PROVIDER CCN: 15-0008 ST. CATHERINE HOSPITAL
PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
12/02/2013 06:54

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

WORKSHEET S
PARTS I, II & III

PART I - COST REPORT STATUS

PROVIDER USE ONLY
1. [X] ELECTRONICALLY FILED COST REPORT
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.

DATE: 12/02/2013 TIME: 06:54

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 07/01/2012 AND ENDING 06/30/2013, 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.

ECR Encryption: 12/02/2013 06:54
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eyfTI0dFYXV05s7200lAOs:Ntu70mD
TaDe1sYC8T0t7mLw

PI Encryption: 12/02/2013 06:54
kWv50MXLYFXnI23RRHMwjlY0oNUst0
1HpFr0cN51NdLlmEuquW57fk.eZVlg
KvBj0MFP4A0dBUnm

(SIGNED) Ray J. Malive
OFFICER OR ADMINISTRATOR OF PROVIDER(S)

Chief Financial Officer
TITLE

12/2/13
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		27,777	39,689	-106,578		1
2	SUBPROVIDER - IPF						2
3	SUBPROVIDER - IRF		16,363	-9			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		44,140	39,680	-106,578		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									4
5	SUBPROVIDER - IRF	ST. CATHERINE HOSPITAL - REHAB	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: 07/01/2012	TO: 06/30/2013							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.	5,919	1,034	315	158	2,704		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.	503	244	19	11	43		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

		1	2	
39	DOES THIS FACILITY QUALIFY FOR THE INPATIENT HOSPITAL PAYMENT ADJUSTMENT FOR LOW VOLUME HOSPITALS IN ACCORDANCE WITH 42 CFR §412.101(b)(2)(ii)? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. DOES THE FACILITY MEET THE MILEAGE REQUIREMENTS IN ACCORDANCE WITH 42 CFR 412.101(b)(2)(ii)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	N	N	39

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL		V 1	XVIII 2	XIX 3	
45	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	N	Y	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	DIRECT GME	
61 DID YOUR HOSPITAL RECEIVE FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1.)(SEE INSTRUCTIONS)	N			61
61.01 ENTER THE AVERAGE NUMBER OF UNWEIGHTED PRIMARY CARE FTEs FROM THE HOSPITAL'S 3 MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)				61.01
61.02 ENTER THE CURRENT YEAR TOTAL UNWEIGHTED PRIMARY CARE FTE COUNT (EXCLUDING OB/GYN AND GENERAL SURGERY) ADDED AS A RESULT OF SECTION 5503. (SEE INSTRUCTIONS)				61.02
61.03 ENTER THE BASE LINE FTE COUNT FOR PRIMARY CARE AND/OR GENERAL SURGERY RESIDENTS, WHICH IS USED FOR DETERMINING COMPLIANCE WITH THE 75% TEST. (SEE INSTRUCTIONS)				61.03
61.04 ENTER THE NUMBER OF UNWEIGHTED PRIMARY CARE/OR SURGERY ALLOPATHIC AND/OR OSTEOPATHIC FTEs IN THE CURRENT COST REPORTING PERIOD. (SEE INSTRUCTIONS)				61.04
61.05 ENTER THE DIFFERENCE BETWEEN THE BASELINE PRIMARY AND/OR GENERAL SURGERY FTE AND THE CURRENT YEAR'S PRIMARY CARE AND/OR GENERAL SURGERY FTE COUNTS (LINE 61.04 MINUS LINE 61.03). (SEE INSTRUCTIONS)				61.05
61.06 ENTER THE AMOUNT OF ACA §5503 AWARD THAT IS BEING USED FOR CAP RELIEF AND/OR FTEs THAT ARE NONPRIMARY CARE OR GENERAL SURGERY. (SEE INSTRUCTIONS)				61.06

OF THE FTEs IN LINE 61.05, SPECIFY EACH NEW PROGRAM SPECIALTY, IF ANY, AND THE NUMBER OF FTE RESIDENTS FOR EACH NEW PROGRAM (SEE INSTRUCTIONS) ENTER IN COLUMN 1 THE PROGRAM NAME, ENTER IN COLUMN 2 THE PROGRAM CODE, ENTER IN COLUMN 3 THE IME FTE UNWEIGHTED COUNT AND ENTER IN COLUMN 4 DIRECT GME FTE UNWEIGHTED COUNT.

PROGRAM NAME 1	PROGRAM CODE 2	UNWEIGHTED IME FTE COUNT 3	UNWEIGHTED DIRECT GME FTE COUNT 4	
				61.10

OF THE FTEs IN LINE 61.05, SPECIFY EACH EXPANDED PROGRAM SPECIALTY, IF ANY, AND THE NUMBER OF FTE RESIDENTS FOR EACH EXPANDED PROGRAM (SEE INSTRUCTIONS) ENTER IN COLUMN 1 THE PROGRAM NAME, ENTER IN COLUMN 2 THE PROGRAM CODE, ENTER IN COLUMN 3 THE IME FTE UNWEIGHTED COUNT AND ENTER IN COLUMN 4 DIRECT GME FTE UNWEIGHTED COUNT.

61.20

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I (CONT)

		UNWEIGHTED FTES NONPROVIDER SITE	UNWEIGHTED FTES IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	
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.					
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

		UNWEIGHTED FTES NONPROVIDER SITE	UNWEIGHTED FTES IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	
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					
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

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

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

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.	N	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.		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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I (CONT)

		V	XIX	
TITLE V AND XIX INPATIENT SERVICES		1	2	
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

RURAL PROVIDERS		1	2	
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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I (CONT)

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: WPS	CONTRACTOR'S NUMBER: 15H054	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	TITLE XVIII PART B	TITLE V	TITLE XIX	
		1	2	3	4	
155	HOSPITAL	N	N		N	155
156	SUBPROVIDER - IPF	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
161.10	CORF					161.10

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

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

167	IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(n)? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y	167
168	IF THIS PROVIDER IS A CAH (LINE 105 IS 'Y') AND A MEANINGFUL USER (LINE 167 IS 'Y'), ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS.		168
169	IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH (LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.	1.00	169
170	IF LINE 167 IS 'Y', ENTER IN COLUMNS 1 AND 2 THE EHR BEGINNING DATE AND ENDING DATE FOR THE REPORTING PERIOD, RESPECTIVELY. (mmddyyyy) (SEE INSTRUCTIONS)	07/01/2012 09/28/2012	170

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		PART B		
		Y/N 1	DATE 2	Y/N 3	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	10/31/2013	Y	10/31/2013	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: 3122852828 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)(SEE INSTRUCTIONS FOR COL. 2 FOR THE PORTION OF LDP ROOM AVAILABLE BEDS)	30	151	55,115			12,691	5,285	29,917	1
2	HMO AND OTHER (SEE INSTRUCTIONS)						948	3,706		2
3	HMO IPF SUBPROVIDER									3
4	HMO IRF SUBPROVIDER						139	54		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.)		151	55,115			12,691	5,285	29,917	7
8	INTENSIVE CARE UNIT	31	10	3,650			1,297	452	2,576	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						399	1,176	13
14	TOTAL (SEE INSTRUCTIONS)		161	58,765			13,988	6,136	33,669	14
15	CAH VISITS									15
16	SUBPROVIDER - IPF	40								16
17	SUBPROVIDER - IRF	41	30	10,950			7,533	766	9,275	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					20,433		24,749	22
23	ASC (DISTINCT PART)	115								23
24	HOSPICE (DISTINCT PART)	116								24
24.10	HOSPICE (NON-DISTINCT PART)	30								24.10
25	CMHC	99								25
26	RHC	88								26
27	TOTAL (SUM OF LINES 14-26)		191							27
28	OBSERVATION BED DAYS								3,212	28
29	AMBULANCE TRIPS									29
30	EMPLOYEE DISCOUNT DAYS (SEE INSTR.)									30
31	EMPLOYEE DISCOUNT DAYS-IRF									31
32	LABOR & DELIVERY DAYS (SEE INSTR.)							288	307	32
32.01	TOTAL ANCILLARY LABOR & DELIVERY ROOM OUTPATIENT DAYS (SEE INSTR.)									32.01
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	TITLE V 12	---------- DISCHARGES ---------- 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)(SEE INSTRUCTIONS FOR COL. 2 FOR THE PORTION OF LDP ROOM AVAILABLE BEDS)	30					2,825	1,326	7,781	1
2	HMO AND OTHER (SEE INSTRUCTIONS)						205			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)			856.94			2,825	1,326	7,781	14
15	CAH VISITS									15
16	SUBPROVIDER - IPF	40								16
17	SUBPROVIDER - IRF	41		38.90			682	27	853	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		19.10						22
23	ASC (DISTINCT PART)	115								23
24	HOSPICE (DISTINCT PART)	116								24
24.10	HOSPICE (NON-DISTINCT PART)	30								24.10
25	CMHC	99								25
26	RHC	88								26
27	TOTAL (SUM OF LINES 14-26)			914.94						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
32.01	TOTAL ANCILLARY LABOR & DELIVERY ROOM OUTPATIENT DAYS (SEE INSTR.)									32.01
33	LTCH NON-COVERED DAYS									33

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PART II & III

PART II - WAGE DATA

		WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)	
		1	2	3	4	5	6	
	SALARIES							
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200	53,469,707	-152,058	53,317,649	1,899,535.00	28.07	1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B		817,791		817,791	8,665.00	94.38	3
4	PHYSICIAN-PART A ADMINISTRATIVE							4
4.01	PHYSICIAN-PART A - TEACHING							4.01
5	PHYSICIAN-PART B		1,918,785		1,918,785	12,130.00	158.19	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)		3,388,034	-152,058	3,235,976	121,628.00	26.61	10
	OTHER WAGES & RELATED COSTS							
11	CONTRACT LABOR (SEE INSTRUCTIONS)		1,086,873		1,086,873	13,499.00	80.52	11
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES							12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE		628,359		628,359	3,614.00	173.87	13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		6,112,845		6,112,845	131,621.00	46.44	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)		12,243,501		12,243,501			17
18	WAGE-RELATED COSTS (OTHER)							18
19	EXCLUDED AREAS		1,269,904		1,269,904			19
20	NON-PHYSICIAN ANESTHETIST PART A							20
21	NON-PHYSICIAN ANESTHETIST PART B		113,590		113,590			21
22	PHYSICIAN PART A - ADMINISTRATIVE							22
22.01	PHYSICIAN PART A - TEACHING							22.01
23	PHYSICIAN PART B		229,587		229,587			23
24	WAGE-RELATED COSTS (RHC/FQHC)							24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)							25
	OVERHEAD COSTS - DIRECT SALARIES							
26	EMPLOYEE BENEFITS DEPARTMENT		435,084		435,084	11,889.00	36.60	26
27	ADMINISTRATIVE & GENERAL		5,862,223		5,862,223	179,860.00	32.59	27
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		1,469,679		1,469,679	9,543.00	154.01	28
29	MAINTENANCE & REPAIRS		1,282,890		1,282,890	43,007.00	29.83	29
30	OPERATION OF PLANT		434,542		434,542	17,240.00	25.21	30
31	LAUNDRY & LINEN SERVICE		82,221		82,221	5,924.00	13.88	31
32	HOUSEKEEPING		1,623,406		1,623,406	105,923.00	15.33	32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)							33
34	DIETARY		1,528,147	-629,206	898,941	56,803.00	15.83	34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)							35
36	CAFETERIA			629,206	629,206	39,752.00	15.83	36
37	MAINTENANCE OF PERSONNEL							37
38	NURSING ADMINISTRATION		1,051,902		1,051,902	27,620.00	38.08	38
39	CENTRAL SERVICES AND SUPPLY							39
40	PHARMACY		1,454,381		1,454,381	37,058.00	39.25	40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		883,187		883,187	50,699.00	17.42	41
42	SOCIAL SERVICE							42
43	OTHER GENERAL SERVICE							43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	52,202,810	-152,058	52,050,752	1,888,283.00	27.57	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	3,388,034	-152,058	3,235,976	121,628.00	26.61	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	48,814,776		48,814,776	1,766,655.00	27.63	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	7,828,077		7,828,077	148,734.00	52.63	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	12,243,501		12,243,501		25.08%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	68,886,354		68,886,354	1,915,389.00	35.96	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	16,107,662		16,107,662	585,318.00	27.52	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART A - CORE LIST

		AMOUNT REPORTED	
	RETIREMENT COST		
1	401K EMPLOYER CONTRIBUTIONS	368,819	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)	2,404,459	4
	PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5	401K/TSA PLAN ADMINISTRATION FEES		5
6	LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN	483,496	6
7	EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
	HEALTH AND INSURANCE COST		
8	HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	5,952,436	8
9	PRESCRIPTION DRUG PLAN		9
10	DENTAL, HEARING AND VISION PLAN	42,565	10
11	LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	44,532	11
12	ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13	DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	125,047	13
14	LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15	WORKERS' COMPENSATION INSURANCE	226,437	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	3,256,362	17
18	MEDICARE TAXES - EMPLOYERS PORTION ONLY	758,905	18
19	UNEMPLOYMENT INSURANCE	140,051	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	53,472	23
24	TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	13,856,581	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	725,024		1
2	HOSPITAL	725,024		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		4,452		387	4,839	1
2	UNDUPLICATED CENSUS COUNT (SEE INSTRUCTION		330.00		182.00	469.00	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		1.92	1.92	8
9	PHYSICAL THERAPY SUPERVISOR				9
10	OCCUPATIONAL THERAPY SERVICE		0.74	0.74	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	9,189	1,954	76	52	11,271	21
22	SKILLED NURSING VISIT CHARGES	1,461,125	310,797	12,084	8,268	1,792,274	22
23	PHYSICAL THERAPY VISITS	3,074	194	8	30	3,306	23
24	PHYSICAL THERAPY VISIT CHARGES	568,690	35,890	1,480	5,550	611,610	24
25	OCCUPATIONAL THERAPY VISITS	1,075	132	1	18	1,226	25
26	OCCUPATIONAL THERAPY VISIT CHARGES	198,875	24,420	185	3,330	226,810	26
27	SPEECH PATHOLOGY VISITS						27
28	SPEECH PATHOLOGY VISIT CHARGES						28
29	MEDICAL SOCIAL SERVICE VISITS	3	1			4	29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	633	211			844	30
31	HOME HEALTH AIDE VISITS	3,566	765	11	17	4,359	31
32	HOME HEALTH AIDE VISIT CHARGES	424,354	91,035	1,309	2,023	518,721	32
33	TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29, AND 31)	16,907	3,046	96	117	20,166	33
34	OTHER CHARGES						34
35	TOTAL CHARGES (SUM OF LINES 22, 24, 26, 28, 30, 32 AND 34)	2,653,677	462,353	15,058	19,171	3,150,259	35
36	TOTAL NUMBER OF EPISODES (STANDARD/ NON-OUTLIER)	649		41	8	698	36
37	TOTAL NUMBER OF OUTLIER EPISODES		65		1	66	37
38	TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	184,911	32,413	3,743	293	221,360	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)	0.332449	1
	MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)		
2	NET REVENUE FROM MEDICAID	27,798,994	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?	Y	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?	N	4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID	13,044,171	5
6	MEDICAID CHARGES	88,871,521	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)	29,545,256	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.		8
	STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)		
9	NET REVENUE FROM STAND-ALONE SCHIP	11,840	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)	9,311	13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)	507,535	14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)	168,730	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.	159,419	16
	UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)		
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE	150	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)	159,419	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	20,753,874		20,753,874	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	6,899,606		6,899,606	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	81,597		81,597	22
23	COST OF CHARITY CARE	6,818,009		6,818,009	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)			12,903,177	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			544,965	27
28	NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			12,358,212	28
29	COST OF NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			4,108,476	29
30	COST OF UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			10,926,485	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			11,085,904	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				2,341,671	1
2	00200	CAP REL COSTS-MVBLE EQUIP				2,993,762	2
3	00300	OTHER CAP REL COSTS					3
4	00400	EMPLOYEE BENEFITS DEPARTMENT	72,503	14,873	87,376	13,793,231	4
4.01	00401	MAINTENANCE OF PERSONNEL	362,581	225,233	587,814	-391	4.01
5.01	00540	NONPATIENT TELEPHONES	171,639	2,029	173,668	-40	5.01
5.02	00560	PURCHASING RECEIVING & STORES	315,865	59,264	375,129	-62	5.02
5.03	00570	ADMITTING	897,602	45,629	943,231	-115	5.03
5.04	00580	CASHIERING ACCOUNTS RECEIVABLE					5.04
5.05	00590	OTHER ADMIN & GENERAL	4,477,117	67,607,627	72,084,744	-18,391,506	5.05
6	00600	MAINTENANCE & REPAIRS	1,282,890	5,068,687	6,351,577	-5,478	6
7	00700	OPERATION OF PLANT	434,542	1,247,333	1,681,875	-40	7
8	00800	LAUNDRY & LINEN SERVICE	82,221	567,036	649,257	-4,547	8
9	00900	HOUSEKEEPING	1,623,406	239,711	1,863,117	-2,726	9
10	01000	DIETARY	1,528,147	1,429,691	2,957,838	-1,232,180	10
11	01100	CAFETERIA				1,217,873	11
12	01200	MAINTENANCE OF PERSONNEL					12
13	01300	NURSING ADMINISTRATION	1,051,902	131,755	1,183,657	-398	13
14	01400	CENTRAL SERVICES & SUPPLY		13,721	13,721	-13,306	14
15	01500	PHARMACY	1,454,381	4,109,432	5,563,813	-3,584,429	15
16	01600	MEDICAL RECORDS & LIBRARY	883,187	517,533	1,400,720	-61	16
17	01700	SOCIAL SERVICE					17
19	01900	NONPHYSICIAN ANESTHETISTS					19
20	02000	NURSING SCHOOL					20
21	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21
22	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22
23	02300	PARAMED ED PRGM-(SPECIFY)					23
		INPATIENT ROUTINE SERV COST CENTERS					
30	03000	ADULTS & PEDIATRICS	12,207,336	1,694,799	13,902,135	-1,360,927	30
31	03100	INTENSIVE CARE UNIT	2,086,958	389,075	2,476,033	-68,064	31
41	04100	SUBPROVIDER - IRF	2,070,347	1,106,409	3,176,756	-33,986	41
43	04300	NURSERY				267,191	43
		ANCILLARY SERVICE COST CENTERS					
50	05000	OPERATING ROOM	3,112,191	7,407,273	10,519,464	-3,648,700	50
51	05100	RECOVERY ROOM	322,430	28,639	351,069	-157	51
52	05200	DELIVERY ROOM & LABOR ROOM				897,716	52
53	05300	ANESTHESIOLOGY	2,235,273	422,963	2,658,236	-115,167	53
54	05400	RADIOLOGY-DIAGNOSTIC	1,655,688	478,650	2,134,338	-273,667	54
54.01	05401	ULTRASOUND	365,445	63,961	429,406	-26,903	54.01
54.02	03040	AUDIOLOGY					54.02
56	05600	RADIOISOTOPE	482,729	307,357	790,086	-276,219	56
57	05700	CT SCAN	370,233	188,385	558,618	-45,298	57
59	05900	CARDIAC CATHETERIZATION	832,748	4,471,737	5,304,485	-3,510,455	59
60	06000	LABORATORY	2,188,548	1,756,255	3,944,803	-309	60
62	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	154,837	797,141	951,978		62
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63.02	06301	NONINVASIVE LAB	600,783	65,918	666,701	-22,705	63.02
65	06500	RESPIRATORY THERAPY	1,220,590	173,102	1,393,692	-61,666	65
66	06600	PHYSICAL THERAPY	742,311	1,223,062	1,965,373	-20,132	66
67	06700	OCCUPATIONAL THERAPY	422,811	860,631	1,283,442	-246	67
68	06800	SPEECH PATHOLOGY	111,146	223,223	334,369	-70	68
70	07000	ELECTROENCEPHALOGRAPHY	155,555	71,052	226,607	-5,544	70
71	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				3,214,239	71
72	07200	IMPL. DEV. CHARGED TO PATIENTS				4,094,314	72
73	07300	DRUGS CHARGED TO PATIENTS				4,013,238	73
74	07400	RENAL DIALYSIS		654,811	654,811		74
75.01	03480	ONCOLOGY	102,308	24,523	126,831	-695	75.01
76.97	07697	CARDIAC REHABILITATION	432,518	71,128	503,646	-35	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY					76.98
76.99	07699	LITHOTRIPSY					76.99
		OUTPATIENT SERVICE COST CENTERS					
90	09000	CLINIC	2,965,241	1,007,509	3,972,750	-48,832	90
91	09100	EMERGENCY	2,676,011	1,033,033	3,709,044	-56,505	91
92	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92
		OTHER REIMBURSABLE COST CENTERS					
94	09400	HOME PROGRAM DIALYSIS					94
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	1,164,413	522,508	1,686,921	-598	101
		SPECIAL PURPOSE COST CENTERS					
118		SUBTOTALS (SUM OF LINES 1-117)	53,316,433	106,322,698	159,639,131	21,076	118
		NONREIMBURSABLE COST CENTERS					
192	19200	PHYSICIANS' PRIVATE OFFICES	152,058	237,998	390,056	-20,832	192
194	07950	OTHER NON REIM COST CENTER		77,010	77,010	-156	194
194.03	07951	ADVERTISING EXPENSE	1,216	340,136	341,352	-88	194.03

