

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

WORKSHEET S  
 PARTS I & II

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

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY TRINITY MED. CENTER ROCK ISLAND (14-0280) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2010 AND ENDING 12/31/2010, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

TITLE V		TITLE XVIII		TITLE XIX	
		PART A	PART B		
		2	3	4	
1	HOSPITAL				1
2	SUBPROVIDER I	87436	-19197		2
3	SWING BED - SNF	-52645			3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY	-1359			5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	33432	-19197		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 HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 2701 17TH STREET P.O.BOX: 1  
 1.01 CITY: ROCK ISLAND STATE: IL ZIP CODE: 61201 COUNTY: ROCK ISLAND 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	TRINITY MED. CENTER ROCK ISLAND	14-0280	06/01/1972	N	P	O	2
3	SUBPROVIDER I	TRINITY REHABILITATION	14-T280	06/01/1984	N	P	O	3
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF	TRINITY SKILLED NURSING UNIT	14-5564	01/22/1987	N	P	N	6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA							9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE							12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16

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

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1 19  
 20 SUBPROVIDER I 5 20

OTHER INFORMATION

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

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 'Y' OR 'N' FOR NO. YES 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 N 19340 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 (OR APPLICABLE EXTENSION) OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105, MIPPA 147, ACA 3121, OR MMEA 108? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES OR 'N' FOR NO. NO 21.06

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

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

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? NO 22

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

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

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

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

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

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

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

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

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

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



HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

OTHER INFORMATION

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

28.03	STAFFING	0.00	NO		28.03
28.04	RECRUITMENT	0.00	NO		28.04
28.05	RETENTION OF EMPLOYEES	0.00	NO		28.05
28.06	TRAINING	0.00	NO		28.06
28.07	OTHER (SPECIFY)		NO		28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?		NO		29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.		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.				30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		NO		31
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		NO		31.01
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
PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL					
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?		V 1	XVIII 2	XIX 3
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?		NO	YES	NO
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?		NO	NO	NO
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?				
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?		YES		38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?		NO		38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?		NO		38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?		NO		38.04

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COL. 2 THE HOME OFFICE CHAIN NUMBER. (SEE INST.) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE ON LINES 40.01-40.03. YES H00186 40

40.01 NAME: TRINITY REGIONAL HEALTH SYS FI/CONTRACTOR'S NAME: FI/CONTRACTOR'S NUMBER: 40.01  
 40.02 STREET: 2701 17TH STREET P.O.BOX: 40.02  
 40.03 CITY: ROCK ISLAND STATE: IL ZIP CODE: 61201-5351 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? NO 45  
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.

45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS? 45.01  
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? 45.02  
 45.03 WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? 45.03  
 46 IF YOU ARE PARTICIPATING IN THE NCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE. 46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC			
	1	2	3	4	5			
47 HOSPITAL	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: 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		
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.				DATE 0 / / Y/N NO	LIMIT 2 0.00	Y/N 3 NO	FEEES 4 4	56
57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?				YES				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.				YES				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)				NO	NO			58.01
59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)				NO				59

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)	NO				60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)					60.01
MULTICAMPUS						
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.	NO				61
	COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS	
	1	2	3	4	5	
SETTLEMENT DATA						
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)		YES	03/29/2011		63
MISCELLANEOUS DATA						
64	DOES THIS HOSPITAL HAVE DIRECT ASSIGNMENT OF COST FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO.		YES			64

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH PATIENT HOURS 2.01	-----I/P DAYS / O/P VISITS / TRIPS-----					OBS. BEDS ADMITTED 5.01
				TITLE V 3	TITLE XVIII 4	LTCH NONCOVERED DAYS 4.01	TITLE XIX 5		
1 HOSPITAL ADULTS & PEDS, EXCL SWING BED, OBSERV & HOSPICE DAYS	232	84680			18992		8858		1
2 HMO					2791				2
3 HOSPITAL ADULTS & PEDS - SWING BED SNF									3
4 HOSPITAL ADULTS & PEDS - SWING BED NF									4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS	232	84680			18992		8858		5
6 INTENSIVE CARE UNIT	20	7300			2369		276		6
6.01 NICU	9	3285					638		6.01
7 CORONARY CARE UNIT	31	11315			4364				7
8 BURN INTENSIVE CARE UNIT									8
9 SURGICAL INTENSIVE CARE UNIT									9
10 OTHER SPECIAL CARE (SPECIFY)									10
11 NURSERY							1915		11
12 TOTAL HOSPITAL	292	106580			25725		11687		12
13 RPCH VISITS									13
14 SUBPROVIDER I	22	8030			2939		324		14
15 SKILLED NURSING FACILITY	29	10585			6068		42		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	343								25
26 OBSERVATION BED DAYS							513		26
27 AMBULANCE TRIPS					71				27
28 EMPLOYEE DISCOUNT DAYS									28
28.01 EMP. DISC. DAYS (IRF Sub)									28.01
29 LABOR & DELIVERY DAYS							419		29

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I  
 (CONTINUED)

COMPONENT	-----I/P DAYS / O/P VISITS / TRIPS-----				---INTERNS & RES FTES---			--FULL TIME EQUIV--	
	OBS.		OBS.		LESS I&R			EMPLOYEES ON PAYROLL	NONPAID WORKERS
	BEDS NOT ADMITTED	TOTAL ALL PATIENTS	BEDS ADMITTED	BEDS NOT ADMITTED	TOTAL	REPL NON- PHYS ANES	NET		
5.02	6	6.01	6.02	7	8	9	10	11	
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		45368							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		45368							5
6 INTENSIVE CARE UNIT		4249							6
6.01 NICU		1959							6.01
7 CORONARY CARE UNIT		6905							7
8 BURN INTENSIVE CARE UNIT									8
9 SURGICAL INTENSIVE CARE UNIT									9
10 OTHER SPECIAL CARE (SPECIFY)									10
11 NURSERY		2944							11
12 TOTAL HOSPITAL		61425						1090.63	12
13 RPCH VISITS									13
14 SUBPROVIDER I		4653						22.39	14
15 SKILLED NURSING FACILITY		7544						27.60	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								1140.62	25
26 OBSERVATION BED DAYS		4002							26
27 AMBULANCE TRIPS									27
28 EMPLOYEE DISCOUNT DAYS		613							28
28.01 EMP. DISC. DAYS(IRF Sub)		10							28.01
29 LABOR & DELIVERY DAYS		834							29



HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I  
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		6369	2919	13945	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
6.01	NICU					6.01
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		6369	2919	13945	12
13	RPCH VISITS					13
14	SUBPROVIDER I		230		315	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
28.01	EMP. DISC. DAYS(IRF Sub)					28.01
29	LABOR & DELIVERY DAYS					29

HOSPITAL WAGE INDEX INFORMATION

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	WORKSHEET S-3 PART II
1	SALARIES	2	3	4	5	6		
1	TOTAL SALARIES	74831093	-2353438	72477655	2372499.00	30.55		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A	283933		283933	2302.00	123.34		4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B	6872074		6872074	33757.00	203.57		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	1162361		1162361	57414.00	20.25		8
8.01	EXCLUDED AREA SALARIES	12847628	-439207	12408421	414798.00	29.91		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	858831		858831	22942.00	37.43		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	610578		610578	14079.00	43.37		10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	33624135		33624135	1239567.00	27.13		11
12	HOME OFFICE: PHYSICIAN PART A	43838		43838	332.00	132.04		12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	13232630		13232630			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	2948807		2948807			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	11192		11192			CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B	209317		209317			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							21
22	ADMINISTRATIVE & GENERAL	2929906		2929906	24546.00	119.36		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	1078118		1078118	10278.00	104.90		22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT							24
25	LAUNDRY & LINEN SERVICE							25
26	HOUSEKEEPING							26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY							27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA							28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION							30
31	CENTRAL SERVICES AND SUPPLY							31
32	PHARMACY	3535778		3535778	96401.00	36.68		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR							33
34	SOCIAL SERVICE							34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

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)	WORKSHEET S-3 PART III
1		2	3	4	5		
1	NET SALARIES	69037137	-2353438	66683699	2349020.00	28.39	1
2	EXCLUDED AREA SALARIES	14009989	-439207	13570782	472212.00	28.74	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	55027148	-1914231	53112917	1876808.00	28.30	3
4	SUBTOTAL OTHER WAGES & REL COSTS	35137382		35137382	1276920.00	27.52	4
5	SUBTOTAL WAGE-RELATED COSTS	13243822		13243822		24.94%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	103408352	-1914231	101494121	3153728.00	32.18	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	7543802		7543802	131225.00	57.49	13

PROSPECTIVE PAYMENT FOR SNF  
 STATISTICAL DATA

WORKSHEET S-7

GROUP (1)	M3PI REVENUE CODE	SERVICES PRIOR TO OCTOBER 1st		SERVICES ON OR AFTER OCTOBER 1st		SERVICES THROUGH 4/1/2001 - 9/30/2001		SWING BED SNF DAYS	TOTAL
		RATE	DAYS	RATE	DAYS	RATE	DAYS		
1	2	3	3.01	4	4.01	4.02	4.03	4.06	5
1	RUC								1
2	RUB		49						2
3	RUA		25						3
3.01	RUX								3.01
3.02	RUL		12						3.02
4	RVC		48						4
5	RVB		1003						5
6	RVA		351						6
6.01	RVX		141						6.01
6.02	RVL		1002						6.02
7	RHC		258						7
8	RHB		817						8
9	RHA		501						9
9.01	RHX		14						9.01
9.02	RHL		52						9.02
10	RMC		3						10
11	RMB		130						11
12	RMA		222						12
12.01	RMX		176						12.01
12.02	RML		1182						12.02
13	RLB								13
14	RLA								14
15	SE3		6						15
16	SE2		17						16
17	SE1								17
18	SSC								18
19	SSB								19
20	SSA		5						20
21	CC2								21
22	CC1								22
23	CB2								23
24	CB1								24
25	CA2								25
26	CA1		7						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		3						42
43	PA2								43
44	PA1								44
45	AAA		5						45
45.01	ES3								45.01
45.02	ES2								45.02
45.03	ES1								45.03
45.04	HE2								45.04
45.05	HE1								45.05
45.06	HD2								45.06
45.07	HD1								45.07
45.08	HC2								45.08
45.09	HC1								45.09
45.10	HB2								45.10
45.11	HB1		39						45.11
45.12	LE2								45.12
45.13	LE1								45.13
45.14	LD2								45.14
45.15	LD1								45.15
45.16	LC2								45.16
45.17	LC1								45.17
45.18	LB2								45.18
45.19	LB1								45.19
45.20	CE2								45.20
45.21	CE1								45.21
45.22	CD2								45.22
45.23	CD1								45.23
46	TOTAL		6068						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	134205 17
17.01	GROSS MEDICAID REVENUES	12625003 17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	1403776 18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	4596 19
20	RESTRICTED GRANTS	2859140 20
21	NON-RESTRICTED GRANTS	21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	17026720 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	2276117 23
24	COST TO CHARGE RATIO	0.346633 24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	788977 25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	10198 26
27	TOTAL SCHIP COST	3535 27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	60638228 28
29	TOTAL GROSS MEDICAID COST	21019211 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	7556866 30
31	UNCOMPENSATED CARE COST	2619459 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	21811723 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	
OTHER REIMBURSABLE COST CENTERS									
65	6500 AMBULANCE SERVICES	1469331	2213603	3682934	-75723	3607211	-1686466	1920745	65
69.10	6910 CMHC								69.10
69.20	6920 OPT								69.20
69.30	6930 CMHC								69.30
69.40	6940 OPT								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
95	SUBTOTALS	66015941	158596484	224612425	1176687	225789112	-21059517	204729595	95
NONREIMBURSABLE COST CENTERS									
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN								96
96.01	9601 SENIOR SERVICES								96.01
96.02	9602 OTHER NON REIMBURSABLE								96.02
96.03	9603 MEDICAL OFFICE		432658	432658	-289898	142760		142760	96.03
98	9800 PHYSICIANS' PRIVATE OFFICES	2893470	1851771	4745241	-471931	4273310	-123061	4150249	98
98.01	9801 WOMEN'S HEALTH CENTER								98.01
98.02	9802 RIVERSIDE OUTPATIENT	266975	269273	536248	-70767	465481	-13780	451701	98.02
98.03	9803 PRIMARY CARE CLINIC	4118579	2479142	6597721	-262424	6335297	-142433	6192864	98.03
98.04	9804 ORTHOPEDIC CLINIC	195348	122241	317589	-14781	302808	-6271	296537	98.04
98.05	9805 NON-REIMBURSABLE CLINIC	655051	262355	917406	-19708	897698	-14739	882959	98.05
98.06	9806 TRINITY FAMILY PRACTICE	110006	72677	182683		182683	-3992	178691	98.06
100	7950 NON REIMBURSABLE COST CENTERS								100
100.01	7951 PHYSICIAN RECRUITMENT								100.01
100.02	7952 GROUP HOMES DEPT 783	566136	332829	898965	-39315	859650	-38333	821317	100.02
100.03	7953 PRECEDENCE								100.03
100.04	7954 CALL CENTER								100.04
100.05	7955 WORK FITNESS CENTER		7863	7863	-7863				100.05
100.06	7956 PARAMED NON-ACCREDITED	9587	2360	11947		11947	-303	11644	100.06
101	TOTAL	74831093	164429653	239260746		239260746	-21402429	217858317	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY		
	1	2	3	4	5	
1						1
2 BOND AMORT	B	NEW CAP REL COSTS-BLDG & FIXT	3		166417	2
3						3
4 DEPR EXP	C	NEW CAP REL COSTS-BLDG & FIXT	3		5131409	4
5						5
6 BLOOD COSTS	D	BLOOD STORING, PROCESSING & T	47		1783701	6
7						7
8 MEDICAID ASSESSMENT FEE	F	SKILLED NURSING FACILITY	34		11963	8
9						9
10 DRUG COSTS	J	DRUGS CHARGED TO PATIENTS	56		11897010	10
11	J					11
12	J					12
13	J					13
14	J					14
15	J					15
16	J					16
17	J					17
18	J					18
19	J					19
20	J					20
21	J					21
22	J					22
23	J					23
24	J					24
25	J					25
26	J					26
27	J					27
28	J					28
29						29
30 PROPERTY TAXES	M	NEW CAP REL COSTS-BLDG & FIXT	3		366767	30
31	M					31
32	M					32
33	M					33
34	M					34
35						35
36 SUBTOTAL					19357267	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
2 BOND AMORT	B	A & G	6.06		166417	11 2
3						3
4 DEPR EXP	C	A & G	6.06		5131409	9 4
5						5
6 BLOOD COSTS	D	LABORATORY	44		1783701	6
7						7
8 MEDICAID ASSESSMENT FEE	F	A & G	6.06		11963	8
9						9
10 DRUG COSTS	J	PHARMACY	16		11875829	10
11	J	ADULTS & PEDIATRICS	25		3014	11
12	J	INTENSIVE CARE UNIT	26		409	12
13	J	NICU	26.01		248	13
14	J	CORONARY CARE UNIT	27		158	14
15	J	SKILLED NURSING FACILITY	34		10	15
16	J	OPERATING ROOM	37		7968	16
17	J	GASTROINTESTINAL	37.02		166	17
18	J	RECOVERY ROOM	38		7	18
19	J	DELIVERY ROOM & LABOR ROOM	39		89	19
20	J	RADIOLOGY-DIAGNOSTIC	41		709	20
21	J	RESPIRATORY THERAPY	49		38	21
22	J	PHYSICAL THERAPY	50		1	22
23	J	TORS	50.01		2	23
24	J	CARDIOLOGY & CARDIC REHAB	59		1094	24
25	J	EKG AND EEG	59.30		8	25
26	J	CLINIC	60		8	26
27	J	EMERGENCY	61		313	27
28	J	AMBULANCE SERVICES	65		6939	28
29						29
30 PROPERTY TAXES	M	A & G	6.06		20086	13 30
31	M	PHYSICAL THERAPY	50		18469	13 31
32	M	AMBULANCE SERVICES	65		17392	13 32
33	M	MEDICAL OFFICE	96.03		289898	13 33
34	M	PRIMARY CARE CLINIC	98.03		20922	13 34
35						35
36 SUBTOTAL					19357267	36



RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 MEDICAL SUPPLIES	O	MEDICAL SUPPLIES CHARGED TO P	55		10260853
2	O				
3	O				
4	O				
5	O				
6	O				
7	O				
8	O				
9	O				
10	O				
11	O				
12	O				
13	O				
14	O				
15	O				
16	O				
17	O				
18	O				
19	O				
20	O				
21	O				
22	O				
23	O				
24	O				
25	O				
26					
27 IMPLANTABLE MEDICAL SUPPLIES	P	IMPL. DEV. CHARGED TO PATIENT	55.30		13373043
28	P	EMERGENCY	61		248
29	P				
30	P				
31	P				
32	P				
33	P				
34	P				
35	P				
36 SUBTOTAL					42991411

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1 MEDICAL SUPPLIES	O	PHARMACY	16		43947	1
2	O	NURSING SCHOOL	21		124	2
3	O	ADULTS & PEDIATRICS	25		122074	3
4	O	INTENSIVE CARE UNIT	26		71191	4
5	O	NICU	26.01		14976	5
6	O	CORONARY CARE UNIT	27		33181	6
7	O	SUBPROVIDER I	31		13389	7
8	O	SKILLED NURSING FACILITY	34		4467	8
9	O	OPERATING ROOM	37		3432168	9
10	O	GASTROINTESTINAL	37.02		189703	10
11	O	RECOVERY ROOM	38		32783	11
12	O	DELIVERY ROOM & LABOR ROOM	39		108434	12
13	O	ANESTHESIOLOGY	40		3699	13
14	O	RADIOLOGY-DIAGNOSTIC	41		22243	14
15	O	RADIOLOGY-THERAPEUTIC	42		106936	15
16	O	LABORATORY	44		274	16
17	O	INTRAVENOUS THERAPY	48		1641	17
18	O	RESPIRATORY THERAPY	49		32442	18
19	O	PHYSICAL THERAPY	50		153	19
20	O	CARDIOLOGY & CARDIC REHAB	59		5978241	20
21	O	CARDIAC REHABILITATION	59.97		122	21
22	O	CLINIC	60		30447	22
23	O	EMERGENCY	61		17988	23
24	O	PHYSICIANS' PRIVATE OFFICES	98		151	24
25	O	PRIMARY CARE CLINIC	98.03		79	25
26						26
27 IMPLANTABLE MEDICAL SUPPLIES	P	ADULTS & PEDIATRICS	25		12	27
28	P	INTENSIVE CARE UNIT	26		310	28
29	P	CORONARY CARE UNIT	27		38	29
30	P	OPERATING ROOM	37		7634033	30
31	P	GASTROINTESTINAL	37.02		5473	31
32	P	DELIVERY ROOM & LABOR ROOM	39		3378	32
33	P	RADIOLOGY-DIAGNOSTIC	41		2640	33
34	P	CARDIOLOGY & CARDIC REHAB	59		5670505	34
35	P	CLINIC	60		56902	35
36 SUBTOTAL					42991411	36

