South County Hospital

Medicare 2552
Fiscal Year 2008

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

WORKSHEET S
PARTS I & II

INTERMEDIARY USE ONLY: [ ] AUDITED [ ] DESK REVIEWED

DATE RECEIVED _____ INTERMEDIARY NO. _____

[ ] INITIAL [ ] FINAL

[ ] RE-OPENING [ ] MCR CODE

PART I - CERTIFICATION

CHECK APPLICABLE BOX

XX ELECTRONICALLY FILED COST REPORT
__ MANUALLY SUBMITTED COST REPORT

DATE: 02/21/2009
TIME: 13:04

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 SOUTH COUNTY HOSPITAL (41-0008) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2007 AND ENDING 09/30/2008, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR Encryption: 02/21/2009 13:04
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VDUqH0IEBX9APJpKNFKMh7AHIONHAS
hnw8153M0Y0mVPCI

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(SIGNED) C. Baker
OFFICER OR ADMINISTRATOR OF PROVIDER(S)

CFO
TITLE

2/25/09
DATE

PART II - SETTLEMENT SUMMARY

		TITLE V	TITLE XVIII PART A	TITLE XVIII PART B	TITLE XIX	
		1	2	3	4	
1	HOSPITAL		61138	27557		1
2	SUBPROVIDER I					2
3	SWING BED - SNF					3
4	SWING BED - NF					4
5	SKILLED NURSING FACILITY					5
6	NURSING FACILITY					6
7	HOME HEALTH AGENCY					7
8	OUTPATIENT REHABILITATION PROVIDER					8
9	HEALTH CLINIC					9
100	TOTAL		61138	27557		100

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

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID 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 HOSPITAL HEALTH CARE COMPLEX COST REPORT
CERTIFICATION AND SETTLEMENT SUMMARY

WORKSHEET S
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(SIGNED) S. Brown
OFFICER OR ADMINISTRATOR OF PROVIDER(S)

CFO
TITLE

2/25/09
DATE

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3	SWING BED - SNF					3
4	SWING BED - NF					4
5	SKILLED NURSING FACILITY					5
6	NURSING FACILITY					6
7	HOME HEALTH AGENCY					7
8	OUTPATIENT REHABILITATION PROVIDER					8
9	HEALTH CLINIC					9
100	TOTAL		61138	27557		100

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HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 100 KENYON AVENUE — P.O.BOX: — 1
1.01 CITY: WAKEFIELD — STATE: RI — ZIP CODE: 02879 — COUNTY: WASHINGTON — 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	SOUTH COUNTY HOSPITAL	41-0008	07/01/1966	N	P	O	2
3	SUBPROVIDER I							3
4	SWING BEDS - SNF							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: 10/01/2007 TO: 09/30/2008 1 2	17
18	TYPE OF CONTROL	2	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?	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.	1 N Y	21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.	1	21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.	1	21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER 'Y' FOR YES AND 'N' FOR NO.	NO	21.06
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?	NO	22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW	NO	23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COl. 3.		23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.		23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.		24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.		24.01
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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

OTHER INFORMATION

26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:			26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.			26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:			26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO		27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.			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
	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	N	28.03
28.04	RECRUITMENT	0.00	N	28.04
28.05	RETENTION OF EMPLOYEES	0.00	N	28.05
28.06	TRAINING	0.00	N	28.06
28.07	OTHER (SPECIFY)			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.	NO		30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.			30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?			30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)			30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.			30.0
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		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 (EXLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	NO		35

		V	XVIII	XIX	
	PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL	1	2	3	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	YES	NO	36
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	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?	NO	NO	NO	37.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

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

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

		PART A 1	PART B 2	OUTPATIENT ASC 3	OUTPATIENT RADIOLOGY 4	OUTPATIENT DIAGNOSTIC 5	
47	HOSPITAL	N	N	N	N	N	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: PREMIUMS: PAID LOSSES: AND/OR SELF INSURANCE:		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

		DATE 0	Y/N 1	LIMIT 2	Y/N 3	FEES 4	
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.	/ /	NO	0.00	NO		56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		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

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I

	COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH PATIENT HOURS 2.01	I/P DAYS / O/P VISITS / TRIPS: TITLE V 3	TITLE XVIII 4	LTCH NONCOVERED DAYS 4.01	TITLE XIX 5	OBS. BEDS ADMITTED 5.01	
1	HOSPITAL ADULTS & PEDS, EXCL SWING BED, OBSERV & HOSPICE DAYS	68	24888			8171		629		1
2	HMO					3252		970		2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF									3
4	HOSPITAL ADULTS & PEDS - SWING BED NF									4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS	68	24888			8171		629		5
6	INTENSIVE CARE UNIT	8	2928			1020				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	76	27816			9191		629		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	76								25
26	OBSERVATION BED DAYS									26
27	AMBULANCE TRIPS									27
28	EMPLOYEE DISCOUNT DAYS									28

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I
(CONTINUED)

	COMPONENT	-----I/P DAYS / O/P VISITS / TRIPS---- OBS. BEDS NOT ADMITTED 5.02	TOTAL ALL PATIENTS 6	OBS. BEDS ADMITTED 6.01	OBS. BEDS NOT ADMITTED 6.02	---INTERNS & RES FTES---- TOTAL 7	LESS I&R REPL NON-PHYS ANES 8	NET 9	--FULL TIME EQUIV-- EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		19655								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		19655								5
6	INTENSIVE CARE UNIT		2113								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		1021								11
12	TOTAL HOSPITAL		22789						629.60		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								629.60		25
26	OBSERVATION BED DAYS		392		392						26
27	AMBULANCE TRIPS										27
28	EMPLOYEE DISCOUNT DAYS										28

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I
(CONTINUED)

	COMPONENT	DISCHARGES TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15	
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		2062	516	5956	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		2062	516	5956	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

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PART II

PART II - WAGE DATA	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	
SALARIES	1	2	3	4	5	6	
1 TOTAL SALARIES	36931238		36931238	1309568.00	28.20		1
2 NON-PHYSICIAN ANESTHETIST PART A							2
3 NON-PHYSICIAN ANESTHETIST PART B							3
4 PHYSICIAN - PART A	539753		539753	4160.00	129.75	WKST A-8-2	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	2759127	-148894	2610233	59333.00	43.99		8.01
OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR	1249216		1249216	42793.00	29.19	CONT. LABOR SUM	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	256467		256467	5107.00	50.22	WKST A-8-2	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)	9572758		9572758			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS	706718		706718			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	157851		157851			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	284702		284702	11232.00	25.35		21
22 ADMINISTRATIVE & GENERAL	5226557	-20227	5206330	205867.00	25.29		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT	71306		71306	2022.25	35.26		22.01
23 MAINTENANCE & REPAIRS	668654		668654	28288.00	23.64		23
24 OPERATION OF PLANT							24
25 LAUNDRY & LINEN SERVICE							25
26 HOUSEKEEPING	437348		437348	29744.00	14.70		26
26.01 HOUSEKEEPING UNDER CONTRACT	445750		445750	31575.00	14.12		26.01
27 DIETARY	690850	-336752	354098	23337.00	15.17		27
27.01 DIETARY UNDER CONTRACT	2350		2350	80.00	29.38		27.01
28 CAFETERIA		336752	336752	21591.00	15.60		28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	1130264		1130264	28080.00	40.25		30
31 CENTRAL SERVICES AND SUPPLY	338580		338580	22464.00	15.07		31
32 PHARMACY	876178		876178	24128.00	36.31		32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	904116		904116	46800.00	19.32		33
34 SOCIAL SERVICE	298275		298275	9568.00	31.17		34
35 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PART III

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	
	1	2	3	4	5	
1 NET SALARIES	37450644		37450644	1343245.25	27.88	1
2 EXCLUDED AREA SALARIES	2759127	-148894	2610233	59333.00	43.99	2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	34691517	148894	34840411	1283912.25	27.14	3
4 SUBTOTAL OTHER WAGES & REL COSTS	1505683		1505683	47900.00	31.43	4
5 SUBTOTAL WAGE-RELATED COSTS	9730609		9730609		27.93%	5
6 TOTAL (SUM OF LINES 3 THRU 5)	45927809	148894	46076703	1331812.25	34.60	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	11374930	-20227	11354703	484776.25	23.42	13

NHCMQ DEMONSTRATION STATISTICAL DATA
STATISTICAL DATA

WORKSHEET S-7

	GROUP	M3PI REVENUE CODE	SERVICES PRIOR TO JANUARY 1 RATE	DAYS	SERVICES ON OR AFTER JANUARY 1 RATE	DAYS	TOTAL	
	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
14.01	RLX							14.01
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	DEFAULT RATE							45
46	TOTAL							46

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?		1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04		2
2.01	IS IT AT THE TIME OF ADMISSION?		2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?		2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?		2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)		2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?		3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?		4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?		5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?		6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?		7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01		8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?		8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04		9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?		9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?		9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?		9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?		9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?		10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04		11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?		11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?		11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?		11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?		11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?		12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?		13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01		14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?		14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?		14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?		15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?		16
17	REVENUE RELATED TO UNCOMPENSATED CARE	2966349	17
17.01	GROSS MEDICAID REVENUES	5049922	17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS		18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)		19
20	RESTRICTED GRANTS		20
21	NON-RESTRICTED GRANTS		21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	8016271	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.427859	24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST		25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS		26
27	TOTAL SCHIP COST		27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	12738233	28
29	TOTAL GROSS MEDICAID COST	5450168	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	1097165	30
31	UNCOMPENSATED CARE COST	469432	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	5450168	32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI-FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST-MENTS 6	NET EXP FOR ALLOCATION 7	
		GENERAL SERVICE COST CENTERS								
1	0100	OLD CAP REL COSTS-BLDG & FIXT								1
2	0200	OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300	NEW CAP REL COSTS-BLDG & FIXT		91130	91130	8476075	8567205	-439960	8127245	3
4	0400	NEW CAP REL COSTS-MVBLE EQUIP				3280834	3280834		3280834	4
5	0500	EMPLOYEE BENEFITS	284702	10608233	10892935	-14669	10878266		10878266	5
6.01	0610	COMMUNICATIONS	399302	244978	644280	-120869	523411		523411	6.01
6.02	0630	PURCHASING	288613	101065	389678	-2122	387556	-88179	299377	6.02
6.03	0640	ADMITTING	780684	54245	834929	48230	883159		883159	6.03
6.04	0650	PATIENT ACCOUNTING	666236	1202209	1868445	-2280	1866165		1866165	6.04
6.05	0660	OTHER ADMINISTRATION AND GENERA	3091722	9090424	12182146	-1291743	10890403	-711610	10178793	6.05
7	0700	MAINTENANCE & REPAIRS	668654	584070	1252724	-67110	1185614		1185614	7
8	0800	OPERATION OF PLANT		3432381	3432381	-1294751	2137630	-28750	2108880	8
8.01	0801	BIO MED SERVICE CONTRACTS		508150	508150	-2452	505698		505698	8.01
9	0900	LAUNDRY & LINEN SERVICE		347610	347610	-75	347535		347535	9
10	1000	HOUSEKEEPING	437348	974166	1411514	-3143	1408371		1408371	10
11	1100	DIETARY	690850	1016676	1707526	-887162	820364		820364	11
12	1200	CAFETERIA				857853	857853	-257875	599978	12
13	1300	MAINTENANCE OF PERSONNEL								13
14	1400	NURSING ADMINISTRATION	1130264	90409	1220673	-28138	1192535		1192535	14
15	1500	CENTRAL SERVICES & SUPPLY	338580	176782	515362	-52662	462700		462700	15
16	1600	PHARMACY	876178	1987695	2863873	-1910494	953379	-14523	938856	16
17	1700	MEDICAL RECORDS & LIBRARY	904116	65644	969760	-1342	968418	-4956	963462	17
18	1800	SOCIAL SERVICE	298275	29497	327772	-182	327590		327590	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	6549708	3621300	10171008	-693958	9477050	-1786953	7690097	25
26	2600	INTENSIVE CARE UNIT	1526155	235471	1761626	-8952	1752674	-136497	1616177	26
33	3300	NURSERY				129728	129728		129728	33
		ANCILLARY SERVICE COST CENTERS								
37	3700	OPERATING ROOM	2254037	6261697	8515734	-5199212	3316522	-19600	3296922	37
38	3800	RECOVERY ROOM	1766817	135761	1902578	-20160	1882418		1882418	38
39	3900	DELIVERY ROOM & LABOR ROOM	65220	8	65228	172030	237258		237258	39
41	4100	RADIOLOGY-DIAGNOSTIC	1526377	1447040	2973417	-665087	2308330	-29250	2279080	41
43.01	4301	NUCLEAR MEDICINE	159625	203571	363196	-163201	199995		199995	43.01
43.02	4302	ECHOCARDIOGRAPHY		51027	51027	-4298	46729	-46020	709	43.02
43.03	4303	ULTRASOUND	411253	164788	576041	-80711	495330	-17225	478105	43.03
43.04	4304	MAGNETIC RESONANCE IMAGING	258974	428289	687263	-251040	436223		436223	43.04
43.05	4305	CAT SCAN	414326	447058	861384	-84897	776487		776487	43.05
44	4400	LABORATORY	3490560	3375364	6865924	-469656	6396268	-235512	6160756	44
46.30	4650	BLOOD CLOTTING FACTORS ADMIN CO								46.30
47	4700	BLOOD STORING, PROCESSING & TRA		509923	509923	164956	674879		674879	47
48	4800	INTRAVENOUS THERAPY	143654	1230290	1373944	-2676	1371268		1371268	48
49	4900	RESPIRATORY THERAPY	723516	214500	938016	-9238	928778	-42960	885818	49
50	5000	PHYSICAL THERAPY	248358	76027	324385	72853	397238		397238	50
51	5100	OCCUPATIONAL THERAPY		61354	61354		61354		61354	51
52	5200	SPEECH PATHOLOGY		55575	55575		55575		55575	52
53	5300	ELECTROCARDIOLOGY	97356	154171	251527	-19470	232057	-120850	111207	53
53.01	5301	CARDIAC REHAB	240579	30226	270805	-17541	253264	-9014	244250	53.01
54	5400	ELECTROENCEPHALOGRAPHY	175413	192394	367807	-24311	343496	-146800	196696	54
55	5500	MEDICAL SUPPLIES CHARGED TO PAT				5103479	5103479		5103479	55
56	5600	DRUGS CHARGED TO PATIENTS				1983231	1983231		1983231	56
57	5700	RENAL DIALYSIS								57
		OUTPATIENT SERVICE COST CENTERS								
60	6000	CLINIC	796068	590398	1386466	24768	1411234	-19967	1391267	60
60.01	6001	FAMILY EDUCATION	9682	485	10167		10167		10167	60.01
61	6100	EMERGENCY	2337236	1140398	3477634	-784024	2693610	-60000	2633610	61
61.01	6101	EXPRESS CARE								61.01
62	6200	OBSERVATION BEDS (NON-DISTINCT								62
63	4950	OCCUPATIONAL MEDICINE	121673	89898	211571	-101	211470		211470	63
63.50	6310	RHC								63.50
63.60	6320	FQHC								63.60
		OTHER REIMBURSABLE COST CENTERS								
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

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	
85.03	8530	ISLET CELL ACQUISITION								85.03
88	8800	INTEREST EXPENSE		5207139	5207139	-5207139				88
95		SUBTOTALS	34172111	56529516	90701627	929171	91630798	-4216501	87414297	95
		NONREIMBURSABLE COST CENTERS								
96	9600	GIFT, FLOWER, COFFEE SHOP & CAN								96
98	9800	PHYSICIANS' PRIVATE OFFICES	2075285	799467	2874752	-22283	2852469		2852469	98
100	7950	NON PATIENT								100
100.01	7951	MD ANSWERING SERVICE		20945	20945	71196	92141		92141	100.01
100.02	7952	DEVELOPMENT								100.02
100.03	7953	CAPITAL CAMPAIGN								100.03
100.04	7954	PROVISION FOR BAD DEBT		6938805	6938805		6938805	-6938805		100.04
100.05	7955	WELLNESS PROGRAM								100.05
100.06	7956	NK TREATMENT CENTER	622423	607105	1229528	-321336	908192		908192	100.06
100.07	7957	MEDICAL OFFICE BUILDING	61419	689267	750686	-656748	93938		93938	100.07
100.08	7958	FOUNDATION MANAGEMENT								100.08
101		TOTAL	36931238	65585105	102516343		102516343	-11155306	91361037	101

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	TO RECL INTEREST EXPENSE	A	NEW CAP REL COSTS-BLDG & FIXT	3		5207139	1
2							2
3	TO RECL CAFETERIA EXPENSE	B	CAFETERIA	12	336752	521101	3
4							4
5	TO RECL NURING EXPENSE FOR NURSEY	C	NURSERY	33	106535	23193	5
6	AND LABOR & DELIVERY	C	DELIVERY ROOM & LABOR ROOM	39	141275	30755	6
7							7
8	TO RECL EMPLOYEE HEALTH EXPENSE	D	EMPLOYEE BENEFITS	5		24450	8
9							9
10	TO RECL M&S CHARGEABLE COSTS	E	MEDICAL SUPPLIES CHARGED TO P	55		5103479	10
11		E					11
12		E					12
13		E					13
14		E					14
15		E					15
16							16
17	TO RECL BLOOD PROCESSING COSTS	F	BLOOD STORING, PROCESSING & T	47	78291	86665	17
18							18
19	TO RECL DRUGS CHARGEABLE	J	DRUGS CHARGED TO PATIENTS	56		1983231	19
20		J					20
21							21
22	TO RECL PHYSICIAN ADMIN COSTS	K	PHARMACY	16		5600	22
23		K	MEDICAL RECORDS & LIBRARY	17		2400	23
24		K	ADULTS & PEDIATRICS	25		9600	24
25		K	OPERATING ROOM	37		44400	25
26		K	RADIOLOGY-DIAGNOSTIC	41		15600	26
27		K	NUCLEAR MEDICINE	43.01		3600	27
28		K	ULTRASOUND	43.03		3600	28
29		K	MAGNETIC RESONANCE IMAGING	43.04		3600	29
30		K	CAT SCAN	43.05		3600	30
31		K	RESPIRATORY THERAPY	49		13200	31
32		K	ELECTROCARDIOLOGY	53		3000	32
33		K	CLINIC	60		36667	33
34							34
35	TO RECL NK TREATMENT SALARIES	L	ADMITTING	6.03	50969		35
36	SUBTOTAL				713822	13124880	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	COST CENTER 6	DECREASE LINE # 7	SALARY 8	OTHER 9	WKST A-7 REF. 10	
1	TO RECL INTEREST EXPENSE	A	INTEREST EXPENSE	88		5207139	11	1
2								2
3	TO RECL CAFETERIA EXPENSE	B	DIETARY	11	336752	521101		3
4								4
5	TO RECL NURING EXPENSE FOR NURSEY	C	ADULTS & PEDIATRICS	25	247810	53948		5
6	AND LABOR & DELIVERY	C						6
7								7
8	TO RECL EMPLOYEE HEALTH EXPENSE	D	LABORATORY	44		24450		8
9								9
10	TO RECL M&S CHARGEABLE COSTS	E	OPERATING ROOM	37		4817512		10
11		E	RADIOLOGY-DIAGNOSTIC	41		275380		11
12		E						12
13		E	CLINIC	60		345		13
14		E	EMERGENCY	61		9262		14
15		E	NK TREATMENT CENTER	100.06		981		15
16								16
17	TO RECL BLOOD PROCESSING COSTS	F	LABORATORY	44	78291	86665		17
18								18
19	TO RECL DRUGS CHARGEABLE	J	PHARMACY	16		1899018		19
20		J	NUCLEAR MEDICINE	43.01		84213		20
21								21
22	TO RECL PHYSICIAN ADMIN COSTS	K	OTHER ADMINISTRATION AND GENE	6.05		144867		22
23		K						23
24		K						24
25		K						25
26		K						26
27		K						27
28		K						28
29		K						29
30		K						30
31		K						31
32		K						32
33		K						33
34								34
35	TO RECL NK TREATMENT SALARIES	L	NK TREATMENT CENTER	100.06	220090			35
36	SUBTOTAL				882943	13124881		36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
		1	2	3	4	5	
1		L	RADIOLOGY-DIAGNOSTIC	41	92579		1
2		L	PHYSICAL THERAPY	50	76542		2
3							3
4	TO RECL MOB OTHER COSTS FOR	N	NEW CAP REL COSTS-BLDG & FIXT	3		159497	4
5		N	PURCHASING	6.02		397	5
6	ALLOCATION THRU STEPDOWN	N	OTHER ADMINISTRATION AND GENE	6.05		330	6
7		N	MAINTENANCE & REPAIRS	7		9474	7
8		N	OPERATION OF PLANT	8		154332	8
9							9
10	TO RECL MME DEPRECIATION TO OWN	O	NEW CAP REL COSTS-MVBLE EQUIP	4		3137856	10
11	COST CENTER	O					11
12		O					12
13		O					13
14		O					14
15		O					15
16		O					16
17		O					17
18		O					18
19		O					19
20		O					20
21		O					21
22		O					22
23		O					23
24		O					24
25		O					25
26		O					26
27		O					27
28		O					28
29		O					29
30		O					30
31		O					31
32		O					32
33		O					33
34		O					34
35		O					35
36	SUBTOTAL				882943	16586766	36

