

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

WORKSHEET S
 PARTS I & II

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

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY COMMUNITY HOSPT. OF LAGRANGE CTY IN (15-1323) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2010 AND ENDING 12/31/2010, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII	TITLE XIX
		PART A	PART B
	1	2	3
1	HOSPITAL		
2	SUBPROVIDER I	-96241	-44201
3	SWING BED - SNF		
4	SWING BED - NF	-48959	
5	SKILLED NURSING FACILITY		
6	NURSING FACILITY		
7	HOME HEALTH AGENCY		
8	OUTPATIENT REHABILITATION PROVIDER		
9	HEALTH CLINIC		
100	TOTAL	-145200	-44201

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 207 NORTH TOWNLINE ROAD P.O.BOX: 1
 1.01 CITY: LAGRANGE STATE: IN ZIP CODE: 46761-1325 COUNTY: LAGRANGE 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)				
				V 4	XVIII 5	XIX 6		
2	HOSPITAL	COMMUNITY HOSPT. OF LAGRANGE CTY I 15-1323	05/01/2005	N	O	P	2	
3	SUBPROVIDER I						3	
4	SWING BEDS - SNF	SWING BEDS	15-Z323	05/01/2005	N	O	N	4
5	SWING BEDS - NF						5	
6	HOSPITAL-BASED SNF						6	
7	HOSPITAL-BASED NF						7	
8	HOSPITAL-BASED OLTC						8	
9	HOSPITAL-BASED HHA						9	
11	SEPARATELY CERTIFIED ASC						11	
12	HOSPITAL-BASED HOSPICE						12	
14	HOSP-BASED RHC						14	
15	OUTPATIENT REHABILITATION PROVID						15	
16	RENAL DIALYSIS						16	

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 01/01/2010 TO: 12/31/2010 17
 18 TYPE OF CONTROL 18

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1 19
 20 SUBPROVIDER I 20

OTHER INFORMATION

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

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 'Y' OR 'N' FOR NO. NO 21.01

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

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 2 N Y 15 21.03

21.04 FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL. 2 21.04

21.05 FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL. 2 21.05

21.06 DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION (OR APPLICABLE EXTENSION) OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105, MIPPA 147, ACA 3121, OR MMEA 108? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES OR 'N' FOR NO. NO 21.06

21.07 DOES THIS HOSPITAL QUALIFY AS AN SCH WITH 100 OR FEWER BEDS UNDER MIPPA 147? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS). IS THIS AN SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121 OR MMEA SECTION 108? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS). NO NO 21.07

21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS? ENTER IN COLUMN 1, 1 IF IT IS BASED ON DATE OF ADMISSION, 2 IF IT IS BASED ON CENSUS DAYS, OR 3 IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE LAST COST REPORTING PERIOD? ENTER IN COLUMN 2, 'Y' FOR YES AND 'N' FOR NO. 3 NO 21.08

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? NO 22

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW NO 23

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.01

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

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

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

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

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

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

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	NO		25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	NO		25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	NO		25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO		25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO		25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)			25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)			25.06
25.07	HAS YOUR FACILITY'S TRAINED RESIDENTS IN NON-PROVIDER SETTING DURING THE COST REPORTING PERIOD? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1.	NO		25.07
25.08	IF LINE 25.07 IS YES, ENTER IN COLUMN 1 THE WEIGHTED NUMBER OF NON-PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS.	0.00		25.08
	IF LINE 25.07 IS YES, ENTER IN COLUMN 1 THE UNWEIGHTED NUMBER OF NON-PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. USE LINES 25.09 THROUGH 25.59 AS NECESSARY TO IDENTIFY THE PROGRAM NAME IN COLUMN 1, THE PROGRAM CODE IN COLUMN 2, AND THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS BY SPECIALTY IN COLUMN 3 FOR EACH PRIMARY CARE SPECIALTY PROGRAM IN WHICH RESIDENTS ARE TRAINED.			
			PROGRAM CODE(2)	RESIDENT FTEs(3)
26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:			26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.			26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:			26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	YES	05/01/2005	27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.			28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st			28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.			28.02

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

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

28.03	STAFFING	0.00	NO		28.03
28.04	RECRUITMENT	0.00	NO		28.04
28.05	RETENTION OF EMPLOYEES	0.00	NO		28.05
28.06	TRAINING	0.00	NO		28.06
28.07	OTHER (SPECIFY)		NO		28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?		NO		29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.		YES		30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.		NO		30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?		NO		30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)		NO		30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.		NO		30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		YES		31
MISCELLANEOUS COST REPORTING INFORMATION					
32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.		NO		32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.		NO		33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?		NO		34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?		NO		35
		V	XVIII	XIX	
		1	2	3	
PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL					
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	36
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	NO	NO	36.01
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?				37.01
TITLE XIX INPATIENT HOSPITAL SERVICES					
38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES			38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO			38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO			38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO			38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO			38.04

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COL. 2 THE HOME OFFICE CHAIN NUMBER. (SEE INST.) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE ON LINES 40.01-40.03. YES 15H032 40

40.01 NAME: PARKVIEW HEALTH SYSTEM, INC FI/CONTRACTOR'S NAME: NATIONAL GOVERNMENT SERVICEFI/CONTRACTOR'S NUMBER: 8 40.01

40.02 STREET: 10501 CORPORATE DRIVE P.O.BOX: 5600 40.02

40.03 CITY: FORT WAYNE STATE: IN ZIP CODE: 46895-5600 40.03

41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? YES 41

42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? NO 42

42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? NO 42.01

42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? NO 42.02

43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS? NO 43

44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY? NO 44

45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? NO 45

SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.

45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS? 45.01

45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? 45.02

45.03 WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? 45.03

46 IF YOU ARE PARTICIPATING IN THE NCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE. 46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC				
	1	2	3	4	5				
47 HOSPITAL	Y	Y	Y	Y	Y	47			
48 SUBPROVIDER I	N	N	N	N	N	48			
49 SKILLED NURSING FACILITY	N	N				49			
50 HOME HEALTH AGENCY	N	N				50			
52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?				NO		52			
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.				NO		52.01			
53 IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.						53			
53.01 MDH PERIOD: BEGINNING: ENDING:						53.01			
54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: AND/OR SELF INSURANCE: 175						54			
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.				NO		54.01			
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.				NO		55			
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.				DATE 0 / / NO	Y/N 1 NO	LIMIT 2 0.00	Y/N 3 NO	FEE\$ 4	56
57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?					NO	57			
58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.					NO	58			
58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)						58.01			
59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)					NO	59			

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)	NO				60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)					60.01
MULTICAMPUS						
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.	NO				61
	COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS	
	1	2	3	4	5	
SETTLEMENT DATA						
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)	NO				63
MISCELLANEOUS DATA						
64	DOES THIS HOSPITAL HAVE DIRECT ASSIGNMENT OF COST FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO.	YES				64

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH PATIENT HOURS 2.01	-----I/P DAYS / O/P VISITS / TRIPS-----					OBS. BEDS ADMITTED 5.01
				TITLE V 3	TITLE XVIII 4	LTCH NONCOVERED DAYS 4.01	TITLE XIX 5		
1 HOSPITAL ADULTS & PEDS, EXCL SWING BED, OBSERV & HOSPICE DAYS	25	9125	89088.00		1099		174		1
2 HMO					388		255		2
3 HOSPITAL ADULTS & PEDS - SWING BED SNF					707				3
4 HOSPITAL ADULTS & PEDS - SWING BED NF									4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS	25	9125	89088.00		1806		174		5
6 INTENSIVE CARE UNIT									6
7 CORONARY CARE UNIT									7
8 BURN INTENSIVE CARE UNIT									8
9 SURGICAL INTENSIVE CARE UNIT									9
10 OTHER SPECIAL CARE (SPECIFY)									10
11 NURSERY							62		11
12 TOTAL HOSPITAL	25	9125	89088.00		1806		236		12
13 RPCH VISITS									13
14 SUBPROVIDER I									14
15 SKILLED NURSING FACILITY									15
16 NURSING FACILITY									16
17 OTHER LONG TERM CARE									17
18 HOME HEALTH AGENCY									18
20 ASC (DISTINCT PART)									20
21 HOSPICE (DISTINCT PART)									21
23 O/P REHAB PROVIDER									23
24 RHC I									24
25 TOTAL	25								25
26 OBSERVATION BED DAYS							38		26
27 AMBULANCE TRIPS					567				27
28 EMPLOYEE DISCOUNT DAYS									28
29 LABOR & DELIVERY DAYS							6		29

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

COMPONENT	-----I/P DAYS / O/P VISITS / TRIPS-----				---INTERNS & RES FTES---			--FULL TIME EQUIV--	
	OBS.		OBS.		LESS I&R			EMPLOYEES ON PAYROLL	NONPAID WORKERS
	BEDS NOT ADMITTED	TOTAL ALL PATIENTS	BEDS ADMITTED	BEDS NOT ADMITTED	TOTAL	REPL NON-	NET		
5.02	6	6.01	6.02	7	8	9	10	11	
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		3570							1
2 HMO XIX									2
3 HOSPITAL ADULTS & PEDS - SWING BED SNF		707							3
4 HOSPITAL ADULTS & PEDS - SWING BED NF		395							4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS		4672							5
6 INTENSIVE CARE UNIT									6
7 CORONARY CARE UNIT									7
8 BURN INTENSIVE CARE UNIT									8
9 SURGICAL INTENSIVE CARE UNIT									9
10 OTHER SPECIAL CARE (SPECIFY)									10
11 NURSERY		742							11
12 TOTAL HOSPITAL		5414						174.00	12
13 RPCH VISITS									13
14 SUBPROVIDER I									14
15 SKILLED NURSING FACILITY									15
16 NURSING FACILITY									16
17 OTHER LONG TERM CARE									17
18 HOME HEALTH AGENCY									18
20 ASC (DISTINCT PART)									20
21 HOSPICE (DISTINCT PART)									21
23 O/P REHAB PROVIDER									23
24 RHC I									24
25 TOTAL								174.00	25
26 OBSERVATION BED DAYS		710							26
27 AMBULANCE TRIPS									27
28 EMPLOYEE DISCOUNT DAYS		45							28
29 LABOR & DELIVERY DAYS		113							29

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		336	54	1303	1
2	HMO XIX					2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4	HOSPITAL ADULTS & PEDS - SWING BED NF					4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6	INTENSIVE CARE UNIT					6
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		336	54	1303	12
13	RPCH VISITS					13
14	SUBPROVIDER I					14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28
29	LABOR & DELIVERY DAYS					29

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
		1	2	3	4	5	6	
1	TOTAL SALARIES	12397301	-2947298					1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A							4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B							5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)							6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	855925	-63957					8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR							9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10	CONTRACT LABOR: PHYSICIAN PART A							10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS							11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)					CMS 339		13
14	WAGE RELATED COSTS (OTHER)					CMS 339		14
15	EXCLUDED AREAS					CMS 339		15
16	NON-PHYSICIAN ANESTHETIST PART A					CMS 339		16
17	NON-PHYSICIAN ANESTHETIST PART B					CMS 339		17
18	PHYSICIAN PART A					CMS 339		18
18.01	PART A TEACHING PHYSICIANS					CMS 339		18.01
19	PHYSICIAN PART B					CMS 339		19
19.01	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)					CMS 339		20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	829463	-759160					21
22	ADMINISTRATIVE & GENERAL	5104921	-2975410					22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT	292709	21327					24
25	LAUNDRY & LINEN SERVICE							25
26	HOUSEKEEPING	133224	9707					26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	295880	-135099					27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA		154585					28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	158263	11531					30
31	CENTRAL SERVICES AND SUPPLY	23332	46732					31
32	PHARMACY	389185	28357					32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR		355030					33
34	SOCIAL SERVICE							34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART III
		1	2	3	4	5		
1	NET SALARIES	12397301	-2947298	9450003				1
2	EXCLUDED AREA SALARIES	855925	-63957	791968				2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	11541376	-2883341	8658035				3
4	SUBTOTAL OTHER WAGES & REL COSTS							4
5	SUBTOTAL WAGE-RELATED COSTS							5
6	TOTAL (SUM OF LINES 3 THRU 5)	11541376	-2883341	8658035				6
7	NET SALARIES							7
8	EXCLUDED AREA SALARIES							8
9	SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)							9
10	SUBTOTAL OTHER WAGES & REL COSTS							10
11	SUBTOTAL WAGE-RELATED COSTS							11
12	TOTAL (SUM OF LINES 9 THRU 11)							12
13	TOTAL OVERHEAD COSTS	7226977	-3242400	3984577				13

