

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

WORKSHEET S  
 PARTS I, II & III

PART I - COST REPORT STATUS

PROVIDER USE ONLY 1.  ELECTRONICALLY FILED COST REPORT DATE: 05-29-2013 TIME: 09:04  
 2.  MANUALLY SUBMITTED COST REPORT  
 3.  IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT  
 4.  IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT  
 4.  MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.

CONTRACTOR USE ONLY 5.  COST REPORT STATUS 6. DATE RECEIVED: \_\_\_\_\_ 10. NPR DATE: \_\_\_\_\_  
 1 - AS SUBMITTED 7. CONTRACTOR NO: \_\_\_\_\_ 11. CONTRACTOR'S VENDOR CODE: \_\_\_\_\_  
 2 - SETTLED WITHOUT AUDIT 8.  INITIAL REPORT FOR THIS PROVIDER CCN 12.  IF LINE 5, COLUMN 1 IS 4: ENTER  
 3 - SETTLED WITH AUDIT 9.  FINAL REPORT FOR THIS PROVIDER CCN NUMBER OF TIMES REOPENED - 0-9.  
 4 - REOPENED  
 5 - AMENDED

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY PARKVIEW HOSPITAL (15-0021) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2012 AND ENDING 12/31/2012, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNED) \_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)  
 \_\_\_\_\_  
 TITLE  
 \_\_\_\_\_  
 DATE

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5
		PART A 2	PART B 3		
1 HOSPITAL		-581,154	-200,188	78,339	1
2 SUBPROVIDER - IPF		19,317			2
3 SUBPROVIDER - IRF		-16,298			3
4 SUBPROVIDER (OTHER)					4
5 SWING BED - SNF					5
6 SWING BED - NF					6
7 SKILLED NURSING FACILITY		2,885			7
8 NURSING FACILITY					8
9 HOME HEALTH AGENCY					9
10 HEALTH CLINIC - RHC					10
11 HEALTH CLINIC - FQHC					11
12 OUTPATIENT REHABILITATION PROVIDER					12
200 TOTAL		-575,250	-200,188	78,339	200

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

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 673 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORT CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MARYLAND 21244-1850.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 11109 PARKVIEW PLAZA DRIVE  
 2 CITY: FORT WAYNE STATE: IN

P.O.BOX: 1  
 ZIP CODE: 46845 COUNTY: ALLEN 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N)				
						V 6	XVIII 7	XIX 8		
3	HOSPITAL	PARKVIEW HOSPITAL	15-0021	23060	1	07/01/1966	N	P	P	3
4	SUBPROVIDER - IPF	PARKVIEW PSYCHIATRIC UNIT	15-S021	23060	4	01/01/1984	N	P	P	4
5	SUBPROVIDER - IRF	PARKVIEW REHABILITATION UNIT	15-T021	23060	5	01/01/1984	N	P	P	5
6	SUBPROVIDER - (OTHER)									6
7	SWING BEDS - SNF									7
8	SWING BEDS - NF									8
9	HOSPITAL-BASED SNF	PARKVIEW CONTINUING CARE CENTE	15-5516	23060		04/06/1994	N	P	N	9
10	HOSPITAL-BASED NF									10
11	HOSPITAL-BASED OLTC									11
12	HOSPITAL-BASED HHA	PARKVIEW HOME HEALTH SERVICES	15-7423	23060		04/25/1995	N	P	N	12
13	SEPARATELY CERTIFIED ASC									13
14	HOSPITAL-BASED HOSPICE	PARKVIEW HOME HEALTH & HOSPICE	15-1552	23060		06/27/1996				14
15	HOSPITAL-BASED HEALTH CLINIC - RHC									15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC									16
17	HOSPITAL-BASED (CMHC)									17
18	RENAL DIALYSIS									18
19	OTHER									19
20	COST REPORTING PERIOD (MM/DD/YYYY) FROM: 01/01/2012 TO: 12/31/2012									20
21	TYPE OF CONTROL									21

INPATIENT PPS INFORMATION

22	DOES THIS FACILITY QUALIFY FOR AND RECEIVE DISPROPORTIONATE SHARE HOSPITAL PAYMENT IN ACCORDANCE WITH 42 CFR §412.106 IN COLUMN 1, ENTER 'Y' FOR YES AND 'N' FOR NO. IS THIS FACILITY SUBJECT TO 42 CFR §412.06(c)(2)(PICKLE AMENDMENT HOSPITAL)? IN COLUMN 2, ENTER 'Y', FOR YES OR 'N' FOR NO.									1	2
23	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON LINES 24 AND/OR 25 BELOW? IN COLUMN 1, ENTER 1 IF DATE OF ADMISSION, 2 IF CENSUS DAYS, OR 3 IF DATE OF DISCHARGE. IS THE METHOD OF IDENTIFYING THE DAYS IN THIS COST REPORTING PERIOD DIFFERENT FROM THE METHOD USED IN THE PRIOR COST REPORTING PERIOD? IN COLUMN 2, ENTER 'Y' FOR YES OR 'N' FOR NO.									3	N 23

		IN-STATE		OUT-OF-STATE		OTHER		
		IN-STATE MEDICAID PAID DAYS 1	MEDICAID ELIGIBLE UNPAID DAYS 2	OUT-OF-STATE MEDICAID PAID DAYS 3	MEDICAID ELIGIBLE UNPAID DAYS 4	MEDICAID HMO DAYS 5	MEDICAID OTHER DAYS 6	
24	IF THIS PROVIDER IS AN IPPS HOSPITAL, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	11,480	3,504	642	401	12,992	24	
25	IF THIS PROVIDER IS AN IRF, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	486	316		31	222	25	
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				1		26	
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER IN COLUMN 1, '1' FOR URBAN OR '2' FOR RURAL. IF APPLICABLE, ENTER THE EFFECTIVE DATE OF THE GEOGRAPHIC RECLASSIFICATION IN COLUMN 2.				1		27	
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.						35	
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:	36	
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.						37	
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:	38	
39	DOES THE FACILITY POTENTIALLY QUALIFY FOR THE INPATIENT HOSPITAL ADJUSTMENT FOR LOW VOLUME HOSPITALS AS DEEMED BY CMS ACCORDING TO THE FEDERAL REGISTER? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. ADDITIONALLY, DOES THE FACILITY MEET THE MILEAGE REQUIREMENTS IN ACCORDANCE WITH 42 CFR 412.101(b)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)						1 N	2 N 39

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

		V 1	XVIII 2	XIX 3	
45	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	N	Y	N	45
46	IS THIS FACILITY ELIGIBLE FOR ADDITIONAL PAYMENT EXCEPTION FOR EXTRAORDINARY CIRCUMSTANCES PURSUANT TO 42 CFR §412.348(f)? IF YES, COMPLETE WORKSHEET L, PART III AND L-1, PARTS I THROUGH III.	N		N	46
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		N	47
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		N	48



HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

TEACHING HOSPITALS

	1	2	3	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N	57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-5.	N		58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N		59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	Y		60

	Y/N	IME AVERAGE	DIRECT GME AVERAGE	
61	DID YOUR FACILITY RECEIVE ADDITIONAL FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 'Y', EFFECTIVE FOR PORTIONS OF COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2011 ENTER THE AVERAGE NUMBER OF PRIMARY CARE FTE RESIDENTS FOR IME IN COLUMN 2 AND DIRECT GME IN COLUMN 3 FROM THE HOSPITAL'S THREE MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)	N		61

ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)

62	ENTER THE NUMBER OF FTE RESIDENTS THAT YOUR HOSPITAL TRAINED IN THIS COST REPORTING PERIOD FOR WHICH YOUR HOSPITAL RECEIVED HRSA PCRE FUNDING (SEE INSTRUCTIONS)			62
62.01	ENTER THE NUMBER OF FTE RESIDENTS THAT ROTATED FROM A TEACHING HEALTH CENTER (THC) INTO YOUR HOSPITAL IN THIS COST REPORTING PERIOD OF HRSA THC PROGRAM. (SEE INSTRUCTIONS)			62.01

TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS

63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	Y		63
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SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS

	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	
64	ENTER IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)			64

ENTER IN LINES 65-65.49 IN COLUMN 1, IF LINE 63 IS YES, OR YOUR  
 FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE PROGRAM NAME.  
 ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF  
 UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS  
 OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER  
 OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL.  
 ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 + COLUMN 4)).  
 (SEE INSTRUCTIONS)

PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))
1	2	3	4	5

SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS

	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	
66	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)			66

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

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

PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/(COL.3+COL.4))	
1	2	3	4	5	
67 FORT WAYNE MEDICAL EDUCATION PROGRAM	1350	1.36	12.30	0.099561	67
<b>INPATIENT PSYCHIATRIC FACILITY PPS</b>					
70 IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.					Y 70
71 IF LINE 70 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.					N 71
<b>INPATIENT REHABILITATION FACILITY PPS</b>					
75 IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.					Y 75
76 IF LINE 75 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.					N 76
<b>LONG TERM CARE HOSPITAL PPS</b>					
80 IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.					N 80
<b>TEFRA PROVIDERS</b>					
85 IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) TEFRA?. ENTER 'Y' FOR YES OR 'N' FOR NO.					N 85
86 DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR §413.40(f)(1)(ii)? ENTER 'Y' FOR YES, OR 'N' FOR NO.					N 86
<b>TITLE V AND XIX INPATIENT SERVICES</b>					
90 DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.					N Y 90
91 IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.					N N 91
92 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.					N 92
93 DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.					N N 93
94 DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.					N N 94
95 IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.					95
96 DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.					N N 96
97 IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.					97
<b>RURAL PROVIDERS</b>					
105 DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?					N 105
106 IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.					106
107 COLUMN 1: IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES, COMPLETE WORKSHEET D-2, PART II, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&RS IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.					107
108 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.					N 108
109 IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.					PHY- OCCUP- RESPI- SICAL ATIONAL SPEECH RATORY N 109

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2. IF COLUMN 2 IS 'E', ENTER IN COLUMN 3 EITHER '93' PERCENT FOR SHORT TERM HOSPITAL OR '98' PERCENT FOR LONG TERM CARE (INCLUDES PSYCHIATRIC, REHABILITATION AND LONG TERM HOSPITALS PROVIDERS) BASED ON THE DEFINITION IN CMS 15-1§ 2208.1.	N		115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		117
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.	1		118
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 506,875 PAID LOSSES: 217,687 SELF INSURANCE: 891,466			118.01
118.02	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN A COST CENTER OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	N		118.02
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 BEDS THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N	N	120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		121

TRANSPLANT CENTER INFORMATION

125	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, ENTER CERTIFICATION DATE(S) (MM/DD/YYYY) BELOW.	N		125
126	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			126
127	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			127
128	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			128
129	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			129
130	IF THIS IS A MEDICARE CERTIFIED PANCREAS TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			130
131	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			131
132	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			132
133	IF THIS IS A MEDICARE CERTIFIED OTHER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			133
134	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			134

ALL PROVIDERS

140	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.	1 Y	2 15H032	140
IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.				
141	NAME: PARKVIEW HEALTH SYSTEM, INC. CONTRACTOR'S NAME: WISCONSIN PHYSICIAN SERVICES CONTRACTOR'S NUMBER: 08101			141
142	STREET: 10501 CORPORATE DRIVE P.O. BOX: 5600			142
143	CITY: FORT WAYNE STATE: IN ZIP CODE: 46895-5600			143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y		144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, LINE 74 ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.	Y		145
146	HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2.	N		146
147	WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		147
148	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		148
149	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		149

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

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

PROVIDER CCN: 15-0021 PARKVIEW HOSPITAL  
PERIOD FROM 01/01/2012 TO 12/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11  
05/29/2013 09:04

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
PART I (CONT)

MULTICAMPUS

165 IS THIS HOSPITAL PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSAs? N 165  
ENTER 'Y' FOR YES OR 'N' FOR NO.

166 IF LINE 165 IS YES, FOR EACH CAMPUS, ENTER THE NAME IN COLUMN 0, COUNTY IN COLUMN 1, STATE IN  
COLUMN 2, ZIP IN COLUMN 3, CBSA IN COLUMN 4, FTE/CAMPUS IN COLUMN 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
0	1	2	3	4	5

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

167 IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(n)? ENTER 'Y' FOR YES OR 'N' FOR NO. Y 167

168 IF THIS PROVIDER IS A CAH (LINE 105 IS 'Y') AND A MEANINGFUL USER (LINE 167 IS 'Y'),  
ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS. 168

169 IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH  
(LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR. 1.00 169

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2  
 PART II

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

COMPLETED BY ALL HOSPITALS

PROVIDER ORGANIZATION AND OPERATION		Y/N	DATE		
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	1 N	2	1	
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	1 N	2	3 2	
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	Y		3	
FINANCIAL DATA AND REPORTS		Y/N	TYPE	DATE	
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	1 Y	2 A	3 04/24/2013	
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	N		5	
APPROVED EDUCATIONAL ACTIVITIES		Y/N		Y/N	
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	1 N		2 6	
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	Y		7	
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	Y		8	
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	Y		9	
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10	
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y/N Y 12	
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			N 13	
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N 14	
BED COMPLEMENT					
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			N 15	
PS&R REPORT DATA		PART A		PART B	
		Y/N	DATE	Y/N	DATE
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	1 N	2	3 N	4 16
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N	17
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	18
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	19
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	20
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	21

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2  
PART II

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

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

CAPITAL RELATED COST

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

INTEREST EXPENSE

28	WERE NEW LOANS, MORTGAGE AGREEMENTS OR LETTERS OF CREDIT ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	28
29	DID THE PROVIDER HAVE A FUNDED DEPRECIATION ACCOUNT AND/OR BOND FUNDS (DEBT SERVICE RESERVE FUND) TREATED AS A FUNDED DEPRECIATION ACCOUNT? IF YES, SEE INSTRUCTIONS.	29
30	HAS EXISTING DEBT BEEN REPLACED PRIOR TO ITS SCHEDULED MATURITY WITH NEW DEBT? IF YES, SEE INSTRUCTIONS.	30
31	HAS DEBT BEEN RECALLED BEFORE SCHEDULED MATURITY WITHOUT ISSUANCE OF NEW DEBT? IF YES, SEE INSTRUCTIONS.	31

PURCHASED SERVICES

32	HAVE CHANGES OR NEW AGREEMENTS OCCURRED IN PATIENT CARE SERVICES FURNISHED THROUGH CONTRACTUAL ARRANGEMENTS WITH SUPPLIERS OF SERVICES? IF YES, SEE INSTRUCTIONS.	32
33	IF LINE 32 IS YES, WERE THE REQUIREMENTS OF SEC. 2135.2 APPLIED PERTAINING TO COMPETITIVE BIDDING? IF NO, SEE INSTRUCTIONS.	33

PROVIDER-BASED PHYSICIANS

34	ARE SERVICES FURNISHED AT THE PROVIDER FACILITY UNDER AN ARRANGEMENT WITH PROVIDER-BASED PHYSICIANS? IF YES, SEE INSTRUCTIONS.	34
35	IF LINE 34 IS YES, WERE THERE NEW AGREEMENTS OR AMENDED EXISTING AGREEMENTS WITH THE PROVIDER-BASED PHYSICIANS DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	35

HOME OFFICE COSTS

	Y/N	DATE	
	1	2	
36			WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT? 36
37			IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS. 37
38	N		IF LINE 36 IS YES, WAS THE FISCAL YEAR END OF THE HOME OFFICE DIFFERENT FROM THAT OF THE PROVIDER? IF YES, ENTER IN COLUMN 2 THE FISCAL YEAR END OF THE HOME OFFICE. 38
39			IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS. 39
40			IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS. 40

COST REPORT PREPARER CONTACT INFORMATION

41	FIRST NAME: ERIC	LAST NAME: NICKESON	TITLE: DIRECTOR REIMBURSEME	41
42	EMPLOYER: PARKVIEW HEALTH SYSTEM, INC.			42
43	PHONE NUMBER: (260) 373-8406	E-MAIL ADDRESS: ERIC.NICKESON@PARKVIEW.COM		43





HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3  
 PART II & III

PART II - WAGE DATA

	WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)	
	1	2	3	4	5	6	
SALARIES							
1	TOTAL SALARIES (SEE INSTRUCTIONS)	263,329,542	-57,360,587	205,968,955	8,001,133.00	25.74	1
2	NON-PHYSICIAN ANESTHETIST PART A						2
3	NON-PHYSICIAN ANESTHETIST PART B						3
4	PHYSICIAN-PART A ADMINISTRATIVE	1,098,439		1,098,439	6,089.00	180.40	4
4.01	PHYSICIAN-PART A - TEACHING						4.01
5	PHYSICIAN-PART B						5
6	NON-PHYSICIAN-PART B						6
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)						7
7.01	CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM)						7.01
8	HOME OFFICE PERSONNEL	90,012,400	-57,360,587	32,651,813	1,811,987.00	18.02	8
9	SNF	1,975,027	244,215	2,219,242	97,913.00	22.67	9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	20,045,848	-862,673	19,183,175	827,441.00	23.18	10
OTHER WAGES & RELATED COSTS							
11	CONTRACT LABOR (SEE INSTRUCTIONS)	1,282,522		1,282,522	15,924.01	80.54	11
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES						12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE	412,144		412,144	2,421.00	170.24	13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS	90,012,400	-57,360,587	32,651,813	1,811,987.00	18.02	14
15	HOME OFFICE: PHYSICIAN-PART A - ADMINISTRATIVE						15
16	HOME OFFICE & CONTRACT PHYSICIANS-PART A - TEACHING						16
WAGE-RELATED COSTS							
17	WAGE-RELATED COSTS (CORE)	65,119,350		65,119,350			17
18	WAGE-RELATED COSTS (OTHER)						18
19	EXCLUDED AREAS	7,584,567		7,584,567			19
20	NON-PHYSICIAN ANESTHETIST PART A						20
21	NON-PHYSICIAN ANESTHETIST PART B						21
22	PHYSICIAN PART A - ADMINISTRATIVE	161,273		161,273			22
22.01	PHYSICIAN PART A - TEACHING						22.01
23	PHYSICIAN PART B						23
24	WAGE-RELATED COSTS (RHC/FQHC)						24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)						25
OVERHEAD COSTS - DIRECT SALARIES							
26	EMPLOYEE BENEFITS	23,432,362	-14,398,370	9,033,992	16,584.00	544.74	26
27	ADMINISTRATIVE & GENERAL	95,259,600	-58,925,617	36,333,983	1,258,490.00	28.87	27
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)						28
29	MAINTENANCE & REPAIRS						29
30	OPERATION OF PLANT	3,661,898	471,337	4,133,235	188,369.00	21.94	30
31	LAUNDRY & LINEN SERVICE	220,904	26,166	247,070	18,602.00	13.28	31
32	HOUSEKEEPING	3,771,979	447,896	4,219,875	359,514.00	11.74	32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						33
34	DIETARY	4,373,527	525,166	4,898,693	353,908.00	13.84	34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)						35
36	CAFETERIA						36
37	MAINTENANCE OF PERSONNEL						37
38	NURSING ADMINISTRATION	2,240,677	265,466	2,506,143	67,548.00	37.10	38
39	CENTRAL SERVICES AND SUPPLY	1,152	136	1,288	200.00	6.44	39
40	PHARMACY	8,789,257	432,822	9,222,079	267,739.00	34.44	40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		2,249,149	2,249,149	124,550.00	18.06	41
42	SOCIAL SERVICE	2,435,082	288,411	2,723,493	97,625.00	27.90	42
43	OTHER GENERAL SERVICE						43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	173,317,142		173,317,142	6,189,146.00	28.00	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	22,020,875	-618,458	21,402,417	925,354.00	23.13	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	151,296,267	618,458	151,914,725	5,263,792.00	28.86	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	91,707,066	-57,360,587	34,346,479	1,830,332.01	18.77	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	65,280,623		65,280,623		42.97%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	308,283,956	-56,742,129	251,541,827	7,094,124.01	35.46	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	144,186,438	-68,617,438	75,569,000	2,753,129.00	27.45	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3  
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS		1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION	4,299,251	2
3 NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)	15,150,790	3
4 QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)	25,628,684	4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5 401K/TSA PLAN ADMINISTRATION FEES		5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES	585,322	7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	34,324,489	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN		10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	295,600	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	658,736	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	611,348	15
16 RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106. NON CUMULATIVE PORTION)		16
TAXES		
17 FICA-EMPLOYERS PORTION ONLY	16,515,224	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE		19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION (OTHER THAN RETIREMENT COST REPORTED ON LINES 1 THROUGH 4 ABOVE) (SEE INSTRUCTIONS)	344,849	21
22 DAY CARE COSTS AND ALLOWANCES	79,582	22
23 TUITION REIMBURSEMENT		23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	98,493,875	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

PROVIDER CCN: 15-0021 PARKVIEW HOSPITAL  
PERIOD FROM 01/01/2012 TO 12/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11  
05/29/2013 09:04

HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3  
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

COMPONENT		CONTRACT	BENEFIT
0		LABOR	COST
		1	2
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST		1
2	HOSPITAL		2
3	SUBPROVIDER - IPF		3
4	SUBPROVIDER - IRF		4
5	SUBPROVIDER - (OTHER)		5
6	SWING BEDS - SNF		6
7	SWING BEDS - NF		7
8	HOSPITAL-BASED SNF		8
9	HOSPITAL-BASED NF		9
10	HOSPITAL-BASED OLTC		10
11	HOSPITAL-BASED HHA		11
12	SEPARATELY CERTIFIED ASC		12
13	HOSPITAL-BASED HOSPICE		13
14	HOSPITAL-BASED HEALTH CLINIC - RHC		14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC		15
16	HOSPITAL-BASED (CMHC)		16
17	RENAL DIALYSIS		17
18	OTHER		18

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		6,880		2,388	9,268	1
2 UNDUPLICATED CENSUS COUNT (SEE INSTRUCTION)		1,843.00		2,906.00	4,749.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK: .00	----- NUMBER OF EMPLOYEES ----- (FULL TIME EQUIVALENT)			TOTAL 3	
	STAFF 1	CONTRACT 2			
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)					3
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)		1.00		1.00	4
5 OTHER ADMINISTRATIVE PERSONNEL		26.26		26.26	5
6 DIRECT NURSING SERVICE		50.09		50.09	6
7 NURSING SUPERVISOR		12.18		12.18	7
8 PHYSICAL THERAPY SERVICE		9.45		9.45	8
9 PHYSICAL THERAPY SUPERVISOR					9
10 OCCUPATIONAL THERAPY SERVICE		6.23		6.23	10
11 OCCUPATIONAL THERAPY SUPERVISOR					11
12 SPEECH PATHOLOGY SERVICE		1.68		1.68	12
13 SPEECH PATHOLOGY SUPERVISOR		1.00		1.00	13
14 MEDICAL SOCIAL SERVICE		0.50		0.50	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR					15
16 HOME HEALTH AIDE		14.80		14.80	16
17 HOME HEALTH AIDE SUPERVISOR					17
18 OTHER (SPECIFY)		50.51		50.51	18

HOME HEALTH AGENCY CBSA CODES

19 ENTER IN COLUMN 1 THE NUMBER OF CBSAs WHERE YOU PROVIDED SERVICES DURING THE COST REPORTING PERIOD.		2	19
20 LIST THOSE CBSA CODE(S) IN COLUMN 1 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE).		23060	20
20.01		99915	20.01

PPS ACTIVITY

	FULL EPISODES		LUPA EPISODES 3	PEP ONLY EPISODES 4	TOTAL (COLS. 1-4) 5	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2				
21 SKILLED NURSING VISITS	10,799	549	440	320	12,108	21
22 SKILLED NURSING VISIT CHARGES	1,808,290	88,053	78,020	54,450	2,028,813	22
23 PHYSICAL THERAPY VISITS	3,128	55	44	89	3,316	23
24 PHYSICAL THERAPY VISIT CHARGES	568,340	9,675	7,380	16,070	601,465	24
25 OCCUPATIONAL THERAPY VISITS	1,415	33	7	48	1,503	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	257,425	6,035	1,295	8,870	273,625	26
27 SPEECH PATHOLOGY VISITS	377	42	6	12	437	27
28 SPEECH PATHOLOGY VISIT CHARGES	69,835	7,665	1,100	2,220	80,820	28
29 MEDICAL SOCIAL SERVICE VISITS	306	10	7	11	334	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	65,170	2,140	1,500	2,365	71,175	30
31 HOME HEALTH AIDE VISITS	3,121	678	15	127	3,941	31
32 HOME HEALTH AIDE VISIT CHARGES	256,856	55,732	1,242	10,538	324,368	32
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29, AND 31)	19,146	1,367	519	607	21,639	33
34 OTHER CHARGES	150,454	1,367	8,447	5,023	165,291	34
35 TOTAL CHARGES (SUM OF LINES 22, 24, 26, 28, 30, 32 AND 34)	3,176,370	170,667	98,984	99,536	3,545,557	35
36 TOTAL NUMBER OF EPISODES (STANDARD/ NON-OUTLIER)	1,218		179	45	1,442	36
37 TOTAL NUMBER OF OUTLIER EPISODES		19		1	20	37
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	3,019,582	75,817	61,938	41,875	3,199,212	38

PROSPECTIVE PAYMENT FOR SNF  
 STATISTICAL DATA

WORKSHEET S-7

		Y/N	DATE				
		1	2				
1	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, WERE ALL PATIENTS UNDER MANAGED CARE OR WAS THERE NO MEDICARE UTILIZATION? ENTER 'Y' FOR YES IN COLUMN 1 AND DO NOT COMPLETE THE REST OF THIS WORKSHEET.	N		1			
2	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.	N		2			
							TOTAL (COLS. 2 + 3)
	GROUP				SNF DAYS	SWING BED SNF DAYS	4
	1				2	3	
3	RUX				30		30 3
4	RUL						4
5	RVX				41		41 5
6	RVL						6
7	RHX				21		21 7
8	RHL				53		53 8
9	RMX				7		7 9
10	RML				48		48 10
11	RLX						11
12	RUC				20		20 12
13	RUB						13
14	RUA				8		8 14
15	RVC				119		119 15
16	RVB				173		173 16
17	RVA				469		469 17
18	RHC				167		167 18
19	RHB				825		825 19
20	RHA				1,566		1,566 20
21	RMC				40		40 21
22	RMB				251		251 22
23	RMA				302		302 23
24	RLB						24
25	RLA						25
26	ES3						26
27	ES2						27
28	ES1				28		28 28
29	HE2						29
30	HE1						30
31	HD2				5		5 31
32	HD1						32
33	HC2				40		40 33
34	HC1						34
35	HB2				69		69 35
36	HB1				131		131 36
37	LE2						37
38	LE1						38
39	LD2						39
40	LD1						40
41	LC2				3		3 41
42	LC1						42
43	LB2						43
44	LB1				2		2 44
45	CE2						45
46	CE1						46
47	CD2				2		2 47
48	CD1				1		1 48
49	CC2						49
50	CC1				6		6 50
51	CB2				10		10 51
52	CB1				21		21 52
53	CA2				22		22 53
54	CA1				61		61 54
55	SE3						55
56	SE2						56
57	SE1						57
58	SSC						58
59	SSB						59
60	SSA						60
61	IB2						61
62	IB1						62
63	IA1						63
64	IA2						64
65	BB2						65
66	BB1				4		4 66
67	BA2						67
68	BA1						68

PROSPECTIVE PAYMENT FOR SNF  
 STATISTICAL DATA

WORKSHEET S-7

		GROUP	SNF DAYS	SWING BED SNF DAYS	TOTAL (COLS. 2 + 3)
		1	2	3	4
69	PE2				69
70	PE1				70
71	PD2				71
72	PD1				72
73	PC2				73
74	PC1		14		14 74
75	PB2				75
76	PB1		2		2 76
77	PA2				77
78	PA1				78
199	AAA				199
200	TOTAL		4,561		4,561 200

		CBSA AT BEGINNING OF COST REPORTING PERIOD	CBSA ON/AFTER OCT 1 OF THE COST REPORTING PERIOD (IF APPLICABLE)	
		1	2	
201	ENTER IN COLUMN 1 THE SNF CBSA CODE, OR 5 CHARACTER NON-CBSA CODE IF A RURAL FACILITY, IN EFFECT AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER IN COLUMN 2 THE CODE IN EFFECT ON OR AFTER OCTOBER 1 OF THE COST REPORTING PERIOD (IF APPLICABLE).	23060	23060	201

A NOTICE PUBLISHED IN THE FEDERAL REGISTER VOLUME 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. FOR LINES 202 THROUGH 207: ENTER IN COLUMN 1 THE AMOUNT OF THE EXPENSE FOR EACH CATEGORY. ENTER IN COLUMN 2 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 7, COLUMN 3. IN COLUMN 3, ENTER 'Y' OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)

		EXPENSES	PERCENTAGE	ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES?	
		1	2	3	
202	STAFFING	1,601,780	27.29%	Y	202
203	RECRUITMENT				203
204	RETENTION OF EMPLOYEES				204
205	TRAINING				205
206	OTHER (OTHER)	2,667,533	45.45%	Y	206
207	TOTAL SNF REVENUE (WORKSHEET G-2, PART I, LINE 7, COLUMN 3)	5,869,020			207

PROVIDER CCN: 15-0021 PARKVIEW HOSPITAL  
 PERIOD FROM 01/01/2012 TO 12/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11  
 05/29/2013 09:04

HOSPICE IDENTIFICATION DATA

HOSPICE NO.: 15-1552

WORKSHEET S-9  
 PARTS I & II

PART I - ENROLLMENT DAYS

----- UNDUPLICATED DAYS -----							
	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL (SUM OF COLS. 1, 2 & 5) 6	
1	CONTINUOUS HOME CARE						1
2	ROUTINE HOME CARE	37,044	1,756	5,147	2,540	41,340	2
3	INPATIENT RESPITE CARE	24				24	3
4	GENERAL INPATIENT CARE	1,459	84			1,543	4
5	TOTAL HOSPICE DAYS	38,527	1,840	5,147	2,540	42,907	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 (SUM OF COLS. 1, 2 & 5) 6	
6	NUMBER OF PATIENTS RECEIVING HOSPICE CARE						6
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE						7
8	AVERAGE LENGTH OF STAY (LINE 5/LINE 6)			94	96		8
9	UNDUPLICATED CENSUS COUNT	973	35			1,104	9

NOTE: PARTS I & II, COLUMNS 1 AND 2 ALSO INCLUDE THE DAYS REPORTED IN COLUMN 3 AND 4.

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART 1, LINE 202, COL. 3 DIVIDED BY LINE 202, COL. 8)				0.294707	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				26,561,128	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				Y	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				N	4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID				20,143,803	5
6	MEDICAID CHARGES				208,346,335	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				61,401,123	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5) IF LINE 7 IS LESS THAN THE SUM OF LINES 2 AND 5, THEN ENTER ZERO.				14,696,192	8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)						
9	NET REVENUE FROM STAND-ALONE SCHIP				848,751	9
10	STAND-ALONE SCHIP CHARGES				2,374,380	10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)				699,746	11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9) IF LINE 11 IS LESS THAN LINE 9, THEN ENTER ZERO.					12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)						
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)					13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)					14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)					15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13) IF LINE 15 IS LESS THAN LINE 13, THEN ENTER ZERO.					16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)						
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE					17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS					18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)				14,696,192	19
		UNINSURED PATIENTS	INSURED PATIENTS	TOTAL		
		1	2	3		
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FACILITY	22,686,265	9,994,930	32,681,195		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	6,685,801	2,945,576	9,631,377		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	51,834	53,302	105,136		22
23	COST OF CHARITY CARE	6,633,967	2,892,274	9,526,241		23
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)					N 24
25	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)			68,972,873		26
26	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			373,009		27
27	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			68,599,864		28
28	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			20,216,860		29
29	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			29,743,101		30
30	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			44,439,293		31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL (COL. 1 + COL. 2)	RECLASSIFI- CATIONS	
		1	2	3	4	
GENERAL SERVICE COST CENTERS						
1	00100 CAP REL COSTS-BLDG & FIXT		42,322,545	42,322,545	-23,427,526	1
2	00200 CAP REL COSTS-MVBLE EQUIP				24,092,661	2
3	00300 OTHER CAPITAL RELATED COSTS					3
4	00400 EMPLOYEE BENEFITS	23,432,362	55,128,636	78,560,998	-14,430,083	4
5.01	01160 COMMUNICATIONS				1,847,946	5.01
5.02	00550 DATA PROCESSIN					5.02
5.03	00560 MATERIALS MANAGEMENT					5.03
5.04	00570 PATIENT SERVICES	1,424,184	282,362	1,706,546	167,934	5.04
5.05	00580 PATIENT ACCOUNTING					5.05
5.06	00591 AMBULATORY SVCS ADMIN					5.06
5.07	00590 OTHER A&G	93,835,416	52,209,114	146,044,530	-1,573,613	5.07
5.08	00592 CAREW MEDICAL PARK ADMIN		317,431	317,431		5.08
6	00600 MAINTENANCE & REPAIRS					6
7	00700 OPERATION OF PLANT	82,037	7,033,208	7,115,245	45,583	7
7.01	00701 FACILITY ENGINEERING	3,579,861	1,029,781	4,609,642	418,146	7.01
8	00800 LAUNDRY & LINEN SERVICE	220,904	1,463,001	1,683,905	26,166	8
9	00900 HOUSEKEEPING	3,771,979	1,512,555	5,284,534	431,408	9
10	01000 DIETARY	4,373,527	4,802,179	9,175,706	-1,819,403	10
10.01	01001 KITCHEN-NO CONNECT W/CAFE				2,341,061	10.01
10.02	01002 CAFETERIA					10.02
10.03	01003 PREADMITS AND ER					10.03
11	01100 CAFETERIA					11
12	01200 MAINTENANCE OF PERSONNEL					12
13	01300 NURSING ADMINISTRATION	2,240,677	454,202	2,694,879	262,879	13
14	01400 CENTRAL SERVICES & SUPPLY	1,152	90,693	91,845	-627	14
15	01500 PHARMACY	7,474,243	25,707,427	33,181,670	-20,391,033	15
15.01	01501 OUTPATIENT PHARMACY	568,870	7,586,367	8,155,237	96,009	15.01
15.02	01502 IV SOLUTIONS	746,144	713,158	1,459,302	609,167	15.02
15.03	01503 MED SURG SUPPLY		-1,138,787	-1,138,787	43,698,729	15.03
16	01600 MEDICAL RECORDS & LIBRARY				-12,715	16
17	01700 SOCIAL SERVICE	2,095,657	929,976	3,025,633	245,875	17
17.01	01701 REHAB ADMIN	339,425	121,028	460,453	39,070	17.01
19	01900 NONPHYSICIAN ANESTHETISTS					19
20	02000 NURSING SCHOOL					20
21	02100 I&R SRVCES-SALARY & FRINGES APRVD		3,102,794	3,102,794		21
22	02200 I&R SRVCES-OTHER PRGM COSTS APRVD					22
23	02300 PARAMED ED PRGM-(SPECIFY)				61,662	23
23.01	02301 PARAMED ED RADIOLOGY					23.01
23.02	02302 PARAMED ED PHARMACY				177,519	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30	03000 ADULTS & PEDIATRICS	26,739,347	5,612,180	32,351,527	1,495,872	30
31	03100 INTENSIVE CARE UNIT	4,199,483	1,494,152	5,693,635	355,025	31
31.01	03101 PEDIATRIC ICU	709,460	400,106	1,109,566	76,943	31.01
31.02	03102 NEONATAL ICU	2,402,068	293,410	2,695,478	270,800	31.02
32	03200 CORONARY CARE UNIT	9,420,280	1,589,772	11,010,052	765,684	32
40	04000 SUBPROVIDER - IPF	4,566,259	946,215	5,512,474	111,778	40
41	04100 SUBPROVIDER - IRF	1,365,062	126,737	1,491,799	160,400	41
43	04300 NURSERY				2,555,710	43
44	04400 SKILLED NURSING FACILITY	1,975,027	214,558	2,189,585	215,843	44
ANCILLARY SERVICE COST CENTERS						
50	05000 OPERATING ROOM	7,713,730	29,610,210	37,323,940	-25,591,677	50
50.01	05001 CAREW MEDICAL PARK SURG		3,555	3,555		50.01
51	05100 RECOVERY ROOM	2,135,684	412,943	2,548,627	5,863,108	51
52	05200 DELIVERY ROOM & LABOR ROOM	244,252	93,103	337,355	-309,473	52
53	05300 ANESTHESIOLOGY		1,204,978	1,204,978	-68,691	53
54	05400 RADIOLOGY-DIAGNOSTIC	7,160,059	7,306,192	14,466,251	-3,529,714	54
54.01	05401 RADIOLOGY - WABASH					54.01
54.02	05402 RADIOLOGY - MANCHESTER					54.02
54.03	05403 RADIOLOGY - EAST STATE					54.03
54.04	05404 RADIOLOGY - JEFFERSON					54.04
54.05	05405 RADIOLOGY - NHMP	134,179	41,936	176,115	15,901	54.05
54.06	05406 RADIOLOGY - CMP	126,440	236,539	362,979	14,351	54.06
54.07	05407 RADIOLOGY - WP	106,965	115,309	222,274	12,675	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	59,480	10,490	69,970	7,049	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL					54.09
55	05500 RADIOLOGY-THERAPEUTIC	2,135,697	2,971,749	5,107,446	133,335	55
56	05600 RADIOISOTOPE	304,726	691,184	995,910	-569,620	56
60	06000 LABORATORY	11,496,486	13,662,005	25,158,491	-3,821,014	60
60.01	06001 ANATOMICAL PATHOLOGY	387,873	593,685	981,558	3,582,860	60.01
62	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	643	2,726,172	2,726,815	965,370	62
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	06500 RESPIRATORY THERAPY	4,131,633	812,959	4,944,592	-1,499,830	65
65.01	06501 WOUND CARE	260,796	703,199	963,995	-40,951	65.01
65.02	06502 DIALYSIS	40,396	1,299,511	1,339,907	-11,212	65.02
65.03	03330 ENDOSCOPY	1,420,485	2,010,564	3,431,049	1,795,854	65.03
66	06600 PHYSICAL THERAPY	3,473,604	304,001	3,777,605	-356,807	66

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL (COL. 1 + COL. 2)	RECLASSIFI- CATIONS	
		1	2	3	4	
66.01	06601 TRANSITIONAL THERAPY		3,918	3,918		66.01
66.02	03650 PV REHAB OUTREACH					66.02
67	06700 OCCUPATIONAL THERAPY	542,447	9,706	552,153	520,422	67
68	06800 SPEECH PATHOLOGY	126,516	7,542	134,058	257,014	68
68.01	06801 NEURO REHAB	581,879	207,882	789,761	33,603	68.01
69	06900 ELECTROCARDIOLOGY	265,763	108,862	374,625	1,412,846	69
70	07000 ELECTROENCEPHALOGRAPHY	148,322	16,795	165,117	205,886	70
70.01	07001 NUTRITION SUPPORT	418,360	73,236	491,596	43,400	70.01
70.02	03140 MRI	514,274	418,715	932,989	-43,161	70.02
70.03	03141 CARDIAC CATH LAB	2,491,832	18,152,358	20,644,190	-16,525,253	70.03
70.04	03142 CARDIAC REHAB SERVICES	75,790	9,741	85,531	8,837	70.04
71	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS					71
71.01	07101 COST OF SOLUTIONS					71.01
72	07200 IMPL. DEV. CHARGED TO PATIENT					72
73	07300 DRUGS CHARGED TO PATIENTS				20,354,335	73
76.97	07697 CARDIAC REHABILITATION					76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY					76.98
76.99	07699 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000 CLINIC	927	719,884	720,811	-447,665	90
90.01	09001 ANTICOAG CLINIC	510,056	154,235	664,291	287,127	90.01
91	09100 EMERGENCY	6,595,573	6,148,156	12,743,729	182,601	91
91.01	09101 PARTIAL HOSPITALIZATION	46,724	401	47,125	5,875	91.01
92	09200 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS						
95	09500 AMBULANCE SERVICES	2,004,979	6,071,178	8,076,157	224,270	95
99.10	09910 CORF					99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY					99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY					99.40
101	10100 HOME HEALTH AGENCY	8,474,651	7,865,034	16,339,685	-8,511,825	101
SPECIAL PURPOSE COST CENTERS						
116	11600 HOSPICE				6,351,216	116
118	SUBTOTALS (SUM OF LINES 1-117)	259,694,645	319,122,727	578,817,372	-134,088	118
NONREIMBURSABLE COST CENTERS						
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	102,784	343,641	446,425	-34,804	190
194	07950 NON ALLOWABLE					194
194.01	07951 TELEVISION	6,271	28,632	34,903	669	194.01
194.02	07952 PHYSICIAN PRACTICES					194.02
194.03	07953 OP CLINIC	433	671,032	671,465	51	194.03
194.04	07954 PHYS. ANSWERING SERVICE					194.04
194.05	07955 EDUCARE CTR	54,517	750,734	805,251	-31,283	194.05
194.06	07956 STUCKY RESEARCH CTR	733,494	323,092	1,056,586	2,110	194.06
194.07	07957 OCCUPATIONAL HEALTH		-293,671	-293,671	293,671	194.07
194.08	07958 FOUNDATION					194.08
194.09	07959 LV HEALTH PLAN					194.09
194.10	07960 PV RESPIRATORY OUTREACH					194.10
194.11	07961 OUTREACH TRANSCRIPTION					194.11
194.12	07962 GUEST SERVICES					194.12
194.13	07963 HUNTINGTON ARC					194.13
194.14	07964 SENIOR HEALTH SERVICES	75,870	82,581	158,451	8,992	194.14
194.15	07965 SCHOOL NURSE/COMMUNITY OUTREACH	886,742	1,355,361	2,242,103	-305,020	194.15
194.16	07966 FITNESS				167,793	194.16
194.17	07967 NONALLOWABLE ADVERTISING					194.17
194.18	07968 BREAST DIAGNOSTIC CTR	720	6,320	7,040	-1,044	194.18
194.19	07969 REGIONAL PAIN CLINIC					194.19
194.20	07970 START-UP COSTS NORTH					194.20
194.21	07971 RONALD MCDONALD FAMILY ROOM		8,356	8,356		194.21
194.22	07972 EBT	17,967	203,210	221,177	2,130	194.22
194.23	07973 MEDICAL OFFICE BUILDINGS	260,099	400,615	660,714	30,823	194.23
194.24	07974 START-UP COSTS ORTHO					194.24
194.25	07975 PREMIER SURGERY CENTER	1,496,000	9,995,833	11,491,833		194.25
194.26	07976 ISH					194.26
194.27	07977 MCHA BRYAN HOPD					194.27
200	TOTAL (SUM OF LINES 118-199)	263,329,542	332,998,463	596,328,005		200

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7	
GENERAL SERVICE COST CENTERS					
1	00100	18,895,019	2,311,878	21,206,897	1
2	00200	24,092,661	12,796,395	36,889,056	2
3	00300				3
4	00400	64,130,915	-15,706,335	48,424,580	4
5.01	01160	1,847,946	-115,446	1,732,500	5.01
5.02	00550				5.02
5.03	00560		2,361,256	2,361,256	5.03
5.04	00570	1,874,480		1,874,480	5.04
5.05	00580				5.05
5.06	00591				5.06
5.07	00590	144,470,917	-60,914,515	83,556,402	5.07
5.08	00592	317,431		317,431	5.08
6	00600				6
7	00700	7,160,828	-8,777	7,152,051	7
7.01	00701	5,027,788	-444,691	4,583,097	7.01
8	00800	1,710,071	381,058	2,091,129	8
9	00900	5,715,942		5,715,942	9
10	01000	7,356,303	-6,224,745	1,131,558	10
10.01	01001	2,341,061		2,341,061	10.01
10.02	01002				10.02
10.03	01003				10.03
11	01100				11
12	01200				12
13	01300	2,957,758		2,957,758	13
14	01400	91,218		91,218	14
15	01500	12,790,637	-13,781	12,776,856	15
15.01	01501	8,251,246	-629,405	7,621,841	15.01
15.02	01502	2,068,469		2,068,469	15.02
15.03	01503	42,559,942		42,559,942	15.03
16	01600	-12,715	3,216,734	3,204,019	16
17	01700	3,271,508		3,271,508	17
17.01	01701	499,523		499,523	17.01
19	01900				19
20	02000				20
21	02100	3,102,794		3,102,794	21
22	02200				22
23	02300	61,662		61,662	23
23.01	02301				23.01
23.02	02302	177,519		177,519	23.02
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	33,847,399	-42,286	33,805,113	30
31	03100	6,048,660	-45,198	6,003,462	31
31.01	03101	1,186,509	-100,696	1,085,813	31.01
31.02	03102	2,966,278		2,966,278	31.02
32	03200	11,775,736		11,775,736	32
40	04000	5,624,252	-61,961	5,562,291	40
41	04100	1,652,199	-26,510	1,625,689	41
43	04300	2,555,710		2,555,710	43
44	04400	2,405,428		2,405,428	44
ANCILLARY SERVICE COST CENTERS					
50	05000	11,732,263		11,732,263	50
50.01	05001	3,555		3,555	50.01
51	05100	8,411,735		8,411,735	51
52	05200	27,882		27,882	52
53	05300	1,136,287	-1,136,287		53
54	05400	10,936,537	-233,082	10,703,455	54
54.01	05401				54.01
54.02	05402				54.02
54.03	05403				54.03
54.04	05404				54.04
54.05	05405	192,016	-34,970	157,046	54.05
54.06	05406	377,330		377,330	54.06
54.07	05407	234,949	-85,461	149,488	54.07
54.08	05408	77,019	-5,768	71,251	54.08
54.09	05409				54.09
55	05500	5,240,781		5,240,781	55
56	05600	426,290		426,290	56
60	06000	21,337,477	-18,970,464	2,367,013	60
60.01	06001	4,564,418		4,564,418	60.01
62	06200	3,692,185		3,692,185	62
62.30	06250				62.30
65	06500	3,444,762	-19,922	3,424,840	65
65.01	06501	923,044		923,044	65.01
65.02	06502	1,328,695		1,328,695	65.02
65.03	03330	5,226,903	-402,690	4,824,213	65.03
66	06600	3,420,798	-50,501	3,370,297	66

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7	
66.01	06601 TRANSITIONAL THERAPY	3,918		3,918	66.01
66.02	03650 PV REHAB OUTREACH				66.02
67	06700 OCCUPATIONAL THERAPY	1,072,575		1,072,575	67
68	06800 SPEECH PATHOLOGY	391,072		391,072	68
68.01	06801 NEURO REHAB	823,364	-72,882	750,482	68.01
69	06900 ELECTROCARDIOLOGY	1,787,471	-1,887	1,785,584	69
70	07000 ELECTROENCEPHALOGRAPHY	371,003		371,003	70
70.01	07001 NUTRITION SUPPORT	534,996		534,996	70.01
70.02	03140 MRI	889,828	-41,498	848,330	70.02
70.03	03141 CARDIAC CATH LAB	4,118,937	-53,513	4,065,424	70.03
70.04	03142 CARDIAC REHAB SERVICES	94,368	-691	93,677	70.04
71	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS				71
71.01	07101 COST OF SOLUTIONS				71.01
72	07200 IMPL. DEV. CHARGED TO PATIENT				72
73	07300 DRUGS CHARGED TO PATIENTS	20,354,335		20,354,335	73
76.97	07697 CARDIAC REHABILITATION				76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY				76.98
76.99	07699 LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	09000 CLINIC	273,146	-148	272,998	90
90.01	09001 ANTICOAG CLINIC	951,418	-3,737	947,681	90.01
91	09100 EMERGENCY	12,926,330	-1,947,615	10,978,715	91
91.01	09101 PARTIAL HOSPITALIZATION	53,000		53,000	91.01
92	09200 OBSERVATION BEDS				92
	OTHER REIMBURSABLE COST CENTERS				
95	09500 AMBULANCE SERVICES	8,300,427		8,300,427	95
99.10	09910 CORF				99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY				99.40
101	10100 HOME HEALTH AGENCY	7,827,860	-259,241	7,568,619	101
	SPECIAL PURPOSE COST CENTERS				
116	11600 HOSPICE	6,351,216		6,351,216	116
118	SUBTOTALS (SUM OF LINES 1-117)	578,683,284	-86,587,382	492,095,902	118
	NONREIMBURSABLE COST CENTERS				
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	411,621		411,621	190
194	07950 NON ALLOWABLE				194
194.01	07951 TELEVISION	35,572		35,572	194.01
194.02	07952 PHYSICIAN PRACTICES				194.02
194.03	07953 OP CLINIC	671,516		671,516	194.03
194.04	07954 PHYS. ANSWERING SERVICE				194.04
194.05	07955 EDUCARE CTR	773,968		773,968	194.05
194.06	07956 STUCKY RESEARCH CTR	1,058,696	-23,529	1,035,167	194.06
194.07	07957 OCCUPATIONAL HEALTH				194.07
194.08	07958 FOUNDATION				194.08
194.09	07959 LV HEALTH PLAN				194.09
194.10	07960 PV RESPIRATORY OUTREACH				194.10
194.11	07961 OUTREACH TRANSCRIPTION				194.11
194.12	07962 GUEST SERVICES				194.12
194.13	07963 HUNTINGTON ARC				194.13
194.14	07964 SENIOR HEALTH SERVICES	167,443		167,443	194.14
194.15	07965 SCHOOL NURSE/COMMUNITY OUTREACH	1,937,083	-34,685	1,902,398	194.15
194.16	07966 FITNESS	167,793		167,793	194.16
194.17	07967 NONALLOWABLE ADVERTISING				194.17
194.18	07968 BREAST DIAGNOSTIC CTR	5,996	-4,623	1,373	194.18
194.19	07969 REGIONAL PAIN CLINIC				194.19
194.20	07970 START-UP COSTS NORTH				194.20
194.21	07971 RONALD MCDONALD FAMILY ROOM	8,356		8,356	194.21
194.22	07972 EBT	223,307		223,307	194.22
194.23	07973 MEDICAL OFFICE BUILDINGS	691,537	954,217	1,645,754	194.23
194.24	07974 START-UP COSTS ORTHO				194.24
194.25	07975 PREMIER SURGERY CENTER	11,491,833		11,491,833	194.25
194.26	07976 ISH				194.26
194.27	07977 MCHA BRYAN HOPD				194.27
200	TOTAL (SUM OF LINES 118-199)	596,328,005	-85,696,002	510,632,003	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER
			LINE #			
	1	2	3		4	5
1 DIETARY PERSONNEL	A	KITCHEN-NO CONNECT W/CAFE	10.01		2,341,061	1
500 TOTAL RECLASSIFICATIONS					2,341,061	500
CODE LETTER - A						
1 PHARMACY SALARIES AND SOLUTIONS	B	IV SOLUTIONS	15.02		128,858	1
500 TOTAL RECLASSIFICATIONS					128,858	500
CODE LETTER - B						
1 OTHER A&G	C	OTHER A&G	5.07		40,599	1
500 TOTAL RECLASSIFICATIONS					40,599	500
CODE LETTER - C						
1 BLOOD BANK	D	ANTICOAG CLINIC	90.01		104,003	119,015 1
2		WHOLE BLOOD & PACKED RED BLOO	62		366,271	468,436 2
500 TOTAL RECLASSIFICATIONS					470,274	587,451 500
CODE LETTER - D						
1 BLOOD BANK LAB ADMIN	F	ANATOMICAL PATHOLOGY	60.01		67,505	21,394 1
2		WHOLE BLOOD & PACKED RED BLOO	62		60,162	70,425 2
500 TOTAL RECLASSIFICATIONS					127,667	91,819 500
CODE LETTER - F						
1 MEDICAL RECORDS TRANSCRIPTION COSTS	G	OPERATING ROOM	50		11,650	1
2		EMERGENCY	91		1,065	2
500 TOTAL RECLASSIFICATIONS					12,715	500
CODE LETTER - G						
1 DEPR-LEY ROAD LEASEHOLD IMPROV	H					1
500 TOTAL RECLASSIFICATIONS						500
CODE LETTER - H						
1 EQUIPMENT DEPRECIATION	I	CAP REL COSTS-MVBLE EQUIP	2			23,929,828 1
2						2
500 TOTAL RECLASSIFICATIONS						23,929,828 500
CODE LETTER - I						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER	
		COST CENTER	LINE #			
	1	2	3	4	5	
1 MED SURG/IV SUPPLIES	J	IV SOLUTIONS	15.02		1,377,622	1
2		MED SURG SUPPLY	15.03		43,698,729	2
3		LABORATORY	60		2,367	3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
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35						35
36						36
37						37
38						38
39						39
40						40
41						41
42						42
43						43
500 TOTAL RECLASSIFICATIONS					45,078,718	500
CODE LETTER - J						
1 OPERATION OF PLANT	K	OPERATION OF PLANT	7	36,977		1
500 TOTAL RECLASSIFICATIONS				36,977		500
CODE LETTER - K						
1 IV SALARIES	L	ADULTS & PEDIATRICS	30	385,271		1
2		INTENSIVE CARE UNIT	31	15,208		2
3		PEDIATRIC ICU	31.01	15,208		3
4		NEONATAL ICU	31.02	10,139		4
5		CORONARY CARE UNIT	32	25,347		5
6		SUBPROVIDER - IRF	41	5,069		6
7		SKILLED NURSING FACILITY	44	10,139		7
8		EMERGENCY	91	40,555		8
500 TOTAL RECLASSIFICATIONS				506,936		500
CODE LETTER - L						
1 COST OF DRUGS SOLD	M	DRUGS CHARGED TO PATIENTS	73		20,354,335	1
500 TOTAL RECLASSIFICATIONS					20,354,335	500
CODE LETTER - M						
1 PBH ADMIN COSTS	N	ADULTS & PEDIATRICS	30	210,896	177,749	1
500 TOTAL RECLASSIFICATIONS				210,896	177,749	500
CODE LETTER - N						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	-----		INCREASE		-----	
		COST	CENTER	LINE #	SALARY	OTHER	
	1	2		3	4	5	
1 FITNESS CENTER	O	FITNESS		194.16	136,118	31,675	1
500 TOTAL RECLASSIFICATIONS					136,118	31,675	500
CODE LETTER - O							
1 TRAUMA DIRECTOR	P	INTENSIVE CARE UNIT		31	82,033		1
500 TOTAL RECLASSIFICATIONS					82,033		500
CODE LETTER - P							
1 CAPITAL INSURANCE	S	CAP REL COSTS-BLDG & FIXT		1		476,652	1
2		CAP REL COSTS-MVBLE EQUIP		2		162,833	2
500 TOTAL RECLASSIFICATIONS						639,485	500
CODE LETTER - S							
1 HOSPICE RECLASS	T	HOSPICE		116	2,571,040	2,528,708	1
500 TOTAL RECLASSIFICATIONS					2,571,040	2,528,708	500
CODE LETTER - T							
1 ALLOC A&G OVERHEAD TO HHA & HOSPICE	U	HOSPICE		116	475,229	776,239	1
500 TOTAL RECLASSIFICATIONS					475,229	776,239	500
CODE LETTER - U							

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
1	1	2	3	4	5
1 RECLASS PTO DOLLARS	W	PATIENT SERVICES	5.04	4,351	1
2		OTHER A&G	5.07	45,744	2
3		OPERATION OF PLANT	7	1	3
4		FACILITY ENGINEERING	7.01	33,228	4
5		LAUNDRY & LINEN SERVICE	8	1,509	5
6		HOUSEKEEPING	9	23,774	6
7		DIETARY	10	22,429	7
8		NURSING ADMINISTRATION	13	20,753	8
9		PHARMACY	15	30,494	9
10		OUTPATIENT PHARMACY	15.01	5,386	10
11		IV SOLUTIONS	15.02	2,081	11
12		SOCIAL SERVICE	17	8,990	12
13		REHAB ADMIN	17.01	3,626	13
14		ADULTS & PEDIATRICS	30	110,709	14
15		INTENSIVE CARE UNIT	31	14,946	15
16		PEDIATRIC ICU	31.01	1,984	16
17		CORONARY CARE UNIT	32	17,674	17
18		SUBPROVIDER - IRF	41	19,223	18
19		SKILLED NURSING FACILITY	44	27,812	19
20		OPERATING ROOM	50	34,062	20
21		RECOVERY ROOM	51	6,620	21
22		RADIOLOGY-DIAGNOSTIC	54	32,911	22
23		RADIOLOGY - NHMP	54.05	1,779	23
24		RADIOLOGY - CMP	54.06	1,781	24
25		RADIOLOGY - WP	54.07	1,220	25
26		RADIOLOGY - PULM CLINIC	54.08	705	26
27		RADIOISOTOPE	56	2,232	27
28		LABORATORY	60	32,839	28
29		ANATOMICAL PATHOLOGY	60.01	1,072	29
30		RESPIRATORY THERAPY	65	21,922	30
31		WOUND CARE	65.01	2,303	31
32		DIALYSIS	65.02	108	32
33		ENDOSCOPY	65.03	8,166	33
34		PHYSICAL THERAPY	66	28,616	34
35		OCCUPATIONAL THERAPY	67	3,813	35
36		SPEECH PATHOLOGY	68	1,782	36
37		NEURO REHAB	68.01	6,433	37
38		ELECTROCARDIOLOGY	69	1,640	38
39		ELECTROENCEPHALOGRAPHY	70	467	39
40		NUTRITION SUPPORT	70.01	4,688	40
41		MRI	70.02	4,214	41
42		CARDIAC CATH LAB	70.03	9,881	42
43		CARDIAC REHAB SERVICES	70.04	213	43
44		ANTICOAG CLINIC	90.01	4,507	44
45		EMERGENCY	91	52,192	45
46		AMBULANCE SERVICES	95	6,780	46
47		GIFT, FLOWER, COFFEE SHOP & C	190	1,014	47
48		TELEVISION	194.01	88	48
49		EDUCARE CTR	194.05	611	49
50		STUCKY RESEARCH CTR	194.06	9,637	50
51		SENIOR HEALTH SERVICES	194.14	1,068	51
52		SCHOOL NURSE/COMMUNITY OUTREA	194.15	9,917	52
53		BREAST DIAGNOSTIC CTR	194.18	10	53
54		EBT	194.22	253	54
55		MEDICAL OFFICE BUILDINGS	194.23	3,017	55
500 TOTAL RECLASSIFICATIONS				693,275	500
CODE LETTER - W					
1 EMPLOYEE BENEFIT RECLASS	Y	EMPLOYEE BENEFITS	4	3,255,091	1
2		ADULTS & PEDIATRICS	30	9	2
3		SUBPROVIDER - IPF	40	275	3
4		CARDIAC CATH LAB	70.03	8,064	4
500 TOTAL RECLASSIFICATIONS				3,263,439	500
CODE LETTER - Y					

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER
1	2	3	4	5	
1 PTO ACCRUAL RECLASS PVHOS	Z	PATIENT SERVICES	5.04	148,737	1
2		OTHER A&G	5.07	555,606	2
3		OPERATION OF PLANT	7	8,568	3
4		FACILITY ENGINEERING	7.01	366,493	4
5		LAUNDRY & LINEN SERVICE	8	23,070	5
6		HOUSEKEEPING	9	378,237	6
7		DIETARY	10	441,800	7
8		NURSING ADMINISTRATION	13	234,008	8
9		CENTRAL SERVICES & SUPPLY	14	120	9
10		PHARMACY	15	822,602	10
11		OUTPATIENT PHARMACY	15.01	84,735	11
12		IV SOLUTIONS	15.02	77,925	12
13		SOCIAL SERVICE	17	218,863	13
14		REHAB ADMIN	17.01	35,448	14
15		ADULTS & PEDIATRICS	30	2,676,436	15
16		INTENSIVE CARE UNIT	31	438,578	16
17		PEDIATRIC ICU	31.01	74,093	17
18		NEONATAL ICU	31.02	250,863	18
19		CORONARY CARE UNIT	32	998,854	19
20		SUBPROVIDER - IRF	41	142,562	20
21		SKILLED NURSING FACILITY	44	206,264	21
22		OPERATING ROOM	50	805,593	22
23					23
24		RECOVERY ROOM	51	223,043	24
25		DELIVERY ROOM & LABOR ROOM	52	25,509	25
26		RADIOLOGY-DIAGNOSTIC	54	747,770	26
27		RADIOLOGY - NHMP	54.05	14,013	27
28		RADIOLOGY - CMP	54.06	13,205	28
29		RADIOLOGY - WP	54.07	11,171	29
30		RADIOLOGY - PULM CLINIC	54.08	6,212	30
31		RADIOLOGY-THERAPEUTIC	55	223,044	31
32		RADIOISOTOPE	56	31,824	32
33		LABORATORY	60	820,688	33
34		ANATOMICAL PATHOLOGY	60.01	40,508	34
35		WHOLE BLOOD & PACKED RED BLOO	62	67	35
36		PHYSICAL THERAPY	66	362,770	36
37		RESPIRATORY THERAPY	65	431,492	37
38		WOUND CARE	65.01	27,237	38
39		DIALYSIS	65.02	4,219	39
40		ENDOSCOPY	65.03	148,350	40
41		OCCUPATIONAL THERAPY	67	28,277	41
42		SPEECH PATHOLOGY	68	13,213	42
43		NEURO REHAB	68.01	60,769	43
44		ELECTROCARDIOLOGY	69	27,755	44
45		ELECTROENCEPHALOGRAPHY	70	15,490	45
46		NUTRITION SUPPORT	70.01	43,692	46
47		MRI	70.02	53,709	47
48		CARDIAC CATH LAB	70.03	260,238	48
49		CARDIAC REHAB SERVICES	70.04	7,915	49
50		CLINIC	90	97	50
51		ANTICOAG CLINIC	90.01	56,516	51
52		EMERGENCY	91	689,187	52
53		AMBULANCE SERVICES	95	209,393	53
54		TELEVISION	194.01	655	54
55		OP CLINIC	194.03	45	55
56		EDUCARE CTR	194.05	5,694	56
57		SENIOR HEALTH SERVICES	194.14	7,924	57
58		BREAST DIAGNOSTIC CTR	194.18	75	58
59		MEDICAL OFFICE BUILDINGS	194.23	27,164	59
60		EBT	194.22	1,877	60
500 TOTAL RECLASSIFICATIONS				13,630,262	500
CODE LETTER - Z					