RECLASSIFICATIONS

WORKSHEET A-6
PAGE 2

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	COST CENTER 6	DECREASE LINE # 7	SALARY 8	OTHER 9	WKST A-7 REF. 10	
1		L						1
2		L						2
3								3
4	TO RECL MOB OTHER COSTS FOR	N	MEDICAL OFFICE BUILDING	100.07		324029	9	4
5		N						5
6	ALLOCATION THRU STEPDOWN	N						6
7		N						7
8		N						8
9								9
10	TO RECL MME DEPRECIATION TO OWN	O	EMPLOYEE BENEFITS	5		3714	9	10
11	COST CENTER	O	COMMUNICATIONS	6.01		36600	9	11
12		O	PURCHASING	6.02		650	9	12
13		O	ADMITTING	6.03		2683	9	13
14		O	PATIENT ACCOUNTING	6.04		2280	9	14
15		O	OTHER ADMINISTRATION AND GENE	6.05		1136843	9	15
16		O	MAINTENANCE & REPAIRS	7		11880	9	16
17		O	OPERATION OF PLANT	8		7289	9	17
18		O	LAUNDRY & LINEN SERVICE	9		75	9	18
19		O	HOUSEKEEPING	10		3143	9	19
20		O	DIETARY	11		12160	9	20
21		O	NURSING ADMINISTRATION	14		35455	9	21
22		O	CENTRAL SERVICES & SUPPLY	15		52380	9	22
23		O	PHARMACY	16		16037	9	23
24		O	MEDICAL RECORDS & LIBRARY	17		3742	9	24
25		O	SOCIAL SERVICE	18		72	9	25
26		O	ADULTS & PEDIATRICS	25		167740	9	26
27		O	INTENSIVE CARE UNIT	26		11321	9	27
28		O	OPERATING ROOM	37		284362	9	28
29		O	RECOVERY ROOM	38		3485	9	29
30		O	RADIOLOGY-DIAGNOSTIC	41		488729	9	30
31		O	NUCLEAR MEDICINE	43.01		82362	9	31
32		O	ECHOCARDIOGRAPHY	43.02		4298	9	32
33		O	ULTRASOUND	43.03		79222	9	33
34		O	MAGNETIC RESONANCE IMAGING	43.04		254640	9	34
35		O	CAT SCAN	43.05		88053	9	35
36	SUBTOTAL				882943	16238125		36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
		1	2	3	4	5	
1		O					1
2		O					2
3		O					3
4		O					4
5		O					5
6		O					6
7		O					7
8		O					8
9		O					9
10		O					10
11		O					11
12		O					12
13		O					13
14							14
15	TO RECLASS EMPLOYEE ADVERTISING	P	OTHER ADMINISTRATION AND GENE	6.05		100	15
16		P	NURSING ADMINISTRATION	14		13033	16
17		P	INTENSIVE CARE UNIT	26		2509	17
18		P	OPERATING ROOM	37		2530	18
19		P	RESPIRATORY THERAPY	49		3660	19
20		P	PHYSICAL THERAPY	50		9631	20
21							21
22	TO RECL OR SCOPES TO MME	Q	NEW CAP REL COSTS-MVBLE EQUIP	4		142978	22
23							23
24	TO RECLASS COMMUNICATIONS SALARY	R	MD ANSWERING SERVICE	100.01	71196		24
25	RELATED TO PATIENT PHONES	R					25
26							26
27	TO RECLASS BLDG & FIXED TO OWN	S	NEW CAP REL COSTS-BLDG & FIXT	3		3109439	27
28	CENTER	S					28
29		S					29
30		S					30
31		S					31
32		S					32
33		S					33
34		S					34
35		S					35
36	SUBTOTAL				954139	19870646	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE COST CENTER	LINE #	SALARY	OTHER	WKST A-7 REF.	
		1	6	7	8	9	10	
1		O	LABORATORY	44		133970	9	1
2		O	INTRAVENOUS THERAPY	48		2676	9	2
3		O	RESPIRATORY THERAPY	49		25459	9	3
4		O	PHYSICAL THERAPY	50		11576	9	4
5		O	ELECTROCARDIOLOGY	53		21618	9	5
6		O	CARDIAC REHAB	53.01		17541	9	6
7		O	ELECTROENCEPHALOGRAPHY	54		16600	9	7
8		O	CLINIC	60		2384	9	8
9		O	EMERGENCY	61		85861	9	9
10		O	OCCUPATIONAL MEDICINE	63		101	9	10
11		O	PHYSICIANS' PRIVATE OFFICES	98		10214	9	11
12		O	NK TREATMENT CENTER	100.06		16230	9	12
13		O	MEDICAL OFFICE BUILDING	100.07		4411	9	13
14								14
15	TO RECLASS EMPLOYEE ADVERTISING	P	EMPLOYEE BENEFITS	5		31463		15
16		P						16
17		P						17
18		P						18
19		P						19
20		P						20
21								21
22	TO RECL OR SCOPES TO MME	Q	OPERATING ROOM	37		142978	9	22
23								23
24	TO RECLASS COMMUNICATIONS SALARY	R	COMMUNICATIONS	6.01	71196			24
25	RELATED TO PATIENT PHONES	R						25
26								26
27	TO RECLASS BLDG & FIXED TO OWN	S	EMPLOYEE BENEFITS	5		3942	9	27
28	CENTER	S	COMMUNICATIONS	6.01		13073	9	28
29		S	PURCHASING	6.02		1869	9	29
30		S	ADMITTING	6.03		56	9	30
31		S	OTHER ADMINISTRATION AND GENE	6.05		10463	9	31
32		S	MAINTENANCE & REPAIRS	7		64704	9	32
33		S	OPERATION OF PLANT	8		1441794	9	33
34		S	BIO MED SERVICE CONTRACTS	8.01		2452	9	34
35		S	DIETARY	11		17149	9	35
36	SUBTOTAL				954139	18316709		36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	INCREASE COST CENTER 2	INCREASE LINE # 3	INCREASE SALARY 4	INCREASE OTHER 5	
1		S					1
2		S					2
3		S					3
4		S					4
5		S					5
6		S					6
7		S					7
8		S					8
9		S					9
10		S					10
11		S					11
12		S					12
13		S					13
14		S					14
15		S					15
16		S					16
17		S					17
18		S					18
19		S					19
20		S					20
21		S					21
22		S					22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36	TOTAL RECLASSIFICATIONS				954139	19870646	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	COST CENTER 6	DECREASE LINE # 7	SALARY 8	OTHER 9	WKST A-7 REF. 10	
1		S	NURSING ADMINISTRATION	14		5716	9	1
2		S	CENTRAL SERVICES & SUPPLY	15		282	9	2
3		S	PHARMACY	16		1039	9	3
4		S	SOCIAL SERVICE	18		110	9	4
5		S	ADULTS & PEDIATRICS	25		234060	9	5
6		S	INTENSIVE CARE UNIT	26		140	9	6
7		S	OPERATING ROOM	37		1290	9	7
8		S	RECOVERY ROOM	38		16675	9	8
9		S	RADIOLOGY-DIAGNOSTIC	41		9157	9	9
10		S	NUCLEAR MEDICINE	43.01		226	9	10
11		S	ULTRASOUND	43.03		5089	9	11
12		S	CAT SCAN	43.05		444	9	12
13		S	LABORATORY	44		146280	9	13
14		S	RESPIRATORY THERAPY	49		639	9	14
15		S	PHYSICAL THERAPY	50		1744	9	15
16		S	ELECTROCARDIOLOGY	53		852	9	16
17		S	ELECTROENCEPHALOGRAPHY	54		7711	9	17
18		S	CLINIC	60		9170	9	18
19		S	EMERGENCY	61		688901	9	19
20		S	PHYSICIANS' PRIVATE OFFICES	98		12069	9	20
21		S	NK TREATMENT CENTER	100.06		84035	9	21
22		S	MEDICAL OFFICE BUILDING	100.07		328308	9	22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34								34
35								35
36	TOTAL RECLASSIFICATIONS				954139	19870646		36

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

WORKSHEET A-7
PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS PURCHASE 2	ACQUISITIONS DONATION 3	ACQUISITIONS TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
1	LAND								1
2	LAND IMPROVEMENTS								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 PURCHASE 2	ACQUISITIONS DONATION 3	ACQUISITIONS TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
1	LAND	326821					326821		1
2	LAND IMPROVEMENTS	1963036	8095		8095	37725	1933406		2
3	BUILDINGS AND FIXTURES	42403157	10918640	56125	10974765		53377922		3
4	BUILDING IMPROVEMENTS	16435697				15083833	1351864		4
5	FIXED EQUIPMENT	20831003	8225948		8225948	3990	29052961		5
6	MOVABLE EQUIPMENT	31476080	3392488		3392488	208089	34660479		6
7	SUBTOTAL	113435794	22545171	56125	22601296	15333637	120703453		7
8	RECONCILING ITEMS								8
9	TOTAL	113435794	22545171	56125	22601296	15333637	120703453		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
PARTS III & IV

	DESCRIPTION	COMPUTATION OF RATIOS: GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	ALLOCATION OF OTHER CAPITAL: INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL	
		1	2	3	4	5	6	7	8	
1	OLD CAP REL COSTS-BLDG & FIXT				.000000					1
2	OLD CAP REL COSTS-MVBLE EQUIP				.000000					2
3	NEW CAP REL COSTS-BLDG & FIXT	84364289		84364289	.708796					3
4	NEW CAP REL COSTS-MVBLE EQUIP	34660479		34660479	.291204					4
5	TOTAL	119024768		119024768	1.000000					5

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL: DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL	
		9	10	11	12	13	14	15	
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT	2920106		5207139				8127245	3
4	NEW CAP REL COSTS-MVBLE EQUIP	3280834						3280834	4
5	TOTAL	6200940		5207139				11408079	5

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

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL: DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL	
		9	10	11	12	13	14	15	
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT	91130						91130	3
4	NEW CAP REL COSTS-MVBLE EQUIP								4
5	TOTAL	91130						91130	5

ADJUSTMENTS TO EXPENSES

	DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO. 4	WKST A-7 REF 5	
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	-746873	NEW CAP REL COSTS-BLDG & FIXT	3	9	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	B	-88179	PURCHASING	6.02		7
8	RENTAL OF PROVIDER SPACE BY SUPPLIERS						8
9	TELEPHONE SERVICES (PAY STATIONS EXCL)						9
10	TELEVISION AND RADIO SERVICE						10
11	PARKING LOT						11
12	PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-2629785				12
13	SALE OF SCRAP, WASTE, ETC.						13
14	RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1					14
15	LAUNDRY AND LINEN SERVICE						15
16	CAFETERIA - EMPLOYEES AND GUESTS	B	-257875	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	B	-14523	PHARMACY	16		19
20	SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-4956	MEDICAL RECORDS & LIBRARY	17		20
21	NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)						21
22	VENDING MACHINES						22
23	INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES						23
24	INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT						24
25	ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		RESPIRATORY THERAPY	49		25
26	ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		PHYSICAL THERAPY	50		26
27	ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST A-8-3		HOME HEALTH AGENCY	71		27
28	UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89		28
29	DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1		29
30	DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2		30
31	DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3		31
32	DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4		32
33	NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20		33
34	PHYSICIANS' ASSISTANT						34
35	ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4					35
36	ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4					36
37	MISCELLANEOUS INCOME	B	-240832	OTHER ADMINISTRATION AND GENERA	6.05		37
38	RI PET SHARE OF INCOME	B	-29250	RADIOLOGY-DIAGNOSTIC	41		38
39	EMPLOYEE FITNESS INCOME	B	-9014	CARDIAC REHAB	53.01		39
40	EDUC & PUB OTHER REVENUE	B	-6844	OTHER ADMINISTRATION AND GENERA	6.05		40
41							41
42	HOLTER SCANNING	B	-1730	ELECTROCARDIOLOGY	53		42
43	WC REVENUES	B	-22962	OTHER ADMINISTRATION AND GENERA	6.05		43
44	ROOM RENT	B	-18400	OTHER ADMINISTRATION AND GENERA	6.05		44
45	JV RADIATION THERAPY	B	-360500	OTHER ADMINISTRATION AND GENERA	6.05		45
46	RENTAL INCOME	B	-24761	OTHER ADMINISTRATION AND GENERA	6.05		46
47	PET DOCK INCOME	B	-28750	OPERATION OF PLANT	8		47
48	MEDICARE REV INCOME	B	-13690	OTHER ADMINISTRATION AND GENERA	6.05		48
49							49
49.01	MOB PARTNERSHIP INCOME	B	-3985	OTHER ADMINISTRATION AND GENERA	6.05		49.01
49.02	RENTAL INCOME DSAIC	B	-4800	OTHER ADMINISTRATION AND GENERA	6.05		49.02
49.03	TELEVISION OFFSET	A	-1529	NEW CAP REL COSTS-BLDG & FIXT	3	9	49.03
49.05	TELEVISION OFFSET	A	-14836	OTHER ADMINISTRATION AND GENERA	6.05		49.05
49.06	PROVISION FOR BAD DEBTS ADJUSTMEN	A	-6938805	PROVISION FOR BAD DEBT	100.04		49.06
49.07	SOCIAL WORKER FROM OBS HEALTH CTR	A	-869	ADULTS & PEDIATRICS	25		49.07
49.09	AMORTIZE LOSS ON REFUNDING	A	149206	NEW CAP REL COSTS-BLDG & FIXT	3	9	49.09
49.10	AMORTIZE LOSS ON REFUNDING 2006	A	159236	NEW CAP REL COSTS-BLDG & FIXT	3	9	49.10
50	TOTAL		-11155306				50

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

WORKSHEET A-8-1

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

	LINE NO. 1	COST CENTER 2	EXPENSE ITEMS 3	AMOUNT OF ALLOWABLE COST 4	AMOUNT (INCL IN WKST A, COL 5) 5	NET ADJ-USTMENTS 6	WKST A-7 REF 7	
1								1
2								2
3								3
4								4
5		TOTALS						5

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

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

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

	SYMBOL (1) 1	NAME 2	PERCENT OF OWNERSHIP 3	RELATED ORGANIZATION(S) AND/OR HOME OFFICE: NAME 4	PERCENT OF OWNERSHIP 5	TYPE OF BUSINESS 6	
1							1
2							2
3							3
4							4
5							5

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

	WKST A LINE NO. 1	COST CENTER/ PHYSICIAN IDENTIFIER 2		TOTAL REMUNERATION INCL FRINGES 3	PROFESSIONAL COMPONENT 4	PROVIDER COMPONENT 5	RCE AMOUNT 6	PHYSICIAN/ PROVIDER COMPONENT HOURS 7	UNADJUSTED RCE LIMIT 8	PERCENT OF UNADJUSTED RCE LIMIT 9
1	25	ADULTS & PEDIATRICS	ROUTINE AGGREGATE	1786084	1786084		165600			
2	26	INTENSIVE CARE UNIT	ICU FEES	136497	136497		165600			
3	43.02	ECHOCARDIOGRAPHY	ECHO FEES	46020	46020		165600			
4	43.03	ULTRASOUND	ULTRASOUND FEES	17225	17225		225300			
5	44	LABORATORY	LAB PATH FEES	134775	134775		215700			
6	49	RESPIRATORY THERAPY	RESPIRATORY FEES	42960	42960		165600			
7	53	ELECTROCARDIOLOGY	EKG FEES	119120	119120		165600			
8	54	ELECTROENCEPHALOGRAPHY	SLEEP LAB FEES	146800	146800		165600			
9	60	CLINIC	CLINIC FEES	19967	19967		165600			
10	44	LABORATORY	PATHOLOGISTS SALARY	539753		539753	215700	4160	431400	21570
11	6.05	OTHER ADMINISTRATION AND	ADMIN SERVICES	111600		111600	165600	2210	175950	8798
12	16	PHARMACY	ADMIN SERVICES	5600		5600	165600	112	8917	446
13	25	ADULTS & PEDIATRICS	ADMIN SERVICES	9600		9600	165600	192	15286	764
14	37	OPERATING ROOM	ADMIN SERVICES	44400		44400	200300	888	85513	4276
15	41	RADIOLOGY-DIAGNOSTIC	ADMIN SERVICES	15600		15600	225300	312	33795	1690
16	43.01	NUCLEAR MEDICINE	ADMIN SERVICES	3600		3600	225300	72	7799	390
17	43.03	ULTRASOUND	ADMIN SERVICES	3600		3600	225300	72	7799	390
18	43.04	MAGNETIC RESONANCE IMAGI	ADMIN SERVICES	3600		3600	225300	72	7799	390
19	43.05	CAT SCAN	ADMIN SERVICES	3600		3600	225300	72	7799	390
20	49	RESPIRATORY THERAPY	ADMIN SERVICES	13200		13200	165600	264	21018	1051
21	61	EMERGENCY	ER FEES	60000	60000		177200			
22	37	OPERATING ROOM	OR FEES	19600	19600		200300			
23	17	MEDICAL RECORDS & LIBRAR	ADMIN SERVICES	2400		2400	165600	48	3822	191
24	53	ELECTROCARDIOLOGY	ADMIN SERVICES	3000		3000	165600	60	4777	239
25	60	CLINIC	ADMIN SERVICES	36667		36667	165600	733	58358	2918
101		TOTAL		3325268	2529048	796220		9267	870032	43503

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

	WKST A LINE NO. 10	COST CENTER/ PHYSICIAN IDENTIFIER 11		COST OF MEMBERSHIP & CONTIN. EDUCATION 12	PROVIDER COMPONENT SHARE OF COLUMN 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COLUMN 14 15	ADJUSTED RCE LIMIT 16	RCE DIS-ALLOWANCE 17	ADJUST MENT 18
1	25	ADULTS & PEDIATRICS	ROUTINE AGGREGATE							1786084
2	26	INTENSIVE CARE UNIT	ICU FEES							136497
3	43.02	ECHOCARDIOGRAPHY	ECHO FEES							46020
4	43.03	ULTRASOUND	ULTRASOUND FEES							17225
5	44	LABORATORY	LAB PATH FEES							134775
6	49	RESPIRATORY THERAPY	RESPIRATORY FEES							42960
7	53	ELECTROCARDIOLOGY	EKG FEES							119120
8	54	ELECTROENCEPHALOGRAPHY	SLEEP LAB FEES							146800
9	60	CLINIC	CLINIC FEES							19967
10	44	LABORATORY	PATHOLOGISTS SALARY			7616	7616	439016	100737	100737
11	6.05	OTHER ADMINISTRATION AND	ADMIN SERVICES					175950		
12	16	PHARMACY	ADMIN SERVICES					8917		
13	25	ADULTS & PEDIATRICS	ADMIN SERVICES					15286		
14	37	OPERATING ROOM	ADMIN SERVICES					85513		
15	41	RADIOLOGY-DIAGNOSTIC	ADMIN SERVICES					33795		
16	43.01	NUCLEAR MEDICINE	ADMIN SERVICES					7799		
17	43.03	ULTRASOUND	ADMIN SERVICES					7799		
18	43.04	MAGNETIC RESONANCE IMAGI	ADMIN SERVICES					7799		
19	43.05	CAT SCAN	ADMIN SERVICES					7799		
20	49	RESPIRATORY THERAPY	ADMIN SERVICES					21018		
21	61	EMERGENCY	ER FEES							60000
22	37	OPERATING ROOM	OR FEES							19600
23	17	MEDICAL RECORDS & LIBRAR	ADMIN SERVICES					3822		
24	53	ELECTROCARDIOLOGY	ADMIN SERVICES					4777		
25	60	CLINIC	ADMIN SERVICES					58358		
101		TOTAL				7616	7616	877648	100737	2629785

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 MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	COMMUNICAT 6.01	PURCHASING 6.02	ADMITTING 6.03	PATIENT ACCOUNTING 6.04	
	GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT	8127245	8127245							3
4	NEW CAP REL COSTS-MVBLE EQUIP	3280834		3280834						4
5	EMPLOYEE BENEFITS	10878266	39052	3883	10921201					5
6.01	COMMUNICATIONS	523411	12947	38268	97781	672407				6.01
6.02	PURCHASING	299377	303936	680	86011	10597	700601			6.02
6.03	ADMITTING	883159	100244	2805	247845	14450	822	1249325		6.03
6.04	PATIENT ACCOUNTING	1866165	9826	2384	198548	7707	133		2084763	6.04
6.05	OTHER ADMINISTRATION AND GENERA	10178793	310009	1188644	921380	68397	3074			6.05
7	MAINTENANCE & REPAIRS	1185614	130144	12421	199269	7707	17568			7
8	OPERATION OF PLANT	2108880	1557680	7621			75939			8
8.01	BIO MED SERVICE CONTRACTS	505698					465			8.01
9	LAUNDRY & LINEN SERVICE	347535	45841	78			13739			9
10	HOUSEKEEPING	1408371	46516	3286	130336	2890	13239			10
11	DIETARY	820364	155489	12714	105527	13487	20886			11
12	CAFETERIA	599978	84471		100357					12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION	1192535	31292	37071	336836	13487	344			14
15	CENTRAL SERVICES & SUPPLY	462700	134319	54767	100902	5780	4612			15
16	PHARMACY	938856	73759	16768	261114	18303	75342			16
17	MEDICAL RECORDS & LIBRARY	963462	89658	3913	269440	36607	196			17
18	SOCIAL SERVICE	327590	9615	75	88890	4817	29			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	7690097	1357823	175383	1878044	139682	13127	138865	231745	25
26	INTENSIVE CARE UNIT	1616177	167762	11837	454817	9633	2533	36341	60648	26
33	NURSERY	129728	22647		31749		276	5467	9124	33
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	3296922	694874	297319	671737	39497	215079	209123	348827	37
38	RECOVERY ROOM	1882418		3644	526538		3883	17436	29098	38
39	DELIVERY ROOM & LABOR ROOM	237258	35509		61539	4817	366	10396	17350	39
41	RADIOLOGY-DIAGNOSTIC	2279080	616897	510998	482473	54910	27700	84310	140700	41
43.01	NUCLEAR MEDICINE	199995	174003	86115	47571	7707	4807	8381	13986	43.01
43.02	ECHOCARDIOGRAPHY	709	22984	4494		1927	6	5686	9490	43.02
43.03	ULTRASOUND	478105	53685	82832	122560	3853	1645	24620	41088	43.03
43.04	MAGNETIC RESONANCE IMAGING	436223	87339	266243	77178	963	2075	39052	65172	43.04
43.05	CAT SCAN	776487	12989	92065	123475	4817	6170	75254	125587	43.05
44	LABORATORY	6160756	412656	140074	1016907	55873	82254	202038	337171	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
47	BLOOD STORING, PROCESSING & TRA	674879	16279		23332		20159	9204	15359	47
48	INTRAVENOUS THERAPY	1371268	92231	2798	42811	1927	48500	39314	65609	48
49	RESPIRATORY THERAPY	885818	190746	26619	215619	3853	2926	28948	48310	49
50	PHYSICAL THERAPY	397238	14802	12103	96825	2890	786	12293	20515	50
51	OCCUPATIONAL THERAPY	61354	4217				1	1648	2750	51
52	SPEECH PATHOLOGY	55575	1729					456	761	52
53	ELECTROCARDIOLOGY	111207	62331	22603	29014	14450	464	7872	13137	53
53.01	CARDIAC REHAB	244250	169659	18340	71696	2890	377	3708	6187	53.01
54	ELECTROENCEPHALOGRAPHY	196696		17356	52276	5780	553	8904	14859	54
55	MEDICAL SUPPLIES CHARGED TO PAT	5103479						55254	92211	55
56	DRUGS CHARGED TO PATIENTS	1983231						36173	60367	56
57	RENAL DIALYSIS							1102	1839	57
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	1391267		2493	237240	3853	8722	26866	44834	60
60.01	FAMILY EDUCATION	10167			2885		8	90	151	60.01
61	EMERGENCY	2633610	732576	89773	696531	67433	9458	157994	263667	61
61.01	EXPRESS CARE									61.01
62	OBSERVATION BEDS (NON-DISTINCT									62
63	OCCUPATIONAL MEDICINE	211470	5145	106	36260	6743	3461	2530	4221	63
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE 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