NHCMQ DEMONSTRATION STATISTICAL DATA
 STATISTICAL DATA

WORKSHEET S-7

GROUP	M3PI REVENUE CODE	SERVICES PRIOR TO JANUARY 1		SERVICES ON OR AFTER JANUARY 1		TOTAL
		RATE	DAYS	RATE	DAYS	
1	2	3	3.01	4	4.01	5
1	RVC/RUC					1
2	RVB/RUB					2
3	RVA/RUA					3
3.01	RUX					3.01
3.02	RUL					3.02
4	RHD/RVC					4
5	RHC/RVB					5
6	RHB/RVA					6
6.01	RVX					6.01
6.02	RVL					6.02
7	RHA/RHC					7
8	RMC/RHB					8
9	RMB/RHA					9
9.01	RHX					9.01
9.02	RHL					9.02
10	RMA/RMC					10
11	RLB/RMB					11
12	RLA/RMA					12
12.01	RMX					12.01
12.02	RML					12.02
13	SE3/RLB					13
14	SE2/RLA					14
15	SE1/SE3					15
16	SSC/SE2					16
17	SSB/SE1					17
18	SSA/SSC					18
19	CD2/SSB					19
20	CD1/SSA					20
21	CC2					21
22	CC1					22
23	CB2					23
24	CB1					24
25	CA2					25
26	CA1					26
27	IB2					27
28	IB1					28
29	IA2					29
30	IA1					30
31	BB2					31
32	BB1					32
33	BA2					33
34	BA1					34
35	PE2					35
36	PE1					36
37	PD2					37
38	PD1					38
39	PC2					39
40	PC1					40
41	PB2					41
42	PB1					42
43	PA2					43
44	PA1					44
45	AAA					45
45.01	ES3					45.01
45.02	ES2					45.02
45.03	ES1					45.03
45.04	HE2					45.04
45.05	HE1					45.05
45.06	HD2					45.06
45.07	HD1					45.07
45.08	HC2					45.08
45.09	HC1					45.09
45.10	HB2					45.10
45.11	HB1					45.11
45.12	LE2					45.12
45.13	LE1					45.13
45.14	LD2					45.14
45.15	LD1					45.15
45.16	LC2					45.16
45.17	LC1					45.17
45.18	LB2					45.18
45.19	LB1					45.19
45.20	CE2					45.20
45.21	CE1					45.21
45.22	CD2					45.22
45.23	CD1					45.23
46	TOTAL					46

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
GENERAL SERVICE COST CENTERS									
1	0100 OLD CAP REL COSTS-BLDG & FIXT								1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1981467	1981467	-695103	1286364	27896	1314260	3
3.01	0301 EMS WEST STATION				16040	16040		16040	3.01
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				943987	943987	652081	1596068	4
4.01	0401 EMS WEST STATION EQUIP.				13562	13562		13562	4.01
5	0500 EMPLOYEE BENEFITS	829463	2436366	3265829	-759160	2506669	12674	2519343	5
6	0600 ADMINISTRATIVE & GENERAL	5104921	1566615	6671536	362111	7033647	-3396588	3637059	6
7	0700 MAINTENANCE & REPAIRS								7
8	0800 OPERATION OF PLANT	292709	602104	894813	3327	898140	-3500	894640	8
9	0900 LAUNDRY & LINEN SERVICE		85505	85505		85505		85505	9
10	1000 HOUSEKEEPING	133224	36117	169341	9707	179048	-10	179038	10
11	1100 DIETARY	295880	187446	483326	-227316	256010		256010	11
12	1200 CAFETERIA				246467	246467	-143740	102727	12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	158263	5372	163635	11531	175166		175166	14
15	1500 CENTRAL SERVICES & SUPPLY	23332	-7660	15672	1700	17372	49687	67059	15
16	1600 PHARMACY	389185	726707	1115892	-646408	469484		469484	16
17	1700 MEDICAL RECORDS & LIBRARY						326332	326332	17
18	1800 SOCIAL SERVICE								18
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL								21
22	2200 I&R SERVICES-SALARY & FRINGES A								22
23	2300 I&R SERVICES-OTHER PRGM COSTS A								23
24	2400 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS									
25	2500 ADULTS & PEDIATRICS	1755194	290690	2045884	-359125	1686759		1686759	25
33	3300 NURSERY				170999	170999		170999	33
ANCILLARY SERVICE COST CENTERS									
37	3700 OPERATING ROOM	552044	349695	901739	19121	920860		920860	37
39	3900 DELIVERY ROOM & LABOR ROOM				350979	350979		350979	39
40	4000 ANESTHESIOLOGY		306804	306804		306804	-280639	26165	40
41	4100 RADIOLOGY-DIAGNOSTIC	521957	556748	1078705	3283	1081988		1081988	41
44	4400 LABORATORY	636	658293	658929	-661	658268		658268	44
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	4900 RESPIRATORY THERAPY	294059	19465	313524	20010	333534		333534	49
50	5000 PHYSICAL THERAPY	547012	-5854	541158	-186250	354908	-15819	339089	50
51	5100 OCCUPATIONAL THERAPY				133960	133960		133960	51
52	5200 SPEECH PATHOLOGY				76507	76507	-12412	64095	52
53	5300 ELECTROCARDIOLOGY		34144	34144	-73	34071	-7393	26678	53
55	5500 MEDICAL SUPPLIES CHARGED TO PAT		771475	771475	-258941	512534		512534	55
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				258369	258369		258369	55.30
56	5600 DRUGS CHARGED TO PATIENTS				681912	681912	-201808	480104	56
OUTPATIENT SERVICE COST CENTERS									
60	6000 CLINIC	42923	1230	44153	5199	49352		49352	60
61	6100 EMERGENCY	600574	1434190	2034764	10335	2045099	-718657	1326442	61
62	6200 OBSERVATION BEDS (NON-DISTINCT								62
63.50	6310 RHC								63.50
63.60	6320 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS									
65	6500 AMBULANCE SERVICES	768841	107956	876797	-70692	806105	-1450	804655	65
69.10	6910 CMHC								69.10
69.20	6920 OUTPATIENT PHYSICAL THERAPY								69.20
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	6940 OUTPATIENT SPEECH PATHOLOGY								69.40
71	7100 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS									
85.01	8510 PANCREAS ACQUISITION								85.01
85.02	8520 INTESTINAL ACQUISITION								85.02
88	8800 INTEREST EXPENSE		799851	799851	-217933	581918	-581918		88
95	SUBTOTALS	12310217	12944726	25254943	-82556	25172387	-4295264	20877123	95
NONREIMBURSABLE COST CENTERS									
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN		8563	8563		8563		8563	96
98	9800 PHYSICIANS' PRIVATE OFFICES		8130	8130	-324	7806		7806	98
100	7950 OCCUPATIONAL HEALTH		-76534	-76534	76534				100
100.01	7951 FOUNDATION	19963	67210	87173	1455	88628	-282	88346	100.01
100.03	7952 COMMUNITY & VOLUNTEER SVCS	67121	101409	168530	4891	173421		173421	100.03
101	TOTAL	12397301	13053504	25450805		25450805	-4295546	21155259	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 RECLASS THERAPIES TO APPROPRIATE LN	A	OCCUPATIONAL THERAPY	51	124805	4385 1
2	A	SPEECH PATHOLOGY	52	69051	2426 2
3 OB RECLASS TO NURSERY & L&D	B	NURSERY	33	142936	17921 3
4	B	DELIVERY ROOM & LABOR ROOM	39	293380	36783 4
5 CLINIC DIETICIAN RECLASS	C	CLINIC	60	2072	5 5
6 PTO ACCRUAL	E	ADMINISTRATIVE & GENERAL	6	371950	6 6
7	E	OPERATION OF PLANT	8	21327	7 7
8	E	HOUSEKEEPING	10	9707	8 8
9	E	DIETARY	11	21558	9 9
10	E	NURSING ADMINISTRATION	14	11531	10 10
11	E	CENTRAL SERVICES & SUPPLY	15	1700	11 11
12	E	PHARMACY	16	28357	12 12
13	E	ADULTS & PEDIATRICS	25	139203	13 13
14	E	NURSERY	33	10142	14 14
15	E	OPERATING ROOM	37	40223	15 15
16	E	DELIVERY ROOM & LABOR ROOM	39	20816	16 16
17	E	RADIOLOGY-DIAGNOSTIC	41	38389	17 17
18	E	LABORATORY	44	46	18 18
19	E	RESPIRATORY THERAPY	49	21426	19 19
20	E	PHYSICAL THERAPY	50	25731	20 20
21	E	OCCUPATIONAL THERAPY	51	9095	21 21
22	E	SPEECH PATHOLOGY	52	5030	22 22
23	E	CLINIC	60	3127	23 23
24	E	EMERGENCY	61	43759	24 24
25	E	FOUNDATION	100.01	1455	25 25
26	E	COMMUNITY & VOLUNTEER SVCS	100.03	4891	26 26
27 CAFETERIA RECLASS	F	CAFETERIA	12	154585	91882 27
28 INSURANCE RECLASS	G	NEW CAP REL COSTS-BLDG & FIXT	3		9930 28
29	G	NEW CAP REL COSTS-MVBLE EQUIP	4		3297 29
30 DRUGS CHARGED TO PATIENTS RECLASS	H	DRUGS CHARGED TO PATIENTS	56		684069 30
31	H				31 31
32	H				32 32
33	H				33 33
34	H				34 34
35	H				35 35
36 SUBTOTAL				1616292	850693 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1 RECLASS THERAPIES TO APPROPRIATE	A	PHYSICAL THERAPY	50	193856	6811	1
2	A					2
3 OB RECLASS TO NURSERY & L&D	B	ADULTS & PEDIATRICS	25	436316	54704	3
4	B					4
5 CLINIC DIETICIAN RECLASS	C	DIETARY	11	2072		5
6 PTO ACCRUAL	E	EMPLOYEE BENEFITS	5	829463		6
7	E					7
8	E					8
9	E					9
10	E					10
11	E					11
12	E					12
13	E					13
14	E					14
15	E					15
16	E					16
17	E					17
18	E					18
19	E					19
20	E					20
21	E					21
22	E					22
23	E					23
24	E					24
25	E					25
26	E					26
27 CAFETERIA RECLASS	F	DIETARY	11	154585	91882	27
28 INSURANCE RECLASS	G	ADMINISTRATIVE & GENERAL	6		13227	12 28
29	G					12 29
30 DRUGS CHARGED TO PATIENTS RECLASS	H	PHARMACY	16		674765	30
31	H	ADULTS & PEDIATRICS	25		4751	31
32	H	OPERATING ROOM	37		299	32
33	H	RADIOLOGY-DIAGNOSTIC	41		1935	33
34	H	EMERGENCY	61		1930	34
35	H	AMBULANCE SERVICES	65		389	35
36 SUBTOTAL				1616292	850693	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1 SALARY RECLASS	I	CENTRAL SERVICES & SUPPLY	15	45032	1
2	I	MEDICAL RECORDS & LIBRARY	17	355030	2
3	I	ADMINISTRATIVE & GENERAL	6		3347360 3
4 OCCUPATIONAL HEALTH RECLASS	J	OCCUPATIONAL HEALTH	100		76534 4
5	J				5
6	J				6
7	J				7
8	J				8
9	J				9
10	J				10
11	J				11
12	J				12
13	J				13
14 DEPRECIATION RECLASS	K	EMS WEST STATION	3.01		16040 14
15	K	EMS WEST STATION EQUIP.	4.01		13562 15
16	K	NEW CAP REL COSTS-MVBLE EQUIP	4		908910 16
17	K	ADMINISTRATIVE & GENERAL	6		7368 17
18	K	NEW CAP REL COSTS-MVBLE EQUIP	4		3695 18
19 EQUIP & BLDG LEASE RECLASS	L	NEW CAP REL COSTS-BLDG & FIXT	3		22914 19
20	L	NEW CAP REL COSTS-MVBLE EQUIP	4		28085 20
21	L				21
22	L				22
23	L				23
24	L				24
25	L				25
26	L				26
27	L				27
28	L				28
29	L				29
30	L				30
31	L				31
32 INTEREST EXPENSE	M	NEW CAP REL COSTS-BLDG & FIXT	3		217933 32
33 COST OF IMPLANTS	N	IMPL. DEV. CHARGED TO PATIENT	55.30		258369 33
34 EMPLOYEE BENEFITS	Q	EMPLOYEE BENEFITS	5	70303	34
35					35
36 TOTAL RECLASSIFICATIONS				2086657	5751463 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1 SALARY RECLASS	I	CENTRAL SERVICES & SUPPLY	15		45032	1
2	I	MEDICAL RECORDS & LIBRARY	17		355030	2
3	I	ADMINISTRATIVE & GENERAL	6	3347360		3
4 OCCUPATIONAL HEALTH RECLASS	J	RADIOLOGY-DIAGNOSTIC	41		28108	4
5	J	LABORATORY	44		707	5
6	J	RESPIRATORY THERAPY	49		94	6
7	J	PHYSICAL THERAPY	50		9685	7
8	J	OCCUPATIONAL THERAPY	51		4325	8
9	J	ELECTROCARDIOLOGY	53		73	9
10	J	MEDICAL SUPPLIES CHARGED TO P	55		572	10
11	J	DRUGS CHARGED TO PATIENTS	56		2157	11
12	J	EMERGENCY	61		17683	12
13	J	EMERGENCY	61		13130	13
14 DEPRECIATION RECLASS	K	NEW CAP REL COSTS-BLDG & FIXT	3		945880	9 14
15	K					9 15
16	K					9 16
17	K	ADMINISTRATIVE & GENERAL	6		3695	17
18	K					9 18
19 EQUIP & BLDG LEASE RECLASS	L					10 19
20	L					10 20
21	L	OPERATION OF PLANT	8		18000	21
22	L	RADIOLOGY-DIAGNOSTIC	41		4914	22
23	L	ADMINISTRATIVE & GENERAL	6		285	23
24	L	DIETARY	11		335	24
25	L	ADULTS & PEDIATRICS	25		2557	25
26	L	OPERATING ROOM	37		20803	26
27	L	RADIOLOGY-DIAGNOSTIC	41		149	27
28	L	RESPIRATORY THERAPY	49		1322	28
29	L	PHYSICAL THERAPY	50		1629	29
30	L	EMERGENCY	61		681	30
31	L	PHYSICIANS' PRIVATE OFFICES	98		324	31
32 INTEREST EXPENSE	M	INTEREST EXPENSE	88		217933	11 32
33 COST OF IMPLANTS	N	MEDICAL SUPPLIES CHARGED TO P	55		258369	33
34 EMPLOYEE BENEFITS	Q	AMBULANCE SERVICES	65	70303		34
35						35
36 TOTAL RECLASSIFICATIONS				5033955	2804165	36

