HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT WORKSHEET S
CERTIFICATION AND SETTLEMENT SUMMARY PARTS I, II & III

PART I - COST REPORT STATUS

PROVIDER USE ONLY
1. [X] ELECTRONICALLY FILED COST REPORT DATE: _____ TIME: _____
2. [ ] MANUALLY SUBMITTED COST REPORT
3. [ ] IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT
4. [F] MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.

CONTRACTOR USE ONLY
5. [ ] COST REPORT STATUS
1 - AS SUBMITTED
2 - SETTLED WITHOUT AUDIT
3 - SETTLED WITH AUDIT
4 - REOPENED
5 - AMENDED

6. DATE RECEIVED: _____
7. CONTRACTOR NO: _____
8. [ ] INITIAL REPORT FOR THIS PROVIDER CCN
9. [ ] FINAL REPORT FOR THIS PROVIDER CCN

10. NPR DATE: _____
11. CONTRACTOR'S VENDOR CODE: ___
12. [ ] IF LINE 5, COLUMN 1 IS 4: ENTER NUMBER OF TIMES REOPENED - 0-9.

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 ST. CATHERINE HOSPITAL (15-0008) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2011 AND ENDING 06/30/2012, 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	TITLE XVIII PART A	TITLE XVIII PART B	HIT	TITLE XIX	
		1	2	3	4	5	
1	HOSPITAL		-975,670	-197,007			1
2	SUBPROVIDER - IPF		24,329				2
3	SUBPROVIDER - IRF		-38,847				3
4	SUBPROVIDER (OTHER)						4
5	SWING BED - SNF						5
6	SWING BED - NF						6
7	SKILLED NURSING FACILITY						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		-990,188	-197,007			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 OMD CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 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: 4321 FIR STREET	P.O.BOX:		1
2	CITY: EAST CHICAGO	STATE: IN	ZIP CODE: 46312 COUNTY: LAKE	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	ST. CATHERINE HOSPITAL	15-0008	23844	1	07/01/1966	N	P	P	3
4	SUBPROVIDER - IPF	ST. CATHERINE HOSPITAL - PSYC	15-S008	23844	4	01/01/1991	N	P	P	4
5	SUBPROVIDER - IRF	ST. CATHERINE HOSPITAL - REHA	15-T008	23844	5	01/01/2002	N	P	P	5
6	SUBPROVIDER - (OTHER)									6
7	SWING BEDS - SNF									7
8	SWING BEDS - NF									8
9	HOSPITAL-BASED SNF									9
10	HOSPITAL-BASED NF									10
11	HOSPITAL-BASED OLTC									11
12	HOSPITAL-BASED HHA	ST. CATHERINES HHA	15-7453	23844		01/01/1996	N	P	N	12
13	SEPARATELY CERTIFIED ASC									13
14	HOSPITAL-BASED HOSPICE									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: 07/01/2011	TO: 06/30/2012							20
21	TYPE OF CONTROL		2							21

INPATIENT PPS INFORMATION

		1	2	
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 FACILTY SUBJECT TO 42 CFR §412.06(c)(2)(PICKLE AMENDMENT HOSPITAL)? IN COLUMN 2, ENTER 'Y', FOR YES OR 'N' FOR NO.	Y	N	22
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 MEDICAID PAID DAYS 1	IN-STATE MEDICAID ELIGIBLE UNPAID DAYS 2	OUT-OF STATE MEDICAID PAID DAYS 3	OUT-OF STATE MEDICAID ELIGIBLE UNPAID DAYS 4	MEDICAID HMO DAYS 5	OTHER MEDICAID 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.	2,692	317	145	217	4,450	209	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 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.	587						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 PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.		BEGINNING:		ENDING:			38

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	Y	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	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	N	47
48 IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	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.	N			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)	N			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)	N	63

SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS
THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER JULY 1, 2009 AND BEFORE JUNE 30, 2010.

	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
EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010

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

INPATIENT PSYCHIATRIC FACILITY PPS

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

INPATIENT REHABILITATION FACILITY PPS

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

LONG TERM CARE HOSPITAL PPS

80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	80

TEFRA PROVIDERS

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

		V 1	XIX 2	
TITLE V AND XIX INPATIENT SERVICES				
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

		1	2	
RURAL PROVIDERS				
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

		PHY-SICAL	OCCUP-ATIONAL	SPEECH	RESPI-RATORY	
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.	N	N	N	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.	2	118
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 1 PAID LOSSES: SELF INSURANCE:		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

		1	2	
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.	Y	158054	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: NAME: COMMUNITY FOUNDATION OF CONTRACTOR'S NAME: NATIONAL GOVERNMENT SERVICES 8 CONTRACTOR'S NUMBER: 00450		141
142	STREET: STREET: 10010 DONALD S POWE P.O. BOX: STE 201		142
143	CITY: CITY: MUNSTER STATE: IN ZIP CODE: 46321		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 PART A 1	TITLE XVIII PART B 2	TITLE V 3	TITLE XIX 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			158
159	SNF	N	N			159
160	HHA	N	N			160
161	CMHC		N			161

MULTICAMPUS

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

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 0	COUNTY 1	STATE 2	ZIP CODE 3	CBSA 4	FTE/CAMPUS 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.	N	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		169

(LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.

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

		Y/N 1	DATE 2		
PROVIDER ORGANIZATION AND OPERATION					
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)	N			1

		Y/N 1	DATE 2	V/I 3	
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.	N			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)	N			3

		Y/N 1	TYPE 2	DATE 3	
FINANCIAL DATA AND REPORTS					
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.	Y	A		4
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	N			5

		Y/N 1	Y/N 2	
APPROVED EDUCATIONAL ACTIVITIES				
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N		6
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	N		7
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	N		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

		Y/N	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.	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

		PART A Y/N 1	PART A DATE 2	PART B Y/N 3	PART B DATE 4	
PS&R REPORT DATA						
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)	Y	10/01/2012	Y	10/01/2012	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 RELIFED 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

		Y/N 1	DATE 2	
HOME OFFICE COSTS				
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	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.	N		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: JANE LAST NAME: BACHMANN TITLE: CONSULTANT 41
42 EMPLOYER: BACHMANN ASSOCIATES 42
43 PHONE NUMBER: 7083831860 E-MAIL ADDRESS: JBOPIL@ATT.NET 43

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I

	COMPONENT	WKST A LINE NO. 1	NO OF BEDS 2	BED DAYS AVAILABLE 3	CAH HOURS 4	INPATIENT DAYS / OUTPATIENT VISITS / TRIPS TITLE V 5	TITLE XVIII 6	TITLE XIX 7	TOTAL ALL PATIENTS 8	
1	HOSPITAL ADULTS & PEDS. (COLS. 5, 6, 7 AND 8 EXCLUDE SWING BED, OBSERVATION BED AND HOSPICE DAYS)	30	126	46,116			12,895	2,137	24,648	1
2	HMO						600	5,019		2
3	HMO IPF SUBPROVIDER									3
4	HMO IRF SUBPROVIDER						173			4
5	HOSPITAL ADULTS & PEDS. SWING BED SNF									5
6	HOSPITAL ADULTS & PEDS. SWING BED NF									6
7	TOTAL ADULTS & PEDS. (EXCLUDE OBSERVATION BEDS) (SEE INSTR.)		126	46,116			12,895	2,137	24,648	7
8	INTENSIVE CARE UNIT	31	10	3,660			1,377	191	2,401	8
9	CORONARY CARE UNIT	32								9
10	BURN INTENSIVE CARE UNIT	33								10
11	SURGICAL INTENSIVE CARE UNIT	34								11
12	OTHER SPECIAL CARE (SPECIFY)	35								12
13	NURSERY	43						340	1,250	13
14	TOTAL (SEE INSTRUCTIONS)		136	49,776			14,272	2,668	28,299	14
15	CAH VISITS									15
16	SUBPROVIDER - IPF	40	23	8,418			1,110	897	4,707	16
17	SUBPROVIDER - IRF	41	30	10,980			7,732	587	9,225	17
18	SUBPROVIDER I	42								18
19	SKILLED NURSING FACILITY	44								19
20	NURSING FACILITY	45								20
21	OTHER LONG TERM CARE	46								21
22	HOME HEALTH AGENCY	101					20,006		25,384	22
23	ASC (DISTINCT PART)	115								23
24	HOSPICE (DISTINCT PART)	116								24
25	CMHC	99								25
26	RHC	88								26
27	TOTAL (SUM OF LINES 14-26)		189							27
28	OBSERVATION BED DAYS								2,443	28
29	AMBULANCE TRIPS									29
30	EMPLOYEE DISCOUNT DAYS (SEE INSTR.)									30
31	EMPLOYEE DISCOUNT DAYS-IRF									31
32	LABOR & DELIVERY DAYS (SEE INSTR.)							343	1,447	32
33	LTCH NON-COVERED DAYS									33

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I
(CONTINUED)

	COMPONENT	WKST A LINE NO. 1	--- FULL TIME EQUIVALENTS --- TOTAL INTERNS & RESIDENTS 9	EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	---------- DISCHARGES ---------- TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15	
1	HOSPITAL ADULTS & PEDS. (COLS. 5, 6, 7 AND 8 EXCLUDE SWING BED, OBSERVATION BED AND HOSPICE DAYS)	30					2,956	481	7,033	1
2	HMO						122			2
3	HMO IPF									3
4	HMO IRF									4
5	HOSPITAL ADULTS & PEDS. SWING BED SNF									5
6	HOSPITAL ADULTS & PEDS. SWING BED NF									6
7	TOTAL ADULTS & PEDS. (EXCLUDE OBSERVATION BEDS) (SEE INSTR.)									7
8	INTENSIVE CARE UNIT	31								8
9	CORONARY CARE UNIT	32								9
10	BURN INTENSIVE CARE UNIT	33								10
11	SURGICAL INTENSIVE CARE UNIT	34								11
12	OTHER SPECIAL CARE (SPECIFY)	35								12
13	NURSERY	43								13
14	TOTAL (SEE INSTRUCTIONS)			881.29			2,956	481	7,033	14
15	CAH VISITS									15
16	SUBPROVIDER - IPF	40		22.86			201	163	998	16
17	SUBPROVIDER - IRF	41		37.30			672	53	813	17
18	SUBPROVIDER I	42								18
19	SKILLED NURSING FACILITY	44								19
20	NURSING FACILITY	45								20
21	OTHER LONG TERM CARE	46								21
22	HOME HEALTH AGENCY	101		20.36						22
23	ASC (DISTINCT PART)	115								23
24	HOSPICE (DISTINCT PART)	116								24
25	CMHC	99								25
26	RHC	88								26
27	TOTAL (SUM OF LINES 14-26)			961.81						27
28	OBSERVATION BED DAYS									28
29	AMBULANCE TRIPS									29
30	EMPLOYEE DISCOUNT DAYS (SEE INSTR.)									30
31	EMPLOYEE DISCOUNT DAYS-IRF									31
32	LABOR & DELIVERY DAYS (SEE INSTR.)									32
33	LTCH NON-COVERED DAYS									33

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PART II & III

PART II - WAGE DATA

		WKST A LINE NUMBER 1	AMOUNT REPORTED 2	RECLASS OF SALARIES (FROM WKST A-6) 3	ADJUSTED SALARIES (COL. 2 + COL. 3) 4	PAID HOURS RELATED TO SALARIES IN COL. 4 5	AVERAGE HOURLY WAGE (COL. 4 + COL. 5) 6	
	SALARIES							
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200	58,425,739		58,425,739	2,000,567.00	29.20	1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B		806,612		806,612	8,060.00	100.08	3
4	PHYSICIAN-PART A ADMINISTRATIVE							4
4.01	PHYSICIAN-PART A - TEACHING							4.01
5	PHYSICIAN-PART B		1,982,164		1,982,164	12,073.00	164.18	5
6	NON-PHYSICIAN-PART B							6
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21						7
7.01	CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM)							7.01
8	HOME OFFICE PERSONNEL							8
9	SNF	44						9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		10,978,071		10,978,071	290,767.00	37.76	10
	OTHER WAGES & RELATED COSTS							
11	CONTRACT LABOR (SEE INSTRUCTIONS)		542,159		542,159	5,566.00	97.41	11
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES							12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE		487,444		487,444	3,472.00	140.39	13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		6,227,075		6,227,075	144,827.00	43.00	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)		11,713,581		11,713,581			17
18	WAGE-RELATED COSTS (OTHER)							18
19	EXCLUDED AREAS		2,420,211		2,420,211			19
20	NON-PHYSICIAN ANESTHETIST PART A							20
21	NON-PHYSICIAN ANESTHETIST PART B		108,579		108,579			21
22	PHYSICIAN PART A - ADMINISTRATIVE							22
22.01	PHYSICIAN PART A - TEACHING							22.01
23	PHYSICIAN PART B		231,357		231,357			23
24	WAGE-RELATED COSTS (RHC/FQHC)							24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)							25
	OVERHEAD COSTS - DIRECT SALARIES							
26	EMPLOYEE BENEFITS		406,775		406,775	11,619.00	35.01	26
27	ADMINISTRATIVE & GENERAL		5,343,166		5,343,166	183,090.00	29.18	27
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		1,617,082		1,617,082	11,276.00	143.41	28
29	MAINTENANCE & REPAIRS		1,219,393		1,219,393	41,150.00	29.63	29
30	OPERATION OF PLANT		418,592		418,592	16,847.00	24.85	30
31	LAUNDRY & LINEN SERVICE		103,058		103,058	6,857.00	15.03	31
32	HOUSEKEEPING		1,618,671		1,618,671	104,076.00	15.55	32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)							33
34	DIETARY		1,497,702	-614,715	882,987	56,663.00	15.58	34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)							35
36	CAFETERIA			614,715	614,715	39,441.00	15.59	36
37	MAINTENANCE OF PERSONNEL							37
38	NURSING ADMINISTRATION		1,129,846		1,129,846	31,829.00	35.50	38
39	CENTRAL SERVICES AND SUPPLY							39
40	PHARMACY		1,306,226		1,306,226	34,771.00	37.57	40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		1,047,494		1,047,494	50,177.00	20.88	41
42	SOCIAL SERVICE							42
43	OTHER GENERAL SERVICE							43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	57,254,045	57,254,045	1,991,710.0	28.75	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	10,978,071	10,978,071	290,767.00	37.76	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	46,275,974	46,275,974	1,700,943.0	27.21	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	7,256,678	7,256,678	153,865.00	47.16	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	11,713,581	11,713,581		25.31%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	65,246,233	65,246,233	1,854,808.0	35.18	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	15,708,005	15,708,005	587,796.00	26.72	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART A - CORE LIST

		AMOUNT REPORTED	
	RETIREMENT COST		
1	401K EMPLOYER CONTRIBUTIONS	423,432	1
2	TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3	NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		3
4	QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)	2,782,516	4
	PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5	401K/TSA PLAN ADMINISTRATION FEES		5
6	LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN	168,361	6
7	EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
	HEALTH AND INSURANCE COST		
8	HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	6,217,320	8
9	PRESCRIPTION DRUG PLAN		9
10	DENTAL, HEARING AND VISION PLAN		10
11	LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	40,450	11
12	ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13	DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	168,729	13
14	LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15	WORKERS' COMPENSATION INSURANCE	278,410	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	3,348,323	17
18	MEDICARE TAXES - EMPLOYERS PORTION ONLY	858,024	18
19	UNEMPLOYMENT INSURANCE	110,616	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)		21
22	DAY CARE COSTS AND ALLOWANCES		22
23	TUITION REIMBURSEMENT	77,547	23
24	TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	14,473,728	24

PART B - OTHER THAN CORE RELATED COST

25	OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

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 0	CONTRACT LABOR 1	BENEFIT COST 2	
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST	542,159		1
2	HOSPITAL	542,159		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.: 15-7453 WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA COUNTY: LAKE

	DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1	HOME HEALTH AIDE HOURS		4,427		499	4,926	1
2	UNDUPLICATED CENSUS COUNT (SEE INSTRUCTION		280.00		121.00	401.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK: 40.00

		------- NUMBER OF EMPLOYEES ------- (FULL TIME EQUIVALENT) STAFF 1	CONTRACT 2	TOTAL 3	
3	ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	1.07		1.07	3
4	DIRECTOR(S) AND ASSISTANT DIRECTOR(S)				4
5	OTHER ADMINISTRATIVE PERSONNEL	6.37		6.37	5
6	DIRECT NURSING SERVICE	9.63		9.63	6
7	NURSING SUPERVISOR				7
8	PHYSICAL THERAPY SERVICE		1.74	1.74	8
9	PHYSICAL THERAPY SUPERVISOR				9
10	OCCUPATIONAL THERAPY SERVICE		0.57	0.57	10
11	OCCUPATIONAL THERAPY SUPERVISOR				11
12	SPEECH PATHOLOGY SERVICE				12
13	SPEECH PATHOLOGY SUPERVISOR				13
14	MEDICAL SOCIAL SERVICE		0.01	0.01	14
15	MEDICAL SOCIAL SERVICE SUPERVISOR				15
16	HOME HEALTH AIDE	3.54		3.54	16
17	HOME HEALTH AIDE SUPERVISOR				17
18	OTHER (SPECIFY)				18

HOME HEALTH AGENCY CBSA CODES

19	ENTER IN COLUMN 1 THE NUMBER OF CBSAs WHERE YOU PROVIDED SERVICES DURING THE COST REPORTING PERIOD.	1	19
20	LIST THOSE CBSA CODE(S) IN COLUMN 1 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE).	23844	20

PPS ACTIVITY

		FULL EPISODES WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4	TOTAL (COLS. 1-4) 5	
21	SKILLED NURSING VISITS	9,231	2,708	74	74	12,087	21
22	SKILLED NURSING VISIT CHARGES	1,467,877	430,572	11,766	11,766	1,921,981	22
23	PHYSICAL THERAPY VISITS	2,422	107	5	27	2,561	23
24	PHYSICAL THERAPY VISIT CHARGES	448,070	19,795	925	4,995	473,785	24
25	OCCUPATIONAL THERAPY VISITS	856	57		7	920	25
26	OCCUPATIONAL THERAPY VISIT CHARGES	158,360	10,545		1,295	170,200	26
27	SPEECH PATHOLOGY VISITS						27
28	SPEECH PATHOLOGY VISIT CHARGES						28
29	MEDICAL SOCIAL SERVICE VISITS	11				11	29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	2,321				2,321	30
31	HOME HEALTH AIDE VISITS	3,605	797	10	15	4,427	31
32	HOME HEALTH AIDE VISIT CHARGES	428,995	94,843	1,190	1,785	526,813	32
33	TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29, AND 31)	16,125	3,669	89	123	20,006	33
34	OTHER CHARGES						34
35	TOTAL CHARGES (SUM OF LINES 22, 24, 26, 28, 30, 32 AND 34)	2,505,623	555,755	13,881	19,841	3,095,100	35
36	TOTAL NUMBER OF EPISODES (STANDARD/ NON-OUTLIER)	619		33	7	659	36
37	TOTAL NUMBER OF OUTLIER EPISODES		63		1	64	37
38	TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	146,651	47,049	1,082	3,117	197,899	38

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 202, COL. 3 DIVIDED BY LINE 202, COL. 8)	0.346860	1
	MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)		
2	NET REVENUE FROM MEDICAID	25,554,031	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?	N	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?		4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID		5
6	MEDICAID CHARGES	79,004,966	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)	27,403,663	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.	1,849,632	8
	STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)		
9	NET REVENUE FROM STAND-ALONE SCHIP		9
10	STAND-ALONE SCHIP CHARGES		10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)		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)	22,180	13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)	192,379	14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)	66,729	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.	44,549	16
	UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)		
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE	10,000	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)	1,894,180	19

		UNINSURED PATIENTS 1	INSURED PATIENTS 2	TOTAL 3	
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FACILITY	16,933,947		16,933,947	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	5,873,709		5,873,709	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	1,978		1,978	22
23	COST OF CHARITY CARE	5,871,731		5,871,731	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				24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGHTH OF STAY LIMIT (SEE INSTRUCTIONS)				25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)			11,081,537	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			607,224	27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			10,474,313	28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			3,633,120	29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			9,504,851	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			11,399,031	31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES WORKSHEET A

		COST CENTER	SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI-CATIONS 4	
		GENERAL SERVICE COST CENTERS					
1	00100	CAP REL COSTS-BLDG & FIXT		4,840,944	4,840,944	-1,172,451	1
2	00200	CAP REL COSTS-MVBLE EQUIP				3,008,054	2
3	00300	OTHER CAPITAL RELATED COSTS					3
4	00400	EMPLOYEE BENEFITS	69,862	14,423,101	14,492,963	7,950	4
4.01	00401	MAINTENANCE OF PERSONNEL	336,913	334,965	671,878	-105	4.01
5.01	00540	NONPATIENT TELEPHONES	165,960	19,424	185,384	-5	5.01
5.02	00560	PURCHASING RECEIVING & STORES	304,451	-54,553	249,898	-88	5.02
5.03	00570	ADMITTING	876,654	42,370	919,024	-272	5.03
5.04	00580	CASHIERING ACCOUNTS RECEIVABLE					5.04
5.05	00590	OTHER ADMIN & GENERAL	3,996,101	52,996,793	56,992,894	-867,382	5.05
6	00600	MAINTENANCE & REPAIRS	1,219,393	5,178,185	6,397,578	-4,119	6
7	00700	OPERATION OF PLANT	418,592	926,046	1,344,638	46,275	7
8	00800	LAUNDRY & LINEN SERVICE	103,058	599,712	702,770	-105	8
9	00900	HOUSEKEEPING	1,618,671	230,904	1,849,575	-4,652	9
10	01000	DIETARY	1,497,702	1,378,840	2,876,542	-1,189,797	10
11	01100	CAFETERIA				1,180,645	11
12	01200	MAINTENANCE OF PERSONNEL					12
13	01300	NURSING ADMINISTRATION	1,129,846	105,952	1,235,798	-888	13
14	01400	CENTRAL SERVICES & SUPPLY		68,685	68,685	-61,296	14
15	01500	PHARMACY	1,306,226	4,199,068	5,505,294	-3,515,255	15
16	01600	MEDICAL RECORDS & LIBRARY	1,047,494	281,900	1,329,394	-91	16
17	01700	SOCIAL SERVICE					17
19	01900	NONPHYSICIAN ANESTHETISTS					19
20	02000	NURSING SCHOOL					20
21	02100	I&R SRVCES-SALARY & FRINGES APPRVD					21
22	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23	02300	PARAMED ED PRGM-(SPECIFY)					23
		INPATIENT ROUTINE SERV COST CENTERS					
30	03000	ADULTS & PEDIATRICS	10,453,189	1,426,305	11,879,494	-1,460,914	30
31	03100	INTENSIVE CARE UNIT	1,944,210	346,797	2,291,007	-51,767	31
40	04000	SUBPROVIDER - IPF	1,383,896	74,913	1,458,809	-464	40
41	04100	SUBPROVIDER - IRF	1,975,006	1,048,643	3,023,649	-29,047	41
43	04300	NURSERY		36	36	203,475	43
		ANCILLARY SERVICE COST CENTERS					
50	05000	OPERATING ROOM	2,905,230	5,862,774	8,768,004	-3,599,098	50
51	05100	RECOVERY ROOM	324,661	28,043	352,704	-225	51
52	05200	DELIVERY ROOM & LABOR ROOM				1,119,890	52
53	05300	ANESTHESIOLOGY	2,377,411	488,044	2,865,455	-41,021	53
54	05400	RADIOLOGY-DIAGNOSTIC	1,591,543	292,144	1,883,687	-158,624	54
54.01	05401	ULTRASOUND	344,155	67,180	411,335	-26,921	54.01
54.02	03040	AUDIOLOGY					54.02
56	05600	RADIOISOTOPE	480,372	345,927	826,299	-416,276	56
57	05700	COMPUTED TOMOGRAPHY (CT) SCAN	357,864	177,061	534,925	-43,521	57
59	05900	CARDIAC CATHETERIZATION	857,559	3,614,666	4,472,225	-3,292,623	59
60	06000	LABORATORY	2,178,138	1,796,632	3,974,770	-622	60
62	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	157,654	886,313	1,043,967		62
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63.01	03950	CARDIAC REHAB					63.01
63.02	03951	NONINVASIVE LAB	602,020	54,245	656,265	-21,670	63.02
65	06500	RESPIRATORY THERAPY	1,238,293	154,311	1,392,604	-62,790	65
66	06600	PHYSICAL THERAPY	746,639	968,604	1,715,243	-27,110	66
67	06700	OCCUPATIONAL THERAPY	391,537	827,467	1,219,004	-501	67
68	06800	SPEECH PATHOLOGY	91,913	224,558	316,471	-34	68
70	07000	ELECTROENCEPHALOGRAPHY	188,657	54,632	243,289	-6,234	70
71	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS				3,213,773	71
72	07200	IMPL. DEV. CHARGED TO PATIENT				3,985,078	72
73	07300	DRUGS CHARGED TO PATIENTS				4,031,738	73
74	07400	RENAL DIALYSIS		563,080	563,080		74
75.01	03480	ONCOLOGY	89,032	16,358	105,390	-7	75.01
76.97	07697	CARDIAC REHABILITATION	423,920	19,065	442,985	-71	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY					76.98
76.99	07699	LITHOTRIPSY					76.99
		OUTPATIENT SERVICE COST CENTERS					
90	09000	CLINIC	2,884,413	939,679	3,824,092	-75,383	90
91	09100	EMERGENCY	2,728,335	1,312,841	4,041,176	-98,443	91
92	09200	OBSERVATION BEDS					92
		OTHER REIMBURSABLE COST CENTERS					
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	1,237,040	484,305	1,721,345	-96,952	101
		SPECIAL PURPOSE COST CENTERS					
118		SUBTOTALS (SUM OF LINES 1-117)	52,043,610	107,646,959	159,690,569	470,054	118
		NONREIMBURSABLE COST CENTERS					
192	19200	PHYSICIANS' PRIVATE OFFICES	6,382,004	2,068,846	8,450,850	-466,721	192
194	07950	OTHER NON REIM COST CENTER		126,623	126,623	-3,183	194

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES WORKSHEET A

	COST CENTER	SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI-CATIONS 4	
194.03 07951	ADVERTISING EXPENSE	125	251,991	252,116	-150	194.03
194.04 07952	REGENCY HOSPITAL					194.04
194.05 07953	UNUSED SPACE					194.05
200	TOTAL (SUM OF LINES 118-199)	58,425,739	110,094,419	168,520,158		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	CAP REL COSTS-BLDG & FIXT	3,668,493	815,719	4,484,212	1
2	00200	CAP REL COSTS-MVBLE EQUIP	3,008,054	2,592,876	5,600,930	2
3	00300	OTHER CAPITAL RELATED COSTS				3
4	00400	EMPLOYEE BENEFITS	14,500,913		14,500,913	4
4.01	00401	MAINTENANCE OF PERSONNEL	671,773	-75	671,698	4.01
5.01	00540	NONPATIENT TELEPHONES	185,379	-34,619	150,760	5.01
5.02	00560	PURCHASING RECEIVING & STORES	249,810	-24,417	225,393	5.02
5.03	00570	ADMITTING	918,752		918,752	5.03
5.04	00580	CASHIERING ACCOUNTS RECEIVABLE				5.04
5.05	00590	OTHER ADMIN & GENERAL	56,125,512	-36,623,230	19,502,282	5.05
6	00600	MAINTENANCE & REPAIRS	6,393,459	-17,651	6,375,808	6
7	00700	OPERATION OF PLANT	1,390,913	-22,261	1,368,652	7
8	00800	LAUNDRY & LINEN SERVICE	702,665	-42,400	660,265	8
9	00900	HOUSEKEEPING	1,844,923		1,844,923	9
10	01000	DIETARY	1,686,745	-715,397	971,348	10
11	01100	CAFETERIA	1,180,645		1,180,645	11
12	01200	MAINTENANCE OF PERSONNEL				12
13	01300	NURSING ADMINISTRATION	1,234,910	-14,431	1,220,479	13
14	01400	CENTRAL SERVICES & SUPPLY	7,389		7,389	14
15	01500	PHARMACY	1,990,039	-425,163	1,564,876	15
16	01600	MEDICAL RECORDS & LIBRARY	1,329,303	-98,496	1,230,807	16
17	01700	SOCIAL SERVICE				17
19	01900	NONPHYSICIAN ANESTHETISTS				19
20	02000	NURSING SCHOOL				20
21	02100	I&R SRVCES-SALARY & FRINGES APPRVD				21
22	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD				22
23	02300	PARAMED ED PRGM-(SPECIFY)				23
		INPATIENT ROUTINE SERV COST CENTERS				
30	03000	ADULTS & PEDIATRICS	10,418,580	-22,165	10,396,415	30
31	03100	INTENSIVE CARE UNIT	2,239,240	-9,816	2,229,424	31
40	04000	SUBPROVIDER - IPF	1,458,345		1,458,345	40
41	04100	SUBPROVIDER - IRF	2,994,602		2,994,602	41
43	04300	NURSERY	203,511		203,511	43
		ANCILLARY SERVICE COST CENTERS				
50	05000	OPERATING ROOM	5,168,906	-505,031	4,663,875	50
51	05100	RECOVERY ROOM	352,479		352,479	51
52	05200	DELIVERY ROOM & LABOR ROOM	1,119,890		1,119,890	52
53	05300	ANESTHESIOLOGY	2,824,434	-2,541,402	283,032	53
54	05400	RADIOLOGY-DIAGNOSTIC	1,725,063	-1,055	1,724,008	54
54.01	05401	ULTRASOUND	384,414		384,414	54.01
54.02	03040	AUDIOLOGY				54.02
56	05600	RADIOISOTOPE	410,023		410,023	56
57	05700	COMPUTED TOMOGRAPHY (CT) SCAN	491,404		491,404	57
59	05900	CARDIAC CATHETERIZATION	1,179,602	-49,658	1,129,944	59
60	06000	LABORATORY	3,974,148	-10,913	3,963,235	60
62	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,043,967		1,043,967	62
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63.01	03950	CARDIAC REHAB				63.01
63.02	03951	NONINVASIVE LAB	634,595	-6,300	628,295	63.02
65	06500	RESPIRATORY THERAPY	1,329,814	-1,596	1,328,218	65
66	06600	PHYSICAL THERAPY	1,688,133	-59,934	1,628,199	66
67	06700	OCCUPATIONAL THERAPY	1,218,503		1,218,503	67
68	06800	SPEECH PATHOLOGY	316,437		316,437	68
70	07000	ELECTROENCEPHALOGRAPHY	237,055	-7,743	229,312	70
71	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	3,213,773		3,213,773	71
72	07200	IMPL. DEV. CHARGED TO PATIENT	3,985,078		3,985,078	72
73	07300	DRUGS CHARGED TO PATIENTS	4,031,738		4,031,738	73
74	07400	RENAL DIALYSIS	563,080		563,080	74
75.01	03480	ONCOLOGY	105,383		105,383	75.01
76.97	07697	CARDIAC REHABILITATION	442,914	-37,320	405,594	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				76.98
76.99	07699	LITHOTRIPSY				76.99
		OUTPATIENT SERVICE COST CENTERS				
90	09000	CLINIC	3,748,709	-2,456,028	1,292,681	90
91	09100	EMERGENCY	3,942,733	-609,615	3,333,118	91
92	09200	OBSERVATION BEDS				92
		OTHER REIMBURSABLE COST CENTERS				
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	1,624,393		1,624,393	101
		SPECIAL PURPOSE COST CENTERS				
118		SUBTOTALS (SUM OF LINES 1-117)	160,160,623	-40,928,121	119,232,502	118
		NONREIMBURSABLE COST CENTERS				
192	19200	PHYSICIANS' PRIVATE OFFICES	7,984,129		7,984,129	192
194	07950	OTHER NON REIM COST CENTER	123,440		123,440	194

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES WORKSHEET A

	COST CENTER	RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4)	ADJUST-MENTS	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6)	
		5	6	7	
194.03 07951	ADVERTISING EXPENSE	251,966		251,966	194.03
194.04 07952	REGENCY HOSPITAL				194.04
194.05 07953	UNUSED SPACE				194.05
200	TOTAL (SUM OF LINES 118-199)	168,520,158	-40,928,121	127,592,037	200

RECLASSIFICATIONS WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	MEDICAL SUPPLIES CHARGED TO PATIENT	A	MEDICAL SUPPLIES CHRGED TO PA	71		2,993,608	1
2			IMPL. DEV. CHARGED TO PATIENT	72		3,985,078	2
3			MEDICAL SUPPLIES CHRGED TO PA	71		95,320	3
4			MEDICAL SUPPLIES CHRGED TO PA	71		124,845	4
5							5
6							6
7							7
8							8
9							9
500	TOTAL RECLASSIFICATIONS					7,198,851	500
	CODE LETTER - A						
1	DRUGS CHARGED TO PATIENTS	B					1
2							2
3							3
4							4
5							5
6							6
7							7
8			DRUGS CHARGED TO PATIENTS	73		4,031,738	8
9							9
500	TOTAL RECLASSIFICATIONS					4,031,738	500
	CODE LETTER - B						
1	CAFETERIA RECLASS	C	CAFETERIA	11	614,715	565,930	1
500	TOTAL RECLASSIFICATIONS				614,715	565,930	500
	CODE LETTER - C						
1	UNASSIGNED DEPRECIATION RECLASS	D	CAP REL COSTS-MVBLE EQUIP	2		2,984,167	1
500	TOTAL RECLASSIFICATIONS					2,984,167	500
	CODE LETTER - D						
1	UNASSIGNED INTEREST RECLASS	E	CAP REL COSTS-BLDG & FIXT	1		807,396	1
2			CAP REL COSTS-MVBLE EQUIP	2		23,887	2
500	TOTAL RECLASSIFICATIONS					831,283	500
	CODE LETTER - E						
1	RECLASS LABOR AND DELIVERY EXPENSE	F	DELIVERY ROOM & LABOR ROOM	52	899,869	233,327	1
2			NURSERY	43	161,579	41,896	2
500	TOTAL RECLASSIFICATIONS				1,061,448	275,223	500
	CODE LETTER - F						