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 MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	COMMUNICAT 6.01	PURCHASING 6.02	ADMITTING 6.03	PATIENT ACCOUNTING 6.04	
85.03	ISLET CELL ACQUISITION									85.03
95	SUBTOTALS	87414297	8083681	3248573	10143313	637727	681724	1249325	2084763	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN		35003							96
98	PHYSICIANS' PRIVATE OFFICES	2852469		10679	618466		8347			98
100	NON PATIENT									100
100.01	MD ANSWERING SERVICE	92141	8561		21217	26973				100.01
100.02	DEVELOPMENT									100.02
100.03	CAPITAL CAMPAIGN									100.03
100.04	PROVISION FOR BAD DEBT									100.04
100.05	WELLNESS PROGRAM									100.05
100.06	NK TREATMENT CENTER	908192		16970	119901	7707	4111			100.06
100.07	MEDICAL OFFICE BUILDING	93938		4612	18304		6419			100.07
100.08	FOUNDATION MANAGEMENT									100.08
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	91361037	8127245	3280834	10921201	672407	700601	1249325	2084763	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	SUBTOTAL 5A	ALL OTHER A&G 6.05	MAIN-TENANCE & REPAIRS 7	OPERATION OF PLANT 8	SUBTOTAL	BIO MED SERVICE 8.01	LAUNDRY & LINEN SERVICE 9	HOUSE-KEEPING 10	
	GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6.01	COMMUNICATIONS									6.01
6.02	PURCHASING									6.02
6.03	ADMITTING									6.03
6.04	PATIENT ACCOUNTING									6.04
6.05	OTHER ADMINISTRATION AND GENERA	12670297	12670297							6.05
7	MAINTENANCE & REPAIRS	1552723	250010	1802733						7
8	OPERATION OF PLANT	3750120	603822	388874	4742816					8
8.01	BIO MED SERVICE CONTRACTS	506163	81499			587662	587662			8.01
9	LAUNDRY & LINEN SERVICE	407193	65564	11444	38390	522591	3383	525974		9
10	HOUSEKEEPING	1604638	258369	11613	38955	1913575	12388		1925963	10
11	DIETARY	1128467	181699	38818	130214	1479198	9576		25118	11
12	CAFETERIA	784806	126365	21088	70740	1002999	6493		13631	12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION	1611565	259485	7812	26205	1905067	12333		5054	14
15	CENTRAL SERVICES & SUPPLY	763080	122867	33533	112485	1031965	6681	17458	21697	15
16	PHARMACY	1384142	222866	18414	61770	1687192	10923		11895	16
17	MEDICAL RECORDS & LIBRARY	1363276	219507	22383	75084	1680250	10878		14448	17
18	SOCIAL SERVICE	431016	69400	2400	8052	510868	3307		1532	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	11624766	1871734	338978	1137108	14972586	96930	178168	808472	25
26	INTENSIVE CARE UNIT	2359748	379952	41881	140492	2922073	18918	35343	101391	26
33	NURSERY	198991	32040	5654	18965	255650	1655	9381	24301	33
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	5773378	929595	173474	581921	7458368	48285	112005	244849	37
38	RECOVERY ROOM	2463017	396580			2859597	18513			38
39	DELIVERY ROOM & LABOR ROOM	367235	59130	8865	29737	464967	3010		35328	39
41	RADIOLOGY-DIAGNOSTIC	4197068	675787	154007	516620	5543482	35889	13777	199667	41
43.01	NUCLEAR MEDICINE	542565	87361	43440	145719	819085	5303	5338	6943	43.01
43.02	ECHOCARDIOGRAPHY	45296	7293	5738	19248	77575	502	751	3727	43.02
43.03	ULTRASOUND	808388	130162	13402	44959	996911	6454	17289	8679	43.03
43.04	MAGNETIC RESONANCE IMAGING	974245	156867	21804	73142	1226058	7937	6069	3165	43.04
43.05	CAT SCAN	1216844	195929	3243	10878	1426894	9238	1591	766	43.05
44	LABORATORY	8407729	1353762	103019	345579	10210089	66100		45080	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
47	BLOOD STORING, PROCESSING & TRA	759212	122244	4064	13632	899152	5821		2604	47
48	INTRAVENOUS THERAPY	1664458	268001	23025	77239	2032723	13160	326	14907	48
49	RESPIRATORY THERAPY	1402839	225877	47619	159740	1836075	11887		30785	49
50	PHYSICAL THERAPY	557452	89758	3695	12396	663301	4294	4833	2399	50
51	OCCUPATIONAL THERAPY	69970	11266	1053	3532	85821	556		664	51
52	SPEECH PATHOLOGY	58521	9423	432	1448	69824	452		255	52
53	ELECTROCARDIOLOGY	261078	42037	15561	52199	370875	2401		10057	53
53.01	CARDIAC REHAB	517107	83261	42355	142081	784804	5081	4857	27364	53.01
54	ELECTROENCEPHALOGRAPHY	296424	47728			344152	2228			54
55	MEDICAL SUPPLIES CHARGED TO PAT	5250944	845475			6096419	39468			55
56	DRUGS CHARGED TO PATIENTS	2079771	334872			2414643	15632			56
57	RENAL DIALYSIS	2941	474			3415	22			57
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	1715275	276183			1991458	12893			60
60.01	FAMILY EDUCATION	13301	2142			15443	100			60.01
61	EMERGENCY	4651042	748883	182886	613495	6196306	40115	114459	253323	61
61.01	EXPRESS CARE									61.01
62	OBSERVATION BEDS (NON-DISTINCT									62
63	OCCUPATIONAL MEDICINE	269936	43463	1284	4309	318992	2065		817	63
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE 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

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	SUBTOTAL	ALL OTHER A&G	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	SUBTOTAL	BIO MED SERVICE	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	
		5A	6.05	7	8		8.01	9	10	
85.03	ISLET CELL ACQUISITION									85.03
95	SUBTOTALS	86507027	11888732	1791858	4706334	85678105	550871	521645	1918918	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN	35003	5636	8738	29313	78690	509		5667	96
98	PHYSICIANS' PRIVATE OFFICES	3489961	561933			4051894	26232			98
100	NON PATIENT									100
100.01	MD ANSWERING SERVICE	148892	23974	2137	7169	182172	1179		1378	100.01
100.02	DEVELOPMENT									100.02
100.03	CAPITAL CAMPAIGN									100.03
100.04	PROVISION FOR BAD DEBT									100.04
100.05	WELLNESS PROGRAM									100.05
100.06	NK TREATMENT CENTER	1056881	170173			1227054	7944	4329		100.06
100.07	MEDICAL OFFICE BUILDING	123273	19849			143122	927			100.07
100.08	FOUNDATION MANAGEMENT									100.08
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	91361037	12670297	1802733	4742816	91361037	587662	525974	1925963	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	
		11	12	14	15	16	17	18	25	
	GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6.01	COMMUNICATIONS									6.01
6.02	PURCHASING									6.02
6.03	ADMITTING									6.03
6.04	PATIENT ACCOUNTING									6.04
6.05	OTHER ADMINISTRATION AND GENERA									6.05
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT									8
8.01	BIO MED SERVICE CONTRACTS									8.01
9	LAUNDRY & LINEN SERVICE									9
10	HOUSEKEEPING									10
11	DIETARY	1513892								11
12	CAFETERIA		1023123							12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION		21170	1943624						14
15	CENTRAL SERVICES & SUPPLY		16936		1094737					15
16	PHARMACY		18191		2814	1731015				16
17	MEDICAL RECORDS & LIBRARY		35284				1740860			17
18	SOCIAL SERVICE		7214					522921		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	1268888	179274	1596071	37915	12350	193508	451173	19795335	25
26	INTENSIVE CARE UNIT	124489	33245	296012	9245	1786	50641	19127	3612270	26
33	NURSERY		2478	22186	1050	54	7619	31850	356224	33
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	120515	61002		271151	24207	291345	519	8632246	37
38	RECOVERY ROOM		41400		14511	443	24297		2958761	38
39	DELIVERY ROOM & LABOR ROOM		4705	29355	1394	72	14487		553318	39
41	RADIOLOGY-DIAGNOSTIC		42654		41113	513	117485		5994580	41
43.01	NUCLEAR MEDICINE		2980		386	42840	11679		894554	43.01
43.02	ECHOCARDIOGRAPHY						7924		90479	43.02
43.03	ULTRASOUND		8311		5168	373	34308		1077493	43.03
43.04	MAGNETIC RESONANCE IMAGING		4861		1015	612	54419		1304136	43.04
43.05	CAT SCAN		8311		9763	814	104866		1562243	43.05
44	LABORATORY		83427		4367	1266	281540		10691869	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
47	BLOOD STORING, PROCESSING & TRA		1568				12825		921970	47
48	INTRAVENOUS THERAPY		3293		1335	171	54784		2120699	48
49	RESPIRATORY THERAPY		15682		6265	1739	40339		1942772	49
50	PHYSICAL THERAPY		7214		1492	22	17130		700685	50
51	OCCUPATIONAL THERAPY				3		2297		89341	51
52	SPEECH PATHOLOGY						635		71166	52
53	ELECTROCARDIOLOGY		3293		1946		10969		399541	53
53.01	CARDIAC REHAB		7527		879		5166		835678	53.01
54	ELECTROENCEPHALOGRAPHY		4705		2410	8	12408		365911	54
55	MEDICAL SUPPLIES CHARGED TO PAT				597356		76996		6810239	55
56	DRUGS CHARGED TO PATIENTS					1518265	50406		3998946	56
57	RENAL DIALYSIS						1536		4973	57
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC		18661		35024	5714	37437		2101187	60
60.01	FAMILY EDUCATION		157				126		15826	60.01
61	EMERGENCY		64609		35995	4732	220163	20252	6949954	61
61.01	EXPRESS CARE									61.01
62	OBSERVATION BEDS (NON-DISTINCT									62
63	OCCUPATIONAL MEDICINE		3136		574	40987	3525		370096	63
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE 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

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	
85.03	ISLET CELL ACQUISITION									85.03
95	SUBTOTALS	1513892	701288	1943624	1083171	1656968	1740860	522921	85222492	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN								84866	96
98	PHYSICIANS' PRIVATE OFFICES		307830		5240	68687			4459883	98
100	NON PATIENT		3027						3027	100
100.01	MD ANSWERING SERVICE								184729	100.01
100.02	DEVELOPMENT									100.02
100.03	CAPITAL CAMPAIGN									100.03
100.04	PROVISION FOR BAD DEBT									100.04
100.05	WELLNESS PROGRAM									100.05
100.06	NK TREATMENT CENTER		9723		6326	5360			1260736	100.06
100.07	MEDICAL OFFICE BUILDING		1255						145304	100.07
100.08	FOUNDATION MANAGEMENT									100.08
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	1513892	1023123	1943624	1094737	1731015	1740860	522921	91361037	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	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
4	NEW CAP REL COSTS-MVBLE EQUIP			4
5	EMPLOYEE BENEFITS			5
6.01	COMMUNICATIONS			6.01
6.02	PURCHASING			6.02
6.03	ADMITTING			6.03
6.04	PATIENT ACCOUNTING			6.04
6.05	OTHER ADMINISTRATION AND GENERA			6.05
7	MAINTENANCE & REPAIRS			7
8	OPERATION OF PLANT			8
8.01	BIO MED SERVICE CONTRACTS			8.01
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		19795335	25
26	INTENSIVE CARE UNIT		3612270	26
33	NURSERY		356224	33
	ANCILLARY SERVICE COST CENTERS			
37	OPERATING ROOM		8632246	37
38	RECOVERY ROOM		2958761	38
39	DELIVERY ROOM & LABOR ROOM		553318	39
41	RADIOLOGY-DIAGNOSTIC		5994580	41
43.01	NUCLEAR MEDICINE		894554	43.01
43.02	ECHOCARDIOGRAPHY		90479	43.02
43.03	ULTRASOUND		1077493	43.03
43.04	MAGNETIC RESONANCE IMAGING		1304136	43.04
43.05	CAT SCAN		1562243	43.05
44	LABORATORY		10691869	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO			46.30
47	BLOOD STORING, PROCESSING & TRA		921970	47
48	INTRAVENOUS THERAPY		2120699	48
49	RESPIRATORY THERAPY		1942772	49
50	PHYSICAL THERAPY		700685	50
51	OCCUPATIONAL THERAPY		89341	51
52	SPEECH PATHOLOGY		71166	52
53	ELECTROCARDIOLOGY		399541	53
53.01	CARDIAC REHAB		835678	53.01
54	ELECTROENCEPHALOGRAPHY		365911	54
55	MEDICAL SUPPLIES CHARGED TO PAT		6810239	55
56	DRUGS CHARGED TO PATIENTS		3998946	56
57	RENAL DIALYSIS		4973	57
	OUTPATIENT SERVICE COST CENTERS			
60	CLINIC		2101187	60
60.01	FAMILY EDUCATION		15826	60.01
61	EMERGENCY		6949954	61
61.01	EXPRESS CARE			61.01
62	OBSERVATION BEDS (NON-DISTINCT			62
63	OCCUPATIONAL MEDICINE		370096	63
63.50	RHC			63.50
63.60	FQHC			63.60
	OTHER REIMBURSABLE 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

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	I&R COST & POST STEP-DOWN ADJS 26	TOTAL 27	
85.03	ISLET CELL ACQUISITION			85.03
95	SUBTOTALS		85222492	95
	NONREIMBURSABLE COST CENTERS			
96	GIFT, FLOWER, COFFEE SHOP & CAN		84866	96
98	PHYSICIANS' PRIVATE OFFICES		4459883	98
100	NON PATIENT		3027	100
100.01	MD ANSWERING SERVICE		184729	100.01
100.02	DEVELOPMENT			100.02
100.03	CAPITAL CAMPAIGN			100.03
100.04	PROVISION FOR BAD DEBT			100.04
100.05	WELLNESS PROGRAM			100.05
100.06	NK TREATMENT CENTER		1260736	100.06
100.07	MEDICAL OFFICE BUILDING		145304	100.07
100.08	FOUNDATION MANAGEMENT			100.08
101	CROSS FOOT ADJUSTMENTS			101
102	NEGATIVE COST CENTER			102
103	TOTAL		91361037	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	COMMUNICAT 6.01	PURCHASING 6.02	ADMITTING 6.03	
	GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS		39052	3883	42935	42935				5
6.01	COMMUNICATIONS		12947	38268	51215	385	51600			6.01
6.02	PURCHASING		303936	680	304616	338	813	305767		6.02
6.03	ADMITTING		100244	2805	103049	975	1109	359	105492	6.03
6.04	PATIENT ACCOUNTING		9826	2384	12210	781	591	58		6.04
6.05	OTHER ADMINISTRATION AND GENERA		310009	1188644	1498653	3623	5249	1342		6.05
7	MAINTENANCE & REPAIRS		130144	12421	142565	784	591	7667		7
8	OPERATION OF PLANT		1557680	7621	1565301			33143		8
8.01	BIO MED SERVICE CONTRACTS							203		8.01
9	LAUNDRY & LINEN SERVICE		45841	78	45919			5996		9
10	HOUSEKEEPING		46516	3286	49802	513	222	5778		10
11	DIETARY		155489	12714	168203	415	1035	9115		11
12	CAFETERIA		84471		84471	395				12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION		31292	37071	68363	1325	1035	150		14
15	CENTRAL SERVICES & SUPPLY		134319	54767	189086	397	444	2013		15
16	PHARMACY		73759	16768	90527	1027	1405	32883		16
17	MEDICAL RECORDS & LIBRARY		89658	3913	93571	1060	2809	86		17
18	SOCIAL SERVICE		9615	75	9690	350	370	13		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		1357823	175383	1533206	7367	10716	5729	11734	25
26	INTENSIVE CARE UNIT		167762	11837	179599	1789	739	1106	3071	26
33	NURSERY		22647		22647	125		120	462	33
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		694874	297319	992193	2642	3031	93863	17593	37
38	RECOVERY ROOM			3644	3644	2071		1695	1473	38
39	DELIVERY ROOM & LABOR ROOM		35509		35509	242	370	160	879	39
41	RADIOLOGY-DIAGNOSTIC		616897	510998	1127895	1897	4214	12089	7124	41
43.01	NUCLEAR MEDICINE		174003	86115	260118	187	591	2098	708	43.01
43.02	ECHOCARDIOGRAPHY		22984	4494	27478		148	2	481	43.02
43.03	ULTRASOUND		53685	82832	136517	482	296	718	2080	43.03
43.04	MAGNETIC RESONANCE IMAGING		87339	266243	353582	304	74	906	3300	43.04
43.05	CAT SCAN		12989	92065	105054	486	370	2693	6359	43.05
44	LABORATORY		412656	140074	552730	3999	4288	35899	17073	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
47	BLOOD STORING, PROCESSING & TRA		16279		16279	92		8798	778	47
48	INTRAVENOUS THERAPY		92231	2798	95029	168	148	21168	3322	48
49	RESPIRATORY THERAPY		190746	26619	217365	848	296	1277	2446	49
50	PHYSICAL THERAPY		14802	12103	26905	381	222	343	1039	50
51	OCCUPATIONAL THERAPY		4217		4217				139	51
52	SPEECH PATHOLOGY		1729		1729				39	52
53	ELECTROCARDIOLOGY		62331	22603	84934	114	1109	203	665	53
53.01	CARDIAC REHAB		169659	18340	187999	282	222	164	313	53.01
54	ELECTROENCEPHALOGRAPHY			17356	17356	206	444	241	752	54
55	MEDICAL SUPPLIES CHARGED TO PAT								4669	55
56	DRUGS CHARGED TO PATIENTS								3057	56
57	RENAL DIALYSIS								93	57
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC			2493	2493	933	296	3807	2270	60
60.01	FAMILY EDUCATION					11		4	8	60.01
61	EMERGENCY		732576	89773	822349	2739	5175	4128	13351	61
61.01	EXPRESS CARE									61.01
62	OBSERVATION BEDS (NON-DISTINCT									62
63	OCCUPATIONAL MEDICINE		5145	106	5251	143	517	1511	214	63
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE 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

