

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 THE FINLEY HOSPITAL (16-0117) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2010 AND ENDING 12/31/2010, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX
		PART A	PART B	
	1	2	3	4
1	HOSPITAL	434891	9736	1
2	SUBPROVIDER I	572		2
2.01	SUBPROVIDER II	-17731		2.01
3	SWING BED - SNF			3
4	SWING BED - NF			4
5	SKILLED NURSING FACILITY		35	5
6	NURSING FACILITY			6
7	HOME HEALTH AGENCY	-1	-1	7
8	OUTPATIENT REHABILITATION PROVIDER			8
9	HEALTH CLINIC			9
100	TOTAL	417731	9770	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: 350 NORTH GRANDVIEW AVENUE P.O. BOX: 1  
 1.01 CITY: DUBUQUE STATE: IA ZIP CODE: 52001 COUNTY: DUBUQUE 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	THE FINLEY HOSPITAL	16-0117	07/01/1966	N	P	P	2
3	SUBPROVIDER I	THE FINLEY HOSPITAL - MHU	16-S117	12/23/1998	N	P	P	3
3.01	SUBPROVIDER II	THE FINLEY HOSPITAL - REHAB	16-T117	01/01/2004	N	P	N	3.01
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF	THE FINLEY HOSPITAL - SNF	16-5129	12/13/1984	N	P	N	6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA	FINLEY HOSPITAL HOME CARE	16-7002	07/01/1966	N	P	O	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 1 2 18

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL			1				19
20	SUBPROVIDER I			4				20
20.01	SUBPROVIDER II			5				20.01

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 20220	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?							22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW							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

PROGRAM CODE(2)	RESIDENT FTEs(3)
25	25
25.01	25.01
25.02	25.02
25.03	25.03
25.04	25.04
25.05	25.05
25.06	25.06
25.07	25.07
25.08	25.08
26	26
26.01	26.01
26.03	26.03
26.04	26.04
27	27
28	28
28.01	28.01
28.02	28.02

PROGRAM NAME(1)  
PROGRAM CODE(2) RESIDENT FTEs(3)

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
31.02	IS THIS A RURAL HOSPITAL SUB II QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		NO		31.02
MISCELLANEOUS COST REPORTING INFORMATION					
32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.		NO		32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.		NO		33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?		NO		34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?		NO		35
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER II (EXCLUDED UNIT) UNDER 42 CFR 413.40(F)(1)(i)?		NO		35.01
PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL					
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?		NO	1	36
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?		NO	2	36.01
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?		NO	3	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?		NO	4	37.01
TITLE XIX INPATIENT HOSPITAL SERVICES					
38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?		NO		38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?		NO		38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?		NO		38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?		NO		38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?		NO		38.04

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, YES H55770 40  
 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.

40.01 NAME: FINLEY TRI-STATES FI/CONTRACTOR'S NAME: FI/CONTRACTOR'S NUMBER: 40.01  
 40.02 STREET: 350 NORTH GRANDVIEW AVE P.O. BOX: 40.02  
 40.03 CITY: DUBUQUE STATE: IA ZIP CODE: 52001 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
48.01 SUBPROVIDER II	N	N	N	N	N	48.01
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 53  
 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.

53.01 MDH PERIOD: BEGINNING: ENDING: 53.01  
 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: 54  
 PREMIUMS: 1 PAID LOSSES: AND/OR SELF INSURANCE:

54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. NO 54.01

55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO. NO 55

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

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? NO 57

58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. 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 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)	YES							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.)	NO							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	03/26/2011						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	86	31390			8246		1438		1
2 HMO					191				2
3 HOSPITAL ADULTS & PEDS - SWING BED SNF									3
4 HOSPITAL ADULTS & PEDS - SWING BED NF									4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS	86	31390			8246		1438		5
6 INTENSIVE CARE UNIT	10	3650			1200				6
7 CORONARY CARE UNIT									7
8 BURN INTENSIVE CARE UNIT									8
9 SURGICAL INTENSIVE CARE UNIT									9
10 OTHER SPECIAL CARE (SPECIFY)									10
11 NURSERY							787		11
12 TOTAL HOSPITAL	96	35040			9446		2225		12
13 RPCH VISITS									13
14 SUBPROVIDER I	9	3285			1605				14
14.01 SUBPROVIDER - REHAB	10	3650			1737				14.01
15 SKILLED NURSING FACILITY		656			293				15
16 NURSING FACILITY									16
17 OTHER LONG TERM CARE									17
18 HOME HEALTH AGENCY					11672		11768		18
20 ASC (DISTINCT PART)									20
21 HOSPICE (DISTINCT PART)									21
23 O/P REHAB PROVIDER									23
24 RHC I									24
25 TOTAL	115								25
26 OBSERVATION BED DAYS							108		26
27 AMBULANCE TRIPS									27
28 EMPLOYEE DISCOUNT DAYS									28
29 LABOR & DELIVERY DAYS							120		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		12877							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		12877							5
6 INTENSIVE CARE UNIT		1970							6
7 CORONARY CARE UNIT									7
8 BURN INTENSIVE CARE UNIT									8
9 SURGICAL INTENSIVE CARE UNIT									9
10 OTHER SPECIAL CARE (SPECIFY)									10
11 NURSERY		1825							11
12 TOTAL HOSPITAL		16672						504.16	12
13 RPCH VISITS									13
14 SUBPROVIDER I		1798						11.70	14
14.01 SUBPROVIDER - REHAB		2149						12.35	14.01
15 SKILLED NURSING FACILITY		313						1.79	15
16 NURSING FACILITY									16
17 OTHER LONG TERM CARE									17
18 HOME HEALTH AGENCY		27965						30.96	18
20 ASC (DISTINCT PART)									20
21 HOSPICE (DISTINCT PART)									21
23 O/P REHAB PROVIDER									23
24 RHC I									24
25 TOTAL								560.96	25
26 OBSERVATION BED DAYS		1302							26
27 AMBULANCE TRIPS									27
28 EMPLOYEE DISCOUNT DAYS		206							28
29 LABOR & DELIVERY DAYS		305							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		2168		4163
2 HMO XIX				2
3 HOSPITAL ADULTS & PEDS - SWING BED SNF				3
4 HOSPITAL ADULTS & PEDS - SWING BED NF				4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS				5
6 INTENSIVE CARE UNIT				6
7 CORONARY CARE UNIT				7
8 BURN INTENSIVE CARE UNIT				8
9 SURGICAL INTENSIVE CARE UNIT				9
10 OTHER SPECIAL CARE (SPECIFY)				10
11 NURSERY				11
12 TOTAL HOSPITAL		2168		4163
13 RPCH VISITS				13
14 SUBPROVIDER I		178		212
14.01 SUBPROVIDER - REHAB		170		208
15 SKILLED NURSING FACILITY				15
16 NURSING FACILITY				16
17 OTHER LONG TERM CARE				17
18 HOME HEALTH AGENCY				18
20 ASC (DISTINCT PART)				20
21 HOSPICE (DISTINCT PART)				21
23 O/P REHAB PROVIDER				23
24 RHC I				24
25 TOTAL				25
26 OBSERVATION BED DAYS				26
27 AMBULANCE TRIPS				27
28 EMPLOYEE DISCOUNT DAYS				28
29 LABOR & DELIVERY DAYS				29

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT 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	2	3	4	5	6	
1	SALARIES							
1	TOTAL SALARIES	30751596	488038	31239634	1162616.00	26.87		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A	71331		71331	671.00	106.31		4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B	1757721		1757721	8913.00	197.21		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	44242		44242	3714.00	11.91		8
8.01	EXCLUDED AREA SALARIES	5046639	435536	5482175	181650.00	30.18		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	1738746		1738746	55790.00	31.17		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	37475		37475	318.00	117.85		10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	5802686		5802686	150223.00	38.63		11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	5669014		5669014			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	1058739		1058739			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	2609		2609			CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B	64281		64281			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	60464	48031	108495	2773.00	39.13		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	284337		284337	2843.00	100.01		22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT	609894	2329	612223	31571.00	19.39		24
25	LAUNDRY & LINEN SERVICE							25
26	HOUSEKEEPING	746655		746655	59798.00	12.49		26
26.01	HOUSEKEEPING UNDER CONTRACT	30696		30696	2080.00	14.76		26.01
27	DIETARY	915124	2306	917430	66828.00	13.73		27
27.01	DIETARY UNDER CONTRACT	56666		56666	2080.00	27.24		27.01
28	CAFETERIA							28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	1869832		1869832	58947.00	31.72		30
31	CENTRAL SERVICES AND SUPPLY	270323		270323	18402.00	14.69		31
32	PHARMACY	1017932		1017932	28580.00	35.62		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	551729		551729	29173.00	18.91		33
34	SOCIAL SERVICE	141398		141398	6689.00	21.14		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	29365574	488038	29853612	1160706.00	25.72	1
2	EXCLUDED AREA SALARIES	5090881	435536	5526417	185364.00	29.81	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	24274693	52502	24327195	975342.00	24.94	3
4	SUBTOTAL OTHER WAGES & REL COSTS	7578907		7578907	206331.00	36.73	4
5	SUBTOTAL WAGE-RELATED COSTS	5671623		5671623		23.31%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	37525223	52502	37577725	1181673.00	31.80	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	6555050	52666	6607716	309764.00	21.33	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								2
3	RUA								3
3.01	RUX								3.01
3.02	RUL								3.02
4	RVC								4
5	RVB								5
6	RVA								6
6.01	RVX								6.01
6.02	RVL								6.02
7	RHC		14						7
8	RHB								8
9	RHA								9
9.01	RHX								9.01
9.02	RHL								9.02
10	RMC		9						10
11	RMB		25						11
12	RMA		7						12
12.01	RMX		122						12.01
12.02	RML		62						12.02
13	RLB								13
14	RLA								14
15	SE3		47						15
16	SE2		7						16
17	SE1								17
18	SSC								18
19	SSB								19
20	SSA								20
21	CC2								21
22	CC1								22
23	CB2								23
24	CB1								24
25	CA2								25
26	CA1								26
27	IB2								27
28	IB1								28
29	IA2								29
30	IA1								30
31	BB2								31
32	BB1								32
33	BA2								33
34	BA1								34
35	PE2								35
36	PE1								36
37	PD2								37
38	PD1								38
39	PC2								39
40	PC1								40
41	PB2								41
42	PB1								42
43	PA2								43
44	PA1								44
45	AAA								45
45.01	ES3								45.01
45.02	ES2								45.02
45.03	ES1								45.03
45.04	HE2								45.04
45.05	HE1								45.05
45.06	HD2								45.06
45.07	HD1								45.07
45.08	HC2								45.08
45.09	HC1								45.09
45.10	HB2								45.10
45.11	HB1								45.11
45.12	LE2								45.12
45.13	LE1								45.13
45.14	LD2								45.14
45.15	LD1								45.15
45.16	LC2								45.16
45.17	LC1								45.17
45.18	LB2								45.18
45.19	LB1								45.19
45.20	CE2								45.20
45.21	CE1								45.21
45.22	CD2								45.22
45.23	CD1								45.23
46	TOTAL		293						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	7410 17
17.01	GROSS MEDICAID REVENUES	4713083 17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	3693 18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	106748 19
20	RESTRICTED GRANTS	20
21	NON-RESTRICTED GRANTS	21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	4830934 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	526932 23
24	COST TO CHARGE RATIO	0.379064 24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	199741 25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	197304 26
27	TOTAL SCHIP COST	74791 27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	13782328 28
29	TOTAL GROSS MEDICAID COST	5224384 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	746975 30
31	UNCOMPENSATED CARE COST	283151 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	5498916 32



RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSI- FICATIONS	RECLASS. TRIAL BALANCE	ADJUST- MENTS	NET EXP FOR ALLOCATION	
		1	2	3	4	5	6	7	
85.02	8520								85.02
88	8800		684347	684347		684347	-684347		88
95		28566568	42607766	71174334	132333	71306667	1117288	72423955	95
NONREIMBURSABLE COST CENTERS									
96	9600								96
100	7950								100
100.01	7951	137451	140295	277746	-32380	245366	-5277	240089	100.01
100.02	7952								100.02
100.03	7953								100.03
100.04	7954								100.04
100.05	7955								100.05
100.07	7957	688	13542	14230	5406	19636	69770	89406	100.07
100.09	7959	39250	33588	72838	-16142	56696		56696	100.09
100.10	7960								100.10
100.11	7961		36554	36554		36554		36554	100.11
100.12	7962		-23854	-23854		-23854	242899	219045	100.12
100.13	7963								100.13
100.14	7964	111731	97076	208807	-33629	175178	-1686	173492	100.14
100.15	7965								100.15
100.16	7966	465300	258919	724219	-86010	638209	-13675	624534	100.16
100.17	7967		316648	316648	95282	411930		411930	100.17
100.18	7968	216755	54032	270787	-8182	262605	-4524	258081	100.18
100.19	7969								100.19
100.20	7970								100.20
100.21	7971	-8093	5712	-2381		-2381	67379	64998	100.21
100.22	7972								100.22
100.23	7973	205103	457508	662611	-40356	622255	-7725	614530	100.23
100.24	7974		63588	63588		63588		63588	100.24
100.25	7975		61041	61041		61041		61041	100.25
100.26	7976	210289	142225	352514		352514	-1234	351280	100.26
100.27	7977	83747	45021	128768		128768	-2	128766	100.27
100.28	7978	508347	316094	824441	-16142	808299	-1008	807291	100.28
100.29	7979								100.29
100.30	7980	214460	485678	700138	-180	699958	-6462	693496	100.30
101	TOTAL	30751596	45111433	75863029		75863029	1602413	77465442	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER 2	LINE # 3	SALARY 4	
1 SAME DAY PTS IN ICU	B	ADULTS & PEDIATRICS	25	62213	18953 1
2 DRUGS CHARGES TO PATIENTS	C	DRUGS CHARGED TO PATIENTS	56		2354339 2
3 CONTRACT CLEANING SUPPLIES	D	CONTRACT CLEANING	100.07		5406 3
4 LAUNDRY	E	LAUNDRY & LINEN SERVICE	9		332282 4
5	E				5
6	E				6
7	E				7
8	E				8
9	E				9
10	E				10
11	E				11
12	E				12
13	E				13
14	E				14
15	E				15
16	E				16
17	E				17
18	E				18
19	E				19
20	E				20
21	E				21
22	E				22
23	E				23
24	E				24
25	E				25
26	E				26
27 CHAPLAIN SALARY	F	ADMINISTRATINO & GENERAL	6.01	45484	27
28 NON-ICU FUNCTIONS IN ICU	G	RESPIRATORY THERAPY	49	15450	6075 28
29 NON-ICU FUNCTIONS IN ICU	G	DIETARY	11	2306	907 29
30 PROP FOR FUTURE USE	H	RENTAL PROPERTIES	100.17		95282 30
31 PHYSICIAN BILLING	I	PHYSICIAN BILLING	100.10	108647	31
32 TRANSFUSION RECLASS	J	LABORATORY	44	2895	1150 32
33 CONTRA ACCOUNTS	K	OPERATION OF PLANT	8	2329	33
34	K	ADMINISTRATINO & GENERAL	6.01	2547	34
35	K	ADULTS & PEDIATRICS	25	1067	35
36 SUBTOTAL				242938	2814394 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1 SAME DAY PTS IN ICU	B	INTENSIVE CARE UNIT	26	62213	18953	1
2 DRUGS CHARGES TO PATIENTS	C	PHARMACY	16		2354339	2
3 CONTRACT CLEANING SUPPLIES	D	HOUSEKEEPING	10		5406	3
4 LAUNDRY	E	CENTRAL SERVICES & SUPPLY	15		18903	4
5	E	ADULTS & PEDIATRICS	25		93594	5
6	E	INTENSIVE CARE UNIT	26		12321	6
7	E	SUBPROVIDER I	31		7856	7
8	E	SUBPROVIDER - REHAB	31.01		18378	8
9	E	NURSERY	33		3617	9
10	E	SKILLED NURSING FACILITY	34		1840	10
11	E	OPERATING ROOM	37		34939	11
12	E	RECOVERY ROOM	38		25840	12
13	E	DELIVERY ROOM & LABOR ROOM	39		11079	13
14	E	RADIOLOGY-DIAGNOSTIC	41		25322	14
15	E	RADIOLOGY-THERAPEUTIC	42		9092	15
16	E	RESPIRATORY THERAPY	49		71	16
17	E	PHYSICAL THERAPY	50		25101	17
18	E	ELECTROENCEPHALOGRAPHY	54		162	18
19	E	CARDIOLOGY	59.01		162	19
20	E	HYPERBARIC OXYGEN THERAPY	59.98		2763	20
21	E	CLINIC	60		4006	21
22	E	EMERGENCY	61		35359	22
23	E	CASCADE CLINIC	100.01		95	23
24	E	LIFESTYLES	100.14		1272	24
25	E	BUSINESS HEALTH	100.16		330	25
26	E	OCCUPATIONAL HEALTH	100.30		180	26
27 CHAPLAIN SALARY	F	ADMINISTRATINO & GENERAL	6.01		45484	27
28 NON-ICU FUNCTIONS IN ICU	G	INTENSIVE CARE UNIT	26	17756	6982	28
29 NON-ICU FUNCTIONS IN ICU	G					29
30 PROP FOR FUTURE USE	H	NEW CAP REL COSTS-BLDG & FIXT	3		95282	9 30
31 PHYSICIAN BILLING	I	PHYSICIAN BILLING	100.10		108647	31
32 TRANSFUSION RECLASS	J	ADULTS & PEDIATRICS	25	2895	1150	32
33 CONTRA ACCOUNTS	K	OPERATION OF PLANT	8		2329	33
34	K	ADMINISTRATINO & GENERAL	6.01		2547	34
35	K	ADULTS & PEDIATRICS	25		1067	35
36 SUBTOTAL				82864	2974468	36



RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1	K	PHYSICAL THERAPY	50	483	1
2	K	EMERGENCY	61	592	2
3	K	CONTRACT CLEANING	100.07	56809	3
4	K	HEALTHCARE AFFILIATES OF THE	100.12	202197	4
5	K	DIM MAINTENANCE	100.21	67883	5
6	L	MEDICAL SUPPLIES CHARGED TO P	55		3810790
7	L	PHARMACY	16		2152
8	L				8
9	L				9
10	L				10
11	L				11
12	L				12
13	L				13
14	L				14
15	L				15
16	L				16
17	L				17
18	L				18
19	L				19
20	L				20
21	L				21
22	L				22
23	L				23
24	L				24
25	L				25
26	L				26
27	L				27
28	L				28
29	L				29
30	L				30
31	L	IMPL. DEV. CHARGED TO PATIENT	55.30		1645571
32	L				32
33	L				33
34	L				34
35	L				35
36		SUBTOTAL		570902	8272907