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	
194.04 07952	REGENCY HOSPITAL		28,912	28,912		194.04
194.05 07953	UNUSED SPACE					194.05
200	TOTAL (SUM OF LINES 118-199)	53,469,707	107,006,754	160,476,461		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	2,341,671	957,294	3,298,965	1
2	00200	CAP REL COSTS-MVBLE EQUIP	2,993,762	2,389,800	5,383,562	2
3	00300	OTHER CAP REL COSTS				3
4	00400	EMPLOYEE BENEFITS DEPARTMENT	13,880,607		13,880,607	4
4.01	00401	MAINTENANCE OF PERSONNEL	587,423	-270	587,153	4.01
5.01	00540	NONPATIENT TELEPHONES	173,628	-20,192	153,436	5.01
5.02	00560	PURCHASING RECEIVING & STORES	375,067	-17,183	357,884	5.02
5.03	00570	ADMITTING	943,116		943,116	5.03
5.04	00580	CASHIERING ACCOUNTS RECEIVABLE				5.04
5.05	00590	OTHER ADMIN & GENERAL	53,693,238	-34,890,731	18,802,507	5.05
6	00600	MAINTENANCE & REPAIRS	6,346,099	-17,970	6,328,129	6
7	00700	OPERATION OF PLANT	1,681,835	-29,481	1,652,354	7
8	00800	LAUNDRY & LINEN SERVICE	644,710	-39,270	605,440	8
9	00900	HOUSEKEEPING	1,860,391	-329	1,860,062	9
10	01000	DIETARY	1,725,658	-763,866	961,792	10
11	01100	CAFETERIA	1,217,873		1,217,873	11
12	01200	MAINTENANCE OF PERSONNEL				12
13	01300	NURSING ADMINISTRATION	1,183,259	-5,545	1,177,714	13
14	01400	CENTRAL SERVICES & SUPPLY	415		415	14
15	01500	PHARMACY	1,979,384	-353,346	1,626,038	15
16	01600	MEDICAL RECORDS & LIBRARY	1,400,659	-303,303	1,097,356	16
17	01700	SOCIAL SERVICE				17
19	01900	NONPHYSICIAN ANESTHETISTS				19
20	02000	NURSING SCHOOL				20
21	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21
22	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22
23	02300	PARAMED ED PRGM-(SPECIFY)				23
		INPATIENT ROUTINE SERV COST CENTERS				
30	03000	ADULTS & PEDIATRICS	12,541,208	-106,482	12,434,726	30
31	03100	INTENSIVE CARE UNIT	2,407,969	-30,141	2,377,828	31
41	04100	SUBPROVIDER - IRF	3,142,770		3,142,770	41
43	04300	NURSERY	267,191		267,191	43
		ANCILLARY SERVICE COST CENTERS				
50	05000	OPERATING ROOM	6,870,764	-633,244	6,237,520	50
51	05100	RECOVERY ROOM	350,912		350,912	51
52	05200	DELIVERY ROOM & LABOR ROOM	897,716		897,716	52
53	05300	ANESTHESIOLOGY	2,543,069	-2,348,184	194,885	53
54	05400	RADIOLOGY-DIAGNOSTIC	1,860,671	-24,380	1,836,291	54
54.01	05401	ULTRASOUND	402,503		402,503	54.01
54.02	03040	AUDIOLOGY				54.02
56	05600	RADIOISOTOPE	513,867		513,867	56
57	05700	CT SCAN	513,320		513,320	57
59	05900	CARDIAC CATHETERIZATION	1,794,030	-68,660	1,725,370	59
60	06000	LABORATORY	3,944,494	-11,338	3,933,156	60
62	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	951,978		951,978	62
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63.02	06301	NONINVASIVE LAB	643,996		643,996	63.02
65	06500	RESPIRATORY THERAPY	1,332,026	-8,411	1,323,615	65
66	06600	PHYSICAL THERAPY	1,945,241	-74,455	1,870,786	66
67	06700	OCCUPATIONAL THERAPY	1,283,196		1,283,196	67
68	06800	SPEECH PATHOLOGY	334,299		334,299	68
70	07000	ELECTROENCEPHALOGRAPHY	221,063	-32,174	188,889	70
71	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,214,239		3,214,239	71
72	07200	IMPL. DEV. CHARGED TO PATIENTS	4,094,314		4,094,314	72
73	07300	DRUGS CHARGED TO PATIENTS	4,013,238		4,013,238	73
74	07400	RENAL DIALYSIS	654,811		654,811	74
75.01	03480	ONCOLOGY	126,136		126,136	75.01
76.97	07697	CARDIAC REHABILITATION	503,611	-38,312	465,299	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				76.98
76.99	07699	LITHOTRIPSY				76.99
		OUTPATIENT SERVICE COST CENTERS				
90	09000	CLINIC	3,923,918	-2,784,377	1,139,541	90
91	09100	EMERGENCY	3,652,539	-79,830	3,572,709	91
92	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92
		OTHER REIMBURSABLE COST CENTERS				
94	09400	HOME PROGRAM DIALYSIS				94
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	1,686,323	-175	1,686,148	101
		SPECIAL PURPOSE COST CENTERS				
118		SUBTOTALS (SUM OF LINES 1-117)	159,660,207	-39,334,555	120,325,652	118
		NONREIMBURSABLE COST CENTERS				
192	19200	PHYSICIANS' PRIVATE OFFICES	369,224		369,224	192
194	07950	OTHER NON REIM COST CENTER	76,854		76,854	194
194.03	07951	ADVERTISING EXPENSE	341,264		341,264	194.03

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	
194.04 07952	REGENCY HOSPITAL	28,912		28,912	194.04
194.05 07953	UNUSED SPACE				194.05
200	TOTAL (SUM OF LINES 118-199)	160,476,461	-39,334,555	121,141,906	200

RECLASSIFICATIONS WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	MEDICAL SUPPLIES CHARGED TO PATIENT	A	MEDICAL SUPPLIES CHARGED TO P	71		2,946,906	1
2			IMPL. DEV. CHARGED TO PATIENT	72		4,094,314	2
3							3
4							4
5			MEDICAL SUPPLIES CHARGED TO P	71		267,333	5
6							6
7							7
8							8
500	TOTAL RECLASSIFICATIONS					7,308,553	500
	CODE LETTER - A						
1	DRUGS CHARGED TO PATIENTS	B	DRUGS CHARGED TO PATIENTS	73		4,013,238	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
500	TOTAL RECLASSIFICATIONS					4,013,238	500
	CODE LETTER - B						
1	CAFETERIA RECLASS	C	CAFETERIA	11	629,206	588,667	1
500	TOTAL RECLASSIFICATIONS				629,206	588,667	500
	CODE LETTER - C						
1	UNASSIGNED DEPRECIATION RECLASS	D	CAP REL COSTS-MVBLE EQUIP	2		2,992,194	1
2			CAP REL COSTS-BLDG & FIXT	1		1,578,979	2
500	TOTAL RECLASSIFICATIONS					4,571,173	500
	CODE LETTER - D						
1	UNASSIGNED INTEREST RECLASS	E	CAP REL COSTS-MVBLE EQUIP	2		1,568	1
500	TOTAL RECLASSIFICATIONS					1,568	500
	CODE LETTER - E						
1	RECLASS LABOR AND DELIVERY EXPENSE	F	DELIVERY ROOM & LABOR ROOM	52	772,905	124,811	1
2			NURSERY	43	230,043	37,148	2
500	TOTAL RECLASSIFICATIONS				1,002,948	161,959	500
	CODE LETTER - F						

RECLASSIFICATIONS WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	RECLASS RENTAL EQUIPMENT	G	CAP REL COSTS-BLDG & FIXT	1		745,054	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
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16							16
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21							21
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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
500	TOTAL RECLASSIFICATIONS					745,054	500
	CODE LETTER - G						
1	RECLASS RENTAL EXPENSE BLDG	H	CAP REL COSTS-BLDG & FIXT	1		5,216	1
2							2
500	TOTAL RECLASSIFICATIONS					5,216	500
	CODE LETTER - H						
1	RECLASS PROPERTY INSURANCE	J	CAP REL COSTS-BLDG & FIXT	1		12,422	1
500	TOTAL RECLASSIFICATIONS					12,422	500
	CODE LETTER - J						
1	RECLASS POB UTILITIES EXPENSE	K	OPERATION OF PLANT	7		907	1
500	TOTAL RECLASSIFICATIONS					907	500
	CODE LETTER - K						
1	RECLASS FRINGE BENEFITS	L	EMPLOYEE BENEFITS DEPARTMENT	4		13,789,737	1
2			EMPLOYEE BENEFITS DEPARTMENT	4		3,494	2
500	TOTAL RECLASSIFICATIONS					13,793,231	500
	CODE LETTER - L						
1	RECLASS PHYS SAL FOR WI PURPOSES	N	PHYSICIANS' PRIVATE OFFICES	192		152,058	1
500	TOTAL RECLASSIFICATIONS					152,058	500
	CODE LETTER - N						
	GRAND TOTAL (INCREASES)				1,632,154	31,354,046	

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	MEDICAL SUPPLIES CHARGED TO PATIENT	A	OPERATING ROOM	50		3,472,342	1
2			ANESTHESIOLOGY	53		65,513	2
3			CARDIAC CATHETERIZATION	59		3,503,365	3
4							4
5			ADULTS & PEDIATRICS	30		135,090	5
6			INTENSIVE CARE UNIT	31		60,966	6
7			SUBPROVIDER - IRF	41		15,908	7
8			EMERGENCY	91		55,369	8
500	TOTAL RECLASSIFICATIONS					7,308,553	500
	CODE LETTER - A						
1	DRUGS CHARGED TO PATIENTS	B	PHARMACY	15		3,584,096	1
2			CARDIAC CATHETERIZATION	59		1,634	2
3			ANESTHESIOLOGY	53		49,399	3
4			RADIOISOTOPE	56		268,565	4
5			RESPIRATORY THERAPY	65		48,379	5
6			CLINIC	90		37,787	6
7			PHYSICIANS' PRIVATE OFFICES	192		15,112	7
8			EMERGENCY	91		919	8
9			ONCOLOGY	75.01		695	9
10			ADULTS & PEDIATRICS	30		5,207	10
11			INTENSIVE CARE UNIT	31		626	11
12			ADULTS & PEDIATRICS	30		105	12
13			SUBPROVIDER - IRF	41		218	13
14			OPERATING ROOM	50		489	14
15			RECOVERY ROOM	51		7	15
500	TOTAL RECLASSIFICATIONS					4,013,238	500
	CODE LETTER - B						
1	CAFETERIA RECLASS	C	DIETARY	10	629,206	588,667	1
500	TOTAL RECLASSIFICATIONS				629,206	588,667	500
	CODE LETTER - C						
1	UNASSIGNED DEPRECIATION RECLASS	D	OTHER ADMIN & GENERAL	5.05		2,992,194	9 1
2			OTHER ADMIN & GENERAL	5.05		1,578,979	9 2
500	TOTAL RECLASSIFICATIONS					4,571,173	500
	CODE LETTER - D						
1	UNASSIGNED INTEREST RECLASS	E	OTHER ADMIN & GENERAL	5.05		1,568	11 1
500	TOTAL RECLASSIFICATIONS					1,568	500
	CODE LETTER - E						
1	RECLASS LABOR AND DELIVERY EXPENSE	F	ADULTS & PEDIATRICS	30	772,905	124,811	1
2			ADULTS & PEDIATRICS	30	230,043	37,148	2
500	TOTAL RECLASSIFICATIONS				1,002,948	161,959	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		391		3
4			NONPATIENT TELEPHONES	5.01		40		4
5			PURCHASING RECEIVING & STORES	5.02		62		5
6			ADMITTING	5.03		115		6
7			OTHER ADMIN & GENERAL	5.05		16,606		7
8			MAINTENANCE & REPAIRS	6		5,478		8
9			OPERATION OF PLANT	7		947		9
10			LAUNDRY & LINEN SERVICE	8		4,547		10
11			HOUSEKEEPING	9		2,726		11
12			DIETARY	10		14,307		12
13			NURSING ADMINISTRATION	13		398		13
14			CENTRAL SERVICES & SUPPLY	14		13,306		14
15			PHARMACY	15		333		15
16			MEDICAL RECORDS & LIBRARY	16		61		16
17			ADULTS & PEDIATRICS	30		52,124		17
18			INTENSIVE CARE UNIT	31		6,472		18
19			SUBPROVIDER - IRF	41		17,860		19
20			OPERATING ROOM	50		175,869		20
21			RECOVERY ROOM	51		150		21
22			ANESTHESIOLOGY	53		255		22
23			RADIOLOGY-DIAGNOSTIC	54		273,667		23
24			ULTRASOUND	54.01		26,903		24
25			RADIOISOTOPE	56		7,654		25
26			CT SCAN	57		45,298		26
27			CARDIAC CATHETERIZATION	59		5,456		27
28			LABORATORY	60		309		28
29			NONINVASIVE LAB	63.02		22,705		29
30			CARDIAC REHABILITATION	76.97		35		30
31			RESPIRATORY THERAPY	65		13,287		31
32			PHYSICAL THERAPY	66		20,132		32
33			OCCUPATIONAL THERAPY	67		246		33
34			SPEECH PATHOLOGY	68		70		34
35			ELECTROENCEPHALOGRAPHY	70		5,544		35
36			CLINIC	90		9,829		36
37			EMERGENCY	91		217		37
38			HOME HEALTH AGENCY	101		598		38
39			PHYSICIANS' PRIVATE OFFICES	192		813		39
40			OTHER NON REIM COST CENTER	194		156		40
41			ADVERTISING EXPENSE	194.03		88		41
500	TOTAL RECLASSIFICATIONS					745,054		500
	CODE LETTER - G							
1	RECLASS RENTAL EXPENSE BLDG	H	CLINIC	90		1,216	10	1
2			PHYSICIANS' PRIVATE OFFICES	192		4,000		2
500	TOTAL RECLASSIFICATIONS					5,216		500
	CODE LETTER - H							
1	RECLASS PROPERTY INSURANCE	J	OTHER ADMIN & GENERAL	5.05		12,422	12	1
500	TOTAL RECLASSIFICATIONS					12,422		500
	CODE LETTER - J							
1	RECLASS POB UTILITIES EXPENSE	K	PHYSICIANS' PRIVATE OFFICES	192		907		1
500	TOTAL RECLASSIFICATIONS					907		500
	CODE LETTER - K							
1	RECLASS FRINGE BENEFITS	L	OTHER ADMIN & GENERAL	5.05		13,789,737		1
2			ADULTS & PEDIATRICS	30		3,494		2
500	TOTAL RECLASSIFICATIONS					13,793,231		500
	CODE LETTER - L							
1	RECLASS PHYS SAL FOR WI PURPOSES	N	PHYSICIANS' PRIVATE OFFICES	192	152,058			1
500	TOTAL RECLASSIFICATIONS				152,058			500
	CODE LETTER - N							
	GRAND TOTAL (DECREASES)				1,784,212	31,201,988		

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				19,929	251,413		1
2	LAND IMPROVEMENTS	1,977,848				12,410	1,965,438		2
3	BUILDINGS AND FIXTURES	49,429,033				241,235	49,187,798		3
4	BUILDING IMPROVEMENTS	8,988,184	206,304		206,304		9,194,488		4
5	FIXED EQUIPMENT								5
6	MOVABLE EQUIPMENT	100,364,093	3,150,026		3,150,026	1,186,575	102,327,544		6
7	HIT DESIGNATED ASSETS								7
8	SUBTOTAL (SUM OF LINES 1-7)	161,030,500	3,356,330		3,356,330	1,460,149	162,926,681		8
9	RECONCILING ITEMS								9
10	TOTAL (LINE 7 MINUS LINE 9)	161,030,500	3,356,330		3,356,330	1,460,149	162,926,681		10

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

	DESCRIPTION	SUMMARY OF CAPITAL DEPREC-IATION 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								1
2	CAP REL COSTS-MVBLE EQUIP								2
3	TOTAL (SUM OF LINES 1-2)								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	60,599,137		60,599,137	0.371941					1
2	CAP REL COSTS-MVBLE EQUIP	102,327,544		102,327,544	0.628059					2
3	TOTAL (SUM OF LINES 1-2)	162,926,681		162,926,681	1.000000					3

	DESCRIPTION	SUMMARY OF CAPITAL DEPREC-IATION 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	2,536,273	750,270		12,422			3,298,965	1
2	CAP REL COSTS-MVBLE EQUIP	5,383,562						5,383,562	2
3	TOTAL	7,919,835	750,270		12,422			8,682,527	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)			CAP REL COSTS-BLDG & FIXT	1		1
2	INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)	B	-1,568	CAP REL COSTS-MVBLE EQUIP	2	11	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	-20,192	NONPATIENT TELEPHONES	5.01		7
8	TELEVISION AND RADIO SERVICE (CHAPTER 21)	A	-9,128	CAP REL COSTS-MVBLE EQUIP	2	9	8
9	PARKING LOT (CHAPTER 21)						9
10	PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-2,655,121				10
11	SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)						11
12	RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	-5,341,137				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	-380	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	869,356	CAP REL COSTS-BLDG & FIXT	1	9	26
27	DEPRECIATION--MOVABLE EQUIPMENT	A	251,633	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	-38,312	CARDIAC REHABILITATION	76.97		33
33.07	LAB REVENUE	B	-1,680	LABORATORY	60		33.07
33.13	OTHER OPERATING REVENUE	B	-270	MAINTENANCE OF PERSONNEL	4.01		33.13
33.15	OFFSET OCC HEALTH COSTS FOR BP/US	A	-2,168,348	CLINIC	90		33.15
33.19	OTHER OPERATING REVENUE	B	-100,696	OTHER ADMIN & GENERAL	5.05		33.19
33.23	OTHER OPER REV	B	-17,183	PURCHASING RECEIVING & STORES	5.02		33.23
33.24	COPYING FEE REVENUE	B	-295,278	MEDICAL RECORDS & LIBRARY	16		33.24
33.26	CAFETERIA REVENUE	B	-763,866	DIETARY	10		33.26
33.28	OTHER OPER REVENUE	B	-29,481	OPERATION OF PLANT	7		33.28
33.29	OTHER OPERATING REVENUE	B	-7,821	MAINTENANCE & REPAIRS	6		33.29
33.30	OTHER OPERATING REVENUE	B	-39,270	LAUNDRY & LINEN SERVICE	8		33.30
33.34	OTHER OPERATING REVENUE	B	-329	HOUSEKEEPING	9		33.34
34	OFFSET CABLE TV COST	A	-10,149	MAINTENANCE & REPAIRS	6		34
34.01	OFFSET CONTRIBUTIONS	A	-31,900	OTHER ADMIN & GENERAL	5.05		34.01
34.02	OFFSET PHYSICIAN RECRUITMENT	A	-62	OTHER ADMIN & GENERAL	5.05		34.02
34.03	OFFSET CAPITATION EXPENSE	A	-25,439,423	OTHER ADMIN & GENERAL	5.05		34.03
35	CRNA SALARIES	A	-817,791	ANESTHESIOLOGY	53		35
36	OFFSET LOBBYING COSTS	A	-2,586	OTHER ADMIN & GENERAL	5.05		36
37							37
38	OFFSET NONWAGE CRNA/ANEST COSTS	A	-112,911	ANESTHESIOLOGY	53		38
39	OFFSET FEES FOR ON CALL SURGEONS	A	-600,000	OPERATING ROOM	50		39
40	MDWISE ADD BACK	A	2,927,030	OTHER ADMIN & GENERAL	5.05		40
41	OFFSET MEDICAID ASSESSMENT	A	-4,476,895	OTHER ADMIN & GENERAL	5.05		41
42	OFFSET MAMMO READS	A	-4,380	RADIOLOGY-DIAGNOSTIC	54		42
43	OFFSET EKG READS AT CLINIC	A	-10,630	CLINIC	90		43
44							44
45	OFFSET 340B CONTRACT PHARM COSTS	A	-300,543	PHARMACY	15		45
46	OFFSET RETAIL PHARMACY COSTS	A	-52,423	PHARMACY	15		46
47	OFFSET CLINIC REVENUES	B	-32,646	CLINIC	90		47