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
1	1	2	3	4	5
1 PTO RECLASS PVN	AA	PATIENT SERVICES	5.04	15,566	1
2		OTHER A&G	5.07	28,916	2
3		OPERATION OF PLANT	7	1,144	3
4		FACILITY ENGINEERING	7.01	16,047	4
5		LAUNDRY & LINEN SERVICE	8	1,587	5
6		HOUSEKEEPING	9	26,987	6
7		DIETARY	10	36,815	7
8		NURSING ADMINISTRATION	13	10,705	8
9		CENTRAL SERVICES & SUPPLY	14	16	9
10		PHARMACY	15	79,716	10
11		OUTPATIENT PHARMACY	15.01	5,986	11
12		IV SOLUTIONS	15.02	8,352	12
13		SOCIAL SERVICE	17	20,341	13
14		REHAB ADMIN	17.01	1,143	14
15		ADULTS & PEDIATRICS	30	247,973	15
16		INTENSIVE CARE UNIT	31	43,802	16
17		PEDIATRIC ICU	31.01	7,936	17
18		NEONATAL ICU	31.02	33,528	18
19		CORONARY CARE UNIT	32	115,979	19
20		OPERATING ROOM	50	73,906	20
21		RECOVERY ROOM	51	23,248	21
22		DELIVERY ROOM & LABOR ROOM	52	3,409	22
23		RADIOLOGY-DIAGNOSTIC	54	67,318	23
24		RADIOLOGY - NHMP	54.05	109	24
25		RADIOLOGY - WP	54.07	284	25
26		RADIOLOGY - PULM CLINIC	54.08	132	26
27		RADIOLOGY-THERAPEUTIC	55	29,810	27
28		RADIOISOTOPE	56	2,041	28
29		LABORATORY	60	127,917	29
30		ANATOMICAL PATHOLOGY	60.01	4,351	30
31		WHOLE BLOOD & PACKED RED BLOO	62	9	31
32		RESPIRATORY THERAPY	65	35,940	32
33		WOUND CARE	65.01	1,357	33
34		DIALYSIS	65.02	457	34
35		ENDOSCOPY	65.03	11,733	35
36		PHYSICAL THERAPY	66	20,120	36
37		NEURO REHAB	68.01	1,746	37
38		ELECTROCARDIOLOGY	69	2,084	38
39		ELECTROENCEPHALOGRAPHY	70	1,607	39
40		NUTRITION SUPPORT	70.01	1,193	40
41		MRI	70.02	3,002	41
42		CARDIAC CATH LAB	70.03	24,987	42
43		CARDIAC REHAB SERVICES	70.04	847	43
44		CLINIC	90	13	44
45		ANTICOAG CLINIC	90.01	3,086	45
46		EMERGENCY	91	40,378	46
47		AMBULANCE SERVICES	95	21,265	47
48		GIFT, FLOWER, COFFEE SHOP & C	190	430	48
49		OP CLINIC	194.03	6	49
50		EDUCARE CTR	194.05	155	50
51		STUCKY RESEARCH CTR	194.06	686	51
52		SCHOOL NURSE/COMMUNITY OUTREA	194.15	2,548	52
53		MEDICAL OFFICE BUILDINGS	194.23	642	53
500 TOTAL RECLASSIFICATIONS				1,209,355	500
CODE LETTER - AA					
1 PTO RECLASS PBH	AB	FACILITY ENGINEERING	7.01	1,157	1
2		HOUSEKEEPING	9	2,462	2
3		DIETARY	10	3,142	3
4		ADULTS & PEDIATRICS	30	18,720	4
5		SUBPROVIDER - IPF	40	76,605	5
6		OCCUPATIONAL THERAPY	67	4,451	6
7		PARTIAL HOSPITALIZATION	91.01	765	7
500 TOTAL RECLASSIFICATIONS				107,302	500
CODE LETTER - AB					

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER
			LINE #			
1	1	2	3	4	5	
1 PTO ACCRUAL RECLASS PBH	AC	FACILITY ENGINEERING	7.01		7,722	1
2		HOUSEKEEPING	9		16,436	2
3		DIETARY	10		20,980	3
4		ADULTS & PEDIATRICS	30		124,983	4
5		SUBPROVIDER - IPF	40		511,443	5
6		OCCUPATIONAL THERAPY	67		29,714	6
7		PARTIAL HOSPITALIZATION	91.01		5,110	7
500 TOTAL RECLASSIFICATIONS CODE LETTER - AC					716,388	500
1 PTO RECLASS HOME HEALTH	AD	HOME HEALTH AGENCY	101		136,636	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - AD					136,636	500
1 PTO ACCRUAL RECLASS HOME HEALTH	AE	HOME HEALTH AGENCY	101		1,035,447	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - AE					1,035,447	500
1 PARAMEDICAL EDUCATION	AF	PARAMED ED PRGM-(SPECIFY)	23		61,366	296 1
2		PARAMED ED PHARMACY	23.02		177,519	2
500 TOTAL RECLASSIFICATIONS CODE LETTER - AF					238,885	296 500
1 DIABETES CLINIC RECLASS	AG	ADULTS & PEDIATRICS	30			447,613 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - AG						447,613 500
1 CORPORATE ALLOCATION RECLASS	AH	MATERIALS MANAGEMENT	5.03		1,458,346	1
2		OTHER A&G	5.07			61,080,797 2
3		MEDICAL RECORDS & LIBRARY	16		2,261,864	3
500 TOTAL RECLASSIFICATIONS CODE LETTER - AH					3,720,210	61,080,797 500
1 INTERNAL MEDICINE PHYSICIAN RECLASS	AI	ADULTS & PEDIATRICS	30		95,941	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - AI					95,941	500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	-----		INCREASE		-----	
		COST CENTER	LINE #	SALARY	OTHER		
	1	2	3	4	5		
1 TELEPHONE EXPENSE RECLASS	AK	COMMUNICATIONS	5.01		1,847,946	1	
2						2	
3						3	
4						4	
5						5	
6						6	
7						7	
8						8	
9						9	
10						10	
11						11	
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44						44	
45						45	
46						46	
47						47	
48						48	
49						49	
50						50	
51						51	
500 TOTAL RECLASSIFICATIONS					1,847,946	500	
CODE LETTER - AK							
1 NEW LIFE CENTER NURSING ADMIN	AM	ADULTS & PEDIATRICS	30	159,501	60,798	1	
2		NURSERY	43	84,751	32,305	2	
500 TOTAL RECLASSIFICATIONS				244,252	93,103	500	
CODE LETTER - AM							
1 OCCUPATIONAL HEALTH	AN	OCCUPATIONAL HEALTH	194.07		293,671	1	
2						2	
3						3	
4						4	
5						5	
6						6	
7						7	
8						8	
9						9	
10						10	
11						11	
12						12	
500 TOTAL RECLASSIFICATIONS					293,671	500	
CODE LETTER - AN							

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER	
			LINE #				
1	2	3	4	5			
1 CONVERSION TABLE RECLASS	AO	RECOVERY ROOM	51		496,530	1,708,129	1
2		OCCUPATIONAL THERAPY	67		425,225	31,084	2
3		SPEECH PATHOLOGY	68		228,111	16,675	3
4		ANATOMICAL PATHOLOGY	60.01		1,130,355	2,321,868	4
5		ELECTROCARDIOLOGY	69		1,234,635	179,454	5
6		ELECTROENCEPHALOGRAPHY	70		164,737	23,944	6
7		RECOVERY ROOM	51		793,397	2,729,391	7
8		ENDOSCOPY	65.03		488,710	1,681,225	8
9		OUTPATIENT PHARMACY	15.01		22	49	9
500 TOTAL RECLASSIFICATIONS CODE LETTER - AO					4,961,722	8,691,819	500
1 NURSERY RECLASS NORTH	AP	NURSERY	43		1,114,373	702,355	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - AP					1,114,373	702,355	500
1 NURSERY RECLASS PVHOS	AQ	NURSERY	43		384,152	237,774	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - AQ					384,152	237,774	500
1 RECLASS ANESTH TO OR	AR	OPERATING ROOM	50			44,310	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - AR GRAND TOTAL (INCREASES)					38,692,042	167,635,691	

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 DIETARY PERSONNEL	A	DIETARY	10	2,341,061		1
500 TOTAL RECLASSIFICATIONS				2,341,061		500
CODE LETTER - A						
1 PHARMACY SALARIES AND SOLUTIONS	B	PHARMACY	15	128,858		1
500 TOTAL RECLASSIFICATIONS				128,858		500
CODE LETTER - B						
1 OTHER A&G	C	EMERGENCY	91	40,599		1
500 TOTAL RECLASSIFICATIONS				40,599		500
CODE LETTER - C						
1 BLOOD BANK	D	LABORATORY	60	470,274	587,451	1
2						2
500 TOTAL RECLASSIFICATIONS				470,274	587,451	500
CODE LETTER - D						
1 BLOOD BANK LAB ADMIN	F	LABORATORY	60	127,667	91,819	1
2						2
500 TOTAL RECLASSIFICATIONS				127,667	91,819	500
CODE LETTER - F						
1 MEDICAL RECORDS TRANSCRIPTION COSTS	G	MEDICAL RECORDS & LIBRARY	16	12,715		1
2						2
500 TOTAL RECLASSIFICATIONS				12,715		500
CODE LETTER - G						
1 DEPR-LEY ROAD LEASEHOLD IMPROV	H					1
500 TOTAL RECLASSIFICATIONS						500
CODE LETTER - H						
1 EQUIPMENT DEPRECIATION	I	CAP REL COSTS-BLDG & FIXT	1		23,904,178	9 1
2		OTHER A&G	5.07		25,650	9 2
500 TOTAL RECLASSIFICATIONS					23,929,828	500
CODE LETTER - I						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 MED SURG/IV SUPPLIES	J	EMPLOYEE BENEFITS	4		38	1
2		PATIENT SERVICES	5.04		257	2
3		FACILITY ENGINEERING	7.01		44	3
4		DIETARY	10		27	4
5		NURSING ADMINISTRATION	13		249	5
6		CENTRAL SERVICES & SUPPLY	14		65	6
7		PHARMACY	15		646,825	7
8		OUTPATIENT PHARMACY	15.01		169	8
9		IV SOLUTIONS	15.02		478,735	9
10		ADULTS & PEDIATRICS	30		777,593	10
11		INTENSIVE CARE UNIT	31		239,185	11
12		PEDIATRIC ICU	31.01		22,104	12
13		NEONATAL ICU	31.02		23,531	13
14		CORONARY CARE UNIT	32		391,234	14
15		SUBPROVIDER - IRF	41		6,263	15
16		SUBPROVIDER - IPF	40		1,301	16
17		SKILLED NURSING FACILITY	44		26,579	17
18		OPERATING ROOM	50		18,654,174	18
19		RECOVERY ROOM	51		112,430	19
20		ANESTHESIOLOGY	53		24,381	20
21		RADIOLOGY-DIAGNOSTIC	54		4,275,774	21
22		RADIOLOGY - CMP	54.06		567	22
23		RADIOLOGY-THERAPEUTIC	55		118,044	23
24		RADIOISOTOPE	56		605,309	24
25		ANATOMICAL PATHOLOGY	60.01		3,211	25
26		RESPIRATORY THERAPY	65		382,837	26
27		WOUND CARE	65.01		71,280	27
28		DIALYSIS	65.02		15,773	28
29		ENDOSCOPY	65.03		540,256	29
30		PHYSICAL THERAPY	66		51,141	30
31		OCCUPATIONAL THERAPY	67		806	31
32		SPEECH PATHOLOGY	68		1,475	32
33		NEURO REHAB	68.01		971	33
34		ELECTROCARDIOLOGY	69		30,681	34
35		NUTRITION SUPPORT	70.01		5,258	35
36		MRI	70.02		89,339	36
37		CARDIAC CATH LAB	70.03		16,819,149	37
38		CARDIAC REHAB SERVICES	70.04		70	38
39		CLINIC	90		15	39
40		EMERGENCY	91		402,258	40
41		AMBULANCE SERVICES	95		6,347	41
42		HOME HEALTH AGENCY	101		252,958	42
43		SCHOOL NURSE/COMMUNITY OUTREA	194.15		15	43
500 TOTAL RECLASSIFICATIONS					45,078,718	500
CODE LETTER - J						
1 OPERATION OF PLANT	K	EDUCARE CTR	194.05	36,977		1
500 TOTAL RECLASSIFICATIONS				36,977		500
CODE LETTER - K						
1 IV SALARIES	L	IV SOLUTIONS	15.02	506,936		1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
500 TOTAL RECLASSIFICATIONS				506,936		500
CODE LETTER - L						
1 COST OF DRUGS SOLD	M	PHARMACY	15		20,354,335	1
500 TOTAL RECLASSIFICATIONS					20,354,335	500
CODE LETTER - M						
1 PBH ADMIN COSTS	N	SUBPROVIDER - IPF	40	210,896	177,749	1
500 TOTAL RECLASSIFICATIONS				210,896	177,749	500
CODE LETTER - N						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	COST CENTER 6	DECREASE		OTHER 9	WKST A-7	
			LINE # 7	SALARY 8		REF. 10	
1 FITNESS CENTER	O	EMPLOYEE BENEFITS	4	136,118	31,675		1
500 TOTAL RECLASSIFICATIONS CODE LETTER - O				136,118	31,675		500
1 TRAUMA DIRECTOR	P	EMERGENCY	91	82,033			1
500 TOTAL RECLASSIFICATIONS CODE LETTER - P				82,033			500
1 CAPITAL INSURANCE	S	OTHER A&G	5.07		639,485		12 1
2							12 2
500 TOTAL RECLASSIFICATIONS CODE LETTER - S					639,485		500
1 HOSPICE RECLASS	T	HOME HEALTH AGENCY	101	2,571,040	2,528,708		1
500 TOTAL RECLASSIFICATIONS CODE LETTER - T				2,571,040	2,528,708		500
1 ALLOC A&G OVERHEAD TO HHA & HOSPICE	U	HOME HEALTH AGENCY	101	475,229	776,239		1
500 TOTAL RECLASSIFICATIONS CODE LETTER - U				475,229	776,239		500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1 RECLASS PTO DOLLARS	W	EMPLOYEE BENEFITS	4	693,275		1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
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48						48
49						49
50						50
51						51
52						52
53						53
54						54
55						55
500 TOTAL RECLASSIFICATIONS				693,275		500
CODE LETTER - W						
1 EMPLOYEE BENEFIT RECLASS	Y	OTHER A&G	5.07	46,744		1
2		HOME HEALTH AGENCY	101	2,874,319		2
3		GIFT, FLOWER, COFFEE SHOP & C	190	35,563		3
4		SCHOOL NURSE/COMMUNITY OUTREA	194.15	306,813		4
500 TOTAL RECLASSIFICATIONS				3,263,439		500
CODE LETTER - Y						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE		OTHER	WKST A-7 REF.
			LINE #	SALARY		
1	1	6	7	8	9	10
1 PTO ACCRUAL RECLASS PVHOS	Z	EMPLOYEE BENEFITS	4	13,618,940		1
2		GIFT, FLOWER, COFFEE SHOP & C	190	685		2
3		STUCKY RESEARCH CTR	194.06	6,098		3
4		SCHOOL NURSE/COMMUNITY OUTREA	194.15	4,539		4
5						5
6						6
7						7
8						8
9						9
10						10
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12						12
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53						53
54						54
55						55
56						56
57						57
58						58
59						59
60						60
500 TOTAL RECLASSIFICATIONS				13,630,262		500
CODE LETTER - Z						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 PTO RECLASS PVN	AA	EMPLOYEE BENEFITS	4	1,209,355		1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
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44						44
45						45
46						46
47						47
48						48
49						49
50						50
51						51
52						52
53						53
500 TOTAL RECLASSIFICATIONS				1,209,355		500
CODE LETTER - AA						
1 PTO RECLASS PBH	AB	EMPLOYEE BENEFITS	4	107,302		1
2						2
3						3
4						4
5						5
6						6
7						7
500 TOTAL RECLASSIFICATIONS				107,302		500
CODE LETTER - AB						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 PTO ACCRUAL RECLASS PBH	AC	EMPLOYEE BENEFITS	4	716,388		1
2						2
3						3
4						4
5						5
6						6
7						7
500 TOTAL RECLASSIFICATIONS				716,388		500
CODE LETTER - AC						
1 PTO RECLASS HOME HEALTH	AD	EMPLOYEE BENEFITS	4	136,636		1
500 TOTAL RECLASSIFICATIONS				136,636		500
CODE LETTER - AD						
1 PTO ACCRUAL RECLASS HOME HEALTH	AE	EMPLOYEE BENEFITS	4	1,035,447		1
500 TOTAL RECLASSIFICATIONS				1,035,447		500
CODE LETTER - AE						
1 PARAMEDICAL EDUCATION	AF	LABORATORY	60	61,366	296	1
2		PHARMACY	15	177,519		2
500 TOTAL RECLASSIFICATIONS				238,885	296	500
CODE LETTER - AF						
1 DIABETES CLINIC RECLASS	AG	CLINIC	90		447,613	1
500 TOTAL RECLASSIFICATIONS					447,613	500
CODE LETTER - AG						
1 CORPORATE ALLOCATION RECLASS	AH	MATERIALS MANAGEMENT	5.03		1,458,346	1
2		OTHER A&G	5.07	61,080,797		2
3		MEDICAL RECORDS & LIBRARY	16		2,261,864	3
500 TOTAL RECLASSIFICATIONS				61,080,797	3,720,210	500
CODE LETTER - AH						
1 INTERNAL MEDICINE PHYSICIAN RECLASS	AI	OTHER A&G	5.07	95,941		1
500 TOTAL RECLASSIFICATIONS				95,941		500
CODE LETTER - AI						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 TELEPHONE EXPENSE RECLASS	AK	PATIENT SERVICES	5.04		463	1
2		OTHER A&G	5.07		1,436,658	2
3		OPERATION OF PLANT	7		1,107	3
4		FACILITY ENGINEERING	7.01		6,457	4
5		HOUSEKEEPING	9		16,488	5
6		DIETARY	10		3,481	6
7		NURSING ADMINISTRATION	13		2,338	7
8		CENTRAL SERVICES & SUPPLY	14		698	8
9		PHARMACY	15		2,276	9
10		SOCIAL SERVICE	17		2,319	10
11		REHAB ADMIN	17.01		1,147	11
12		ADULTS & PEDIATRICS	30		4,480	12
13		INTENSIVE CARE UNIT	31		357	13
14		PEDIATRIC ICU	31.01		174	14
15		NEONATAL ICU	31.02		199	15
16		CORONARY CARE UNIT	32		936	16
17		SUBPROVIDER - IRF	41		191	17
18		SUBPROVIDER - IPF	40		86,599	18
19		SKILLED NURSING FACILITY	44		1,793	19
20		OPERATING ROOM	50		9,642	20
21						21
22		RECOVERY ROOM	51		4,820	22
23		DELIVERY ROOM & LABOR ROOM	52		1,036	23
24		RADIOLOGY-DIAGNOSTIC	54		5,082	24
25		RADIOLOGY - CMP	54.06		68	25
26		RADIOLOGY-THERAPEUTIC	55		1,475	26
27		RADIOISOTOPE	56		408	27
28		LABORATORY	60		10,141	28
29		ANATOMICAL PATHOLOGY	60.01		360	29
30		RESPIRATORY THERAPY	65		3,329	30
31		WOUND CARE	65.01		398	31
32		DIALYSIS	65.02		223	32
33		ENDOSCOPY	65.03		2,074	33
34		PHYSICAL THERAPY	66		1,146	34
35		OCCUPATIONAL THERAPY	67		1,336	35
36		SPEECH PATHOLOGY	68		1,292	36
37		NEURO REHAB	68.01		119	37
38		ELECTROENCEPHALOGRAPHY	70		359	38
39		NUTRITION SUPPORT	70.01		915	39
40		MRI	70.02		90	40
41		CARDIAC CATH LAB	70.03		8,370	41
42		CARDIAC REHAB SERVICES	70.04		68	42
43		CLINIC	90		147	43
44		EMERGENCY	91		4,449	44
45		AMBULANCE SERVICES	95		6,821	45
46		HOME HEALTH AGENCY	101		205,415	46
47		TELEVISION	194.01		74	47
48		EDUCARE CTR	194.05		766	48
49		SCHOOL NURSE/COMMUNITY OUTREA	194.15		6,118	49
50		BREAST DIAGNOSTIC CTR	194.18		1,129	50
51		STUCKY RESEARCH CTR	194.06		2,115	51
500 TOTAL RECLASSIFICATIONS					1,847,946	500
CODE LETTER - AK						
1 NEW LIFE CENTER NURSING ADMIN	AM	DELIVERY ROOM & LABOR ROOM	52	244,252	93,103	1
2						2
500 TOTAL RECLASSIFICATIONS				244,252	93,103	500
CODE LETTER - AM						
1 OCCUPATIONAL HEALTH	AN	RADIOLOGY-DIAGNOSTIC	54		96,857	1
2		CARDIAC CATH LAB	70.03		904	2
3		LABORATORY	60		3,588	3
4		PHARMACY	15		13,961	4
5		ANATOMICAL PATHOLOGY	60.01		622	5
6		RESPIRATORY THERAPY	65		248	6
7		WOUND CARE	65.01		170	7
8		PHYSICAL THERAPY	66		14,931	8
9		NEURO REHAB	68.01		34,255	9
10		ELECTROCARDIOLOGY	69		2,041	10
11		MRI	70.02		14,657	11
12		EMERGENCY	91		111,437	12
500 TOTAL RECLASSIFICATIONS					293,671	500
CODE LETTER - AN						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1 CONVERSION TABLE RECLASS	AO	OPERATING ROOM	50	496,530	1,708,129	1
2		PHYSICAL THERAPY	66	425,225	31,084	2
3		PHYSICAL THERAPY	66	228,111	16,675	3
4		LABORATORY	60	1,130,355	2,321,868	4
5		RESPIRATORY THERAPY	65	1,234,635	179,454	5
6		RESPIRATORY THERAPY	65	164,737	23,944	6
7		OPERATING ROOM	50	793,397	2,729,391	7
8		OPERATING ROOM	50	488,710	1,681,225	8
9		PHARMACY	15	22	49	9
500 TOTAL RECLASSIFICATIONS CODE LETTER - AO				4,961,722	8,691,819	500
1 NURSERY RECLASS NORTH	AP	ADULTS & PEDIATRICS	30	1,114,373	702,355	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - AP				1,114,373	702,355	500
1 NURSERY RECLASS PVHOS	AQ	ADULTS & PEDIATRICS	30	384,152	237,774	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - AQ				384,152	237,774	500
1 RECLASS ANESTH TO OR	AR	ANESTHESIOLOGY	53		44,310	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - AR					44,310	500
GRAND TOTAL (DECREASES)				96,052,629	110,275,104	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	ACQUISITIONS			DISPOSALS	ENDING	FULLY
	BALANCES	PURCHASE	DONATION	TOTAL	AND	BALANCE	DEPRECIATED
	1	2	3	4	RETIREMENTS	6	ASSETS
					5		7
1 LAND	6,627,744	132,575		132,575		6,760,319	1
2 LAND IMPROVEMENTS	12,467,781	50,473,064		50,473,064		62,940,845	2
3 BUILDINGS AND FIXTURES	269,138,863	442,340,650		442,340,650		711,479,513	3
4 BUILDING IMPROVEMENTS	9,068,964	458,981		458,981	5,357	9,522,588	4
5 FIXED EQUIPMENT	578,846	18,336,040		18,336,040	11,796	18,903,090	5
6 MOVABLE EQUIPMENT	141,575,190	72,702,391		72,702,391	27,872,376	186,405,205	6
7 HIT DESIGNATED ASSETS		15,828,672		15,828,672		15,828,672	7
8 SUBTOTAL (SUM OF LINES 1-7)	439,457,388	600,272,373		600,272,373	27,889,529	1,011,840,232	8
9 RECONCILING ITEMS	-5,554,576	18,298,120		18,298,120		12,743,544	9
10 TOTAL (LINE 7 MINUS LINE 9)	445,011,964	581,974,253		581,974,253	27,889,529	999,096,688	10

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER	TOTAL(1)
						CAPITAL-RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 9-14)
	9	10	11	(SEE INSTR.)	(SEE INSTR.)	14	15
				12	13		
1 CAP REL COSTS-BLDG & FIXT	42,322,545						42,322,545
2 CAP REL COSTS-MVBLE EQUIP							
3 TOTAL (SUM OF LINES 1-2)	42,322,545						42,322,545

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS

DESCRIPTION	GROSS ASSETS	CAPITALIZED LEASES	RATIOS		INSURANCE	TAXES	OTHER	TOTAL
			FOR RATIO (COL. 1 - COL. 2)	(SEE INSTR.)			CAPITAL-RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 5-7)
	1	2	3	4	5	6	7	8
1 CAP REL COSTS-BLDG & FIXT	809,606,355		809,606,355	0.823376				1
2 CAP REL COSTS-MVBLE EQUIP	186,405,205	12,735,110	173,670,095	0.176624				2
3 TOTAL (SUM OF LINES 1-2)	996,011,560	12,735,110	983,276,450	1.000000				3

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER	TOTAL(2)
						CAPITAL-RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 9-14)
	9	10	11	(SEE INSTR.)	(SEE INSTR.)	14	15
				12	13		
1 CAP REL COSTS-BLDG & FIXT	20,730,245			476,652			21,206,897
2 CAP REL COSTS-MVBLE EQUIP	36,726,223			162,833			36,889,056
3 TOTAL	57,456,468			639,485			58,095,953

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)	B	-3,676,350	CAP REL COSTS-BLDG & FIXT	1	9 1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2 3
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					4
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					5
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					6
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					7
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)	A	-3,052	OPERATION OF PLANT	7	8
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)	A	-115,446	COMMUNICATIONS	5.01	9
9 PARKING LOT (CHAPTER 21)					10
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-2,703,808			11
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					12
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	-6,929,994			13
13 LAUNDRY AND LINEN SERVICE					14
14 CAFETERIA - EMPLOYEES AND GUESTS	A	-2,337,314	DIETARY	10	15
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					16
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					17
17 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-540,869	OUTPATIENT PHARMACY	15.01	18
18 SALE OF MEDICAL RECORDS AND ABSTRACTS					19
19 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					20
20 VENDING MACHINES					21
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					22
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					23
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		RESPIRATORY THERAPY	65	24
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		PHYSICAL THERAPY	66	25
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	26
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	27
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	28
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	29
29 PHYSICIANS' ASSISTANT					30
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67	31
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		SPEECH PATHOLOGY	68	32
32 CAH HIT ADJ FOR DEPRECIATION AND					33
33					34
34					35
35					36
36					37
37					37.02
37.02 EKG NON PATIENT EXPENSE	A	-1,887	ELECTROCARDIOLOGY	69	37.04
37.04 FITNESS CENTER EMPLOYEE REVENUE	B	-81,558	EMPLOYEE BENEFITS	4	37.05
37.05 HEALTH FITNESS EMPLOYEE DUES	B	-2,206	EMPLOYEE BENEFITS	4	37.06
37.06 NONALLOWABLE LOBBYING FEES	A	-24,166	OTHER A&G	5.07	37.09
37.09 CAPITAL COST NEW B&F	A	3,668,688	CAP REL COSTS-BLDG & FIXT	1	37.10
37.10 CAPITAL COST NEW M&E	A	240,594	CAP REL COSTS-MVBLE EQUIP	2	38
38					38.06
38.06 SELF FUNDED INSURANCE ADJUSTMENT	A	-24,868,664	EMPLOYEE BENEFITS	4	38.36
38.36 CAPITAL COSTS NEW M&E	A	27,853	CAP REL COSTS-BLDG & FIXT	1	38.38
38.38 CAPITAL COSTS NEW M&E	A	7,944	CAP REL COSTS-BLDG & FIXT	1	39
39					39.02
39.02 LIQUOR EXPENSE	A	-19,710	OTHER A&G	5.07	39.07
39.07 TELEPHONE OFFSET	A	-141	CAP REL COSTS-BLDG & FIXT	1	39.08
39.08 TELEPHONE OFFSET	A	-341,468	CAP REL COSTS-MVBLE EQUIP	2	39.09
39.09 CAFETERIA EMPLOYEE ADJUSTMENT	B	-2,045,057	DIETARY	10	40
40 OFFSET DIETETIC REVENUE	B	-1,842,374	DIETARY	10	40.02
40.02 OFFSET LAB SERVICES BILLED	B	-1,458,830	LABORATORY	60	40.03
40.03 OFFSET LAB SERVICES BILLED	B	-1,321,816	LABORATORY	60	40.04
40.04 OFFSET LAB SERVICES BILLED	B	-1,738,917	LABORATORY	60	40.06
40.06 LAB SERVICES BILLED	B	-13,366,771	LABORATORY	60	40.08
40.08 OFFSET OTHER OPERATING REVENUE	B	-691	CARDIAC REHAB SERVICES	70.04	40.09
40.09 OFFSET OTHER OPERATING REVENUE	B	-7,089	PHARMACY	15	40.10
40.10 OFFSET OTHER OPERATING REVENUE	B	-68	OTHER A&G	5.07	40.11
40.11 OFFSET LAB SERVICES BILLED NORTH	B	-150,679	LABORATORY	60	

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
40.13 OFFSET LAB SERVICES BILLED AVILLA	B	-58,928	LABORATORY	60	40.13
40.14 OFFSET LAB SERVICES BILLED LAGRAG	B	-762,477	LABORATORY	60	40.14
41					41
41.07 VENDING MACHINES	A	-5,725	OPERATION OF PLANT	7	41.07
41.08 VENDING MACHINES	A	-7,202	CAP REL COSTS-BLDG & FIXT	1	9 41.08
41.09 VENDING MACHINES	A	-145	OTHER A&G	5.07	41.09
41.10 VENDING MACHINES	A	-274	OTHER A&G	5.07	41.10
42 INERUNIT RENT INCOME OFFSET	B	-5,768	RADIOLOGY - PULM CLINIC	54.08	42
43 RENTAL PROPERTY ADJUSTMENT	A	-57,086	OTHER A&G	5.07	43
44 FILM DUPLICATION	B	-867	RADIOLOGY-DIAGNOSTIC	54	44
45					45
46					46
46.01 INTEREST EXPENSE	A	-6,692	PHARMACY	15	46.01
47					47
48					48
48.04 OFFSET PULM REHAB REVENUE	B	-7,873	RESPIRATORY THERAPY	65	48.04
48.11 OFFSET HHC REVENUE	B	-3,934	HOME HEALTH AGENCY	101	48.11
48.15 OFFSET PARK CENTER REVENUE	B	-61,961	SUBPROVIDER - IPF	40	48.15
49					49
49.07 GROSS UP BREAST DIGANOSTIC CENTER	A	-4,623	BREAST DIAGNOSTIC CTR	194.18	49.07
49.17 INDIANA SALES TAX DISCOUNT	B	-48,048	OTHER A&G	5.07	49.17
49.20 INTERUNIT RENT EXPENSE	A	-148	CLINIC	90	49.20
49.21 INTERUNIT RENT EXPENSE	A	-72,834	NEURO REHAB	68.01	49.21
49.22 INTERUNIT RENT EXPENSE	A	-402,690	ENDOSCOPY	65.03	49.22
49.23 INTERUNIT RENT EXPENSE	A	-42,286	ADULTS & PEDIATRICS	30	49.23
49.24 INTERUNIT RENT EXPENSE	A	-88,536	OUTPATIENT PHARMACY	15.01	49.24
49.25 INTERUNIT RENT EXPENSE	A	-34,685	SCHOOL NURSE/COMMUNITY OUTREACH	194.15	49.25
49.26 INERUNIT RENT EXPENSE	A	-232,215	RADIOLOGY-DIAGNOSTIC	54	49.26
49.27 INTERUNIT RENT EXPENSE	A	-12,049	RESPIRATORY THERAPY	65	49.27
49.28 INERUNIT RENT EXPENSE	A	-34,970	RADIOLOGY - NHMP	54.05	49.28
49.29 INTERUNIT RENT EXPENSE	A	-85,461	RADIOLOGY - WP	54.07	49.29
49.30 INTERUNIT RENT EXPENSE	A	-73,980	LABORATORY	60	49.30
49.31 INTERUNIT RENT EXPENSE	A	-50,501	PHYSICAL THERAPY	66	49.31
49.32 INTERUNIT RENT EXPENSE	A	-41,498	MRI	70.02	49.32
49.33 INTERUNIT RENT EXPENSE	A	-255,246	HOME HEALTH AGENCY	101	49.33
49.43 OFFSET SERCURITY OTHER REVNUUE	B	-53,513	CARDIAC CATH LAB	70.03	49.43
49.44 INTERUNIT RENT EXPENSE	A	-9,887	OTHER A&G	5.07	49.44
49.45 INTERUNIT RENT EXPENSE	A	-23,529	STUCKY RESEARCH CTR	194.06	49.45
49.46 INTERUNIT RENT EXPENSE	A	-204,618	MEDICAL OFFICE BUILDINGS	194.23	49.46
49.78 ANESTHESIOLOGIST PROFESSIONAL FEE	A	-1,136,287	ANESTHESIOLOGY	53	49.78
49.79 REMOVE PMG LOSSES ALLOCATED TO PAR	A	-22,174,848	OTHER A&G	5.07	49.79
49.82 REMOVE PMG LOSSES ALLOCATED TO PAR	A	-711	LABORATORY	60	49.82
49.83 REMOVE PMG LOSSES ALLOCATED TO PAR	A	-61	HOME HEALTH AGENCY	101	49.83
50 TOTAL (SUM OF LINES 1 THRU 49)		-85,696,002			50
TRANSFER TO WKST A, COL. 6, LINE 200)					

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF	
1	2	3	4	5	6	7	
1						1	
2						2	
3	8	LAUNDRY & LINEN SERVICE	PURCHASED SERVICES	1,664,557	1,407,381	257,176	3
4						4	
4.04	4	EMPLOYEE BENEFITS	PURCHASED SERVICES	1,274,255	1,216,384	57,871	4.04
4.05	2	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE COST REPORT	12,897,269		12,897,269	9 4.05
4.06	5.07	OTHER A&G	HOME OFFICE COST REPORT	51,974,766	90,012,400	-38,037,634	4.06
4.07	8	LAUNDRY & LINEN SERVICE	CARRY FORWARD	123,882		123,882	4.07
4.08	1	CAP REL COSTS-BLDG & FIXT	HOME OFFICE COST REPORT	2,319,694	28,608	2,291,086	9 4.08
4.09	194.23	MEDICAL OFFICE BUILDINGS	HOME OFFICE COST REPORT	1,167,733	8,898	1,158,835	4.09
4.10	4	EMPLOYEE BENEFITS	HOME OFFICE COST REPORT	9,188,222		9,188,222	4.10
4.11	5.03	MATERIALS MANAGEMENT	HOME OFFICE COST REPORT	2,361,256		2,361,256	4.11
4.12	16	MEDICAL RECORDS & LIBRARY	HOME OFFICE COST REPORT	3,216,734		3,216,734	4.12
4.16	7.01	FACILITY ENGINEERING	HOME OFFICE COST REPORT		444,691	-444,691	4.16
5		TOTALS (SUM OF LINES 1-4)		86,188,368	93,118,362	-6,929,994	5
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.					

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
6	C	50.00	HOSPITAL LAUNDRY			6
7	B		PV HEALTH SYSTEM	100.00		7
8						8
9						9
10						10

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	DR.	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT	
1	2		3	4	5	6	7	8	9	
1	5.07 OTHER A&G	DR. A	921,542		921,542	171,400	4,598	378,893	18,945	1
2	31 INTENSIVE CARE UNIT	DR. B	82,033		82,033	171,400	447	36,835	1,842	2
3	31.01 PEDIATRIC ICU	DR. C	102,232	100,696	1,536	171,400	63	5,191	260	3
4	41 SUBPROVIDER - IRF	DR. D	40,000	26,510	13,490	171,400	273	22,496	1,125	4
5	55 RADIOLOGY-THERAPEUTIC	DR. E								5
6	60 LABORATORY	DR. F	60,888		60,888	219,500	223	23,533	1,177	6
7	65 RESPIRATORY THERAPY	DR. G	7,994		7,994	171,400	109	8,982	449	7
8	68.01 NEURO REHAB	DR. H	954		954	171,400	11	906	45	8
9	91 EMERGENCY	DR. I	2,156,097	1,751,414	404,683	171,400	2,530	208,482	10,424	9
10	40 SUBPROVIDER - IPF	DR. J	14,400		14,400	142,500	240	16,442	822	10
11	90.01 ANTICOAG CLINIC	DR. K	5,425		5,425	219,500	16	1,688	84	11
200	TOTAL		3,391,565	1,878,620	1,512,945		8,510	703,448	35,173	200

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
LINE NO.	11		12	13	14	15	16	17	18	
1	5.07 OTHER A&G	DR. A					378,893	542,649	542,649	1
2	31 INTENSIVE CARE UNIT	DR. B					36,835	45,198	45,198	2
3	31.01 PEDIATRIC ICU	DR. C					5,191		100,696	3
4	41 SUBPROVIDER - IRF	DR. D					22,496		26,510	4
5	55 RADIOLOGY-THERAPEUTIC	DR. E								5
6	60 LABORATORY	DR. F					23,533	37,355	37,355	6
7	65 RESPIRATORY THERAPY	DR. G					8,982			7
8	68.01 NEURO REHAB	DR. H					906	48	48	8
9	91 EMERGENCY	DR. I					208,482	196,201	1,947,615	9
10	40 SUBPROVIDER - IPF	DR. J					16,442			10
11	90.01 ANTICOAG CLINIC	DR. K					1,688	3,737	3,737	11
200	TOTAL						703,448	825,188	2,703,808	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	COMMUN- CATIONS 5.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	21,206,897	21,206,897				1
2 CAP REL COSTS-MVBLE EQUIP	36,889,056		36,889,056			2
4 EMPLOYEE BENEFITS	48,424,580	370,861	31,218	48,826,659		4
5.01 COMMUNICATIONS	1,732,500		27,533		1,760,033	5.01
5.02 DATA PROCESSIN		390,751	11,120,357		232,235	5.02
5.03 MATERIALS MANAGEMENT	2,361,256	112,375	85,176	361,572	8,456	5.03
5.04 PATIENT SERVICES	1,874,480	71,127	32,510	394,917	47,413	5.04
5.05 PATIENT ACCOUNTING		18,765	17,120		28,992	5.05
5.06 AMBULATORY SVCS ADMIN						5.06
5.07 OTHER A&G	83,556,402	1,106,172	1,812,919	8,251,886	178,782	5.07
5.08 CAREW MEDICAL PARK ADMIN	317,431	5,829	110			5.08
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	7,152,051	2,102,030	320,085	31,916	12,080	7
7.01 FACILITY ENGINEERING	4,583,097	1,357,501	193,022	992,850	53,453	7.01
8 LAUNDRY & LINEN SERVICE	2,091,129	24,961	174	61,257	28,690	8
9 HOUSEKEEPING	5,715,942	359,392	34,091	1,046,246	14,496	9
10 DIETARY	1,131,558	701,802	374,421	634,121	18,724	10
10.01 KITCHEN-NO CONNECT W/CAFE	2,341,061			580,426		10.01
10.02 CAFETERIA						10.02
10.03 PREADMITS AND ER						10.03
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,957,758	22,369	14,916	621,356	4,530	13
14 CENTRAL SERVICES & SUPPLY	91,218	263,797	474,015	319	14,798	14
15 PHARMACY	12,776,856	202,305	3,641,037	2,008,420	32,918	15
15.01 OUTPATIENT PHARMACY	7,621,841	59,798	65,362	164,875	302	15.01
15.02 IV SOLUTIONS	2,068,469	1,050	4,161	113,163		15.02
15.03 MED SURG SUPPLY	42,559,942					15.03
16 MEDICAL RECORDS & LIBRARY	3,204,019	153,331	11,746	557,638	3,020	16
17 SOCIAL SERVICE	3,271,508	84,935	3,822	581,118	12,986	17
17.01 REHAB ADMIN	499,523	771	216	94,126	4,530	17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	3,102,794					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)	61,662	3,364		15,215		23
23.01 PARAMED ED RADIOLOGY						23.01
23.02 PARAMED ED PHARMACY	177,519	3,793		44,013		23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	33,805,113	3,214,191	1,255,873	7,257,312	304,709	30
31 INTENSIVE CARE UNIT	6,003,462	253,883	216,636	1,188,603	37,448	31
31.01 PEDIATRIC ICU	1,085,813	71,937	77,878	200,499	4,832	31.01
31.02 NEONATAL ICU	2,966,278	279,211	95	668,576	40,165	31.02
32 CORONARY CARE UNIT	11,775,736	606,814	534,887	2,622,668	26,878	32
40 SUBPROVIDER - IPF	5,562,291	463,914	33,974	1,225,703	32,012	40
41 SUBPROVIDER - IRF	1,625,689	278,237	22,859	379,813	17,516	41
43 NURSERY	2,555,710	52,615	169,543	392,546	302	43
44 SKILLED NURSING FACILITY	2,405,428	251,430	19,448	550,223	15,402	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	11,732,263	1,466,588	1,812,867	1,700,896	52,849	50
50.01 CAREW MEDICAL PARK SURG	3,555	43,132			7,550	50.01
51 RECOVERY ROOM	8,411,735	649,022	191,473	912,027	30,804	51
52 DELIVERY ROOM & LABOR ROOM	27,882	337,023	2,695	7,170	23,556	52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC	10,703,455	474,814	3,242,912	1,985,462	59,191	54
54.01 RADIOLOGY - WABASH						54.01
54.02 RADIOLOGY - MANCHESTER						54.02
54.03 RADIOLOGY - EAST STATE						54.03
54.04 RADIOLOGY - JEFFERSON						54.04
54.05 RADIOLOGY - NHMP	157,046	26,365		37,210		54.05
54.06 RADIOLOGY - CMP	377,330	14,289	1,965	35,064	7,248	54.06
54.07 RADIOLOGY - WP	149,488		787	29,663		54.07
54.08 RADIOLOGY - PULM CLINIC	71,251	35,621	20,939	16,495	4,228	54.08
54.09 RADIOLOGY - WHITLEY POOL						54.09
55 RADIOLOGY-THERAPEUTIC	5,240,781	448,614	1,174,496	592,201	76,405	55
56 RADIOISOTOPE	426,290	70,976	291,672	84,501	2,718	56
60 LABORATORY	2,367,013	525,811	3,691,049	2,649,974	38,957	60
60.01 ANATOMICAL PATHOLOGY	4,564,418	27,136	29,821	404,543	4,832	60.01
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	3,692,185			105,905	604	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	3,424,840	148,476	405,377	798,745	25,972	65
65.01 WOUND CARE	923,044	28,679	10,332	72,320		65.01
65.02 DIALYSIS	1,328,695	43,852	7,742	11,202	1,510	65.02
65.03 ENDOSCOPY	4,824,213	304,362	326,996	515,067	3,624	65.03

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	COMMUN- CATIONS 5.01	
66 PHYSICAL THERAPY	3,370,297	208,488	31,057	801,263	5,134	66
66.01 TRANSITIONAL THERAPY	3,918	23,406	504		2,416	66.01
66.02 PV REHAB OUTREACH						66.02
67 OCCUPATIONAL THERAPY	1,072,575	23,608	1,897	256,345	1,208	67
68 SPEECH PATHOLOGY	391,072	7,751	3,113	91,641	906	68
68.01 NEURO REHAB	750,482	78,550	6,569	161,361	3,322	68.01
69 ELECTROCARDIOLOGY	1,785,584			379,803	2,718	69
70 ELECTROENCEPHALOGRAPHY	371,003	21,041	23,467	81,972	604	70
70.01 NUTRITION SUPPORT	534,996	658	868	116,016	4,530	70.01
70.02 MRI	848,330	226,090	762,304	142,611	5,436	70.02
70.03 CARDIAC CATH LAB	4,065,424	413,095	761,911	692,973	45,601	70.03
70.04 CARDIAC REHAB SERVICES	93,677	42,815	9,846	21,016	1,208	70.04
71 MEDICAL SUPPLIES CHRGED TO PATIENTS		4,780				71
71.01 COST OF SOLUTIONS						71.01
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS	20,354,335					73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	272,998	19,992	2,858	257	3,020	90
90.01 ANTICOAG CLINIC	947,681	38,870	2,943,729	168,140	1,812	90.01
91 EMERGENCY	10,978,715	743,151	253,126	1,808,998	67,949	91
91.01 PARTIAL HOSPITALIZATION	53,000	12,392		13,041	2,718	91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	8,300,427	66,107	44,385	555,969	5,738	95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	7,568,619	213,066	24,903	923,835	22,348	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	6,351,216			755,271		116
118 SUBTOTALS (SUM OF LINES 1-117)	492,095,902	19,677,931	36,676,864	47,970,334	1,692,385	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	411,621	253,201	8,489	16,854	3,926	190
194 NON ALLOWABLE			9,078		9,664	194
194.01 TELEVISION	35,572	1,176	3,202	1,739	604	194.01
194.02 PHYSICIAN PRACTICES		1,745				194.02
194.03 OP CLINIC	671,516	31,385	2,609	120	4,832	194.03
194.04 PHYS. ANSWERING SERVICE						194.04
194.05 EDUCARE CTR	773,968	200,686	1,643	5,950	302	194.05
194.06 STUCKY RESEARCH CTR	1,035,167	23,595	122,354	182,905	906	194.06
194.07 OCCUPATIONAL HEALTH						194.07
194.08 FOUNDATION		28,856	1		5,436	194.08
194.09 LV HEALTH PLAN						194.09
194.10 PV RESPIRATORY OUTREACH						194.10
194.11 OUTREACH TRANSCRIPTION						194.11
194.12 GUEST SERVICES						194.12
194.13 HUNTINGTON ARC						194.13
194.14 SENIOR HEALTH SERVICES	167,443	66,145	99	21,040	1,208	194.14
194.15 SCHOOL NURSE/COMMUNITY OUTREACH	1,902,398	26,289	25	145,749	1,812	194.15
194.16 FITNESS	167,793			33,748		194.16
194.17 NONALLOWABLE ADVERTISING						194.17
194.18 BREAST DIAGNOSTIC CTR	1,373		8	200	6,946	194.18
194.19 REGIONAL PAIN CLINIC						194.19
194.20 START-UP COSTS NORTH						194.20
194.21 RONALD MCDONALD FAMILY ROOM	8,356	97,201	6,429			194.21
194.22 EBT	223,307	2,782	735	4,983		194.22
194.23 MEDICAL OFFICE BUILDINGS	1,645,754	571,446	35,228	72,129	6,040	194.23
194.24 START-UP COSTS ORTHO			22,292			194.24
194.25 PREMIER SURGERY CENTER	11,491,833	224,459		370,908	25,972	194.25
194.26 ISH						194.26
194.27 MCHA BRYAN HOPD						194.27
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	510,632,003	21,206,897	36,889,056	48,826,659	1,760,033	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	DATA PROCESSING	MATERIALS MGMT	PATIENT SERVICES	PATIENT ACCOUNTING	SUBTOTAL (COLS. 0-4)	
	5.02	5.03	5.04	5.05	4A	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSIN	11,743,343					5.02
5.03 MATERIALS MANAGEMENT		2,928,835				5.03
5.04 PATIENT SERVICES	95,570	974	2,516,991			5.04
5.05 PATIENT ACCOUNTING				64,877		5.05
5.06 AMBULATORY SVCS ADMIN						5.06
5.07 OTHER A&G	292,610	173,012			95,371,783	5.07
5.08 CAREW MEDICAL PARK ADMIN					323,370	5.08
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	4,720	9,844			9,632,726	7
7.01 FACILITY ENGINEERING	378,741	24,844			7,583,508	7.01
8 LAUNDRY & LINEN SERVICE	36,576	19,533			2,262,320	8
9 HOUSEKEEPING	705,568	44,014			7,919,749	9
10 DIETARY	664,272	33,578			3,558,476	10
10.01 KITCHEN-NO CONNECT W/CAFE					2,921,487	10.01
10.02 CAFETERIA						10.02
10.03 PREADMITS AND ER						10.03
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	136,866	699			3,758,494	13
14 CENTRAL SERVICES & SUPPLY		832			844,979	14
15 PHARMACY	404,699	22,219			19,088,454	15
15.01 OUTPATIENT PHARMACY	41,296	2,347			7,955,821	15.01
15.02 IV SOLUTIONS	46,015	18,312			2,251,170	15.02
15.03 MED SURG SUPPLY		1,227,340			43,787,282	15.03
16 MEDICAL RECORDS & LIBRARY					3,929,754	16
17 SOCIAL SERVICE	145,125	369			4,099,863	17
17.01 REHAB ADMIN	28,317	305			627,788	17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD					3,102,794	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)					80,241	23
23.01 PARAMED ED RADIOLOGY						23.01
23.02 PARAMED ED PHARMACY					225,325	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	2,300,765	130,428	362,046	5,961	48,636,398	30
31 INTENSIVE CARE UNIT	310,308	22,668	55,573	801	8,089,382	31
31.01 PEDIATRIC ICU	43,656	2,293	6,494	94	1,493,496	31.01
31.02 NEONATAL ICU	141,586	9,710	41,895	604	4,148,120	31.02
32 CORONARY CARE UNIT	644,214	43,993	115,230	1,660	16,372,080	32
40 SUBPROVIDER - IPF	442,455	6,812	56,077	808	7,824,046	40
41 SUBPROVIDER - IRF	148,665	2,660	16,569	239	2,492,247	41
43 NURSERY			12,265	177	3,183,158	43
44 SKILLED NURSING FACILITY	228,897	6,706	16,627	240	3,494,401	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	640,675	271,855	279,052	5,914	17,962,959	50
50.01 CAREW MEDICAL PARK SURG			90	1	54,328	50.01
51 RECOVERY ROOM	141,586	13,226	60,560	2,436	10,412,869	51
52 DELIVERY ROOM & LABOR ROOM	23,598	61	6,306	91	428,382	52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC	519,147	194,693	221,957	10,083	17,411,714	54
54.01 RADIOLOGY - WABASH						54.01
54.02 RADIOLOGY - MANCHESTER						54.02
54.03 RADIOLOGY - EAST STATE						54.03
54.04 RADIOLOGY - JEFFERSON						54.04
54.05 RADIOLOGY - NHMP	11,799	114	17	34	232,585	54.05
54.06 RADIOLOGY - CMP	12,979	13			448,888	54.06
54.07 RADIOLOGY - WP	10,619	100	3	24	190,684	54.07
54.08 RADIOLOGY - PULM CLINIC	5,899	119	4	3	154,559	54.08
54.09 RADIOLOGY - WHITLEY POOL						54.09
55 RADIOLOGY-THERAPEUTIC	96,750	2,890	3,677	1,817	7,637,631	55
56 RADIOISOTOPE	20,058	31,251	6,201	174	933,841	56
60 LABORATORY	981,660	388,023	153,334	3,092	10,798,913	60
60.01 ANATOMICAL PATHOLOGY	35,396	21,355	19,208	819	5,107,528	60.01
62 WHOLE BLOOD & PACKED RED BLOOD CELLS			19,081	339	3,818,114	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	299,689	14,467	65,167	1,001	5,183,734	65
65.01 WOUND CARE	16,518	1,030	9,192	149	1,061,264	65.01
65.02 DIALYSIS	5,899	1,308	7,115	113	1,407,436	65.02
65.03 ENDOSCOPY	109,729	26,625	18,917	1,300	6,130,833	65.03

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	DATA	MATERIALS	PATIENT	PATIENT	SUBTOTAL (COLS. 0-4) 4A	
	PROCESSING	MGMT	SERVICES	ACCOUNTING		
	5.02	5.03	5.04	5.05		
66 PHYSICAL THERAPY	257,214	2,344	32,070	540	4,708,407	66
66.01 TRANSITIONAL THERAPY		179	1,105	16	31,544	66.01
66.02 PV REHAB OUTREACH						66.02
67 OCCUPATIONAL THERAPY	46,015	296	6,688	109	1,408,741	67
68 SPEECH PATHOLOGY	10,619	47	3,743	58	508,950	68
68.01 NEURO REHAB	42,476	4,798	9	117	1,047,684	68.01
69 ELECTROCARDIOLOGY	34,217	2,747	22,868	965	2,228,902	69
70 ELECTROENCEPHALOGRAPHY	10,619	584	5,731	125	515,146	70
70.01 NUTRITION SUPPORT	40,116	2,890	219	4	700,297	70.01
70.02 MRI	34,217	1,434	20,451	656	2,041,529	70.02
70.03 CARDIAC CATH LAB	165,183	12,314	95,555	3,559	6,255,615	70.03
70.04 CARDIAC REHAB SERVICES	7,079	285	5	26	175,957	70.04
71 MEDICAL SUPPLIES CHRGED TO PATIENTS			125,347	3,167	133,294	71
71.01 COST OF SOLUTIONS			93,602	1,674	95,276	71.01
72 IMPL. DEV. CHARGED TO PATIENT			207,807	4,698	212,505	72
73 DRUGS CHARGED TO PATIENTS			263,974	5,670	20,623,979	73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		608	298	16	300,047	90
90.01 ANTICOAG CLINIC	25,957	5,122	46	90	4,131,447	90.01
91 EMERGENCY	573,422	45,184	84,735	3,863	14,559,143	91
91.01 PARTIAL HOSPITALIZATION	4,720		2	20	85,893	91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	152,204	21,476	79	530	9,146,915	95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY		31,951		579	8,785,301	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE				421	7,106,908	116
118 SUBTOTALS (SUM OF LINES 1-117)	11,576,980	2,902,881	2,516,991	64,877	489,238,454	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	12,979	15,384			722,454	190
194 NON ALLOWABLE					18,742	194
194.01 TELEVISION	1,180	22			43,495	194.01
194.02 PHYSICIAN PRACTICES					1,745	194.02
194.03 OP CLINIC					710,462	194.03
194.04 PHYS. ANSWERING SERVICE						194.04
194.05 EDUCARE CTR	5,899	1,336			989,784	194.05
194.06 STUCKY RESEARCH CTR	49,555	610			1,415,092	194.06
194.07 OCCUPATIONAL HEALTH						194.07
194.08 FOUNDATION					34,293	194.08
194.09 LV HEALTH PLAN						194.09
194.10 PV RESPIRATORY OUTREACH						194.10
194.11 OUTREACH TRANSCRIPTION						194.11
194.12 GUEST SERVICES						194.12
194.13 HUNTINGTON ARC						194.13
194.14 SENIOR HEALTH SERVICES	9,439	1,331			266,705	194.14
194.15 SCHOOL NURSE/COMMUNITY OUTREACH	64,893	2,496			2,143,662	194.15
194.16 FITNESS					201,541	194.16
194.17 NONALLOWABLE ADVERTISING						194.17
194.18 BREAST DIAGNOSTIC CTR		90			8,617	194.18
194.19 REGIONAL PAIN CLINIC						194.19
194.20 START-UP COSTS NORTH						194.20
194.21 RONALD MCDONALD FAMILY ROOM		52			112,038	194.21
194.22 EBT	2,360	51			234,218	194.22
194.23 MEDICAL OFFICE BUILDINGS	20,058	4,582			2,355,237	194.23
194.24 START-UP COSTS ORTHO					22,292	194.24
194.25 PREMIER SURGERY CENTER					12,113,172	194.25
194.26 ISH						194.26
194.27 MCHA BRYAN HOPD						194.27
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	11,743,343	2,928,835	2,516,991	64,877	510,632,003	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	OTHER A&G	CAREW MED PARK ADMIN	OPERATION OF PLANT	FACILITY ENGINEERIN	LAUNDRY & LINEN SERVICE	
	5.07	5.08	7	7.01	8	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSIN						5.02
5.03 MATERIALS MANAGEMENT						5.03
5.04 PATIENT SERVICES						5.04
5.05 PATIENT ACCOUNTING						5.05
5.06 AMBULATORY SVCS ADMIN						5.06
5.07 OTHER A&G	95,371,783					5.07
5.08 CAREW MEDICAL PARK ADMIN	74,268	397,638				5.08
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	2,212,329		11,845,055			7
7.01 FACILITY ENGINEERING	1,741,689		944,253	10,269,450		7.01
8 LAUNDRY & LINEN SERVICE	519,583		17,362	16,357	2,815,622	8
9 HOUSEKEEPING	1,818,913		249,987	235,508		9
10 DIETARY	817,268		488,161	459,887		10
10.01 KITCHEN-NO CONNECT W/CAFE	670,972					10.01
10.02 CAFETERIA						10.02
10.03 PREADMITS AND ER						10.03
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	863,206		15,559	14,658		13
14 CENTRAL SERVICES & SUPPLY	194,065		183,492	172,865	165,121	14
15 PHARMACY	4,384,007		140,720	132,569		15
15.01 OUTPATIENT PHARMACY	1,827,197		41,594	39,185		15.01
15.02 IV SOLUTIONS	517,022		730	688		15.02
15.03 MED SURG SUPPLY	10,056,537					15.03
16 MEDICAL RECORDS & LIBRARY	902,539		106,655	100,477		16
17 SOCIAL SERVICE	941,607		59,080	55,658		17
17.01 REHAB ADMIN	144,183		537	505		17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	712,612					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)	18,429		2,340	2,204		23
23.01 PARAMED ED RADIOLOGY						23.01
23.02 PARAMED ED PHARMACY	51,750		2,639	2,486		23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	11,170,021		2,235,733	2,106,245	919,589	30
31 INTENSIVE CARE UNIT	1,857,872		176,597	166,369	93,702	31
31.01 PEDIATRIC ICU	343,008		50,038	47,140	19,426	31.01
31.02 NEONATAL ICU	952,690		194,214	182,966	21,997	31.02
32 CORONARY CARE UNIT	3,760,143		422,089	397,642	267,107	32
40 SUBPROVIDER - IPF	1,796,933		322,690	304,001	103,700	40
41 SUBPROVIDER - IRF	572,389		193,537	182,328	18,855	41
43 NURSERY	731,070		36,598	34,479		43
44 SKILLED NURSING FACILITY	802,552		174,890	164,761	78,847	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	4,125,517		1,020,132	961,048	227,398	50
50.01 CAREW MEDICAL PARK SURG	12,477		30,002	28,264		50.01
51 RECOVERY ROOM	2,391,503		451,448	425,301	46,851	51
52 DELIVERY ROOM & LABOR ROOM	98,386		234,427	220,850		52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC	3,998,914		330,272	311,143	192,831	54
54.01 RADIOLOGY - WABASH						54.01
54.02 RADIOLOGY - MANCHESTER						54.02
54.03 RADIOLOGY - EAST STATE						54.03
54.04 RADIOLOGY - JEFFERSON						54.04
54.05 RADIOLOGY - NHMP	53,417		18,339	17,277		54.05
54.06 RADIOLOGY - CMP	103,095	89,098	9,939	9,363		54.06
54.07 RADIOLOGY - WP	43,794					54.07
54.08 RADIOLOGY - PULM CLINIC	35,497	17,202	24,777	23,342		54.08
54.09 RADIOLOGY - WHITLEY POOL						54.09
55 RADIOLOGY-THERAPEUTIC	1,754,119		312,048	293,975	2,857	55
56 RADIOISOTOPE	214,473		49,369	46,510	6,571	56
60 LABORATORY	2,480,165	128,023	365,745	344,561	286	60
60.01 ANATOMICAL PATHOLOGY	1,173,036		18,875	17,782		60.01
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	876,899					62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	1,190,538		103,277	97,296	2,571	65
65.01 WOUND CARE	243,738		19,948	18,793	286	65.01
65.02 DIALYSIS	323,243		30,503	28,736	21,140	65.02
65.03 ENDOSCOPY	1,408,056		211,708	199,447	40,566	65.03