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1	K	PHYSICAL THERAPY	50		483	1
2	K	EMERGENCY	61		592	2
3	K	CONTRACT CLEANING	100.07		56809	3
4	K	HEALTHCARE AFFILIATES OF THE	100.12		202197	4
5	K	DIM MAINTENANCE	100.21		67883	5
6	L	NURSING ADMINISTRATION	14		6	6
7	L	CENTRAL SERVICES & SUPPLY	15		197	7
8	L	ADULTS & PEDIATRICS	25		34921	8
9	L	INTENSIVE CARE UNIT	26		10280	9
10	L	SUBPROVIDER I	31		216	10
11	L	SUBPROVIDER - REHAB	31.01		2517	11
12	L	NURSERY	33		1601	12
13	L	SKILLED NURSING FACILITY	34		627	13
14	L	OPERATING ROOM	37		3553317	14
15	L	RECOVERY ROOM	38		19903	15
16	L	DELIVERY ROOM & LABOR ROOM	39		2770	16
17	L	ANESTHESIOLOGY	40		12198	17
18	L	RADIOLOGY-DIAGNOSTIC	41		6999	18
19	L	RADIOLOGY-THERAPEUTIC	42		10537	19
20	L	RESPIRATORY THERAPY	49		3488	20
21	L	PHYSICAL THERAPY	50		933	21
22	L	ELECTROENCEPHALOGRAPHY	54		766	22
23	L	CARDIOLOGY	59.01		10152	23
24	L	HYPERBARIC OXYGEN THERAPY	59.98		345	24
25	L	CLINIC	60		111786	25
26	L	EMERGENCY	61		12132	26
27	L	HOME HEALTH AGENCY	71		4029	27
28	L	LIFESTYLES	100.14		72	28
29	L	BUSINESS HEALTH	100.16		13039	29
30	L	CONVENIENT CARE	100.18		111	30
31	L	INTENSIVE CARE UNIT	26		134	31
32	L	OPERATING ROOM	37		1619242	32
33	L	ANESTHESIOLOGY	40		66	33
34	L	CLINIC	60		25695	34
35	L	EMERGENCY	61		434	35
36		SUBTOTAL		82864	8760945	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER 2	LINE # 3	SALARY 4	
1 IT CHARGES	M	ADMINISTRATINO & GENERAL	6.01		2856499 1
2	M				2
3	M				3
4	M				4
5	M				5
6	M				6
7	M				7
8	M				8
9	M				9
10	M				10
11	M				11
12	M				12
13	M				13
14	M				14
15	M				15
16	M				16
17	M				17
18	M				18
19	M				19
20	M				20
21	M				21
22	M				22
23	M				23
24	M				24
25	M				25
26	M				26
27	M				27
28	M				28
29	M				29
30	M				30
31	M				31
32	M				32
33	M				33
34 OR RECLASS	N				34
35 RADIOLOGY RECLASS	O	RADIOLOGY-DIAGNOSTIC	41	68264	150876 35
36 SUBTOTAL				639166	11280282 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1 IT CHARGES	M	OPERATION OF PLANT	8		48427	1
2	M	HOUSEKEEPING	10		24214	2
3	M	DIETARY	11		56499	3
4	M	NURSING ADMINISTRATION	14		217923	4
5	M	CENTRAL SERVICES & SUPPLY	15		16142	5
6	M	PHARMACY	16		55779	6
7	M	MEDICAL RECORDS & LIBRARY	17		209852	7
8	M	SOCIAL SERVICE	18		32285	8
9	M	ADULTS & PEDIATRICS	25		476203	9
10	M	INTENSIVE CARE UNIT	26		80712	10
11	M	SUBPROVIDER I	31		48427	11
12	M	SUBPROVIDER - REHAB	31.01		24214	12
13	M	SKILLED NURSING FACILITY	34		80712	13
14	M	OPERATING ROOM	37		153353	14
15	M	RECOVERY ROOM	38		88783	15
16	M	RADIOLOGY-DIAGNOSTIC	41		177567	16
17	M	RADIOLOGY-THERAPEUTIC	42		153353	17
18	M	LABORATORY	44		24214	18
19	M	RESPIRATORY THERAPY	49		48428	19
20	M	PHYSICAL THERAPY	50		153353	20
21	M	CARDIAC REHABILITATION	59.97		16142	21
22	M	HYPERBARIC OXYGEN THERAPY	59.98		8077	22
23	M	CLINIC	60		64570	23
24	M	DIABETES EDUCATION	60.01		40356	24
25	M	EMERGENCY	61		104926	25
26	M	HOME HEALTH AGENCY	71		234066	26
27	M	CASCADE CLINIC	100.01		32285	27
28	M	RSVP	100.09		16142	28
29	M	LIFESTYLES	100.14		32285	29
30	M	BUSINESS HEALTH	100.16		72641	30
31	M	CONVENIENT CARE	100.18		8071	31
32	M	MARKETING	100.23		40356	32
33	M	VITACARE	100.28		16142	33
34 OR RECLASS	N					34
35 RADIOLOGY RECLASS	O	OPERATING ROOM	37	14646	36220	35
36 SUBTOTAL				97510	11653664	36

RECLASSIFICATIONS

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			1
			COST CENTER	LINE #	SALARY	
2			2	3	4	5
1		O				
2	RECOVERY ROOM RECLASS	P	RECOVERY ROOM	38	86656	35520
3	PULMONARY AND CLINIC RECLASS	Q	PULMONARY	59.02	75896	51150
4	BLOOD RECLASS	R	BLOOD STORING, PROCESSING & T	47		376957
5	IV THERAPY RECLASS	S	INTRAVENOUS THERAPY	48	239090	73516
6	CLINIC RECLASS	T	CLINIC	60	8853	21893
7	CONTRAST MEDIA RECLASS	U	DRUGS CHARGED TO PATIENTS	56		217865
8		U				
9		U				
10		U				
11						
12						
13						
14						
15						
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24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36	TOTAL RECLASSIFICATIONS				1049661	12057183

RECLASSIFICATIONS

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- COST CENTER -----	DECREASE			WKST A-7 REF. 10
				LINE #	SALARY	OTHER	
1		1	6	7	8	9	
2	RECOVERY ROOM RECLASS	O	RADIOLOGY-THERAPEUTIC	42	53618	114656	1
3	PULMONARY AND CLINIC RECLASS	P	ADULTS & PEDIATRICS	25	86656	35520	2
4	BLOOD RECLASS	Q	RESPIRATORY THERAPY	49	75896	51150	3
5	IV THERAPY RECLASS	R	LABORATORY	44		376957	4
6	CLINIC RECLASS	S	EMERGENCY	61	239090	73516	5
7	CONTRAST MEDIA RECLASS	T	RADIOLOGY-DIAGNOSTIC	41	8853	21893	6
8		U	OPERATING ROOM	37		5952	7
9		U	RADIOLOGY-DIAGNOSTIC	41		207097	8
10		U	RADIOLOGY-THERAPEUTIC	42		3952	9
11		U	CLINIC	60		864	10
12							11
13							12
14							13
15							14
16							15
17							16
18							17
19							18
20							19
21							20
22							21
23							22
24							23
25							24
26							25
27							26
28							27
29							28
30							29
31							30
32							31
33							32
34							33
35							34
36	TOTAL RECLASSIFICATIONS				561623	12545221	35



PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
 PARTS III & IV

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	2614854		1851	98982				3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 TOTAL	2614854		1851	98982				5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	2710136							3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 TOTAL	2710136							5



ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER	B	-520414	INTEREST EXPENSE	88	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	-2512279			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	6118653			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-449981	DIETARY	11	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	-729561	PHARMACY	16	19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-273	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES	B	-75701	DIETARY	11	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
38 PLANT OPERATION REVENUE	B	-82235	OPERATION OF PLANT	8	38
38.01 NURSING ADMIN REVENUE	B	-9896	NURSING ADMINISTRATION	14	38.01
38.02 GEROPSYCH REVENUE	B	-6505	SUBPROVIDER I	31	38.02
38.03 NEWBORN PHOTO REVENUE	B	-5421	NURSERY	33	38.03
38.04 OPERATING ROOM REVENUE	B	-25755	OPERATING ROOM	37	38.04
38.05 LAMAZE REVENUE	B	-3655	DELIVERY ROOM & LABOR ROOM	39	38.05
38.06 RADIOLOGY REVENUE	B	-4838	RADIOLOGY-THERAPEUTIC	42	38.06
38.07 PT REVENUE	B	-172251	PHYSICAL THERAPY	50	38.07
38.08 DIABETES EDUCATION REVENUE	B	-32222	DIABETES EDUCATION	60.01	38.08
38.09 X-RAY REVENUE	B	-2500	RADIOLOGY-DIAGNOSTIC	41	38.09
38.10 WOUND CARE REVENUE	B	-14708	CLINIC	60	38.10
38.11 LAB REVENUE	B	-33	LABORATORY	44	38.11
39 SELF INSURANCE ADJUSTMENT	A	-498	ADMINISTRATINO & GENERAL	6.01	39
39.01 SELF INSURANCE ADJUSTMENT	A	-26178	OPERATION OF PLANT	8	39.01
39.02 SELF INSURANCE ADJUSTMENT	A	-41688	HOUSEKEEPING	10	39.02
39.03 SELF INSURANCE ADJUSTMENT	A	-35277	DIETARY	11	39.03
39.04 SELF INSURANCE ADJUSTMENT	A	-41997	NURSING ADMINISTRATION	14	39.04
39.05 SELF INSURANCE ADJUSTMENT	A	-15047	CENTRAL SERVICES & SUPPLY	15	39.05
39.06 SELF INSURANCE ADJUSTMENT	A	-19209	PHARMACY	16	39.06
39.07 SELF INSURANCE ADJUSTMENT	A	-14587	MEDICAL RECORDS & LIBRARY	17	39.07
39.08 SELF INSURANCE ADJUSTMENT	A	-3177	SOCIAL SERVICE	18	39.08
39.09 SELF INSURANCE ADJUSTMENT	A	-127570	ADULTS & PEDIATRICS	25	39.09
39.10 SELF INSURANCE ADJUSTMENT	A	-26687	INTENSIVE CARE UNIT	26	39.10
39.11 SELF INSURANCE ADJUSTMENT	A	-12731	SUBPROVIDER I	31	39.11
39.12 SELF INSURANCE ADJUSTMENT	A	-13433	NURSERY	33	39.12
39.13 SELF INSURANCE ADJUSTMENT	A	-2385	SKILLED NURSING FACILITY	34	39.13
39.14 SELF INSURANCE ADJUSTMENT	A	-67698	OPERATING ROOM	37	39.14
39.15 SELF INSURANCE ADJUSTMENT	A	-32361	RECOVERY ROOM	38	39.15
39.16 SELF INSURANCE ADJUSTMENT	A	-18654	DELIVERY ROOM & LABOR ROOM	39	39.16