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
48	OFFSET HHA REVENUE	B	-175	HOME HEALTH AGENCY	101	48
49						49
50	TOTAL (SUM OF LINES 1 THRU 49) TRANSFER TO WKST A, COL. 6, LINE 200)		-39,334,555			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	87,938		87,938	9	1
2	2	CAP REL COSTS-MVBLE EQUIP	DEPRECIATION EQUIP	2,148,863		2,148,863	9	2
3	5.05	OTHER ADMIN & GENERAL	A&G OTHER	11,458,803	15,184,096	-3,725,293		3
3.02	5.05	OTHER ADMIN & GENERAL	PHYSICIAN CORP ALLOCATION		3,852,645	-3,852,645		4.02
4								4
5		TOTALS (SUM OF LINES 1-4) TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.		13,695,604	19,036,741	-5,341,137		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	253,854	117,589	136,265	171,400	796	65,593	3,280	1
2	13	NURSING ADMINISTRATION		20,625		20,625	171,400	183	15,080	754	2
3	16	MEDICAL RECORDS & LIBRAR	AGGREGATE	25,000	2,565	22,435	171,400	206	16,975	849	3
4	30	ADULTS & PEDIATRICS	AGGREGATE	119,419	103,719	15,700	171,400	157	12,937	647	4
5	31	INTENSIVE CARE UNIT	AGGREGATE	50,000	17,706	32,294	171,400	241	19,859	993	5
6	50	OPERATING ROOM	AGGREGATE	46,000	17,372	28,628	204,100	130	12,756	638	6
7	60	LABORATORY	AGGREGATE	20,000	4,985	15,015	219,500	98	10,342	517	7
8	54	RADIOLOGY-DIAGNOSTIC	AGGREGATE	20,000	20,000						8
9	65	RESPIRATORY THERAPY	AGGREGATE	16,404	3,510	12,894	171,400	97	7,993	400	9
10	66	PHYSICAL THERAPY	AGGREGATE	100,000	17,916	82,084	171,400	310	25,545	1,277	10
11	70	ELECTROENCEPHALOGRAPHY	AGGREGATE	55,000	19,481	35,519	171,400	277	22,826	1,141	11
12	59	CARDIAC CATHETERIZATION	AGGREGATE	105,000	13,800	91,200	171,400	441	36,340	1,817	12
13	90	CLINIC	AGGREGATE	55,341	55,341		171,400				13
14	91	EMERGENCY		135,700		135,700	171,400	678	55,870	2,794	14
15	53	ANESTHESIOLOGY	AGGREGATE	1,417,482	1,417,482						15
16	90	CLINIC	AGGREGATE	517,412	517,412						16
200		TOTAL		2,957,237	2,328,878	628,359		3,614	302,116	15,107	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					65,593	70,672	188,261	1
2	13	NURSING ADMINISTRATION						15,080	5,545	5,545	2
3	16	MEDICAL RECORDS & LIBRAR	AGGREGATE					16,975	5,460	8,025	3
4	30	ADULTS & PEDIATRICS	AGGREGATE					12,937	2,763	106,482	4
5	31	INTENSIVE CARE UNIT	AGGREGATE					19,859	12,435	30,141	5
6	50	OPERATING ROOM	AGGREGATE					12,756	15,872	33,244	6
7	60	LABORATORY	AGGREGATE					10,342	4,673	9,658	7
8	54	RADIOLOGY-DIAGNOSTIC	AGGREGATE							20,000	8
9	65	RESPIRATORY THERAPY	AGGREGATE					7,993	4,901	8,411	9
10	66	PHYSICAL THERAPY	AGGREGATE					25,545	56,539	74,455	10
11	70	ELECTROENCEPHALOGRAPHY	AGGREGATE					22,826	12,693	32,174	11
12	59	CARDIAC CATHETERIZATION	AGGREGATE					36,340	54,860	68,660	12
13	90	CLINIC	AGGREGATE							55,341	13
14	91	EMERGENCY						55,870	79,830	79,830	14
15	53	ANESTHESIOLOGY	AGGREGATE							1,417,482	15
16	90	CLINIC	AGGREGATE							517,412	16
200		TOTAL						302,116	326,243	2,655,121	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 DEPARTMENT 4	MAINT OF PERSONNEL 4.01	
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT	3,298,965	3,298,965				1
2	CAP REL COSTS-MVBLE EQUIP	5,383,562		5,383,562			2
4	EMPLOYEE BENEFITS DEPARTMENT	13,880,607			13,880,607		4
4.01	MAINTENANCE OF PERSONNEL	587,153	19,670		98,387	705,210	4.01
5.01	NONPATIENT TELEPHONES	153,436	6,159	48,385	46,574	4,538	5.01
5.02	PURCHASING RECEIVING & STORES	357,884	53,180	2,312	85,710	6,972	5.02
5.03	ADMITTING	943,116	21,986	1,033	243,565	22,229	5.03
5.04	CASHIERING ACCOUNTS RECEIVABLE		5,567				5.04
5.05	OTHER ADMIN & GENERAL	18,802,507	571,195	155,699	1,214,870	31,869	5.05
6	MAINTENANCE & REPAIRS	6,328,129	280,401	227,768	348,113	16,189	6
7	OPERATION OF PLANT	1,652,354	154,270	149,893	117,913	6,486	7
8	LAUNDRY & LINEN SERVICE	605,440	15,934		22,311	2,230	8
9	HOUSEKEEPING	1,860,062	12,932	25,175	440,513	39,842	9
10	DIETARY	961,792	115,347	39,552	243,929	36,321	10
11	CAFETERIA	1,217,873	4,039		170,736		11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	1,177,714	24,833	60,952	285,435	11,385	13
14	CENTRAL SERVICES & SUPPLY	415	24,692				14
15	PHARMACY	1,626,038	31,363	275,106	394,648	13,474	15
16	MEDICAL RECORDS & LIBRARY	1,097,356	35,348	5,078	239,654	19,279	16
17	SOCIAL SERVICE						17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES APPRVD						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	12,434,726	517,040	551,565	3,040,345	163,909	30
31	INTENSIVE CARE UNIT	2,377,828	39,555	173,201	566,298	23,528	31
41	SUBPROVIDER - IRF	3,142,770	122,705	73,630	561,791	30,437	41
43	NURSERY	267,191		3,491	62,422	2,770	43
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	6,237,520	220,328	1,160,737	844,496	38,089	50
51	RECOVERY ROOM	350,912	9,202	7,509	87,492	3,177	51
52	DELIVERY ROOM & LABOR ROOM	897,716	17,933		209,729	11,181	52
53	ANESTHESIOLOGY	194,885	3,413	123,298	39,003		53
54	RADIOLOGY-DIAGNOSTIC	1,836,291	83,129	503,931	449,273	24,311	54
54.01	ULTRASOUND	402,503	4,955	57,895	99,164	3,372	54.01
54.02	AUDIOLOGY						54.02
56	RADIOISOTOPE	513,867	17,179	119,338	130,989	3,990	56
57	CT SCAN	513,320	21,871	12,046	100,463	4,499	57
59	CARDIAC CATHETERIZATION	1,725,370	45,843	723,302	225,967	10,054	59
60	LABORATORY	3,933,156	102,833	201,492	593,865	34,044	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	951,978	8,643	12,355	42,015	1,815	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63.02	NONINVASIVE LAB	643,996	9,721	244,671	163,023	9,303	63.02
65	RESPIRATORY THERAPY	1,323,615	15,584	49,239	331,208	15,899	65
66	PHYSICAL THERAPY	1,870,786	54,049	8,804	201,427	8,317	66
67	OCCUPATIONAL THERAPY	1,283,196	1,905	1,469	114,730	6,330	67
68	SPEECH PATHOLOGY	334,299	4,544	17,917	30,160	939	68
70	ELECTROENCEPHALOGRAPHY	188,889	34,453	38,899	42,210	2,355	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,214,239					71
72	IMPL. DEV. CHARGED TO PATIENTS	4,094,314					72
73	DRUGS CHARGED TO PATIENTS	4,013,238					73
74	RENAL DIALYSIS	654,811	3,729				74
75.01	ONCOLOGY	126,136	6,584	1,447	27,761	1,275	75.01
76.97	CARDIAC REHABILITATION	465,299	45,486	14,148	117,364	5,219	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	1,139,541	38,559	15,284	804,621	39,545	90
91	EMERGENCY	3,572,709	70,164	184,172	726,138	34,412	91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
	OTHER REIMBURSABLE COST CENTERS						
94	HOME PROGRAM DIALYSIS						94
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	1,686,148	21,003	26,383	315,965	14,945	101
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (SUM OF LINES 1-117)	120,325,652	2,897,326	5,317,176	13,880,277	704,529	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 DEPARTMENT	MAINT OF PERSONNEL	
		0	1	2	4	4.01	
192	PHYSICIANS' PRIVATE OFFICES	369,224	255,090	65,615		673	192
194	OTHER NON REIM COST CENTER	76,854	7,910	771			194
194.03	ADVERTISING EXPENSE	341,264	5,958		330	8	194.03
194.04	REGENCY HOSPITAL	28,912	110,554				194.04
194.05	UNUSED SPACE		22,127				194.05
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	121,141,906	3,298,965	5,383,562	13,880,607	705,210	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 DEPARTMENT						4
4.01	MAINTENANCE OF PERSONNEL						4.01
5.01	NONPATIENT TELEPHONES	259,092					5.01
5.02	PURCHASING RECEIVING & STORES	1,922	507,980				5.02
5.03	ADMITTING	4,036	7,451	1,243,416			5.03
5.04	CASHIERING ACCOUNTS RECEIVABLE				5,567		5.04
5.05	OTHER ADMIN & GENERAL	70,349	12,697			20,859,186	5.05
6	MAINTENANCE & REPAIRS	1,345	83,401			7,285,346	6
7	OPERATION OF PLANT	3,075	21,954			2,105,945	7
8	LAUNDRY & LINEN SERVICE	384	61,772			708,071	8
9	HOUSEKEEPING	2,306	47,615			2,428,445	9
10	DIETARY	4,805	53,775			1,455,521	10
11	CAFETERIA					1,392,648	11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	1,922	1,298			1,563,539	13
14	CENTRAL SERVICES & SUPPLY	2,114	32			27,253	14
15	PHARMACY	4,997	4,582			2,350,208	15
16	MEDICAL RECORDS & LIBRARY	7,112	8,673			1,412,500	16
17	SOCIAL SERVICE						17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES APPRVD						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	30,176	38,110	123,708	569	16,900,148	30
31	INTENSIVE CARE UNIT	3,844	6,141	15,235	70	3,205,700	31
41	SUBPROVIDER - IRF	6,343	7,739	22,147	102	3,967,664	41
43	NURSERY			2,513	12	338,399	43
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	15,761	86,456	104,715	481	8,708,583	50
51	RECOVERY ROOM	769	125	8,069	37	467,292	51
52	DELIVERY ROOM & LABOR ROOM			8,445	39	1,145,043	52
53	ANESTHESIOLOGY	1,153	1,349	17,163	79	380,343	53
54	RADIOLOGY-DIAGNOSTIC	9,418	4,312	71,089	327	2,982,081	54
54.01	ULTRASOUND	2,499	712	15,219	70	586,389	54.01
54.02	AUDIOLOGY						54.02
56	RADIOISOTOPE	1,730	398	23,577	108	811,176	56
57	CT SCAN	1,730	470	99,207	456	754,062	57
59	CARDIAC CATHETERIZATION	7,112	3,744	57,400	264	2,799,056	59
60	LABORATORY	14,031	12,739	191,662	731	5,084,553	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,345	668	10,416	48	1,029,283	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63.02	NONINVASIVE LAB	3,652	1,229	35,649	164	1,111,408	63.02
65	RESPIRATORY THERAPY	9,034	2,352	35,729	164	1,782,824	65
66	PHYSICAL THERAPY	961	1,300	29,971	138	2,175,753	66
67	OCCUPATIONAL THERAPY	384	577	20,932	96	1,429,619	67
68	SPEECH PATHOLOGY		337	3,020	14	391,230	68
70	ELECTROENCEPHALOGRAPHY	3,075	331	13,535	62	323,809	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS			31,952	147	3,246,338	71
72	IMPL. DEV. CHARGED TO PATIENTS			31,330	144	4,125,788	72
73	DRUGS CHARGED TO PATIENTS			110,486	508	4,124,232	73
74	RENAL DIALYSIS			9,618	44	668,202	74
75.01	ONCOLOGY		379	3,178	15	166,775	75.01
76.97	CARDIAC REHABILITATION	3,460	3,754	1,955	9	656,694	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	3,844	11,110	5,933	27	2,058,464	90
91	EMERGENCY	7,112	8,836	130,673	601	4,734,817	91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
	OTHER REIMBURSABLE COST CENTERS						
94	HOME PROGRAM DIALYSIS						94
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	2,883	4,742	8,890	41	2,081,000	101
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (SUM OF LINES 1-117)	234,683	501,160	1,243,416	5,567	119,825,387	118
	NONREIMBURSABLE COST CENTERS						
192	PHYSICIANS' PRIVATE OFFICES	192	2,710			693,504	192
194	OTHER NON REIM COST CENTER		1,508			87,043	194

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	
194.03	ADVERTISING EXPENSE	1,345	2,602			351,507	194.03
194.04	REGENCY HOSPITAL	22,872				162,338	194.04
194.05	UNUSED SPACE					22,127	194.05
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	259,092	507,980	1,243,416	5,567	121,141,906	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 DEPARTMENT						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	20,859,186					5.05
6	MAINTENANCE & REPAIRS	1,515,381	8,800,727				6
7	OPERATION OF PLANT	438,045	689,050	3,233,040			7
8	LAUNDRY & LINEN SERVICE	147,282	71,169	26,738	953,260		8
9	HOUSEKEEPING	505,126	57,759	21,700		3,013,030	9
10	DIETARY	302,754	515,201	193,559		183,131	10
11	CAFETERIA	289,676	18,040	6,778		6,413	11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	325,222	110,918	41,671		39,426	13
14	CENTRAL SERVICES & SUPPLY	5,669	110,286	41,434		39,202	14
15	PHARMACY	488,853	140,083	52,629		49,793	15
16	MEDICAL RECORDS & LIBRARY	293,806	157,883	59,316		56,120	16
17	SOCIAL SERVICE						17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES APPRVD						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	3,515,277	2,309,373	867,618	361,602	820,877	30
31	INTENSIVE CARE UNIT	666,798	176,675	66,376	50,090	62,800	31
41	SUBPROVIDER - IRF	825,290	548,065	205,906	72,843	194,812	41
43	NURSERY	70,388					43
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	1,811,420	984,099	369,722	101,023	349,803	50
51	RECOVERY ROOM	97,199	41,102	15,442	25,224	14,610	51
52	DELIVERY ROOM & LABOR ROOM	238,174	80,099	30,093		28,472	52
53	ANESTHESIOLOGY	79,113	15,244	5,727		5,419	53
54	RADIOLOGY-DIAGNOSTIC	620,285	371,300	139,496	23,430	131,980	54
54.01	ULTRASOUND	121,971	22,129	8,314	14,185	7,866	54.01
54.02	AUDIOLOGY						54.02
56	RADIOISOTOPE	168,728	76,731	28,828	7,282	27,275	56
57	CT SCAN	156,848	97,688	36,701		34,724	57
59	CARDIAC CATHETERIZATION	582,215	204,758	76,927	31,240	72,782	59
60	LABORATORY	1,057,607	459,306	172,560		163,263	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	214,095	38,606	14,504		13,723	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63.02	NONINVASIVE LAB	231,177	43,417	16,312	9,752	15,433	63.02
65	RESPIRATORY THERAPY	370,835	69,606	26,151		24,742	65
66	PHYSICAL THERAPY	452,565	241,409	90,697	22,797	85,810	66
67	OCCUPATIONAL THERAPY	297,366	8,509	3,197		3,025	67
68	SPEECH PATHOLOGY	81,377	20,295	7,625		7,214	68
70	ELECTROENCEPHALOGRAPHY	67,354	153,884	57,814	10,575	54,699	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	675,251					71
72	IMPL. DEV. CHARGED TO PATIENTS	858,180					72
73	DRUGS CHARGED TO PATIENTS	857,857					73
74	RENAL DIALYSIS	138,989	16,657	6,258		5,921	74
75.01	ONCOLOGY	34,690	29,406	11,048		10,452	75.01
76.97	CARDIAC REHABILITATION	136,595	203,164	76,328	10,132	72,216	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	428,169	172,225	64,704		61,218	90
91	EMERGENCY	984,861	313,390	117,739	148,663	111,396	91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
	OTHER REIMBURSABLE COST CENTERS						
94	HOME PROGRAM DIALYSIS						94
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	432,856	93,810	35,244		33,345	101
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (SUM OF LINES 1-117)	20,585,344	8,661,336	2,995,156	888,838	2,787,962	118
	NONREIMBURSABLE COST CENTERS						
192	PHYSICIANS' PRIVATE OFFICES	144,252	13,951	5,241		4,959	192
194	OTHER NON REIM COST CENTER	18,105					194

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	
194.03	ADVERTISING EXPENSE	73,115	26,609	9,997		9,458	194.03
194.04	REGENCY HOSPITAL	33,767		185,516	64,422	175,521	194.04
194.05	UNUSED SPACE	4,603	98,831	37,130		35,130	194.05
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	20,859,186	8,800,727	3,233,040	953,260	3,013,030	202

COST ALLOCATION - GENERAL SERVICE COSTS WORKSHEET B PART I

	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 DEPARTMENT						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	2,650,166					10
11	CAFETERIA		1,713,555				11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION		36,271	2,117,047			13
14	CENTRAL SERVICES & SUPPLY				223,844		14
15	PHARMACY		42,927			3,124,493	15
16	MEDICAL RECORDS & LIBRARY		61,424				16
17	SOCIAL SERVICE						17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES APPRVD						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	2,295,418	528,183	1,003,079			30
31	INTENSIVE CARE UNIT	40,224	74,960	142,354			31
41	SUBPROVIDER - IRF	194,328	96,972	184,160			41
43	NURSERY		8,825	16,758			43
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	223	121,352	230,459			50
51	RECOVERY ROOM		10,121	19,239			51
52	DELIVERY ROOM & LABOR ROOM		29,615	56,241			52
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC	346	77,453				54
54.01	ULTRASOUND		10,744				54.01
54.02	AUDIOLOGY						54.02
56	RADIOISOTOPE	1,102	12,713				56
57	CT SCAN		14,334				57
59	CARDIAC CATHETERIZATION	7	32,033	60,838			59
60	LABORATORY		108,464				60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS		5,783				62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63.02	NONINVASIVE LAB		29,640				63.02
65	RESPIRATORY THERAPY		50,655				65
66	PHYSICAL THERAPY		26,499				66
67	OCCUPATIONAL THERAPY		20,167				67
68	SPEECH PATHOLOGY		2,991				68
70	ELECTROENCEPHALOGRAPHY		7,503				70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS				93,685		71
72	IMPL. DEV. CHARGED TO PATIENTS				130,159		72
73	DRUGS CHARGED TO PATIENTS					3,124,493	73
74	RENAL DIALYSIS						74
75.01	ONCOLOGY		4,063				75.01
76.97	CARDIAC REHABILITATION		16,627	31,584			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	936	125,988	73,705			90
91	EMERGENCY	14,858	109,635	208,206			91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
	OTHER REIMBURSABLE COST CENTERS						
94	HOME PROGRAM DIALYSIS						94
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		47,613	90,424			101
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (SUM OF LINES 1-117)	2,547,442	1,713,555	2,117,047	223,844	3,124,493	118
	NONREIMBURSABLE COST CENTERS						
192	PHYSICIANS' PRIVATE OFFICES						192
194	OTHER NON REIM COST CENTER						194

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	
194.03	ADVERTISING EXPENSE						194.03
194.04	REGENCY HOSPITAL	102,724					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)	2,650,166	1,713,555	2,117,047	223,844	3,124,493	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 DEPARTMENT					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	2,041,049				16
17	SOCIAL SERVICE					17
19	NONPHYSICIAN ANESTHETISTS					19
20	NURSING SCHOOL					20
21	I&R SERVICES-SALARY & FRINGES APPRVD					21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD					22
23	PARAMED ED PRGM-(SPECIFY)					23
	INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS	203,088	28,804,663		28,804,663	30
31	INTENSIVE CARE UNIT	25,011	4,510,988		4,510,988	31
41	SUBPROVIDER - IRF	36,357	6,326,397		6,326,397	41
43	NURSERY	4,125	438,495		438,495	43
	ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	171,908	12,848,592		12,848,592	50
51	RECOVERY ROOM	13,247	703,476		703,476	51
52	DELIVERY ROOM & LABOR ROOM	13,864	1,621,601		1,621,601	52
53	ANESTHESIOLOGY	28,175	514,021		514,021	53
54	RADIOLOGY-DIAGNOSTIC	116,705	4,463,076		4,463,076	54
54.01	ULTRASOUND	24,984	796,582		796,582	54.01
54.02	AUDIOLOGY					54.02
56	RADIOISOTOPE	38,706	1,172,541		1,172,541	56
57	CT SCAN	162,865	1,257,222		1,257,222	57
59	CARDIAC CATHETERIZATION	94,232	3,954,088		3,954,088	59
60	LABORATORY	314,416	7,360,169		7,360,169	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	17,099	1,333,093		1,333,093	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63.02	NONINVASIVE LAB	58,524	1,515,663		1,515,663	63.02
65	RESPIRATORY THERAPY	58,654	2,383,467		2,383,467	65
66	PHYSICAL THERAPY	49,202	3,144,732		3,144,732	66
67	OCCUPATIONAL THERAPY	34,364	1,796,247		1,796,247	67
68	SPEECH PATHOLOGY	4,959	515,691		515,691	68
70	ELECTROENCEPHALOGRAPHY	22,221	697,859		697,859	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	52,454	4,067,728		4,067,728	71
72	IMPL. DEV. CHARGED TO PATIENTS	51,434	5,165,561		5,165,561	72
73	DRUGS CHARGED TO PATIENTS	181,381	8,287,963		8,287,963	73
74	RENAL DIALYSIS	15,790	851,817		851,817	74
75.01	ONCOLOGY	5,217	261,651		261,651	75.01
76.97	CARDIAC REHABILITATION	3,209	1,206,549		1,206,549	76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	9,741	2,995,150		2,995,150	90
91	EMERGENCY	214,522	6,958,087		6,958,087	91
92	OBSERVATION BEDS (NON-DISTINCT PART)					92
	OTHER REIMBURSABLE COST CENTERS					
94	HOME PROGRAM DIALYSIS					94
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	14,595	2,828,887		2,828,887	101
	SPECIAL PURPOSE COST CENTERS					
118	SUBTOTALS (SUM OF LINES 1-117)	2,041,049	118,782,056		118,782,056	118
	NONREIMBURSABLE COST CENTERS					
192	PHYSICIANS' PRIVATE OFFICES		861,907		861,907	192
194	OTHER NON REIM COST CENTER		105,148		105,148	194

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	
194.03 ADVERTISING EXPENSE		470,686		470,686	194.03
194.04 REGENCY HOSPITAL		724,288		724,288	194.04
194.05 UNUSED SPACE		197,821		197,821	194.05
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	2,041,049	121,141,906		121,141,906	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	MAINT OF PERSONNEL 4.01	
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
4.01	MAINTENANCE OF PERSONNEL		19,670		19,670	19,670	4.01
5.01	NONPATIENT TELEPHONES		6,159	48,385	54,544	127	5.01
5.02	PURCHASING RECEIVING & STORES		53,180	2,312	55,492	194	5.02
5.03	ADMITTING		21,986	1,033	23,019	620	5.03
5.04	CASHIERING ACCOUNTS RECEIVABLE		5,567		5,567		5.04
5.05	OTHER ADMIN & GENERAL		571,195	155,699	726,894	889	5.05
6	MAINTENANCE & REPAIRS		280,401	227,768	508,169	452	6
7	OPERATION OF PLANT		154,270	149,893	304,163	181	7
8	LAUNDRY & LINEN SERVICE		15,934		15,934	62	8
9	HOUSEKEEPING		12,932	25,175	38,107	1,111	9
10	DIETARY		115,347	39,552	154,899	1,013	10
11	CAFETERIA		4,039		4,039		11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION		24,833	60,952	85,785	318	13
14	CENTRAL SERVICES & SUPPLY		24,692		24,692		14
15	PHARMACY		31,363	275,106	306,469	376	15
16	MEDICAL RECORDS & LIBRARY		35,348	5,078	40,426	538	16
17	SOCIAL SERVICE						17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES APPRVD						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS		517,040	551,565	1,068,605	4,571	30
31	INTENSIVE CARE UNIT		39,555	173,201	212,756	656	31
41	SUBPROVIDER - IRF		122,705	73,630	196,335	849	41
43	NURSERY			3,491	3,491	77	43
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM		220,328	1,160,737	1,381,065	1,062	50
51	RECOVERY ROOM		9,202	7,509	16,711	89	51
52	DELIVERY ROOM & LABOR ROOM		17,933		17,933	312	52
53	ANESTHESIOLOGY		3,413	123,298	126,711		53
54	RADIOLOGY-DIAGNOSTIC		83,129	503,931	587,060	678	54
54.01	ULTRASOUND		4,955	57,895	62,850	94	54.01
54.02	AUDIOLOGY						54.02
56	RADIOISOTOPE		17,179	119,338	136,517	111	56
57	CT SCAN		21,871	12,046	33,917	125	57
59	CARDIAC CATHETERIZATION		45,843	723,302	769,145	280	59
60	LABORATORY		102,833	201,492	304,325	950	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS		8,643	12,355	20,998	51	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63.02	NONINVASIVE LAB		9,721	244,671	254,392	259	63.02
65	RESPIRATORY THERAPY		15,584	49,239	64,823	443	65
66	PHYSICAL THERAPY		54,049	8,804	62,853	232	66
67	OCCUPATIONAL THERAPY		1,905	1,469	3,374	177	67
68	SPEECH PATHOLOGY		4,544	17,917	22,461	26	68
70	ELECTROENCEPHALOGRAPHY		34,453	38,899	73,352	66	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72	IMPL. DEV. CHARGED TO PATIENTS						72
73	DRUGS CHARGED TO PATIENTS						73
74	RENAL DIALYSIS		3,729		3,729		74
75.01	ONCOLOGY		6,584	1,447	8,031	36	75.01
76.97	CARDIAC REHABILITATION		45,486	14,148	59,634	146	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC		38,559	15,284	53,843	1,103	90
91	EMERGENCY		70,164	184,172	254,336	960	91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
	OTHER REIMBURSABLE COST CENTERS						
94	HOME PROGRAM DIALYSIS						94
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		21,003	26,383	47,386	417	101
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (SUM OF LINES 1-117)		2,897,326	5,317,176	8,214,502	19,651	118
	NONREIMBURSABLE COST CENTERS						
192	PHYSICIANS' PRIVATE OFFICES		255,090	65,615	320,705	19	192
194	OTHER NON REIM COST CENTER		7,910	771	8,681		194