RECLASSIFICATIONS WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	RECLASS RENTAL EQUIPMENT	G	CAP REL COSTS-BLDG & FIXT	1		657,543	1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
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18							18
19							19
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21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36							36
37							37
38							38
39							39
40							40
41							41
42							42
43							43
500	TOTAL RECLASSIFICATIONS					657,543	500
	CODE LETTER - G						
1	RECLASS RENTAL EXPENSE BLDG	H	CAP REL COSTS-BLDG & FIXT	1		332,716	1
2							2
500	TOTAL RECLASSIFICATIONS					332,716	500
	CODE LETTER - H						
1	RECLASS LEGAL FEES RELATED TO HR	I	EMPLOYEE BENEFITS	4		7,950	1
500	TOTAL RECLASSIFICATIONS					7,950	500
	CODE LETTER - I						
1	RECLASS PROPERTY INSURANCE	J	CAP REL COSTS-BLDG & FIXT	1		14,061	1
500	TOTAL RECLASSIFICATIONS					14,061	500
	CODE LETTER - J						
1	RECLASS POB UTILITIES EXPENSE	K	OPERATION OF PLANT	7		59,290	1
500	TOTAL RECLASSIFICATIONS					59,290	500
	CODE LETTER - K						
1	RECLASS MED PHYSICS	M	OPERATING ROOM	50	97,976	16,220	1
500	TOTAL RECLASSIFICATIONS				97,976	16,220	500
	CODE LETTER - M						
	GRAND TOTAL (INCREASES)				1,774,139	16,974,972	

RECLASSIFICATIONS WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE COST CENTER	LINE #	SALARY	OTHER	WKST A-7 REF.
	1		6	7	8	9	10
1	MEDICAL SUPPLIES CHARGED TO PATIENT	A	OPERATING ROOM	50		124,845	1
2			OPERATING ROOM	50		3,459,537	2
3			ADULTS & PEDIATRICS	30		77,236	3
4			INTENSIVE CARE UNIT	31		44,118	4
5			SUBPROVIDER - IRF	41		11,681	5
6			DELIVERY ROOM & LABOR ROOM	52		13,306	6
7			CARDIAC CATHETERIZATION	59		3,275,305	7
8			EMERGENCY	91		97,503	8
9			HOME HEALTH AGENCY	101		95,320	9
500	TOTAL RECLASSIFICATIONS					7,198,851	500
	CODE LETTER - A						
1	DRUGS CHARGED TO PATIENTS	B	PHARMACY	15		3,514,609	1
2			CARDIAC CATHETERIZATION	59		11,865	2
3			ANESTHESIOLOGY	53		40,533	3
4			RADIOISOTOPE	56		293,571	4
5			RESPIRATORY THERAPY	65		39,813	5
6			CLINIC	90		64,528	6
7			PHYSICIANS' PRIVATE OFFICES	192		64,818	7
8			HOME HEALTH AGENCY	101		175	8
9			ADULTS & PEDIATRICS	30		1,826	9
500	TOTAL RECLASSIFICATIONS					4,031,738	500
	CODE LETTER - B						
1	CAFETERIA RECLASS	C	DIETARY	10	614,715	565,930	1
500	TOTAL RECLASSIFICATIONS				614,715	565,930	500
	CODE LETTER - C						
1	UNASSIGNED DEPRECIATION RECLASS	D	CAP REL COSTS-BLDG & FIXT	1		2,984,167	9 1
500	TOTAL RECLASSIFICATIONS					2,984,167	500
	CODE LETTER - D						
1	UNASSIGNED INTEREST RECLASS	E	OTHER ADMIN & GENERAL	5.05		807,396	11 1
2			OTHER ADMIN & GENERAL	5.05		23,887	11 2
500	TOTAL RECLASSIFICATIONS					831,283	500
	CODE LETTER - E						
1	RECLASS LABOR AND DELIVERY EXPENSE	F	ADULTS & PEDIATRICS	30	899,869	233,327	1
2			ADULTS & PEDIATRICS	30	161,579	41,896	2
500	TOTAL RECLASSIFICATIONS				1,061,448	275,223	500
	CODE LETTER - F						

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	RECLASS RENTAL EQUIPMENT	G					10	1
2								2
3			MAINTENANCE OF PERSONNEL	4.01		105		3
4			NONPATIENT TELEPHONES	5.01		5		4
5			PURCHASING RECEIVING & STORES	5.02		88		5
6			ADMITTING	5.03		272		6
7			OTHER ADMIN & GENERAL	5.05		14,088		7
8			MAINTENANCE & REPAIRS	6		1,499		8
9			OPERATION OF PLANT	7		13,015		9
10			LAUNDRY & LINEN SERVICE	8		105		10
11			HOUSEKEEPING	9		4,652		11
12			DIETARY	10		9,152		12
13			NURSING ADMINISTRATION	13		888		13
14			CENTRAL SERVICES & SUPPLY	14		61,296		14
15			PHARMACY	15		646		15
16			MEDICAL RECORDS & LIBRARY	16		91		16
17			ADULTS & PEDIATRICS	30		45,181		17
18			INTENSIVE CARE UNIT	31		7,649		18
19			SUBPROVIDER - IPF	40		464		19
20			SUBPROVIDER - IRF	41		17,366		20
21			OPERATING ROOM	50		128,912		21
22			RECOVERY ROOM	51		225		22
23			ANESTHESIOLOGY	53		488		23
24			RADIOLOGY-DIAGNOSTIC	54		158,624		24
25			ULTRASOUND	54.01		26,921		25
26			RADIOISOTOPE	56		8,509		26
27			COMPUTED TOMOGRAPHY (CT) SCAN	57		43,521		27
28			CARDIAC CATHETERIZATION	59		5,453		28
29			LABORATORY	60		622		29
30			NONINVASIVE LAB	63.02		21,670		30
31			CARDIAC REHABILITATION	76.97		71		31
32			ONCOLOGY	75.01		7		32
33			RESPIRATORY THERAPY	65		22,977		33
34			PHYSICAL THERAPY	66		27,110		34
35			OCCUPATIONAL THERAPY	67		501		35
36			SPEECH PATHOLOGY	68		34		36
37			ELECTROENCEPHALOGRAPHY	70		6,234		37
38			CLINIC	90		10,855		38
39			EMERGENCY	91		940		39
40			HOME HEALTH AGENCY	101		1,457		40
41			PHYSICIANS' PRIVATE OFFICES	192		12,517		41
42			OTHER NON REIM COST CENTER	194		3,183		42
43			ADVERTISING EXPENSE	194.03		150		43
500	TOTAL RECLASSIFICATIONS					657,543		500
	CODE LETTER - G							
1	RECLASS RENTAL EXPENSE BLDG	H	MAINTENANCE & REPAIRS	6		2,620	10	1
2			PHYSICIANS' PRIVATE OFFICES	192		330,096		2
500	TOTAL RECLASSIFICATIONS					332,716		500
	CODE LETTER - H							
1	RECLASS LEGAL FEES RELATED TO HR	I	OTHER ADMIN & GENERAL	5.05		7,950		1
500	TOTAL RECLASSIFICATIONS					7,950		500
	CODE LETTER - I							
1	RECLASS PROPERTY INSURANCE	J	OTHER ADMIN & GENERAL	5.05		14,061	12	1
500	TOTAL RECLASSIFICATIONS					14,061		500
	CODE LETTER - J							
1	RECLASS POB UTILITIES EXPENSE	K	PHYSICIANS' PRIVATE OFFICES	192		59,290		1
500	TOTAL RECLASSIFICATIONS					59,290		500
	CODE LETTER - K							
1	RECLASS MED PHYSICS	M	RADIOISOTOPE	56	97,976	16,220		1
500	TOTAL RECLASSIFICATIONS				97,976	16,220		500
	CODE LETTER - M							
	GRAND TOTAL (DECREASES)				1,774,139	16,974,972		

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS PURCHASE 2	ACQUISITIONS DONATION 3	ACQUISITIONS TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
1	LAND	271,342					271,342		1
2	LAND IMPROVEMENTS	1,977,848					1,977,848		2
3	BUILDINGS AND FIXTURES	49,652,465				223,432	49,429,033		3
4	BUILDING IMPROVEMENTS	10,163,704	211,554		211,554	1,387,074	8,988,184		4
5	FIXED EQUIPMENT								5
6	MOVABLE EQUIPMENT	97,796,405	3,182,166		3,182,166	614,478	100,364,093		6
7	HIT DESIGNATED ASSETS								7
8	SUBTOTAL (SUM OF LINES 1-7)	159,861,764	3,393,720		3,393,720	2,224,984	161,030,500		8
9	RECONCILING ITEMS								9
10	TOTAL (LINE 7 MINUS LINE 9)	159,861,764	3,393,720		3,393,720	2,224,984	161,030,500		10

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

	DESCRIPTION	SUMMARY OF CAPITAL DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL-RELATED COSTS (SEE INSTR.) 14	TOTAL(1) (SUM OF COLS. 9-14) 15	
1	CAP REL COSTS-BLDG & FIXT	4,840,944						4,840,944	1
2	CAP REL COSTS-MVBLE EQUIP								2
3	TOTAL (SUM OF LINES 1-2)	4,840,944						4,840,944	3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	DESCRIPTION	COMPUTATION OF RATIOS GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO (COL. 1 - COL. 2) 3	RATIO (SEE INSTR.) 4	ALLOCATION OF OTHER CAPITAL INSURANCE 5	TAXES 6	OTHER CAPITAL-RELATED COSTS 7	TOTAL (SUM OF COLS. 5-7) 8	
1	CAP REL COSTS-BLDG & FIXT	60,666,407		60,666,407	0.376739					1
2	CAP REL COSTS-MVBLE EQUIP	100,364,093		100,364,093	0.623261					2
3	TOTAL (SUM OF LINES 1-2)	161,030,500		161,030,500	1.000000					3

	DESCRIPTION	SUMMARY OF CAPITAL DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL-RELATED COSTS (SEE INSTR.) 14	TOTAL(2) (SUM OF COLS. 9-14) 15	
1	CAP REL COSTS-BLDG & FIXT	2,740,710	990,259	739,182	14,061			4,484,212	1
2	CAP REL COSTS-MVBLE EQUIP	5,577,043		23,887				5,600,930	2
3	TOTAL	8,317,753	990,259	763,069	14,061			10,085,142	3

ADJUSTMENTS TO EXPENSES — WORKSHEET A-8

	DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED: COST CENTER	LINE NO.	WKST A-7 REF	
		1	2	3	4	5	
1	INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)	B	-68,214	CAP REL COSTS-BLDG & FIXT	1	11	1
2	INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2		2
3	INVESTMENT INCOME-OTHER (CHAPTER 2)						3
4	TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)						4
5	REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)						5
6	RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)						6
7	TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)	A	-21,529	NONPATIENT TELEPHONES	5.01		7
8	TELEVISION AND RADIO SERVICE (CHAPTER 21)	A	-10,811	CAP REL COSTS-MVBLE EQUIP	2	9	8
9	PARKING LOT (CHAPTER 21)						9
10	PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-3,436,861				10
11	SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)						11
12	RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	-2,422,394				12
13	LAUNDRY AND LINEN SERVICE						13
14	CAFETERIA - EMPLOYEES AND GUESTS						14
15	RENTAL OF QUARTERS TO EMPLOYEES & OTHERS						15
16	SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS						16
17	SALE OF DRUGS TO OTHER THAN PATIENTS	B	-570	PHARMACY	15		17
18	SALE OF MEDICAL RECORDS AND ABSTRACTS						18
19	NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)						19
20	VENDING MACHINES						20
21	INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)						21
22	INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT						22
23	ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		RESPIRATORY THERAPY	65		23
24	ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		PHYSICAL THERAPY	66		24
25	UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114		25
26	DEPRECIATION--BUILDINGS & FIXTURES	A	782,696	CAP REL COSTS-BLDG & FIXT	1	9	26
27	DEPRECIATION--MOVABLE EQUIPMENT	A	265,061	CAP REL COSTS-MVBLE EQUIP	2	9	27
28	NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19		28
29	PHYSICIANS' ASSISTANT						29
30	ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67		30
31	ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		SPEECH PATHOLOGY	68		31
32	CAH HIT ADJ FOR DEPRECIATION AND						32
33	OTHER OPERATING REVENUE	B	-37,320	CARDIAC REHABILITATION	76.97		33
33.04	OTH OPER REV INTER COMPANY	B	-6,300	NONINVASIVE LAB	63.02		33.04
33.07	LAB REVENUE	B	-4,330	LABORATORY	60		33.07
33.13	OTHER OPERATING REVENUE	B	-75	MAINTENANCE OF PERSONNEL	4.01		33.13
33.15	OFFSET OCC HEALTH COSTS FOR BP/US	A	-2,099,693	CLINIC	90		33.15
33.19	OTHER OPERATING REVENUE	B	-2,447	OTHER ADMIN & GENERAL	5.05		33.19
33.22	OTHER OPER REVENUE	B	-1,903	INTENSIVE CARE UNIT	31		33.22
33.23	OTHER OPER REV	B	-24,417	PURCHASING RECEIVING & STORES	5.02		33.23
33.24	COPYING FEE REVENUE	B	-94,299	MEDICAL RECORDS & LIBRARY	16		33.24
33.26	CAFETERIA REVENUE	B	-715,397	DIETARY	10		33.26
33.28	OTHER OPER REVENUE	B	-22,261	OPERATION OF PLANT	7		33.28
33.29	OTHER OPERATING REVENUE	B	-7,616	MAINTENANCE & REPAIRS	6		33.29
33.30	OTHER OPERATING REVENUE	B	-42,400	LAUNDRY & LINEN SERVICE	8		33.30
33.34	OTHER OPERATING REVENUE	B	-13,090	NONPATIENT TELEPHONES	5.01		33.34
34	OFFSET CABLE TV COST	A	-10,035	MAINTENANCE & REPAIRS	6		34
34.01	OFFSET CONTRIBUTIONS	A	-9,365	OTHER ADMIN & GENERAL	5.05		34.01
34.02	OFFSET PHYSICIAN RECRUITMENT	A	-111	OTHER ADMIN & GENERAL	5.05		34.02
34.03	OFFSET CAPITATION EXPENSE	A	-30,960,461	OTHER ADMIN & GENERAL	5.05		34.03
34.05	OFFSET CONTRIBUTIONS	A	-2,465	NURSING ADMINISTRATION	13		34.05
34.06	OFFSET CONTRIBUTIONS	A	-364	CLINIC	90		34.06
35	CRNA SALARIES	A	-806,612	ANESTHESIOLOGY	53		35
36	OFFSET LOBBYING COSTS	A	-2,303	OTHER ADMIN & GENERAL	5.05		36
37	OFFSET PHYSICIAN FEES	A	-29,902	CARDIAC CATHETERIZATION	59		37
38	OFFSET NONWAGE CRNA/ANEST COSTS	A	-163,991	ANESTHESIOLOGY	53		38
39							39
40	MDWISE ADD BACK	A	3,734,228	OTHER ADMIN & GENERAL	5.05		40
41	OFFSET MEDICAID ASSESSMENT	A	-4,248,871	OTHER ADMIN & GENERAL	5.05		41
42	OFFSET PHARMACY REVENUE	B	-424,593	PHARMACY	15		42
43	OFFSET LEGAL FEES	A	-19,106	OTHER ADMIN & GENERAL	5.05		43

ADJUSTMENTS TO EXPENSES WORKSHEET A-8

	DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO. 4	WKST A-7 REF 5	
44							44
45							45
46							46
47							47
48							48
49							49
50	TOTAL (SUM OF LINES 1 THRU 49) TRANSFER TO WKST A, COL. 6, LINE 200)		-40,928,121				50

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS WORKSHEET A-8-1

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

	LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ-USTMENTS (COL. 4-5)	WKST A-7 REF	
	1	2	3	4	5	6	7	
1	1	CAP REL COSTS-BLDG & FIXT	DEPRECIATION BLDG	101,237		101,237	9	1
2	2	CAP REL COSTS-MVBLE EQUIP	DEPRECIATION EQUIP	2,338,626		2,338,626	9	2
3	5.05	OTHER ADMIN & GENERAL	A&G OTHER	12,912,284	17,774,541	-4,862,257		3
4								4
5		TOTALS (SUM OF LINES 1-4) TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.		15,352,147	17,774,541	-2,422,394		5

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

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

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

	SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE: NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
	1	2	3	4	5	6	
6	G	CFNI				HEALTHCARE HOME OFFICE	6
7							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 LINE NO. 1	COST CENTER/ PHYSICIAN IDENTIFIER 2		TOTAL REMUNERA-TION INCL FRINGES 3	PROFES-SIONAL COMPONENT 4	PROVIDER COMPONENT 5	RCE AMOUNT 6	PHYSICIAN/ PROVIDER COMPONENT HOURS 7	UNAD-JUSTED RCE LIMIT 8	5 PERCENT OF UNAD-JUSTED RCE LIMIT 9	
1	5.05	OTHER ADMIN & GENERAL	AGGREGATE	357,025	201,115	155,910	171,400	1,268	104,488	5,224	1
2	13	NURSING ADMINISTRATION		36,770		36,770	171,400	301	24,804	1,240	2
3	16	MEDICAL RECORDS & LIBRAR		31,555		31,555	171,400	332	27,358	1,368	3
4	30	ADULTS & PEDIATRICS	AGGREGATE	30,570	20,380	10,190	171,400	102	8,405	420	4
5	31	INTENSIVE CARE UNIT		20,603		20,603	171,400	154	12,690	635	5
6	50	OPERATING ROOM	AGGREGATE	521,182	482,288	38,894	171,400	196	16,151	808	6
7	60	LABORATORY		20,935		20,935	219,500	136	14,352	718	7
8	54	RADIOLOGY-DIAGNOSTIC	AGGREGATE	1,055	1,055						8
9	65	RESPIRATORY THERAPY	AGGREGATE	1,596	1,596						9
10	66	PHYSICAL THERAPY		92,319		92,319	171,400	393	32,385	1,619	10
11	70	ELECTROENCEPHALOGRAPHY		31,640		31,640	171,400	290	23,897	1,195	11
12	59	CARDIAC CATHETERIZATION		33,600		33,600	171,400	168	13,844	692	12
13	90	CLINIC	AGGREGATE	366,931	351,902	15,029	171,400	133	10,960	548	13
14	91	EMERGENCY	AGGREGATE	609,615	609,615						14
15	53	ANESTHESIOLOGY	AGGREGATE	1,570,799	1,570,799						15
200		TOTAL		3,726,195	3,238,750	487,445		3,473	289,334	14,467	200

PROVIDER-BASED PHYSICIAN ADJUSTMENTS WORKSHEET A-8-2

	WKST A LINE NO. 10	COST CENTER/ PHYSICIAN IDENTIFIER 11		COST OF MEMBERSHIP & CONTIN. EDUCATION 12	PROVIDER COMPONENT SHARE OF COLUMN 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COLUMN 14 15	ADJUSTED RCE LIMIT 16	RCE DIS-ALLOWANCE 17	ADJUST-MENT 18	
1	5.05	OTHER ADMIN & GENERAL	AGGREGATE					104,488	51,422	252,537	1
2	13	NURSING ADMINISTRATION						24,804	11,966	11,966	2
3	16	MEDICAL RECORDS & LIBRAR						27,358	4,197	4,197	3
4	30	ADULTS & PEDIATRICS	AGGREGATE					8,405	1,785	22,165	4
5	31	INTENSIVE CARE UNIT						12,690	7,913	7,913	5
6	50	OPERATING ROOM	AGGREGATE					16,151	22,743	505,031	6
7	60	LABORATORY						14,352	6,583	6,583	7
8	54	RADIOLOGY-DIAGNOSTIC	AGGREGATE							1,055	8
9	65	RESPIRATORY THERAPY	AGGREGATE							1,596	9
10	66	PHYSICAL THERAPY						32,385	59,934	59,934	10
11	70	ELECTROENCEPHALOGRAPHY						23,897	7,743	7,743	11
12	59	CARDIAC CATHETERIZATION						13,844	19,756	19,756	12
13	90	CLINIC	AGGREGATE					10,960	4,069	355,971	13
14	91	EMERGENCY	AGGREGATE							609,615	14
15	53	ANESTHESIOLOGY	AGGREGATE							1,570,799	15
200		TOTAL						289,334	198,111	3,436,861	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	MAINT OF PERSONNEL 4.01	
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT	4,484,212	4,484,212				1
2	CAP REL COSTS-MVBLE EQUIP	5,600,930		5,600,930			2
4	EMPLOYEE BENEFITS	14,500,913		3,308	14,504,221		4
4.01	MAINTENANCE OF PERSONNEL	671,698	26,737		86,852	785,287	4.01
5.01	NONPATIENT TELEPHONES	150,760	8,372	53,979	42,782	5,563	5.01
5.02	PURCHASING RECEIVING & STORES	225,393	72,287	5,896	78,484	8,141	5.02
5.03	ADMITTING	918,752	29,885	3,126	225,990	24,594	5.03
5.04	CASHIERING ACCOUNTS RECEIVABLE		7,567				5.04
5.05	OTHER ADMIN & GENERAL	19,502,282	776,414	527,239	1,030,143	43,100	5.05
6	MAINTENANCE & REPAIRS	6,375,808	381,143	202,846	314,344	12,763	6
7	OPERATION OF PLANT	1,368,652	210,409	243,406	107,908	7,336	7
8	LAUNDRY & LINEN SERVICE	660,265	21,659		26,567	3,130	8
9	HOUSEKEEPING	1,844,923	17,578	23,417	417,272	45,886	9
10	DIETARY	971,348	156,789	60,231	227,623	25,028	10
11	CAFETERIA	1,180,645	5,490		158,466	17,421	11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	1,220,479	33,755	49,610	291,260	14,861	13
14	CENTRAL SERVICES & SUPPLY	7,389	33,563				14
15	PHARMACY	1,564,876	39,447	258,497	336,728	14,952	15
16	MEDICAL RECORDS & LIBRARY	1,230,807	48,048	8,246	270,030	22,142	16
17	SOCIAL SERVICE						17
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
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	10,396,415	595,835	449,844	2,421,073	171,546	30
31	INTENSIVE CARE UNIT	2,229,424	53,767	187,801	501,192	25,996	31
40	SUBPROVIDER - IPF	1,458,345	106,966	8,776	356,750	20,894	40
41	SUBPROVIDER - IRF	2,994,602	166,790	108,987	509,131	34,444	41
43	NURSERY	203,511		3,249	41,653	5,147	43
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	4,663,875	299,487	1,059,755	774,187	42,584	50
51	RECOVERY ROOM	352,479	12,508	6,987	83,693	3,718	51
52	DELIVERY ROOM & LABOR ROOM	1,119,890	24,376		231,975	3,347	52
53	ANESTHESIOLOGY	283,032	4,639	77,694	73,694	3,654	53
54	RADIOLOGY-DIAGNOSTIC	1,724,008	112,282	378,866	410,279	27,759	54
54.01	ULTRASOUND	384,414	6,735	27,787	88,719	3,790	54.01
54.02	AUDIOLOGY						54.02
56	RADIOISOTOPE	410,023	23,351	138,588	98,577	4,658	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	491,404	29,729	233,381	92,253	5,011	57
59	CARDIAC CATHETERIZATION	1,129,944	62,313	780,159	221,068	10,945	59
60	LABORATORY	3,963,235	139,779	120,001	561,496	39,373	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,043,967	11,749	14,484	40,641	2,234	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63.01	CARDIAC REHAB						63.01
63.02	NONINVASIVE LAB	628,295	13,213	181,374	155,193	10,773	63.02
65	RESPIRATORY THERAPY	1,328,218	21,183	68,847	319,216	18,895	65
66	PHYSICAL THERAPY	1,628,199	73,467	6,597	192,474	10,492	66
67	OCCUPATIONAL THERAPY	1,218,503	2,590	731	100,933	6,974	67
68	SPEECH PATHOLOGY	316,437	6,176	14,811	23,694	950	68
70	ELECTROENCEPHALOGRAPHY	229,312	46,831	48,782	48,633	3,265	70
71	MEDICAL SUPPLIES CHRGED TO PATIENTS	3,213,773					71
72	IMPL. DEV. CHARGED TO PATIENT	3,985,078					72
73	DRUGS CHARGED TO PATIENTS	4,031,738					73
74	RENAL DIALYSIS	563,080	5,069				74
75.01	ONCOLOGY	105,383	8,949	1,306	22,951		75.01
76.97	CARDIAC REHABILITATION	405,594	65,012	13,146	109,281	5,934	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	1,292,681	52,412	18,149	743,564	19,601	90
91	EMERGENCY	3,333,118	95,373	80,627	703,329	39,744	91
92	OBSERVATION BEDS						92
	OTHER REIMBURSABLE COST CENTERS						
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	1,624,393	28,549	20,046	318,893	18,642	101
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (SUM OF LINES 1-117)	119,232,502	3,938,273	5,490,576	12,858,991	785,287	118
	NONREIMBURSABLE COST CENTERS						

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS	MAINT OF PERSONNEL	
		0	1	2	4	4.01	
192	PHYSICIANS' PRIVATE OFFICES	7,984,129	346,738	108,061	1,645,198		192
194	OTHER NON REIM COST CENTER	123,440	10,752	805			194
194.03	ADVERTISING EXPENSE	251,966	8,098	1,488	32		194.03
194.04	REGENCY HOSPITAL		150,274				194.04
194.05	UNUSED SPACE		30,077				194.05
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	127,592,037	4,484,212	5,600,930	14,504,221	785,287	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	NONPATIENT TELEPHONES 5.01	PURCHASING RECEIVING & STORES 5.02	ADMITTING 5.03	CASHIERING ACCOUNTS RECEIVABLE 5.04	SUBTOTAL (COLS.0-4) 4A	
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS						4
4.01	MAINTENANCE OF PERSONNEL						4.01
5.01	NONPATIENT TELEPHONES	261,456					5.01
5.02	PURCHASING RECEIVING & STORES	1,037	391,238				5.02
5.03	ADMITTING	5,806	5,395	1,213,548			5.03
5.04	CASHIERING ACCOUNTS RECEIVABLE	2,073			9,640		5.04
5.05	OTHER ADMIN & GENERAL	84,389	8,086			21,971,653	5.05
6	MAINTENANCE & REPAIRS	2,488	66,849			7,356,241	6
7	OPERATION OF PLANT	3,317	9,447			1,950,475	7
8	LAUNDRY & LINEN SERVICE	415	51,731			763,767	8
9	HOUSEKEEPING	2,488	32,981			2,384,545	9
10	DIETARY	3,317	35,779			1,480,115	10
11	CAFETERIA	1,866				1,363,888	11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	2,903	1,482			1,614,350	13
14	CENTRAL SERVICES & SUPPLY	2,281	32			43,265	14
15	PHARMACY	6,013	2,246			2,222,759	15
16	MEDICAL RECORDS & LIBRARY	4,769	4,855			1,588,897	16
17	SOCIAL SERVICE						17
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
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	25,088	24,239	94,813	744	14,179,597	30
31	INTENSIVE CARE UNIT	3,732	4,125	13,697	107	3,019,841	31
40	SUBPROVIDER - IPF	7,257	1,659	17,136	134	1,977,917	40
41	SUBPROVIDER - IRF	7,257	7,424	21,529	169	3,850,333	41
43	NURSERY			2,345	18	255,923	43
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	10,989	59,024	117,563	922	7,028,386	50
51	RECOVERY ROOM	1,037	143	8,443	66	469,074	51
52	DELIVERY ROOM & LABOR ROOM			8,143	64	1,387,795	52
53	ANESTHESIOLOGY	1,244	843	17,728	139	462,667	53
54	RADIOLOGY-DIAGNOSTIC	8,294	3,971	71,448	560	2,737,467	54
54.01	ULTRASOUND	829	477	14,236	112	527,099	54.01
54.02	AUDIOLOGY						54.02
56	RADIOISOTOPE	1,866	411	22,398	176	700,048	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	1,866	547	91,769	720	946,680	57
59	CARDIAC CATHETERIZATION	7,672	2,439	56,654	444	2,271,638	59
60	LABORATORY	15,758	8,826	180,949	1,542	5,030,959	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,451	521	10,402	82	1,125,531	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63.01	CARDIAC REHAB						63.01
63.02	NONINVASIVE LAB	3,939	668	35,895	282	1,029,632	63.02
65	RESPIRATORY THERAPY	3,317	413	22,180	174	1,782,443	65
66	PHYSICAL THERAPY	8,501	997	30,191	237	1,951,155	66
67	OCCUPATIONAL THERAPY	6,428	373	21,839	171	1,358,542	67
68	SPEECH PATHOLOGY	207	83	3,234	25	365,617	68
70	ELECTROENCEPHALOGRAPHY	3,732	421	12,483	98	393,557	70
71	MEDICAL SUPPLIES CHRGED TO PATIENTS			43,662	342	3,257,777	71
72	IMPL. DEV. CHARGED TO PATIENT			34,435	270	4,019,783	72
73	DRUGS CHARGED TO PATIENTS			113,906	893	4,146,537	73
74	RENAL DIALYSIS			8,891	70	577,110	74
75.01	ONCOLOGY	2,695	205	2,410	19	143,918	75.01
76.97	CARDIAC REHABILITATION	3,732	1,808	1,677	13	606,197	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	3,110	18,904	7,506	59	2,155,986	90
91	EMERGENCY	1,451	8,019	116,491	914	4,379,066	91
92	OBSERVATION BEDS						92
	OTHER REIMBURSABLE COST CENTERS						
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	3,110	3,832	9,495	74	2,027,034	101
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (SUM OF LINES 1-117)	257,724	369,255	1,213,548	9,640	116,905,264	118
	NONREIMBURSABLE COST CENTERS						
192	PHYSICIANS' PRIVATE OFFICES	1,659	19,201			10,104,986	192

COST ALLOCATION - GENERAL SERVICE COSTS WORKSHEET B PART I

	COST CENTER DESCRIPTION	NONPATIENT TELEPHONES 5.01	PURCHASING RECEIVING & STORES 5.02	ADMITTING 5.03	CASHIERING ACCOUNTS RECEIVABLE 5.04	SUBTOTAL (COLS.0-4) 4A	
194	OTHER NON REIM COST CENTER		1,311			136,308	194
194.03	ADVERTISING EXPENSE	2,073	1,471			265,128	194.03
194.04	REGENCY HOSPITAL					150,274	194.04
194.05	UNUSED SPACE					30,077	194.05
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	261,456	391,238	1,213,548	9,640	127,592,037	202