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
			COST CENTER	LINE NO.	
	1	2	3	4	5
39.17 SELF INSURANCE ADJUSTMENT	A	-49985	RADIOLOGY-DIAGNOSTIC	41	39.17
39.18 SELF INSURANCE ADJUSTMENT	A	-24593	RADIOLOGY-THERAPEUTIC	42	39.18
39.19 SELF INSURANCE ADJUSTMENT	A	-19716	SUBPROVIDER - REHAB	31.01	39.19
39.20 SELF INSURANCE ADJUSTMENT	A	-9925	RESPIRATORY THERAPY	49	39.20
39.21 SELF INSURANCE ADJUSTMENT	A	-47302	PHYSICAL THERAPY	50	39.21
39.22 SELF INSURANCE ADJUSTMENT	A	-2828	OCCUPATIONAL THERAPY	51	39.22
39.23 SELF INSURANCE ADJUSTMENT	A	-1464	SPEECH PATHOLOGY	52	39.23
39.24 SELF INSURANCE ADJUSTMENT	A	-2768	ELECTROENCEPHALOGRAPHY	54	39.24
39.25 SELF INSURANCE ADJUSTMENT	A	-2561	CARDIOLOGY	59.01	39.25
39.26 SELF INSURANCE ADJUSTMENT	A	-5104	CARDIAC REHABILITATION	59.97	39.26
39.27 SELF INSURANCE ADJUSTMENT	A	-1927	HYPERBARIC OXYGEN THERAPY	59.98	39.27
39.28 SELF INSURANCE ADJUSTMENT	A	-13545	CLINIC	60	39.28
39.29 SELF INSURANCE ADJUSTMENT	A	-2662	DIABETES EDUCATION	60.01	39.29
39.30 SELF INSURANCE ADJUSTMENT	A	-59217	EMERGENCY	61	39.30
39.31 SELF INSURANCE ADJUSTMENT	A	-51329	HOME HEALTH AGENCY	71	39.31
39.32 SELF INSURANCE ADJUSTMENT	A	-5277	CASCADE CLINIC	100.01	39.32
39.33 SELF INSURANCE ADJUSTMENT	A	-3619	CONTRACT CLEANING	100.07	39.33
39.34 SELF INSURANCE ADJUSTMENT	A	-2802	HEALTHCARE AFFILIATES OF THE TR	100.12	39.34
39.35 SELF INSURANCE ADJUSTMENT	A	-1686	LIFESTYLES	100.14	39.35
39.36 SELF INSURANCE ADJUSTMENT	A	-13675	BUSINESS HEALTH	100.16	39.36
39.37 SELF INSURANCE ADJUSTMENT	A	-4524	CONVENIENT CARE	100.18	39.37
39.38 SELF INSURANCE ADJUSTMENT	A	-751	DIM MAINTENANCE	100.21	39.38
39.39 SELF INSURANCE ADJUSTMENT	A	-7725	MARKETING	100.23	39.39
39.40 SELF INSURANCE ADJUSTMENT	A	-1234	ORTHOPEDIC CLINIC	100.26	39.40
39.41 SELF INSURANCE ADJUSTMENT	A	-2	ENT	100.27	39.41
39.42 SELF INSURANCE ADJUSTMENT	A	-1008	VITACARE	100.28	39.42
39.43 SELF INSURANCE ADJUSTMENT	A	-6462	OCCUPATIONAL HEALTH	100.30	39.43
40 CRNA STANDBY COST	A	-242500	ANESTHESIOLOGY	40	40
41 CAPITALIZED BOND ISSUE COST	A	1851	NEW CAP REL COSTS-BLDG & FIXT	3	11 41
42 DISALLOWED INTEREST EXPENSE	A	-278501	INTEREST EXPENSE	88	42
43					43
44 REMOVE CONTRA EXPENSE ACCOUNTS	A	4695	OPERATION OF PLANT	8	44
44.01 REMOVE CONTRA EXPENSE ACCOUNTS	A	3184	ADMINISTRATINO & GENERAL	6.01	44.01
44.02 REMOVE CONTRA EXPENSE ACCOUNTS	A	1334	ADULTS & PEDIATRICS	25	44.02
44.03 REMOVE CONTRA EXPENSE ACCOUNTS	A	713793	LABORATORY	44	44.03
44.04 REMOVE CONTRA EXPENSE ACCOUNTS	A	604	PHYSICAL THERAPY	50	44.04
44.05 REMOVE CONTRA EXPENSE ACCOUNTS	A	92040	EMERGENCY	61	44.05
44.06 REMOVE CONTRA EXPENSE ACCOUNTS	A	73389	CONTRACT CLEANING	100.07	44.06
44.08 REMOVE CONTRA EXPENSE ACCOUNTS	A	245701	HEALTHCARE AFFILIATES OF THE TR	100.12	44.08
44.09 REMOVE CONTRA EXPENSE ACCOUNTS	A	68130	DIM MAINTENANCE	100.21	44.09
45 INSURANCE EXPENSE	A	98982	NEW CAP REL COSTS-BLDG & FIXT	3	12 45
46 PHYSICIAN BILLING	A	146670	PHYSICIAN BILLING	100.10	46
47 CHAPLAIN SALARY	A	45484	ADMINISTRATINO & GENERAL	6.01	47
48					48
49					49
50 TOTAL		1602413			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	5	EMPLOYEE BENEFITS	FINLEY TRI-STATES ALLOC	1310097	1310097	1	
2	6.01	ADMINISTRATINO & GENERAL	FINLEY TRI-STATES ALLOC	8908554	2658479	2	
3	88	INTEREST EXPENSE	FINLEY TRI-STATES ALLOC	712763	598195	3	
4						4	
4.01	44	LABORATORY	PURCHASED LAB	3124480	4592639	-1468159	4.01
4.02	71	HOME HEALTH AGENCY	FINLEY TRI-STATES ALLOC	187608	275536	-87928	4.02
5		TOTALS		14243502	8124849	6118653	5

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	B IOWA HEALTH SYSTEM				HEALTHCARE	1
2	C		UNITED CLINICAL LAB		LAB SERVICE	2
3	G HEALTH ENTERPRISES					3
4	B FINLEY TRI-STATES				HEALTHCARE	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 NO. 16-0117 THE FINLEY HOSPITAL  
 PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03  
 05/26/2011 08:52

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST	A	COST CENTER/ PHYSICIAN IDENTIFIER	AGGREGATE	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	61	EMERGENCY	AGGREGATE	2235372	2164041	71331	171400	671	55293	2765
2	60.01	DIABETES EDUCATION	AGGREGATE	19938	963	18975	171400	138	11372	569
3	60	CLINIC	AGGREGATE	215634	215634		171400			
4	31.01	SUBPROVIDER - REHAB	AGGREGATE	108000	108000		171400			
101		TOTAL		2578944	2488638	90306		809	66665	3334

PROVIDER NO. 16-0117 THE FINLEY HOSPITAL  
 PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03  
 05/26/2011 08:52

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.			12	13	14	15	16	17	18
10	11								
1	61 EMERGENCY	AGGREGATE					55293	16038	2180079
2	60.01 DIABETES EDUCATION	AGGREGATE					11372	7603	8566
3	60 CLINIC	AGGREGATE							215634
4	31.01 SUBPROVIDER - REHAB	AGGREGATE							108000
101	TOTAL						66665	23641	2512279



COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP	EMPLOYEE	SUBTOTAL	ADMIN	REHAB	RADIOLOGY	OPERATION	
	FOR COST	BLDGS &	BENEFITS		GENERAL	ADMIN	ADMIN	OF PLANT	
	0	3	5	5A	6.01	6.02	6.03	8	
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	72423955	2535187	1222034	72131683	8756753	16913	29905	2381350	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		8531		8531	1193			9410	96
100 NON-REIMBURSABLE COST CENTERS									100
100.01CASCADE CLINIC	240089	21471	5863	267423	37391			23685	100.01
100.02JCPH CONTRACT NURSING									100.02
100.03PHYS OFFICE COMPUTER EMPLOYEE									100.03
100.04GUEST MEALS / MOW'S									100.04
100.05RESPITE									100.05
100.07CONTRACT CLEANING	89406		2452	91858	12843				100.07
100.09RSVP	56696	2515	1674	60885	8513			2774	100.09
100.10PHYSICIAN BILLING	146670		4634	151304	21155				100.10
100.11FOUNDATION	36554			36554	5111				100.11
100.12HEALTHCARE AFFILIATES OF THE TR	219045		8624	227669	31832				100.12
100.13NON REIMBURSABLE		17283		17283	2416			19065	100.13
100.14LIFESTYLES	173492		4766	178258	24924				100.14
100.15SALARIED PT B ER PHYS									100.15
100.16BUSINESS HEALTH	624534	62198	19846	706578	98793			68609	100.16
100.17RENTAL PROPERTIES	411930			411930	57596				100.17
100.18CONVENIENT CARE	258081	8243	9245	275569	38530			9093	100.18
100.19NEUROSURGEON									100.19
100.20OFFSITE OCC HEALTH									100.20
100.21DIM MAINTENANCE	64998		2550	67548	9444				100.21
100.22DUBUQUE OTO MAINTENANCE									100.22
100.23MARKETING	614530	22391	8748	645669	90277			24699	100.23
100.24NORTH GRANDVIEW OFFICE	63588			63588	8891				100.24
100.25GRANDVIEW MEDICAL CENTER	61041			61041	8535				100.25
100.26ORTHOPEDIC CLINIC	351280		8969	360249	50370				100.26
100.27ENT	128766		3572	132338	18503				100.27
100.28VITACARE	807291	37868	21682	866841	121201			41772	100.28
100.29WEIGHT MGMT									100.29
100.30OCCUPATIONAL HEALTH	693496		9147	702643	98243				100.30
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	77465442	2715687	1333806	77465442	9502514	16913	29905	2580457	103





COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	EMPLOYEE	NURSING	CENTRAL	PHARMACY	
	& LINEN SERVICE 9	KEEPING 10	11	12	CAFETERIA 12.01	ADMINIS- TRATION 14	SERVICES & SUPPLY 15	16	
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	377843	1427685	1733868	1150830	1064329	3328443	814216	1746204	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		5734							96
100 NON-REIMBURSABLE COST CENTERS									100
100.01CASCADE CLINIC		14431			5491		184		100.01
100.02JCPH CONTRACT NURSING									100.02
100.03PHYS OFFICE COMPUTER EMPLOYEE									100.03
100.04GUEST MEALS / MOW'S			280640	79710					100.04
100.05RESPITE									100.05
100.07CONTRACT CLEANING					5080		1554		100.07
100.09RSVP		1690			2384				100.09
100.10PHYSICIAN BILLING					7700				100.10
100.11FOUNDATION					4789		27		100.11
100.12HEALTHCARE AFFILIATES OF THE TR					4772				100.12
100.13NON REIMBURSABLE		11616							100.13
100.14LIFESTYLES	898				4873		44		100.14
100.15SALARIED PT B ER PHYS									100.15
100.16BUSINESS HEALTH		41803			15593		1266		100.16
100.17RENTAL PROPERTIES									100.17
100.18CONVENIENT CARE		5540			7411		252		100.18
100.19NEUROSURGEON									100.19
100.20OFFSITE OCC HEALTH									100.20
100.21DIM MAINTENANCE					3620				100.21
100.22DUBUQUE OTO MAINTENANCE									100.22
100.23MARKETING		15049			9420		149		100.23
100.24NORTH GRANDVIEW OFFICE									100.24
100.25GRANDVIEW MEDICAL CENTER									100.25
100.26ORTHOPEDIC CLINIC					1018				100.26
100.27ENT					451				100.27
100.28VITACARE		25451			3366				100.28
100.29WEIGHT MGMT									100.29
100.30OCCUPATIONAL HEALTH					10533		291		100.30
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	378741	1548999	2014508	1230540	1150830	3328443	817983	1746204	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	17	18	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 ADMINISTRATINO & GENERAL						6.01
6.02 REHAB ADMINISTRATION						6.02
6.03 RADIOLOGY ADMINISTRATION						6.03
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	1304357					17
18 SOCIAL SERVICE		206996				18
20 NONPHYSICIAN ANESTHETISTS						20
21 NURSING SCHOOL						21
22 I&R SERVICES-SALARY & FRINGES A						22
23 I&R SERVICES-OTHER PRGM COSTS A						23
24 PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	77937	128997	10037083		10037083	25
26 INTENSIVE CARE UNIT	19723	19017	2178079		2178079	26
31 SUBPROVIDER I	18909	17357	1780829		1780829	31
31.01 SUBPROVIDER - REHAB	18906	20745	1936797		1936797	31.01
33 NURSERY	11796	17859	1050131		1050131	33
34 SKILLED NURSING FACILITY	1579	3021	149236		149236	34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	223453		8828189		8828189	37
38 RECOVERY ROOM	38565		2530307		2530307	38
39 DELIVERY ROOM & LABOR ROOM	17705		1166606		1166606	39
40 ANESTHESIOLOGY	58468		707090		707090	40
41 RADIOLOGY-DIAGNOSTIC	163407		5670345		5670345	41
42 RADIOLOGY-THERAPEUTIC	99988		3202873		3202873	42
44 LABORATORY	73773		3844384		3844384	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	7114		449228		449228	47
48 INTRAVENOUS THERAPY	8123		473408		473408	48
49 RESPIRATORY THERAPY	17494		825949		825949	49
50 PHYSICAL THERAPY	42836		3450875		3450875	50
51 OCCUPATIONAL THERAPY	11642		727097		727097	51
52 SPEECH PATHOLOGY	3255		256257		256257	52
54 ELECTROENCEPHALOGRAPHY	6360		264170		264170	54
55 MEDICAL SUPPLIES CHARGED TO PAT	84441		4535565		4535565	55
55.30 IMPL. DEV. CHARGED TO PATIENT	15583		2024690		2024690	55.30
56 DRUGS CHARGED TO PATIENTS	105850		4802678		4802678	56
57 RENAL DIALYSIS	1995		332970		332970	57
59 RENAL DIALYSIS						59
59.01 CARDIOLOGY	18979		446094		446094	59.01
59.02 PULMONARY	7983		191833		191833	59.02
59.97 CARDIAC REHABILITATION	2529		275510		275510	59.97
59.98 HYPERBARIC OXYGEN THERAPY	10202		287923		287923	59.98
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	38118		1352620		1352620	60
60.01 DIABETES EDUCATION	1278		334870		334870	60.01
60.02 GEROPSYCH OUTPATIENT						60.02
61 EMERGENCY	53770		3419745		3419745	61
62 OBSERVATION BEDS (NON-DISTINCT)						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
69.10 CMHC						69.10
69.20 OUTPATIENT PHYSICAL THERAPY						69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY						69.30
69.40 OUTPATIENT SPEECH PATHOLOGY						69.40
71 HOME HEALTH AGENCY	25919		3063877		3063877	71
SPECIAL PURPOSE COST CENTERS						
85.01 PANCREAS ACQUISITION						85.01

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	17	18	25	26	27	
85.02 INTESTINAL ACQUISITION						85.02
95 SUBTOTALS	1287680	206996	70597308		70597308	95
NONREIMBURSABLE COST CENTERS						
96 GIFT, FLOWER, COFFEE SHOP & CAN			24868		24868	96
100 NON-REIMBURSABLE COST CENTERS						100
100.01CASCADE CLINIC			348605		348605	100.01
100.02JCPH CONTRACT NURSING						100.02
100.03PHYS OFFICE COMPUTER EMPLOYEE						100.03
100.04GUEST MEALS / MOW'S			360350		360350	100.04
100.05RESPITE						100.05
100.07CONTRACT CLEANING			111335		111335	100.07
100.09RSVP			76246		76246	100.09
100.10PHYSICIAN BILLING			180159		180159	100.10
100.11FOUNDATION			46481		46481	100.11
100.12HEALTHCARE AFFILIATES OF THE TR			264273		264273	100.12
100.13NON REIMBURSABLE			50380		50380	100.13
100.14LIFESTYLES			208997		208997	100.14
100.15SALARIED PT B ER PHYS						100.15
100.16BUSINESS HEALTH			932642		932642	100.16
100.17RENTAL PROPERTIES			469526		469526	100.17
100.18CONVENIENT CARE			336395		336395	100.18
100.19NEUROSURGEON						100.19
100.20OFFSITE OCC HEALTH						100.20
100.21DIM MAINTENANCE			80612		80612	100.21
100.22DUBUQUE OTO MAINTENANCE						100.22
100.23MARKETING			785263		785263	100.23
100.24NORTH GRANDVIEW OFFICE			72479		72479	100.24
100.25GRANDVIEW MEDICAL CENTER			69576		69576	100.25
100.26ORTHOPEDIC CLINIC	1460		413097		413097	100.26
100.27ENT	508		151800		151800	100.27
100.28VITACARE	8607		1067238		1067238	100.28
100.29WEIGHT MGMT						100.29
100.30OCCUPATIONAL HEALTH	6102		817812		817812	100.30
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL	1304357	206996	77465442		77465442	103



ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	CAP REL	EMPLOYEE	ADMIN	REHAB	RADIOLOGY	OPERATION	
	CAP-REL COSTS 0	BLDGS & FIXTURES 3	COST TO BE ALLOC 4A	BENEFITS 5	GENERAL 6.01	ADMIN 6.02	ADMIN 6.03	OF PLANT 8	
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	2692517	2535187	5227704	21724	288501	79	140	67365	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		8531	8531		39			266	96
100 NON-REIMBURSABLE COST CENTERS									100
100.01CASCADE CLINIC	532	21471	22003	104	1232			670	100.01
100.02JCPH CONTRACT NURSING									100.02
100.03PHYS OFFICE COMPUTER EMPLOYEE									100.03
100.04GUEST MEALS / MOW'S									100.04
100.05RESPITE									100.05
100.07CONTRACT CLEANING				44	423				100.07
100.09RSVP	27	2515	2542	30	280			78	100.09
100.10PHYSICIAN BILLING				82	697				100.10
100.11FOUNDATION					168				100.11
100.12HEALTHCARE AFFILIATES OF THE TR				153	1049				100.12
100.13NON REIMBURSABLE		17283	17283		80			539	100.13
100.14LIFESTYLES	6995		6995	85	821				100.14
100.15SALARIED PT B ER PHYS									100.15
100.16BUSINESS HEALTH	7166	62198	69364	353	3254			1941	100.16
100.17RENTAL PROPERTIES					1897				100.17
100.18CONVENIENT CARE		8243	8243	164	1269			257	100.18
100.19NEUROSURGEON									100.19
100.20OFFSITE OCC HEALTH									100.20
100.21DIM MAINTENANCE				45	311				100.21
100.22DUBUQUE OTO MAINTENANCE									100.22
100.23MARKETING	215	22391	22606	155	2974			699	100.23
100.24NORTH GRANDVIEW OFFICE					293				100.24
100.25GRANDVIEW MEDICAL CENTER					281				100.25
100.26ORTHOPEDIC CLINIC				159	1659				100.26
100.27ENT					63				100.27
100.28VITACARE		37868	37868	385	3993			1182	100.28
100.29WEIGHT MGMT									100.29
100.30OCCUPATIONAL HEALTH				163	3236				100.30
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	2707452	2715687	5423139	23709	313067	79	140	72997	103



ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	EMPLOYEE	NURSING	CENTRAL	PHARMACY	
	& LINEN SERVICE 9	KEEPING 10	11	12	CAFETERIA 12.01	ADMINIS- TRATION 14	SERVICES & SUPPLY 15	16	
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	1526	47185	113285	75192	69540	60983	78231	44842	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		189							96
100 NON-REIMBURSABLE COST CENTERS									100
100.01CASCADE CLINIC		477			359		18		100.01
100.02JCPH CONTRACT NURSING									100.02
100.03PHYS OFFICE COMPUTER EMPLOYEE									100.03
100.04GUEST MEALS / MOW'S			18336	5208					100.04
100.05RESPITE									100.05
100.07CONTRACT CLEANING					332		149		100.07
100.09RSVP		56			156				100.09
100.10PHYSICIAN BILLING					503				100.10
100.11FOUNDATION					313		3		100.11
100.12HEALTHCARE AFFILIATES OF THE TR					312				100.12
100.13NON REIMBURSABLE		384							100.13
100.14LIFESTYLES	4				318		4		100.14
100.15SALARIED PT B ER PHYS									100.15
100.16BUSINESS HEALTH		1382			1019		122		100.16
100.17RENTAL PROPERTIES									100.17
100.18CONVENIENT CARE		183			484		24		100.18
100.19NEUROSURGEON									100.19
100.20OFFSITE OCC HEALTH									100.20
100.21DIM MAINTENANCE					237				100.21
100.22DUBUQUE OTO MAINTENANCE									100.22
100.23MARKETING		497			615		14		100.23
100.24NORTH GRANDVIEW OFFICE									100.24
100.25GRANDVIEW MEDICAL CENTER									100.25
100.26ORTHOPEDIC CLINIC					67				100.26
100.27ENT					29				100.27
100.28VITACARE		841			220				100.28
100.29WEIGHT MGMT									100.29
100.30OCCUPATIONAL HEALTH					688		28		100.30
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	1530	51194	131621	80400	75192	60983	78593	44842	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	17	18	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 ADMINISTRATINO & GENERAL						6.01
6.02 REHAB ADMINISTRATION						6.02
6.03 RADIOLOGY ADMINISTRATION						6.03
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	98787					17
18 SOCIAL SERVICE		1458				18
20 NONPHYSICIAN ANESTHETISTS						20
21 NURSING SCHOOL						21
22 I&R SERVICES-SALARY & FRINGES A						22
23 I&R SERVICES-OTHER PRGM COSTS A						23
24 PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	5903	909	933064		933064	25
26 INTENSIVE CARE UNIT	1494	134	104937		104937	26
31 SUBPROVIDER I	1432	122	86993		86993	31
31.01 SUBPROVIDER - REHAB	1432	146	101911		101911	31.01
33 NURSERY	893	126	39572		39572	33
34 SKILLED NURSING FACILITY	120	21	20035		20035	34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	16921		692190		692190	37
38 RECOVERY ROOM	2921		171025		171025	38
39 DELIVERY ROOM & LABOR ROOM	1341		59033		59033	39
40 ANESTHESIOLOGY	4428		124346		124346	40
41 RADIOLOGY-DIAGNOSTIC	12376		1169548		1169548	41
42 RADIOLOGY-THERAPEUTIC	7573		729708		729708	42
44 LABORATORY	5587		68589		68589	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	539		6844		6844	47
48 INTRAVENOUS THERAPY	615		28041		28041	48
49 RESPIRATORY THERAPY	1325		53570		53570	49
50 PHYSICAL THERAPY	3244		125193		125193	50
51 OCCUPATIONAL THERAPY	882		44450		44450	51
52 SPEECH PATHOLOGY	247		2796		2796	52
54 ELECTROENCEPHALOGRAPHY	482		22056		22056	54
55 MEDICAL SUPPLIES CHARGED TO PAT	6395		34277		34277	55
55.30 IMPL. DEV. CHARGED TO PATIENT	1180		21583		21583	55.30
56 DRUGS CHARGED TO PATIENTS	8017		66489		66489	56
57 RENAL DIALYSIS	151		16175		16175	57
59 RENAL DIALYSIS						59
59.01 CARDIOLOGY	1437		19425		19425	59.01
59.02 PULMONARY	605		12660		12660	59.02
59.97 CARDIAC REHABILITATION	192		28962		28962	59.97
59.98 HYPERBARIC OXYGEN THERAPY	773		13096		13096	59.98
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	2887		76982		76982	60
60.01 DIABETES EDUCATION	97		46491		46491	60.01
60.02 GEROPSYCH OUTPATIENT						60.02
61 EMERGENCY	4072		181432		181432	61
62 OBSERVATION BEDS (NON-DISTINCT)						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
69.10 CMHC						69.10
69.20 OUTPATIENT PHYSICAL THERAPY						69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY						69.30
69.40 OUTPATIENT SPEECH PATHOLOGY						69.40
71 HOME HEALTH AGENCY	1963		59214		59214	71
SPECIAL PURPOSE COST CENTERS						
85.01 PANCREAS ACQUISITION						85.01



ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
85.02 INTESTINAL ACQUISITION						85.02
95 SUBTOTALS	97524	1458	5160687		5160687	95
NONREIMBURSABLE COST CENTERS						
96 GIFT, FLOWER, COFFEE SHOP & CAN			9025		9025	96
100 NON-REIMBURSABLE COST CENTERS						100
100.01CASCADE CLINIC			24863		24863	100.01
100.02JCPH CONTRACT NURSING						100.02
100.03PHYS OFFICE COMPUTER EMPLOYEE						100.03
100.04GUEST MEALS / MOW'S			23544		23544	100.04
100.05RESPITE						100.05
100.07CONTRACT CLEANING			948		948	100.07
100.09RSVP			3142		3142	100.09
100.10PHYSICIAN BILLING			1282		1282	100.10
100.11FOUNDATION			484		484	100.11
100.12HEALTHCARE AFFILIATES OF THE TR			1514		1514	100.12
100.13NON REIMBURSABLE			18286		18286	100.13
100.14LIFESTYLES			8227		8227	100.14
100.15SALARIED PT B ER PHYS						100.15
100.16BUSINESS HEALTH			77435		77435	100.16
100.17RENTAL PROPERTIES			1897		1897	100.17
100.18CONVENIENT CARE			10624		10624	100.18
100.19NEUROSURGEON						100.19
100.20OFFSITE OCC HEALTH						100.20
100.21DIM MAINTENANCE			593		593	100.21
100.22DUBUQUE OTO MAINTENANCE						100.22
100.23MARKETING			27560		27560	100.23
100.24NORTH GRANDVIEW OFFICE			293		293	100.24
100.25GRANDVIEW MEDICAL CENTER			281		281	100.25
100.26ORTHOPEDIC CLINIC	111		1996		1996	100.26
100.27ENT	38		740		740	100.27
100.28VITACARE	652		45141		45141	100.28
100.29WEIGHT MGMT						100.29
100.30OCCUPATIONAL HEALTH	462		4577		4577	100.30
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL	98787	1458	5423139		5423139	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	EMPLOYEE	RECON- CILLIATION	ADMIN	REHAB	RADIOLOGY	
	BLDGS & FIXTURES SQUARE FEET	BENEFITS GROSS SALARIES		GENERAL ACCUM COST	ADMIN DOLLAR VALUE	ADMIN DOLLAR VALUE	
	3	5	6A.01	6.01	6.02	6.03	
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	245120						3
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 EMPLOYEE BENEFITS	2140	31272064					5
6.01 ADMINISTRATINO & GENERAL	28253	69162	-9502514	67962928			6.01
6.02 REHAB ADMINISTRATION		14231		14838	3804723		6.02
6.03 RADIOLOGY ADMINISTRATION		25102		26237		4194197	6.03
7 MAINTENANCE & REPAIRS							7
8 OPERATION OF PLANT	3580	612223		2263918			8
9 LAUNDRY & LINEN SERVICE				332282			9
10 HOUSEKEEPING	3120	746655		1325534			10
11 DIETARY	7856	917430		1631840			11
12 CAFETERIA							12
12.01 EMPLOYEE CAFETERIA							12.01
13 MAINTENANCE OF PERSONNEL							13
14 NURSING ADMINISTRATION	3305	1869832		2803951			14
15 CENTRAL SERVICES & SUPPLY	3430	270323		619730			15
16 PHARMACY	2158	1017932		1430927			16
17 MEDICAL RECORDS & LIBRARY	3608	551729		1052113			17
18 SOCIAL SERVICE		141398		174839			18
20 NONPHYSICIAN ANESTHETISTS							20
21 NURSING SCHOOL							21
22 I&R SERVICES-SALARY & FRINGES							22
23 I&R SERVICES-OTHER PRGM COSTS							23
24 PARAMED ED PRGM-(SPECIFY)							24
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	53790	4102595		6366267			25
26 INTENSIVE CARE UNIT	5735	1072872		1479495			26
31 SUBPROVIDER I	5570	490978		1262094			31
31.01 SUBPROVIDER - REHAB	6545	657631		1357310			31.01
33 NURSERY	1496	554042		758990			33
34 SKILLED NURSING FACILITY	582	44242		90714			34
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	12881	2143672		6485284			37
38 RECOVERY ROOM	11796	1133009		1720909			38
39 DELIVERY ROOM & LABOR ROOM	2246	599179		845794			39
40 ANESTHESIOLOGY				544406			40
41 RADIOLOGY-DIAGNOSTIC	15284	1756887		4157388		4194197	41
42 RADIOLOGY-THERAPEUTIC	11036	722337		2390611			42
44 LABORATORY	4055	2895		3237312			44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T	385			381222			47
48 INTRAVENOUS THERAPY	1100	239090		334991			48
49 RESPIRATORY THERAPY	2004	341970		594968			49
50 PHYSICAL THERAPY	6516	1938797		2477649	2721100		50
51 OCCUPATIONAL THERAPY	3332	311489		520026	472653		51
52 SPEECH PATHOLOGY		168051		200800	195096		52
54 ELECTROENCEPHALOGRAPHY	756	98950		190467			54
55 MEDICAL SUPPLIES CHARGED TO P				3810790			55
55.30 IMPL. DEV. CHARGED TO PATIENT				1645571			55.30
56 DRUGS CHARGED TO PATIENTS				2572204			56
57 RENAL DIALYSIS	1267			268331			57
59 RENAL DIALYSIS							59
59.01 CARDIOLOGY		136018		356058			59.01
59.02 PULMONARY	466	75896		135446			59.02
59.97 CARDIAC REHABILITATION	1655	119636		189610			59.97
59.98 HYPERBARIC OXYGEN THERAPY	887	28360		217359			59.98
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	3925	684081		964793			60
60.01 DIABETES EDUCATION	3300	133419		207133			60.01
60.02 GEROPSYCH OUTPATIENT							60.02
61 EMERGENCY	11950	3146385		2642492			61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERA							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY	2819	1713002		2546476	415874		71