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

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND								1
2 LAND IMPROVEMENTS								2
3 BUILDINGS AND FIXTURES								3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT								6
7 SUBTOTAL								7
8 RECONCILING ITEMS								8
9 TOTAL								9

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	274971				185728	89243		1
2 LAND IMPROVEMENTS	1942335	5495		5495	56690	1891140	185270	2
3 BUILDINGS AND FIXTURES	15571110	81574		81574	2422638	13230046		3
4 BUILDING IMPROVEMENTS	2963928				2934830	29098	13778	4
5 FIXED EQUIPMENT	7636750	126477		126477	135882	7627345	4157	5
6 MOVABLE EQUIPMENT	9744523	324635		324635	388820	9680338	3103671	6
7 SUBTOTAL	38133617	538181		538181	6124588	32547210	3306876	7
8 RECONCILING ITEMS								8
9 TOTAL	38133617	538181		538181	6124588	32547210	3306876	9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF		OTHER CAPITAL	TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	RELATED COSTS	
	1	2	3	4	5	6	7	
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT	22456823		22456823	.705147				3
3.01 EMS WEST STATION	320808		320808	.010073				3.01
4 NEW CAP REL COSTS-MVBLE EQUIP	9301552	305459	8996093	.282478				4
4.01 EMS WEST STATION EQUIP.	73327		73327	.002302				4.01
5 TOTAL	32152510	305459	31847051	1.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	1064399	22914	217017	9930			1314260 3
3.01 EMS WEST STATION	16040						16040 3.01
4 NEW CAP REL COSTS-MVBLE EQUIP	1564686	28085		3297			1596068 4
4.01 EMS WEST STATION EQUIP.	13562						13562 4.01
5 TOTAL	2658687	50999	217017	13227			2939930 5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	1981467						1981467 3
3.01 EMS WEST STATION							
4 NEW CAP REL COSTS-MVBLE EQUIP							4
4.01 EMS WEST STATION EQUIP.							4.01
5 TOTAL	1981467						1981467 5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES	B	-916	NEW CAP REL COSTS-BLDG & FIXT	3	11 3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)					9
10 TELEVISION AND RADIO SERVICE	A	-3500	OPERATION OF PLANT	8	10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-1195875			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	-1021645			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-143740	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS					20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
	A-8-4				
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
	A-8-4				
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES	A	4821	NEW CAP REL COSTS-BLDG & FIXT	3	9 31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT	A	8931	NEW CAP REL COSTS-MVBLE EQUIP	4	9 32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				36
37 START UP COST AMORTIZATION	A	2997	ADMINISTRATIVE & GENERAL	6	37
38 START UP COST AMORTIZATION	A	10354	MEDICAL RECORDS & LIBRARY	17	38
39 TELEVISION SERVICE	A	-5222	NEW CAP REL COSTS-MVBLE EQUIP	4	9 39
40 MISCELLANEOUS REVENUE	B	-6294	ADMINISTRATIVE & GENERAL	6	40
41 SPEECH THERAPY CONTRACTED	B	-12412	SPEECH PATHOLOGY	52	41
42 NON-PATIENT EMS REVENUE	B	-1450	AMBULANCE SERVICES	65	42
43 HOUSEKEEPING SUPPLIES	B	-10	HOUSEKEEPING	10	43
44 PHARMACY EMPLOYEE RX PURCHASES	B	-201808	DRUGS CHARGED TO PATIENTS	56	44
45 MEDICAL DIRECTOR OFFSET	A	-65209	ADMINISTRATIVE & GENERAL	6	45
46 RELATED PARTY INTEREST EXPENSE	A	-581918	INTEREST EXPENSE	88	46
47 SELF INSURANCE OFFSET	A	-411396	EMPLOYEE BENEFITS	5	47
48 LOBBYING OFFSET	A	-2984	ADMINISTRATIVE & GENERAL	6	48
49 EKG INTERPRETATION COSTS	A	-7393	ELECTROCARDIOLOGY	53	49
49.01 TRANSCRIPTION EXPENSE	A	66908	EMERGENCY	61	49.01
49.02 MARKETING	A	-82	ADMINISTRATIVE & GENERAL	6	49.02
49.03 MARKETING	A	-523	PHYSICAL THERAPY	50	49.03
49.04 MARKETING	A	-282	FOUNDATION	100.01	49.04
49.05 PPG SUBSIDY ADJUSTMENT	A	-774447	ADMINISTRATIVE & GENERAL	6	49.05
49.06 ADD-BACK OF DEMOLISHED ASSET DEPR	A	140808	NEW CAP REL COSTS-BLDG & FIXT	3	9 49.06
49.07 NOT RELATED TO PATIENT CARE	A	-15296	PHYSICAL THERAPY	50	49.07
49.08 PHYSICIAN RECRUITMENT	A	-88891	ADMINISTRATIVE & GENERAL	6	49.08
49.09 DEPRECIATION OF DEMOLISHED	A	-122868	NEW CAP REL COSTS-BLDG & FIXT	3	9 49.09
49.10 DEMOLITION AMORTIZATION	A	4125	ADMINISTRATIVE & GENERAL	6	49.10
49.11 ADD BACK INTERNAL OFFSETT	A	129671	ANESTHESIOLOGY	40	49.11
50 TOTAL		-4295546			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF	
1	2	3	4	5	6	7	
1	3	NEW CAP REL COSTS-BLDG & FIXT	HOME OFFICE ALLOCATION	6051	6051	9	1
2	4	NEW CAP REL COSTS-MVBLE EQUIP	HOME OFFICE ALLOCATION	648372	648372	9	2
3	6	ADMINISTRATIVE & GENERAL	HOME OFFICE ALLOCATION	2116145	4581948	-2465803	3
4	5	EMPLOYEE BENEFITS	HOME OFFICE ALLOCATION	13391	13391		4
4.01	15	CENTRAL SERVICES & SUPPLY	HOME OFFICE ALLOCATION	49687	49687		4.01
4.02	5	EMPLOYEE BENEFITS	HOME OFFICE ALLOCATION	54486	54486		4.02
4.03	17	MEDICAL RECORDS & LIBRARY	HOME OFFICE ALLOCATION	315978	315978		4.03
4.04	5	EMPLOYEE BENEFITS	HOME OFFICE ALLOCATION	356193	356193		4.04
5		TOTALS		3560303	4581948	-1021645	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.

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----

SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B		PARKVIEW HEALTH		HOME OFFICE
2					
3					
4					
5					

(1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

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

PROVIDER NO. 15-1323 COMMUNITY HOSPT. OF LAGRANGE C
 PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03
 05/29/2012 07:59

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 61	EMERGENCY DR. A	30000		30000				
2 61	EMERGENCY DR. B	1314000	785565	528435				
3 25	ADULTS & PEDIATRICS DR. C	5558		5558				
4 40	ANESTHESIOLOGY DR. D	59048	59048					
5 40	ANESTHESIOLOGY DR. E	46024	46024					
6 40	ANESTHESIOLOGY DR. F	75988	75988					
7 40	ANESTHESIOLOGY DR. G	255261	229250	26011				
101	TOTAL	1785879	1195875	590004				