RECLASSIFICATIONS

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			1	
			COST CENTER	LINE #	SALARY		OTHER
2			2	3	4	5	
2	EMPLOYEE BENEFITS	X	EMPLOYEE BENEFITS	5		5109133	2
3							3
4	ER PHYSICIAN SALARY	Y	EMERGENCY	61		1876614	4
5							5
6	IHS ALLOCATIONS	Z	A & G	6.06		6854724	6
7		Z					7
8		Z					8
9		Z					9
10		Z					10
11		Z					11
12		Z					12
13		Z					13
14		Z					14
15		Z					15
16		Z					16
17		Z					17
18		Z					18
19		Z					19
20		Z					20
21		Z					21
22		Z					22
23		Z					23
24		Z					24
25		Z					25
26		Z					26
27		Z					27
28		Z					28
29		Z					29
30		Z					30
31		Z					31
32		Z					32
33		Z					33
34		Z					34
35		Z					35
36	SUBTOTAL					56831882	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1						1
2 EMPLOYEE BENEFITS	X	A & G	6.06		5109133	2
3						3
4 ER PHYSICIAN SALARY	Y	EMERGENCY	61	1876614		4
5						5
6 IHS ALLOCATIONS	Z	PHARMACY	16		275205	6
7	Z	NURSING SCHOOL	21		205568	7
8	Z	ADULTS & PEDIATRICS	25		1714134	8
9	Z	INTENSIVE CARE UNIT	26		298794	9
10	Z	NICU	26.01		7863	10
11	Z	CORONARY CARE UNIT	27		322383	11
12	Z	SUBPROVIDER I	31		228027	12
13	Z	SKILLED NURSING FACILITY	34		235890	13
14	Z	OPERATING ROOM	37		361698	14
15	Z	GASTROINTESTINAL	37.02		70767	15
16	Z	RECOVERY ROOM	38		172986	16
17	Z	DELIVERY ROOM & LABOR ROOM	39		180849	17
18	Z	RADIOLOGY-DIAGNOSTIC	41		416739	18
19	Z	RADIOLOGY-THERAPEUTIC	42		235890	19
20	Z	LABORATORY	44		7863	20
21	Z	INTRAVENOUS THERAPY	48		39315	21
22	Z	RESPIRATORY THERAPY	49		47178	22
23	Z	PHYSICAL THERAPY	50		172986	23
24	Z	TORS	50.01		78630	24
25	Z	CARDIOLOGY & CARDIC REHAB	59		283068	25
26	Z	CARDIAC REHABILITATION	59.97		157260	26
27	Z	CLINIC	60		220164	27
28	Z	DIABETIC EDUCATION	60.01		7863	28
29	Z	EMERGENCY	61		196575	29
30	Z	AMBULANCE SERVICES	65		51392	30
31	Z	PHYSICIANS' PRIVATE OFFICES	98		471780	31
32	Z	RIVERSIDE OUTPATIENT	98.02		70767	32
33	Z	PRIMARY CARE CLINIC	98.03		241423	33
34	Z	ORTHOPEDIC CLINIC	98.04		14781	34
35	Z	NON-REIMBURSABLE CLINIC	98.05		19708	35
36 SUBTOTAL				1876614	54908090	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1	Z				1
2	Z				2
3					3
4	AA	NEW CAP REL COSTS-BLDG & FIXT	3		6321082 4
5					5
6	BB	CASHIERING/AR	6.05		1739309 6
7					7
8	CC	ADULTS & PEDIATRICS	25	116782	49523 8
9					9
10	DD	RADIOLOGY-DIAGNOSTIC	41	302151	321564 10
11	DD				11
12	DD				12
13					13
14	EE	CLINIC	60	173177	73437 14
15					15
16	FF	CARDIOPULMONARY	59.25	417633	306179 16
17	FF				17
18					18
19	GG	INTRAVENOUS THERAPY	48	551178	222268 19
20					20
21	HH	OCCUPATIONAL THERAPY	51	663181	292574 21
22	HH	SPEECH PATHOLOGY	52	125521	57204 22
23					23
24	KK	NURSERY	33	686403	270913 24
25					25
26	LL	RADIOLOGY-THERAPEUTIC	42	143084	45315 26
27					27
28	MM	OPERATING ROOM	37	351465	173621 28
29	MM				29
30					30
31	NN	EKG AND EEG	59.30	333413	336321 31
32					32
33	OO	ADULTS & PEDIATRICS	25	240003	99076 33
34	OO				34
35	OO				35
36		SUBTOTAL		4103991	67140268 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1	Z	GROUP HOMES DEPT 783	100.02		39315	1
2	Z	WORK FITNESS CENTER	100.05		7863	2
3						3
4	AA	A & G	6.06		6321082	11 4
5						5
6	BB	A & G	6.06		1739309	6
7						7
8	CC	DELIVERY ROOM & LABOR ROOM	39	116782	49523	8
9						9
10	DD	CLINIC	60	57079	42078	10
11	DD	RADIOLOGY-THERAPEUTIC	42	46708	47800	11
12	DD	CARDIOLOGY & CARDIC REHAB	59	198364	231686	12
13						13
14	EE	DELIVERY ROOM & LABOR ROOM	39	173177	73437	14
15						15
16	FF	CARDIOLOGY & CARDIC REHAB	59	93493	94309	16
17	FF	RESPIRATORY THERAPY	49	324140	211870	17
18						18
19	GG	EMERGENCY	61	551178	222268	19
20						20
21	HH	PHYSICAL THERAPY	50	683460	281139	21
22	HH	TORS	50.01	105242	68639	22
23						23
24	KK	ADULTS & PEDIATRICS	25	686403	270913	24
25						25
26	LL	INTRAVENOUS THERAPY	48	143084	45315	26
27						27
28	MM	CARDIOLOGY & CARDIC REHAB	59	25905	35564	28
29	MM	DELIVERY ROOM & LABOR ROOM	39	325560	138057	29
30						30
31	NN	CARDIOLOGY & CARDIC REHAB	59	333413	336321	31
32						32
33	OO	INTENSIVE CARE UNIT	26	34538	14294	33
34	OO	CORONARY CARE UNIT	27	183082	75306	34
35	OO	RECOVERY ROOM	38	258	94	35
36		SUBTOTAL		5958480	65254272	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	
	1	2	3	4	5
1	OO				1
2					2
3 RENAL RECLASS	PP	RENAL DIALYSIS	57	368740	225310 3
4					4
5 MONITOR TECH	QQ	EKG AND EEG	59.30		37617 5
6					6
7 AMBULANCE RECLASS	RR	AMBULANCE SERVICES	65		439207 7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36 TOTAL RECLASSIFICATIONS				4472731	67842402 36

RECLASSIFICATIONS

WORKSHEET A-6  
 PAGE 5

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1	OO	DELIVERY ROOM & LABOR ROOM	39	22125	9382	1
2						2
3	PP	ADULTS & PEDIATRICS	25	368740	225310	3
4						4
5	QQ	EKG AND EEG	59.30	37617		5
6						6
7	RR	AMBULANCE SERVICES	65	439207		7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36	TOTAL RECLASSIFICATIONS			6826169	65488964	36







ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES		-2879905	NEW CAP REL COSTS-BLDG & FIXT	3	11 3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)					9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-9088115			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	29086971			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS					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	-82457	PHARMACY	16	19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS					20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)	B	-1580458	NURSING SCHOOL	21	21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		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					37
37.03 REV OFFSET - A&G	B	-422746	A & G	6.06	37.03
37.09 REV OFFSET - EMT PROG	B	-244703	PARAMED PROGRAM - EMS	24.02	37.09
37.11 REV OFFSET - PARAMED ED	B	-302496	PARAMED ED PRGM-(SPECIFY)	24	37.11
37.12 REV OFFSET - OR TECH	B	-141522	PARAMED PROGRAM (OR TECH)	24.01	37.12
37.13 REV OFFSET - A&P	B	-47073	ADULTS & PEDIATRICS	25	37.13
37.14 REV OFFSET - RT PROG	B	-248525	PARAMED - RESP CARE	24.03	37.14
37.15 REV OFFSET - OR	B	-2800	OPERATING ROOM	37	37.15
37.16 REV OFFSET - RAD THERA	B	-417174	RADIOLOGY-THERAPEUTIC	42	37.16
37.18 REV OFFSET - TORS	B	-58170	TORS	50.01	37.18
37.19 REV OFFSET - RADIOLOGY	B	-9450	CARDIOLOGY & CARDIC REHAB	59	37.19
37.23 REV OFFSET - CLINIC	B	-100488	CLINIC	60	37.23
37.28 REV OFFSET - ER	B	-10500	EMERGENCY	61	37.28
37.29 REV OFFSET - AMBULANCE	B	-372709	AMBULANCE SERVICES	65	37.29
37.30 REV OFFSET - DIABETIC EDUCATION	B	-57	DIABETIC EDUCATION	60.01	37.30
38					38
38.01 SISTER BENEFITS	A	66565	EMPLOYEE BENEFITS	5	38.01
38.04 ER PHYSICIAN	A	-2304859	EMERGENCY	61	38.04
39					39
40 WOUND CARE ADVERTISING	A	-12881	CLINIC	60	40
41 NON REIMB ADVERTISING	A	-34822	A & G	6.06	41
42 NON REIMB ADVERTISING	A	-1500	RADIOLOGY-THERAPEUTIC	42	42
43 NON REIMB ADVERTISING	A	-3471	AMBULANCE SERVICES	65	43
44 MONITOR TECH	A	-50324	EKG AND EEG	59.30	44
45					45
46 ILLINOIS PROVIDER TAX	A	-8200383	OPERATING ROOM	37	46
47 SELF INSURANCE	A	-29042	A & G	6.06	47
47.01 SELF INSURANCE	A	-132600	PHARMACY	16	47.01
47.02 SELF INSURANCE	A	-31148	NURSING SCHOOL	21	47.02
47.03 SELF INSURANCE	A	-7909	PARAMED ED PRGM-(SPECIFY)	24	47.03

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
47.04 SELF INSURANCE	A	-4952	PARAMED PROGRAM (OR TECH)	24.01	47.04
47.05 SELF INSURANCE	A	-6104	PARAMED PROGRAM - EMS	24.02	47.05
47.06 SELF INSURANCE	A	-6808	PARAMED - RESP CARE	24.03	47.06
47.07 SELF INSURANCE	A	-637577	ADULTS & PEDIATRICS	25	47.07
47.08 SELF INSURANCE	A	-109560	INTENSIVE CARE UNIT	26	47.08
47.09 SELF INSURANCE	A	-40214	NICU	26.01	47.09
47.10 SELF INSURANCE	A	-106800	CORONARY CARE UNIT	27	47.10
47.11 SELF INSURANCE	A	-56631	SUBPROVIDER I	31	47.11
47.12 SELF INSURANCE	A	-31775	NURSERY	33	47.12
47.13 SELF INSURANCE	A	-66105	SKILLED NURSING FACILITY	34	47.13
47.14 SELF INSURANCE	A	-196130	OPERATING ROOM	37	47.14
47.15 SELF INSURANCE	A	-18812	GASTROINTESTINAL	37.02	47.15
47.16 SELF INSURANCE	A	-108078	RECOVERY ROOM	38	47.16
47.17 SELF INSURANCE	A	-49339	DELIVERY ROOM & LABOR ROOM	39	47.17
47.18 SELF INSURANCE	A	-176488	RADIOLOGY-DIAGNOSTIC	41	47.18
47.19 SELF INSURANCE	A	-69879	RADIOLOGY-THERAPEUTIC	42	47.19
47.20 SELF INSURANCE	A	-36744	INTRAVENOUS THERAPY	48	47.20
47.21 SELF INSURANCE	A	-63355	RESPIRATORY THERAPY	49	47.21
47.22 SELF INSURANCE	A	-50553	PHYSICAL THERAPY	50	47.22
47.23 SELF INSURANCE	A	-20646	TORS	50.01	47.23
47.24 SELF INSURANCE	A	-32792	OCCUPATIONAL THERAPY	51	47.24
47.25 SELF INSURANCE	A	-6162	SPEECH PATHOLOGY	52	47.25
47.26 SELF INSURANCE	A	-19585	RENAL DIALYSIS	57	47.26
47.27 SELF INSURANCE	A	-79841	CARDIOLOGY & CARDIC REHAB	59	47.27
47.28 SELF INSURANCE	A	-21430	CARDIOPULMONARY	59.25	47.28
47.29 SELF INSURANCE	A	-54794	EKG AND EEG	59.30	47.29
47.30 SELF INSURANCE	A	-18726	CARDIAC REHABILITATION	59.97	47.30
47.31 SELF INSURANCE	A	-74019	CLINIC	60	47.31
47.32 SELF INSURANCE	A	-3055	DIABETIC EDUCATION	60.01	47.32
47.33 SELF INSURANCE	A	-288983	EMERGENCY	61	47.33
47.34 SELF INSURANCE	A	-10225	AMBULANCE SERVICES	65	47.34
47.35 SELF INSURANCE	A	-123061	PHYSICIANS' PRIVATE OFFICES	98	47.35
47.36 SELF INSURANCE	A	-13780	RIVERSIDE OUTPATIENT	98.02	47.36
47.37 SELF INSURANCE	A	-142433	PRIMARY CARE CLINIC	98.03	47.37
47.38 SELF INSURANCE	A	-6271	ORTHOPEDIC CLINIC	98.04	47.38
47.39 SELF INSURANCE	A	-14739	NON-REIMBURSABLE CLINIC	98.05	47.39
47.40 SELF INSURANCE	A	-3992	TRINITY FAMILY PRACTICE	98.06	47.40
47.41 SELF INSURANCE	A	-38333	GROUP HOMES DEPT 783	100.02	47.41
47.42 SELF INSURANCE	A	-303	PARAMED NON-ACCREDITED	100.06	47.42
48					48
49 BAD DEBT OFFSET	A	-17723421	A & G	6.06	49
49.20 BAD DEBT OFFSET	A	-653382	ADULTS & PEDIATRICS	25	49.20
49.21 BAD DEBT EXPENSE OFFSET	A	-96972	CLINIC	60	49.21
49.22 POST RETIREMENT BENEFITS	A	39120	EMPLOYEE BENEFITS	5	49.22
49.23 BAD DEBT OFFSET	A	-277523	AMBULANCE SERVICES	65	49.23
49.30 NON ALLOWABLE BOND AMORTIZATION	A	-50579	NEW CAP REL COSTS-BLDG & FIXT	3	11 49.30
49.31 OFFSET NONALLOWABLE INTEREST	A	-1257472	NEW CAP REL COSTS-BLDG & FIXT	3	11 49.31
49.32 RETIREE HEALTH INT EXP FASB 106	A	-20904	A & G	6.06	49.32
49.33 LOSS ON BOND DEFEASANCE	A	135067	A & G	6.06	49.33
49.34 AMBULANCE	A	-1022538	AMBULANCE SERVICES	65	49.34
50 TOTAL		-21402429			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF	
1	2	3	4	5	6	7	
1	6.06	A & G	TRHS	25492318	21358161	4134157	1
2	5	EMPLOYEE BENEFITS	TRHS	716488		716488	2
3	6.03	PURCHASING	TRHS	261654		261654	3
4	6.04	ADMITTING	TRHS	2089538		2089538	4
4.01	6.05	CASHIERING/AR	TRHS	1497229	1739309	-242080	4.01
4.02	8	OPERATION OF PLANT	TRHS	7356292		7356292	4.02
4.03	10	HOUSEKEEPING	TRHS	2883525		2883525	4.03
4.04	11	DIETARY	TRHS	2633245		2633245	4.04
4.05	14	NURSING ADMINISTRATION	TRHS	1482500		1482500	4.05
4.06	17	MEDICAL RECORDS & LIBRARY	TRHS	1631659		1631659	4.06
4.07	18	SOCIAL SERVICE	TRHS	3321128		3321128	4.07
4.08	37	OPERATING ROOM	TRHS	833547		833547	4.08
4.09	3	NEW CAP REL COSTS-BLDG & FIXT	TRHS	4137377	6321082	-2183705	11 4.09
4.10	15	CENTRAL SERVICES & SUPPLY	TRHS	2465772		2465772	4.10
4.11	41.01	MRI	METRO MRI	2487543	784292	1703251	4.11
5		TOTALS		59289815	30202844	29086971	5

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

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

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

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

SYMBOL (1)	NAME (2)	PERCENT OF OWNERSHIP (3)	NAME (4)	PERCENT OF OWNERSHIP (5)	TYPE OF BUSINESS (6)	
1	G IOWA HEALTH SYSTEM		IOWA HEALTH SYSTEM		HEALTH SYSTEM	1
2	B TRINITY REGIONAL HEALTH SYSTEM		TRINITY REGIONAL HEALTH SYSTEM		HEALTH SYSTEM	2
3	C METRO MRI		METRO MRI		MRI	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	COST CENTER/ PHYSICIAN IDENTIFIER		TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT	
LINE NO.	1	2	3	4	5	6	7	8	9	
1	24.03	PARAMED - RESP CARE	AGGREGATE	9620		9620	171400	55	4532	227
2	25	ADULTS & PEDIATRICS	AGGREGATE	2073869	2062339	11530	171400	176	14503	725
3	26.01	NICU	AGGREGATE	603335	20000	583335	171400	13824	1139151	56958
4	31	SUBPROVIDER I	AGGREGATE	121913	121913					
6	37	OPERATING ROOM	AGGREGATE	7388		7388	204100	31	3042	152
7	40	ANESTHESIOLOGY	AGGREGATE	591287	591287					
8	42	RADIOLOGY-THERAPEUTIC	AGGREGATE	67005	44000	23005	231100	89	9888	494
9	49	RESPIRATORY THERAPY	AGGREGATE	11739		11739	171400	94	7746	387
10	50	PHYSICAL THERAPY	AGGREGATE	38518	38496	22	171400	1	82	4
11	59	CARDIOLOGY & CARDIC REHA	AGGREGATE	359965	351640	8325	171400	48	3955	198
12	59.30	EKG AND EEG	AGGREGATE	44900	44900					
13	60	CLINIC	AGGREGATE	65666	65666					
14	61	EMERGENCY	AGGREGATE	5885626	5698948	186678	171400	8882	731911	36596
15	48	INTRAVENOUS THERAPY	AGGREGATE	52869		52869	171400	423	34857	1743
101		TOTAL	AGGREGATE	9933700	9039189	894511		23623	1949667	97484

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11		12	13	14	15	16	17	18
1	24.03	PARAMED - RESP CARE	AGGREGATE				4532	5088	5088
2	25	ADULTS & PEDIATRICS	AGGREGATE				14503		2062339
3	26.01	NICU	AGGREGATE				1139151		20000
4	31	SUBPROVIDER I	AGGREGATE						121913
6	37	OPERATING ROOM	AGGREGATE				3042	4346	4346
7	40	ANESTHESIOLOGY	AGGREGATE						591287
8	42	RADIOLOGY-THERAPEUTIC	AGGREGATE				9888	13117	57117
9	49	RESPIRATORY THERAPY	AGGREGATE				7746	3993	3993
10	50	PHYSICAL THERAPY	AGGREGATE				82		38496
11	59	CARDIOLOGY & CARDIC REHA	AGGREGATE				3955	4370	356010
12	59.30	EKG AND EEG	AGGREGATE						44900
13	60	CLINIC	AGGREGATE						65666
14	61	EMERGENCY	AGGREGATE				731911		5698948
15	48	INTRAVENOUS THERAPY	AGGREGATE				34857	18012	18012
101		TOTAL					1949667	48926	9088115





COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP	EMPLOYEE	PURCHASING	ADMITTING	CASHIERING	SUBTOTAL	A & G	
	FOR COST ALLOCATION 0	BLDGS & FIXTURES 3	BENEFITS 5	6.03	6.04	AR 6.05		5A	6.06
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES	1920745		85394	879	9845	7054	2023917	416607	65
69.10 CMHC									69.10
69.20 OPT									69.20
69.30 CMHC									69.30
69.40 OPT									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	204729595	4690139	5277396	281770	2144022	1536384	203073709	34216302	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		12770					12770	2629	96
96.01 SENIOR SERVICES									96.01
96.02 OTHER NON REIMBURSABLE		747379					747379	153842	96.02
96.03 MEDICAL OFFICE	142760			5			142765	29387	96.03
98 PHYSICIANS' PRIVATE OFFICES	4150249	143559	239860	210			4533878	933263	98
98.01 WOMEN'S HEALTH CENTER									98.01
98.02 RIVERSIDE OUTPATIENT	451701	20167	22131	125			494124	101711	98.02
98.03 PRIMARY CARE CLINIC	6192864		341418	795			6535077	1345193	98.03
98.04 ORTHOPEDIC CLINIC	296537		16194	6			312737	64374	98.04
98.05 NON-REIMBURSABLE CLINIC	882959		54302	51			937312	192938	98.05
98.06 TRINITY FAMILY PRACTICE	178691		9119	25			187835	38664	98.06
100 NON REIMBURSABLE COST CENTERS									
100.01PHYSICIAN RECRUITMENT									100
100.02GROUP HOMES DEPT 783	821317		46931	42			868290	178731	100.01
100.03PRECEDENCE									100.02
100.04CALL CENTER									100.03
100.05WORK FITNESS CENTER									100.04
100.06PARAMED NON-ACCREDITED	11644		795	2			12441	2561	100.05
101 CROSS FOOT ADJUSTMENTS									100.06
102 NEGATIVE COST CENTER									101
103 TOTAL	217858317	5614014	6008146	283031	2144022	1536384	217858317	37259595	102



COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	
	8	9	10	11	12	12.01	14	15	
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES						64374		11515	65
69.10 CMHC									69.10
69.20 OPT									69.20
69.30 CMHC									69.30
69.40 OPT									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	7315760	86576	2746164	3914848	1966183	1966183	1851645	3639356	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	30717		11751		410061				96
96.01 SENIOR SERVICES									96.01
96.02 OTHER NON REIMBURSABLE	1797780		687738						96.02
96.03 MEDICAL OFFICE								16	96.03
98 PHYSICIANS' PRIVATE OFFICES	345324		132103					889	98
98.01 WOMEN'S HEALTH CENTER									98.01
98.02 RIVERSIDE OUTPATIENT	48511		18558					1404	98.02
98.03 PRIMARY CARE CLINIC		72						8221	98.03
98.04 ORTHOPEDIC CLINIC		3						12	98.04
98.05 NON-REIMBURSABLE CLINIC		5						536	98.05
98.06 TRINITY FAMILY PRACTICE								260	98.06
100 NON REIMBURSABLE COST CENTERS									
100.01PHYSICIAN RECRUITMENT									100
100.02GROUP HOMES DEPT 783								308	100.02
100.03PRECEDENCE									100.03
100.04CALL CENTER									100.04
100.05WORK FITNESS CENTER									100.05
100.06PARAMED NON-ACCREDITED									100.06
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	9538092	86656	3596314	3914848	2376244	1966183	1851645	3651002	103



COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	SOCIAL SERVICE 18	NURSING SCHOOL 21	PARAMED EDUCATION 24	PARAMED PROGRAM OR TECH 24.01	EMS PROGRAM 24.02	PARAMED RESP CARE 24.03
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES		10420					2236	65
69.10 CMHC								69.10
69.20 OPT								69.20
69.30 CMHC								69.30
69.40 OPT								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS	7762926	2269222	4058721	3645	904	18344	14549	4946 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN								96
96.01 SENIOR SERVICES								96.01
96.02 OTHER NON REIMBURSABLE								96.02
96.03 MEDICAL OFFICE								96.03
98 PHYSICIANS' PRIVATE OFFICES	19861							98
98.01 WOMEN'S HEALTH CENTER								98.01
98.02 RIVERSIDE OUTPATIENT								98.02
98.03 PRIMARY CARE CLINIC	15437			2028	345	6976	24629	98.03
98.04 ORTHOPEDIC CLINIC	4123							98.04
98.05 NON-REIMBURSABLE CLINIC	110							98.05
98.06 TRINITY FAMILY PRACTICE	10112							98.06
100 NON REIMBURSABLE COST CENTERS								
100.01PHYSICIAN RECRUITMENT								100.01
100.02GROUP HOMES DEPT 783								100.02
100.03PRECEDENCE								100.03
100.04CALL CENTER								100.04
100.05WORK FITNESS CENTER								100.05
100.06PARAMED NON-ACCREDITED								100.06
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	7812569	2269222	4058721	5673	1249	25320	39178	21786 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6.01 NON-PATIENT PHONES				6.01
6.03 PURCHASING				6.03
6.04 ADMITTING				6.04
6.05 CASHIERING/AR				6.05
6.06 A & G				6.06
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
12.01 EMPLOYEE CAFETERIA				12.01
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
24.01 PARAMED PROGRAM (OR TECH)				24.01
24.02 PARAMED PROGRAM - EMS				24.02
24.03 PARAMED - RESP CARE				24.03
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	29372301		29372301	25
26 INTENSIVE CARE UNIT	5654932		5654932	26
26.01 NICU	2597642		2597642	26.01
27 CORONARY CARE UNIT	4662739		4662739	27
31 SUBPROVIDER I	2746240		2746240	31
33 NURSERY	1591793		1591793	33
34 SKILLED NURSING FACILITY	3146171		3146171	34
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	17171257		17171257	37
37.01 AMBULATORY SURGERY				37.01
37.02 GASTROINTESTINAL	1117217		1117217	37.02
38 RECOVERY ROOM	4616070		4616070	38
39 DELIVERY ROOM & LABOR ROOM	2213057		2213057	39
40 ANESTHESIOLOGY	307632		307632	40
41 RADIOLOGY-DIAGNOSTIC	12170278		12170278	41
41.01 MRI	3075327		3075327	41.01
42 RADIOLOGY-THERAPEUTIC	3905991		3905991	42
44 LABORATORY	8832130		8832130	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	2173306		2173306	47
48 INTRAVENOUS THERAPY	1613162		1613162	48
49 RESPIRATORY THERAPY	2082214		2082214	49
50 PHYSICAL THERAPY	1971925		1971925	50
50.01 TORS	877673		877673	50.01
51 OCCUPATIONAL THERAPY	1316885		1316885	51
52 SPEECH PATHOLOGY	250304		250304	52
53.01 ELECTROCARDIOLOGY				53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	14016415		14016415	55
55.30 IMPL. DEV. CHARGED TO PATIENT	18346517		18346517	55.30
56 DRUGS CHARGED TO PATIENTS	22839009		22839009	56
57 RENAL DIALYSIS	820524		820524	57
59 CARDIOLOGY & CARDIC REHAB	6634367		6634367	59
59.25 CARDIOPULMONARY	1017395		1017395	59.25
59.30 EKG AND EEG	2132258		2132258	59.30
59.97 CARDIAC REHABILITATION	774901		774901	59.97
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	3274899		3274899	60
60.01 DIABETIC EDUCATION	115518		115518	60.01
61 EMERGENCY	10468568		10468568	61
62 OBSERVATION BEDS (NON-DISTINCT				62
63.50 RHC				63.50
63.60 FQHC				63.60

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
OTHER REIMBURSABLE COST CENTERS				
65 AMBULANCE SERVICES	2529069		2529069	65
69.10 CMHC				69.10
69.20 OPT				69.20
69.30 CMHC				69.30
69.40 OPT				69.40
71 HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
95 SUBTOTALS	196435686		196435686	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN	467928		467928	96
96.01 SENIOR SERVICES				96.01
96.02 OTHER NON REIMBURSABLE	3386739		3386739	96.02
96.03 MEDICAL OFFICE	172168		172168	96.03
98 PHYSICIANS' PRIVATE OFFICES	5965318		5965318	98
98.01 WOMEN'S HEALTH CENTER				98.01
98.02 RIVERSIDE OUTPATIENT	664308		664308	98.02
98.03 PRIMARY CARE CLINIC	7954818		7954818	98.03
98.04 ORTHOPEDIC CLINIC	381249		381249	98.04
98.05 NON-REIMBURSABLE CLINIC	1130901		1130901	98.05
98.06 TRINITY FAMILY PRACTICE	236871		236871	98.06
100 NON REIMBURSABLE COST CENTERS				
100.01PHYSICIAN RECRUITMENT				100.01
100.02GROUP HOMES DEPT 783	1047329		1047329	100.02
100.03PRECEDENCE				100.03
100.04CALL CENTER				100.04
100.05WORK FITNESS CENTER				100.05
100.06PARAMED NON-ACCREDITED	15002		15002	100.06
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	217858317		217858317	103





ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	CAP REL	EMPLOYEE	PURCHASING	ADMITTING	CASHIERING	A & G	
	CAP-REL COSTS 0	BLDGS & FIXTURES 3	COST TO BE ALLOC 4A	BENEFITS 5	6.03	6.04	AR 6.05	6.06	
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES	67520		67520	1092	66	251	180	22257	65
69.10 CMHC									69.10
69.20 OPT									69.20
69.30 CMHC									69.30
69.40 OPT									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	5216530	4690139	9906669	67496	21283	54484	39155	1827913	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		12770	12770					140	96
96.01 SENIOR SERVICES									96.01
96.02 OTHER NON REIMBURSABLE		747379	747379					8219	96.02
96.03 MEDICAL OFFICE								1570	96.03
98 PHYSICIANS' PRIVATE OFFICES		143559	143559	3067	16			49859	98
98.01 WOMEN'S HEALTH CENTER									98.01
98.02 RIVERSIDE OUTPATIENT		20167	20167	283	9			5434	98.02
98.03 PRIMARY CARE CLINIC				4366	60			71866	98.03
98.04 ORTHOPEDIC CLINIC				207				3439	98.04
98.05 NON-REIMBURSABLE CLINIC				694	4			10308	98.05
98.06 TRINITY FAMILY PRACTICE				117	2			2066	98.06
100 NON REIMBURSABLE COST CENTERS									
100.01PHYSICIAN RECRUITMENT									100.01
100.02GROUP HOMES DEPT 783				600	3			9549	100.02
100.03PRECEDENCE									100.03
100.04CALL CENTER									100.04
100.05WORK FITNESS CENTER									100.05
100.06PARAMED NON-ACCREDITED				10				137	100.06
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	5216530	5614014	10830544	76840	21377	54484	39155	1990500	103



ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	EMPLOYEE	NURSING	CENTRAL	
	OF PLANT	+ LINEN	KEEPING			CAFETERIA	ADMINIS-	SERVICES &	
	8	9	10	11	12	12.01	TRATION	SUPPLY	
							14	15	
OTHER REIMBURSABLE COST CENTERS									
65	AMBULANCE SERVICES					3671		647	65
69.10	CMHC								69.10
69.20	OPT								69.20
69.30	CMHC								69.30
69.40	OPT								69.40
71	HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS									
85.01	PANCREAS ACQUISITION								85.01
85.02	INTESTINAL ACQUISITION								85.02
95	SUBTOTALS	491339	28111	53777	223268	112134	112134	33113	204508
NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN	2063		230		23386			96
96.01	SENIOR SERVICES								96.01
96.02	OTHER NON REIMBURSABLE	120742		13468					96.02
96.03	MEDICAL OFFICE							1	96.03
98	PHYSICIANS' PRIVATE OFFICES	23193		2587				50	98
98.01	WOMEN'S HEALTH CENTER								98.01
98.02	RIVERSIDE OUTPATIENT	3258		363				79	98.02
98.03	PRIMARY CARE CLINIC		23					462	98.03
98.04	ORTHOPEDIC CLINIC		1					1	98.04
98.05	NON-REIMBURSABLE CLINIC		2					30	98.05
98.06	TRINITY FAMILY PRACTICE							15	98.06
100 NON REIMBURSABLE COST CENTERS									
100.01	PHYSICIAN RECRUITMENT								100
100.01	PHYSICIAN RECRUITMENT								100.01
100.02	GROUP HOMES DEPT 783							17	100.02
100.03	PRECEDENCE								100.03
100.04	CALL CENTER								100.04
100.05	WORK FITNESS CENTER								100.05
100.06	PARAMED NON-ACCREDITED								100.06
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	TOTAL	640595	28137	70425	223268	135520	112134	33113	205163



ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	PARAMED EDUCATION	PARAMED PROGRAM OR TECH	EMS PROGRAM	PARAMED RESP CARE
	16	17	18	21	24	24.01	24.02	24.03
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES		446						65
69.10 CMHC								69.10
69.20 OPT								69.20
69.30 CMHC								69.30
69.40 OPT								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS	149381	97210	50701					95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN								96
96.01 SENIOR SERVICES								96.01
96.02 OTHER NON REIMBURSABLE								96.02
96.03 MEDICAL OFFICE								96.03
98 PHYSICIANS' PRIVATE OFFICES	382							98
98.01 WOMEN'S HEALTH CENTER								98.01
98.02 RIVERSIDE OUTPATIENT								98.02
98.03 PRIMARY CARE CLINIC	297							98.03
98.04 ORTHOPEDIC CLINIC	79							98.04
98.05 NON-REIMBURSABLE CLINIC	2							98.05
98.06 TRINITY FAMILY PRACTICE	195							98.06
100 NON REIMBURSABLE COST CENTERS								
100.01PHYSICIAN RECRUITMENT								100
100.02GROUP HOMES DEPT 783								100.01
100.03PRECEDENCE								100.02
100.04CALL CENTER								100.03
100.05WORK FITNESS CENTER								100.04
100.06PARAMED NON-ACCREDITED								100.05
101 CROSS FOOT ADJUSTMENTS				1263	262	5068	9142	4757 101
102 NEGATIVE COST CENTER				99697	16584	3293	15110	12983 102
103 TOTAL	150336	97210	50701	100960	16846	8361	24252	17740 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6.01 NON-PATIENT PHONES				6.01
6.03 PURCHASING				6.03
6.04 ADMITTING				6.04
6.05 CASHIERING/AR				6.05
6.06 A & G				6.06
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
12.01 EMPLOYEE CAFETERIA				12.01
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
24.01 PARAMED PROGRAM (OR TECH)				24.01
24.02 PARAMED PROGRAM - EMS				24.02
24.03 PARAMED - RESP CARE				24.03
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	1330799		1330799	25
26 INTENSIVE CARE UNIT	231856		231856	26
26.01 NICU	79999		79999	26.01
27 CORONARY CARE UNIT	208915		208915	27
31 SUBPROVIDER I	160941		160941	31
33 NURSERY	101249		101249	33
34 SKILLED NURSING FACILITY	146975		146975	34
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	1376856		1376856	37
37.01 AMBULATORY SURGERY				37.01
37.02 GASTROINTESTINAL	73293		73293	37.02
38 RECOVERY ROOM	160131		160131	38
39 DELIVERY ROOM & LABOR ROOM	111910		111910	39
40 ANESTHESIOLOGY	94491		94491	40
41 RADIOLOGY-DIAGNOSTIC	1839813		1839813	41
41.01 MRI	42079		42079	41.01
42 RADIOLOGY-THERAPEUTIC	567843		567843	42
44 LABORATORY	143817		143817	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	20390		20390	47
48 INTRAVENOUS THERAPY	58380		58380	48
49 RESPIRATORY THERAPY	57827		57827	49
50 PHYSICAL THERAPY	53375		53375	50
50.01 TORS	14945		14945	50.01
51 OCCUPATIONAL THERAPY	35406		35406	51
52 SPEECH PATHOLOGY	6528		6528	52
53.01 ELECTROCARDIOLOGY				53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	199165		199165	55
55.30 IMPL. DEV. CHARGED TO PATIENT	262347		262347	55.30
56 DRUGS CHARGED TO PATIENTS	305398		305398	56
57 RENAL DIALYSIS	24017		24017	57
59 CARDIOLOGY & CARDIC REHAB	886696		886696	59
59.25 CARDIOPULMONARY	42288		42288	59.25
59.30 EKG AND EEG	122528		122528	59.30
59.97 CARDIAC REHABILITATION	25842		25842	59.97
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	145097		145097	60
60.01 DIABETIC EDUCATION	2326		2326	60.01
61 EMERGENCY	345907		345907	61
62 OBSERVATION BEDS (NON-DISTINCT				62
63.50 RHC				63.50
63.60 FQHC				63.60

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
OTHER REIMBURSABLE COST CENTERS				
65 AMBULANCE SERVICES	96130		96130	65
69.10 CMHC				69.10
69.20 OPT				69.20
69.30 CMHC				69.30
69.40 OPT				69.40
71 HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
95 SUBTOTALS	9375559		9375559	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN	38589		38589	96
96.01 SENIOR SERVICES				96.01
96.02 OTHER NON REIMBURSABLE	889808		889808	96.02
96.03 MEDICAL OFFICE	1571		1571	96.03
98 PHYSICIANS' PRIVATE OFFICES	222713		222713	98
98.01 WOMEN'S HEALTH CENTER				98.01
98.02 RIVERSIDE OUTPATIENT	29593		29593	98.02
98.03 PRIMARY CARE CLINIC	77074		77074	98.03
98.04 ORTHOPEDIC CLINIC	3727		3727	98.04
98.05 NON-REIMBURSABLE CLINIC	11040		11040	98.05
98.06 TRINITY FAMILY PRACTICE	2395		2395	98.06
100 NON REIMBURSABLE COST CENTERS				
100.01PHYSICIAN RECRUITMENT				100.01
100.02GROUP HOMES DEPT 783	10169		10169	100.02
100.03PRECEDENCE				100.03
100.04CALL CENTER				100.04
100.05WORK FITNESS CENTER				100.05
100.06PARAMED NON-ACCREDITED	147		147	100.06
101 CROSS FOOT ADJUSTMENTS	20492		20492	101
102 NEGATIVE COST CENTER	147667		147667	102
103 TOTAL	10830544		10830544	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	EMPLOYEE	PURCHASING	ADMITTING	CASHIERING	RECON- CILIATION
	BLDGS & FIXTURES SQUARE FEET	BENEFITS GROSS SALARIES	COST OF GOODS	TOTAL REVENUES	TOTAL REVENUES	
	3	5	6.03	6.04	6.05	6A.06
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	756621					3
4 NEW CAP REL COSTS-MVBLE EQUIP						4
5 EMPLOYEE BENEFITS	10356	72477655				5
6.01 NON-PATIENT PHONES						6.01
6.03 PURCHASING	2881		34090302			6.03
6.04 ADMITTING	7343			574905019		6.04
6.05 CASHIERING/AR	5277				574905019	6.05
6.06 A & G	121747	2929906	395222			-37259595 6.06
7 MAINTENANCE & REPAIRS						7
8 OPERATION OF PLANT	74612					8
9 LAUNDRY & LINEN SERVICE	3234					9
10 HOUSEKEEPING	4450					10
11 DIETARY	21996					11
12 CAFETERIA						12
12.01 EMPLOYEE CAFETERIA						12.01
13 MAINTENANCE OF PERSONNEL						13
14 NURSING ADMINISTRATION	1903					14
15 CENTRAL SERVICES & SUPPLY	20155					15
16 PHARMACY	6166	3535778	992610			16
17 MEDICAL RECORDS & LIBRARY	8973					17
18 SOCIAL SERVICE	1605					18
20 NONPHYSICIAN ANESTHETISTS						20
21 NURSING SCHOOL	11289	833520	6778			21 295007
22 I&R SERVICES-SALARY & FRINGES						22
23 I&R SERVICES-OTHER PRGM COSTS						23
24 PARAMED ED PRGM-(SPECIFY)	1864	171770	227			24 50890
24.01 PARAMED PROGRAM (OR TECH)	917	100355	588			1327 24.01
24.02 PARAMED PROGRAM - EMS	2723	142654	1318			32713 24.02
24.03 PARAMED - RESP CARE	1974	151943	434			32216 24.03
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	94289	13403820	740971	39234688	39234688	25
26 INTENSIVE CARE UNIT	13655	2568326	308747	8149224	8149224	26
26.01 NICU	4425	971055	43226	2406180	2406180	26.01
27 CORONARY CARE UNIT	10428	1968298	146682	8162530	8162530	27
31 SUBPROVIDER I	8409	1162903	58772	4965373	4965373	31
33 NURSERY	5599	686403	41873	2275484	2275484	33
34 SKILLED NURSING FACILITY	10570	1162361	72893	2939567	2939567	34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	50346	4192985	3642303	70513199	70513199	37
37.01 AMBULATORY SURGERY						37.01
37.02 GASTROINTESTINAL	2947	439933	126825	3634139	3634139	37.02
38 RECOVERY ROOM	10020	2460951	134309	8701420	8701420	38
39 DELIVERY ROOM & LABOR ROOM	8683	1025924	134541	5444407	5444407	39
40 ANESTHESIOLOGY			91287	6734681	6734681	40
41 RADIOLOGY-DIAGNOSTIC	30303	3544773	1142173	73412702	73412702	41
41.01 MRI	1578			1944642	1944642	41.01
42 RADIOLOGY-THERAPEUTIC	11950	1778450	68648	16318525	16318525	42
44 LABORATORY	6098		74494	36643370	36643370	44
46.30 BLOOD CLOTTING FACTORS ADMIN				1923878	1923878	46.30
47 BLOOD STORING, PROCESSING & T				6324200	6324200	47
48 INTRAVENOUS THERAPY	2746	839070	70759	7944283	7944283	48
49 RESPIRATORY THERAPY	997	939563	267307	7194904	7194904	49
50 PHYSICAL THERAPY	2680	1017277	15052	2577450	2577450	50
50.01 TORS		449538	15949	4654427	4654427	50.01
51 OCCUPATIONAL THERAPY	1695	663181	10797	866086	866086	51
52 SPEECH PATHOLOGY	291	125521	2293			52
53.01 ELECTROCARDIOLOGY				10260853	30094507	30094507 53.01
55 MEDICAL SUPPLIES CHARGED TO P				13369541	45831857	45831857 55
55.30 IMPL. DEV. CHARGED TO PATIENT					62591661	62591661 55.30
56 DRUGS CHARGED TO PATIENTS					1324337	1324337 56
57 RENAL DIALYSIS	1631	368740	34362	54883418	54883418	57
59 CARDIOLOGY & CARDIC REHAB	10841	2157154	912598	6216387	6216387	59
59.25 CARDIOPULMONARY	840	417633	96776	10780556	10780556	59.25
59.30 EKG AND EEG	1769	956729	47334	1588595	1588595	59.30
59.97 CARDIAC REHABILITATION	1203	411902	9231			59.97
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	11959	1445345	216001	8574696	8574696	60
60.01 DIABETIC EDUCATION	122	66905	1018	163074	163074	60.01
61 EMERGENCY	16568	9541713	277739	27250498	27250498	61
62 OBSERVATION BEDS (NON-DISTINC						62



COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	EMPLOYEE	PURCHASING	ADMITTING	CASHIERING	RECON- CILIATION
	BLDGS & FIXTURES SQUARE FEET	BENEFITS GROSS SALARIES	COST OF GOODS	TOTAL REVENUES	TOTAL REVENUES	
	3	5	6.03	6.04	6.05	6A.06
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES		1030124	105911	2640074	2640074	65
69.10 CMHC						69.10
69.20 OPT						69.20
69.30 CMHC						69.30
69.40 OPT						69.40
71 HOME HEALTH AGENCY						71
SPECIAL PURPOSE COST CENTERS						
85.01 PANCREAS ACQUISITION						85.01
85.02 INTESTINAL ACQUISITION						85.02
95 SUBTOTALS	632107	63662503	33938442	574905019	574905019	-36847442
NONREIMBURSABLE COST CENTERS						
96 GIFT, FLOWER, COFFEE SHOP & C	1721					96
96.01 SENIOR SERVICES						96.01
96.02 OTHER NON REIMBURSABLE	100727					96.02
96.03 MEDICAL OFFICE			588			96.03
98 PHYSICIANS' PRIVATE OFFICES	19348	2893470	25249			98
98.01 WOMEN'S HEALTH CENTER						98.01
98.02 RIVERSIDE OUTPATIENT	2718	266975	15008			98.02
98.03 PRIMARY CARE CLINIC		4118579	95808			98.03
98.04 ORTHOPEDIC CLINIC		195348	750			98.04
98.05 NON-REIMBURSABLE CLINIC		655051	6119			98.05
98.06 TRINITY FAMILY PRACTICE		110006	2998			98.06
100 NON REIMBURSABLE COST CENTERS						100
100.01 PHYSICIAN RECRUITMENT						100.01
100.02 GROUP HOMES DEPT 783		566136	5076			100.02
100.03 PRECEDENCE						100.03
100.04 CALL CENTER						100.04
100.05 WORK FITNESS CENTER						100.05
100.06 PARAMED NON-ACCREDITED		9587	264			100.06
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 COST TO BE ALLOC PER B PT I	5614014	6008146	283031	2144022	1536384	103
104 UNIT COST MULT-WS B PT I		.082897		.003729		
104 UNIT COST MULT-WS B PT I	7.419850		.008302		.002672	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		76840	21377	54484	39155	107
108 UNIT COST MULT-WS B PT III		.001060		.000095		
108 UNIT COST MULT-WS B PT III			.000627		.000068	108



COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	A & G ACCUM COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY + LINEN SERVICE LAUNDRY \$\$	HOUSE- KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA MEALS SERVED	EMPLOYEE CAFETERIA PAID HOURS	
	6.06	8	9	10	11	12	12.01	
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES	2023917						67955	65
69.10 CMHC								69.10
69.20 OPT								69.20
69.30 CMHC								69.30
69.40 OPT								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS	166226267	409891	947999	402207	812058	407846	2075555	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	12770	1721		1721		85059		96
96.01 SENIOR SERVICES								96.01
96.02 OTHER NON REIMBURSABLE	747379	100727		100727				96.02
96.03 MEDICAL OFFICE	142765							96.03
98 PHYSICIANS' PRIVATE OFFICES	4533878	19348		19348				98
98.01 WOMEN'S HEALTH CENTER								98.01
98.02 RIVERSIDE OUTPATIENT	494124	2718		2718				98.02
98.03 PRIMARY CARE CLINIC	6535077		784					98.03
98.04 ORTHOPEDIC CLINIC	312737		29					98.04
98.05 NON-REIMBURSABLE CLINIC	937312		59					98.05
98.06 TRINITY FAMILY PRACTICE	187835							98.06
100 NON REIMBURSABLE COST CENTERS								100
100.01 PHYSICIAN RECRUITMENT								100.01
100.02 GROUP HOMES DEPT 783	868290							100.02
100.03 PRECEDENCE								100.03
100.04 CALL CENTER								100.04
100.05 WORK FITNESS CENTER								100.05
100.06 PARAMED NON-ACCREDITED	12441							100.06
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	37259595	9538092	86656	3596314	3914848	2376244	1966183	103
104 UNIT COST MULT-WS B PT I	.205842		.091325		4.820897		.947305	
104 UNIT COST MULT-WS B PT I		17.848059		6.827740		4.820897		104
105 COST TO BE ALLOC PER B PT II								104
106 UNIT COST MULT-WS B PT II								105
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III	1990500	640595	28137	70425	223268	135520	112134	106
108 UNIT COST MULT-WS B PT III	.010997		.029653		.274941		.054026	107
108 UNIT COST MULT-WS B PT III		1.198707		.133705		.274941		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL	NURSING	PARAMED
	ADMINIS- TRATION DIRECT NRSING HRS	SERVICES & SUPPLY COSTED REQUIS.	COSTED REQUIS.	RECORDS + LIBRARY TOTAL REVENUES	PATIENT DAYS	SCHOOL ASSIGNED TIME	EDUCATION ASSIGNED TIME
	14	15	16	17	18	21	24
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 NON-PATIENT PHONES							6.01
6.03 PURCHASING							6.03
6.04 ADMITTING							6.04
6.05 CASHIERING/AR							6.05
6.06 A & G							6.06
7 MAINTENANCE & REPAIRS							7
8 OPERATION OF PLANT							8
9 LAUNDRY & LINEN SERVICE							9
10 HOUSEKEEPING							10
11 DIETARY							11
12 CAFETERIA							12
12.01 EMPLOYEE CAFETERIA							12.01
13 MAINTENANCE OF PERSONNEL							13
14 NURSING ADMINISTRATION	953448						14
15 CENTRAL SERVICES & SUPPLY		31454900					15
16 PHARMACY		343277	11973088				16
17 MEDICAL RECORDS & LIBRARY				574905019			17
18 SOCIAL SERVICE					73622		18
20 NONPHYSICIAN ANESTHETISTS							20
21 NURSING SCHOOL		4759				36582	21
22 I&R SERVICES-SALARY & FRINGES							22
23 I&R SERVICES-OTHER PRGM COSTS							23
24 PARAMED ED PRGM-(SPECIFY)		167					24
24.01 PARAMED PROGRAM (OR TECH)		588					24.01
24.02 PARAMED PROGRAM - EMS		792					24.02
24.03 PARAMED - RESP CARE		434					24.03
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	514479	661671		39234688	45368	13698	25
26 INTENSIVE CARE UNIT	82563	289848		8149224	4249	3414	26
26.01 NICU		39984		2406180	1959		26.01
27 CORONARY CARE UNIT	90687	132184		8162530	6905	1235	27
31 SUBPROVIDER I	46571	52237		4965373	4653	144	31
33 NURSERY		38024		2275484	2944	48	33
34 SKILLED NURSING FACILITY	57414	62518		2939567	7544		34
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		3548760		70513199		1309	37
37.01 AMBULATORY SURGERY							37.01
37.02 GASTROINTESTINAL		121845		3634139			37.02
38 RECOVERY ROOM		125909		8701420		593	38
39 DELIVERY ROOM & LABOR ROOM		122656		5444407		1605	39
40 ANESTHESIOLOGY		91257		6734681			40
41 RADIOLOGY-DIAGNOSTIC		316555		73412702			41
41.01 MRI				1944642			41.01
42 RADIOLOGY-THERAPEUTIC		45820		16318525			42
44 LABORATORY		69018		36643370			44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T				1923878			47
48 INTRAVENOUS THERAPY		63702		6324200		127	48
49 RESPIRATORY THERAPY		235824		7944283			49
50 PHYSICAL THERAPY		13519		7194904			50
50.01 TORS		13327		2577450			50.01
51 OCCUPATIONAL THERAPY		8125		4654427			51
52 SPEECH PATHOLOGY		1763		866086			52
53.01 ELECTROCARDIOLOGY							53.01
55 MEDICAL SUPPLIES CHARGED TO P		10249384		30094507			55
55.30 IMPL. DEV. CHARGED TO PATIENT		13373044		45831857			55.30
56 DRUGS CHARGED TO PATIENTS			11897007	62591661			56
57 RENAL DIALYSIS		30809		1324337		188	57
59 CARDIOLOGY & CARDIC REHAB		633178		54883418			59
59.25 CARDIOPULMONARY		84854		6216387			59.25
59.30 EKG AND EEG		38192		10780556			59.30
59.97 CARDIAC REHABILITATION		6583		1588595		146	59.97
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		189328		8574696		271	60
60.01 DIABETIC EDUCATION		11		163074			60.01
61 EMERGENCY	161734	245400		27250498		725	61
62 OBSERVATION BEDS (NON-DISTINC							62

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL	NURSING	PARAMED
	ADMINIS- TRATION DIRECT NRSING HRS	SERVICES & SUPPLY COSTED REQUIS.	COSTED REQUIS.	RECORDS + LIBRARY TOTAL REVENUES	PATIENT DAYS	SCHOOL ASSIGNED TIME	EDUCATION ASSIGNED TIME
	14	15	16	17	18	21	24
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES		99205		2640074			65
69.10 CMHC							69.10
69.20 OPT							69.20
69.30 CMHC							69.30
69.40 OPT							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
95 SUBTOTALS	953448	31354551	11897007	574905019	73622	23503	13367
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & C							96
96.01 SENIOR SERVICES							96.01
96.02 OTHER NON REIMBURSABLE							96.02
96.03 MEDICAL OFFICE		138					96.03
98 PHYSICIANS' PRIVATE OFFICES		7663	30438				98
98.01 WOMEN'S HEALTH CENTER							98.01
98.02 RIVERSIDE OUTPATIENT		12095					98.02
98.03 PRIMARY CARE CLINIC		70831	23658		13079	5095	98.03
98.04 ORTHOPEDIC CLINIC		101	6319				98.04
98.05 NON-REIMBURSABLE CLINIC		4622	169				98.05
98.06 TRINITY FAMILY PRACTICE		2243	15497				98.06
100 NON REIMBURSABLE COST CENTERS							100
100.01 PHYSICIAN RECRUITMENT							100.01
100.02 GROUP HOMES DEPT 783		2656					100.02
100.03 PRECEDENCE							100.03
100.04 CALL CENTER							100.04
100.05 WORK FITNESS CENTER							100.05
100.06 PARAMED NON-ACCREDITED							100.06
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	1851645	3651002	7812569	2269222	4058721	5673	1249
104 UNIT COST MULT-WS B PT I	1.942051		.652511		55.129187		.067652
104 UNIT COST MULT-WS B PT I		.116071		.003947		.155076	
105 COST TO BE ALLOC PER B PT II							
106 UNIT COST MULT-WS B PT II							
106 UNIT COST MULT-WS B PT II							
107 COST TO BE ALLOC PER B PT III	33113	205163	150336	97210	50701	1263	262
108 UNIT COST MULT-WS B PT III	.034730		.012556		.688666		.014191
108 UNIT COST MULT-WS B PT III		.006522		.000169		.034525	

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMED PROGRAM OR TECH ASSIGNED TIME	EMS PROGRAM HOURS	PARAMED RESP CARE HOURS	
	24.01	24.02	24.03	
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				5
6.01 NON-PATIENT PHONES				6.01
6.03 PURCHASING				6.03
6.04 ADMITTING				6.04
6.05 CASHIERING/AR				6.05
6.06 A & G				6.06
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
12.01 EMPLOYEE CAFETERIA				12.01
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
18 SOCIAL SERVICE				18
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES				22
23 I&R SERVICES-OTHER PRGM COSTS				23
24 PARAMED ED PRGM-(SPECIFY)				24
24.01 PARAMED PROGRAM (OR TECH)	5858			24.01
24.02 PARAMED PROGRAM - EMS		10531		24.02
24.03 PARAMED - RESP CARE			11203	24.03
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	18	218		25
26 INTENSIVE CARE UNIT		208		26
26.01 NICU		56		26.01
27 CORONARY CARE UNIT				27
31 SUBPROVIDER I				31
33 NURSERY				33
34 SKILLED NURSING FACILITY				34
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	4034	115		37
37.01 AMBULATORY SURGERY				37.01
37.02 GASTROINTESTINAL				37.02
38 RECOVERY ROOM				38
39 DELIVERY ROOM & LABOR ROOM	133	78		39
40 ANESTHESIOLOGY				40
41 RADIOLOGY-DIAGNOSTIC	2	2	25	41
41.01 MRI				41.01
42 RADIOLOGY-THERAPEUTIC				42
44 LABORATORY				44
46.30 BLOOD CLOTTING FACTORS ADMIN				46.30
47 BLOOD STORING, PROCESSING & T				47
48 INTRAVENOUS THERAPY		364		48
49 RESPIRATORY THERAPY		42	1677	49
50 PHYSICAL THERAPY				50
50.01 TORS				50.01
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY				52
53.01 ELECTROCARDIOLOGY				53.01
55 MEDICAL SUPPLIES CHARGED TO P				55
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS				56
57 RENAL DIALYSIS				57
59 CARDIOLOGY & CARDIC REHAB	35	37	166	59
59.25 CARDIOPULMONARY		14	600	59.25
59.30 EKG AND EEG			75	59.30
59.97 CARDIAC REHABILITATION				59.97
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	22	95		60
60.01 DIABETIC EDUCATION				60.01
61 EMERGENCY		2081		61
62 OBSERVATION BEDS (NON-DISTINC				62

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMED PROGRAM OR TECH ASSIGNED TIME	EMS PROGRAM HOURS	PARAMED RESP CARE HOURS	
	24.01	24.02	24.03	
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
65 AMBULANCE SERVICES		601		65
69.10 CMHC				69.10
69.20 OPT				69.20
69.30 CMHC				69.30
69.40 OPT				69.40
71 HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
95 SUBTOTALS	4244	3911	2543	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & C				96
96.01 SENIOR SERVICES				96.01
96.02 OTHER NON REIMBURSABLE				96.02
96.03 MEDICAL OFFICE				96.03
98 PHYSICIANS' PRIVATE OFFICES				98
98.01 WOMEN'S HEALTH CENTER				98.01
98.02 RIVERSIDE OUTPATIENT				98.02
98.03 PRIMARY CARE CLINIC	1614	6620	8660	98.03
98.04 ORTHOPEDIC CLINIC				98.04
98.05 NON-REIMBURSABLE CLINIC				98.05
98.06 TRINITY FAMILY PRACTICE				98.06
100 NON REIMBURSABLE COST CENTERS				100
100.01 PHYSICIAN RECRUITMENT				100.01
100.02 GROUP HOMES DEPT 783				100.02
100.03 PRECEDENCE				100.03
100.04 CALL CENTER				100.04
100.05 WORK FITNESS CENTER				100.05
100.06 PARAMED NON-ACCREDITED				100.06
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 COST TO BE ALLOC PER B PT I	25320	39178	21786	103
104 UNIT COST MULT-WS B PT I	4.322294		1.944658	
104 UNIT COST MULT-WS B PT I		3.720254		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	5068	9142	4757	107
108 UNIT COST MULT-WS B PT III	.865142		.424618	
108 UNIT COST MULT-WS B PT III		.868104		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	29372301		29372301		29372301	25
26 INTENSIVE CARE UNIT	5654932		5654932		5654932	26
26.01 NICU	2597642		2597642		2597642	26.01
27 CORONARY CARE UNIT	4662739		4662739		4662739	27
31 SUBPROVIDER I	2746240		2746240		2746240	31
33 NURSERY	1591793		1591793		1591793	33
34 SKILLED NURSING FACILITY	3146171		3146171		3146171	34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	17171257		17171257	4346	17175603	37
37.01 AMBULATORY SURGERY						37.01
37.02 GASTROINTESTINAL	1117217		1117217		1117217	37.02
38 RECOVERY ROOM	4616070		4616070		4616070	38
39 DELIVERY ROOM & LABOR ROOM	2213057		2213057		2213057	39
40 ANESTHESIOLOGY	307632		307632		307632	40
41 RADIOLOGY-DIAGNOSTIC	12170278		12170278		12170278	41
41.01 MRI	3075327		3075327		3075327	41.01
42 RADIOLOGY-THERAPEUTIC	3905991		3905991	13117	3919108	42
44 LABORATORY	8832130		8832130		8832130	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	2173306		2173306		2173306	47
48 INTRAVENOUS THERAPY	1613162		1613162	18012	1631174	48
49 RESPIRATORY THERAPY	2082214		2082214	3993	2086207	49
50 PHYSICAL THERAPY	1971925		1971925		1971925	50
50.01 TORS	877673		877673		877673	50.01
51 OCCUPATIONAL THERAPY	1316885		1316885		1316885	51
52 SPEECH PATHOLOGY	250304		250304		250304	52
53.01 ELECTROCARDIOLOGY						53.01
55 MEDICAL SUPPLIES CHARGED TO	14016415		14016415		14016415	55
55.30 IMPL. DEV. CHARGED TO PATIE	18346517		18346517		18346517	55.30
56 DRUGS CHARGED TO PATIENTS	22839009		22839009		22839009	56
57 RENAL DIALYSIS	820524		820524		820524	57
59 CARDIOLOGY & CARDIC REHAB	6634367		6634367	4370	6638737	59
59.25 CARDIOPULMONARY	1017395		1017395		1017395	59.25
59.30 EKG AND EEG	2132258		2132258		2132258	59.30
59.97 CARDIAC REHABILITATION	774901		774901		774901	59.97
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	3274899		3274899		3274899	60
60.01 DIABETIC EDUCATION	115518		115518		115518	60.01
61 EMERGENCY	10468568		10468568		10468568	61
62 OBSERVATION BEDS (NON-DISTI	2380950		2380950		2380950	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	2529069		2529069		2529069	65
101 SUBTOTAL	198816636		198816636	43838	198860474	101
102 LESS OBSERVATION BEDS	2380950		2380950		2380950	102
103 TOTAL	196435686		196435686	43838	196479524	103



COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL 8			
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	35491742		35491742			25
26 INTENSIVE CARE UNIT	8123364		8123364			26
26.01 NICU	2336493		2336493			26.01
27 CORONARY CARE UNIT	8086391		8086391			27
31 SUBPROVIDER I	4954735		4954735			31
33 NURSERY	2275484		2275484			33
34 SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTERS	2938399		2938399			34
37 OPERATING ROOM	28194122	40376808	68570930	.250416	.250416	.250479 37
37.01 AMBULATORY SURGERY						37.01
37.02 GASTROINTESTINAL	1790948	1780320	3571268	.312835	.312835	.312835 37.02
38 RECOVERY ROOM	2597846	5914858	8512704	.542257	.542257	.542257 38
39 DELIVERY ROOM & LABOR ROOM	4874103	325017	5199120	.425660	.425660	.425660 39
40 ANESTHESIOLOGY	2488690	4090807	6579497	.046756	.046756	.046756 40
41 RADIOLOGY-DIAGNOSTIC	16725767	55359086	72084853	.168833	.168833	.168833 41
41.01 MRI	1901612	15386	1916998	1.604241	1.604241	1.604241 41.01
42 RADIOLOGY-THERAPEUTIC	146395	15818035	15964430	.244668	.244668	.245490 42
44 LABORATORY	22281925	13893287	36175212	.244149	.244149	.244149 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING & INTRAVENOUS THERAPY	1470450	453428	1923878	1.129649	1.129649	1.129649 47
48 RESPIRATORY THERAPY	1127669	5156385	6284054	.256707	.256707	.259574 48
49 PHYSICAL THERAPY	7511854	328806	7840660	.265566	.265566	.266075 49
50 TORS	6059845	912453	6972298	.282823	.282823	.282823 50
50.01 OCCUPATIONAL THERAPY	272	2577178	2577450	.340520	.340520	.340520 50.01
51 SPEECH PATHOLOGY	3870410	784017	4654427	.282932	.282932	.282932 51
52 ELECTROCARDIOLOGY	612510	253576	866086	.289006	.289006	.289006 52
53.01 MEDICAL SUPPLIES CHARGED TO IMPL. DEV. CHARGED TO PATIE	16467816	13626691	30094507	.465747	.465747	.465747 55
55.30 DRUGS CHARGED TO PATIENTS	26746146	19085711	45831857	.400301	.400301	.400301 55.30
56 RENAL DIALYSIS	35641164	26188474	61829638	.369386	.369386	.369386 56
57 CARDIOLOGY & CARDIC REHAB	1313706	10631	1324337	.619573	.619573	.619573 57
59.25 CARDIOPULMONARY	20434477	33278520	53712997	.123515	.123515	.123596 59
59.30 EKG AND EEG	4657230	1559157	6216387	.163663	.163663	.163663 59.25
59.30 CARDIAC REHABILITATION	4947330	5713217	10660547	.200014	.200014	.200014 59.30
59.97 OUTPATIENT SERVICE COST CENTERS	231962	1356633	1588595	.487790	.487790	.487790 59.97
60 CLINIC	301784	8187848	8489632	.385753	.385753	.385753 60
60.01 EMERGENCY	132	154447	154579	.747307	.747307	.747307 60.01
61 OBSERVATION BEDS (NON-DISTI	3657145	23233515	26890660	.389301	.389301	.389301 61
62 RHC	557008	2804625	3361633	.708272	.708272	.708272 62
63.50 FQHC						63.50
63.60 OTHER REIMBURSABLE COST CENTERS						63.60
65 AMBULANCE SERVICES		2640074	2640074	.957954	.957954	.957954 65
101 SUBTOTAL	280816926	285878990	566695916			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	280816926	285878990	566695916			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				1330799		1330799
26 INTENSIVE CARE UNIT				231856		231856
26.01 NICU				79999		79999
27 CORONARY CARE UNIT				208915		208915
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				160941		160941
33 NURSERY				101249		101249
101 TOTAL				2113759		2113759

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	49370	18992			26.96	512024
26 INTENSIVE CARE UNIT	4249	2369			54.57	129276
26.01 NICU	1959				40.84	
27 CORONARY CARE UNIT	6905	4364			30.26	132055
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	4653	2939			34.59	101660
33 NURSERY	2944				34.39	
101 TOTAL	70080	28664				875015

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0280) [ ] SUB III [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1376856	68570930	12845454			.020079	257924
37.01 AMBULATORY SURGERY								37.01
37.02 GASTROINTESTINAL		73293	3571268	1097482			.020523	22524
38 RECOVERY ROOM		160131	8512704	1312288			.018811	24685
39 DELIVERY ROOM & LABOR ROOM		111910	5199120	19075			.021525	411
40 ANESTHESIOLOGY		94491	6579497	1219535			.014361	17514
41 RADIOLOGY-DIAGNOSTIC		1839813	72084853	9924854			.025523	253312
41.01 MRI		42079	1916998	978892			.021950	21487
42 RADIOLOGY-THERAPEUTIC		567843	15964430	47340			.035569	1684
44 LABORATORY		143817	36175212	11020088			.003976	43816
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		20390	1923878	895646			.010598	9492
48 INTRAVENOUS THERAPY		58380	6284054	659921			.009290	6131
49 RESPIRATORY THERAPY		57827	7840660	4058206			.007375	29929
50 PHYSICAL THERAPY		53375	6972298	1603708			.007655	12276
50.01 TORS		14945	2577450				.005798	
51 OCCUPATIONAL THERAPY		35406	4654427	213270			.007607	1622
52 SPEECH PATHOLOGY		6528	866086	122586			.007537	924
53.01 ELECTROCARDIOLOGY								53.01
55 MEDICAL SUPPLIES CHARGED TO P		199165	30094507	9360904			.006618	61950
55.30 IMPL. DEV. CHARGED TO PATIENT		262347	45831857	17433529			.005724	99790
56 DRUGS CHARGED TO PATIENTS		305398	61829638	17114985			.004939	84531
57 RENAL DIALYSIS		24017	1324337	858402			.018135	15567
59 CARDIOLOGY & CARDIC REHAB		886696	53712997	13490706			.016508	222705
59.25 CARDIOPULMONARY		42288	6216387	2602590			.006803	17705
59.30 EKG AND EEG		122528	10660547	3273783			.011494	37629
59.97 CARDIAC REHABILITATION		25842	1588595	130182			.016267	2118
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		145097	8489632	19129			.017091	327
60.01 DIABETIC EDUCATION		2326	154579				.015047	
61 EMERGENCY		345907	26890660	2219975			.012863	28556
62 OBSERVATION BEDS (NON-DISTINC		107876	3361633	277033			.032090	8890
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
101 TOTAL		7126571	499849234	112799563				1283499

PROVIDER NO. 14-0280 TRINITY MED. CENTER ROCK ISLAN  
 PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03  
 05/17/2011 16:11

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	NURSING	ALLIED	ALL OTHER	TOTAL	
	ANESTHETIST	SCHOOL	HEALTH	MEDICAL SWING-BED		
	COST	COST	COSTS	EDUCATION ADJUSTMENT	COSTS	
	1	2	2.01	2.02 3	4	
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS		2125	889		3014	25
26 INTENSIVE CARE UNIT		529	774		1303	26
26.01 NICU			208		208	26.01
27 CORONARY CARE UNIT		192			192	27
28 BURN INTENSIVE CARE UNIT						28
29 SURGICAL INTENSIVE CARE UNIT						29
30 OTHER SPECIAL CARE (SPECIFY)						30
31 SUBPROVIDER I		22			22	31
33 NURSERY		7			7	33
34 SKILLED NURSING FACILITY						34
35 NURSING FACILITY						35
101 TOTAL		2875	1871		4746	101

PROVIDER NO. 14-0280 TRINITY MED. CENTER ROCK ISLAN  
 PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03  
 05/17/2011 16:11

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
INPAT ROUTINE SERV COST CTRS					
25 ADULTS & PEDIATRICS	49370	.06	18992	1140	25
26 INTENSIVE CARE UNIT	4249	.31	2369	734	26
26.01 NICU	1959	.11			26.01
27 CORONARY CARE UNIT	6905	.03	4364	131	27
28 BURN INTENSIVE CARE UNIT					28
29 SURGICAL INTENSIVE CARE UNIT					29
30 OTHER SPECIAL CARE (SPECIFY)					30
31 SUBPROVIDER I	4653		2939		31
33 NURSERY	2944				33
34 SKILLED NURSING FACILITY	7544		6068		34
35 NURSING FACILITY					35
101 TOTAL	77624		34732	2005	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0280) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	ALL OTHER MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS	
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST						
	1	1.01	2	2.01	2.02	2.03	3	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM			203	17963			18166	37
37.01 AMBULATORY SURGERY								37.01
37.02 GASTROINTESTINAL								37.02
38 RECOVERY ROOM			92				92	38
39 DELIVERY ROOM & LABOR ROOM			249	865			1114	39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC				816			816	41
41.01 MRI								41.01
42 RADIOLOGY-THERAPEUTIC				16			16	42
44 LABORATORY								44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T								47
48 INTRAVENOUS THERAPY			20	1354			1374	48
49 RESPIRATORY THERAPY				3417			3417	49
50 PHYSICAL THERAPY								50
50.01 TORS								50.01
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53.01 ELECTROCARDIOLOGY								53.01
55 MEDICAL SUPPLIES CHARGED TO P								55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS								56
57 RENAL DIALYSIS			29				29	57
59 CARDIOLOGY & CARDIC REHAB				629			629	59
59.25 CARDIOPULMONARY				1220			1220	59.25
59.30 EKG AND EEG				157			157	59.30
59.97 CARDIAC REHABILITATION			23				23	59.97
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC			42	448			490	60
60.01 DIABETIC EDUCATION								60.01
61 EMERGENCY			112	7751			7863	61
62 OBSERVATION BEDS (NON-DISTINC			171	71			242	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
101 TOTAL			941	34707			35648	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0280) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT	
	PASS THROUGH			TO		PROGRAM		
	COSTS	CHARGES	COST TO	RATIO OF COST	PROGRAM	PASS THROUGH	PROGRAM	
	3.01	4	5	5.01	6	7	8	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	18166	68570930	.000265	.000265	12845454	3404	9137713	37
37.01 AMBULATORY SURGERY								37.01
37.02 GASTROINTESTINAL		3571268			1097482		531889	37.02
38 RECOVERY ROOM	92	8512704	.000011	.000011	1312288	14	1783689	38
39 DELIVERY ROOM & LABOR ROOM	1114	5199120	.000214	.000214	19075	4	585	39
40 ANESTHESIOLOGY		6579497			1219535		955033	40
41 RADIOLOGY-DIAGNOSTIC	816	72084853	.000011	.000011	9924854	109	17757380	41
41.01 MRI		1916998			978892		15386	41.01
42 RADIOLOGY-THERAPEUTIC	16	15964430	.000001	.000001	47340		6901281	42
44 LABORATORY		36175212			11020088		696577	44
46.30 BLOOD CLOTTING FACTORS ADMIN		1923878			895646		434100	46.30
47 BLOOD STORING, PROCESSING & T		6284054	.000219	.000219	659921	145	1284668	47
48 INTRAVENOUS THERAPY	1374	7840660	.000436	.000436	4058206	1769	77660	48
49 RESPIRATORY THERAPY	3417	6972298			1603708			49
50 PHYSICAL THERAPY		2577450						50
50.01 TORS		4654427			213270			50.01
51 OCCUPATIONAL THERAPY		866086			122586		663	51
52 SPEECH PATHOLOGY								52
53.01 ELECTROCARDIOLOGY		30094507			9360904		4732204	53.01
55 MEDICAL SUPPLIES CHARGED TO P		45831857			17433529		8213858	55
55.30 IMPL. DEV. CHARGED TO PATIENT		61829638			17114985		10006667	55.30
56 DRUGS CHARGED TO PATIENTS		1324337	.000022	.000022	858402	19	10631	56
57 RENAL DIALYSIS	29	53712997	.000012	.000012	13490706	162	15759262	57
59 CARDIOLOGY & CARDIC REHAB	629	6216387	.000196	.000196	2602590	510	668169	59
59.25 CARDIOPULMONARY	1220	10660547	.000015	.000015	3273783	49	1999148	59.25
59.30 EKG AND EEG	157	1588595	.000014	.000014	130182	2	634113	59.30
59.97 CARDIAC REHABILITATION	23							59.97
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	490	8489632	.000058	.000058	19129	1	2338463	60
60.01 DIABETIC EDUCATION		154579						60.01
61 EMERGENCY	7863	26890660	.000292	.000292	2219975	648	4496528	61
62 OBSERVATION BEDS (NON-DISTINC	242	3361633	.000072	.000072	277033	20	694689	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
101 TOTAL	35648	499849234			112799563	6856	89130356	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0280) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] 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			2421		37
37.01 AMBULATORY SURGERY					37.01
37.02 GASTROINTESTINAL					37.02
38 RECOVERY ROOM			20		38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC			195		41
41.01 MRI					41.01
42 RADIOLOGY-THERAPEUTIC			7		42
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
48 INTRAVENOUS THERAPY			281		48
49 RESPIRATORY THERAPY			34		49
50 PHYSICAL THERAPY					50
50.01 TORS					50.01
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53.01 ELECTROCARDIOLOGY					53.01
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 CARDIOLOGY & CARDIC REHAB			189		59
59.25 CARDIOPULMONARY			131		59.25
59.30 EKG AND EEG			30		59.30
59.97 CARDIAC REHABILITATION			9		59.97
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC			136		60
60.01 DIABETIC EDUCATION					60.01
61 EMERGENCY			1313		61
62 OBSERVATION BEDS (NON-DISTINC			50		62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
101 TOTAL			4816		101



APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0280) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES			
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4	
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	.250416	.250416	.250416				37
37.01 AMBULATORY SURGERY							37.01
37.02 GASTROINTESTINAL	.312835	.312835	.312835				37.02
38 RECOVERY ROOM	.542257	.542257	.542257				38
39 DELIVERY ROOM & LABOR ROOM	.425660	.425660	.425660				39
40 ANESTHESIOLOGY	.046756	.046756	.046756				40
41 RADIOLOGY-DIAGNOSTIC	.168833	.168833	.168833				41
41.01 MRI	1.604241	1.604241	1.604241				41.01
42 RADIOLOGY-THERAPEUTIC	.244668	.244668	.244668				42
44 LABORATORY	.244149	.244149	.244149				44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA	1.129649	1.129649	1.129649				47
48 INTRAVENOUS THERAPY	.256707	.256707	.256707				48
49 RESPIRATORY THERAPY	.265566	.265566	.265566				49
50 PHYSICAL THERAPY	.282823	.282823	.282823				50
50.01 TORS	.340520	.340520	.340520				50.01
51 OCCUPATIONAL THERAPY	.282932	.282932	.282932				51
52 SPEECH PATHOLOGY	.289006	.289006	.289006				52
53.01 ELECTROCARDIOLOGY							53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.465747	.465747	.465747				55
55.30 IMPL. DEV. CHARGED TO PATIENT	.400301	.400301	.400301				55.30
56 DRUGS CHARGED TO PATIENTS	.369386	.369386	.369386				56
57 RENAL DIALYSIS	.619573	.619573	.619573				57
59 CARDIOLOGY & CARDIC REHAB	.123515	.123515	.123515				59
59.25 CARDIOPULMONARY	.163663	.163663	.163663				59.25
59.30 EKG AND EEG	.200014	.200014	.200014				59.30
59.97 CARDIAC REHABILITATION	.487790	.487790	.487790				59.97
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	.385753	.385753	.385753				60
60.01 DIABETIC EDUCATION	.747307	.747307	.747307				60.01
61 EMERGENCY	.389301	.389301	.389301				61
62 OBSERVATION BEDS (NON-DISTINCT	.708272	.708272	.708272				62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES	.957954	.957954	.957954				65
65.01 AMBULANCE SERVICES (2ND PERIOD)	.957954	.957954	.957954				65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)	.957954	.957954	.957954				65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)	.957954	.957954	.957954				65.03
101 SUBTOTAL							101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES							104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.369386	1
2 PROGRAM VACCINE CHARGES	5994	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	2214	3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0280) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COST			
	ALL OTHER (1)	PPS SER-VICES	ALL OTHER	PPS SER-VICES	PPS SER-VICES	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
	5	5.01	5.02	5.03	5.04			
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		9137713						37
37.01 AMBULATORY SURGERY								37.01
37.02 GASTROINTESTINAL		531889						37.02
38 RECOVERY ROOM		1783689						38
39 DELIVERY ROOM & LABOR ROOM		585						39
40 ANESTHESIOLOGY		955033						40
41 RADIOLOGY-DIAGNOSTIC		17757380	1744					41
41.01 MRI		15386						41.01
42 RADIOLOGY-THERAPEUTIC		6901281						42
44 LABORATORY		696577						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR		434100						47
48 INTRAVENOUS THERAPY		1284668						48
49 RESPIRATORY THERAPY		77660						49
50 PHYSICAL THERAPY								50
50.01 TORS								50.01
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		663						52
53.01 ELECTROCARDIOLOGY								53.01
55 MEDICAL SUPPLIES CHARGED TO PA		4732204						55
55.30 IMPL. DEV. CHARGED TO PATIENT		8213858						55.30
56 DRUGS CHARGED TO PATIENTS		10006667						56
57 RENAL DIALYSIS		10631						57
59 CARDIOLOGY & CARDIC REHAB		15759262						59
59.25 CARDIOPULMONARY		668169						59.25
59.30 EKG AND EEG		1999148						59.30
59.97 CARDIAC REHABILITATION		634113						59.97
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		2338463						60
60.01 DIABETIC EDUCATION								60.01
61 EMERGENCY		4496528						61
62 OBSERVATION BEDS (NON-DISTINCT		694689						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD								65.03
101 SUBTOTAL		89130356	1744					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		89130356	1744					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0280) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST					HOSPITAL	HOSPITAL
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
37 ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		2288230					37
37.01 AMBULATORY SURGERY							37.01
37.02 GASTROINTESTINAL		166393					37.02
38 RECOVERY ROOM		967218					38
39 DELIVERY ROOM & LABOR ROOM		249					39
40 ANESTHESIOLOGY		44654					40
41 RADIOLOGY-DIAGNOSTIC		2998032	294				41
41.01 MRI		24683					41.01
42 RADIOLOGY-THERAPEUTIC		1688523					42
44 LABORATORY		170069					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA		490381					47
48 INTRAVENOUS THERAPY		329783					48
49 RESPIRATORY THERAPY		20624					49
50 PHYSICAL THERAPY							50
50.01 TORS							50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY		192					52
53.01 ELECTROCARDIOLOGY							53.01
55 MEDICAL SUPPLIES CHARGED TO PAT		2204010					55
55.30 IMPL. DEV. CHARGED TO PATIENT		3288016					55.30
56 DRUGS CHARGED TO PATIENTS		3696323					56
57 RENAL DIALYSIS		6587					57
59 CARDIOLOGY & CARDIC REHAB		1946505					59
59.25 CARDIOPULMONARY		109355					59.25
59.30 EKG AND EEG		399858					59.30
59.97 CARDIAC REHABILITATION		309314					59.97
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		902069					60
60.01 DIABETIC EDUCATION							60.01
61 EMERGENCY		1750503					61
62 OBSERVATION BEDS (NON-DISTINCT		492029					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL		24293600	294				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		24293600	294				104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB III [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-T280) [ ] SUB IV [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1376856	68570930	10738			.020079	216 37
37.01 AMBULATORY SURGERY								37.01
37.02 GASTROINTESTINAL		73293	3571268	13345			.020523	274 37.02
38 RECOVERY ROOM		160131	8512704	705			.018811	13 38
39 DELIVERY ROOM & LABOR ROOM		111910	5199120				.021525	39
40 ANESTHESIOLOGY		94491	6579497	707			.014361	10 40
41 RADIOLOGY-DIAGNOSTIC		1839813	72084853	137580			.025523	3511 41
41.01 MRI		42079	1916998				.021950	41.01
42 RADIOLOGY-THERAPEUTIC		567843	15964430				.035569	42
44 LABORATORY		143817	36175212	251750			.003976	1001 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		20390	1923878	4565			.010598	48 47
48 INTRAVENOUS THERAPY		58380	6284054	578			.009290	5 48
49 RESPIRATORY THERAPY		57827	7840660	173302			.007375	1278 49
50 PHYSICAL THERAPY		53375	6972298	1135577			.007655	8693 50
50.01 TORS		14945	2577450				.005798	50.01
51 OCCUPATIONAL THERAPY		35406	4654427	1249121			.007607	9502 51
52 SPEECH PATHOLOGY		6528	866086	233455			.007537	1760 52
53.01 ELECTROCARDIOLOGY								53.01
55 MEDICAL SUPPLIES CHARGED TO P		199165	30094507	160763			.006618	1064 55
55.30 IMPL. DEV. CHARGED TO PATIENT		262347	45831857	5444			.005724	31 55.30
56 DRUGS CHARGED TO PATIENTS		305398	61829638	555009			.004939	2741 56
57 RENAL DIALYSIS		24017	1324337	32638			.018135	592 57
59 CARDIOLOGY & CARDIC REHAB		886696	53712997	5959			.016508	98 59
59.25 CARDIOPULMONARY		42288	6216387	83844			.006803	570 59.25
59.30 EKG AND EEG		122528	10660547	8833			.011494	102 59.30
59.97 CARDIAC REHABILITATION		25842	1588595	241			.016267	4 59.97
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		145097	8489632	101			.017091	2 60
60.01 DIABETIC EDUCATION		2326	154579				.015047	60.01
61 EMERGENCY		345907	26890660	1343			.012863	17 61
62 OBSERVATION BEDS (NON-DISTINC		107876	3361633				.032090	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
101 TOTAL		7126571	499849234	4065598				31532 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-T280) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS	
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST						
	1	1.01	2	2.01	2.02	2.03	3	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM			203	17963			18166	37
37.01 AMBULATORY SURGERY								37.01
37.02 GASTROINTESTINAL								37.02
38 RECOVERY ROOM			92				92	38
39 DELIVERY ROOM & LABOR ROOM			249	865			1114	39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC				816			816	41
41.01 MRI								41.01
42 RADIOLOGY-THERAPEUTIC				16			16	42
44 LABORATORY								44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T								47
48 INTRAVENOUS THERAPY			20	1354			1374	48
49 RESPIRATORY THERAPY				3417			3417	49
50 PHYSICAL THERAPY								50
50.01 TORS								50.01
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53.01 ELECTROCARDIOLOGY								53.01
55 MEDICAL SUPPLIES CHARGED TO P								55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS								56
57 RENAL DIALYSIS			29				29	57
59 CARDIOLOGY & CARDIC REHAB				629			629	59
59.25 CARDIOPULMONARY				1220			1220	59.25
59.30 EKG AND EEG				157			157	59.30
59.97 CARDIAC REHABILITATION			23				23	59.97
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC			42	448			490	60
60.01 DIABETIC EDUCATION								60.01
61 EMERGENCY			112	7751			7863	61
62 OBSERVATION BEDS (NON-DISTINC			171	71			242	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
101 TOTAL			941	34707			35648	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-T280) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH			COST TO	RATIO OF COST	PROGRAM	
	COSTS	CHARGES	COST TO	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	18166	68570930	.000265	.000265	10738	3	37
37.01 AMBULATORY SURGERY							37.01
37.02 GASTROINTESTINAL		3571268			13345		37.02
38 RECOVERY ROOM	92	8512704	.000011	.000011	705		38
39 DELIVERY ROOM & LABOR ROOM	1114	5199120	.000214	.000214			39
40 ANESTHESIOLOGY		6579497			707		40
41 RADIOLOGY-DIAGNOSTIC	816	72084853	.000011	.000011	137580	2	123 41
41.01 MRI		1916998					41.01
42 RADIOLOGY-THERAPEUTIC	16	15964430	.000001	.000001			42
44 LABORATORY		36175212			251750		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		1923878			4565		47
48 INTRAVENOUS THERAPY	1374	6284054	.000219	.000219	578		48
49 RESPIRATORY THERAPY	3417	7840660	.000436	.000436	173302	76	49
50 PHYSICAL THERAPY		6972298			1135577		50
50.01 TORS		2577450					50.01
51 OCCUPATIONAL THERAPY		4654427			1249121		51
52 SPEECH PATHOLOGY		866086			233455		52
53.01 ELECTROCARDIOLOGY							53.01
55 MEDICAL SUPPLIES CHARGED TO P		30094507			160763		225 55
55.30 IMPL. DEV. CHARGED TO PATIENT		45831857			5444		55.30
56 DRUGS CHARGED TO PATIENTS		61829638			555009		56
57 RENAL DIALYSIS	29	1324337	.000022	.000022	32638	1	57
59 CARDIOLOGY & CARDIC REHAB	629	53712997	.000012	.000012	5959		59
59.25 CARDIOPULMONARY	1220	6216387	.000196	.000196	83844	16	493 59.25
59.30 EKG AND EEG	157	10660547	.000015	.000015	8833		59.30
59.97 CARDIAC REHABILITATION	23	1588595	.000014	.000014	241		59.97
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	490	8489632	.000058	.000058	101		165 60
60.01 DIABETIC EDUCATION		154579					60.01
61 EMERGENCY	7863	26890660	.000292	.000292	1343		61
62 OBSERVATION BEDS (NON-DISTINC	242	3361633	.000072	.000072			62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL	35648	499849234			4065598	98	1006 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-T280) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 AMBULATORY SURGERY					37.01
37.02 GASTROINTESTINAL					37.02
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI					41.01
42 RADIOLOGY-THERAPEUTIC					42
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
50.01 TORS					50.01
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53.01 ELECTROCARDIOLOGY					53.01
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 CARDIOLOGY & CARDIC REHAB					59
59.25 CARDIOPULMONARY					59.25
59.30 EKG AND EEG					59.30
59.97 CARDIAC REHABILITATION					59.97
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 DIABETIC EDUCATION					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-T280) [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES			
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4	
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	.250416	.250416	.250416				37
37.01 AMBULATORY SURGERY							37.01
37.02 GASTROINTESTINAL	.312835	.312835	.312835				37.02
38 RECOVERY ROOM	.542257	.542257	.542257				38
39 DELIVERY ROOM & LABOR ROOM	.425660	.425660	.425660				39
40 ANESTHESIOLOGY	.046756	.046756	.046756				40
41 RADIOLOGY-DIAGNOSTIC	.168833	.168833	.168833				41
41.01 MRI	1.604241	1.604241	1.604241				41.01
42 RADIOLOGY-THERAPEUTIC	.244668	.244668	.244668				42
44 LABORATORY	.244149	.244149	.244149				44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA	1.129649	1.129649	1.129649				47
48 INTRAVENOUS THERAPY	.256707	.256707	.256707				48
49 RESPIRATORY THERAPY	.265566	.265566	.265566				49
50 PHYSICAL THERAPY	.282823	.282823	.282823				50
50.01 TORS	.340520	.340520	.340520				50.01
51 OCCUPATIONAL THERAPY	.282932	.282932	.282932				51
52 SPEECH PATHOLOGY	.289006	.289006	.289006				52
53.01 ELECTROCARDIOLOGY							53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.465747	.465747	.465747				55
55.30 IMPL. DEV. CHARGED TO PATIENT	.400301	.400301	.400301				55.30
56 DRUGS CHARGED TO PATIENTS	.369386	.369386	.369386				56
57 RENAL DIALYSIS	.619573	.619573	.619573				57
59 CARDIOLOGY & CARDIC REHAB	.123515	.123515	.123515				59
59.25 CARDIOPULMONARY	.163663	.163663	.163663				59.25
59.30 EKG AND EEG	.200014	.200014	.200014				59.30
59.97 CARDIAC REHABILITATION	.487790	.487790	.487790				59.97
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	.385753	.385753	.385753				60
60.01 DIABETIC EDUCATION	.747307	.747307	.747307				60.01
61 EMERGENCY	.389301	.389301	.389301				61
62 OBSERVATION BEDS (NON-DISTINCT	.708272	.708272	.708272				62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES	.957954	.957954	.957954				65
65.01 AMBULANCE SERVICES (2ND PERIOD)	.957954	.957954	.957954				65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)	.957954	.957954	.957954				65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)	.957954	.957954	.957954				65.03
101 SUBTOTAL							101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES							104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.369386	1
2 PROGRAM VACCINE CHARGES		2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS		3
3.01 PROGRAM COSTS		3.01



APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-T280) [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COST			
	ALL OTHER (1)	PPS SER-VICES	ALL OTHER	PPS SER-VICES	PPS SER-VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
37								37
37.01								37.01
37.02								37.02
38								38
39								39
40								40
41			123					41
41.01								41.01
42								42
44								44
46.30								46.30
47								47
48								48
49								49
50								50
50.01								50.01
51								51
52								52
53.01								53.01
55			225					55
55.30								55.30
56								56
57								57
59								59
59.25			493					59.25
59.30								59.30
59.97								59.97
60			165					60
60.01								60.01
61								61
62								62
63.50								63.50
63.60								63.60
65								65
65.01								65.01
65.02								65.02
65.03								65.03
101			1006					101
102								102
103								103
104			1006					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-T280) [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B CHARGES (SEE INSTRU.)	I/P PART B COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10	11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.01 AMBULATORY SURGERY							37.01
37.02 GASTROINTESTINAL							37.02
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC			21				41
41.01 MRI							41.01
42 RADIOLOGY-THERAPEUTIC							42
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
50.01 TORS							50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53.01 ELECTROCARDIOLOGY							53.01
55 MEDICAL SUPPLIES CHARGED TO PAT			105				55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 CARDIOLOGY & CARDIC REHAB							59
59.25 CARDIOPULMONARY			81				59.25
59.30 EKG AND EEG							59.30
59.97 CARDIAC REHABILITATION							59.97
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC			64				60
60.01 DIABETIC EDUCATION							60.01
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL			271				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES			271				104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [XX] SNF (14-5564) [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS	
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST						
	1	1.01	2	2.01	2.02	2.03	3	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM			203	17963			18166	37
37.01 AMBULATORY SURGERY								37.01
37.02 GASTROINTESTINAL								37.02
38 RECOVERY ROOM			92				92	38
39 DELIVERY ROOM & LABOR ROOM			249	865			1114	39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC				816			816	41
41.01 MRI								41.01
42 RADIOLOGY-THERAPEUTIC				16			16	42
44 LABORATORY								44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T								47
48 INTRAVENOUS THERAPY			20	1354			1374	48
49 RESPIRATORY THERAPY				3417			3417	49
50 PHYSICAL THERAPY								50
50.01 TORS								50.01
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53.01 ELECTROCARDIOLOGY								53.01
55 MEDICAL SUPPLIES CHARGED TO P								55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS								56
57 RENAL DIALYSIS			29				29	57
59 CARDIOLOGY & CARDIC REHAB				629			629	59
59.25 CARDIOPULMONARY				1220			1220	59.25
59.30 EKG AND EEG				157			157	59.30
59.97 CARDIAC REHABILITATION			23				23	59.97
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC			42	448			490	60
60.01 DIABETIC EDUCATION								60.01
61 EMERGENCY			112	7751			7863	61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
101 TOTAL			770	34636			35406	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [XX] SNF (14-5564) [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	18166	68570930	.000265	.000265	10108	3	37
37.01 AMBULATORY SURGERY							37.01
37.02 GASTROINTESTINAL		3571268					37.02
38 RECOVERY ROOM	92	8512704	.000011	.000011			38
39 DELIVERY ROOM & LABOR ROOM	1114	5199120	.000214	.000214			39
40 ANESTHESIOLOGY		6579497			1413		40
41 RADIOLOGY-DIAGNOSTIC	816	72084853	.000011	.000011	55397	1	41
41.01 MRI		1916998					41.01
42 RADIOLOGY-THERAPEUTIC	16	15964430	.000001	.000001			42
44 LABORATORY		36175212			415464		44
46.30 BLOOD CLOTTING FACTORS ADMIN					5060		46.30
47 BLOOD STORING, PROCESSING & T		1923878					47
48 INTRAVENOUS THERAPY	1374	6284054	.000219	.000219			48
49 RESPIRATORY THERAPY	3417	7840660	.000436	.000436	409206	178	49
50 PHYSICAL THERAPY		6972298			1571343		50
50.01 TORS		2577450					50.01
51 OCCUPATIONAL THERAPY		4654427			1288353		51
52 SPEECH PATHOLOGY		866086			12297		52
53.01 ELECTROCARDIOLOGY							53.01
55 MEDICAL SUPPLIES CHARGED TO P		30094507			472293		55
55.30 IMPL. DEV. CHARGED TO PATIENT		45831857					55.30
56 DRUGS CHARGED TO PATIENTS		61829638			1169157		56
57 RENAL DIALYSIS	29	1324337	.000022	.000022			57
59 CARDIOLOGY & CARDIC REHAB	629	53712997	.000012	.000012	5374		59
59.25 CARDIOPULMONARY	1220	6216387	.000196	.000196	256371	50	59.25
59.30 EKG AND EEG	157	10660547	.000015	.000015	13128		59.30
59.97 CARDIAC REHABILITATION	23	1588595	.000014	.000014			59.97
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	490	8489632	.000058	.000058	603		60
60.01 DIABETIC EDUCATION		154579					60.01
61 EMERGENCY	7863	26890660	.000292	.000292			61
62 OBSERVATION BEDS (NON-DISTINC		3361633					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL	35406	499849234			5685567	232	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [XX] SNF (14-5564) [ ] TEFRA  
 BOXES [ ] 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
37.01 AMBULATORY SURGERY					37.01
37.02 GASTROINTESTINAL					37.02
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI					41.01
42 RADIOLOGY-THERAPEUTIC					42
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
50.01 TORS					50.01
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53.01 ELECTROCARDIOLOGY					53.01
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 CARDIOLOGY & CARDIC REHAB					59
59.25 CARDIOPULMONARY					59.25
59.30 EKG AND EEG					59.30
59.97 CARDIAC REHABILITATION					59.97
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 DIABETIC EDUCATION					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
101 TOTAL					101

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

INPATIENT DAYS	HOSPITAL	SUB I	SUB II	SUB III	SUB IV	SNF	
	(PPS) (14-0280)	(PPS) (14-T280)				(PPS) (14-5564)	
	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	49370	4653				7544	1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	49370	4653				7544	2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	49370	4653				7544	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)	18992	2939				6068	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) (14-0280)	SUB I (PPS) (14-T280)	SUB II	SUB III	SUB IV	SNF (PPS) (14-5564)	
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	29372301	2746240				3146171	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	29372301	2746240				3146171	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	14319300	3113740				2357945	28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	14319300	3113740				2357945	30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	2.051239	.881975				1.334285	31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	290.04	669.19				312.56	33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	29372301	2746240				3146171	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) (14-0280)	SUB I (PPS) (14-T280)	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	594.94	590.21					38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	11299100	1734627					39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	11299100	1734627					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
43	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS							
43	INTENSIVE CARE UNIT	5654932	4249	1330.89	2369	3152878		43
43.01	NICU	2597642	1959	1326.00				43.01
44	CORONARY CARE UNIT	4662739	6905	675.27	4364	2946878		44
45	BURN INTENSIVE CARE UNIT							45
46	SURGICAL INTENSIVE CARE UNIT							46
47	OTHER SPECIAL CARE (SPECIFY)							47
		HOSPITAL (PPS) (14-0280)	SUB I (PPS) (14-T280)	SUB II	SUB III	SUB IV		
		1	1	1	1	1		
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	35169787	1204639					48
49	TOTAL PROGRAM INPATIENT COSTS	52568643	2939266					49
PASS THROUGH COST ADJUSTMENTS								
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	775360	101660					50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1290355	31630					51
52	TOTAL PROGRAM EXCLUDABLE COST	2065715	133290					52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	50502928	2805976					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) (14-0280)	SUB I (PPS) (14-T280)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54						PROGRAM DISCHARGES
55						TARGET AMOUNT PER DISCHARGE
56						TARGET AMOUNT
57						DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58						BONUS PAYMENT
58.01						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET
58.02						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET
58.03						IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT
58.04						RELIEF PAYMENT
59						ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01						ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)
59.02						PROGRAM DISCHARGES PRIOR TO JULY 1
59.03						PROGRAM DISCHARGES AFTER JULY 1
59.04						PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05						REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1
59.06						REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
59.07						REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)
59.08						REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
61						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
62						TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65						TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

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

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

	SNF (PPS) (14-5564)	
	1	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST	3146171	66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	417.04	67
68 PROGRAM ROUTINE SERVICE COST	2530599	68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	2530599	70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	146975	71
72 PER DIEM CAPITAL RELATED COSTS	19.48	72
73 PROGRAM CAPITAL RELATED COSTS	118205	73
74 INPATIENT ROUTINE SERVICE COST	2412394	74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	2412394	76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	2530599	79
80 PROGRAM INPATIENT ANCILLARY SERVICES	1737574	80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	4268173	82

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV  
 (PPS) (PPS)  
 (14-0280)(14-T280)  
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	4002	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	594.94	84
85 OBSERVATION BED COST	2380950	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		29372301		2380950		86
87 NEW CAPITAL-RELATED COST	1330799	29372301	.045308	2380950	107876	87
88 NON PHYSICIAN ANESTHETIST		29372301		2380950		88
89 NURSING SCHOOL	2125	29372301	.000072	2380950	171	89
89.01 ALLIED HEALTH	889	29372301	.000030	2380950	71	89.01
89.02 ALL OTHER		29372301		2380950		89.02