COST ALLOCATION - GENERAL SERVICE COSTS WORKSHEET B PART I

	COST CENTER DESCRIPTION	OTHER ADMIN GENERAL 5.05	MAIN-TENANCE + REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE-KEEPING 9	
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS						4
4.01	MAINTENANCE OF PERSONNEL						4.01
5.01	NONPATIENT TELEPHONES						5.01
5.02	PURCHASING RECEIVING & STORES						5.02
5.03	ADMITTING						5.03
5.04	CASHIERING ACCOUNTS RECEIVABLE						5.04
5.05	OTHER ADMIN & GENERAL	21,971,653					5.05
6	MAINTENANCE & REPAIRS	1,530,282	8,886,523				6
7	OPERATION OF PLANT	405,748	694,321	3,050,544			7
8	LAUNDRY & LINEN SERVICE	158,883	72,456	25,399	1,020,505		8
9	HOUSEKEEPING	496,045	58,804	20,613		2,960,007	9
10	DIETARY	307,901	524,521	183,868		181,143	10
11	CAFETERIA	283,723	18,367	6,438		6,343	11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	335,825	116,567	40,862		40,256	13
14	CENTRAL SERVICES & SUPPLY	9,000	112,281	39,360		38,776	14
15	PHARMACY	462,389	133,434	46,774		46,081	15
16	MEDICAL RECORDS & LIBRARY	330,530	160,739	56,346		55,511	16
17	SOCIAL SERVICE						17
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
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	2,949,685	1,974,535	692,162	393,687	681,905	30
31	INTENSIVE CARE UNIT	628,202	179,871	63,053	39,017	62,118	31
40	SUBPROVIDER - IPF	411,456	357,844	125,440	54,922	123,581	40
41	SUBPROVIDER - IRF	800,966	477,594	167,418	111,345	164,937	41
43	NURSERY	53,238					43
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	1,462,080	1,001,901	351,211	114,669	346,006	50
51	RECOVERY ROOM	97,579	41,845	14,669	22,925	14,451	51
52	DELIVERY ROOM & LABOR ROOM	288,696	81,548	28,586		28,163	52
53	ANESTHESIOLOGY	96,246	15,520	5,440		5,360	53
54	RADIOLOGY-DIAGNOSTIC	569,462	375,629	131,675	25,690	129,723	54
54.01	ULTRASOUND	109,650	22,530	7,898		7,781	54.01
54.02	AUDIOLOGY						54.02
56	RADIOISOTOPE	145,627	78,120	27,384	4,988	26,979	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	196,933	99,455	34,864		34,347	57
59	CARDIAC CATHETERIZATION	472,557	208,462	73,075	15,765	71,992	59
60	LABORATORY	1,046,565	475,727	166,763		164,292	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	234,139	39,305	13,778		13,574	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63.01	CARDIAC REHAB						63.01
63.02	NONINVASIVE LAB	214,189	44,202	15,495	4,143	15,265	63.02
65	RESPIRATORY THERAPY	370,793	70,865	24,841		24,473	65
66	PHYSICAL THERAPY	405,889	245,776	86,156	7,748	84,879	66
67	OCCUPATIONAL THERAPY	282,611	8,663	3,037	3,110	2,992	67
68	SPEECH PATHOLOGY	76,057	20,662	7,243		7,136	68
70	ELECTROENCEPHALOGRAPHY	81,870	156,668	54,919		54,105	70
71	MEDICAL SUPPLIES CHRGED TO PATIENTS	677,699					71
72	IMPL. DEV. CHARGED TO PATIENT	836,215					72
73	DRUGS CHARGED TO PATIENTS	862,583					73
74	RENAL DIALYSIS	120,053	16,959	5,945		5,857	74
75.01	ONCOLOGY	29,939	29,938	10,494		10,339	75.01
76.97	CARDIAC REHABILITATION	126,104	217,492	76,241	11,163	75,111	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	448,499	198,146	69,459	7,357	68,430	90
91	EMERGENCY	910,955	318,355	111,598	93,784	109,944	91
92	OBSERVATION BEDS						92
	OTHER REIMBURSABLE COST CENTERS						
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	421,674	95,507	33,479		32,983	101
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (SUM OF LINES 1-117)	19,748,537	8,744,609	2,821,983	910,313	2,734,833	118
	NONREIMBURSABLE COST CENTERS						
192	PHYSICIANS' PRIVATE OFFICES	2,102,090	14,204	4,979		4,905	192

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	OTHER ADMIN GENERAL	MAIN-TENANCE + REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	
		5.05	6	7	8	9	
194	OTHER NON REIM COST CENTER	28,355					194
194.03	ADVERTISING EXPENSE	55,153	27,091	9,497		9,356	194.03
194.04	REGENCY HOSPITAL	31,261		178,814	110,192	176,164	194.04
194.05	UNUSED SPACE	6,257	100,619	35,271		34,749	194.05
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	21,971,653	8,886,523	3,050,544	1,020,505	2,960,007	202

COST ALLOCATION - GENERAL SERVICE COSTS WORKSHEET B PART I

	COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10	11	13	14	15	
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS						4
4.01	MAINTENANCE OF PERSONNEL						4.01
5.01	NONPATIENT TELEPHONES						5.01
5.02	PURCHASING RECEIVING & STORES						5.02
5.03	ADMITTING						5.03
5.04	CASHIERING ACCOUNTS RECEIVABLE						5.04
5.05	OTHER ADMIN & GENERAL						5.05
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
10	DIETARY	2,677,548					10
11	CAFETERIA		1,678,759				11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION		42,119	2,189,979			13
14	CENTRAL SERVICES & SUPPLY				242,682		14
15	PHARMACY		42,375			2,953,812	15
16	MEDICAL RECORDS & LIBRARY		62,755				16
17	SOCIAL SERVICE						17
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
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	2,187,838	486,200	961,079			30
31	INTENSIVE CARE UNIT	42,870	73,676	145,657			31
40	SUBPROVIDER - IPF	108,694	59,218	117,064			40
41	SUBPROVIDER - IRF	206,454	97,620	192,963			41
43	NURSERY		14,587	28,822			43
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	173	120,691	238,596			50
51	RECOVERY ROOM		10,536	20,816			51
52	DELIVERY ROOM & LABOR ROOM		9,485	18,731			52
53	ANESTHESIOLOGY		10,357				53
54	RADIOLOGY-DIAGNOSTIC	60	78,675				54
54.01	ULTRASOUND		10,741				54.01
54.02	AUDIOLOGY						54.02
56	RADIOISOTOPE	1,409	13,202				56
57	COMPUTED TOMOGRAPHY (CT) SCAN		14,202				57
59	CARDIAC CATHETERIZATION	68	31,019	61,298			59
60	LABORATORY		111,591				60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS		6,332				62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63.01	CARDIAC REHAB						63.01
63.02	NONINVASIVE LAB		30,532				63.02
65	RESPIRATORY THERAPY		53,552				65
66	PHYSICAL THERAPY		29,737				66
67	OCCUPATIONAL THERAPY		19,765				67
68	SPEECH PATHOLOGY		2,692				68
70	ELECTROENCEPHALOGRAPHY		9,254				70
71	MEDICAL SUPPLIES CHRGED TO PATIENTS				108,340		71
72	IMPL. DEV. CHARGED TO PATIENT				134,342		72
73	DRUGS CHARGED TO PATIENTS					2,953,812	73
74	RENAL DIALYSIS						74
75.01	ONCOLOGY						75.01
76.97	CARDIAC REHABILITATION		16,817	31,594			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	746	55,552	46,266			90
91	EMERGENCY	15,267	112,642	222,645			91
92	OBSERVATION BEDS						92
	OTHER REIMBURSABLE COST CENTERS						
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		52,835	104,448			101
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (SUM OF LINES 1-117)	2,563,579	1,678,759	2,189,979	242,682	2,953,812	118
	NONREIMBURSABLE COST CENTERS						
192	PHYSICIANS' PRIVATE OFFICES						192

COST ALLOCATION - GENERAL SERVICE COSTS WORKSHEET B PART I

	COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10	11	13	14	15	
194	OTHER NON REIM COST CENTER						194
194.03	ADVERTISING EXPENSE						194.03
194.04	REGENCY HOSPITAL	113,969					194.04
194.05	UNUSED SPACE						194.05
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	2,677,548	1,678,759	2,189,979	242,682	2,953,812	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY 16	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26	
	GENERAL SERVICE COST CENTERS					
1	CAP REL COSTS-BLDG & FIXT					1
2	CAP REL COSTS-MVBLE EQUIP					2
4	EMPLOYEE BENEFITS					4
4.01	MAINTENANCE OF PERSONNEL					4.01
5.01	NONPATIENT TELEPHONES					5.01
5.02	PURCHASING RECEIVING & STORES					5.02
5.03	ADMITTING					5.03
5.04	CASHIERING ACCOUNTS RECEIVABLE					5.04
5.05	OTHER ADMIN & GENERAL					5.05
6	MAINTENANCE & REPAIRS					6
7	OPERATION OF PLANT					7
8	LAUNDRY & LINEN SERVICE					8
9	HOUSEKEEPING					9
10	DIETARY					10
11	CAFETERIA					11
12	MAINTENANCE OF PERSONNEL					12
13	NURSING ADMINISTRATION					13
14	CENTRAL SERVICES & SUPPLY					14
15	PHARMACY					15
16	MEDICAL RECORDS & LIBRARY	2,254,778				16
17	SOCIAL SERVICE					17
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
	INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS	176,161	24,682,849		24,682,849	30
31	INTENSIVE CARE UNIT	25,448	4,279,753		4,279,753	31
40	SUBPROVIDER - IPF	31,838	3,367,974		3,367,974	40
41	SUBPROVIDER - IRF	40,001	6,109,631		6,109,631	41
43	NURSERY	4,358	356,928		356,928	43
	ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	218,431	10,882,144		10,882,144	50
51	RECOVERY ROOM	15,687	707,582		707,582	51
52	DELIVERY ROOM & LABOR ROOM	15,130	1,858,134		1,858,134	52
53	ANESTHESIOLOGY	32,938	628,528		628,528	53
54	RADIOLOGY-DIAGNOSTIC	132,750	4,181,131		4,181,131	54
54.01	ULTRASOUND	26,451	712,150		712,150	54.01
54.02	AUDIOLOGY					54.02
56	RADIOISOTOPE	41,616	1,039,373		1,039,373	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	170,506	1,496,987		1,496,987	57
59	CARDIAC CATHETERIZATION	105,263	3,311,137		3,311,137	59
60	LABORATORY	336,217	7,332,114		7,332,114	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	19,327	1,451,986		1,451,986	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63.01	CARDIAC REHAB					63.01
63.02	NONINVASIVE LAB	66,693	1,420,151		1,420,151	63.02
65	RESPIRATORY THERAPY	41,210	2,368,177		2,368,177	65
66	PHYSICAL THERAPY	56,094	2,867,434		2,867,434	66
67	OCCUPATIONAL THERAPY	40,577	1,719,297		1,719,297	67
68	SPEECH PATHOLOGY	6,009	485,416		485,416	68
70	ELECTROENCEPHALOGRAPHY	23,193	773,566		773,566	70
71	MEDICAL SUPPLIES CHRGED TO PATIENTS	81,123	4,124,939		4,124,939	71
72	IMPL. DEV. CHARGED TO PATIENT	63,981	5,054,321		5,054,321	72
73	DRUGS CHARGED TO PATIENTS	211,636	8,174,568		8,174,568	73
74	RENAL DIALYSIS	16,519	742,443		742,443	74
75.01	ONCOLOGY	4,477	229,105		229,105	75.01
76.97	CARDIAC REHABILITATION	3,115	1,163,834		1,163,834	76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	13,947	3,064,388		3,064,388	90
91	EMERGENCY	216,439	6,490,695		6,490,695	91
92	OBSERVATION BEDS					92
	OTHER REIMBURSABLE COST CENTERS					
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	17,643	2,785,603		2,785,603	101
	SPECIAL PURPOSE COST CENTERS					
118	SUBTOTALS (SUM OF LINES 1-117)	2,254,778	113,862,338		113,862,338	118
	NONREIMBURSABLE COST CENTERS					
192	PHYSICIANS' PRIVATE OFFICES		12,231,164		12,231,164	192

COST ALLOCATION - GENERAL SERVICE COSTS WORKSHEET B PART I

	COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY 16	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26	
194	OTHER NON REIM COST CENTER		164,663		164,663	194
194.03	ADVERTISING EXPENSE		366,225		366,225	194.03
194.04	REGENCY HOSPITAL		760,674		760,674	194.04
194.05	UNUSED SPACE		206,973		206,973	194.05
200	CROSS FOOT ADJUSTMENTS					200
201	NEGATIVE COST CENTER					201
202	TOTAL (SUM OF LINES 118-201)	2,254,778	127,592,037		127,592,037	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			3,308	3,308	3,308	4
4.01	MAINTENANCE OF PERSONNEL		26,737		26,737	20	4.01
5.01	NONPATIENT TELEPHONES		8,372	53,979	62,351	10	5.01
5.02	PURCHASING RECEIVING & STORES		72,287	5,896	78,183	18	5.02
5.03	ADMITTING		29,885	3,126	33,011	52	5.03
5.04	CASHIERING ACCOUNTS RECEIVABLE		7,567		7,567		5.04
5.05	OTHER ADMIN & GENERAL		776,414	527,239	1,303,653	236	5.05
6	MAINTENANCE & REPAIRS		381,143	202,846	583,989	72	6
7	OPERATION OF PLANT		210,409	243,406	453,815	25	7
8	LAUNDRY & LINEN SERVICE		21,659		21,659	6	8
9	HOUSEKEEPING		17,578	23,417	40,995	96	9
10	DIETARY		156,789	60,231	217,020	52	10
11	CAFETERIA		5,490		5,490	36	11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION		33,755	49,610	83,365	67	13
14	CENTRAL SERVICES & SUPPLY		33,563		33,563		14
15	PHARMACY		39,447	258,497	297,944	77	15
16	MEDICAL RECORDS & LIBRARY		48,048	8,246	56,294	62	16
17	SOCIAL SERVICE						17
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
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS		595,835	449,844	1,045,679	539	30
31	INTENSIVE CARE UNIT		53,767	187,801	241,568	115	31
40	SUBPROVIDER - IPF		106,966	8,776	115,742	82	40
41	SUBPROVIDER - IRF		166,790	108,987	275,777	117	41
43	NURSERY			3,249	3,249	10	43
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM		299,487	1,059,755	1,359,242	177	50
51	RECOVERY ROOM		12,508	6,987	19,495	19	51
52	DELIVERY ROOM & LABOR ROOM		24,376		24,376	53	52
53	ANESTHESIOLOGY		4,639	77,694	82,333	17	53
54	RADIOLOGY-DIAGNOSTIC		112,282	378,866	491,148	94	54
54.01	ULTRASOUND		6,735	27,787	34,522	20	54.01
54.02	AUDIOLOGY						54.02
56	RADIOISOTOPE		23,351	138,588	161,939	23	56
57	COMPUTED TOMOGRAPHY (CT) SCAN		29,729	233,381	263,110	21	57
59	CARDIAC CATHETERIZATION		62,313	780,159	842,472	51	59
60	LABORATORY		139,779	120,001	259,780	129	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS		11,749	14,484	26,233	9	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63.01	CARDIAC REHAB						63.01
63.02	NONINVASIVE LAB		13,213	181,374	194,587	36	63.02
65	RESPIRATORY THERAPY		21,183	68,847	90,030	73	65
66	PHYSICAL THERAPY		73,467	6,597	80,064	44	66
67	OCCUPATIONAL THERAPY		2,590	731	3,321	23	67
68	SPEECH PATHOLOGY		6,176	14,811	20,987	5	68
70	ELECTROENCEPHALOGRAPHY		46,831	48,782	95,613	11	70
71	MEDICAL SUPPLIES CHRGED TO PATIENTS						71
72	IMPL. DEV. CHARGED TO PATIENT						72
73	DRUGS CHARGED TO PATIENTS						73
74	RENAL DIALYSIS		5,069		5,069		74
75.01	ONCOLOGY		8,949	1,306	10,255	5	75.01
76.97	CARDIAC REHABILITATION		65,012	13,146	78,158	25	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC		52,412	18,149	70,561	170	90
91	EMERGENCY		95,373	80,627	176,000	161	91
92	OBSERVATION BEDS						92
	OTHER REIMBURSABLE COST CENTERS						
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		28,549	20,046	48,595	73	101
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (SUM OF LINES 1-117)		3,938,273	5,490,576	9,428,849	2,931	118
	NONREIMBURSABLE COST CENTERS						
192	PHYSICIANS' PRIVATE OFFICES		346,738	108,061	454,799	377	192

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	
194 OTHER NON REIM COST CENTER		10,752	805	11,557		194
194.03 ADVERTISING EXPENSE		8,098	1,488	9,586		194.03
194.04 REGENCY HOSPITAL		150,274		150,274		194.04
194.05 UNUSED SPACE		30,077		30,077		194.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)		4,484,212	5,600,930	10,085,142	3,308	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTION	MAINT OF PERSONNEL 4.01	NONPATIENT TELEPHONES 5.01	PURCHASING RECEIVING & STORES 5.02	ADMITTING 5.03	CASHIERING ACCOUNTS RECEIVABLE 5.04	
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS						4
4.01	MAINTENANCE OF PERSONNEL	26,757					4.01
5.01	NONPATIENT TELEPHONES	190	62,551				5.01
5.02	PURCHASING RECEIVING & STORES	277	248	78,726			5.02
5.03	ADMITTING	838	1,389	1,086	36,376		5.03
5.04	CASHIERING ACCOUNTS RECEIVABLE		496			8,063	5.04
5.05	OTHER ADMIN & GENERAL	1,469	20,190	1,627			5.05
6	MAINTENANCE & REPAIRS	435	595	13,448			6
7	OPERATION OF PLANT	250	794	1,901			7
8	LAUNDRY & LINEN SERVICE	107	99	10,409			8
9	HOUSEKEEPING	1,563	595	6,637			9
10	DIETARY	853	794	7,200			10
11	CAFETERIA	594	446				11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	506	694	298			13
14	CENTRAL SERVICES & SUPPLY		546	6			14
15	PHARMACY	509	1,439	452			15
16	MEDICAL RECORDS & LIBRARY	754	1,141	977			16
17	SOCIAL SERVICE						17
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
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	5,843	6,002	4,877	2,847	641	30
31	INTENSIVE CARE UNIT	886	893	830	411	93	31
40	SUBPROVIDER - IPF	712	1,736	334	514	116	40
41	SUBPROVIDER - IRF	1,174	1,736	1,494	646	146	41
43	NURSERY	175			70	16	43
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	1,451	2,629	11,877	3,530	795	50
51	RECOVERY ROOM	127	248	29	253	57	51
52	DELIVERY ROOM & LABOR ROOM	114			244	55	52
53	ANESTHESIOLOGY	125	298	170	532	120	53
54	RADIOLOGY-DIAGNOSTIC	946	1,984	799	2,145	483	54
54.01	ULTRASOUND	129	198	96	427	96	54.01
54.02	AUDIOLOGY						54.02
56	RADIOISOTOPE	159	446	83	672	151	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	171	446	110	2,755	621	57
59	CARDIAC CATHETERIZATION	373	1,835	491	1,701	383	59
60	LABORATORY	1,342	3,770	1,776	5,377	1,081	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	76	347	105	312	70	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63.01	CARDIAC REHAB						63.01
63.02	NONINVASIVE LAB	367	942	135	1,078	243	63.02
65	RESPIRATORY THERAPY	644	794	83	666	150	65
66	PHYSICAL THERAPY	358	2,034	201	906	204	66
67	OCCUPATIONAL THERAPY	238	1,538	75	656	148	67
68	SPEECH PATHOLOGY	32	50	17	97	22	68
70	ELECTROENCEPHALOGRAPHY	111	893	85	375	84	70
71	MEDICAL SUPPLIES CHRGED TO PATIENTS				1,311	295	71
72	IMPL. DEV. CHARGED TO PATIENT				1,034	233	72
73	DRUGS CHARGED TO PATIENTS				3,420	770	73
74	RENAL DIALYSIS				267	60	74
75.01	ONCOLOGY		645	41	72	16	75.01
76.97	CARDIAC REHABILITATION	202	893	364	50	11	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	668	744	3,804	225	51	90
91	EMERGENCY	1,354	347	1,614	3,498	788	91
92	OBSERVATION BEDS						92
	OTHER REIMBURSABLE COST CENTERS						
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	635	744	771	285	64	101
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (SUM OF LINES 1-117)	26,757	61,658	74,302	36,376	8,063	118
	NONREIMBURSABLE COST CENTERS						
192	PHYSICIANS' PRIVATE OFFICES		397	3,864			192

ALLOCATION OF CAPITAL-RELATED COSTS WORKSHEET B PART II

	COST CENTER DESCRIPTION	MAINT OF PERSONNEL	NONPATIENT TELEPHONES	PURCHASING RECEIVING & STORES	ADMITTING	CASHIERING ACCOUNTS RECEIVABLE	
		4.01	5.01	5.02	5.03	5.04	
194	OTHER NON REIM COST CENTER			264			194
194.03	ADVERTISING EXPENSE		496	296			194.03
194.04	REGENCY HOSPITAL						194.04
194.05	UNUSED SPACE						194.05
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	26,757	62,551	78,726	36,376	8,063	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTION	OTHER ADMIN GENERAL 5.05	MAIN-TENANCE + REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE-KEEPING 9	
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS						4
4.01	MAINTENANCE OF PERSONNEL						4.01
5.01	NONPATIENT TELEPHONES						5.01
5.02	PURCHASING RECEIVING & STORES						5.02
5.03	ADMITTING						5.03
5.04	CASHIERING ACCOUNTS RECEIVABLE						5.04
5.05	OTHER ADMIN & GENERAL	1,327,175					5.05
6	MAINTENANCE & REPAIRS	92,439	690,978				6
7	OPERATION OF PLANT	24,510	53,987	535,282			7
8	LAUNDRY & LINEN SERVICE	9,597	5,634	4,457	51,968		8
9	HOUSEKEEPING	29,964	4,572	3,617		88,039	9
10	DIETARY	18,599	40,785	32,263		5,388	10
11	CAFETERIA	17,139	1,428	1,130		189	11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	20,286	9,064	7,170		1,197	13
14	CENTRAL SERVICES & SUPPLY	544	8,731	6,906		1,153	14
15	PHARMACY	27,931	10,375	8,208		1,371	15
16	MEDICAL RECORDS & LIBRARY	19,966	12,498	9,887		1,651	16
17	SOCIAL SERVICE						17
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
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	178,133	153,530	121,453	20,049	20,280	30
31	INTENSIVE CARE UNIT	37,947	13,986	11,064	1,987	1,848	31
40	SUBPROVIDER - IPF	24,855	27,824	22,011	2,797	3,676	40
41	SUBPROVIDER - IRF	48,383	37,136	29,377	5,670	4,906	41
43	NURSERY	3,216					43
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	88,319	77,904	61,627	5,839	10,291	50
51	RECOVERY ROOM	5,894	3,254	2,574	1,167	430	51
52	DELIVERY ROOM & LABOR ROOM	17,439	6,341	5,016		838	52
53	ANESTHESIOLOGY	5,814	1,207	955		159	53
54	RADIOLOGY-DIAGNOSTIC	34,399	29,207	23,105	1,308	3,858	54
54.01	ULTRASOUND	6,624	1,752	1,386		231	54.01
54.02	AUDIOLOGY						54.02
56	RADIOISOTOPE	8,797	6,074	4,805	254	802	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	11,896	7,733	6,118		1,022	57
59	CARDIAC CATHETERIZATION	28,545	16,209	12,823	803	2,141	59
60	LABORATORY	63,219	36,991	29,262		4,887	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	14,143	3,056	2,418		404	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63.01	CARDIAC REHAB						63.01
63.02	NONINVASIVE LAB	12,938	3,437	2,719	211	454	63.02
65	RESPIRATORY THERAPY	22,398	5,510	4,359		728	65
66	PHYSICAL THERAPY	24,518	19,111	15,118	395	2,525	66
67	OCCUPATIONAL THERAPY	17,071	674	533	158	89	67
68	SPEECH PATHOLOGY	4,594	1,607	1,271		212	68
70	ELECTROENCEPHALOGRAPHY	4,945	12,182	9,637		1,609	70
71	MEDICAL SUPPLIES CHRGED TO PATIENTS	40,937					71
72	IMPL. DEV. CHARGED TO PATIENT	50,513					72
73	DRUGS CHARGED TO PATIENTS	52,105					73
74	RENAL DIALYSIS	7,252	1,319	1,043		174	74
75.01	ONCOLOGY	1,808	2,328	1,841		308	75.01
76.97	CARDIAC REHABILITATION	7,617	16,911	13,378	568	2,234	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	27,092	15,407	12,188	375	2,035	90
91	EMERGENCY	55,027	24,754	19,582	4,776	3,270	91
92	OBSERVATION BEDS						92
	OTHER REIMBURSABLE COST CENTERS						
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	25,472	7,426	5,875		981	101
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (SUM OF LINES 1-117)	1,192,885	679,944	495,176	46,357	81,341	118
	NONREIMBURSABLE COST CENTERS						
192	PHYSICIANS' PRIVATE OFFICES	126,979	1,104	874		146	192

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTION	OTHER ADMIN GENERAL	MAIN-TENANCE + REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	
		5.05	6	7	8	9	
194	OTHER NON REIM COST CENTER	1,713					194
194.03	ADVERTISING EXPENSE	3,332	2,106	1,666		278	194.03
194.04	REGENCY HOSPITAL	1,888		31,377	5,611	5,240	194.04
194.05	UNUSED SPACE	378	7,824	6,189		1,034	194.05
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	1,327,175	690,978	535,282	51,968	88,039	202

ALLOCATION OF CAPITAL-RELATED COSTS WORKSHEET B PART II

	COST CENTER DESCRIPTION	DIETARY 10	CAFETERIA 11	NURSING ADMINIS-TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS						4
4.01	MAINTENANCE OF PERSONNEL						4.01
5.01	NONPATIENT TELEPHONES						5.01
5.02	PURCHASING RECEIVING & STORES						5.02
5.03	ADMITTING						5.03
5.04	CASHIERING ACCOUNTS RECEIVABLE						5.04
5.05	OTHER ADMIN & GENERAL						5.05
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
10	DIETARY	322,954					10
11	CAFETERIA		26,452				11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION		664	123,311			13
14	CENTRAL SERVICES & SUPPLY				51,449		14
15	PHARMACY		668			348,974	15
16	MEDICAL RECORDS & LIBRARY		989				16
17	SOCIAL SERVICE						17
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
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	263,888	7,660	54,115			30
31	INTENSIVE CARE UNIT	5,171	1,161	8,201			31
40	SUBPROVIDER - IPF	13,110	933	6,592			40
41	SUBPROVIDER - IRF	24,902	1,538	10,865			41
43	NURSERY		230	1,623			43
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	21	1,902	13,435			50
51	RECOVERY ROOM		166	1,172			51
52	DELIVERY ROOM & LABOR ROOM		149	1,055			52
53	ANESTHESIOLOGY		163				53
54	RADIOLOGY-DIAGNOSTIC	7	1,240				54
54.01	ULTRASOUND		169				54.01
54.02	AUDIOLOGY						54.02
56	RADIOISOTOPE	170	208				56
57	COMPUTED TOMOGRAPHY (CT) SCAN		224				57
59	CARDIAC CATHETERIZATION	8	489	3,452			59
60	LABORATORY		1,758				60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS		100				62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63.01	CARDIAC REHAB						63.01
63.02	NONINVASIVE LAB		481				63.02
65	RESPIRATORY THERAPY		844				65
66	PHYSICAL THERAPY		469				66
67	OCCUPATIONAL THERAPY		311				67
68	SPEECH PATHOLOGY		42				68
70	ELECTROENCEPHALOGRAPHY		146				70
71	MEDICAL SUPPLIES CHRGED TO PATIENTS				22,969		71
72	IMPL. DEV. CHARGED TO PATIENT				28,480		72
73	DRUGS CHARGED TO PATIENTS					348,974	73
74	RENAL DIALYSIS						74
75.01	ONCOLOGY						75.01
76.97	CARDIAC REHABILITATION		265	1,779			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	90	875	2,605			90
91	EMERGENCY	1,841	1,775	12,536			91
92	OBSERVATION BEDS						92
	OTHER REIMBURSABLE COST CENTERS						
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		833	5,881			101
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (SUM OF LINES 1-117)	309,208	26,452	123,311	51,449	348,974	118
	NONREIMBURSABLE COST CENTERS						
192	PHYSICIANS' PRIVATE OFFICES						192

ALLOCATION OF CAPITAL-RELATED COSTS WORKSHEET B PART II

	COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10	11	13	14	15	
194	OTHER NON REIM COST CENTER						194
194.03	ADVERTISING EXPENSE						194.03
194.04	REGENCY HOSPITAL	13,746					194.04
194.05	UNUSED SPACE						194.05
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	322,954	26,452	123,311	51,449	348,974	202

ALLOCATION OF CAPITAL-RELATED COSTS WORKSHEET B PART II

	COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY 16	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26	
	GENERAL SERVICE COST CENTERS					
1	CAP REL COSTS-BLDG & FIXT					1
2	CAP REL COSTS-MVBLE EQUIP					2
4	EMPLOYEE BENEFITS					4
4.01	MAINTENANCE OF PERSONNEL					4.01
5.01	NONPATIENT TELEPHONES					5.01
5.02	PURCHASING RECEIVING & STORES					5.02
5.03	ADMITTING					5.03
5.04	CASHIERING ACCOUNTS RECEIVABLE					5.04
5.05	OTHER ADMIN & GENERAL					5.05
6	MAINTENANCE & REPAIRS					6
7	OPERATION OF PLANT					7
8	LAUNDRY & LINEN SERVICE					8
9	HOUSEKEEPING					9
10	DIETARY					10
11	CAFETERIA					11
12	MAINTENANCE OF PERSONNEL					12
13	NURSING ADMINISTRATION					13
14	CENTRAL SERVICES & SUPPLY					14
15	PHARMACY					15
16	MEDICAL RECORDS & LIBRARY	104,219				16
17	SOCIAL SERVICE					17
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
	INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS	8,130	1,893,666		1,893,666	30
31	INTENSIVE CARE UNIT	1,174	327,335		327,335	31
40	SUBPROVIDER - IPF	1,469	222,503		222,503	40
41	SUBPROVIDER - IRF	1,846	445,713		445,713	41
43	NURSERY	201	8,790		8,790	43
	ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	10,080	1,649,119		1,649,119	50
51	RECOVERY ROOM	724	35,609		35,609	51
52	DELIVERY ROOM & LABOR ROOM	698	56,378		56,378	52
53	ANESTHESIOLOGY	1,520	93,413		93,413	53
54	RADIOLOGY-DIAGNOSTIC	6,126	596,849		596,849	54
54.01	ULTRASOUND	1,221	46,871		46,871	54.01
54.02	AUDIOLOGY					54.02
56	RADIOISOTOPE	1,921	186,504		186,504	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	7,869	302,096		302,096	57
59	CARDIAC CATHETERIZATION	4,858	916,634		916,634	59
60	LABORATORY	15,677	425,049		425,049	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	892	48,165		48,165	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63.01	CARDIAC REHAB					63.01
63.02	NONINVASIVE LAB	3,078	220,706		220,706	63.02
65	RESPIRATORY THERAPY	1,902	128,181		128,181	65
66	PHYSICAL THERAPY	2,589	148,536		148,536	66
67	OCCUPATIONAL THERAPY	1,873	26,708		26,708	67
68	SPEECH PATHOLOGY	277	29,213		29,213	68
70	ELECTROENCEPHALOGRAPHY	1,070	126,761		126,761	70
71	MEDICAL SUPPLIES CHRGED TO PATIENTS	3,744	69,256		69,256	71
72	IMPL. DEV. CHARGED TO PATIENT	2,953	83,213		83,213	72
73	DRUGS CHARGED TO PATIENTS	9,767	415,036		415,036	73
74	RENAL DIALYSIS	762	15,946		15,946	74
75.01	ONCOLOGY	207	17,526		17,526	75.01
76.97	CARDIAC REHABILITATION	144	122,599		122,599	76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	644	137,534		137,534	90
91	EMERGENCY	9,989	317,312		317,312	91
92	OBSERVATION BEDS					92
	OTHER REIMBURSABLE COST CENTERS					
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	814	98,449		98,449	101
	SPECIAL PURPOSE COST CENTERS					
118	SUBTOTALS (SUM OF LINES 1-117)	104,219	9,211,670		9,211,670	118
	NONREIMBURSABLE COST CENTERS					
192	PHYSICIANS' PRIVATE OFFICES		588,540		588,540	192

ALLOCATION OF CAPITAL-RELATED COSTS WORKSHEET B PART II

	COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY 16	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26	
194	OTHER NON REIM COST CENTER		13,534		13,534	194
194.03	ADVERTISING EXPENSE		17,760		17,760	194.03
194.04	REGENCY HOSPITAL		208,136		208,136	194.04
194.05	UNUSED SPACE		45,502		45,502	194.05
200	CROSS FOOT ADJUSTMENTS					200
201	NEGATIVE COST CENTER					201
202	TOTAL (SUM OF LINES 118-201)	104,219	10,085,142		10,085,142	202