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP RE COSTS-BLDG & FIXT 3.01	NEW CAP MOVABLE EQUIPMENT 4	NEW CAP RE COSTS-MOV EQUIP 4.01	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINIS- TRATIVE & GENERAL 6	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT	1314260	1314260							3
3.01 EMS WEST STATION	16040		16040						3.01
4 NEW CAP REL COSTS-MVBLE EQUIP	1596068			1596068					4
4.01 EMS WEST STATION EQUIP.	13562				13562				4.01
5 EMPLOYEE BENEFITS	2519343					2519343			5
6 ADMINISTRATIVE & GENERAL	3637059	241424		293191		571978	4743652	4743652	6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	894640	74649		90655		84348	1144292	330750	8
9 LAUNDRY & LINEN SERVICE	85505	4268		5183			94956	27446	9
10 HOUSEKEEPING	179038	13968		16963		38391	248360	71787	10
11 DIETARY	256010	49159		59699		43185	408053	117945	11
12 CAFETERIA	102727					41521	144248	41694	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	175166					45606	220772	63813	14
15 CENTRAL SERVICES & SUPPLY	67059	33503		40687		18819	160068	46267	15
16 PHARMACY	469484	22909		27821		112150	632364	182780	16
17 MEDICAL RECORDS & LIBRARY	326332	15352		18643		95359	455686	131713	17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	1686759	295794		359222		391633	2733408	790063	25
33 NURSERY	170999	4454		5409		41116	221978	64161	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	920860	183324		222633		159080	1485897	429488	37
39 DELIVERY ROOM & LABOR ROOM	350979	21054		25568		84391	481992	139316	39
40 ANESTHESIOLOGY	26165						26165	7563	40
41 RADIOLOGY-DIAGNOSTIC	1081988	83556		101473		150506	1417523	409725	41
44 LABORATORY	658268	33335		40483		183	732269	211657	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	333534	18068		21942		84738	458282	132463	49
50 PHYSICAL THERAPY	339089	55873		67853		101767	564582	163188	50
51 OCCUPATIONAL THERAPY	133960					35965	169925	49116	51
52 SPEECH PATHOLOGY	64095					19898	83993	24278	52
53 ELECTROCARDIOLOGY	26678	1569		1905			30152	8715	53
55 MEDICAL SUPPLIES CHARGED TO PAT	512534						512534	148144	55
55.30 IMPL. DEV. CHARGED TO PATIENT	258369						258369	74680	55.30
56 DRUGS CHARGED TO PATIENTS	480104						480104	138771	56
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	49352					12925	62277	18001	60
61 EMERGENCY	1326442	116756		141791		173065	1758054	508153	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES	804655		16040		13562	187624	1021881	295368	65
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	20877123	1269015	16040	1541121	13562	2494248	20751836	4627045	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	8563	3762		4569			16894	4883	96
98 PHYSICIANS' PRIVATE OFFICES	7806	41483		50378			99667	28808	98
100 OCCUPATIONAL HEALTH									100
100.01 FOUNDATION	88346					5753	94099	27199	100.01
100.03 COMMUNITY & VOLUNTEER SVCS	173421					19342	192763	55717	100.03
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	21155259	1314260	16040	1596068	13562	2519343	21155259	4743652	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
3.01 EMS WEST STATION									3.01
4 NEW CAP REL COSTS-MVBLE EQUIP									4
4.01 EMS WEST STATION EQUIP.									4.01
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	1475042								8
9 LAUNDRY & LINEN SERVICE	6307	128709							9
10 HOUSEKEEPING	20641		340788						10
11 DIETARY	72643	875	17095	616611					11
12 CAFETERIA					185942				12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION					4789	289374			14
15 CENTRAL SERVICES & SUPPLY	49509		11651		1426		268921		15
16 PHARMACY	33853		7967		8122		12792	877878	16
17 MEDICAL RECORDS & LIBRARY	22685		5339		7537				17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	437105	51715	102865	616611	43720	153612	20311	311	25
33 NURSERY	6581	2574	1549		4054	12769	2564	111	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	270902	19950	63753		17596	55370	51934	4793	37
39 DELIVERY ROOM & LABOR ROOM	31111	2021	7322		8332	10140	2036	87	39
40 ANESTHESIOLOGY									40
41 RADIOLOGY-DIAGNOSTIC	123473	10129	29058		16079		7506	7695	41
44 LABORATORY	49259		11593		30		11		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	26699	3398	6283		9819		3034		49
50 PHYSICAL THERAPY	82564	5818	19430		8528		1549	536	50
51 OCCUPATIONAL THERAPY		2059			3153		547	190	51
52 SPEECH PATHOLOGY		1133			1742		303	104	52
53 ELECTROCARDIOLOGY	2318		546						53
55 MEDICAL SUPPLIES CHARGED TO PAT							97230		55
55.30 IMPL. DEV. CHARGED TO PATIENT							48781		55.30
56 DRUGS CHARGED TO PATIENTS								856962	56
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC					1321		62		60
61 EMERGENCY	172533	20349	40603		18271	57483	9717	1569	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES		5290			27174		9889	5520	65
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	1408183	125311	325054	616611	181693	289374	268266	877878	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	5559		1308				17		96
98 PHYSICIANS' PRIVATE OFFICES	61300	3398	14426		15		492		98
100 OCCUPATIONAL HEALTH									100
100.01 FOUNDATION					691		72		100.01
100.03 COMMUNITY & VOLUNTEER SVCS					3543		74		100.03
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	1475042	128709	340788	616611	185942	289374	268921	877878	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL
	17	25	26	27
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
3.01 EMS WEST STATION				3.01
4 NEW CAP REL COSTS-MVBLE EQUIP				4
4.01 EMS WEST STATION EQUIP.				4.01
5 EMPLOYEE BENEFITS				5
6 ADMINISTRATIVE & GENERAL				6
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY	622960			17
18 SOCIAL SERVICE				18
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES A				22
23 I&R SERVICES-OTHER PRGM COSTS A				23
24 PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	202649	5152370		5152370
33 NURSERY	47656	363997		363997
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	46722	2446405		2446405
39 DELIVERY ROOM & LABOR ROOM		682357		682357
40 ANESTHESIOLOGY		33728		33728
41 RADIOLOGY-DIAGNOSTIC	53824	2075012		2075012
44 LABORATORY		1004819		1004819
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY		639978		639978
50 PHYSICAL THERAPY	52142	898337		898337
51 OCCUPATIONAL THERAPY	14017	239007		239007
52 SPEECH PATHOLOGY	1246	112799		112799
53 ELECTROCARDIOLOGY		41731		41731
55 MEDICAL SUPPLIES CHARGED TO PAT		757908		757908
55.30 IMPL. DEV. CHARGED TO PATIENT		381830		381830
56 DRUGS CHARGED TO PATIENTS		1475837		1475837
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC		81661		81661
61 EMERGENCY	204704	2791436		2791436
62 OBSERVATION BEDS (NON-DISTINCT				62
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
65 AMBULANCE SERVICES		1365122		1365122
69.10 CMHC				69.10
69.20 OUTPATIENT PHYSICAL THERAPY				69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY				69.30
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
95 SUBTOTALS	622960	20544334		20544334
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN		28661		28661
98 PHYSICIANS' PRIVATE OFFICES		208106		208106
100 OCCUPATIONAL HEALTH				100
100.01 FOUNDATION		122061		122061
100.03 COMMUNITY & VOLUNTEER SVCS		252097		252097
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	622960	21155259		21155259

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	NEW CAP RE	NEW CAP	NEW CAP RE	CAP REL	ADMINIS-	OPERATION
	CAP-REL COSTS 0	BLDGS & FIXTURES 3	COSTS-BLDG & FIXT 3.01	MOVABLE EQUIPMENT 4	COSTS-MOV EQUIP 4.01	COST TO BE ALLOC 4A	TRATIVE & GENERAL 6	OF PLANT 8
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
3.01								3.01
4								4
4.01								4.01
5								5
6		241424		293191		534615	534615	6
7								7
8		74649		90655		165304	37275	202579 8
9		4268		5183		9451	3093	866 9
10		13968		16963		30931	8090	2835 10
11		49159		59699		108858	13292	9977 11
12							4699	12
13								13
14							7192	14
15		33503		40687		74190	5214	6799 15
16		22909		27821		50730	20599	4649 16
17		15352		18643		33995	14844	3116 17
18								18
20								20
21								21
22								22
23								23
24								24
INPATIENT ROUTINE SERV COST CENTERS								
25		295794		359222		655016	89049	60032 25
33		4454		5409		9863	7231	904 33
ANCILLARY SERVICE COST CENTERS								
37		183324		222633		405957	48403	37205 37
39		21054		25568		46622	15701	4273 39
40							852	40
41		83556		101473		185029	46176	16957 41
44		33335		40483		73818	23854	6765 44
46.30								46.30
49		18068		21942		40010	14929	3667 49
50		55873		67853		123726	18391	11339 50
51							5535	51
52							2736	52
53		1569		1905		3474	982	318 53
55							16696	55
55.30							8416	55.30
56							15639	56
OUTPATIENT SERVICE COST CENTERS								
60							2029	60
61		116756		141791		258547	57269	23695 61
62								62
63.50								63.50
63.60								63.60
OTHER REIMBURSABLE COST CENTERS								
65			16040		13562	29602	33288	65
69.10								69.10
69.20								69.20
69.30								69.30
69.40								69.40
71								71
SPECIAL PURPOSE COST CENTERS								
85.01								85.01
85.02								85.02
95		1269015	16040	1541121	13562	2839738	521474	193397 95
NONREIMBURSABLE COST CENTERS								
96		3762		4569		8331	550	763 96
98		41483		50378		91861	3247	8419 98
100								100
100.01							3065	100.01
100.03							6279	100.03
101								101
102								102
103		1314260	16040	1596068	13562	2939930	534615	202579 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
3.01 EMS WEST STATION									3.01
4 NEW CAP REL COSTS-MVBLE EQUIP									4
4.01 EMS WEST STATION EQUIP.									4.01
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS									6
7 OPERATION OF PLANT									7
8 LAUNDRY & LINEN SERVICE	13410								8
9 HOUSEKEEPING		41856							9
10 DIETARY	91	2100	134318						10
11 CAFETERIA				4699					11
12 MAINTENANCE OF PERSONNEL					121				12
13 NURSING ADMINISTRATION					7313				13
14 CENTRAL SERVICES & SUPPLY		1431				87670			14
15 PHARMACY		979				4170	81332		15
16 MEDICAL RECORDS & LIBRARY		656						52801	16
17 SOCIAL SERVICE					190				17
18 NONPHYSICIAN ANESTHETISTS									18
19 NURSING SCHOOL									19
20 I&R SERVICES-SALARY & FRINGES A									20
21 I&R SERVICES-OTHER PRGM COSTS A									21
22 PARAMED ED PRGM-(SPECIFY)									22
23 INPATIENT ROUTINE SERV COST CENTERS									23
24 ADULTS & PEDIATRICS	5388	12633	134318	1105	3882	6622	29	17176	24
25 NURSERY	268	190		102	323	836	10	4039	25
ANCILLARY SERVICE COST CENTERS									
26 OPERATING ROOM	2079	7830		445	1399	16931	444	3960	26
27 DELIVERY ROOM & LABOR ROOM	211	899		211	256	664	8		27
28 ANESTHESIOLOGY									28
29 RADIOLOGY-DIAGNOSTIC	1055	3569		406		2447	713	4562	29
30 LABORATORY		1424		1		4			30
31 BLOOD CLOTTING FACTORS ADMIN CO									31
32 RESPIRATORY THERAPY	354	772		248		989			32
33 PHYSICAL THERAPY	606	2386		216		505	50	4419	33
34 OCCUPATIONAL THERAPY	215			80		178	18	1188	34
35 SPEECH PATHOLOGY	118			44		99	10	106	35
36 ELECTROCARDIOLOGY		67							36
37 MEDICAL SUPPLIES CHARGED TO PAT						31696			37
38 IMPL. DEV. CHARGED TO PATIENT						15903			38
39 DRUGS CHARGED TO PATIENTS							79394		39
OUTPATIENT SERVICE COST CENTERS									
40 CLINIC				33		20			40
41 EMERGENCY	2120	4987		462	1453	3168	145	17351	41
42 OBSERVATION BEDS (NON-DISTINCT									42
43 RHC									43
44 FQHC									44
OTHER REIMBURSABLE COST CENTERS									
45 AMBULANCE SERVICES	551			687		3224	511		45
46 CMHC									46
47 OUTPATIENT PHYSICAL THERAPY									47
48 OUTPATIENT OCCUPATIONAL THERAPY									48
49 OUTPATIENT SPEECH PATHOLOGY									49
50 HOME HEALTH AGENCY									50
SPECIAL PURPOSE COST CENTERS									
51 PANCREAS ACQUISITION									51
52 INTESTINAL ACQUISITION									52
53 SUBTOTALS	13056	39923	134318	4592	7313	87456	81332	52801	53
NONREIMBURSABLE COST CENTERS									
54 GIFT, FLOWER, COFFEE SHOP & CAN		161				6			54
55 PHYSICIANS' PRIVATE OFFICES	354	1772				161			55
56 OCCUPATIONAL HEALTH									56
57 FOUNDATION				17		23			57
58 COMMUNITY & VOLUNTEER SVCS				90		24			58
59 CROSS FOOT ADJUSTMENTS									59
60 NEGATIVE COST CENTER									60
61 TOTAL	13410	41856	134318	4699	7313	87670	81332	52801	61