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	COMMUNICAT 6.01	PURCHASING 6.02	ADMITTING 6.03	
85.03	ISLET CELL ACQUISITION									85.03
95	SUBTOTALS		8083681	3248573	11332254	39876	48939	297528	105492	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN		35003		35003					96
98	PHYSICIANS' PRIVATE OFFICES			10679	10679	2432		3643		98
100	NON PATIENT									100
100.01	MD ANSWERING SERVICE		8561		8561	83	2070			100.01
100.02	DEVELOPMENT									100.02
100.03	CAPITAL CAMPAIGN									100.03
100.04	PROVISION FOR BAD DEBT									100.04
100.05	WELLNESS PROGRAM									100.05
100.06	NK TREATMENT CENTER			16970	16970	472	591	1794		100.06
100.07	MEDICAL OFFICE BUILDING			4612	4612	72		2802		100.07
100.08	FOUNDATION MANAGEMENT									100.08
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL		8127245	3280834	11408079	42935	51600	305767	105492	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	PATIENT ACCOUNTING 6.04	ALL OTHER A&G 6.05	MAIN-TENANCE & REPAIRS 7	OPERATION OF PLANT 8	BIO MED SERVICE 8.01	LAUNDRY & LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	
	GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6.01	COMMUNICATIONS									6.01
6.02	PURCHASING									6.02
6.03	ADMITTING									6.03
6.04	PATIENT ACCOUNTING	13640								6.04
6.05	OTHER ADMINISTRATION AND GENERA		1508867							6.05
7	MAINTENANCE & REPAIRS		29773	181380						7
8	OPERATION OF PLANT		71909	39125	1709478					8
8.01	BIO MED SERVICE CONTRACTS		9706			9909				8.01
9	LAUNDRY & LINEN SERVICE		7808	1151	13837	57	74768			9
10	HOUSEKEEPING		30769	1168	14041	209		102502		10
11	DIETARY		21638	3906	46934	161		1337	252744	11
12	CAFETERIA		15049	2122	25497	109		725		12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION		30902	786	9445	208		269		14
15	CENTRAL SERVICES & SUPPLY		14632	3374	40544	112	2482	1155		15
16	PHARMACY		26541	1853	22264	184		633		16
17	MEDICAL RECORDS & LIBRARY		26141	2252	27063	183		769		17
18	SOCIAL SERVICE		8265	242	2902	56		82		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	1506	222874	34106	409852	1643	25326	43029	211841	25
26	INTENSIVE CARE UNIT	394	45248	4214	50638	319	5024	5396	20783	26
33	NURSERY	59	3816	569	6836	28	1334	1293		33
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	2363	110705	17454	209745	813	15922	13031	20120	37
38	RECOVERY ROOM	189	47228			312				38
39	DELIVERY ROOM & LABOR ROOM	113	7042	892	10718	51		1880		39
41	RADIOLOGY-DIAGNOSTIC	914	80479	15495	186208	604	1958	10627		41
43.01	NUCLEAR MEDICINE	91	10404	4371	52522	89	759	370		43.01
43.02	ECHOCARDIOGRAPHY	62	869	577	6938	8	107	198		43.02
43.03	ULTRASOUND	267	15501	1348	16205	109	2458	462		43.03
43.04	MAGNETIC RESONANCE IMAGING	423	18681	2194	26363	134	863	168		43.04
43.05	CAT SCAN	816	23333	326	3921	156	226	41		43.05
44	LABORATORY	2190	161218	10365	124559	1113		2399		44
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
47	BLOOD STORING, PROCESSING & TRA	100	14558	409	4914	98		139		47
48	INTRAVENOUS THERAPY	426	31916	2317	27840	222	46	793		48
49	RESPIRATORY THERAPY	314	26899	4791	57576	200		1638		49
50	PHYSICAL THERAPY	133	10689	372	4468	72	687	128		50
51	OCCUPATIONAL THERAPY	18	1342	106	1273	9		35		51
52	SPEECH PATHOLOGY	5	1122	43	522	8		14		52
53	ELECTROCARDIOLOGY	85	5006	1566	18814	40		535		53
53.01	CARDIAC REHAB	40	9916	4262	51211	86	690	1456		53.01
54	ELECTROENCEPHALOGRAPHY	97	5684			38				54
55	MEDICAL SUPPLIES CHARGED TO PAT	599	100687			665				55
56	DRUGS CHARGED TO PATIENTS	392	39880			263				56
57	RENAL DIALYSIS	12	56							57
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	291	32890			217				60
60.01	FAMILY EDUCATION	1	255			2				60.01
61	EMERGENCY	1713	89184	18401	221125	675	16271	13482		61
61.01	EXPRESS CARE									61.01
62	OBSERVATION BEDS (NON-DISTINCT									62
63	OCCUPATIONAL MEDICINE	27	5176	129	1553	35		43		63
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE 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

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	PATIENT ACCOUNTING	ALL OTHER A&G	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	BIO MED SERVICE	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	
		6.04	6.05	7	8	8.01	9	10	11	
85.03	ISLET CELL ACQUISITION									85.03
95	SUBTOTALS	13640	1415791	180286	1696328	9288	74153	102127	252744	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN		671	879	10566	9		302		96
98	PHYSICIANS' PRIVATE OFFICES		66920			442				98
100	NON PATIENT									100
100.01	MD ANSWERING SERVICE		2855	215	2584	20		73		100.01
100.02	DEVELOPMENT									100.02
100.03	CAPITAL CAMPAIGN									100.03
100.04	PROVISION FOR BAD DEBT									100.04
100.05	WELLNESS PROGRAM									100.05
100.06	NK TREATMENT CENTER		20266			134	615			100.06
100.07	MEDICAL OFFICE BUILDING		2364			16				100.07
100.08	FOUNDATION MANAGEMENT									100.08
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	13640	1508867	181380	1709478	9909	74768	102502	252744	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26	
	GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6.01	COMMUNICATIONS									6.01
6.02	PURCHASING									6.02
6.03	ADMITTING									6.03
6.04	PATIENT ACCOUNTING									6.04
6.05	OTHER ADMINISTRATION AND GENERA									6.05
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT									8
8.01	BIO MED SERVICE CONTRACTS									8.01
9	LAUNDRY & LINEN SERVICE									9
10	HOUSEKEEPING									10
11	DIETARY									11
12	CAFETERIA	128368								12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION	2656	115139							14
15	CENTRAL SERVICES & SUPPLY	2125		256364						15
16	PHARMACY	2282		659	180258					16
17	MEDICAL RECORDS & LIBRARY	4427				158361				17
18	SOCIAL SERVICE	905					22875			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	22493	94550	8879	1286	17602	19736	2683475		25
26	INTENSIVE CARE UNIT	4171	17536	2165	186	4606	837	347821		26
33	NURSERY	311	1314	246	6	693	1393	41252		33
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	7654		63499	2521	26510	23	1599682		37
38	RECOVERY ROOM	5194		3398	46	2210		67460		38
39	DELIVERY ROOM & LABOR ROOM	590	1739	326	7	1318		61836		39
41	RADIOLOGY-DIAGNOSTIC	5352		9628	53	10687		1475224		41
43.01	NUCLEAR MEDICINE	374		90	4461	1062		338295		43.01
43.02	ECHOCARDIOGRAPHY					721		37589		43.02
43.03	ULTRASOUND	1043		1210	39	3121		181856		43.03
43.04	MAGNETIC RESONANCE IMAGING	610		238	64	4950		412854		43.04
43.05	CAT SCAN	1043		2286	85	9539		156734		43.05
44	LABORATORY	10467		1023	132	25609		953064		44
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
47	BLOOD STORING, PROCESSING & TRA	197				1167		47529		47
48	INTRAVENOUS THERAPY	413		313	18	4983		189122		48
49	RESPIRATORY THERAPY	1968		1467	181	3669		320935		49
50	PHYSICAL THERAPY	905		349	2	1558		48253		50
51	OCCUPATIONAL THERAPY			1		209		7349		51
52	SPEECH PATHOLOGY					58		3540		52
53	ELECTROCARDIOLOGY	413		456		998		114938		53
53.01	CARDIAC REHAB	944		206		470		258261		53.01
54	ELECTROENCEPHALOGRAPHY	590		564	1	1129		27102		54
55	MEDICAL SUPPLIES CHARGED TO PAT			139888		7004		253512		55
56	DRUGS CHARGED TO PATIENTS				158103	4585		206280		56
57	RENAL DIALYSIS					140		301		57
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	2341		8202	595	3405		57740		60
60.01	FAMILY EDUCATION	20				11		312		60.01
61	EMERGENCY	8106		8429	493	20026	886	1246533		61
61.01	EXPRESS CARE									61.01
62	OBSERVATION BEDS (NON-DISTINCT									62
63	OCCUPATIONAL MEDICINE	394		134	4268	321		19716		63
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE 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

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26	
85.03	ISLET CELL ACQUISITION									85.03
95	SUBTOTALS	87988	115139	253656	172547	158361	22875	11158565		95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN							47430		96
98	PHYSICIANS' PRIVATE OFFICES	38623		1227	7153			131119		98
100	NON PATIENT	380						380		100
100.01	MD ANSWERING SERVICE							16461		100.01
100.02	DEVELOPMENT									100.02
100.03	CAPITAL CAMPAIGN									100.03
100.04	PROVISION FOR BAD DEBT									100.04
100.05	WELLNESS PROGRAM									100.05
100.06	NK TREATMENT CENTER	1220		1481	558			44101		100.06
100.07	MEDICAL OFFICE BUILDING	157						10023		100.07
100.08	FOUNDATION MANAGEMENT									100.08
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	128368	115139	256364	180258	158361	22875	11408079		103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	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
4	NEW CAP REL COSTS-MVBLE EQUIP		4
5	EMPLOYEE BENEFITS		5
6.01	COMMUNICATIONS		6.01
6.02	PURCHASING		6.02
6.03	ADMITTING		6.03
6.04	PATIENT ACCOUNTING		6.04
6.05	OTHER ADMINISTRATION AND GENERA		6.05
7	MAINTENANCE & REPAIRS		7
8	OPERATION OF PLANT		8
8.01	BIO MED SERVICE CONTRACTS		8.01
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	2683475	25
26	INTENSIVE CARE UNIT	347821	26
33	NURSERY	41252	33
	ANCILLARY SERVICE COST CENTERS		
37	OPERATING ROOM	1599682	37
38	RECOVERY ROOM	67460	38
39	DELIVERY ROOM & LABOR ROOM	61836	39
41	RADIOLOGY-DIAGNOSTIC	1475224	41
43.01	NUCLEAR MEDICINE	338295	43.01
43.02	ECHOCARDIOGRAPHY	37589	43.02
43.03	ULTRASOUND	181856	43.03
43.04	MAGNETIC RESONANCE IMAGING	412854	43.04
43.05	CAT SCAN	156734	43.05
44	LABORATORY	953064	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO		46.30
47	BLOOD STORING, PROCESSING & TRA	47529	47
48	INTRAVENOUS THERAPY	189122	48
49	RESPIRATORY THERAPY	320935	49
50	PHYSICAL THERAPY	48253	50
51	OCCUPATIONAL THERAPY	7349	51
52	SPEECH PATHOLOGY	3540	52
53	ELECTROCARDIOLOGY	114938	53
53.01	CARDIAC REHAB	258261	53.01
54	ELECTROENCEPHALOGRAPHY	27102	54
55	MEDICAL SUPPLIES CHARGED TO PAT	253512	55
56	DRUGS CHARGED TO PATIENTS	206280	56
57	RENAL DIALYSIS	301	57
	OUTPATIENT SERVICE COST CENTERS		
60	CLINIC	57740	60
60.01	FAMILY EDUCATION	312	60.01
61	EMERGENCY	1246533	61
61.01	EXPRESS CARE		61.01
62	OBSERVATION BEDS (NON-DISTINCT		62
63	OCCUPATIONAL MEDICINE	19716	63
63.50	RHC		63.50
63.60	FQHC		63.60
	OTHER REIMBURSABLE 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

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	TOTAL	
		27	
85.03	ISLET CELL ACQUISITION		85.03
95	SUBTOTALS	11158565	95
	NONREIMBURSABLE COST CENTERS		
96	GIFT, FLOWER, COFFEE SHOP & CAN	47430	96
98	PHYSICIANS' PRIVATE OFFICES	131119	98
100	NON PATIENT	380	100
100.01	MD ANSWERING SERVICE	16461	100.01
100.02	DEVELOPMENT		100.02
100.03	CAPITAL CAMPAIGN		100.03
100.04	PROVISION FOR BAD DEBT		100.04
100.05	WELLNESS PROGRAM		100.05
100.06	NK TREATMENT CENTER	44101	100.06
100.07	MEDICAL OFFICE BUILDING	10023	100.07
100.08	FOUNDATION MANAGEMENT		100.08
101	CROSS FOOT ADJUSTMENTS		101
102	NEGATIVE COST CENTER		102
103	TOTAL	11408079	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET 3	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE 4	EMPLOYEE BENEFITS GROSS SALARIES 5	COMMUNICAT NUMBER OF PHONES 6.01	PURCHASING SUPPLIES EXPENSE 6.02	ADMITTING GROSS REVENUE 6.03	PATIENT ACCOUNTING GROSS REVENUE 6.04	
	GENERAL SERVICE COST CENTERS								
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT	192715							3
4	NEW CAP REL COSTS-MVBLE EQUIP		3137856						4
5	EMPLOYEE BENEFITS	926	3714	36646536					5
6.01	COMMUNICATIONS	307	36600	328106	698				6.01
6.02	PURCHASING	7207	650	288613	11	17721709			6.02
6.03	ADMITTING	2377	2683	831653	15	20791	199183592		6.03
6.04	PATIENT ACCOUNTING	233	2280	666236	8	3361		199183592	6.04
6.05	OTHER ADMINISTRATION AND GENE	7351	1136843	3091722	71	77751			6.05
7	MAINTENANCE & REPAIRS	3086	11880	668654	8	444387			7
8	OPERATION OF PLANT	36936	7289			1920911			8
8.01	BIO MED SERVICE CONTRACTS					11766			8.01
9	LAUNDRY & LINEN SERVICE	1087	75			347535			9
10	HOUSEKEEPING	1103	3143	437348	3	334892			10
11	DIETARY	3687	12160	354098	14	528312			11
12	CAFETERIA	2003		336752					12
13	MAINTENANCE OF PERSONNEL								13
14	NURSING ADMINISTRATION	742	35455	1130264	14	8706			14
15	CENTRAL SERVICES & SUPPLY	3185	52380	338580	6	116674			15
16	PHARMACY	1749	16037	876178	19	1905800			16
17	MEDICAL RECORDS & LIBRARY	2126	3742	904116	38	4964			17
18	SOCIAL SERVICE	228	72	298275	5	731			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	32197	167740	6301898	145	332052	22140516	22140516	25
26	INTENSIVE CARE UNIT	3978	11321	1526155	10	64079	5794165	5794165	26
33	NURSERY	537		106535		6977	871705	871705	33
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	16477	284362	2254037	41	5440214	33334976	33334976	37
38	RECOVERY ROOM		3485	1766817		98233	2779994	2779994	38
39	DELIVERY ROOM & LABOR ROOM	842		206495	5	9260	1657601	1657601	39
41	RADIOLOGY-DIAGNOSTIC	14628	488729	1618956	57	700672	13442234	13442234	41
43.01	NUCLEAR MEDICINE	4126	82362	159625	8	121593	1336217	1336217	43.01
43.02	ECHOCARDIOGRAPHY	545	4298		2	140	906617	906617	43.02
43.03	ULTRASOUND	1273	79222	411253	4	41616	3925449	3925449	43.03
43.04	MAGNETIC RESONANCE IMAGING	2071	254640	258974	1	52497	6226443	6226443	43.04
43.05	CAT SCAN	308	88053	414326	5	156070	11998406	11998406	43.05
44	LABORATORY	9785	133970	3412269	58	2080637	32212763	32212763	44
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
47	BLOOD STORING, PROCESSING & T	386		78291		509923	1467408	1467408	47
48	INTRAVENOUS THERAPY	2187	2676	143654	2	1226822	6268205	6268205	48
49	RESPIRATORY THERAPY	4523	25459	723516	4	74023	4615476	4615476	49
50	PHYSICAL THERAPY	351	11576	324900	3	19890	1960004	1960004	50
51	OCCUPATIONAL THERAPY	100				15	262769	262769	51
52	SPEECH PATHOLOGY	41					72703	72703	52
53	ELECTROCARDIOLOGY	1478	21618	97356	15	11737	1255049	1255049	53
53.01	CARDIAC REHAB	4023	17541	240579	3	9533	591131	591131	53.01
54	ELECTROENCEPHALOGRAPHY		16600	175413	6	13982	1419649	1419649	54
55	MEDICAL SUPPLIES CHARGED TO P						8809641	8809641	55
56	DRUGS CHARGED TO PATIENTS						5767333	5767333	56
57	RENAL DIALYSIS						175710	175710	57
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC		2384	796068	4	220630	4283411	4283411	60
60.01	FAMILY EDUCATION			9682		213	14390	14390	60.01
61	EMERGENCY	17371	85861	2337236	70	239242	25190324	25190324	61
61.01	EXPRESS CARE								61.01
62	OBSERVATION BEDS (NON-DISTINC								62
63	OCCUPATIONAL MEDICINE	122	101	121673	7	87558	403303	403303	63
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
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								

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET 3	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE 4	EMPLOYEE BENEFITS GROSS SALARIES 5	COMMUNICAT NUMBER OF PHONES 6.01	PURCHASING SUPPLIES EXPENSE 6.02	ADMITTING GROSS REVENUE 6.03	PATIENT ACCOUNTING GROSS REVENUE 6.04	
85.01	PANCREAS ACQUISITION								85.01
85.02	INTESTINAL ACQUISITION								85.02
85.03	ISLET CELL ACQUISITION								85.03
95	SUBTOTALS	191682	3107001	34036303	662	17244189	199183592	199183592	95
	NONREIMBURSABLE COST CENTERS								
96	GIFT, FLOWER, COFFEE SHOP & C	830							96
98	PHYSICIANS' PRIVATE OFFICES		10214	2075285		211143			98
100	NON PATIENT								100
100.01	MD ANSWERING SERVICE	203		71196	28	8			100.01
100.02	DEVELOPMENT								100.02
100.03	CAPITAL CAMPAIGN								100.03
100.04	PROVISION FOR BAD DEBT								100.04
100.05	WELLNESS PROGRAM								100.05
100.06	NK TREATMENT CENTER		16230	402333	8	103991			100.06
100.07	MEDICAL OFFICE BUILDING		4411	61419		162378			100.07
100.08	FOUNDATION MANAGEMENT								100.08
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	COST TO BE ALLOC PER B PT I	8127245	3280834	10921201	672407	700601	1249325	2084763	103
104	UNIT COST MULT-WS B PT I		1.045566		963.333811		.006272		104
104	UNIT COST MULT-WS B PT I	42.172353		.298015		.039533		.010467	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			42935	51600	305767	105492	13640	107
108	UNIT COST MULT-WS B PT III				73.925501		.000530		108
108	UNIT COST MULT-WS B PT III			.001172		.017254		.000068	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	RECON-CILIATION	ALL OTHER A&G ACCUM COST	MAIN-TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	RECON-CILIATION	BIO MED SERVICE ACCUM COST	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING HOURS OF SERVICE	
		6A.05	6.05	7	8		8.01	9	10	
	GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6.01	COMMUNICATIONS									6.01
6.02	PURCHASING									6.02
6.03	ADMITTING									6.03
6.04	PATIENT ACCOUNTING									6.04
6.05	OTHER ADMINISTRATION AND GENE	-12670297	78690740							6.05
7	MAINTENANCE & REPAIRS		1552723	171228						7
8	OPERATION OF PLANT		3750120	36936	134292					8
8.01	BIO MED SERVICE CONTRACTS		506163			-587662	90773375			8.01
9	LAUNDRY & LINEN SERVICE		407193	1087	1087		522591	655895		9
10	HOUSEKEEPING		1604638	1103	1103		1913575		37725	10
11	DIETARY		1128467	3687	3687		1479198		492	11
12	CAFETERIA		784806	2003	2003		1002999		267	12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION		1611565	742	742		1905067		99	14
15	CENTRAL SERVICES & SUPPLY		763080	3185	3185		1031965	21770	425	15
16	PHARMACY		1384142	1749	1749		1687192		233	16
17	MEDICAL RECORDS & LIBRARY		1363276	2126	2126		1680250		283	17
18	SOCIAL SERVICE		431016	228	228		510868		30	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		11624766	32197	32197		14972586	222178	15836	25
26	INTENSIVE CARE UNIT		2359748	3978	3978		2922073	44073	1986	26
33	NURSERY		198991	537	537		255650	11698	476	33
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		5773378	16477	16477		7458368	139672	4796	37
38	RECOVERY ROOM		2463017				2859597			38
39	DELIVERY ROOM & LABOR ROOM		367235	842	842		464967		692	39
41	RADIOLOGY-DIAGNOSTIC		4197068	14628	14628		5543482	17180	3911	41
43.01	NUCLEAR MEDICINE		542565	4126	4126		819085	6656	136	43.01
43.02	ECHOCARDIOGRAPHY		45296	545	545		77575	937	73	43.02
43.03	ULTRASOUND		808388	1273	1273		996911	21559	170	43.03
43.04	MAGNETIC RESONANCE IMAGING		974245	2071	2071		1226058	7568	62	43.04
43.05	CAT SCAN		1216844	308	308		1426894	1984	15	43.05
44	LABORATORY		8407729	9785	9785		10210089		883	44
46.30	BLOOD CLOTTING FACTORS ADMIN									46.30
47	BLOOD STORING, PROCESSING & T		759212	386	386		899152		51	47
48	INTRAVENOUS THERAPY		1664458	2187	2187		2032723	406	292	48
49	RESPIRATORY THERAPY		1402839	4523	4523		1836075		603	49
50	PHYSICAL THERAPY		557452	351	351		663301	6027	47	50
51	OCCUPATIONAL THERAPY		69970	100	100		85821		13	51
52	SPEECH PATHOLOGY		58521	41	41		69824		5	52
53	ELECTROCARDIOLOGY		261078	1478	1478		370875		197	53
53.01	CARDIAC REHAB		517107	4023	4023		784804	6057	536	53.01
54	ELECTROENCEPHALOGRAPHY		296424				344152			54
55	MEDICAL SUPPLIES CHARGED TO P		5250944				6096419			55
56	DRUGS CHARGED TO PATIENTS		2079771				2414643			56
57	RENAL DIALYSIS		2941				3415			57
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC		1715275				1991458			60
60.01	FAMILY EDUCATION		13301				15443			60.01
61	EMERGENCY		4651042	17371	17371		6196306	142732	4962	61
61.01	EXPRESS CARE									61.01
62	OBSERVATION BEDS (NON-DISTINC									62
63	OCCUPATIONAL MEDICINE		269936	122	122		318992		16	63
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
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									