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	OTHER A&G	CAREW MED PARK ADMIN	OPERATION OF PLANT	FACILITY ENGINEERIN	LAUNDRY & LINEN SERVICE 8	
	5.07	5.08	7	7.01		
66 PHYSICAL THERAPY	1,081,370		145,021	136,621	16,284	66
66.01 TRANSITIONAL THERAPY	7,245		16,281	15,338		66.01
66.02 PV REHAB OUTREACH						66.02
67 OCCUPATIONAL THERAPY	323,543		16,421	15,470		67
68 SPEECH PATHOLOGY	116,890		5,392	5,079		68
68.01 NEURO REHAB	240,619		54,638	51,473		68.01
69 ELECTROCARDIOLOGY	511,907				2,000	69
70 ELECTROENCEPHALOGRAPHY	118,313		14,636	13,788		70
70.01 NUTRITION SUPPORT	160,836		457	431		70.01
70.02 MRI	468,874		157,264	148,156	571	70.02
70.03 CARDIAC CATH LAB	1,436,715		287,341	270,699	2,285	70.03
70.04 CARDIAC REHAB SERVICES	40,412		29,782	28,057		70.04
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	30,613		3,325	3,132		71
71.01 COST OF SOLUTIONS	21,882					71.01
72 IMPL. DEV. CHARGED TO PATIENT	48,806					72
73 DRUGS CHARGED TO PATIENTS	4,736,668					73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	68,911		13,906	13,100		90
90.01 ANTICOAG CLINIC	948,861	163,315	27,037	25,472		90.01
91 EMERGENCY	3,343,769		516,922	486,983	564,210	91
91.01 PARTIAL HOSPITALIZATION	19,727		8,620	8,120		91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	2,100,754		45,983	43,320		95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	2,017,703		148,205	139,621		101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	1,632,229					116
118 SUBTOTALS (SUM OF LINES 1-117)	90,458,368	397,638	10,781,535	9,267,526	2,815,051	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	165,925		176,122	165,921		190
194 NON ALLOWABLE	4,304					194
194.01 TELEVISION	9,989		818	771		194.01
194.02 PHYSICIAN PRACTICES	401		1,214	1,143		194.02
194.03 OP CLINIC	163,170		21,831	20,566		194.03
194.04 PHYS. ANSWERING SERVICE						194.04
194.05 EDUCARE CTR	227,322		139,594	131,509		194.05
194.06 STUCKY RESEARCH CTR	325,001		16,412	15,462		194.06
194.07 OCCUPATIONAL HEALTH						194.07
194.08 FOUNDATION	7,876		20,071	18,909		194.08
194.09 LV HEALTH PLAN						194.09
194.10 PV RESPIRATORY OUTREACH						194.10
194.11 OUTREACH TRANSCRIPTION						194.11
194.12 GUEST SERVICES						194.12
194.13 HUNTINGTON ARC						194.13
194.14 SENIOR HEALTH SERVICES	61,254		46,009	43,345		194.14
194.15 SCHOOL NURSE/COMMUNITY OUTREACH	492,331		18,286	17,227		194.15
194.16 FITNESS	46,288					194.16
194.17 NONALLOWABLE ADVERTISING						194.17
194.18 BREAST DIAGNOSTIC CTR	1,979					194.18
194.19 REGIONAL PAIN CLINIC						194.19
194.20 START-UP COSTS NORTH						194.20
194.21 RONALD MCDONALD FAMILY ROOM	25,732		67,611	63,695	571	194.21
194.22 EBT	53,792		1,935	1,823		194.22
194.23 MEDICAL OFFICE BUILDINGS	540,923		397,488	374,466		194.23
194.24 START-UP COSTS ORTHO	5,120					194.24
194.25 PREMIER SURGERY CENTER	2,782,008		156,129	147,087		194.25
194.26 ISH						194.26
194.27 MCHA BRYAN HOPD						194.27
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	95,371,783	397,638	11,845,055	10,269,450	2,815,622	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	KITCHEN-NO CONNECT W/CAFE	CAFETERIA	PREADMITS AND ER	
	9	10	10.01	10.02	10.03	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSIN						5.02
5.03 MATERIALS MANAGEMENT						5.03
5.04 PATIENT SERVICES						5.04
5.05 PATIENT ACCOUNTING						5.05
5.06 AMBULATORY SVCS ADMIN						5.06
5.07 OTHER A&G						5.07
5.08 CAREW MEDICAL PARK ADMIN						5.08
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
7.01 FACILITY ENGINEERING						7.01
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	10,224,157					9
10 DIETARY	469,371	5,793,163				10
10.01 KITCHEN-NO CONNECT W/CAFE			3,592,459			10.01
10.02 CAFETERIA		1,941,918		1,941,918		10.02
10.03 PREADMITS AND ER		128,040	56,046	66,671	250,757	10.03
11 CAFETERIA				1,875,247		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	14,960					13
14 CENTRAL SERVICES & SUPPLY	176,429					14
15 PHARMACY	135,303					15
15.01 OUTPATIENT PHARMACY	39,993					15.01
15.02 IV SOLUTIONS	702					15.02
15.03 MED SURG SUPPLY						15.03
16 MEDICAL RECORDS & LIBRARY	102,549					16
17 SOCIAL SERVICE	56,806					17
17.01 REHAB ADMIN	516					17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)	2,250					23
23.01 PARAMED ED RADIOLOGY						23.01
23.02 PARAMED ED PHARMACY	2,537					23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	2,149,677	1,973,934	1,874,903		250,757	30
31 INTENSIVE CARE UNIT	169,799	161,443	153,343			31
31.01 PEDIATRIC ICU	48,112	16,233	15,418			31.01
31.02 NEONATAL ICU	186,739					31.02
32 CORONARY CARE UNIT	405,842	214,214	203,467			32
40 SUBPROVIDER - IPF	310,270	959,050	910,935			40
41 SUBPROVIDER - IRF	186,087	131,257	124,672			41
43 NURSERY	35,189					43
44 SKILLED NURSING FACILITY	168,159	267,074	253,675			44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	980,866					50
50.01 CAREW MEDICAL PARK SURG	28,847					50.01
51 RECOVERY ROOM	434,071					51
52 DELIVERY ROOM & LABOR ROOM	225,404					52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC	317,560					54
54.01 RADIOLOGY - WABASH						54.01
54.02 RADIOLOGY - MANCHESTER						54.02
54.03 RADIOLOGY - EAST STATE						54.03
54.04 RADIOLOGY - JEFFERSON						54.04
54.05 RADIOLOGY - NHMP	17,633					54.05
54.06 RADIOLOGY - CMP	9,556					54.06
54.07 RADIOLOGY - WP						54.07
54.08 RADIOLOGY - PULM CLINIC	23,823					54.08
54.09 RADIOLOGY - WHITLEY POOL						54.09
55 RADIOLOGY-THERAPEUTIC	300,037					55
56 RADIOISOTOPE	47,469					56
60 LABORATORY	351,667					60
60.01 ANATOMICAL PATHOLOGY	18,149					60.01
62 WHOLE BLOOD & PACKED RED BLOOD CELLS						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	99,302					65
65.01 WOUND CARE	19,180					65.01
65.02 DIALYSIS	29,329					65.02
65.03 ENDOSCOPY	203,559					65.03

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	KITCHEN-NO CONNECT W/CAFE	CAFETERIA	PREADMITS AND ER	
	9	10	10.01	10.02	10.03	
66 PHYSICAL THERAPY	139,439					66
66.01 TRANSITIONAL THERAPY	15,654					66.01
66.02 PV REHAB OUTREACH						66.02
67 OCCUPATIONAL THERAPY	15,789					67
68 SPEECH PATHOLOGY	5,184					68
68.01 NEURO REHAB	52,535					68.01
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY	14,072					70
70.01 NUTRITION SUPPORT	440					70.01
70.02 MRI	151,211					70.02
70.03 CARDIAC CATH LAB	276,281					70.03
70.04 CARDIAC REHAB SERVICES	28,635					70.04
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	3,197					71
71.01 COST OF SOLUTIONS						71.01
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	13,370					90
90.01 ANTICOAG CLINIC	25,997					90.01
91 EMERGENCY	497,025					91
91.01 PARTIAL HOSPITALIZATION	8,288					91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	44,213					95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	142,500					101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE						116
118 SUBTOTALS (SUM OF LINES 1-117)	9,201,572	5,793,163	3,592,459	1,941,918	250,757	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	169,343					190
194 NON ALLOWABLE						194
194.01 TELEVISION	786					194.01
194.02 PHYSICIAN PRACTICES	1,167					194.02
194.03 OP CLINIC	20,990					194.03
194.04 PHYS. ANSWERING SERVICE						194.04
194.05 EDUCARE CTR	134,221					194.05
194.06 STUCKY RESEARCH CTR	15,781					194.06
194.07 OCCUPATIONAL HEALTH						194.07
194.08 FOUNDATION	19,299					194.08
194.09 LV HEALTH PLAN						194.09
194.10 PV RESPIRATORY OUTREACH						194.10
194.11 OUTREACH TRANSCRIPTION						194.11
194.12 GUEST SERVICES						194.12
194.13 HUNTINGTON ARC						194.13
194.14 SENIOR HEALTH SERVICES	44,238					194.14
194.15 SCHOOL NURSE/COMMUNITY OUTREACH	17,582					194.15
194.16 FITNESS						194.16
194.17 NONALLOWABLE ADVERTISING						194.17
194.18 BREAST DIAGNOSTIC CTR						194.18
194.19 REGIONAL PAIN CLINIC						194.19
194.20 START-UP COSTS NORTH						194.20
194.21 RONALD MCDONALD FAMILY ROOM	65,009					194.21
194.22 EBT	1,861					194.22
194.23 MEDICAL OFFICE BUILDINGS	382,188					194.23
194.24 START-UP COSTS ORTHO						194.24
194.25 PREMIER SURGERY CENTER	150,120					194.25
194.26 ISH						194.26
194.27 MCHA BRYAN HOPD						194.27
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	10,224,157	5,793,163	3,592,459	1,941,918	250,757	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	OUTPATIENT PHARMACY 15.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSIN						5.02
5.03 MATERIALS MANAGEMENT						5.03
5.04 PATIENT SERVICES						5.04
5.05 PATIENT ACCOUNTING						5.05
5.06 AMBULATORY SVCS ADMIN						5.06
5.07 OTHER A&G						5.07
5.08 CAREW MEDICAL PARK ADMIN						5.08
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
7.01 FACILITY ENGINEERING						7.01
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
10.01 KITCHEN-NO CONNECT W/CAFE						10.01
10.02 CAFETERIA						10.02
10.03 PREADMITS AND ER						10.03
11 CAFETERIA	1,875,247					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	26,297	4,693,174				13
14 CENTRAL SERVICES & SUPPLY	90		1,737,041			14
15 PHARMACY	91,768			2	23,972,823	15
15.01 OUTPATIENT PHARMACY	8,195				5,565,096	15.01
15.02 IV SOLUTIONS	10,717	44,529		3		15.02
15.03 MED SURG SUPPLY			1,573,978		32	15.03
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE	32,420					17
17.01 REHAB ADMIN	5,223				5	17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMED ED RADIOLOGY						23.01
23.02 PARAMED ED PHARMACY						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	479,999	1,994,467	18,607		5,321	30
31 INTENSIVE CARE UNIT	70,965	294,867	193		156	31
31.01 PEDIATRIC ICU	10,086	41,910	31		5	31.01
31.02 NEONATAL ICU	36,563	151,924	7		56	31.02
32 CORONARY CARE UNIT	155,167	644,741	1,683		241	32
40 SUBPROVIDER - IPF	85,554		3,582		766	40
41 SUBPROVIDER - IRF	25,306				5	41
43 NURSERY	28,728	119,369				43
44 SKILLED NURSING FACILITY	38,904	161,653			45	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	142,830	495,062	138,294		11,245	50
50.01 CAREW MEDICAL PARK SURG						50.01
51 RECOVERY ROOM	32,781	136,208	2		143	51
52 DELIVERY ROOM & LABOR ROOM	6,124	25,445			2	52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC	101,494	34,052	141		2,411	54
54.01 RADIOLOGY - WABASH						54.01
54.02 RADIOLOGY - MANCHESTER						54.02
54.03 RADIOLOGY - EAST STATE						54.03
54.04 RADIOLOGY - JEFFERSON						54.04
54.05 RADIOLOGY - NHMP						54.05
54.06 RADIOLOGY - CMP						54.06
54.07 RADIOLOGY - WP						54.07
54.08 RADIOLOGY - PULM CLINIC		4,116				54.08
54.09 RADIOLOGY - WHITLEY POOL						54.09
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE	4,053		12		20	56
60 LABORATORY	78,799				33	60
60.01 ANATOMICAL PATHOLOGY	8,195				68	60.01
62 WHOLE BLOOD & PACKED RED BLOOD CELLS					5	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	64,390		2		1,441	65
65.01 WOUND CARE	3,242	13,471	7		334	65.01
65.02 DIALYSIS	1,351	5,613			38	65.02
65.03 ENDOSCOPY	23,595		109		209	65.03

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	OUTPATIENT PHARMACY	
	11	13	14	15	15.01	
66 PHYSICAL THERAPY	50,792			380		66
66.01 TRANSITIONAL THERAPY						66.01
66.02 PV REHAB OUTREACH						66.02
67 OCCUPATIONAL THERAPY	8,195					67
68 SPEECH PATHOLOGY	1,891					68
68.01 NEURO REHAB	7,835			335		68.01
69 ELECTROCARDIOLOGY	7,205			41		69
70 ELECTROENCEPHALOGRAPHY	2,522					70
70.01 NUTRITION SUPPORT	7,205					70.01
70.02 MRI	6,574			8		70.02
70.03 CARDIAC CATH LAB	36,743	20,581		95		70.03
70.04 CARDIAC REHAB SERVICES	1,621					70.04
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
71.01 COST OF SOLUTIONS						71.01
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS				17,609,426	15,477,081	73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC			9	23		90
90.01 ANTICOAG CLINIC				532		90.01
91 EMERGENCY	115,362	450,159	83	7,391		91
91.01 PARTIAL HOSPITALIZATION	811					91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	34,942			4,805		95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY		5,613	195	751,150		101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE						116
118 SUBTOTALS (SUM OF LINES 1-117)	1,854,534	4,643,780	1,736,940	23,961,863	15,477,081	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,432		19			190
194 NON ALLOWABLE						194
194.01 TELEVISION	180					194.01
194.02 PHYSICIAN PRACTICES						194.02
194.03 OP CLINIC						194.03
194.04 PHYS. ANSWERING SERVICE						194.04
194.05 EDUCARE CTR	991					194.05
194.06 STUCKY RESEARCH CTR			14	4		194.06
194.07 OCCUPATIONAL HEALTH						194.07
194.08 FOUNDATION						194.08
194.09 LV HEALTH PLAN						194.09
194.10 PV RESPIRATORY OUTREACH						194.10
194.11 OUTREACH TRANSCRIPTION						194.11
194.12 GUEST SERVICES						194.12
194.13 HUNTINGTON ARC						194.13
194.14 SENIOR HEALTH SERVICES	1,621					194.14
194.15 SCHOOL NURSE/COMMUNITY OUTREACH	11,887	49,394	68	10,612		194.15
194.16 FITNESS						194.16
194.17 NONALLOWABLE ADVERTISING						194.17
194.18 BREAST DIAGNOSTIC CTR						194.18
194.19 REGIONAL PAIN CLINIC						194.19
194.20 START-UP COSTS NORTH						194.20
194.21 RONALD MCDONALD FAMILY ROOM						194.21
194.22 EBT						194.22
194.23 MEDICAL OFFICE BUILDINGS	3,602					194.23
194.24 START-UP COSTS ORTHO						194.24
194.25 PREMIER SURGERY CENTER				344		194.25
194.26 ISH						194.26
194.27 MCHA BRYAN HOPD						194.27
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,875,247	4,693,174	1,737,041	23,972,823	15,477,081	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	IV SOLUTIONS	MED SURG SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	
	15.02	15.03	16	17	17.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSIN						5.02
5.03 MATERIALS MANAGEMENT						5.03
5.04 PATIENT SERVICES						5.04
5.05 PATIENT ACCOUNTING						5.05
5.06 AMBULATORY SVCS ADMIN						5.06
5.07 OTHER A&G						5.07
5.08 CAREW MEDICAL PARK ADMIN						5.08
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
7.01 FACILITY ENGINEERING						7.01
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
10.01 KITCHEN-NO CONNECT W/CAFE						10.01
10.02 CAFETERIA						10.02
10.03 PREADMITS AND ER						10.03
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
15.01 OUTPATIENT PHARMACY						15.01
15.02 IV SOLUTIONS	2,825,593					15.02
15.03 MED SURG SUPPLY		55,417,797				15.03
16 MEDICAL RECORDS & LIBRARY			5,141,974			16
17 SOCIAL SERVICE				5,245,434		17
17.01 REHAB ADMIN					778,757	17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMED ED RADIOLOGY						23.01
23.02 PARAMED ED PHARMACY						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS			176,875	3,186,602	36,602	30
31 INTENSIVE CARE UNIT			572	662,498		31
31.01 PEDIATRIC ICU			1,717	45,635		31.01
31.02 NEONATAL ICU				186,737		31.02
32 CORONARY CARE UNIT			8,014	456,877		32
40 SUBPROVIDER - IPF			2,290			40
41 SUBPROVIDER - IRF					108,637	41
43 NURSERY						43
44 SKILLED NURSING FACILITY						44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM			537,495			50
50.01 CAREW MEDICAL PARK SURG						50.01
51 RECOVERY ROOM			166,572			51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC			1,741,277			54
54.01 RADIOLOGY - WABASH						54.01
54.02 RADIOLOGY - MANCHESTER						54.02
54.03 RADIOLOGY - EAST STATE						54.03
54.04 RADIOLOGY - JEFFERSON						54.04
54.05 RADIOLOGY - NHMP			8,014			54.05
54.06 RADIOLOGY - CMP						54.06
54.07 RADIOLOGY - WP			6,869			54.07
54.08 RADIOLOGY - PULM CLINIC			572			54.08
54.09 RADIOLOGY - WHITLEY POOL						54.09
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE			29,765			56
60 LABORATORY			171,151			60
60.01 ANATOMICAL PATHOLOGY			77,848			60.01
62 WHOLE BLOOD & PACKED RED BLOOD CELLS			16,600			62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY			97,310			65
65.01 WOUND CARE			5,152			65.01
65.02 DIALYSIS			2,290			65.02
65.03 ENDOSCOPY			289,068			65.03

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	IV SOLUTIONS	MED SURG SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	
	15.02	15.03	16	17	17.01	
66 PHYSICAL THERAPY			34,917		119,306	66
66.01 TRANSITIONAL THERAPY					273,108	66.01
66.02 PV REHAB OUTREACH						66.02
67 OCCUPATIONAL THERAPY					106,145	67
68 SPEECH PATHOLOGY			572		106,145	68
68.01 NEURO REHAB			28,621		28,814	68.01
69 ELECTROCARDIOLOGY			96,738			69
70 ELECTROENCEPHALOGRAPHY			6,869			70
70.01 NUTRITION SUPPORT						70.01
70.02 MRI			119,634			70.02
70.03 CARDIAC CATH LAB			888,955			70.03
70.04 CARDIAC REHAB SERVICES			6,869			70.04
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		23,580,273				71
71.01 COST OF SOLUTIONS	2,825,593					71.01
72 IMPL. DEV. CHARGED TO PATIENT		31,837,524				72
73 DRUGS CHARGED TO PATIENTS						73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC			3,434			90
90.01 ANTICOAG CLINIC			22,896			90.01
91 EMERGENCY				707,085		91
91.01 PARTIAL HOSPITALIZATION			3,434			91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES			129,365			95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY			258,158			101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE						116
118 SUBTOTALS (SUM OF LINES 1-117)	2,825,593	55,417,797	4,939,913	5,245,434	778,757	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
194 NON ALLOWABLE						194
194.01 TELEVISION						194.01
194.02 PHYSICIAN PRACTICES						194.02
194.03 OP CLINIC						194.03
194.04 PHYS. ANSWERING SERVICE						194.04
194.05 EDUCARE CTR						194.05
194.06 STUCKY RESEARCH CTR						194.06
194.07 OCCUPATIONAL HEALTH						194.07
194.08 FOUNDATION						194.08
194.09 LV HEALTH PLAN						194.09
194.10 PV RESPIRATORY OUTREACH						194.10
194.11 OUTREACH TRANSCRIPTION						194.11
194.12 GUEST SERVICES						194.12
194.13 HUNTINGTON ARC						194.13
194.14 SENIOR HEALTH SERVICES						194.14
194.15 SCHOOL NURSE/COMMUNITY OUTREACH						194.15
194.16 FITNESS						194.16
194.17 NONALLOWABLE ADVERTISING						194.17
194.18 BREAST DIAGNOSTIC CTR						194.18
194.19 REGIONAL PAIN CLINIC						194.19
194.20 START-UP COSTS NORTH						194.20
194.21 RONALD MCDONALD FAMILY ROOM						194.21
194.22 EBT			572			194.22
194.23 MEDICAL OFFICE BUILDINGS						194.23
194.24 START-UP COSTS ORTHO						194.24
194.25 PREMIER SURGERY CENTER			201,489			194.25
194.26 ISH						194.26
194.27 MCHA BRYAN HOPD						194.27
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	2,825,593	55,417,797	5,141,974	5,245,434	778,757	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	I&R SALARY & FRINGES 21	PARAMED EDUCATION 23	PARAMED ED PHARMACY 23.02	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSIN						5.02
5.03 MATERIALS MANAGEMENT						5.03
5.04 PATIENT SERVICES						5.04
5.05 PATIENT ACCOUNTING						5.05
5.06 AMBULATORY SVCS ADMIN						5.06
5.07 OTHER A&G						5.07
5.08 CAREW MEDICAL PARK ADMIN						5.08
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
7.01 FACILITY ENGINEERING						7.01
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
10.01 KITCHEN-NO CONNECT W/CAFE						10.01
10.02 CAFETERIA						10.02
10.03 PREADMITS AND ER						10.03
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
15.01 OUTPATIENT PHARMACY						15.01
15.02 IV SOLUTIONS						15.02
15.03 MED SURG SUPPLY						15.03
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
17.01 REHAB ADMIN						17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	3,815,406					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)		105,464				23
23.01 PARAMED ED RADIOLOGY						23.01
23.02 PARAMED ED PHARMACY			284,737			23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,828,725		82	79,044,537	-1,828,725	30
31 INTENSIVE CARE UNIT	404,051		2	12,301,811	-404,051	31
31.01 PEDIATRIC ICU				2,132,255		31.01
31.02 NEONATAL ICU			1	6,062,014		31.02
32 CORONARY CARE UNIT	157,576		4	23,466,887	-157,576	32
40 SUBPROVIDER - IPF			12	12,623,829		40
41 SUBPROVIDER - IRF	197,256			4,232,576	-197,256	41
43 NURSERY	268,986			4,437,577	-268,986	43
44 SKILLED NURSING FACILITY			1	5,604,962		44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	307,140		174	26,910,160	-307,140	50
50.01 CAREW MEDICAL PARK SURG				153,918		50.01
51 RECOVERY ROOM			2	14,497,751		51
52 DELIVERY ROOM & LABOR ROOM	20,985			1,260,005	-20,985	52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC			37	24,441,846		54
54.01 RADIOLOGY - WABASH						54.01
54.02 RADIOLOGY - MANCHESTER						54.02
54.03 RADIOLOGY - EAST STATE						54.03
54.04 RADIOLOGY - JEFFERSON						54.04
54.05 RADIOLOGY - NHMP				347,265		54.05
54.06 RADIOLOGY - CMP				669,939		54.06
54.07 RADIOLOGY - WP				241,347		54.07
54.08 RADIOLOGY - PULM CLINIC				283,888		54.08
54.09 RADIOLOGY - WHITLEY POOL						54.09
55 RADIOLOGY-THERAPEUTIC				10,300,667		55
56 RADIOISOTOPE				1,332,083		56
60 LABORATORY		105,464	1	14,824,808		60
60.01 ANATOMICAL PATHOLOGY			1	6,421,482		60.01
62 WHOLE BLOOD & PACKED RED BLOOD CELLS				4,711,618		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	6,868		22	6,846,751	-6,868	65
65.01 WOUND CARE			5	1,385,420		65.01
65.02 DIALYSIS			1	1,849,680		65.02
65.03 ENDOSCOPY			3	8,507,153		65.03

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	I&R	PARAMED	PARAMED ED	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS
	SALARY & FRINGES	EDUCATION	PHARMACY		
	21	23	23.02	24	25
66 PHYSICAL THERAPY			6	6,432,543	66
66.01 TRANSITIONAL THERAPY				359,170	66.01
66.02 PV REHAB OUTREACH					66.02
67 OCCUPATIONAL THERAPY				1,894,304	67
68 SPEECH PATHOLOGY				750,103	68
68.01 NEURO REHAB			5	1,512,559	68.01
69 ELECTROCARDIOLOGY			1	2,846,794	69
70 ELECTROENCEPHALOGRAPHY				685,346	70
70.01 NUTRITION SUPPORT				869,666	70.01
70.02 MRI				3,093,821	70.02
70.03 CARDIAC CATH LAB			1	9,475,311	70.03
70.04 CARDIAC REHAB SERVICES				311,333	70.04
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				23,753,834	71
71.01 COST OF SOLUTIONS				2,942,751	71.01
72 IMPL. DEV. CHARGED TO PATIENT				32,098,835	72
73 DRUGS CHARGED TO PATIENTS			272,392	58,719,546	73
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC				412,800	90
90.01 ANTICOAG CLINIC			8	5,345,565	90.01
91 EMERGENCY	623,819		114	21,872,065	-623,819 91
91.01 PARTIAL HOSPITALIZATION				134,893	91.01
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES			74	11,550,371	95
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
101 HOME HEALTH AGENCY			11,619	12,260,065	101
SPECIAL PURPOSE COST CENTERS					
116 HOSPICE				8,739,137	116
118 SUBTOTALS (SUM OF LINES 1-117)	3,815,406	105,464	284,568	480,953,041	-3,815,406 118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				1,402,216	190
194 NON ALLOWABLE				23,046	194
194.01 TELEVISION				56,039	194.01
194.02 PHYSICIAN PRACTICES				5,670	194.02
194.03 OP CLINIC				937,019	194.03
194.04 PHYS. ANSWERING SERVICE					194.04
194.05 EDUCARE CTR				1,623,421	194.05
194.06 STUCKY RESEARCH CTR				1,787,766	194.06
194.07 OCCUPATIONAL HEALTH					194.07
194.08 FOUNDATION				100,448	194.08
194.09 LV HEALTH PLAN					194.09
194.10 PV RESPIRATORY OUTREACH					194.10
194.11 OUTREACH TRANSCRIPTION					194.11
194.12 GUEST SERVICES					194.12
194.13 HUNTINGTON ARC					194.13
194.14 SENIOR HEALTH SERVICES				463,172	194.14
194.15 SCHOOL NURSE/COMMUNITY OUTREACH			164	2,761,213	194.15
194.16 FITNESS				247,829	194.16
194.17 NONALLOWABLE ADVERTISING					194.17
194.18 BREAST DIAGNOSTIC CTR				10,596	194.18
194.19 REGIONAL PAIN CLINIC					194.19
194.20 START-UP COSTS NORTH					194.20
194.21 RONALD MCDONALD FAMILY ROOM				334,656	194.21
194.22 EBT				294,201	194.22
194.23 MEDICAL OFFICE BUILDINGS				4,053,904	194.23
194.24 START-UP COSTS ORTHO				27,412	194.24
194.25 PREMIER SURGERY CENTER			5	15,550,354	194.25
194.26 ISH					194.26
194.27 MCHA BRYAN HOPD					194.27
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	3,815,406	105,464	284,737	510,632,003	-3,815,406 202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION		TOTAL	
		26	
GENERAL SERVICE COST CENTERS			
1	CAP REL COSTS-BLDG & FIXT		1
2	CAP REL COSTS-MVBLE EQUIP		2
4	EMPLOYEE BENEFITS		4
5.01	COMMUNICATIONS		5.01
5.02	DATA PROCESSIN		5.02
5.03	MATERIALS MANAGEMENT		5.03
5.04	PATIENT SERVICES		5.04
5.05	PATIENT ACCOUNTING		5.05
5.06	AMBULATORY SVCS ADMIN		5.06
5.07	OTHER A&G		5.07
5.08	CAREW MEDICAL PARK ADMIN		5.08
6	MAINTENANCE & REPAIRS		6
7	OPERATION OF PLANT		7
7.01	FACILITY ENGINEERING		7.01
8	LAUNDRY & LINEN SERVICE		8
9	HOUSEKEEPING		9
10	DIETARY		10
10.01	KITCHEN-NO CONNECT W/CAFE		10.01
10.02	CAFETERIA		10.02
10.03	PREADMITS AND ER		10.03
11	CAFETERIA		11
12	MAINTENANCE OF PERSONNEL		12
13	NURSING ADMINISTRATION		13
14	CENTRAL SERVICES & SUPPLY		14
15	PHARMACY		15
15.01	OUTPATIENT PHARMACY		15.01
15.02	IV SOLUTIONS		15.02
15.03	MED SURG SUPPLY		15.03
16	MEDICAL RECORDS & LIBRARY		16
17	SOCIAL SERVICE		17
17.01	REHAB ADMIN		17.01
19	NONPHYSICIAN ANESTHETISTS		19
20	NURSING SCHOOL		20
21	I&R SRVCES-SALARY & FRINGES APPRVD		21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD		22
23	PARAMED ED PRGM-(SPECIFY)		23
23.01	PARAMED ED RADIOLOGY		23.01
23.02	PARAMED ED PHARMACY		23.02
INPATIENT ROUTINE SERV COST CENTERS			
30	ADULTS & PEDIATRICS	77,215,812	30
31	INTENSIVE CARE UNIT	11,897,760	31
31.01	PEDIATRIC ICU	2,132,255	31.01
31.02	NEONATAL ICU	6,062,014	31.02
32	CORONARY CARE UNIT	23,309,311	32
40	SUBPROVIDER - IPF	12,623,829	40
41	SUBPROVIDER - IRF	4,035,320	41
43	NURSERY	4,168,591	43
44	SKILLED NURSING FACILITY	5,604,962	44
ANCILLARY SERVICE COST CENTERS			
50	OPERATING ROOM	26,603,020	50
50.01	CAREW MEDICAL PARK SURG	153,918	50.01
51	RECOVERY ROOM	14,497,751	51
52	DELIVERY ROOM & LABOR ROOM	1,239,020	52
53	ANESTHESIOLOGY		53
54	RADIOLOGY-DIAGNOSTIC	24,441,846	54
54.01	RADIOLOGY - WABASH		54.01
54.02	RADIOLOGY - MANCHESTER		54.02
54.03	RADIOLOGY - EAST STATE		54.03
54.04	RADIOLOGY - JEFFERSON		54.04
54.05	RADIOLOGY - NHMP	347,265	54.05
54.06	RADIOLOGY - CMP	669,939	54.06
54.07	RADIOLOGY - WP	241,347	54.07
54.08	RADIOLOGY - PULM CLINIC	283,888	54.08
54.09	RADIOLOGY - WHITLEY POOL		54.09
55	RADIOLOGY-THERAPEUTIC	10,300,667	55
56	RADIOISOTOPE	1,332,083	56
60	LABORATORY	14,824,808	60
60.01	ANATOMICAL PATHOLOGY	6,421,482	60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	4,711,618	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30
65	RESPIRATORY THERAPY	6,839,883	65
65.01	WOUND CARE	1,385,420	65.01
65.02	DIALYSIS	1,849,680	65.02
65.03	ENDOSCOPY	8,507,153	65.03

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION		TOTAL	
		26	
66	PHYSICAL THERAPY	6,432,543	66
66.01	TRANSITIONAL THERAPY	359,170	66.01
66.02	PV REHAB OUTREACH		66.02
67	OCCUPATIONAL THERAPY	1,894,304	67
68	SPEECH PATHOLOGY	750,103	68
68.01	NEURO REHAB	1,512,559	68.01
69	ELECTROCARDIOLOGY	2,846,794	69
70	ELECTROENCEPHALOGRAPHY	685,346	70
70.01	NUTRITION SUPPORT	869,666	70.01
70.02	MRI	3,093,821	70.02
70.03	CARDIAC CATH LAB	9,475,311	70.03
70.04	CARDIAC REHAB SERVICES	311,333	70.04
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	23,753,834	71
71.01	COST OF SOLUTIONS	2,942,751	71.01
72	IMPL. DEV. CHARGED TO PATIENT	32,098,835	72
73	DRUGS CHARGED TO PATIENTS	58,719,546	73
76.97	CARDIAC REHABILITATION		76.97
76.98	HYPERBARIC OXYGEN THERAPY		76.98
76.99	LITHOTRIPSY		76.99
OUTPATIENT SERVICE COST CENTERS			
90	CLINIC	412,800	90
90.01	ANTICOAG CLINIC	5,345,565	90.01
91	EMERGENCY	21,248,246	91
91.01	PARTIAL HOSPITALIZATION	134,893	91.01
92	OBSERVATION BEDS		92
OTHER REIMBURSABLE COST CENTERS			
95	AMBULANCE SERVICES	11,550,371	95
99.10	CORF		99.10
99.20	OUTPATIENT PHYSICAL THERAPY		99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY		99.30
99.40	OUTPATIENT SPEECH PATHOLOGY		99.40
101	HOME HEALTH AGENCY	12,260,065	101
SPECIAL PURPOSE COST CENTERS			
116	HOSPICE	8,739,137	116
118	SUBTOTALS (SUM OF LINES 1-117)	477,137,635	118
NONREIMBURSABLE COST CENTERS			
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,402,216	190
194	NON ALLOWABLE	23,046	194
194.01	TELEVISION	56,039	194.01
194.02	PHYSICIAN PRACTICES	5,670	194.02
194.03	OP CLINIC	937,019	194.03
194.04	PHYS. ANSWERING SERVICE		194.04
194.05	EDUCARE CTR	1,623,421	194.05
194.06	STUCKY RESEARCH CTR	1,787,766	194.06
194.07	OCCUPATIONAL HEALTH		194.07
194.08	FOUNDATION	100,448	194.08
194.09	LV HEALTH PLAN		194.09
194.10	PV RESPIRATORY OUTREACH		194.10
194.11	OUTREACH TRANSCRIPTION		194.11
194.12	GUEST SERVICES		194.12
194.13	HUNTINGTON ARC		194.13
194.14	SENIOR HEALTH SERVICES	463,172	194.14
194.15	SCHOOL NURSE/COMMUNITY OUTREACH	2,761,213	194.15
194.16	FITNESS	247,829	194.16
194.17	NONALLOWABLE ADVERTISING		194.17
194.18	BREAST DIAGNOSTIC CTR	10,596	194.18
194.19	REGIONAL PAIN CLINIC		194.19
194.20	START-UP COSTS NORTH		194.20
194.21	RONALD MCDONALD FAMILY ROOM	334,656	194.21
194.22	EBT	294,201	194.22
194.23	MEDICAL OFFICE BUILDINGS	4,053,904	194.23
194.24	START-UP COSTS ORTHO	27,412	194.24
194.25	PREMIER SURGERY CENTER	15,550,354	194.25
194.26	ISH		194.26
194.27	MCHA BRYAN HOPD		194.27
200	CROSS FOOT ADJUSTMENTS		200
201	NEGATIVE COST CENTER		201
202	TOTAL (SUM OF LINES 118-201)	506,816,597	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	EMPLOYEE BENEFITS 4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS		370,861	31,218	402,079	402,079	5.01
5.02 DATA PROCESSIN			27,533	27,533		5.02
5.03 MATERIALS MANAGEMENT		390,751	11,120,357	11,511,108		5.03
5.04 PATIENT SERVICES		112,375	85,176	197,551	2,978	5.04
5.05 PATIENT ACCOUNTING		71,127	32,510	103,637	3,253	5.05
5.06 AMBULATORY SVCS ADMIN		18,765	17,120	35,885		5.06
5.07 OTHER A&G		1,106,172	1,812,919	2,919,091	67,903	5.07
5.08 CAREW MEDICAL PARK ADMIN		5,829	110	5,939		5.08
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT		2,102,030	320,085	2,422,115	263	7
7.01 FACILITY ENGINEERING		1,357,501	193,022	1,550,523	8,177	7.01
8 LAUNDRY & LINEN SERVICE		24,961	174	25,135	505	8
9 HOUSEKEEPING		359,392	34,091	393,483	8,617	9
10 DIETARY		701,802	374,421	1,076,223	5,223	10
10.01 KITCHEN-NO CONNECT W/CAFE					4,780	10.01
10.02 CAFETERIA						10.02
10.03 PREADMITS AND ER						10.03
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		22,369	14,916	37,285	5,118	13
14 CENTRAL SERVICES & SUPPLY		263,797	474,015	737,812	3	14
15 PHARMACY		202,305	3,641,037	3,843,342	16,542	15
15.01 OUTPATIENT PHARMACY		59,798	65,362	125,160	1,358	15.01
15.02 IV SOLUTIONS		1,050	4,161	5,211	932	15.02
15.03 MED SURG SUPPLY						15.03
16 MEDICAL RECORDS & LIBRARY		153,331	11,746	165,077	4,593	16
17 SOCIAL SERVICE		84,935	3,822	88,757	4,786	17
17.01 REHAB ADMIN		771	216	987	775	17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)		3,364		3,364	125	23
23.01 PARAMED ED RADIOLOGY						23.01
23.02 PARAMED ED PHARMACY		3,793		3,793	362	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		3,214,191	1,255,873	4,470,064	59,772	30
31 INTENSIVE CARE UNIT		253,883	216,636	470,519	9,789	31
31.01 PEDIATRIC ICU		71,937	77,878	149,815	1,651	31.01
31.02 NEONATAL ICU		279,211	95	279,306	5,506	31.02
32 CORONARY CARE UNIT		606,814	534,887	1,141,701	21,601	32
40 SUBPROVIDER - IPF		463,914	33,974	497,888	10,095	40
41 SUBPROVIDER - IRF		278,237	22,859	301,096	3,128	41
43 NURSERY		52,615	169,543	222,158	3,233	43
44 SKILLED NURSING FACILITY		251,430	19,448	270,878	4,532	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		1,466,588	1,812,867	3,279,455	14,009	50
50.01 CAREW MEDICAL PARK SURG		43,132		43,132		50.01
51 RECOVERY ROOM		649,022	191,473	840,495	7,512	51
52 DELIVERY ROOM & LABOR ROOM		337,023	2,695	339,718	59	52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC		474,814	3,242,912	3,717,726	16,352	54
54.01 RADIOLOGY - WABASH						54.01
54.02 RADIOLOGY - MANCHESTER						54.02
54.03 RADIOLOGY - EAST STATE						54.03
54.04 RADIOLOGY - JEFFERSON						54.04
54.05 RADIOLOGY - NHMP		26,365		26,365	306	54.05
54.06 RADIOLOGY - CMP		14,289	1,965	16,254	289	54.06
54.07 RADIOLOGY - WP			787	787	244	54.07
54.08 RADIOLOGY - PULM CLINIC		35,621	20,939	56,560	136	54.08
54.09 RADIOLOGY - WHITLEY POOL						54.09
55 RADIOLOGY-THERAPEUTIC		448,614	1,174,496	1,623,110	4,877	55
56 RADIOISOTOPE		70,976	291,672	362,648	696	56
60 LABORATORY		525,811	3,691,049	4,216,860	21,825	60
60.01 ANATOMICAL PATHOLOGY		27,136	29,821	56,957	3,332	60.01
62 WHOLE BLOOD & PACKED RED BLOOD CELLS					872	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		148,476	405,377	553,853	6,579	65
65.01 WOUND CARE		28,679	10,332	39,011	596	65.01
65.02 DIALYSIS		43,852	7,742	51,594	92	65.02
65.03 ENDOSCOPY		304,362	326,996	631,358	4,242	65.03

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	CAP	SUBTOTAL	EMPLOYEE	
	CAP-REL COSTS 0	BLDGS & FIXTURES 1	MOVABLE EQUIPMENT 2		2A	BENEFITS 4
66 PHYSICAL THERAPY		208,488	31,057	239,545	6,599	66
66.01 TRANSITIONAL THERAPY		23,406	504	23,910		66.01
66.02 PV REHAB OUTREACH						66.02
67 OCCUPATIONAL THERAPY		23,608	1,897	25,505	2,111	67
68 SPEECH PATHOLOGY		7,751	3,113	10,864	755	68
68.01 NEURO REHAB		78,550	6,569	85,119	1,329	68.01
69 ELECTROCARDIOLOGY					3,128	69
70 ELECTROENCEPHALOGRAPHY		21,041	23,467	44,508	675	70
70.01 NUTRITION SUPPORT		658	868	1,526	956	70.01
70.02 MRI		226,090	762,304	988,394	1,175	70.02
70.03 CARDIAC CATH LAB		413,095	761,911	1,175,006	5,707	70.03
70.04 CARDIAC REHAB SERVICES		42,815	9,846	52,661	173	70.04
71 MEDICAL SUPPLIES CHRGED TO PATIENTS		4,780		4,780		71
71.01 COST OF SOLUTIONS						71.01
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		19,992	2,858	22,850	2	90
90.01 ANTICOAG CLINIC		38,870	2,943,729	2,982,599	1,385	90.01
91 EMERGENCY		743,151	253,126	996,277	14,899	91
91.01 PARTIAL HOSPITALIZATION		12,392		12,392	107	91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES		66,107	44,385	110,492	4,579	95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY		213,066	24,903	237,969	7,609	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE					6,220	116
118 SUBTOTALS (SUM OF LINES 1-117)		19,677,931	36,676,864	56,354,795	395,027	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		253,201	8,489	261,690	139	190
194 NON ALLOWABLE			9,078	9,078		194
194.01 TELEVISION		1,176	3,202	4,378	14	194.01
194.02 PHYSICIAN PRACTICES		1,745		1,745		194.02
194.03 OP CLINIC		31,385	2,609	33,994	1	194.03
194.04 PHYS. ANSWERING SERVICE						194.04
194.05 EDUCARE CTR		200,686	1,643	202,329	49	194.05
194.06 STUCKY RESEARCH CTR		23,595	122,354	145,949	1,506	194.06
194.07 OCCUPATIONAL HEALTH						194.07
194.08 FOUNDATION		28,856	1	28,857		194.08
194.09 LV HEALTH PLAN						194.09
194.10 PV RESPIRATORY OUTREACH						194.10
194.11 OUTREACH TRANSCRIPTION						194.11
194.12 GUEST SERVICES						194.12
194.13 HUNTINGTON ARC						194.13
194.14 SENIOR HEALTH SERVICES		66,145	99	66,244	173	194.14
194.15 SCHOOL NURSE/COMMUNITY OUTREACH		26,289	25	26,314	1,200	194.15
194.16 FITNESS					278	194.16
194.17 NONALLOWABLE ADVERTISING						194.17
194.18 BREAST DIAGNOSTIC CTR			8	8	2	194.18
194.19 REGIONAL PAIN CLINIC						194.19
194.20 START-UP COSTS NORTH						194.20
194.21 RONALD MCDONALD FAMILY ROOM		97,201	6,429	103,630		194.21
194.22 EBT		2,782	735	3,517	41	194.22
194.23 MEDICAL OFFICE BUILDINGS		571,446	35,228	606,674	594	194.23
194.24 START-UP COSTS ORTHO			22,292	22,292		194.24
194.25 PREMIER SURGERY CENTER		224,459		224,459	3,055	194.25
194.26 ISH						194.26
194.27 MCHA BRYAN HOPD						194.27
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)		21,206,897	36,889,056	58,095,953	402,079	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	COMMUN-	DATA	MATERIALS	PATIENT	PATIENT	
	CATIONS	PROCESSING	MGMT	SERVICES	ACCOUNTING	
	5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS	27,533					5.01
5.02 DATA PROCESSIN	3,633	11,514,741				5.02
5.03 MATERIALS MANAGEMENT	132		200,661			5.03
5.04 PATIENT SERVICES	742	93,710	67	201,409		5.04
5.05 PATIENT ACCOUNTING	454				36,339	5.05
5.06 AMBULATORY SVCS ADMIN						5.06
5.07 OTHER A&G	2,797	286,914	11,854			5.07
5.08 CAREW MEDICAL PARK ADMIN						5.08
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	189	4,628	674			7
7.01 FACILITY ENGINEERING	836	371,369	1,702			7.01
8 LAUNDRY & LINEN SERVICE	449	35,864	1,338			8
9 HOUSEKEEPING	227	691,833	3,016			9
10 DIETARY	293	651,341	2,301			10
10.01 KITCHEN-NO CONNECT W/CAFE						10.01
10.02 CAFETERIA						10.02
10.03 PREADMITS AND ER						10.03
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	71	134,202	48			13
14 CENTRAL SERVICES & SUPPLY	231		57			14
15 PHARMACY	515	396,821	1,522			15
15.01 OUTPATIENT PHARMACY	5	40,492	161			15.01
15.02 IV SOLUTIONS		45,120	1,255			15.02
15.03 MED SURG SUPPLY			84,084			15.03
16 MEDICAL RECORDS & LIBRARY	47					16
17 SOCIAL SERVICE	203	142,300	25			17
17.01 REHAB ADMIN	71	27,766	21			17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMED ED RADIOLOGY						23.01
23.02 PARAMED ED PHARMACY						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	4,767	2,255,976	8,936	29,080	3,278	30
31 INTENSIVE CARE UNIT	586	304,268	1,553	4,444	440	31
31.01 PEDIATRIC ICU	76	42,806	157	519	51	31.01
31.02 NEONATAL ICU	628	138,829	665	3,350	332	31.02
32 CORONARY CARE UNIT	420	631,674	3,014	9,215	913	32
40 SUBPROVIDER - IPF	501	433,842	467	4,485	444	40
41 SUBPROVIDER - IRF	274	145,771	182	1,325	131	41
43 NURSERY	5			981	97	43
44 SKILLED NURSING FACILITY	241	224,441	459	1,330	132	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	827	628,203	18,626	22,316	3,253	50
50.01 CAREW MEDICAL PARK SURG	118			7	1	50.01
51 RECOVERY ROOM	482	138,829	906	4,843	1,340	51
52 DELIVERY ROOM & LABOR ROOM	368	23,138	4	504	50	52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC	926	509,041	13,339	17,750	6,204	54
54.01 RADIOLOGY - WABASH						54.01
54.02 RADIOLOGY - MANCHESTER						54.02
54.03 RADIOLOGY - EAST STATE						54.03
54.04 RADIOLOGY - JEFFERSON						54.04
54.05 RADIOLOGY - NHMP		11,569	8	1	18	54.05
54.06 RADIOLOGY - CMP	113	12,726	1			54.06
54.07 RADIOLOGY - WP		10,412	7		13	54.07
54.08 RADIOLOGY - PULM CLINIC	66	5,785	8		1	54.08
54.09 RADIOLOGY - WHITLEY POOL						54.09
55 RADIOLOGY-THERAPEUTIC	1,195	94,867	198	294	999	55
56 RADIOISOTOPE	43	19,667	2,141	496	96	56
60 LABORATORY	609	962,550	26,585	12,262	1,700	60
60.01 ANATOMICAL PATHOLOGY	76	34,707	1,463	1,536	450	60.01
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	9			1,526	186	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	406	293,856	991	5,211	551	65
65.01 WOUND CARE		16,197	71	735	82	65.01
65.02 DIALYSIS	24	5,785	90	569	62	65.02
65.03 ENDOSCOPY	57	107,593	1,824	1,513	715	65.03

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	COMMUN-	DATA	MATERIALS	PATIENT	PATIENT	
	CATIONS	PROCESSING	MGMT	SERVICES	ACCOUNTING	
	5.01	5.02	5.03	5.04	5.05	
66 PHYSICAL THERAPY	80	252,207	161	2,565	297	66
66.01 TRANSITIONAL THERAPY	38		12	88	9	66.01
66.02 PV REHAB OUTREACH						66.02
67 OCCUPATIONAL THERAPY	19	45,120	20	535	60	67
68 SPEECH PATHOLOGY	14	10,412	3	299	32	68
68.01 NEURO REHAB	52	41,649	329	1	64	68.01
69 ELECTROCARDIOLOGY	43	33,550	188	1,829	531	69
70 ELECTROENCEPHALOGRAPHY	9	10,412	40	458	69	70
70.01 NUTRITION SUPPORT	71	39,335	198	17	2	70.01
70.02 MRI	85	33,550	98	1,635	361	70.02
70.03 CARDIAC CATH LAB	713	161,968	844	7,642	1,957	70.03
70.04 CARDIAC REHAB SERVICES	19	6,941	20		14	70.04
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				10,024	1,742	71
71.01 COST OF SOLUTIONS				7,485	921	71.01
72 IMPL. DEV. CHARGED TO PATIENT				16,619	2,584	72
73 DRUGS CHARGED TO PATIENTS				21,110	3,119	73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	47		42	24	9	90
90.01 ANTICOAG CLINIC	28	25,452	351	4	50	90.01
91 EMERGENCY	1,063	562,259	3,096	6,776	2,125	91
91.01 PARTIAL HOSPITALIZATION	43	4,628			11	91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	90	149,242	1,471	6	292	95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	350		2,189		319	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE					232	116
118 SUBTOTALS (SUM OF LINES 1-117)	26,476	11,351,617	198,882	201,409	36,339	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	61	12,726	1,054			190
194 NON ALLOWABLE	151					194
194.01 TELEVISION	9	1,157	2			194.01
194.02 PHYSICIAN PRACTICES						194.02
194.03 OP CLINIC	76					194.03
194.04 PHYS. ANSWERING SERVICE						194.04
194.05 EDUCARE CTR	5	5,785	92			194.05
194.06 STUCKY RESEARCH CTR	14	48,590	42			194.06
194.07 OCCUPATIONAL HEALTH						194.07
194.08 FOUNDATION	85					194.08
194.09 LV HEALTH PLAN						194.09
194.10 PV RESPIRATORY OUTREACH						194.10
194.11 OUTREACH TRANSCRIPTION						194.11
194.12 GUEST SERVICES						194.12
194.13 HUNTINGTON ARC						194.13
194.14 SENIOR HEALTH SERVICES	19	9,255	91			194.14
194.15 SCHOOL NURSE/COMMUNITY OUTREACH	28	63,630	171			194.15
194.16 FITNESS						194.16
194.17 NONALLOWABLE ADVERTISING						194.17
194.18 BREAST DIAGNOSTIC CTR	109		6			194.18
194.19 REGIONAL PAIN CLINIC						194.19
194.20 START-UP COSTS NORTH						194.20
194.21 RONALD MCDONALD FAMILY ROOM			4			194.21
194.22 EBT		2,314	3			194.22
194.23 MEDICAL OFFICE BUILDINGS	94	19,667	314			194.23
194.24 START-UP COSTS ORTHO						194.24
194.25 PREMIER SURGERY CENTER	406					194.25
194.26 ISH						194.26
194.27 MCHA BRYAN HOPD						194.27
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	27,533	11,514,741	200,661	201,409	36,339	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	OTHER A&G	CAREW MED PARK ADMIN	OPERATION OF PLANT	FACILITY ENGINEERIN	LAUNDRY & LINEN SERVICE	
	5.07	5.08	7	7.01	8	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSIN						5.02
5.03 MATERIALS MANAGEMENT						5.03
5.04 PATIENT SERVICES						5.04
5.05 PATIENT ACCOUNTING						5.05
5.06 AMBULATORY SVCS ADMIN						5.06
5.07 OTHER A&G	3,288,559					5.07
5.08 CAREW MEDICAL PARK ADMIN	2,561	8,500				5.08
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	76,282		2,504,151			7
7.01 FACILITY ENGINEERING	60,054		199,624	2,192,285		7.01
8 LAUNDRY & LINEN SERVICE	17,915		3,671	3,492	88,369	8
9 HOUSEKEEPING	62,716		52,849	50,275		9
10 DIETARY	28,180		103,202	98,175		10
10.01 KITCHEN-NO CONNECT W/CAFE	23,135					10.01
10.02 CAFETERIA						10.02
10.03 PREADMITS AND ER						10.03
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	29,764		3,289	3,129		13
14 CENTRAL SERVICES & SUPPLY	6,691		38,792	36,903	5,182	14
15 PHARMACY	151,161		29,749	28,300		15
15.01 OUTPATIENT PHARMACY	63,002		8,793	8,365		15.01
15.02 IV SOLUTIONS	17,827		154	147		15.02
15.03 MED SURG SUPPLY	346,751					15.03
16 MEDICAL RECORDS & LIBRARY	31,120		22,548	21,450		16
17 SOCIAL SERVICE	32,467		12,490	11,882		17
17.01 REHAB ADMIN	4,971		113	108		17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	24,571					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)	635		495	471		23
23.01 PARAMED ED RADIOLOGY						23.01
23.02 PARAMED ED PHARMACY	1,784		558	531		23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	385,266		472,654	449,629	28,861	30
31 INTENSIVE CARE UNIT	64,060		37,334	35,516	2,941	31
31.01 PEDIATRIC ICU	11,827		10,578	10,063	610	31.01
31.02 NEONATAL ICU	32,849		41,059	39,059	690	31.02
32 CORONARY CARE UNIT	129,651		89,233	84,887	8,383	32
40 SUBPROVIDER - IPF	61,959		68,220	64,897	3,255	40
41 SUBPROVIDER - IRF	19,736		40,915	38,923	592	41
43 NURSERY	25,207		7,737	7,360		43
44 SKILLED NURSING FACILITY	27,672		36,973	35,173	2,475	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	142,249		215,665	205,161	7,137	50
50.01 CAREW MEDICAL PARK SURG	430		6,343	6,034		50.01
51 RECOVERY ROOM	82,460		95,440	90,792	1,470	51
52 DELIVERY ROOM & LABOR ROOM	3,392		49,560	47,146		52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC	137,883		69,822	66,422	6,052	54
54.01 RADIOLOGY - WABASH						54.01
54.02 RADIOLOGY - MANCHESTER						54.02
54.03 RADIOLOGY - EAST STATE						54.03
54.04 RADIOLOGY - JEFFERSON						54.04
54.05 RADIOLOGY - NHMP	1,842		3,877	3,688		54.05
54.06 RADIOLOGY - CMP	3,555	1,904	2,101	1,999		54.06
54.07 RADIOLOGY - WP	1,510					54.07
54.08 RADIOLOGY - PULM CLINIC	1,224	368	5,238	4,983		54.08
54.09 RADIOLOGY - WHITLEY POOL						54.09
55 RADIOLOGY-THERAPEUTIC	60,482		65,970	62,757	90	55
56 RADIOISOTOPE	7,395		10,437	9,929	206	56
60 LABORATORY	85,517	2,736	77,322	73,556	9	60
60.01 ANATOMICAL PATHOLOGY	40,447		3,990	3,796		60.01
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	30,236					62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	41,050		21,834	20,770	81	65
65.01 WOUND CARE	8,404		4,217	4,012	9	65.01
65.02 DIALYSIS	11,145		6,449	6,135	663	65.02
65.03 ENDOSCOPY	48,550		44,757	42,577	1,273	65.03

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	OTHER A&G	CAREW MED PARK ADMIN	OPERATION OF PLANT	FACILITY ENGINEERIN	LAUNDRY & LINEN SERVICE 8	
	5.07	5.08	7	7.01		
66 PHYSICAL THERAPY	37,286		30,659	29,165	511	66
66.01 TRANSITIONAL THERAPY	250		3,442	3,274		66.01
66.02 PV REHAB OUTREACH						66.02
67 OCCUPATIONAL THERAPY	11,156		3,472	3,303		67
68 SPEECH PATHOLOGY	4,030		1,140	1,084		68
68.01 NEURO REHAB	8,297		11,551	10,988		68.01
69 ELECTROCARDIOLOGY	17,651				63	69
70 ELECTROENCEPHALOGRAPHY	4,079		3,094	2,943		70
70.01 NUTRITION SUPPORT	5,546		97	92		70.01
70.02 MRI	16,167		33,247	31,628	18	70.02
70.03 CARDIAC CATH LAB	49,538		60,747	57,788	72	70.03
70.04 CARDIAC REHAB SERVICES	1,393		6,296	5,989		70.04
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	1,056		703	669		71
71.01 COST OF SOLUTIONS	754					71.01
72 IMPL. DEV. CHARGED TO PATIENT	1,683					72
73 DRUGS CHARGED TO PATIENTS	163,321					73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	2,376		2,940	2,797		90
90.01 ANTICOAG CLINIC	32,717	3,492	5,716	5,438		90.01
91 EMERGENCY	115,294		109,282	103,959	17,708	91
91.01 PARTIAL HOSPITALIZATION	680		1,822	1,734		91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	72,434		9,721	9,248		95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	69,571		31,332	29,806		101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	56,280					116
118 SUBTOTALS (SUM OF LINES 1-117)	3,119,144	8,500	2,279,313	1,978,397	88,351	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,721		37,234	35,420		190
194 NON ALLOWABLE	148					194
194.01 TELEVISION	344		173	165		194.01
194.02 PHYSICIAN PRACTICES	14		257	244		194.02
194.03 OP CLINIC	5,626		4,615	4,390		194.03
194.04 PHYS. ANSWERING SERVICE						194.04
194.05 EDUCARE CTR	7,838		29,511	28,074		194.05
194.06 STUCKY RESEARCH CTR	11,206		3,470	3,301		194.06
194.07 OCCUPATIONAL HEALTH						194.07
194.08 FOUNDATION	272		4,243	4,037		194.08
194.09 LV HEALTH PLAN						194.09
194.10 PV RESPIRATORY OUTREACH						194.10
194.11 OUTREACH TRANSCRIPTION						194.11
194.12 GUEST SERVICES						194.12
194.13 HUNTINGTON ARC						194.13
194.14 SENIOR HEALTH SERVICES	2,112		9,727	9,253		194.14
194.15 SCHOOL NURSE/COMMUNITY OUTREACH	16,976		3,866	3,678		194.15
194.16 FITNESS	1,596					194.16
194.17 NONALLOWABLE ADVERTISING						194.17
194.18 BREAST DIAGNOSTIC CTR	68					194.18
194.19 REGIONAL PAIN CLINIC						194.19
194.20 START-UP COSTS NORTH						194.20
194.21 RONALD MCDONALD FAMILY ROOM	887		14,294	13,597	18	194.21
194.22 EBT	1,855		409	389		194.22
194.23 MEDICAL OFFICE BUILDINGS	18,651		84,032	79,940		194.23
194.24 START-UP COSTS ORTHO	177					194.24
194.25 PREMIER SURGERY CENTER	95,924		33,007	31,400		194.25
194.26 ISH						194.26
194.27 MCHA BRYAN HOPD						194.27
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	3,288,559	8,500	2,504,151	2,192,285	88,369	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	KITCHEN-NO CONNECT W/CAFE	CAFETERIA	PREADMITS AND ER	
	9	10	10.01	10.02	10.03	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSIN						5.02
5.03 MATERIALS MANAGEMENT						5.03
5.04 PATIENT SERVICES						5.04
5.05 PATIENT ACCOUNTING						5.05
5.06 AMBULATORY SVCS ADMIN						5.06
5.07 OTHER A&G						5.07
5.08 CAREW MEDICAL PARK ADMIN						5.08
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
7.01 FACILITY ENGINEERING						7.01
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	1,263,016					9
10 DIETARY	57,983	2,022,921				10
10.01 KITCHEN-NO CONNECT W/CAFE			27,915			10.01
10.02 CAFETERIA		678,100		678,100		10.02
10.03 PREADMITS AND ER		44,710	436	23,281	68,427	10.03
11 CAFETERIA				654,819		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,848					13
14 CENTRAL SERVICES & SUPPLY	21,795					14
15 PHARMACY	16,714					15
15.01 OUTPATIENT PHARMACY	4,940					15.01
15.02 IV SOLUTIONS	87					15.02
15.03 MED SURG SUPPLY						15.03
16 MEDICAL RECORDS & LIBRARY	12,668					16
17 SOCIAL SERVICE	7,017					17
17.01 REHAB ADMIN	64					17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)	278					23
23.01 PARAMED ED RADIOLOGY						23.01
23.02 PARAMED ED PHARMACY	313					23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	265,557	689,281	14,568		68,427	30
31 INTENSIVE CARE UNIT	20,976	56,374	1,192			31
31.01 PEDIATRIC ICU	5,943	5,668	120			31.01
31.02 NEONATAL ICU	23,068					31.02
32 CORONARY CARE UNIT	50,135	74,802	1,581			32
40 SUBPROVIDER - IPF	38,328	334,892	7,078			40
41 SUBPROVIDER - IRF	22,988	45,834	969			41
43 NURSERY	4,347					43
44 SKILLED NURSING FACILITY	20,773	93,260	1,971			44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	121,169					50
50.01 CAREW MEDICAL PARK SURG	3,564					50.01
51 RECOVERY ROOM	53,622					51
52 DELIVERY ROOM & LABOR ROOM	27,845					52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC	39,229					54
54.01 RADIOLOGY - WABASH						54.01
54.02 RADIOLOGY - MANCHESTER						54.02
54.03 RADIOLOGY - EAST STATE						54.03
54.04 RADIOLOGY - JEFFERSON						54.04
54.05 RADIOLOGY - NHMP	2,178					54.05
54.06 RADIOLOGY - CMP	1,181					54.06
54.07 RADIOLOGY - WP						54.07
54.08 RADIOLOGY - PULM CLINIC	2,943					54.08
54.09 RADIOLOGY - WHITLEY POOL						54.09
55 RADIOLOGY-THERAPEUTIC	37,064					55
56 RADIOISOTOPE	5,864					56
60 LABORATORY	43,442					60
60.01 ANATOMICAL PATHOLOGY	2,242					60.01
62 WHOLE BLOOD & PACKED RED BLOOD CELLS						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	12,267					65
65.01 WOUND CARE	2,369					65.01
65.02 DIALYSIS	3,623					65.02
65.03 ENDOSCOPY	25,146					65.03