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
3.01 EMS WEST STATION				3.01
4 NEW CAP REL COSTS-MVBLE EQUIP				4
4.01 EMS WEST STATION EQUIP.				4.01
5 EMPLOYEE BENEFITS				5
6 ADMINISTRATIVE & GENERAL				6
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
18 SOCIAL SERVICE				18
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES A				22
23 I&R SERVICES-OTHER PRGM COSTS A				23
24 PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	985250		985250	25
33 NURSERY	23766		23766	33
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	524653		524653	37
39 DELIVERY ROOM & LABOR ROOM	68845		68845	39
40 ANESTHESIOLOGY	852		852	40
41 RADIOLOGY-DIAGNOSTIC	260914		260914	41
44 LABORATORY	105866		105866	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	60969		60969	49
50 PHYSICAL THERAPY	161638		161638	50
51 OCCUPATIONAL THERAPY	7214		7214	51
52 SPEECH PATHOLOGY	3113		3113	52
53 ELECTROCARDIOLOGY	4841		4841	53
55 MEDICAL SUPPLIES CHARGED TO PAT	48392		48392	55
55.30 IMPL. DEV. CHARGED TO PATIENT	24319		24319	55.30
56 DRUGS CHARGED TO PATIENTS	95033		95033	56
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	2082		2082	60
61 EMERGENCY	369197		369197	61
62 OBSERVATION BEDS (NON-DISTINCT				62
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
65 AMBULANCE SERVICES	67863		67863	65
69.10 CMHC				69.10
69.20 OUTPATIENT PHYSICAL THERAPY				69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY				69.30
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
95 SUBTOTALS	2814807		2814807	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN	9811		9811	96
98 PHYSICIANS' PRIVATE OFFICES	105814		105814	98
100 OCCUPATIONAL HEALTH				100
100.01 FOUNDATION	3105		3105	100.01
100.03 COMMUNITY & VOLUNTEER SVCS	6393		6393	100.03
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	2939930		2939930	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP RE COSTS-BLDG & FIXT SQUARE FEET	NEW CAP MOVABLE EQUIPMENT SQUARE FEET	NEW CAP RE COSTS-MOV EQUIP SQUARE FEET	EMPLOYEE BENEFITS GROSS SALARIES	RECON-CILIATION
	3	3.01	4	4.01	5	6A
GENERAL SERVICE COST CENTERS						
1 OLD CAP REL COSTS-BLDG & FIXT						1
2 OLD CAP REL COSTS-MVBLE EQUIP						2
3 NEW CAP REL COSTS-BLDG & FIXT	77906					3
3.01 EMS WEST STATION		2560				3.01
4 NEW CAP REL COSTS-MVBLE EQUIP			77906			4
4.01 EMS WEST STATION EQUIP.				2560		4.01
5 EMPLOYEE BENEFITS					9379700	5
6 ADMINISTRATIVE & GENERAL	14311		14311		2129511	-4743652
7 MAINTENANCE & REPAIRS						7
8 OPERATION OF PLANT	4425		4425		314036	8
9 LAUNDRY & LINEN SERVICE	253		253			9
10 HOUSEKEEPING	828		828		142931	10
11 DIETARY	2914		2914		160781	11
12 CAFETERIA					154585	12
13 MAINTENANCE OF PERSONNEL						13
14 NURSING ADMINISTRATION					169794	14
15 CENTRAL SERVICES & SUPPLY	1986		1986		70064	15
16 PHARMACY	1358		1358		417542	16
17 MEDICAL RECORDS & LIBRARY	910		910		355030	17
18 SOCIAL SERVICE						18
20 NONPHYSICIAN ANESTHETISTS						20
21 NURSING SCHOOL						21
22 I&R SERVICES-SALARY & FRINGES						22
23 I&R SERVICES-OTHER PRGM COSTS						23
24 PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	17534		17534		1458081	25
33 NURSERY	264		264		153078	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	10867		10867		592267	37
39 DELIVERY ROOM & LABOR ROOM	1248		1248		314196	39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC	4953		4953		560346	41
44 LABORATORY	1976		1976		682	44
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
49 RESPIRATORY THERAPY	1071		1071		315485	49
50 PHYSICAL THERAPY	3312		3312		378887	50
51 OCCUPATIONAL THERAPY					133900	51
52 SPEECH PATHOLOGY					74081	52
53 ELECTROCARDIOLOGY	93		93			53
55 MEDICAL SUPPLIES CHARGED TO P						55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS						56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC					48122	60
61 EMERGENCY	6921		6921		644333	61
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES		2560		2560	698538	65
69.10 CMHC						69.10
69.20 OUTPATIENT PHYSICAL THERAPY						69.20
69.30 OUTPATIENT OCCUPATIONAL THERA						69.30
69.40 OUTPATIENT SPEECH PATHOLOGY						69.40
71 HOME HEALTH AGENCY						71
SPECIAL PURPOSE COST CENTERS						
85.01 PANCREAS ACQUISITION						85.01
85.02 INTESTINAL ACQUISITION						85.02
95 SUBTOTALS	75224	2560	75224	2560	9286270	-4743652
NONREIMBURSABLE COST CENTERS						
96 GIFT, FLOWER, COFFEE SHOP & C	223		223			96
98 PHYSICIANS' PRIVATE OFFICES	2459		2459			98
100 OCCUPATIONAL HEALTH						100
100.01 FOUNDATION					21418	100.01
100.03 COMMUNITY & VOLUNTEER SVCS					72012	100.03

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP RE COSTS-BLDG & FIXT SQUARE FEET	NEW CAP MOVABLE EQUIPMENT SQUARE FEET	NEW CAP RE COSTS-MOV EQUIP SQUARE FEET	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION
		3	3.01	4	4.01	5	6A
101	CROSS FOOT ADJUSTMENTS						101
102	NEGATIVE COST CENTER						102
103	COST TO BE ALLOC PER B PT I	1314260	16040	1596068	13562	2519343	103
104	UNIT COST MULT-WS B PT I		6.265625		5.297656		104
104	UNIT COST MULT-WS B PT I	16.869817		20.487100		.268595	104
105	COST TO BE ALLOC PER B PT II						105
106	UNIT COST MULT-WS B PT II						106
106	UNIT COST MULT-WS B PT II						106
107	COST TO BE ALLOC PER B PT III						107
108	UNIT COST MULT-WS B PT III						108
108	UNIT COST MULT-WS B PT III						108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA HOURS OF SERVICE	NURSING ADMINIS- TRATION DIRECT NRSING HRS	
	6	8	9	10	11	12	14	
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
3.01 EMS WEST STATION								3.01
4 NEW CAP REL COSTS-MVBLE EQUIP								4
4.01 EMS WEST STATION EQUIP.								4.01
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL	16411607							6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT	1144292	59170						8
9 LAUNDRY & LINEN SERVICE	94956	253	10000					9
10 HOUSEKEEPING	248360	828		58089				10
11 DIETARY	408053	2914	68	2914	29045			11
12 CAFETERIA	144248					12385		12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	220772					319	127765	14
15 CENTRAL SERVICES & SUPPLY	160068	1986		1986		95		15
16 PHARMACY	632364	1358		1358		541		16
17 MEDICAL RECORDS & LIBRARY	455686	910		910		502		17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES								22
23 I&R SERVICES-OTHER PRGM COSTS								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	2733408	17534	4018	17534	29045	2912	67823	25
33 NURSERY	221978	264	200	264		270	5638	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	1485897	10867	1550	10867		1172	24447	37
39 DELIVERY ROOM & LABOR ROOM	481992	1248	157	1248		555	4477	39
40 ANESTHESIOLOGY	26165							40
41 RADIOLOGY-DIAGNOSTIC	1417523	4953	787	4953		1071		41
44 LABORATORY	732269	1976		1976		2		44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	458282	1071	264	1071		654		49
50 PHYSICAL THERAPY	564582	3312	452	3312		568		50
51 OCCUPATIONAL THERAPY	169925		160			210		51
52 SPEECH PATHOLOGY	83993		88			116		52
53 ELECTROCARDIOLOGY		93		93				53
55 MEDICAL SUPPLIES CHARGED TO P	512534							55
55.30 IMPL. DEV. CHARGED TO PATIENT	258369							55.30
56 DRUGS CHARGED TO PATIENTS	480104							56
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	62277					88		60
61 EMERGENCY	1758054	6921	1581	6921		1217	25380	61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES	1021881		411			1810		65
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS	16008184	56488	9736	55407	29045	12102	127765	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	16894	223		223				96
98 PHYSICIANS' PRIVATE OFFICES	99667	2459	264	2459		1		98
100 OCCUPATIONAL HEALTH								100
100.01 FOUNDATION	94099					46		100.01
100.03 COMMUNITY & VOLUNTEER SVCS	192763					236		100.03

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL ACCUM COST 6	OPERATION OF PLANT SQUARE FEET 8	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE- KEEPING SQUARE FEET 10	DIETARY MEALS SERVED 11	CAFETERIA HOURS OF SERVICE 12	NURSING ADMINIS- TRATION DIRECT NRSING HRS 14	
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	4743652	1475042	128709	340788	616611	185942	289374	103
104 UNIT COST MULT-WS B PT I	.289043		12.870900		21.229506		2.264893	104
104 UNIT COST MULT-WS B PT I		24.928883		5.866653		15.013484		104
105 COST TO BE ALLOC PER B PT II								105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III	534615	202579	13410	41856	134318	4699	7313	107
108 UNIT COST MULT-WS B PT III	.032575		1.341000		4.624479		.057238	108
108 UNIT COST MULT-WS B PT III		3.423678		.720550		.379411		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	COSTED REQUIS. 15	COSTED REQUIS. 16	TIME SPENT 17	
GENERAL SERVICE COST CENTERS				
1				1
2				2
3				3
3.01				3.01
4				4
4.01				4.01
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15	1424351			15
16	67751	674765		16
17			10000	17
18				18
20				20
21				21
22				22
23				23
24				24
INPATIENT ROUTINE SERV COST CENTERS				
25	107580	239	3253	25
33	13579	85	765	33
ANCILLARY SERVICE COST CENTERS				
37	275072	3684	750	37
39	10782	67		39
40				40
41	39758	5915	864	41
44	57			44
46.30				46.30
49	16069			49
50	8202	412	837	50
51	2899	146	225	51
52	1604	80	20	52
53				53
55	514985			55
55.30	258369			55.30
56		658688		56
OUTPATIENT SERVICE COST CENTERS				
60	326			60
61	51469	1206	3286	61
62				62
63.50				63.50
63.60				63.60
OTHER REIMBURSABLE COST CENTERS				
65	52379	4243		65
69.10				69.10
69.20				69.20
69.30				69.30
69.40				69.40
71				71
SPECIAL PURPOSE COST CENTERS				
85.01				85.01
85.02				85.02
95	1420881	674765	10000	95
NONREIMBURSABLE COST CENTERS				
96	90			96
98	2608			98
100				100
100.01	381			100.01
100.03	391			100.03

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL	PHARMACY	MEDICAL	
	SERVICES & SUPPLY COSTED REQUIS. 15	COSTED REQUIS. 16	RECORDS & LIBRARY TIME SPENT 17	
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 COST TO BE ALLOC PER B PT I	268921	877878	622960	103
104 UNIT COST MULT-WS B PT I	.188802		62.296000	
104 UNIT COST MULT-WS B PT I		1.301013		104
105 COST TO BE ALLOC PER B PT II				104
106 UNIT COST MULT-WS B PT II				105
106 UNIT COST MULT-WS B PT II				106
107 COST TO BE ALLOC PER B PT III	87670	81332	52801	106
108 UNIT COST MULT-WS B PT III	.061551		5.280100	107
108 UNIT COST MULT-WS B PT III		.120534		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	5152370		5152370		5152370	25
33 NURSERY	363997		363997		363997	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	2446405		2446405		2446405	37
39 DELIVERY ROOM & LABOR ROOM	682357		682357		682357	39
40 ANESTHESIOLOGY	33728		33728		33728	40
41 RADIOLOGY-DIAGNOSTIC	2075012		2075012		2075012	41
44 LABORATORY	1004819		1004819		1004819	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	639978		639978		639978	49
50 PHYSICAL THERAPY	898337		898337		898337	50
51 OCCUPATIONAL THERAPY	239007		239007		239007	51
52 SPEECH PATHOLOGY	112799		112799		112799	52
53 ELECTROCARDIOLOGY	41731		41731		41731	53
55 MEDICAL SUPPLIES CHARGED TO	757908		757908		757908	55
55.30 IMPL. DEV. CHARGED TO PATIE	381830		381830		381830	55.30
56 DRUGS CHARGED TO PATIENTS	1475837		1475837		1475837	56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	81661		81661		81661	60
61 EMERGENCY	2791436		2791436		2791436	61
62 OBSERVATION BEDS (NON-DISTI	724740		724740		724740	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	1365122		1365122		1365122	65
101 SUBTOTAL	21269074		21269074		21269074	101
102 LESS OBSERVATION BEDS	724740		724740		724740	102
103 TOTAL	20544334		20544334		20544334	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL 8			
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	6023419		6023419			25
33 NURSERY	622672		622672			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	2323756	4340362	6664118	.367101	.367101	.367101 37
39 DELIVERY ROOM & LABOR ROOM	494633		494633	1.379522	1.379522	1.379522 39
40 ANESTHESIOLOGY	211502	447381	658883	.051190	.051190	.051190 40
41 RADIOLOGY-DIAGNOSTIC	1015008	9840026	10855034	.191157	.191157	.191157 41
44 LABORATORY	1407244	2989085	4396329	.228559	.228559	.228559 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	917709	1139811	2057520	.311043	.311043	.311043 49
50 PHYSICAL THERAPY	357140	1016972	1374112	.653758	.653758	.653758 50
51 OCCUPATIONAL THERAPY	301757	274729	576486	.414593	.414593	.414593 51
52 SPEECH PATHOLOGY	37229	67705	104934	1.074952	1.074952	1.074952 52
53 ELECTROCARDIOLOGY	127011	183296	310307	.134483	.134483	.134483 53
55 MEDICAL SUPPLIES CHARGED TO	491452	1197697	1689149	.448692	.448692	.448692 55
55.30 IMPL. DEV. CHARGED TO PATIE	846234	204060	1050294	.363546	.363546	.363546 55.30
56 DRUGS CHARGED TO PATIENTS	2466150	2195479	4661629	.316593	.316593	.316593 56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	25055	186740	211795	.385566	.385566	.385566 60
61 EMERGENCY	237140	5288199	5525339	.505206	.505206	.505206 61
62 OBSERVATION BEDS (NON-DISTI		853702	853702	.848938	.848938	.848938 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES		2370412	2370412	.575901	.575901	.575901 65
101 SUBTOTAL	17905111	32595656	50500767			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	17905111	32595656	50500767			103