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	RECON-CILIATION 6A.05	ALL OTHER A&G ACCUM COST 6.05	MAIN-TENANCE & REPAIRS SQUARE FEET 7	OPERATION OF PLANT SQUARE FEET 8	RECON-CILIATION	BIO MED SERVICE ACCUM COST 8.01	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE-KEEPING HOURS OF SERVICE 10	
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02
85.03	ISLET CELL ACQUISITION									85.03
95	SUBTOTALS	-12670297	73836730	170195	133259	-587662	85090443	650497	37587	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & C		35003	830	830		78690		111	96
98	PHYSICIANS' PRIVATE OFFICES		3489961				4051894			98
100	NON PATIENT									100
100.01	MD ANSWERING SERVICE		148892	203	203		182172		27	100.01
100.02	DEVELOPMENT									100.02
100.03	CAPITAL CAMPAIGN									100.03
100.04	PROVISION FOR BAD DEBT									100.04
100.05	WELLNESS PROGRAM									100.05
100.06	NK TREATMENT CENTER		1056881				1227054	5398		100.06
100.07	MEDICAL OFFICE BUILDING		123273				143122			100.07
100.08	FOUNDATION MANAGEMENT									100.08
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	COST TO BE ALLOC PER B PT I		12670297	1802733	4742816		587662	525974	1925963	103
104	UNIT COST MULT-WS B PT I			10.528261				.801918		104
104	UNIT COST MULT-WS B PT I		.161014		35.317189		.006474		51.052697	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		1508867	181380	1709478		9909	74768	102502	107
108	UNIT COST MULT-WS B PT III			1.059289				.113994		108
108	UNIT COST MULT-WS B PT III		.019175		12.729559		.000109		2.717084	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	DIETARY MEALS SERVED 11	CAFETERIA MEALS SERVED 12	NURSING ADMINIS-TRATION DIRECT NRSING HRS 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	PHARMACY COSTED REQUIS. 16	MEDICAL RECORDS & LIBRARY GROSS REVENUE 17	SOCIAL SERVICE TIME SPENT 18	
	GENERAL SERVICE COST CENTERS								
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT								3
4	NEW CAP REL COSTS-MVBLE EQUIP								4
5	EMPLOYEE BENEFITS								5
6.01	COMMUNICATIONS								6.01
6.02	PURCHASING								6.02
6.03	ADMITTING								6.03
6.04	PATIENT ACCOUNTING								6.04
6.05	OTHER ADMINISTRATION AND GENE								6.05
7	MAINTENANCE & REPAIRS								7
8	OPERATION OF PLANT								8
8.01	BIO MED SERVICE CONTRACTS								8.01
9	LAUNDRY & LINEN SERVICE								9
10	HOUSEKEEPING								10
11	DIETARY	60184							11
12	CAFETERIA		65243						12
13	MAINTENANCE OF PERSONNEL								13
14	NURSING ADMINISTRATION		1350	289536					14
15	CENTRAL SERVICES & SUPPLY		1080		6397171				15
16	PHARMACY		1160		16445	3551511			16
17	MEDICAL RECORDS & LIBRARY		2250				199183592		17
18	SOCIAL SERVICE		460					6042	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	50444	11432	237762	221558	25338	22140516	5213	25
26	INTENSIVE CARE UNIT	4949	2120	44096	54023	3665	5794165	221	26
33	NURSERY		158	3305	6138	111	871705	368	33
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	4791	3890		1584495	49665	33334976	6	37
38	RECOVERY ROOM		2640		84799	909	2779994		38
39	DELIVERY ROOM & LABOR ROOM		300	4373	8147	147	1657601		39
41	RADIOLOGY-DIAGNOSTIC		2720		240246	1052	13442234		41
43.01	NUCLEAR MEDICINE		190		2258	87895	1336217		43.01
43.02	ECHOCARDIOGRAPHY						906617		43.02
43.03	ULTRASOUND		530		30202	766	3925449		43.03
43.04	MAGNETIC RESONANCE IMAGING		310		5929	1256	6226443		43.04
43.05	CAT SCAN		530		57049	1671	11998406		43.05
44	LABORATORY		5320		25519	2598	32212763		44
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
47	BLOOD STORING, PROCESSING & T		100				1467408		47
48	INTRAVENOUS THERAPY		210		7801	350	6268205		48
49	RESPIRATORY THERAPY		1000		36610	3568	4615476		49
50	PHYSICAL THERAPY		460		8717	46	1960004		50
51	OCCUPATIONAL THERAPY				15		262769		51
52	SPEECH PATHOLOGY						72703		52
53	ELECTROCARDIOLOGY		210		11372		1255049		53
53.01	CARDIAC REHAB		480		5138		591131		53.01
54	ELECTROENCEPHALOGRAPHY		300		14082	17	1419649		54
55	MEDICAL SUPPLIES CHARGED TO P				3490682		8809641		55
56	DRUGS CHARGED TO PATIENTS					3115009	5767333		56
57	RENAL DIALYSIS						175710		57
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC		1190		204668	11724	4283411		60
60.01	FAMILY EDUCATION		10				14390		60.01
61	EMERGENCY		4120		210340	9709	25190324	234	61
61.01	EXPRESS CARE								61.01
62	OBSERVATION BEDS (NON-DISTINC								62
63	OCCUPATIONAL MEDICINE		200		3354	84092	403303		63
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
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								

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	DIETARY MEALS SERVED 11	CAFETERIA MEALS SERVED 12	NURSING ADMINIS-TRATION DIRECT NRSING HRS 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	PHARMACY COSTED REQUIS. 16	MEDICAL RECORDS & LIBRARY GROSS REVENUE 17	SOCIAL SERVICE TIME SPENT 18	
85.01	PANCREAS ACQUISITION								85.01
85.02	INTESTINAL ACQUISITION								85.02
85.03	ISLET CELL ACQUISITION								85.03
95	SUBTOTALS	60184	44720	289536	6329587	3399588	199183592	6042	95
	NONREIMBURSABLE COST CENTERS								
96	GIFT, FLOWER, COFFEE SHOP & C								96
98	PHYSICIANS' PRIVATE OFFICES		19630		30618	140925			98
100	NON PATIENT		193						100
100.01	MD ANSWERING SERVICE								100.01
100.02	DEVELOPMENT								100.02
100.03	CAPITAL CAMPAIGN								100.03
100.04	PROVISION FOR BAD DEBT								100.04
100.05	WELLNESS PROGRAM								100.05
100.06	NK TREATMENT CENTER		620		36966	10998			100.06
100.07	MEDICAL OFFICE BUILDING		80						100.07
100.08	FOUNDATION MANAGEMENT								100.08
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	COST TO BE ALLOC PER B PT I	1513892	1023123	1943624	1094737	1731015	1740860	522921	103
104	UNIT COST MULT-WS B PT I	25.154393		6.712892		.487402		86.547666	104
104	UNIT COST MULT-WS B PT I		15.681728		.171128		.008740		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	252744	128368	115139	256364	180258	158361	22875	107
108	UNIT COST MULT-WS B PT III	4.199521		.397667		.050755		3.785998	108
108	UNIT COST MULT-WS B PT III		1.967537		.040075		.000795		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
	INPATIENT ROUTINE SERV COST CENTERS						
25	ADULTS & PEDIATRICS	19795335		19795335		19795335	25
26	INTENSIVE CARE UNIT	3612270		3612270		3612270	26
33	NURSERY	356224		356224		356224	33
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM	8632246		8632246		8632246	37
38	RECOVERY ROOM	2958761		2958761		2958761	38
39	DELIVERY ROOM & LABOR ROOM	553318		553318		553318	39
41	RADIOLOGY-DIAGNOSTIC	5994580		5994580		5994580	41
43.01	NUCLEAR MEDICINE	894554		894554		894554	43.01
43.02	ECHOCARDIOGRAPHY	90479		90479		90479	43.02
43.03	ULTRASOUND	1077493		1077493		1077493	43.03
43.04	MAGNETIC RESONANCE IMAGING	1304136		1304136		1304136	43.04
43.05	CAT SCAN	1562243		1562243		1562243	43.05
44	LABORATORY	10691869		10691869	100737	10792606	44
46.30	BLOOD CLOTTING FACTORS ADMI						46.30
47	BLOOD STORING, PROCESSING &	921970		921970		921970	47
48	INTRAVENOUS THERAPY	2120699		2120699		2120699	48
49	RESPIRATORY THERAPY	1942772		1942772		1942772	49
50	PHYSICAL THERAPY	700685		700685		700685	50
51	OCCUPATIONAL THERAPY	89341		89341		89341	51
52	SPEECH PATHOLOGY	71166		71166		71166	52
53	ELECTROCARDIOLOGY	399541		399541		399541	53
53.01	CARDIAC REHAB	835678		835678		835678	53.01
54	ELECTROENCEPHALOGRAPHY	365911		365911		365911	54
55	MEDICAL SUPPLIES CHARGED TO	6810239		6810239		6810239	55
56	DRUGS CHARGED TO PATIENTS	3998946		3998946		3998946	56
57	RENAL DIALYSIS	4973		4973		4973	57
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC	2101187		2101187		2101187	60
60.01	FAMILY EDUCATION	15826		15826		15826	60.01
61	EMERGENCY	6949954		6949954		6949954	61
61.01	EXPRESS CARE						61.01
62	OBSERVATION BEDS (NON-DISTI	387080		387080		387080	62
63	OCCUPATIONAL MEDICINE	370096		370096		370096	63
63.50	RHC						63.50
63.60	FQHC						63.60
	OTHER REIMBURSABLE COST CENTERS						
101	SUBTOTAL	85609572		85609572	100737	85710309	101
102	LESS OBSERVATION BEDS	387080		387080		387080	102
103	TOTAL	85222492		85222492	100737	85323229	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I (CONT)

	COST CENTER DESCRIPTION	CHARGES INPATIENT 6	CHARGES OUTPATIENT 7	CHARGES TOTAL 8	COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11	
	INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	21664893		21664893				25
26	INTENSIVE CARE UNIT	5794165		5794165				26
33	NURSERY	871705		871705				33
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	11647904	21687072	33334976	.258955	.258955	.258955	37
38	RECOVERY ROOM	745840	2034154	2779994	1.064305	1.064305	1.064305	38
39	DELIVERY ROOM & LABOR ROOM	1634356	23245	1657601	.333807	.333807	.333807	39
41	RADIOLOGY-DIAGNOSTIC	3487375	9954859	13442234	.445951	.445951	.445951	41
43.01	NUCLEAR MEDICINE	389290	946927	1336217	.669468	.669468	.669468	43.01
43.02	ECHOCARDIOGRAPHY	839323	67294	906617	.099798	.099798	.099798	43.02
43.03	ULTRASOUND	412113	3513336	3925449	.274489	.274489	.274489	43.03
43.04	MAGNETIC RESONANCE IMAGING	1307379	4919064	6226443	.209451	.209451	.209451	43.04
43.05	CAT SCAN	2804337	9194069	11998406	.130204	.130204	.130204	43.05
44	LABORATORY	6865517	25347246	32212763	.331914	.331914	.335041	44
46.30	BLOOD CLOTTING FACTORS ADMI							46.30
47	BLOOD STORING, PROCESSING &	1052928	414480	1467408	.628298	.628298	.628298	47
48	INTRAVENOUS THERAPY	487599	5780606	6268205	.338326	.338326	.338326	48
49	RESPIRATORY THERAPY	4021746	593730	4615476	.420926	.420926	.420926	49
50	PHYSICAL THERAPY	1464417	495587	1960004	.357492	.357492	.357492	50
51	OCCUPATIONAL THERAPY	71516	191253	262769	.339998	.339998	.339998	51
52	SPEECH PATHOLOGY	72703		72703	.978859	.978859	.978859	52
53	ELECTROCARDIOLOGY	594118	660931	1255049	.318347	.318347	.318347	53
53.01	CARDIAC REHAB	105	591026	591131	1.413693	1.413693	1.413693	53.01
54	ELECTROENCEPHALOGRAPHY	100451	1319198	1419649	.257748	.257748	.257748	54
55	MEDICAL SUPPLIES CHARGED TO	6451834	2357807	8809641	.773044	.773044	.773044	55
56	DRUGS CHARGED TO PATIENTS	3784012	1983321	5767333	.693379	.693379	.693379	56
57	RENAL DIALYSIS	175710		175710	.028302	.028302	.028302	57
	OUTPATIENT SERVICE COST CENTERS							
60	CLINIC	61087	4222324	4283411	.490541	.490541	.490541	60
60.01	FAMILY EDUCATION	14089	301	14390	1.099792	1.099792	1.099792	60.01
61	EMERGENCY	5960812	19229512	25190324	.275898	.275898	.275898	61
61.01	EXPRESS CARE							61.01
62	OBSERVATION BEDS (NON-DISTI	24115	451508	475623	.813838	.813838	.813838	62
63	OCCUPATIONAL MEDICINE		403303	403303	.917662	.917662	.917662	63
63.50	RHC							63.50
63.60	FQHC							63.60
	OTHER REIMBURSABLE COST CENTERS							
101	SUBTOTAL	82801439	116382153	199183592				101
102	LESS OBSERVATION BEDS							102
103	TOTAL	82801439	116382153	199183592				103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

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

	COST CENTER DESCRIPTION	OLD CAPITAL CAPITAL RELATED COST 1	OLD CAPITAL SWING-BED ADJUSTMENT 2	OLD CAPITAL REDUCED CAPITAL RELATED COST 3	NEW CAPITAL CAPITAL RELATED COST 4	NEW CAPITAL SWING-BED ADJUSTMENT 5	NEW CAPITAL REDUCED CAPITAL RELATED COST 6	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS				2683475		2683475	25
26	INTENSIVE CARE UNIT				347821		347821	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				41252		41252	33
101	TOTAL				3072548		3072548	101

	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	OLD CAPITAL INPATIENT PROGRAM CAPITAL COST 10	NEW CAPITAL PER DIEM 11	NEW CAPITAL INPATIENT PROGRAM CAPITAL COST 12	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS	20047	8171			133.86	1093770	25
26	INTENSIVE CARE UNIT	2113	1020			164.61	167902	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	1021				40.40		33
101	TOTAL	23181	9191				1261672	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
PART II

CHECK APPLICABLE BOXES							
[ ]	TITLE V	[XX]	HOSPITAL (41-0008)	[ ]	SUB III	[XX]	PPS
[XX]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SUB IV	[ ]	TEFRA
[ ]	TITLE XIX	[ ]	SUB II				

	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPATIENT PROGRAM CHARGES 4	---- OLD CAPITAL ---- RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	---- NEW CAPITAL ---- RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	1599682	33334976	3772882				.047988	181053	37
38	RECOVERY ROOM	67460	2779994	200948				.024266	4876	38
39	DELIVERY ROOM & LABOR ROOM	61836	1657601					.037305		39
41	RADIOLOGY-DIAGNOSTIC	1475224	13442234	1211856				.109745	132995	41
43.01	NUCLEAR MEDICINE	338295	1336217	116835				.253174	29580	43.01
43.02	ECHOCARDIOGRAPHY	37589	906617	443646				.041461	18394	43.02
43.03	ULTRASOUND	181856	3925449	78974				.046327	3659	43.03
43.04	MAGNETIC RESONANCE IMAGING	412854	6226443	587617				.066307	38963	43.04
43.05	CAT SCAN	156734	11998406	1168505				.013063	15264	43.05
44	LABORATORY	953064	32212763	3218847				.029587	95236	44
46.30	BLOOD CLOTTING FACTORS ADMIN									46.30
47	BLOOD STORING, PROCESSING & T	47529	1467408	466007				.032390	15094	47
48	INTRAVENOUS THERAPY	189122	6268205	487599				.030172	14712	48
49	RESPIRATORY THERAPY	320935	4615476	1796655				.069535	124930	49
50	PHYSICAL THERAPY	48253	1960004	513523				.024619	12642	50
51	OCCUPATIONAL THERAPY	7349	262769	71516				.027968	2000	51
52	SPEECH PATHOLOGY	3540	72703	72703				.048691	3540	52
53	ELECTROCARDIOLOGY	114938	1255049	287426				.091580	26322	53
53.01	CARDIAC REHAB	258261	591131	105				.436893	46	53.01
54	ELECTROENCEPHALOGRAPHY	27102	1419649	61781				.019091	1179	54
55	MEDICAL SUPPLIES CHARGED TO P	253512	8809641	2489358				.028777	71636	55
56	DRUGS CHARGED TO PATIENTS	206280	5767333	1949414				.035767	69725	56
57	RENAL DIALYSIS	301	175710	97425				.001713	167	57
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	57740	4283411	2049				.013480	28	60
60.01	FAMILY EDUCATION	312	14390	14089				.021682	305	60.01
61	EMERGENCY	1246533	25190324	1886908				.049485	93374	61
61.01	EXPRESS CARE									61.01
62	OBSERVATION BEDS (NON-DISTINC	52473	475623	24115				.110325	2660	62
63	OCCUPATIONAL MEDICINE	19716	403303					.048886		63
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
101	TOTAL	8138490	170852829	21020783					958380	101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	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					20047		8171		25
26	INTENSIVE CARE UNIT					2113		1020		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					1021				33
34	SKILLED NURSING FACILITY									34
35	NURSING FACILITY									35
101	TOTAL					23181		9191		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK APPLICABLE BOXES									
	[ ]	TITLE V	[XX]	HOSPITAL (41-0008)	[ ]	SUB IV	[ ]	PPS
	[XX]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA
	[ ]	TITLE XIX	[ ]	SUB II	[ ]	NF		
			[ ]	SUB III	[ ]	ICF/MR		

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST	OUTPATIENT NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST	N/A	N/A	N/A	TOTAL COSTS	
		1	1.01	2	2.01	2.02	2.03	3	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM								37
38	RECOVERY ROOM								38
39	DELIVERY ROOM & LABOR ROOM								39
41	RADIOLOGY-DIAGNOSTIC								41
43.01	NUCLEAR MEDICINE								43.01
43.02	ECHOCARDIOGRAPHY								43.02
43.03	ULTRASOUND								43.03
43.04	MAGNETIC RESONANCE IMAGING								43.04
43.05	CAT SCAN								43.05
44	LABORATORY								44
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
47	BLOOD STORING, PROCESSING & T								47
48	INTRAVENOUS THERAPY								48
49	RESPIRATORY THERAPY								49
50	PHYSICAL THERAPY								50
51	OCCUPATIONAL THERAPY								51
52	SPEECH PATHOLOGY								52
53	ELECTROCARDIOLOGY								53
53.01	CARDIAC REHAB								53.01
54	ELECTROENCEPHALOGRAPHY								54
55	MEDICAL SUPPLIES CHARGED TO P								55
56	DRUGS CHARGED TO PATIENTS								56
57	RENAL DIALYSIS								57
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC								60
60.01	FAMILY EDUCATION								60.01
61	EMERGENCY								61
61.01	EXPRESS CARE								61.01
62	OBSERVATION BEDS (NON-DISTINC								62
63	OCCUPATIONAL MEDICINE								63
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
101	TOTAL								101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK APPLICABLE BOXES								
	[ ]	TITLE V	[XX]	HOSPITAL (41-0008)	[ ]	SUB IV	[ ]	PPS
	[XX]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA
	[ ]	TITLE XIX	[ ]	SUB II	[ ]	NF		
			[ ]	SUB III	[ ]	ICF/MR		

	COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM		33334976			3772882		5975673	37
38	RECOVERY ROOM		2779994			200948		378251	38
39	DELIVERY ROOM & LABOR ROOM		1657601						39
41	RADIOLOGY-DIAGNOSTIC		13442234			1211856		1877222	41
43.01	NUCLEAR MEDICINE		1336217			116835		274831	43.01
43.02	ECHOCARDIOGRAPHY		906617			443646		62244	43.02
43.03	ULTRASOUND		3925449			78974		305597	43.03
43.04	MAGNETIC RESONANCE IMAGING		6226443			587617		954952	43.04
43.05	CAT SCAN		11998406			1168505		2127597	43.05
44	LABORATORY		32212763			3218847		482481	44
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
47	BLOOD STORING, PROCESSING & T		1467408			466007		210545	47
48	INTRAVENOUS THERAPY		6268205			487599		438291	48
49	RESPIRATORY THERAPY		4615476			1796655		206576	49
50	PHYSICAL THERAPY		1960004			513523			50
51	OCCUPATIONAL THERAPY		262769			71516			51
52	SPEECH PATHOLOGY		72703			72703			52
53	ELECTROCARDIOLOGY		1255049			287426		136284	53
53.01	CARDIAC REHAB		591131			105		103491	53.01
54	ELECTROENCEPHALOGRAPHY		1419649			61781		142419	54
55	MEDICAL SUPPLIES CHARGED TO P		8809641			2489358		731273	55
56	DRUGS CHARGED TO PATIENTS		5767333			1949414		1981693	56
57	RENAL DIALYSIS		175710			97425			57
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC		4283411			2049		597821	60
60.01	FAMILY EDUCATION		14390			14089		301	60.01
61	EMERGENCY		25190324			1886908		2539713	61
61.01	EXPRESS CARE								61.01
62	OBSERVATION BEDS (NON-DISTINC		475623			24115		193972	62
63	OCCUPATIONAL MEDICINE		403303						63
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
101	TOTAL		170852829			21020783		19721227	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK APPLICABLE BOXES								
	[ ]	TITLE V	[XX]	HOSPITAL (41-0008)	[ ]	SUB IV	[ ]	PPS
	[XX]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA
	[ ]	TITLE XIX	[ ]	SUB II	[ ]	NF		
			[ ]	SUB III	[ ]	ICF/MR		

	COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM						37
38	RECOVERY ROOM						38
39	DELIVERY ROOM & LABOR ROOM						39
41	RADIOLOGY-DIAGNOSTIC						41
43.01	NUCLEAR MEDICINE						43.01
43.02	ECHOCARDIOGRAPHY						43.02
43.03	ULTRASOUND						43.03
43.04	MAGNETIC RESONANCE IMAGING						43.04
43.05	CAT SCAN						43.05
44	LABORATORY						44
46.30	BLOOD CLOTTING FACTORS ADMIN						46.30
47	BLOOD STORING, PROCESSING & T						47
48	INTRAVENOUS THERAPY						48
49	RESPIRATORY THERAPY						49
50	PHYSICAL THERAPY						50
51	OCCUPATIONAL THERAPY						51
52	SPEECH PATHOLOGY						52
53	ELECTROCARDIOLOGY						53
53.01	CARDIAC REHAB						53.01
54	ELECTROENCEPHALOGRAPHY						54
55	MEDICAL SUPPLIES CHARGED TO P						55
56	DRUGS CHARGED TO PATIENTS						56
57	RENAL DIALYSIS						57
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC						60
60.01	FAMILY EDUCATION						60.01
61	EMERGENCY						61
61.01	EXPRESS CARE						61.01
62	OBSERVATION BEDS (NON-DISTINC						62
63	OCCUPATIONAL MEDICINE						63
63.50	RHC						63.50
63.60	FQHC						63.60
	OTHER REIMBURSABLE COST CENTERS						
101	TOTAL						101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK APPLICABLE BOXES				
[ ] TITLE V - O/P	[XX] HOSPITAL (41-0008)	[ ] SNF
[XX] TITLE XVIII-PT B	[ ] SUB I	[ ] NF
[ ] TITLE XIX - O/P	[ ] SUB II	[ ] S/B-SNF
	[ ] SUB III	[ ] S/B-NF
	[ ] SUB IV	[ ] ICF/MR

	COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C, PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	--------- PROGRAM CHARGES --------- OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4	
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	.258955	.258955	.258955				37
38	RECOVERY ROOM	1.064305	1.064305	1.064305				38
39	DELIVERY ROOM & LABOR ROOM	.333807	.333807	.333807				39
41	RADIOLOGY-DIAGNOSTIC	.445951	.445951	.445951				41
43.01	NUCLEAR MEDICINE	.669468	.669468	.669468				43.01
43.02	ECHOCARDIOGRAPHY	.099798	.099798	.099798				43.02
43.03	ULTRASOUND	.274489	.274489	.274489				43.03
43.04	MAGNETIC RESONANCE IMAGING	.209451	.209451	.209451				43.04
43.05	CAT SCAN	.130204	.130204	.130204				43.05
44	LABORATORY	.331914	.331914	.331914				44
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
47	BLOOD STORING, PROCESSING & TRA	.628298	.628298	.628298				47
48	INTRAVENOUS THERAPY	.338326	.338326	.338326				48
49	RESPIRATORY THERAPY	.420926	.420926	.420926				49
50	PHYSICAL THERAPY	.357492	.357492	.357492				50
51	OCCUPATIONAL THERAPY	.339998	.339998	.339998				51
52	SPEECH PATHOLOGY	.978859	.978859	.978859				52
53	ELECTROCARDIOLOGY	.318347	.318347	.318347				53
53.01	CARDIAC REHAB	1.413693	1.413693	1.413693				53.01
54	ELECTROENCEPHALOGRAPHY	.257748	.257748	.257748				54
55	MEDICAL SUPPLIES CHARGED TO PAT	.773044	.773044	.773044				55
56	DRUGS CHARGED TO PATIENTS	.693379	.693379	.693379				56
57	RENAL DIALYSIS	.028302	.028302	.028302				57
	OUTPATIENT SERVICE COST CENTERS							
60	CLINIC	.490541	.490541	.490541				60
60.01	FAMILY EDUCATION	1.099792	1.099792	1.099792				60.01
61	EMERGENCY	.275898	.275898	.275898				61
61.01	EXPRESS CARE							61.01
62	OBSERVATION BEDS (NON-DISTINCT	.813838	.813838	.813838				62
63	OCCUPATIONAL MEDICINE	.917662	.917662	.917662				63
63.50	RHC							63.50
63.60	FQHC							63.60
	OTHER REIMBURSABLE COST CENTERS							
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							101
102	CRNA CHARGES							102
103	LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104	NET CHARGES							104

PART VI - VACCINE COST APPORTIONMENT

		1	
1	DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.693379	1
2	PROGRAM VACCINE CHARGES	1628	2
2.01	PROGRAM VACCINE CHARGES		2.01
3	PROGRAM COSTS	1129	3
3.01	PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK APPLICABLE BOXES					
[ ]	TITLE V - O/P	[XX]	HOSPITAL (41-0008)	[ ]	SNF
[XX]	TITLE XVIII-PT B	[ ]	SUB I	[ ]	NF
[ ]	TITLE XIX - O/P	[ ]	SUB II	[ ]	S/B-SNF
		[ ]	SUB III	[ ]	S/B-NF
		[ ]	SUB IV	[ ]	ICF/MR

	COST CENTER DESCRIPTION	PROGRAM CHARGES: ALL OTHER (1) (SEE INSTRU.) 5	PROGRAM CHARGES: PPS SERVICES (SEE INSTRU.) 5.01	PROGRAM CHARGES: ALL OTHER (SEE INSTRU.) 5.02	PROGRAM CHARGES: PPS SERVICES (SEE INSTRU.) 5.03	PROGRAM CHARGES: PPS SERVICES (SEE INSTRU.) 5.04	PROGRAM COST: OUTPATIENT AMBULATORY SURGICAL CENTER 6	PROGRAM COST: OUTPATIENT RADIOLOGY 7	PROGRAM COST: OTHER OUTPATIENT DIAGNOSTIC 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		5975673							37
38	RECOVERY ROOM		378251							38
39	DELIVERY ROOM & LABOR ROOM									39
41	RADIOLOGY-DIAGNOSTIC		1877222							41
43.01	NUCLEAR MEDICINE		274831							43.01
43.02	ECHOCARDIOGRAPHY		62244							43.02
43.03	ULTRASOUND		305597							43.03
43.04	MAGNETIC RESONANCE IMAGING		954952							43.04
43.05	CAT SCAN		2127597							43.05
44	LABORATORY		482481	21536						44
46.30	BLOOD CLOTTING FACTORS ADMIN C									46.30
47	BLOOD STORING, PROCESSING & TR		210545							47
48	INTRAVENOUS THERAPY		438291							48
49	RESPIRATORY THERAPY		206576							49
50	PHYSICAL THERAPY									50
51	OCCUPATIONAL THERAPY									51
52	SPEECH PATHOLOGY									52
53	ELECTROCARDIOLOGY		136284							53
53.01	CARDIAC REHAB		103491							53.01
54	ELECTROENCEPHALOGRAPHY		142419							54
55	MEDICAL SUPPLIES CHARGED TO PA		731273	49						55
56	DRUGS CHARGED TO PATIENTS		1981693							56
57	RENAL DIALYSIS									57
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC		597821							60
60.01	FAMILY EDUCATION		301							60.01
61	EMERGENCY		2539713							61
61.01	EXPRESS CARE									61.01
62	OBSERVATION BEDS (NON-DISTINCT		193972							62
63	OCCUPATIONAL MEDICINE									63
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
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		19721227	21585						101
102	CRNA CHARGES									102
103	PBP CLINIC LAB									103
104	NET CHARGES		19721227	21585						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK APPLICABLE BOXES					
[ ]	TITLE V - O/P	[XX]	HOSPITAL (41-0008)	[ ]	SNF
[XX]	TITLE XVIII-PT B	[ ]	SUB I	[ ]	NF
[ ]	TITLE XIX - O/P	[ ]	SUB II	[ ]	S/B-SNF
		[ ]	SUB III	[ ]	S/B-NF
		[ ]	SUB IV	[ ]	ICF/MR

	COST CENTER DESCRIPTION	PROGRAM COST ALL OTHER (COLS 1x5) 9	PROGRAM COST PPS SERVICES (COLUMNS 1.01x5.01) 9.01	PROGRAM COST ALL OTHER (COLUMNS 1.01x5.02) 9.02	PROGRAM COST PPS SERVICES (COLUMNS 1.01x5.03 9.03	PROGRAM COST PPS SERVICES (COLUMNS 1.01x5.04 9.04	HOSPITAL I/P PART B CHARGES (SEE INSTRU.) 10	HOSPITAL I/P PART B COST (COLUMNS 1.02x10) 11	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM		1547430						37
38	RECOVERY ROOM		402574						38
39	DELIVERY ROOM & LABOR ROOM								39
41	RADIOLOGY-DIAGNOSTIC		837149						41
43.01	NUCLEAR MEDICINE		183991						43.01
43.02	ECHOCARDIOGRAPHY		6212						43.02
43.03	ULTRASOUND		83883						43.03
43.04	MAGNETIC RESONANCE IMAGING		200016						43.04
43.05	CAT SCAN		277022						43.05
44	LABORATORY		160142	7148					44
46.30	BLOOD CLOTTING FACTORS ADMIN CO								46.30
47	BLOOD STORING, PROCESSING & TRA		132285						47
48	INTRAVENOUS THERAPY		148285						48
49	RESPIRATORY THERAPY		86953						49
50	PHYSICAL THERAPY								50
51	OCCUPATIONAL THERAPY								51
52	SPEECH PATHOLOGY								52
53	ELECTROCARDIOLOGY		43386						53
53.01	CARDIAC REHAB		146305						53.01
54	ELECTROENCEPHALOGRAPHY		36708						54
55	MEDICAL SUPPLIES CHARGED TO PAT		565306	38					55
56	DRUGS CHARGED TO PATIENTS		1374064						56
57	RENAL DIALYSIS								57
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC		293256						60
60.01	FAMILY EDUCATION		331						60.01
61	EMERGENCY		700702						61
61.01	EXPRESS CARE								61.01
62	OBSERVATION BEDS (NON-DISTINCT		157862						62
63	OCCUPATIONAL MEDICINE								63
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
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		7383862	7186					101
102	CRNA CHARGES								102
103	LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS								103
104	NET CHARGES		7383862	7186					104

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

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

	COST CENTER DESCRIPTION	OLD CAPITAL CAPITAL RELATED COST 1	OLD CAPITAL SWING-BED ADJUSTMENT 2	OLD CAPITAL REDUCED CAPITAL RELATED COST 3	NEW CAPITAL CAPITAL RELATED COST 4	NEW CAPITAL SWING-BED ADJUSTMENT 5	NEW CAPITAL REDUCED CAPITAL RELATED COST 6	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS				2683475		2683475	25
26	INTENSIVE CARE UNIT				347821		347821	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				41252		41252	33
101	TOTAL				3072548		3072548	101

	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	OLD CAPITAL INPATIENT PROGRAM CAPITAL COST 10	NEW CAPITAL PER DIEM 11	NEW CAPITAL INPATIENT PROGRAM CAPITAL COST 12	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS	20047	629			133.86	84198	25
26	INTENSIVE CARE UNIT	2113				164.61		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	1021				40.40		33
101	TOTAL	23181	629				84198	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
PART II

CHECK APPLICABLE BOXES								
	[ ]	TITLE V	[XX]	HOSPITAL (41-0008)	[ ]	SUB III	[ ]	PPS
	[ ]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SUB IV	[ ]	TEFRA
	[XX]	TITLE XIX	[ ]	SUB II	[XX]	OTHER		

	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPATIENT PROGRAM CHARGES 4	---- OLD CAPITAL ---- RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	---- NEW CAPITAL ---- RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		1599682	33334976				.047988		37
38	RECOVERY ROOM		67460	2779994				.024266		38
39	DELIVERY ROOM & LABOR ROOM		61836	1657601				.037305		39
41	RADIOLOGY-DIAGNOSTIC		1475224	13442234				.109745		41
43.01	NUCLEAR MEDICINE		338295	1336217				.253174		43.01
43.02	ECHOCARDIOGRAPHY		37589	906617				.041461		43.02
43.03	ULTRASOUND		181856	3925449				.046327		43.03
43.04	MAGNETIC RESONANCE IMAGING		412854	6226443				.066307		43.04
43.05	CAT SCAN		156734	11998406				.013063		43.05
44	LABORATORY		953064	32212763				.029587		44
46.30	BLOOD CLOTTING FACTORS ADMIN									46.30
47	BLOOD STORING, PROCESSING & T		47529	1467408				.032390		47
48	INTRAVENOUS THERAPY		189122	6268205				.030172		48
49	RESPIRATORY THERAPY		320935	4615476				.069535		49
50	PHYSICAL THERAPY		48253	1960004				.024619		50
51	OCCUPATIONAL THERAPY		7349	262769				.027968		51
52	SPEECH PATHOLOGY		3540	72703				.048691		52
53	ELECTROCARDIOLOGY		114938	1255049				.091580		53
53.01	CARDIAC REHAB		258261	591131				.436893		53.01
54	ELECTROENCEPHALOGRAPHY		27102	1419649				.019091		54
55	MEDICAL SUPPLIES CHARGED TO P		253512	8809641				.028777		55
56	DRUGS CHARGED TO PATIENTS		206280	5767333				.035767		56
57	RENAL DIALYSIS		301	175710				.001713		57
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC		57740	4283411				.013480		60
60.01	FAMILY EDUCATION		312	14390				.021682		60.01
61	EMERGENCY		1246533	25190324				.049485		61
61.01	EXPRESS CARE									61.01
62	OBSERVATION BEDS (NON-DISTINC		52473	475623				.110325		62
63	OCCUPATIONAL MEDICINE		19716	403303				.048886		63
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
101	TOTAL		8138490	170852829						101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

	COST CENTER DESCRIPTION	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					20047		629		25
26	INTENSIVE CARE UNIT					2113				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					1021				33
34	SKILLED NURSING FACILITY									34
35	NURSING FACILITY									35
101	TOTAL					23181		629		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK APPLICABLE BOXES								
	[ ]	TITLE V	[XX]	HOSPITAL (41-0008)	[ ]	SUB IV	[ ]	PPS
	[ ]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA
	[XX]	TITLE XIX	[ ]	SUB II	[ ]	NF	[ ]	OTHER
			[ ]	SUB III	[ ]	ICF/MR		

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	OUTPATIENT NONPHYSICIAN ANESTHETIST COST 1.01	MEDICAL EDUCATION COST 2	N/A 2.01	N/A 2.02	N/A 2.03	TOTAL COSTS 3	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM								37
38	RECOVERY ROOM								38
39	DELIVERY ROOM & LABOR ROOM								39
41	RADIOLOGY-DIAGNOSTIC								41
43.01	NUCLEAR MEDICINE								43.01
43.02	ECHOCARDIOGRAPHY								43.02
43.03	ULTRASOUND								43.03
43.04	MAGNETIC RESONANCE IMAGING								43.04
43.05	CAT SCAN								43.05
44	LABORATORY								44
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
47	BLOOD STORING, PROCESSING & T								47
48	INTRAVENOUS THERAPY								48
49	RESPIRATORY THERAPY								49
50	PHYSICAL THERAPY								50
51	OCCUPATIONAL THERAPY								51
52	SPEECH PATHOLOGY								52
53	ELECTROCARDIOLOGY								53
53.01	CARDIAC REHAB								53.01
54	ELECTROENCEPHALOGRAPHY								54
55	MEDICAL SUPPLIES CHARGED TO P								55
56	DRUGS CHARGED TO PATIENTS								56
57	RENAL DIALYSIS								57
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC								60
60.01	FAMILY EDUCATION								60.01
61	EMERGENCY								61
61.01	EXPRESS CARE								61.01
62	OBSERVATION BEDS (NON-DISTINC								62
63	OCCUPATIONAL MEDICINE								63
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
101	TOTAL								101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK APPLICABLE BOXES									
	[ ]	TITLE V	[XX]	HOSPITAL (41-0008)	[ ]	SUB IV	[ ]	PPS
	[ ]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA
	[XX]	TITLE XIX	[ ]	SUB II	[ ]	NF	[ ]	OTHER
			[ ]	SUB III	[ ]	ICF/MR		

	COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM		33334976						37
38	RECOVERY ROOM		2779994						38
39	DELIVERY ROOM & LABOR ROOM		1657601						39
41	RADIOLOGY-DIAGNOSTIC		13442234						41
43.01	NUCLEAR MEDICINE		1336217						43.01
43.02	ECHOCARDIOGRAPHY		906617						43.02
43.03	ULTRASOUND		3925449						43.03
43.04	MAGNETIC RESONANCE IMAGING		6226443						43.04
43.05	CAT SCAN		11998406						43.05
44	LABORATORY		32212763						44
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
47	BLOOD STORING, PROCESSING & T		1467408						47
48	INTRAVENOUS THERAPY		6268205						48
49	RESPIRATORY THERAPY		4615476						49
50	PHYSICAL THERAPY		1960004						50
51	OCCUPATIONAL THERAPY		262769						51
52	SPEECH PATHOLOGY		72703						52
53	ELECTROCARDIOLOGY		1255049						53
53.01	CARDIAC REHAB		591131						53.01
54	ELECTROENCEPHALOGRAPHY		1419649						54
55	MEDICAL SUPPLIES CHARGED TO P		8809641						55
56	DRUGS CHARGED TO PATIENTS		5767333						56
57	RENAL DIALYSIS		175710						57
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC		4283411						60
60.01	FAMILY EDUCATION		14390						60.01
61	EMERGENCY		25190324						61
61.01	EXPRESS CARE								61.01
62	OBSERVATION BEDS (NON-DISTINC		475623						62
63	OCCUPATIONAL MEDICINE		403303						63
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
101	TOTAL		170852829						101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK APPLICABLE BOXES								
	[ ]	TITLE V	[XX]	HOSPITAL (41-0008)	[ ]	SUB IV	[ ]	PPS
	[ ]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA
	[XX]	TITLE XIX	[ ]	SUB II	[ ]	NF	[ ]	OTHER
			[ ]	SUB III	[ ]	ICF/MR		

	COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM						37
38	RECOVERY ROOM						38
39	DELIVERY ROOM & LABOR ROOM						39
41	RADIOLOGY-DIAGNOSTIC						41
43.01	NUCLEAR MEDICINE						43.01
43.02	ECHOCARDIOGRAPHY						43.02
43.03	ULTRASOUND						43.03
43.04	MAGNETIC RESONANCE IMAGING						43.04
43.05	CAT SCAN						43.05
44	LABORATORY						44
46.30	BLOOD CLOTTING FACTORS ADMIN						46.30
47	BLOOD STORING, PROCESSING & T						47
48	INTRAVENOUS THERAPY						48
49	RESPIRATORY THERAPY						49
50	PHYSICAL THERAPY						50
51	OCCUPATIONAL THERAPY						51
52	SPEECH PATHOLOGY						52
53	ELECTROCARDIOLOGY						53
53.01	CARDIAC REHAB						53.01
54	ELECTROENCEPHALOGRAPHY						54
55	MEDICAL SUPPLIES CHARGED TO P						55
56	DRUGS CHARGED TO PATIENTS						56
57	RENAL DIALYSIS						57
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC						60
60.01	FAMILY EDUCATION						60.01
61	EMERGENCY						61
61.01	EXPRESS CARE						61.01
62	OBSERVATION BEDS (NON-DISTINC						62
63	OCCUPATIONAL MEDICINE						63
63.50	RHC						63.50
63.60	FQHC						63.60
	OTHER REIMBURSABLE COST CENTERS						
101	TOTAL						101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART I

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

PART I - ALL PROVIDER COMPONENTS

		HOSPITAL (PPS) (41-0008)	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)	20047						1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	20047						2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3488						3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	16559						4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	8171						9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15	TOTAL NURSERY DAYS							15
16	TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (41-0008)	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							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	19795335						21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	19795335						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	21664893						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4322045						29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.913706						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	1239.12						32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE							33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	1239.12						34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	1132.19						35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	3949079						36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	15846256						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (PPS) (41-0008)	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	987.45					38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	8068454					39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	8068454					41

		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42	NURSERY (TITLES V AND XIX ONLY)						42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	INTENSIVE CARE UNIT	3612270	2113	1709.55	1020	1743741	43
44	CORONARY CARE UNIT						44
45	BURN INTENSIVE CARE UNIT						45
46	SURGICAL INTENSIVE CARE UNIT						46
47	OTHER SPECIAL CARE (SPECIFY)						47

		HOSPITAL (PPS) (41-0008)	SUB I	SUB II	SUB III	SUB IV	
		1	1	1	1	1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	8665335					48
49	TOTAL PROGRAM INPATIENT COSTS	18477530					49
	PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1261672					50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	958380					51
52	TOTAL PROGRAM EXCLUDABLE COST	2220052					52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	16257478					53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (PPS) (41-0008)	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 [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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

	HOSPITAL (PPS) (41-0008)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
PART IV - COMPUTATION OF OBSERVATION BED COST						
83 TOTAL OBSERVATION BEDS	392					83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	987.45					84
85 OBSERVATION BED COST	387080					85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

		COST 1	ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86	OLD CAPITAL-RELATED COST		19795335		387080		86
87	NEW CAPITAL-RELATED COST	2683475	19795335	.135561	387080	52473	87
88	NON PHYSICIAN ANESTHETIST		19795335		387080		88
89	MEDICAL EDUCATION		19795335		387080		89

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 (OTHER) (41-0008)	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)	20047						1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	20047						2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3488						3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	16559						4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	629						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	1021						15
16	TITLE V OR XIX NURSERY DAYS							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 (OTHER) (41-0008)	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							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	19795335						21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	19795335						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	21664893						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4322045						29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.913706						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	1239.12						32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE							33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	1239.12						34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	1132.19						35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	3949079						36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	15846256						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 (OTHER) (41-0008)	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	790.46					38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	497199					39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	497199					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)	356224	1021	348.90			42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	INTENSIVE CARE UNIT	3612270	2113	1709.55			43
44	CORONARY CARE UNIT						44
45	BURN INTENSIVE CARE UNIT						45
46	SURGICAL INTENSIVE CARE UNIT						46
47	OTHER SPECIAL CARE (SPECIFY)						47

		HOSPITAL (OTHER) (41-0008)	SUB I	SUB II	SUB III	SUB IV	
		1	1	1	1	1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST						48
49	TOTAL PROGRAM INPATIENT COSTS	497199					49
	PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	84198					50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52	TOTAL PROGRAM EXCLUDABLE COST	84198					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 [ ] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (OTHER) (41-0008)	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 (OTHER) (41-0008)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
PART IV - COMPUTATION OF OBSERVATION BED COST						
83 TOTAL OBSERVATION BEDS	392					83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	987.45					84
85 OBSERVATION BED COST	387080					85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