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	MAINT OF PERSONNEL 4.01	
194.03 ADVERTISING EXPENSE		5,958		5,958		194.03
194.04 REGENCY HOSPITAL		110,554		110,554		194.04
194.05 UNUSED SPACE		22,127		22,127		194.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)		3,298,965	5,383,562	8,682,527	19,670	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTION	NONPATIENT TELEPHONES 5.01	PURCHASING RECEIVING & STORES 5.02	ADMITTING 5.03	CASHIERING ACCOUNTS RECEIVABLE 5.04	OTHER ADMIN GENERAL 5.05	
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
4.01	MAINTENANCE OF PERSONNEL						4.01
5.01	NONPATIENT TELEPHONES	54,671					5.01
5.02	PURCHASING RECEIVING & STORES	406	56,092				5.02
5.03	ADMITTING	852	823	25,314			5.03
5.04	CASHIERING ACCOUNTS RECEIVABLE				5,567		5.04
5.05	OTHER ADMIN & GENERAL	14,843	1,402			744,028	5.05
6	MAINTENANCE & REPAIRS	284	9,209			54,050	6
7	OPERATION OF PLANT	649	2,424			15,624	7
8	LAUNDRY & LINEN SERVICE	81	6,821			5,253	8
9	HOUSEKEEPING	487	5,258			18,017	9
10	DIETARY	1,014	5,938			10,799	10
11	CAFETERIA					10,332	11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	406	143			11,600	13
14	CENTRAL SERVICES & SUPPLY	446	4			202	14
15	PHARMACY	1,054	506			17,436	15
16	MEDICAL RECORDS & LIBRARY	1,501	958			10,479	16
17	SOCIAL SERVICE						17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES APPRVD						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	6,367	4,208	2,524	569	125,413	30
31	INTENSIVE CARE UNIT	811	678	311	70	23,783	31
41	SUBPROVIDER - IRF	1,338	855	452	102	29,436	41
43	NURSERY			51	12	2,511	43
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	3,326	9,543	2,136	481	64,609	50
51	RECOVERY ROOM	162	14	165	37	3,467	51
52	DELIVERY ROOM & LABOR ROOM			172	39	8,495	52
53	ANESTHESIOLOGY	243	149	350	79	2,822	53
54	RADIOLOGY-DIAGNOSTIC	1,987	476	1,450	327	22,124	54
54.01	ULTRASOUND	527	79	311	70	4,350	54.01
54.02	AUDIOLOGY						54.02
56	RADIOISOTOPE	365	44	481	108	6,018	56
57	CT SCAN	365	52	2,024	456	5,594	57
59	CARDIAC CATHETERIZATION	1,501	413	1,171	264	20,766	59
60	LABORATORY	2,961	1,407	3,857	731	37,722	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	284	74	213	48	7,636	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63.02	NONINVASIVE LAB	771	136	727	164	8,246	63.02
65	RESPIRATORY THERAPY	1,906	260	729	164	13,227	65
66	PHYSICAL THERAPY	203	144	611	138	16,142	66
67	OCCUPATIONAL THERAPY	81	64	427	96	10,606	67
68	SPEECH PATHOLOGY		37	62	14	2,903	68
70	ELECTROENCEPHALOGRAPHY	649	37	276	62	2,402	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS			652	147	24,085	71
72	IMPL. DEV. CHARGED TO PATIENTS			639	144	30,609	72
73	DRUGS CHARGED TO PATIENTS			2,254	508	30,598	73
74	RENAL DIALYSIS			196	44	4,957	74
75.01	ONCOLOGY		42	65	15	1,237	75.01
76.97	CARDIAC REHABILITATION	730	414	40	9	4,872	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	811	1,227	121	27	15,272	90
91	EMERGENCY	1,501	976	2,666	601	35,128	91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
	OTHER REIMBURSABLE COST CENTERS						
94	HOME PROGRAM DIALYSIS						94
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	608	524	181	41	15,439	101
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (SUM OF LINES 1-117)	49,520	55,339	25,314	5,567	734,261	118
	NONREIMBURSABLE COST CENTERS						
192	PHYSICIANS' PRIVATE OFFICES	41	299			5,145	192
194	OTHER NON REIM COST CENTER		167			646	194

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	PURCHASING RECEIVING & STORES	ADMITTING	CASHIERING ACCOUNTS RECEIVABLE	OTHER ADMIN GENERAL	
		5.01	5.02	5.03	5.04	5.05	
194.03	ADVERTISING EXPENSE	284	287			2,608	194.03
194.04	REGENCY HOSPITAL	4,826				1,204	194.04
194.05	UNUSED SPACE					164	194.05
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	54,671	56,092	25,314	5,567	744,028	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTION	MAIN-TENANCE + REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE-KEEPING 9	DIETARY 10	
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						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	572,164					6
7	OPERATION OF PLANT	44,797	367,838				7
8	LAUNDRY & LINEN SERVICE	4,627	3,042	35,820			8
9	HOUSEKEEPING	3,755	2,469		69,204		9
10	DIETARY	33,495	22,022		4,206	233,386	10
11	CAFETERIA	1,173	771		147		11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	7,211	4,741		906		13
14	CENTRAL SERVICES & SUPPLY	7,170	4,714		900		14
15	PHARMACY	9,107	5,988		1,144		15
16	MEDICAL RECORDS & LIBRARY	10,264	6,749		1,289		16
17	SOCIAL SERVICE						17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES APPRVD						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	150,143	98,712	13,588	18,855	202,147	30
31	INTENSIVE CARE UNIT	11,486	7,552	1,882	1,442	3,542	31
41	SUBPROVIDER - IRF	35,631	23,427	2,737	4,475	17,113	41
43	NURSERY						43
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	63,979	42,065	3,796	8,034	20	50
51	RECOVERY ROOM	2,672	1,757	948	336		51
52	DELIVERY ROOM & LABOR ROOM	5,207	3,424		654		52
53	ANESTHESIOLOGY	991	652		124		53
54	RADIOLOGY-DIAGNOSTIC	24,139	15,871	880	3,031	30	54
54.01	ULTRASOUND	1,439	946	533	181		54.01
54.02	AUDIOLOGY						54.02
56	RADIOISOTOPE	4,989	3,280	274	626	97	56
57	CT SCAN	6,351	4,176		798		57
59	CARDIAC CATHETERIZATION	13,312	8,752	1,174	1,672	1	59
60	LABORATORY	29,861	19,633		3,750		60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,510	1,650		315		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63.02	NONINVASIVE LAB	2,823	1,856	366	354		63.02
65	RESPIRATORY THERAPY	4,525	2,975		568		65
66	PHYSICAL THERAPY	15,695	10,319	857	1,971		66
67	OCCUPATIONAL THERAPY	553	364		69		67
68	SPEECH PATHOLOGY	1,319	868		166		68
70	ELECTROENCEPHALOGRAPHY	10,004	6,578	397	1,256		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72	IMPL. DEV. CHARGED TO PATIENTS						72
73	DRUGS CHARGED TO PATIENTS						73
74	RENAL DIALYSIS	1,083	712		136		74
75.01	ONCOLOGY	1,912	1,257		240		75.01
76.97	CARDIAC REHABILITATION	13,208	8,684	381	1,659		76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	11,197	7,362		1,406	82	90
91	EMERGENCY	20,375	13,396	5,586	2,559	1,308	91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
	OTHER REIMBURSABLE COST CENTERS						
94	HOME PROGRAM DIALYSIS						94
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	6,099	4,010		766		101
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (SUM OF LINES 1-117)	563,102	340,774	33,399	64,035	224,340	118
	NONREIMBURSABLE COST CENTERS						
192	PHYSICIANS' PRIVATE OFFICES	907	596		114		192
194	OTHER NON REIM COST CENTER						194

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTION	MAIN-TENANCE + REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	
		6	7	8	9	10	
194.03	ADVERTISING EXPENSE	1,730	1,137		217		194.03
194.04	REGENCY HOSPITAL		21,107	2,421	4,031	9,046	194.04
194.05	UNUSED SPACE	6,425	4,224		807		194.05
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	572,164	367,838	35,820	69,204	233,386	202

ALLOCATION OF CAPITAL-RELATED COSTS WORKSHEET B PART II

	COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS-TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						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	16,462					11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	348	111,458				13
14	CENTRAL SERVICES & SUPPLY			38,128			14
15	PHARMACY	412			342,492		15
16	MEDICAL RECORDS & LIBRARY	590				72,794	16
17	SOCIAL SERVICE						17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES APPRVD						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	5,073	52,809			7,252	30
31	INTENSIVE CARE UNIT	720	7,495			893	31
41	SUBPROVIDER - IRF	932	9,696			1,298	41
43	NURSERY	85	882			147	43
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	1,166	12,133			6,138	50
51	RECOVERY ROOM	97	1,013			473	51
52	DELIVERY ROOM & LABOR ROOM	285	2,961			495	52
53	ANESTHESIOLOGY					1,006	53
54	RADIOLOGY-DIAGNOSTIC	744				4,167	54
54.01	ULTRASOUND	103				892	54.01
54.02	AUDIOLOGY						54.02
56	RADIOISOTOPE	122				1,382	56
57	CT SCAN	138				5,816	57
59	CARDIAC CATHETERIZATION	308	3,203			3,365	59
60	LABORATORY	1,042				11,140	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	56				611	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63.02	NONINVASIVE LAB	285				2,090	63.02
65	RESPIRATORY THERAPY	487				2,094	65
66	PHYSICAL THERAPY	255				1,757	66
67	OCCUPATIONAL THERAPY	194				1,227	67
68	SPEECH PATHOLOGY	29				177	68
70	ELECTROENCEPHALOGRAPHY	72				793	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS			15,957		1,873	71
72	IMPL. DEV. CHARGED TO PATIENTS			22,171		1,837	72
73	DRUGS CHARGED TO PATIENTS				342,492	6,477	73
74	RENAL DIALYSIS					564	74
75.01	ONCOLOGY	39				186	75.01
76.97	CARDIAC REHABILITATION	160	1,663			115	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	1,210	3,880			348	90
91	EMERGENCY	1,053	10,962			7,660	91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
	OTHER REIMBURSABLE COST CENTERS						
94	HOME PROGRAM DIALYSIS						94
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	457	4,761			521	101
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (SUM OF LINES 1-117)	16,462	111,458	38,128	342,492	72,794	118
	NONREIMBURSABLE COST CENTERS						
192	PHYSICIANS' PRIVATE OFFICES						192
194	OTHER NON REIM COST CENTER						194

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS-TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	
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 LINES 118-201)	16,462	111,458	38,128	342,492	72,794	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTION	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 DEPARTMENT				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 SERVICES-SALARY & FRINGES APPRVD				21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD				22
23	PARAMED ED PRGM-(SPECIFY)				23
	INPATIENT ROUTINE SERV COST CENTERS				
30	ADULTS & PEDIATRICS	1,760,836		1,760,836	30
31	INTENSIVE CARE UNIT	274,077		274,077	31
41	SUBPROVIDER - IRF	324,676		324,676	41
43	NURSERY	7,256		7,256	43
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	1,599,553		1,599,553	50
51	RECOVERY ROOM	27,941		27,941	51
52	DELIVERY ROOM & LABOR ROOM	39,977		39,977	52
53	ANESTHESIOLOGY	133,127		133,127	53
54	RADIOLOGY-DIAGNOSTIC	662,964		662,964	54
54.01	ULTRASOUND	72,375		72,375	54.01
54.02	AUDIOLOGY				54.02
56	RADIOISOTOPE	154,414		154,414	56
57	CT SCAN	59,812		59,812	57
59	CARDIAC CATHETERIZATION	825,327		825,327	59
60	LABORATORY	417,379		417,379	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	34,446		34,446	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63.02	NONINVASIVE LAB	272,469		272,469	63.02
65	RESPIRATORY THERAPY	92,201		92,201	65
66	PHYSICAL THERAPY	111,177		111,177	66
67	OCCUPATIONAL THERAPY	17,232		17,232	67
68	SPEECH PATHOLOGY	28,062		28,062	68
70	ELECTROENCEPHALOGRAPHY	95,944		95,944	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	42,714		42,714	71
72	IMPL. DEV. CHARGED TO PATIENTS	55,400		55,400	72
73	DRUGS CHARGED TO PATIENTS	382,329		382,329	73
74	RENAL DIALYSIS	11,421		11,421	74
75.01	ONCOLOGY	13,060		13,060	75.01
76.97	CARDIAC REHABILITATION	91,715		91,715	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	CLINIC	97,889		97,889	90
91	EMERGENCY	359,067		359,067	91
92	OBSERVATION BEDS (NON-DISTINCT PART)				92
	OTHER REIMBURSABLE COST CENTERS				
94	HOME PROGRAM DIALYSIS				94
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	81,210		81,210	101
	SPECIAL PURPOSE COST CENTERS				
118	SUBTOTALS (SUM OF LINES 1-117)	8,146,050		8,146,050	118
	NONREIMBURSABLE COST CENTERS				
192	PHYSICIANS' PRIVATE OFFICES	327,826		327,826	192
194	OTHER NON REIM COST CENTER	9,494		9,494	194

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

COST CENTER DESCRIPTION	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26	
194.03 ADVERTISING EXPENSE	12,221		12,221	194.03
194.04 REGENCY HOSPITAL	153,189		153,189	194.04
194.05 UNUSED SPACE	33,747		33,747	194.05
200 CROSS FOOT ADJUSTMENTS				200
201 NEGATIVE COST CENTER				201
202 TOTAL (SUM OF LINES 118-201)	8,682,527		8,682,527	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DEPRECIATI EXPENSE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	MAINT OF PERSONNEL FTE'S	NONPATIENT TELEPHONES NUMBER OF TELEPHONES	
		1	2	4	4.01	5.01	
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT	490,066					1
2	CAP REL COSTS-MVBLE EQUIP		2,976,118				2
4	EMPLOYEE BENEFITS DEPARTMENT			51,153,608			4
4.01	MAINTENANCE OF PERSONNEL	2,922		362,581	90,129		4.01
5.01	NONPATIENT TELEPHONES	915	26,748	171,639	580	1,348	5.01
5.02	PURCHASING RECEIVING & STORES	7,900	1,278	315,865	891	10	5.02
5.03	ADMITTING	3,266	571	897,602	2,841	21	5.03
5.04	CASHIERING ACCOUNTS RECEIVABLE	827					5.04
5.05	OTHER ADMIN & GENERAL	84,852	86,073	4,477,117	4,073	366	5.05
6	MAINTENANCE & REPAIRS	41,654	125,914	1,282,890	2,069	7	6
7	OPERATION OF PLANT	22,917	82,863	434,542	829	16	7
8	LAUNDRY & LINEN SERVICE	2,367		82,221	285	2	8
9	HOUSEKEEPING	1,921	13,917	1,623,406	5,092	12	9
10	DIETARY	17,135	21,865	898,941	4,642	25	10
11	CAFETERIA	600		629,206			11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	3,689	33,695	1,051,902	1,455	10	13
14	CENTRAL SERVICES & SUPPLY	3,668				11	14
15	PHARMACY	4,659	152,083	1,454,381	1,722	26	15
16	MEDICAL RECORDS & LIBRARY	5,251	2,807	883,187	2,464	37	16
17	SOCIAL SERVICE						17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES APPRVD						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	76,807	304,914	11,204,388	20,948	157	30
31	INTENSIVE CARE UNIT	5,876	95,748	2,086,958	3,007	20	31
41	SUBPROVIDER - IRF	18,228	40,704	2,070,347	3,890	33	41
43	NURSERY		1,930	230,043	354		43
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	32,730	641,675	3,112,191	4,868	82	50
51	RECOVERY ROOM	1,367	4,151	322,430	406	4	51
52	DELIVERY ROOM & LABOR ROOM	2,664		772,905	1,429		52
53	ANESTHESIOLOGY	507	68,161	143,735		6	53
54	RADIOLOGY-DIAGNOSTIC	12,349	278,581	1,655,688	3,107	49	54
54.01	ULTRASOUND	736	32,005	365,445	431	13	54.01
54.02	AUDIOLOGY						54.02
56	RADIOISOTOPE	2,552	65,972	482,729	510	9	56
57	CT SCAN	3,249	6,659	370,233	575	9	57
59	CARDIAC CATHETERIZATION	6,810	399,853	832,748	1,285	37	59
60	LABORATORY	15,276	111,388	2,188,548	4,351	73	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,284	6,830	154,837	232	7	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63.02	NONINVASIVE LAB	1,444	135,258	600,783	1,189	19	63.02
65	RESPIRATORY THERAPY	2,315	27,220	1,220,590	2,032	47	65
66	PHYSICAL THERAPY	8,029	4,867	742,311	1,063	5	66
67	OCCUPATIONAL THERAPY	283	812	422,811	809	2	67
68	SPEECH PATHOLOGY	675	9,905	111,146	120		68
70	ELECTROENCEPHALOGRAPHY	5,118	21,504	155,555	301	16	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72	IMPL. DEV. CHARGED TO PATIENTS						72
73	DRUGS CHARGED TO PATIENTS						73
74	RENAL DIALYSIS	554					74
75.01	ONCOLOGY	978	800	102,308	163		75.01
76.97	CARDIAC REHABILITATION	6,757	7,821	432,518	667	18	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	5,728	8,449	2,965,241	5,054	20	90
91	EMERGENCY	10,423	101,813	2,676,011	4,398	37	91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
	OTHER REIMBURSABLE COST CENTERS						
94	HOME PROGRAM DIALYSIS						94
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	14,585	1,164,413	1,910	15	101
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (SUM OF LINES 1-117)	430,402	2,939,419	51,152,392	90,042	1,221	118
	NONREIMBURSABLE COST CENTERS						
192	PHYSICIANS' PRIVATE OFFICES	37,894	36,273		86	1	192

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DEPRECIATI EXPENSE 2	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES 4	MAINT OF PERSONNEL FTE'S 4.01	NONPATIENT TELEPHONES NUMBER OF TELEPHONES 5.01	
194	OTHER NON REIM COST CENTER	1,175	426				194
194.03	ADVERTISING EXPENSE	885		1,216	1	7	194.03
194.04	REGENCY HOSPITAL	16,423				119	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	3,298,965	5,383,562	13,880,607	705,210	259,092	202
203	UNIT COST MULT-WS B PT I	6.731675	1.808921	0.271351	7.824452	192.204748	203
204	COST TO BE ALLOC PER B PT II				19,670	54,671	204
205	UNIT COST MULT-WS B PT II				0.218243	40.557122	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 DEPARTMENT						4
4.01	MAINTENANCE OF PERSONNEL						4.01
5.01	NONPATIENT TELEPHONES						5.01
5.02	PURCHASING RECEIVING & STORES	1,482,341					5.02
5.03	ADMITTING	21,742	357,294,515				5.03
5.04	CASHIERING ACCOUNTS RECEIVABLE			357,294,515			5.04
5.05	OTHER ADMIN & GENERAL	37,052			-20,859,186	100,282,720	5.05
6	MAINTENANCE & REPAIRS	243,374				7,285,346	6
7	OPERATION OF PLANT	64,064				2,105,945	7
8	LAUNDRY & LINEN SERVICE	180,257				708,071	8
9	HOUSEKEEPING	138,946				2,428,445	9
10	DIETARY	156,921				1,455,521	10
11	CAFETERIA					1,392,648	11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	3,788				1,563,539	13
14	CENTRAL SERVICES & SUPPLY	94				27,253	14
15	PHARMACY	13,371				2,350,208	15
16	MEDICAL RECORDS & LIBRARY	25,309				1,412,500	16
17	SOCIAL SERVICE						17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES APPRVD						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	111,210	35,548,380	35,548,380		16,900,148	30
31	INTENSIVE CARE UNIT	17,921	4,377,840	4,377,840		3,205,700	31
41	SUBPROVIDER - IRF	22,583	6,363,946	6,363,946		3,967,664	41
43	NURSERY		722,106	722,106		338,399	43
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	252,280	30,090,615	30,090,615		8,708,583	50
51	RECOVERY ROOM	366	2,318,798	2,318,798		467,292	51
52	DELIVERY ROOM & LABOR ROOM		2,426,733	2,426,733		1,145,043	52
53	ANESTHESIOLOGY	3,936	4,931,813	4,931,813		380,343	53
54	RADIOLOGY-DIAGNOSTIC	12,584	20,427,926	20,427,926		2,982,081	54
54.01	ULTRASOUND	2,078	4,373,251	4,373,251		586,389	54.01
54.02	AUDIOLOGY						54.02
56	RADIOISOTOPE	1,162	6,775,098	6,775,098		811,176	56
57	CT SCAN	1,371	28,507,740	28,507,740		754,062	57
59	CARDIAC CATHETERIZATION	10,926	16,494,386	16,494,386		2,799,056	59
60	LABORATORY	37,175	55,065,917	55,065,917		5,084,553	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,948	2,993,025	2,993,025		1,029,283	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63.02	NONINVASIVE LAB	3,586	10,243,947	10,243,947		1,111,408	63.02
65	RESPIRATORY THERAPY	6,864	10,266,828	10,266,828		1,782,824	65
66	PHYSICAL THERAPY	3,794	8,612,370	8,612,370		2,175,753	66
67	OCCUPATIONAL THERAPY	1,685	6,014,976	6,014,976		1,429,619	67
68	SPEECH PATHOLOGY	984	867,944	867,944		391,230	68
70	ELECTROENCEPHALOGRAPHY	967	3,889,509	3,889,509		323,809	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		9,181,490	9,181,490		3,246,338	71
72	IMPL. DEV. CHARGED TO PATIENTS		9,002,960	9,002,960		4,125,788	72
73	DRUGS CHARGED TO PATIENTS		31,748,816	31,748,816		4,124,232	73
74	RENAL DIALYSIS		2,763,815	2,763,815		668,202	74
75.01	ONCOLOGY	1,106	913,163	913,163		166,775	75.01
76.97	CARDIAC REHABILITATION	10,954	561,662	561,662		656,694	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	32,419	1,704,989	1,704,989		2,058,464	90
91	EMERGENCY	25,785	37,549,853	37,549,853		4,734,817	91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
	OTHER REIMBURSABLE COST CENTERS						
94	HOME PROGRAM DIALYSIS						94
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	13,837	2,554,619	2,554,619		2,081,000	101
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (SUM OF LINES 1-117)	1,462,439	357,294,515	357,294,515	-20,859,186	98,966,201	118
	NONREIMBURSABLE COST CENTERS						
192	PHYSICIANS' PRIVATE OFFICES	7,909				693,504	192

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	
194	OTHER NON REIM COST CENTER	4,401				87,043	194
194.03	ADVERTISING EXPENSE	7,592				351,507	194.03
194.04	REGENCY HOSPITAL					162,338	194.04
194.05	UNUSED SPACE					22,127	194.05
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	507,980	1,243,416	5,567		20,859,186	202
203	UNIT COST MULT-WS B PT I	0.342688	0.003480	0.000016		0.208004	203
204	COST TO BE ALLOC PER B PT II	56,092	25,314	5,567		744,028	204
205	UNIT COST MULT-WS B PT II	0.037840	0.000071	0.000016		0.007419	205