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (15-1323) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			----- PROGRAM CHARGES -----		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
37 ANCILLARY SERVICE COST CENTERS						
49 OPERATING ROOM	.367101	.367101	.367101			37
39 DELIVERY ROOM & LABOR ROOM	1.379522	1.379522	1.379522			39
40 ANESTHESIOLOGY	.051190	.051190	.051190			40
41 RADIOLOGY-DIAGNOSTIC	.191157	.191157	.191157			41
44 LABORATORY	.228559	.228559	.228559			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.311043	.311043	.311043			49
50 PHYSICAL THERAPY	.653758	.653758	.653758			50
51 OCCUPATIONAL THERAPY	.414593	.414593	.414593			51
52 SPEECH PATHOLOGY	1.074952	1.074952	1.074952			52
53 ELECTROCARDIOLOGY	.134483	.134483	.134483			53
55 MEDICAL SUPPLIES CHARGED TO PAT	.448692	.448692	.448692			55
55.30 IMPL. DEV. CHARGED TO PATIENT	.363546	.363546	.363546			55.30
56 DRUGS CHARGED TO PATIENTS	.316593	.316593	.316593			56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.385566	.385566	.385566			60
61 EMERGENCY	.505206	.505206	.505206			61
62 OBSERVATION BEDS (NON-DISTINCT	.848938	.848938	.848938			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	.575901	.575901	.575901			65
65.01 AMBULANCE CHARGES (S-2 LINE 56.	.575901	.575901	.575901			65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.	.575901	.575901	.575901			65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.	.575901	.575901	.575901			65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	1	.316593	1
2 VACCINE CHARGES (OTHER THAN HEPATITIS B)	2		
2.01 VACCINE CHARGES - HEPATITIS B	2.01		2.01
3 VACCINE COSTS (OTHER THAN HEPATITIS B)	3		
3.01 VACCINE COSTS - HEPATITIS B	3.01		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (15-1323) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COST			
	ALL OTHER (1) (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
37 ANCILLARY SERVICE COST CENTERS								
OPERATING ROOM	785231							37
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY	70914							40
41 RADIOLOGY-DIAGNOSTIC	2394433							41
44 LABORATORY	909118							44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY	327375							49
50 PHYSICAL THERAPY	281609							50
51 OCCUPATIONAL THERAPY	88268							51
52 SPEECH PATHOLOGY	17891							52
53 ELECTROCARDIOLOGY	61287							53
55 MEDICAL SUPPLIES CHARGED TO PA	115487							55
55.30 IMPL. DEV. CHARGED TO PATIENT	34436							55.30
56 DRUGS CHARGED TO PATIENTS	845850							56
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
61 EMERGENCY	1230444							61
62 OBSERVATION BEDS (NON-DISTINCT	319140							62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
65.01 AMBULANCE CHARGES (S-2 LINE 56								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56								65.03
101 SUBTOTAL	7481483							101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES	7481483							104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (15-1323) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	288259						37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY	3630						40
41 RADIOLOGY-DIAGNOSTIC	457713						41
44 LABORATORY	207787						44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY	101828						49
50 PHYSICAL THERAPY	184104						50
51 OCCUPATIONAL THERAPY	36595						51
52 SPEECH PATHOLOGY	19232						52
53 ELECTROCARDIOLOGY	8242						53
55 MEDICAL SUPPLIES CHARGED TO PAT	51818						55
55.30 IMPL. DEV. CHARGED TO PATIENT	12519						55.30
56 DRUGS CHARGED TO PATIENTS	267790						56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY	621628						61
62 OBSERVATION BEDS (NON-DISTINCT	270930						62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL	2532075						101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES	2532075						104

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS				985250	149823	835427	25
26 INTENSIVE CARE UNIT							26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
33 NURSERY				23766		23766	33
101 TOTAL				1009016		859193	101

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	4280	174			195.19	33963	25
26 INTENSIVE CARE UNIT							26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
33 NURSERY	742	62			32.03	1986	33
101 TOTAL	5022	236				35949	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (15-1323) [] SUB III [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		524653	6664118	97746			.078728	7695 37
39 DELIVERY ROOM & LABOR ROOM		68845	494633	31181			.139184	4340 39
40 ANESTHESIOLOGY		852	658883	9835			.001293	13 40
41 RADIOLOGY-DIAGNOSTIC		260914	10855034	47570			.024036	1143 41
44 LABORATORY		105866	4396329	83608			.024081	2013 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		60969	2057520	49353			.029632	1462 49
50 PHYSICAL THERAPY		161638	1374112	12204			.117631	1436 50
51 OCCUPATIONAL THERAPY		7214	576486	11900			.012514	149 51
52 SPEECH PATHOLOGY		3113	104934	999			.029666	30 52
53 ELECTROCARDIOLOGY		4841	310307	5339			.015601	83 53
55 MEDICAL SUPPLIES CHARGED TO P		48392	1689149	14582			.028649	418 55
55.30 IMPL. DEV. CHARGED TO PATIENT		24319	1050294	2874			.023154	67 55.30
56 DRUGS CHARGED TO PATIENTS		95033	4661629	133457			.020386	2721 56
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		2082	211795	61			.009830	1 60
61 EMERGENCY		369197	5525339	25520			.066819	1705 61
62 OBSERVATION BEDS (NON-DISTINC			853702					62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
101 TOTAL		1737928	41484264	526229				23276 101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					4280		174	25
26 INTENSIVE CARE UNIT								26
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I								31
33 NURSERY					742		62	33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					5022		236	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (15-1323) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (15-1323) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM CHARGES	
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		6664118			97746		37
39 DELIVERY ROOM & LABOR ROOM		494633			31181		39
40 ANESTHESIOLOGY		658883			9835		40
41 RADIOLOGY-DIAGNOSTIC		10855034			47570		41
44 LABORATORY		4396329			83608		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		2057520			49353		49
50 PHYSICAL THERAPY		1374112			12204		50
51 OCCUPATIONAL THERAPY		576486			11900		51
52 SPEECH PATHOLOGY		104934			999		52
53 ELECTROCARDIOLOGY		310307			5339		53
55 MEDICAL SUPPLIES CHARGED TO P		1689149			14582		55
55.30 IMPL. DEV. CHARGED TO PATIENT		1050294			2874		55.30
56 DRUGS CHARGED TO PATIENTS		4661629			133457		56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		211795			61		60
61 EMERGENCY		5525339			25520		61
62 OBSERVATION BEDS (NON-DISTINC		853702					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL		41484264			526229		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (15-1323) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (15-1323) [] SNF
 APPLICABLE [] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [XX] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			----- PROGRAM CHARGES -----		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
37 ANCILLARY SERVICE COST CENTERS						
49 OPERATING ROOM	.367101	.367101	.367101			37
39 DELIVERY ROOM & LABOR ROOM	1.379522	1.379522	1.379522			39
40 ANESTHESIOLOGY	.051190	.051190	.051190			40
41 RADIOLOGY-DIAGNOSTIC	.191157	.191157	.191157			41
44 LABORATORY	.228559	.228559	.228559			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.311043	.311043	.311043			49
50 PHYSICAL THERAPY	.653758	.653758	.653758			50
51 OCCUPATIONAL THERAPY	.414593	.414593	.414593			51
52 SPEECH PATHOLOGY	1.074952	1.074952	1.074952			52
53 ELECTROCARDIOLOGY	.134483	.134483	.134483			53
55 MEDICAL SUPPLIES CHARGED TO PAT	.448692	.448692	.448692			55
55.30 IMPL. DEV. CHARGED TO PATIENT	.363546	.363546	.363546			55.30
56 DRUGS CHARGED TO PATIENTS	.316593	.316593	.316593			56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.385566	.385566	.385566			60
61 EMERGENCY	.505206	.505206	.505206			61
62 OBSERVATION BEDS (NON-DISTINCT	.848938	.848938	.848938			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	.575901	.575901	.575901			65
65.01 AMBULANCE CHARGES (S-2 LINE 56.	.575901	.575901	.575901			65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.	.575901	.575901	.575901			65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.	.575901	.575901	.575901			65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	1	.316593	1
2 VACCINE CHARGES (OTHER THAN HEPATITIS B)	2		
2.01 VACCINE CHARGES - HEPATITIS B	2.01		2.01
3 VACCINE COSTS (OTHER THAN HEPATITIS B)	3		
3.01 VACCINE COSTS - HEPATITIS B	3.01		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (15-1323) [] SNF
 APPLICABLE [] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [XX] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COST			
	ALL OTHER (1) (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
37 ANCILLARY SERVICE COST CENTERS								
OPERATING ROOM	80306							37
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY	7601							40
41 RADIOLOGY-DIAGNOSTIC	440458							41
44 LABORATORY	179133							44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY	67144							49
50 PHYSICAL THERAPY	38388							50
51 OCCUPATIONAL THERAPY	12432							51
52 SPEECH PATHOLOGY	671							52
53 ELECTROCARDIOLOGY	5339							53
55 MEDICAL SUPPLIES CHARGED TO PA	14226							55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS	95423							56
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	274							60
61 EMERGENCY	302667							61
62 OBSERVATION BEDS (NON-DISTINCT	46979							62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES	121201							65
65.01 AMBULANCE CHARGES (S-2 LINE 56								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56								65.03
101 SUBTOTAL	1412242							101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES	1412242							104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (15-1323) [] SNF
 APPLICABLE [] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [XX] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	29480						37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY	389						40
41 RADIOLOGY-DIAGNOSTIC	84197						41
44 LABORATORY	40942						44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY	20885						49
50 PHYSICAL THERAPY	25096						50
51 OCCUPATIONAL THERAPY	5154						51
52 SPEECH PATHOLOGY	721						52
53 ELECTROCARDIOLOGY	718						53
55 MEDICAL SUPPLIES CHARGED TO PAT	6383						55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS	30210						56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	106						60
61 EMERGENCY	152909						61
62 OBSERVATION BEDS (NON-DISTINCT	39882						62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES	69800						65
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL	506872						101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES	506872						104

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (15-1323)	SUB I	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	5382						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	4280						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4280						4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	707						5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	395						7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1099						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	707						10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (15-1323)	SUB I	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	156.51						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	5152370						21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	61821						24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST	783498						26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	4368872						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	5239755						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	5239755						29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.833793						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE							33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	4368872						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (15-1323)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1020.76					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1121815					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1121815					41
	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST	
	1	2	3	4	5	
42 NURSERY (TITLES V AND XIX ONLY)						42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						43
44 INTENSIVE CARE UNIT						44
45 CORONARY CARE UNIT						45
46 BURN INTENSIVE CARE UNIT						46
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (OTHER) (15-1323)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	908016					48
49 TOTAL PROGRAM INPATIENT COSTS	2029831					49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES						50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52 TOTAL PROGRAM EXCLUDABLE COST						52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS						53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (15-1323)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54						PROGRAM DISCHARGES
55						TARGET AMOUNT PER DISCHARGE
56						TARGET AMOUNT
57						DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58						BONUS PAYMENT
58.01						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET
58.02						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET
58.03						IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT
58.04						RELIEF PAYMENT
59						ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01						ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)
59.02						PROGRAM DISCHARGES PRIOR TO JULY 1
59.03						PROGRAM DISCHARGES AFTER JULY 1
59.04						PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05						REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1
59.06						REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
59.07						REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)
59.08						REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)
PROGRAM INPATIENT ROUTINE SWING BED COST						
60	721677					MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
61						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
62	721677					TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65						TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

SNF

1

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

PROVIDER NO. 15-1323 COMMUNITY HOSPT. OF LAGRANGE C
PERIOD FROM 01/01/2010 TO 12/31/2010

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2011.03
05/29/2012 07:59

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

HOSPITAL (OTHER) (15-1323)	SUB I	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	710	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1020.76	84
85 OBSERVATION BED COST	724740	85

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (15-1323)	SUB I	SUB II	SUB III	SUB IV	NF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	5382						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	4280						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4280						4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	707						5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	395						7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	174						9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS	742						15
16 TITLE V OR XIX NURSERY DAYS	62						16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (15-1323)	SUB I	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	156.51						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	5152370						21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	61821						24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST	783498						26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	4368872						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	5239755						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	5239755						29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.833793						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE							33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	4368872						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (15-1323)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1020.76					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	177612					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	177612					41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)	363997	742	490.56	62	30415	42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						43
44 INTENSIVE CARE UNIT						44
45 CORONARY CARE UNIT						45
46 BURN INTENSIVE CARE UNIT						46
47 SURGICAL INTENSIVE CARE UNIT						47
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (15-1323)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	200415					48
49 TOTAL PROGRAM INPATIENT COSTS	408442					49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	35949					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	23276					51
52 TOTAL PROGRAM EXCLUDABLE COST	59225					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	349217					53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (15-1323)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS)
 (15-1323)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	710	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1020.76	84
85 OBSERVATION BED COST	724740	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	HOSPITAL ROUTINE COST (FROM LINE 27)	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5
	COST 1			
86 OLD CAPITAL-RELATED COST	4368872		724740	86
87 NEW CAPITAL-RELATED COST	4368872		724740	87
88 NON PHYSICIAN ANESTHETIST	4368872		724740	88
89 MEDICAL EDUCATION	4368872		724740	89