[XX] HOSPITAL (41-0008)
[ ] SUB I
[ ] SUB II
[ ] SUB III
[ ] SUB IV

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

[XX] PPS
[ ] TEFRA
[ ] OTHER

	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
25	ADULTS & PEDIATRICS		9401857		25
26	INTENSIVE CARE UNIT		2896286		26
	ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	.258955	3772882	977007	37
38	RECOVERY ROOM	1.064305	200948	213870	38
39	DELIVERY ROOM & LABOR ROOM	.333807			39
41	RADIOLOGY-DIAGNOSTIC	.445951	1211856	540428	41
43.01	NUCLEAR MEDICINE	.669468	116835	78217	43.01
43.02	ECHOCARDIOGRAPHY	.099798	443646	44275	43.02
43.03	ULTRASOUND	.274489	78974	21677	43.03
43.04	MAGNETIC RESONANCE IMAGING	.209451	587617	123077	43.04
43.05	CAT SCAN	.130204	1168505	152144	43.05
44	LABORATORY	.335041	3218847	1078446	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO				46.30
47	BLOOD STORING, PROCESSING & TRA	.628298	466007	292791	47
48	INTRAVENOUS THERAPY	.338326	487599	164967	48
49	RESPIRATORY THERAPY	.420926	1796655	756259	49
50	PHYSICAL THERAPY	.357492	513523	183580	50
51	OCCUPATIONAL THERAPY	.339998	71516	24315	51
52	SPEECH PATHOLOGY	.978859	72703	71166	52
53	ELECTROCARDIOLOGY	.318347	287426	91501	53
53.01	CARDIAC REHAB	1.413693	105	148	53.01
54	ELECTROENCEPHALOGRAPHY	.257748	61781	15924	54
55	MEDICAL SUPPLIES CHARGED TO PAT	.773044	2489358	1924383	55
56	DRUGS CHARGED TO PATIENTS	.693379	1949414	1351683	56
57	RENAL DIALYSIS	.028302	97425	2757	57
	OUTPATIENT SERVICE COST CENTERS				
60	CLINIC	.490541	2049	1005	60
60.01	FAMILY EDUCATION	1.099792	14089	15495	60.01
61	EMERGENCY	.275898	1886908	520594	61
61.01	EXPRESS CARE				61.01
62	OBSERVATION BEDS (NON-DISTINCT	.813838	24115	19626	62
	OTHER REIMBURSABLE COST CENTERS				
63	OCCUPATIONAL MEDICINE	.917662			63
63.50	RHC				63.50
63.60	FQHC				63.60
101	TOTAL		21020783	8665335	101
102	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103	NET CHARGES		21020783		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

[XX] HOSPITAL (41-0008)
[ ] SUB I
[ ] SUB II
[ ] SUB III
[ ] SUB IV

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

[ ] PPS
[ ] TEFRA
[XX] OTHER

	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
25	ADULTS & PEDIATRICS				25
26	INTENSIVE CARE UNIT				26
	ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	.258955			37
38	RECOVERY ROOM	1.064305			38
39	DELIVERY ROOM & LABOR ROOM	.333807			39
41	RADIOLOGY-DIAGNOSTIC	.445951			41
43.01	NUCLEAR MEDICINE	.669468			43.01
43.02	ECHOCARDIOGRAPHY	.099798			43.02
43.03	ULTRASOUND	.274489			43.03
43.04	MAGNETIC RESONANCE IMAGING	.209451			43.04
43.05	CAT SCAN	.130204			43.05
44	LABORATORY	.331914			44
46.30	BLOOD CLOTTING FACTORS ADMIN CO				46.30
47	BLOOD STORING, PROCESSING & TRA	.628298			47
48	INTRAVENOUS THERAPY	.338326			48
49	RESPIRATORY THERAPY	.420926			49
50	PHYSICAL THERAPY	.357492			50
51	OCCUPATIONAL THERAPY	.339998			51
52	SPEECH PATHOLOGY	.978859			52
53	ELECTROCARDIOLOGY	.318347			53
53.01	CARDIAC REHAB	1.413693			53.01
54	ELECTROENCEPHALOGRAPHY	.257748			54
55	MEDICAL SUPPLIES CHARGED TO PAT	.773044			55
56	DRUGS CHARGED TO PATIENTS	.693379			56
57	RENAL DIALYSIS	.028302			57
	OUTPATIENT SERVICE COST CENTERS				
60	CLINIC	.490541			60
60.01	FAMILY EDUCATION	1.099792			60.01
61	EMERGENCY	.275898			61
61.01	EXPRESS CARE				61.01
62	OBSERVATION BEDS (NON-DISTINCT	.813838			62
	OTHER REIMBURSABLE COST CENTERS				
63	OCCUPATIONAL MEDICINE	.917662			63
63.50	RHC				63.50
63.60	FQHC				63.60
101	TOTAL				101
102	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103	NET CHARGES				103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		HOSPITAL (41-0008)	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	3214427					1.01
1.02	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	10309731					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	483263					2.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT						
3	BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	74.93					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..						3.1
3.17	SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	RES. IN INIT YRS 0.00					3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		HOSPITAL (41-0008)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO						3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO						3.19
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19						3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1						3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1						3.22
3.23	IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1						3.23
	[SUM OF LINES][PLUS E-3,PT.VI]						
	[3.21-3.23][LINE 23]						
3.24	SUM OF LINES 3.21-3.23 0 0						3.24
	DISPROPORTIONATE SHARE ADJUSTMENT						
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS						4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS						4.01
4.02	SUM OF 4 AND 4.01						4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE						4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT						4.04
	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES						
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317						5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317						5.01
5.02	DIVIDE LINE 5.01 BY LINE 5						5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317						5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK						5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS						5.05
5.06	TOTAL ADDITIONAL PAYMENT						5.06
6	SUBTOTAL	14007421					6
7	HOSPITAL SPECIFIC PAYMENTS						7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)						7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	14007421					8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	1234687					9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL						10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT						11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE						11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES						11.02
12	NET ORGAN ACQUISITION COST						12
13	COST OF TEACHING PHYSICIANS						13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS						14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS						15
16	TOTAL	15242108					16
17	PRIMARY PAYER PAYMENTS	36606					17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	15205502					18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1565600					19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	21928					20
21	REIMBURSABLE BAD DEBTS	138875					21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	97213					21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	65258					21.02
22	SUBTOTAL	13715187					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		HOSPITAL (41-0008)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION						23
24	OTHER ADJUSTMENTS						24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						25
26	AMOUNT DUE PROVIDER	13715187					26
27	SEQUESTRATION ADJUSTMENT						27
28	INTERIM PAYMENTS	13654049					28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						28.01
29	BALANCE DUE PROVIDER (PROGRAM)	61138					29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	156382					30
	TO BE COMPLETED BY INTERMEDIARY						
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01						50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01						51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)						52
53	CAPITAL OUTLIER RECONILIATION AMOUNT (SEE INSTRUCTIONS)						53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)						55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

		HOSPITAL (41-0008) 1	HOSPITAL (41-0008) 1.01	HOSPITAL (41-0008) 1.02	
1	MEDICAL AND OTHER SERVICES	8315			1
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	7383862			1.01
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	6091808			1.02
1.03	1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.836			1.03
1.04	LINE 1.01 TIMES LINE 1.03	6172909			1.04
1.05	LINE 1.02 DIVIDED BY LINE 1.04	98.69			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	8315			5
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
6	ANCILLARY SERVICE CHARGES	23213			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	23213			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	23213			14
15	EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	14898			15
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17	LESSER OF COST OR CHARGES	8315			17
17.01	TOTAL PPS PAYMENTS	6091808			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

		HOSPITAL (41-0008) 1	HOSPITAL (41-0008) 1.01	HOSPITAL (41-0008) 1.02	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18	DEDUCTIBLES AND COINSURANCE	10			18
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	1674376			18.01
19	SUBTOTAL	4425737			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	4425737			23
24	PRIMARY PAYER PAYMENTS	10782			24
25	SUBTOTAL	4414955			25
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
26	COMPOSITE RATE ESRD				26
27	BAD DEBTS	195882			27
27.01	REDUCED REIMBURSABLE BAD DEBTS	137117			27.01
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	120271			27.02
28	SUBTOTAL	4552072			28
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION				29
30	OTHER ADJUSTMENTS				30
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)				30.99
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS				31
32	SUBTOTAL	4552072			32
33	SEQUESTRATION ADJUSTMENT				33
34	INTERIM PAYMENTS	4524515			34
34.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)				34.01
35	BALANCE DUE PROVIDER/PROGRAM	27557			35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2				36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

		HOSPITAL (41-0008) OCTOBER 1, 1997 PRIOR TO ON OR AFTER	
		1 1.01	
1	STANDARD OVERHEAD AMOUNTS (ASC FEES)		1
2	DEDUCTIBLES		2
3	SUBTOTAL		3
4	80 PERCENT OF LINE 3		4
5	ASC PORTION OF BLEND		5
6	OUTPATIENT ASC COST		6
	COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES		7
	CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)		9
10	RATIO OF LINE 8 TO LINE 9		10
11	TOTAL CUSTOMARY CHARGES		11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		13
14	LESSER OF COST OR CHARGES		14
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE		15
16	TOTAL		16
17	HOSPITAL SPECIFIC PORTION OF BLEND		17
18	ASC BLENDED AMOUNT		18
19	LESSER OF LINES 16 OR 18		19
20	PART B DEDUCTIBLES AND COINSURANCE		20
21	ASC PAYMENT AMOUNT		21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

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

		HOSPITAL (41-0008) OCTOBER 1, 1997 PRIOR TO 1	ON OR AFTER 1.01	
1	PREVAILING CHARGES			1
2	62 PERCENT OF LINE 1			2
3	DEDUCTIBLES			3
4	SUBTOTAL			4
5	BLENDED CHARGE PROPORTION			5
6	COST OF OUTPATIENT RADIOLOGY			6
	COMPUTATION OF LESSER OF COST OR CHARGES			
7	TOTAL CHARGES			7
	CUSTOMARY CHARGES			
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)			9
10	RATIO OF LINE 8 TO LINE 9			10
11	TOTAL CUSTOMARY CHARGES			11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			13
14	LESSER OF COST OR CHARGES			14
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
15	DEDUCTIBLES AND COINSURANCE			15
16	TOTAL			16
17	COST PROPORTION			17
18	OUTPATIENT RADIOLOGY BLENDED AMOUNT			18
19	LESSER OF LINE 16 OR LINE 18			19
20	PART B DEDUCTIBLES AND COINSURANCE			20
21	RADIOLOGY PAYMENT AMOUNT			21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

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

		HOSPITAL (41-0008) OCTOBER 1, 1997 PRIOR TO 1	ON OR AFTER 1.01	
1	PREVAILING CHARGES			1
2	42 PERCENT OF LINE 1			2
3	DEDUCTIBLES			3
4	SUBTOTAL			4
5	BLENDED CHARGE PROPORTION			5
6	COST OF OTHER OUTPATIENT DIAGNOSTIC PROCEDURES			6
	COMPUTATION OF LESSER OF COST OR CHARGES			
7	TOTAL CHARGES			7
	CUSTOMARY CHARGES			
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)			9
10	RATIO OF LINE 8 TO LINE 9			10
11	TOTAL CUSTOMARY CHARGES			11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			13
14	LESSER OF COST OR CHARGES			14
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
15	DEDUCTIBLES AND COINSURANCE			15
16	TOTAL			16
17	COST PROPORTION			17
18	OTHER OUTPATIENT DIAGNOSTIC BLENDED AMOUNT			18
19	LESSER OF LINE 16 OR LINE 18			19
20	PART B DEDUCTIBLES AND COINSURANCE			20
21	DIAGNOSTIC PAYMENT AMOUNT			21

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
HOSPITAL (41-0008)

WORKSHEET E-1

DESCRIPTION		INPATIENT PART A MM/DD/YYYY 1	AMOUNT 2	PART B MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER			13654049		4524515	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.			NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.						
	.01					3.01
	PROGRAM .02					3.02
	TO .03		NONE		NONE	3.03
	PROVIDER .04					3.04
	.05					3.05
	.50					3.50
	PROVIDER .51					3.51
	TO .52		NONE		NONE	3.52
	PROGRAM .53					3.53
	.54					3.54
SUBTOTAL	.99					3.99
4 TOTAL INTERIM PAYMENTS			13654049		4524515	4
	TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.						
	PROGRAM .01					5.01
	TO .02					5.02
	PROVIDER .03					5.03
	PROVIDER .50					5.50
	TO .51					5.51
	PROGRAM .52					5.52
SUBTOTAL	.99					5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01					6.01
	PROVIDER TO PROGRAM .02					6.02
7 TOTAL MEDICARE PROGRAM LIABILITY						7

NAME OF INTERMEDIARY: _____

INTERMEDIARY NUMBER: _____

SIGNATURE OF AUTHORIZED PERSON: _____

DATE (MO/DAY/YR): _____

CALCULATION OF REIMBURSEMENT SETTLEMENT
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 (41-0008) (OTHER)	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	497199						1
2	MEDICAL AND OTHER SERVICES							2
3	INTERNS AND RESIDENTS							3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O							4
5	COST OF TEACHING PHYSICIANS							5
6	SUBTOTAL	497199						6
7	INPATIENT PRIMARY PAYER PAYMENTS							7
8	OUTPATIENT PRIMARY PAYER PAYMENTS							8
9	SUBTOTAL	497199						9
	COMPUTATION OF LESSER OF COST OR CHARGES							
10	ROUTINE SERVICE CHARGES							10
11	ANCILLARY SERVICE CHARGES							11
12	INTERNS AND RESIDENTS SERVICE CHARGES							12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE							13
14	TEACHING PHYSICIANS							14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION							15
16	TOTAL REASONABLE CHARGES							16
	CUSTOMARY CHARGES							
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE							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	497199						22
23	COST OF COVERED SERVICES	497199						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	497199						30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED							31
32	LESSER OF LINES 30 OR 31	497199						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 (41-0008) (OTHER)	SUB I	SUB II	SUB III	SUB IV	NF I	
		1	1	1	1	1	1	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT							
34	EXCESS OF REASONABLE COST	497199						34
35	SUBTOTAL							35
36	COINSURANCE							36
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,							37
38	REIMBURSABLE BAD DEBTS							38
38.01	REDUCED REIMBURSABLE BAD DEBTS							38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)							38.02
39	UTILIZATION REVIEW							39
40	SUBTOTAL							40
41	INPATIENT ROUTINE SERVICE COST							41
42	MEDICARE INPATIENT ROUTINE CHARGES							42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE							43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)							44
45	RATIO OF LINE 43 TO LINE 44							45
46	TOTAL CUSTOMARY CHARGES							46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST							47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES							48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM UTILIZATION							49
50	OTHER ADJUSTMENTS							50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS							51
52	SUBTOTAL							52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT							53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS							54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER							55
56	SEQUESTRATION ADJUSTMENT							56
57	INTERIM PAYMENTS							57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)							57.01
58	BALANCE DUE PROVIDER/PROGRAM							58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2							59

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	10572561				1
2	TEMPORARY INVESTMENTS	4476273				2
3	NOTES RECEIVABLE					3
4	ACCOUNTS RECEIVABLE	10530592				4
5	OTHER RECEIVABLES					5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE					6
7	INVENTORY	1548204				7
8	PREPAID EXPENSES	1394805				8
9	OTHER CURRENT ASSETS	197536				9
10	DUE FROM OTHER FUNDS	188537				10
11	TOTAL CURRENT ASSETS	28908508				11
	FIXED ASSETS					
12	LAND					12
12.01	ACCUMULATED DEPRECIATION					12.01
13	LAND IMPROVEMENTS					13
13.01	ACCUMULATED DEPRECIATION					13.01
14	BUILDINGS					14
14.01	ACCUMULATED DEPRECIATION					14.01
15	LEASEHOLD IMPROVEMENTS					15
15.01	ACCUMULATED AMORTIZATION					15.01
16	FIXED EQUIPMENT					16
16.01	ACCUMULATED DEPRECIATION					16.01
17	AUTOMOBILES AND TRUCKS					17
17.01	ACCUMULATED DEPRECIATION					17.01
18	MAJOR MOVABLE EQUIPMENT	62095760				18
18.01	ACCUMULATED DEPRECIATION					18.01
19	MINOR EQUIPMENT DEPRECIABLE					19
19.01	ACCUMULATED DEPRECIATION					19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE					20
21	TOTAL FIXED ASSETS	62095760				21
	OTHER ASSETS					
22	INVESTMENTS	16729342				22
23	DEPOSITS ON LEASES					23
24	DUE FROM OWNERS/OFFICERS					24
25	OTHER ASSETS	3721602				25
26	TOTAL OTHER ASSETS	20450944				26
27	TOTAL ASSETS	111455212				27

	LIABILITIES AND FUND BALANCES	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
		1	2	3	4	
	CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	6529554				28
29	SALARIES, WAGES & FEES PAYABLE	5608683				29
30	PAYROLL TAXES PAYABLE					30
31	NOTES & LOANS PAYABLE (SHORT TERM)	4790765				31
32	DEFERRED INCOME					32
33	ACCELERATED PAYMENTS	1650279				33
34	DUE TO OTHER FUNDS					34
35	OTHER CURRENT LIABILITIES	32340				35
36	TOTAL CURRENT LIABILITIES	18611621				36
	LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE					37
38	NOTES PAYABLE	64504423				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	9350774				41
42	TOTAL LONG TERM LIABILITIES	73855197				42
43	TOTAL LIABILITIES	92466818				43
	CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	18988394				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	18988394				51
52	TOTAL LIABILITIES AND FUND BALANCES	111455212				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	17926873				1
2	NET INCOME (LOSS)	-7570813				2
3	TOTAL	10356060				3
4	ADDITIONS (CREDIT ADJUSTMENTS)					4
5	NET-UNREALIZED GAINS	179396				5
6	INTERCOMPANY	1000000				6
7	CONTRIBUTIONS FOR CAPITAL	3742132				7
8	EQUITY TRANSFER	5331355				8
9	CONTRIBUTIONS	700				9
10	TOTAL ADDITIONS	10253583				10
11	SUBTOTAL	20609643				11
12	DEDUCTIONS (DEBIT ADJUSTMENTS)					12
13	FUNDING STATUS OF EMPLOYEE BENEFITS	1477329				13
14	DECREASE IN TEMP RESTRICTED ASSETS					14
15	NET ASSETS RELEASED FROM RESTRICTIO	143920				15
16						16
17						17
18	TOTAL DEDUCTIONS	1621249				18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	18988394				19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
PARTS I & II

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	HOSPITAL	21664893		21664893	1
2	SUBPROVIDER I				2
4	SWING BED - SNF				4
5	SWING BED - NF				5
6	SKILLED NURSING FACILITY				6
7	NURSING FACILITY				7
8	OTHER LONG TERM CARE				8
9	TOTAL GENERAL INPATIENT CARE SERVICES	21664893		21664893	9
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10	INTENSIVE CARE UNIT	5794165		5794165	10
11	CORONARY CARE UNIT				11
12	BURN INTENSIVE CARE UNIT				12
13	SURGICAL INTENSIVE CARE UNIT				13
14	OTHER SPECIAL CARE (SPECIFY)				14
15	TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	5794165		5794165	15
16	TOTAL INPATIENT ROUTINE CARE SERVICES	27459058		27459058	16
17	ANCILLARY SERVICES	55795776		55795776	17
18	OUTPATIENT SERVICES		123442281	123442281	18
18.50	RHC				18.50
18.60	FQHC				18.60
19	HOME HEALTH AGENCY				19
20	AMBULANCE				20
21	CORF				21
22	ASC				22
23	HOSPICE				23
24					24
25	TOTAL PATIENT REVENUES	83254834	123442281	206697115	25

PART II - OPERATING EXPENSES

		1	2	
26	OPERATING EXPENSES		102516343	26
27	ADD (SPECIFY)			27
28				28
29				29
30				30
31				31
32				32
33	TOTAL ADDITIONS			33
34	DEDUCT (SPECIFY)			34
35	ROUNDING			35
36				36
37				37
38				38
39	TOTAL DEDUCTIONS			39
40	TOTAL OPERATING EXPENSES		102516343	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

	DESCRIPTION		
1	TOTAL PATIENT REVENUES	206697115	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	114835766	2
3	NET PATIENT REVENUES	91861349	3
4	LESS - TOTAL OPERATING EXPENSES	102516343	4
5	NET INCOME FROM SERVICE TO PATIENTS	-10654994	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	760563	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER REVENUES	6241833	24
25	TOTAL OTHER INCOME	7002396	25
26	TOTAL	-3652598	26
27			27
27.01	CHANGE IN EQUITY IN LIMITED PARTNER	648465	27.01
27.02	INTEREST RATE SWAP	2861782	27.02
27.03	INVESTMENT LOSS	407968	27.03
28			28
29			29
30	TOTAL OTHER EXPENSES	3918215	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-7570813	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

		HOSPITAL (41-0008)	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	1153759					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	51969					3.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT						
4	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E,PT A,LN.3.17] [E-3,PT VI,LN.18] [x E-3,PT VI,LN.1]						4
4.01	NO. OF INTERNS & RESIDENTS 0.00 0.00						4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE						4.02
4.03	INDIRECT MEDICAL EDUCATON ADJUSTMENT						4.03
	DISPROPORTIONATE SHARE ADJUSTMENT						
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS	0.0521					5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I	0.0702					5.01
5.02	SUM OF LINES 5 AND 5.01	0.1223					5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0251					5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	28959					5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1234687					6
	PART II - HOLD HARMLESS METHOD						
1	NEW CAPITAL						1
2	OLD CAPITAL						2
3	TOTAL CAPITAL						3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL						4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE						5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT						6
7	REDUCED OLD CAPITAL AMOUNT						7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL						8
9	SUBTOTAL						9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)						10
	PART III - PAYMENT UNDER REASONABLE COST						
1	PROGRAM INPATIENT ROUTINE CAPITAL COST						1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST						2
3	TOTAL INPATIENT PROGRAM CAPITAL						3
4	CAPITAL COST PAYMENT FACTOR						4
5	TOTAL INPATIENT PROGRAM CAPITAL COST						5
	PART IV - COMPUTATION OF EXCEPTION PAYMENTS						
1	PROGRAM INPATIENT CAPITAL COSTS						1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES						2
3	NET PROGRAM INPATIENT CAPITAL COSTS						3
4	APPLICABLE EXCEPTION PERCENTAGE						4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS						5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES						6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES						7
8	CAPITAL MINIMUM PAYMENT LEVEL						8
9	CURRENT YEAR CAPITAL PAYMENTS						9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS						10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT						11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS						12
13	CURRENT YEAR EXCEPTION PAYMENT						13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD						14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)						15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)						16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT						17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