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DEPRECIATI EXPENSE 2	EMPLOYEE BENEFITS GROSS SALARIES 4	MAINT OF PERSONNEL FTE'S 4.01	NONPATIENT TELEPHONES NUMBER OF TELEPHONES 5.01	
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT	490,066					1
2	CAP REL COSTS-MVBLE EQUIP		3,327,496				2
4	EMPLOYEE BENEFITS		1,965	56,264,339			4
4.01	MAINTENANCE OF PERSONNEL	2,922		336,913	86,819		4.01
5.01	NONPATIENT TELEPHONES	915	32,069	165,960	615	1,261	5.01
5.02	PURCHASING RECEIVING & STORES	7,900	3,503	304,451	900	5	5.02
5.03	ADMITTING	3,266	1,857	876,654	2,719	28	5.03
5.04	CASHIERING ACCOUNTS RECEIVABLE	827				10	5.04
5.05	OTHER ADMIN & GENERAL	84,852	313,231	3,996,101	4,765	407	5.05
6	MAINTENANCE & REPAIRS	41,654	120,510	1,219,393	1,411	12	6
7	OPERATION OF PLANT	22,995	144,607	418,592	811	16	7
8	LAUNDRY & LINEN SERVICE	2,367		103,058	346	2	8
9	HOUSEKEEPING	1,921	13,912	1,618,671	5,073	12	9
10	DIETARY	17,135	35,783	882,987	2,767	16	10
11	CAFETERIA	600		614,715	1,926	9	11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	3,689	29,473	1,129,846	1,643	14	13
14	CENTRAL SERVICES & SUPPLY	3,668				11	14
15	PHARMACY	4,311	153,572	1,306,226	1,653	29	15
16	MEDICAL RECORDS & LIBRARY	5,251	4,899	1,047,494	2,448	23	16
17	SOCIAL SERVICE						17
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
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	65,117	267,251	9,391,741	18,966	121	30
31	INTENSIVE CARE UNIT	5,876	111,572	1,944,210	2,874	18	31
40	SUBPROVIDER - IPF	11,690	5,214	1,383,896	2,310	35	40
41	SUBPROVIDER - IRF	18,228	64,749	1,975,006	3,808	35	41
43	NURSERY		1,930	161,579	569		43
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	32,730	629,599	3,003,206	4,708	53	50
51	RECOVERY ROOM	1,367	4,151	324,661	411	5	51
52	DELIVERY ROOM & LABOR ROOM	2,664		899,869	370		52
53	ANESTHESIOLOGY	507	46,158	285,873	404	6	53
54	RADIOLOGY-DIAGNOSTIC	12,271	225,083	1,591,543	3,069	40	54
54.01	ULTRASOUND	736	16,508	344,155	419	4	54.01
54.02	AUDIOLOGY						54.02
56	RADIOISOTOPE	2,552	82,335	382,396	515	9	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	3,249	138,651	357,864	554	9	57
59	CARDIAC CATHETERIZATION	6,810	463,490	857,559	1,210	37	59
60	LABORATORY	15,276	71,292	2,178,138	4,353	76	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,284	8,605	157,654	247	7	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63.01	CARDIAC REHAB						63.01
63.02	NONINVASIVE LAB	1,444	107,754	602,020	1,191	19	63.02
65	RESPIRATORY THERAPY	2,315	40,902	1,238,293	2,089	16	65
66	PHYSICAL THERAPY	8,029	3,919	746,639	1,160	41	66
67	OCCUPATIONAL THERAPY	283	434	391,537	771	31	67
68	SPEECH PATHOLOGY	675	8,799	91,913	105	1	68
70	ELECTROENCEPHALOGRAPHY	5,118	28,981	188,657	361	18	70
71	MEDICAL SUPPLIES CHRGED TO PATIENTS						71
72	IMPL. DEV. CHARGED TO PATIENT						72
73	DRUGS CHARGED TO PATIENTS						73
74	RENAL DIALYSIS	554					74
75.01	ONCOLOGY	978	776	89,032		13	75.01
76.97	CARDIAC REHABILITATION	7,105	7,810	423,920	656	18	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	5,728	10,782	2,884,413	2,167	15	90
91	EMERGENCY	10,423	47,900	2,728,335	4,394	7	91
92	OBSERVATION BEDS						92
	OTHER REIMBURSABLE COST CENTERS						
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	3,120	11,909	1,237,040	2,061	15	101
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (SUM OF LINES 1-117)	430,402	3,261,935	49,882,210	86,819	1,243	118
	NONREIMBURSABLE COST CENTERS						

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DEPRECIATI EXPENSE 2	EMPLOYEE BENEFITS GROSS SALARIES 4	MAINT OF PERSONNEL FTE'S 4.01	NONPATIENT TELEPHONES NUMBER OF TELEPHONES 5.01	
192	PHYSICIANS' PRIVATE OFFICES	37,894	64,199	6,382,004		8	192
194	OTHER NON REIM COST CENTER	1,175	478				194
194.03	ADVERTISING EXPENSE	885	884	125		10	194.03
194.04	REGENCY HOSPITAL	16,423					194.04
194.05	UNUSED SPACE	3,287					194.05
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	4,484,212	5,600,930	14,504,221	785,287	261,456	202
203	UNIT COST MULT-WS B PT I	9.150221	1.683227	0.257787	9.045105	207.340206	203
204	COST TO BE ALLOC PER B PT II			3,308	26,757	62,551	204
205	UNIT COST MULT-WS B PT II			0.000059	0.308193	49.604282	205

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	PURCHASING RECEIVING & STORES COSTED REQ 5.02	ADMITTING GROSS REVENUE 5.03	CASHIERING ACCOUNTS RECEIVABLE GROSS REVENUE 5.04	RECON-CILIATION 5A.05	OTHER ADMIN GENERAL ACCUM COST 5.05	
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS						4
4.01	MAINTENANCE OF PERSONNEL						4.01
5.01	NONPATIENT TELEPHONES						5.01
5.02	PURCHASING RECEIVING & STORES	1,559,121					5.02
5.03	ADMITTING	21,499	328,265,699				5.03
5.04	CASHIERING ACCOUNTS RECEIVABLE			328,265,699			5.04
5.05	OTHER ADMIN & GENERAL	32,223			-21,971,653	105,620,384	5.05
6	MAINTENANCE & REPAIRS	266,393				7,356,241	6
7	OPERATION OF PLANT	37,649				1,950,475	7
8	LAUNDRY & LINEN SERVICE	206,153				763,767	8
9	HOUSEKEEPING	131,434				2,384,545	9
10	DIETARY	142,583				1,480,115	10
11	CAFETERIA					1,363,888	11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	5,907				1,614,350	13
14	CENTRAL SERVICES & SUPPLY	126				43,265	14
15	PHARMACY	8,951				2,222,759	15
16	MEDICAL RECORDS & LIBRARY	19,348				1,588,897	16
17	SOCIAL SERVICE						17
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
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	96,593	25,645,866	25,645,866		14,179,597	30
31	INTENSIVE CARE UNIT	16,440	3,704,824	3,704,824		3,019,841	31
40	SUBPROVIDER - IPF	6,610	4,635,056	4,635,056		1,977,917	40
41	SUBPROVIDER - IRF	29,584	5,823,379	5,823,379		3,850,333	41
43	NURSERY		634,419	634,419		255,923	43
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	235,218	31,799,564	31,799,564		7,028,386	50
51	RECOVERY ROOM	569	2,283,764	2,283,764		469,074	51
52	DELIVERY ROOM & LABOR ROOM		2,202,652	2,202,652		1,387,795	52
53	ANESTHESIOLOGY	3,359	4,795,147	4,795,147		462,667	53
54	RADIOLOGY-DIAGNOSTIC	15,824	19,325,921	19,325,921		2,737,467	54
54.01	ULTRASOUND	1,900	3,850,737	3,850,737		527,099	54.01
54.02	AUDIOLOGY						54.02
56	RADIOISOTOPE	1,639	6,058,523	6,058,523		700,048	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	2,178	24,822,474	24,822,474		946,680	57
59	CARDIAC CATHETERIZATION	9,720	15,324,334	15,324,334		2,271,638	59
60	LABORATORY	35,173	48,958,717	48,958,717		5,030,959	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,075	2,813,630	2,813,630		1,125,531	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63.01	CARDIAC REHAB						63.01
63.02	NONINVASIVE LAB	2,664	9,709,304	9,709,304		1,029,632	63.02
65	RESPIRATORY THERAPY	1,647	5,999,349	5,999,349		1,782,443	65
66	PHYSICAL THERAPY	3,975	8,166,311	8,166,311		1,951,155	66
67	OCCUPATIONAL THERAPY	1,487	5,907,311	5,907,311		1,358,542	67
68	SPEECH PATHOLOGY	332	874,840	874,840		365,617	68
70	ELECTROENCEPHALOGRAPHY	1,677	3,376,472	3,376,472		393,557	70
71	MEDICAL SUPPLIES CHRGED TO PATIENTS		11,810,008	11,810,008		3,257,777	71
72	IMPL. DEV. CHARGED TO PATIENT		9,314,402	9,314,402		4,019,783	72
73	DRUGS CHARGED TO PATIENTS		30,810,311	30,810,311		4,146,537	73
74	RENAL DIALYSIS		2,404,801	2,404,801		577,110	74
75.01	ONCOLOGY	818	651,749	651,749		143,918	75.01
76.97	CARDIAC REHABILITATION	7,206	453,493	453,493		606,197	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	75,336	2,030,362	2,030,362		2,155,986	90
91	EMERGENCY	31,957	31,509,547	31,509,547		4,379,066	91
92	OBSERVATION BEDS						92
	OTHER REIMBURSABLE COST CENTERS						
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	15,269	2,568,432	2,568,432		2,027,034	101
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (SUM OF LINES 1-117)	1,471,516	328,265,699	328,265,699	-21,971,653	94,933,611	118
	NONREIMBURSABLE COST CENTERS						

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	PURCHASING RECEIVING & STORES COSTED REQ 5.02	ADMITTING GROSS REVENUE 5.03	CASHIERING ACCOUNTS RECEIVABLE GROSS REVENUE 5.04	RECON-CILIATION 5A.05	OTHER ADMIN GENERAL ACCUM COST 5.05	
192	PHYSICIANS' PRIVATE OFFICES	76,519				10,104,986	192
194	OTHER NON REIM COST CENTER	5,224				136,308	194
194.03	ADVERTISING EXPENSE	5,862				265,128	194.03
194.04	REGENCY HOSPITAL					150,274	194.04
194.05	UNUSED SPACE					30,077	194.05
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	391,238	1,213,548	9,640		21,971,653	202
203	UNIT COST MULT-WS B PT I	0.250935	0.003697	0.000029		0.208025	203
204	COST TO BE ALLOC PER B PT II	78,726	36,376	8,063		1,327,175	204
205	UNIT COST MULT-WS B PT II	0.050494	0.000111	0.000025		0.012566	205

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	MAIN-TENANCE + REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING SQUARE FEET	DIETARY MEALS SERVED	
		6	7	8	9	10	
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS						4
4.01	MAINTENANCE OF PERSONNEL						4.01
5.01	NONPATIENT TELEPHONES						5.01
5.02	PURCHASING RECEIVING & STORES						5.02
5.03	ADMITTING						5.03
5.04	CASHIERING ACCOUNTS RECEIVABLE						5.04
5.05	OTHER ADMIN & GENERAL						5.05
6	MAINTENANCE & REPAIRS	290,304					6
7	OPERATION OF PLANT	22,682	284,286				7
8	LAUNDRY & LINEN SERVICE	2,367	2,367	926,326			8
9	HOUSEKEEPING	1,921	1,921		279,998		9
10	DIETARY	17,135	17,135		17,135	355,318	10
11	CAFETERIA	600	600		600		11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	3,808	3,808		3,808		13
14	CENTRAL SERVICES & SUPPLY	3,668	3,668		3,668		14
15	PHARMACY	4,359	4,359		4,359		15
16	MEDICAL RECORDS & LIBRARY	5,251	5,251		5,251		16
17	SOCIAL SERVICE						17
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
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	64,504	64,504	357,355	64,504	290,332	30
31	INTENSIVE CARE UNIT	5,876	5,876	35,416	5,876	5,689	31
40	SUBPROVIDER - IPF	11,690	11,690	49,853	11,690	14,424	40
41	SUBPROVIDER - IRF	15,602	15,602	101,069	15,602	27,397	41
43	NURSERY						43
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	32,730	32,730	104,087	32,730	23	50
51	RECOVERY ROOM	1,367	1,367	20,809	1,367		51
52	DELIVERY ROOM & LABOR ROOM	2,664	2,664		2,664		52
53	ANESTHESIOLOGY	507	507		507		53
54	RADIOLOGY-DIAGNOSTIC	12,271	12,271	23,319	12,271	8	54
54.01	ULTRASOUND	736	736		736		54.01
54.02	AUDIOLOGY						54.02
56	RADIOISOTOPE	2,552	2,552	4,528	2,552	187	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	3,249	3,249		3,249		57
59	CARDIAC CATHETERIZATION	6,810	6,810	14,310	6,810	9	59
60	LABORATORY	15,541	15,541		15,541		60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,284	1,284		1,284		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63.01	CARDIAC REHAB						63.01
63.02	NONINVASIVE LAB	1,444	1,444	3,761	1,444		63.02
65	RESPIRATORY THERAPY	2,315	2,315		2,315		65
66	PHYSICAL THERAPY	8,029	8,029	7,033	8,029		66
67	OCCUPATIONAL THERAPY	283	283	2,823	283		67
68	SPEECH PATHOLOGY	675	675		675		68
70	ELECTROENCEPHALOGRAPHY	5,118	5,118		5,118		70
71	MEDICAL SUPPLIES CHRGED TO PATIENTS						71
72	IMPL. DEV. CHARGED TO PATIENT						72
73	DRUGS CHARGED TO PATIENTS						73
74	RENAL DIALYSIS	554	554		554		74
75.01	ONCOLOGY	978	978		978		75.01
76.97	CARDIAC REHABILITATION	7,105	7,105	10,133	7,105		76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	6,473	6,473	6,678	6,473	99	90
91	EMERGENCY	10,400	10,400	85,129	10,400	2,026	91
92	OBSERVATION BEDS						92
	OTHER REIMBURSABLE COST CENTERS						
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	3,120	3,120		3,120		101
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (SUM OF LINES 1-117)	285,668	262,986	826,303	258,698	340,194	118
	NONREIMBURSABLE COST CENTERS						

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	MAIN-TENANCE + REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING SQUARE FEET	DIETARY MEALS SERVED	
		6	7	8	9	10	
192	PHYSICIANS' PRIVATE OFFICES	464	464		464		192
194	OTHER NON REIM COST CENTER						194
194.03	ADVERTISING EXPENSE	885	885		885		194.03
194.04	REGENCY HOSPITAL		16,664	100,023	16,664	15,124	194.04
194.05	UNUSED SPACE	3,287	3,287		3,287		194.05
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	8,886,523	3,050,544	1,020,505	2,960,007	2,677,548	202
203	UNIT COST MULT-WS B PT I	30.611094	10.730546	1.101669	10.571529	7.535638	203
204	COST TO BE ALLOC PER B PT II	690,978	535,282	51,968	88,039	322,954	204
205	UNIT COST MULT-WS B PT II	2.380188	1.882900	0.056101	0.314427	0.908915	205

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	CAFETERIA FTE'S 11	NURSING ADMINIS-TRATION DIRECT NRSING HRS 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS + LIBRARY GROSS REVENUE 16	
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS						4
4.01	MAINTENANCE OF PERSONNEL						4.01
5.01	NONPATIENT TELEPHONES						5.01
5.02	PURCHASING RECEIVING & STORES						5.02
5.03	ADMITTING						5.03
5.04	CASHIERING ACCOUNTS RECEIVABLE						5.04
5.05	OTHER ADMIN & GENERAL						5.05
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
10	DIETARY						10
11	CAFETERIA	65,486					11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	1,643	898,880				13
14	CENTRAL SERVICES & SUPPLY			7,198,851			14
15	PHARMACY	1,653			100		15
16	MEDICAL RECORDS & LIBRARY	2,448				328,265,699	16
17	SOCIAL SERVICE						17
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
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	18,966	394,476			25,645,866	30
31	INTENSIVE CARE UNIT	2,874	59,785			3,704,824	31
40	SUBPROVIDER - IPF	2,310	48,049			4,635,056	40
41	SUBPROVIDER - IRF	3,808	79,202			5,823,379	41
43	NURSERY	569	11,830			634,419	43
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	4,708	97,932			31,799,564	50
51	RECOVERY ROOM	411	8,544			2,283,764	51
52	DELIVERY ROOM & LABOR ROOM	370	7,688			2,202,652	52
53	ANESTHESIOLOGY	404				4,795,147	53
54	RADIOLOGY-DIAGNOSTIC	3,069				19,325,921	54
54.01	ULTRASOUND	419				3,850,737	54.01
54.02	AUDIOLOGY						54.02
56	RADIOISOTOPE	515				6,058,523	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	554				24,822,474	57
59	CARDIAC CATHETERIZATION	1,210	25,160			15,324,334	59
60	LABORATORY	4,353				48,958,717	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	247				2,813,630	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63.01	CARDIAC REHAB						63.01
63.02	NONINVASIVE LAB	1,191				9,709,304	63.02
65	RESPIRATORY THERAPY	2,089				5,999,349	65
66	PHYSICAL THERAPY	1,160				8,166,311	66
67	OCCUPATIONAL THERAPY	771				5,907,311	67
68	SPEECH PATHOLOGY	105				874,840	68
70	ELECTROENCEPHALOGRAPHY	361				3,376,472	70
71	MEDICAL SUPPLIES CHRGED TO PATIENTS			3,213,773		11,810,008	71
72	IMPL. DEV. CHARGED TO PATIENT			3,985,078		9,314,402	72
73	DRUGS CHARGED TO PATIENTS				100	30,810,311	73
74	RENAL DIALYSIS					2,404,801	74
75.01	ONCOLOGY					651,749	75.01
76.97	CARDIAC REHABILITATION	656	12,968			453,493	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	2,167	18,990			2,030,362	90
91	EMERGENCY	4,394	91,385			31,509,547	91
92	OBSERVATION BEDS						92
	OTHER REIMBURSABLE COST CENTERS						
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	2,061	42,871			2,568,432	101
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (SUM OF LINES 1-117)	65,486	898,880	7,198,851	100	328,265,699	118
	NONREIMBURSABLE COST CENTERS						

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	CAFETERIA FTE'S 11	NURSING ADMINIS-TRATION DIRECT NRSING HRS 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS + LIBRARY GROSS REVENUE 16	
192	PHYSICIANS' PRIVATE OFFICES						192
194	OTHER NON REIM COST CENTER						194
194.03	ADVERTISING EXPENSE						194.03
194.04	REGENCY HOSPITAL						194.04
194.05	UNUSED SPACE						194.05
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	1,678,759	2,189,979	242,682	2,953,812	2,254,778	202
203	UNIT COST MULT-WS B PT I	25.635388	2.436342	0.033711	29,538.120000	0.006869	203
204	COST TO BE ALLOC PER B PT II	26,452	123,311	51,449	348,974	104,219	204
205	UNIT COST MULT-WS B PT II	0.403934	0.137183	0.007147	3,489.740000	0.000317	205

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	
	GENERAL SERVICE COST CENTERS	
1	CAP REL COSTS-BLDG & FIXT	1
2	CAP REL COSTS-MVBLE EQUIP	2
4	EMPLOYEE BENEFITS	4
4.01	MAINTENANCE OF PERSONNEL	4.01
5.01	NONPATIENT TELEPHONES	5.01
5.02	PURCHASING RECEIVING & STORES	5.02
5.03	ADMITTING	5.03
5.04	CASHIERING ACCOUNTS RECEIVABLE	5.04
5.05	OTHER ADMIN & GENERAL	5.05
6	MAINTENANCE & REPAIRS	6
7	OPERATION OF PLANT	7
8	LAUNDRY & LINEN SERVICE	8
9	HOUSEKEEPING	9
10	DIETARY	10
11	CAFETERIA	11
12	MAINTENANCE OF PERSONNEL	12
13	NURSING ADMINISTRATION	13
14	CENTRAL SERVICES & SUPPLY	14
15	PHARMACY	15
16	MEDICAL RECORDS & LIBRARY	16
17	SOCIAL SERVICE	17
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
	INPATIENT ROUTINE SERV COST CENTERS	
30	ADULTS & PEDIATRICS	30
31	INTENSIVE CARE UNIT	31
40	SUBPROVIDER - IPF	40
41	SUBPROVIDER - IRF	41
43	NURSERY	43
	ANCILLARY SERVICE COST CENTERS	
50	OPERATING ROOM	50
51	RECOVERY ROOM	51
52	DELIVERY ROOM & LABOR ROOM	52
53	ANESTHESIOLOGY	53
54	RADIOLOGY-DIAGNOSTIC	54
54.01	ULTRASOUND	54.01
54.02	AUDIOLOGY	54.02
56	RADIOISOTOPE	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	57
59	CARDIAC CATHETERIZATION	59
60	LABORATORY	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30
63.01	CARDIAC REHAB	63.01
63.02	NONINVASIVE LAB	63.02
65	RESPIRATORY THERAPY	65
66	PHYSICAL THERAPY	66
67	OCCUPATIONAL THERAPY	67
68	SPEECH PATHOLOGY	68
70	ELECTROENCEPHALOGRAPHY	70
71	MEDICAL SUPPLIES CHRGED TO PATIENTS	71
72	IMPL. DEV. CHARGED TO PATIENT	72
73	DRUGS CHARGED TO PATIENTS	73
74	RENAL DIALYSIS	74
75.01	ONCOLOGY	75.01
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
91	EMERGENCY	91
92	OBSERVATION BEDS	92
	OTHER REIMBURSABLE COST CENTERS	
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	
118	SUBTOTALS (SUM OF LINES 1-117)	118
	NONREIMBURSABLE COST CENTERS	

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	
192	PHYSICIANS' PRIVATE OFFICES	192
194	OTHER NON REIM COST CENTER	194
194.03	ADVERTISING EXPENSE	194.03
194.04	REGENCY HOSPITAL	194.04
194.05	UNUSED SPACE	194.05
200	CROSS FOOT ADJUSTMENTS	200
201	NEGATIVE COST CENTER	201
202	COST TO BE ALLOC PER B PT I	202
203	UNIT COST MULT-WS B PT I	203
204	COST TO BE ALLOC PER B PT II	204
205	UNIT COST MULT-WS B PT II	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	24,682,849		24,682,849	1,785	24,684,634	30
31	INTENSIVE CARE UNIT	4,279,753		4,279,753	7,913	4,287,666	31
40	SUBPROVIDER - IPF	3,367,974		3,367,974		3,367,974	40
41	SUBPROVIDER - IRF	6,109,631		6,109,631		6,109,631	41
43	NURSERY	356,928		356,928		356,928	43
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	10,882,144		10,882,144	22,743	10,904,887	50
51	RECOVERY ROOM	707,582		707,582		707,582	51
52	DELIVERY ROOM & LABOR ROOM	1,858,134		1,858,134		1,858,134	52
53	ANESTHESIOLOGY	628,528		628,528		628,528	53
54	RADIOLOGY-DIAGNOSTIC	4,181,131		4,181,131		4,181,131	54
54.01	ULTRASOUND	712,150		712,150		712,150	54.01
54.02	AUDIOLOGY						54.02
56	RADIOISOTOPE	1,039,373		1,039,373		1,039,373	56
57	COMPUTED TOMOGRAPHY (CT) SC	1,496,987		1,496,987		1,496,987	57
59	CARDIAC CATHETERIZATION	3,311,137		3,311,137	19,756	3,330,893	59
60	LABORATORY	7,332,114		7,332,114	6,583	7,338,697	60
62	WHOLE BLOOD & PACKED RED BL	1,451,986		1,451,986		1,451,986	62
62.30	BLOOD CLOTTING FOR HEMOPHIL						62.30
63.01	CARDIAC REHAB						63.01
63.02	NONINVASIVE LAB	1,420,151		1,420,151		1,420,151	63.02
65	RESPIRATORY THERAPY	2,368,177		2,368,177		2,368,177	65
66	PHYSICAL THERAPY	2,867,434		2,867,434	59,934	2,927,368	66
67	OCCUPATIONAL THERAPY	1,719,297		1,719,297		1,719,297	67
68	SPEECH PATHOLOGY	485,416		485,416		485,416	68
70	ELECTROENCEPHALOGRAPHY	773,566		773,566	7,743	781,309	70
71	MEDICAL SUPPLIES CHRGED TO	4,124,939		4,124,939		4,124,939	71
72	IMPL. DEV. CHARGED TO PATIE	5,054,321		5,054,321		5,054,321	72
73	DRUGS CHARGED TO PATIENTS	8,174,568		8,174,568		8,174,568	73
74	RENAL DIALYSIS	742,443		742,443		742,443	74
75.01	ONCOLOGY	229,105		229,105		229,105	75.01
76.97	CARDIAC REHABILITATION	1,163,834		1,163,834		1,163,834	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	3,064,388		3,064,388	4,069	3,068,457	90
91	EMERGENCY	6,490,695		6,490,695		6,490,695	91
92	OBSERVATION BEDS	2,225,988		2,225,988		2,225,988	92
	OTHER REIMBURSABLE COST CENTERS						
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	2,785,603		2,785,603		2,785,603	101
200	SUBTOTAL (SEE INSTRUCTIONS)	116,088,326		116,088,326	130,526	116,218,852	200
201	LESS OBSERVATION BEDS	2,225,988		2,225,988		2,225,988	201
202	TOTAL (SEE INSTRUCTIONS)	113,862,338		113,862,338		113,992,864	202

COMPUTATION OF RATIO OF COST TO CHARGES WORKSHEET C PART I (CONT)

	COST CENTER DESCRIPTION	CHARGES INPATIENT 6	CHARGES OUTPATIENT 7	CHARGES TOTAL (COLS. 6 + 7) 8	COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11	
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	21,832,924		21,832,924				30
31	INTENSIVE CARE UNIT	3,704,824		3,704,824				31
40	SUBPROVIDER - IPF	4,635,056		4,635,056				40
41	SUBPROVIDER - IRF	5,823,379		5,823,379				41
43	NURSERY	634,419		634,419				43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	10,984,054	20,815,510	31,799,564	0.342210	0.342210	0.342926	50
51	RECOVERY ROOM	1,033,679	1,250,085	2,283,764	0.309831	0.309831	0.309831	51
52	DELIVERY ROOM & LABOR ROOM	1,648,709	553,943	2,202,652	0.843589	0.843589	0.843589	52
53	ANESTHESIOLOGY	2,080,863	2,714,284	4,795,147	0.131076	0.131076	0.131076	53
54	RADIOLOGY-DIAGNOSTIC	6,544,860	12,781,061	19,325,921	0.216348	0.216348	0.216348	54
54.01	ULTRASOUND	839,832	3,010,905	3,850,737	0.184939	0.184939	0.184939	54.01
54.02	AUDIOLOGY							54.02
56	RADIOISOTOPE	2,123,695	3,934,828	6,058,523	0.171556	0.171556	0.171556	56
57	COMPUTED TOMOGRAPHY (CT) SC	10,277,306	14,545,168	24,822,474	0.060308	0.060308	0.060308	57
59	CARDIAC CATHETERIZATION	9,437,660	5,886,674	15,324,334	0.216071	0.216071	0.217360	59
60	LABORATORY	25,790,777	23,167,940	48,958,717	0.149761	0.149761	0.149896	60
62	WHOLE BLOOD & PACKED RED BL	2,264,774	548,856	2,813,630	0.516054	0.516054	0.516054	62
62.30	BLOOD CLOTTING FOR HEMOPHIL							62.30
63.01	CARDIAC REHAB							63.01
63.02	NONINVASIVE LAB	5,060,762	4,648,542	9,709,304	0.146267	0.146267	0.146267	63.02
65	RESPIRATORY THERAPY	5,208,578	790,771	5,999,349	0.394739	0.394739	0.394739	65
66	PHYSICAL THERAPY	6,075,858	2,090,453	8,166,311	0.351130	0.351130	0.358469	66
67	OCCUPATIONAL THERAPY	4,863,955	1,043,356	5,907,311	0.291046	0.291046	0.291046	67
68	SPEECH PATHOLOGY	676,175	198,665	874,840	0.554863	0.554863	0.554863	68
70	ELECTROENCEPHALOGRAPHY	1,431,080	1,945,392	3,376,472	0.229105	0.229105	0.231398	70
71	MEDICAL SUPPLIES CHRGED TO	7,800,922	4,009,086	11,810,008	0.349275	0.349275	0.349275	71
72	IMPL. DEV. CHARGED TO PATIE	6,996,618	2,317,784	9,314,402	0.542635	0.542635	0.542635	72
73	DRUGS CHARGED TO PATIENTS	21,797,501	9,012,810	30,810,311	0.265319	0.265319	0.265319	73
74	RENAL DIALYSIS	2,244,118	160,683	2,404,801	0.308734	0.308734	0.308734	74
75.01	ONCOLOGY	7,681	644,068	651,749	0.351523	0.351523	0.351523	75.01
76.97	CARDIAC REHABILITATION	142,299	311,194	453,493	2.566377	2.566377	2.566377	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	42,568	1,987,794	2,030,362	1.509282	1.509282	1.511286	90
91	EMERGENCY	9,253,617	22,255,930	31,509,547	0.205991	0.205991	0.205991	91
92	OBSERVATION BEDS	163,682	3,649,260	3,812,942	0.583798	0.583798	0.583798	92
	OTHER REIMBURSABLE COST CENTERS							
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		2,568,432	2,568,432				101
200	SUBTOTAL (SEE INSTRUCTIONS)	181,422,225	146,843,474	328,265,699				200
201	LESS OBSERVATION BEDS							201
202	TOTAL (SEE INSTRUCTIONS)	181,422,225	146,843,474	328,265,699				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 (FROM WKST B, PT. II, COL. 26) 1	SWING-BED ADJUSTMENT 2	REDUCED CAP-REL COST (COL.1 MINUS COL.2) 3	TOTAL PATIENT DAYS 4	PER DIEM (COL.3 ÷ COL.4) 5	INPAT PGM DAYS 6	INPAT PGM CAP COST (COL.5 x COL.6) 7	
	INPAT ROUTINE SERV COST CTRS								
30	ADULTS & PEDIATRICS	1,893,666		1,893,666	27,091	69.90	12,895	901,361	30
31	INTENSIVE CARE UNIT	327,335		327,335	2,401	136.33	1,377	187,726	31
32	CORONARY CARE UNIT								32
33	BURN INTENSIVE CARE UNIT								33
34	SURGICAL INTENSIVE CARE UNIT								34
35	OTHER SPECIAL CARE (SPECIFY)								35
40	SUBPROVIDER - IPF	222,503		222,503	4,707	47.27	1,110	52,470	40
41	SUBPROVIDER - IRF	445,713		445,713	9,225	48.32	7,732	373,610	41
42	SUBPROVIDER I								42
43	NURSERY	8,790		8,790	1,250	7.03			43
44	SKILLED NURSING FACILITY								44
45	NURSING FACILITY								45
200	TOTAL (LINES 30-199)	2,898,007		2,898,007	44,674		23,114	1,515,167	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
PART II

CHECK APPLICABLE BOXES							
[ ]	TITLE V	[XX]	HOSPITAL (15-0008)	[ ]	SUB (OTHER)	[XX]	PPS
[XX]	TITLE XVIII-PT A	[ ]	IPF			[ ]	TEFRA
[ ]	TITLE XIX	[ ]	IRF				

	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	1,649,119	31,799,564	0.051860	6,593,681	341,948	50
51	RECOVERY ROOM	35,609	2,283,764	0.015592	367,149	5,725	51
52	DELIVERY ROOM & LABOR ROOM	56,378	2,202,652	0.025596	5,653	145	52
53	ANESTHESIOLOGY	93,413	4,795,147	0.019481	760,295	14,811	53
54	RADIOLOGY-DIAGNOSTIC	596,849	19,325,921	0.030883	3,616,168	111,678	54
54.01	ULTRASOUND	46,871	3,850,737	0.012172	283,810	3,455	54.01
54.02	AUDIOLOGY						54.02
56	RADIOISOTOPE	186,504	6,058,523	0.030784	993,542	30,585	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	302,096	24,822,474	0.012170	4,242,685	51,633	57
59	CARDIAC CATHETERIZATION	916,634	15,324,334	0.059816	3,975,798	237,816	59
60	LABORATORY	425,049	48,958,717	0.008682	10,991,782	95,431	60
62	WHOLE BLOOD & PACKED RED BLOO	48,165	2,813,630	0.017118	998,897	17,099	62
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
63.01	CARDIAC REHAB						63.01
63.02	NONINVASIVE LAB	220,706	9,709,304	0.022731	1,439,204	32,715	63.02
65	RESPIRATORY THERAPY	128,181	5,999,349	0.021366	1,996,303	42,653	65
66	PHYSICAL THERAPY	148,536	8,166,311	0.018189	1,132,383	20,597	66
67	OCCUPATIONAL THERAPY	26,708	5,907,311	0.004521	491,350	2,221	67
68	SPEECH PATHOLOGY	29,213	874,840	0.033392	165,918	5,540	68
70	ELECTROENCEPHALOGRAPHY	126,761	3,376,472	0.037542	554,688	20,824	70
71	MEDICAL SUPPLIES CHRGED TO PA	69,256	11,810,008	0.005864	3,978,029	23,327	71
72	IMPL. DEV. CHARGED TO PATIENT	83,213	9,314,402	0.008934	4,132,533	36,920	72
73	DRUGS CHARGED TO PATIENTS	415,036	30,810,311	0.013471	9,968,546	134,286	73
74	RENAL DIALYSIS	15,946	2,404,801	0.006631	1,038,268	6,885	74
75.01	ONCOLOGY	17,526	651,749	0.026891			75.01
76.97	CARDIAC REHABILITATION	122,599	453,493	0.270344			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	137,534	2,030,362	0.067739	16,326	1,106	90
91	EMERGENCY	317,312	31,509,547	0.010070	3,200,625	32,230	91
92	OBSERVATION BEDS	170,764	3,812,942	0.044785	78,648	3,522	92
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (SUM OF LINES 50-199)	6,385,978	289,066,665		61,022,281	1,273,152	200

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						30
31	INTENSIVE CARE UNIT						31
32	CORONARY CARE UNIT						32
33	BURN INTENSIVE CARE UNIT						33
34	SURGICAL INTENSIVE CARE UNIT						34
35	OTHER SPECIAL CARE (SPECIFY)						35
40	SUBPROVIDER - IPF						40
41	SUBPROVIDER - IRF						41
42	SUBPROVIDER I						42
43	NURSERY						43
44	SKILLED NURSING FACILITY						44
45	NURSING FACILITY						45
200	TOTAL (SUM OF LINES 30-199)						200

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 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	27,091		12,895		30
31	INTENSIVE CARE UNIT	2,401		1,377		31
32	CORONARY CARE UNIT					32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	OTHER SPECIAL CARE (SPECIFY)					35
40	SUBPROVIDER - IPF	4,707		1,110		40
41	SUBPROVIDER - IRF	9,225		7,732		41
42	SUBPROVIDER I					42
43	NURSERY	1,250				43
44	SKILLED NURSING FACILITY					44
45	NURSING FACILITY					45
200	TOTAL (SUM OF LINES 30-199)	44,674		23,114		200