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0280)	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		14319300		25
26 INTENSIVE CARE UNIT		4500113		26
26.01 NICU				26.01
27 CORONARY CARE UNIT		4793433		27
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.250479	12845454	3217516	37
37.01 AMBULATORY SURGERY				37.01
37.02 GASTROINTESTINAL	.312835	1097482	343331	37.02
38 RECOVERY ROOM	.542257	1312288	711597	38
39 DELIVERY ROOM & LABOR ROOM	.425660	19075	8119	39
40 ANESTHESIOLOGY	.046756	1219535	57021	40
41 RADIOLOGY-DIAGNOSTIC	.168833	9924854	1675643	41
41.01 MRI	1.604241	978892	1570379	41.01
42 RADIOLOGY-THERAPEUTIC	.245490	47340	11621	42
44 LABORATORY	.244149	11020088	2690543	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	1.129649	895646	1011766	47
48 INTRAVENOUS THERAPY	.259574	659921	171298	48
49 RESPIRATORY THERAPY	.266075	4058206	1079787	49
50 PHYSICAL THERAPY	.282823	1603708	453566	50
50.01 TORS	.340520			50.01
51 OCCUPATIONAL THERAPY	.282932	213270	60341	51
52 SPEECH PATHOLOGY	.289006	122586	35428	52
53.01 ELECTROCARDIOLOGY				53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.465747	9360904	4359813	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.400301	17433529	6978659	55.30
56 DRUGS CHARGED TO PATIENTS	.369386	17114985	6322036	56
57 RENAL DIALYSIS	.619573	858402	531843	57
59 CARDIOLOGY & CARDIC REHAB	.123596	13490706	1667397	59
59.25 CARDIOPULMONARY	.163663	2602590	425948	59.25
59.30 EKG AND EEG	.200014	3273783	654802	59.30
59.97 CARDIAC REHABILITATION	.487790	130182	63501	59.97
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.385753	19129	7379	60
60.01 DIABETIC EDUCATION	.747307			60.01
61 EMERGENCY	.389301	2219975	864238	61
62 OBSERVATION BEDS (NON-DISTINCT	.708272	277033	196215	62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
101 TOTAL		112799563	35169787	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		112799563		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-T280)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
26.01 NICU				26.01
27 CORONARY CARE UNIT				27
31 SUBPROVIDER I		3113740		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.250479	10738	2690	37
37.01 AMBULATORY SURGERY				37.01
37.02 GASTROINTESTINAL	.312835	13345	4175	37.02
38 RECOVERY ROOM	.542257	705	382	38
39 DELIVERY ROOM & LABOR ROOM	.425660			39
40 ANESTHESIOLOGY	.046756	707	33	40
41 RADIOLOGY-DIAGNOSTIC	.168833	137580	23228	41
41.01 MRI	1.604241			41.01
42 RADIOLOGY-THERAPEUTIC	.245490			42
44 LABORATORY	.244149	251750	61465	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	1.129649	4565	5157	47
48 INTRAVENOUS THERAPY	.259574	578	150	48
49 RESPIRATORY THERAPY	.266075	173302	46111	49
50 PHYSICAL THERAPY	.282823	1135577	321167	50
50.01 TORS	.340520			50.01
51 OCCUPATIONAL THERAPY	.282932	1249121	353416	51
52 SPEECH PATHOLOGY	.289006	233455	67470	52
53.01 ELECTROCARDIOLOGY				53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.465747	160763	74875	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.400301	5444	2179	55.30
56 DRUGS CHARGED TO PATIENTS	.369386	555009	205013	56
57 RENAL DIALYSIS	.619573	32638	20222	57
59 CARDIOLOGY & CARDIC REHAB	.123596	5959	737	59
59.25 CARDIOPULMONARY	.163663	83844	13722	59.25
59.30 EKG AND EEG	.200014	8833	1767	59.30
59.97 CARDIAC REHABILITATION	.487790	241	118	59.97
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.385753	101	39	60
60.01 DIABETIC EDUCATION	.747307			60.01
61 EMERGENCY	.389301	1343	523	61
62 OBSERVATION BEDS (NON-DISTINCT	.708272			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
101 TOTAL		4065598	1204639	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		4065598		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input checked="" type="checkbox"/> SNF (14-5564)	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
26.01 NICU				26.01
27 CORONARY CARE UNIT				27
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.250416	10108	2531	37
37.01 AMBULATORY SURGERY				37.01
37.02 GASTROINTESTINAL	.312835			37.02
38 RECOVERY ROOM	.542257			38
39 DELIVERY ROOM & LABOR ROOM	.425660			39
40 ANESTHESIOLOGY	.046756	1413	66	40
41 RADIOLOGY-DIAGNOSTIC	.168833	55397	9353	41
41.01 MRI	1.604241			41.01
42 RADIOLOGY-THERAPEUTIC	.244668			42
44 LABORATORY	.244149	415464	101435	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	1.129649	5060	5716	47
48 INTRAVENOUS THERAPY	.256707			48
49 RESPIRATORY THERAPY	.265566	409206	108671	49
50 PHYSICAL THERAPY	.282823	1571343	444412	50
50.01 TORS	.340520			50.01
51 OCCUPATIONAL THERAPY	.282932	1288353	364516	51
52 SPEECH PATHOLOGY	.289006	12297	3554	52
53.01 ELECTROCARDIOLOGY				53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.465747	472293	219969	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.400301			55.30
56 DRUGS CHARGED TO PATIENTS	.369386	1169157	431870	56
57 RENAL DIALYSIS	.619573			57
59 CARDIOLOGY & CARDIC REHAB	.123515	5374	664	59
59.25 CARDIOPULMONARY	.163663	256371	41958	59.25
59.30 EKG AND EEG	.200014	13128	2626	59.30
59.97 CARDIAC REHABILITATION	.487790			59.97
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.385753	603	233	60
60.01 DIABETIC EDUCATION	.747307			60.01
61 EMERGENCY	.389301			61
62 OBSERVATION BEDS (NON-DISTINCT	.708272			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
101 TOTAL		5685567	1737574	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		5685567		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (14-0280)	SUB I	SUB II	SUB III	SUB IV	
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	33851328					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	11051015					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS						1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1						1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997	991224					2.01
INDIRECT MEDICAL EDUCATION ADJUSTMENT						
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	281.04					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					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.. RES. IN INIT YRS						3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00					3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0280)	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4	0.0586					4
4.01	0.1925					4.01
4.02	0.2511					4.02
4.03	0.0993					4.03
4.04	4458803					4.04
5						5
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6	50352370					6
7						7
7.01						7.01
8	50352370					8
9	3837478					9
10						10
11						11
11.01	100612					11.01
11.02						11.02
12						12
13						13
14	2005					14
15	6856					15
16	54299321					16
17	56675					17
18	54242646					18
19	4966277					19
20	121809					20
21	921416					21
21.01	644991					21.01
21.02	762088					21.02
22	49799551					22



CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0280)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	49799551					26
27						27
28	49712115					28
28.01						28.01
29	87436					29
30						30
50						50
51						51
52						52
53						53
54						54
55						55
56						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0280) 1	HOSPITAL (14-0280) 1.01	HOSPITAL (14-0280) 1.02	
1 MEDICAL AND OTHER SERVICES	2508			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	24288784			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	23738488			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101	4816			1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	2508			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	7738			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	7738			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	7738			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	5230			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	2508			17
17.01 TOTAL PPS PAYMENTS	23743304			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0280)	HOSPITAL (14-0280)	HOSPITAL (14-0280)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	30		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	5399733		18.01
19 SUBTOTAL	18346049		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	18346049		23
24 PRIMARY PAYER PAYMENTS	2998		24
25 SUBTOTAL	18343051		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	984077		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	688854		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	818946		27.02
28 SUBTOTAL	19031905		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)	-45		30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	19031950		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	19051147		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-19197		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)			51
52 THE RATE USED TO CALCULATE THE TIME VALUE MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS) FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-T280) 1	SUB I (14-T280) 1.01	SUB I (14-T280) 1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	271			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	41			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS	41			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-T280) 1	SUB I (14-T280) 1.01	SUB I (14-T280) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	8		18.01
19 SUBTOTAL	33		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	33		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	33		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL	33		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	33		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	33		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)			51
52 THE RATE USED TO CALCULATE THE TIME VALUE MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS) FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (14-5564)	SNF (14-5564)	SNF (14-5564)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (14-5564)	SNF (14-5564)	SNF (14-5564)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL			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			23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL			25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL			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			32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)			51
52 THE RATE USED TO CALCULATE THE TIME VALUE MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS) FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 HOSPITAL (14-0280)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		49649015		18959847	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 PROGRAM .02 TO .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	07/19/2010 63100	07/19/2010	91300	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	63100		91300	3.99
4 TOTAL INTERIM PAYMENTS		49712115		19051147	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52		NONE	NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01 PROVIDER TO .02 PROGRAM	87436		-19197	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		49799551		19031950	7

NAME OF INTERMEDIARY: \_\_\_\_\_  
 SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

INTERMEDIARY NUMBER: \_\_\_\_\_  
 DATE (MO/DAY/YR): \_\_\_\_\_



ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 SUBPROVIDER I (14-T280)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3201607		33 1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE 2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM				
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .01			3.01
REVISION OF THE INTERIM RATE FOR THE COST	TO .02			3.02
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .03	NONE	NONE	3.03
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .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		3201607		33 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	NONE	NONE	5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51	NONE	NONE	5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01			6.01
	PROVIDER TO .02	-52645		6.02
	PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY		3148962		33 7

NAME OF INTERMEDIARY: \_\_\_\_\_  
 SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

INTERMEDIARY NUMBER: \_\_\_\_\_  
 DATE (MO/DAY/YR): \_\_\_\_\_

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 SKILLED NURSING FACILITY I (14-5564)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2116544		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM				3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .01			3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .02			3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .03	NONE	NONE	3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROVIDER .04			3.05
	TO .05			3.50
	PROVIDER .51			3.51
	TO .52	NONE	NONE	3.52
	PROGRAM .53			3.53
	PROGRAM .54			3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		2116544		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02	NONE	NONE	5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51	NONE	NONE	5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01			6.01
	PROVIDER TO .02	-1359		6.02
PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		2115185		7

NAME OF INTERMEDIARY: \_\_\_\_\_  
 SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

INTERMEDIARY NUMBER: \_\_\_\_\_  
 DATE (MO/DAY/YR): \_\_\_\_\_

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART I

MEDICARE PART A SERVICES - TEFRA

HOSPITAL SUB I SUB II SUB III SUB IV  
 (14-T280)

1	INPATIENT HOSPITAL SERVICES					1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)					1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)	2991507				1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	0.0430				1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)	150775				1.04
1.05	OUTLIER PAYMENTS	23312				1.05
1.06	TOTAL PPS PAYMENTS	3165594				1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT					1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)					
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)					1.08
1.09	NET IPF PPS OUTLIER PAYMENTS					1.09
1.10	NET IPF PPS ECT PAYMENTS					1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)					1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)					1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)					1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS					1.19
1.20	STOP LESS PAYMENT FLOOR					1.20
1.21	ADJUSTED NET PAYMENT FLOOR					1.21
1.22	STOP LOSS ADJUSTMENT					1.22
1.23	TOTAL IPF PPS PAYMENTS					1.23
	INPATIENT REHABILITATION FACILITY (IRF)					
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)					1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)					1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)	12.747945				1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.41
1.42	MEDICAL EDUCATION ADJUSTMENT					1.42
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL	3165594				4
5	PRIMARY PAYER PAYMENTS					5
6	SUBTOTAL	3165594				6
7	DEDUCTIBLES	21968				7
8	SUBTOTAL	3143626				8
9	COINSURANCE	4675				9
10	SUBTOTAL	3138951				10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	14161				11
11.01	REDUCED REIMBURSABLE BAD DEBTS	9913				11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	13196				11.02
12	SUBTOTAL	3148864				12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

PROVIDER NO. 14-0280 TRINITY MED. CENTER ROCK ISLAN  
PERIOD FROM 01/01/2010 TO 12/31/2010

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (5/2007)

VERSION: 2011.03  
05/17/2011 16:11

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-T280)	SUB II	SUB III	SUB IV	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		98			13.01
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					14
15	OTHER ADJUSTMENTS					15
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					16
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER	3148962				17
18	SEQUESTRATION ADJUSTMENT					18
19	INTERIM PAYMENTS	3201607				19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					19.01
20	BALANCE DUE PROVIDER/PROGRAM	-52645				20
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					21
TO BE COMPLETED BY INTERMEDIARY						
50	ORIGINAL PPS AMOUNT OR ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)					50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)					51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)					53

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART III

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

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

SNF I  
 (14-5564)  
 (PPS)  
 2

COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL/SNF/NF SERVICES	1
2	MEDICAL AND OTHER SERVICES	2
3	INTERNS AND RESIDENTS	3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS ONLY	4
5	COST OF TEACHING PHYSICIANS	5
6	SUBTOTAL	6
7	INPATIENT PRIMARY PAYER PAYMENTS	7
8	OUTPATIENT PRIMARY PAYER PAYMENTS	8
9	SUBTOTAL	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 FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	17
18	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)	18
19	RATIO OF LINE 17 TO LINE 18	19
20	TOTAL CUSTOMARY CHARGES	20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	22
23	COST OF COVERED SERVICES	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	30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)	31
32	AMOUNT FROM LINE 30	32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	33

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART III

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

	[ ] TITLE V	[XX] TITLE XVIII	[ ] TITLE XIX
		SNF I (14-5564) (PPS) 2	
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST		34
35	SUBTOTAL	2230351	35
36	COINSURANCE	117975	36
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, LINE 19		37
38	REIMBURSABLE BAD DEBTS	3180	38
38.01	REDUCED REIMBURSABLE BAD DEBTS		38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	1942	38.02
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING ON OR AFTER 10/01/05 (SEE INSTR.)	2809	38.03
39	UTILIZATION REVIEW		39
40	SUBTOTAL	2115185	40
41	INPATIENT ROUTINE SERVICE COST		41
42	MEDICARE INPATIENT ROUTINE CHARGES		42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		43
44	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)		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 PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		49
50	OTHER ADJUSTMENTS		50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		51
52	SUBTOTAL	2115185	52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	2115185	55
56	SEQUESTRATION ADJUSTMENT		56
57	INTERIM PAYMENTS	2116544	57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)		57.01
58	BALANCE DUE PROVIDER/PROGRAM	-1359	58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2		59

BALANCE SHEET

WORKSHEET G

ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
<b>CURRENT ASSETS</b>				
1 CASH ON HAND AND IN BANKS	11763532			1
2 TEMPORARY INVESTMENTS	23160227			2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	107418289			4
5 OTHER RECEIVABLES	473264			5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-69401986			6
7 INVENTORY	8306449			7
8 PREPAID EXPENSES	1248670			8
9 OTHER CURRENT ASSETS	4395055			9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS	87363500			11
<b>FIXED ASSETS</b>				
12 LAND	6322281			12
12.01 ACCUMULATED DEPRECIATION				12.01
13 LAND IMPROVEMENTS	7011316			13
13.01 ACCUMULATED DEPRECIATION	-4299480			13.01
14 BUILDINGS	195680139			14
14.01 ACCUMULATED DEPRECIATION	-99761612			14.01
15 LEASEHOLD IMPROVEMENTS				15
15.01 ACCUMULATED AMORTIZATION				15.01
16 FIXED EQUIPMENT	246920			16
16.01 ACCUMULATED DEPRECIATION	-93200			16.01
17 AUTOMOBILES AND TRUCKS				17
17.01 ACCUMULATED DEPRECIATION				17.01
18 MAJOR MOVABLE EQUIPMENT	83148306			18
18.01 ACCUMULATED DEPRECIATION	-58739459			18.01
19 MINOR EQUIPMENT DEPRECIABLE				19
19.01 ACCUMULATED DEPRECIATION				19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE	2886789			20
21 TOTAL FIXED ASSETS	132402000			21
<b>OTHER ASSETS</b>				
22 INVESTMENTS	119336655			22
23 DEPOSITS ON LEASES				23
24 DUE FROM OWNERS/OFFICERS				24
25 OTHER ASSETS	13782884			25
26 TOTAL OTHER ASSETS	133119539			26
27 TOTAL ASSETS	352885039			27
<b>LIABILITIES AND FUND BALANCES</b>				
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
<b>CURRENT LIABILITIES</b>				
28 ACCOUNTS PAYABLE	13988869			28
29 SALARIES, WAGES & FEES PAYABLE	11343530			29
30 PAYROLL TAXES PAYABLE				30
31 NOTES & LOANS PAYABLE (SHORT TERM)				31
32 DEFERRED INCOME				32
33 ACCELERATED PAYMENTS				33
34 DUE TO OTHER FUNDS				34
35 OTHER CURRENT LIABILITIES	24263172			35
36 TOTAL CURRENT LIABILITIES	49595571			36
<b>LONG-TERM LIABILITIES</b>				
37 MORTGAGE PAYABLE				37
38 NOTES PAYABLE				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	133485995			41
42 TOTAL LONG TERM LIABILITIES	133485995			42
43 TOTAL LIABILITIES	183081566			43
<b>CAPITAL ACCOUNTS</b>				
44 GENERAL FUND BALANCE	169803473			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	169803473			51
52 TOTAL LIABILITIES AND FUND BALANCES	352885039			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	148718990			1
2 NET INCOME (LOSS)	55520177			2
3 TOTAL	204239167			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 BETTENDORF NET INCOME	16137272			5
6 NET ASSETS RELEASED	103377			6
7 FOUNDATION	49969			7
8 OTHER	15927			8
9 OTHER				9
10 TOTAL ADDITIONS	16306545			10
11 SUBTOTAL	220545712			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 TRHS NET LOSS	44875764			13
14 POST RETIRE HEALTH INS	263574			14
15 INTERCO TRANSFER	5125043			15
16 FOUNDATION	402822			16
17 OTHER	75036			17
18 TOTAL DEDUCTIONS	50742239			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	169803473			19



STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	39057346		39057346	2
4 SUBPROVIDER I	4973930		4973930	4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY	2938262		2938262	7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	46969538		46969538	10
10.01 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				10.01
11 INTENSIVE CARE UNIT	18709451		18709451	11
12 NICU				12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	18709451		18709451	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	65678989		65678989	18
18.50 ANCILLARY SERVICES	217260123		217260123	18.50
18.60 OUTPATIENT SERVICES		333564065	333564065	18.60
19 RHC				19
20 FQHC				20
21 HOME HEALTH AGENCY				21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
25 HOSPICE				25
25 TOTAL PATIENT REVENUES	282939112	333564065	616503177	

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		239260746	26
27 ADD (SPECIFY)			27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS			33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		239260746	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	616503177	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	347594021	2
3	NET PATIENT REVENUES	268909156	3
4	LESS - TOTAL OPERATING EXPENSES	239260746	4
5	NET INCOME FROM SERVICE TO PATIENTS	29648410	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	15271091	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	82457	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)	2720413	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	1677510	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER OPERATING REVENUE	231930	24
24.02	GRANT INCOME	4588825	24.02
24.03	MGMT FEES	40646	24.03
24.04	MISC INCOME	1258898	24.04
24.06	OTHER, NET		24.06
24.07	ROUNDING		24.07
25	TOTAL OTHER INCOME	25871770	25
26	TOTAL	55520180	26
27			27
27.06	ROUNDING	3	27.06
28			28
29			29
30	TOTAL OTHER EXPENSES	3	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	55520177	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0280) (14-0280)	SUB I	SUB II	SUB III	SUB IV
<b>PART I - FULLY PROSPECTIVE METHOD</b>					
1					1
					CAPITAL FEDERAL AMOUNT
2	3635346				2
					CAPITAL DRG OTHER THAN OUTLIER
3					3
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997
3.01	12367				3.01
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997
4					4
					INDIRECT MEDICAL EDUCATION ADJUSTMENT
					TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [ E-3,PT VI,LN.18] [E,PT A,LN.3.17][x E-3,PT VI,LN.1]
4.01		0.00		0.00	4.01
					NO. OF INTERNS & RESIDENTS
4.02					4.02
					INDIRECT MEDICAL EDUCATION PERCENTAGE
4.03					4.03
					INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT
5	0.0586				5
					% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS
5.01	0.1925				5.01
					% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I
5.02	0.2511				5.02
					SUM OF LINES 5 AND 5.01
5.03	0.0522				5.03
					ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE
5.04	189765				5.04
					DISPROPORTIONATE SHARE ADJUSTMENT
6	3837478				6
					TOTAL PROSPECTIVE CAPITAL PAYMENTS
<b>PART II - HOLD HARMLESS METHOD</b>					
1					1
					NEW CAPITAL
2					2
					OLD CAPITAL
3					3
					TOTAL CAPITAL
4					4
					RATIO OF NEW CAPITAL TO TOTAL CAPITAL
5					5
					TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE
6					6
					REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT
7					7
					REDUCED OLD CAPITAL AMOUNT
8					8
					HOLD HARMLESS PAYMENT FOR NEW CAPITAL
9					9
					SUBTOTAL
10					10
					PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)
<b>PART III - PAYMENT UNDER REASONABLE COST</b>					
1					1
					PROGRAM INPATIENT ROUTINE CAPITAL COST
2					2
					PROGRAM INPATIENT ANCILLARY CAPITAL COST
3					3
					TOTAL INPATIENT PROGRAM CAPITAL
4					4
					CAPITAL COST PAYMENT FACTOR
5					5
					TOTAL INPATIENT PROGRAM CAPITAL COST
<b>PART IV - COMPUTATION OF EXCEPTION PAYMENTS</b>					
1					1
					PROGRAM INPATIENT CAPITAL COSTS
2					2
					PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES
3					3
					NET PROGRAM INPATIENT CAPITAL COSTS
4					4
					APPLICABLE EXCEPTION PERCENTAGE
5					5
					CAPITAL COST FOR COMPARISON TO PAYMENTS
6					6
					PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES
7					7
					ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES
8					8
					CAPITAL MINIMUM PAYMENT LEVEL
9					9
					CURRENT YEAR CAPITAL PAYMENTS
10					10
					CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS
11					11
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT
12					12
					NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS
13					13
					CURRENT YEAR EXCEPTION PAYMENT
14					14
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD
15					15
					CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)
16					16
					CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)
17					17
					CURRENT YEAR EXCEPTION OFFSET AMOUNT