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	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	
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						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	292,702					6
7	OPERATION OF PLANT	22,917	286,208				7
8	LAUNDRY & LINEN SERVICE	2,367	2,367	904,415			8
9	HOUSEKEEPING	1,921	1,921		281,920		9
10	DIETARY	17,135	17,135		17,135	367,970	10
11	CAFETERIA	600	600		600		11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	3,689	3,689		3,689		13
14	CENTRAL SERVICES & SUPPLY	3,668	3,668		3,668		14
15	PHARMACY	4,659	4,659		4,659		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 SERVICES-SALARY & FRINGES APPRVD						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	76,807	76,807	343,073	76,807	318,714	30
31	INTENSIVE CARE UNIT	5,876	5,876	47,523	5,876	5,585	31
41	SUBPROVIDER - IRF	18,228	18,228	69,111	18,228	26,982	41
43	NURSERY						43
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	32,730	32,730	95,847	32,730	31	50
51	RECOVERY ROOM	1,367	1,367	23,932	1,367		51
52	DELIVERY ROOM & LABOR ROOM	2,664	2,664		2,664		52
53	ANESTHESIOLOGY	507	507		507		53
54	RADIOLOGY-DIAGNOSTIC	12,349	12,349	22,229	12,349	48	54
54.01	ULTRASOUND	736	736	13,458	736		54.01
54.02	AUDIOLOGY						54.02
56	RADIOISOTOPE	2,552	2,552	6,909	2,552	153	56
57	CT SCAN	3,249	3,249		3,249		57
59	CARDIAC CATHETERIZATION	6,810	6,810	29,639	6,810	1	59
60	LABORATORY	15,276	15,276		15,276		60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,284	1,284		1,284		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63.02	NONINVASIVE LAB	1,444	1,444	9,252	1,444		63.02
65	RESPIRATORY THERAPY	2,315	2,315		2,315		65
66	PHYSICAL THERAPY	8,029	8,029	21,629	8,029		66
67	OCCUPATIONAL THERAPY	283	283		283		67
68	SPEECH PATHOLOGY	675	675		675		68
70	ELECTROENCEPHALOGRAPHY	5,118	5,118	10,033	5,118		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72	IMPL. DEV. CHARGED TO PATIENTS						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	6,757	6,757	9,613	6,757		76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	5,728	5,728		5,728	130	90
91	EMERGENCY	10,423	10,423	141,046	10,423	2,063	91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
	OTHER REIMBURSABLE COST CENTERS						
94	HOME PROGRAM DIALYSIS						94
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)	288,066	265,149	843,294	260,861	353,707	118
	NONREIMBURSABLE COST CENTERS						
192	PHYSICIANS' PRIVATE OFFICES	464	464		464		192

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	
194	OTHER NON REIM COST CENTER						194
194.03	ADVERTISING EXPENSE	885	885		885		194.03
194.04	REGENCY HOSPITAL		16,423	61,121	16,423	14,263	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	8,800,727	3,233,040	953,260	3,013,030	2,650,166	202
203	UNIT COST MULT-WS B PT I	30.067191	11.296120	1.054007	10.687535	7.202125	203
204	COST TO BE ALLOC PER B PT II	572,164	367,838	35,820	69,204	233,386	204
205	UNIT COST MULT-WS B PT II	1.954766	1.285212	0.039606	0.245474	0.634253	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 DEPARTMENT						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	68,739					11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	1,455	930,150				13
14	CENTRAL SERVICES & SUPPLY			7,041,220			14
15	PHARMACY	1,722			10,000		15
16	MEDICAL RECORDS & LIBRARY	2,464				357,294,515	16
17	SOCIAL SERVICE						17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES APPRVD						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	21,188	440,714			35,548,380	30
31	INTENSIVE CARE UNIT	3,007	62,545			4,377,840	31
41	SUBPROVIDER - IRF	3,890	80,913			6,363,946	41
43	NURSERY	354	7,363			722,106	43
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	4,868	101,255			30,090,615	50
51	RECOVERY ROOM	406	8,453			2,318,798	51
52	DELIVERY ROOM & LABOR ROOM	1,188	24,710			2,426,733	52
53	ANESTHESIOLOGY					4,931,813	53
54	RADIOLOGY-DIAGNOSTIC	3,107				20,427,926	54
54.01	ULTRASOUND	431				4,373,251	54.01
54.02	AUDIOLOGY						54.02
56	RADIOISOTOPE	510				6,775,098	56
57	CT SCAN	575				28,507,740	57
59	CARDIAC CATHETERIZATION	1,285	26,730			16,494,386	59
60	LABORATORY	4,351				55,065,917	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	232				2,993,025	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63.02	NONINVASIVE LAB	1,189				10,243,947	63.02
65	RESPIRATORY THERAPY	2,032				10,266,828	65
66	PHYSICAL THERAPY	1,063				8,612,370	66
67	OCCUPATIONAL THERAPY	809				6,014,976	67
68	SPEECH PATHOLOGY	120				867,944	68
70	ELECTROENCEPHALOGRAPHY	301				3,889,509	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS			2,946,906		9,181,490	71
72	IMPL. DEV. CHARGED TO PATIENTS			4,094,314		9,002,960	72
73	DRUGS CHARGED TO PATIENTS				10,000	31,748,816	73
74	RENAL DIALYSIS					2,763,815	74
75.01	ONCOLOGY	163				913,163	75.01
76.97	CARDIAC REHABILITATION	667	13,877			561,662	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	5,054	32,383			1,704,989	90
91	EMERGENCY	4,398	91,478			37,549,853	91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
	OTHER REIMBURSABLE COST CENTERS						
94	HOME PROGRAM DIALYSIS						94
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	1,910	39,729			2,554,619	101
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (SUM OF LINES 1-117)	68,739	930,150	7,041,220	10,000	357,294,515	118
	NONREIMBURSABLE COST CENTERS						
192	PHYSICIANS' PRIVATE OFFICES						192

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	
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	1,713,555	2,117,047	223,844	3,124,493	2,041,049	202
203	UNIT COST MULT-WS B PT I	24.928425	2.276028	0.031791	312.449300	0.005713	203
204	COST TO BE ALLOC PER B PT II	16,462	111,458	38,128	342,492	72,794	204
205	UNIT COST MULT-WS B PT II	0.239486	0.119828	0.005415	34.249200	0.000204	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 DEPARTMENT	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 SERVICES-SALARY & FRINGES APPRVD	21
22	I&R SERVICES-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
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	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
63.02	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 CHARGED TO PATIENTS	71
72	IMPL. DEV. CHARGED TO PATIENTS	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 (NON-DISTINCT PART)	92
	OTHER REIMBURSABLE COST CENTERS	
94	HOME PROGRAM DIALYSIS	94
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	
192	PHYSICIANS' PRIVATE OFFICES	192

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	
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	28,804,663		28,804,663	2,763	28,807,426	30
31	INTENSIVE CARE UNIT	4,510,988		4,510,988	12,435	4,523,423	31
41	SUBPROVIDER - IRF	6,326,397		6,326,397		6,326,397	41
43	NURSERY	438,495		438,495		438,495	43
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	12,848,592		12,848,592	15,872	12,864,464	50
51	RECOVERY ROOM	703,476		703,476		703,476	51
52	DELIVERY ROOM & LABOR ROOM	1,621,601		1,621,601		1,621,601	52
53	ANESTHESIOLOGY	514,021		514,021		514,021	53
54	RADIOLOGY-DIAGNOSTIC	4,463,076		4,463,076		4,463,076	54
54.01	ULTRASOUND	796,582		796,582		796,582	54.01
54.02	AUDIOLOGY						54.02
56	RADIOISOTOPE	1,172,541		1,172,541		1,172,541	56
57	CT SCAN	1,257,222		1,257,222		1,257,222	57
59	CARDIAC CATHETERIZATION	3,954,088		3,954,088	54,860	4,008,948	59
60	LABORATORY	7,360,169		7,360,169	4,673	7,364,842	60
62	WHOLE BLOOD & PACKED RED BL	1,333,093		1,333,093		1,333,093	62
62.30	BLOOD CLOTTING FOR HEMOPHIL						62.30
63.02	NONINVASIVE LAB	1,515,663		1,515,663		1,515,663	63.02
65	RESPIRATORY THERAPY	2,383,467		2,383,467	4,901	2,388,368	65
66	PHYSICAL THERAPY	3,144,732		3,144,732	56,539	3,201,271	66
67	OCCUPATIONAL THERAPY	1,796,247		1,796,247		1,796,247	67
68	SPEECH PATHOLOGY	515,691		515,691		515,691	68
70	ELECTROENCEPHALOGRAPHY	697,859		697,859	12,693	710,552	70
71	MEDICAL SUPPLIES CHARGED TO	4,067,728		4,067,728		4,067,728	71
72	IMPL. DEV. CHARGED TO PATIE	5,165,561		5,165,561		5,165,561	72
73	DRUGS CHARGED TO PATIENTS	8,287,963		8,287,963		8,287,963	73
74	RENAL DIALYSIS	851,817		851,817		851,817	74
75.01	ONCOLOGY	261,651		261,651		261,651	75.01
76.97	CARDIAC REHABILITATION	1,206,549		1,206,549		1,206,549	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	2,995,150		2,995,150		2,995,150	90
91	EMERGENCY	6,958,087		6,958,087	79,830	7,037,917	91
92	OBSERVATION BEDS (NON-DISTI	2,792,995		2,792,995		2,792,995	92
	OTHER REIMBURSABLE COST CENTERS						
94	HOME PROGRAM DIALYSIS						94
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	2,828,887		2,828,887		2,828,887	101
200	SUBTOTAL (SEE INSTRUCTIONS)	121,575,051		121,575,051	244,566	121,819,617	200
201	LESS OBSERVATION BEDS	2,792,995		2,792,995		2,792,995	201
202	TOTAL (SEE INSTRUCTIONS)	118,782,056		118,782,056		119,026,622	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	30,000,496		30,000,496				30
31	INTENSIVE CARE UNIT	4,377,840		4,377,840				31
41	SUBPROVIDER - IRF	6,363,946		6,363,946				41
43	NURSERY	722,106		722,106				43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	12,650,158	17,440,457	30,090,615	0.426997	0.426997	0.427524	50
51	RECOVERY ROOM	1,129,047	1,189,751	2,318,798	0.303380	0.303380	0.303380	51
52	DELIVERY ROOM & LABOR ROOM	1,872,835	553,898	2,426,733	0.668224	0.668224	0.668224	52
53	ANESTHESIOLOGY	2,285,619	2,646,194	4,931,813	0.104226	0.104226	0.104226	53
54	RADIOLOGY-DIAGNOSTIC	6,640,552	13,787,374	20,427,926	0.218479	0.218479	0.218479	54
54.01	ULTRASOUND	916,865	3,456,386	4,373,251	0.182149	0.182149	0.182149	54.01
54.02	AUDIOLOGY							54.02
56	RADIOISOTOPE	1,956,178	4,818,920	6,775,098	0.173066	0.173066	0.173066	56
57	CT SCAN	10,950,294	17,557,446	28,507,740	0.044101	0.044101	0.044101	57
59	CARDIAC CATHETERIZATION	10,219,651	6,274,735	16,494,386	0.239723	0.239723	0.243049	59
60	LABORATORY	26,536,897	28,529,020	55,065,917	0.133661	0.133661	0.133746	60
62	WHOLE BLOOD & PACKED RED BL	2,435,778	557,247	2,993,025	0.445400	0.445400	0.445400	62
62.30	BLOOD CLOTTING FOR HEMOPHIL							62.30
63.02	NONINVASIVE LAB	4,954,905	5,289,042	10,243,947	0.147957	0.147957	0.147957	63.02
65	RESPIRATORY THERAPY	9,164,868	1,101,960	10,266,828	0.232152	0.232152	0.232630	65
66	PHYSICAL THERAPY	6,179,928	2,432,442	8,612,370	0.365141	0.365141	0.371706	66
67	OCCUPATIONAL THERAPY	4,843,996	1,170,980	6,014,976	0.298629	0.298629	0.298629	67
68	SPEECH PATHOLOGY	536,101	331,843	867,944	0.594152	0.594152	0.594152	68
70	ELECTROENCEPHALOGRAPHY	1,774,881	2,114,628	3,889,509	0.179421	0.179421	0.182684	70
71	MEDICAL SUPPLIES CHARGED TO	6,041,879	3,139,611	9,181,490	0.443036	0.443036	0.443036	71
72	IMPL. DEV. CHARGED TO PATIE	6,825,808	2,177,152	9,002,960	0.573763	0.573763	0.573763	72
73	DRUGS CHARGED TO PATIENTS	21,324,531	10,424,285	31,748,816	0.261048	0.261048	0.261048	73
74	RENAL DIALYSIS	2,677,126	86,689	2,763,815	0.308203	0.308203	0.308203	74
75.01	ONCOLOGY	6,077	907,086	913,163	0.286533	0.286533	0.286533	75.01
76.97	CARDIAC REHABILITATION	162,435	399,227	561,662	2.148176	2.148176	2.148176	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	25,169	1,679,820	1,704,989	1.756698	1.756698	1.756698	90
91	EMERGENCY	10,473,843	27,076,010	37,549,853	0.185303	0.185303	0.187429	91
92	OBSERVATION BEDS (NON-DISTI	235,425	5,312,459	5,547,884	0.503434	0.503434	0.503434	92
	OTHER REIMBURSABLE COST CENTERS							
94	HOME PROGRAM DIALYSIS							94
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		2,554,619	2,554,619				101
200	SUBTOTAL (SEE INSTRUCTIONS)	194,285,234	163,009,281	357,294,515				200
201	LESS OBSERVATION BEDS							201
202	TOTAL (SEE INSTRUCTIONS)	194,285,234	163,009,281	357,294,515				202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS WORKSHEET D PART I

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

	COST CENTER DESCRIPTION	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	1,760,836		1,760,836	33,129	53.15	12,691	674,527	30
31	INTENSIVE CARE UNIT	274,077		274,077	2,576	106.40	1,297	138,001	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	324,676		324,676	9,275	35.01	7,533	263,730	41
42	SUBPROVIDER I								42
43	NURSERY	7,256		7,256	1,176	6.17			43
44	SKILLED NURSING FACILITY								44
45	NURSING FACILITY								45
200	TOTAL (LINES 30-199)	2,366,845		2,366,845	46,156		21,521	1,076,258	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	1,599,553	30,090,615	0.053158	4,772,052	253,673	50
51	RECOVERY ROOM	27,941	2,318,798	0.012050	359,471	4,332	51
52	DELIVERY ROOM & LABOR ROOM	39,977	2,426,733	0.016474	8,805	145	52
53	ANESTHESIOLOGY	133,127	4,931,813	0.026994	805,231	21,736	53
54	RADIOLOGY-DIAGNOSTIC	662,964	20,427,926	0.032454	2,543,571	82,549	54
54.01	ULTRASOUND	72,375	4,373,251	0.016549	266,374	4,408	54.01
54.02	AUDIOLOGY						54.02
56	RADIOISOTOPE	154,414	6,775,098	0.022791	846,127	19,284	56
57	CT SCAN	59,812	28,507,740	0.002098	4,426,970	9,288	57
59	CARDIAC CATHETERIZATION	825,327	16,494,386	0.050037	5,581,461	279,280	59
60	LABORATORY	417,379	55,065,917	0.007580	10,161,578	77,025	60
62	WHOLE BLOOD & PACKED RED BLOO	34,446	2,993,025	0.011509	896,961	10,323	62
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
63.02	NONINVASIVE LAB	272,469	10,243,947	0.026598	2,410,069	64,103	63.02
65	RESPIRATORY THERAPY	92,201	10,266,828	0.008980	4,082,216	36,658	65
66	PHYSICAL THERAPY	111,177	8,612,370	0.012909	966,910	12,482	66
67	OCCUPATIONAL THERAPY	17,232	6,014,976	0.002865	553,635	1,586	67
68	SPEECH PATHOLOGY	28,062	867,944	0.032332	155,408	5,025	68
70	ELECTROENCEPHALOGRAPHY	95,944	3,889,509	0.024667	521,004	12,852	70
71	MEDICAL SUPPLIES CHARGED TO P	42,714	9,181,490	0.004652	2,977,429	13,851	71
72	IMPL. DEV. CHARGED TO PATIENT	55,400	9,002,960	0.006154	3,936,625	24,226	72
73	DRUGS CHARGED TO PATIENTS	382,329	31,748,816	0.012042	8,266,261	99,542	73
74	RENAL DIALYSIS	11,421	2,763,815	0.004132	1,204,844	4,978	74
75.01	ONCOLOGY	13,060	913,163	0.014302			75.01
76.97	CARDIAC REHABILITATION	91,715	561,662	0.163292	85,448	13,953	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	97,889	1,704,989	0.057413	6,366	365	90
91	EMERGENCY	359,067	37,549,853	0.009562	3,839,978	36,718	91
92	OBSERVATION BEDS (NON-DISTINC	170,719	5,547,884	0.030772	118,819	3,656	92
	OTHER REIMBURSABLE COST CENTERS						
94	HOME PROGRAM DIALYSIS						94
200	TOTAL (SUM OF LINES 50-199)	5,868,714	313,275,508		59,793,613	1,092,038	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	33,129		12,691		30
31	INTENSIVE CARE UNIT	2,576		1,297		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	9,275		7,533		41
42	SUBPROVIDER I					42
43	NURSERY	1,176				43
44	SKILLED NURSING FACILITY					44
45	NURSING FACILITY					45
200	TOTAL (SUM OF LINES 30-199)	46,156		21,521		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	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
63.02	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 CHARGED TO P							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 (NON-DISTINC							92
	OTHER REIMBURSABLE COST CENTERS							
94	HOME PROGRAM DIALYSIS							94
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
[XX] TITLE XVIII-PT A	[ ] IPF	[ ] 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	30,090,615			4,772,052		5,880,841		50
51	RECOVERY ROOM	2,318,798			359,471		213,435		51
52	DELIVERY ROOM & LABOR ROOM	2,426,733			8,805				52
53	ANESTHESIOLOGY	4,931,813			805,231		603,607		53
54	RADIOLOGY-DIAGNOSTIC	20,427,926			2,543,571		3,383,176		54
54.01	ULTRASOUND	4,373,251			266,374		386,165		54.01
54.02	AUDIOLOGY								54.02
56	RADIOISOTOPE	6,775,098			846,127		2,280,042		56
57	CT SCAN	28,507,740			4,426,970		4,609,510		57
59	CARDIAC CATHETERIZATION	16,494,386			5,581,461		2,943,101		59
60	LABORATORY	55,065,917			10,161,578		465,994		60
62	WHOLE BLOOD & PACKED RED BLO	2,993,025			896,961		110,996		62
62.30	BLOOD CLOTTING FOR HEMOPHILI								62.30
63.02	NONINVASIVE LAB	10,243,947			2,410,069		2,296,572		63.02
65	RESPIRATORY THERAPY	10,266,828			4,082,216		344,411		65
66	PHYSICAL THERAPY	8,612,370			966,910		4,995		66
67	OCCUPATIONAL THERAPY	6,014,976			553,635		265		67
68	SPEECH PATHOLOGY	867,944			155,408		49,912		68
70	ELECTROENCEPHALOGRAPHY	3,889,509			521,004		711,410		70
71	MEDICAL SUPPLIES CHARGED TO	9,181,490			2,977,429		1,147,167		71
72	IMPL. DEV. CHARGED TO PATIEN	9,002,960			3,936,625		792,587		72
73	DRUGS CHARGED TO PATIENTS	31,748,816			8,266,261		4,371,241		73
74	RENAL DIALYSIS	2,763,815			1,204,844		49,453		74
75.01	ONCOLOGY	913,163					253,919		75.01
76.97	CARDIAC REHABILITATION	561,662			85,448		115,916		76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	1,704,989			6,366		212,538		90
91	EMERGENCY	37,549,853			3,839,978		3,924,406		91
92	OBSERVATION BEDS (NON-DISTIN	5,547,884			118,819		1,333,091		92
	OTHER REIMBURSABLE COST CENTERS								
94	HOME PROGRAM DIALYSIS								94
200	TOTAL (SUM OF LINES 50-199)	313,275,508			59,793,613		36,484,750		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	0.426997	5,880,841			2,511,101			50
51	RECOVERY ROOM	0.303380	213,435			64,752			51
52	DELIVERY ROOM & LABOR ROOM	0.668224							52
53	ANESTHESIOLOGY	0.104226	603,607			62,912			53
54	RADIOLOGY-DIAGNOSTIC	0.218479	3,383,176			739,153			54
54.01	ULTRASOUND	0.182149	386,165			70,340			54.01
54.02	AUDIOLOGY								54.02
56	RADIOISOTOPE	0.173066	2,280,042			394,598			56
57	CT SCAN	0.044101	4,609,510			203,284			57
59	CARDIAC CATHETERIZATION	0.239723	2,943,101			705,529			59
60	LABORATORY	0.133661	465,994			62,285			60
62	WHOLE BLOOD & PACKED RED BLOOD	0.445400	110,996			49,438			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63.02	NONINVASIVE LAB	0.147957	2,296,572			339,794			63.02
65	RESPIRATORY THERAPY	0.232152	344,411			79,956			65
66	PHYSICAL THERAPY	0.365141	4,995			1,824			66
67	OCCUPATIONAL THERAPY	0.298629	265			79			67
68	SPEECH PATHOLOGY	0.594152	49,912			29,655			68
70	ELECTROENCEPHALOGRAPHY	0.179421	711,410			127,642			70
71	MEDICAL SUPPLIES CHARGED TO PAT	0.443036	1,147,167			508,236			71
72	IMPL. DEV. CHARGED TO PATIENTS	0.573763	792,587			454,757			72
73	DRUGS CHARGED TO PATIENTS	0.261048	4,371,241		30,198	1,141,104		7,883	73
74	RENAL DIALYSIS	0.308203	49,453			15,242			74
75.01	ONCOLOGY	0.286533	253,919			72,756			75.01
76.97	CARDIAC REHABILITATION	2.148176	115,916			249,008			76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	1.756698	212,538			373,365			90
91	EMERGENCY	0.185303	3,924,406			727,204			91
92	OBSERVATION BEDS (NON-DISTINCT	0.503434	1,333,091			671,123			92
	OTHER REIMBURSABLE COST CENTERS								
94	HOME PROGRAM DIALYSIS								94
200	SUBTOTAL (SEE INSTRUCTIONS)		36,484,750		30,198	9,655,137		7,883	200
201	LESS PBP CLINIC LAB SERVICES								201
202	NET CHARGES (LINE 200 - LINE 201)		36,484,750		30,198	9,655,137		7,883	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	1,599,553	30,090,615	0.053158	169,697	9,021	50
51	RECOVERY ROOM	27,941	2,318,798	0.012050	23,040	278	51
52	DELIVERY ROOM & LABOR ROOM	39,977	2,426,733	0.016474			52
53	ANESTHESIOLOGY	133,127	4,931,813	0.026994	46,508	1,255	53
54	RADIOLOGY-DIAGNOSTIC	662,964	20,427,926	0.032454	396,250	12,860	54
54.01	ULTRASOUND	72,375	4,373,251	0.016549	27,021	447	54.01
54.02	AUDIOLOGY						54.02
56	RADIOISOTOPE	154,414	6,775,098	0.022791	65,562	1,494	56
57	CT SCAN	59,812	28,507,740	0.002098	307,170	644	57
59	CARDIAC CATHETERIZATION	825,327	16,494,386	0.050037	32,818	1,642	59
60	LABORATORY	417,379	55,065,917	0.007580	1,598,011	12,113	60
62	WHOLE BLOOD & PACKED RED BLOO	34,446	2,993,025	0.011509	107,632	1,239	62
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
63.02	NONINVASIVE LAB	272,469	10,243,947	0.026598	290,650	7,731	63.02
65	RESPIRATORY THERAPY	92,201	10,266,828	0.008980	693,915	6,231	65
66	PHYSICAL THERAPY	111,177	8,612,370	0.012909	3,283,136	42,382	66
67	OCCUPATIONAL THERAPY	17,232	6,014,976	0.002865	3,061,823	8,772	67
68	SPEECH PATHOLOGY	28,062	867,944	0.032332	211,417	6,836	68
70	ELECTROENCEPHALOGRAPHY	95,944	3,889,509	0.024667	585,565	14,444	70
71	MEDICAL SUPPLIES CHARGED TO P	42,714	9,181,490	0.004652	625,918	2,912	71
72	IMPL. DEV. CHARGED TO PATIENT	55,400	9,002,960	0.006154	83,601	514	72
73	DRUGS CHARGED TO PATIENTS	382,329	31,748,816	0.012042	2,879,936	34,680	73
74	RENAL DIALYSIS	11,421	2,763,815	0.004132	490,670	2,027	74
75.01	ONCOLOGY	13,060	913,163	0.014302			75.01
76.97	CARDIAC REHABILITATION	91,715	561,662	0.163292	257	42	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	97,889	1,704,989	0.057413	1,279	73	90
91	EMERGENCY	359,067	37,549,853	0.009562	11,261	108	91
92	OBSERVATION BEDS (NON-DISTINC		5,547,884	5,547,884			92
	OTHER REIMBURSABLE COST CENTERS						
94	HOME PROGRAM DIALYSIS						94
200	TOTAL (SUM OF LINES 50-199)	5,697,995	313,275,508		14,993,137	167,745	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK	[ ] TITLE V	[ ] HOSPITAL	[ ] SUB (OTHER)	[ ] ICF/MR	[XX] PPS
APPLICABLE	[XX] TITLE XVIII-PT A	[ ] IPF	[ ] SNF		[ ] TEFRA
BOXES	[ ] TITLE XIX	[XX] IRF (15-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	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
63.02	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 CHARGED TO P							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 (NON-DISTINC							92
	OTHER REIMBURSABLE COST CENTERS							
94	HOME PROGRAM DIALYSIS							94
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	30,090,615			169,697				50
51	RECOVERY ROOM	2,318,798			23,040				51
52	DELIVERY ROOM & LABOR ROOM	2,426,733							52
53	ANESTHESIOLOGY	4,931,813			46,508				53
54	RADIOLOGY-DIAGNOSTIC	20,427,926			396,250		136		54
54.01	ULTRASOUND	4,373,251			27,021				54.01
54.02	AUDIOLOGY								54.02
56	RADIOISOTOPE	6,775,098			65,562				56
57	CT SCAN	28,507,740			307,170				57
59	CARDIAC CATHETERIZATION	16,494,386			32,818				59
60	LABORATORY	55,065,917			1,598,011				60
62	WHOLE BLOOD & PACKED RED BLO	2,993,025			107,632				62
62.30	BLOOD CLOTTING FOR HEMOPHILI								62.30
63.02	NONINVASIVE LAB	10,243,947			290,650				63.02
65	RESPIRATORY THERAPY	10,266,828			693,915		190		65
66	PHYSICAL THERAPY	8,612,370			3,283,136		552		66
67	OCCUPATIONAL THERAPY	6,014,976			3,061,823				67
68	SPEECH PATHOLOGY	867,944			211,417				68
70	ELECTROENCEPHALOGRAPHY	3,889,509			585,565				70
71	MEDICAL SUPPLIES CHARGED TO	9,181,490			625,918		673		71
72	IMPL. DEV. CHARGED TO PATIEN	9,002,960			83,601				72
73	DRUGS CHARGED TO PATIENTS	31,748,816			2,879,936		7,035		73
74	RENAL DIALYSIS	2,763,815			490,670				74
75.01	ONCOLOGY	913,163							75.01
76.97	CARDIAC REHABILITATION	561,662			257				76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	1,704,989			1,279				90
91	EMERGENCY	37,549,853			11,261				91
92	OBSERVATION BEDS (NON-DISTIN	5,547,884							92
	OTHER REIMBURSABLE COST CENTERS								
94	HOME PROGRAM DIALYSIS								94
200	TOTAL (SUM OF LINES 50-199)	313,275,508			14,993,137		8,586		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 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	0.426997							50
51	RECOVERY ROOM	0.303380							51
52	DELIVERY ROOM & LABOR ROOM	0.668224							52
53	ANESTHESIOLOGY	0.104226							53
54	RADIOLOGY-DIAGNOSTIC	0.218479	136			30			54
54.01	ULTRASOUND	0.182149							54.01
54.02	AUDIOLOGY								54.02
56	RADIOISOTOPE	0.173066							56
57	CT SCAN	0.044101							57
59	CARDIAC CATHETERIZATION	0.239723							59
60	LABORATORY	0.133661							60
62	WHOLE BLOOD & PACKED RED BLOOD	0.445400							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63.02	NONINVASIVE LAB	0.147957							63.02
65	RESPIRATORY THERAPY	0.232152	190			44			65
66	PHYSICAL THERAPY	0.365141	552			202			66
67	OCCUPATIONAL THERAPY	0.298629							67
68	SPEECH PATHOLOGY	0.594152							68
70	ELECTROENCEPHALOGRAPHY	0.179421							70
71	MEDICAL SUPPLIES CHARGED TO PAT	0.443036	673			298			71
72	IMPL. DEV. CHARGED TO PATIENTS	0.573763							72
73	DRUGS CHARGED TO PATIENTS	0.261048	7,035		170	1,836		44	73
74	RENAL DIALYSIS	0.308203							74
75.01	ONCOLOGY	0.286533							75.01
76.97	CARDIAC REHABILITATION	2.148176							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	1.756698							90
91	EMERGENCY	0.185303							91
92	OBSERVATION BEDS (NON-DISTINCT	0.503434							92
	OTHER REIMBURSABLE COST CENTERS								
94	HOME PROGRAM DIALYSIS								94
200	SUBTOTAL (SEE INSTRUCTIONS)		8,586		170	2,410		44	200
201	LESS PBP CLINIC LAB SERVICES								201
202	NET CHARGES (LINE 200 - LINE 201)		8,586		170	2,410		44	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	1,760,836		1,760,836	33,129	53.15	5,285	280,898	30
31	INTENSIVE CARE UNIT	274,077		274,077	2,576	106.40	452	48,093	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	324,676		324,676	9,275	35.01	766	26,818	41
42	SUBPROVIDER I								42
43	NURSERY	7,256		7,256	1,176	6.17	399	2,462	43
44	SKILLED NURSING FACILITY								44
45	NURSING FACILITY								45
200	TOTAL (LINES 30-199)	2,366,845		2,366,845	46,156		6,902	358,271	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	1,599,553	30,090,615	0.053158	1,692,135	89,951	50
51	RECOVERY ROOM	27,941	2,318,798	0.012050	151,133	1,821	51
52	DELIVERY ROOM & LABOR ROOM	39,977	2,426,733	0.016474	264,390	4,356	52
53	ANESTHESIOLOGY	133,127	4,931,813	0.026994	295,273	7,971	53
54	RADIOLOGY-DIAGNOSTIC	662,964	20,427,926	0.032454	935,977	30,376	54
54.01	ULTRASOUND	72,375	4,373,251	0.016549	124,492	2,060	54.01
54.02	AUDIOLOGY						54.02
56	RADIOISOTOPE	154,414	6,775,098	0.022791	238,641	5,439	56
57	CT SCAN	59,812	28,507,740	0.002098	1,421,901	2,983	57
59	CARDIAC CATHETERIZATION	825,327	16,494,386	0.050037	826,428	41,352	59
60	LABORATORY	417,379	55,065,917	0.007580	3,715,148	28,161	60
62	WHOLE BLOOD & PACKED RED BLOO	34,446	2,993,025	0.011509	362,576	4,173	62
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
63.02	NONINVASIVE LAB	272,469	10,243,947	0.026598	377,794	10,049	63.02
65	RESPIRATORY THERAPY	92,201	10,266,828	0.008980	799,272	7,177	65
66	PHYSICAL THERAPY	111,177	8,612,370	0.012909	245,912	3,174	66
67	OCCUPATIONAL THERAPY	17,232	6,014,976	0.002865	134,278	385	67
68	SPEECH PATHOLOGY	28,062	867,944	0.032332	66,108	2,137	68
70	ELECTROENCEPHALOGRAPHY	95,944	3,889,509	0.024667	181,506	4,477	70
71	MEDICAL SUPPLIES CHARGED TO P	42,714	9,181,490	0.004652	1,062,352	4,942	71
72	IMPL. DEV. CHARGED TO PATIENT	55,400	9,002,960	0.006154	591,805	3,642	72
73	DRUGS CHARGED TO PATIENTS	382,329	31,748,816	0.012042	3,662,726	44,107	73
74	RENAL DIALYSIS	11,421	2,763,815	0.004132	417,422	1,725	74
75.01	ONCOLOGY	13,060	913,163	0.014302			75.01
76.97	CARDIAC REHABILITATION	91,715	561,662	0.163292	10,296	1,681	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	97,889	1,704,989	0.057413	2,213	127	90
91	EMERGENCY	359,067	37,549,853	0.009562	1,402,395	13,410	91
92	OBSERVATION BEDS (NON-DISTINC	170,719	5,547,884	0.030772			92
	OTHER REIMBURSABLE COST CENTERS						
94	HOME PROGRAM DIALYSIS						94
200	TOTAL (SUM OF LINES 50-199)	5,868,714	313,275,508		18,982,173	315,676	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 [ ] TITLE V
APPLICABLE [ ] TITLE XVIII-PT A
BOXES [XX] TITLE XIX