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	KITCHEN-NO CONNECT W/CAFE	CAFETERIA	PREADMITS AND ER	
	9	10	10.01	10.02	10.03	
66 PHYSICAL THERAPY	17,225					66
66.01 TRANSITIONAL THERAPY	1,934					66.01
66.02 PV REHAB OUTREACH						66.02
67 OCCUPATIONAL THERAPY	1,950					67
68 SPEECH PATHOLOGY	640					68
68.01 NEURO REHAB	6,490					68.01
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY	1,738					70
70.01 NUTRITION SUPPORT	54					70.01
70.02 MRI	18,679					70.02
70.03 CARDIAC CATH LAB	34,130					70.03
70.04 CARDIAC REHAB SERVICES	3,537					70.04
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	395					71
71.01 COST OF SOLUTIONS						71.01
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,652					90
90.01 ANTICOAG CLINIC	3,211					90.01
91 EMERGENCY	61,399					91
91.01 PARTIAL HOSPITALIZATION	1,024					91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	5,462					95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	17,603					101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE						116
118 SUBTOTALS (SUM OF LINES 1-117)	1,136,693	2,022,921	27,915	678,100	68,427	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	20,919					190
194 NON ALLOWABLE						194
194.01 TELEVISION	97					194.01
194.02 PHYSICIAN PRACTICES	144					194.02
194.03 OP CLINIC	2,593					194.03
194.04 PHYS. ANSWERING SERVICE						194.04
194.05 EDUCARE CTR	16,581					194.05
194.06 STUCKY RESEARCH CTR	1,949					194.06
194.07 OCCUPATIONAL HEALTH						194.07
194.08 FOUNDATION	2,384					194.08
194.09 LV HEALTH PLAN						194.09
194.10 PV RESPIRATORY OUTREACH						194.10
194.11 OUTREACH TRANSCRIPTION						194.11
194.12 GUEST SERVICES						194.12
194.13 HUNTINGTON ARC						194.13
194.14 SENIOR HEALTH SERVICES	5,465					194.14
194.15 SCHOOL NURSE/COMMUNITY OUTREACH	2,172					194.15
194.16 FITNESS						194.16
194.17 NONALLOWABLE ADVERTISING						194.17
194.18 BREAST DIAGNOSTIC CTR						194.18
194.19 REGIONAL PAIN CLINIC						194.19
194.20 START-UP COSTS NORTH						194.20
194.21 RONALD MCDONALD FAMILY ROOM	8,031					194.21
194.22 EBT	230					194.22
194.23 MEDICAL OFFICE BUILDINGS	47,213					194.23
194.24 START-UP COSTS ORTHO						194.24
194.25 PREMIER SURGERY CENTER	18,545					194.25
194.26 ISH						194.26
194.27 MCHA BRYAN HOPD						194.27
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,263,016	2,022,921	27,915	678,100	68,427	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	OUTPATIENT PHARMACY 15.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSIN						5.02
5.03 MATERIALS MANAGEMENT						5.03
5.04 PATIENT SERVICES						5.04
5.05 PATIENT ACCOUNTING						5.05
5.06 AMBULATORY SVCS ADMIN						5.06
5.07 OTHER A&G						5.07
5.08 CAREW MEDICAL PARK ADMIN						5.08
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
7.01 FACILITY ENGINEERING						7.01
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
10.01 KITCHEN-NO CONNECT W/CAFE						10.01
10.02 CAFETERIA						10.02
10.03 PREADMITS AND ER						10.03
11 CAFETERIA	654,819					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	9,182	223,936				13
14 CENTRAL SERVICES & SUPPLY	31		847,497			14
15 PHARMACY	32,044			1	4,516,711	15
15.01 OUTPATIENT PHARMACY	2,862				1,048,518	15.01
15.02 IV SOLUTIONS	3,742	2,125		2		15.02
15.03 MED SURG SUPPLY			767,940		6	15.03
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE	11,321					17
17.01 REHAB ADMIN	1,824			1		17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMED ED RADIOLOGY						23.01
23.02 PARAMED ED PHARMACY						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	167,611	95,166	9,078		1,002	30
31 INTENSIVE CARE UNIT	24,780	14,070	94		29	31
31.01 PEDIATRIC ICU	3,522	2,000	15		1	31.01
31.02 NEONATAL ICU	12,767	7,249	3		11	31.02
32 CORONARY CARE UNIT	54,183	30,764	821		45	32
40 SUBPROVIDER - IPF	29,875		1,748		144	40
41 SUBPROVIDER - IRF	8,837				1	41
43 NURSERY	10,032	5,696				43
44 SKILLED NURSING FACILITY	13,585	7,713			9	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	49,875	23,622	67,473		2,119	50
50.01 CAREW MEDICAL PARK SURG						50.01
51 RECOVERY ROOM	11,447	6,499	1		27	51
52 DELIVERY ROOM & LABOR ROOM	2,138	1,214				52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC	35,441	1,625	69		454	54
54.01 RADIOLOGY - WABASH						54.01
54.02 RADIOLOGY - MANCHESTER						54.02
54.03 RADIOLOGY - EAST STATE						54.03
54.04 RADIOLOGY - JEFFERSON						54.04
54.05 RADIOLOGY - NHMP						54.05
54.06 RADIOLOGY - CMP						54.06
54.07 RADIOLOGY - WP						54.07
54.08 RADIOLOGY - PULM CLINIC		196				54.08
54.09 RADIOLOGY - WHITLEY POOL						54.09
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE	1,415		6		4	56
60 LABORATORY	27,516				6	60
60.01 ANATOMICAL PATHOLOGY	2,862				13	60.01
62 WHOLE BLOOD & PACKED RED BLOOD CELLS					1	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	22,485		1		271	65
65.01 WOUND CARE	1,132	643	3		63	65.01
65.02 DIALYSIS	472	268			7	65.02
65.03 ENDOSCOPY	8,239		53		39	65.03

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	OUTPATIENT PHARMACY	
	11	13	14	15	15.01	
66 PHYSICAL THERAPY	17,736			72		66
66.01 TRANSITIONAL THERAPY						66.01
66.02 PV REHAB OUTREACH						66.02
67 OCCUPATIONAL THERAPY	2,862					67
68 SPEECH PATHOLOGY	660					68
68.01 NEURO REHAB	2,736			63		68.01
69 ELECTROCARDIOLOGY	2,516			8		69
70 ELECTROENCEPHALOGRAPHY	881					70
70.01 NUTRITION SUPPORT	2,516					70.01
70.02 MRI	2,296			1		70.02
70.03 CARDIAC CATH LAB	12,830	982		18		70.03
70.04 CARDIAC REHAB SERVICES	566					70.04
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
71.01 COST OF SOLUTIONS						71.01
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS				3,317,788	1,303,656	73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC			4	4		90
90.01 ANTICOAG CLINIC				100		90.01
91 EMERGENCY	40,283	21,479	41	1,392		91
91.01 PARTIAL HOSPITALIZATION	283					91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	12,201			905		95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY		268	95	141,524		101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE						116
118 SUBTOTALS (SUM OF LINES 1-117)	647,586	221,579	847,448	4,514,646	1,303,656	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	849		9			190
194 NON ALLOWABLE						194
194.01 TELEVISION	63					194.01
194.02 PHYSICIAN PRACTICES						194.02
194.03 OP CLINIC						194.03
194.04 PHYS. ANSWERING SERVICE						194.04
194.05 EDUCARE CTR	346					194.05
194.06 STUCKY RESEARCH CTR			7	1		194.06
194.07 OCCUPATIONAL HEALTH						194.07
194.08 FOUNDATION						194.08
194.09 LV HEALTH PLAN						194.09
194.10 PV RESPIRATORY OUTREACH						194.10
194.11 OUTREACH TRANSCRIPTION						194.11
194.12 GUEST SERVICES						194.12
194.13 HUNTINGTON ARC						194.13
194.14 SENIOR HEALTH SERVICES	566					194.14
194.15 SCHOOL NURSE/COMMUNITY OUTREACH	4,151	2,357	33	1,999		194.15
194.16 FITNESS						194.16
194.17 NONALLOWABLE ADVERTISING						194.17
194.18 BREAST DIAGNOSTIC CTR						194.18
194.19 REGIONAL PAIN CLINIC						194.19
194.20 START-UP COSTS NORTH						194.20
194.21 RONALD MCDONALD FAMILY ROOM						194.21
194.22 EBT						194.22
194.23 MEDICAL OFFICE BUILDINGS	1,258					194.23
194.24 START-UP COSTS ORTHO						194.24
194.25 PREMIER SURGERY CENTER				65		194.25
194.26 ISH						194.26
194.27 MCHA BRYAN HOPD						194.27
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	654,819	223,936	847,497	4,516,711	1,303,656	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	IV SOLUTIONS	MED SURG SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	
	15.02	15.03	16	17	17.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSIN						5.02
5.03 MATERIALS MANAGEMENT						5.03
5.04 PATIENT SERVICES						5.04
5.05 PATIENT ACCOUNTING						5.05
5.06 AMBULATORY SVCS ADMIN						5.06
5.07 OTHER A&G						5.07
5.08 CAREW MEDICAL PARK ADMIN						5.08
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
7.01 FACILITY ENGINEERING						7.01
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
10.01 KITCHEN-NO CONNECT W/CAFE						10.01
10.02 CAFETERIA						10.02
10.03 PREADMITS AND ER						10.03
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
15.01 OUTPATIENT PHARMACY						15.01
15.02 IV SOLUTIONS	76,608					15.02
15.03 MED SURG SUPPLY		1,198,775				15.03
16 MEDICAL RECORDS & LIBRARY			257,503			16
17 SOCIAL SERVICE				311,248		17
17.01 REHAB ADMIN					36,701	17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMED ED RADIOLOGY						23.01
23.02 PARAMED ED PHARMACY						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS			8,858	189,083	1,725	30
31 INTENSIVE CARE UNIT			29	39,311		31
31.01 PEDIATRIC ICU			86	2,708		31.01
31.02 NEONATAL ICU				11,080		31.02
32 CORONARY CARE UNIT			401	27,110		32
40 SUBPROVIDER - IPF			115			40
41 SUBPROVIDER - IRF					5,120	41
43 NURSERY						43
44 SKILLED NURSING FACILITY						44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM			26,917			50
50.01 CAREW MEDICAL PARK SURG						50.01
51 RECOVERY ROOM			8,342			51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC			87,199			54
54.01 RADIOLOGY - WABASH						54.01
54.02 RADIOLOGY - MANCHESTER						54.02
54.03 RADIOLOGY - EAST STATE						54.03
54.04 RADIOLOGY - JEFFERSON						54.04
54.05 RADIOLOGY - NHMP			401			54.05
54.06 RADIOLOGY - CMP						54.06
54.07 RADIOLOGY - WP			344			54.07
54.08 RADIOLOGY - PULM CLINIC			29			54.08
54.09 RADIOLOGY - WHITLEY POOL						54.09
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE			1,491			56
60 LABORATORY			8,571			60
60.01 ANATOMICAL PATHOLOGY			3,899			60.01
62 WHOLE BLOOD & PACKED RED BLOOD CELLS			831			62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY			4,873			65
65.01 WOUND CARE			258			65.01
65.02 DIALYSIS			115			65.02
65.03 ENDOSCOPY			14,476			65.03

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	IV SOLUTIONS	MED SURG SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	
	15.02	15.03	16	17	17.01	
66 PHYSICAL THERAPY			1,749		5,623	66
66.01 TRANSITIONAL THERAPY					12,871	66.01
66.02 PV REHAB OUTREACH						66.02
67 OCCUPATIONAL THERAPY					5,002	67
68 SPEECH PATHOLOGY			29		5,002	68
68.01 NEURO REHAB			1,433		1,358	68.01
69 ELECTROCARDIOLOGY			4,844			69
70 ELECTROENCEPHALOGRAPHY			344			70
70.01 NUTRITION SUPPORT						70.01
70.02 MRI			5,991			70.02
70.03 CARDIAC CATH LAB			44,518			70.03
70.04 CARDIAC REHAB SERVICES			344			70.04
71 MEDICAL SUPPLIES CHRGED TO PATIENTS		510,079				71
71.01 COST OF SOLUTIONS	76,608					71.01
72 IMPL. DEV. CHARGED TO PATIENT		688,696				72
73 DRUGS CHARGED TO PATIENTS						73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC			172			90
90.01 ANTICOAG CLINIC			1,147			90.01
91 EMERGENCY				41,956		91
91.01 PARTIAL HOSPITALIZATION			172			91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES			6,478			95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY			12,928			101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE						116
118 SUBTOTALS (SUM OF LINES 1-117)	76,608	1,198,775	247,384	311,248	36,701	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
194 NON ALLOWABLE						194
194.01 TELEVISION						194.01
194.02 PHYSICIAN PRACTICES						194.02
194.03 OP CLINIC						194.03
194.04 PHYS. ANSWERING SERVICE						194.04
194.05 EDUCARE CTR						194.05
194.06 STUCKY RESEARCH CTR						194.06
194.07 OCCUPATIONAL HEALTH						194.07
194.08 FOUNDATION						194.08
194.09 LV HEALTH PLAN						194.09
194.10 PV RESPIRATORY OUTREACH						194.10
194.11 OUTREACH TRANSCRIPTION						194.11
194.12 GUEST SERVICES						194.12
194.13 HUNTINGTON ARC						194.13
194.14 SENIOR HEALTH SERVICES						194.14
194.15 SCHOOL NURSE/COMMUNITY OUTREACH						194.15
194.16 FITNESS						194.16
194.17 NONALLOWABLE ADVERTISING						194.17
194.18 BREAST DIAGNOSTIC CTR						194.18
194.19 REGIONAL PAIN CLINIC						194.19
194.20 START-UP COSTS NORTH						194.20
194.21 RONALD MCDONALD FAMILY ROOM						194.21
194.22 EBT			29			194.22
194.23 MEDICAL OFFICE BUILDINGS						194.23
194.24 START-UP COSTS ORTHO						194.24
194.25 PREMIER SURGERY CENTER			10,090			194.25
194.26 ISH						194.26
194.27 MCHA BRYAN HOPD						194.27
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	76,608	1,198,775	257,503	311,248	36,701	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	I&R SALARY & FRINGES 21	PARAMED EDUCATION 23	PARAMED ED PHARMACY 23.02	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 COMMUNICATIONS					5.01
5.02 DATA PROCESSIN					5.02
5.03 MATERIALS MANAGEMENT					5.03
5.04 PATIENT SERVICES					5.04
5.05 PATIENT ACCOUNTING					5.05
5.06 AMBULATORY SVCS ADMIN					5.06
5.07 OTHER A&G					5.07
5.08 CAREW MEDICAL PARK ADMIN					5.08
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
7.01 FACILITY ENGINEERING					7.01
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
10.01 KITCHEN-NO CONNECT W/CAFE					10.01
10.02 CAFETERIA					10.02
10.03 PREADMITS AND ER					10.03
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
15.01 OUTPATIENT PHARMACY					15.01
15.02 IV SOLUTIONS					15.02
15.03 MED SURG SUPPLY					15.03
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
17.01 REHAB ADMIN					17.01
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD	24,571				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)		5,368			23
23.01 PARAMED ED RADIOLOGY					23.01
23.02 PARAMED ED PHARMACY			7,341		23.02
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS				9,678,639	30
31 INTENSIVE CARE UNIT				1,088,305	31
31.01 PEDIATRIC ICU				248,216	31.01
31.02 NEONATAL ICU				596,451	31.02
32 CORONARY CARE UNIT				2,360,534	32
40 SUBPROVIDER - IPF				1,558,233	40
41 SUBPROVIDER - IRF				635,822	41
43 NURSERY				286,853	43
44 SKILLED NURSING FACILITY				741,617	44
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM				4,828,076	50
50.01 CAREW MEDICAL PARK SURG				59,629	50.01
51 RECOVERY ROOM				1,344,507	51
52 DELIVERY ROOM & LABOR ROOM				495,136	52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC				4,725,534	54
54.01 RADIOLOGY - WABASH					54.01
54.02 RADIOLOGY - MANCHESTER					54.02
54.03 RADIOLOGY - EAST STATE					54.03
54.04 RADIOLOGY - JEFFERSON					54.04
54.05 RADIOLOGY - NHMP				50,253	54.05
54.06 RADIOLOGY - CMP				40,123	54.06
54.07 RADIOLOGY - WP				13,317	54.07
54.08 RADIOLOGY - PULM CLINIC				77,537	54.08
54.09 RADIOLOGY - WHITLEY POOL					54.09
55 RADIOLOGY-THERAPEUTIC				1,951,903	55
56 RADIOISOTOPE				422,534	56
60 LABORATORY				5,561,066	60
60.01 ANATOMICAL PATHOLOGY				155,770	60.01
62 WHOLE BLOOD & PACKED RED BLOOD CELLS				33,661	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY				985,079	65
65.01 WOUND CARE				77,802	65.01
65.02 DIALYSIS				87,093	65.02
65.03 ENDOSCOPY				932,412	65.03

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	I&R	PARAMED	PARAMED ED	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS
	SALARY & FRINGES	EDUCATION	PHARMACY		
	21	23	23.02	24	25
66 PHYSICAL THERAPY				641,480	66
66.01 TRANSITIONAL THERAPY				45,828	66.01
66.02 PV REHAB OUTREACH					66.02
67 OCCUPATIONAL THERAPY				101,115	67
68 SPEECH PATHOLOGY				34,964	68
68.01 NEURO REHAB				171,459	68.01
69 ELECTROCARDIOLOGY				64,351	69
70 ELECTROENCEPHALOGRAPHY				69,250	70
70.01 NUTRITION SUPPORT				50,410	70.01
70.02 MRI				1,133,325	70.02
70.03 CARDIAC CATH LAB				1,614,460	70.03
70.04 CARDIAC REHAB SERVICES				77,953	70.04
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				529,448	71
71.01 COST OF SOLUTIONS				85,768	71.01
72 IMPL. DEV. CHARGED TO PATIENT				709,582	72
73 DRUGS CHARGED TO PATIENTS				4,808,994	73
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC				32,919	90
90.01 ANTICOAG CLINIC				3,061,690	90.01
91 EMERGENCY				2,099,288	91
91.01 PARTIAL HOSPITALIZATION				22,896	91.01
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES				382,621	95
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
101 HOME HEALTH AGENCY				551,563	101
SPECIAL PURPOSE COST CENTERS					
116 HOSPICE				62,732	116
118 SUBTOTALS (SUM OF LINES 1-117)				55,388,198	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				375,822	190
194 NON ALLOWABLE				9,377	194
194.01 TELEVISION				6,402	194.01
194.02 PHYSICIAN PRACTICES				2,404	194.02
194.03 OP CLINIC				51,295	194.03
194.04 PHYS. ANSWERING SERVICE					194.04
194.05 EDUCARE CTR				290,610	194.05
194.06 STUCKY RESEARCH CTR				216,035	194.06
194.07 OCCUPATIONAL HEALTH					194.07
194.08 FOUNDATION				39,878	194.08
194.09 LV HEALTH PLAN					194.09
194.10 PV RESPIRATORY OUTREACH					194.10
194.11 OUTREACH TRANSCRIPTION					194.11
194.12 GUEST SERVICES					194.12
194.13 HUNTINGTON ARC					194.13
194.14 SENIOR HEALTH SERVICES				102,905	194.14
194.15 SCHOOL NURSE/COMMUNITY OUTREACH				126,575	194.15
194.16 FITNESS				1,874	194.16
194.17 NONALLOWABLE ADVERTISING					194.17
194.18 BREAST DIAGNOSTIC CTR				193	194.18
194.19 REGIONAL PAIN CLINIC					194.19
194.20 START-UP COSTS NORTH					194.20
194.21 RONALD MCDONALD FAMILY ROOM				140,461	194.21
194.22 EBT				8,787	194.22
194.23 MEDICAL OFFICE BUILDINGS				858,437	194.23
194.24 START-UP COSTS ORTHO				22,469	194.24
194.25 PREMIER SURGERY CENTER				416,951	194.25
194.26 ISH					194.26
194.27 MCHA BRYAN HOPD					194.27
200 CROSS FOOT ADJUSTMENTS	24,571	5,368	7,341	37,280	200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	24,571	5,368	7,341	58,095,953	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION		TOTAL	
		26	
GENERAL SERVICE COST CENTERS			
1	CAP REL COSTS-BLDG & FIXT		1
2	CAP REL COSTS-MVBLE EQUIP		2
4	EMPLOYEE BENEFITS		4
5.01	COMMUNICATIONS		5.01
5.02	DATA PROCESSIN		5.02
5.03	MATERIALS MANAGEMENT		5.03
5.04	PATIENT SERVICES		5.04
5.05	PATIENT ACCOUNTING		5.05
5.06	AMBULATORY SVCS ADMIN		5.06
5.07	OTHER A&G		5.07
5.08	CAREW MEDICAL PARK ADMIN		5.08
6	MAINTENANCE & REPAIRS		6
7	OPERATION OF PLANT		7
7.01	FACILITY ENGINEERING		7.01
8	LAUNDRY & LINEN SERVICE		8
9	HOUSEKEEPING		9
10	DIETARY		10
10.01	KITCHEN-NO CONNECT W/CAFE		10.01
10.02	CAFETERIA		10.02
10.03	PREADMITS AND ER		10.03
11	CAFETERIA		11
12	MAINTENANCE OF PERSONNEL		12
13	NURSING ADMINISTRATION		13
14	CENTRAL SERVICES & SUPPLY		14
15	PHARMACY		15
15.01	OUTPATIENT PHARMACY		15.01
15.02	IV SOLUTIONS		15.02
15.03	MED SURG SUPPLY		15.03
16	MEDICAL RECORDS & LIBRARY		16
17	SOCIAL SERVICE		17
17.01	REHAB ADMIN		17.01
19	NONPHYSICIAN ANESTHETISTS		19
20	NURSING SCHOOL		20
21	I&R SRVCES-SALARY & FRINGES APPRVD		21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD		22
23	PARAMED ED PRGM-(SPECIFY)		23
23.01	PARAMED ED RADIOLOGY		23.01
23.02	PARAMED ED PHARMACY		23.02
INPATIENT ROUTINE SERV COST CENTERS			
30	ADULTS & PEDIATRICS	9,678,639	30
31	INTENSIVE CARE UNIT	1,088,305	31
31.01	PEDIATRIC ICU	248,216	31.01
31.02	NEONATAL ICU	596,451	31.02
32	CORONARY CARE UNIT	2,360,534	32
40	SUBPROVIDER - IPF	1,558,233	40
41	SUBPROVIDER - IRF	635,822	41
43	NURSERY	286,853	43
44	SKILLED NURSING FACILITY	741,617	44
ANCILLARY SERVICE COST CENTERS			
50	OPERATING ROOM	4,828,076	50
50.01	CAREW MEDICAL PARK SURG	59,629	50.01
51	RECOVERY ROOM	1,344,507	51
52	DELIVERY ROOM & LABOR ROOM	495,136	52
53	ANESTHESIOLOGY		53
54	RADIOLOGY-DIAGNOSTIC	4,725,534	54
54.01	RADIOLOGY - WABASH		54.01
54.02	RADIOLOGY - MANCHESTER		54.02
54.03	RADIOLOGY - EAST STATE		54.03
54.04	RADIOLOGY - JEFFERSON		54.04
54.05	RADIOLOGY - NHMP	50,253	54.05
54.06	RADIOLOGY - CMP	40,123	54.06
54.07	RADIOLOGY - WP	13,317	54.07
54.08	RADIOLOGY - PULM CLINIC	77,537	54.08
54.09	RADIOLOGY - WHITLEY POOL		54.09
55	RADIOLOGY-THERAPEUTIC	1,951,903	55
56	RADIOISOTOPE	422,534	56
60	LABORATORY	5,561,066	60
60.01	ANATOMICAL PATHOLOGY	155,770	60.01
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	33,661	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30
65	RESPIRATORY THERAPY	985,079	65
65.01	WOUND CARE	77,802	65.01
65.02	DIALYSIS	87,093	65.02
65.03	ENDOSCOPY	932,412	65.03

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION		TOTAL	
		26	
66	PHYSICAL THERAPY	641,480	66
66.01	TRANSITIONAL THERAPY	45,828	66.01
66.02	PV REHAB OUTREACH		66.02
67	OCCUPATIONAL THERAPY	101,115	67
68	SPEECH PATHOLOGY	34,964	68
68.01	NEURO REHAB	171,459	68.01
69	ELECTROCARDIOLOGY	64,351	69
70	ELECTROENCEPHALOGRAPHY	69,250	70
70.01	NUTRITION SUPPORT	50,410	70.01
70.02	MRI	1,133,325	70.02
70.03	CARDIAC CATH LAB	1,614,460	70.03
70.04	CARDIAC REHAB SERVICES	77,953	70.04
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	529,448	71
71.01	COST OF SOLUTIONS	85,768	71.01
72	IMPL. DEV. CHARGED TO PATIENT	709,582	72
73	DRUGS CHARGED TO PATIENTS	4,808,994	73
76.97	CARDIAC REHABILITATION		76.97
76.98	HYPERBARIC OXYGEN THERAPY		76.98
76.99	LITHOTRIPSY		76.99
OUTPATIENT SERVICE COST CENTERS			
90	CLINIC	32,919	90
90.01	ANTICOAG CLINIC	3,061,690	90.01
91	EMERGENCY	2,099,288	91
91.01	PARTIAL HOSPITALIZATION	22,896	91.01
92	OBSERVATION BEDS		92
OTHER REIMBURSABLE COST CENTERS			
95	AMBULANCE SERVICES	382,621	95
99.10	CORF		99.10
99.20	OUTPATIENT PHYSICAL THERAPY		99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY		99.30
99.40	OUTPATIENT SPEECH PATHOLOGY		99.40
101	HOME HEALTH AGENCY	551,563	101
SPECIAL PURPOSE COST CENTERS			
116	HOSPICE	62,732	116
118	SUBTOTALS (SUM OF LINES 1-117)	55,388,198	118
NONREIMBURSABLE COST CENTERS			
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	375,822	190
194	NON ALLOWABLE	9,377	194
194.01	TELEVISION	6,402	194.01
194.02	PHYSICIAN PRACTICES	2,404	194.02
194.03	OP CLINIC	51,295	194.03
194.04	PHYS. ANSWERING SERVICE		194.04
194.05	EDUCARE CTR	290,610	194.05
194.06	STUCKY RESEARCH CTR	216,035	194.06
194.07	OCCUPATIONAL HEALTH		194.07
194.08	FOUNDATION	39,878	194.08
194.09	LV HEALTH PLAN		194.09
194.10	PV RESPIRATORY OUTREACH		194.10
194.11	OUTREACH TRANSCRIPTION		194.11
194.12	GUEST SERVICES		194.12
194.13	HUNTINGTON ARC		194.13
194.14	SENIOR HEALTH SERVICES	102,905	194.14
194.15	SCHOOL NURSE/COMMUNITY OUTREACH	126,575	194.15
194.16	FITNESS	1,874	194.16
194.17	NONALLOWABLE ADVERTISING		194.17
194.18	BREAST DIAGNOSTIC CTR	193	194.18
194.19	REGIONAL PAIN CLINIC		194.19
194.20	START-UP COSTS NORTH		194.20
194.21	RONALD MCDONALD FAMILY ROOM	140,461	194.21
194.22	EBT	8,787	194.22
194.23	MEDICAL OFFICE BUILDINGS	858,437	194.23
194.24	START-UP COSTS ORTHO	22,469	194.24
194.25	PREMIER SURGERY CENTER	416,951	194.25
194.26	ISH		194.26
194.27	MCHA BRYAN HOPD		194.27
200	CROSS FOOT ADJUSTMENTS	37,280	200
201	NEGATIVE COST CENTER		201
202	TOTAL (SUM OF LINES 118-201)	58,095,953	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	COMMUN-CATIONS NUMBER OF PHONES	DATA PROCESSING TIME SPENT	
	1	2	4	5.01	5.02	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	1,677,117					1
2 CAP REL COSTS-MVBLE EQUIP		35,972,579				2
4 EMPLOYEE BENEFITS	29,329	30,442	196,934,963			4
5.01 COMMUNICATIONS		26,849		5,828		5.01
5.02 DATA PROCESSIN	30,902	10,844,081		769	9,953	5.02
5.03 MATERIALS MANAGEMENT	8,887	83,060	1,458,346	28		5.03
5.04 PATIENT SERVICES	5,625	31,702	1,592,838	157	81	5.04
5.05 PATIENT ACCOUNTING	1,484	16,695		96		5.05
5.06 AMBULATORY SVCS ADMIN						5.06
5.07 OTHER A&G	87,480	1,767,879	33,282,799	592	248	5.07
5.08 CAREW MEDICAL PARK ADMIN	461	107				5.08
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	166,236	312,133	128,727	40	4	7
7.01 FACILITY ENGINEERING	107,356	188,227	4,004,508	177	321	7.01
8 LAUNDRY & LINEN SERVICE	1,974	170	247,070	95	31	8
9 HOUSEKEEPING	28,422	33,244	4,219,875	48	598	9
10 DIETARY	55,501	365,119	2,557,632	62	563	10
10.01 KITCHEN-NO CONNECT W/CAFE			2,341,061			10.01
10.02 CAFETERIA						10.02
10.03 PREADMITS AND ER						10.03
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,769	14,545	2,506,143	15	116	13
14 CENTRAL SERVICES & SUPPLY	20,862	462,239	1,288	49		14
15 PHARMACY	15,999	3,550,579	8,100,656	109	343	15
15.01 OUTPATIENT PHARMACY	4,729	63,738	664,999	1	35	15.01
15.02 IV SOLUTIONS	83	4,058	456,424		39	15.02
15.03 MED SURG SUPPLY						15.03
16 MEDICAL RECORDS & LIBRARY	12,126	11,454	2,249,149	10		16
17 SOCIAL SERVICE	6,717	3,727	2,343,851	43	123	17
17.01 REHAB ADMIN	61	211	379,642	15	24	17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)	266		61,366			23
23.01 PARAMED ED RADIOLOGY						23.01
23.02 PARAMED ED PHARMACY	300		177,519			23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	254,190	1,224,672	29,271,261	1,009	1,950	30
31 INTENSIVE CARE UNIT	20,078	211,254	4,794,050	124	263	31
31.01 PEDIATRIC ICU	5,689	75,943	808,681	16	37	31.01
31.02 NEONATAL ICU	22,081	93	2,696,598	133	120	31.02
32 CORONARY CARE UNIT	47,989	521,598	10,578,134	89	546	32
40 SUBPROVIDER - IPF	36,688	33,130	4,943,686	106	375	40
41 SUBPROVIDER - IRF	22,004	22,291	1,531,916	58	126	41
43 NURSERY	4,161	165,331	1,583,276	1		43
44 SKILLED NURSING FACILITY	19,884	18,965	2,219,242	51	194	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	115,983	1,767,828	6,860,304	175	543	50
50.01 CAREW MEDICAL PARK SURG	3,411			25		50.01
51 RECOVERY ROOM	51,327	186,716	3,678,522	102	120	51
52 DELIVERY ROOM & LABOR ROOM	26,653	2,628	28,918	78	20	52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC	37,550	3,162,345	8,008,058	196	440	54
54.01 RADIOLOGY - WABASH						54.01
54.02 RADIOLOGY - MANCHESTER						54.02
54.03 RADIOLOGY - EAST STATE						54.03
54.04 RADIOLOGY - JEFFERSON						54.04
54.05 RADIOLOGY - NHMP	2,085		150,080		10	54.05
54.06 RADIOLOGY - CMP	1,130	1,916	141,426	24	11	54.06
54.07 RADIOLOGY - WP		767	119,640		9	54.07
54.08 RADIOLOGY - PULM CLINIC	2,817	20,419	66,529	14	5	54.08
54.09 RADIOLOGY - WHITLEY POOL						54.09
55 RADIOLOGY-THERAPEUTIC	35,478	1,145,317	2,388,551	253	82	55
56 RADIOISOTOPE	5,613	284,426	340,823	9	17	56
60 LABORATORY	41,583	3,599,348	10,688,268	129	832	60
60.01 ANATOMICAL PATHOLOGY	2,146	29,080	1,631,664	16	30	60.01
62 WHOLE BLOOD & PACKED RED BLOOD CELLS			427,152	2		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	11,742	395,306	3,221,615	86	254	65
65.01 WOUND CARE	2,268	10,075	291,693		14	65.01
65.02 DIALYSIS	3,468	7,550	45,180	5	5	65.02

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	COMMUN- CATIONS NUMBER OF PHONES	DATA PROCESSING TIME SPENT	
	1	2	4	5.01	5.02	
65.03 ENDOSCOPY	24,070	318,872	2,077,444	12	93	65.03
66 PHYSICAL THERAPY	16,488	30,285	3,231,774	17	218	66
66.01 TRANSITIONAL THERAPY	1,851	491		8		66.01
66.02 PV REHAB OUTREACH						66.02
67 OCCUPATIONAL THERAPY	1,867	1,850	1,033,927	4	39	67
68 SPEECH PATHOLOGY	613	3,036	369,622	3	9	68
68.01 NEURO REHAB	6,212	6,406	650,827	11	36	68.01
69 ELECTROCARDIOLOGY			1,531,877	9	29	69
70 ELECTROENCEPHALOGRAPHY	1,664	22,884	330,623	2	9	70
70.01 NUTRITION SUPPORT	52	846	467,933	15	34	70.01
70.02 MRI	17,880	743,365	575,199	18	29	70.02
70.03 CARDIAC CATH LAB	32,669	742,982	2,795,002	151	140	70.03
70.04 CARDIAC REHAB SERVICES	3,386	9,601	84,765	4	6	70.04
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	378					71
71.01 COST OF SOLUTIONS						71.01
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,581	2,787	1,037	10		90
90.01 ANTICOAG CLINIC	3,074	2,870,595	678,168	6	22	90.01
91 EMERGENCY	58,771	246,837	7,296,318	225	486	91
91.01 PARTIAL HOSPITALIZATION	980		52,599	9	4	91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	5,228	43,282	2,242,417	19	129	95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	16,850	24,284	3,726,146	74		101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE			3,046,269			116
118 SUBTOTALS (SUM OF LINES 1-117)	1,556,201	35,765,660	193,481,107	5,604	9,812	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	20,024	8,278	67,980	13	11	190
194 NON ALLOWABLE		8,852		32		194
194.01 TELEVISION	93	3,122	7,014	2	1	194.01
194.02 PHYSICIAN PRACTICES	138					194.02
194.03 OP CLINIC	2,482	2,544	484	16		194.03
194.04 PHYS. ANSWERING SERVICE						194.04
194.05 EDUCARE CTR	15,871	1,602	24,000	1	5	194.05
194.06 STUCKY RESEARCH CTR	1,866	119,314	737,719	3	42	194.06
194.07 OCCUPATIONAL HEALTH						194.07
194.08 FOUNDATION	2,282	1		18		194.08
194.09 LV HEALTH PLAN						194.09
194.10 PV RESPIRATORY OUTREACH						194.10
194.11 OUTREACH TRANSCRIPTION						194.11
194.12 GUEST SERVICES						194.12
194.13 HUNTINGTON ARC						194.13
194.14 SENIOR HEALTH SERVICES	5,231	97	84,862	4	8	194.14
194.15 SCHOOL NURSE/COMMUNITY OUTREACH	2,079	24	587,855	6	55	194.15
194.16 FITNESS			136,118			194.16
194.17 NONALLOWABLE ADVERTISING						194.17
194.18 BREAST DIAGNOSTIC CTR		8	805	23		194.18
194.19 REGIONAL PAIN CLINIC						194.19
194.20 START-UP COSTS NORTH						194.20
194.21 RONALD MCDONALD FAMILY ROOM	7,687	6,269				194.21
194.22 EBT	220	717	20,097		2	194.22
194.23 MEDICAL OFFICE BUILDINGS	45,192	34,353	290,922	20	17	194.23
194.24 START-UP COSTS ORTHO		21,738				194.24
194.25 PREMIER SURGERY CENTER	17,751		1,496,000	86		194.25
194.26 ISH						194.26
194.27 MCHA BRYAN HOPD						194.27

PROVIDER CCN: 15-0021 PARKVIEW HOSPITAL  
 PERIOD FROM 01/01/2012 TO 12/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11  
 05/29/2013 09:04

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	EMPLOYEE BENEFITS GROSS SALARIES 4	COMMUN- CATIONS NUMBER OF PHONES 5.01	DATA PROCESSING TIME SPENT 5.02	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	21,206,897	36,889,056	48,826,659	1,760,033	11,743,343	202
203	UNIT COST MULT-WS B PT I	12.644852	1.025477	0.247933	301.996054	1,179.879735	203
204	COST TO BE ALLOC PER B PT II			402,079	27,533	11,514,741	204
205	UNIT COST MULT-WS B PT II			0.002042	4.724262	1,156.911584	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MATERIALS	PATIENT	PATIENT	RECON- CILIATION	OTHER	
	MGMT	SERVICES	ACCOUNTING		A&G	
	COSTED REQUISITION 5.03	INPATIENT REVENUE 5.04	GROSS REVENUE 5.05	5A.07	ACCUM COST 5.07	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSIN						5.02
5.03 MATERIALS MANAGEMENT	57,332,272					5.03
5.04 PATIENT SERVICES	19,061	906,780,463				5.04
5.05 PATIENT ACCOUNTING			1,619,023,527			5.05
5.06 AMBULATORY SVCS ADMIN						5.06
5.07 OTHER A&G	3,386,738			-95,371,783	415,260,220	5.07
5.08 CAREW MEDICAL PARK ADMIN					323,370	5.08
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	192,704				9,632,726	7
7.01 FACILITY ENGINEERING	486,319				7,583,508	7.01
8 LAUNDRY & LINEN SERVICE	382,357				2,262,320	8
9 HOUSEKEEPING	861,587				7,919,749	9
10 DIETARY	657,295				3,558,476	10
10.01 KITCHEN-NO CONNECT W/CAFE					2,921,487	10.01
10.02 CAFETERIA						10.02
10.03 PREADMITS AND ER						10.03
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	13,683				3,758,494	13
14 CENTRAL SERVICES & SUPPLY	16,285				844,979	14
15 PHARMACY	434,934				19,088,454	15
15.01 OUTPATIENT PHARMACY	45,935				7,955,821	15.01
15.02 IV SOLUTIONS	358,467				2,251,170	15.02
15.03 MED SURG SUPPLY	24,025,175				43,787,282	15.03
16 MEDICAL RECORDS & LIBRARY					3,929,754	16
17 SOCIAL SERVICE	7,220				4,099,863	17
17.01 REHAB ADMIN	5,979				627,788	17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	9				3,102,794	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)					80,241	23
23.01 PARAMED ED RADIOLOGY						23.01
23.02 PARAMED ED PHARMACY					225,325	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	2,553,160	130,502,973	149,017,341		48,636,398	30
31 INTENSIVE CARE UNIT	443,737	20,019,217	20,019,217		8,089,382	31
31.01 PEDIATRIC ICU	44,895	2,339,321	2,339,321		1,493,496	31.01
31.02 NEONATAL ICU	190,071	15,091,812	15,091,812		4,148,120	31.02
32 CORONARY CARE UNIT	861,173	41,509,391	41,509,391		16,372,080	32
40 SUBPROVIDER - IPF	133,341	20,200,486	20,200,486		7,824,046	40
41 SUBPROVIDER - IRF	52,076	5,968,699	5,968,699		2,492,247	41
43 NURSERY		4,418,265	4,418,265		3,183,158	43
44 SKILLED NURSING FACILITY	131,265	5,989,507	5,989,507		3,494,401	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	5,321,626	100,522,885	147,846,703		17,962,959	50
50.01 CAREW MEDICAL PARK SURG		32,265	32,265		54,328	50.01
51 RECOVERY ROOM	258,902	21,815,690	60,897,565		10,412,869	51
52 DELIVERY ROOM & LABOR ROOM	1,191	2,271,770	2,271,770		428,382	52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC	3,811,160	79,955,855	249,219,113		17,411,714	54
54.01 RADIOLOGY - WABASH						54.01
54.02 RADIOLOGY - MANCHESTER						54.02
54.03 RADIOLOGY - EAST STATE						54.03
54.04 RADIOLOGY - JEFFERSON						54.04
54.05 RADIOLOGY - NHMP	2,236	6,299	839,236		232,585	54.05
54.06 RADIOLOGY - CMP	245		11,860		448,888	54.06
54.07 RADIOLOGY - WP	1,957	1,239	590,654		190,684	54.07
54.08 RADIOLOGY - PULM CLINIC	2,333	1,536	64,407		154,559	54.08
54.09 RADIOLOGY - WHITLEY POOL						54.09
55 RADIOLOGY-THERAPEUTIC	56,569	1,324,410	45,415,700		7,637,631	55
56 RADIOISOTOPE	611,750	2,233,837	4,354,386		933,841	56
60 LABORATORY	7,595,628	55,235,737	77,294,291		10,798,913	60
60.01 ANATOMICAL PATHOLOGY	418,021	6,919,411	20,466,571		5,107,528	60.01
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		8,873,716	8,463,229		3,818,114	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	283,190	23,475,064	25,037,283		5,183,734	65
65.01 WOUND CARE	20,161	3,311,270	3,723,950		1,061,264	65.01
65.02 DIALYSIS	25,595	2,563,015	2,814,585		1,407,436	65.02

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MATERIALS	PATIENT	PATIENT	RECON- CILIATION	OTHER	
	MGMT	SERVICES	ACCOUNTING		A&G	
	COSTED REQUISITION 5.03	INPATIENT REVENUE 5.04	GROSS REVENUE 5.05	5A.07	ACCUM COST 5.07	
65.03 ENDOSCOPY	521,181	6,814,432	32,506,448		6,130,833	65.03
66 PHYSICAL THERAPY	45,881	11,552,545	13,511,414		4,708,407	66
66.01 TRANSITIONAL THERAPY	3,508	398,154	398,154		31,544	66.01
66.02 PV REHAB OUTREACH						66.02
67 OCCUPATIONAL THERAPY	5,791	2,409,156	2,727,332		1,408,741	67
68 SPEECH PATHOLOGY	911	1,348,259	1,452,482		508,950	68
68.01 NEURO REHAB	93,913	3,418	2,918,393		1,047,684	68.01
69 ELECTROCARDIOLOGY	53,771	8,237,847	24,126,842		2,228,902	69
70 ELECTROENCEPHALOGRAPHY	11,427	2,064,620	3,135,709		515,146	70
70.01 NUTRITION SUPPORT	56,577	78,774	101,304		700,297	70.01
70.02 MRI	28,068	7,366,954	16,403,118		2,041,529	70.02
70.03 CARDIAC CATH LAB	241,054	34,421,941	88,969,253		6,255,615	70.03
70.04 CARDIAC REHAB SERVICES	5,586	1,680	640,640		175,957	70.04
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		45,153,806	79,181,755		133,294	71
71.01 COST OF SOLUTIONS		33,718,177	41,841,863		95,276	71.01
72 IMPL. DEV. CHARGED TO PATIENT		74,858,373	117,450,149		212,505	72
73 DRUGS CHARGED TO PATIENTS		95,091,662	141,761,137		20,623,979	73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	11,898	107,176	394,935		300,047	90
90.01 ANTICOAG CLINIC	100,269	16,681	2,253,932		4,131,447	90.01
91 EMERGENCY	884,494	30,524,225	96,575,553		14,559,143	91
91.01 PARTIAL HOSPITALIZATION		576	506,365		85,893	91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	420,406	28,337	13,256,291		9,146,915	95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	625,453		14,481,685		8,785,301	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE			10,531,166		7,106,908	116
118 SUBTOTALS (SUM OF LINES 1-117)	56,824,218	906,780,463	1,619,023,527	-95,371,783	393,866,671	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	301,138				722,454	190
194 NON ALLOWABLE					18,742	194
194.01 TELEVISION	432				43,495	194.01
194.02 PHYSICIAN PRACTICES					1,745	194.02
194.03 OP CLINIC					710,462	194.03
194.04 PHYS. ANSWERING SERVICE						194.04
194.05 EDUCARE CTR	26,152				989,784	194.05
194.06 STUCKY RESEARCH CTR	11,944				1,415,092	194.06
194.07 OCCUPATIONAL HEALTH						194.07
194.08 FOUNDATION					34,293	194.08
194.09 LV HEALTH PLAN						194.09
194.10 PV RESPIRATORY OUTREACH						194.10
194.11 OUTREACH TRANSCRIPTION						194.11
194.12 GUEST SERVICES						194.12
194.13 HUNTINGTON ARC						194.13
194.14 SENIOR HEALTH SERVICES	26,061				266,705	194.14
194.15 SCHOOL NURSE/COMMUNITY OUTREACH	48,865				2,143,662	194.15
194.16 FITNESS					201,541	194.16
194.17 NONALLOWABLE ADVERTISING						194.17
194.18 BREAST DIAGNOSTIC CTR	1,752				8,617	194.18
194.19 REGIONAL PAIN CLINIC						194.19
194.20 START-UP COSTS NORTH						194.20
194.21 RONALD MCDONALD FAMILY ROOM	1,019				112,038	194.21
194.22 EBT	996				234,218	194.22
194.23 MEDICAL OFFICE BUILDINGS	89,695				2,355,237	194.23
194.24 START-UP COSTS ORTHO					22,292	194.24
194.25 PREMIER SURGERY CENTER					12,113,172	194.25
194.26 ISH						194.26
194.27 MCHA BRYAN HOPD						194.27

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		MATERIALS MGMT	PATIENT SERVICES	PATIENT ACCOUNTING	RECON- CILIATION	OTHER A&G	
		COSTED REQUISTION 5.03	INPATIENT REVENUE 5.04	GROSS REVENUE 5.05	5A.07	ACCUM COST 5.07	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	2,928,835	2,516,991	64,877		95,371,783	202
203	UNIT COST MULT-WS B PT I	0.051085	0.002776	0.000040		0.229668	203
204	COST TO BE ALLOC PER B PT II	200,661	201,409	36,339		3,288,559	204
205	UNIT COST MULT-WS B PT II	0.003500	0.000222	0.000022		0.007919	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAREW MED PARK ADMIN	OPERATION OF PLANT	FACILITY ENGINEERIN	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING
	DIRECT EXPENSES	SQUARE FEET	SQUARE FEET	POUNDS OF LAUNDRY	SQUARE FEET
	5.08	7	7.01	8	9
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 COMMUNICATIONS					5.01
5.02 DATA PROCESSIN					5.02
5.03 MATERIALS MANAGEMENT					5.03
5.04 PATIENT SERVICES					5.04
5.05 PATIENT ACCOUNTING					5.05
5.06 AMBULATORY SVCS ADMIN					5.06
5.07 OTHER A&G					5.07
5.08 CAREW MEDICAL PARK ADMIN	1,617,413				5.08
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT		1,346,713			7
7.01 FACILITY ENGINEERING		107,356	1,239,357		7.01
8 LAUNDRY & LINEN SERVICE		1,974	1,974	9,856	8
9 HOUSEKEEPING		28,422	28,422		1,208,961
10 DIETARY		55,501	55,501		55,501
10.01 KITCHEN-NO CONNECT W/CAFE					10.01
10.02 CAFETERIA					10.02
10.03 PREADMITS AND ER					10.03
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION		1,769	1,769		1,769
14 CENTRAL SERVICES & SUPPLY		20,862	20,862	578	20,862
15 PHARMACY		15,999	15,999		15,999
15.01 OUTPATIENT PHARMACY		4,729	4,729		4,729
15.02 IV SOLUTIONS		83	83		83
15.03 MED SURG SUPPLY					15.03
16 MEDICAL RECORDS & LIBRARY		12,126	12,126		12,126
17 SOCIAL SERVICE		6,717	6,717		6,717
17.01 REHAB ADMIN		61	61		61
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)		266	266		266
23.01 PARAMED ED RADIOLOGY					23.01
23.02 PARAMED ED PHARMACY		300	300		300
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS		254,190	254,190	3,219	254,190
31 INTENSIVE CARE UNIT		20,078	20,078	328	20,078
31.01 PEDIATRIC ICU		5,689	5,689	68	5,689
31.02 NEONATAL ICU		22,081	22,081	77	22,081
32 CORONARY CARE UNIT		47,989	47,989	935	47,989
40 SUBPROVIDER - IPF		36,688	36,688	363	36,688
41 SUBPROVIDER - IRF		22,004	22,004	66	22,004
43 NURSERY		4,161	4,161		4,161
44 SKILLED NURSING FACILITY		19,884	19,884	276	19,884
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		115,983	115,983	796	115,983
50.01 CAREW MEDICAL PARK SURG		3,411	3,411		3,411
51 RECOVERY ROOM		51,327	51,327	164	51,327
52 DELIVERY ROOM & LABOR ROOM		26,653	26,653		26,653
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC		37,550	37,550	675	37,550
54.01 RADIOLOGY - WABASH					54.01
54.02 RADIOLOGY - MANCHESTER					54.02
54.03 RADIOLOGY - EAST STATE					54.03
54.04 RADIOLOGY - JEFFERSON					54.04
54.05 RADIOLOGY - NHMP		2,085	2,085		2,085
54.06 RADIOLOGY - CMP	362,411	1,130	1,130		1,130
54.07 RADIOLOGY - WP					54.07
54.08 RADIOLOGY - PULM CLINIC	69,970	2,817	2,817		2,817
54.09 RADIOLOGY - WHITLEY POOL					54.09
55 RADIOLOGY-THERAPEUTIC		35,478	35,478	10	35,478
56 RADIOISOTOPE		5,613	5,613	23	5,613
60 LABORATORY	520,741	41,583	41,583	1	41,583
60.01 ANATOMICAL PATHOLOGY		2,146	2,146		2,146
62 WHOLE BLOOD & PACKED RED BLOOD CELLS					62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY		11,742	11,742	9	11,742
65.01 WOUND CARE		2,268	2,268	1	2,268
65.02 DIALYSIS		3,468	3,468	74	3,468

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAREW MED PARK ADMIN	OPERATION OF PLANT	FACILITY ENGINEERIN	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	
	DIRECT EXPENSES 5.08	SQUARE FEET 7	SQUARE FEET 7.01	POUNDS OF LAUNDRY 8	SQUARE FEET 9	
65.03 ENDOSCOPY		24,070	24,070	142	24,070	65.03
66 PHYSICAL THERAPY		16,488	16,488	57	16,488	66
66.01 TRANSITIONAL THERAPY		1,851	1,851		1,851	66.01
66.02 PV REHAB OUTREACH						66.02
67 OCCUPATIONAL THERAPY		1,867	1,867		1,867	67
68 SPEECH PATHOLOGY		613	613		613	68
68.01 NEURO REHAB		6,212	6,212		6,212	68.01
69 ELECTROCARDIOLOGY				7		69
70 ELECTROENCEPHALOGRAPHY		1,664	1,664		1,664	70
70.01 NUTRITION SUPPORT		52	52		52	70.01
70.02 MRI		17,880	17,880	2	17,880	70.02
70.03 CARDIAC CATH LAB		32,669	32,669	8	32,669	70.03
70.04 CARDIAC REHAB SERVICES		3,386	3,386		3,386	70.04
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		378	378		378	71
71.01 COST OF SOLUTIONS						71.01
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		1,581	1,581		1,581	90
90.01 ANTICOAG CLINIC	664,291	3,074	3,074		3,074	90.01
91 EMERGENCY		58,771	58,771	1,975	58,771	91
91.01 PARTIAL HOSPITALIZATION		980	980		980	91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES		5,228	5,228		5,228	95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY		16,850	16,850		16,850	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE						116
118 SUBTOTALS (SUM OF LINES 1-117)	1,617,413	1,225,797	1,118,441	9,854	1,088,045	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		20,024	20,024		20,024	190
194 NON ALLOWABLE						194
194.01 TELEVISION		93	93		93	194.01
194.02 PHYSICIAN PRACTICES		138	138		138	194.02
194.03 OP CLINIC		2,482	2,482		2,482	194.03
194.04 PHYS. ANSWERING SERVICE						194.04
194.05 EDUCARE CTR		15,871	15,871		15,871	194.05
194.06 STUCKY RESEARCH CTR		1,866	1,866		1,866	194.06
194.07 OCCUPATIONAL HEALTH						194.07
194.08 FOUNDATION		2,282	2,282		2,282	194.08
194.09 LV HEALTH PLAN						194.09
194.10 PV RESPIRATORY OUTREACH						194.10
194.11 OUTREACH TRANSCRIPTION						194.11
194.12 GUEST SERVICES						194.12
194.13 HUNTINGTON ARC						194.13
194.14 SENIOR HEALTH SERVICES		5,231	5,231		5,231	194.14
194.15 SCHOOL NURSE/COMMUNITY OUTREACH		2,079	2,079		2,079	194.15
194.16 FITNESS						194.16
194.17 NONALLOWABLE ADVERTISING						194.17
194.18 BREAST DIAGNOSTIC CTR						194.18
194.19 REGIONAL PAIN CLINIC						194.19
194.20 START-UP COSTS NORTH						194.20
194.21 RONALD MCDONALD FAMILY ROOM		7,687	7,687	2	7,687	194.21
194.22 EBT		220	220		220	194.22
194.23 MEDICAL OFFICE BUILDINGS		45,192	45,192		45,192	194.23
194.24 START-UP COSTS ORTHO						194.24
194.25 PREMIER SURGERY CENTER		17,751	17,751		17,751	194.25
194.26 ISH						194.26
194.27 MCHA BRYAN HOPD						194.27

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		CAREW MED PARK ADMIN	OPERATION OF PLANT	FACILITY ENGINEERIN	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	
		DIRECT EXPENSES	SQUARE FEET	SQUARE FEET	POUNDS OF LAUNDRY	SQUARE FEET	
		5.08	7	7.01	8	9	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	397,638	11,845,055	10,269,450	2,815,622	10,224,157	202
203	UNIT COST MULT-WS B PT I	0.245848	8.795530	8.286111	285.675933	8.456978	203
204	COST TO BE ALLOC PER B PT II	8,500	2,504,151	2,192,285	88,369	1,263,016	204
205	UNIT COST MULT-WS B PT II	0.005255	1.859454	1.768889	8.966011	1.044712	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	DIETARY	KITCHEN-NO CONNECT W/CAFE	CAFETERIA	PREADMITS AND ER	CAFETERIA
	MEALS SERVED	MEALS SERVED	NUMBER OF PERSONNEL	MEALS PREADMITS	MEALS FTES
	10	10.01	10.02	10.03	11
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 COMMUNICATIONS					5.01
5.02 DATA PROCESSIN					5.02
5.03 MATERIALS MANAGEMENT					5.03
5.04 PATIENT SERVICES					5.04
5.05 PATIENT ACCOUNTING					5.05
5.06 AMBULATORY SVCS ADMIN					5.06
5.07 OTHER A&G					5.07
5.08 CAREW MEDICAL PARK ADMIN					5.08
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
7.01 FACILITY ENGINEERING					7.01
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY	785,135				10
10.01 KITCHEN-NO CONNECT W/CAFE		512,595			10.01
10.02 CAFETERIA	263,184		272,541		10.02
10.03 PREADMITS AND ER	17,353	7,997	9,357	267,523	10.03
11 CAFETERIA			263,184		20,823
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION				292	13
14 CENTRAL SERVICES & SUPPLY				1	14
15 PHARMACY				1,019	15
15.01 OUTPATIENT PHARMACY				91	15.01
15.02 IV SOLUTIONS				119	15.02
15.03 MED SURG SUPPLY					15.03
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE				360	17
17.01 REHAB ADMIN				58	17.01
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
23.01 PARAMED ED RADIOLOGY					23.01
23.02 PARAMED ED PHARMACY					23.02
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	267,523	267,523		267,523	5,330
31 INTENSIVE CARE UNIT	21,880	21,880			788
31.01 PEDIATRIC ICU	2,200	2,200			112
31.02 NEONATAL ICU					406
32 CORONARY CARE UNIT	29,032	29,032			1,723
40 SUBPROVIDER - IPF	129,978	129,978			950
41 SUBPROVIDER - IRF	17,789	17,789			281
43 NURSERY					319
44 SKILLED NURSING FACILITY	36,196	36,196			432
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					1,586
50.01 CAREW MEDICAL PARK SURG					50.01
51 RECOVERY ROOM					364
52 DELIVERY ROOM & LABOR ROOM					68
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					1,127
54.01 RADIOLOGY - WABASH					54.01
54.02 RADIOLOGY - MANCHESTER					54.02
54.03 RADIOLOGY - EAST STATE					54.03
54.04 RADIOLOGY - JEFFERSON					54.04
54.05 RADIOLOGY - NHMP					54.05
54.06 RADIOLOGY - CMP					54.06
54.07 RADIOLOGY - WP					54.07
54.08 RADIOLOGY - PULM CLINIC					54.08
54.09 RADIOLOGY - WHITLEY POOL					54.09
55 RADIOLOGY-THERAPEUTIC					55
56 RADIOISOTOPE					45
60 LABORATORY					875
60.01 ANATOMICAL PATHOLOGY					91
62 WHOLE BLOOD & PACKED RED BLOOD CELLS					62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY					715
65.01 WOUND CARE					36
65.02 DIALYSIS					15

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	DIETARY	KITCHEN-NO CONNECT W/CAFE	CAFETERIA	PREADMITS AND ER	CAFETERIA	
	MEALS SERVED	MEALS SERVED	NUMBER OF PERSONNEL	MEALS PREADMITS	MEALS FTES	
	10	10.01	10.02	10.03	11	
65.03 ENDOSCOPY					262	65.03
66 PHYSICAL THERAPY					564	66
66.01 TRANSITIONAL THERAPY						66.01
66.02 PV REHAB OUTREACH						66.02
67 OCCUPATIONAL THERAPY					91	67
68 SPEECH PATHOLOGY					21	68
68.01 NEURO REHAB					87	68.01
69 ELECTROCARDIOLOGY					80	69
70 ELECTROENCEPHALOGRAPHY					28	70
70.01 NUTRITION SUPPORT					80	70.01
70.02 MRI					73	70.02
70.03 CARDIAC CATH LAB					408	70.03
70.04 CARDIAC REHAB SERVICES					18	70.04
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
71.01 COST OF SOLUTIONS						71.01
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 ANTICOAG CLINIC						90.01
91 EMERGENCY					1,281	91
91.01 PARTIAL HOSPITALIZATION					9	91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES					388	95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY						101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE						116
118 SUBTOTALS (SUM OF LINES 1-117)	785,135	512,595	272,541	267,523	20,593	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					27	190
194 NON ALLOWABLE						194
194.01 TELEVISION					2	194.01
194.02 PHYSICIAN PRACTICES						194.02
194.03 OP CLINIC						194.03
194.04 PHYS. ANSWERING SERVICE						194.04
194.05 EDUCARE CTR					11	194.05
194.06 STUCKY RESEARCH CTR						194.06
194.07 OCCUPATIONAL HEALTH						194.07
194.08 FOUNDATION						194.08
194.09 LV HEALTH PLAN						194.09
194.10 PV RESPIRATORY OUTREACH						194.10
194.11 OUTREACH TRANSCRIPTION						194.11
194.12 GUEST SERVICES						194.12
194.13 HUNTINGTON ARC						194.13
194.14 SENIOR HEALTH SERVICES					18	194.14
194.15 SCHOOL NURSE/COMMUNITY OUTREACH					132	194.15
194.16 FITNESS						194.16
194.17 NONALLOWABLE ADVERTISING						194.17
194.18 BREAST DIAGNOSTIC CTR						194.18
194.19 REGIONAL PAIN CLINIC						194.19
194.20 START-UP COSTS NORTH						194.20
194.21 RONALD MCDONALD FAMILY ROOM						194.21
194.22 EBT						194.22
194.23 MEDICAL OFFICE BUILDINGS					40	194.23
194.24 START-UP COSTS ORTHO						194.24
194.25 PREMIER SURGERY CENTER						194.25
194.26 ISH						194.26
194.27 MCHA BRYAN HOPD						194.27