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION 6A.01	ADMIN GENERAL ACCUM COST 6.01	REHAB ADMIN DOLLAR VALUE 6.02	RADIOLOGY ADMIN DOLLAR VALUE 6.03	
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
95 SUBTOTALS	228828	28651500	-9502514	62629169	3804723	4194197	95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & C	770			8531			96
100 NON-REIMBURSABLE COST CENTERS							100
100.01 CASCADE CLINIC	1938	137451		267423			100.01
100.02 JCPH CONTRACT NURSING							100.02
100.03 PHYS OFFICE COMPUTER EMPLOYEE							100.03
100.04 GUEST MEALS / MOW'S							100.04
100.05 RESPITE							100.05
100.07 CONTRACT CLEANING		57497		91858			100.07
100.09 RSVP	227	39250		60885			100.09
100.10 PHYSICIAN BILLING		108647		151304			100.10
100.11 FOUNDATION				36554			100.11
100.12 HEALTHCARE AFFILIATES OF THE		202197		227669			100.12
100.13 NON REIMBURSABLE	1560			17283			100.13
100.14 LIFESTYLES		111731		178258			100.14
100.15 SALARIED PT B ER PHYS							100.15
100.16 BUSINESS HEALTH	5614	465300		706578			100.16
100.17 RENTAL PROPERTIES				411930			100.17
100.18 CONVENIENT CARE	744	216755		275569			100.18
100.19 NEUROSURGEON							100.19
100.20 OFFSITE OCC HEALTH							100.20
100.21 DIM MAINTENANCE		59790		67548			100.21
100.22 DUBUQUE OTO MAINTENANCE							100.22
100.23 MARKETING	2021	205103		645669			100.23
100.24 NORTH GRANDVIEW OFFICE				63588			100.24
100.25 GRANDVIEW MEDICAL CENTER				61041			100.25
100.26 ORTHOPEDIC CLINIC		210289		360249			100.26
100.27 ENT		83747		132338			100.27
100.28 VITACARE	3418	508347		866841			100.28
100.29 WEIGHT MGMT							100.29
100.30 OCCUPATIONAL HEALTH		214460		702643			100.30
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	2715687	1333806		9502514	16913	29905	103
104 UNIT COST MULT-WS B PT I		.042652		.139819		.007130	104
104 UNIT COST MULT-WS B PT I	11.079010				.004445		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		23709		313067	79	140	107
108 UNIT COST MULT-WS B PT III		.000758		.004606		.000033	108
108 UNIT COST MULT-WS B PT III					.000021		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	EMPLOYEE	NURSING	
	OF PLANT	& LINEN	KEEPING			CAFETERIA	ADMINIS-	
	SQUARE	SERVICE	SQUARE	MEALS	MEALS	FTE'S	TRATION	
	FEET	POUNDS OF	FEET	SERVED	SERVED		FTE'S	
	8	LAUNDRY	10	11	12	12.01	14	
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
4								4
5								5
6.01								6.01
6.02								6.02
6.03								6.03
7								7
8	211147							8
9		639574						9
10	3120		208027					10
11	7856		7856	403304				11
12				246354	246354			12
12.01					230396	1005831		12.01
13								13
14	3305		3305			58947	665633	14
15	3430	38990	3430			18402		15
16	2158		2158			28580		16
17	3608		3608			29173		17
18						6689		18
20								20
21								21
22								22
23								23
24								24
INPATIENT ROUTINE SERV COST CENTERS								
25	53790	198181	53790	69379		165729	165729	25
26	5735	34275	5735	8008		43800	43800	26
31	5570	12031	5570	7468		24338	24338	31
31.01	6545	25251	6545	8865		25696	25696	31.01
33	1496	6023	1496			19174	19174	33
34	582		582	1244		3714	3714	34
ANCILLARY SERVICE COST CENTERS								
37	12881	76643	12881	5802		87998	87998	37
38	11796	52691	11796			41795	41795	38
39	2246	9041	2246			20573	20573	39
40								40
41	15284	52628	15284			63074	63074	41
42	11036	19723	11036			24149	24149	42
44	4055	301	4055			117	117	44
46.30								46.30
47	385	29	385					47
48	1100	9792	1100			8743	8743	48
49	2004	762	2004			14284	14284	49
50	6516	26294	6516			68911	68911	50
51	3332		3332			8919	8919	51
52						3785	3785	52
54	756	826	756			4082	4082	54
55								55
55.30								55.30
56		411						56
57	1267	351	1267					57
59								59
59.01						3380	3380	59.01
59.02	466	177	466			3173	3173	59.02
59.97	1655		1655			3901	3901	59.97
59.98	887		887			1905	1905	59.98
OUTPATIENT SERVICE COST CENTERS								
60	3925	8221	3925			19122	19122	60
60.01	3300		3300			5271	5271	60.01
60.02								60.02
61	11950	65417	11950			58411		61
62								62
63.50								63.50
63.60								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10								69.10
69.20								69.20
69.30								69.30
69.40								69.40
71	2819		2819			64393		71

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	EMPLOYEE	NURSING	
	OF PLANT	& LINEN	KEEPING			CAFETERIA	ADMINIS-	
	SQUARE	SERVICE	SQUARE	MEALS	MEALS	FTE'S	TRATION	
	FEET	POUNDS OF	FEET	SERVED	SERVED		FTE'S	
	8	LAUNDRY	10	11	12	12.01	14	
		9						
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS	194855	638058	191735	347120	230396	930228	665633	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	770		770					96
100 NON-REIMBURSABLE COST CENTERS								100
100.01 CASCADE CLINIC	1938		1938			4799		100.01
100.02 JCPH CONTRACT NURSING								100.02
100.03 PHYS OFFICE COMPUTER EMPLOYEE								100.03
100.04 GUEST MEALS / MOW'S				56184	15958			100.04
100.05 RESPITE								100.05
100.07 CONTRACT CLEANING						4440		100.07
100.09 RSVP	227		227			2084		100.09
100.10 PHYSICIAN BILLING						6730		100.10
100.11 FOUNDATION						4186		100.11
100.12 HEALTHCARE AFFILIATES OF THE						4171		100.12
100.13 NON REIMBURSABLE	1560		1560					100.13
100.14 LIFESTYLES		1516				4259		100.14
100.15 SALARIED PT B ER PHYS								100.15
100.16 BUSINESS HEALTH	5614		5614			13628		100.16
100.17 RENTAL PROPERTIES								100.17
100.18 CONVENIENT CARE	744		744			6477		100.18
100.19 NEUROSURGEON								100.19
100.20 OFFSITE OCC HEALTH								100.20
100.21 DIM MAINTENANCE						3164		100.21
100.22 DUBUQUE OTO MAINTENANCE								100.22
100.23 MARKETING	2021		2021			8233		100.23
100.24 NORTH GRANDVIEW OFFICE								100.24
100.25 GRANDVIEW MEDICAL CENTER								100.25
100.26 ORTHOPEDIC CLINIC						890		100.26
100.27 ENT						394		100.27
100.28 VITACARE	3418		3418			2942		100.28
100.29 WEIGHT MGMT								100.29
100.30 OCCUPATIONAL HEALTH						9206		100.30
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	2580457	378741	1548999	2014508	1230540	1150830	3328443	103
104 UNIT COST MULT-WS B PT I	12.221140		7.446144		4.995007		5.000418	104
104 UNIT COST MULT-WS B PT I		.592177		4.995011		1.144158		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	72997	1530	51194	131621	80400	75192	60983	107
108 UNIT COST MULT-WS B PT III	.345716		.246093		.326360		.091617	108
108 UNIT COST MULT-WS B PT III		.002392		.326357		.074756		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	
	COSTED REQUIS. 15	COSTED REQUIS. 16	GROSS CHARGES 17	PATIENT DAYS 18	
GENERAL SERVICE COST CENTERS					
1					1
2					2
3					3
4					4
5					5
6.01					6.01
6.02					6.02
6.03					6.03
7					7
8					8
9					9
10					10
11					11
12					12
12.01					12.01
13					13
14					14
15	4946520				15
16	242274	2572205			16
17	4835		182949194		17
18	349			21443	18
20					20
21					21
22					22
23					23
24					24
INPATIENT ROUTINE SERV COST CENTERS					
25	203291		10930891	13363	25
26	65073		2766156	1970	26
31	15017		2652050	1798	31
31.01	25464		2651603	2149	31.01
33	27573		1654358	1850	33
34	4570		221483	313	34
ANCILLARY SERVICE COST CENTERS					
37	2081888		31349988		37
38	61727		5408808		38
39	53873		2483123		39
40	169918		8200225		40
41	115142		22918285		41
42	5484		14023602		42
44	79		10346866		44
46.30					46.30
47	7		997790		47
48	13914		1139308		48
49	16121		2453541		49
50	28541		6007868		50
51	1705		1632761		51
52	4		456501		52
54	1650		892005		54
55	650157		11843029		55
55.30	807027		2185591		55.30
56	112079	2572205	14845683		56
57			279794		57
59					59
59.01	3053		2661834		59.01
59.02	4236		1119694		59.02
59.97	2062		354641		59.97
59.98	4958		1430804		59.98
OUTPATIENT SERVICE COST CENTERS					
60	92246		5346131		60
60.01	1257		179200		60.01
60.02					60.02
61	81145		7541332		61
62					62
63.50					63.50
63.60					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10					69.10
69.20					69.20
69.30					69.30
69.40					69.40
71	27026		3635220		71