	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
	INPAT ROUTINE SERV COST CTRS					
30	ADULTS & PEDIATRICS	33,129		5,285		30
31	INTENSIVE CARE UNIT	2,576		452		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	9,275		766		41
42	SUBPROVIDER I					42
43	NURSERY	1,176		399		43
44	SKILLED NURSING FACILITY					44
45	NURSING FACILITY					45
200	TOTAL (SUM OF LINES 30-199)	46,156		6,902		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

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

	COST CENTER DESCRIPTION	NON 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	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
63.02	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 CHARGED TO P							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 (NON-DISTINC							92
	OTHER REIMBURSABLE COST CENTERS							
94	HOME PROGRAM DIALYSIS							94
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	30,090,615			1,692,135				50
51	RECOVERY ROOM	2,318,798			151,133				51
52	DELIVERY ROOM & LABOR ROOM	2,426,733			264,390				52
53	ANESTHESIOLOGY	4,931,813			295,273				53
54	RADIOLOGY-DIAGNOSTIC	20,427,926			935,977				54
54.01	ULTRASOUND	4,373,251			124,492				54.01
54.02	AUDIOLOGY								54.02
56	RADIOISOTOPE	6,775,098			238,641				56
57	CT SCAN	28,507,740			1,421,901				57
59	CARDIAC CATHETERIZATION	16,494,386			826,428				59
60	LABORATORY	55,065,917			3,715,148				60
62	WHOLE BLOOD & PACKED RED BLO	2,993,025			362,576				62
62.30	BLOOD CLOTTING FOR HEMOPHILI								62.30
63.02	NONINVASIVE LAB	10,243,947			377,794				63.02
65	RESPIRATORY THERAPY	10,266,828			799,272				65
66	PHYSICAL THERAPY	8,612,370			245,912				66
67	OCCUPATIONAL THERAPY	6,014,976			134,278				67
68	SPEECH PATHOLOGY	867,944			66,108				68
70	ELECTROENCEPHALOGRAPHY	3,889,509			181,506				70
71	MEDICAL SUPPLIES CHARGED TO	9,181,490			1,062,352				71
72	IMPL. DEV. CHARGED TO PATIEN	9,002,960			591,805				72
73	DRUGS CHARGED TO PATIENTS	31,748,816			3,662,726				73
74	RENAL DIALYSIS	2,763,815			417,422				74
75.01	ONCOLOGY	913,163							75.01
76.97	CARDIAC REHABILITATION	561,662			10,296				76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	1,704,989			2,213				90
91	EMERGENCY	37,549,853			1,402,395				91
92	OBSERVATION BEDS (NON-DISTIN	5,547,884							92
	OTHER REIMBURSABLE COST CENTERS								
94	HOME PROGRAM DIALYSIS								94
200	TOTAL (SUM OF LINES 50-199)	313,275,508			18,982,173				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 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	0.426997							50
51	RECOVERY ROOM	0.303380							51
52	DELIVERY ROOM & LABOR ROOM	0.668224							52
53	ANESTHESIOLOGY	0.104226							53
54	RADIOLOGY-DIAGNOSTIC	0.218479							54
54.01	ULTRASOUND	0.182149							54.01
54.02	AUDIOLOGY								54.02
56	RADIOISOTOPE	0.173066							56
57	CT SCAN	0.044101							57
59	CARDIAC CATHETERIZATION	0.239723							59
60	LABORATORY	0.133661							60
62	WHOLE BLOOD & PACKED RED BLOOD	0.445400							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63.02	NONINVASIVE LAB	0.147957							63.02
65	RESPIRATORY THERAPY	0.232152							65
66	PHYSICAL THERAPY	0.365141							66
67	OCCUPATIONAL THERAPY	0.298629							67
68	SPEECH PATHOLOGY	0.594152							68
70	ELECTROENCEPHALOGRAPHY	0.179421							70
71	MEDICAL SUPPLIES CHARGED TO PAT	0.443036							71
72	IMPL. DEV. CHARGED TO PATIENTS	0.573763							72
73	DRUGS CHARGED TO PATIENTS	0.261048							73
74	RENAL DIALYSIS	0.308203							74
75.01	ONCOLOGY	0.286533							75.01
76.97	CARDIAC REHABILITATION	2.148176							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	1.756698							90
91	EMERGENCY	0.185303							91
92	OBSERVATION BEDS (NON-DISTINCT	0.503434							92
	OTHER REIMBURSABLE COST CENTERS								
94	HOME PROGRAM DIALYSIS								94
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	1,599,553	30,090,615	0.053158	35,249	1,874	50
51	RECOVERY ROOM	27,941	2,318,798	0.012050	2,709	33	51
52	DELIVERY ROOM & LABOR ROOM	39,977	2,426,733	0.016474			52
53	ANESTHESIOLOGY	133,127	4,931,813	0.026994	6,102	165	53
54	RADIOLOGY-DIAGNOSTIC	662,964	20,427,926	0.032454	15,963	518	54
54.01	ULTRASOUND	72,375	4,373,251	0.016549	1,668	28	54.01
54.02	AUDIOLOGY						54.02
56	RADIOISOTOPE	154,414	6,775,098	0.022791	3,916	89	56
57	CT SCAN	59,812	28,507,740	0.002098	8,115	17	57
59	CARDIAC CATHETERIZATION	825,327	16,494,386	0.050037			59
60	LABORATORY	417,379	55,065,917	0.007580	131,335	996	60
62	WHOLE BLOOD & PACKED RED BLOO	34,446	2,993,025	0.011509	11,309	130	62
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
63.02	NONINVASIVE LAB	272,469	10,243,947	0.026598	7,033	187	63.02
65	RESPIRATORY THERAPY	92,201	10,266,828	0.008980	73,593	661	65
66	PHYSICAL THERAPY	111,177	8,612,370	0.012909	276,156	3,565	66
67	OCCUPATIONAL THERAPY	17,232	6,014,976	0.002865	244,762	701	67
68	SPEECH PATHOLOGY	28,062	867,944	0.032332	32,645	1,055	68
70	ELECTROENCEPHALOGRAPHY	95,944	3,889,509	0.024667	29,153	719	70
71	MEDICAL SUPPLIES CHARGED TO P	42,714	9,181,490	0.004652	55,290	257	71
72	IMPL. DEV. CHARGED TO PATIENT	55,400	9,002,960	0.006154	3,679	23	72
73	DRUGS CHARGED TO PATIENTS	382,329	31,748,816	0.012042	347,130	4,180	73
74	RENAL DIALYSIS	11,421	2,763,815	0.004132	65,521	271	74
75.01	ONCOLOGY	13,060	913,163	0.014302			75.01
76.97	CARDIAC REHABILITATION	91,715	561,662	0.163292			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	97,889	1,704,989	0.057413			90
91	EMERGENCY	359,067	37,549,853	0.009562	4,734	45	91
92	OBSERVATION BEDS (NON-DISTINC		5,547,884	5,547,884			92
	OTHER REIMBURSABLE COST CENTERS						
94	HOME PROGRAM DIALYSIS						94
200	TOTAL (SUM OF LINES 50-199)	5,697,995	313,275,508		1,356,062	15,514	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	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
63.02	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 CHARGED TO P							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 (NON-DISTINC							92
	OTHER REIMBURSABLE COST CENTERS							
94	HOME PROGRAM DIALYSIS							94
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	30,090,615			35,249				50
51	RECOVERY ROOM	2,318,798			2,709				51
52	DELIVERY ROOM & LABOR ROOM	2,426,733							52
53	ANESTHESIOLOGY	4,931,813			6,102				53
54	RADIOLOGY-DIAGNOSTIC	20,427,926			15,963				54
54.01	ULTRASOUND	4,373,251			1,668				54.01
54.02	AUDIOLOGY								54.02
56	RADIOISOTOPE	6,775,098			3,916				56
57	CT SCAN	28,507,740			8,115				57
59	CARDIAC CATHETERIZATION	16,494,386							59
60	LABORATORY	55,065,917			131,335				60
62	WHOLE BLOOD & PACKED RED BLO	2,993,025			11,309				62
62.30	BLOOD CLOTTING FOR HEMOPHILI								62.30
63.02	NONINVASIVE LAB	10,243,947			7,033				63.02
65	RESPIRATORY THERAPY	10,266,828			73,593				65
66	PHYSICAL THERAPY	8,612,370			276,156				66
67	OCCUPATIONAL THERAPY	6,014,976			244,762				67
68	SPEECH PATHOLOGY	867,944			32,645				68
70	ELECTROENCEPHALOGRAPHY	3,889,509			29,153				70
71	MEDICAL SUPPLIES CHARGED TO	9,181,490			55,290				71
72	IMPL. DEV. CHARGED TO PATIEN	9,002,960			3,679				72
73	DRUGS CHARGED TO PATIENTS	31,748,816			347,130				73
74	RENAL DIALYSIS	2,763,815			65,521				74
75.01	ONCOLOGY	913,163							75.01
76.97	CARDIAC REHABILITATION	561,662							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	1,704,989							90
91	EMERGENCY	37,549,853			4,734				91
92	OBSERVATION BEDS (NON-DISTIN	5,547,884							92
	OTHER REIMBURSABLE COST CENTERS								
94	HOME PROGRAM DIALYSIS								94
200	TOTAL (SUM OF LINES 50-199)	313,275,508			1,356,062				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	[ ]	IPF	[ ]	SNF	[ ]	S/B-NF
	[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	0.426997							50
51	RECOVERY ROOM	0.303380							51
52	DELIVERY ROOM & LABOR ROOM	0.668224							52
53	ANESTHESIOLOGY	0.104226							53
54	RADIOLOGY-DIAGNOSTIC	0.218479							54
54.01	ULTRASOUND	0.182149							54.01
54.02	AUDIOLOGY								54.02
56	RADIOISOTOPE	0.173066							56
57	CT SCAN	0.044101							57
59	CARDIAC CATHETERIZATION	0.239723							59
60	LABORATORY	0.133661							60
62	WHOLE BLOOD & PACKED RED BLOOD	0.445400							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63.02	NONINVASIVE LAB	0.147957							63.02
65	RESPIRATORY THERAPY	0.232152							65
66	PHYSICAL THERAPY	0.365141							66
67	OCCUPATIONAL THERAPY	0.298629							67
68	SPEECH PATHOLOGY	0.594152							68
70	ELECTROENCEPHALOGRAPHY	0.179421							70
71	MEDICAL SUPPLIES CHARGED TO PAT	0.443036							71
72	IMPL. DEV. CHARGED TO PATIENTS	0.573763							72
73	DRUGS CHARGED TO PATIENTS	0.261048							73
74	RENAL DIALYSIS	0.308203							74
75.01	ONCOLOGY	0.286533							75.01
76.97	CARDIAC REHABILITATION	2.148176							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	1.756698							90
91	EMERGENCY	0.185303							91
92	OBSERVATION BEDS (NON-DISTINCT	0.503434							92
	OTHER REIMBURSABLE COST CENTERS								
94	HOME PROGRAM DIALYSIS								94
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)	33,129	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	33,129	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	29,917	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)	12,691	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)	28,807,426	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	28,807,426	27
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		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)		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)	28,807,426	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)	869.55	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	11,035,459	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)	11,035,459	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	4,523,423	2,576	1,755.99	1,297	2,277,519	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)					15,399,877	48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					28,712,855	49
	PASS-THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)					812,528	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)					1,092,038	51
52	TOTAL PROGRAM EXCLUDABLE COST					1,904,566	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)					26,808,289	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)	3,212	87
88	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2)	869.55	88
89	OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS)	2,792,995	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	1,760,836	28,807,426	0.061124	2,792,995	170,719	90
91	NURSING SCHOOL COST						91
92	ALLIED HEALTH COST						92
93	ALL OTHER MEDICAL EDUCATION						93

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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)	9,275	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	9,275	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	9,275	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)	7,533	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)	6,326,397	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	6,326,397	27
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		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)		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)	6,326,397	37

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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)	682.09	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	5,138,184	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)	5,138,184	41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	4,275,353	48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	9,413,537	49
	PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	263,730	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	167,745	51
52	TOTAL PROGRAM EXCLUDABLE COST	431,475	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	8,982,062	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

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PART I

COMPUTATION OF INPATIENT OPERATING COST

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)	33,129	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	33,129	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	29,917	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)	5,285	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)	1,176	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	399	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)	28,807,426	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	28,807,426	27
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		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)		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)	28,807,426	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)	869.55	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	4,595,572	39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)		40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	4,595,572	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)	438,495	1,176	372.87	399	148,775	42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	INTENSIVE CARE UNIT	4,523,423	2,576	1,755.99	452	793,707	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)					4,796,783	48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					10,334,837	49

	PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	331,453	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	315,676	51
52	TOTAL PROGRAM EXCLUDABLE COST	647,129	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	9,687,708	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)	3,212	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	[ ] 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)	9,275	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	9,275	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	9,275	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)	766	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)	6,326,397	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	6,326,397	27
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		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)		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)	6,326,397	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)	682.09	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	522,481	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)	522,481	41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	400,889	48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	923,370	49
	PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	26,818	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	15,514	51
52	TOTAL PROGRAM EXCLUDABLE COST	42,332	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	881,038	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		12,722,845		30
31	INTENSIVE CARE UNIT		2,141,094		31
41	SUBPROVIDER - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.427524	4,772,052	2,040,167	50
51	RECOVERY ROOM	0.303380	359,471	109,056	51
52	DELIVERY ROOM & LABOR ROOM	0.668224	8,805	5,884	52
53	ANESTHESIOLOGY	0.104226	805,231	83,926	53
54	RADIOLOGY-DIAGNOSTIC	0.218479	2,543,571	555,717	54
54.01	ULTRASOUND	0.182149	266,374	48,520	54.01
54.02	AUDIOLOGY				54.02
56	RADIOISOTOPE	0.173066	846,127	146,436	56
57	CT SCAN	0.044101	4,426,970	195,234	57
59	CARDIAC CATHETERIZATION	0.243049	5,581,461	1,356,569	59
60	LABORATORY	0.133746	10,161,578	1,359,070	60
62	WHOLE BLOOD & PACKED RED BLOOD	0.445400	896,961	399,506	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63.02	NONINVASIVE LAB	0.147957	2,410,069	356,587	63.02
65	RESPIRATORY THERAPY	0.232630	4,082,216	949,646	65
66	PHYSICAL THERAPY	0.371706	966,910	359,406	66
67	OCCUPATIONAL THERAPY	0.298629	553,635	165,331	67
68	SPEECH PATHOLOGY	0.594152	155,408	92,336	68
70	ELECTROENCEPHALOGRAPHY	0.182684	521,004	95,179	70
71	MEDICAL SUPPLIES CHARGED TO PAT	0.443036	2,977,429	1,319,108	71
72	IMPL. DEV. CHARGED TO PATIENTS	0.573763	3,936,625	2,258,690	72
73	DRUGS CHARGED TO PATIENTS	0.261048	8,266,261	2,157,891	73
74	RENAL DIALYSIS	0.308203	1,204,844	371,337	74
75.01	ONCOLOGY	0.286533			75.01
76.97	CARDIAC REHABILITATION	2.148176	85,448	183,557	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	CLINIC	1.756698	6,366	11,183	90
91	EMERGENCY	0.187429	3,839,978	719,723	91
92	OBSERVATION BEDS (NON-DISTINCT	0.503434	118,819	59,818	92
	OTHER REIMBURSABLE COST CENTERS				
94	HOME PROGRAM DIALYSIS				94
200	TOTAL (SUM OF LINES 50-94 AND 96-98)		59,793,613	15,399,877	200
201	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202	NET CHARGES (LINE 200 MINUS LINE 201)		59,793,613		202

INPATIENT ANCILLARY COST APPORTIONMENT WORKSHEET D-3

CHECK APPLICABLE BOXES									
	[ ]	TITLE V	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[ ]	S/B SNF	[XX] PPS
	[XX]	TITLE XVIII-PT A	[ ]	IPF	[ ]	SNF	[ ]	S/B NF	[ ] TEFRA
	[ ]	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
41	SUBPROVIDER - IRF		5,139,087		41
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.427524	169,697	72,550	50
51	RECOVERY ROOM	0.303380	23,040	6,990	51
52	DELIVERY ROOM & LABOR ROOM	0.668224			52
53	ANESTHESIOLOGY	0.104226	46,508	4,847	53
54	RADIOLOGY-DIAGNOSTIC	0.218479	396,250	86,572	54
54.01	ULTRASOUND	0.182149	27,021	4,922	54.01
54.02	AUDIOLOGY				54.02
56	RADIOISOTOPE	0.173066	65,562	11,347	56
57	CT SCAN	0.044101	307,170	13,547	57
59	CARDIAC CATHETERIZATION	0.243049	32,818	7,976	59
60	LABORATORY	0.133746	1,598,011	213,728	60
62	WHOLE BLOOD & PACKED RED BLOOD	0.445400	107,632	47,939	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63.02	NONINVASIVE LAB	0.147957	290,650	43,004	63.02
65	RESPIRATORY THERAPY	0.232630	693,915	161,425	65
66	PHYSICAL THERAPY	0.371706	3,283,136	1,220,361	66
67	OCCUPATIONAL THERAPY	0.298629	3,061,823	914,349	67
68	SPEECH PATHOLOGY	0.594152	211,417	125,614	68
70	ELECTROENCEPHALOGRAPHY	0.182684	585,565	106,973	70
71	MEDICAL SUPPLIES CHARGED TO PAT	0.443036	625,918	277,304	71
72	IMPL. DEV. CHARGED TO PATIENTS	0.573763	83,601	47,967	72
73	DRUGS CHARGED TO PATIENTS	0.261048	2,879,936	751,802	73
74	RENAL DIALYSIS	0.308203	490,670	151,226	74
75.01	ONCOLOGY	0.286533			75.01
76.97	CARDIAC REHABILITATION	2.148176	257	552	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	CLINIC	1.756698	1,279	2,247	90
91	EMERGENCY	0.187429	11,261	2,111	91
92	OBSERVATION BEDS (NON-DISTINCT	0.503434			92
	OTHER REIMBURSABLE COST CENTERS				
94	HOME PROGRAM DIALYSIS				94
200	TOTAL (SUM OF LINES 50-94 AND 96-98)		14,993,137	4,275,353	200
201	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202	NET CHARGES (LINE 200 MINUS LINE 201)		14,993,137		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		5,284,014		30
31	INTENSIVE CARE UNIT		632,836		31
41	SUBPROVIDER - IRF				41
43	NURSERY		243,523		43
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.427524	1,692,135	723,428	50
51	RECOVERY ROOM	0.303380	151,133	45,851	51
52	DELIVERY ROOM & LABOR ROOM	0.668224	264,390	176,672	52
53	ANESTHESIOLOGY	0.104226	295,273	30,775	53
54	RADIOLOGY-DIAGNOSTIC	0.218479	935,977	204,491	54
54.01	ULTRASOUND	0.182149	124,492	22,676	54.01
54.02	AUDIOLOGY				54.02
56	RADIOISOTOPE	0.173066	238,641	41,301	56
57	CT SCAN	0.044101	1,421,901	62,707	57
59	CARDIAC CATHETERIZATION	0.243049	826,428	200,862	59
60	LABORATORY	0.133746	3,715,148	496,886	60
62	WHOLE BLOOD & PACKED RED BLOOD	0.445400	362,576	161,491	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63.02	NONINVASIVE LAB	0.147957	377,794	55,897	63.02
65	RESPIRATORY THERAPY	0.232630	799,272	185,935	65
66	PHYSICAL THERAPY	0.371706	245,912	91,407	66
67	OCCUPATIONAL THERAPY	0.298629	134,278	40,099	67
68	SPEECH PATHOLOGY	0.594152	66,108	39,278	68
70	ELECTROENCEPHALOGRAPHY	0.182684	181,506	33,158	70
71	MEDICAL SUPPLIES CHARGED TO PAT	0.443036	1,062,352	470,660	71
72	IMPL. DEV. CHARGED TO PATIENTS	0.573763	591,805	339,556	72
73	DRUGS CHARGED TO PATIENTS	0.261048	3,662,726	956,147	73
74	RENAL DIALYSIS	0.308203	417,422	128,651	74
75.01	ONCOLOGY	0.286533			75.01
76.97	CARDIAC REHABILITATION	2.148176	10,296	22,118	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	CLINIC	1.756698	2,213	3,888	90
91	EMERGENCY	0.187429	1,402,395	262,849	91
92	OBSERVATION BEDS (NON-DISTINCT	0.503434			92
	OTHER REIMBURSABLE COST CENTERS				
94	HOME PROGRAM DIALYSIS				94
200	TOTAL (SUM OF LINES 50-94 AND 96-98)		18,982,173	4,796,783	200
201	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202	NET CHARGES (LINE 200 MINUS LINE 201)		18,982,173		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
41	SUBPROVIDER - IRF		436,937		41
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.427524	35,249	15,070	50
51	RECOVERY ROOM	0.303380	2,709	822	51
52	DELIVERY ROOM & LABOR ROOM	0.668224			52
53	ANESTHESIOLOGY	0.104226	6,102	636	53
54	RADIOLOGY-DIAGNOSTIC	0.218479	15,963	3,488	54
54.01	ULTRASOUND	0.182149	1,668	304	54.01
54.02	AUDIOLOGY				54.02
56	RADIOISOTOPE	0.173066	3,916	678	56
57	CT SCAN	0.044101	8,115	358	57
59	CARDIAC CATHETERIZATION	0.243049			59
60	LABORATORY	0.133746	131,335	17,566	60
62	WHOLE BLOOD & PACKED RED BLOOD	0.445400	11,309	5,037	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63.02	NONINVASIVE LAB	0.147957	7,033	1,041	63.02
65	RESPIRATORY THERAPY	0.232630	73,593	17,120	65
66	PHYSICAL THERAPY	0.371706	276,156	102,649	66
67	OCCUPATIONAL THERAPY	0.298629	244,762	73,093	67
68	SPEECH PATHOLOGY	0.594152	32,645	19,396	68
70	ELECTROENCEPHALOGRAPHY	0.182684	29,153	5,326	70
71	MEDICAL SUPPLIES CHARGED TO PAT	0.443036	55,290	24,495	71
72	IMPL. DEV. CHARGED TO PATIENTS	0.573763	3,679	2,111	72
73	DRUGS CHARGED TO PATIENTS	0.261048	347,130	90,618	73
74	RENAL DIALYSIS	0.308203	65,521	20,194	74
75.01	ONCOLOGY	0.286533			75.01
76.97	CARDIAC REHABILITATION	2.148176			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	CLINIC	1.756698			90
91	EMERGENCY	0.187429	4,734	887	91
92	OBSERVATION BEDS (NON-DISTINCT	0.503434			92
	OTHER REIMBURSABLE COST CENTERS				
94	HOME PROGRAM DIALYSIS				94
200	TOTAL (SUM OF LINES 50-94 AND 96-98)		1,356,062	400,889	200
201	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202	NET CHARGES (LINE 200 MINUS LINE 201)		1,356,062		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	21,924,496	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	204,789	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)	152.20	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)	0.1143	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL (SEE INSTRUCTIONS)	0.2982	31
32	SUM OF LINES 30 AND 31	0.4125	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.2325	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	5,097,445	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)	27,226,730	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)	27,226,730	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	1,926,724	50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51

CALCULATION OF REIMBURSEMENT SETTLEMENT WORKSHEET E PART A

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

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

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)	29,153,454	59
60	PRIMARY PAYER PAYMENTS	47,689	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	29,105,765	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,076,456	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	246,599	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	365,955	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	256,169	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	95,656	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	27,038,879	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
70.93	HVBP PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	18,033	70.93
70.94	HOSPITAL READMISSIONS REDUCTION ADJUSTMENT (SEE INSTRUCTIONS)	-113,965	70.94
71	AMOUNT DUE PROVIDER (SEE INSTRUCTIONS)	26,942,947	71
71.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	134,715	71.01
72	INTERIM PAYMENTS	26,780,455	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS LINES 71.01, 72 AND 73)	27,777	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2	869,934	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)	7,883	1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPS (SEE INSTRUCTIONS)	9,655,137	2
3	PPS PAYMENTS	7,878,349	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)	10,516	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)	7,883	11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES	30,198	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)	30,198	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)	30,198	18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS)	22,315	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)	7,883	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)	7,888,865	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	1,779,835	26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	6,116,913	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)	6,116,913	30
31	PRIMARY PAYER PAYMENTS	3,855	31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	6,113,058	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)	374,427	34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	262,099	35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	174,886	36
37	SUBTOTAL (SEE INSTRUCTIONS) ' T4 - 10/25/13 JF	6,375,157	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R	452	38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (SEE INSTRUCTIONS)	6,374,705	40
40.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	31,874	40.01
41	INTERIM PAYMENTS	6,303,142	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (SEE INSTRUCTIONS)	39,689	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)	44	1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPS (SEE INSTRUCTIONS)	2,410	2
3	PPS PAYMENTS	1,765	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)	44	11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES	170	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)	170	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)	170	18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS)	126	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)	44	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)	1,765	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	343	26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	1,466	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)	1,466	30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	1,466	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 (SEE INSTRUCTIONS) ' T4 - 10/25/13 JF	1,466	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (SEE INSTRUCTIONS)	1,466	40
40.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	7	40.01
41	INTERIM PAYMENTS	1,468	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (SEE INSTRUCTIONS)	-9	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			26,436,674		6,076,755	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.			343,781		226,387	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)			26,780,455		6,303,142	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 TO .02					6.02
	PROVIDER TO 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				10,880,539		1,468	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)				10,880,539		1,468	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 TO	.02					6.02
	PROVIDER PROGRAM						
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	7,781	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	13,988	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	948	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	32,493	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	357,294,515	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	20,753,874	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)	1,623,283	8
9	SEQUESTRATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		9
10	CALCULATION OF THE HIT INCENTIVE PAYMENT AFTER SEQUESTRATION (SEE INSTRUCTIONS)		10

INPATIENT HOSPITAL SERVICES UNDER PPS & CAH

30	INITIAL/INTERIM HIT PAYMENT(S)	1,729,861	30
31	OTHER ADJUSTMENTS (SPECIFY)		31
32	BALANCE DUE PROVIDER (LINE 8 (OR LINE 10) MINUS LINE 30 AND LINE 31) (SEE INSTRUCTIONS)	-106,578	32

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)	10,216,396	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.073300	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	731,494	3
4	OUTLIER PAYMENTS	150,955	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 EXCLUDING FTEs IN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		7
8	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE NEW PROGRAM GROWTH PERIOD 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)	25.410959	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)	11,098,845	13
14	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENTS (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)	11,098,845	17
18	PRIMARY PAYER PAYMENTS		18
19	SUBTOTAL LINE 17b LESS LINE 18)	11,098,845	19
20	DEDUCTIBLES	98,112	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	11,000,733	21
22	COINSURANCE	75,770	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	10,924,963	23
24	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	38,139	24
25	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	26,697	25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	24,519	26
27	SUBTOTAL (SUM OF LINES 23 AND 25)	10,951,660	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)	10,951,660	32
32.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	54,758	32.01
33	INTERIM PAYMENTS	10,880,539	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS LINES 32.01, 33 AND 34)	16,363	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	6,160,373		8
9	ANCILLARY SERVICE CHARGES	18,982,173		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)	25,142,546		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)	25,142,546		16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS)	25,142,546		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	436,937		8
9	ANCILLARY SERVICE CHARGES	1,356,062		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)	1,792,999		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)	1,792,999		16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS)	1,792,999		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

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	6,586,000				1
2	TEMPORARY INVESTMENTS					2
3	NOTES RECEIVABLE					3
4	ACCOUNTS RECEIVABLE	15,206,000				4
5	OTHER RECEIVABLES					5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE					6
7	INVENTORY	4,786,000				7
8	PREPAID EXPENSES	3,998,000				8
9	OTHER CURRENT ASSETS					9
10	DUE FROM OTHER FUNDS	3,621,000				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	34,197,000				11
	FIXED ASSETS					
12	LAND	26,439,000				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)	26,439,000				30
	OTHER ASSETS					
31	INVESTMENTS					31
32	DEPOSITS ON LEASES					32
33	DUE FROM OWNERS/OFFICERS					33
34	OTHER ASSETS	803,000				34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	803,000				35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	61,439,000				36

	LIABILITIES AND FUND BALANCES	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
		1	2	3	4	
	CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	5,403,000				37
38	SALARIES, WAGES & FEES PAYABLE	6,315,000				38
39	PAYROLL TAXES PAYABLE					39
40	NOTES & LOANS PAYABLE (SHORT TERM)	16,000				40
41	DEFERRED INCOME					41
42	ACCELERATED PAYMENTS					42
43	DUE TO OTHER FUNDS	7,983,000				43
44	OTHER CURRENT LIABILITIES	6,981,000				44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	26,698,000				45
	LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE					46
47	NOTES PAYABLE					47
48	UNSECURED LOANS					48
49	OTHER LONG TERM LIABILITIES	1,710,000				49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	1,710,000				50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	28,408,000				51
	CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	33,031,000				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)	33,031,000				59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	61,439,000				60

STATEMENT OF CHANGES IN FUND BALANCES WORKSHEET G-1

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
		1 2	3 4	5 6	7 8	
1	FUND BALANCES AT BEGINNING OF PERIOD	34,031,000				1
2	NET INCOME (LOSS) (FROM WKST G-3, LINE 29)	15,274,485				2
3	TOTAL (SUM OF LINE 1 AND LINE 2)	49,305,485				3
4	ADDITIONS (CREDIT ADJUST-MENTS)	515				4
5	NET ASSETS RELEASED FROM RESTRICT	202,000				5
6	NET ASSETS TRANSFERRED					6
7	OTHER	77,000				7
8						8
9						9
10	TOTAL ADDITIONS (SUM OF LINES 4-9)	279,515				10
11	SUBTOTAL (LINE 3 PLUS LINE 10)	49,585,000				11
12	DEDUCTIONS (DEBIT ADJUST-MENTS)	16,388,000				12
13		166,000				13
14						14
15						15
16						16
17						17
18	TOTAL DEDUCTIONS (SUM OF LINES 12-17)	16,554,000				18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)	33,031,000				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	34,011,574		34,011,574	1
2	SUBPROVIDER IPF				2
3	SUBPROVIDER IRF	6,439,613		6,439,613	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)	40,451,187		40,451,187	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	INTENSIVE CARE UNIT	4,597,684		4,597,684	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)	4,597,684		4,597,684	16
17	TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	45,048,871		45,048,871	17
18	ANCILLARY SERVICES	154,210,123		154,210,123	18
19	OUTPATIENT SERVICES		157,529,005	157,529,005	19
20	RHC				20
21	FQHC				21
22	HOME HEALTH AGENCY		2,554,619	2,554,619	22
23	AMBULANCE				23
25	ASC				25
26	HOSPICE				26
27	OTHER PATIENT REVENUES	114,523	213,918	328,441	27
28	TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	199,373,517	160,297,542	359,671,059	28

PART II - OPERATING EXPENSES

		1	2	
29	OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		160,476,461	29
30	ADD (SPECIFY)			30
31				31
32				32
33				33
34				34
35				35
36	TOTAL ADDITIONS (SUM OF LINES 30-35)			36
37	DEDUCT (SPECIFY)			37
38				38
39				39
40				40
41				41
42	TOTAL DEDUCTIONS (SUM OF LINES 37-41)			42
43	TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		160,476,461	43

STATEMENT OF REVENUES AND EXPENSES WORKSHEET G-3

	DESCRIPTION		
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	359,671,059	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	207,693,452	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	151,977,607	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	160,476,461	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-8,498,854	5
	OTHER INCOME		
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	543	6
7	INCOME FROM INVESTMENTS	71,687	7
8	REVENUES FROM TELEPHONE AND OTHER MISCELLANEOUS COMMUNICATION SERVICES	200	8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	362	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	640,192	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	2,171	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	271,928	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	12,655	21
22	RENTAL OF HOSPITAL SPACE	1,030,880	22
23	GOVERNMENTAL APPROPRIATIONS		23
24			24
24.01	OTHER (CAPITATION REVENUE)	26,398,849	24.01
24.02	OTHER (GRANT INCOME)	3,723,433	24.02
24.03	OTHER (OTHER INCOME)	3,807,347	24.03
24.04	OTHER (PHARMACY INCOME)	965,079	24.04
24.05	OTHER (PHO INCOME)	20,350	24.05
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	36,945,676	25
26	TOTAL (LINE 5 PLUS LINE 25)	28,446,822	26
27	OTHER EXPENSES (BAD DEBTS)	13,148,064	27
27.01	OTHER EXPENSES (LOSS ON SALE OF ASSETS)	24,273	27.01
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)	13,172,337	28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	15,274,485	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	355,671		57,431	2,338	23,733	439,173	5
	HHA REIMBURSABLE SERVICES							
6	SKILLED NURSING CARE	713,135					713,135	6
7	PHYSICAL THERAPY				239,996		239,996	7
8	OCCUPATIONAL THERAPY				92,864		92,864	8
9	SPEECH PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES				782		782	10
11	HOME HEALTH AIDE	95,607					95,607	11
12	SUPPLIES (SEE INSTRUCTIONS)					105,364	105,364	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)	1,164,413		57,431	335,980	129,097	1,686,921	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	-598	438,575	-175	438,400	5
	HHA REIMBURSABLE SERVICES					
6	SKILLED NURSING CARE		713,135		713,135	6
7	PHYSICAL THERAPY		239,996		239,996	7
8	OCCUPATIONAL THERAPY		92,864		92,864	8
9	SPEECH PATHOLOGY					9
10	MEDICAL SOCIAL SERVICES		782		782	10
11	HOME HEALTH AIDE		95,607		95,607	11
12	SUPPLIES (SEE INSTRUCTIONS)		105,364		105,364	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)	-598	1,686,323	-175	1,686,148	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	438,400					438,400	438,400		5
	HHA REIMBURSABLE SERVICES									
6	SKILLED NURSING CARE	713,135					713,135	250,562	963,697	6
7	PHYSICAL THERAPY	239,996					239,996	84,323	324,319	7
8	OCCUPATIONAL THERAPY	92,864					92,864	32,628	125,492	8
9	SPEECH PATHOLOGY									9
10	MEDICAL SOCIAL SERVICES	782					782	275	1,057	10
11	HOME HEALTH AIDE	95,607					95,607	33,592	129,199	11
12	SUPPLIES (SEE INSTRUCTIONS)	105,364					105,364	37,020	142,384	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)	1,686,148					1,686,148		1,686,148	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					-438,400	1,247,748	5
	HHA REIMBURSABLE SERVICES							
6	SKILLED NURSING CARE						713,135	6
7	PHYSICAL THERAPY						239,996	7
8	OCCUPATIONAL THERAPY						92,864	8
9	SPEECH PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES						782	10
11	HOME HEALTH AIDE						95,607	11
12	SUPPLIES (SEE INSTRUCTIONS)						105,364	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)					-438,400	1,247,748	24
25	COST TO BE ALLOC (PER W/S H)						438,400	25
26	UNIT COST MULTIPLIER						0.351353	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 DEPARTMENT 4	MAINT OF PERSONNEL 4.01	NONPATIENT TELEPHONES 5.01	PURCHASING RECEIVING & STORES 5.02	
1	ADMINISTRATIVE AND GENERAL		21,003	26,383		315,965	14,945	2,883	4,742	1
2	SKILLED NURSING CARE	963,697								2
3	PHYSICAL THERAPY	324,319								3
4	OCCUPATIONAL THERAPY	125,492								4
5	SPEECH PATHOLOGY									5
6	MEDICAL SOCIAL SERVICES	1,057								6
7	HOME HEALTH AIDE	129,199								7
8	SUPPLIES	142,384								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)	1,686,148	21,003	26,383		315,965	14,945	2,883	4,742	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 5.03	CASHIERING ACCOUNTS RECEIVABLE 5.04	SUBTOTAL (COLS.0-4) 4A	OTHER ADMIN GENERAL 5.05	MAIN-TENANCE + REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE-KEEPING 9	
1	ADMINISTRATIVE AND GENERAL	8,890	41	394,852	82,131	93,810	35,244		33,345	1
2	SKILLED NURSING CARE			963,697	200,452					2
3	PHYSICAL THERAPY			324,319	67,460					3
4	OCCUPATIONAL THERAPY			125,492	26,103					4
5	SPEECH PATHOLOGY									5
6	MEDICAL SOCIAL SERVICES			1,057	220					6
7	HOME HEALTH AIDE			129,199	26,874					7
8	SUPPLIES			142,384	29,616					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)	8,890	41	2,081,000	432,856	93,810	35,244		33,345	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		47,613		90,424			14,595		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)		47,613		90,424			14,595		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						792,014		792,014	1
2	SKILLED NURSING CARE						1,164,149		1,164,149	2
3	PHYSICAL THERAPY						391,779		391,779	3
4	OCCUPATIONAL THERAPY						151,595		151,595	4
5	SPEECH PATHOLOGY									5
6	MEDICAL SOCIAL SERVICES						1,277		1,277	6
7	HOME HEALTH AIDE						156,073		156,073	7
8	SUPPLIES						172,000		172,000	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)						2,828,887		2,828,887	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	452,665	1,616,814	2
3	PHYSICAL THERAPY	152,339	544,118	3
4	OCCUPATIONAL THERAPY	58,946	210,541	4
5	SPEECH PATHOLOGY			5
6	MEDICAL SOCIAL SERVICES	497	1,774	6
7	HOME HEALTH AIDE	60,687	216,760	7
8	SUPPLIES	66,880	238,880	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)	792,014	2,828,887	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.	0.388838		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 DEPARTMENT 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	14,585		1,164,413	1,910	15	13,837	2,554,619	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	14,585		1,164,413	1,910	15	13,837	2,554,619	20
21	TOTAL COST TO BE ALLOCATED	21,003	26,383		315,965	14,945	2,883	4,742	8,890	21
22	UNIT COST MULTIPLIER	6.731731				7.824607		0.342704		22
22	UNIT COST MULTIPLIER		1.808913		0.271351		192.200000		0.003480	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	2,554,619		394,852	3,120	3,120		3,120		1
2	SKILLED NURSING CARE			963,697						2
3	PHYSICAL THERAPY			324,319						3
4	OCCUPATIONAL THERAPY			125,492						4
5	SPEECH PATHOLOGY									5
6	MEDICAL SOCIAL SERVICES			1,057						6
7	HOME HEALTH AIDE			129,199						7
8	SUPPLIES			142,384						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)	2,554,619		2,081,000	3,120	3,120		3,120		20
21	TOTAL COST TO BE ALLOCATED	41		432,856	93,810	35,244		33,345		21
22	UNIT COST MULTIPLIER	0.000016		0.208004		11.296154		10.687500		22
22	UNIT COST MULTIPLIER				30.067308					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	1,910		39,729			2,554,619			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)	1,910		39,729			2,554,619			20
21	TOTAL COST TO BE ALLOCATED	47,613		90,424			14,595			21
22	UNIT COST MULTIPLIER	24.928272		2.276020						22
22	UNIT COST MULTIPLIER						0.005713			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	1,616,814		1,616,814	14,383	112.41	1
2	PHYSICAL THERAPY	3	544,118		544,118	3,985	136.54	2
3	OCCUPATIONAL THERAPY	4	210,541		210,541	1,535	137.16	3
4	SPEECH PATHOLOGY	5						4
5	MEDICAL SOCIAL SERVICES	6	1,774		1,774	7	253.43	5
6	HOME HEALTH AIDE	7	216,760		216,760	4,839	44.79	6
7	TOTAL (SUM OF LINES 1-6)		2,590,007		2,590,007	24,749		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	238,880		238,880	221,359	1.079152	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 PART A	PROGRAM VISITS PART B NOT SUBJ TO DEDUCTIBLES & COINSUR	PROGRAM VISITS PART B SUBJECT TO DEDUCTIBLES & COINSUR	COST OF SERVICES PART A	COST OF SERVICES PART B NOT SUBJ TO DEDUCTIBLES & COINSUR	COST OF SERVICES PART B SUBJECT TO DEDUCTIBLES & COINSUR	TOTAL PROGRAM COST (SUM OF COLS.9-10)	
PATIENT SERVICES	6	7	8	9	10	11	12	
1 SKILLED NURSING CARE	4,581	6,690		514,950	752,023		1,266,973	1
2 PHYSICAL THERAPY	2,033	1,273		277,586	173,815		451,401	2
3 OCCUPATIONAL THERAPY	692	534		94,915	73,243		168,158	3
4 SPEECH PATHOLOGY								4
5 MEDICAL SOCIAL SERVICES	2	2		507	507		1,014	5
6 HOME HEALTH AIDE	1,092	3,267		48,911	146,329		195,240	6
7 TOTAL (SUM OF LINES 1-6)	8,400	11,766		936,869	1,145,917		2,082,786	7