	COST CENTER DESCRIPTION	EXTRAORDI-NARY CAP-REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		0	4A	25	26	27	
	GENERAL SERVICE COST CENTERS						
1	OLD CAP REL COSTS-BLDG & FIXT						1
2	OLD CAP REL COSTS-MVBLE EQUIP						2
3	NEW CAP REL COSTS-BLDG & FIXT						3
4	NEW CAP REL COSTS-MVBLE EQUIP						4
5	EMPLOYEE BENEFITS						5
6.01	COMMUNICATIONS						6.01
6.02	PURCHASING						6.02
6.03	ADMITTING						6.03
6.04	PATIENT ACCOUNTING						6.04
6.05	OTHER ADMINISTRATION AND GENERA						6.05
7	MAINTENANCE & REPAIRS						7
8	OPERATION OF PLANT						8
8.01	BIO MED SERVICE CONTRACTS						8.01
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						25
26	INTENSIVE CARE UNIT						26
33	NURSERY						33
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM						37
38	RECOVERY ROOM						38
39	DELIVERY ROOM & LABOR ROOM						39
41	RADIOLOGY-DIAGNOSTIC						41
43.01	NUCLEAR MEDICINE						43.01
43.02	ECHOCARDIOGRAPHY						43.02
43.03	ULTRASOUND						43.03
43.04	MAGNETIC RESONANCE IMAGING						43.04
43.05	CAT SCAN						43.05
44	LABORATORY						44
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
47	BLOOD STORING, PROCESSING & TRA						47
48	INTRAVENOUS THERAPY						48
49	RESPIRATORY THERAPY						49
50	PHYSICAL THERAPY						50
51	OCCUPATIONAL THERAPY						51
52	SPEECH PATHOLOGY						52
53	ELECTROCARDIOLOGY						53
53.01	CARDIAC REHAB						53.01
54	ELECTROENCEPHALOGRAPHY						54
55	MEDICAL SUPPLIES CHARGED TO PAT						55
56	DRUGS CHARGED TO PATIENTS						56
57	RENAL DIALYSIS						57
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC						60
60.01	FAMILY EDUCATION						60.01
61	EMERGENCY						61
61.01	EXPRESS CARE						61.01
62	OBSERVATION BEDS (NON-DISTINCT						62
63	OCCUPATIONAL MEDICINE						63
63.50	RHC						63.50
63.60	FQHC						63.60
	OTHER REIMBURSABLE 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

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	
85.03	ISLET CELL ACQUISITION						85.03
95	SUBTOTALS						95
	NONREIMBURSABLE COST CENTERS						
96	GIFT, FLOWER, COFFEE SHOP & CAN						96
98	PHYSICIANS' PRIVATE OFFICES						98
00	NON PATIENT						00
00.01	MD ANSWERING SERVICE						00.01
00.02	DEVELOPMENT						00.02
00.03	CAPITAL CAMPAIGN						00.03
00.04	PROVISION FOR BAD DEBT						00.04
00.05	WELLNESS PROGRAM						00.05
00.06	NK TREATMENT CENTER						00.06
00.07	MEDICAL OFFICE BUILDING						00.07
00.08	FOUNDATION MANAGEMENT						00.08
101	CROSS FOOT ADJUSTMENTS						101
102	NEGATIVE COST CENTER						102
103	TOTAL						103
104	TOTAL STATISTICAL BASIS						104
105	UNIT COST MULTIPLIER						105
105	UNIT COST MULTIPLIER						105

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

COST CENTERS	TITLE XVIII PART A 1	TITLE XVIII PART B 2	TITLE XIX INPATIENT 3	TITLE XIX OUTPATIENT 4	TITLE V INPATIENT 5	TITLE V OUTPATIENT 6	TOTAL THIRD PARTY 7	UTIL
UTILIZATION PERCENTAGES BASED ON DAYS								
25 ADULTS & PEDIATRICS	40.76		3.14				43.90	25
26 INTENSIVE CARE UNIT	48.27						48.27	26
UTILIZATION PERCENTAGES BASED ON CHARGES								
37 OPERATING ROOM	11.32	17.93					29.25	37
38 RECOVERY ROOM	7.23	13.61					20.84	38
41 RADIOLOGY-DIAGNOSTIC	9.02	13.97					22.99	41
43.01 NUCLEAR MEDICINE	8.74	20.57					29.31	43.01
43.02 ECHOCARDIOGRAPHY	48.93	6.87					55.80	43.02
43.03 ULTRASOUND	2.01	7.79					9.80	43.03
43.04 MAGNETIC RESONANCE IMAGING	9.44	15.34					24.78	43.04
43.05 CAT SCAN	9.74	17.73					27.47	43.05
44 LABORATORY	9.99	1.50					11.49	44
47 BLOOD STORING, PROCESSING & TRA	31.76	14.35					46.11	47
48 INTRAVENOUS THERAPY	7.78	6.99					14.77	48
49 RESPIRATORY THERAPY	38.93	4.48					43.41	49
50 PHYSICAL THERAPY	26.20						26.20	50
51 OCCUPATIONAL THERAPY	27.22						27.22	51
52 SPEECH PATHOLOGY	100.00						100.00	52
53 ELECTROCARDIOLOGY	22.90	10.86					33.76	53
53.01 CARDIAC REHAB	0.02	17.51					17.53	53.01
54 ELECTROENCEPHALOGRAPHY	4.35	10.03					14.38	54
55 MEDICAL SUPPLIES CHARGED TO PAT	28.26	8.30					36.56	55
56 DRUGS CHARGED TO PATIENTS	33.80	34.36					68.16	56
57 RENAL DIALYSIS	55.45						55.45	57
60 CLINIC	0.05	13.96					14.01	60
60.01 FAMILY EDUCATION	97.91	2.09					100.00	60.01
61 EMERGENCY	7.49	10.08					17.57	61
62 OBSERVATION BEDS (NON-DISTINCT	5.07	40.78					45.85	62
101 TOTAL CHARGES	10.55	9.90					20.45	101

	COST CENTER	--- DIRECT COSTS --- AMOUNT	%	-- ALLOCATED OVERHEAD -- AMOUNT	%	--- TOTAL COSTS --- 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	8127245	8.90	-8127245	-17.33			3
4	NEW CAP REL COSTS-MVBLE EQUIP	3280834	3.59	-3280834	-7.00			4
5	EMPLOYEE BENEFITS	10878266	11.91	-10878266	-23.20			5
6.01	COMMUNICATIONS	523411	.57	-523411	-1.12			6.01
6.02	PURCHASING	299377	.33	-299377	-.64			6.02
6.03	ADMITTING	883159	.97	-883159	-1.88			6.03
6.04	PATIENT ACCOUNTING	1866165	2.04	-1866165	-3.98			6.04
6.05	OTHER ADMINISTRATION AND GENERA	10178793	11.14	-10178793	-21.70			6.05
7	MAINTENANCE & REPAIRS	1185614	1.30	-1185614	-2.53			7
8	OPERATION OF PLANT	2108880	2.31	-2108880	-4.50			8
8.01	BIO MED SERVICE CONTRACTS	505698	.55	-505698	-1.08			8.01
9	LAUNDRY & LINEN SERVICE	347535	.38	-347535	-.74			9
10	HOUSEKEEPING	1408371	1.54	-1408371	-3.00			10
11	DIETARY	820364	.90	-820364	-1.75			11
12	CAFETERIA	599978	.66	-599978	-1.28			12
13	MAINTENANCE OF PERSONNEL							13
14	NURSING ADMINISTRATION	1192535	1.31	-1192535	-2.54			14
15	CENTRAL SERVICES & SUPPLY	462700	.51	-462700	-.99			15
16	PHARMACY	938856	1.03	-938856	-2.00			16
17	MEDICAL RECORDS & LIBRARY	963462	1.05	-963462	-2.05			17
18	SOCIAL SERVICE	327590	.36	-327590	-.70			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	7690097	8.42	12105238	25.81	19795335	21.67	25
26	INTENSIVE CARE UNIT	1616177	1.77	1996093	4.26	3612270	3.95	26
33	NURSERY	129728	.14	226496	.48	356224	.39	33
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	3296922	3.61	5335324	11.38	8632246	9.45	37
38	RECOVERY ROOM	1882418	2.06	1076343	2.30	2958761	3.24	38
39	DELIVERY ROOM & LABOR ROOM	237258	.26	316060	.67	553318	.61	39
41	RADIOLOGY-DIAGNOSTIC	2279080	2.49	3715500	7.92	5994580	6.56	41
43.01	NUCLEAR MEDICINE	199995	.22	694559	1.48	894554	.98	43.01
43.02	ECHOCARDIOGRAPHY	709		89770	.19	90479	.10	43.02
43.03	ULTRASOUND	478105	.52	599388	1.28	1077493	1.18	43.03
43.04	MAGNETIC RESONANCE IMAGING	436223	.48	867913	1.85	1304136	1.43	43.04
43.05	CAT SCAN	776487	.85	785756	1.68	1562243	1.71	43.05
44	LABORATORY	6160756	6.74	4531113	9.66	10691869	11.70	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
47	BLOOD STORING, PROCESSING & TRA	674879	.74	247091	.53	921970	1.01	47
48	INTRAVENOUS THERAPY	1371268	1.50	749431	1.60	2120699	2.32	48

	COST CENTER	--- DIRECT COSTS --- AMOUNT	%	-- ALLOCATED OVERHEAD -- AMOUNT	%	--- TOTAL COSTS --- AMOUNT	%	
49	RESPIRATORY THERAPY	885818	.97	1056954	2.25	1942772	2.13	49
50	PHYSICAL THERAPY	397238	.43	303447	.65	700685	.77	50
51	OCCUPATIONAL THERAPY	61354	.07	27987	.06	89341	.10	51
52	SPEECH PATHOLOGY	55575	.06	15591	.03	71166	.08	52
53	ELECTROCARDIOLOGY	111207	.12	288334	.61	399541	.44	53
53.01	CARDIAC REHAB	244250	.27	591428	1.26	835678	.91	53.01
54	ELECTROENCEPHALOGRAPHY	196696	.22	169215	.36	365911	.40	54
55	MEDICAL SUPPLIES CHARGED TO PAT	5103479	5.59	1706760	3.64	6810239	7.45	55
56	DRUGS CHARGED TO PATIENTS	1983231	2.17	2015715	4.30	3998946	4.38	56
57	RENAL DIALYSIS			4973	.01	4973	.01	57
60	CLINIC	1391267	1.52	709920	1.51	2101187	2.30	60
60.01	FAMILY EDUCATION	10167	.01	5659	.01	15826	.02	60.01
61	EMERGENCY	2633610	2.88	4316344	9.20	6949954	7.61	61
61.01	EXPRESS CARE							61.01
62	OBSERVATION BEDS (NON-DISTINCT							62
63	OCCUPATIONAL MEDICINE	211470	.23	158626	.34	370096	.41	63
63.50	RHC							63.50
63.60	FQHC							63.60
	OTHER REIMBURSABLE COST CENTERS							
	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
85.03	ISLET CELL ACQUISITION							85.03
	NONREIMBURSABLE COST CENTERS							
96	GIFT, FLOWER, COFFEE SHOP & CAN			84866	.18	84866	.09	96
98	PHYSICIANS' PRIVATE OFFICES	2852469	3.12	1607414	3.43	4459883	4.88	98
100	NON PATIENT			3027	.01	3027		100
100.01	MD ANSWERING SERVICE	92141	.10	92588	.20	184729	.20	100.01
100.02	DEVELOPMENT							100.02
100.03	CAPITAL CAMPAIGN							100.03
100.04	PROVISION FOR BAD DEBT							100.04
100.05	WELLNESS PROGRAM							100.05
100.06	NK TREATMENT CENTER	908192	.99	352544	.75	1260736	1.38	100.06
100.07	MEDICAL OFFICE BUILDING	93938	.10	51366	.11	145304	.16	100.07
100.08	FOUNDATION MANAGEMENT							100.08
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	TOTAL	91361037	100.00	0	.00	91361037	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

	COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM	1599682	33334976	.047988	3772882	181053	37
38	RECOVERY ROOM	67460	2779994	.024266	200948	4876	38
39	DELIVERY ROOM & LABOR ROOM	61836	1657601	.037305			39
41	RADIOLOGY-DIAGNOSTIC	1475224	13442234	.109745	1211856	132995	41
43.01	NUCLEAR MEDICINE	338295	1336217	.253174	116835	29580	43.01
43.02	ECHOCARDIOGRAPHY	37589	906617	.041461	443646	18394	43.02
43.03	ULTRASOUND	181856	3925449	.046327	78974	3659	43.03
43.04	MAGNETIC RESONANCE IMAGING	412854	6226443	.066307	587617	38963	43.04
43.05	CAT SCAN	156734	11998406	.013063	1168505	15264	43.05
44	LABORATORY	953064	32212763	.029587	3218847	95236	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
47	BLOOD STORING, PROCESSING & TRA	47529	1467408	.032390	466007	15094	47
48	INTRAVENOUS THERAPY	189122	6268205	.030172	487599	14712	48
49	RESPIRATORY THERAPY	320935	4615476	.069535	1796655	124930	49
50	PHYSICAL THERAPY	48253	1960004	.024619	513523	12642	50
51	OCCUPATIONAL THERAPY	7349	262769	.027968	71516	2000	51
52	SPEECH PATHOLOGY	3540	72703	.048691	72703	3540	52
53	ELECTROCARDIOLOGY	114938	1255049	.091580	287426	26322	53
53.01	CARDIAC REHAB	258261	591131	.436893	105	46	53.01
54	ELECTROENCEPHALOGRAPHY	27102	1419649	.019091	61781	1179	54
55	MEDICAL SUPPLIES CHARGED TO PAT	253512	8809641	.028777	2489358	71636	55
56	DRUGS CHARGED TO PATIENTS	206280	5767333	.035767	1949414	69725	56
57	RENAL DIALYSIS	301	175710	.001713	97425	167	57
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC	57740	4283411	.013480	2049	28	60
60.01	FAMILY EDUCATION	312	14390	.021682	14089	305	60.01
61	EMERGENCY	1246533	25190324	.049485	1886908	93374	61
61.01	EXPRESS CARE						61.01
62	OBSERVATION BEDS (NON-DISTINCT	52473	475623	.110325	24115	2660	62
	OTHER REIMBURSABLE COST CENTERS						
63	OCCUPATIONAL MEDICINE	19716	403303	.048886			63
63.50	RHC						63.50
63.60	FQHC						63.60
101	TOTAL	8138490	170852829		21020783	958380	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

	COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
25	ADULTS & PEDIATRICS	2683475		2683475	20047	133.86	8171	1093770	25
26	INTENSIVE CARE UNIT	347821		347821	2113	164.61	1020	167902	26
101	TOTAL	3031296		3031296			9191	1261672	101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS	1261672
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS	958380
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS	2220052
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 8, COLUMN 13)	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 8, COLUMN 4)	
PER DISCHARGE CAPITAL COSTS	
PER DIEM CAPITAL COSTS	

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1.	TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	16257478
2.	HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	33318926
3.	RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.488

II. COST TO CHARGE RATIO FOR CAPITAL

1.	TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8)	2220052
2.	RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.067

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1.	TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	7383862
2.	TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	19721227
3.	RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.374

ECR TO COMPU-MAX FILE CONVERSION UTILITY
TRANSMITTAL #18 - CMS-2552-96

ELECTRONIC FILE NAME: C:\255296\CMTEMP\EC410008.08A

COMPU-MAX FILE NAME: C:\255296\CMTEMP\CRECTEMP

PROVIDER NUMBER: 41-0008

SOFTWARE VENDOR: 001
KPMG LLP - COMPU-MAX MICRO - DATE APPROVED: 06/28/07

CREATION DATE: 2/21/2009

CREATION TIME: 13:04

PROVIDER NAME: SOUTH COUNTY HOSPITAL

FISCAL YEAR BEGINNING: 10/01/2007

FISCAL YEAR ENDING: 09/30/2008

ECR FINGERPRINT:

REMARKS:

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ELECTRONIC REPORTING FILE VALIDATION AND EDIT REPORT
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CMS REQUIRED EDITS ARE APPLIED AT TWO LEVELS:
LEVEL I EDITS ARE THOSE WHICH TEST THE FORMAT OF THE DATA TO IDENTIFY FOR CORRECTION THOSE ERROR CONDITIONS WHICH MAY RESULT IN A COST REPORT REJECTION. INTERMEDIARIES MAY REJECT ALL ELECTRONIC COST REPORTING FILES WHICH CONTAIN ONE OR MORE LEVEL I EDIT ERRORS. LEVEL I EDITS ARE IDENTIFIED WITH NUMBERS BETWEEN 1000 AND 1999.
LEVEL II EDITS IDENTIFY POTENTIAL INCONSISTENCIES AND/OR MISSING DATA ITEMS. THESE ITEMS SHOULD BE RESOLVED AT THE PROVIDER SITE AND APPROPRIATE WORKSHEETS AND/OR DATA SUBMITTED WITH THE COST REPORT. FAILURE TO SUBMIT THE APPROPRIATE DATA WITH YOUR COST REPORT MAY RESULT IN PAYMENTS BEING WITHHELD PENDING RESOLUTION OF THE ISSUE(S). LEVEL II EDITS ARE IDENTIFIED WITH NUMBERS BETWEEN 2000 AND 2999.

WORKSHEET A COST CENTER LIST: (THE ASTERISK INDICATES THAT THERE IS NO DIRECT INPUT DATA ASSOCIATED WITH THE COST CENTER)

CMS EDIT NO.			
1	OLD CAP REL COSTS-BLDG & FIXT	0100	**
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	**
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6 1	COMMUNICATIONS	0610	
6 2	PURCHASING	0630	
6 3	ADMITTING	0640	
6 4	PATIENT ACCOUNTING	0650	
6 5	OTHER ADMINISTRATION AND GENERAL	0660	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
8 1	BIO MED SERVICE CONTRACTS	0801	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	**
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	**
21	NURSING SCHOOL	2100	**
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	**
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	**
24	PARAMED ED PRGM-(SPECIFY)	2400	**
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	

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ELECTRONIC REPORTING FILE VALIDATION AND EDIT REPORT (CONTINUED)
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CMS EDIT NO.			
41	RADIOLOGY-DIAGNOSTIC	4100	
43 1	NUCLEAR MEDICINE	4301	
43 2	ECHOCARDIOGRAPHY	4302	
43 3	ULTRASOUND	4303	
43 4	MAGNETIC RESONANCE IMAGING	4304	
43 5	CAT SCAN	4305	
44	LABORATORY	4400	
4630	BLOOD CLOTTING FACTORS ADMIN COSTS	4650	**
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
53 1	CARDIAC REHAB	5301	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
60	CLINIC	6000	
60 1	FAMILY EDUCATION	6001	
61	EMERGENCY	6100	
61 1	EXPRESS CARE	6101	**
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	OCCUPATIONAL MEDICINE	4950	
6350	RHC	6310	**
6360	FQHC	6320	**
6910	CMHC	6910	**
6920	OUTPATIENT PHYSICAL THERAPY	6920	**
6930	OUTPATIENT OCCUPATIONAL THERAPY	6930	**
6940	OUTPATIENT SPEECH PATHOLOGY	6940	**
71	HOME HEALTH AGENCY	7100	**
85 1	PANCREAS ACQUISITION	8510	**
85 2	INTESTINAL ACQUISITION	8520	**
85 3	ISLET CELL ACQUISITION	8530	**
88	INTEREST EXPENSE	8800	
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	NON PATIENT	7950	
100 1	MD ANSWERING SERVICE	7951	
100 2	DEVELOPMENT	7952	**
100 3	CAPITAL CAMPAIGN	7953	**
100 4	PROVISION FOR BAD DEBT	7954	
100 5	WELLNESS PROGRAM	7955	**
100 6	NK TREATMENT CENTER	7956	

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ELECTRONIC REPORTING FILE VALIDATION AND EDIT REPORT (CONTINUED)
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CMS EDIT NO.				
100	7	MEDICAL OFFICE BUILDING	7957	
100	8	FOUNDATION MANAGEMENT	7958	**

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ELECTRONIC REPORTING FILE VALIDATION AND EDIT REPORT (CONTINUED)
****

CMS
EDIT NO.

WORKSHEET E-1 - INTERIM PAYMENT SUMMARY

		PART A	PART B	TOTAL
1	HOSPITAL	13654049	4524515	18178564
2	SUBPROVIDER I			
3	SWING-BED SNF			
4	SKILLED NURSING FAC			
5	HOME HEALTH AGENCY I			
6	CORF			
	TOTAL	13654049	4524515	18178564

WORKSHEET S - SETTLEMENT SUMMARY

		TITLE V 1	TITLE XVIII PART A 2	TITLE XVIII PART B 3	TITLE XIX 4	
1	HOSPITAL		61138	27557		1
2	SUBPROVIDER I					2
3	SWING BED - SNF					3
4	SWING BED - NF					4
5	SKILLED NURSING FACILITY					5
6	NURSING FACILITY					6
7	HOME HEALTH AGENCY					7
8	CORF					8
9	HEALTH CLINIC					9
100	TOTAL		61138	27557		100