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	DIETARY	KITCHEN-NO CONNECT	CAFETERIA	PREADMITS AND ER	CAFETERIA	
	MEALS SERVED 10	MEALS SERVED 10.01	NUMBER OF PERSONNEL 10.02	MEALS PREADMITS 10.03	MEALS FTES 11	
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	5,793,163	3,592,459	1,941,918	250,757	1,875,247	202
203 UNIT COST MULT-WS B PT I	7.378557	7.008377	7.125233	0.937329	90.056524	203
204 COST TO BE ALLOC PER B PT II	2,022,921	27,915	678,100	68,427	654,819	204
205 UNIT COST MULT-WS B PT II	2.576526	0.054458	2.488066	0.255780	31.446910	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING	CENTRAL	PHARMACY	OUTPATIENT	IV
	ADMINIS- TRATION DIRECT NRSING FTE	SERVICES & SUPPLY COSTED REQUIS.	COSTED REQUIS.	PHARMACY PERCENTAGE	SOLUTIONS PERCENTAGE
	13	14	15	1 15.01	2 15.02
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 COMMUNICATIONS					5.01
5.02 DATA PROCESSIN					5.02
5.03 MATERIALS MANAGEMENT					5.03
5.04 PATIENT SERVICES					5.04
5.05 PATIENT ACCOUNTING					5.05
5.06 AMBULATORY SVCS ADMIN					5.06
5.07 OTHER A&G					5.07
5.08 CAREW MEDICAL PARK ADMIN					5.08
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
7.01 FACILITY ENGINEERING					7.01
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
10.01 KITCHEN-NO CONNECT W/CAFE					10.01
10.02 CAFETERIA					10.02
10.03 PREADMITS AND ER					10.03
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION	12,542				13
14 CENTRAL SERVICES & SUPPLY		999,992			14
15 PHARMACY		1	30,561,486		15
15.01 OUTPATIENT PHARMACY			7,094,599	10,000	15.01
15.02 IV SOLUTIONS	119	2	41		15.02
15.03 MED SURG SUPPLY		906,119			15.03
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
17.01 REHAB ADMIN			7		17.01
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
23.01 PARAMED ED RADIOLOGY					23.01
23.02 PARAMED ED PHARMACY					23.02
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	5,330	10,712	6,783		30
31 INTENSIVE CARE UNIT	788	111	199		31
31.01 PEDIATRIC ICU	112	18	7		31.01
31.02 NEONATAL ICU	406	4	72		31.02
32 CORONARY CARE UNIT	1,723	969	307		32
40 SUBPROVIDER - IPF		2,062	977		40
41 SUBPROVIDER - IRF			7		41
43 NURSERY	319				43
44 SKILLED NURSING FACILITY	432		58		44
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	1,323	79,614	14,335		50
50.01 CAREW MEDICAL PARK SURG					50.01
51 RECOVERY ROOM	364	1	182		51
52 DELIVERY ROOM & LABOR ROOM	68		2		52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC	91	81	3,074		54
54.01 RADIOLOGY - WABASH					54.01
54.02 RADIOLOGY - MANCHESTER					54.02
54.03 RADIOLOGY - EAST STATE					54.03
54.04 RADIOLOGY - JEFFERSON					54.04
54.05 RADIOLOGY - NHMP					54.05
54.06 RADIOLOGY - CMP					54.06
54.07 RADIOLOGY - WP					54.07
54.08 RADIOLOGY - PULM CLINIC	11				54.08
54.09 RADIOLOGY - WHITLEY POOL					54.09
55 RADIOLOGY-THERAPEUTIC					55
56 RADIOISOTOPE		7	25		56
60 LABORATORY			42		60
60.01 ANATOMICAL PATHOLOGY			87		60.01
62 WHOLE BLOOD & PACKED RED BLOOD CELLS			6		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY		1	1,837		65
65.01 WOUND CARE	36	4	426		65.01
65.02 DIALYSIS	15		48		65.02

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING	CENTRAL	PHARMACY	OUTPATIENT	IV
	ADMINIS- TRATION DIRECT NRSING FTE	SERVICES & SUPPLY COSTED REQUIS.	COSTED REQUIS.	PHARMACY PERCENTAGE	SOLUTIONS PERCENTAGE
	13	14	15	1 15.01	2 15.02
65.03 ENDOSCOPY		63	266		65.03
66 PHYSICAL THERAPY			484		66
66.01 TRANSITIONAL THERAPY					66.01
66.02 PV REHAB OUTREACH					66.02
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
68.01 NEURO REHAB			427		68.01
69 ELECTROCARDIOLOGY			52		69
70 ELECTROENCEPHALOGRAPHY					70
70.01 NUTRITION SUPPORT					70.01
70.02 MRI			10		70.02
70.03 CARDIAC CATH LAB	55		121		70.03
70.04 CARDIAC REHAB SERVICES					70.04
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					71
71.01 COST OF SOLUTIONS					10,000 71.01
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS			22,449,183	10,000	73
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC		5	29		90
90.01 ANTICOAG CLINIC			678		90.01
91 EMERGENCY	1,203	48	9,422		91
91.01 PARTIAL HOSPITALIZATION					91.01
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES			6,126		95
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
101 HOME HEALTH AGENCY	15	112	957,595		101
SPECIAL PURPOSE COST CENTERS					
116 HOSPICE					116
118 SUBTOTALS (SUM OF LINES 1-117)	12,410	999,934	30,547,514	10,000	10,000 118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					190
194 NON ALLOWABLE					194
194.01 TELEVISION					194.01
194.02 PHYSICIAN PRACTICES					194.02
194.03 OP CLINIC					194.03
194.04 PHYS. ANSWERING SERVICE					194.04
194.05 EDUCARE CTR					194.05
194.06 STUCKY RESEARCH CTR		8	5		194.06
194.07 OCCUPATIONAL HEALTH					194.07
194.08 FOUNDATION					194.08
194.09 LV HEALTH PLAN					194.09
194.10 PV RESPIRATORY OUTREACH					194.10
194.11 OUTREACH TRANSCRIPTION					194.11
194.12 GUEST SERVICES					194.12
194.13 HUNTINGTON ARC					194.13
194.14 SENIOR HEALTH SERVICES					194.14
194.15 SCHOOL NURSE/COMMUNITY OUTREACH	132	39	13,528		194.15
194.16 FITNESS					194.16
194.17 NONALLOWABLE ADVERTISING					194.17
194.18 BREAST DIAGNOSTIC CTR					194.18
194.19 REGIONAL PAIN CLINIC					194.19
194.20 START-UP COSTS NORTH					194.20
194.21 RONALD MCDONALD FAMILY ROOM					194.21
194.22 EBT					194.22
194.23 MEDICAL OFFICE BUILDINGS					194.23
194.24 START-UP COSTS ORTHO					194.24
194.25 PREMIER SURGERY CENTER			439		194.25
194.26 ISH					194.26
194.27 MCHA BRYAN HOPD					194.27

PROVIDER CCN: 15-0021 PARKVIEW HOSPITAL  
 PERIOD FROM 01/01/2012 TO 12/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11  
 05/29/2013 09:04

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		NURSING ADMINIS- TRATION DIRECT NRSING FTE 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY  COSTED REQUIS. 15	OUTPATIENT PHARMACY  PERCENTAGE 1 15.01	IV SOLUTIONS  PERCENTAGE 2 15.02	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	4,693,174	1,737,041	23,972,823	15,477,081	2,825,593	202
203	UNIT COST MULT-WS B PT I	374.196619	1.737055	0.784413	1,547.708100	282.559300	203
204	COST TO BE ALLOC PER B PT II	223,936	847,497	4,516,711	1,303,656	76,608	204
205	UNIT COST MULT-WS B PT II	17.854888	0.847504	0.147791	130.365600	7.660800	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MED SURG SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	I&R SALARY & FRINGES ASSIGNED TIME
	PERCENTAGE 3	TIME SPENT 16	TIME SPENT 17	PERCENTAGE 4	21
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 COMMUNICATIONS					5.01
5.02 DATA PROCESSIN					5.02
5.03 MATERIALS MANAGEMENT					5.03
5.04 PATIENT SERVICES					5.04
5.05 PATIENT ACCOUNTING					5.05
5.06 AMBULATORY SVCS ADMIN					5.06
5.07 OTHER A&G					5.07
5.08 CAREW MEDICAL PARK ADMIN					5.08
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
7.01 FACILITY ENGINEERING					7.01
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
10.01 KITCHEN-NO CONNECT W/CAFE					10.01
10.02 CAFETERIA					10.02
10.03 PREADMITS AND ER					10.03
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
15.01 OUTPATIENT PHARMACY					15.01
15.02 IV SOLUTIONS					15.02
15.03 MED SURG SUPPLY	10,000				15.03
16 MEDICAL RECORDS & LIBRARY		8,983			16
17 SOCIAL SERVICE			10,000		17
17.01 REHAB ADMIN				10,000	17.01
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					10,000
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
23.01 PARAMED ED RADIOLOGY					23.01
23.02 PARAMED ED PHARMACY					23.02
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS		309	6,075	470	4,793
31 INTENSIVE CARE UNIT		1	1,263		1,059
31.01 PEDIATRIC ICU		3	87		
31.02 NEONATAL ICU			356		
32 CORONARY CARE UNIT		14	871		413
40 SUBPROVIDER - IPF		4			
41 SUBPROVIDER - IRF				1,395	517
43 NURSERY					705
44 SKILLED NURSING FACILITY					44
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		939			805
50.01 CAREW MEDICAL PARK SURG					
51 RECOVERY ROOM		291			
52 DELIVERY ROOM & LABOR ROOM					55
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC		3,042			54
54.01 RADIOLOGY - WABASH					54.01
54.02 RADIOLOGY - MANCHESTER					54.02
54.03 RADIOLOGY - EAST STATE					54.03
54.04 RADIOLOGY - JEFFERSON					54.04
54.05 RADIOLOGY - NHMP		14			54.05
54.06 RADIOLOGY - CMP					54.06
54.07 RADIOLOGY - WP		12			54.07
54.08 RADIOLOGY - PULM CLINIC		1			54.08
54.09 RADIOLOGY - WHITLEY POOL					54.09
55 RADIOLOGY-THERAPEUTIC					55
56 RADIOISOTOPE		52			56
60 LABORATORY		299			60
60.01 ANATOMICAL PATHOLOGY		136			60.01
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		29			62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY		170			18
65.01 WOUND CARE		9			65.01
65.02 DIALYSIS		4			65.02

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MED SURG SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	I&R SALARY & FRINGES	
	PERCENTAGE 3	TIME SPENT 16	TIME SPENT 17	PERCENTAGE 4	ASSIGNED TIME 21	
65.03 ENDOSCOPY		505				65.03
66 PHYSICAL THERAPY		61		1,532		66
66.01 TRANSITIONAL THERAPY				3,507		66.01
66.02 PV REHAB OUTREACH						66.02
67 OCCUPATIONAL THERAPY				1,363		67
68 SPEECH PATHOLOGY		1		1,363		68
68.01 NEURO REHAB		50		370		68.01
69 ELECTROCARDIOLOGY		169				69
70 ELECTROENCEPHALOGRAPHY		12				70
70.01 NUTRITION SUPPORT						70.01
70.02 MRI		209				70.02
70.03 CARDIAC CATH LAB		1,553				70.03
70.04 CARDIAC REHAB SERVICES		12				70.04
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	4,255					71
71.01 COST OF SOLUTIONS						71.01
72 IMPL. DEV. CHARGED TO PATIENT	5,745					72
73 DRUGS CHARGED TO PATIENTS						73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		6				90
90.01 ANTICOAG CLINIC		40				90.01
91 EMERGENCY			1,348		1,635	91
91.01 PARTIAL HOSPITALIZATION		6				91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES		226				95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY		451				101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE						116
118 SUBTOTALS (SUM OF LINES 1-117)	10,000	8,630	10,000	10,000	10,000	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
194 NON ALLOWABLE						194
194.01 TELEVISION						194.01
194.02 PHYSICIAN PRACTICES						194.02
194.03 OP CLINIC						194.03
194.04 PHYS. ANSWERING SERVICE						194.04
194.05 EDUCARE CTR						194.05
194.06 STUCKY RESEARCH CTR						194.06
194.07 OCCUPATIONAL HEALTH						194.07
194.08 FOUNDATION						194.08
194.09 LV HEALTH PLAN						194.09
194.10 PV RESPIRATORY OUTREACH						194.10
194.11 OUTREACH TRANSCRIPTION						194.11
194.12 GUEST SERVICES						194.12
194.13 HUNTINGTON ARC						194.13
194.14 SENIOR HEALTH SERVICES						194.14
194.15 SCHOOL NURSE/COMMUNITY OUTREACH						194.15
194.16 FITNESS						194.16
194.17 NONALLOWABLE ADVERTISING						194.17
194.18 BREAST DIAGNOSTIC CTR						194.18
194.19 REGIONAL PAIN CLINIC						194.19
194.20 START-UP COSTS NORTH						194.20
194.21 RONALD MCDONALD FAMILY ROOM						194.21
194.22 EBT		1				194.22
194.23 MEDICAL OFFICE BUILDINGS						194.23
194.24 START-UP COSTS ORTHO						194.24
194.25 PREMIER SURGERY CENTER		352				194.25
194.26 ISH						194.26
194.27 MCHA BRYAN HOPD						194.27

PROVIDER CCN: 15-0021 PARKVIEW HOSPITAL  
 PERIOD FROM 01/01/2012 TO 12/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		MED SURG SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	I&R SALARY & FRINGES	
		PERCENTAGE 3	TIME SPENT 16	TIME SPENT 17	PERCENTAGE 4	ASSIGNED TIME 21	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	55,417,797	5,141,974	5,245,434	778,757	3,815,406	202
203	UNIT COST MULT-WS B PT I	5,541.779700	572.411666	524.543400	77.875700	381.540600	203
204	COST TO BE ALLOC PER B PT II	1,198,775	257,503	311,248	36,701	24,571	204
205	UNIT COST MULT-WS B PT II	119.877500	28.665591	31.124800	3.670100	2.457100	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMED	PARAMED ED	
	EDUCATION	PHARMACY	
	ASSIGNED	COSTED	
	TIME	REQUIS.	
	23	23.02	
GENERAL SERVICE COST CENTERS			
1 CAP REL COSTS-BLDG & FIXT			1
2 CAP REL COSTS-MVBLE EQUIP			2
4 EMPLOYEE BENEFITS			4
5.01 COMMUNICATIONS			5.01
5.02 DATA PROCESSIN			5.02
5.03 MATERIALS MANAGEMENT			5.03
5.04 PATIENT SERVICES			5.04
5.05 PATIENT ACCOUNTING			5.05
5.06 AMBULATORY SVCS ADMIN			5.06
5.07 OTHER A&G			5.07
5.08 CAREW MEDICAL PARK ADMIN			5.08
6 MAINTENANCE & REPAIRS			6
7 OPERATION OF PLANT			7
7.01 FACILITY ENGINEERING			7.01
8 LAUNDRY & LINEN SERVICE			8
9 HOUSEKEEPING			9
10 DIETARY			10
10.01 KITCHEN-NO CONNECT W/CAFE			10.01
10.02 CAFETERIA			10.02
10.03 PREADMITS AND ER			10.03
11 CAFETERIA			11
12 MAINTENANCE OF PERSONNEL			12
13 NURSING ADMINISTRATION			13
14 CENTRAL SERVICES & SUPPLY			14
15 PHARMACY			15
15.01 OUTPATIENT PHARMACY			15.01
15.02 IV SOLUTIONS			15.02
15.03 MED SURG SUPPLY			15.03
16 MEDICAL RECORDS & LIBRARY			16
17 SOCIAL SERVICE			17
17.01 REHAB ADMIN			17.01
19 NONPHYSICIAN ANESTHETISTS			19
20 NURSING SCHOOL			20
21 I&R SRVCES-SALARY & FRINGES APPRVD			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			22
23 PARAMED ED PRGM-(SPECIFY)	10,000		23
23.01 PARAMED ED RADIOLOGY			23.01
23.02 PARAMED ED PHARMACY		23,466,839	23.02
INPATIENT ROUTINE SERV COST CENTERS			
30 ADULTS & PEDIATRICS		6,783	30
31 INTENSIVE CARE UNIT		199	31
31.01 PEDIATRIC ICU		7	31.01
31.02 NEONATAL ICU		72	31.02
32 CORONARY CARE UNIT		307	32
40 SUBPROVIDER - IPF		977	40
41 SUBPROVIDER - IRF		7	41
43 NURSERY			43
44 SKILLED NURSING FACILITY		58	44
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM		14,335	50
50.01 CAREW MEDICAL PARK SURG			50.01
51 RECOVERY ROOM		182	51
52 DELIVERY ROOM & LABOR ROOM		2	52
53 ANESTHESIOLOGY			53
54 RADIOLOGY-DIAGNOSTIC		3,074	54
54.01 RADIOLOGY - WABASH			54.01
54.02 RADIOLOGY - MANCHESTER			54.02
54.03 RADIOLOGY - EAST STATE			54.03
54.04 RADIOLOGY - JEFFERSON			54.04
54.05 RADIOLOGY - NHMP			54.05
54.06 RADIOLOGY - CMP			54.06
54.07 RADIOLOGY - WP			54.07
54.08 RADIOLOGY - PULM CLINIC			54.08
54.09 RADIOLOGY - WHITLEY POOL			54.09
55 RADIOLOGY-THERAPEUTIC			55
56 RADIOISOTOPE		25	56
60 LABORATORY	10,000	42	60
60.01 ANATOMICAL PATHOLOGY		87	60.01
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		6	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
65 RESPIRATORY THERAPY		1,837	65
65.01 WOUND CARE		426	65.01
65.02 DIALYSIS		48	65.02

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMED	PARAMED ED	
	EDUCATION	PHARMACY	
	ASSIGNED	COSTED	
	TIME	REQUIS.	
	23	23.02	
65.03 ENDOSCOPY		266	65.03
66 PHYSICAL THERAPY		484	66
66.01 TRANSITIONAL THERAPY			66.01
66.02 PV REHAB OUTREACH			66.02
67 OCCUPATIONAL THERAPY			67
68 SPEECH PATHOLOGY			68
68.01 NEURO REHAB		427	68.01
69 ELECTROCARDIOLOGY		52	69
70 ELECTROENCEPHALOGRAPHY			70
70.01 NUTRITION SUPPORT			70.01
70.02 MRI		10	70.02
70.03 CARDIAC CATH LAB		121	70.03
70.04 CARDIAC REHAB SERVICES			70.04
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			71
71.01 COST OF SOLUTIONS			71.01
72 IMPL. DEV. CHARGED TO PATIENT			72
73 DRUGS CHARGED TO PATIENTS		22,449,183	73
76.97 CARDIAC REHABILITATION			76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90 CLINIC		29	90
90.01 ANTICOAG CLINIC		678	90.01
91 EMERGENCY		9,422	91
91.01 PARTIAL HOSPITALIZATION			91.01
92 OBSERVATION BEDS			92
OTHER REIMBURSABLE COST CENTERS			
95 AMBULANCE SERVICES		6,126	95
99.10 CORF			99.10
99.20 OUTPATIENT PHYSICAL THERAPY			99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40 OUTPATIENT SPEECH PATHOLOGY			99.40
101 HOME HEALTH AGENCY		957,595	101
SPECIAL PURPOSE COST CENTERS			
116 HOSPICE			116
118 SUBTOTALS (SUM OF LINES 1-117)	10,000	23,452,867	118
NONREIMBURSABLE COST CENTERS			
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			190
194 NON ALLOWABLE			194
194.01 TELEVISION			194.01
194.02 PHYSICIAN PRACTICES			194.02
194.03 OP CLINIC			194.03
194.04 PHYS. ANSWERING SERVICE			194.04
194.05 EDUCARE CTR			194.05
194.06 STUCKY RESEARCH CTR		5	194.06
194.07 OCCUPATIONAL HEALTH			194.07
194.08 FOUNDATION			194.08
194.09 LV HEALTH PLAN			194.09
194.10 PV RESPIRATORY OUTREACH			194.10
194.11 OUTREACH TRANSCRIPTION			194.11
194.12 GUEST SERVICES			194.12
194.13 HUNTINGTON ARC			194.13
194.14 SENIOR HEALTH SERVICES			194.14
194.15 SCHOOL NURSE/COMMUNITY OUTREACH		13,528	194.15
194.16 FITNESS			194.16
194.17 NONALLOWABLE ADVERTISING			194.17
194.18 BREAST DIAGNOSTIC CTR			194.18
194.19 REGIONAL PAIN CLINIC			194.19
194.20 START-UP COSTS NORTH			194.20
194.21 RONALD MCDONALD FAMILY ROOM			194.21
194.22 EBT			194.22
194.23 MEDICAL OFFICE BUILDINGS			194.23
194.24 START-UP COSTS ORTHO			194.24
194.25 PREMIER SURGERY CENTER		439	194.25
194.26 ISH			194.26
194.27 MCHA BRYAN HOPD			194.27

PROVIDER CCN: 15-0021 PARKVIEW HOSPITAL  
PERIOD FROM 01/01/2012 TO 12/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11  
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMED EDUCATION	PARAMED ED PHARMACY	
	ASSIGNED TIME	COSTED REQUIS.	
200 CROSS FOOT ADJUSTMENTS	23	23.02	200
201 NEGATIVE COST CENTER			201
202 COST TO BE ALLOC PER B PT I	105,464	284,737	202
203 UNIT COST MULT-WS B PT I	10.546400	0.012134	203
204 COST TO BE ALLOC PER B PT II	5,368	7,341	204
205 UNIT COST MULT-WS B PT II	0.536800	0.000313	205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 26) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	77,215,812		77,215,812		77,215,812	30
31 INTENSIVE CARE UNIT	11,897,760		11,897,760	45,198	11,942,958	31
31.01 PEDIATRIC ICU	2,132,255		2,132,255		2,132,255	31.01
31.02 NEONATAL ICU	6,062,014		6,062,014		6,062,014	31.02
32 CORONARY CARE UNIT	23,309,311		23,309,311		23,309,311	32
40 SUBPROVIDER - IPF	12,623,829		12,623,829		12,623,829	40
41 SUBPROVIDER - IRF	4,035,320		4,035,320		4,035,320	41
43 NURSERY	4,168,591		4,168,591		4,168,591	43
44 SKILLED NURSING FACILITY	5,604,962		5,604,962		5,604,962	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	26,603,020		26,603,020		26,603,020	50
50.01 CAREW MEDICAL PARK SURG	153,918		153,918		153,918	50.01
51 RECOVERY ROOM	14,497,751		14,497,751		14,497,751	51
52 DELIVERY ROOM & LABOR ROOM	1,239,020		1,239,020		1,239,020	52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC	24,441,846		24,441,846		24,441,846	54
54.01 RADIOLOGY - WABASH						54.01
54.02 RADIOLOGY - MANCHESTER						54.02
54.03 RADIOLOGY - EAST STATE						54.03
54.04 RADIOLOGY - JEFFERSON						54.04
54.05 RADIOLOGY - NHMP	347,265		347,265		347,265	54.05
54.06 RADIOLOGY - CMP	669,939		669,939		669,939	54.06
54.07 RADIOLOGY - WP	241,347		241,347		241,347	54.07
54.08 RADIOLOGY - PULM CLINIC	283,888		283,888		283,888	54.08
54.09 RADIOLOGY - WHITLEY POOL						54.09
55 RADIOLOGY-THERAPEUTIC	10,300,667		10,300,667		10,300,667	55
56 RADIOISOTOPE	1,332,083		1,332,083		1,332,083	56
60 LABORATORY	14,824,808		14,824,808	37,355	14,862,163	60
60.01 ANATOMICAL PATHOLOGY	6,421,482		6,421,482		6,421,482	60.01
62 WHOLE BLOOD & PACKED RED BL	4,711,618		4,711,618		4,711,618	62
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	6,839,883		6,839,883		6,839,883	65
65.01 WOUND CARE	1,385,420		1,385,420		1,385,420	65.01
65.02 DIALYSIS	1,849,680		1,849,680		1,849,680	65.02
65.03 ENDOSCOPY	8,507,153		8,507,153		8,507,153	65.03
66 PHYSICAL THERAPY	6,432,543		6,432,543		6,432,543	66
66.01 TRANSITIONAL THERAPY	359,170		359,170		359,170	66.01
66.02 PV REHAB OUTREACH						66.02
67 OCCUPATIONAL THERAPY	1,894,304		1,894,304		1,894,304	67
68 SPEECH PATHOLOGY	750,103		750,103		750,103	68
68.01 NEURO REHAB	1,512,559		1,512,559	48	1,512,607	68.01
69 ELECTROCARDIOLOGY	2,846,794		2,846,794		2,846,794	69
70 ELECTROENCEPHALOGRAPHY	685,346		685,346		685,346	70
70.01 NUTRITION SUPPORT	869,666		869,666		869,666	70.01
70.02 MRI	3,093,821		3,093,821		3,093,821	70.02
70.03 CARDIAC CATH LAB	9,475,311		9,475,311		9,475,311	70.03
70.04 CARDIAC REHAB SERVICES	311,333		311,333		311,333	70.04
71 MEDICAL SUPPLIES CHRGD TO	23,753,834		23,753,834		23,753,834	71
71.01 COST OF SOLUTIONS	2,942,751		2,942,751		2,942,751	71.01
72 IMPL. DEV. CHARGED TO PATIE	32,098,835		32,098,835		32,098,835	72
73 DRUGS CHARGED TO PATIENTS	58,719,546		58,719,546		58,719,546	73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	412,800		412,800		412,800	90
90.01 ANTICOAG CLINIC	5,345,565		5,345,565	3,737	5,349,302	90.01
91 EMERGENCY	21,248,246		21,248,246	196,201	21,444,447	91
91.01 PARTIAL HOSPITALIZATION	134,893		134,893		134,893	91.01
92 OBSERVATION BEDS	8,674,371		8,674,371		8,674,371	92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	11,550,371		11,550,371		11,550,371	95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	12,260,065		12,260,065		12,260,065	101
116 HOSPICE	8,739,137		8,739,137		8,739,137	116
200 SUBTOTAL (SEE INSTRUCTIONS)	485,812,006		485,812,006	282,539	486,094,545	200
201 LESS OBSERVATION BEDS	8,674,371		8,674,371		8,674,371	201
202 TOTAL (SEE INSTRUCTIONS)	477,137,635		477,137,635		477,420,174	202

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I (CONT)

COST CENTER DESCRIPTION	CHARGES			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11	
	INPATIENT 6	OUTPATIENT 7	TOTAL (COLS. 6 + 7) 8				
INPATIENT ROUTINE SERV COST CENTERS							
30 ADULTS & PEDIATRICS	130,502,973		130,502,973				30
31 INTENSIVE CARE UNIT	20,019,217		20,019,217				31
31.01 PEDIATRIC ICU	2,339,321		2,339,321				31.01
31.02 NEONATAL ICU	15,091,812		15,091,812				31.02
32 CORONARY CARE UNIT	41,509,391		41,509,391				32
40 SUBPROVIDER - IPF	20,200,486		20,200,486				40
41 SUBPROVIDER - IRF	5,968,699		5,968,699				41
43 NURSERY	4,418,265		4,418,265				43
44 SKILLED NURSING FACILITY	5,989,507		5,989,507				44
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	100,522,885	47,323,818	147,846,703	0.179937	0.179937	0.179937	50
50.01 CAREW MEDICAL PARK SURG	32,265		32,265	4.770432	4.770432	4.770432	50.01
51 RECOVERY ROOM	21,815,690	39,081,875	60,897,565	0.238068	0.238068	0.238068	51
52 DELIVERY ROOM & LABOR ROOM	2,271,770		2,271,770	0.545399	0.545399	0.545399	52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC	79,955,855	169,263,258	249,219,113	0.098074	0.098074	0.098074	54
54.01 RADIOLOGY - WABASH							54.01
54.02 RADIOLOGY - MANCHESTER							54.02
54.03 RADIOLOGY - EAST STATE							54.03
54.04 RADIOLOGY - JEFFERSON							54.04
54.05 RADIOLOGY - NHMP	6,299	832,937	839,236	0.413787	0.413787	0.413787	54.05
54.06 RADIOLOGY - CMP		11,860	11,860	56.487268	56.487268	56.487268	54.06
54.07 RADIOLOGY - WP	1,239	589,415	590,654	0.408610	0.408610	0.408610	54.07
54.08 RADIOLOGY - PULM CLINIC	1,536	62,871	64,407	4.407720	4.407720	4.407720	54.08
54.09 RADIOLOGY - WHITLEY POOL							54.09
55 RADIOLOGY-THERAPEUTIC	1,324,410	44,091,290	45,415,700	0.226809	0.226809	0.226809	55
56 RADIOISOTOPE	2,233,837	2,120,549	4,354,386	0.305918	0.305918	0.305918	56
60 LABORATORY	55,235,737	22,058,554	77,294,291	0.191797	0.191797	0.192280	60
60.01 ANATOMICAL PATHOLOGY	6,919,411	13,547,160	20,466,571	0.313755	0.313755	0.313755	60.01
62 WHOLE BLOOD & PACKED RED BL	6,873,716	1,589,513	8,463,229	0.556716	0.556716	0.556716	62
62.30 BLOOD CLOTTING FOR HEMOPHIL							62.30
65 RESPIRATORY THERAPY	23,475,064	1,562,219	25,037,283	0.273188	0.273188	0.273188	65
65.01 WOUND CARE	3,311,270	412,680	3,723,950	0.372030	0.372030	0.372030	65.01
65.02 DIALYSIS	2,563,015	251,570	2,814,585	0.657177	0.657177	0.657177	65.02
65.03 ENDOSCOPY	6,814,432	25,692,016	32,506,448	0.261707	0.261707	0.261707	65.03
66 PHYSICAL THERAPY	11,552,545	1,958,869	13,511,414	0.476082	0.476082	0.476082	66
66.01 TRANSITIONAL THERAPY	398,154		398,154	0.902088	0.902088	0.902088	66.01
66.02 PV REHAB OUTREACH							66.02
67 OCCUPATIONAL THERAPY	2,409,156	318,176	2,727,332	0.694563	0.694563	0.694563	67
68 SPEECH PATHOLOGY	1,348,259	104,223	1,452,482	0.516428	0.516428	0.516428	68
68.01 NEURO REHAB	3,418	2,914,975	2,918,393	0.518285	0.518285	0.518301	68.01
69 ELECTROCARDIOLOGY	8,237,847	15,888,995	24,126,842	0.117993	0.117993	0.117993	69
70 ELECTROENCEPHALOGRAPHY	2,064,620	1,071,089	3,135,709	0.218562	0.218562	0.218562	70
70.01 NUTRITION SUPPORT	78,774	22,530	101,304	8.584715	8.584715	8.584715	70.01
70.02 MRI	7,366,954	9,036,164	16,403,118	0.188612	0.188612	0.188612	70.02
70.03 CARDIAC CATH LAB	34,421,941	54,547,312	88,969,253	0.106501	0.106501	0.106501	70.03
70.04 CARDIAC REHAB SERVICES	1,680	638,960	640,640	0.485972	0.485972	0.485972	70.04
71 MEDICAL SUPPLIES CHRGD TO	45,153,806	34,027,949	79,181,755	0.299991	0.299991	0.299991	71
71.01 COST OF SOLUTIONS	33,718,177	8,123,686	41,841,863	0.070330	0.070330	0.070330	71.01
72 IMPL. DEV. CHARGED TO PATIE	74,858,373	42,591,776	117,450,149	0.273298	0.273298	0.273298	72
73 DRUGS CHARGED TO PATIENTS	95,091,662	46,669,475	141,761,137	0.414215	0.414215	0.414215	73
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	107,176	287,759	394,935	1.045235	1.045235	1.045235	90
90.01 ANTICOAG CLINIC	16,681	2,237,251	2,253,932	2.371662	2.371662	2.373320	90.01
91 EMERGENCY	30,524,225	66,051,328	96,575,553	0.220017	0.220017	0.222048	91
91.01 PARTIAL HOSPITALIZATION	576	505,789	506,365	0.266395	0.266395	0.266395	91.01
92 OBSERVATION BEDS		18,514,368	18,514,368	0.468521	0.468521	0.468521	92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES	28,337	13,227,954	13,256,291	0.871312	0.871312	0.871312	95
99.10 CORF							99.10
99.20 OUTPATIENT PHYSICAL THERAPY							99.20
99.30 OUTPATIENT OCCUPATIONAL THE							99.30
99.40 OUTPATIENT SPEECH PATHOLOGY							99.40
101 HOME HEALTH AGENCY		14,481,685	14,481,685				101
116 HOSPICE		10,531,166	10,531,166				116
200 SUBTOTAL (SEE INSTRUCTIONS)	906,780,463	712,243,064	1,619,023,527				200
201 LESS OBSERVATION BEDS							201
202 TOTAL (SEE INSTRUCTIONS)	906,780,463	712,243,064	1,619,023,527				202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT	PER DIEM	INPAT PGM	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)	DAYS	(COL.3 ÷ COL.4)	DAYS	(COL.5 x COL.6)	
	1	2	4	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	9,678,639		96,787	100.00	32,806	3,280,600	30
31 INTENSIVE CARE UNIT	1,088,305		7,214	150.86	3,312	499,648	31
31.01 PEDIATRIC ICU	248,216		929	267.19			31.01
31.02 NEONATAL ICU	596,451		5,769	103.39			31.02
32 CORONARY CARE UNIT	2,360,534		19,074	123.76	179	22,153	32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
35 OTHER SPECIAL CARE (SPECIFY)							35
40 SUBPROVIDER - IPF	1,558,233		13,424	116.08	4,504	522,824	40
41 SUBPROVIDER - IRF	635,822		5,258	120.92	1,224	148,006	41
42 SUBPROVIDER I							42
43 NURSERY	286,853		5,296	54.16			43
44 SKILLED NURSING FACILITY	741,617		9,767	75.93	4,561	346,317	44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	17,194,670		163,518		46,586	4,819,548	200

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) [ ] IPF [ ] IRF	[ ] SUB (OTHER)	[XX] PPS [ ] TEFRA					
					CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5
ANCILLARY SERVICE COST CENTERS									
50	OPERATING ROOM	4,828,076	147,846,703	0.032656		32,734,752		1,068,986	50
50.01	CAREW MEDICAL PARK SURG	59,629	32,265	1.848102					50.01
51	RECOVERY ROOM	1,344,507	60,897,565	0.022078		4,015,665		88,658	51
52	DELIVERY ROOM & LABOR ROOM	495,136	2,271,770	0.217952					52
53	ANESTHESIOLOGY								53
54	RADIOLOGY-DIAGNOSTIC	4,725,534	249,219,113	0.018961		29,506,673		559,476	54
54.01	RADIOLOGY - WABASH								54.01
54.02	RADIOLOGY - MANCHESTER								54.02
54.03	RADIOLOGY - EAST STATE								54.03
54.04	RADIOLOGY - JEFFERSON								54.04
54.05	RADIOLOGY - NHMP	50,253	839,236	0.059879					54.05
54.06	RADIOLOGY - CMP	40,123	11,860	3.383052					54.06
54.07	RADIOLOGY - WP	13,317	590,654	0.022546					54.07
54.08	RADIOLOGY - PULM CLINIC	77,537	64,407	1.203860					54.08
54.09	RADIOLOGY - WHITLEY POOL								54.09
55	RADIOLOGY-THERAPEUTIC	1,951,903	45,415,700	0.042979		388,818		16,711	55
56	RADIOISOTOPE	422,534	4,354,386	0.097036		676,057		65,602	56
60	LABORATORY	5,561,066	77,294,291	0.071947		18,915,232		1,360,894	60
60.01	ANATOMICAL PATHOLOGY	155,770	20,466,571	0.007611		1,088,751		8,286	60.01
62	WHOLE BLOOD & PACKED RED BLOO	33,661	8,463,229	0.003977		2,761,147		10,981	62
62.30	BLOOD CLOTTING FOR HEMOPHILIA								62.30
65	RESPIRATORY THERAPY	985,079	25,037,283	0.039344		9,420,500		370,640	65
65.01	WOUND CARE	77,802	3,723,950	0.020892		918,128		19,182	65.01
65.02	DIALYSIS	87,093	2,814,585	0.030943		1,335,658		41,329	65.02
65.03	ENDOSCOPY	932,412	32,506,448	0.028684		1,704,835		48,901	65.03
66	PHYSICAL THERAPY	641,480	13,511,414	0.047477		1,717,642		81,548	66
66.01	TRANSITIONAL THERAPY	45,828	398,154	0.115101					66.01
66.02	PV REHAB OUTREACH								66.02
67	OCCUPATIONAL THERAPY	101,115	2,727,332	0.037075		760,920		28,211	67
68	SPEECH PATHOLOGY	34,964	1,452,482	0.024072		476,315		11,466	68
68.01	NEURO REHAB	171,459	2,918,393	0.058751					68.01
69	ELECTROCARDIOLOGY	64,351	24,126,842	0.002667		1,981,201		5,284	69
70	ELECTROENCEPHALOGRAPHY	69,250	3,135,709	0.022084		370,612		8,185	70
70.01	NUTRITION SUPPORT	50,410	101,304	0.497611		17,824		8,869	70.01
70.02	MRI	1,133,325	16,403,118	0.069092		2,336,948		161,464	70.02
70.03	CARDIAC CATH LAB	1,614,460	88,969,253	0.018146		11,290,571		204,879	70.03
70.04	CARDIAC REHAB SERVICES	77,953	640,640	0.121680		1,260		153	70.04
71	MEDICAL SUPPLIES CHRGD TO PA	529,448	79,181,755	0.006686		13,913,624		93,026	71
71.01	COST OF SOLUTIONS	85,768	41,841,863	0.002050		11,403,898		23,378	71.01
72	IMPL. DEV. CHARGED TO PATIENT	709,582	117,450,149	0.006042		25,879,273		156,363	72
73	DRUGS CHARGED TO PATIENTS	4,808,994	141,761,137	0.033923		28,390,125		963,078	73
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90	CLINIC	32,919	394,935	0.083353		23,242		1,937	90
90.01	ANTICOAG CLINIC	3,061,690	2,253,932	1.358377		3,592		4,879	90.01
91	EMERGENCY	2,099,288	96,575,553	0.021737		9,664,462		210,076	91
91.01	PARTIAL HOSPITALIZATION	22,896	506,365	0.045216					91.01
92	OBSERVATION BEDS	1,087,289	18,514,368	0.058727					92
OTHER REIMBURSABLE COST CENTERS									
95	AMBULANCE SERVICES								95
200	TOTAL (SUM OF LINES 50-199)	38,283,901	1,334,714,714			211,697,725		5,622,442	200

PROVIDER CCN: 15-0021 PARKVIEW HOSPITAL  
 PERIOD FROM 01/01/2012 TO 12/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11  
 05/29/2013 09:04

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	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5	
INPAT ROUTINE SERV COST CTRS						
30 ADULTS & PEDIATRICS		82			82	30
31 INTENSIVE CARE UNIT		2			2	31
31.01 PEDIATRIC ICU						31.01
31.02 NEONATAL ICU		1			1	31.02
32 CORONARY CARE UNIT		4			4	32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
35 OTHER SPECIAL CARE (SPECIFY)						35
40 SUBPROVIDER - IPF		12			12	40
41 SUBPROVIDER - IRF						41
42 SUBPROVIDER I						42
43 NURSERY						43
44 SKILLED NURSING FACILITY		1			1	44
45 NURSING FACILITY						45
200 TOTAL (SUM OF LINES 30-199)		102			102	200

PROVIDER CCN: 15-0021 PARKVIEW HOSPITAL  
 PERIOD FROM 01/01/2012 TO 12/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11  
 05/29/2013 09:04

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 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	96,787		32,806		30
31 INTENSIVE CARE UNIT	7,214		3,312		31
31.01 PEDIATRIC ICU	929				31.01
31.02 NEONATAL ICU	5,769				31.02
32 CORONARY CARE UNIT	19,074		179		32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF	13,424		4,504		40
41 SUBPROVIDER - IRF	5,258		1,224		41
42 SUBPROVIDER I					42
43 NURSERY	5,296				43
44 SKILLED NURSING FACILITY	9,767		4,561		44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	163,518		46,586		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[XX] HOSPITAL (15-0021)	[ ] SUB (OTHER)	[ ] ICF/MR	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[ ] IPF	[ ] SNF		[ ] TEFRA		
BOXES	[ ] TITLE XIX	[ ] IRF	[ ] NF				
COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS. 1-4) 5	TOTAL O/P COST (SUM OF COLS. 2-4) 6	
50	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM		174		174	174	50
50.01	CAREW MEDICAL PARK SURG						50.01
51	RECOVERY ROOM		2		2	2	51
52	DELIVERY ROOM & LABOR ROOM						52
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC		37		37	37	54
54.01	RADIOLOGY - WABASH						54.01
54.02	RADIOLOGY - MANCHESTER						54.02
54.03	RADIOLOGY - EAST STATE						54.03
54.04	RADIOLOGY - JEFFERSON						54.04
54.05	RADIOLOGY - NHMP						54.05
54.06	RADIOLOGY - CMP						54.06
54.07	RADIOLOGY - WP						54.07
54.08	RADIOLOGY - PULM CLINIC						54.08
54.09	RADIOLOGY - WHITLEY POOL						54.09
55	RADIOLOGY-THERAPEUTIC						55
56	RADIOISOTOPE						56
60	LABORATORY		105,465		105,465	105,465	60
60.01	ANATOMICAL PATHOLOGY		1		1	1	60.01
62	WHOLE BLOOD & PACKED RED BLOO						62
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
65	RESPIRATORY THERAPY		22		22	22	65
65.01	WOUND CARE		5		5	5	65.01
65.02	DIALYSIS		1		1	1	65.02
65.03	ENDOSCOPY		3		3	3	65.03
66	PHYSICAL THERAPY		6		6	6	66
66.01	TRANSITIONAL THERAPY						66.01
66.02	PV REHAB OUTREACH						66.02
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY						68
68.01	NEURO REHAB		5		5	5	68.01
69	ELECTROCARDIOLOGY		1		1	1	69
70	ELECTROENCEPHALOGRAPHY						70
70.01	NUTRITION SUPPORT						70.01
70.02	MRI						70.02
70.03	CARDIAC CATH LAB		1		1	1	70.03
70.04	CARDIAC REHAB SERVICES						70.04
71	MEDICAL SUPPLIES CHRGD TO PA						71
71.01	COST OF SOLUTIONS						71.01
72	IMPL. DEV. CHARGED TO PATIENT						72
73	DRUGS CHARGED TO PATIENTS		272,392		272,392	272,392	73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
90	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC						90
90.01	ANTICOAG CLINIC		8		8	8	90.01
91	EMERGENCY		114		114	114	91
91.01	PARTIAL HOSPITALIZATION						91.01
92	OBSERVATION BEDS		9		9	9	92
	OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES						95
200	TOTAL (SUM OF LINES 50-199)		378,246		378,246	378,246	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[XX] HOSPITAL (15-0021)	[ ] SUB (OTHER)	[ ] ICF/MR	[XX] PPS				
APPLICABLE	[XX] TITLE XVIII-PT A	[ ] IPF	[ ] SNF		[ ] TEFRA				
BOXES	[ ] TITLE XIX	[ ] IRF	[ ] NF						
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)		
	7	8	9	10	11	12	13		
ANCILLARY SERVICE COST CENTERS									
50	OPERATING ROOM	147,846,703	0.000001	0.000001	32,734,752	33	11,781,752	12	50
50.01	CAREW MEDICAL PARK SURG	32,265							50.01
51	RECOVERY ROOM	60,897,565			4,015,665		7,451,670		51
52	DELIVERY ROOM & LABOR ROOM	2,271,770							52
53	ANESTHESIOLOGY								53
54	RADIOLOGY-DIAGNOSTIC	249,219,113			29,506,673		36,548,805		54
54.01	RADIOLOGY - WABASH								54.01
54.02	RADIOLOGY - MANCHESTER								54.02
54.03	RADIOLOGY - EAST STATE								54.03
54.04	RADIOLOGY - JEFFERSON								54.04
54.05	RADIOLOGY - NHMP	839,236							54.05
54.06	RADIOLOGY - CMP	11,860							54.06
54.07	RADIOLOGY - WP	590,654							54.07
54.08	RADIOLOGY - PULM CLINIC	64,407							54.08
54.09	RADIOLOGY - WHITLEY POOL								54.09
55	RADIOLOGY-THERAPEUTIC	45,415,700			388,818		13,309,659		55
56	RADIOISOTOPE	4,354,386			676,057		647,009		56
60	LABORATORY	77,294,291	0.001364	0.001364	18,915,232	25,800	1,851,445	2,525	60
60.01	ANATOMICAL PATHOLOGY	20,466,571			1,088,751		1,696,546		60.01
62	WHOLE BLOOD & PACKED RED BLO	8,463,229			2,761,147		470,374		62
62.30	BLOOD CLOTTING FOR HEMOPHILI								62.30
65	RESPIRATORY THERAPY	25,037,283	0.000001	0.000001	9,420,500	9	967,989	1	65
65.01	WOUND CARE	3,723,950	0.000001	0.000001	918,128	1	179,638		65.01
65.02	DIALYSIS	2,814,585			1,335,658		42,066		65.02
65.03	ENDOSCOPY	32,506,448			1,704,835		3,128,732		65.03
66	PHYSICAL THERAPY	13,511,414			1,717,642				66
66.01	TRANSITIONAL THERAPY	398,154							66.01
66.02	PV REHAB OUTREACH								66.02
67	OCCUPATIONAL THERAPY	2,727,332			760,920				67
68	SPEECH PATHOLOGY	1,452,482			476,315				68
68.01	NEURO REHAB	2,918,393	0.000002	0.000002					68.01
69	ELECTROCARDIOLOGY	24,126,842			1,981,201		2,709,189		69
70	ELECTROENCEPHALOGRAPHY	3,135,709			370,612		37,895		70
70.01	NUTRITION SUPPORT	101,304			17,824		3,808		70.01
70.02	MRI	16,403,118			2,336,948		3,307,159		70.02
70.03	CARDIAC CATH LAB	88,969,253			11,290,571		10,220,891		70.03
70.04	CARDIAC REHAB SERVICES	640,640			1,260		194,320		70.04
71	MEDICAL SUPPLIES CHRGD TO P	79,181,755			13,913,624		4,987,586		71
71.01	COST OF SOLUTIONS	41,841,863			11,403,898		1,680,569		71.01
72	IMPL. DEV. CHARGED TO PATIEN	117,450,149			25,879,273		15,539,254		72
73	DRUGS CHARGED TO PATIENTS	141,761,137	0.001921	0.001921	28,390,125	54,537	12,407,101	23,834	73
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90	CLINIC	394,935			23,242		54,874		90
90.01	ANTICOAG CLINIC	2,253,932	0.000004	0.000004	3,592		711,029	3	90.01
91	EMERGENCY	96,575,553	0.000001	0.000001	9,664,462	10	9,193,299	9	91
91.01	PARTIAL HOSPITALIZATION	506,365							91.01
92	OBSERVATION BEDS	18,514,368					2,014,177		92
OTHER REIMBURSABLE COST CENTERS									
95	AMBULANCE SERVICES								95
200	TOTAL (SUM OF LINES 50-199)	1,334,714,714			211,697,725	80,390	141,136,836	26,384	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (15-0021) [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-NF  
 BOXES [ ] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS			
	COST TO CHARGE FROM WKST C, PT I, COL. 9	RATIO	PPS REIMBURSED SERVICES	COST REIMB. SUBJECT TO DED & COINS	COST REIMB. SVCES NOT SUBJECT TO DED & COINS	COST SERVICES SUBJECT TO DED & COINS	COST SVCES NOT SUBJECT TO DED & COINS	
	1		2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.179937		11,781,752			2,119,973		50
50.01 CAREW MEDICAL PARK SURG	4.770432							50.01
51 RECOVERY ROOM	0.238068		7,451,670			1,774,004		51
52 DELIVERY ROOM & LABOR ROOM	0.545399							52
53 ANESTHESIOLOGY								53
54 RADIOLOGY-DIAGNOSTIC	0.098074		36,548,805			3,584,488		54
54.01 RADIOLOGY - WABASH								54.01
54.02 RADIOLOGY - MANCHESTER								54.02
54.03 RADIOLOGY - EAST STATE								54.03
54.04 RADIOLOGY - JEFFERSON								54.04
54.05 RADIOLOGY - NHMP	0.413787							54.05
54.06 RADIOLOGY - CMP	56.487268							54.06
54.07 RADIOLOGY - WP	0.408610							54.07
54.08 RADIOLOGY - PULM CLINIC	4.407720							54.08
54.09 RADIOLOGY - WHITLEY POOL								54.09
55 RADIOLOGY-THERAPEUTIC	0.226809		13,309,659			3,018,750		55
56 RADIOISOTOPE	0.305918		647,009			197,932		56
60 LABORATORY	0.191797		1,851,445			355,102		60
60.01 ANATOMICAL PATHOLOGY	0.313755		1,696,546			532,300		60.01
62 WHOLE BLOOD & PACKED RED BLOOD	0.556716		470,374			261,865		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65 RESPIRATORY THERAPY	0.273188		967,989			264,443		65
65.01 WOUND CARE	0.372030		179,638			66,831		65.01
65.02 DIALYSIS	0.657177		42,066			27,645		65.02
65.03 ENDOSCOPY	0.261707		3,128,732			818,811		65.03
66 PHYSICAL THERAPY	0.476082							66
66.01 TRANSITIONAL THERAPY	0.902088							66.01
66.02 PV REHAB OUTREACH								66.02
67 OCCUPATIONAL THERAPY	0.694563							67
68 SPEECH PATHOLOGY	0.516428							68
68.01 NEURO REHAB	0.518285							68.01
69 ELECTROCARDIOLOGY	0.117993		2,709,189			319,665		69
70 ELECTROENCEPHALOGRAPHY	0.218562		37,895			8,282		70
70.01 NUTRITION SUPPORT	8.584715		3,808			32,691		70.01
70.02 MRI	0.188612		3,307,159			623,770		70.02
70.03 CARDIAC CATH LAB	0.106501		10,220,891			1,088,535		70.03
70.04 CARDIAC REHAB SERVICES	0.485972		194,320			94,434		70.04
71 MEDICAL SUPPLIES CHRGD TO PATI	0.299991		4,987,586			1,496,231		71
71.01 COST OF SOLUTIONS	0.070330		1,680,569			118,194		71.01
72 IMPL. DEV. CHARGED TO PATIENT	0.273298		15,539,254			4,246,847		72
73 DRUGS CHARGED TO PATIENTS	0.414215		12,407,101			5,139,207		73
76.97 CARDIAC REHABILITATION								76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90 CLINIC	1.045235		54,874			57,356		90
90.01 ANTICOAG CLINIC	2.371662		711,029			1,686,320		90.01
91 EMERGENCY	0.220017		9,193,299			2,022,682		91
91.01 PARTIAL HOSPITALIZATION	0.266395							91.01
92 OBSERVATION BEDS	0.468521		2,014,177			943,684		92
OTHER REIMBURSABLE COST CENTERS								
95 AMBULANCE SERVICES	0.871312							95
200 SUBTOTAL (SEE INSTRUCTIONS)			141,136,836			30,900,042		200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)			141,136,836			30,900,042		202