PATIENT SERVICES	CBSA NO.	PROGRAM VISITS PART A	PROGRAM VISITS PART B NOT SUBJ TO DEDUCTIBLES & COINSUR	PROGRAM VISITS PART B SUBJECT TO DEDUCTIBLES & COINSUR	
	1	2	3	4	
8 SKILLED NURSING CARE	23844	4,581	6,690		8
9 PHYSICAL THERAPY	23844	2,033	1,273		9
10 OCCUPATIONAL THERAPY	23844	692	534		10
11 SPEECH PATHOLOGY	23844				11
12 MEDICAL SOCIAL SERVICES	23844	2	2		12
13 HOME HEALTH AIDE	23844	1,092	3,267		13
14 TOTAL (SUM OF LINES 8-13)		8,400	11,766		14

SUPPLIES AND DRUGS COST COMPUTATIONS OTHER PATIENT SERVICES	PROGRAM COVERED CHARGES PART A	PROGRAM COVERED CHARGES PART B NOT SUBJ TO DEDUCTIBLES & COINSUR	PROGRAM COVERED CHARGES PART B SUBJECT TO DEDUCTIBLES & COINSUR	COST OF SERVICES PART A	COST OF SERVICES PART B NOT SUBJ TO DEDUCTIBLES & COINSUR	COST OF SERVICES 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	0.365141			COL 2, LINE 2	1
2 OCCUPATIONAL THERAPY	67	0.298629			COL 2, LINE 3	2
3 SPEECH PATHOLOGY	68	0.594152			COL 2, LINE 4	3
4 MEDICAL SUPPLIES CHARGED TO PA	71	0.443036			COL 2, LINE 15	4
5 DRUGS CHARGED TO PATIENTS	73	0.261048			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	890,433	952,622	11
12	TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	41,308	123,317	12
13	TOTAL PPS REIMBURSEMENT - LUPA EPISODES	4,818	5,574	13
14	TOTAL PPS REIMBURSEMENT - PEP EPISODES	6,518	1,325	14
15	TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	7,714	32,943	15
16	TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES	1,560		16
17	TOTAL OTHER PAYMENTS			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)	952,351	1,115,781	22
23	EXCESS REASONABLE COST (FROM LINE 8)			23
24	SUBTOTAL (LINE 22 MINUS LINE 23)	952,351	1,115,781	24
25	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM YOUR RECORDS)			25
26	NET COST (LINE 24 MINUS LINE 25)	952,351	1,115,781	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)	952,351	1,115,781	29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			30
31	SUBTOTAL (LINE 29 PLUS/MINUS LINE 30)	952,351	1,115,781	31
31.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	5,566	4,938	31.01
32	INTERIM PAYMENTS (SEE INSTRUCTIONS)	946,785	1,110,843	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)			33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 31.01, 32 AND 33)			34
35	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-2, 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				946,785		1,110,843	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)				946,785		1,110,843	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

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS COMPONENT NO: - WORKSHEET I-1

CHECK APPLICABLE BOX: [XX] RENAL DIALYSIS DEPARTMENT [ ] HOME PROGRAM DIALYSIS

		TOTAL COSTS 1	BASIS 2	STATISTICS 3	FTES PER 2080 HOURS 4	
1	REGISTERED NURSES		HOURS OF SERVICE			1
2	LICENSED PRACTICAL NURSES		HOURS OF SERVICE			2
3	NURSES AIDES		HOURS OF SERVICE			3
4	TECHNICIANS		HOURS OF SERVICE			4
5	SOCIAL WORKERS		HOURS OF SERVICE			5
6	DIETICIANS		HOURS OF SERVICE			6
7	PHYSICIANS		ACCUMULATED COST			7
8	NON-PATIENT CARE SALARY		ACCUMULATED COST			8
9	SUBTOTAL (SUM OF LINES 1-8)					9
10	EMPLOYEE BENEFITS		SALARY			10
11	CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET			11
12	CAPITAL RELATED COSTS-MOVABLE EQUIPMENT		PERCENTAGE OF TIME			12
13	MACHINES COSTS & REPAIRS		PERCENTAGE OF TIME			13
14	SUPPLIES		REQUISITIONS			14
15	DRUGS		REQUISITIONS			15
16	OTHER		ACCUMULATED COST			16
17	SUBTOTAL (SUM OF LINES 9-16)					17
18	CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET			18
19	CAPITAL RELATED COSTS-MOVABLE EQUIPMENT		PERCENTAGE OF TIME			19
20	EMPLOYEE BENEFITS DEPARTMENT		SALARY			20
21	ADMINISTRATIVE AND GENERAL		ACCUMULATED COST			21
22	MAINT./REPAIRS-OPERATION-HOUSEKEEPING		SQUARE FEET			22
23	MEDICAL EDUCATION PROGRAM COSTS					23
24	CENTRAL SERVICES & SUPPLIES		REQUISITIONS			24
25	PHARMACY		REQUISITIONS			25
26	OTHER ALLOCATED COSTS		ACCUMULATED COST			26
27	SUBTOTAL (SUM OF LINES 17-26)					27
28	LABORATORY		CHARGES			28
29	RESPIRATORY THERAPY		CHARGES			29
30	OTHER ANCILLARY (SPECIFY)		CHARGES			30
30.97	CARDIAC REHABILITATION		CHARGES			30.97
30.98	HYPERBARIC OXYGEN THERAPY		CHARGES			30.98
30.99	LITHOTRIPSY		CHARGES			30.99
31	TOTAL COSTS (SUM OF LINES 27-30)					31

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES COMPONENT NO: - WORKSHEET I-2

CHECK APPLICABLE BOX: [XX] RENAL DIALYSIS DEPARTMENT [ ] HOME PROGRAM DIALYSIS

		CAPITAL AND RELATED COSTS BUILDING 1	EQUIPMENT 2	DIRECT PATIENT CARE SALARY RNs 3	OTHER 4	EMPLOYEE BENEFITS DEPARTMENT 5	DRUGS 6	
1	TOTAL RENAL DEPT COSTS							1
	MAINTENANCE							
2	HEMODIALYSIS							2
3	INTERMITTENT PERITONEAL							3
	TRAINING							
4	HEMODIALYSIS							4
5	INTERMITTENT PERITONEAL							5
6	CAPD							6
7	CCPD							7
	HOME							
8	HEMODIALYSIS							8
9	INTERMITTENT PERITONEAL							9
10	CAPD							10
11	CCPD							11
	OTHER BILLABLE SERVICES							
12	INPATIENT DIALYSIS							12
13	METHOD II HOME PATIENT							13
14	EPO (INCL IN RENAL DEPT)							14
15	ARANESP (INCL IN RENAL DEPT)							15
16	OTHER							16
17	TOTAL (SUM OF LINES 2-16)							17
18	MEDICAL EDUC PGM COSTS							18
19	TOTAL RENAL COSTS (LINES 17+18)							19

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES COMPONENT NO: - WORKSHEET I-2 (CONTINUED)

CHECK APPLICABLE BOX: [XX] RENAL DIALYSIS DEPARTMENT [ ] HOME PROGRAM DIALYSIS

		MEDICAL SUPPLIES 7	ROUTINE ANCILLARY SERVICES 8	SUBTOTAL (SUM OF COLS.1-8) 9	OVERHEAD 10	TOTAL (COL.9 + COL.10) 11	
1	TOTAL RENAL DEPT COSTS						1
	MAINTENANCE						
2	HEMODIALYSIS						2
3	INTERMITTENT PERITONEAL						3
	TRAINING						
4	HEMODIALYSIS						4
5	INTERMITTENT PERITONEAL						5
6	CAPD						6
7	CCPD						7
	HOME						
8	HEMODIALYSIS						8
9	INTERMITTENT PERITONEAL						9
10	CAPD						10
11	CCPD						11
	OTHER BILLABLE SERVICES						
12	INPATIENT DIALYSIS						12
13	METHOD II HOME PATIENT						13
14	EPO (INCL IN RENAL DEPT)						14
15	ARANESP (INCL IN RENAL DEPT)						15
16	OTHER						16
17	TOTAL (SUM OF LINES 2-16)						17
18	MEDICAL EDUC PGM COSTS						18
19	TOTAL RENAL COSTS (LINES 17+18)						19

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS COMPONENT NO: - WORKSHEET I-3

CHECK APPLICABLE BOX: [XX] RENAL DIALYSIS DEPARTMENT [ ] HOME PROGRAM DIALYSIS

		CAPITAL AND RELATED COSTS BUILDING (SQUARE FEET) 1	EQUIPMENT (% OF TIME) 2	DIRECT PATIENT CARE SALARY RNs (HOURS) 3	OTHER (HOURS) 4	EMPLOYEE BENEFITS DEPARTMENT (SALARY) 5	
1	TOTAL RENAL DEPT COSTS						1
	MAINTENANCE						
2	HEMODIALYSIS						2
3	INTERMITTENT PERITONEAL						3
	TRAINING						
4	HEMODIALYSIS						4
5	INTERMITTENT PERITONEAL						5
6	CAPD						6
7	CCPD						7
	HOME						
8	HEMODIALYSIS						8
9	INTERMITTENT PERITONEAL						9
10	CAPD						10
11	CCPD						11
	OTHER BILLABLE SERVICES						
12	INPT DIAL TRTMNTS						
13	METHOD II HOME PATIENT						13
14	EPO						14
15	ARANESP						15
16	OTHER						16
17	TOTAL STATISTICAL BASIS						17
18	UNIT COST MULTIPLIER (LINE 1 ÷ LINE 17)						18

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

COMPONENT NO: -

WORKSHEET I-3 (CONTINUED)

CHECK APPLICABLE BOX: [XX] RENAL DIALYSIS DEPARTMENT [ ] HOME PROGRAM DIALYSIS

		DRUGS (REQUIST.) 6	MEDICAL SUPPLIES (REQUIST.) 7	ROUTINE ANCILLARY SERVICES (CHARGES) 8	SUBTOTAL 9	OVERHEAD (ACCUM. COST) 10	
1	TOTAL RENAL DEPT COSTS						1
	MAINTENANCE						
2	HEMODIALYSIS						2
3	INTERMITTENT PERITONEAL						3
	TRAINING						
4	HEMODIALYSIS						4
5	INTERMITTENT PERITONEAL						5
6	CAPD						6
7	CCPD						7
	HOME						
8	HEMODIALYSIS						8
9	INTERMITTENT PERITONEAL						9
10	CAPD						10
11	CCPD						11
	OTHER BILLABLE SERVICES						
12	INPT DIAL TRTMNTS						
13	METHOD II HOME PATIENT						13
14	EPO						14
15	ARANESP						15
16	OTHER						16
17	TOTAL STATISTICAL BASIS						17
18	UNIT COST MULTIPLIER (LINE 1 ÷ LINE 17)						18

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS COMPONENT NO: - WORKSHEET I-4

CHECK APPLICABLE BOX: [XX] RENAL DIALYSIS DEPARTMENT [ ] HOME PROGRAM DIALYSIS

	NUMBER OF TOTAL TREATMENTS 1	TOTAL COST (FROM WKST I-2, COL. 11) 2	AVG COST OF PROGRAM TREATMENTS (COL. 2 ÷ COL. 1) 3	NUMBER OF PROGRAM TREATMENTS 4	NUMBER OF PROGRAM TREATMENTS 4.01	NUMBER OF PROGRAM TREATMENTS 4.02	TOTAL PROGRAM EXPENSES (SEE INSTR.) 5	
1 MAINTENANCE - HEMODIALYSIS								1
2 MAINTENANCE - PERITONEAL DIALYSIS								2
3 TRAINING - HEMODIALYSIS								3
4 TRAINING - PERITONEAL DIALYSIS								4
5 TRAINING - CAPD								5
6 TRAINING - CCPD								6
7 HOME PROGRAM - HEMODIALYSIS								7
8 HOME PROGRAM - PERITONEAL DIALYSIS								8
	PATIENT WEEKS			PATIENT WEEKS	PATIENT WEEKS	PATIENT WEEKS		
9 HOME PROGRAM - CAPD								9
10 HOME PROGRAM - CCPD								10
11 TOTALS (SUM OF LINES 1-8, COLS. 1 & 4) (SUM OF LINES 1-10, COLS. 2, 5 & 6)								11
12 TOTAL TREATMENTS (SUM OF LINES 1-8 PLUS (SUM OF LINES 9 AND 10 TIMES 3))								12

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS COMPONENT NO: - WORKSHEET I-4 (CONTINUED)

CHECK APPLICABLE BOX: [XX] RENAL DIALYSIS DEPARTMENT [ ] HOME PROGRAM DIALYSIS

	TOTAL PROGRAM PAYMENT 6	TOTAL PROGRAM PAYMENT 6.01	TOTAL PROGRAM PAYMENT 6.02	AVERAGE PAYMENT RATE (COL. 6 ÷ COL. 4) 7	AVERAGE PAYMENT RATE (COL. 6.01 ÷ COL. 4.01) 7.01	AVERAGE PAYMENT RATE (COL. 6.02 ÷ COL. 4.02) 7.02	
1 MAINTENANCE - HEMODIALYSIS							1
2 MAINTENANCE - PERITONEAL DIALYSIS							2
3 TRAINING - HEMODIALYSIS							3
4 TRAINING - PERITONEAL DIALYSIS							4
5 TRAINING - CAPD							5
6 TRAINING - CCPD							6
7 HOME PROGRAM - HEMODIALYSIS							7
8 HOME PROGRAM - PERITONEAL DIALYSIS							8
9 HOME PROGRAM - CAPD							9
10 HOME PROGRAM - CCPD							10
11 TOTALS (SUM OF LINES 1-8, COLS. 1 & 4) (SUM OF LINES 1-10, COLS. 2, 5 & 6)							11
12 TOTAL TREATMENTS (SUM OF LINES 1-8 PLUS (SUM OF LINES 9 AND 10 TIMES 3))							12

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B COMPONENT NO: - WORKSHEET I-5

	DESCRIPTION			
1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)			1
		1	2	
2	TOTAL PAYMENT DUE (FROM I-4, COL. 6, LINE 11)(SEE INSTRUCTIONS)			2
2.01	TOTAL PAYMENT DUE (FROM I-4, COL. 6.01, LINE 11)(SEE INSTRUCTIONS)			2.01
2.02	TOTAL PAYMENT DUE (FROM I-4, COL. 6.02, LINE 11)(SEE INSTRUCTIONS)			2.02
2.03	TOTAL PAYMENT DUE (SEEINSTRUCTIONS)			2.03
2.04	OUTLIER PAYMENTS			2.04
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			3
3.01	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			3.01
3.02	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			3.02
3.03	TOTAL DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			3.03
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			4
4.01	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			4.01
4.02	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			4.02
4.03	TOTAL COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			4.03
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES			5
5.01	TRANSITION PERIOD 1 (75-25%) BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2011 BUT BEFORE 1/1/2012			5.01
5.02	TRANSITION PERIOD 2 (50-50%) BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2012 BUT BEFORE 1/1/2013			5.02
5.03	TRANSITION PERIOD 3 (25-75%) BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2013 BUT BEFORE 1/1/2014			5.03
5.04	100% PPS BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2014			5.04
5.05	TOTAL BAD DEBTS (SUM OF LINE 5 THROUGH LINE 5.04)			5.05
6	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)			6
7	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			7
8	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS			8
9	PROGRAM PAYMENT (SEE INSTRUCTIONS)			9
10	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			10
11	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) (TRANSFER TO WKST E, PART B, LINE 33)			11

PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE RATE PERCENTAGE

12	TOTAL ALLOWABLE EXPENSES (SEE INSTRUCTIONS)	12
13	TOTAL COMPOSITE COSTS (FROM WKST I-4, COL. 2, LINE 11)	13
14	FACILITY SPECIFIC COMPOSITE COST PERCENTAGE (LINE 13 DIVIDED BY LINE 12)	14

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	1,750,158	1
2	CAPITAL DRG OUTLIER PAYMENTS	24,127	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	89.02	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)	0.1143	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (SEE INSTRUCTIONS)	0.2982	8
9	SUM OF LINES 7 AND 8	0.4125	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0871	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	152,439	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	1,926,724	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 (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 DEPARTMENT						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 SERVICES-SALARY & FRINGES						21
22	I&R SERVICES-OTHER PRGM COSTS						22
23	PARAMED ED PRGM-(SPECIFY)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS						30
31	INTENSIVE CARE UNIT						31
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	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
63.02	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 CHARGED TO PA						71
72	IMPL. DEV. CHARGED TO PATIENTS						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 (NON-DISTINCT						92
	OTHER REIMBURSABLE COST CENTERS						
94	HOME PROGRAM DIALYSIS						94
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
194	OTHER NON REIM COST CENTER						194

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	
194.03	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

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

	STEP 1: Determine the 3-Year Averaging Period	
1	Wage index fiscal year ending date	1
2	Provider's cost reporting period used for wage index year on Line 1 (FYB in Col 1, FYE in Col 2)	2
3	Midpoint of provider's cost reporting period shown on Line 2, adjusted to first of month	3
4	Date beginning the 3-year averaging period (subtract 18 months from midpoint shown on Line 3)	4
5	Date ending the 3-year averaging period (add 18 months to midpoint shown on Line 3)	5
	STEP 2 (OPTIONAL): Adjust Averaging Period for a New Plan (SEE INSTRUCTIONS)	
6	Effective date of pension plan	6
7	First day of the provider cost reporting period containing the pension plan effective date	7
8	Starting date of the adjusted averaging period (date on Line 7, adjusted to first of month)	8
	If this date occurs after the period shown on line 2, stop here and see instructions.	
	STEP 3: Average Pension Contributions During the Averaging Period	
9	Beginning date of averaging period from Line 4 or Line 8, as applicable	9
10	Ending date of averaging period from Line 5	10
11	Enter provider contributions made during averaging period on Lines 9 & 10	11
11.01		11.01
12	Total calendar months included in averaging period (36 unless Step 2 completed)	12
13	Total contributions made during averaging period	13
14	Average monthly contribution (Line 13 divided by Line 12)	14
15	Number of months in provider cost reporting period on Line 2	15
16	Average pension contributions (Line 14 times Line 15)	16
	STEP 4: Total Pension Cost for Wage Index	
17	Annual prefunding installment (SEE INSTRUCTIONS)	17
18	Reportable prefunding installment ((Line 17 times Line 15) divided by 12)	18
19	Total Pension Cost for Wage Index (Line 16 plus Line 18 - transfers to S-3 Part IV Line 4)	19