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

CHECK APPLICABLE BOXES									
[ ]	TITLE V	[XX]	HOSPITAL (15-0008)	[ ]	SUB (OTHER)	[ ]	ICF/MR	[XX]	PPS
[XX]	TITLE XVIII-PT A	[ ]	IPF	[ ]	SNF			[ ]	TEFRA
[ ]	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	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM							50
51	RECOVERY ROOM							51
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC							54
54.01	ULTRASOUND							54.01
54.02	AUDIOLOGY							54.02
56	RADIOISOTOPE							56
57	COMPUTED TOMOGRAPHY (CT) SCAN							57
59	CARDIAC CATHETERIZATION							59
60	LABORATORY							60
62	WHOLE BLOOD & PACKED RED BLOO							62
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
63.01	CARDIAC REHAB							63.01
63.02	NONINVASIVE LAB							63.02
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
70	ELECTROENCEPHALOGRAPHY							70
71	MEDICAL SUPPLIES CHRGED TO PA							71
72	IMPL. DEV. CHARGED TO PATIENT							72
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS							74
75.01	ONCOLOGY							75.01
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
91	EMERGENCY							91
92	OBSERVATION BEDS							92
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)							200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK APPLICABLE BOXES
[ ] TITLE V
[XX] TITLE XVIII-PT A
[ ] TITLE XIX
[XX] HOSPITAL (15-0008)
[ ] IPF
[ ] IRF
[ ] SUB (OTHER)
[ ] SNF
[ ] NF
[ ] ICF/MR
[XX] PPS
[ ] TEFRA

	COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	31,799,564			6,593,681		8,376,465		50
51	RECOVERY ROOM	2,283,764			367,149		969,088		51
52	DELIVERY ROOM & LABOR ROOM	2,202,652			5,653				52
53	ANESTHESIOLOGY	4,795,147			760,295		593,536		53
54	RADIOLOGY-DIAGNOSTIC	19,325,921			3,616,168		3,586,016		54
54.01	ULTRASOUND	3,850,737			283,810		274,502		54.01
54.02	AUDIOLOGY								54.02
56	RADIOISOTOPE	6,058,523			993,542		1,882,258		56
57	COMPUTED TOMOGRAPHY (CT) SCA	24,822,474			4,242,685		3,360,708		57
59	CARDIAC CATHETERIZATION	15,324,334			3,975,798		2,280,205		59
60	LABORATORY	48,958,717			10,991,782		357,220		60
62	WHOLE BLOOD & PACKED RED BLO	2,813,630			998,897		103,633		62
62.30	BLOOD CLOTTING FOR HEMOPHILI								62.30
63.01	CARDIAC REHAB								63.01
63.02	NONINVASIVE LAB	9,709,304			1,439,204		1,339,333		63.02
65	RESPIRATORY THERAPY	5,999,349			1,996,303		268,348		65
66	PHYSICAL THERAPY	8,166,311			1,132,383		8,814		66
67	OCCUPATIONAL THERAPY	5,907,311			491,350				67
68	SPEECH PATHOLOGY	874,840			165,918		29,129		68
70	ELECTROENCEPHALOGRAPHY	3,376,472			554,688		683,254		70
71	MEDICAL SUPPLIES CHRGED TO P	11,810,008			3,978,029		1,040,576		71
72	IMPL. DEV. CHARGED TO PATIEN	9,314,402			4,132,533		947,428		72
73	DRUGS CHARGED TO PATIENTS	30,810,311			9,968,546		3,966,619		73
74	RENAL DIALYSIS	2,404,801			1,038,268		154,649		74
75.01	ONCOLOGY	651,749							75.01
76.97	CARDIAC REHABILITATION	453,493					121,912		76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	2,030,362			16,326		28,511		90
91	EMERGENCY	31,509,547			3,200,625		2,898,528		91
92	OBSERVATION BEDS	3,812,942			78,648		545,928		92
	OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (SUM OF LINES 50-199)	289,066,665			61,022,281		33,816,660		200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS WORKSHEET D PART V

CHECK	[ ]	TITLE V - O/P	[XX]	HOSPITAL (15-0008)	[ ]	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	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9	PROGRAM CHARGES: PPS REIMBURSED SERVICES	PROGRAM CHARGES: COST REIMB. SERVICES SUBJECT TO DED & COINS	PROGRAM CHARGES: COST REIMB. SVCES NOT SUBJECT TO DED & COINS	PROGRAM COSTS: PPS SERVICES	PROGRAM COSTS: COST SERVICES SUBJECT TO DED & COINS	PROGRAM COSTS: COST SVCES NOT SUBJECT TO DED & COINS	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	0.342210	8,376,465			2,866,510			50
51	RECOVERY ROOM	0.309831	969,088			300,254			51
52	DELIVERY ROOM & LABOR ROOM	0.843589							52
53	ANESTHESIOLOGY	0.131076	593,536			77,798			53
54	RADIOLOGY-DIAGNOSTIC	0.216348	3,586,016			775,827			54
54.01	ULTRASOUND	0.184939	274,502			50,766			54.01
54.02	AUDIOLOGY								54.02
56	RADIOISOTOPE	0.171556	1,882,258			322,913			56
57	COMPUTED TOMOGRAPHY (CT) SCAN	0.060308	3,360,708			202,678			57
59	CARDIAC CATHETERIZATION	0.216071	2,280,205			492,686			59
60	LABORATORY	0.149761	357,220			53,498			60
62	WHOLE BLOOD & PACKED RED BLOOD	0.516054	103,633			53,480			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63.01	CARDIAC REHAB								63.01
63.02	NONINVASIVE LAB	0.146267	1,339,333			195,900			63.02
65	RESPIRATORY THERAPY	0.394739	268,348			105,927			65
66	PHYSICAL THERAPY	0.351130	8,814			3,095			66
67	OCCUPATIONAL THERAPY	0.291046							67
68	SPEECH PATHOLOGY	0.554863	29,129			16,163			68
70	ELECTROENCEPHALOGRAPHY	0.229105	683,254			156,537			70
71	MEDICAL SUPPLIES CHRGED TO PATI	0.349275	1,040,576			363,447			71
72	IMPL. DEV. CHARGED TO PATIENT	0.542635	947,428			514,108			72
73	DRUGS CHARGED TO PATIENTS	0.265319	3,966,619		23,063	1,052,419		6,119	73
74	RENAL DIALYSIS	0.308734	154,649			47,745			74
75.01	ONCOLOGY	0.351523							75.01
76.97	CARDIAC REHABILITATION	2.566377	121,912			312,872			76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	1.509282	28,511			43,031			90
91	EMERGENCY	0.205991	2,898,528			597,071			91
92	OBSERVATION BEDS	0.583798	545,928			318,712			92
	OTHER REIMBURSABLE COST CENTERS								
200	SUBTOTAL (SEE INSTRUCTIONS)		33,816,660		23,063	8,923,437		6,119	200
201	LESS PBP CLINIC LAB SERVICES								201
202	NET CHARGES (LINE 200 - LINE 201)		33,816,660		23,063	8,923,437		6,119	202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
PART II

CHECK APPLICABLE BOXES							
[ ]	TITLE V	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[XX]	PPS
[XX]	TITLE XVIII-PT A	[XX]	IPF (15-S008)			[ ]	TEFRA
[ ]	TITLE XIX	[ ]	IRF				

	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	1,649,119	31,799,564	0.051860			50
51	RECOVERY ROOM	35,609	2,283,764	0.015592			51
52	DELIVERY ROOM & LABOR ROOM	56,378	2,202,652	0.025596			52
53	ANESTHESIOLOGY	93,413	4,795,147	0.019481			53
54	RADIOLOGY-DIAGNOSTIC	596,849	19,325,921	0.030883	24,479	756	54
54.01	ULTRASOUND	46,871	3,850,737	0.012172	4,855	59	54.01
54.02	AUDIOLOGY						54.02
56	RADIOISOTOPE	186,504	6,058,523	0.030784	6,152	189	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	302,096	24,822,474	0.012170	16,473	200	57
59	CARDIAC CATHETERIZATION	916,634	15,324,334	0.059816	2,954	177	59
60	LABORATORY	425,049	48,958,717	0.008682	191,835	1,666	60
62	WHOLE BLOOD & PACKED RED BLOO	48,165	2,813,630	0.017118			62
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
63.01	CARDIAC REHAB						63.01
63.02	NONINVASIVE LAB	220,706	9,709,304	0.022731	14,814	337	63.02
65	RESPIRATORY THERAPY	128,181	5,999,349	0.021366	5,049	108	65
66	PHYSICAL THERAPY	148,536	8,166,311	0.018189	1,974	36	66
67	OCCUPATIONAL THERAPY	26,708	5,907,311	0.004521			67
68	SPEECH PATHOLOGY	29,213	874,840	0.033392			68
70	ELECTROENCEPHALOGRAPHY	126,761	3,376,472	0.037542	1,278	48	70
71	MEDICAL SUPPLIES CHRGED TO PA	69,256	11,810,008	0.005864	624	4	71
72	IMPL. DEV. CHARGED TO PATIENT	83,213	9,314,402	0.008934			72
73	DRUGS CHARGED TO PATIENTS	415,036	30,810,311	0.013471	168,444	2,269	73
74	RENAL DIALYSIS	15,946	2,404,801	0.006631			74
75.01	ONCOLOGY	17,526	651,749	0.026891			75.01
76.97	CARDIAC REHABILITATION	122,599	453,493	0.270344			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	137,534	2,030,362	0.067739			90
91	EMERGENCY	317,312	31,509,547	0.010070	110,439	1,112	91
92	OBSERVATION BEDS	170,764	3,812,942	0.044785			92
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (SUM OF LINES 50-199)	6,385,978	289,066,665		549,370	6,961	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK APPLICABLE BOXES									
	[ ]	TITLE V	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[ ]	ICF/MR	[XX] PPS
	[XX]	TITLE XVIII-PT A	[XX]	IPF (15-S008)	[ ]	SNF			[ ] TEFRA
	[ ]	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	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM							50
51	RECOVERY ROOM							51
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC							54
54.01	ULTRASOUND							54.01
54.02	AUDIOLOGY							54.02
56	RADIOISOTOPE							56
57	COMPUTED TOMOGRAPHY (CT) SCAN							57
59	CARDIAC CATHETERIZATION							59
60	LABORATORY							60
62	WHOLE BLOOD & PACKED RED BLOO							62
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
63.01	CARDIAC REHAB							63.01
63.02	NONINVASIVE LAB							63.02
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
70	ELECTROENCEPHALOGRAPHY							70
71	MEDICAL SUPPLIES CHRGED TO PA							71
72	IMPL. DEV. CHARGED TO PATIENT							72
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS							74
75.01	ONCOLOGY							75.01
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
91	EMERGENCY							91
92	OBSERVATION BEDS							92
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)							200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK APPLICABLE BOXES								
[ ]	TITLE V	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[ ]	ICF/MR	[XX] PPS
[XX]	TITLE XVIII-PT A	[XX]	IPF (15-S008)	[ ]	SNF			[ ] TEFRA
[ ]	TITLE XIX	[ ]	IRF	[ ]	NF			

	COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	31,799,564							50
51	RECOVERY ROOM	2,283,764							51
52	DELIVERY ROOM & LABOR ROOM	2,202,652							52
53	ANESTHESIOLOGY	4,795,147							53
54	RADIOLOGY-DIAGNOSTIC	19,325,921			24,479				54
54.01	ULTRASOUND	3,850,737			4,855				54.01
54.02	AUDIOLOGY								54.02
56	RADIOISOTOPE	6,058,523			6,152				56
57	COMPUTED TOMOGRAPHY (CT) SCA	24,822,474			16,473				57
59	CARDIAC CATHETERIZATION	15,324,334			2,954				59
60	LABORATORY	48,958,717			191,835				60
62	WHOLE BLOOD & PACKED RED BLO	2,813,630							62
62.30	BLOOD CLOTTING FOR HEMOPHILI								62.30
63.01	CARDIAC REHAB								63.01
63.02	NONINVASIVE LAB	9,709,304			14,814				63.02
65	RESPIRATORY THERAPY	5,999,349			5,049				65
66	PHYSICAL THERAPY	8,166,311			1,974				66
67	OCCUPATIONAL THERAPY	5,907,311							67
68	SPEECH PATHOLOGY	874,840							68
70	ELECTROENCEPHALOGRAPHY	3,376,472			1,278				70
71	MEDICAL SUPPLIES CHRGED TO P	11,810,008			624				71
72	IMPL. DEV. CHARGED TO PATIEN	9,314,402							72
73	DRUGS CHARGED TO PATIENTS	30,810,311			168,444				73
74	RENAL DIALYSIS	2,404,801							74
75.01	ONCOLOGY	651,749							75.01
76.97	CARDIAC REHABILITATION	453,493							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	2,030,362							90
91	EMERGENCY	31,509,547			110,439				91
92	OBSERVATION BEDS	3,812,942							92
	OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (SUM OF LINES 50-199)	289,066,665			549,370				200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS WORKSHEET D PART V

CHECK APPLICABLE BOXES								
	[ ]	TITLE V - O/P	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[ ]	S/B-SNF
	[XX]	TITLE XVIII-PT B	[XX]	IPF (15-S008)	[ ]	SNF	[ ]	S/B-NF
	[ ]	TITLE XIX - O/P	[ ]	IRF	[ ]	NF	[ ]	ICF/MR

	COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9	PROGRAM CHARGES: PPS SERVICES REIMBURSED	PROGRAM CHARGES: COST REIMB. SERVICES SUBJECT TO DED & COINS	PROGRAM CHARGES: COST REIMB. SVCES NOT SUBJECT TO DED & COINS	PROGRAM COSTS: PPS SERVICES	PROGRAM COSTS: COST SERVICES SUBJECT TO DED & COINS	PROGRAM COSTS: COST SVCES NOT SUBJECT TO DED & COINS	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	0.342210							50
51	RECOVERY ROOM	0.309831							51
52	DELIVERY ROOM & LABOR ROOM	0.843589							52
53	ANESTHESIOLOGY	0.131076							53
54	RADIOLOGY-DIAGNOSTIC	0.216348							54
54.01	ULTRASOUND	0.184939							54.01
54.02	AUDIOLOGY								54.02
56	RADIOISOTOPE	0.171556							56
57	COMPUTED TOMOGRAPHY (CT) SCAN	0.060308							57
59	CARDIAC CATHETERIZATION	0.216071							59
60	LABORATORY	0.149761							60
62	WHOLE BLOOD & PACKED RED BLOOD	0.516054							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63.01	CARDIAC REHAB								63.01
63.02	NONINVASIVE LAB	0.146267							63.02
65	RESPIRATORY THERAPY	0.394739							65
66	PHYSICAL THERAPY	0.351130							66
67	OCCUPATIONAL THERAPY	0.291046							67
68	SPEECH PATHOLOGY	0.554863							68
70	ELECTROENCEPHALOGRAPHY	0.229105							70
71	MEDICAL SUPPLIES CHRGED TO PATI	0.349275							71
72	IMPL. DEV. CHARGED TO PATIENT	0.542635							72
73	DRUGS CHARGED TO PATIENTS	0.265319							73
74	RENAL DIALYSIS	0.308734							74
75.01	ONCOLOGY	0.351523							75.01
76.97	CARDIAC REHABILITATION	2.566377							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	1.509282							90
91	EMERGENCY	0.205991							91
92	OBSERVATION BEDS	0.583798							92
	OTHER REIMBURSABLE COST CENTERS								
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	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[XX]	PPS
[XX]	TITLE XVIII-PT A	[ ]	IPF			[ ]	TEFRA
[ ]	TITLE XIX	[XX]	IRF (15-T008)				

	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	1,649,119	31,799,564	0.051860	324,901	16,849	50
51	RECOVERY ROOM	35,609	2,283,764	0.015592	23,984	374	51
52	DELIVERY ROOM & LABOR ROOM	56,378	2,202,652	0.025596			52
53	ANESTHESIOLOGY	93,413	4,795,147	0.019481	39,829	776	53
54	RADIOLOGY-DIAGNOSTIC	596,849	19,325,921	0.030883	280,710	8,669	54
54.01	ULTRASOUND	46,871	3,850,737	0.012172	21,078	257	54.01
54.02	AUDIOLOGY						54.02
56	RADIOISOTOPE	186,504	6,058,523	0.030784	49,065	1,510	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	302,096	24,822,474	0.012170	199,865	2,432	57
59	CARDIAC CATHETERIZATION	916,634	15,324,334	0.059816	29,657	1,774	59
60	LABORATORY	425,049	48,958,717	0.008682	1,545,818	13,421	60
62	WHOLE BLOOD & PACKED RED BLOO	48,165	2,813,630	0.017118	127,116	2,176	62
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
63.01	CARDIAC REHAB						63.01
63.02	NONINVASIVE LAB	220,706	9,709,304	0.022731	86,848	1,974	63.02
65	RESPIRATORY THERAPY	128,181	5,999,349	0.021366	551,387	11,781	65
66	PHYSICAL THERAPY	148,536	8,166,311	0.018189	3,141,127	57,134	66
67	OCCUPATIONAL THERAPY	26,708	5,907,311	0.004521	3,012,161	13,618	67
68	SPEECH PATHOLOGY	29,213	874,840	0.033392	237,615	7,934	68
70	ELECTROENCEPHALOGRAPHY	126,761	3,376,472	0.037542	515,755	19,362	70
71	MEDICAL SUPPLIES CHRGED TO PA	69,256	11,810,008	0.005864	591,802	3,470	71
72	IMPL. DEV. CHARGED TO PATIENT	83,213	9,314,402	0.008934	31,658	283	72
73	DRUGS CHARGED TO PATIENTS	415,036	30,810,311	0.013471	2,806,001	37,800	73
74	RENAL DIALYSIS	15,946	2,404,801	0.006631	343,325	2,277	74
75.01	ONCOLOGY	17,526	651,749	0.026891			75.01
76.97	CARDIAC REHABILITATION	122,599	453,493	0.270344			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	137,534	2,030,362	0.067739	1,211	82	90
91	EMERGENCY	317,312	31,509,547	0.010070	3,029	31	91
92	OBSERVATION BEDS	170,764	3,812,942	0.044785			92
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (SUM OF LINES 50-199)	6,385,978	289,066,665		13,963,942	203,984	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK APPLICABLE BOXES									
[ ]	TITLE V	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[ ]	ICF/MR	[XX]	PPS
[XX]	TITLE XVIII-PT A	[ ]	IPF	[ ]	SNF			[ ]	TEFRA
[ ]	TITLE XIX	[XX]	IRF (15-T008)	[ ]	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	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM							50
51	RECOVERY ROOM							51
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC							54
54.01	ULTRASOUND							54.01
54.02	AUDIOLOGY							54.02
56	RADIOISOTOPE							56
57	COMPUTED TOMOGRAPHY (CT) SCAN							57
59	CARDIAC CATHETERIZATION							59
60	LABORATORY							60
62	WHOLE BLOOD & PACKED RED BLOO							62
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
63.01	CARDIAC REHAB							63.01
63.02	NONINVASIVE LAB							63.02
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
70	ELECTROENCEPHALOGRAPHY							70
71	MEDICAL SUPPLIES CHRGED TO PA							71
72	IMPL. DEV. CHARGED TO PATIENT							72
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS							74
75.01	ONCOLOGY							75.01
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
91	EMERGENCY							91
92	OBSERVATION BEDS							92
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)							200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK APPLICABLE BOXES									
	[ ] TITLE V	[ ] HOSPITAL	[ ] SUB (OTHER)	[ ] ICF/MR	[XX] PPS
	[XX] TITLE XVIII-PT A	[ ] IPF	[ ] SNF		[ ] TEFRA
	[ ] TITLE XIX	[XX] IRF (15-T008)	[ ] NF		

	COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	31,799,564			324,901				50
51	RECOVERY ROOM	2,283,764			23,984				51
52	DELIVERY ROOM & LABOR ROOM	2,202,652							52
53	ANESTHESIOLOGY	4,795,147			39,829				53
54	RADIOLOGY-DIAGNOSTIC	19,325,921			280,710				54
54.01	ULTRASOUND	3,850,737			21,078				54.01
54.02	AUDIOLOGY								54.02
56	RADIOISOTOPE	6,058,523			49,065				56
57	COMPUTED TOMOGRAPHY (CT) SCA	24,822,474			199,865				57
59	CARDIAC CATHETERIZATION	15,324,334			29,657				59
60	LABORATORY	48,958,717			1,545,818				60
62	WHOLE BLOOD & PACKED RED BLO	2,813,630			127,116				62
62.30	BLOOD CLOTTING FOR HEMOPHILI								62.30
63.01	CARDIAC REHAB								63.01
63.02	NONINVASIVE LAB	9,709,304			86,848				63.02
65	RESPIRATORY THERAPY	5,999,349			551,387				65
66	PHYSICAL THERAPY	8,166,311			3,141,127				66
67	OCCUPATIONAL THERAPY	5,907,311			3,012,161				67
68	SPEECH PATHOLOGY	874,840			237,615				68
70	ELECTROENCEPHALOGRAPHY	3,376,472			515,755				70
71	MEDICAL SUPPLIES CHRGED TO P	11,810,008			591,802				71
72	IMPL. DEV. CHARGED TO PATIEN	9,314,402			31,658				72
73	DRUGS CHARGED TO PATIENTS	30,810,311			2,806,001				73
74	RENAL DIALYSIS	2,404,801			343,325				74
75.01	ONCOLOGY	651,749							75.01
76.97	CARDIAC REHABILITATION	453,493							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	2,030,362			1,211				90
91	EMERGENCY	31,509,547			3,029				91
92	OBSERVATION BEDS	3,812,942							92
	OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (SUM OF LINES 50-199)	289,066,665			13,963,942				200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
PART V

CHECK APPLICABLE BOXES									
	[ ]	TITLE V - O/P	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[ ]	S/B-SNF
	[XX]	TITLE XVIII-PT B	[ ]	IPF	[ ]	SNF	[ ]	S/B-NF
	[ ]	TITLE XIX - O/P	[XX]	IRF (15-T008)	[ ]	NF	[ ]	ICF/MR

	COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9	PROGRAM CHARGES: PPS SERVICES REIMBURSED	PROGRAM CHARGES: COST REIMB. SERVICES SUBJECT TO DED & COINS	PROGRAM CHARGES: COST REIMB. SVCES NOT SUBJECT TO DED & COINS	PROGRAM COSTS: PPS SERVICES	PROGRAM COSTS: COST SERVICES SUBJECT TO DED & COINS	PROGRAM COSTS: COST SVCES NOT SUBJECT TO DED & COINS	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	0.342210							50
51	RECOVERY ROOM	0.309831							51
52	DELIVERY ROOM & LABOR ROOM	0.843589							52
53	ANESTHESIOLOGY	0.131076							53
54	RADIOLOGY-DIAGNOSTIC	0.216348							54
54.01	ULTRASOUND	0.184939							54.01
54.02	AUDIOLOGY								54.02
56	RADIOISOTOPE	0.171556							56
57	COMPUTED TOMOGRAPHY (CT) SCAN	0.060308							57
59	CARDIAC CATHETERIZATION	0.216071							59
60	LABORATORY	0.149761							60
62	WHOLE BLOOD & PACKED RED BLOOD	0.516054							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63.01	CARDIAC REHAB								63.01
63.02	NONINVASIVE LAB	0.146267							63.02
65	RESPIRATORY THERAPY	0.394739							65
66	PHYSICAL THERAPY	0.351130							66
67	OCCUPATIONAL THERAPY	0.291046							67
68	SPEECH PATHOLOGY	0.554863							68
70	ELECTROENCEPHALOGRAPHY	0.229105							70
71	MEDICAL SUPPLIES CHRGED TO PATI	0.349275							71
72	IMPL. DEV. CHARGED TO PATIENT	0.542635							72
73	DRUGS CHARGED TO PATIENTS	0.265319							73
74	RENAL DIALYSIS	0.308734							74
75.01	ONCOLOGY	0.351523							75.01
76.97	CARDIAC REHABILITATION	2.566377							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	1.509282							90
91	EMERGENCY	0.205991							91
92	OBSERVATION BEDS	0.583798							92
	OTHER REIMBURSABLE COST CENTERS								
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 (FROM WKST B, PT. II, COL. 26) 1	SWING-BED ADJUSTMENT 2	REDUCED CAP-REL COST (COL.1 MINUS COL.2) 3	TOTAL PATIENT DAYS 4	PER DIEM (COL.3 ÷ COL.4) 5	INPAT PGM DAYS 6	INPAT PGM CAP COST (COL.5 x COL.6) 7	
	INPAT ROUTINE SERV COST CTRS								
30	ADULTS & PEDIATRICS	1,893,666		1,893,666	27,091	69.90	2,137	149,376	30
31	INTENSIVE CARE UNIT	327,335		327,335	2,401	136.33	191	26,039	31
32	CORONARY CARE UNIT								32
33	BURN INTENSIVE CARE UNIT								33
34	SURGICAL INTENSIVE CARE UNIT								34
35	OTHER SPECIAL CARE (SPECIFY)								35
40	SUBPROVIDER - IPF	222,503		222,503	4,707	47.27	897	42,401	40
41	SUBPROVIDER - IRF	445,713		445,713	9,225	48.32	587	28,364	41
42	SUBPROVIDER I								42
43	NURSERY	8,790		8,790	1,250	7.03	340	2,390	43
44	SKILLED NURSING FACILITY								44
45	NURSING FACILITY								45
200	TOTAL (LINES 30-199)	2,898,007		2,898,007	44,674		4,152	248,570	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
PART II

CHECK	[ ] TITLE V	[XX] HOSPITAL (15-0008)	[ ] SUB (OTHER)	[XX] PPS
APPLICABLE	[ ] TITLE XVIII-PT A	[ ] IPF		[ ] TEFRA
BOXES	[XX] TITLE XIX	[ ] IRF		[ ] OTHER

	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	1,649,119	31,799,564	0.051860	1,654,976	85,827	50
51	RECOVERY ROOM	35,609	2,283,764	0.015592	134,064	2,090	51
52	DELIVERY ROOM & LABOR ROOM	56,378	2,202,652	0.025596	279,972	7,166	52
53	ANESTHESIOLOGY	93,413	4,795,147	0.019481	262,140	5,107	53
54	RADIOLOGY-DIAGNOSTIC	596,849	19,325,921	0.030883	915,028	28,259	54
54.01	ULTRASOUND	46,871	3,850,737	0.012172	102,649	1,249	54.01
54.02	AUDIOLOGY						54.02
56	RADIOISOTOPE	186,504	6,058,523	0.030784	293,410	9,032	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	302,096	24,822,474	0.012170	1,245,536	15,158	57
59	CARDIAC CATHETERIZATION	916,634	15,324,334	0.059816	823,784	49,275	59
60	LABORATORY	425,049	48,958,717	0.008682	3,181,281	27,620	60
62	WHOLE BLOOD & PACKED RED BLOO	48,165	2,813,630	0.017118	271,552	4,648	62
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
63.01	CARDIAC REHAB						63.01
63.02	NONINVASIVE LAB	220,706	9,709,304	0.022731	369,759	8,405	63.02
65	RESPIRATORY THERAPY	128,181	5,999,349	0.021366	502,803	10,743	65
66	PHYSICAL THERAPY	148,536	8,166,311	0.018189	225,181	4,096	66
67	OCCUPATIONAL THERAPY	26,708	5,907,311	0.004521	86,237	390	67
68	SPEECH PATHOLOGY	29,213	874,840	0.033392	44,494	1,486	68
70	ELECTROENCEPHALOGRAPHY	126,761	3,376,472	0.037542	130,212	4,888	70
71	MEDICAL SUPPLIES CHRGED TO PA	69,256	11,810,008	0.005864	919,277	5,391	71
72	IMPL. DEV. CHARGED TO PATIENT	83,213	9,314,402	0.008934	498,391	4,453	72
73	DRUGS CHARGED TO PATIENTS	415,036	30,810,311	0.013471	3,188,678	42,955	73
74	RENAL DIALYSIS	15,946	2,404,801	0.006631	401,275	2,661	74
75.01	ONCOLOGY	17,526	651,749	0.026891			75.01
76.97	CARDIAC REHABILITATION	122,599	453,493	0.270344			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	137,534	2,030,362	0.067739	4,272	289	90
91	EMERGENCY	317,312	31,509,547	0.010070	1,116,359	11,242	91
92	OBSERVATION BEDS	170,764	3,812,942	0.044785			92
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (SUM OF LINES 50-199)	6,385,978	289,066,665		16,651,330	332,430	200

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						30
31	INTENSIVE CARE UNIT						31
32	CORONARY CARE UNIT						32
33	BURN INTENSIVE CARE UNIT						33
34	SURGICAL INTENSIVE CARE UNIT						34
35	OTHER SPECIAL CARE (SPECIFY)						35
40	SUBPROVIDER - IPF						40
41	SUBPROVIDER - IRF						41
42	SUBPROVIDER I						42
43	NURSERY						43
44	SKILLED NURSING FACILITY						44
45	NURSING FACILITY						45
200	TOTAL (SUM OF LINES 30-199)						200

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 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	27,091		2,137		30
31	INTENSIVE CARE UNIT	2,401		191		31
32	CORONARY CARE UNIT					32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	OTHER SPECIAL CARE (SPECIFY)					35
40	SUBPROVIDER - IPF	4,707		897		40
41	SUBPROVIDER - IRF	9,225		587		41
42	SUBPROVIDER I					42
43	NURSERY	1,250		340		43
44	SKILLED NURSING FACILITY					44
45	NURSING FACILITY					45
200	TOTAL (SUM OF LINES 30-199)	44,674		4,152		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK APPLICABLE BOXES									
[ ]	TITLE V	[XX]	HOSPITAL (15-0008)	[ ]	SUB (OTHER)	[ ]	ICF/MR	[XX]	PPS
[ ]	TITLE XVIII-PT A	[ ]	IPF	[ ]	SNF			[ ]	TEFRA
[XX]	TITLE XIX	[ ]	IRF	[ ]	NF			[ ]	OTHER

	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	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM							50
51	RECOVERY ROOM							51
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC							54
54.01	ULTRASOUND							54.01
54.02	AUDIOLOGY							54.02
56	RADIOISOTOPE							56
57	COMPUTED TOMOGRAPHY (CT) SCAN							57
59	CARDIAC CATHETERIZATION							59
60	LABORATORY							60
62	WHOLE BLOOD & PACKED RED BLOO							62
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
63.01	CARDIAC REHAB							63.01
63.02	NONINVASIVE LAB							63.02
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
70	ELECTROENCEPHALOGRAPHY							70
71	MEDICAL SUPPLIES CHRGED TO PA							71
72	IMPL. DEV. CHARGED TO PATIENT							72
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS							74
75.01	ONCOLOGY							75.01
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
91	EMERGENCY							91
92	OBSERVATION BEDS							92
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)							200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK APPLICABLE BOXES								
[ ] TITLE V	[XX] HOSPITAL (15-0008)	[ ] SUB (OTHER)	[ ] ICF/MR	[XX] PPS
[ ] TITLE XVIII-PT A	[ ] IPF	[ ] SNF		[ ] TEFRA
[XX] TITLE XIX	[ ] IRF	[ ] NF		[ ] OTHER

	COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	31,799,564			1,654,976				50
51	RECOVERY ROOM	2,283,764			134,064				51
52	DELIVERY ROOM & LABOR ROOM	2,202,652			279,972				52
53	ANESTHESIOLOGY	4,795,147			262,140				53
54	RADIOLOGY-DIAGNOSTIC	19,325,921			915,028				54
54.01	ULTRASOUND	3,850,737			102,649				54.01
54.02	AUDIOLOGY								54.02
56	RADIOISOTOPE	6,058,523			293,410				56
57	COMPUTED TOMOGRAPHY (CT) SCA	24,822,474			1,245,536				57
59	CARDIAC CATHETERIZATION	15,324,334			823,784				59
60	LABORATORY	48,958,717			3,181,281				60
62	WHOLE BLOOD & PACKED RED BLO	2,813,630			271,552				62
62.30	BLOOD CLOTTING FOR HEMOPHILI								62.30
63.01	CARDIAC REHAB								63.01
63.02	NONINVASIVE LAB	9,709,304			369,759				63.02
65	RESPIRATORY THERAPY	5,999,349			502,803				65
66	PHYSICAL THERAPY	8,166,311			225,181				66
67	OCCUPATIONAL THERAPY	5,907,311			86,237				67
68	SPEECH PATHOLOGY	874,840			44,494				68
70	ELECTROENCEPHALOGRAPHY	3,376,472			130,212				70
71	MEDICAL SUPPLIES CHRGED TO P	11,810,008			919,277				71
72	IMPL. DEV. CHARGED TO PATIEN	9,314,402			498,391				72
73	DRUGS CHARGED TO PATIENTS	30,810,311			3,188,678				73
74	RENAL DIALYSIS	2,404,801			401,275				74
75.01	ONCOLOGY	651,749							75.01
76.97	CARDIAC REHABILITATION	453,493							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	2,030,362			4,272				90
91	EMERGENCY	31,509,547			1,116,359				91
92	OBSERVATION BEDS	3,812,942							92
	OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (SUM OF LINES 50-199)	289,066,665			16,651,330				200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
PART V