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] IPF (15-S021) [ ] IRF	[ ] SUB (OTHER)	[XX] PPS [ ] TEFRA			
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5		
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	4,828,076	147,846,703	0.032656	26,325	860	50
50.01	CAREW MEDICAL PARK SURG	59,629	32,265	1.848102			50.01
51	RECOVERY ROOM	1,344,507	60,897,565	0.022078	33,291	735	51
52	DELIVERY ROOM & LABOR ROOM	495,136	2,271,770	0.217952			52
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC	4,725,534	249,219,113	0.018961	133,936	2,540	54
54.01	RADIOLOGY - WABASH						54.01
54.02	RADIOLOGY - MANCHESTER						54.02
54.03	RADIOLOGY - EAST STATE						54.03
54.04	RADIOLOGY - JEFFERSON						54.04
54.05	RADIOLOGY - NHMP	50,253	839,236	0.059879			54.05
54.06	RADIOLOGY - CMP	40,123	11,860	3.383052			54.06
54.07	RADIOLOGY - WP	13,317	590,654	0.022546			54.07
54.08	RADIOLOGY - PULM CLINIC	77,537	64,407	1.203860			54.08
54.09	RADIOLOGY - WHITLEY POOL						54.09
55	RADIOLOGY-THERAPEUTIC	1,951,903	45,415,700	0.042979			55
56	RADIOISOTOPE	422,534	4,354,386	0.097036			56
60	LABORATORY	5,561,066	77,294,291	0.071947	390,289	28,080	60
60.01	ANATOMICAL PATHOLOGY	155,770	20,466,571	0.007611			60.01
62	WHOLE BLOOD & PACKED RED BLOO	33,661	8,463,229	0.003977			62
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
65	RESPIRATORY THERAPY	985,079	25,037,283	0.039344	1,430	56	65
65.01	WOUND CARE	77,802	3,723,950	0.020892	5,803	121	65.01
65.02	DIALYSIS	87,093	2,814,585	0.030943			65.02
65.03	ENDOSCOPY	932,412	32,506,448	0.028684			65.03
66	PHYSICAL THERAPY	641,480	13,511,414	0.047477	835	40	66
66.01	TRANSITIONAL THERAPY	45,828	398,154	0.115101			66.01
66.02	PV REHAB OUTREACH						66.02
67	OCCUPATIONAL THERAPY	101,115	2,727,332	0.037075	500	19	67
68	SPEECH PATHOLOGY	34,964	1,452,482	0.024072			68
68.01	NEURO REHAB	171,459	2,918,393	0.058751			68.01
69	ELECTROCARDIOLOGY	64,351	24,126,842	0.002667	22,324	60	69
70	ELECTROENCEPHALOGRAPHY	69,250	3,135,709	0.022084	1,980	44	70
70.01	NUTRITION SUPPORT	50,410	101,304	0.497611	3,824	1,903	70.01
70.02	MRI	1,133,325	16,403,118	0.069092	10,937	756	70.02
70.03	CARDIAC CATH LAB	1,614,460	88,969,253	0.018146			70.03
70.04	CARDIAC REHAB SERVICES	77,953	640,640	0.121680			70.04
71	MEDICAL SUPPLIES CHRGD TO PA	529,448	79,181,755	0.006686	2,150	14	71
71.01	COST OF SOLUTIONS	85,768	41,841,863	0.002050	16,940	35	71.01
72	IMPL. DEV. CHARGED TO PATIENT	709,582	117,450,149	0.006042			72
73	DRUGS CHARGED TO PATIENTS	4,808,994	141,761,137	0.033923	672,756	22,822	73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	32,919	394,935	0.083353	168	14	90
90.01	ANTICOAG CLINIC	3,061,690	2,253,932	1.358377	171	232	90.01
91	EMERGENCY	2,099,288	96,575,553	0.021737	404,784	8,799	91
91.01	PARTIAL HOSPITALIZATION	22,896	506,365	0.045216			91.01
92	OBSERVATION BEDS	1,087,289	18,514,368	0.058727			92
OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES						95
200	TOTAL (SUM OF LINES 50-199)	38,283,901	1,334,714,714		1,728,443	67,130	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P	
	PHYSICIAN ANESTHETIST COST 1						
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM			174		174	174	50
50.01 CAREW MEDICAL PARK SURG							50.01
51 RECOVERY ROOM			2		2	2	51
52 DELIVERY ROOM & LABOR ROOM							52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC			37		37	37	54
54.01 RADIOLOGY - WABASH							54.01
54.02 RADIOLOGY - MANCHESTER							54.02
54.03 RADIOLOGY - EAST STATE							54.03
54.04 RADIOLOGY - JEFFERSON							54.04
54.05 RADIOLOGY - NHMP							54.05
54.06 RADIOLOGY - CMP							54.06
54.07 RADIOLOGY - WP							54.07
54.08 RADIOLOGY - PULM CLINIC							54.08
54.09 RADIOLOGY - WHITLEY POOL							54.09
55 RADIOLOGY-THERAPEUTIC							55
56 RADIOISOTOPE							56
60 LABORATORY			105,465		105,465	105,465	60
60.01 ANATOMICAL PATHOLOGY			1		1	1	60.01
62 WHOLE BLOOD & PACKED RED BLOO							62
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
65 RESPIRATORY THERAPY			22		22	22	65
65.01 WOUND CARE			5		5	5	65.01
65.02 DIALYSIS			1		1	1	65.02
65.03 ENDOSCOPY			3		3	3	65.03
66 PHYSICAL THERAPY			6		6	6	66
66.01 TRANSITIONAL THERAPY							66.01
66.02 PV REHAB OUTREACH							66.02
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
68.01 NEURO REHAB			5		5	5	68.01
69 ELECTROCARDIOLOGY			1		1	1	69
70 ELECTROENCEPHALOGRAPHY							70
70.01 NUTRITION SUPPORT							70.01
70.02 MRI							70.02
70.03 CARDIAC CATH LAB			1		1	1	70.03
70.04 CARDIAC REHAB SERVICES							70.04
71 MEDICAL SUPPLIES CHRGD TO PA							71
71.01 COST OF SOLUTIONS							71.01
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS			272,392		272,392	272,392	73
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC							90
90.01 ANTICOAG CLINIC			8		8	8	90.01
91 EMERGENCY			114		114	114	91
91.01 PARTIAL HOSPITALIZATION							91.01
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES							95
200 TOTAL (SUM OF LINES 50-199)			378,237		378,237	378,237	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[ ] HOSPITAL	[ ] SUB (OTHER)	[ ] ICF/MR	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[XX] IPF (15-S021)	[ ] SNF		[ ] TEFRA		
BOXES	[ ] TITLE XIX	[ ] IRF	[ ] NF				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 + COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 + COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	147,846,703	0.000001	0.000001	26,325		50
50.01	CAREW MEDICAL PARK SURG	32,265					50.01
51	RECOVERY ROOM	60,897,565			33,291		51
52	DELIVERY ROOM & LABOR ROOM	2,271,770					52
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC	249,219,113			133,936		54
54.01	RADIOLOGY - WABASH						54.01
54.02	RADIOLOGY - MANCHESTER						54.02
54.03	RADIOLOGY - EAST STATE						54.03
54.04	RADIOLOGY - JEFFERSON						54.04
54.05	RADIOLOGY - NHMP	839,236					54.05
54.06	RADIOLOGY - CMP	11,860					54.06
54.07	RADIOLOGY - WP	590,654					54.07
54.08	RADIOLOGY - PULM CLINIC	64,407					54.08
54.09	RADIOLOGY - WHITLEY POOL						54.09
55	RADIOLOGY-THERAPEUTIC	45,415,700					55
56	RADIOISOTOPE	4,354,386					56
60	LABORATORY	77,294,291	0.001364	0.001364	390,289	532	60
60.01	ANATOMICAL PATHOLOGY	20,466,571					60.01
62	WHOLE BLOOD & PACKED RED BLO	8,463,229					62
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	25,037,283	0.000001	0.000001	1,430		65
65.01	WOUND CARE	3,723,950	0.000001	0.000001	5,803		65.01
65.02	DIALYSIS	2,814,585					65.02
65.03	ENDOSCOPY	32,506,448					65.03
66	PHYSICAL THERAPY	13,511,414			835		66
66.01	TRANSITIONAL THERAPY	398,154					66.01
66.02	PV REHAB OUTREACH						66.02
67	OCCUPATIONAL THERAPY	2,727,332			500		67
68	SPEECH PATHOLOGY	1,452,482					68
68.01	NEURO REHAB	2,918,393	0.000002	0.000002			68.01
69	ELECTROCARDIOLOGY	24,126,842			22,324		69
70	ELECTROENCEPHALOGRAPHY	3,135,709			1,980		70
70.01	NUTRITION SUPPORT	101,304			3,824		70.01
70.02	MRI	16,403,118			10,937		70.02
70.03	CARDIAC CATH LAB	88,969,253					70.03
70.04	CARDIAC REHAB SERVICES	640,640					70.04
71	MEDICAL SUPPLIES CHRGD TO P	79,181,755			2,150		71
71.01	COST OF SOLUTIONS	41,841,863			16,940		71.01
72	IMPL. DEV. CHARGED TO PATIEN	117,450,149					72
73	DRUGS CHARGED TO PATIENTS	141,761,137	0.001921	0.001921	672,756	1,292	73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	394,935			168		90
90.01	ANTICOAG CLINIC	2,253,932	0.000004	0.000004	171		90.01
91	EMERGENCY	96,575,553	0.000001	0.000001	404,784		91
91.01	PARTIAL HOSPITALIZATION	506,365					91.01
92	OBSERVATION BEDS	18,514,368					92
OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES						95
200	TOTAL (SUM OF LINES 50-199)	1,334,714,714			1,728,443	1,824	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [XX] IPF (15-S021) [ ] SNF [ ] S/B-NF  
 BOXES [ ] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCS NOT SUBJECT TO	COST SERVICES	COST SVCS NOT SUBJECT TO	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.179937						50
50.01 CAREW MEDICAL PARK SURG	4.770432						50.01
51 RECOVERY ROOM	0.238068						51
52 DELIVERY ROOM & LABOR ROOM	0.545399						52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC	0.098074						54
54.01 RADIOLOGY - WABASH							54.01
54.02 RADIOLOGY - MANCHESTER							54.02
54.03 RADIOLOGY - EAST STATE							54.03
54.04 RADIOLOGY - JEFFERSON							54.04
54.05 RADIOLOGY - NHMP	0.413787						54.05
54.06 RADIOLOGY - CMP	56.487268						54.06
54.07 RADIOLOGY - WP	0.408610						54.07
54.08 RADIOLOGY - PULM CLINIC	4.407720						54.08
54.09 RADIOLOGY - WHITLEY POOL							54.09
55 RADIOLOGY-THERAPEUTIC	0.226809						55
56 RADIOISOTOPE	0.305918						56
60 LABORATORY	0.191797						60
60.01 ANATOMICAL PATHOLOGY	0.313755						60.01
62 WHOLE BLOOD & PACKED RED BLOOD	0.556716						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.273188						65
65.01 WOUND CARE	0.372030						65.01
65.02 DIALYSIS	0.657177						65.02
65.03 ENDOSCOPY	0.261707						65.03
66 PHYSICAL THERAPY	0.476082						66
66.01 TRANSITIONAL THERAPY	0.902088						66.01
66.02 PV REHAB OUTREACH							66.02
67 OCCUPATIONAL THERAPY	0.694563						67
68 SPEECH PATHOLOGY	0.516428						68
68.01 NEURO REHAB	0.518285						68.01
69 ELECTROCARDIOLOGY	0.117993						69
70 ELECTROENCEPHALOGRAPHY	0.218562						70
70.01 NUTRITION SUPPORT	8.584715						70.01
70.02 MRI	0.188612						70.02
70.03 CARDIAC CATH LAB	0.106501						70.03
70.04 CARDIAC REHAB SERVICES	0.485972						70.04
71 MEDICAL SUPPLIES CHRGD TO PATI	0.299991						71
71.01 COST OF SOLUTIONS	0.070330						71.01
72 IMPL. DEV. CHARGED TO PATIENT	0.273298						72
73 DRUGS CHARGED TO PATIENTS	0.414215						73
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	1.045235						90
90.01 ANTICOAG CLINIC	2.371662						90.01
91 EMERGENCY	0.220017						91
91.01 PARTIAL HOSPITALIZATION	0.266395						91.01
92 OBSERVATION BEDS	0.468521						92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES	0.871312						95
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [XX] TITLE XVIII-PT A [ ] TITLE XIX	[ ] HOSPITAL [ ] IPF [XX] IRF (15-T021)	[ ] SUB (OTHER)	[XX] PPS [ ] TEFRA						
					CAP-REL COST (FROM WKST B, PT. II, COL. 26)	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2)	INPATIENT PROGRAM CHARGES	CAPITAL (COL.3 x COL.4)	
					1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS									
50					4,828,076	147,846,703	0.032656	1,315	43	50
50.01					59,629	32,265	1.848102			50.01
51					1,344,507	60,897,565	0.022078	509	11	51
52					495,136	2,271,770	0.217952			52
53										53
54					4,725,534	249,219,113	0.018961	97,329	1,845	54
54.01										54.01
54.02										54.02
54.03										54.03
54.04										54.04
54.05					50,253	839,236	0.059879			54.05
54.06					40,123	11,860	3.383052			54.06
54.07					13,317	590,654	0.022546			54.07
54.08					77,537	64,407	1.203860			54.08
54.09										54.09
55					1,951,903	45,415,700	0.042979			55
56					422,534	4,354,386	0.097036	3,773	366	56
60					5,561,066	77,294,291	0.071947	109,267	7,861	60
60.01					155,770	20,466,571	0.007611	740	6	60.01
62					33,661	8,463,229	0.003977			62
62.30										62.30
65					985,079	25,037,283	0.039344	27,851	1,096	65
65.01					77,802	3,723,950	0.020892	15,596	326	65.01
65.02					87,093	2,814,585	0.030943	796	25	65.02
65.03					932,412	32,506,448	0.028684	3,346	96	65.03
66					641,480	13,511,414	0.047477	422,851	20,076	66
66.01					45,828	398,154	0.115101			66.01
66.02										66.02
67					101,115	2,727,332	0.037075	420,354	15,585	67
68					34,964	1,452,482	0.024072	281,129	6,767	68
68.01					171,459	2,918,393	0.058751			68.01
69					64,351	24,126,842	0.002667	2,375	6	69
70					69,250	3,135,709	0.022084	3,313	73	70
70.01					50,410	101,304	0.497611	2,366	1,177	70.01
70.02					1,133,325	16,403,118	0.069092	16,401	1,133	70.02
70.03					1,614,460	88,969,253	0.018146			70.03
70.04					77,953	640,640	0.121680			70.04
71					529,448	79,181,755	0.006686	6,279	42	71
71.01					85,768	41,841,863	0.002050	4,237	9	71.01
72					709,582	117,450,149	0.006042			72
73					4,808,994	141,761,137	0.033923	151,214	5,130	73
76.97										76.97
76.98										76.98
76.99										76.99
	OUTPATIENT SERVICE COST CENTERS									
90					32,919	394,935	0.083353	1,012	84	90
90.01					3,061,690	2,253,932	1.358377			90.01
91					2,099,288	96,575,553	0.021737	2,471	54	91
91.01					22,896	506,365	0.045216			91.01
92					1,087,289	18,514,368	0.058727			92
	OTHER REIMBURSABLE COST CENTERS									
95										95
200					38,283,901	1,334,714,714		1,574,524	61,811	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P	
	PHYSICIAN ANESTHETIST COST 1						
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM			174		174	174	50
50.01 CAREW MEDICAL PARK SURG							50.01
51 RECOVERY ROOM			2		2	2	51
52 DELIVERY ROOM & LABOR ROOM							52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC			37		37	37	54
54.01 RADIOLOGY - WABASH							54.01
54.02 RADIOLOGY - MANCHESTER							54.02
54.03 RADIOLOGY - EAST STATE							54.03
54.04 RADIOLOGY - JEFFERSON							54.04
54.05 RADIOLOGY - NHMP							54.05
54.06 RADIOLOGY - CMP							54.06
54.07 RADIOLOGY - WP							54.07
54.08 RADIOLOGY - PULM CLINIC							54.08
54.09 RADIOLOGY - WHITLEY POOL							54.09
55 RADIOLOGY-THERAPEUTIC							55
56 RADIOISOTOPE							56
60 LABORATORY			105,465		105,465	105,465	60
60.01 ANATOMICAL PATHOLOGY			1		1	1	60.01
62 WHOLE BLOOD & PACKED RED BLOO							62
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
65 RESPIRATORY THERAPY			22		22	22	65
65.01 WOUND CARE			5		5	5	65.01
65.02 DIALYSIS			1		1	1	65.02
65.03 ENDOSCOPY			3		3	3	65.03
66 PHYSICAL THERAPY			6		6	6	66
66.01 TRANSITIONAL THERAPY							66.01
66.02 PV REHAB OUTREACH							66.02
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
68.01 NEURO REHAB			5		5	5	68.01
69 ELECTROCARDIOLOGY			1		1	1	69
70 ELECTROENCEPHALOGRAPHY							70
70.01 NUTRITION SUPPORT							70.01
70.02 MRI							70.02
70.03 CARDIAC CATH LAB			1		1	1	70.03
70.04 CARDIAC REHAB SERVICES							70.04
71 MEDICAL SUPPLIES CHRGD TO PA							71
71.01 COST OF SOLUTIONS							71.01
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS			272,392		272,392	272,392	73
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC							90
90.01 ANTICOAG CLINIC			8		8	8	90.01
91 EMERGENCY			114		114	114	91
91.01 PARTIAL HOSPITALIZATION							91.01
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES							95
200 TOTAL (SUM OF LINES 50-199)			378,237		378,237	378,237	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[ ] HOSPITAL	[ ] SUB (OTHER)	[ ] ICF/MR	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[ ] IPF	[ ] SNF		[ ] TEFRA		
BOXES	[ ] TITLE XIX	[XX] IRF (15-T021)	[ ] NF				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	147,846,703	0.000001	0.000001	1,315		50
50.01	CAREW MEDICAL PARK SURG	32,265					50.01
51	RECOVERY ROOM	60,897,565			509		51
52	DELIVERY ROOM & LABOR ROOM	2,271,770					52
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC	249,219,113			97,329		54
54.01	RADIOLOGY - WABASH						54.01
54.02	RADIOLOGY - MANCHESTER						54.02
54.03	RADIOLOGY - EAST STATE						54.03
54.04	RADIOLOGY - JEFFERSON						54.04
54.05	RADIOLOGY - NHMP	839,236					54.05
54.06	RADIOLOGY - CMP	11,860					54.06
54.07	RADIOLOGY - WP	590,654					54.07
54.08	RADIOLOGY - PULM CLINIC	64,407					54.08
54.09	RADIOLOGY - WHITLEY POOL						54.09
55	RADIOLOGY-THERAPEUTIC	45,415,700					55
56	RADIOISOTOPE	4,354,386			3,773		56
60	LABORATORY	77,294,291	0.001364	0.001364	109,267	149	60
60.01	ANATOMICAL PATHOLOGY	20,466,571			740		60.01
62	WHOLE BLOOD & PACKED RED BLO	8,463,229					62
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	25,037,283	0.000001	0.000001	27,851		65
65.01	WOUND CARE	3,723,950	0.000001	0.000001	15,596		65.01
65.02	DIALYSIS	2,814,585			796		65.02
65.03	ENDOSCOPY	32,506,448			3,346		65.03
66	PHYSICAL THERAPY	13,511,414			422,851		66
66.01	TRANSITIONAL THERAPY	398,154					66.01
66.02	PV REHAB OUTREACH						66.02
67	OCCUPATIONAL THERAPY	2,727,332			420,354		67
68	SPEECH PATHOLOGY	1,452,482			281,129		68
68.01	NEURO REHAB	2,918,393	0.000002	0.000002			68.01
69	ELECTROCARDIOLOGY	24,126,842			2,375		69
70	ELECTROENCEPHALOGRAPHY	3,135,709			3,313		70
70.01	NUTRITION SUPPORT	101,304			2,366		70.01
70.02	MRI	16,403,118			16,401		70.02
70.03	CARDIAC CATH LAB	88,969,253					70.03
70.04	CARDIAC REHAB SERVICES	640,640					70.04
71	MEDICAL SUPPLIES CHRGD TO P	79,181,755			6,279		71
71.01	COST OF SOLUTIONS	41,841,863			4,237		71.01
72	IMPL. DEV. CHARGED TO PATIEN	117,450,149					72
73	DRUGS CHARGED TO PATIENTS	141,761,137	0.001921	0.001921	151,214	290	73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	394,935			1,012		90
90.01	ANTICOAG CLINIC	2,253,932	0.000004	0.000004			90.01
91	EMERGENCY	96,575,553	0.000001	0.000001	2,471		91
91.01	PARTIAL HOSPITALIZATION	506,365					91.01
92	OBSERVATION BEDS	18,514,368					92
OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES						95
200	TOTAL (SUM OF LINES 50-199)	1,334,714,714			1,574,524	439	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-NF  
 BOXES [ ] TITLE XIX - O/P [XX] IRF (15-T021) [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCS NOT SUBJECT TO	COST SERVICES	COST SVCS NOT SUBJECT TO	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.179937						50
50.01 CAREW MEDICAL PARK SURG	4.770432						50.01
51 RECOVERY ROOM	0.238068						51
52 DELIVERY ROOM & LABOR ROOM	0.545399						52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC	0.098074						54
54.01 RADIOLOGY - WABASH							54.01
54.02 RADIOLOGY - MANCHESTER							54.02
54.03 RADIOLOGY - EAST STATE							54.03
54.04 RADIOLOGY - JEFFERSON							54.04
54.05 RADIOLOGY - NHMP	0.413787						54.05
54.06 RADIOLOGY - CMP	56.487268						54.06
54.07 RADIOLOGY - WP	0.408610						54.07
54.08 RADIOLOGY - PULM CLINIC	4.407720						54.08
54.09 RADIOLOGY - WHITLEY POOL							54.09
55 RADIOLOGY-THERAPEUTIC	0.226809						55
56 RADIOISOTOPE	0.305918						56
60 LABORATORY	0.191797						60
60.01 ANATOMICAL PATHOLOGY	0.313755						60.01
62 WHOLE BLOOD & PACKED RED BLOOD	0.556716						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.273188						65
65.01 WOUND CARE	0.372030						65.01
65.02 DIALYSIS	0.657177						65.02
65.03 ENDOSCOPY	0.261707						65.03
66 PHYSICAL THERAPY	0.476082						66
66.01 TRANSITIONAL THERAPY	0.902088						66.01
66.02 PV REHAB OUTREACH							66.02
67 OCCUPATIONAL THERAPY	0.694563						67
68 SPEECH PATHOLOGY	0.516428						68
68.01 NEURO REHAB	0.518285						68.01
69 ELECTROCARDIOLOGY	0.117993						69
70 ELECTROENCEPHALOGRAPHY	0.218562						70
70.01 NUTRITION SUPPORT	8.584715						70.01
70.02 MRI	0.188612						70.02
70.03 CARDIAC CATH LAB	0.106501						70.03
70.04 CARDIAC REHAB SERVICES	0.485972						70.04
71 MEDICAL SUPPLIES CHRGD TO PATI	0.299991						71
71.01 COST OF SOLUTIONS	0.070330						71.01
72 IMPL. DEV. CHARGED TO PATIENT	0.273298						72
73 DRUGS CHARGED TO PATIENTS	0.414215						73
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	1.045235						90
90.01 ANTICOAG CLINIC	2.371662						90.01
91 EMERGENCY	0.220017						91
91.01 PARTIAL HOSPITALIZATION	0.266395						91.01
92 OBSERVATION BEDS	0.468521						92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES	0.871312						95
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[ ] HOSPITAL	[ ] SUB (OTHER)	[ ] ICF/MR	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[ ] IPF	[XX] SNF (15-5516)		[ ] TEFRA		
BOXES	[ ] TITLE XIX	[ ] IRF	[ ] NF				
COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS. 1-4) 5	TOTAL O/P COST (SUM OF COLS. 2-4) 6	
50	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM		174		174	174	50
50.01	CAREW MEDICAL PARK SURG						50.01
51	RECOVERY ROOM		2		2	2	51
52	DELIVERY ROOM & LABOR ROOM						52
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC		37		37	37	54
54.01	RADIOLOGY - WABASH						54.01
54.02	RADIOLOGY - MANCHESTER						54.02
54.03	RADIOLOGY - EAST STATE						54.03
54.04	RADIOLOGY - JEFFERSON						54.04
54.05	RADIOLOGY - NHMP						54.05
54.06	RADIOLOGY - CMP						54.06
54.07	RADIOLOGY - WP						54.07
54.08	RADIOLOGY - PULM CLINIC						54.08
54.09	RADIOLOGY - WHITLEY POOL						54.09
55	RADIOLOGY-THERAPEUTIC						55
56	RADIOISOTOPE						56
60	LABORATORY		105,465		105,465	105,465	60
60.01	ANATOMICAL PATHOLOGY		1		1	1	60.01
62	WHOLE BLOOD & PACKED RED BLOO						62
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
65	RESPIRATORY THERAPY		22		22	22	65
65.01	WOUND CARE		5		5	5	65.01
65.02	DIALYSIS		1		1	1	65.02
65.03	ENDOSCOPY		3		3	3	65.03
66	PHYSICAL THERAPY		6		6	6	66
66.01	TRANSITIONAL THERAPY						66.01
66.02	PV REHAB OUTREACH						66.02
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY						68
68.01	NEURO REHAB		5		5	5	68.01
69	ELECTROCARDIOLOGY		1		1	1	69
70	ELECTROENCEPHALOGRAPHY						70
70.01	NUTRITION SUPPORT						70.01
70.02	MRI						70.02
70.03	CARDIAC CATH LAB		1		1	1	70.03
70.04	CARDIAC REHAB SERVICES						70.04
71	MEDICAL SUPPLIES CHRGD TO PA						71
71.01	COST OF SOLUTIONS						71.01
72	IMPL. DEV. CHARGED TO PATIENT						72
73	DRUGS CHARGED TO PATIENTS		272,392		272,392	272,392	73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
90	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC						90
90.01	ANTICOAG CLINIC		8		8	8	90.01
91	EMERGENCY		114		114	114	91
91.01	PARTIAL HOSPITALIZATION						91.01
92	OBSERVATION BEDS						92
	OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES						95
200	TOTAL (SUM OF LINES 50-199)		378,237		378,237	378,237	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[ ] HOSPITAL	[ ] SUB (OTHER)	[ ] ICF/MR	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[ ] IPF	[XX] SNF (15-5516)		[ ] TEFRA		
BOXES	[ ] TITLE XIX	[ ] IRF	[ ] NF				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	147,846,703	0.000001	0.000001	33,670		50
50.01	CAREW MEDICAL PARK SURG	32,265					50.01
51	RECOVERY ROOM	60,897,565			7,099		51
52	DELIVERY ROOM & LABOR ROOM	2,271,770					52
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC	249,219,113			298,487		54
54.01	RADIOLOGY - WABASH						54.01
54.02	RADIOLOGY - MANCHESTER						54.02
54.03	RADIOLOGY - EAST STATE						54.03
54.04	RADIOLOGY - JEFFERSON						54.04
54.05	RADIOLOGY - NHMP	839,236					54.05
54.06	RADIOLOGY - CMP	11,860					54.06
54.07	RADIOLOGY - WP	590,654					54.07
54.08	RADIOLOGY - PULM CLINIC	64,407					54.08
54.09	RADIOLOGY - WHITLEY POOL						54.09
55	RADIOLOGY-THERAPEUTIC	45,415,700			19,512		55
56	RADIOISOTOPE	4,354,386			5,162		56
60	LABORATORY	77,294,291	0.001364	0.001364	524,658	716	60
60.01	ANATOMICAL PATHOLOGY	20,466,571			5,774		60.01
62	WHOLE BLOOD & PACKED RED BLO	8,463,229			26,297		62
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	25,037,283	0.000001	0.000001	93,983		65
65.01	WOUND CARE	3,723,950	0.000001	0.000001	192,811		65.01
65.02	DIALYSIS	2,814,585					65.02
65.03	ENDOSCOPY	32,506,448			1,824		65.03
66	PHYSICAL THERAPY	13,511,414			778,893		66
66.01	TRANSITIONAL THERAPY	398,154					66.01
66.02	PV REHAB OUTREACH						66.02
67	OCCUPATIONAL THERAPY	2,727,332			727,042		67
68	SPEECH PATHOLOGY	1,452,482			101,267		68
68.01	NEURO REHAB	2,918,393	0.000002	0.000002			68.01
69	ELECTROCARDIOLOGY	24,126,842			11,395		69
70	ELECTROENCEPHALOGRAPHY	3,135,709			1,320		70
70.01	NUTRITION SUPPORT	101,304			168		70.01
70.02	MRI	16,403,118			20,225		70.02
70.03	CARDIAC CATH LAB	88,969,253			715		70.03
70.04	CARDIAC REHAB SERVICES	640,640					70.04
71	MEDICAL SUPPLIES CHRGD TO P	79,181,755			87,136		71
71.01	COST OF SOLUTIONS	41,841,863			405,063		71.01
72	IMPL. DEV. CHARGED TO PATIEN	117,450,149					72
73	DRUGS CHARGED TO PATIENTS	141,761,137	0.001921	0.001921	977,033	1,877	73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	394,935			924		90
90.01	ANTICOAG CLINIC	2,253,932	0.000004	0.000004			90.01
91	EMERGENCY	96,575,553	0.000001	0.000001			91
91.01	PARTIAL HOSPITALIZATION	506,365					91.01
92	OBSERVATION BEDS	18,514,368					92
OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES						95
200	TOTAL (SUM OF LINES 50-199)	1,334,714,714			4,320,458	2,593	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] IPF [XX] SNF (15-5516) [ ] S/B-NF  
 BOXES [ ] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCS NOT SUBJECT TO	COST SERVICES	COST SVCS NOT SUBJECT TO	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.179937						50
50.01 CAREW MEDICAL PARK SURG	4.770432						50.01
51 RECOVERY ROOM	0.238068						51
52 DELIVERY ROOM & LABOR ROOM	0.545399						52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC	0.098074						54
54.01 RADIOLOGY - WABASH							54.01
54.02 RADIOLOGY - MANCHESTER							54.02
54.03 RADIOLOGY - EAST STATE							54.03
54.04 RADIOLOGY - JEFFERSON							54.04
54.05 RADIOLOGY - NHMP	0.413787						54.05
54.06 RADIOLOGY - CMP	56.487268						54.06
54.07 RADIOLOGY - WP	0.408610						54.07
54.08 RADIOLOGY - PULM CLINIC	4.407720						54.08
54.09 RADIOLOGY - WHITLEY POOL							54.09
55 RADIOLOGY-THERAPEUTIC	0.226809						55
56 RADIOISOTOPE	0.305918						56
60 LABORATORY	0.191797						60
60.01 ANATOMICAL PATHOLOGY	0.313755						60.01
62 WHOLE BLOOD & PACKED RED BLOOD	0.556716						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.273188						65
65.01 WOUND CARE	0.372030						65.01
65.02 DIALYSIS	0.657177						65.02
65.03 ENDOSCOPY	0.261707						65.03
66 PHYSICAL THERAPY	0.476082						66
66.01 TRANSITIONAL THERAPY	0.902088						66.01
66.02 PV REHAB OUTREACH							66.02
67 OCCUPATIONAL THERAPY	0.694563						67
68 SPEECH PATHOLOGY	0.516428						68
68.01 NEURO REHAB	0.518285						68.01
69 ELECTROCARDIOLOGY	0.117993						69
70 ELECTROENCEPHALOGRAPHY	0.218562						70
70.01 NUTRITION SUPPORT	8.584715						70.01
70.02 MRI	0.188612						70.02
70.03 CARDIAC CATH LAB	0.106501						70.03
70.04 CARDIAC REHAB SERVICES	0.485972						70.04
71 MEDICAL SUPPLIES CHRGD TO PATI	0.299991						71
71.01 COST OF SOLUTIONS	0.070330						71.01
72 IMPL. DEV. CHARGED TO PATIENT	0.273298						72
73 DRUGS CHARGED TO PATIENTS	0.414215						73
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	1.045235						90
90.01 ANTICOAG CLINIC	2.371662						90.01
91 EMERGENCY	0.220017						91
91.01 PARTIAL HOSPITALIZATION	0.266395						91.01
92 OBSERVATION BEDS	0.468521						92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES	0.871312						95
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)		(COL.3 + COL.4)		(COL.5 x COL.6)	
	1	2	3	4	5	6	7
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	9,678,639	9,678,639	96,787	100.00	8,398	839,800	30
31 INTENSIVE CARE UNIT	1,088,305	1,088,305	7,214	150.86	1,642	247,712	31
31.01 PEDIATRIC ICU	248,216	248,216	929	267.19			31.01
31.02 NEONATAL ICU	596,451	596,451	5,769	103.39			31.02
32 CORONARY CARE UNIT	2,360,534	2,360,534	19,074	123.76	232	28,712	32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
35 OTHER SPECIAL CARE (SPECIFY)							35
40 SUBPROVIDER - IPF	1,558,233	1,558,233	13,424	116.08	1,272	147,654	40
41 SUBPROVIDER - IRF	635,822	635,822	5,258	120.92	1,055	127,571	41
42 SUBPROVIDER I							42
43 NURSERY	286,853	286,853	5,296	54.16	1,152	62,392	43
44 SKILLED NURSING FACILITY	741,617	741,617	9,767	75.93	36	2,733	44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	17,194,670	17,194,670	163,518		13,787	1,456,574	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [ ] TITLE XVIII-PT A [XX] TITLE XIX	[XX] HOSPITAL (15-0021) [ ] IPF [ ] IRF	[ ] SUB (OTHER)	[XX] PPS [ ] TEFRA [ ] OTHER	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5	
ANCILLARY SERVICE COST CENTERS										
50					4,828,076	147,846,703	0.032656	6,790,371	221,746	50
50.01					59,629	32,265	1.848102			50.01
51					1,344,507	60,897,565	0.022078	790,158	17,445	51
52					495,136	2,271,770	0.217952			52
53										53
54					4,725,534	249,219,113	0.018961	6,407,065	121,484	54
54.01										54.01
54.02										54.02
54.03										54.03
54.04										54.04
54.05					50,253	839,236	0.059879			54.05
54.06					40,123	11,860	3.383052			54.06
54.07					13,317	590,654	0.022546			54.07
54.08					77,537	64,407	1.203860			54.08
54.09										54.09
55					1,951,903	45,415,700	0.042979	98,888	4,250	55
56					422,534	4,354,386	0.097036	227,134	22,040	56
60					5,561,066	77,294,291	0.071947	4,824,856	347,134	60
60.01					155,770	20,466,571	0.007611	300,160	2,285	60.01
62					33,661	8,463,229	0.003977	750,608	2,985	62
62.30										62.30
65					985,079	25,037,283	0.039344	2,668,692	104,997	65
65.01					77,802	3,723,950	0.020892	194,968	4,073	65.01
65.02					87,093	2,814,585	0.030943	327,134	10,123	65.02
65.03					932,412	32,506,448	0.028684	438,013	12,564	65.03
66					641,480	13,511,414	0.047477	333,431	15,830	66
66.01					45,828	398,154	0.115101			66.01
66.02										66.02
67					101,115	2,727,332	0.037075	213,155	7,903	67
68					34,964	1,452,482	0.024072	117,477	2,828	68
68.01					171,459	2,918,393	0.058751			68.01
69					64,351	24,126,842	0.002667	295,706	789	69
70					69,250	3,135,709	0.022084	87,911	1,941	70
70.01					50,410	101,304	0.497611	5,306	2,640	70.01
70.02					1,133,325	16,403,118	0.069092	536,959	37,100	70.02
70.03					1,614,460	88,969,253	0.018146	1,313,996	23,844	70.03
70.04					77,953	640,640	0.121680			70.04
71					529,448	79,181,755	0.006686	1,807,866	12,087	71
71.01					85,768	41,841,863	0.002050	3,671,456	7,526	71.01
72					709,582	117,450,149	0.006042	4,647,810	28,082	72
73					4,808,994	141,761,137	0.033923	8,849,764	300,211	73
76.97										76.97
76.98										76.98
76.99										76.99
OUTPATIENT SERVICE COST CENTERS										
90					32,919	394,935	0.083353	12,096	1,008	90
90.01					3,061,690	2,253,932	1.358377	115	156	90.01
91					2,099,288	96,575,553	0.021737	1,813,000	39,409	91
91.01					22,896	506,365	0.045216			91.01
92					1,087,289	18,514,368	0.058727			92
OTHER REIMBURSABLE COST CENTERS										
95										95
200					38,283,901	1,334,714,714		47,524,095	1,352,480	200

PROVIDER CCN: 15-0021 PARKVIEW HOSPITAL  
 PERIOD FROM 01/01/2012 TO 12/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11  
 05/29/2013 09:04

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	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5	
INPAT ROUTINE SERV COST CTRS						
30 ADULTS & PEDIATRICS		82			82	30
31 INTENSIVE CARE UNIT		2			2	31
31.01 PEDIATRIC ICU						31.01
31.02 NEONATAL ICU		1			1	31.02
32 CORONARY CARE UNIT		4			4	32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
35 OTHER SPECIAL CARE (SPECIFY)						35
40 SUBPROVIDER - IPF		12			12	40
41 SUBPROVIDER - IRF						41
42 SUBPROVIDER I						42
43 NURSERY						43
44 SKILLED NURSING FACILITY		1			1	44
45 NURSING FACILITY						45
200 TOTAL (SUM OF LINES 30-199)		102			102	200

PROVIDER CCN: 15-0021 PARKVIEW HOSPITAL  
 PERIOD FROM 01/01/2012 TO 12/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11  
 05/29/2013 09:04

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 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	96,787		8,398		30
31 INTENSIVE CARE UNIT	7,214		1,642		31
31.01 PEDIATRIC ICU	929				31.01
31.02 NEONATAL ICU	5,769				31.02
32 CORONARY CARE UNIT	19,074		232		32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF	13,424		1,272		40
41 SUBPROVIDER - IRF	5,258		1,055		41
42 SUBPROVIDER I					42
43 NURSERY	5,296		1,152		43
44 SKILLED NURSING FACILITY	9,767		36		44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	163,518		13,787		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P	
	PHYSICIAN ANESTHETIST COST 1						
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM			174		174	174	50
50.01 CAREW MEDICAL PARK SURG							50.01
51 RECOVERY ROOM			2		2	2	51
52 DELIVERY ROOM & LABOR ROOM							52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC			37		37	37	54
54.01 RADIOLOGY - WABASH							54.01
54.02 RADIOLOGY - MANCHESTER							54.02
54.03 RADIOLOGY - EAST STATE							54.03
54.04 RADIOLOGY - JEFFERSON							54.04
54.05 RADIOLOGY - NHMP							54.05
54.06 RADIOLOGY - CMP							54.06
54.07 RADIOLOGY - WP							54.07
54.08 RADIOLOGY - PULM CLINIC							54.08
54.09 RADIOLOGY - WHITLEY POOL							54.09
55 RADIOLOGY-THERAPEUTIC							55
56 RADIOISOTOPE							56
60 LABORATORY			105,465		105,465	105,465	60
60.01 ANATOMICAL PATHOLOGY			1		1	1	60.01
62 WHOLE BLOOD & PACKED RED BLOO							62
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
65 RESPIRATORY THERAPY			22		22	22	65
65.01 WOUND CARE			5		5	5	65.01
65.02 DIALYSIS			1		1	1	65.02
65.03 ENDOSCOPY			3		3	3	65.03
66 PHYSICAL THERAPY			6		6	6	66
66.01 TRANSITIONAL THERAPY							66.01
66.02 PV REHAB OUTREACH							66.02
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
68.01 NEURO REHAB			5		5	5	68.01
69 ELECTROCARDIOLOGY			1		1	1	69
70 ELECTROENCEPHALOGRAPHY							70
70.01 NUTRITION SUPPORT							70.01
70.02 MRI							70.02
70.03 CARDIAC CATH LAB			1		1	1	70.03
70.04 CARDIAC REHAB SERVICES							70.04
71 MEDICAL SUPPLIES CHRGD TO PA							71
71.01 COST OF SOLUTIONS							71.01
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS			272,392		272,392	272,392	73
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC							90
90.01 ANTICOAG CLINIC			8		8	8	90.01
91 EMERGENCY			114		114	114	91
91.01 PARTIAL HOSPITALIZATION							91.01
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES							95
200 TOTAL (SUM OF LINES 50-199)			378,237		378,237	378,237	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[XX] HOSPITAL (15-0021)	[ ] SUB (OTHER)	[ ] ICF/MR	[XX] PPS		
APPLICABLE	[ ] TITLE XVIII-PT A	[ ] IPF	[ ] SNF		[ ] TEFRA		
BOXES	[XX] TITLE XIX	[ ] IRF	[ ] NF		[ ] OTHER		
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	147,846,703	0.000001	0.000001	6,790,371	7	50
50.01	CAREW MEDICAL PARK SURG	32,265					50.01
51	RECOVERY ROOM	60,897,565			790,158		51
52	DELIVERY ROOM & LABOR ROOM	2,271,770					52
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC	249,219,113			6,407,065		54
54.01	RADIOLOGY - WABASH						54.01
54.02	RADIOLOGY - MANCHESTER						54.02
54.03	RADIOLOGY - EAST STATE						54.03
54.04	RADIOLOGY - JEFFERSON						54.04
54.05	RADIOLOGY - NHMP	839,236					54.05
54.06	RADIOLOGY - CMP	11,860					54.06
54.07	RADIOLOGY - WP	590,654					54.07
54.08	RADIOLOGY - PULM CLINIC	64,407					54.08
54.09	RADIOLOGY - WHITLEY POOL						54.09
55	RADIOLOGY-THERAPEUTIC	45,415,700			98,888		55
56	RADIOISOTOPE	4,354,386			227,134		56
60	LABORATORY	77,294,291	0.001364	0.001364	4,824,856	6,581	60
60.01	ANATOMICAL PATHOLOGY	20,466,571			300,160		60.01
62	WHOLE BLOOD & PACKED RED BLO	8,463,229			750,608		62
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	25,037,283	0.000001	0.000001	2,668,692	3	65
65.01	WOUND CARE	3,723,950	0.000001	0.000001	194,968		65.01
65.02	DIALYSIS	2,814,585			327,134		65.02
65.03	ENDOSCOPY	32,506,448			438,013		65.03
66	PHYSICAL THERAPY	13,511,414			333,431		66
66.01	TRANSITIONAL THERAPY	398,154					66.01
66.02	PV REHAB OUTREACH						66.02
67	OCCUPATIONAL THERAPY	2,727,332			213,155		67
68	SPEECH PATHOLOGY	1,452,482			117,477		68
68.01	NEURO REHAB	2,918,393	0.000002	0.000002			68.01
69	ELECTROCARDIOLOGY	24,126,842			295,706		69
70	ELECTROENCEPHALOGRAPHY	3,135,709			87,911		70
70.01	NUTRITION SUPPORT	101,304			5,306		70.01
70.02	MRI	16,403,118			536,959		70.02
70.03	CARDIAC CATH LAB	88,969,253			1,313,996		70.03
70.04	CARDIAC REHAB SERVICES	640,640					70.04
71	MEDICAL SUPPLIES CHRGD TO P	79,181,755			1,807,866		71
71.01	COST OF SOLUTIONS	41,841,863			3,671,456		71.01
72	IMPL. DEV. CHARGED TO PATIEN	117,450,149			4,647,810		72
73	DRUGS CHARGED TO PATIENTS	141,761,137	0.001921	0.001921	8,849,764	17,000	73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	394,935			12,096		90
90.01	ANTICOAG CLINIC	2,253,932	0.000004	0.000004	115		90.01
91	EMERGENCY	96,575,553	0.000001	0.000001	1,813,000	2	91
91.01	PARTIAL HOSPITALIZATION	506,365					91.01
92	OBSERVATION BEDS	18,514,368					92
OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES	13,256,291					95
200	TOTAL (SUM OF LINES 50-199)	1,334,714,714			47,524,095	23,593	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (15-0021) [ ] SUB (OTHER)  
 APPLICABLE [ ] TITLE XVIII-PT B [ ] IPF [ ] SNF  
 BOXES [XX] TITLE XIX - O/P [ ] IRF [ ] NF

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

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS			
	COST TO CHARGE FROM WKST C, PT I, COL. 9 1	RATIO PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	COST SERVICES SUBJECT TO DED & COINS 5	COST SVCES NOT SUBJECT TO DED & COINS 6	COST SERVICES SUBJECT TO DED & COINS 7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.179937		2,752,386		495,256			50
50.01 CAREW MEDICAL PARK SURG	4.770432							50.01
51 RECOVERY ROOM	0.238068		1,237,024		294,496			51
52 DELIVERY ROOM & LABOR ROOM	0.545399							52
53 ANESTHESIOLOGY								53
54 RADIOLOGY-DIAGNOSTIC	0.098074		7,005,666		687,074			54
54.01 RADIOLOGY - WABASH								54.01
54.02 RADIOLOGY - MANCHESTER								54.02
54.03 RADIOLOGY - EAST STATE								54.03
54.04 RADIOLOGY - JEFFERSON								54.04
54.05 RADIOLOGY - NHMP	0.413787							54.05
54.06 RADIOLOGY - CMP	56.487268							54.06
54.07 RADIOLOGY - WP	0.408610							54.07
54.08 RADIOLOGY - PULM CLINIC	4.407720		11,546		50,892			54.08
54.09 RADIOLOGY - WHITLEY POOL								54.09
55 RADIOLOGY-THERAPEUTIC	0.226809		2,018,776		457,877			55
56 RADIOISOTOPE	0.305918		754,564		230,835			56
60 LABORATORY	0.191797		1,931,799		370,513			60
60.01 ANATOMICAL PATHOLOGY	0.313755		316,450		99,288			60.01
62 WHOLE BLOOD & PACKED RED BLOOD	0.556716		235,521		131,118			62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65 RESPIRATORY THERAPY	0.273188		593,247		162,068			65
65.01 WOUND CARE	0.372030		47,682		17,739			65.01
65.02 DIALYSIS	0.657177		89,714		58,958			65.02
65.03 ENDOSCOPY	0.261707		406,537		106,394			65.03
66 PHYSICAL THERAPY	0.476082		205,144		97,665			66
66.01 TRANSITIONAL THERAPY	0.902088							66.01
66.02 PV REHAB OUTREACH								66.02
67 OCCUPATIONAL THERAPY	0.694563		273,812		190,180			67
68 SPEECH PATHOLOGY	0.516428		103,955		53,685			68
68.01 NEURO REHAB	0.518285							68.01
69 ELECTROCARDIOLOGY	0.117993		441,195		52,058			69
70 ELECTROENCEPHALOGRAPHY	0.218562		70,346		15,375			70
70.01 NUTRITION SUPPORT	8.584715		1,288		11,057			70.01
70.02 MRI	0.188612		924,543		174,380			70.02
70.03 CARDIAC CATH LAB	0.106501		1,275,608		135,854			70.03
70.04 CARDIAC REHAB SERVICES	0.485972		1,260		612			70.04
71 MEDICAL SUPPLIES CHRGD TO PATI	0.299991		456,974		137,088			71
71.01 COST OF SOLUTIONS	0.070330		622,279		43,765			71.01
72 IMPL. DEV. CHARGED TO PATIENT	0.273298		2,537,895		693,602			72
73 DRUGS CHARGED TO PATIENTS	0.414215		4,683,286		1,939,887			73
76.97 CARDIAC REHABILITATION								76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90 CLINIC	1.045235		11,866		12,403			90
90.01 ANTICOAG CLINIC	2.371662		82,887		196,580			90.01
91 EMERGENCY	0.220017		5,310,287		1,168,353			91
91.01 PARTIAL HOSPITALIZATION	0.266395							91.01
92 OBSERVATION BEDS	0.468521							92
OTHER REIMBURSABLE COST CENTERS								
95 AMBULANCE SERVICES	0.871312		905,195		788,707			95
200 SUBTOTAL (SEE INSTRUCTIONS)			35,308,732		8,873,759			200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)			35,308,732		8,873,759			202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [ ] TITLE XVIII-PT A [XX] TITLE XIX	[ ] HOSPITAL [XX] IPF (15-S021) [ ] IRF	[ ] SUB (OTHER)	[XX] PPS [ ] TEFRA [ ] OTHER						
					CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5	
	ANCILLARY SERVICE COST CENTERS									
50	OPERATING ROOM	4,828,076	147,846,703	0.032656				910	30	50
50.01	CAREW MEDICAL PARK SURG	59,629	32,265	1.848102						50.01
51	RECOVERY ROOM	1,344,507	60,897,565	0.022078						51
52	DELIVERY ROOM & LABOR ROOM	495,136	2,271,770	0.217952						52
53	ANESTHESIOLOGY									53
54	RADIOLOGY-DIAGNOSTIC	4,725,534	249,219,113	0.018961				93,923	1,781	54
54.01	RADIOLOGY - WABASH									54.01
54.02	RADIOLOGY - MANCHESTER									54.02
54.03	RADIOLOGY - EAST STATE									54.03
54.04	RADIOLOGY - JEFFERSON									54.04
54.05	RADIOLOGY - NHMP	50,253	839,236	0.059879						54.05
54.06	RADIOLOGY - CMP	40,123	11,860	3.383052						54.06
54.07	RADIOLOGY - WP	13,317	590,654	0.022546						54.07
54.08	RADIOLOGY - PULM CLINIC	77,537	64,407	1.203860						54.08
54.09	RADIOLOGY - WHITLEY POOL									54.09
55	RADIOLOGY-THERAPEUTIC	1,951,903	45,415,700	0.042979						55
56	RADIOISOTOPE	422,534	4,354,386	0.097036				5,958	578	56
60	LABORATORY	5,561,066	77,294,291	0.071947				312,901	22,512	60
60.01	ANATOMICAL PATHOLOGY	155,770	20,466,571	0.007611						60.01
62	WHOLE BLOOD & PACKED RED BLOO	33,661	8,463,229	0.003977				3,260	13	62
62.30	BLOOD CLOTTING FOR HEMOPHILIA									62.30
65	RESPIRATORY THERAPY	985,079	25,037,283	0.039344				5,962	235	65
65.01	WOUND CARE	77,802	3,723,950	0.020892				565	12	65.01
65.02	DIALYSIS	87,093	2,814,585	0.030943						65.02
65.03	ENDOSCOPY	932,412	32,506,448	0.028684				2,884	83	65.03
66	PHYSICAL THERAPY	641,480	13,511,414	0.047477				910	43	66
66.01	TRANSITIONAL THERAPY	45,828	398,154	0.115101						66.01
66.02	PV REHAB OUTREACH									66.02
67	OCCUPATIONAL THERAPY	101,115	2,727,332	0.037075				250	9	67
68	SPEECH PATHOLOGY	34,964	1,452,482	0.024072						68
68.01	NEURO REHAB	171,459	2,918,393	0.058751						68.01
69	ELECTROCARDIOLOGY	64,351	24,126,842	0.002667				20,081	54	69
70	ELECTROENCEPHALOGRAPHY	69,250	3,135,709	0.022084						70
70.01	NUTRITION SUPPORT	50,410	101,304	0.497611				2,234	1,112	70.01
70.02	MRI	1,133,325	16,403,118	0.069092						70.02
70.03	CARDIAC CATH LAB	1,614,460	88,969,253	0.018146						70.03
70.04	CARDIAC REHAB SERVICES	77,953	640,640	0.121680						70.04
71	MEDICAL SUPPLIES CHRGD TO PA	529,448	79,181,755	0.006686				5,463	37	71
71.01	COST OF SOLUTIONS	85,768	41,841,863	0.002050				21,989	45	71.01
72	IMPL. DEV. CHARGED TO PATIENT	709,582	117,450,149	0.006042						72
73	DRUGS CHARGED TO PATIENTS	4,808,994	141,761,137	0.033923				579,636	19,663	73
76.97	CARDIAC REHABILITATION									76.97
76.98	HYPERBARIC OXYGEN THERAPY									76.98
76.99	LITHOTRIPSY									76.99
	OUTPATIENT SERVICE COST CENTERS									
90	CLINIC	32,919	394,935	0.083353				168	14	90
90.01	ANTICOAG CLINIC	3,061,690	2,253,932	1.358377						90.01
91	EMERGENCY	2,099,288	96,575,553	0.021737				466,862	10,148	91
91.01	PARTIAL HOSPITALIZATION	22,896	506,365	0.045216						91.01
92	OBSERVATION BEDS	1,087,289	18,514,368	0.058727						92
	OTHER REIMBURSABLE COST CENTERS									
95	AMBULANCE SERVICES									95
200	TOTAL (SUM OF LINES 50-199)	38,283,901	1,334,714,714					1,523,956	56,369	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P	
	PHYSICIAN ANESTHETIST COST 1						
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM			174		174	174	50
50.01 CAREW MEDICAL PARK SURG							50.01
51 RECOVERY ROOM			2		2	2	51
52 DELIVERY ROOM & LABOR ROOM							52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC			37		37	37	54
54.01 RADIOLOGY - WABASH							54.01
54.02 RADIOLOGY - MANCHESTER							54.02
54.03 RADIOLOGY - EAST STATE							54.03
54.04 RADIOLOGY - JEFFERSON							54.04
54.05 RADIOLOGY - NHMP							54.05
54.06 RADIOLOGY - CMP							54.06
54.07 RADIOLOGY - WP							54.07
54.08 RADIOLOGY - PULM CLINIC							54.08
54.09 RADIOLOGY - WHITLEY POOL							54.09
55 RADIOLOGY-THERAPEUTIC							55
56 RADIOISOTOPE							56
60 LABORATORY			105,465		105,465	105,465	60
60.01 ANATOMICAL PATHOLOGY			1		1	1	60.01
62 WHOLE BLOOD & PACKED RED BLOO							62
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
65 RESPIRATORY THERAPY			22		22	22	65
65.01 WOUND CARE			5		5	5	65.01
65.02 DIALYSIS			1		1	1	65.02
65.03 ENDOSCOPY			3		3	3	65.03
66 PHYSICAL THERAPY			6		6	6	66
66.01 TRANSITIONAL THERAPY							66.01
66.02 PV REHAB OUTREACH							66.02
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
68.01 NEURO REHAB			5		5	5	68.01
69 ELECTROCARDIOLOGY			1		1	1	69
70 ELECTROENCEPHALOGRAPHY							70
70.01 NUTRITION SUPPORT							70.01
70.02 MRI							70.02
70.03 CARDIAC CATH LAB			1		1	1	70.03
70.04 CARDIAC REHAB SERVICES							70.04
71 MEDICAL SUPPLIES CHRGD TO PA							71
71.01 COST OF SOLUTIONS							71.01
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS			272,392		272,392	272,392	73
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC							90
90.01 ANTICOAG CLINIC			8		8	8	90.01
91 EMERGENCY			114		114	114	91
91.01 PARTIAL HOSPITALIZATION							91.01
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES							95
200 TOTAL (SUM OF LINES 50-199)			378,237		378,237	378,237	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[ ] HOSPITAL	[ ] SUB (OTHER)	[ ] ICF/MR	[XX] PPS		
APPLICABLE	[ ] TITLE XVIII-PT A	[XX] IPF (15-S021)	[ ] SNF		[ ] TEFRA		
BOXES	[XX] TITLE XIX	[ ] IRF	[ ] NF		[ ] OTHER		
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	147,846,703	0.000001	0.000001	910		50
50.01	CAREW MEDICAL PARK SURG	32,265					50.01
51	RECOVERY ROOM	60,897,565					51
52	DELIVERY ROOM & LABOR ROOM	2,271,770					52
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC	249,219,113			93,923		54
54.01	RADIOLOGY - WABASH						54.01
54.02	RADIOLOGY - MANCHESTER						54.02
54.03	RADIOLOGY - EAST STATE						54.03
54.04	RADIOLOGY - JEFFERSON						54.04
54.05	RADIOLOGY - NHMP	839,236					54.05
54.06	RADIOLOGY - CMP	11,860					54.06
54.07	RADIOLOGY - WP	590,654					54.07
54.08	RADIOLOGY - PULM CLINIC	64,407					54.08
54.09	RADIOLOGY - WHITLEY POOL						54.09
55	RADIOLOGY-THERAPEUTIC	45,415,700					55
56	RADIOISOTOPE	4,354,386			5,958		56
60	LABORATORY	77,294,291	0.001364	0.001364	312,901	427	60
60.01	ANATOMICAL PATHOLOGY	20,466,571					60.01
62	WHOLE BLOOD & PACKED RED BLO	8,463,229			3,260		62
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	25,037,283	0.000001	0.000001	5,962		65
65.01	WOUND CARE	3,723,950	0.000001	0.000001	565		65.01
65.02	DIALYSIS	2,814,585					65.02
65.03	ENDOSCOPY	32,506,448			2,884		65.03
66	PHYSICAL THERAPY	13,511,414			910		66
66.01	TRANSITIONAL THERAPY	398,154					66.01
66.02	PV REHAB OUTREACH						66.02
67	OCCUPATIONAL THERAPY	2,727,332			250		67
68	SPEECH PATHOLOGY	1,452,482					68
68.01	NEURO REHAB	2,918,393	0.000002	0.000002			68.01
69	ELECTROCARDIOLOGY	24,126,842			20,081		69
70	ELECTROENCEPHALOGRAPHY	3,135,709					70
70.01	NUTRITION SUPPORT	101,304			2,234		70.01
70.02	MRI	16,403,118					70.02
70.03	CARDIAC CATH LAB	88,969,253					70.03
70.04	CARDIAC REHAB SERVICES	640,640					70.04
71	MEDICAL SUPPLIES CHRGD TO P	79,181,755			5,463		71
71.01	COST OF SOLUTIONS	41,841,863			21,989		71.01
72	IMPL. DEV. CHARGED TO PATIEN	117,450,149					72
73	DRUGS CHARGED TO PATIENTS	141,761,137	0.001921	0.001921	579,636	1,113	73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	394,935			168		90
90.01	ANTICOAG CLINIC	2,253,932	0.000004	0.000004			90.01
91	EMERGENCY	96,575,553	0.000001	0.000001	466,862		91
91.01	PARTIAL HOSPITALIZATION	506,365					91.01
92	OBSERVATION BEDS	18,514,368					92
OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES	13,256,291					95
200	TOTAL (SUM OF LINES 50-199)	1,334,714,714			1,523,956	1,540	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [ ] TITLE XVIII-PT B [XX] IPF (15-S021) [ ] SNF [ ] S/B-NF  
 BOXES [XX] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9	PPS REIMBURSED SERVICES	COST REIMB. SERVICES SUBJECT TO DED & COINS	COST REIMB. SVCS NOT SUBJECT TO DED & COINS	PPS SERVICES	COST SERVICES SUBJECT TO DED & COINS	COST SVCS NOT SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.179937						50
50.01 CAREW MEDICAL PARK SURG	4.770432						50.01
51 RECOVERY ROOM	0.238068						51
52 DELIVERY ROOM & LABOR ROOM	0.545399						52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC	0.098074						54
54.01 RADIOLOGY - WABASH							54.01
54.02 RADIOLOGY - MANCHESTER							54.02
54.03 RADIOLOGY - EAST STATE							54.03
54.04 RADIOLOGY - JEFFERSON							54.04
54.05 RADIOLOGY - NHMP	0.413787						54.05
54.06 RADIOLOGY - CMP	56.487268						54.06
54.07 RADIOLOGY - WP	0.408610						54.07
54.08 RADIOLOGY - PULM CLINIC	4.407720						54.08
54.09 RADIOLOGY - WHITLEY POOL							54.09
55 RADIOLOGY-THERAPEUTIC	0.226809						55
56 RADIOISOTOPE	0.305918						56
60 LABORATORY	0.191797						60
60.01 ANATOMICAL PATHOLOGY	0.313755						60.01
62 WHOLE BLOOD & PACKED RED BLOOD	0.556716						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.273188						65
65.01 WOUND CARE	0.372030						65.01
65.02 DIALYSIS	0.657177						65.02
65.03 ENDOSCOPY	0.261707						65.03
66 PHYSICAL THERAPY	0.476082						66
66.01 TRANSITIONAL THERAPY	0.902088						66.01
66.02 PV REHAB OUTREACH							66.02
67 OCCUPATIONAL THERAPY	0.694563						67
68 SPEECH PATHOLOGY	0.516428						68
68.01 NEURO REHAB	0.518285						68.01
69 ELECTROCARDIOLOGY	0.117993						69
70 ELECTROENCEPHALOGRAPHY	0.218562						70
70.01 NUTRITION SUPPORT	8.584715						70.01
70.02 MRI	0.188612						70.02
70.03 CARDIAC CATH LAB	0.106501						70.03
70.04 CARDIAC REHAB SERVICES	0.485972						70.04
71 MEDICAL SUPPLIES CHRGD TO PATI	0.299991						71
71.01 COST OF SOLUTIONS	0.070330						71.01
72 IMPL. DEV. CHARGED TO PATIENT	0.273298						72
73 DRUGS CHARGED TO PATIENTS	0.414215						73
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	1.045235						90
90.01 ANTICOAG CLINIC	2.371662						90.01
91 EMERGENCY	0.220017						91
91.01 PARTIAL HOSPITALIZATION	0.266395						91.01
92 OBSERVATION BEDS	0.468521						92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES	0.871312						95
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [ ] TITLE XVIII-PT A [XX] TITLE XIX	[ ] HOSPITAL [ ] IPF [XX] IRF (15-T021)	[ ] SUB (OTHER)	[XX] PPS [ ] TEFRA [ ] OTHER				
		CAP-REL COST (FROM WKST B, PT. II, COL. 26)	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2)	INPATIENT PROGRAM CHARGES	CAPITAL (COL.3 x COL.4)		
	COST CENTER DESCRIPTION	1	2	3	4	5		
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	4,828,076	147,846,703	0.032656				50
50.01	CAREW MEDICAL PARK SURG	59,629	32,265	1.848102				50.01
51	RECOVERY ROOM	1,344,507	60,897,565	0.022078				51
52	DELIVERY ROOM & LABOR ROOM	495,136	2,271,770	0.217952				52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC	4,725,534	249,219,113	0.018961	24,144	458		54
54.01	RADIOLOGY - WABASH							54.01
54.02	RADIOLOGY - MANCHESTER							54.02
54.03	RADIOLOGY - EAST STATE							54.03
54.04	RADIOLOGY - JEFFERSON							54.04
54.05	RADIOLOGY - NHMP	50,253	839,236	0.059879				54.05
54.06	RADIOLOGY - CMP	40,123	11,860	3.383052				54.06
54.07	RADIOLOGY - WP	13,317	590,654	0.022546				54.07
54.08	RADIOLOGY - PULM CLINIC	77,537	64,407	1.203860				54.08
54.09	RADIOLOGY - WHITLEY POOL							54.09
55	RADIOLOGY-THERAPEUTIC	1,951,903	45,415,700	0.042979	8,995	387		55
56	RADIOISOTOPE	422,534	4,354,386	0.097036				56
60	LABORATORY	5,561,066	77,294,291	0.071947	18,475	1,329		60
60.01	ANATOMICAL PATHOLOGY	155,770	20,466,571	0.007611				60.01
62	WHOLE BLOOD & PACKED RED BLOO	33,661	8,463,229	0.003977				62
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
65	RESPIRATORY THERAPY	985,079	25,037,283	0.039344	3,657	144		65
65.01	WOUND CARE	77,802	3,723,950	0.020892	5,968	125		65.01
65.02	DIALYSIS	87,093	2,814,585	0.030943	3,630	112		65.02
65.03	ENDOSCOPY	932,412	32,506,448	0.028684				65.03
66	PHYSICAL THERAPY	641,480	13,511,414	0.047477	77,285	3,669		66
66.01	TRANSITIONAL THERAPY	45,828	398,154	0.115101				66.01
66.02	PV REHAB OUTREACH							66.02
67	OCCUPATIONAL THERAPY	101,115	2,727,332	0.037075	73,170	2,713		67
68	SPEECH PATHOLOGY	34,964	1,452,482	0.024072	49,498	1,192		68
68.01	NEURO REHAB	171,459	2,918,393	0.058751				68.01
69	ELECTROCARDIOLOGY	64,351	24,126,842	0.002667				69
70	ELECTROENCEPHALOGRAPHY	69,250	3,135,709	0.022084				70
70.01	NUTRITION SUPPORT	50,410	101,304	0.497611	576	287		70.01
70.02	MRI	1,133,325	16,403,118	0.069092				70.02
70.03	CARDIAC CATH LAB	1,614,460	88,969,253	0.018146				70.03
70.04	CARDIAC REHAB SERVICES	77,953	640,640	0.121680				70.04
71	MEDICAL SUPPLIES CHRGD TO PA	529,448	79,181,755	0.006686	2,159	14		71
71.01	COST OF SOLUTIONS	85,768	41,841,863	0.002050	1,285	3		71.01
72	IMPL. DEV. CHARGED TO PATIENT	709,582	117,450,149	0.006042				72
73	DRUGS CHARGED TO PATIENTS	4,808,994	141,761,137	0.033923	21,235	720		73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	32,919	394,935	0.083353	504	42		90
90.01	ANTICOAG CLINIC	3,061,690	2,253,932	1.358377				90.01
91	EMERGENCY	2,099,288	96,575,553	0.021737				91
91.01	PARTIAL HOSPITALIZATION	22,896	506,365	0.045216				91.01
92	OBSERVATION BEDS	1,087,289	18,514,368	0.058727				92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES							95
200	TOTAL (SUM OF LINES 50-199)	38,283,901	1,334,714,714		290,581	11,195		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P	
	PHYSICIAN ANESTHETIST COST 1						
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM			174		174	174	50
50.01 CAREW MEDICAL PARK SURG							50.01
51 RECOVERY ROOM			2		2	2	51
52 DELIVERY ROOM & LABOR ROOM							52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC			37		37	37	54
54.01 RADIOLOGY - WABASH							54.01
54.02 RADIOLOGY - MANCHESTER							54.02
54.03 RADIOLOGY - EAST STATE							54.03
54.04 RADIOLOGY - JEFFERSON							54.04
54.05 RADIOLOGY - NHMP							54.05
54.06 RADIOLOGY - CMP							54.06
54.07 RADIOLOGY - WP							54.07
54.08 RADIOLOGY - PULM CLINIC							54.08
54.09 RADIOLOGY - WHITLEY POOL							54.09
55 RADIOLOGY-THERAPEUTIC							55
56 RADIOISOTOPE							56
60 LABORATORY			105,465		105,465	105,465	60
60.01 ANATOMICAL PATHOLOGY			1		1	1	60.01
62 WHOLE BLOOD & PACKED RED BLOO							62
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
65 RESPIRATORY THERAPY			22		22	22	65
65.01 WOUND CARE			5		5	5	65.01
65.02 DIALYSIS			1		1	1	65.02
65.03 ENDOSCOPY			3		3	3	65.03
66 PHYSICAL THERAPY			6		6	6	66
66.01 TRANSITIONAL THERAPY							66.01
66.02 PV REHAB OUTREACH							66.02
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
68.01 NEURO REHAB			5		5	5	68.01
69 ELECTROCARDIOLOGY			1		1	1	69
70 ELECTROENCEPHALOGRAPHY							70
70.01 NUTRITION SUPPORT							70.01
70.02 MRI							70.02
70.03 CARDIAC CATH LAB			1		1	1	70.03
70.04 CARDIAC REHAB SERVICES							70.04
71 MEDICAL SUPPLIES CHRGD TO PA							71
71.01 COST OF SOLUTIONS							71.01
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS			272,392		272,392	272,392	73
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC							90
90.01 ANTICOAG CLINIC			8		8	8	90.01
91 EMERGENCY			114		114	114	91
91.01 PARTIAL HOSPITALIZATION							91.01
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES							95
200 TOTAL (SUM OF LINES 50-199)			378,237		378,237	378,237	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[ ] HOSPITAL	[ ] SUB (OTHER)	[ ] ICF/MR	[XX] PPS		
APPLICABLE	[ ] TITLE XVIII-PT A	[ ] IPF	[ ] SNF		[ ] TEFRA		
BOXES	[XX] TITLE XIX	[XX] IRF (15-T021)	[ ] NF		[ ] OTHER		
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	147,846,703	0.000001	0.000001			50
50.01	CAREW MEDICAL PARK SURG	32,265					50.01
51	RECOVERY ROOM	60,897,565					51
52	DELIVERY ROOM & LABOR ROOM	2,271,770					52
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC	249,219,113			24,144		54
54.01	RADIOLOGY - WABASH						54.01
54.02	RADIOLOGY - MANCHESTER						54.02
54.03	RADIOLOGY - EAST STATE						54.03
54.04	RADIOLOGY - JEFFERSON						54.04
54.05	RADIOLOGY - NHMP	839,236					54.05
54.06	RADIOLOGY - CMP	11,860					54.06
54.07	RADIOLOGY - WP	590,654					54.07
54.08	RADIOLOGY - PULM CLINIC	64,407					54.08
54.09	RADIOLOGY - WHITLEY POOL						54.09
55	RADIOLOGY-THERAPEUTIC	45,415,700			8,995		55
56	RADIOISOTOPE	4,354,386					56
60	LABORATORY	77,294,291	0.001364	0.001364	18,475	25	60
60.01	ANATOMICAL PATHOLOGY	20,466,571					60.01
62	WHOLE BLOOD & PACKED RED BLO	8,463,229					62
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	25,037,283	0.000001	0.000001	3,657		65
65.01	WOUND CARE	3,723,950	0.000001	0.000001	5,968		65.01
65.02	DIALYSIS	2,814,585			3,630		65.02
65.03	ENDOSCOPY	32,506,448					65.03
66	PHYSICAL THERAPY	13,511,414			77,285		66
66.01	TRANSITIONAL THERAPY	398,154					66.01
66.02	PV REHAB OUTREACH						66.02
67	OCCUPATIONAL THERAPY	2,727,332			73,170		67
68	SPEECH PATHOLOGY	1,452,482			49,498		68
68.01	NEURO REHAB	2,918,393	0.000002	0.000002			68.01
69	ELECTROCARDIOLOGY	24,126,842					69
70	ELECTROENCEPHALOGRAPHY	3,135,709					70
70.01	NUTRITION SUPPORT	101,304			576		70.01
70.02	MRI	16,403,118					70.02
70.03	CARDIAC CATH LAB	88,969,253					70.03
70.04	CARDIAC REHAB SERVICES	640,640					70.04
71	MEDICAL SUPPLIES CHRGD TO P	79,181,755			2,159		71
71.01	COST OF SOLUTIONS	41,841,863			1,285		71.01
72	IMPL. DEV. CHARGED TO PATIEN	117,450,149					72
73	DRUGS CHARGED TO PATIENTS	141,761,137	0.001921	0.001921	21,235	41	73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	394,935			504		90
90.01	ANTICOAG CLINIC	2,253,932	0.000004	0.000004			90.01
91	EMERGENCY	96,575,553	0.000001	0.000001			91
91.01	PARTIAL HOSPITALIZATION	506,365					91.01
92	OBSERVATION BEDS	18,514,368					92
OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES	13,256,291					95
200	TOTAL (SUM OF LINES 50-199)	1,334,714,714			290,581	66	200



WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (15-0021) [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX-INPT [ ] IRF [ ] NF [ ] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	96,787	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	96,787	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	85,914	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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	32,806	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		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 (SEE INSTRUCTIONS)	77,215,812	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	77,215,812	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	209,462,714	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	209,462,714	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.368638	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	2,438.05	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	77,215,812	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (15-0021) [ ] SUB (OTHER) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [ ] TITLE XIX-INPT [ ] IRF [ ] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS  
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 797.79 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 26,172,299 39  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 26,172,299 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	11,942,958	7,214	1,655.53	3,312	5,483,115	43
43.01 PEDIATRIC ICU	2,132,255	929	2,295.22			43.01
43.02 NEONATAL ICU	6,062,014	5,769	1,050.79			43.02
44 CORONARY CARE UNIT	23,309,311	19,074	1,222.05	179	218,747	44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					49,480,919	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					81,355,080	49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 3,802,401 50  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 5,702,832 51  
 52 TOTAL PROGRAM EXCLUDABLE COST 9,505,233 52  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 71,849,847 53

TARGET AMOUNT AND LIMIT COMPUTATION  
 54 PROGRAM DISCHARGES 54  
 55 TARGET AMOUNT PER DISCHARGE 55  
 56 TARGET AMOUNT (LINE 54 x LINE 55) 56  
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT 57  
 58 BONUS PAYMENT (SEE INSTRUCTIONS) 58  
 59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET 59  
 60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET 60  
 61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS) 61  
 62 RELIEF PAYMENT (SEE INSTRUCTIONS) 62  
 63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS) 63

PROGRAM INPATIENT ROUTINE SWING BED COST  
 64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY) 64  
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY) 65  
 66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS) 66  
 67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19) 67  
 68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20) 68  
 69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68) 69

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 10,873 87  
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 797.79 88  
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 8,674,371 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	9,678,639	77,215,812	0.125345	8,674,371	1,087,289	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST	82	77,215,812	0.000001	8,674,371	9	92
93 ALL OTHER MEDICAL EDUCATION						93

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[ ]	TITLE V-INPT	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[ ]	ICF/MR	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[XX]	IPF (15-S021)	[ ]	SNF	[ ]		[ ]	TEFRA
BOXES	[ ]	TITLE XIX-INPT	[ ]	IRF	[ ]	NF	[ ]		[ ]	OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS										
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	13,424	1							
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	13,424	2							
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3							
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	13,424	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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6							
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7							
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8							
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	4,504	9							
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10							
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11							
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12							
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13							
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14							
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15							
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16							
SWING-BED ADJUSTMENT										
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17							
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18							
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		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 (SEE INSTRUCTIONS)	12,623,829	21							
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22							
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23							
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24							
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25							
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26							
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	12,623,829	27							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT										
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	20,200,486	28							
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29							
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	20,200,486	30							
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.624927	31							
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32							
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	1,504.80	33							
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34							
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35							
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36							
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	12,623,829	37							

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [ ] HOSPITAL [ ] SUB (OTHER) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (15-S021) [ ] TEFRA  
 BOXES [ ] TITLE XIX-INPT [ ] IRF [ ] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	940.39 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	4,235,517 39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	4,235,517 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	513,062 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	4,748,579 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	522,824 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	68,954 51
52	TOTAL PROGRAM EXCLUDABLE COST	591,778 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	4,156,801 53
TARGET AMOUNT AND LIMIT COMPUTATION		
54	PROGRAM DISCHARGES	54
55	TARGET AMOUNT PER DISCHARGE	55
56	TARGET AMOUNT (LINE 54 x LINE 55)	56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	57
58	BONUS PAYMENT (SEE INSTRUCTIONS)	58
59	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET	59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)	61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX-INPT [XX] IRF (15-T021) [ ] NF [ ] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	5,258	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,258	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,258	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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,224	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		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 (SEE INSTRUCTIONS)	4,035,320	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	4,035,320	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	5,968,699	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	5,968,699	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.676080	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	1,135.17	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	4,035,320	37

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [ ] HOSPITAL [ ] SUB (OTHER) [XX] PPS  
APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
BOXES [ ] TITLE XIX-INPT [XX] IRF (15-T021) [ ] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	767.46 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	939,371 39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	939,371 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	776,398 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	1,715,769 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	148,006 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	62,250 51
52	TOTAL PROGRAM EXCLUDABLE COST	210,256 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	1,505,513 53
TARGET AMOUNT AND LIMIT COMPUTATION		
54	PROGRAM DISCHARGES	54
55	TARGET AMOUNT PER DISCHARGE	55
56	TARGET AMOUNT (LINE 54 x LINE 55)	56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	57
58	BONUS PAYMENT (SEE INSTRUCTIONS)	58
59	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET	59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)	61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[ ]	TITLE V-INPT	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[ ]	ICF/MR	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[ ]	IPF	[XX]	SNF (15-5516)			[ ]	TEFRA
BOXES	[ ]	TITLE XIX-INPT	[ ]	IRF	[ ]	NF			[ ]	OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS										
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	9,767	1							
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	9,767	2							
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3							
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	9,767	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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6							
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7							
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8							
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	4,561	9							
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10							
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11							
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12							
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13							
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14							
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15							
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16							
SWING-BED ADJUSTMENT										
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17							
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18							
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		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 (SEE INSTRUCTIONS)	5,604,962	21							
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22							
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23							
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24							
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25							
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26							
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	5,604,962	27							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT										
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	5,989,507	28							
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29							
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	5,989,507	30							
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.935797	31							
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32							
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	613.24	33							
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34							
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35							
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36							
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	5,604,962	37							

PROVIDER CCN: 15-0021 PARKVIEW HOSPITAL  
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05/29/2013 09:04

WORKSHEET D-1  
PARTS III & IV

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [XX] SNF (15-5516) [ ] TEFRA  
BOXES [ ] TITLE XIX-INPT [ ] IRF [ ] NF [ ] OTHER

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

70	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COSTS (LINE 37)	5,604,962	70
71	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (LINE 70 ÷ LINE 2)	573.87	71
72	PROGRAM ROUTINE SERVICE COST (LINE 9 x LINE 71)	2,617,421	72
73	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM (LINE 14 x LINE 35)		73
74	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS (LINE 72 + LINE 73)	2,617,421	74
75	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS (FROM WKST B, PART II, COL. 26, LINE 45)		75
76	PER DIEM CAPITAL-RELATED COSTS (LINE 75 ÷ LINE 2)		76
77	PROGRAM CAPITAL-RELATED COSTS (LINE 9 x LINE 76)		77
78	INPATIENT ROUTINE SERVICE COST (LINE 74 MINUS LINE 77)		78
79	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS (FROM PROVIDER RECORDS)		79
80	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION (LINE 78 MINUS LINE 79)		80
81	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		81
82	INPATIENT ROUTINE SERVICE COST LIMITATION (LINE 9 x LINE 81)		82
83	REASONABLE INPATIENT ROUTINE SERVICE COSTS (SEE INSTRUCTIONS)	2,617,421	83
84	PROGRAM INPATIENT ANCILLARY SERVICES (SEE INSTRUCTIONS)	1,653,342	84
85	UTILIZATION REVIEW--PHYSICIAN COMPENSATION (SEE INSTRUCTIONS)		85
86	TOTAL PROGRAM INPATIENT OPERATING COSTS (SUM OF LINES 83 THROUGH 85)	4,270,763	86

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (15-0021) [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX-INPT [ ] IRF [ ] NF [ ] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	96,787	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	96,787	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	85,914	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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	8,398	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	5,296	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	1,152	16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		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 (SEE INSTRUCTIONS)	77,215,812	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	77,215,812	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	209,462,714	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	209,462,714	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.368638	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	2,438.05	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	77,215,812	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (15-0021) [ ] SUB (OTHER) [XX] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [XX] TITLE XIX-INPT [ ] IRF [ ] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS  
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 797.79 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 6,699,840 39  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 6,699,840 41

	TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (COL. 1 ÷ COL. 2)	PROGRAM DAYS	PROGRAM COST (COL. 3 x COL. 4)	
	1	2	3	4	5	
42 NURSERY (TITLES V AND XIX ONLY)	4,168,591	5,296	787.12	1,152	906,762	42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	11,942,958	7,214	1,655.53	1,642	2,718,380	43
43.01 PEDIATRIC ICU	2,132,255	929	2,295.22			43.01
43.02 NEONATAL ICU	6,062,014	5,769	1,050.79			43.02
44 CORONARY CARE UNIT	23,309,311	19,074	1,222.05	232	283,516	44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					11,561,530	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					22,170,028	49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 1,178,616 50  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 1,376,073 51  
 52 TOTAL PROGRAM EXCLUDABLE COST 2,554,689 52  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 19,615,339 53

TARGET AMOUNT AND LIMIT COMPUTATION  
 54 PROGRAM DISCHARGES 54  
 55 TARGET AMOUNT PER DISCHARGE 55  
 56 TARGET AMOUNT (LINE 54 x LINE 55) 56  
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT 57  
 58 BONUS PAYMENT (SEE INSTRUCTIONS) 58  
 59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET 59  
 60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET 60  
 61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS) 61  
 62 RELIEF PAYMENT (SEE INSTRUCTIONS) 62  
 63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS) 63

PROGRAM INPATIENT ROUTINE SWING BED COST  
 64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY) 64  
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY) 65  
 66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS) 66  
 67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19) 67  
 68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20) 68  
 69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68) 69

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 10,873 87  
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 88  
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 89

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

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[ ]	TITLE V-INPT	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[ ]	ICF/MR	[XX]	PPS
APPLICABLE	[ ]	TITLE XVIII-PT A	[XX]	IPF (15-S021)	[ ]	SNF	[ ]		[ ]	TEFRA
BOXES	[XX]	TITLE XIX-INPT	[ ]	IRF	[ ]	NF	[ ]		[ ]	OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS										
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	13,424	1							
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	13,424	2							
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3							
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	13,424	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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6							
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7							
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8							
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,272	9							
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10							
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11							
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12							
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13							
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14							
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15							
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16							
SWING-BED ADJUSTMENT										
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17							
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18							
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		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 (SEE INSTRUCTIONS)	12,623,829	21							
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22							
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23							
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24							
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25							
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26							
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	12,623,829	27							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT										
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	20,200,486	28							
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29							
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	20,200,486	30							
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.624927	31							
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32							
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	1,504.80	33							
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34							
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35							
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36							
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	12,623,829	37							

WORKSHEET D-1  
PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [ ] HOSPITAL [ ] SUB (OTHER) [XX] PPS  
APPLICABLE [ ] TITLE XVIII-PT A [XX] IPF (15-S021) [ ] TEFRA  
BOXES [XX] TITLE XIX-INPT [ ] IRF [ ] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	940.39 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	1,196,176 39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	1,196,176 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	445,047 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	1,641,223 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	147,654 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	57,909 51
52	TOTAL PROGRAM EXCLUDABLE COST	205,563 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	1,435,660 53
TARGET AMOUNT AND LIMIT COMPUTATION		
54	PROGRAM DISCHARGES	54
55	TARGET AMOUNT PER DISCHARGE	55
56	TARGET AMOUNT (LINE 54 x LINE 55)	56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	57
58	BONUS PAYMENT (SEE INSTRUCTIONS)	58
59	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET	59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)	61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX-INPT [XX] IRF (15-T021) [ ] NF [ ] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	5,258	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,258	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,258	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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,055	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		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 (SEE INSTRUCTIONS)	4,035,320	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	4,035,320	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	5,968,699	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	5,968,699	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.676080	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	1,135.17	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	4,035,320	37

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [ ] HOSPITAL [ ] SUB (OTHER) [XX] PPS  
APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
BOXES [XX] TITLE XIX-INPT [XX] IRF (15-T021) [ ] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	767.46 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	809,670 39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	809,670 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	141,748 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	951,418 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	127,571 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	11,261 51
52	TOTAL PROGRAM EXCLUDABLE COST	138,832 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	812,586 53
TARGET AMOUNT AND LIMIT COMPUTATION		
54	PROGRAM DISCHARGES	54
55	TARGET AMOUNT PER DISCHARGE	55
56	TARGET AMOUNT (LINE 54 x LINE 55)	56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	57
58	BONUS PAYMENT (SEE INSTRUCTIONS)	58
59	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET	59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)	61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [XX] HOSPITAL (15-0021) [ ] SUB (OTHER) [ ] S/B SNF [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [ ] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS		33,527,427		30
31 INTENSIVE CARE UNIT		5,635,575		31
31.01 PEDIATRIC ICU				31.01
31.02 NEONATAL ICU				31.02
32 CORONARY CARE UNIT		16,518,915		32
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.179937	32,734,752	5,890,193	50
50.01 CAREW MEDICAL PARK SURG	4.770432			50.01
51 RECOVERY ROOM	0.238068	4,015,665	956,001	51
52 DELIVERY ROOM & LABOR ROOM	0.545399			52
53 ANESTHESIOLOGY				53
54 RADIOLOGY-DIAGNOSTIC	0.098074	29,506,673	2,893,837	54
54.01 RADIOLOGY - WABASH				54.01
54.02 RADIOLOGY - MANCHESTER				54.02
54.03 RADIOLOGY - EAST STATE				54.03
54.04 RADIOLOGY - JEFFERSON				54.04
54.05 RADIOLOGY - NHMP	0.413787			54.05
54.06 RADIOLOGY - CMP	56.487268			54.06
54.07 RADIOLOGY - WP	0.408610			54.07
54.08 RADIOLOGY - PULM CLINIC	4.407720			54.08
54.09 RADIOLOGY - WHITLEY POOL				54.09
55 RADIOLOGY-THERAPEUTIC	0.226809	388,818	88,187	55
56 RADIOISOTOPE	0.305918	676,057	206,818	56
60 LABORATORY	0.192280	18,915,232	3,637,021	60
60.01 ANATOMICAL PATHOLOGY	0.313755	1,088,751	341,601	60.01
62 WHOLE BLOOD & PACKED RED BLOOD	0.556716	2,761,147	1,537,175	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.273188	9,420,500	2,573,568	65
65.01 WOUND CARE	0.372030	918,128	341,571	65.01
65.02 DIALYSIS	0.657177	1,335,658	877,764	65.02
65.03 ENDOSCOPY	0.261707	1,704,835	446,167	65.03
66 PHYSICAL THERAPY	0.476082	1,717,642	817,738	66
66.01 TRANSITIONAL THERAPY	0.902088			66.01
66.02 PV REHAB OUTREACH				66.02
67 OCCUPATIONAL THERAPY	0.694563	760,920	528,507	67
68 SPEECH PATHOLOGY	0.516428	476,315	245,982	68
68.01 NEURO REHAB	0.518301			68.01
69 ELECTROCARDIOLOGY	0.117993	1,981,201	233,768	69
70 ELECTROENCEPHALOGRAPHY	0.218562	370,612	81,002	70
70.01 NUTRITION SUPPORT	8.584715	17,824	153,014	70.01
70.02 MRI	0.188612	2,336,948	440,776	70.02
70.03 CARDIAC CATH LAB	0.106501	11,290,571	1,202,457	70.03
70.04 CARDIAC REHAB SERVICES	0.485972	1,260	612	70.04
71 MEDICAL SUPPLIES CHRGD TO PATI	0.299991	13,913,624	4,173,962	71
71.01 COST OF SOLUTIONS	0.070330	11,403,898	802,036	71.01
72 IMPL. DEV. CHARGED TO PATIENT	0.273298	25,879,273	7,072,754	72
73 DRUGS CHARGED TO PATIENTS	0.414215	28,390,125	11,759,616	73
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	1.045235	23,242	24,293	90
90.01 ANTICOAG CLINIC	2.373320	3,592	8,525	90.01
91 EMERGENCY	0.222048	9,664,462	2,145,974	91
91.01 PARTIAL HOSPITALIZATION	0.266395			91.01
92 OBSERVATION BEDS	0.468521			92
OTHER REIMBURSABLE COST CENTERS				
95 AMBULANCE SERVICES				95
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		211,697,725	49,480,919	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		211,697,725		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B SNF [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (15-S021) [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [ ] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2)		
				3	
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
31.01 PEDIATRIC ICU					31.01
31.02 NEONATAL ICU					31.02
32 CORONARY CARE UNIT					32
40 SUBPROVIDER - IPF		5,501,520			40
41 SUBPROVIDER - IRF					41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.179937	26,325	4,737		50
50.01 CAREW MEDICAL PARK SURG	4.770432				50.01
51 RECOVERY ROOM	0.238068	33,291	7,926		51
52 DELIVERY ROOM & LABOR ROOM	0.545399				52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC	0.098074	133,936	13,136		54
54.01 RADIOLOGY - WABASH					54.01
54.02 RADIOLOGY - MANCHESTER					54.02
54.03 RADIOLOGY - EAST STATE					54.03
54.04 RADIOLOGY - JEFFERSON					54.04
54.05 RADIOLOGY - NHMP	0.413787				54.05
54.06 RADIOLOGY - CMP	56.487268				54.06
54.07 RADIOLOGY - WP	0.408610				54.07
54.08 RADIOLOGY - PULM CLINIC	4.407720				54.08
54.09 RADIOLOGY - WHITLEY POOL					54.09
55 RADIOLOGY-THERAPEUTIC	0.226809				55
56 RADIOISOTOPE	0.305918				56
60 LABORATORY	0.192280	390,289	75,045		60
60.01 ANATOMICAL PATHOLOGY	0.313755				60.01
62 WHOLE BLOOD & PACKED RED BLOOD	0.556716				62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.273188	1,430	391		65
65.01 WOUND CARE	0.372030	5,803	2,159		65.01
65.02 DIALYSIS	0.657177				65.02
65.03 ENDOSCOPY	0.261707				65.03
66 PHYSICAL THERAPY	0.476082	835	398		66
66.01 TRANSITIONAL THERAPY	0.902088				66.01
66.02 PV REHAB OUTREACH					66.02
67 OCCUPATIONAL THERAPY	0.694563	500	347		67
68 SPEECH PATHOLOGY	0.516428				68
68.01 NEURO REHAB	0.518301				68.01
69 ELECTROCARDIOLOGY	0.117993	22,324	2,634		69
70 ELECTROENCEPHALOGRAPHY	0.218562	1,980	433		70
70.01 NUTRITION SUPPORT	8.584715	3,824	32,828		70.01
70.02 MRI	0.188612	10,937	2,063		70.02
70.03 CARDIAC CATH LAB	0.106501				70.03
70.04 CARDIAC REHAB SERVICES	0.485972				70.04
71 MEDICAL SUPPLIES CHRGD TO PATI	0.299991	2,150	645		71
71.01 COST OF SOLUTIONS	0.070330	16,940	1,191		71.01
72 IMPL. DEV. CHARGED TO PATIENT	0.273298				72
73 DRUGS CHARGED TO PATIENTS	0.414215	672,756	278,666		73
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	1.045235	168	176		90
90.01 ANTICOAG CLINIC	2.373320	171	406		90.01
91 EMERGENCY	0.222048	404,784	89,881		91
91.01 PARTIAL HOSPITALIZATION	0.266395				91.01
92 OBSERVATION BEDS	0.468521				92
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES					95
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		1,728,443	513,062		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		1,728,443			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B SNF [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [ ] TITLE XIX [XX] IRF (15-T021) [ ] NF [ ] ICF/MR [ ] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2)		
			3	3	
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
31.01 PEDIATRIC ICU					31.01
31.02 NEONATAL ICU					31.02
32 CORONARY CARE UNIT					32
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF		1,373,594			41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.179937	1,315	237		50
50.01 CAREW MEDICAL PARK SURG	4.770432				50.01
51 RECOVERY ROOM	0.238068	509	121		51
52 DELIVERY ROOM & LABOR ROOM	0.545399				52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC	0.098074	97,329	9,545		54
54.01 RADIOLOGY - WABASH					54.01
54.02 RADIOLOGY - MANCHESTER					54.02
54.03 RADIOLOGY - EAST STATE					54.03
54.04 RADIOLOGY - JEFFERSON					54.04
54.05 RADIOLOGY - NHMP	0.413787				54.05
54.06 RADIOLOGY - CMP	56.487268				54.06
54.07 RADIOLOGY - WP	0.408610				54.07
54.08 RADIOLOGY - PULM CLINIC	4.407720				54.08
54.09 RADIOLOGY - WHITLEY POOL					54.09
55 RADIOLOGY-THERAPEUTIC	0.226809				55
56 RADIOISOTOPE	0.305918	3,773	1,154		56
60 LABORATORY	0.192280	109,267	21,010		60
60.01 ANATOMICAL PATHOLOGY	0.313755	740	232		60.01
62 WHOLE BLOOD & PACKED RED BLOOD	0.556716				62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.273188	27,851	7,609		65
65.01 WOUND CARE	0.372030	15,596	5,802		65.01
65.02 DIALYSIS	0.657177	796	523		65.02
65.03 ENDOSCOPY	0.261707	3,346	876		65.03
66 PHYSICAL THERAPY	0.476082	422,851	201,312		66
66.01 TRANSITIONAL THERAPY	0.902088				66.01
66.02 PV REHAB OUTREACH					66.02
67 OCCUPATIONAL THERAPY	0.694563	420,354	291,962		67
68 SPEECH PATHOLOGY	0.516428	281,129	145,183		68
68.01 NEURO REHAB	0.518301				68.01
69 ELECTROCARDIOLOGY	0.117993	2,375	280		69
70 ELECTROENCEPHALOGRAPHY	0.218562	3,313	724		70
70.01 NUTRITION SUPPORT	8.584715	2,366	20,311		70.01
70.02 MRI	0.188612	16,401	3,093		70.02
70.03 CARDIAC CATH LAB	0.106501				70.03
70.04 CARDIAC REHAB SERVICES	0.485972				70.04
71 MEDICAL SUPPLIES CHRGD TO PATI	0.299991	6,279	1,884		71
71.01 COST OF SOLUTIONS	0.070330	4,237	298		71.01
72 IMPL. DEV. CHARGED TO PATIENT	0.273298				72
73 DRUGS CHARGED TO PATIENTS	0.414215	151,214	62,635		73
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	1.045235	1,012	1,058		90
90.01 ANTICOAG CLINIC	2.373320				90.01
91 EMERGENCY	0.222048	2,471	549		91
91.01 PARTIAL HOSPITALIZATION	0.266395				91.01
92 OBSERVATION BEDS	0.468521				92
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES					95
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		1,574,524	776,398		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		1,574,524			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B SNF [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [XX] SNF (15-5516) [ ] S/B NF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [ ] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
31.01 PEDIATRIC ICU				31.01
31.02 NEONATAL ICU				31.02
32 CORONARY CARE UNIT				32
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.179937	33,670	6,058	50
50.01 CAREW MEDICAL PARK SURG	4.770432			50.01
51 RECOVERY ROOM	0.238068	7,099	1,690	51
52 DELIVERY ROOM & LABOR ROOM	0.545399			52
53 ANESTHESIOLOGY				53
54 RADIOLOGY-DIAGNOSTIC	0.098074	298,487	29,274	54
54.01 RADIOLOGY - WABASH				54.01
54.02 RADIOLOGY - MANCHESTER				54.02
54.03 RADIOLOGY - EAST STATE				54.03
54.04 RADIOLOGY - JEFFERSON				54.04
54.05 RADIOLOGY - NHMP	0.413787			54.05
54.06 RADIOLOGY - CMP	56.487268			54.06
54.07 RADIOLOGY - WP	0.408610			54.07
54.08 RADIOLOGY - PULM CLINIC	4.407720			54.08
54.09 RADIOLOGY - WHITLEY POOL				54.09
55 RADIOLOGY-THERAPEUTIC	0.226809	19,512	4,425	55
56 RADIOISOTOPE	0.305918	5,162	1,579	56
60 LABORATORY	0.191797	524,658	100,628	60
60.01 ANATOMICAL PATHOLOGY	0.313755	5,774	1,812	60.01
62 WHOLE BLOOD & PACKED RED BLOOD	0.556716	26,297	14,640	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.273188	93,983	25,675	65
65.01 WOUND CARE	0.372030	192,811	71,731	65.01
65.02 DIALYSIS	0.657177			65.02
65.03 ENDOSCOPY	0.261707	1,824	477	65.03
66 PHYSICAL THERAPY	0.476082	778,893	370,817	66
66.01 TRANSITIONAL THERAPY	0.902088			66.01
66.02 PV REHAB OUTREACH				66.02
67 OCCUPATIONAL THERAPY	0.694563	727,042	504,976	67
68 SPEECH PATHOLOGY	0.516428	101,267	52,297	68
68.01 NEURO REHAB	0.518285			68.01
69 ELECTROCARDIOLOGY	0.117993	11,395	1,345	69
70 ELECTROENCEPHALOGRAPHY	0.218562	1,320	289	70
70.01 NUTRITION SUPPORT	8.584715	168	1,442	70.01
70.02 MRI	0.188612	20,225	3,815	70.02
70.03 CARDIAC CATH LAB	0.106501	715	76	70.03
70.04 CARDIAC REHAB SERVICES	0.485972			70.04
71 MEDICAL SUPPLIES CHRGD TO PATI	0.299991	87,136	26,140	71
71.01 COST OF SOLUTIONS	0.070330	405,063	28,488	71.01
72 IMPL. DEV. CHARGED TO PATIENT	0.273298			72
73 DRUGS CHARGED TO PATIENTS	0.414215	977,033	404,702	73
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	1.045235	924	966	90
90.01 ANTICOAG CLINIC	2.371662			90.01
91 EMERGENCY	0.220017			91
91.01 PARTIAL HOSPITALIZATION	0.266395			91.01
92 OBSERVATION BEDS	0.468521			92
OTHER REIMBURSABLE COST CENTERS				
95 AMBULANCE SERVICES				95
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		4,320,458	1,653,342	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		4,320,458		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [XX] HOSPITAL (15-0021) [ ] SUB (OTHER) [ ] S/B SNF [XX] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [ ] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS		8,372,169			30
31 INTENSIVE CARE UNIT		1,714,035			31
31.01 PEDIATRIC ICU		392,250			31.01
31.02 NEONATAL ICU		2,731,765			31.02
32 CORONARY CARE UNIT		3,542,975			32
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.179937	6,790,371	1,221,839		50
50.01 CAREW MEDICAL PARK SURG	4.770432				50.01
51 RECOVERY ROOM	0.238068	790,158	188,111		51
52 DELIVERY ROOM & LABOR ROOM	0.545399				52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC	0.098074	6,407,065	628,366		54
54.01 RADIOLOGY - WABASH					54.01
54.02 RADIOLOGY - MANCHESTER					54.02
54.03 RADIOLOGY - EAST STATE					54.03
54.04 RADIOLOGY - JEFFERSON					54.04
54.05 RADIOLOGY - NHMP	0.413787				54.05
54.06 RADIOLOGY - CMP	56.487268				54.06
54.07 RADIOLOGY - WP	0.408610				54.07
54.08 RADIOLOGY - PULM CLINIC	4.407720				54.08
54.09 RADIOLOGY - WHITLEY POOL					54.09
55 RADIOLOGY-THERAPEUTIC	0.226809	98,888	22,429		55
56 RADIOISOTOPE	0.305918	227,134	69,484		56
60 LABORATORY	0.192280	4,824,856	927,723		60
60.01 ANATOMICAL PATHOLOGY	0.313755	300,160	94,177		60.01
62 WHOLE BLOOD & PACKED RED BLOOD	0.556716	750,608	417,875		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.273188	2,668,692	729,055		65
65.01 WOUND CARE	0.372030	194,968	72,534		65.01
65.02 DIALYSIS	0.657177	327,134	214,985		65.02
65.03 ENDOSCOPY	0.261707	438,013	114,631		65.03
66 PHYSICAL THERAPY	0.476082	333,431	158,740		66
66.01 TRANSITIONAL THERAPY	0.902088				66.01
66.02 PV REHAB OUTREACH					66.02
67 OCCUPATIONAL THERAPY	0.694563	213,155	148,050		67
68 SPEECH PATHOLOGY	0.516428	117,477	60,668		68
68.01 NEURO REHAB	0.518301				68.01
69 ELECTROCARDIOLOGY	0.117993	295,706	34,891		69
70 ELECTROENCEPHALOGRAPHY	0.218562	87,911	19,214		70
70.01 NUTRITION SUPPORT	8.584715	5,306	45,550		70.01
70.02 MRI	0.188612	536,959	101,277		70.02
70.03 CARDIAC CATH LAB	0.106501	1,313,996	139,942		70.03
70.04 CARDIAC REHAB SERVICES	0.485972				70.04
71 MEDICAL SUPPLIES CHRGED TO PATI	0.299991	1,807,866	542,344		71
71.01 COST OF SOLUTIONS	0.070330	3,671,456	258,214		71.01
72 IMPL. DEV. CHARGED TO PATIENT	0.273298	4,647,810	1,270,237		72
73 DRUGS CHARGED TO PATIENTS	0.414215	8,849,764	3,665,705		73
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	1.045235	12,096	12,643		90
90.01 ANTICOAG CLINIC	2.373320	115	273		90.01
91 EMERGENCY	0.222048	1,813,000	402,573		91
91.01 PARTIAL HOSPITALIZATION	0.266395				91.01
92 OBSERVATION BEDS	0.468521				92
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES					95
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		47,524,095	11,561,530		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		47,524,095			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B SNF [XX] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] IPF (15-S021) [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [ ] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
31.01 PEDIATRIC ICU				31.01
31.02 NEONATAL ICU				31.02
32 CORONARY CARE UNIT				32
40 SUBPROVIDER - IPF		3,835,755		40
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.179937	910	164	50
50.01 CAREW MEDICAL PARK SURG	4.770432			50.01
51 RECOVERY ROOM	0.238068			51
52 DELIVERY ROOM & LABOR ROOM	0.545399			52
53 ANESTHESIOLOGY				53
54 RADIOLOGY-DIAGNOSTIC	0.098074	93,923	9,211	54
54.01 RADIOLOGY - WABASH				54.01
54.02 RADIOLOGY - MANCHESTER				54.02
54.03 RADIOLOGY - EAST STATE				54.03
54.04 RADIOLOGY - JEFFERSON				54.04
54.05 RADIOLOGY - NHMP	0.413787			54.05
54.06 RADIOLOGY - CMP	56.487268			54.06
54.07 RADIOLOGY - WP	0.408610			54.07
54.08 RADIOLOGY - PULM CLINIC	4.407720			54.08
54.09 RADIOLOGY - WHITLEY POOL				54.09
55 RADIOLOGY-THERAPEUTIC	0.226809			55
56 RADIOISOTOPE	0.305918	5,958	1,823	56
60 LABORATORY	0.192280	312,901	60,165	60
60.01 ANATOMICAL PATHOLOGY	0.313755			60.01
62 WHOLE BLOOD & PACKED RED BLOOD	0.556716	3,260	1,815	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.273188	5,962	1,629	65
65.01 WOUND CARE	0.372030	565	210	65.01
65.02 DIALYSIS	0.657177			65.02
65.03 ENDOSCOPY	0.261707	2,884	755	65.03
66 PHYSICAL THERAPY	0.476082	910	433	66
66.01 TRANSITIONAL THERAPY	0.902088			66.01
66.02 PV REHAB OUTREACH				66.02
67 OCCUPATIONAL THERAPY	0.694563	250	174	67
68 SPEECH PATHOLOGY	0.516428			68
68.01 NEURO REHAB	0.518301			68.01
69 ELECTROCARDIOLOGY	0.117993	20,081	2,369	69
70 ELECTROENCEPHALOGRAPHY	0.218562			70
70.01 NUTRITION SUPPORT	8.584715	2,234	19,178	70.01
70.02 MRI	0.188612			70.02
70.03 CARDIAC CATH LAB	0.106501			70.03
70.04 CARDIAC REHAB SERVICES	0.485972			70.04
71 MEDICAL SUPPLIES CHRGD TO PATI	0.299991	5,463	1,639	71
71.01 COST OF SOLUTIONS	0.070330	21,989	1,546	71.01
72 IMPL. DEV. CHARGED TO PATIENT	0.273298			72
73 DRUGS CHARGED TO PATIENTS	0.414215	579,636	240,094	73
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	1.045235	168	176	90
90.01 ANTICOAG CLINIC	2.373320			90.01
91 EMERGENCY	0.222048	466,862	103,666	91
91.01 PARTIAL HOSPITALIZATION	0.266395			91.01
92 OBSERVATION BEDS	0.468521			92
OTHER REIMBURSABLE COST CENTERS				
95 AMBULANCE SERVICES				95
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		1,523,956	445,047	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		1,523,956		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B SNF [XX] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [XX] TITLE XIX [XX] IRF (15-T021) [ ] NF [ ] ICF/MR [ ] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
31.01 PEDIATRIC ICU				31.01
31.02 NEONATAL ICU				31.02
32 CORONARY CARE UNIT				32
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF		244,125		41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.179937			50
50.01 CAREW MEDICAL PARK SURG	4.770432			50.01
51 RECOVERY ROOM	0.238068			51
52 DELIVERY ROOM & LABOR ROOM	0.545399			52
53 ANESTHESIOLOGY				53
54 RADIOLOGY-DIAGNOSTIC	0.098074	24,144	2,368	54
54.01 RADIOLOGY - WABASH				54.01
54.02 RADIOLOGY - MANCHESTER				54.02
54.03 RADIOLOGY - EAST STATE				54.03
54.04 RADIOLOGY - JEFFERSON				54.04
54.05 RADIOLOGY - NHMP	0.413787			54.05
54.06 RADIOLOGY - CMP	56.487268			54.06
54.07 RADIOLOGY - WP	0.408610			54.07
54.08 RADIOLOGY - PULM CLINIC	4.407720			54.08
54.09 RADIOLOGY - WHITLEY POOL				54.09
55 RADIOLOGY-THERAPEUTIC	0.226809	8,995	2,040	55
56 RADIOISOTOPE	0.305918			56
60 LABORATORY	0.192280	18,475	3,552	60
60.01 ANATOMICAL PATHOLOGY	0.313755			60.01
62 WHOLE BLOOD & PACKED RED BLOOD	0.556716			62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.273188	3,657	999	65
65.01 WOUND CARE	0.372030	5,968	2,220	65.01
65.02 DIALYSIS	0.657177	3,630	2,386	65.02
65.03 ENDOSCOPY	0.261707			65.03
66 PHYSICAL THERAPY	0.476082	77,285	36,794	66
66.01 TRANSITIONAL THERAPY	0.902088			66.01
66.02 PV REHAB OUTREACH				66.02
67 OCCUPATIONAL THERAPY	0.694563	73,170	50,821	67
68 SPEECH PATHOLOGY	0.516428	49,498	25,562	68
68.01 NEURO REHAB	0.518301			68.01
69 ELECTROCARDIOLOGY	0.117993			69
70 ELECTROENCEPHALOGRAPHY	0.218562			70
70.01 NUTRITION SUPPORT	8.584715	576	4,945	70.01
70.02 MRI	0.188612			70.02
70.03 CARDIAC CATH LAB	0.106501			70.03
70.04 CARDIAC REHAB SERVICES	0.485972			70.04
71 MEDICAL SUPPLIES CHRGED TO PATI	0.299991	2,159	648	71
71.01 COST OF SOLUTIONS	0.070330	1,285	90	71.01
72 IMPL. DEV. CHARGED TO PATIENT	0.273298			72
73 DRUGS CHARGED TO PATIENTS	0.414215	21,235	8,796	73
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	1.045235	504	527	90
90.01 ANTICOAG CLINIC	2.373320			90.01
91 EMERGENCY	0.222048			91
91.01 PARTIAL HOSPITALIZATION	0.266395			91.01
92 OBSERVATION BEDS	0.468521			92
OTHER REIMBURSABLE COST CENTERS				
95 AMBULANCE SERVICES				95
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		290,581	141,748	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		290,581		202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A

CHECK [XX] HOSPITAL (15-0021)  
 APPLICABLE BOX: [ ] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	57,539,313	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	2,483,431	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS	35,169,969	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	485.29	4
INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS			
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)	8.22	5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)		6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(1)		7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.		7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.	2.09	8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)		8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)	10.31	9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	12.30	10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	10.31	12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	10.41	13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	8.32	14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	9.68	15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM		16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE		17
18	ADJUSTED ROLLING AVERAGE FTE COUNT	9.68	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	0.019947	19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	0.019733	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	0.019733	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	994,400	22
INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON			
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)	1.80	23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	1.99	24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)	1.80	25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)	0.003709	26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)	0.000990	27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)	91,782	28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)	1,086,182	29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0489	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.2274	31
32	SUM OF LINES 30 AND 31	0.2763	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.1201	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	6,910,471	34
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES			
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		40
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		41
42	DIVIDE LINE 41 BY LINE 40 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		42
43	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		43
44	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK (LINE 43 DIVIDED BY LINE 41 DIVIDED BY 7 DAYS)		44
45	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS)		45
46	TOTAL ADDITIONAL PAYMENT (LINE 45 TIMES LINE 44 TIMES LINE 41)		46
47	SUBTOTAL (SEE INSTRUCTIONS)	68,019,397	47
48	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY (SEE INSTRUCTIONS)		48
49	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	68,019,397	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	5,218,114	50

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A

CHECK [XX] HOSPITAL (15-0021)  
APPLICABLE BOX: [ ] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51
52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)	348,433	52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	98,578	53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES	12,143	54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)		55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS		57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)	80,390	58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	73,777,055	59
60	PRIMARY PAYER PAYMENTS	60,185	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	73,716,870	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	5,628,478	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	250,958	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	115,701	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	80,991	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	-137,686	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	67,918,425	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		70
71	AMOUNT DUE PROVIDER (LINE 67 MINUS LINE 68 PLUS/MINUS LINES 69 AND 70)	67,918,425	71
72	INTERIM PAYMENTS	68,499,579	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	-581,154	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART B

CHECK APPLICABLE BOX:         HOSPITAL (15-0021)         IPF         IRF  
                                  SUB (OTHER)                     SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)	30,873,658	2
3	PPS PAYMENTS	23,559,176	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)	345,627	4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200	26,384	9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)		11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES		12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)		14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))		19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)		21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)	23,931,187	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	5,140,270	26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	18,790,917	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)	117,014	28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)	18,907,931	30
31	PRIMARY PAYER PAYMENTS	3,206	31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	18,904,725	32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	390,770	34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	273,539	35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	152,324	36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)	19,178,264	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)	19,178,264	40
41	INTERIM PAYMENTS	19,378,452	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)	-200,188	43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94







ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1  
 PART I

CHECK [XX] HOSPITAL (15-0021) [ ] SUB (OTHER)  
 APPLICABLE [ ] IPF [ ] SNF  
 BOX: [ ] IRF [ ] SWING BED SNF

INPATIENT  
 PART A

PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT	
	1	2	3	4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		68,499,579		19,378,452	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 .02 .03 .04 .05 .06 .07 .08 .09 .50 .51 .52 .53 .54 .55 .56 .57 .58 .59 .99	NONE		NONE	3.01 3.02 3.03 3.04 3.05 3.06 3.07 3.08 3.09 3.50 3.51 3.52 3.53 3.54 3.55 3.56 3.57 3.58 3.59 3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)					
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		68,499,579		19,378,452	4

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 .04 .05 .06 .07 .08 .09 PROVIDER .50 TO .51 PROGRAM .52 .53 .54 .55 .56 .57 .58 .59 .99	NONE		NONE	5.01 5.02 5.03 5.04 5.05 5.06 5.07 5.08 5.09 5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57 5.58 5.59 5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM TO .01 PROVIDER PROVIDER TO .02 PROGRAM		-581,154	-200,188	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)			67,918,425	19,178,264	7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:		NPR DATE:	8

PROVIDER CCN: 15-0021 PARKVIEW HOSPITAL  
 PERIOD FROM 01/01/2012 TO 12/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11  
 05/29/2013 09:04

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1  
 PART I

CHECK [ ] HOSPITAL [ ] SUB (OTHER)  
 APPLICABLE [XX] IPF (15-S021) [ ] SNF  
 BOX: [ ] IRF [ ] SWING BED SNF

INPATIENT  
 PART A PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,898,903		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 .02 .03 .04 .05 .06 .07 .08 .09 .50 .51 .52 .53 .54 .55 .56 .57 .58 .59 .99	NONE		3.01 3.02 3.03 3.04 3.05 3.06 3.07 3.08 3.09 3.50 3.51 3.52 3.53 3.54 3.55 3.56 3.57 3.58 3.59 3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)				
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		2,898,903		4

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 .04 .05 .06 .07 .08 .09 PROVIDER .50 TO .51 PROGRAM .52 .53 .54 .55 .56 .57 .58 .59 .99	NONE		5.01 5.02 5.03 5.04 5.05 5.06 5.07 5.08 5.09 5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57 5.58 5.59 5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)				
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM TO .01 PROVIDER PROVIDER TO .02 PROGRAM	19,317		6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		2,918,220		7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:	NPR DATE:	8

PROVIDER CCN: 15-0021 PARKVIEW HOSPITAL  
 PERIOD FROM 01/01/2012 TO 12/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11  
 05/29/2013 09:04

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1  
 PART I

CHECK [ ] HOSPITAL [ ] SUB (OTHER)  
 APPLICABLE [ ] IPF [ ] SNF  
 BOX: [XX] IRF (15-T021) [ ] SWING BED SNF

INPATIENT  
 PART A PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,601,872		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 .02 .03 .04 .05 .06 .07 .08 .09 .50 .51 PROVIDER .52 TO .53 PROGRAM .54 .55 .56 .57 .58 .59 .99	NONE		3.01 3.02 3.03 3.04 3.05 3.06 3.07 3.08 3.09 3.50 3.51 3.52 3.53 3.54 3.55 3.56 3.57 3.58 3.59 3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)				
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		1,601,872		4

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 .04 .05 .06 .07 .08 .09 PROVIDER .50 TO .51 PROGRAM .52 .53 .54 .55 .56 .57 .58 .59 .99	NONE		5.01 5.02 5.03 5.04 5.05 5.06 5.07 5.08 5.09 5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57 5.58 5.59 5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)				
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM TO .01 PROVIDER PROVIDER TO .02 PROGRAM		-16,298	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)			1,585,574	7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:	NPR DATE:	8

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1  
 PART I

CHECK [ ] HOSPITAL [ ] SUB (OTHER)  
 APPLICABLE [ ] IPF [XX] SNF (15-5516)  
 BOX: [ ] IRF [ ] SWING BED SNF

INPATIENT  
 PART A

PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,471,495		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 .02 .03 PROGRAM .03 TO .04 PROVIDER .05 .06 .07 .08 .09 .50 .51 PROVIDER .52 TO .53 PROGRAM .54 .55 .56 .57 .58 .59 .99	NONE		3.01 3.02 3.03 3.04 3.05 3.06 3.07 3.08 3.09 3.50 3.51 3.52 3.53 3.54 3.55 3.56 3.57 3.58 3.59 3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)				
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		1,471,495		4

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 .04 .05 .06 .07 .08 .09 PROVIDER .50 TO .51 PROGRAM .52 .53 .54 .55 .56 .57 .58 .59 .99	NONE		5.01 5.02 5.03 5.04 5.05 5.06 5.07 5.08 5.09 5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57 5.58 5.59 5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)				
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM TO .01 PROVIDER PROVIDER TO .02 PROGRAM	2,885		6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		1,474,380		7
8 NAME OF CONTRACTOR: _____		CONTRACTOR NUMBER: _____	NPR DATE: _____	8

PROVIDER CCN: 15-0021 PARKVIEW HOSPITAL  
PERIOD FROM 01/01/2012 TO 12/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11  
05/29/2013 09:04

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1  
PART II

CHECK [XX] HOSPITAL (15-0021) [ ] CAH  
APPLICABLE BOX

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	24,281	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	36,297	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	22,344	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	118,900	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	1,619,023,527	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	32,681,195	6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168		7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)	3,206,478	8
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH			
30	INITIAL/INTERIM HIT PAYMENT(S)	3,128,139	30
31	OTHER ADJUSTMENTS (SPECIFY)		31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)	78,339	32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
PART II

CHECK [ ] HOSPITAL  
APPLICABLE BOX: [XX] IPF (15-S021)

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (EXCLUDING OUTLIER, ECT, AND MEDICAL EDUCATION PAYMENTS)	3,419,698	1
2	NET IPF PPS OUTLIER PAYMENT		2
3	NET IPF PPS ECT PAYMENT	5,694	3
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		4
4.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii) (F)(1) OR (2) (SEE INSTRUCTIONS)		4.01
5	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		5
6	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		7
8	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		8
9	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	36.677596	9
10	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 8}/\text{LINE 9})) \text{ RAISED TO THE POWER OF } .5150 - 1\}$		10
11	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 10)		11
12	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1, 2, 3 AND 11)	3,425,392	12
13	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		13
14	ORGAN ACQUISITION		14
15	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		15
16	SUBTOTAL (SEE INSTRUCTIONS)	3,425,392	16
17	PRIMARY PAYER PAYMENTS	14,719	17
18	SUBTOTAL (LINE 16 LESS LINE 17)	3,410,673	18
19	DEDUCTIBLES	468,625	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	2,942,048	20
21	COINSURANCE	43,145	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	2,898,903	22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	24,990	23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	17,493	24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	-41,613	25
26	SUBTOTAL (SUM OF LINES 22 AND 24)	2,916,396	26
27	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49) (FOR FREESTANDING IPF ONLY)		27
28	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	1,824	28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	2,918,220	31
32	INTERIM PAYMENTS	2,898,903	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS THE SUM OF LINES 32 AND 33)	19,317	34
35	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		35

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART II, LINE 2 (SEE INSTRUCTIONS)		50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		53

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
PART III

CHECK [ ] HOSPITAL  
APPLICABLE BOX: [XX] IRF (15-T021)

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

1	NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS)	1,454,566	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.013500	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	133,343	3
4	OUTLIER PAYMENTS		4
5	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		5
5.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii)(F)(1) OR (2) (SEE INSTRUCTIONS)		5.01
6	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS)		7
8	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS)		8
9	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		9
10	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	14.366120	10
11	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 9}/\text{LINE 10})) \text{ RAISED TO THE POWER OF } .6876 - 1\}$		11
12	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 11)		12
13	TOTAL PPS PAYMENT (SUM OF LINES 1, 3, 4 AND 12)	1,587,909	13
14	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		14
15	ORGAN ACQUISITION		15
16	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		16
17	SUBTOTAL (SEE INSTRUCTIONS)	1,587,909	17
18	PRIMARY PAYER PAYMENTS		18
19	SUBTOTAL LINE 17b LESS LINE 18)	1,587,909	19
20	DEDUCTIBLES		20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	1,587,909	21
22	COINSURANCE	3,468	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	1,584,441	23
24	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	992	24
25	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	694	25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		26
27	SUBTOTAL (SUM OF LINES 23 AND 25)	1,585,135	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49) (FOR FREESTANDING IRF ONLY)		28
29	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	439	29
30	OUTLIER PAYMENTS RECONCILIATION		30
31	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		31
32	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,585,574	32
33	INTERIM PAYMENTS	1,601,872	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS THE SUM OF LINES 33 AND 34)	-16,298	35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		36

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART III, LINE 4 (SEE INSTRUCTIONS)		50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		53

PROVIDER CCN: 15-0021 PARKVIEW HOSPITAL  
PERIOD FROM 01/01/2012 TO 12/31/2012

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VERSION: 2012.11  
05/29/2013 09:04

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
PART VI

PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES

1	PROSPECTIVE PAYMENT AMOUNT		
2	RESOURCE UTILIZATION GROUP (RUGS) PAYMENT	1,639,391	1
3	ROUTINE SERVICE OTHER PASS THROUGH COSTS		2
4	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	2,593	3
5	SUBTOTAL (SUM OF LINES 1-3)	1,641,984	4
6	COMPUTATION OF NET COST OF COVERED SERVICES		
7	MEDICAL AND OTHER SERVICES		5
8	DEDUCTIBLES		6
9	COINSURANCE	165,261	7
10	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	417	8
11	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		9
12	ALLOWABLE REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	292	10
13	UTILIZATION REVIEW		11
14	SUBTOTAL (SUM OF LINES 4, 5 MINUS 6 & 7 PLUS 10 AND 11) (SEE INSTRUCTIONS)	1,477,015	12
15	INPATIENT PRIMARY PAYER PAYMENTS	2,635	13
16	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		14
17	SUBTOTAL (LINE 12 MINUS 13 ± LINE 14)	1,474,380	15
18	INTERIM PAYMENTS	1,471,495	16
19	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		17
20	BALANCE DUE PROVIDER/PROGRAM (LINE 15 MINUS THE SUM OF LINES 16 AND 17)	2,885	18
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		19

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART VII

CHECK [ ] TITLE V [XX] HOSPITAL (15-0021) [ ] SNF [XX] PPS  
 APPLICABLE [XX] TITLE XIX [ ] IPF [ ] NF [ ] TEFRA  
 BOXES: [ ] IRF [ ] ICF/MR [ ] OTHER  
 [ ] SUB (OTHER)

PART VII - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR TITLE XIX SERVICES

	INPATIENT TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1			1
2			2
3		8,873,759	3
4		8,873,759	4
5			5
6			6
7		8,873,759	7
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES			
8			8
9	47,524,095	35,308,732	9
10			10
11			11
12	47,524,095	35,308,732	12
CUSTOMARY CHARGES			
13			13
14			14
15	1.000000	1.000000	15
16	47,524,095	35,308,732	16
17	47,524,095	26,434,973	17
18			18
19			19
20			20
21		8,873,759	21
PROSPECTIVE PAYMENT AMOUNT			
22			22
23			23
24			24
25			25
26	23,593		26
27	23,593		27
28			28
29	23,593	8,873,759	29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30			30
31	23,593	8,873,759	31
32			32
33			33
34			34
35			35
36	23,593	8,873,759	36
37			37
38	23,593	8,873,759	38
39			39
40	23,593	8,873,759	40
41		8,897,352	41
42	23,593	-23,593	42
43			43

SECTION 115.2

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART VII

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SNF [XX] PPS  
 APPLICABLE [XX] TITLE XIX [XX] IPF (15-S021) [ ] NF [ ] TEFRA  
 BOXES: [ ] IRF [ ] ICF/MR [ ] OTHER  
 [ ] SUB (OTHER)

PART VII - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR TITLE XIX SERVICES

	INPATIENT TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX
COMPUTATION OF NET COST OF COVERED SERVICES		
1		1
2		2
3		3
4		4
5		5
6		6
7		7
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES		
8		8
9	1,523,956	9
10		10
11		11
12	1,523,956	12
CUSTOMARY CHARGES		
13		13
14		14
15	1.000000	1.000000 15
16	1,523,956	16
17	1,523,956	17
18		18
19		19
20		20
21		21
PROSPECTIVE PAYMENT AMOUNT		
22		22
23		23
24		24
25		25
26	1,540	26
27	1,540	27
28		28
29	1,540	29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30		30
31	1,540	31
32		32
33		33
34		34
35		35
36	1,540	36
37		37
38	1,540	38
39		39
40	1,540	40
41		1,540 41
42	1,540	-1,540 42
43		43

SECTION 115.2

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART VII

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SNF [XX] PPS  
 APPLICABLE [XX] TITLE XIX [ ] IPF [ ] NF [ ] TEFRA  
 BOXES: [XX] IRF (15-T021) [ ] ICF/MR [ ] OTHER  
 [ ] SUB (OTHER)

PART VII - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR TITLE XIX SERVICES

	INPATIENT TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX
COMPUTATION OF NET COST OF COVERED SERVICES		
1		1
2		2
3		3
4		4
5		5
6		6
7		7
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES		
8		8
9	290,581	9
10		10
11		11
12	290,581	12
CUSTOMARY CHARGES		
13		13
14		14
15	1.000000	1.000000 15
16	290,581	16
17	290,581	17
18		18
19		19
20		20
21		21
PROSPECTIVE PAYMENT AMOUNT		
22		22
23		23
24		24
25		25
26	66	26
27	66	27
28		28
29	66	29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30		30
31	66	31
32		32
33		33
34		34
35		35
36	66	36
37		37
38	66	38
39		39
40	66	40
41		66 41
42	66	-66 42
43		43

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996			8.53 1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)			1.46 2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA			3 3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			3.01 3.01
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))			4 4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			4.01 4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			4.02 4.02
5	FTE ADJUSTED CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)			9.99 5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)			12.30 6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			9.99 7
		PRIMARY CARE	OTHER	TOTAL
		1	2	3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	12.26		12.26 8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6	9.96		9.96 9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR			10 10
11	TOTAL WEIGHTED FTE COUNT	9.96		11 11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	7.61		12 12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	6.96	0.26	13 13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	8.18	0.09	14 14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS			15 15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE			16 16
17	ADJUSTED ROLLING AVERAGE FTE COUNT	8.18	0.09	17 17
18	PER RESIDENT AMOUNT	97,871.14	92,678.19	18 18
19	APPROVED AMOUNT FOR RESIDENT COSTS	800,586	8,341	808,927 19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			3.50 20
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			2.31 21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			2.30 22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			87,327.24 23
24	MULTIPLY LINE 22 TIMES LINE 23			200,853 24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			1,009,780 25
COMPUTATION OF PROGRAM PATIENT LOAD		INPATIENT	MANAGED	
		PART A	CARE	
26	INPATIENT DAYS	42,025	24,912	26 26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	137,582	137,582	27 27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.305454	0.181070	28 28
29	PROGRAM DIRECT GME AMOUNT	308,441	182,841	29 29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE		25,835	30 30
31	NET PROGRAM DIRECT GME AMOUNT			465,447 31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)			32 32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)			33 33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)			34 34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)			35 35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)			36 36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)			92,078,833 37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			38 38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			39 39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			77,539 40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			92,001,294 41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			30,900,042 42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			3,206 43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			30,896,836 44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			122,898,130 45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			0.748598 46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			0.251402 47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			465,447 48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			348,433 49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			117,014 50

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

WORKSHEET E-4

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

1	COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996				1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)				2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA				3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)				3.01
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))				4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)				4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)				4.02
5	FTE ADJUSTED CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)				5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)				6
7	ENTER THE LESSER OF LINE 5 OR LINE 6				7
		PRIMARY CARE	OTHER	TOTAL	
		1	2	3	
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR				8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6				9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR				10
11	TOTAL WEIGHTED FTE COUNT				11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)				12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)				13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)				14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS				15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE				16
17	ADJUSTED ROLLING AVERAGE FTE COUNT				17
18	PER RESIDENT AMOUNT				18
19	APPROVED AMOUNT FOR RESIDENT COSTS				19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)				20
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)				21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)				22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)				23
24	MULTIPLY LINE 22 TIMES LINE 23				24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)				25
	COMPUTATION OF PROGRAM PATIENT LOAD	INPATIENT	MANAGED		
		PART A	CARE		
26	INPATIENT DAYS	12,599	17,100		26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	137,582	137,582		27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.091574	0.124290		28
29	PROGRAM DIRECT GME AMOUNT				29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE				30
31	NET PROGRAM DIRECT GME AMOUNT				31
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)				32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)				33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)				34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)				35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)				36
	APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
	PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)				37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)				38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)				39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)				40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)				41
	PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)				42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)				43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)				44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)				45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)				46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)				47
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)				48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)				49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)				50

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	-1,322,051			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	97,653,477			4
5	OTHER RECEIVABLES	-460,139,213			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	11,373,072			7
8	PREPAID EXPENSES	6,887,421			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	-345,547,294			11
FIXED ASSETS					
12	LAND	6,760,319			12
13	LAND IMPROVEMENTS	62,940,845			13
14	ACCUMULATED DEPRECIATION	-10,421,570			14
15	BUILDINGS	512,320,401			15
16	ACCUMULATED DEPRECIATION	-165,152,320			16
17	LEASEHOLD IMPROVEMENTS	9,522,589			17
18	ACCUMULATED AMORTIZATION	-3,448,595			18
19	FIXED EQUIPMENT	18,903,090			19
20	ACCUMULATED DEPRECIATION	-1,415,382			20
21	AUTOMOBILES AND TRUCKS	1,115,128			21
22	ACCUMULATED DEPRECIATION	-929,870			22
23	MAJOR MOVABLE EQUIPMENT	387,534,317			23
24	ACCUMULATED DEPRECIATION	-131,305,187			24
25	MINOR EQUIPMENT DEPRECIABLE				25
26	ACCUMULATED DEPRECIATION				26
27	HIT DESIGNATED ASSETS				27
28	ACCUMULATED DEPRECIATION				28
29	MINOR EQUIPMENT-NONDEPRECIABLE	48,448			29
30	TOTAL FIXED ASSETS (SUM OF LINES 12-29)	686,472,213			30
OTHER ASSETS					
31	INVESTMENTS	18,750,691			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	9,444,727			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	28,195,418			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	369,120,337			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	28,468,800			37
38	SALARIES, WAGES & FEES PAYABLE	10,676,091			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)				40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	6,792,753			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	45,937,644			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE				47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	6,709,205			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	6,709,205			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	52,646,849			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	316,473,488			52
53	SPECIFIC PURPOSE FUND BALANCE				53
54	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				54
55	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				55
56	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				56
57	PLANT FUND BALANCE - INVESTED IN PLANT				57
58	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				58
59	TOTAL FUND BALANCES (SUM OF LINES 52-58)	316,473,488			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	369,120,337			60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	2	SPECIFIC PURPOSE FUND 3	4	ENDOWMENT FUND 5	6	PLANT FUND 7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		314,821,095							1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)		84,296,226							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		399,117,321							3
4 ADDITIONS (CREDIT ADJUSTMENTS)		7,733,443							4
5 TRANSFERS									5
6									6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		7,733,443							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		406,850,764							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 TRANSFERS		90,377,276							13
14									14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		90,377,276							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		316,473,488							19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				
2 HOSPITAL	106,267,005		106,267,005	1
3 SUBPROVIDER IPF	20,380,005		20,380,005	2
5 SUBPROVIDER IRF	6,072,750		6,072,750	3
6 SWING BED - SNF				5
7 SWING BED - NF				6
8 SKILLED NURSING FACILITY	5,869,020		5,869,020	7
9 NURSING FACILITY				8
10 OTHER LONG TERM CARE				9
TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	138,588,780		138,588,780	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11 INTENSIVE CARE UNIT	21,040,725		21,040,725	11
11.01 PEDIATRIC ICU	2,463,835		2,463,835	11.01
11.02 NEONATAL ICU	20,396,580		20,396,580	11.02
12 CORONARY CARE UNIT	41,605,590		41,605,590	12
13 BURN INTENSIVE CARE UNIT				13
14 SURGICAL INTENSIVE CARE UNIT				14
15 OTHER SPECIAL CARE (SPECIFY)				15
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	85,506,730		85,506,730	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	224,095,510		224,095,510	17
18 ANCILLARY SERVICES	709,925,093	731,467,739	1,441,392,832	18
19 OUTPATIENT SERVICES				19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY		25,012,851	25,012,851	22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE				26
27 OTHER (SPECIFY)				27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	934,020,603	756,480,590	1,690,501,193	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		596,328,005	29
30 ADD (SPECIFY)			30
31			31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)			36
37 DEDUCT (SPECIFY)			37
38			38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)			42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		596,328,005	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	1,690,501,193	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	1,061,324,287	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	629,176,906	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	596,328,005	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	32,848,901	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	5,259,904	6
7	INCOME FROM INVESTMENTS	1,964,733	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	5,402	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	-123,120	13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	3,020,909	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	4,671,949	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (LAB SERVICES BILLED)	18,854,046	24
24.01	OTHER (HEALTH FITNESS INCOME)	711,609	24.01
24.02	OTHER (OTHER OPERATING INCOME)	17,070,138	24.02
24.03	OTHER (GIFT SHOP)	67,060	24.03
24.04	OTHER (INCOME RELATED TO NONREIMBURSEABLE)		24.04
24.05	OTHER (ALL OTHER INCOME)		24.05
24.06	OTHER (ROUNDING)	2	24.06
24.99	OTHER (GAIN ON SALE OF ASSET)	-207,458	24.99
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	51,295,174	25
26	TOTAL (LINE 5 PLUS LINE 25)	84,144,075	26
27	OTHER EXPENSES (UNREALIZED LOSSES)	-828,025	27
27.01	OTHER EXPENSES (LOSS ON SALE OF ASSETS)		27.01
27.02	OTHER EXPENSES (INTEREST EXPENSE)	291,364	27.02
27.03	OTHER EXPENSES (ROUNDING)		27.03
27.04	OTHER EXPENSES (LOSS RELATED TO NON REIMBURSEABLE)	384,510	27.04
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)	-152,151	28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	84,296,226	29