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (15-1323) [] SNF [] PPS
 [XX] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [] TITLE XIX [] SUB II [] S/B-SNF [XX] OTHER
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		1514914		25
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.367101	375969	138019	37
39 DELIVERY ROOM & LABOR ROOM	1.379522			39
40 ANESTHESIOLOGY	.051190	43720	2238	40
41 RADIOLOGY-DIAGNOSTIC	.191157	281205	53754	41
44 LABORATORY	.228559	341886	78141	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.311043	287716	89492	49
50 PHYSICAL THERAPY	.653758	65755	42988	50
51 OCCUPATIONAL THERAPY	.414593	48098	19941	51
52 SPEECH PATHOLOGY	1.074952	12489	13425	52
53 ELECTROCARDIOLOGY	.134483	56918	7655	53
55 MEDICAL SUPPLIES CHARGED TO PAT	.448692	139077	62403	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.363546	573362	208443	55.30
56 DRUGS CHARGED TO PATIENTS	.316593	571742	181010	56
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.385566	11482	4427	60
61 EMERGENCY	.505206	12034	6080	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.848938			62
63.50 RHC				63.50
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
101 TOTAL		2821453	908016	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		2821453		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input checked="" type="checkbox"/> S/B-SNF (15-Z323)	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.367101	7568	2778	37
39 DELIVERY ROOM & LABOR ROOM	1.379522			39
40 ANESTHESIOLOGY	.051190			40
41 RADIOLOGY-DIAGNOSTIC	.191157	28634	5474	41
44 LABORATORY	.228559	68673	15696	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.311043	87725	27286	49
50 PHYSICAL THERAPY	.653758	146771	95953	50
51 OCCUPATIONAL THERAPY	.414593	130811	54233	51
52 SPEECH PATHOLOGY	1.074952	12589	13533	52
53 ELECTROCARDIOLOGY	.134483	1780	239	53
55 MEDICAL SUPPLIES CHARGED TO PAT	.448692	8042	3608	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.363546			55.30
56 DRUGS CHARGED TO PATIENTS	.316593	230336	72923	56
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.385566	3637	1402	60
61 EMERGENCY	.505206			61
62 OBSERVATION BEDS (NON-DISTINCT	.848938			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
101 TOTAL		726566	293125	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		726566		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (15-1323)	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		299276		25
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.367101	97746	35883	37
39 DELIVERY ROOM & LABOR ROOM	1.379522	31181	43015	39
40 ANESTHESIOLOGY	.051190	9835	503	40
41 RADIOLOGY-DIAGNOSTIC	.191157	47570	9093	41
44 LABORATORY	.228559	83608	19109	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.311043	49353	15351	49
50 PHYSICAL THERAPY	.653758	12204	7978	50
51 OCCUPATIONAL THERAPY	.414593	11900	4934	51
52 SPEECH PATHOLOGY	1.074952	999	1074	52
53 ELECTROCARDIOLOGY	.134483	5339	718	53
55 MEDICAL SUPPLIES CHARGED TO PAT	.448692	14582	6543	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.363546	2874	1045	55.30
56 DRUGS CHARGED TO PATIENTS	.316593	133457	42252	56
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.385566	61	24	60
61 EMERGENCY	.505206	25520	12893	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.848938			62
63.50 RHC				63.50
63.60 FQHC				63.60
65 AMBULANCE SERVICES	.575901			65
101 TOTAL		526229	200415	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		526229		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT					
1	OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1				1
1.01	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1				1.01
1.02	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS				1.02
1.03	PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1				1.03
1.04	PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1				1.04
1.05	PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1				1.05
1.06	ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED				1.06
1.07	PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001				1.07
1.08	SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001				1.08
2	OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997				2
2.01	OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT				2.01
3	BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD				3
3.01	NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I				3.01
3.02	INDIRECT MEDICAL EDUCATION PERCENTAGE				3.02
3.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT				3.03
3.04	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996				3.04
3.05	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)				3.05
3.06	ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI,LN.15][PLUS LN.3.06]				3.06
3.07	SUM OF LINES 3.04-3.06 0.00 0.00				3.07
3.08	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS				3.08
3.09	FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1				3.09
3.10	FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1				3.10
3.11	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09				3.11
3.12	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10				3.12
3.13	FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS				3.13
3.14	CURRENT YEAR ALLOWABLE FTE				3.14
3.15	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..				3.15
3.16	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE..				3.16
3.17	SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE RES. IN INIT YRS 0.00				3.17
	NUMBER OF THOSE LINES IN EXCESS OF ZERO				

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4						4
4.01						4.01
4.02						4.02
4.03						4.03
4.04						4.04
5						5
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6						6
7						7
7.01						7.01
8						8
9						9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
21.01						21.01
21.02						21.02
22						22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (15-1323)	HOSPITAL (15-1323)	HOSPITAL (15-1323)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES	2532075			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	2532075			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	2557396			17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (15-1323)	HOSPITAL (15-1323)	HOSPITAL (15-1323)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES	26412		18
18.01 COINSURANCE	1306688		18.01
19 SUBTOTAL	1224296		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	1224296		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	1224296		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	271743		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	271743		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	218670		27.02
28 SUBTOTAL	1496039		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
OTHER ADJUSTMENTS			
30 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	1496039		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	1585041		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)	-44801		34.01
35 BALANCE DUE PROVIDER/PROGRAM	-44201		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)			51
52 THE RATE USED TO CALCULATE THE TIME VALUE MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION TOTAL (SUM OF LINES 51 AND 53)			54

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (15-1323)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B		
	PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1725604		1747471	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 PROGRAM .02 TO .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	12/30/2010 219413			3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	219413		-162430	3.99
4 TOTAL INTERIM PAYMENTS		1945017		1585041	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52	07/01/2011 12228		NONE 08/16/2011 7886 07/01/2011 36915	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99	12228		-44801	5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO PROGRAM .02				6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		1861004		1496039	7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SWING BED SKILLED NURSING FACILITY (15-Z323)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	PART A			
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1018144		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	PROGRAM .01	09/30/2010		3.01
REVISION OF THE INTERIM RATE FOR THE COST	TO .02	12/30/2010		3.02
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .03		NONE	3.03
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	TO .04			3.04
	PROVIDER .05			3.05
	TO .50			3.50
	PROVIDER .51			3.51
	TO .52		NONE	3.52
	PROGRAM .53			3.53
	PROGRAM .54			3.54
SUBTOTAL	.99	40815		3.99
4 TOTAL INTERIM PAYMENTS		1058959		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01	07/01/2011		5.01
	TO .02		NONE	5.02
	PROVIDER .03			5.03
	TO .50			5.50
	PROVIDER .51		NONE	5.51
	TO .52			5.52
SUBTOTAL	.99	4584		5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01			6.01
	PROVIDER TO .02			6.02
	PROGRAM		-48959	
7 TOTAL MEDICARE PROGRAM LIABILITY		1014584		7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

CALCULATION OF REIMBURSEMENT SETTLEMENT
 SWING BEDS

SUPPLEMENTAL
 WORKSHEET E-2

COMPUTATION OF NET COST OF COVERED SERVICES

	TITLE V	--- TITLE XVIII ---		--- TITLE XIX ---		
	S/B NF	S/B SNF	S/B SNF	S/B SNF	S/B NF	
	1	1	2	1	1	
		PART A (15-Z323)		PART B (15-Z323)		
1	INPATIENT ROUTINE SERVICES - SWING BED - SNF		728894			1
2	INPATIENT ROUTINE SERVICES - SWING BED - NF					2
3	ANCILLARY SERVICES		296056			3
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM					4
5	PROGRAM DAYS		707			5
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM					6
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY					7
8	SUBTOTAL		1024950			8
9	PRIMARY PAYER PAYMENTS					9
10	SUBTOTAL		1024950			10
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)					11
12	SUBTOTAL		1024950			12
13	COINSURANCE BILLED TO PROGRAM PATIENTS (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)		10366			13
14	80% OF PART B COSTS					14
15	SUBTOTAL		1014584			15
16	OTHER ADJUSTMENTS					16
17	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PHYSICIAN PROFESSIONAL SERVICES)					17
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES					17.01
18	TOTAL		1014584			18
19	SEQUESTRATION ADJUSTMENT					19
20	INTERIM PAYMENTS		1058959			20
20.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)		4584			20.01
21	BALANCE DUE PROVIDER/PROGRAM		-48959			21
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART II

PART II - MEDICARE, PART A SERVICES - COST REIMBURSEMENT

	HOSPITAL (15-1323)	SUB I	SUB II	SUB III	SUB IV	SNF I
1	INPATIENT SERVICES	2029831				1
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)					1.01
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL	2029831				4
5	PRIMARY PAYER PAYMENTS					5
6	TOTAL COST	2050129				6
COMPUTATION OF LESSER OF COST OR CHARGES						
REASONABLE CHARGES						
7	ROUTINE SERVICE CHARGES					7
8	ANCILLARY SERVICE CHARGES					8
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE					9
10	TEACHING PHYSICIANS					10
11	TOTAL REASONABLE CHARGES					11
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENT LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS					12
13	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(E)					13
14	RATIO OF LINE 12 TO LINE 13					14
15	TOTAL CUSTOMARY CHARGES					15
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST					16
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES					17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART II

PART II - MEDICARE, PART A SERVICES - COST REIMBURSEMENT

	HOSPITAL (15-1323)	SUB I	SUB II	SUB III	SUB IV	SNF I	
COMPUTATION OF REIMBURSEMENT SETTLEMENT							
18							18
19							19
20	2050129						20
21	223911						21
22							22
23	1826218						23
24	275						24
25	1825943						25
25.01	35061						25.01
25.02	22542						25.02
26							26
27	1861004						27
28							28
29							29
30	1861004						30
31							31
32	1945017						32
32.01	12228						32.01
33	-96241						33
34							34

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX				
		HOSPITAL (15-1323) (PPS)	SUB I	SUB II	SUB III	SUB IV	NF I
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	1
1	INPATIENT HOSPITAL/SNF/NF SERVICES						1
2	MEDICAL AND OTHER SERVICES	506872					2
3	INTERNS AND RESIDENTS						3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O						4
5	COST OF TEACHING PHYSICIANS						5
6	SUBTOTAL	506872					6
7	INPATIENT PRIMARY PAYER PAYMENTS						7
8	OUTPATIENT PRIMARY PAYER PAYMENTS						8
9	SUBTOTAL	506872					9
	COMPUTATION OF LESSER OF COST OR CHARGES						
10	ROUTINE SERVICE CHARGES						10
11	ANCILLARY SERVICE CHARGES	1938471					11
12	INTERNS AND RESIDENTS SERVICE CHARGES						12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE						13
14	TEACHING PHYSICIANS						14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION						15
16	TOTAL REASONABLE CHARGES						16
	CUSTOMARY CHARGES						
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)						18
19	RATIO OF LINE 17 TO LINE 18						19
20	TOTAL CUSTOMARY CHARGES						20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						22
23	COST OF COVERED SERVICES	506872					23
	PROSPECTIVE PAYMENT AMOUNT						
24	OTHER THAN OUTLIER PAYMENTS						24
25	OUTLIER PAYMENTS						25
26	PROGRAM CAPITAL PAYMENTS						26
27	CAPITAL EXCEPTION PAYMENTS						27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS						28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS						29
30	SUBTOTAL	506872					30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)						31
32	LESSER OF LINES 30 OR 31						32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)						33

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX				
		HOSPITAL (15-1323) (PPS)	SUB I	SUB II	SUB III	SUB IV	NF I
		1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT						
35	EXCESS OF REASONABLE COST						34
36	SUBTOTAL						35
37	COINSURANCE						36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,						37
38	REIMBURSABLE BAD DEBTS						38
38.01	REDUCED REIMBURSABLE BAD DEBTS						38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE						38.02
	BENEFICIARIES (SEE INSTRUCTIONS)						
39	UTILIZATION REVIEW						39
40	SUBTOTAL						40
41	INPATIENT ROUTINE SERVICE COST						41
42	MEDICARE INPATIENT ROUTINE CHARGES						42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM						44
	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN						
	ACCORDANCE WITH 42 CFR 413.13(E)						
45	RATIO OF LINE 43 TO LINE 44						45
46	TOTAL CUSTOMARY CHARGES						46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM						49
	UTILIZATION						
50	OTHER ADJUSTMENTS						50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING						51
	DEPRECIABLE ASSETS						
52	SUBTOTAL						52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT						53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS						54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER						55
56	SEQUESTRATION ADJUSTMENT						56
57	INTERIM PAYMENTS						57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						57.01
58	BALANCE DUE PROVIDER/PROGRAM						58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT						59
	SECTION 115.2						