CHECK	[ ]	TITLE V - O/P	[XX]	HOSPITAL (15-0008)	[ ]	SUB (OTHER)	[ ]	S/B-SNF
APPLICABLE	[ ]	TITLE XVIII-PT B	[ ]	IPF	[ ]	SNF	[ ]	S/B-NF
BOXES	[XX]	TITLE XIX - O/P	[ ]	IRF	[ ]	NF	[ ]	ICF/MR

	COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9	PROGRAM CHARGES: PPS REIMBURSED SERVICES	PROGRAM CHARGES: COST REIMB. SERVICES SUBJECT TO DED & COINS	PROGRAM CHARGES: COST REIMB. SVCES NOT SUBJECT TO DED & COINS	PROGRAM COSTS: PPS SERVICES	PROGRAM COSTS: COST SERVICES SUBJECT TO DED & COINS	PROGRAM COSTS: COST SVCES NOT SUBJECT TO DED & COINS	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	0.342210							50
51	RECOVERY ROOM	0.309831							51
52	DELIVERY ROOM & LABOR ROOM	0.843589							52
53	ANESTHESIOLOGY	0.131076							53
54	RADIOLOGY-DIAGNOSTIC	0.216348							54
54.01	ULTRASOUND	0.184939							54.01
54.02	AUDIOLOGY								54.02
56	RADIOISOTOPE	0.171556							56
57	COMPUTED TOMOGRAPHY (CT) SCAN	0.060308							57
59	CARDIAC CATHETERIZATION	0.216071							59
60	LABORATORY	0.149761							60
62	WHOLE BLOOD & PACKED RED BLOOD	0.516054							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63.01	CARDIAC REHAB								63.01
63.02	NONINVASIVE LAB	0.146267							63.02
65	RESPIRATORY THERAPY	0.394739							65
66	PHYSICAL THERAPY	0.351130							66
67	OCCUPATIONAL THERAPY	0.291046							67
68	SPEECH PATHOLOGY	0.554863							68
70	ELECTROENCEPHALOGRAPHY	0.229105							70
71	MEDICAL SUPPLIES CHRGED TO PATI	0.349275							71
72	IMPL. DEV. CHARGED TO PATIENT	0.542635							72
73	DRUGS CHARGED TO PATIENTS	0.265319							73
74	RENAL DIALYSIS	0.308734							74
75.01	ONCOLOGY	0.351523							75.01
76.97	CARDIAC REHABILITATION	2.566377							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	1.509282							90
91	EMERGENCY	0.205991							91
92	OBSERVATION BEDS	0.583798							92
	OTHER REIMBURSABLE COST CENTERS								
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	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[XX]	PPS
[ ]	TITLE XVIII-PT A	[XX]	IPF (15-S008)			[ ]	TEFRA
[XX]	TITLE XIX	[ ]	IRF			[ ]	OTHER

	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	1,649,119	31,799,564	0.051860			50
51	RECOVERY ROOM	35,609	2,283,764	0.015592			51
52	DELIVERY ROOM & LABOR ROOM	56,378	2,202,652	0.025596			52
53	ANESTHESIOLOGY	93,413	4,795,147	0.019481			53
54	RADIOLOGY-DIAGNOSTIC	596,849	19,325,921	0.030883	24,479	756	54
54.01	ULTRASOUND	46,871	3,850,737	0.012172	4,855	59	54.01
54.02	AUDIOLOGY						54.02
56	RADIOISOTOPE	186,504	6,058,523	0.030784	6,152	189	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	302,096	24,822,474	0.012170	16,473	200	57
59	CARDIAC CATHETERIZATION	916,634	15,324,334	0.059816	2,954	177	59
60	LABORATORY	425,049	48,958,717	0.008682	191,835	1,666	60
62	WHOLE BLOOD & PACKED RED BLOO	48,165	2,813,630	0.017118			62
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
63.01	CARDIAC REHAB						63.01
63.02	NONINVASIVE LAB	220,706	9,709,304	0.022731	14,814	337	63.02
65	RESPIRATORY THERAPY	128,181	5,999,349	0.021366	5,049	108	65
66	PHYSICAL THERAPY	148,536	8,166,311	0.018189	1,974	36	66
67	OCCUPATIONAL THERAPY	26,708	5,907,311	0.004521			67
68	SPEECH PATHOLOGY	29,213	874,840	0.033392			68
70	ELECTROENCEPHALOGRAPHY	126,761	3,376,472	0.037542	1,278	48	70
71	MEDICAL SUPPLIES CHRGED TO PA	69,256	11,810,008	0.005864	624	4	71
72	IMPL. DEV. CHARGED TO PATIENT	83,213	9,314,402	0.008934			72
73	DRUGS CHARGED TO PATIENTS	415,036	30,810,311	0.013471	168,444	2,269	73
74	RENAL DIALYSIS	15,946	2,404,801	0.006631			74
75.01	ONCOLOGY	17,526	651,749	0.026891			75.01
76.97	CARDIAC REHABILITATION	122,599	453,493	0.270344			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	137,534	2,030,362	0.067739			90
91	EMERGENCY	317,312	31,509,547	0.010070	110,439	1,112	91
92	OBSERVATION BEDS	170,764	3,812,942	0.044785			92
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (SUM OF LINES 50-199)	6,385,978	289,066,665		549,370	6,961	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-S008)	[ ] SNF		[ ] TEFRA
BOXES	[XX] TITLE XIX	[ ] IRF	[ ] NF		[ ] OTHER

	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	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM							50
51	RECOVERY ROOM							51
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC							54
54.01	ULTRASOUND							54.01
54.02	AUDIOLOGY							54.02
56	RADIOISOTOPE							56
57	COMPUTED TOMOGRAPHY (CT) SCAN							57
59	CARDIAC CATHETERIZATION							59
60	LABORATORY							60
62	WHOLE BLOOD & PACKED RED BLOO							62
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
63.01	CARDIAC REHAB							63.01
63.02	NONINVASIVE LAB							63.02
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
70	ELECTROENCEPHALOGRAPHY							70
71	MEDICAL SUPPLIES CHRGED TO PA							71
72	IMPL. DEV. CHARGED TO PATIENT							72
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS							74
75.01	ONCOLOGY							75.01
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
91	EMERGENCY							91
92	OBSERVATION BEDS							92
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)							200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK APPLICABLE BOXES								
[ ]	TITLE V	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[ ]	ICF/MR	[XX] PPS
[ ]	TITLE XVIII-PT A	[XX]	IPF (15-S008)	[ ]	SNF			[ ] TEFRA
[XX]	TITLE XIX	[ ]	IRF	[ ]	NF			[ ] OTHER

	COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	31,799,564							50
51	RECOVERY ROOM	2,283,764							51
52	DELIVERY ROOM & LABOR ROOM	2,202,652							52
53	ANESTHESIOLOGY	4,795,147							53
54	RADIOLOGY-DIAGNOSTIC	19,325,921			24,479				54
54.01	ULTRASOUND	3,850,737			4,855				54.01
54.02	AUDIOLOGY								54.02
56	RADIOISOTOPE	6,058,523			6,152				56
57	COMPUTED TOMOGRAPHY (CT) SCA	24,822,474			16,473				57
59	CARDIAC CATHETERIZATION	15,324,334			2,954				59
60	LABORATORY	48,958,717			191,835				60
62	WHOLE BLOOD & PACKED RED BLO	2,813,630							62
62.30	BLOOD CLOTTING FOR HEMOPHILI								62.30
63.01	CARDIAC REHAB								63.01
63.02	NONINVASIVE LAB	9,709,304			14,814				63.02
65	RESPIRATORY THERAPY	5,999,349			5,049				65
66	PHYSICAL THERAPY	8,166,311			1,974				66
67	OCCUPATIONAL THERAPY	5,907,311							67
68	SPEECH PATHOLOGY	874,840							68
70	ELECTROENCEPHALOGRAPHY	3,376,472			1,278				70
71	MEDICAL SUPPLIES CHRGED TO P	11,810,008			624				71
72	IMPL. DEV. CHARGED TO PATIEN	9,314,402							72
73	DRUGS CHARGED TO PATIENTS	30,810,311			168,444				73
74	RENAL DIALYSIS	2,404,801							74
75.01	ONCOLOGY	651,749							75.01
76.97	CARDIAC REHABILITATION	453,493							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	2,030,362							90
91	EMERGENCY	31,509,547			110,439				91
92	OBSERVATION BEDS	3,812,942							92
	OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (SUM OF LINES 50-199)	289,066,665			549,370				200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
PART V

CHECK APPLICABLE BOXES							
[ ]	TITLE V - O/P	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[ ]	S/B-SNF
[ ]	TITLE XVIII-PT B	[XX]	IPF (15-S008)	[ ]	SNF	[ ]	S/B-NF
[XX]	TITLE XIX - O/P	[ ]	IRF	[ ]	NF	[ ]	ICF/MR

	COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9	PROGRAM CHARGES: PPS SERVICES REIMBURSED	PROGRAM CHARGES: COST REIMB. SERVICES SUBJECT TO DED & COINS	PROGRAM CHARGES: COST REIMB. SVCES NOT SUBJECT TO DED & COINS	PROGRAM COSTS: PPS SERVICES	PROGRAM COSTS: COST SERVICES SUBJECT TO DED & COINS	PROGRAM COSTS: COST SVCES NOT SUBJECT TO DED & COINS	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	0.342210							50
51	RECOVERY ROOM	0.309831							51
52	DELIVERY ROOM & LABOR ROOM	0.843589							52
53	ANESTHESIOLOGY	0.131076							53
54	RADIOLOGY-DIAGNOSTIC	0.216348							54
54.01	ULTRASOUND	0.184939							54.01
54.02	AUDIOLOGY								54.02
56	RADIOISOTOPE	0.171556							56
57	COMPUTED TOMOGRAPHY (CT) SCAN	0.060308							57
59	CARDIAC CATHETERIZATION	0.216071							59
60	LABORATORY	0.149761							60
62	WHOLE BLOOD & PACKED RED BLOOD	0.516054							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63.01	CARDIAC REHAB								63.01
63.02	NONINVASIVE LAB	0.146267							63.02
65	RESPIRATORY THERAPY	0.394739							65
66	PHYSICAL THERAPY	0.351130							66
67	OCCUPATIONAL THERAPY	0.291046							67
68	SPEECH PATHOLOGY	0.554863							68
70	ELECTROENCEPHALOGRAPHY	0.229105							70
71	MEDICAL SUPPLIES CHRGED TO PATI	0.349275							71
72	IMPL. DEV. CHARGED TO PATIENT	0.542635							72
73	DRUGS CHARGED TO PATIENTS	0.265319							73
74	RENAL DIALYSIS	0.308734							74
75.01	ONCOLOGY	0.351523							75.01
76.97	CARDIAC REHABILITATION	2.566377							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	1.509282							90
91	EMERGENCY	0.205991							91
92	OBSERVATION BEDS	0.583798							92
	OTHER REIMBURSABLE COST CENTERS								
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	[ ] TITLE V	[ ] HOSPITAL	[ ] SUB (OTHER)	[XX] PPS
APPLICABLE	[ ] TITLE XVIII-PT A	[ ] IPF		[ ] TEFRA
BOXES	[XX] TITLE XIX	[XX] IRF (15-T008)		[ ] OTHER

	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	1,649,119	31,799,564	0.051860	18,795	975	50
51	RECOVERY ROOM	35,609	2,283,764	0.015592	2,105	33	51
52	DELIVERY ROOM & LABOR ROOM	56,378	2,202,652	0.025596			52
53	ANESTHESIOLOGY	93,413	4,795,147	0.019481	3,861	75	53
54	RADIOLOGY-DIAGNOSTIC	596,849	19,325,921	0.030883	14,012	433	54
54.01	ULTRASOUND	46,871	3,850,737	0.012172	2,516	31	54.01
54.02	AUDIOLOGY						54.02
56	RADIOISOTOPE	186,504	6,058,523	0.030784	1,307	40	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	302,096	24,822,474	0.012170	25,222	307	57
59	CARDIAC CATHETERIZATION	916,634	15,324,334	0.059816	2,736	164	59
60	LABORATORY	425,049	48,958,717	0.008682	108,771	944	60
62	WHOLE BLOOD & PACKED RED BLOO	48,165	2,813,630	0.017118	3,654	63	62
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
63.01	CARDIAC REHAB						63.01
63.02	NONINVASIVE LAB	220,706	9,709,304	0.022731	5,046	115	63.02
65	RESPIRATORY THERAPY	128,181	5,999,349	0.021366	36,953	790	65
66	PHYSICAL THERAPY	148,536	8,166,311	0.018189	207,162	3,768	66
67	OCCUPATIONAL THERAPY	26,708	5,907,311	0.004521	193,065	873	67
68	SPEECH PATHOLOGY	29,213	874,840	0.033392	28,446	950	68
70	ELECTROENCEPHALOGRAPHY	126,761	3,376,472	0.037542	42,062	1,579	70
71	MEDICAL SUPPLIES CHRGED TO PA	69,256	11,810,008	0.005864	35,940	211	71
72	IMPL. DEV. CHARGED TO PATIENT	83,213	9,314,402	0.008934	302	3	72
73	DRUGS CHARGED TO PATIENTS	415,036	30,810,311	0.013471	228,078	3,072	73
74	RENAL DIALYSIS	15,946	2,404,801	0.006631	33,688	223	74
75.01	ONCOLOGY	17,526	651,749	0.026891			75.01
76.97	CARDIAC REHABILITATION	122,599	453,493	0.270344			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	137,534	2,030,362	0.067739	226	15	90
91	EMERGENCY	317,312	31,509,547	0.010070	775	8	91
92	OBSERVATION BEDS	170,764	3,812,942	0.044785			92
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (SUM OF LINES 50-199)	6,385,978	289,066,665		994,722	14,672	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-T008)	[ ] NF		[ ] OTHER

	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	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM							50
51	RECOVERY ROOM							51
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC							54
54.01	ULTRASOUND							54.01
54.02	AUDIOLOGY							54.02
56	RADIOISOTOPE							56
57	COMPUTED TOMOGRAPHY (CT) SCAN							57
59	CARDIAC CATHETERIZATION							59
60	LABORATORY							60
62	WHOLE BLOOD & PACKED RED BLOO							62
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
63.01	CARDIAC REHAB							63.01
63.02	NONINVASIVE LAB							63.02
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
70	ELECTROENCEPHALOGRAPHY							70
71	MEDICAL SUPPLIES CHRGED TO PA							71
72	IMPL. DEV. CHARGED TO PATIENT							72
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS							74
75.01	ONCOLOGY							75.01
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
91	EMERGENCY							91
92	OBSERVATION BEDS							92
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)							200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK APPLICABLE BOXES									
[ ]	TITLE V	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[ ]	ICF/MR	[XX]	PPS
[ ]	TITLE XVIII-PT A	[ ]	IPF	[ ]	SNF			[ ]	TEFRA
[XX]	TITLE XIX	[XX]	IRF (15-T008)	[ ]	NF			[ ]	OTHER

	COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	31,799,564			18,795				50
51	RECOVERY ROOM	2,283,764			2,105				51
52	DELIVERY ROOM & LABOR ROOM	2,202,652							52
53	ANESTHESIOLOGY	4,795,147			3,861				53
54	RADIOLOGY-DIAGNOSTIC	19,325,921			14,012				54
54.01	ULTRASOUND	3,850,737			2,516				54.01
54.02	AUDIOLOGY								54.02
56	RADIOISOTOPE	6,058,523			1,307				56
57	COMPUTED TOMOGRAPHY (CT) SCA	24,822,474			25,222				57
59	CARDIAC CATHETERIZATION	15,324,334			2,736				59
60	LABORATORY	48,958,717			108,771				60
62	WHOLE BLOOD & PACKED RED BLO	2,813,630			3,654				62
62.30	BLOOD CLOTTING FOR HEMOPHILI								62.30
63.01	CARDIAC REHAB								63.01
63.02	NONINVASIVE LAB	9,709,304			5,046				63.02
65	RESPIRATORY THERAPY	5,999,349			36,953				65
66	PHYSICAL THERAPY	8,166,311			207,162				66
67	OCCUPATIONAL THERAPY	5,907,311			193,065				67
68	SPEECH PATHOLOGY	874,840			28,446				68
70	ELECTROENCEPHALOGRAPHY	3,376,472			42,062				70
71	MEDICAL SUPPLIES CHRGED TO P	11,810,008			35,940				71
72	IMPL. DEV. CHARGED TO PATIEN	9,314,402			302				72
73	DRUGS CHARGED TO PATIENTS	30,810,311			228,078				73
74	RENAL DIALYSIS	2,404,801			33,688				74
75.01	ONCOLOGY	651,749							75.01
76.97	CARDIAC REHABILITATION	453,493							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	2,030,362			226				90
91	EMERGENCY	31,509,547			775				91
92	OBSERVATION BEDS	3,812,942							92
	OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (SUM OF LINES 50-199)	289,066,665			994,722				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	[ ]	IPF	[ ]	SNF	[ ]	S/B-NF
BOXES	[XX]	TITLE XIX - O/P	[XX]	IRF (15-T008)	[ ]	NF	[ ]	ICF/MR

	COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9	PROGRAM CHARGES: PPS SERVICES REIMBURSED	PROGRAM CHARGES: COST REIMB. SERVICES SUBJECT TO DED & COINS	PROGRAM CHARGES: COST REIMB. SVCES NOT SUBJECT TO DED & COINS	PROGRAM COSTS: PPS SERVICES	PROGRAM COSTS: COST SERVICES SUBJECT TO DED & COINS	PROGRAM COSTS: COST SVCES NOT SUBJECT TO DED & COINS	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	0.342210							50
51	RECOVERY ROOM	0.309831							51
52	DELIVERY ROOM & LABOR ROOM	0.843589							52
53	ANESTHESIOLOGY	0.131076							53
54	RADIOLOGY-DIAGNOSTIC	0.216348							54
54.01	ULTRASOUND	0.184939							54.01
54.02	AUDIOLOGY								54.02
56	RADIOISOTOPE	0.171556							56
57	COMPUTED TOMOGRAPHY (CT) SCAN	0.060308							57
59	CARDIAC CATHETERIZATION	0.216071							59
60	LABORATORY	0.149761							60
62	WHOLE BLOOD & PACKED RED BLOOD	0.516054							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63.01	CARDIAC REHAB								63.01
63.02	NONINVASIVE LAB	0.146267							63.02
65	RESPIRATORY THERAPY	0.394739							65
66	PHYSICAL THERAPY	0.351130							66
67	OCCUPATIONAL THERAPY	0.291046							67
68	SPEECH PATHOLOGY	0.554863							68
70	ELECTROENCEPHALOGRAPHY	0.229105							70
71	MEDICAL SUPPLIES CHRGED TO PATI	0.349275							71
72	IMPL. DEV. CHARGED TO PATIENT	0.542635							72
73	DRUGS CHARGED TO PATIENTS	0.265319							73
74	RENAL DIALYSIS	0.308734							74
75.01	ONCOLOGY	0.351523							75.01
76.97	CARDIAC REHABILITATION	2.566377							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	1.509282							90
91	EMERGENCY	0.205991							91
92	OBSERVATION BEDS	0.583798							92
	OTHER REIMBURSABLE COST CENTERS								
200	SUBTOTAL (SEE INSTRUCTIONS)								200
201	LESS PBP CLINIC LAB SERVICES								201
202	NET CHARGES (LINE 200 - LINE 201)								202

WORKSHEET D-1
COMPUTATION OF INPATIENT OPERATING COST PART I

CHECK	[ ] TITLE V-INPT	[XX] HOSPITAL (15-0008)	[ ] 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)	27,091	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	27,091	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	24,648	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)	12,895	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)	24,684,634	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	24,684,634	27
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	21,832,924	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	21,832,924	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	1.130615	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)	885.79	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)	24,684,634	37

WORKSHEET D-1
COMPUTATION OF INPATIENT OPERATING COST PART II

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (15-0008) [ ] 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)	911.17	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	11,749,537	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)	11,749,537	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	4,287,666	2,401	1,785.78	1,377	2,459,019	43
44	CORONARY CARE UNIT						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)					15,862,804	48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					30,071,360	49

	PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	1,089,087	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	1,273,152	51
52	TOTAL PROGRAM EXCLUDABLE COST	2,362,239	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	27,709,121	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)	2,443	87
88	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2)	911.17	88
89	OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS)	2,225,988	89

	COMPUTATION OF OBSERVATION BED PASS-THROUGH COST	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	
90	CAPITAL-RELATED COST	1,893,666	24,684,634	0.076714	2,225,988	170,764	90
91	NURSING SCHOOL COST						91
92	ALLIED HEALTH COST						92
93	ALL OTHER MEDICAL EDUCATION						93

WORKSHEET D-1
COMPUTATION OF INPATIENT OPERATING COST PART I

CHECK									
	[ ]	TITLE V-INPT	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[ ]	ICF/MR	[XX] PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[XX]	IPF (15-S008)	[ ]	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)	4,707	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,707	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,707	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)	1,110	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)	3,367,974	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	3,367,974	27
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,635,056	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4,635,056	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.726631	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)	984.72	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)	3,367,974	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-S008)		[ ] 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)	715.52	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	794,227	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)	794,227	41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	110,461	48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	904,688	49
	PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	52,470	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	6,961	51
52	TOTAL PROGRAM EXCLUDABLE COST	59,431	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	845,257	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-T008)	[ ]	NF			[ ] OTHER

PART I - ALL PROVIDER COMPONENTS

	INPATIENT DAYS		
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	9,225	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	9,225	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	9,225	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)	7,732	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)	6,109,631	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	6,109,631	27
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	5,823,379	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	5,823,379	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	1.049156	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)	631.26	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)	6,109,631	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	[ ]	IPF			[ ] TEFRA
BOXES	[ ]	TITLE XIX-INPT	[XX]	IRF (15-T008)			[ ] 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)	662.29	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	5,120,826	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)	5,120,826	41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	4,073,961	48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	9,194,787	49
	PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	373,610	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	203,984	51
52	TOTAL PROGRAM EXCLUDABLE COST	577,594	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	8,617,193	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
COMPUTATION OF INPATIENT OPERATING COST PART I

CHECK									
	[ ] TITLE V-INPT	[XX] HOSPITAL (15-0008)	[ ] 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)	27,091	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	27,091	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	24,648	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)	2,137	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)	1,250	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	340	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)	24,684,634	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	24,684,634	27
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	21,832,924	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	21,832,924	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	1.130615	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)	885.79	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)	24,684,634	37

WORKSHEET D-1
COMPUTATION OF INPATIENT OPERATING COST PART II

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (15-0008) [ ] 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)	911.17	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	1,947,170	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)	1,947,170	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)	356,928	1,250	285.54	340	97,084	42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	INTENSIVE CARE UNIT	4,287,666	2,401	1,785.78	191	341,084	43
44	CORONARY CARE UNIT						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)					4,229,108	48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					6,614,446	49

	PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	177,805	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	332,430	51
52	TOTAL PROGRAM EXCLUDABLE COST	510,235	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	6,104,211	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)	2,443	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

	COMPUTATION OF OBSERVATION BED PASS-THROUGH COST	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	
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-S008)	[ ]	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)	4,707	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,707	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,707	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)	897	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)	3,367,974	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	3,367,974	27
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,635,056	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4,635,056	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.726631	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)	984.72	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)	3,367,974	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-S008)		[ ] 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)	715.52	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	641,821	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)	641,821	41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	110,461	48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	752,282	49
	PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	42,401	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	6,961	51
52	TOTAL PROGRAM EXCLUDABLE COST	49,362	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	702,920	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-T008)	[ ]	NF			[ ]	OTHER

PART I - ALL PROVIDER COMPONENTS

	INPATIENT DAYS		
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	9,225	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	9,225	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	9,225	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)	587	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)	6,109,631	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	6,109,631	27
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	5,823,379	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	5,823,379	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	1.049156	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)	631.26	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)	6,109,631	37

WORKSHEET D-1
PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK BOXES							
	[ ]	TITLE V-INPT	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[XX] PPS
APPLICABLE	[ ]	TITLE XVIII-PT A	[ ]	IPF			[ ] TEFRA
	[XX]	TITLE XIX-INPT	[XX]	IRF (15-T008)			[ ] 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)	662.29	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	388,764	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)	388,764	41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	287,056	48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	675,820	49
	PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	28,364	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	14,672	51
52	TOTAL PROGRAM EXCLUDABLE COST	43,036	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	632,784	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 (15-0008)	[ ] 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		10,469,844		30
31	INTENSIVE CARE UNIT		1,854,892		31
40	SUBPROVIDER - IPF				40
41	SUBPROVIDER - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.342926	6,593,681	2,261,145	50
51	RECOVERY ROOM	0.309831	367,149	113,754	51
52	DELIVERY ROOM & LABOR ROOM	0.843589	5,653	4,769	52
53	ANESTHESIOLOGY	0.131076	760,295	99,656	53
54	RADIOLOGY-DIAGNOSTIC	0.216348	3,616,168	782,351	54
54.01	ULTRASOUND	0.184939	283,810	52,488	54.01
54.02	AUDIOLOGY				54.02
56	RADIOISOTOPE	0.171556	993,542	170,448	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	0.060308	4,242,685	255,868	57
59	CARDIAC CATHETERIZATION	0.217360	3,975,798	864,179	59
60	LABORATORY	0.149896	10,991,782	1,647,624	60
62	WHOLE BLOOD & PACKED RED BLOOD	0.516054	998,897	515,485	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63.01	CARDIAC REHAB				63.01
63.02	NONINVASIVE LAB	0.146267	1,439,204	210,508	63.02
65	RESPIRATORY THERAPY	0.394739	1,996,303	788,019	65
66	PHYSICAL THERAPY	0.358469	1,132,383	405,924	66
67	OCCUPATIONAL THERAPY	0.291046	491,350	143,005	67
68	SPEECH PATHOLOGY	0.554863	165,918	92,062	68
70	ELECTROENCEPHALOGRAPHY	0.231398	554,688	128,354	70
71	MEDICAL SUPPLIES CHRGED TO PATI	0.349275	3,978,029	1,389,426	71
72	IMPL. DEV. CHARGED TO PATIENT	0.542635	4,132,533	2,242,457	72
73	DRUGS CHARGED TO PATIENTS	0.265319	9,968,546	2,644,845	73
74	RENAL DIALYSIS	0.308734	1,038,268	320,549	74
75.01	ONCOLOGY	0.351523			75.01
76.97	CARDIAC REHABILITATION	2.566377			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	CLINIC	1.511286	16,326	24,673	90
91	EMERGENCY	0.205991	3,200,625	659,300	91
92	OBSERVATION BEDS	0.583798	78,648	45,915	92
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (SUM OF LINES 50-94 AND 96-98)		61,022,281	15,862,804	200
201	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202	NET CHARGES (LINE 200 MINUS LINE 201)		61,022,281		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-S008)	[ ] 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
40	SUBPROVIDER - IPF		887,942		40
41	SUBPROVIDER - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.342926			50
51	RECOVERY ROOM	0.309831			51
52	DELIVERY ROOM & LABOR ROOM	0.843589			52
53	ANESTHESIOLOGY	0.131076			53
54	RADIOLOGY-DIAGNOSTIC	0.216348	24,479	5,296	54
54.01	ULTRASOUND	0.184939	4,855	898	54.01
54.02	AUDIOLOGY				54.02
56	RADIOISOTOPE	0.171556	6,152	1,055	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	0.060308	16,473	993	57
59	CARDIAC CATHETERIZATION	0.217360	2,954	642	59
60	LABORATORY	0.149896	191,835	28,755	60
62	WHOLE BLOOD & PACKED RED BLOOD	0.516054			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63.01	CARDIAC REHAB				63.01
63.02	NONINVASIVE LAB	0.146267	14,814	2,167	63.02
65	RESPIRATORY THERAPY	0.394739	5,049	1,993	65
66	PHYSICAL THERAPY	0.358469	1,974	708	66
67	OCCUPATIONAL THERAPY	0.291046			67
68	SPEECH PATHOLOGY	0.554863			68
70	ELECTROENCEPHALOGRAPHY	0.231398	1,278	296	70
71	MEDICAL SUPPLIES CHRGED TO PATI	0.349275	624	218	71
72	IMPL. DEV. CHARGED TO PATIENT	0.542635			72
73	DRUGS CHARGED TO PATIENTS	0.265319	168,444	44,691	73
74	RENAL DIALYSIS	0.308734			74
75.01	ONCOLOGY	0.351523			75.01
76.97	CARDIAC REHABILITATION	2.566377			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	CLINIC	1.511286			90
91	EMERGENCY	0.205991	110,439	22,749	91
92	OBSERVATION BEDS	0.583798			92
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (SUM OF LINES 50-94 AND 96-98)		549,370	110,461	200
201	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202	NET CHARGES (LINE 200 MINUS LINE 201)		549,370		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-T008)	[ ] 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
40	SUBPROVIDER - IPF				40
41	SUBPROVIDER - IRF		4,788,892		41
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.342926	324,901	111,417	50
51	RECOVERY ROOM	0.309831	23,984	7,431	51
52	DELIVERY ROOM & LABOR ROOM	0.843589			52
53	ANESTHESIOLOGY	0.131076	39,829	5,221	53
54	RADIOLOGY-DIAGNOSTIC	0.216348	280,710	60,731	54
54.01	ULTRASOUND	0.184939	21,078	3,898	54.01
54.02	AUDIOLOGY				54.02
56	RADIOISOTOPE	0.171556	49,065	8,417	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	0.060308	199,865	12,053	57
59	CARDIAC CATHETERIZATION	0.217360	29,657	6,446	59
60	LABORATORY	0.149896	1,545,818	231,712	60
62	WHOLE BLOOD & PACKED RED BLOOD	0.516054	127,116	65,599	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63.01	CARDIAC REHAB				63.01
63.02	NONINVASIVE LAB	0.146267	86,848	12,703	63.02
65	RESPIRATORY THERAPY	0.394739	551,387	217,654	65
66	PHYSICAL THERAPY	0.358469	3,141,127	1,125,997	66
67	OCCUPATIONAL THERAPY	0.291046	3,012,161	876,677	67
68	SPEECH PATHOLOGY	0.554863	237,615	131,844	68
70	ELECTROENCEPHALOGRAPHY	0.231398	515,755	119,345	70
71	MEDICAL SUPPLIES CHRGED TO PATI	0.349275	591,802	206,702	71
72	IMPL. DEV. CHARGED TO PATIENT	0.542635	31,658	17,179	72
73	DRUGS CHARGED TO PATIENTS	0.265319	2,806,001	744,485	73
74	RENAL DIALYSIS	0.308734	343,325	105,996	74
75.01	ONCOLOGY	0.351523			75.01
76.97	CARDIAC REHABILITATION	2.566377			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	CLINIC	1.511286	1,211	1,830	90
91	EMERGENCY	0.205991	3,029	624	91
92	OBSERVATION BEDS	0.583798			92
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (SUM OF LINES 50-94 AND 96-98)		13,963,942	4,073,961	200
201	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202	NET CHARGES (LINE 200 MINUS LINE 201)		13,963,942		202

INPATIENT ANCILLARY COST APPORTIONMENT WORKSHEET D-3

CHECK APPLICABLE BOXES									
	[ ]	TITLE V	[XX]	HOSPITAL (15-0008)	[ ]	SUB (OTHER)	[ ]	S/B SNF	[XX] PPS
	[ ]	TITLE XVIII-PT A	[ ]	IPF	[ ]	SNF	[ ]	S/B NF	[ ] TEFRA
	[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		3,221,669		30
31	INTENSIVE CARE UNIT		369,928		31
40	SUBPROVIDER - IPF				40
41	SUBPROVIDER - IRF				41
43	NURSERY				43
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.342926	1,654,976	567,534	50
51	RECOVERY ROOM	0.309831	134,064	41,537	51
52	DELIVERY ROOM & LABOR ROOM	0.843589	279,972	236,181	52
53	ANESTHESIOLOGY	0.131076	262,140	34,360	53
54	RADIOLOGY-DIAGNOSTIC	0.216348	915,028	197,964	54
54.01	ULTRASOUND	0.184939	102,649	18,984	54.01
54.02	AUDIOLOGY				54.02
56	RADIOISOTOPE	0.171556	293,410	50,336	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	0.060308	1,245,536	75,116	57
59	CARDIAC CATHETERIZATION	0.217360	823,784	179,058	59
60	LABORATORY	0.149896	3,181,281	476,861	60
62	WHOLE BLOOD & PACKED RED BLOOD	0.516054	271,552	140,135	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63.01	CARDIAC REHAB				63.01
63.02	NONINVASIVE LAB	0.146267	369,759	54,084	63.02
65	RESPIRATORY THERAPY	0.394739	502,803	198,476	65
66	PHYSICAL THERAPY	0.358469	225,181	80,720	66
67	OCCUPATIONAL THERAPY	0.291046	86,237	25,099	67
68	SPEECH PATHOLOGY	0.554863	44,494	24,688	68
70	ELECTROENCEPHALOGRAPHY	0.231398	130,212	30,131	70
71	MEDICAL SUPPLIES CHRGED TO PATI	0.349275	919,277	321,080	71
72	IMPL. DEV. CHARGED TO PATIENT	0.542635	498,391	270,444	72
73	DRUGS CHARGED TO PATIENTS	0.265319	3,188,678	846,017	73
74	RENAL DIALYSIS	0.308734	401,275	123,887	74
75.01	ONCOLOGY	0.351523			75.01
76.97	CARDIAC REHABILITATION	2.566377			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	CLINIC	1.511286	4,272	6,456	90
91	EMERGENCY	0.205991	1,116,359	229,960	91
92	OBSERVATION BEDS	0.583798			92
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (SUM OF LINES 50-94 AND 96-98)		16,651,330	4,229,108	200
201	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202	NET CHARGES (LINE 200 MINUS LINE 201)		16,651,330		202

