATIONAL THERAPY	1363755	.33	1184304	.51	2548059	.62	51
52	SPEECH PATHOLOGY	610909	.15	645436	.28	1256345	.31	52
52.01	NEURO REHAB	728177	.18	470169	.20	1198346	.29	52.01
53	ELECTROCARDIOLOGY	462057	.11	491913	.21	953970	.23	53
54	ELECTROENCEPHALOGRAPHY	184311	.04	241747	.10	426058	.10	54
54.01	NUTRITION SUPPORT	435680	.11	266771	.11	702451	.17	54.01
54.02	MRI	1315659	.32	1664645	.71	2980304	.72	54.02
54.03	CARDIAC CATH LAB	3375716	.82	4158790	1.77	7534506	1.83	54.03
54.04	CARDIAC REHAB SERVICES	107827	.03	288914	.12	396741	.10	54.04
55	MEDICAL SUPPLIES CHARGED TO PAT			54629955	23.32	54629955	13.28	55
55.01	COST OF SOLUTIONS			4872718	2.08	4872718	1.18	55.01
56	DRUGS CHARGED TO PATIENTS	16685325	4.06	21482554	9.17	38167879	9.28	56
60	CLINIC	314247	.08	139194	.06	453441	.11	60

	COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
60.01	ANTICOAG CLINIC	808062	.20	582682	.25	1390744	.34	60.01
61	EMERGENCY	9655819	2.35	9413494	4.02	19069313	4.64	61
61.01	PARTIAL HOSPITALIZATION	70017	.02	92319	.04	162336	.04	61.01
62	OBSERVATION BEDS (NON-DISTINCT							62
63.50	RHC							63.50
63.60	FQHC							63.60
	OTHER REIMBURSABLE COST CENTERS							
65	AMBULANCE SERVICES	5487384	1.33	1962777	.84	7450161	1.81	65
	OUTPATIENT SERVICE COST CENTERS							
69.10	CMHC							69.10
69.20	OUTPATIENT PHYSICAL THERAPY							69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40	OUTPATIENT SPEECH PATHOLOGY							69.40
71	HOME HEALTH AGENCY	9724769	2.36	4830428	2.06	14555197	3.54	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	4193764	1.02	1593293	.68	5787057	1.41	93
	NONREIMBURSABLE COST CENTERS							
96	GIFT, FLOWER, COFFEE SHOP & CAN	486200	.12	279568	.12	765768	.19	96
100	NON ALLOWABLE	3		2		5		100
100.01	TELEVISION	87084	.02	77542	.03	164626	.04	100.01
100.02	PHYSICIAN PRACTICES	182141	.04	38940	.02	221081	.05	100.02
100.03	OP CLINIC	82060	.02	189305	.08	271365	.07	100.03
100.04	PHYS. ANSWERING SERVICE							100.04
100.05	EDUCARE CTR	1112958	.27	1293715	.55	2406673	.59	100.05
100.06	STUCKY RESEARCH CTR	787580	.19	552549	.24	1340129	.33	100.06
100.07	CORPORATE HEALTH SVC			11304		11304		100.07
100.08	FOUNDATION	-115		91239	.04	91124	.02	100.08
100.09	LV HEALTH PLAN							100.09
100.10	PV RESPIRATORY OUTREACH							100.10
100.11	OUTREACH TRANSCRIPTION							100.11
100.12	GUEST SERVICES							100.12
100.13	HUNTINGTON ARC							100.13
100.14	SENIOR HEALTH SERVICES	43547	.01	74588	.03	118135	.03	100.14
100.15	SCHOOL NURSE/COMMUNITY OUTREACH	3447915	.84	1437025	.61	4884940	1.19	100.15
100.16	FITNESS	148161	.04	70328	.03	218489	.05	100.16
100.17	NONALLOWABLE ADVERTISING							100.17
100.18	BREAST DIAGNOSTIC CTR	-79211	-.02	182529	.08	103318	.03	100.18
100.19	REGIONAL PAIN CLINIC							100.19
100.20	START-UP COSTS NORTH							100.20
100.21	RONALD MCDONALD FAMILY ROOM	6704		132318	.06	139022	.03	100.21
100.22	EBT	190369	.05	102772	.04	293141	.07	100.22
100.23	MEDICAL OFFICE BUILDINGS	764258	.19	673204	.29	1437462	.35	100.23
100.24	START-UP COSTS ORTHO							100.24
100.25	PREMIER SURGERY CENTER	6791126	1.65	1929320	.82	8720446	2.12	100.25

	COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
100.26	ISH	-1291				-1291		100.26
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	TOTAL	411272032	100.00	0	.00	411272032	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	3515805	103433022	.033991	15128926	514247	37
37.01	CAREW MEDICAL PARK SURG	395859	4468199	.088595	220	19	37.01
38	RECOVERY ROOM	435378	14488779	.030049	2165131	65060	38
39	DELIVERY ROOM & LABOR ROOM	288168	27573012	.010451	18588	194	39
40	ANESTHESIOLOGY	290899	9798915	.029687	1732354	51428	40
41	RADIOLOGY-DIAGNOSTIC	3537995	122733360	.028827	22203470	640059	41
41.01	RADIOLOGY - WABASH						41.01
41.02	RADIOLOGY - MANCHESTER						41.02
41.03	RADIOLOGY - EAST STATE						41.03
41.04	RADIOLOGY - JEFFERSON	6192	25001	.247670			41.04
41.05	RADIOLOGY - NHMP	60875	591352	.102942			41.05
41.06	RADIOLOGY - CMP	331872	7021360	.047266			41.06
41.07	RADIOLOGY - WP	71625	636235	.112576			41.07
41.08	RADIOLOGY - PULM CLINIC	96186	108104	.889754			41.08
41.09	RADIOLOGY - WHITLEY POOL						41.09
42	RADIOLOGY-THERAPEUTIC	3835004	36604145	.104770	397420	41638	42
43	RADIOISOTOPE	325142	8838054	.036789	545873	20082	43
44	LABORATORY	2725232	62121974	.043869	15602631	684472	44
44.01	ANATOMICAL PATHOLOGY	147831	5244992	.028185	744039	20971	44.01
46	WHOLE BLOOD & PACKED RED BLOOD	39449	6165336	.006399	1359963	8702	46
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
49	RESPIRATORY THERAPY	792692	50451566	.015712	8745834	137415	49
49.01	WOUND CARE	894935	3390784	.263932	1106300	291988	49.01
49.02	DIALYSIS	40971	2204319	.018587	1240416	23056	49.02
49.03	ENDOSCOPY	419148	25981706	.016132	1662101	26813	49.03
50	PHYSICAL THERAPY	502810	6207240	.081004	1028367	83302	50
50.01	TRANSITIONAL THERAPY	40081	500100	.080146			50.01
50.02	PV REHAB OUTREACH						50.02
51	OCCUPATIONAL THERAPY	209176	4603436	.045439	873143	39675	51
52	SPEECH PATHOLOGY	105875	2518740	.042035	364074	15304	52
52.01	NEURO REHAB	322806	2568450	.125681			52.01
53	ELECTROCARDIOLOGY	162116	5772962	.028082	1172819	32935	53
54	ELECTROENCEPHALOGRAPHY	73026	1137632	.064191	270592	17370	54
54.01	NUTRITION SUPPORT	42441	152344	.278587	64692	18022	54.01
54.02	MRI	847734	11924583	.071091	1428232	101534	54.02
54.03	CARDIAC CATH LAB	1382647	44239704	.031254	7495968	234279	54.03
54.04	CARDIAC REHAB SERVICES	91356	535750	.170520	7116	1213	54.04
55	MEDICAL SUPPLIES CHARGED TO PAT	887726	135299543	.006561	29422172	193039	55
55.01	COST OF SOLUTIONS	131571	31417949	.004188	9999724	41879	55.01
56	DRUGS CHARGED TO PATIENTS	2755971	124638957	.022112	24965949	552047	56
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC	120317	503494	.238964	25003	5975	60
60.01	ANTICOAG CLINIC	63488	1750912	.036260	2674	97	60.01
61	EMERGENCY	1423625	60013798	.023722	6398951	151796	61
61.01	PARTIAL HOSPITALIZATION	21872	419804	.052101			61.01
62	OBSERVATION BEDS (NON-DISTINCT	708346	9877013	.071717			62
	OTHER REIMBURSABLE COST CENTERS						
63.50	RHC						63.50
63.60	FQHC						63.60
65	AMBULANCE SERVICES						65
101	TOTAL	28144242	935962626		156172742	4014611	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	7358385		7358385	92426	79.61	30918	2461382	25
26	INTENSIVE CARE UNIT	1262464		1262464	8591	146.95	2857	419836	26
26.01	PEDIATRIC ICU	178767		178767	896	199.52			26.01
26.02	NEONATAL ICU	317379		317379	5663	56.04			26.02
27	CORONARY CARE UNIT	996233		996233	8364	119.11	3468	413073	27
101	TOTAL	10113228		10113228			37243	3294291	101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS	3294291
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS	4014611
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS	7308902
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)	65970747
2.	HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	215457325
3.	RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.306

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))	2349345
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	5062862
3.	RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.464

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1.	TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	4905845
2.	TOTAL MEDICARE CHARGES (WKST D-4 LINE 31.01 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	8113134
3.	RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.605

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)	7308902
2.	RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.034

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))	25530714
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)	91529756
3.	RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.279