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL 4A	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6.01 NON-PATIENT PHONES					6.01
6.03 PURCHASING					6.03
6.04 ADMITTING					6.04
6.05 CASHIERING/AR					6.05
6.06 A & G					6.06
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
12.01 EMPLOYEE CAFETERIA					12.01
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES					22
23 I&R SERVICES-OTHER PRGM COSTS					23
24 PARAMED ED PRGM-(SPECIFY)					24
24.01 PARAMED PROGRAM (OR TECH)					24.01
24.02 PARAMED PROGRAM - EMS					24.02
24.03 PARAMED - RESP CARE					24.03
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
26.01 NICU					26.01
27 CORONARY CARE UNIT					27
31 SUBPROVIDER I					31
33 NURSERY					33
34 SKILLED NURSING FACILITY					34
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 AMBULATORY SURGERY					37.01
37.02 GASTROINTESTINAL					37.02
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI					41.01
42 RADIOLOGY-THERAPEUTIC					42
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN C					46.30
47 BLOOD STORING, PROCESSING & TR					47
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 TORS					50.01
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53.01 ELECTROCARDIOLOGY					53.01
55 MEDICAL SUPPLIES CHARGED TO PA					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 CARDIOLOGY & CARDIC REHAB					59
59.25 CARDIOPULMONARY					59.25
59.30 EKG AND EEG					59.30
59.97 CARDIAC REHABILITATION					59.97
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 DIABETIC EDUCATION					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.60 FQHC					63.60

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
OTHER REIMBURSABLE COST CENTERS					
65	AMBULANCE SERVICES				65
69.10	CMHC				69.10
69.20	OPT				69.20
69.30	CMHC				69.30
69.40	OPT				69.40
71	HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS					
85.01	PANCREAS ACQUISITION				85.01
85.02	INTESTINAL ACQUISITION				85.02
95	SUBTOTALS				95
NONREIMBURSABLE COST CENTERS					
96	GIFT, FLOWER, COFFEE SHOP & CA				96
96.01	SENIOR SERVICES				96.01
96.02	OTHER NON REIMBURSABLE				96.02
96.03	MEDICAL OFFICE				96.03
98	PHYSICIANS' PRIVATE OFFICES				98
98.01	WOMEN'S HEALTH CENTER				98.01
98.02	RIVERSIDE OUTPATIENT				98.02
98.03	PRIMARY CARE CLINIC				98.03
98.04	ORTHOPEDIC CLINIC				98.04
98.05	NON-REIMBURSABLE CLINIC				98.05
98.06	TRINITY FAMILY PRACTICE				98.06
100	NON REIMBURSABLE COST CENTERS				100
100.01	PHYSICIAN RECRUITMENT				100.01
100.02	GROUP HOMES DEPT 783				100.02
100.03	PRECEDENCE				100.03
100.04	CALL CENTER				100.04
100.05	WORK FITNESS CENTER				100.05
100.06	PARAMED NON-ACCREDITED				100.06
101	CROSS FOOT ADJUSTMENTS				101
102	NEGATIVE COST CENTER				102
103	TOTAL				103
104	TOTAL STATISTICAL BASIS				104
105	UNIT COST MULTIPLIER				105
105	UNIT COST MULTIPLIER				105

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	38.47		17.94				56.41 25
26 INTENSIVE CARE UNIT	55.75		6.50				62.25 26
26.01 NICU			32.57				32.57 26.01
27 CORONARY CARE UNIT	63.20						63.20 27
33 NURSERY			65.05				65.05 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	18.73	13.33					32.06 37
37.02 GASTROINTESTINAL	30.73	14.89					45.62 37.02
38 RECOVERY ROOM	15.42	20.95					36.37 38
39 DELIVERY ROOM & LABOR ROOM	0.37	0.01					0.38 39
40 ANESTHESIOLOGY	18.54	14.52					33.06 40
41 RADIOLOGY-DIAGNOSTIC	13.77	24.63					38.40 41
41.01 MRI	51.06	0.80					51.86 41.01
42 RADIOLOGY-THERAPEUTIC	0.30	43.23					43.53 42
44 LABORATORY	30.46	1.93					32.39 44
47 BLOOD STORING, PROCESSING & TRA	46.55	22.56					69.11 47
48 INTRAVENOUS THERAPY	10.50	20.44					30.94 48
49 RESPIRATORY THERAPY	51.76	0.99					52.75 49
50 PHYSICAL THERAPY	23.00						23.00 50
51 OCCUPATIONAL THERAPY	4.58						4.58 51
52 SPEECH PATHOLOGY	14.15	0.08					14.23 52
55 MEDICAL SUPPLIES CHARGED TO PAT	31.11	15.72					46.83 55
55.30 IMPL. DEV. CHARGED TO PATIENT	38.04	17.92					55.96 55.30
56 DRUGS CHARGED TO PATIENTS	27.68	16.18					43.86 56
57 RENAL DIALYSIS	64.82	0.80					65.62 57
59 CARDIOLOGY & CARDIC REHAB	25.12	29.34					54.46 59
59.25 CARDIOPULMONARY	41.87	10.75					52.62 59.25
59.30 EKG AND EEG	30.71	18.75					49.46 59.30
59.97 CARDIAC REHABILITATION	8.19	39.92					48.11 59.97
60 CLINIC	0.23	27.54					27.77 60
61 EMERGENCY	8.26	16.72					24.98 61
62 OBSERVATION BEDS (NON-DISTINCT	8.24	20.67					28.91 62
101 TOTAL CHARGES	19.90	15.73					35.63 101

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

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31 SUBPROVIDER I	63.16		6.96				70.12 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.02						0.02 37
37.02 GASTROINTESTINAL	0.37						0.37 37.02
38 RECOVERY ROOM	0.01						0.01 38
40 ANESTHESIOLOGY	0.01						0.01 40
41 RADIOLOGY-DIAGNOSTIC	0.19						0.19 41
44 LABORATORY	0.70						0.70 44
47 BLOOD STORING, PROCESSING & TRA	0.24						0.24 47
48 INTRAVENOUS THERAPY	0.01						0.01 48
49 RESPIRATORY THERAPY	2.21						2.21 49
50 PHYSICAL THERAPY	16.29						16.29 50
51 OCCUPATIONAL THERAPY	26.84						26.84 51
52 SPEECH PATHOLOGY	26.96						26.96 52
55 MEDICAL SUPPLIES CHARGED TO PAT	0.53						0.53 55
55.30 IMPL. DEV. CHARGED TO PATIENT	0.01						0.01 55.30
56 DRUGS CHARGED TO PATIENTS	0.90						0.90 56
57 RENAL DIALYSIS	2.46						2.46 57
59 CARDIOLOGY & CARDIC REHAB	0.01						0.01 59
59.25 CARDIOPULMONARY	1.35	0.01					1.36 59.25
59.30 EKG AND EEG	0.08						0.08 59.30
59.97 CARDIAC REHABILITATION	0.02						0.02 59.97
101 TOTAL CHARGES	0.72						0.72 101

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

SNF / NF

COST CENTERS	SNF		NF		NF		TOTAL PARTY	THIRD UTIL
	---- TITLE XVIII ----		---- TITLE XIX ----		---- TITLE V ----			
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6		
UTILIZATION PERCENTAGES BASED ON DAYS								
34 SKILLED NURSING FACILITY	80.43						80.43	34
UTILIZATION PERCENTAGES BASED ON CHARGES								
37 OPERATING ROOM	0.01						0.01	37
40 ANESTHESIOLOGY	0.02						0.02	40
41 RADIOLOGY-DIAGNOSTIC	0.08						0.08	41
44 LABORATORY	1.15						1.15	44
47 BLOOD STORING, PROCESSING & TRA	0.26						0.26	47
49 RESPIRATORY THERAPY	5.22						5.22	49
50 PHYSICAL THERAPY	22.54						22.54	50
51 OCCUPATIONAL THERAPY	27.68						27.68	51
52 SPEECH PATHOLOGY	1.42						1.42	52
55 MEDICAL SUPPLIES CHARGED TO PAT	1.57						1.57	55
56 DRUGS CHARGED TO PATIENTS	1.89						1.89	56
59 CARDIOLOGY & CARDIC REHAB	0.01						0.01	59
59.25 CARDIOPULMONARY	4.12						4.12	59.25
59.30 EKG AND EEG	0.12						0.12	59.30
60 CLINIC	0.01						0.01	60
101 TOTAL CHARGES	1.00						1.00	101



COST CENTER	---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	5614014	2.58	-5614014	-7.15			3
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 EMPLOYEE BENEFITS	5931306	2.72	-5931306	-7.56			5
6.01 NON-PATIENT PHONES							6.01
6.03 PURCHASING	261654	.12	-261654	-.33			6.03
6.04 ADMITTING	2089538	.96	-2089538	-2.66			6.04
6.05 CASHIERING/AR	1497229	.69	-1497229	-1.91			6.05
6.06 A & G	36110094	16.58	-36110094	-46.00			6.06
7 MAINTENANCE & REPAIRS							7
8 OPERATION OF PLANT	7356292	3.38	-7356292	-9.37			8
9 LAUNDRY & LINEN SERVICE							9
10 HOUSEKEEPING	2883525	1.32	-2883525	-3.67			10
11 DIETARY	2633245	1.21	-2633245	-3.35			11
12 CAFETERIA							12
12.01 EMPLOYEE CAFETERIA							12.01
13 MAINTENANCE OF PERSONNEL							13
14 NURSING ADMINISTRATION	1482500	.68	-1482500	-1.89			14
15 CENTRAL SERVICES & SUPPLY	2465772	1.13	-2465772	-3.14			15
16 PHARMACY	5896882	2.71	-5896882	-7.51			16
17 MEDICAL RECORDS & LIBRARY	1631659	.75	-1631659	-2.08			17
18 SOCIAL SERVICE	3321128	1.52	-3321128	-4.23			18
20 NONPHYSICIAN ANESTHETISTS							20
21 NURSING SCHOOL	-447922	-.21	447922	.57			21
22 I&R SERVICES-SALARY & FRINGES A							22
23 I&R SERVICES-OTHER PRGM COSTS A							23
24 PARAMED ED PRGM-(SPECIFY)	-78962	-.04	78962	.10			24
24.01 PARAMED PROGRAM (OR TECH)	-16455	-.01	16455	.02			24.01
24.02 PARAMED PROGRAM - EMS	-64754	-.03	64754	.08			24.02
24.03 PARAMED - RESP CARE	-59463	-.03	59463	.08			24.03
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	15965132	7.33	13407169	17.08	29372301	13.48	25
26 INTENSIVE CARE UNIT	3515552	1.61	2139380	2.73	5654932	2.60	26
26.01 NICU	1808463	.83	789179	1.01	2597642	1.19	26.01
27 CORONARY CARE UNIT	2671064	1.23	1991675	2.54	4662739	2.14	27
31 SUBPROVIDER I	1483682	.68	1262558	1.61	2746240	1.26	31
33 NURSERY	925541	.42	666252	.85	1591793	.73	33
34 SKILLED NURSING FACILITY	1564736	.72	1581435	2.01	3146171	1.44	34
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	11301565	5.19	5869692	7.48	17171257	7.88	37
37.01 AMBULATORY SURGERY							37.01
37.02 GASTROINTESTINAL	747980	.34	369237	.47	1117217	.51	37.02
38 RECOVERY ROOM	3176946	1.46	1439124	1.83	4616070	2.12	38
39 DELIVERY ROOM & LABOR ROOM	1408480	.65	804577	1.02	2213057	1.02	39
40 ANESTHESIOLOGY	180423	.08	127209	.16	307632	.14	40

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
41 RADIOLOGY-DIAGNOSTIC	8075871	3.71	4094407	5.22	12170278	5.59	41
41.01 MRI	2487543	1.14	587784	.75	3075327	1.41	41.01
42 RADIOLOGY-THERAPEUTIC	2553621	1.17	1352370	1.72	3905991	1.79	42
44 LABORATORY	6792660	3.12	2039470	2.60	8832130	4.05	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA	1783701	.82	389605	.50	2173306	1.00	47
48 INTRAVENOUS THERAPY	1097759	.50	515403	.66	1613162	.74	48
49 RESPIRATORY THERAPY	1486347	.68	595867	.76	2082214	.96	49
50 PHYSICAL THERAPY	1372623	.63	599302	.76	1971925	.91	50
50.01 TORS	663912	.30	213761	.27	877673	.40	50.01
51 OCCUPATIONAL THERAPY	922963	.42	393922	.50	1316885	.60	51
52 SPEECH PATHOLOGY	176563	.08	73741	.09	250304	.11	52
53.01 ELECTROCARDIOLOGY							53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	10260853	4.71	3755562	4.78	14016415	6.43	55
55.30 IMPL. DEV. CHARGED TO PATIENT	13373043	6.14	4973474	6.34	18346517	8.42	55.30
56 DRUGS CHARGED TO PATIENTS	11897010	5.46	10941999	13.94	22839009	10.48	56
57 RENAL DIALYSIS	574465	.26	246059	.31	820524	.38	57
59 CARDIOLOGY & CARDIC REHAB	4360244	2.00	2274123	2.90	6634367	3.05	59
59.25 CARDIOPULMONARY	702382	.32	315013	.40	1017395	.47	59.25
59.30 EKG AND EEG	1495797	.69	636461	.81	2132258	.98	59.30
59.97 CARDIAC REHABILITATION	547087	.25	227814	.29	774901	.36	59.97
60 CLINIC	2108998	.97	1165901	1.49	3274899	1.50	60
60.01 DIABETIC EDUCATION	83310	.04	32208	.04	115518	.05	60.01
61 EMERGENCY	6735252	3.09	3733316	4.76	10468568	4.81	61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES	1920745	.88	608324	.77	2529069	1.16	65
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OPT							69.20
69.30 CMHC							69.30
69.40 OPT							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN			467928	.60	467928	.21	96
96.01 SENIOR SERVICES							96.01
96.02 OTHER NON REIMBURSABLE			3386739	4.31	3386739	1.55	96.02
96.03 MEDICAL OFFICE	142760	.07	29408	.04	172168	.08	96.03
98 PHYSICIANS' PRIVATE OFFICES	4150249	1.91	1815069	2.31	5965318	2.74	98
98.01 WOMEN'S HEALTH CENTER							98.01
98.02 RIVERSIDE OUTPATIENT	451701	.21	212607	.27	664308	.30	98.02
98.03 PRIMARY CARE CLINIC	6192864	2.84	1761954	2.24	7954818	3.65	98.03

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
98.04 ORTHOPEDIC CLINIC	296537	.14	84712	.11	381249	.17	98.04
98.05 NON-REIMBURSABLE CLINIC	882959	.41	247942	.32	1130901	.52	98.05
98.06 TRINITY FAMILY PRACTICE	178691	.08	58180	.07	236871	.11	98.06
100 NON REIMBURSABLE COST CENTERS							100
100.01 PHYSICIAN RECRUITMENT							100.01
100.02 GROUP HOMES DEPT 783	821317	.38	226012	.29	1047329	.48	100.02
100.03 PRECEDENCE							100.03
100.04 CALL CENTER							100.04
100.05 WORK FITNESS CENTER							100.05
100.06 PARAMED NON-ACCREDITED	11644	.01	3358		15002	.01	100.06
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	217858317	100.00	0	.00	217858317	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	1376856	68570930	.020079	12845454	257924	37
37.01 AMBULATORY SURGERY						37.01
37.02 GASTROINTESTINAL	73293	3571268	.020523	1097482	22524	37.02
38 RECOVERY ROOM	160131	8512704	.018811	1312288	24685	38
39 DELIVERY ROOM & LABOR ROOM	111910	5199120	.021525	19075	411	39
40 ANESTHESIOLOGY	94491	6579497	.014361	1219535	17514	40
41 RADIOLOGY-DIAGNOSTIC	1839813	72084853	.025523	9924854	253312	41
41.01 MRI	42079	1916998	.021950	978892	21487	41.01
42 RADIOLOGY-THERAPEUTIC	567843	15964430	.035569	47340	1684	42
44 LABORATORY	143817	36175212	.003976	11020088	43816	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	20390	1923878	.010598	895646	9492	47
48 INTRAVENOUS THERAPY	58380	6284054	.009290	659921	6131	48
49 RESPIRATORY THERAPY	57827	7840660	.007375	4058206	29929	49
50 PHYSICAL THERAPY	53375	6972298	.007655	1603708	12276	50
50.01 TORS	14945	2577450	.005798			50.01
51 OCCUPATIONAL THERAPY	35406	4654427	.007607	213270	1622	51
52 SPEECH PATHOLOGY	6528	866086	.007537	122586	924	52
53.01 ELECTROCARDIOLOGY						53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	199165	30094507	.006618	9360904	61950	55
55.30 IMPL. DEV. CHARGED TO PATIENT	262347	45831857	.005724	17433529	99790	55.30
56 DRUGS CHARGED TO PATIENTS	305398	61829638	.004939	17114985	84531	56
57 RENAL DIALYSIS	24017	1324337	.018135	858402	15567	57
59 CARDIOLOGY & CARDIC REHAB	886696	53712997	.016508	13490706	222705	59
59.25 CARDIOPULMONARY	42288	6216387	.006803	2602590	17705	59.25
59.30 EKG AND EEG	122528	10660547	.011494	3273783	37629	59.30
59.97 CARDIAC REHABILITATION	25842	1588595	.016267	130182	2118	59.97
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	145097	8489632	.017091	19129	327	60
60.01 DIABETIC EDUCATION	2326	154579	.015047			60.01
61 EMERGENCY	345907	26890660	.012863	2219975	28556	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	107876	3361633	.032090	277033	8890	62
63.50 RHC						63.50
63.60 FQHC						63.60
65 AMBULANCE SERVICES						65
101 TOTAL	7126571	499849234		112799563	1283499	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	1330799		1330799	49370	26.96	18992	512024 25
26	INTENSIVE CARE UNIT	231856		231856	4249	54.57	2369	129276 26
26.01	NICU	79999		79999	1959	40.84		26.01
27	CORONARY CARE UNIT	208915		208915	6905	30.26	4364	132055 27
101	TOTAL	1851569		1851569			25725	773355 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							773355	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							1283499	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							2056854	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)							6369	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)							25725	
PER DISCHARGE CAPITAL COSTS							322.95	
PER DIEM CAPITAL COSTS							79.96	

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)	50502928
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	136412409
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.370

COST TO CHARGE RATIO FOR REHAB SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	2939168
2. TOTAL MEDICARE CHARGES [(WKST D-1 PART II LINE 41 DIVIDED BY (WKST C PART I LINE 31 COLUMN 3 DIVIDED BY COLUMN 6)] PLUS WKST D-4 COLUMN 2 LINE 103	7195191
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.408

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)	2056854
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.015

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 (WKST B, PART I, COLUMN 27 - COLUMNS 21 & 24 / WKST C, PART I, COLUMN 8) LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66) (SEE CR 5999)	24281987
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)	89119062
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.272