INPATIENT ANCILLARY COST APPORTIONMENT WORKSHEET D-3

CHECK APPLICABLE BOXES									
	[ ]	TITLE V	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[ ]	S/B SNF	[XX] PPS
	[ ]	TITLE XVIII-PT A	[XX]	IPF (15-S008)	[ ]	SNF	[ ]	S/B NF	[ ] TEFRA
	[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				30
31	INTENSIVE CARE UNIT				31
40	SUBPROVIDER - IPF		887,942		40
41	SUBPROVIDER - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.342926			50
51	RECOVERY ROOM	0.309831			51
52	DELIVERY ROOM & LABOR ROOM	0.843589			52
53	ANESTHESIOLOGY	0.131076			53
54	RADIOLOGY-DIAGNOSTIC	0.216348	24,479	5,296	54
54.01	ULTRASOUND	0.184939	4,855	898	54.01
54.02	AUDIOLOGY				54.02
56	RADIOISOTOPE	0.171556	6,152	1,055	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	0.060308	16,473	993	57
59	CARDIAC CATHETERIZATION	0.217360	2,954	642	59
60	LABORATORY	0.149896	191,835	28,755	60
62	WHOLE BLOOD & PACKED RED BLOOD	0.516054			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63.01	CARDIAC REHAB				63.01
63.02	NONINVASIVE LAB	0.146267	14,814	2,167	63.02
65	RESPIRATORY THERAPY	0.394739	5,049	1,993	65
66	PHYSICAL THERAPY	0.358469	1,974	708	66
67	OCCUPATIONAL THERAPY	0.291046			67
68	SPEECH PATHOLOGY	0.554863			68
70	ELECTROENCEPHALOGRAPHY	0.231398	1,278	296	70
71	MEDICAL SUPPLIES CHRGED TO PATI	0.349275	624	218	71
72	IMPL. DEV. CHARGED TO PATIENT	0.542635			72
73	DRUGS CHARGED TO PATIENTS	0.265319	168,444	44,691	73
74	RENAL DIALYSIS	0.308734			74
75.01	ONCOLOGY	0.351523			75.01
76.97	CARDIAC REHABILITATION	2.566377			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	CLINIC	1.511286			90
91	EMERGENCY	0.205991	110,439	22,749	91
92	OBSERVATION BEDS	0.583798			92
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (SUM OF LINES 50-94 AND 96-98)		549,370	110,461	200
201	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202	NET CHARGES (LINE 200 MINUS LINE 201)		549,370		202

INPATIENT ANCILLARY COST APPORTIONMENT WORKSHEET D-3

CHECK APPLICABLE BOXES									
	[ ]	TITLE V	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[ ]	S/B SNF	[XX] PPS
	[ ]	TITLE XVIII-PT A	[ ]	IPF	[ ]	SNF	[ ]	S/B NF	[ ] TEFRA
	[XX]	TITLE XIX	[XX]	IRF (15-T008)	[ ]	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
40	SUBPROVIDER - IPF				40
41	SUBPROVIDER - IRF		311,263		41
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.342926	18,795	6,445	50
51	RECOVERY ROOM	0.309831	2,105	652	51
52	DELIVERY ROOM & LABOR ROOM	0.843589			52
53	ANESTHESIOLOGY	0.131076	3,861	506	53
54	RADIOLOGY-DIAGNOSTIC	0.216348	14,012	3,031	54
54.01	ULTRASOUND	0.184939	2,516	465	54.01
54.02	AUDIOLOGY				54.02
56	RADIOISOTOPE	0.171556	1,307	224	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	0.060308	25,222	1,521	57
59	CARDIAC CATHETERIZATION	0.217360	2,736	595	59
60	LABORATORY	0.149896	108,771	16,304	60
62	WHOLE BLOOD & PACKED RED BLOOD	0.516054	3,654	1,886	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63.01	CARDIAC REHAB				63.01
63.02	NONINVASIVE LAB	0.146267	5,046	738	63.02
65	RESPIRATORY THERAPY	0.394739	36,953	14,587	65
66	PHYSICAL THERAPY	0.358469	207,162	74,261	66
67	OCCUPATIONAL THERAPY	0.291046	193,065	56,191	67
68	SPEECH PATHOLOGY	0.554863	28,446	15,784	68
70	ELECTROENCEPHALOGRAPHY	0.231398	42,062	9,733	70
71	MEDICAL SUPPLIES CHRGED TO PATI	0.349275	35,940	12,553	71
72	IMPL. DEV. CHARGED TO PATIENT	0.542635	302	164	72
73	DRUGS CHARGED TO PATIENTS	0.265319	228,078	60,513	73
74	RENAL DIALYSIS	0.308734	33,688	10,401	74
75.01	ONCOLOGY	0.351523			75.01
76.97	CARDIAC REHABILITATION	2.566377			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	CLINIC	1.511286	226	342	90
91	EMERGENCY	0.205991	775	160	91
92	OBSERVATION BEDS	0.583798			92
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (SUM OF LINES 50-94 AND 96-98)		994,722	287,056	200
201	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202	NET CHARGES (LINE 200 MINUS LINE 201)		994,722		202

CALCULATION OF REIMBURSEMENT SETTLEMENT WORKSHEET E PART A

CHECK [XX] HOSPITAL (15-0008)
APPLICABLE BOX: [ ] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	21,825,859	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	218,711	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS		3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	129.33	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)		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.		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)		9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR		13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO		14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3		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		18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)		19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)		21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)		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)		23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)		25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)		26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)		27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)		28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)		29
	DISPROPORTIONATE SHARE ADJUSTMENT		
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.1195	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.2700	31
32	SUM OF LINES 30 AND 31	0.3895	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.2135	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	4,659,821	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)	26,704,391	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)	26,704,391	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	1,939,599	50

CALCULATION OF REIMBURSEMENT SETTLEMENT WORKSHEET E PART A

CHECK [XX] HOSPITAL (15-0008)
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)		52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		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)		58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	28,643,990	59
60	PRIMARY PAYER PAYMENTS	40,064	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	28,603,926	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,125,968	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	317,735	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	488,091	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	341,664	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	128,851	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	26,501,887	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)	26,501,887	71
72	INTERIM PAYMENTS	27,477,557	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	-975,670	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	40,000	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: [XX] HOSPITAL (15-0008) [ ] IPF [ ] IRF
[ ] SUB (OTHER) [ ] SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	6,119	1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPS (SEE INSTRUCTIONS)	8,923,437	2
3	PPS PAYMENTS	7,618,450	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)	45,111	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		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)	6,119	11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES	23,063	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)	23,063	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)	23,063	18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS)	16,944	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)	6,119	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)	7,663,561	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	1,750,751	26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	5,918,929	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)	5,918,929	30
31	PRIMARY PAYER PAYMENTS	518	31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	5,918,411	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)	306,806	34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	214,764	35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	100,709	36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)	6,133,175	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R	-31	38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)	6,133,206	40
41	INTERIM PAYMENTS	6,330,213	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)	-197,007	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

CALCULATION OF REIMBURSEMENT SETTLEMENT WORKSHEET E PART B

CHECK APPLICABLE BOX: [ ] HOSPITAL [XX] IPF (15-S008) [ ] 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 OPPS (SEE INSTRUCTIONS)		2
3	PPS PAYMENTS		3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		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		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)		24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)		26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)		27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)		30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)		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)		34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)		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)		40
41	INTERIM PAYMENTS		41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)		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

CALCULATION OF REIMBURSEMENT SETTLEMENT WORKSHEET E PART B

CHECK APPLICABLE BOX: [ ] HOSPITAL [ ] IPF [XX] IRF (15-T008)
[ ] 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 OPPS (SEE INSTRUCTIONS)		2
3	PPS PAYMENTS		3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		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		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)		24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)		26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)		27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)		30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)		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)		34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)		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)		40
41	INTERIM PAYMENTS		41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)		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 APPLICABLE BOX: [XX] HOSPITAL (15-0008) [ ] IPF [ ] IRF [ ] SUB (OTHER) [ ] SNF [ ] SWING BED SNF

DESCRIPTION			INPATIENT PART A MM/DD/YYYY 1	INPATIENT PART A AMOUNT 2	PART B MM/DD/YYYY 3	PART B AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				26,384,992		5,918,338	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.				629,643		381,891	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	04/11/2012	462,922	04/11/2012	29,984	3.01
		.02					3.02
	PROGRAM	.03					3.03
	TO	.04					3.04
	PROVIDER	.05					3.05
		.06					3.06
		.07					3.07
		.08					3.08
		.09					3.09
		.50		NONE		NONE	3.50
		.51					3.51
	PROVIDER	.52					3.52
	TO	.53					3.53
	PROGRAM	.54					3.54
		.55					3.55
		.56					3.56
		.57					3.57
		.58					3.58
		.59					3.59
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		.99		462,922		29,984	3.99
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)				27,477,557		6,330,213	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					5.01
	TO	.02					5.02
	PROVIDER	.03					5.03
		.04					5.04
		.05					5.05
		.06					5.06
		.07					5.07
		.08					5.08
		.09					5.09
	PROVIDER	.50					5.50
	TO	.51					5.51
	PROGRAM	.52					5.52
		.53					5.53
		.54					5.54
		.55					5.55
		.56					5.56
		.57					5.57
		.58					5.58
		.59					5.59
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)		.99					5.99
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM TO PROVIDER	.01					6.01
	PROVIDER TO PROGRAM	.02					6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)							7

8 NAME OF CONTRACTOR: _____ CONTRACTOR NUMBER: _____ NPR DATE: _____ 8

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
PART I

CHECK APPLICABLE BOX: [ ] HOSPITAL [XX] IPF (15-S008) [ ] IRF [ ] SUB (OTHER) [ ] SNF [ ] SWING BED SNF

DESCRIPTION		INPATIENT PART A MM/DD/YYYY 1	INPATIENT PART A AMOUNT 2	PART B MM/DD/YYYY 3	PART B AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER			671,549			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		NONE		NONE	3.01
	.02					3.02
	PROGRAM .03					3.03
	TO .04					3.04
	PROVIDER .05					3.05
	.06					3.06
	.07					3.07
	.08					3.08
	.09					3.09
	.50		NONE		NONE	3.50
	.51					3.51
	PROVIDER .52					3.52
	TO .53					3.53
	PROGRAM .54					3.54
	.55					3.55
	.56					3.56
	.57					3.57
	.58					3.58
	.59					3.59
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)	.99					3.99
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)			671,549			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					5.01
	TO .02					5.02
	PROVIDER .03					5.03
	.04					5.04
	.05					5.05
	.06					5.06
	.07					5.07
	.08					5.08
	.09					5.09
	PROVIDER .50					5.50
	TO .51					5.51
	PROGRAM .52					5.52
	.53					5.53
	.54					5.54
	.55					5.55
	.56					5.56
	.57					5.57
	.58					5.58
	.59					5.59
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)	.99					5.99
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM TO .01					6.01
	PROVIDER PROVIDER TO .02					6.02
	PROGRAM					
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)						7

8 NAME OF CONTRACTOR: _____ CONTRACTOR NUMBER: _____ NPR DATE: _____ 8

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

CHECK APPLICABLE BOX: [ ] HOSPITAL [ ] IPF [XX] IRF (15-T008) [ ] SUB (OTHER) [ ] SNF [ ] SWING BED SNF

DESCRIPTION			INPATIENT PART A MM/DD/YYYY 1	INPATIENT PART A AMOUNT 2	PART B MM/DD/YYYY 3	PART B AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				10,462,259			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	04/11/2012	174,749		NONE	3.01
		.02					3.02
	PROGRAM	.03					3.03
	TO	.04					3.04
	PROVIDER	.05					3.05
		.06					3.06
		.07					3.07
		.08					3.08
		.09					3.09
		.50		NONE		NONE	3.50
		.51					3.51
	PROVIDER	.52					3.52
	TO	.53					3.53
	PROGRAM	.54					3.54
		.55					3.55
		.56					3.56
		.57					3.57
		.58					3.58
		.59					3.59
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		.99		174,749			3.99
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)				10,637,008			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					5.01
	TO	.02					5.02
	PROVIDER	.03					5.03
		.04					5.04
		.05					5.05
		.06					5.06
		.07					5.07
		.08					5.08
		.09					5.09
	PROVIDER	.50					5.50
	TO	.51					5.51
	PROGRAM	.52					5.52
		.53					5.53
		.54					5.54
		.55					5.55
		.56					5.56
		.57					5.57
		.58					5.58
		.59					5.59
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)		.99					5.99
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM TO PROVIDER	.01					6.01
	PROVIDER TO PROGRAM	.02					6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)							7

8 NAME OF CONTRACTOR: _____ CONTRACTOR NUMBER: _____ NPR DATE: _____ 8

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK APPLICABLE BOX [XX] HOSPITAL (15-0008) [ ] CAH

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	7,033	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	14,272	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	600	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	27,049	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	328,265,699	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	16,933,947	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)		8

INPATIENT HOSPITAL SERVICES UNDER PPS & CAH

30	INITIAL/INTERIM HIT PAYMENT(S)	30
31	OTHER ADJUSTMENTS (SPECIFY)	31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)	32

CALCULATION OF REIMBURSEMENT SETTLEMENT WORKSHEET E-3 PART II

CHECK [ ] HOSPITAL
APPLICABLE BOX: [XX] IPF (15-S008)

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (EXCLUDING OUTLIER, ECT, AND MEDICAL EDUCATION PAYMENTS	805,456	1
2	NET IPF PPS OUTLIER PAYMENT	9,190	2
3	NET IPF PPS ECT PAYMENT		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)	12.860656	9
10	MEDICAL EDUCATION ADJUSTMENT FACTOR {((1 + (LINE 8/LINE 9)) 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)	814,646	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)	814,646	16
17	PRIMARY PAYER PAYMENTS		17
18	SUBTOTAL (LINE 16 LESS LINE 17)	814,646	18
19	DEDUCTIBLES	114,472	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	700,174	20
21	COINSURANCE	28,625	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	671,549	22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	34,756	23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	24,329	24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	16,695	25
26	SUBTOTAL (SUM OF LINES 22 AND 24)	695,878	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)		28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	695,878	31
32	INTERIM PAYMENTS	671,549	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS THE SUM OF LINES 32 AND 33)	24,329	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-T008)

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

1	NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS)	9,976,946	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.085000	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	658,578	3
4	OUTLIER PAYMENTS	127,026	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)	25.204918	10
11	MEDICAL EDUCATION ADJUSTMENT FACTOR {((1 + (LINE 9/LINE 10)) 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)	10,762,550	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)	10,762,550	17
18	PRIMARY PAYER PAYMENTS		18
19	SUBTOTAL LINE 17b LESS LINE 18)	10,762,550	19
20	DEDUCTIBLES	89,088	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	10,673,462	21
22	COINSURANCE	101,768	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	10,571,694	23
24	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	37,810	24
25	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	26,467	25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	21,992	26
27	SUBTOTAL (SUM OF LINES 23 AND 25)	10,598,161	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)		29
30	OUTLIER PAYMENTS RECONCILIATION		30
31	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		31
32	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	10,598,161	32
33	INTERIM PAYMENTS	10,637,008	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS THE SUM OF LINES 33 AND 34)	-38,847	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

CALCULATION OF REIMBURSEMENT SETTLEMENT WORKSHEET E-3 PART VII

CHECK APPLICABLE BOXES:							
[ ]	TITLE V	[XX]	HOSPITAL (15-0008)	[ ]	SNF	[XX]	PPS
[XX]	TITLE XIX	[ ]	IPF	[ ]	NF	[ ]	TEFRA
		[ ]	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	INPATIENT HOSPITAL SNF/NF SERVICES			1
2	MEDICAL AND OTHER SERVICES			2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)			3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)			4
5	INPATIENT PRIMARY PAYER PAYMENTS			5
6	OUTPATIENT PRIMARY PAYER PAYMENTS			6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)			7
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
8	ROUTINE SERVICE CHARGES	3,221,669		8
9	ANCILLARY SERVICE CHARGES	16,651,330		9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE			10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION			11
12	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	19,872,999		12
	CUSTOMARY CHARGES			
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			13
14	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)			14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000	1.000000	15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	19,872,999		16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS)	19,872,999		17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS)			18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			20
21	COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)			21
	PROSPECTIVE PAYMENT AMOUNT			
22	OTHER THAN OUTLIER PAYMENTS			22
23	OUTLIER PAYMENTS			23
24	PROGRAM CAPITAL PAYMENTS			24
25	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS			26
27	SUBTOTAL (SUM OF LINES 22 THROUGH 26)			27
28	CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)			28
29	SUM OF LINES 27 AND 21			29
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	EXCESS OF REASONABLE COST (FROM LINE 18)			30
31	SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)			31
32	DEDUCTIBLES			32
33	COINSURANCE			33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)			34
35	UTILIZATION REVIEW			35
36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)			36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			37
38	SUBTOTAL (LINE 36 ± LINE 37)			38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)			39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)			40
41	INTERIM PAYMENTS			41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)			42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2			43

CALCULATION OF REIMBURSEMENT SETTLEMENT WORKSHEET E-3 PART VII

CHECK APPLICABLE BOXES:							
[ ]	TITLE V	[ ]	HOSPITAL	[ ]	SNF	[XX]	PPS
[XX]	TITLE XIX	[XX]	IPF (15-S008)	[ ]	NF	[ ]	TEFRA
		[ ]	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	INPATIENT HOSPITAL SNF/NF SERVICES			1
2	MEDICAL AND OTHER SERVICES			2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)			3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)			4
5	INPATIENT PRIMARY PAYER PAYMENTS			5
6	OUTPATIENT PRIMARY PAYER PAYMENTS			6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)			7
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
8	ROUTINE SERVICE CHARGES	887,942		8
9	ANCILLARY SERVICE CHARGES	549,370		9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE			10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION			11
12	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	1,437,312		12
	CUSTOMARY CHARGES			
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			13
14	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)			14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000	1.000000	15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	1,437,312		16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS)	1,437,312		17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS)			18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			20
21	COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)			21
	PROSPECTIVE PAYMENT AMOUNT			
22	OTHER THAN OUTLIER PAYMENTS			22
23	OUTLIER PAYMENTS			23
24	PROGRAM CAPITAL PAYMENTS			24
25	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS			26
27	SUBTOTAL (SUM OF LINES 22 THROUGH 26)			27
28	CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)			28
29	SUM OF LINES 27 AND 21			29
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	EXCESS OF REASONABLE COST (FROM LINE 18)			30
31	SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)			31
32	DEDUCTIBLES			32
33	COINSURANCE			33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)			34
35	UTILIZATION REVIEW			35
36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)			36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			37
38	SUBTOTAL (LINE 36 ± LINE 37)			38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)			39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)			40
41	INTERIM PAYMENTS			41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)			42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2			43

CALCULATION OF REIMBURSEMENT SETTLEMENT WORKSHEET E-3 PART VII

CHECK APPLICABLE BOXES:							
[ ]	TITLE V	[ ]	HOSPITAL	[ ]	SNF	[XX]	PPS
[XX]	TITLE XIX	[ ]	IPF	[ ]	NF	[ ]	TEFRA
		[XX]	IRF (15-T008)	[ ]	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	INPATIENT HOSPITAL SNF/NF SERVICES			1
2	MEDICAL AND OTHER SERVICES			2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)			3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)			4
5	INPATIENT PRIMARY PAYER PAYMENTS			5
6	OUTPATIENT PRIMARY PAYER PAYMENTS			6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)			7
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
8	ROUTINE SERVICE CHARGES	311,263		8
9	ANCILLARY SERVICE CHARGES	994,722		9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE			10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION			11
12	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	1,305,985		12
	CUSTOMARY CHARGES			
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			13
14	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)			14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000	1.000000	15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	1,305,985		16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS)	1,305,985		17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS)			18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			20
21	COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)			21
	PROSPECTIVE PAYMENT AMOUNT			
22	OTHER THAN OUTLIER PAYMENTS			22
23	OUTLIER PAYMENTS			23
24	PROGRAM CAPITAL PAYMENTS			24
25	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS			26
27	SUBTOTAL (SUM OF LINES 22 THROUGH 26)			27
28	CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)			28
29	SUM OF LINES 27 AND 21			29
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	EXCESS OF REASONABLE COST (FROM LINE 18)			30
31	SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)			31
32	DEDUCTIBLES			32
33	COINSURANCE			33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)			34
35	UTILIZATION REVIEW			35
36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)			36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			37
38	SUBTOTAL (LINE 36 ± LINE 37)			38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)			39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)			40
41	INTERIM PAYMENTS			41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)			42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2			43

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	5,536,000				1
2	TEMPORARY INVESTMENTS					2
3	NOTES RECEIVABLE					3
4	ACCOUNTS RECEIVABLE	20,092,000				4
5	OTHER RECEIVABLES					5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE					6
7	INVENTORY	4,990,000				7
8	PREPAID EXPENSES	2,883,000				8
9	OTHER CURRENT ASSETS					9
10	DUE FROM OTHER FUNDS	6,265,000				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	39,766,000				11
	FIXED ASSETS					
12	LAND	25,192,000				12
13	LAND IMPROVEMENTS					13
14	ACCUMULATED DEPRECIATION					14
15	BUILDINGS					15
16	ACCUMULATED DEPRECIATION					16
17	LEASEHOLD IMPROVEMENTS					17
18	ACCUMULATED AMORTIZATION					18
19	FIXED EQUIPMENT					19
20	ACCUMULATED DEPRECIATION					20
21	AUTOMOBILES AND TRUCKS					21
22	ACCUMULATED DEPRECIATION					22
23	MAJOR MOVABLE EQUIPMENT					23
24	ACCUMULATED DEPRECIATION					24
25	MINOR EQUIPMENT DEPRECIABLE					25
26	ACCUMULATED DEPRECIATION					26
27	HIT DESIGNATED ASSETS					27
28	ACCUMULATED DEPRECIATION					28
29	MINOR EQUIPMENT-NONDEPRECIABLE					29
30	TOTAL FIXED ASSETS (SUM OF LINES 12-29)	25,192,000				30
	OTHER ASSETS					
31	INVESTMENTS					31
32	DEPOSITS ON LEASES					32
33	DUE FROM OWNERS/OFFICERS					33
34	OTHER ASSETS	1,207,000				34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	1,207,000				35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	66,165,000				36

	LIABILITIES AND FUND BALANCES	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
		1	2	3	4	
	CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	2,922,000				37
38	SALARIES, WAGES & FEES PAYABLE	6,679,000				38
39	PAYROLL TAXES PAYABLE					39
40	NOTES & LOANS PAYABLE (SHORT TERM)	38,000				40
41	DEFERRED INCOME					41
42	ACCELERATED PAYMENTS					42
43	DUE TO OTHER FUNDS	11,674,000				43
44	OTHER CURRENT LIABILITIES	8,663,000				44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	29,976,000				45
	LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE					46
47	NOTES PAYABLE	16,000				47
48	UNSECURED LOANS					48
49	OTHER LONG TERM LIABILITIES	2,142,000				49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	2,158,000				50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	32,134,000				51
	CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	34,031,000				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)	34,031,000				59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	66,165,000				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		32,536,000							1
2	NET INCOME (LOSS) (FROM WKST G-3, LINE 29)		-2,580,000							2
3	TOTAL (SUM OF LINE 1 AND LINE 2)		29,956,000							3
4	ADDITIONS (CREDIT ADJUST-MENTS)									4
5	NET ASSETS RELEASED FROM RES	106,000								5
6	NET ASSETS TRANSFERRED	3,949,000								6
7	ASSET ADJ	157,000								7
8										8
9										9
10	TOTAL ADDITIONS (SUM OF LINES 4-9)		4,212,000							10
11	SUBTOTAL (LINE 3 PLUS LINE 10)		34,168,000							11
12	DEDUCTIONS (DEBIT ADJUST-MENTS)	137,000								12
13										13
14										14
15										15
16										16
17										17
18	TOTAL DEDUCTIONS (SUM OF LINES 12-17)		137,000							18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		34,031,000							19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
PARTS I & II

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	HOSPITAL	24,702,334		24,702,334	1
2	SUBPROVIDER IPF	4,635,056		4,635,056	2
3	SUBPROVIDER IRF	5,875,006		5,875,006	3
5	SWING BED - SNF				5
6	SWING BED - NF				6
7	SKILLED NURSING FACILITY				7
8	NURSING FACILITY				8
9	OTHER LONG TERM CARE				9
10	TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	35,212,396		35,212,396	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	INTENSIVE CARE UNIT	3,863,215		3,863,215	11
12	CORONARY CARE UNIT				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)	3,863,215		3,863,215	16
17	TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	39,075,611		39,075,611	17
18	ANCILLARY SERVICES	147,323,124		147,323,124	18
19	OUTPATIENT SERVICES		140,541,495	140,541,495	19
20	RHC				20
21	FQHC				21
22	HOME HEALTH AGENCY		2,568,432	2,568,432	22
23	AMBULANCE				23
25	ASC				25
26	HOSPICE				26
27	OTHER PATIENT REVENUES	95,252	15,513,844	15,609,096	27
28	TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	186,493,987	158,623,771	345,117,758	28

PART II - OPERATING EXPENSES

		1	2	
29	OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		168,520,158	29
30	ADD (SPECIFY)	3,250		30
31				31
32				32
33				33
34				34
35				35
36	TOTAL ADDITIONS (SUM OF LINES 30-35)		3,250	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)		168,523,408	43

STATEMENT OF REVENUES AND EXPENSES WORKSHEET G-3

	DESCRIPTION		
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	345,117,758	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	204,007,758	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	141,110,000	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	168,523,408	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-27,413,408	5
	OTHER INCOME		
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	68,214	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	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		22
23	GOVERNMENTAL APPROPRIATIONS		23
24			24
24.01	OTHER (CAPITATION REVENUE)	29,389,126	24.01
24.02	OTHER (RELEASED TEMP RESTRICTED FUNDS)	190,800	24.02
24.03	OTHER (OTHER INCOME)	6,360,911	24.03
24.04	OTHER (GRANT INCOME)		24.04
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	36,009,051	25
26	TOTAL (LINE 5 PLUS LINE 25)	8,595,643	26
27	OTHER EXPENSES (BAD DEBTS)	11,177,000	27
27.01	OTHER EXPENSES (ROUNDING)	-1,357	27.01
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)	11,175,643	28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	-2,580,000	29

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS HHA NO.: 15-7453 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	377,315				36,226	413,541	5
	HHA REIMBURSABLE SERVICES							
6	SKILLED NURSING CARE	759,758		48,207			807,965	6
7	PHYSICAL THERAPY				217,038		217,038	7
8	OCCUPATIONAL THERAPY				71,043		71,043	8
9	SPEECH PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES				1,080		1,080	10
11	HOME HEALTH AIDE	99,967		15,210			115,177	11
12	SUPPLIES (SEE INSTRUCTIONS)					95,501	95,501	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							23
24	TOTAL (SUM OF LINES 1-23)	1,237,040		63,417	289,161	131,727	1,721,345	24

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS HHA NO.: 15-7453 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	
	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	-1,451	412,090		412,090	5
	HHA REIMBURSABLE SERVICES					
6	SKILLED NURSING CARE		807,965		807,965	6
7	PHYSICAL THERAPY		217,038		217,038	7
8	OCCUPATIONAL THERAPY		71,043		71,043	8
9	SPEECH PATHOLOGY					9
10	MEDICAL SOCIAL SERVICES		1,080		1,080	10
11	HOME HEALTH AIDE		115,177		115,177	11
12	SUPPLIES (SEE INSTRUCTIONS)	-95,501				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					23
24	TOTAL (SUM OF LINES 1-23)	-96,952	1,624,393		1,624,393	24

COST ALLOCATION - HHA GENERAL SERVICE COST HHA NO.: 15-7453 WORKSHEET H-1 PART I

		NET EXPENSES FOR COST ALLOCATION 0	CAP REL COSTS BLDG & FIXTURES 1	CAP REL COSTS MVBL EQUIPMENT 2	PLANT OPERATN & MAINT 3	TRANSPORT-ATION 4	SUBTOTAL (COLS.0-4) 4A	ADMIN & GENERAL 5	TOTAL (COLS.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	412,090					412,090	412,090		5
	HHA REIMBURSABLE SERVICES									
6	SKILLED NURSING CARE	807,965					807,965	274,647	1,082,612	6
7	PHYSICAL THERAPY	217,038					217,038	73,776	290,814	7
8	OCCUPATIONAL THERAPY	71,043					71,043	24,149	95,192	8
9	SPEECH PATHOLOGY									9
10	MEDICAL SOCIAL SERVICES	1,080					1,080	367	1,447	10
11	HOME HEALTH AIDE	115,177					115,177	39,151	154,328	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									23
24	TOTAL (SUM OF LINES 1-23)	1,624,393					1,624,393		1,624,393	24

COST ALLOCATION - HHA STATISTICAL BASIS HHA NO.: 15-7453 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					-412,090	1,212,303	5
	HHA REIMBURSABLE SERVICES							
6	SKILLED NURSING CARE						807,965	6
7	PHYSICAL THERAPY						217,038	7
8	OCCUPATIONAL THERAPY						71,043	8
9	SPEECH PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES						1,080	10
11	HOME HEALTH AIDE						115,177	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							23
23.50	TELEMEDICINE							23.50
24	TOTAL (SUM OF LINES 1-23)					-412,090	1,212,303	24
25	COST TO BE ALLOC (PER W/S H)						412,090	25
26	UNIT COST MULTIPLIER						0.339923	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 15-7453 WORKSHEET H-2 PART I

	HHA COST CENTER	HHA TRIAL BALANCE 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	OTHER CAP REL COSTS 3	EMPLOYEE BENEFITS 4	MAINT OF PERSONNEL 4.01	NONPATIENT TELEPHONES 5.01	PURCHASING RECEIVING & STORES 5.02	
1	ADMINISTRATIVE AND GENERAL		28,549	20,046		318,893	18,642	3,110	3,832	1
2	SKILLED NURSING CARE	1,082,612								2
3	PHYSICAL THERAPY	290,814								3
4	OCCUPATIONAL THERAPY	95,192								4
5	SPEECH PATHOLOGY									5
6	MEDICAL SOCIAL SERVICES	1,447								6
7	HOME HEALTH AIDE	154,328								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
20	TOTAL (SUM OF LINES 1-19)	1,624,393	28,549	20,046		318,893	18,642	3,110	3,832	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.									21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 15-7453 WORKSHEET H-2 PART I

	HHA COST CENTER	ADMITTING	CASHIERING ACCOUNTS RECEIVABLE	SUBTOTAL (COLS.0-4)	OTHER ADMIN GENERAL	MAIN-TENANCE + REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	
		5.03	5.04	4A	5.05	6	7	8	9	
1	ADMINISTRATIVE AND GENERAL	9,495	74	402,641	83,759	95,507	33,479		32,983	1
2	SKILLED NURSING CARE			1,082,612	225,211					2
3	PHYSICAL THERAPY			290,814	60,497					3
4	OCCUPATIONAL THERAPY			95,192	19,802					4
5	SPEECH PATHOLOGY									5
6	MEDICAL SOCIAL SERVICES			1,447	301					6
7	HOME HEALTH AIDE			154,328	32,104					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
20	TOTAL (SUM OF LINES 1-19)	9,495	74	2,027,034	421,674	95,507	33,479		32,983	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.									21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 15-7453 WORKSHEET H-2 PART I

	HHA COST CENTER	DIETARY 10	CAFETERIA 11	MAIN-TENANCE OF PERSONNEL 12	NURSING ADMINIS-TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	SOCIAL SERVICE 17	
1	ADMINISTRATIVE AND GENERAL		52,835		104,448			17,643		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
20	TOTAL (SUM OF LINES 1-19)		52,835		104,448			17,643		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.									21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 15-7453 WORKSHEET H-2 PART I

	HHA COST CENTER	NONPHYSIC. ANESTHET. 19	NURSING SCHOOL 20	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	PARAMED EDUCATION 23	SUBTOTAL (SUM OF COL.4A-23) 24	I&R COST & POST STEP-DOWN ADJS 25	SUBTOTAL (SUM OF COL.4A-23) 26	
1	ADMINISTRATIVE AND GENERAL						823,295		823,295	1
2	SKILLED NURSING CARE						1,307,823		1,307,823	2
3	PHYSICAL THERAPY						351,311		351,311	3
4	OCCUPATIONAL THERAPY						114,994		114,994	4
5	SPEECH PATHOLOGY									5
6	MEDICAL SOCIAL SERVICES						1,748		1,748	6
7	HOME HEALTH AIDE						186,432		186,432	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
20	TOTAL (SUM OF LINES 1-19)						2,785,603		2,785,603	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.									21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 15-7453 WORKSHEET H-2 PART I