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 15-7423

WORKSHEET H

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPOR- TATION (SEE INSTR.) 3	CONTRACTED/ PURCHASED SERVICES 4	OTHER COSTS 5	TOTAL (SUM OF (COLS.1-5) 6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDGS & FIXTURES						1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE						3
4 TRANSPORTATION (SEE INSTRUCTIONS)						4
5 ADMINISTRATIVE AND GENERAL	1,086,625	2,813,117			2,451,805	6,351,547
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE	3,326,094		391,747		-93,444	3,624,397
7 PHYSICAL THERAPY	546,994		79,677			626,671
8 OCCUPATIONAL THERAPY	433,903		32,598			466,501
9 SPEECH PATHOLOGY	110,011		19,597			129,608
10 MEDICAL SOCIAL SERVICES	59,038		19,779			78,817
11 HOME HEALTH AIDE	368,444		118,367			486,811
12 SUPPLIES (SEE INSTRUCTIONS)						12
13 DRUGS						13
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	2,543,542		32,311	1,530,291	469,189	4,575,333
24 TOTAL (SUM OF LINES 1-23)	8,474,651	2,813,117	694,076	1,530,291	2,827,550	16,339,685

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 15-7423

WORKSHEET H  
 (CONTINUED)

	RECLASS- IFICATIONS 7	RECLASSIFIED TRIAL BALANCE (COL.6 + COL.7) 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION (COL.8 + COL.9) 10	
1					1
2					2
3					3
4					4
5	-4,748,505	1,603,042	-259,241	1,343,801	5
6		3,624,397		3,624,397	6
7		626,671		626,671	7
8		466,501		466,501	8
9		129,608		129,608	9
10		78,817		78,817	10
11		486,811		486,811	11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23	-3,763,320	812,013		812,013	23
24	-8,511,825	7,827,860	-259,241	7,568,619	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 15-7423

WORKSHEET H-1  
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COSTS BLDG & FIXTURES	CAP REL COSTS MVBL EQUIPMENT	PLANT OPERATN & MAINT	TRANSPORT- ATION	SUBTOTAL (COLS. 0-4) 4A	ADMIN & GENERAL 5	TOTAL (COLS. 4A+5) 6	
	0	1	2	3	4	4A	5	6	
GENERAL SERVICE COST CENTER									
1 CAPITAL RELATED-BLDGS & FIXT									1
2 CAPITAL RELATED-MOVABLE EQUIP									2
3 PLANT OPERATION & MAINTENANCE									3
4 TRANSPORTATION (SEE INSTR.)									4
5 ADMINISTRATIVE AND GENERAL	1,343,801					1,343,801	1,343,801		5
HHA REIMBURSABLE SERVICES									
6 SKILLED NURSING CARE	3,624,397					3,624,397	782,427	4,406,824	6
7 PHYSICAL THERAPY	626,671					626,671	135,284	761,955	7
8 OCCUPATIONAL THERAPY	466,501					466,501	100,707	567,208	8
9 SPEECH PATHOLOGY	129,608					129,608	27,980	157,588	9
10 MEDICAL SOCIAL SERVICES	78,817					78,817	17,015	95,832	10
11 HOME HEALTH AIDE	486,811					486,811	105,092	591,903	11
12 SUPPLIES (SEE INSTRUCTIONS)									12
13 DRUGS									13
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	812,013					812,013	175,296	987,309	23
24 TOTAL (SUM OF LINES 1-23)	7,568,619					7,568,619		7,568,619	24

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 15-7423

WORKSHEET H-1  
 PART II

	CAP REL COSTS BLDG & FIXTURES (SQUARE FEET) 1	CAP REL COSTS MVBL 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-BLDGS & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION (SEE INSTR.)							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-1,343,801	6,224,818	5
6 SKILLED NURSING CARE						3,624,397	6
7 PHYSICAL THERAPY						626,671	7
8 OCCUPATIONAL THERAPY						466,501	8
9 SPEECH PATHOLOGY						129,608	9
10 MEDICAL SOCIAL SERVICES						78,817	10
11 HOME HEALTH AIDE						486,811	11
12 SUPPLIES (SEE INSTRUCTIONS)							12
13 DRUGS							13
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						812,013	23
23.50 TELEMEDICINE							23.50
24 TOTAL (SUM OF LINES 1-23)					-1,343,801	6,224,818	24
25 COST TO BE ALLOC (PER W/S H)						1,343,801	25
26 UNIT COST MULTIPLIER						0.215878	26











ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 15-7423

WORKSHEET H-2  
 PART I

HHA COST CENTER	PARAMED ED PHARMACY	SUBTOTAL (SUM OF COL. 4A-23)	I&R COST & POST STEP-DOWN ADJS	SUBTOTAL (SUM OF COL. 4A-23)	ALLOCATED HHA A&G (SEE PT. 2)	TOTAL HHA COSTS	
	23.02	24	25	26	27	28	
1 ADMINISTRATIVE AND GENERAL	11,619	2,953,176		2,953,176			1
2 SKILLED NURSING CARE		5,418,930		5,418,930	1,719,484	7,138,414	2
3 PHYSICAL THERAPY		936,952		936,952	297,305	1,234,257	3
4 OCCUPATIONAL THERAPY		697,478		697,478	221,317	918,795	4
5 SPEECH PATHOLOGY		193,781		193,781	61,489	255,270	5
6 MEDICAL SOCIAL SERVICES		117,842		117,842	37,393	155,235	6
7 HOME HEALTH AIDE		727,844		727,844	230,953	958,797	7
8 SUPPLIES							8
9 DRUGS							9
10 DME							10
11 HOME DIALYSIS AIDE SERVICES							11
12 RESPIRATORY THERAPY							12
13 PRIVATE DUTY NURSING							13
14 CLINIC							14
15 HEALTH PROMOTION ACTIVITIES							15
16 DAY CARE PROGRAM							16
17 HOME DELIVERED MEALS PROGRAM							17
18 HOMEMAKER SERVICE							18
19 ALL OTHERS		1,214,062		1,214,062	385,235	1,599,297	19
20 TOTAL (SUM OF LINES 1-19)	11,619	12,260,065		12,260,065	2,953,176	12,260,065	20
21 UNIT COST MULTIPLIER: COL. 26, LINE 1 DIVIDED BY THE SUM OF COL. 26, LINE 20 MINUS COL. 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.					0.317311		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 15-7423

WORKSHEET H-2  
 PART II

HHA COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	OTHER CAP REL COSTS NOT USED 3	EMPLOYEE BENEFITS GROSS SALARIES 4	COMMUN-CATIONS NUMBER OF PHONES 5.01	DATA PROCESSING TIME SPENT 5.02	MATERIALS MGMT COSTED REQUISTION 5.03	PATIENT SERVICES INPATIENT REVENUE 5.04	
1 ADMINISTRATIVE AND GENERAL	16,850	24,284		3,726,146	74		625,453	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	
10 DME								10	
11 HOME DIALYSIS AIDE SERVICES								11	
12 RESPIRATORY THERAPY								12	
13 PRIVATE DUTY NURSING								13	
14 CLINIC								14	
15 HEALTH PROMOTION ACTIVITIES								15	
16 DAY CARE PROGRAM								16	
17 HOME DELIVERED MEALS PROGRAM								17	
18 HOMEMAKER SERVICE								18	
19 ALL OTHERS								19	
19.50 TELEMEDICINE								19.50	
20 TOTAL (SUM OF LINES 1-19)	16,850	24,284		3,726,146	74		625,453	20	
21 TOTAL COST TO BE ALLOCATED	213,066	24,903		923,835	22,348		31,951	21	
22 UNIT COST MULTIPLIER	12.644866				302.000000		0.051085	22	
22 UNIT COST MULTIPLIER		1.025490		0.247933				22	

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 15-7423

WORKSHEET H-2  
 PART II

HHA COST CENTER	PATIENT ACCOUNTING	AMBULATORY SVCS ADMIN	RECON-CILIATION	OTHER A&G	CAREW MED PARK ADMIN	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	FACILITY ENGINEERIN	
	GROSS REVENUE	FTEs		ACCUM COST	DIRECT EXPENSES	SQUARE FEET	SQUARE FEET	SQUARE FEET	
	5.05	5.06	4A.07	5.07	5.08	6	7	7.01	
1 ADMINISTRATIVE AND GENERAL	14,481,685			1,216,682			16,850	16,850	1
2 SKILLED NURSING CARE				4,406,824					2
3 PHYSICAL THERAPY				761,955					3
4 OCCUPATIONAL THERAPY				567,208					4
5 SPEECH PATHOLOGY				157,588					5
6 MEDICAL SOCIAL SERVICES				95,832					6
7 HOME HEALTH AIDE				591,903					7
8 SUPPLIES									8
9 DRUGS									9
10 DME									10
11 HOME DIALYSIS AIDE SERVICES									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIES									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGRAM									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS				987,309					19
19.50 TELEMEDICINE									19.50
20 TOTAL (SUM OF LINES 1-19)	14,481,685			8,785,301			16,850	16,850	20
21 TOTAL COST TO BE ALLOCATED		579		2,017,703			148,205	139,621	21
22 UNIT COST MULTIPLIER	0.000040						8.795549		22
22 UNIT COST MULTIPLIER				0.229668				8.286113	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 15-7423

WORKSHEET H-2  
 PART II

HHA COST CENTER	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING SQUARE FEET	DIETARY MEALS SERVED	KITCHEN-NO CONNECT W/CAFE MEALS SERVED	CAFETERIA NUMBER OF PERSONNEL	PREADMITS AND ER MEALS PREADMITS	CAFETERIA MEALS FTES	MAIN-TENANCE OF PERSONNEL NUMBER HOUSED
	8	9	10	10.01	10.02	10.03	11	12
1 ADMINISTRATIVE AND GENERAL		16,850						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
10 DME								10
11 HOME DIALYSIS AIDE SERVICES								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIES								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGRAM								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE								19.50
20 TOTAL (SUM OF LINES 1-19)		16,850						20
21 TOTAL COST TO BE ALLOCATED		142,500						21
22 UNIT COST MULTIPLIER								22
22 UNIT COST MULTIPLIER		8.456973						22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 15-7423

WORKSHEET H-2  
 PART II

HHA COST CENTER	NURSING ADMINIS- TRATION DIRECT NRSING FTE 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY & COSTED REQUIS. 15	OUTPATIENT PHARMACY PERCENTAGE 1 15.01	IV SOLUTIONS PERCENTAGE 2 15.02	MED SURG SUPPLY PERCENTAGE 3 15.03	MEDICAL RECORDS & LIBRARY TIME SPENT 16 451	SOCIAL SERVICE TIME SPENT 17 1
1 ADMINISTRATIVE AND GENERAL		15	112					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
10 DME								10
11 HOME DIALYSIS AIDE SERVICES								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIES								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGRAM								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE								19.50
20 TOTAL (SUM OF LINES 1-19)		15	112	957,595			451	20
21 TOTAL COST TO BE ALLOCATED		5,613	195	751,150			258,158	21
22 UNIT COST MULTIPLIER	374.200000			0.784413			572.412417	22
22 UNIT COST MULTIPLIER		1.741071						22



APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 15-7423

WORKSHEET H-3  
 PARTS I & II

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION		FROM	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	
		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I)	(FROM PART II)	COLS. 1+2)		(COL.3 ÷ COL.4)	
1	SKILLED NURSING CARE	2	7,138,414	2	7,138,414	34,263	208.34	1
2	PHYSICAL THERAPY	3	1,234,257		1,234,257	7,096	173.94	2
3	OCCUPATIONAL THERAPY	4	918,795		918,795	3,163	290.48	3
4	SPEECH PATHOLOGY	5	255,270		255,270	840	303.89	4
5	MEDICAL SOCIAL SERVICES	6	155,235		155,235	878	176.81	5
6	HOME HEALTH AIDE	7	958,797		958,797	8,986	106.70	6
7	TOTAL (SUM OF LINES 1-6)		10,660,768		10,660,768	55,226		7
PATIENT SERVICES								
8	SKILLED NURSING CARE							8
8.01	SKILLED NURSING CARE							8.01
9	PHYSICAL THERAPY							9
9.01	PHYSICAL THERAPY							9.01
10	OCCUPATIONAL THERAPY							10
10.01	OCCUPATIONAL THERAPY							10.01
11	SPEECH PATHOLOGY							11
11.01	SPEECH PATHOLOGY							11.01
12	MEDICAL SOCIAL SERVICES							12
12.01	MEDICAL SOCIAL SERVICES							12.01
13	HOME HEALTH AIDE							13
13.01	HOME HEALTH AIDE							13.01
14	TOTAL (SUM OF LINES 8-13)							14
SUPPLIES AND DRUGS COST COMPUTATIONS		FROM	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	
		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I)	(FROM PART II)	COLS. 1+2)	(FROM HHA RECORD)	(COL.3 ÷ COL.4)	
15	COST OF MEDICAL SUPPLIES	8		2	3	4	5	15
16	COST OF DRUGS	9						16

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 15-7423

WORKSHEET H-3  
 PARTS I & II  
 (CONTINUED)

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION	PROGRAM VISITS			COST OF SERVICES			TOTAL PROGRAM COST (SUM OF COLS. 9-10)
	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	
	6	7	8	9	10	11	12
1 SKILLED NURSING CARE	6,913	5,195		1,440,254	1,082,326		2,522,580
2 PHYSICAL THERAPY	1,923	1,393		334,487	242,298		576,785
3 OCCUPATIONAL THERAPY	916	587		266,080	170,512		436,592
4 SPEECH PATHOLOGY	318	119		96,637	36,163		132,800
5 MEDICAL SOCIAL SERVICES	179	155		31,649	27,406		59,055
6 HOME HEALTH AIDE	1,135	2,806		121,105	299,400		420,505
7 TOTAL (SUM OF LINES 1-6)	11,384	10,255		2,290,212	1,858,105		4,148,317

  

PATIENT SERVICES	CBSA NO.	PROGRAM VISITS		TOTAL
		PART A	SUBJECT TO DEDUCTIBLES & COINSUR	
		3	4	
8 SKILLED NURSING CARE	23060	4,954	3,358	8
8.01 SKILLED NURSING CARE	99915	1,959	1,837	8.01
9 PHYSICAL THERAPY	23060	1,239	954	9
9.01 PHYSICAL THERAPY	99915	684	439	9.01
10 OCCUPATIONAL THERAPY	23060	641	430	10
10.01 OCCUPATIONAL THERAPY	99915	275	157	10.01
11 SPEECH PATHOLOGY	23060	247	83	11
11.01 SPEECH PATHOLOGY	99915	71	36	11.01
12 MEDICAL SOCIAL SERVICES	23060	147	113	12
12.01 MEDICAL SOCIAL SERVICES	99915	32	42	12.01
13 HOME HEALTH AIDE	23060	835	1,710	13
13.01 HOME HEALTH AIDE	99915	300	1,096	13.01
14 TOTAL (SUM OF LINES 8-13)		11,384	10,255	14

  

SUPPLIES AND DRUGS COST COMPUTATIONS	PROGRAM COVERED CHARGES			COST OF SERVICES			
	PART B			PART B			
OTHER PATIENT SERVICES	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
	6	7	8	9	10	11	
15 COST OF MEDICAL SUPPLIES							15
16 COST OF DRUGS							16

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 (FROM PROVIDER RECORDS)	HHA SHARED ANCILLARY COSTS (COL. 1 x COL. 2)	TRANSFER TO PART I AS INDICATED	
1 PHYSICAL THERAPY	66	0.476082		COL 2, LINE 2	1
1.01 TRANSITIONAL THERAPY	66.01	0.902088		COL 2, LINE 2	1.01
1.02 PV REHAB OUTREACH	66.02			COL 2, LINE 2	1.02
2 OCCUPATIONAL THERAPY	67	0.694563		COL 2, LINE 3	2
3 SPEECH PATHOLOGY	68	0.516428		COL 2, LINE 4	3
3.01 NEURO REHAB	68.01	0.518285		COL 2, LINE 4	3.01
4 MEDICAL SUPPLIES CHRGED TO PAT	71	0.299991		COL 2, LINE 15	4
4.01 COST OF SOLUTIONS	71.01	0.070330		COL 2, LINE 15	4.01
5 DRUGS CHARGED TO PATIENTS	73	0.414215		COL 2, LINE 16	5

CALCULATION OF HHA REMBURSEMENT SETTLEMENT

HHA NO.: 15-7423

WORKSHEET H-4  
 PARTS I & II

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

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

DESCRIPTION	PART A 1	----- PART B -----		
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
1 REASONABLE COST OF PART A & PART B SERVICES				1
2 REASONABLE COST OF SERVICES (SEE INSTRUCTIONS)				2
3 TOTAL CHARGES	1,921,108			2
CUSTOMARY CHARGES				
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS (FROM YOUR RECORDS)				3
5 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
6 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				5
7 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	1,921,108			6
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST (COMPLETE ONLY IF LINE 6 EXCEEDS LINE 1)	1,921,108			7
9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 1 EXCEEDS LINE 6)				8
10 PRIMARY PAYER PAYMENTS				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
11 TOTAL REASONABLE COST (SEE INSTRUCTIONS)			10
12 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	1,731,479	1,288,103	11
13 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	14,737	16,171	12
14 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	31,108	30,829	13
15 TOTAL PPS REIMBURSEMENT - PEP EPISODES	19,771	19,898	14
16 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	6,900	16,658	15
17 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			16
18 TOTAL OTHER PAYMENTS			17
19 DME PAYMENTS			18
20 OXYGEN PAYMENTS			19
21 PROSTHETIC AND ORTHOTIC PAYMENTS			20
22 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)			21
23 SUBTOTAL (SUM OF LINES 10-20 MINUS LINE 21)	1,803,995	1,371,659	22
24 EXCESS REASONABLE COST (FROM LINE 8)			23
25 SUBTOTAL (LINE 22 MINUS LINE 23)	1,803,995	1,371,659	24
26 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM YOUR RECORDS)			25
27 NET COST (LINE 24 MINUS LINE 25)	1,803,995	1,371,659	26
28 REIMBURSABLE BAD DEBTS (FROM YOUR RECORDS)			27
29 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			28
30 TOTAL COSTS - CURRENT COST REPORTING PERIOD (LINE 26 PLUS LINE 27)	1,803,995	1,371,659	29
31 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			30
32 SUBTOTAL (LINE 29 PLUS/MINUS LINE 30)	1,803,995	1,371,659	31
33 INTERIM PAYMENTS (SEE INSTRUCTIONS)	1,803,995	1,371,659	32
34 TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)			33
35 BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 32 AND 33)			34
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			35

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

HHA NO.: 15-7423

WORKSHEET H-5

DESCRIPTION	PART A		PART B		
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,803,995		1,371,659	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 .02 PROGRAM .03 TO .04 PROVIDER .05 .06 .07 .08 .09 .50 .51 PROVIDER .52 TO .53 PROGRAM .54 .55 .56 .57 .58 .59 .99	NONE		NONE	3.01 3.02 3.03 3.04 3.05 3.06 3.07 3.08 3.09 3.50 3.51 3.52 3.53 3.54 3.55 3.56 3.57 3.58 3.59 3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)					
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST H-4, PART II, COLUMN AS APPROPRIATE, LINE 32)		1,803,995		1,371,659	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 .04 .05 .06 .07 .08 .09 PROVIDER .50 TO .51 PROGRAM .52 .53 .54 .55 .56 .57 .58 .59 .99	NONE		NONE	5.01 5.02 5.03 5.04 5.05 5.06 5.07 5.08 5.09 5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57 5.58 5.59 5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT (SEE INSTR.)	PROGRAM TO .01 PROVIDER PROVIDER TO .02 PROGRAM				6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		1,803,995		1,371,659	7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:		NPR DATE:	8

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 15-1552

WORKSHEET K

	SALARIES (FROM WKST K-1) 1	EMPLOYEE BENEFITS (FROM WKST K-2) 2	TRANS- PORTATION (SEE INSTR.) 3	CONTRACTED SERVICES (FROM WKST K-3) 4	OTHER 5	TOTAL (COLS. 1-5) 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	85,407	27,672				113,079 5
6 ADMINISTRATIVE AND GENERAL	73,391	23,779				97,170 6
INPATIENT CARE SERVICE						
7 INPATIENT - GENERAL CARE				782,550		782,550 7
8 INPATIENT - RESPITE CARE						8
VISITING SERVICES						
9 PHYSICIAN SERVICES	135,356	43,855		173,821		353,032 9
10 NURSING CARE		490,283				490,283 10
11 NURSING CARE-CONTINUOUS HOME CARE						11
12 PHYSICAL THERAPY	8,141	2,638				10,779 12
13 OCCUPATIONAL THERAPY	3,759	1,218				4,977 13
14 SPEECH/LANGUAGE PATHOLOGY	916	296				1,212 14
15 MEDICAL SOCIAL SERVICES		94,185				94,185 15
16 SPIRITUAL COUNSELING	1,647,043	43,359				1,690,402 16
17 DIETARY COUNSELING	13,192	4,274				17,466 17
18 COUNSELING - OTHER						18
19 HOME HEALTH AIDE AND HOMEMAKER	260,304	84,339				344,643 19
20 HH AIDE & HOMEMAKER-CONT. HOME CARE	290,693					290,693 20
21 OTHER	52,838	17,119				69,957 21
OTHER HOSPICE SERVICE COSTS						
22 DRUGS, BIOLOGICAL & INFUSION THERAPY						22
23 ANALGESICS						23
24 SEDATIVES/HYPNOTICS						24
25 OTHER - SPECIFY						25
26 DURABLE MEDICAL EQUIPMENT/OXYGEN						26
27 PATIENT TRANSPORTATION				9,203		9,203 27
28 IMAGING SERVICES				3,108		3,108 28
29 LABS AND DIAGNOSTICS				1,331		1,331 29
30 MEDICAL SUPPLIES						30
31 OUTPATIENT SERVICES (INCLUDING E/R DEPT.)						31
32 RADIATION THERAPY						32
33 CHEMOTHERAPY						33
34 OTHER						34
HOSPICE NONREIMBURSABLE SERVICE						
35 BEREAVEMENT PROGRAM COSTS						35
36 VOLUNTEER PROGRAM COSTS						36
37 FUNDRAISING						37
38 OTHER PROGRAM COSTS				560,278		560,278 38
39 TOTAL (SUM OF LINES 1-38)	2,571,040	833,017		1,530,291		4,934,348 39

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 15-1552

WORKSHEET K  
 (CONTINUED)

	RECLASSIFI- CATION 7	SUBTOTAL (COL.6 ± COL.7) 8	ADJUST- MENTS 9	TOTAL (COL.8 ± COL.9) 10	
1					1
2					2
3					3
4					4
5		113,079		113,079	5
6	1,416,868	1,514,038		1,514,038	6
7		782,550		782,550	7
8					8
9		353,032		353,032	9
10		490,283		490,283	10
11					11
12		10,779		10,779	12
13		4,977		4,977	13
14		1,212		1,212	14
15		94,185		94,185	15
16		1,690,402		1,690,402	16
17		17,466		17,466	17
18					18
19		344,643		344,643	19
20		290,693		290,693	20
21		69,957		69,957	21
22					22
23					23
24					24
25					25
26					26
27		9,203		9,203	27
28		3,108		3,108	28
29		1,331		1,331	29
30					30
31					31
32					32
33					33
34					34
35					35
36					36
37					37
38		560,278		560,278	38
39	2,833,736	6,351,216		6,351,216	39

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
1	GENERAL SERVICE COST CENTER								
2	CAP REL COSTS-BLDG AND FIXT.								
3	CAP REL COSTS-MOVABLE EQUIP.								
4	PLANT OPERATION & MAINT.								
5	TRANSPORTATION - STAFF								
6	VOLUNTEER SERVICE COORD.								
7	ADMINISTRATIVE AND GENERAL								
8	INPATIENT CARE SERVICE								
9	INPATIENT - GENERAL CARE								
10	INPATIENT - RESPITE CARE								
11	VISITING SERVICES								
12	PHYSICIAN SERVICES								
13	NURSING CARE								
14	NURSING CARE-CONT.HOME CARE								
15	PHYSICAL THERAPY								
16	OCCUPATIONAL THERAPY								
17	SPEECH/LANGUAGE PATHOLOGY								
18	MEDICAL SOCIAL SERVICES								
19	SPIRITUAL COUNSELING								
20	DIETARY COUNSELING								
21	COUNSELING - OTHER								
22	HH AIDE AND HOMEMAKER								
23	HH AIDE & HMKR-CONT.HME CARE								
24	OTHER								
25	OTHER HOSPICE SERVICE COSTS								
26	DRUGS, BIOL. & INFUS. THER.								
27	ANALGESICS								
28	SEDATIVES / HYPNOTICS								
29	OTHER - SPECIFY								
30	DURABLE MED. EQUIP./OXYGEN								
31	PATIENT TRANSPORTATION								
32	IMAGING SERVICES								
33	LABS AND DIAGNOSTICS								
34	MEDICAL SUPPLIES								
35	OUTPAT.SERV.(INCL.E/R DEPT.)								
36	RADIATION THERAPY								
37	CHEMOTHERAPY								
38	OTHER								
39	HOSPICE NONREIMBURSABLE SERVICE								
40	BEREAVEMENT PROGRAM COSTS								
41	VOLUNTEER PROGRAM COSTS								
42	FUNDRAISING								
43	OTHER PROGRAM COSTS								
44	TOTAL (SUM OF LINES 1-38)								

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
1	GENERAL SERVICE COST CENTER								
2	CAP REL COSTS-BLDG AND FIXT.								1
3	CAP REL COSTS-MOVABLE EQUIP.								2
4	PLANT OPERATION & MAINT.								3
5	TRANSPORTATION - STAFF								4
6	VOLUNTEER SERVICE COORD.							27,672	27,672 5
7	ADMINISTRATIVE AND GENERAL							23,779	23,779 6
8	INPATIENT CARE SERVICE								
9	INPATIENT - GENERAL CARE								7
10	INPATIENT - RESPITE CARE								8
11	VISITING SERVICES								
12	PHYSICIAN SERVICES							43,855	43,855 9
13	NURSING CARE			50,686	439,597				490,283 10
14	NURSING CARE-CONT.HOME CARE								11
15	PHYSICAL THERAPY					2,638			2,638 12
16	OCCUPATIONAL THERAPY					1,218			1,218 13
17	SPEECH/LANGUAGE PATHOLOGY					296			296 14
18	MEDICAL SOCIAL SERVICES		94,185						94,185 15
19	SPIRITUAL COUNSELING							43,359	43,359 16
20	DIETARY COUNSELING							4,274	4,274 17
21	COUNSELING - OTHER								18
22	HH AIDE AND HOMEMAKER						84,339		84,339 19
23	HH AIDE & HMKR-CONT.HME CARE								20
24	OTHER							17,119	17,119 21
25	OTHER HOSPICE SERVICE COSTS								
26	DRUGS, BIOL. & INFUS. THER.								22
27	ANALGESICS								23
28	SEDATIVES / HYPNOTICS								24
29	OTHER - SPECIFY								25
30	DURABLE MED. EQUIP./OXYGEN								26
31	PATIENT TRANSPORTATION								27
32	IMAGING SERVICES								28
33	LABS AND DIAGNOSTICS								29
34	MEDICAL SUPPLIES								30
35	OUTPAT.SERV.(INCL.E/R DEPT.)								31
36	RADIATION THERAPY								32
37	CHEMOTHERAPY								33
38	OTHER								34
39	HOSPICE NONREIMBURSABLE SERVICE								
40	BEREAVEMENT PROGRAM COSTS								35
41	VOLUNTEER PROGRAM COSTS								36
42	FUNDRAISING								37
43	OTHER PROGRAM COSTS								38
44	TOTAL (SUM OF LINES 1-38)		94,185	50,686	439,597	4,152	84,339	160,058	833,017 39

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		
1	GENERAL SERVICE COST CENTER										
2	CAP REL COSTS-BLDG AND FIXT.								1		
3	CAP REL COSTS-MOVABLE EQUIP.								2		
4	PLANT OPERATION & MAINT.								3		
5	TRANSPORTATION - STAFF								4		
6	VOLUNTEER SERVICE COORD.								5		
7	ADMINISTRATIVE AND GENERAL								6		
8	INPATIENT CARE SERVICE										
9	INPATIENT - GENERAL CARE								782,550	782,550	7
10	INPATIENT - RESPITE CARE										8
11	VISITING SERVICES										
12	PHYSICIAN SERVICES								173,821	173,821	9
13	NURSING CARE										10
14	NURSING CARE-CONT.HOME CARE										11
15	PHYSICAL THERAPY										12
16	OCCUPATIONAL THERAPY										13
17	SPEECH/LANGUAGE PATHOLOGY										14
18	MEDICAL SOCIAL SERVICES										15
19	SPIRITUAL COUNSELING										16
20	DIETARY COUNSELING										17
21	COUNSELING - OTHER										18
22	HH AIDE AND HOMEMAKER										19
23	HH AIDE & HMKR-CONT.HME CARE										20
24	OTHER										21
25	OTHER HOSPICE SERVICE COSTS										
26	DRUGS, BIOL. & INFUS. THER.										22
27	ANALGESICS										23
28	SEDATIVES / HYPNOTICS										24
29	OTHER - SPECIFY										25
30	DURABLE MED. EQUIP./OXYGEN										26
31	PATIENT TRANSPORTATION								9,203	9,203	27
32	IMAGING SERVICES								3,108	3,108	28
33	LABS AND DIAGNOSTICS								1,331	1,331	29
34	MEDICAL SUPPLIES										30
35	OUTPAT.SERV.(INCL.E/R DEPT.)										31
36	RADIATION THERAPY										32
37	CHEMOTHERAPY										33
38	OTHER										34
39	HOSPICE NONREIMBURSABLE SERVICE										
40	BEREAVEMENT PROGRAM COSTS										35
41	VOLUNTEER PROGRAM COSTS										36
42	FUNDRAISING										37
43	OTHER PROGRAM COSTS								560,278	560,278	38
44	TOTAL (SUM OF LINES 1-38)								1,530,291	1,530,291	39

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE NO.: 15-1552

WORKSHEET K-4  
 PART I

	NET EXPENSES FOR COST ALLOCATION & FIXTURES	CAP REL COSTS	CAP REL BLDGCOSTS	CAP REL MVBL EQUIPMENT	PLANT OPERATN & MAINT	TRANSPOR- TATION	VOLUNTEER SERV. CO- ORDINATOR	SUBTOTAL (COLS.0-5) 5A	ADMIN & GENERAL 6	TOTAL (COL.5 ± COL.6) 7
1	GENERAL SERVICE COST CENTER									1
2	CAP REL COSTS-BLDG AND FIXT.									2
3	CAP REL COSTS-MOVABLE EQUIP.									3
4	PLANT OPERATION & MAINT.									4
5	TRANSPORTATION - STAFF									5
6	VOLUNTEER SERVICE COORD.	113,079					113,079			6
7	ADMINISTRATIVE AND GENERAL	1,514,038					113,079	1,627,117	1,627,117	7
8	INPATIENT CARE SERVICE									8
9	INPATIENT - GENERAL CARE	782,550						782,550	269,533	1,052,083
10	INPATIENT - RESPITE CARE									10
11	VISITING SERVICES									11
12	PHYSICIAN SERVICES	353,032						353,032	121,594	474,626
13	NURSING CARE	490,283						490,283	168,868	659,151
14	NURSING CARE-CONTINUOUS HOME									14
15	PHYSICAL THERAPY	10,779						10,779	3,713	14,492
16	OCCUPATIONAL THERAPY	4,977						4,977	1,714	6,691
17	SPEECH/LANGUAGE PATHOLOGY	1,212						1,212	417	1,629
18	MEDICAL SOCIAL SERVICES	94,185						94,185	32,440	126,625
19	SPIRITUAL COUNSELING	1,690,402						1,690,402	582,225	2,272,627
20	DIETARY COUNSELING	17,466						17,466	6,016	23,482
21	COUNSELING - OTHER									21
22	HH AIDE AND HOMEMAKER	344,643						344,643	118,705	463,348
23	HH AIDE & HMKR-CONT. HOME CA	290,693						290,693	100,123	390,816
24	OTHER	69,957						69,957	24,095	94,052
25	OTHER HOSPICE SERVICE COSTS									25
26	DRUGS, BIOL. & INFUS. THER.									26
27	ANALGESICS									27
28	SEDATIVES / HYPNOTICS									28
29	OTHER - SPECIFY									29
30	DURABLE MED. EQUIP./OXYGEN									30
31	PATIENT TRANSPORTATION	9,203						9,203	3,170	12,373
32	IMAGING SERVICES	3,108						3,108	1,070	4,178
33	LABS AND DIAGNOSTICS	1,331						1,331	458	1,789
34	MEDICAL SUPPLIES									34
35	OUTPAT.SERV.(INCL.E/R DEPT.)									35
36	RADIATION THERAPY									36
37	CHEMOTHERAPY									37
38	OTHER									38
39	HOSPICE NONREIMBURSABLE SERV.									39
40	BEREAVEMENT PROGRAM COSTS									40
41	VOLUNTEER PROGRAM COSTS									41
42	FUNDRAISING									42
43	OTHER PROGRAM COSTS	560,278						560,278	192,976	753,254
44	TOTAL (SUM OF LINES 1-38)	6,351,216					113,079	6,351,216		6,351,216

COST ALLOCATION - HOSPICE STATISTICAL BASIS

HOSPICE NO.: 15-1552

WORKSHEET K-4  
 PART II

	CAP REL COSTS BLDG & FIXTURES (SQUARE FEET)	CAP REL COSTS MVBL EQUIPMENT (DOLLAR VALUE)	PLANT OPERATN & MAINT (SQUARE FEET)	TRANSPOR- TATION (MILEAGE)	VOLUNTEER SERV. CO- ORDINATOR (HOURS)	RECONCIL- IATION 6A	ADMIN & GENERAL (ACCUM COST) 6	
	1	2	3	4	5			
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.					3,885			5
6 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE					3,885	-1,627,117	4,724,099	6
7 INPATIENT - GENERAL CARE							782,550	7
8 INPATIENT - RESPITE CARE VISITING SERVICES								8
9 PHYSICIAN SERVICES							353,032	9
10 NURSING CARE							490,283	10
11 NURSING CARE-CONTINUOUS HOME								11
12 PHYSICAL THERAPY							10,779	12
13 OCCUPATIONAL THERAPY							4,977	13
14 SPEECH/LANGUAGE PATHOLOGY							1,212	14
15 MEDICAL SOCIAL SERVICES							94,185	15
16 SPIRITUAL COUNSELING							1,690,402	16
17 DIETARY COUNSELING							17,466	17
18 COUNSELING - OTHER								18
19 HH AIDE AND HOME MAKER							344,643	19
20 HH AIDE & HMKR-CONT. HOME CA							290,693	20
21 OTHER							69,957	21
OTHER HOSPICE SERVICE COSTS								
22 DRUGS, BIOL. & INFUS. THER.								22
23 ANALGESICS								23
24 SEDATIVES / HYPNOTICS								24
25 OTHER - SPECIFY								25
26 DURABLE MED. EQUIP./OXYGEN								26
27 PATIENT TRANSPORTATION							9,203	27
28 IMAGING SERVICES							3,108	28
29 LABS AND DIAGNOSTICS							1,331	29
30 MEDICAL SUPPLIES								30
31 OUTPAT.SERV.(INCL.E/R DEPT.)								31
32 RADIATION THERAPY								32
33 CHEMOTHERAPY								33
34 OTHER								34
HOSPICE NONREIMBURSABLE SERVICE								
35 BEREAVEMENT PROGRAM COSTS								35
36 VOLUNTEER PROGRAM COSTS								36
37 FUNDRAISING								37
38 OTHER PROGRAM COSTS							560,278	38
39 COST TO BE ALLOCATED					113,079		1,627,117	39
40 UNIT COST MULTIPLIER					29.106564		0.344429	40



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

WORKSHEET K-5  
 PART I

HOSPICE COST CENTER	PATIENT SERVICES	PATIENT ACCOUNTING	AMBULATORY SVCS ADMIN	OTHER A&G	CAREW MED PARK ADMIN	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT
	5.04	5.05	5.06	5.07	5.08	6	7
1 ADMINISTRATIVE AND GENERAL		421		755,692	173,558		1
2 INPATIENT - GENERAL CARE				1,052,083	241,630		2
3 INPATIENT - RESPITE CARE							3
4 PHYSICIAN SERVICES				474,626	109,006		4
5 NURSING CARE				659,151	151,386		5
6 NURSING CARE-CONTINUOUS HOM							6
7 PHYSICAL THERAPY				14,492	3,328		7
8 OCCUPATIONAL THERAPY				6,691	1,537		8
9 SPEECH/LANGUAGE PATHOLOGY				1,629	374		9
10 MEDICAL SOCIAL SERV. - DIRE				126,625	29,082		10
11 SPIRITUAL COUNSELING				2,272,627	521,949		11
12 DIETARY COUNSELING				23,482	5,393		12
13 COUNSELING - OTHER							13
14 HOME HLTH AIDE & HOMEMAKERS				463,348	106,416		14
15 HH AIDE & HMKR-CONT. HOME C				390,816	89,758		15
16 OTHER				94,052	21,601		16
17 DRUGS,BIOLOGICALS & INFUSIO							17
18 ANALGESICS							18
19 SEDATIVES / HYPNOTICS							19
20 OTHER - SPECIFY							20
21 DURABLE MED. EQUIP./OXYGEN							21
22 PATIENT TRANSPORTATION				12,373	2,842		22
23 IMAGING SERVICES				4,178	960		23
24 LABS AND DIAGNOSTICS				1,789	411		24
25 MEDICAL SUPPLIES							25
26 OUTPAT. SERV.(INCL.E/R DEPT							26
27 RADIATION THERAPY							27
28 CHEMOTHERAPY							28
29 OTHER							29
30 BEREAVEMENT PROGRAM COSTS							30
31 VOLUNTEER PROGRAM COSTS							31
32 FUNDRAISING							32
33 OTHER PROGRAM COSTS				753,254	172,998		33
34 TOTALS (SUM OF LINES 1-33)		421		7,106,908	1,632,229		34
35 UNIT COST MULTIPLIER							35







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

WORKSHEET K-5  
 PART I

HOSPICE COST CENTER	PARAMED ED PHARMACY	SUBTOTAL (COLS. 4A-23)	I&R COST & POST STEP-DOWN ADJS	SUBTOTAL (COLS. 24 ± 25)	ALLOC HOSP A&G (SEE PART II)	TOTAL HOSP COSTS (COL 26 ± 27)	
	23.02	24	25	26	27	28	
1 ADMINISTRATIVE AND GENERAL		929,250		929,250			1
2 INPATIENT - GENERAL CARE		1,293,713		1,293,713	153,931	1,447,644	2
3 INPATIENT - RESPITE CARE							3
4 PHYSICIAN SERVICES		583,632		583,632	69,443	653,075	4
5 NURSING CARE		810,537		810,537	96,441	906,978	5
6 NURSING CARE-CONTINUOUS HOM							6
7 PHYSICAL THERAPY		17,820		17,820	2,120	19,940	7
8 OCCUPATIONAL THERAPY		8,228		8,228	979	9,207	8
9 SPEECH/LANGUAGE PATHOLOGY		2,003		2,003	238	2,241	9
10 MEDICAL SOCIAL SERV. - DIRE		155,707		155,707	18,527	174,234	10
11 SPIRITUAL COUNSELING		2,794,576		2,794,576	332,508	3,127,084	11
12 DIETARY COUNSELING		28,875		28,875	3,436	32,311	12
13 COUNSELING - OTHER							13
14 HOME HLTH AIDE & HOMEMAKERS		569,764		569,764	67,793	637,557	14
15 HH AIDE & HMKR-CONT. HOME C		480,574		480,574	57,181	537,755	15
16 OTHER		115,653		115,653	13,761	129,414	16
17 DRUGS,BIOLOGICALS & INFUSIO							17
18 ANALGESICS							18
19 SEDATIVES / HYPNOTICS							19
20 OTHER - SPECIFY							20
21 DURABLE MED. EQUIP./OXYGEN							21
22 PATIENT TRANSPORTATION		15,215		15,215	1,810	17,025	22
23 IMAGING SERVICES		5,138		5,138	611	5,749	23
24 LABS AND DIAGNOSTICS		2,200		2,200	262	2,462	24
25 MEDICAL SUPPLIES							25
26 OUTPAT. SERV.(INCL.E/R DEPT							26
27 RADIATION THERAPY							27
28 CHEMOTHERAPY							28
29 OTHER							29
30 BEREAVEMENT PROGRAM COSTS							30
31 VOLUNTEER PROGRAM COSTS							31
32 FUNDRAISING							32
33 OTHER PROGRAM COSTS		926,252		926,252	110,209	1,036,461	33
34 TOTALS (SUM OF LINES 1-33)		8,739,137		8,739,137		8,739,137	34
35 UNIT COST MULTIPLIER					0.118984		35

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
 STATISTICAL BASIS

HOSPICE NO.: 15-1552

WORKSHEET K-5  
 PART II

HOSPICE COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	OTHER CAP REL COSTS NOT USED	EMPLOYEE BENEFITS GROSS SALARIES	COMMUN-CATIONS NUMBER OF PHONES	DATA PROCESSING TIME SPENT	MATERIALS MGMT COSTED REQUISTION	PATIENT SERVICES INPATIENT REVENUE
	1	2	3	4	5.01	5.02	5.03	5.04
1 ADMINISTRATIVE AND GENERAL				3,046,269				1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE								5
6 NURSING CARE-CONTINUOUS HOM								6
7 PHYSICAL THERAPY								7
8 OCCUPATIONAL THERAPY								8
9 SPEECH/LANGUAGE PATHOLOGY								9
10 MEDICAL SOCIAL SERV. - DIRE								10
11 SPIRITUAL COUNSELING								11
12 DIETARY COUNSELING								12
13 COUNSELING - OTHER								13
14 HOME HLTH AIDE & HOMEMAKERS								14
15 HH AIDE & HMKR-CONT. HOME C								15
16 OTHER								16
17 DRUGS,BIOLOGICALS & INFUSIO								17
18 ANALGESICS								18
19 SEDATIVES / HYPNOTICS								19
20 OTHER - SPECIFY								20
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
30 BEREAVEMENT PROGRAM COSTS								30
31 VOLUNTEER PROGRAM COSTS								31
32 FUNDRAISING								32
33 OTHER PROGRAM COSTS								33
34 TOTALS (SUM OF LINES 1-33)				3,046,269				34
35 TOTAL COST TO BE ALLOCATED				755,271				35
36 UNIT COST MULTIPLIER				0.247933				36

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
 STATISTICAL BASIS

HOSPICE NO.: 15-1552

WORKSHEET K-5  
 PART II

HOSPICE COST CENTER	PATIENT	AMBULATORY	OTHER	CAREW MED	MAIN-	OPERATION	FACILITY	
	ACCOUNTING	SVC'S ADMIN	RECON- CILIATION	A&G	PARK ADMIN	TENANCE & REPAIRS	OF PLANT	ENGINEERIN
	GROSS							
	REVENUE	FTE'S	ACCUM	DIRECT	SQUARE	SQUARE	SQUARE	
	5.05	5.06	4A.07	COST	FEET	FEET	FEET	
				5.07	5.08	6	7	7.01
1	ADMINISTRATIVE AND GENERAL	10,531,166		755,692				1
2	INPATIENT - GENERAL CARE			1,052,083				2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES			474,626				4
5	NURSING CARE			659,151				5
6	NURSING CARE-CONTINUOUS HOM							6
7	PHYSICAL THERAPY			14,492				7
8	OCCUPATIONAL THERAPY			6,691				8
9	SPEECH/LANGUAGE PATHOLOGY			1,629				9
10	MEDICAL SOCIAL SERV. - DIRE			126,625				10
11	SPIRITUAL COUNSELING			2,272,627				11
12	DIETARY COUNSELING			23,482				12
13	COUNSELING - OTHER							13
14	HOME HLTH AIDE & HOMEMAKERS			463,348				14
15	HH AIDE & HMKR-CONT. HOME C			390,816				15
16	OTHER			94,052				16
17	DRUGS,BIOLOGICALS & INFUSIO							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIP./OXYGEN							21
22	PATIENT TRANSPORTATION			12,373				22
23	IMAGING SERVICES			4,178				23
24	LABS AND DIAGNOSTICS			1,789				24
25	MEDICAL SUPPLIES							25
26	OUTPAT. SERV.(INCL.E/R DEPT							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS			753,254				33
34	TOTALS (SUM OF LINES 1-33)	10,531,166		7,106,908				34
35	TOTAL COST TO BE ALLOCATED	421		1,632,229				35
36	UNIT COST MULTIPLIER	0.000040		0.229668				36



ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
 STATISTICAL BASIS

HOSPICE NO.: 15-1552

WORKSHEET K-5  
 PART II

HOSPICE COST CENTER	NURSING	CENTRAL	PHARMACY	OUTPATIENT IV	MED SURG	MEDICAL	SOCIAL
	ADMINIS- TRATION DIRECT NRSING FTE	SERVICES & SUPPLY COSTED REQUIS.	COSTED REQUIS.	PHARMACY SOLUTIONS PERCENTAGE 1	SUPPLY PERCENTAGE 2	RECORDS & LIBRARY PERCENTAGE 3 TIME SPENT	SERVICE PERCENTAGE 16 TIME SPENT 17
	13	14	15	15.01	15.02	15.03	16
1 ADMINISTRATIVE AND GENERAL							1
2 INPATIENT - GENERAL CARE							2
3 INPATIENT - RESPITE CARE							3
4 PHYSICIAN SERVICES							4
5 NURSING CARE							5
6 NURSING CARE-CONTINUOUS HOM							6
7 PHYSICAL THERAPY							7
8 OCCUPATIONAL THERAPY							8
9 SPEECH/LANGUAGE PATHOLOGY							9
10 MEDICAL SOCIAL SERV. - DIRE							10
11 SPIRITUAL COUNSELING							11
12 DIETARY COUNSELING							12
13 COUNSELING - OTHER							13
14 HOME HLTH AIDE & HOMEMAKERS							14
15 HH AIDE & HMKR-CONT. HOME C							15
16 OTHER							16
17 DRUGS,BIOLOGICALS & INFUSIO							17
18 ANALGESICS							18
19 SEDATIVES / HYPNOTICS							19
20 OTHER - SPECIFY							20
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
30 BEREAVEMENT PROGRAM COSTS							30
31 VOLUNTEER PROGRAM COSTS							31
32 FUNDRAISING							32
33 OTHER PROGRAM COSTS							33
34 TOTALS (SUM OF LINES 1-33)							34
35 TOTAL COST TO BE ALLOCATED							35
36 UNIT COST MULTIPLIER							36



PROVIDER CCN: 15-0021 PARKVIEW HOSPITAL  
 PERIOD FROM 01/01/2012 TO 12/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11  
 05/29/2013 09:04

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 (PROVIDER RECORDS) 2	HOSPICE SHARED ANCILLARY COSTS (COL.1 x 2) 3	
ANCILLARY SERVICE COST CENTERS					
1	PHYSICAL THERAPY	66	0.476082		1
1.01	TRANSITIONAL THERAPY	66.01	0.902088		1.01
1.02	PV REHAB OUTREACH	66.02			1.02
2	OCCUPATIONAL THERAPY	67	0.694563		2
3	SPEECH/LANGUAGE PATHOLOGY	68	0.516428		3
3.01	NEURO REHAB	68.01	0.518285		3.01
4	DRUGS, BIOLOGICALS AND INFUSION	73	0.414215		4
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	96			5
6	LABS AND DIAGNOSTICS	60	0.191797		6
6.01	ANATOMICAL PATHOLOGY	60.01	0.313755		6.01
7	MEDICAL SUPPLIES	71	0.299991		7
7.01	COST OF SOLUTIONS	71.01	0.070330		7.01
8	OUTPATIENT SERVICES (INCL. E/R DEPT)	93			8
9	RADIATION THERAPY	55	0.226809		9
10	OTHER ANCILLARY (SPECIFY)	76			10
10.97	CARDIAC REHABILITATION	76.97			10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98			10.98
10.99	LITHOTRIPSY	76.99			10.99
11	TOTALS (SUM OF LINES 1-10)				11

PROVIDER CCN: 15-0021 PARKVIEW HOSPITAL  
PERIOD FROM 01/01/2012 TO 12/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11  
05/29/2013 09:04

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 (SEE INSTRUCTIONS)				7,702,676	1
2 TOTAL UNDUPLICATED DAYS (WKST S-9, COL. 6, LINE 5)				42,907	2
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				179.52	3
4 UNDUPLICATED MEDICARE DAYS (WKST S-9, COL. 1, LINE 5)	38,527				4
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	6,916,367				5
6 UNDUPLICATED MEDICAID DAYS (WKST S-9, COL. 2, LINE 5)		1,840			6
7 AGGREGATE MEDICAID COST (LINE 3 TIMES LINE 6)		330,317			7
8 UNDUPLICATED SNF DAYS (WKST S-9, COL. 3, LINE 5)					8
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)					9
10 UNDUPLICATED NF DAYS (WKST S-9, COL. 4, LINE 5)		5,147			10
11 AGGREGATE NF COST (LINE 3 TIMES LINE 10)		923,989			11
12 OTHER UNDUPLICATED DAYS (WKST S-9, COL. 5, LINE 5)			2,540		12
13 AGGREGATE COST FOR OTHER DAYS (LINE 3 TIMES LINE 12)			455,981		13

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [ ] TITLE V [XX] HOSPITAL ((15-002) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB (OTHER) [ ] COST METHOD  
 BOXES [ ] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT			
1	CAPITAL DRG OTHER THAN OUTLIER	4,608,689	1
2	CAPITAL DRG OUTLIER PAYMENTS	299,260	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	331.88	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	11.48	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	0.0098	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	45,165	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0489	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.2274	8
9	SUM OF LINES 7 AND 8	0.2763	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0575	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	265,000	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	5,218,114	12

PART II - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST (SEE INSTRUCTIONS)		1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST (SEE INSTRUCTIONS)		2
3	TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 1 PLUS LINE 2)		3
4	CAPITAL COST PAYMENT FACTOR (SEE INSTRUCTIONS)		4
5	TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 3 TIMES LINE 4)		5

PART III - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS (SEE INSTRUCTIONS)		1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)		2
3	NET PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (LINE 1 MINUS LINE 2)		3
4	APPLICABLE EXCEPTION PERCENTAGE (SEE INSTRUCTIONS)		4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS (LINE 3 TIMES LINE 4)		5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)		6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 2 TIMES LINE 6)		7
8	CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 5 PLUS LINE 7)		8
9	CURRENT YEAR CAPITAL PAYMENTS (FROM PART I, LINE 12 AS APPLICABLE)		9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 8 LESS LINE 9)		10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (FROM PRIOR YEAR WKST L, PART III, LINE 14)		11
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 10 PLUS LINE 11)		12
13	CURRENT YEAR EXCEPTION PAYMENT (IF LINE 12 IS POSITIVE, ENTER THE AMOUNT ON THIS LINE)		13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (IF LINE 12 IS NEGATIVE, ENTER THE AMOUNT ON THIS LINE)		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 (SEE INSTRUCTIONS)		17

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [ ] TITLE V [XX] HOSPITAL ((15-002) [XX] PPS  
APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB (OTHER) [ ] COST METHOD  
BOXES [XX] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

	CAPITAL FEDERAL AMOUNT	
1	CAPITAL DRG OTHER THAN OUTLIER	1
2	CAPITAL DRG OUTLIER PAYMENTS	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	8
9	SUM OF LINES 7 AND 8	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	12

PART II - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST (SEE INSTRUCTIONS)	1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST (SEE INSTRUCTIONS)	2
3	TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 1 PLUS LINE 2)	3
4	CAPITAL COST PAYMENT FACTOR (SEE INSTRUCTIONS)	4
5	TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 3 TIMES LINE 4)	5

PART III - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS (SEE INSTRUCTIONS)	1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)	2
3	NET PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (LINE 1 MINUS LINE 2)	3
4	APPLICABLE EXCEPTION PERCENTAGE (SEE INSTRUCTIONS)	4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS (LINE 3 TIMES LINE 4)	5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)	6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 2 TIMES LINE 6)	7
8	CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 5 PLUS LINE 7)	8
9	CURRENT YEAR CAPITAL PAYMENTS (FROM PART I, LINE 12 AS APPLICABLE)	9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 8 LESS LINE 9)	10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (FROM PRIOR YEAR WKST L, PART III, LINE 14)	11
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 10 PLUS LINE 11)	12
13	CURRENT YEAR EXCEPTION PAYMENT (IF LINE 12 IS POSITIVE, ENTER THE AMOUNT ON THIS LINE)	13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (IF LINE 12 IS NEGATIVE, ENTER THE AMOUNT ON THIS LINE)	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 (SEE INSTRUCTIONS)	17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI-	SUBTOTAL	I&R COST &		TOTAL
	NARY CAP- REL COSTS 0	(COLS.0-4) 2A	SUBTOTAL 24	POST STEP- DOWN ADJS 25	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 COMMUNICATIONS					5.01
5.02 DATA PROCESSIN					5.02
5.03 MATERIALS MANAGEMENT					5.03
5.04 PATIENT SERVICES					5.04
5.05 PATIENT ACCOUNTING					5.05
5.06 AMBULATORY SVCS ADMIN					5.06
5.07 OTHER A&G					5.07
5.08 CAREW MEDICAL PARK ADMIN					5.08
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
7.01 FACILITY ENGINEERING					7.01
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
10.01 KITCHEN-NO CONNECT W/CAFE					10.01
10.02 CAFETERIA					10.02
10.03 PREADMITS AND ER					10.03
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
15.01 OUTPATIENT PHARMACY					15.01
15.02 IV SOLUTIONS					15.02
15.03 MED SURG SUPPLY					15.03
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
17.01 REHAB ADMIN					17.01
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCS-SALARY & FRINGES AP					21
22 I&R SRVCS-OTHER PRGM COSTS AP					22
23 PARAMED ED PRGM-(SPECIFY)					23
23.01 PARAMED ED RADIOLOGY					23.01
23.02 PARAMED ED PHARMACY					23.02
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
31.01 PEDIATRIC ICU					31.01
31.02 NEONATAL ICU					31.02
32 CORONARY CARE UNIT					32
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
50.01 CAREW MEDICAL PARK SURG					50.01
51 RECOVERY ROOM					51
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
54.01 RADIOLOGY - WABASH					54.01
54.02 RADIOLOGY - MANCHESTER					54.02
54.03 RADIOLOGY - EAST STATE					54.03
54.04 RADIOLOGY - JEFFERSON					54.04
54.05 RADIOLOGY - NHMP					54.05
54.06 RADIOLOGY - CMP					54.06
54.07 RADIOLOGY - WP					54.07
54.08 RADIOLOGY - PULM CLINIC					54.08
54.09 RADIOLOGY - WHITLEY POOL					54.09
55 RADIOLOGY-THERAPEUTIC					55
56 RADIOISOTOPE					56
60 LABORATORY					60
60.01 ANATOMICAL PATHOLOGY					60.01
62 WHOLE BLOOD & PACKED RED BLOOD					62
62.30 BLOOD CLOTTING FOR HEMOPHILIAC					62.30
65 RESPIRATORY THERAPY					65
65.01 WOUND CARE					65.01
65.02 DIALYSIS					65.02
65.03 ENDOSCOPY					65.03

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI-	SUBTOTAL (COLS.0-4)	SUBTOTAL 24	I&R COST &	TOTAL 26
	NARY CAP- REL COSTS 0			POST STEP- DOWN ADJS 25	
66 PHYSICAL THERAPY					66
66.01 TRANSITIONAL THERAPY					66.01
66.02 PV REHAB OUTREACH					66.02
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
68.01 NEURO REHAB					68.01
69 ELECTROCARDIOLOGY					69
70 ELECTROENCEPHALOGRAPHY					70
70.01 NUTRITION SUPPORT					70.01
70.02 MRI					70.02
70.03 CARDIAC CATH LAB					70.03
70.04 CARDIAC REHAB SERVICES					70.04
71 MEDICAL SUPPLIES CHRGD TO PAT					71
71.01 COST OF SOLUTIONS					71.01
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC					90
90.01 ANTICOAG CLINIC					90.01
91 EMERGENCY					91
91.01 PARTIAL HOSPITALIZATION					91.01
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES					95
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAP					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
101 HOME HEALTH AGENCY					101
SPECIAL PURPOSE COST CENTERS					
116 HOSPICE					116
118 SUBTOTALS (SUM OF LINES 1-117)					118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CA					190
194 NON ALLOWABLE					194
194.01 TELEVISION					194.01
194.02 PHYSICIAN PRACTICES					194.02
194.03 OP CLINIC					194.03
194.04 PHYS. ANSWERING SERVICE					194.04
194.05 EDUCARE CTR					194.05
194.06 STUCKY RESEARCH CTR					194.06
194.07 OCCUPATIONAL HEALTH					194.07
194.08 FOUNDATION					194.08
194.09 LV HEALTH PLAN					194.09
194.10 PV RESPIRATORY OUTREACH					194.10
194.11 OUTREACH TRANSCRIPTION					194.11
194.12 GUEST SERVICES					194.12
194.13 HUNTINGTON ARC					194.13
194.14 SENIOR HEALTH SERVICES					194.14
194.15 SCHOOL NURSE/COMMUNITY OUTREAC					194.15
194.16 FITNESS					194.16
194.17 NONALLOWABLE ADVERTISING					194.17
194.18 BREAST DIAGNOSTIC CTR					194.18
194.19 REGIONAL PAIN CLINIC					194.19
194.20 START-UP COSTS NORTH					194.20
194.21 RONALD MCDONALD FAMILY ROOM					194.21
194.22 EBT					194.22
194.23 MEDICAL OFFICE BUILDINGS					194.23
194.24 START-UP COSTS ORTHO					194.24
194.25 PREMIER SURGERY CENTER					194.25
194.26 ISH					194.26
194.27 MCHA BRYAN HOPD					194.27
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINE 118 AND LINES 190-201)					202
203 TOTAL STATISTICAL BASIS					203
204 UNIT COST MULTIPLIER					204
204 UNIT COST MULTIPLIER					204

WAGE INDEX PENSION COST SCHEDULE (For Worksheet S-3 Part IV, Line 4)

EXHIBIT 3

STEP 1: Determine the 3-Year Averaging Period			
1	Wage index fiscal year ending date	12/31/2014	1
2	Provider's cost reporting period used for wage index year on Line 1 (FYB in Col 1, FYE in Col 2)	01/01/2010	12/31/2010 2
3	Midpoint of provider's cost reporting period shown on Line 2, adjusted to first of month	07/01/2010	3
4	Date beginning the 3-year averaging period (subtract 18 months from midpoint shown on Line 3)	01/01/2009	4
5	Date ending the 3-year averaging period (add 18 months to midpoint shown on Line 3)	01/01/2012	5
STEP 2 (OPTIONAL): Adjust Averaging Period for a New Plan (SEE INSTRUCTIONS)			
6	Effective date of pension plan		6
7	First day of the provider cost reporting period containing the pension plan effective date		7
8	Starting date of the adjusted averaging period (date on Line 7, adjusted to first of month)		8
If this date occurs after the period shown on line 2, stop here and see instructions.			
STEP 3: Average Pension Contributions During the Averaging Period			
9	Beginning date of averaging period from Line 4 or Line 8, as applicable	01/01/2009	9
10	Ending date of averaging period from Line 5	01/01/2012	10
11	Enter provider contributions made during averaging period on Lines 9 & 10		11
11.01		03/11/2012	8,600,000 11.01
11.02		02/09/2012	5,000,000 11.02
11.03		04/09/2012	2,500,000 11.03
11.04		05/09/2012	10,000,000 11.04
11.05		10/09/2012	5,000,000 11.05
11.06		01/10/2012	5,000,000 11.06
11.07		02/10/2012	5,300,000 11.07
11.08		07/10/2012	5,000,000 11.08
11.09		10/10/2012	5,000,000 11.09
12	Total calendar months included in averaging period (36 unless Step 2 completed)	36	12
13	Total contributions made during averaging period	51,400,000	13
14	Average monthly contribution (Line 13 divided by Line 12)	1,427,778	14
15	Number of months in provider cost reporting period on Line 2	12	15
16	Average pension contributions (Line 14 times Line 15)	17,133,336	16
STEP 4: Total Pension Cost for Wage Index			
17	Annual prefunding installment (SEE INSTRUCTIONS)	8,495,348	17
18	Reportable prefunding installment ((Line 17 times Line 15) divided by 12)	8,495,348	18
19	Total Pension Cost for Wage Index (Line 16 plus Line 18 - transfers to S-3 Part IV Line 4)	25,628,684	19