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	11769			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	2927626			4
5	OTHER RECEIVABLES	13348			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	179720			7
8	PREPAID EXPENSES	211810			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS	618477			10
11	TOTAL CURRENT ASSETS	3962750			11
FIXED ASSETS					
12	LAND	265000			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	1891141			13
13.01	ACCUMULATED DEPRECIATION	-442593			13.01
14	BUILDINGS	13230046			14
14.01	ACCUMULATED DEPRECIATION	-945981			14.01
15	LEASEHOLD IMPROVEMENTS	29098			15
15.01	ACCUMULATED AMORTIZATION	-16970			15.01
16	FIXED EQUIPMENT	7627345			16
16.01	ACCUMULATED DEPRECIATION	-1428202			16.01
17	AUTOMOBILES AND TRUCKS	42445			17
17.01	ACCUMULATED DEPRECIATION	-29701			17.01
18	MAJOR MOVABLE EQUIPMENT	7258217			18
18.01	ACCUMULATED DEPRECIATION	-3435817			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	24044028			21
OTHER ASSETS					
22	INVESTMENTS				22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	5012487			25
26	TOTAL OTHER ASSETS	5012487			26
27	TOTAL ASSETS	33019265			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	326153			28
29	SALARIES, WAGES & FEES PAYABLE	495367			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	650000			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	-267683			35
36	TOTAL CURRENT LIABILITIES	1203837			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE	1019409			38
39	UNSECURED LOANS				39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41	OTHER LONG TERM LIABILITIES	33028975			41
42	TOTAL LONG TERM LIABILITIES	34048384			42
43	TOTAL LIABILITIES	35252221			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	-2232956			44
45	SPECIFIC PURPOSE FUND BALANCE				45
46	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				46
47	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				47
48	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				48
49	PLANT FUND BALANCE - INVESTED IN PLANT				49
50	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				50
51	TOTAL FUND BALANCES	-2232956			51
52	TOTAL LIABILITIES AND FUND BALANCES	33019265			52

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
1 FUND BALANCES AT BEGINNING OF PERIOD	-1224692			1
2 NET INCOME (LOSS)	-298684			2
3 TOTAL	-1523376			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 PAID TIME OFF (PTO) ADJUSTMENT				5
6 DONATED CAPITAL				6
7 COMMUNITY BENEFIT, VOLUNTEERS, GENL	4452			7
8 ASSET TRANSFERS				8
9 UNRESTRICTED FUND - FOUNDATION	25594			9
10 TOTAL ADDITIONS	30046			10
11 SUBTOTAL	-1493330			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 ASSET TRANSFERS	739626			13
14 UNRESTRICTED FUND - VOLUNTEERS				14
15 UNRESTRICTED FUND - COMM BENEFIT				15
16				16
17				17
18 TOTAL DEDUCTIONS	739626			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	-2232956			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	5406414		5406414	2
4 SUBPROVIDER I				4
5 SWING BED - SNF	630200		630200	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	6036614		6036614	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT				12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	6036614		6036614	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	12033149		12033149	18
18.50 ANCILLARY SERVICES				18.50
18.60 OUTPATIENT SERVICES		34089077	34089077	18.60
19 RHC				19
20 FQHC				20
21 HOME HEALTH AGENCY		2378006	2378006	21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
25 HOSPICE				25
25 TOTAL PATIENT REVENUES	18069763	36467083	54536846	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		25450805	26
27 ADD (SPECIFY)			27
28 BAD DEBTS	2326699		28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		2326699	33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		27777504	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	54536846	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	27762021	2
3	NET PATIENT REVENUES	26774825	3
4	LESS - TOTAL OPERATING EXPENSES	27777504	4
5	NET INCOME FROM SERVICE TO PATIENTS	-1002679	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	90483	6
7	INCOME FROM INVESTMENTS	2581	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	143740	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS	10	16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	201265	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	13070	20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	41846	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	GAIN ON DISPOSAL OF ASSETS	-46435	24
24.01	COUNTY REIMBURSEMENT OF AMBULANCE S	219600	24.01
24.02	MISCELLANEOUS	37835	24.02
25	TOTAL OTHER INCOME	703995	25
26	TOTAL	-298684	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-298684	31

CALCULATION OF CAPITAL PAYMENT - TITLE XIX - COST METHOD

WORKSHEET L

	HOSPITAL (15-1323)	SUB I	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS				1
	CAPITAL FEDERAL AMOUNT				
2	CAPITAL DRG OTHER THAN OUTLIER				2
3	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997				3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997				3.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT				
4	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD				4
4.01	NUMBER OF INTERNS AND RESIDENTS FROM WORKSHEET S-3, PART I				4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE				4.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT				4.03
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS				5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I				5.01
5.02	SUM OF LINES 5 AND 5.01				5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE				5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT				5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS				6
PART II - HOLD HARMLESS METHOD					
1	NEW CAPITAL				1
2	OLD CAPITAL				2
3	TOTAL CAPITAL				3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL				4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE				5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT				6
7	REDUCED OLD CAPITAL AMOUNT				7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL				8
9	SUBTOTAL				9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)				10
PART III - PAYMENT UNDER REASONABLE COST					
1	PROGRAM INPATIENT ROUTINE CAPITAL COST				1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST				2
3	TOTAL INPATIENT PROGRAM CAPITAL				3
4	CAPITAL COST PAYMENT FACTOR				4
5	TOTAL INPATIENT PROGRAM CAPITAL COST				5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1	PROGRAM INPATIENT CAPITAL COSTS				1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES				2
3	NET PROGRAM INPATIENT CAPITAL COSTS				3
4	APPLICABLE EXCEPTION PERCENTAGE				4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS				5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES				6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES				7
8	CAPITAL MINIMUM PAYMENT LEVEL				8
9	CURRENT YEAR CAPITAL PAYMENTS				9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS				10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT				11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS				12
13	CURRENT YEAR EXCEPTION PAYMENT				13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD				14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)				15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)				16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT				17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL 4A	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
3.01 EMS WEST STATION					3.01
4 NEW CAP REL COSTS-MVBLE EQUIP					4
4.01 EMS WEST STATION EQUIP.					4.01
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES					22
23 I&R SERVICES-OTHER PRGM COSTS					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN C					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
55 MEDICAL SUPPLIES CHARGED TO PA					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAP					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CA					96
98 PHYSICIANS' PRIVATE OFFICES					98
100 OCCUPATIONAL HEALTH					100
100.01 FOUNDATION					100.01
100.03 COMMUNITY & VOLUNTEER SVCS					100.03
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL					103
104 TOTAL STATISTICAL BASIS					104
105 UNIT COST MULTIPLIER					105
105 UNIT COST MULTIPLIER					105

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	25.68		4.07				29.75 25
33 NURSERY			8.36				8.36 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	5.64	11.78	1.47	1.21			20.10 37
39 DELIVERY ROOM & LABOR ROOM			6.30				6.30 39
40 ANESTHESIOLOGY	6.64	10.76	1.49	1.15			20.04 40
41 RADIOLOGY-DIAGNOSTIC	2.59	22.06	0.44	4.06			29.15 41
44 LABORATORY	7.78	20.68	1.90	4.07			34.43 44
49 RESPIRATORY THERAPY	13.98	15.91	2.40	3.26			35.55 49
50 PHYSICAL THERAPY	4.79	20.49	0.89	2.79			28.96 50
51 OCCUPATIONAL THERAPY	8.34	15.31	2.06	2.16			27.87 51
52 SPEECH PATHOLOGY	11.90	17.05	0.95	0.64			30.54 52
53 ELECTROCARDIOLOGY	18.34	19.75	1.72	1.72			41.53 53
55 MEDICAL SUPPLIES CHARGED TO PAT	8.23	6.84	0.86	0.84			16.77 55
55.30 IMPL. DEV. CHARGED TO PATIENT	54.59	3.28	0.27				58.14 55.30
56 DRUGS CHARGED TO PATIENTS	12.26	18.14	2.86	2.05			35.31 56
60 CLINIC	5.42		0.03	0.13			5.58 60
61 EMERGENCY	0.22	22.27	0.46	5.48			28.43 61
62 OBSERVATION BEDS (NON-DISTINCT		37.38		5.50			42.88 62
65 AMBULANCE SERVICES				5.11			5.11 65
101 TOTAL CHARGES	5.59	14.81	1.04	2.80			24.24 101

COST CENTER		--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS								
1	OLD CAP REL COSTS-BLDG & FIXT							1
2	OLD CAP REL COSTS-MVBLE EQUIP							2
3	NEW CAP REL COSTS-BLDG & FIXT	1314260	6.21	-1314260	-11.28			3
3.01	EMS WEST STATION	16040	.08	-16040	-.14			3.01
4	NEW CAP REL COSTS-MVBLE EQUIP	1596068	7.54	-1596068	-13.70			4
4.01	EMS WEST STATION EQUIP.	13562	.06	-13562	-.12			4.01
5	EMPLOYEE BENEFITS	2519343	11.91	-2519343	-21.62			5
6	ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	3637059	17.19	-3637059	-31.21			6
7	OPERATION OF PLANT	894640	4.23	-894640	-7.68			7
8	LAUNDRY & LINEN SERVICE	85505	.40	-85505	-.73			8
9	HOUSEKEEPING	179038	.85	-179038	-1.54			9
10	DIETARY	256010	1.21	-256010	-2.20			10
11	CAFETERIA	102727	.49	-102727	-.88			11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	175166	.83	-175166	-1.50			13
14	CENTRAL SERVICES & SUPPLY	67059	.32	-67059	-.58			14
15	PHARMACY	469484	2.22	-469484	-4.03			15
16	MEDICAL RECORDS & LIBRARY	326332	1.54	-326332	-2.80			16
17	SOCIAL SERVICE							17
18	NONPHYSICIAN ANESTHETISTS							18
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES A							21
22	I&R SERVICES-OTHER PRGM COSTS A							22
23	PARAMED ED PRGM-(SPECIFY)							23
24	INPATIENT ROUTINE SERV COST CENTERS							24
25	ADULTS & PEDIATRICS	1686759	7.97	3465611	29.74	5152370	24.36	25
33	NURSERY	170999	.81	192998	1.66	363997	1.72	33
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	920860	4.35	1525545	13.09	2446405	11.56	37
39	DELIVERY ROOM & LABOR ROOM	350979	1.66	331378	2.84	682357	3.23	39
40	ANESTHESIOLOGY	26165	.12	7563	.06	33728	.16	40
41	RADIOLOGY-DIAGNOSTIC	1081988	5.11	993024	8.52	2075012	9.81	41
44	LABORATORY	658268	3.11	346551	2.97	1004819	4.75	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
49	RESPIRATORY THERAPY	333534	1.58	306444	2.63	639978	3.03	49
50	PHYSICAL THERAPY	339089	1.60	559248	4.80	898337	4.25	50
51	OCCUPATIONAL THERAPY	133960	.63	105047	.90	239007	1.13	51
52	SPEECH PATHOLOGY	64095	.30	48704	.42	112799	.53	52
53	ELECTROCARDIOLOGY	26678	.13	15053	.13	41731	.20	53
55	MEDICAL SUPPLIES CHARGED TO PAT	512534	2.42	245374	2.11	757908	3.58	55
55.30	IMPL. DEV. CHARGED TO PATIENT	258369	1.22	123461	1.06	381830	1.80	55.30
56	DRUGS CHARGED TO PATIENTS	480104	2.27	995733	8.55	1475837	6.98	56
60	CLINIC	49352	.23	32309	.28	81661	.39	60
61	EMERGENCY	1326442	6.27	1464994	12.57	2791436	13.19	61
62	OBSERVATION BEDS (NON-DISTINCT)							62

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES	804655	3.80	560467	4.81	1365122	6.45	65
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN	8563	.04	20098	.17	28661	.14	96
98 PHYSICIANS' PRIVATE OFFICES	7806	.04	200300	1.72	208106	.98	98
100 OCCUPATIONAL HEALTH							100
100.01 FOUNDATION	88346	.42	33715	.29	122061	.58	100.01
100.03 COMMUNITY & VOLUNTEER SVCS	173421	.82	78676	.68	252097	1.19	100.03
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	21155259	100.00	0	.00	21155259	100.00	103

**** THIS PROVIDER IS NOT A PPS HOSPITAL

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	2292144
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	7093715
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.323