	HHA COST CENTER	ALLOCATED HHA A&G (SEE PT.2) 27	TOTAL HHA COSTS 28	
1	ADMINISTRATIVE AND GENERAL			1
2	SKILLED NURSING CARE	548,704	1,856,527	2
3	PHYSICAL THERAPY	147,394	498,705	3
4	OCCUPATIONAL THERAPY	48,246	163,240	4
5	SPEECH PATHOLOGY			5
6	MEDICAL SOCIAL SERVICES	733	2,481	6
7	HOME HEALTH AIDE	78,218	264,650	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
20	TOTAL (SUM OF LINES 1-19)	823,295	2,785,603	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.	0.419554		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 15-7453 WORKSHEET H-2
STATISTICAL BASIS PART II

	HHA COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DEPRECIATI EXPENSE	OTHER CAP REL COSTS NOT USED	EMPLOYEE BENEFITS GROSS SALARIES	MAINT OF PERSONNEL FTE'S	NONPATIENT TELEPHONES NUMBER OF TELEPHONES	PURCHASING RECEIVING & STORES COSTED REQ	ADMITTING GROSS REVENUE	
		1	2	3	4	4.01	5.01	5.02	5.03	
1	ADMINISTRATIVE AND GENERAL	3,120	11,909		1,237,040	2,061	15	15,269	2,568,432	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)	3,120	11,909		1,237,040	2,061	15	15,269	2,568,432	20
21	TOTAL COST TO BE ALLOCATED	28,549	20,046		318,893	18,642	3,110	3,832	9,495	21
22	UNIT COST MULTIPLIER	9.150321				9.045124		0.250966		22
22	UNIT COST MULTIPLIER		1.683265		0.257787		207.333333		0.003697	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 15-7453 WORKSHEET H-2
STATISTICAL BASIS PART II

	HHA COST CENTER	CASHIERING ACCOUNTS RECEIVABLE GROSS REVENUE 5.04	RECON-CILIATION 4A.05	OTHER ADMIN GENERAL ACCUM COST 5.05	MAIN-TENANCE + REPAIRS SQUARE FEET 6	OPERATION OF PLANT SQUARE FEET 7	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE-KEEPING SQUARE FEET 9	DIETARY MEALS SERVED 10	
1	ADMINISTRATIVE AND GENERAL	2,568,432		402,641	3,120	3,120		3,120		1
2	SKILLED NURSING CARE			1,082,612						2
3	PHYSICAL THERAPY			290,814						3
4	OCCUPATIONAL THERAPY			95,192						4
5	SPEECH PATHOLOGY									5
6	MEDICAL SOCIAL SERVICES			1,447						6
7	HOME HEALTH AIDE			154,328						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)	2,568,432		2,027,034	3,120	3,120		3,120		20
21	TOTAL COST TO BE ALLOCATED	74		421,674	95,507	33,479		32,983		21
22	UNIT COST MULTIPLIER	0.000029		0.208025		10.730449		10.571474		22
22	UNIT COST MULTIPLIER				30.611218					22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 15-7453 WORKSHEET H-2
STATISTICAL BASIS PART II

	HHA COST CENTER	CAFETERIA FTE'S 11	MAIN-TENANCE OF PERSONNEL NUMBER HOUSED 12	NURSING ADMINIS-TRATION DIRECT NRSING HRS 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS + LIBRARY GROSS REVENUE 16	SOCIAL SERVICE TIME SPENT 17	NONPHYSIC. ANESTHET. ASSIGNED TIME 19	
1	ADMINISTRATIVE AND GENERAL	2,061		42,871			2,568,432			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)	2,061		42,871			2,568,432			20
21	TOTAL COST TO BE ALLOCATED	52,835		104,448			17,643			21
22	UNIT COST MULTIPLIER	25.635614		2.436332						22
22	UNIT COST MULTIPLIER						0.006869			22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 15-7453 WORKSHEET H-2
STATISTICAL BASIS PART II

	HHA COST CENTER	NURSING SCHOOL ASSIGNED TIME 20	I&R SALARY & FRINGES ASSIGNED TIME 21	I&R PROGRAM COSTS ASSIGNED TIME 22	PARAMED EDUCATION ASSIGNED TIME 23	
1	ADMINISTRATIVE AND GENERAL					1
2	SKILLED NURSING CARE					2
3	PHYSICAL THERAPY					3
4	OCCUPATIONAL THERAPY					4
5	SPEECH PATHOLOGY					5
6	MEDICAL SOCIAL SERVICES					6
7	HOME HEALTH AIDE					7
8	SUPPLIES					8
9	DRUGS					9
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)					20
21	TOTAL COST TO BE ALLOCATED					21
22	UNIT COST MULTIPLIER					22
22	UNIT COST MULTIPLIER					22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 15-7453

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 PATIENT SERVICES	FROM WKST H-2, PART I, COL 28, LINE	FACILITY COSTS (FROM WKST H-2, PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS COLS. 1+2)	TOTAL VISITS	AVERAGE COST PER VISIT (COL.3 ÷ COL.4)	
			1	2	3	4	5	
1	SKILLED NURSING CARE	2	1,856,527		1,856,527	15,612	118.92	1
2	PHYSICAL THERAPY	3	498,705		498,705	3,623	137.65	2
3	OCCUPATIONAL THERAPY	4	163,240		163,240	1,206	135.36	3
4	SPEECH PATHOLOGY	5						4
5	MEDICAL SOCIAL SERVICES	6	2,481		2,481	17	145.94	5
6	HOME HEALTH AIDE	7	264,650		264,650	4,926	53.73	6
7	TOTAL (SUM OF LINES 1-6)		2,785,603		2,785,603	25,384		7

	PATIENT SERVICES	
8	SKILLED NURSING CARE	8
9	PHYSICAL THERAPY	9
10	OCCUPATIONAL THERAPY	10
11	SPEECH PATHOLOGY	11
12	MEDICAL SOCIAL SERVICES	12
13	HOME HEALTH AIDE	13
14	TOTAL (SUM OF LINES 8-13)	14

	SUPPLIES AND DRUGS COST COMPUTATIONS OTHER PATIENT SERVICES	FROM WKST H-2, PART I, COL 28, LINE	FACILITY COSTS (FROM WKST H-2, PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS COLS. 1+2)	TOTAL CHARGES (FROM HHA RECORD)	RATIO (COL.3 ÷ COL.4)	
			1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8		75,187	75,187	215,266	0.349275	15
16	COST OF DRUGS	9						16

APPORTIONMENT OF PATIENT SERVICE COSTS HHA NO.: 15-7453 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			
		PART B			PART B		
PATIENT SERVICES	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	TOTAL PROGRAM COST (SUM OF COLS.9-10)	
	6	7	8	9	10	11	12	
1 SKILLED NURSING CARE	4,198	7,889		499,226	938,160		1,437,386	1
2 PHYSICAL THERAPY	1,635	926		225,058	127,464		352,522	2
3 OCCUPATIONAL THERAPY	546	374		73,907	50,625		124,532	3
4 SPEECH PATHOLOGY								4
5 MEDICAL SOCIAL SERVICES	6	5		876	730		1,606	5
6 HOME HEALTH AIDE	1,062	3,365		57,061	180,801		237,862	6
7 TOTAL (SUM OF LINES 1-6)	7,447	12,559		856,128	1,297,780		2,153,908	7

PATIENT SERVICES	CBSA NO.	PROGRAM VISITS PART A	PART B NOT SUBJ TO DEDUCTIBLES & COINSUR	PART B SUBJECT TO DEDUCTIBLES & COINSUR	
	1	2	3	4	
8 SKILLED NURSING CARE	23844	4,198	7,889		8
9 PHYSICAL THERAPY	23844	1,635	926		9
10 OCCUPATIONAL THERAPY	23844	546	374		10
11 SPEECH PATHOLOGY	23844				11
12 MEDICAL SOCIAL SERVICES	23844	6	5		12
13 HOME HEALTH AIDE	23844	1,062	3,365		13
14 TOTAL (SUM OF LINES 8-13)		7,447	12,559		14

SUPPLIES AND DRUGS COST COMPUTATIONS OTHER PATIENT SERVICES	PROGRAM COVERED CHARGES PART A	PART B NOT SUBJ TO DEDUCTIBLES & COINSUR	PART B SUBJECT TO DEDUCTIBLES & COINSUR	COST OF SERVICES PART A	PART B NOT SUBJ TO DEDUCTIBLES & COINSUR	PART B 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	2	3	4	
1 PHYSICAL THERAPY	66	0.351130			COL 2, LINE 2	1
2 OCCUPATIONAL THERAPY	67	0.291046			COL 2, LINE 3	2
3 SPEECH PATHOLOGY	68	0.554863			COL 2, LINE 4	3
4 MEDICAL SUPPLIES CHRGED TO PAT	71	0.349275	215,266	75,187	COL 2, LINE 15	4
5 DRUGS CHARGED TO PATIENTS	73	0.265319			COL 2, LINE 16	5

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT HHA NO.: 15-7453 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	PART B SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
	REASONABLE COST OF PART A & PART B SERVICES				
1	REASONABLE COST OF SERVICES (SEE INSTRUCTIONS)				1
2	TOTAL CHARGES				2
	CUSTOMARY CHARGES				
3	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS (FROM YOUR RECORDS)				3
4	AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)				4
5	RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				5
6	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)				6
7	EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST (COMPLETE ONLY IF LINE 6 EXCEEDS LINE 1)				7
8	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 1 EXCEEDS LINE 6)				8
9	PRIMARY PAYER PAYMENTS				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10	TOTAL REASONABLE COST (SEE INSTRUCTIONS)			10
11	TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	751,195	927,355	11
12	TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	27,005	129,917	12
13	TOTAL PPS REIMBURSEMENT - LUPA EPISODES	5,986	3,758	13
14	TOTAL PPS REIMBURSEMENT - PEP EPISODES	2,947	4,531	14
15	TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	11,348	63,412	15
16	TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES	640		16
17	TOTAL OTHER PAYMENTS	1,317		17
18	DME PAYMENTS			18
19	OXYGEN PAYMENTS			19
20	PROSTHETIC AND ORTHOTIC PAYMENTS			20
21	PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)			21
22	SUBTOTAL (SUM OF LINES 10-20 MINUS LINE 21)	800,438	1,128,973	22
23	EXCESS REASONABLE COST (FROM LINE 8)			23
24	SUBTOTAL (LINE 22 MINUS LINE 23)	800,438	1,128,973	24
25	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM YOUR RECORDS)			25
26	NET COST (LINE 24 MINUS LINE 25)	800,438	1,128,973	26
27	REIMBURSABLE BAD DEBTS (FROM YOUR RECORDS)			27
28	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			28
29	TOTAL COSTS - CURRENT COST REPORTING PERIOD (LINE 26 PLUS LINE 27)	800,438	1,128,973	29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			30
31	SUBTOTAL (LINE 29 PLUS/MINUS LINE 30)	800,438	1,128,973	31
32	INTERIM PAYMENTS (SEE INSTRUCTIONS)	800,438	1,128,973	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)			33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 32 AND 33)			34
35	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.: 15-7453

WORKSHEET H-5

DESCRIPTION			PART A MO/DAY/YR 1	PART A AMOUNT 2	PART B MO/DAY/YR 3	PART B AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				800,438		1,128,973	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		NONE		NONE	3.01
		.02					3.02
	PROGRAM	.03					3.03
	TO	.04					3.04
	PROVIDER	.05					3.05
		.06					3.06
		.07					3.07
		.08					3.08
		.09					3.09
		.50		NONE		NONE	3.50
		.51					3.51
	PROVIDER	.52					3.52
	TO	.53					3.53
	PROGRAM	.54					3.54
		.55					3.55
		.56					3.56
		.57					3.57
		.58					3.58
		.59					3.59
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		.99					3.99
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST H-4, PART II, COLUMN AS APPROPRIATE, LINE 32)				800,438		1,128,973	4

TO BE COMPLETED BY INTERMEDIARY

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

8 NAME OF CONTRACTOR: _____ CONTRACTOR NUMBER: _____ NPR DATE: _____ 8

CALCULATION OF CAPITAL PAYMENT WORKSHEET L

CHECK APPLICABLE BOXES						
	[ ]	TITLE V	[XX]	HOSPITAL ((15-000)	[XX]	PPS
	[XX]	TITLE XVIII-PT A	[ ]	SUB (OTHER)	[ ]	COST METHOD
	[ ]	TITLE XIX				

PART I - FULLY PROSPECTIVE METHOD

	CAPITAL FEDERAL AMOUNT		
1	CAPITAL DRG OTHER THAN OUTLIER	1,767,337	1
2	CAPITAL DRG OUTLIER PAYMENTS	27,164	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	73.90	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)	0.1195	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.2700	8
9	SUM OF LINES 7 AND 8	0.3895	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0821	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	145,098	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	1,939,599	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 APPLICABLE BOXES						
	[ ]	TITLE V	[XX]	HOSPITAL ((15-000)	[XX]	PPS
	[ ]	TITLE XVIII-PT A	[ ]	SUB (OTHER)	[ ]	COST METHOD
	[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-NARY CAP-REL COSTS 0	SUBTOTAL (COLS.0-4) 2A	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26	
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS						4
4.01	MAINTENANCE OF PERSONNEL						4.01
5.01	NONPATIENT TELEPHONES						5.01
5.02	PURCHASING RECEIVING & STORES						5.02
5.03	ADMITTING						5.03
5.04	CASHIERING ACCOUNTS RECEIVABLE						5.04
5.05	OTHER ADMIN & GENERAL						5.05
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
10	DIETARY						10
11	CAFETERIA						11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION						13
14	CENTRAL SERVICES & SUPPLY						14
15	PHARMACY						15
16	MEDICAL RECORDS & LIBRARY						16
17	SOCIAL SERVICE						17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SRVCES-SALARY & FRINGES AP						21
22	I&R SRVCES-OTHER PRGM COSTS AP						22
23	PARAMED ED PRGM-(SPECIFY)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS						30
31	INTENSIVE CARE UNIT						31
40	SUBPROVIDER - IPF						40
41	SUBPROVIDER - IRF						41
43	NURSERY						43
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM						50
51	RECOVERY ROOM						51
52	DELIVERY ROOM & LABOR ROOM						52
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC						54
54.01	ULTRASOUND						54.01
54.02	AUDIOLOGY						54.02
56	RADIOISOTOPE						56
57	COMPUTED TOMOGRAPHY (CT) SCAN						57
59	CARDIAC CATHETERIZATION						59
60	LABORATORY						60
62	WHOLE BLOOD & PACKED RED BLOOD						62
62.30	BLOOD CLOTTING FOR HEMOPHILIAC						62.30
63.01	CARDIAC REHAB						63.01
63.02	NONINVASIVE LAB						63.02
65	RESPIRATORY THERAPY						65
66	PHYSICAL THERAPY						66
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY						68
70	ELECTROENCEPHALOGRAPHY						70
71	MEDICAL SUPPLIES CHRGED TO PAT						71
72	IMPL. DEV. CHARGED TO PATIENT						72
73	DRUGS CHARGED TO PATIENTS						73
74	RENAL DIALYSIS						74
75.01	ONCOLOGY						75.01
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
91	EMERGENCY						91
92	OBSERVATION BEDS						92
	OTHER REIMBURSABLE COST CENTERS						
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						
118	SUBTOTALS (SUM OF LINES 1-117)						118
	NONREIMBURSABLE COST CENTERS						
192	PHYSICIANS' PRIVATE OFFICES						192

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

	COST CENTER DESCRIPTION	EXTRAORDI-NARY CAP-REL COSTS 0	SUBTOTAL (COLS.0-4) 2A	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26	
194	OTHER NON REIM COST CENTER						194
194.03	ADVERTISING EXPENSE						194.03
194.04	REGENCY HOSPITAL						194.04
194.05	UNUSED SPACE						194.05
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

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

COST CENTERS	---- TITLE XVIII ---- PART A 1	PART B 2	----- TITLE XIX ----- INPATIENT 3	OUTPATIENT 4	------ TITLE V ------ INPATIENT 5	OUTPATIENT 6	TOTAL THIRD PARTY UTIL 7	
UTILIZATION PERCENTAGES BASED ON DAYS								
30 ADULTS & PEDIATRICS	47.60		7.89				55.49	30
31 INTENSIVE CARE UNIT	57.35		7.96				65.31	31
43 NURSERY			27.20				27.20	43
UTILIZATION PERCENTAGES BASED ON CHARGES								
50 OPERATING ROOM	20.74	26.34	5.20				52.28	50
51 RECOVERY ROOM	16.08	42.43	5.87				64.38	51
52 DELIVERY ROOM & LABOR ROOM	0.26		12.71				12.97	52
53 ANESTHESIOLOGY	15.86	12.38	5.47				33.71	53
54 RADIOLOGY-DIAGNOSTIC	18.71	18.56	4.73				42.00	54
54.01 ULTRASOUND	7.37	7.13	2.67				17.17	54.01
56 RADIOISOTOPE	16.40	31.07	4.84				52.31	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	17.09	13.54	5.02				35.65	57
59 CARDIAC CATHETERIZATION	25.94	14.88	5.38				46.20	59
60 LABORATORY	22.45	0.73	6.50				29.68	60
62 WHOLE BLOOD & PACKED RED BLOOD	35.50	3.68	9.65				48.83	62
63.02 NONINVASIVE LAB	14.82	13.79	3.81				32.42	63.02
65 RESPIRATORY THERAPY	33.28	4.47	8.38				46.13	65
66 PHYSICAL THERAPY	13.87	0.11	2.76				16.74	66
67 OCCUPATIONAL THERAPY	8.32		1.46				9.78	67
68 SPEECH PATHOLOGY	18.97	3.33	5.09				27.39	68
70 ELECTROENCEPHALOGRAPHY	16.43	20.24	3.86				40.53	70
71 MEDICAL SUPPLIES CHRGED TO PATI	33.68	8.81	7.78				50.27	71
72 IMPL. DEV. CHARGED TO PATIENT	44.37	10.17	5.35				59.89	72
73 DRUGS CHARGED TO PATIENTS	32.35	12.95	10.35				55.65	73
74 RENAL DIALYSIS	43.17	6.43	16.69				66.29	74
76.97 CARDIAC REHABILITATION		26.88					26.88	76.97
90 CLINIC	0.80	1.40	0.21				2.41	90
91 EMERGENCY	10.16	9.20	3.54				22.90	91
92 OBSERVATION BEDS	2.06	14.32					16.38	92
200 TOTAL CHARGES	21.11	11.71	5.76				38.58	200

***** REPORT 97 ***** UTILIZATION STATISTICS ***** SUBPROVIDER-IPF

COST CENTERS	---- TITLE XVIII ---- PART A 1	PART B 2	----- TITLE XIX ----- INPATIENT 3	OUTPATIENT 4	------ TITLE V ------ INPATIENT 5	OUTPATIENT 6	TOTAL THIRD PARTY UTIL 7	
UTILIZATION PERCENTAGES BASED ON DAYS								
40 SUBPROVIDER - IPF	23.58		19.06				42.64	40
UTILIZATION PERCENTAGES BASED ON CHARGES								
54 RADIOLOGY-DIAGNOSTIC	0.13		0.13				0.26	54
54.01 ULTRASOUND	0.13		0.13				0.26	54.01
56 RADIOISOTOPE	0.10		0.10				0.20	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.07		0.07				0.14	57
59 CARDIAC CATHETERIZATION	0.02		0.02				0.04	59
60 LABORATORY	0.39		0.39				0.78	60
63.02 NONINVASIVE LAB	0.15		0.15				0.30	63.02
65 RESPIRATORY THERAPY	0.08		0.08				0.16	65
66 PHYSICAL THERAPY	0.02		0.02				0.04	66
70 ELECTROENCEPHALOGRAPHY	0.04		0.04				0.08	70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.01		0.01				0.02	71
73 DRUGS CHARGED TO PATIENTS	0.55		0.55				1.10	73
91 EMERGENCY	0.35		0.35				0.70	91
200 TOTAL CHARGES	0.19		0.19				0.38	200

***** REPORT 97 ***** UTILIZATION STATISTICS ***** SUBPROVIDER-IRF

COST CENTERS	---- TITLE XVIII ---- PART A 1	PART B 2	----- TITLE XIX ----- INPATIENT 3	OUTPATIENT 4	------ TITLE V ------ INPATIENT 5	OUTPATIENT 6	TOTAL THIRD PARTY UTIL 7	
UTILIZATION PERCENTAGES BASED ON DAYS								
41 SUBPROVIDER - IRF	83.82		6.36				90.18	41
UTILIZATION PERCENTAGES BASED ON CHARGES								
50 OPERATING ROOM	1.02		0.06				1.08	50
51 RECOVERY ROOM	1.05		0.09				1.14	51
53 ANESTHESIOLOGY	0.83		0.08				0.91	53
54 RADIOLOGY-DIAGNOSTIC	1.45		0.07				1.52	54
54.01 ULTRASOUND	0.55		0.07				0.62	54.01
56 RADIOISOTOPE	0.81		0.02				0.83	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.81		0.10				0.91	57
59 CARDIAC CATHETERIZATION	0.19		0.02				0.21	59
60 LABORATORY	3.16		0.22				3.38	60
62 WHOLE BLOOD & PACKED RED BLOOD	4.52		0.13				4.65	62
63.02 NONINVASIVE LAB	0.89		0.05				0.94	63.02
65 RESPIRATORY THERAPY	9.19		0.62				9.81	65
66 PHYSICAL THERAPY	38.46		2.54				41.00	66
67 OCCUPATIONAL THERAPY	50.99		3.27				54.26	67
68 SPEECH PATHOLOGY	27.16		3.25				30.41	68
70 ELECTROENCEPHALOGRAPHY	15.27		1.25				16.52	70
71 MEDICAL SUPPLIES CHRGED TO PATI	5.01		0.30				5.31	71
72 IMPL. DEV. CHARGED TO PATIENT	0.34						0.34	72
73 DRUGS CHARGED TO PATIENTS	9.11		0.74				9.85	73
74 RENAL DIALYSIS	14.28		1.40				15.68	74
90 CLINIC	0.06		0.01				0.07	90
91 EMERGENCY	0.01						0.01	91
200 TOTAL CHARGES	4.83		0.34				5.17	200

	COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	4,484,212	3.51	-4,484,212	-7.18			1
2	CAP REL COSTS-MVBLE EQUIP	5,600,930	4.39	-5,600,930	-8.96			2
3	OTHER CAPITAL RELATED COSTS							3
4	EMPLOYEE BENEFITS	14,500,913	11.37	-14,500,913	-23.21			4
4.01	MAINTENANCE OF PERSONNEL	671,698	0.53	-671,698	-1.08			4.01
5.01	NONPATIENT TELEPHONES	150,760	0.12	-150,760	-0.24			5.01
5.02	PURCHASING RECEIVING & STORES	225,393	0.18	-225,393	-0.36			5.02
5.03	ADMITTING	918,752	0.72	-918,752	-1.47			5.03
5.04	CASHIERING ACCOUNTS RECEIVABLE							5.04
5.05	OTHER ADMIN & GENERAL	19,502,282	15.28	-19,502,282	-31.21			5.05
6	MAINTENANCE & REPAIRS	6,375,808	5.00	-6,375,808	-10.20			6
7	OPERATION OF PLANT	1,368,652	1.07	-1,368,652	-2.19			7
8	LAUNDRY & LINEN SERVICE	660,265	0.52	-660,265	-1.06			8
9	HOUSEKEEPING	1,844,923	1.45	-1,844,923	-2.95			9
10	DIETARY	971,348	0.76	-971,348	-1.55			10
11	CAFETERIA	1,180,645	0.93	-1,180,645	-1.89			11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	1,220,479	0.96	-1,220,479	-1.95			13
14	CENTRAL SERVICES & SUPPLY	7,389	0.01	-7,389	-0.01			14
15	PHARMACY	1,564,876	1.23	-1,564,876	-2.50			15
16	MEDICAL RECORDS & LIBRARY	1,230,807	0.96	-1,230,807	-1.97			16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SRVCES-SALARY & FRINGES APP							21
22	I&R SRVCES-OTHER PRGM COSTS APP							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	10,396,415	8.15	14,286,434	22.87	24,682,849	19.35	30
31	INTENSIVE CARE UNIT	2,229,424	1.75	2,050,329	3.28	4,279,753	3.35	31
40	SUBPROVIDER - IPF	1,458,345	1.14	1,909,629	3.06	3,367,974	2.64	40
41	SUBPROVIDER - IRF	2,994,602	2.35	3,115,029	4.99	6,109,631	4.79	41
43	NURSERY	203,511	0.16	153,417	0.25	356,928	0.28	43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	4,663,875	3.66	6,218,269	9.95	10,882,144	8.53	50
51	RECOVERY ROOM	352,479	0.28	355,103	0.57	707,582	0.55	51
52	DELIVERY ROOM & LABOR ROOM	1,119,890	0.88	738,244	1.18	1,858,134	1.46	52
53	ANESTHESIOLOGY	283,032	0.22	345,496	0.55	628,528	0.49	53
54	RADIOLOGY-DIAGNOSTIC	1,724,008	1.35	2,457,123	3.93	4,181,131	3.28	54
54.01	ULTRASOUND	384,414	0.30	327,736	0.52	712,150	0.56	54.01
54.02	AUDIOLOGY							54.02
56	RADIOISOTOPE	410,023	0.32	629,350	1.01	1,039,373	0.81	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	491,404	0.39	1,005,583	1.61	1,496,987	1.17	57
59	CARDIAC CATHETERIZATION	1,129,944	0.89	2,181,193	3.49	3,311,137	2.60	59
60	LABORATORY	3,963,235	3.11	3,368,879	5.39	7,332,114	5.75	60
62	WHOLE BLOOD & PACKED RED BLOOD	1,043,967	0.82	408,019	0.65	1,451,986	1.14	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63.01	CARDIAC REHAB							63.01
63.02	NONINVASIVE LAB	628,295	0.49	791,856	1.27	1,420,151	1.11	63.02
65	RESPIRATORY THERAPY	1,328,218	1.04	1,039,959	1.66	2,368,177	1.86	65
66	PHYSICAL THERAPY	1,628,199	1.28	1,239,235	1.98	2,867,434	2.25	66
67	OCCUPATIONAL THERAPY	1,218,503	0.95	500,794	0.80	1,719,297	1.35	67
68	SPEECH PATHOLOGY	316,437	0.25	168,979	0.27	485,416	0.38	68
70	ELECTROENCEPHALOGRAPHY	229,312	0.18	544,254	0.87	773,566	0.61	70
71	MEDICAL SUPPLIES CHRGED TO PATI	3,213,773	2.52	911,166	1.46	4,124,939	3.23	71
72	IMPL. DEV. CHARGED TO PATIENT	3,985,078	3.12	1,069,243	1.71	5,054,321	3.96	72
73	DRUGS CHARGED TO PATIENTS	4,031,738	3.16	4,142,830	6.63	8,174,568	6.41	73
74	RENAL DIALYSIS	563,080	0.44	179,363	0.29	742,443	0.58	74
75.01	ONCOLOGY	105,383	0.08	123,722	0.20	229,105	0.18	75.01
76.97	CARDIAC REHABILITATION	405,594	0.32	758,240	1.21	1,163,834	0.91	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
90	CLINIC	1,292,681	1.01	1,771,707	2.84	3,064,388	2.40	90
91	EMERGENCY	3,333,118	2.61	3,157,577	5.05	6,490,695	5.09	91
92	OBSERVATION BEDS							92
	OTHER REIMBURSABLE COST CENTERS							
	OUTPATIENT SERVICE COST CENTERS							
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	1,624,393	1.27	1,161,210	1.86	2,785,603	2.18	101
	SPECIAL PURPOSE COST CENTERS							
	NONREIMBURSABLE COST CENTERS							
192	PHYSICIANS' PRIVATE OFFICES	7,984,129	6.26	4,247,035	6.80	12,231,164	9.59	192
194	OTHER NON REIM COST CENTER	123,440	0.10	41,223	0.07	164,663	0.13	194
194.03	ADVERTISING EXPENSE	251,966	0.20	114,259	0.18	366,225	0.29	194.03

	COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
194.04	REGENCY HOSPITAL			760,674	1.22	760,674	0.60	194.04
194.05	UNUSED SPACE			206,973	0.33	206,973	0.16	194.05
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL	127,592,037	100.00			127,592,037	100.00	202

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

	COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	1,649,119	31,799,564	0.051860	6,593,681	341,948	50
51	RECOVERY ROOM	35,609	2,283,764	0.015592	367,149	5,725	51
52	DELIVERY ROOM & LABOR ROOM	56,378	2,202,652	0.025596	5,653	145	52
53	ANESTHESIOLOGY	93,413	4,795,147	0.019481	760,295	14,811	53
54	RADIOLOGY-DIAGNOSTIC	596,849	19,325,921	0.030883	3,616,168	111,678	54
54.01	ULTRASOUND	46,871	3,850,737	0.012172	283,810	3,455	54.01
54.02	AUDIOLOGY						54.02
56	RADIOISOTOPE	186,504	6,058,523	0.030784	993,542	30,585	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	302,096	24,822,474	0.012170	4,242,685	51,633	57
59	CARDIAC CATHETERIZATION	916,634	15,324,334	0.059816	3,975,798	237,816	59
60	LABORATORY	425,049	48,958,717	0.008682	10,991,782	95,431	60
62	WHOLE BLOOD & PACKED RED BLOOD	48,165	2,813,630	0.017118	998,897	17,099	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63.01	CARDIAC REHAB						63.01
63.02	NONINVASIVE LAB	220,706	9,709,304	0.022731	1,439,204	32,715	63.02
65	RESPIRATORY THERAPY	128,181	5,999,349	0.021366	1,996,303	42,653	65
66	PHYSICAL THERAPY	148,536	8,166,311	0.018189	1,132,383	20,597	66
67	OCCUPATIONAL THERAPY	26,708	5,907,311	0.004521	491,350	2,221	67
68	SPEECH PATHOLOGY	29,213	874,840	0.033392	165,918	5,540	68
70	ELECTROENCEPHALOGRAPHY	126,761	3,376,472	0.037542	554,688	20,824	70
71	MEDICAL SUPPLIES CHRGED TO PATI	69,256	11,810,008	0.005864	3,978,029	23,327	71
72	IMPL. DEV. CHARGED TO PATIENT	83,213	9,314,402	0.008934	4,132,533	36,920	72
73	DRUGS CHARGED TO PATIENTS	415,036	30,810,311	0.013471	9,968,546	134,286	73
74	RENAL DIALYSIS	15,946	2,404,801	0.006631	1,038,268	6,885	74
75.01	ONCOLOGY	17,526	651,749	0.026891			75.01
76.97	CARDIAC REHABILITATION	122,599	453,493	0.270344			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	137,534	2,030,362	0.067739	16,326	1,106	90
91	EMERGENCY	317,312	31,509,547	0.010070	3,200,625	32,230	91
92	OBSERVATION BEDS	170,764	3,812,942	0.044785	78,648	3,522	92
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL	6,385,978	289,066,665		61,022,281	1,273,152	200

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

	COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	REDUCED CAPITAL RELATED COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	ADULTS & PEDIATRICS	1,893,666		1,893,666	27,091	69.90	12,895	901,361	30
31	INTENSIVE CARE UNIT	327,335		327,335	2,401	136.33	1,377	187,726	31
200	TOTAL	2,221,001		2,221,001	29,492		14,272	1,089,087	200

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS	1,089,087
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS	1,273,152
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS	2,362,239
MEDICARE DISCHARGES (WKST S-3, PART I, LINE 14, COLUMN 13)	2,956
MEDICARE PATIENT DAYS (WKST S-3, PART I, LINE 14, COLUMN 6 - WKST S-3, PART I, LINE 5, COLUMN 6)	14,272
PER DISCHARGE CAPITAL COSTS	799.13
PER DIEM CAPITAL COSTS	165.52

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1.	TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	27,709,121
2.	HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-3 FOR HOSPITAL TITLE XVIII COMPONENT)	73,347,017
3.	RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.378

COST TO CHARGE RATIO FOR REHAB SUBPROVIDER

1.	TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 9 LINE 41 + WKST D PART IV COL 11 LINE 200))	9,194,787
2.	TOTAL MEDICARE CHARGES [(WKST D-1 PART II LINE 41 DIVIDED BY (WKST C PART I LINE 41 COLUMN 3 DIVIDED BY COLUMN 6)] PLUS WKST D-3 COLUMN 2 LINE 202	18,844,842
3.	RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.488

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1.	TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 9 LINE 41 + WKST D PART IV COL 11 LINE 200))	904,688
2.	TOTAL MEDICARE CHARGES (WKST D-3 LINE 40 COLUMN 2 PLUS WKST D-3 LINE 202 COLUMN 2) (SEE CR 5619)	1,437,312
3.	RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.629

II. COST TO CHARGE RATIO FOR CAPITAL

1.	TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 30-35, COLUMN 7 + WKST D PART II, LINE 200, COLUMN 5)	2,362,239
2.	RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	0.032

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1.	TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 2.02 x COLUMN 1 LESS LINES 61, 66-68, 74, 94, 95 & 96)	8,856,434
2.	TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 202, COLUMNS 2, 2.01, & 2.02 LESS LINES 61, 66-68, 74, 94, 95 & 96)	33,624,068
3.	RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.263