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	
	COSTED REQUIS. 15	COSTED REQUIS. 16	GROSS CHARGES 17	PATIENT DAYS 18	
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
95 SUBTOTALS	4923745	2572205	180610165	21443	95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & C					96
100 NON-REIMBURSABLE COST CENTERS					100
100.01 CASCADE CLINIC	1110				100.01
100.02 JCPH CONTRACT NURSING					100.02
100.03 PHYS OFFICE COMPUTER EMPLOYEE					100.03
100.04 GUEST MEALS / MOW'S					100.04
100.05 RESPITE					100.05
100.07 CONTRACT CLEANING	9396				100.07
100.09 RSVP					100.09
100.10 PHYSICIAN BILLING					100.10
100.11 FOUNDATION	164				100.11
100.12 HEALTHCARE AFFILIATES OF THE					100.12
100.13 NON REIMBURSABLE					100.13
100.14 LIFESTYLES	266				100.14
100.15 SALARIED PT B ER PHYS					100.15
100.16 BUSINESS HEALTH	7657				100.16
100.17 RENTAL PROPERTIES					100.17
100.18 CONVENIENT CARE	1522				100.18
100.19 NEUROSURGEON					100.19
100.20 OFFSITE OCC HEALTH					100.20
100.21 DIM MAINTENANCE					100.21
100.22 DUBUQUE OTO MAINTENANCE					100.22
100.23 MARKETING	902				100.23
100.24 NORTH GRANDVIEW OFFICE					100.24
100.25 GRANDVIEW MEDICAL CENTER					100.25
100.26 ORTHOPEDIC CLINIC			204807		100.26
100.27 ENT			71188		100.27
100.28 VITACARE			1207217		100.28
100.29 WEIGHT MGMT					100.29
100.30 OCCUPATIONAL HEALTH	1758		855817		100.30
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 COST TO BE ALLOC PER B PT I	817983	1746204	1304357	206996	103
104 UNIT COST MULT-WS B PT I	.165365		.007130		104
104 UNIT COST MULT-WS B PT I		.678874		9.653313	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	78593	44842	98787	1458	107
108 UNIT COST MULT-WS B PT III	.015889		.000540		108
108 UNIT COST MULT-WS B PT III		.017433		.067994	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	10037083		10037083		10037083	25
26 INTENSIVE CARE UNIT	2178079		2178079		2178079	26
31 SUBPROVIDER I	1780829		1780829		1780829	31
31.01 SUBPROVIDER - REHAB	1936797		1936797		1936797	31.01
33 NURSERY	1050131		1050131		1050131	33
34 SKILLED NURSING FACILITY	149236		149236		149236	34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	8828189		8828189		8828189	37
38 RECOVERY ROOM	2530307		2530307		2530307	38
39 DELIVERY ROOM & LABOR ROOM	1166606		1166606		1166606	39
40 ANESTHESIOLOGY	707090		707090		707090	40
41 RADIOLOGY-DIAGNOSTIC	5670345		5670345		5670345	41
42 RADIOLOGY-THERAPEUTIC	3202873		3202873		3202873	42
44 LABORATORY	3844384		3844384		3844384	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	449228		449228		449228	47
48 INTRAVENOUS THERAPY	473408		473408		473408	48
49 RESPIRATORY THERAPY	825949		825949		825949	49
50 PHYSICAL THERAPY	3450875		3450875		3450875	50
51 OCCUPATIONAL THERAPY	727097		727097		727097	51
52 SPEECH PATHOLOGY	256257		256257		256257	52
54 ELECTROENCEPHALOGRAPHY	264170		264170		264170	54
55 MEDICAL SUPPLIES CHARGED TO	4535565		4535565		4535565	55
55.30 IMPL. DEV. CHARGED TO PATIE	2024690		2024690		2024690	55.30
56 DRUGS CHARGED TO PATIENTS	4802678		4802678		4802678	56
57 RENAL DIALYSIS	332970		332970		332970	57
59 RENAL DIALYSIS						59
59.01 CARDIOLOGY	446094		446094		446094	59.01
59.02 PULMONARY	191833		191833		191833	59.02
59.97 CARDIAC REHABILITATION	275510		275510		275510	59.97
59.98 HYPERBARIC OXYGEN THERAPY	287923		287923		287923	59.98
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	1352620		1352620		1352620	60
60.01 DIABETES EDUCATION	334870		334870	7603	342473	60.01
60.02 GEROPSYCH OUTPATIENT						60.02
61 EMERGENCY	3419745		3419745	16038	3435783	61
62 OBSERVATION BEDS (NON-DISTI	921660		921660		921660	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	68455091		68455091	23641	68478732	101
102 LESS OBSERVATION BEDS	921660		921660		921660	102
103 TOTAL	67533431		67533431	23641	67557072	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	10930891		10930891			25
26 INTENSIVE CARE UNIT	2766156		2766156			26
31 SUBPROVIDER I	2652050		2652050			31
31.01 SUBPROVIDER - REHAB	2651603		2651603			31.01
33 NURSERY	1654358		1654358			33
34 SKILLED NURSING FACILITY	221483		221483			34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	10077167	21272821	31349988	.281601	.281601	.281601 37
38 RECOVERY ROOM	1235913	4172895	5408808	.467812	.467812	.467812 38
39 DELIVERY ROOM & LABOR ROOM	2317754	165369	2483123	.469814	.469814	.469814 39
40 ANESTHESIOLOGY	1740081	6460144	8200225	.086228	.086228	.086228 40
41 RADIOLOGY-DIAGNOSTIC	4250689	18667596	22918285	.247416	.247416	.247416 41
42 RADIOLOGY-THERAPEUTIC	241794	13781808	14023602	.228392	.228392	.228392 42
44 LABORATORY	5879184	4467682	10346866	.371551	.371551	.371551 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	649763	348027	997790	.450223	.450223	.450223 47
48 INTRAVENOUS THERAPY	9037	1130271	1139308	.415522	.415522	.415522 48
49 RESPIRATORY THERAPY	1897666	555875	2453541	.336635	.336635	.336635 49
50 PHYSICAL THERAPY	1850638	4157230	6007868	.574393	.574393	.574393 50
51 OCCUPATIONAL THERAPY	932404	700357	1632761	.445317	.445317	.445317 51
52 SPEECH PATHOLOGY	331010	125491	456501	.561350	.561350	.561350 52
54 ELECTROENCEPHALOGRAPHY	93677	798328	892005	.296153	.296153	.296153 54
55 MEDICAL SUPPLIES CHARGED TO	8896933	2946096	11843029	.382973	.382973	.382973 55
55.30 IMPL. DEV. CHARGED TO PATIE	312741	1872850	2185591	.926381	.926381	.926381 55.30
56 DRUGS CHARGED TO PATIENTS	8892545	5953139	14845684	.323507	.323507	.323507 56
57 RENAL DIALYSIS	279214	580	279794	1.190054	1.190054	1.190054 57
59 RENAL DIALYSIS						59
59.01 CARDIOLOGY	1637496	1024338	2661834	.167589	.167589	.167589 59.01
59.02 PULMONARY	921445	198249	1119694	.171326	.171326	.171326 59.02
59.97 CARDIAC REHABILITATION	484	354157	354641	.776870	.776870	.776870 59.97
59.98 HYPERBARIC OXYGEN THERAPY		1430804	1430804	.201232	.201232	.201232 59.98
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	347421	4998710	5346131	.253009	.253009	.253009 60
60.01 DIABETES EDUCATION		179200	179200	1.868694	1.868694	1.911122 60.01
60.02 GEROPSYCH OUTPATIENT						60.02
61 EMERGENCY	735176	6806156	7541332	.453467	.453467	.455594 61
62 OBSERVATION BEDS (NON-DISTI	217185	966032	1183217	.778944	.778944	.778944 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	74623958	103534205	178158163			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	74623958	103534205	178158163			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	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS				933064		933064	25
26 INTENSIVE CARE UNIT				104937		104937	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I				86993		86993	31
31.01 SUBPROVIDER - REHAB				101911		101911	31.01
33 NURSERY				39572		39572	33
101 TOTAL				1266477		1266477	101

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	14179	8246			65.81	542669	25
26 INTENSIVE CARE UNIT	1970	1200			53.27	63924	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I	1798	1605			48.38	77650	31
31.01 SUBPROVIDER - REHAB	2149	1737			47.42	82369	31.01
33 NURSERY	1825				21.68		33
101 TOTAL	21921	12788				766612	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (16-0117) [ ] 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	INPATIENT	OLD CAPITAL		NEW CAPITAL	
	CAPITAL RELATED COST 1	CAPITAL RELATED COST 2		TOTAL CHARGES 3	RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	RATIO OF COST TO CHARGES 7
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		692190	31349988	5088981		.022079	112360 37
38 RECOVERY ROOM		171025	5408808	652786		.031620	20641 38
39 DELIVERY ROOM & LABOR ROOM		59033	2483123	17126		.023774	407 39
40 ANESTHESIOLOGY		124346	8200225	813937		.015164	12343 40
41 RADIOLOGY-DIAGNOSTIC		1169548	22918285	2761093		.051031	140901 41
42 RADIOLOGY-THERAPEUTIC		729708	14023602	120951		.052034	6294 42
44 LABORATORY		68589	10346866	3685176		.006629	24429 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		6844	997790	481919		.006859	3305 47
48 INTRAVENOUS THERAPY		28041	1139308	8757		.024612	216 48
49 RESPIRATORY THERAPY		53570	2453541	1452976		.021834	31724 49
50 PHYSICAL THERAPY		125193	6007868	851187		.020838	17737 50
51 OCCUPATIONAL THERAPY		44450	1632761	217466		.027224	5920 51
52 SPEECH PATHOLOGY		2796	456501	104291		.006125	639 52
54 ELECTROENCEPHALOGRAPHY		22056	892005	59470		.024726	1470 54
55 MEDICAL SUPPLIES CHARGED TO P		34277	11843029	5530553		.002894	16005 55
55.30 IMPL. DEV. CHARGED TO PATIENT		21583	2185591	199007		.009875	1965 55.30
56 DRUGS CHARGED TO PATIENTS		66489	14845684	4948637		.004479	22165 56
57 RENAL DIALYSIS		16175	279794	198463		.057810	11473 57
59 RENAL DIALYSIS							59
59.01 CARDIOLOGY		19425	2661834	1237732		.007298	9033 59.01
59.02 PULMONARY		12660	1119694	482364		.011307	5454 59.02
59.97 CARDIAC REHABILITATION		28962	354641			.081666	59.97
59.98 HYPERBARIC OXYGEN THERAPY		13096	1430804			.009153	59.98
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		76982	5346131	327355		.014400	4714 60
60.01 DIABETES EDUCATION		46491	179200			.259436	60.01
60.02 GEROPSYCH OUTPATIENT							60.02
61 EMERGENCY		181432	7541332	718421		.024058	17284 61
62 OBSERVATION BEDS (NON-DISTINC		85679	1183217	102622		.072412	7431 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		3900640	157281622	30061270			473910 101

PROVIDER NO. 16-0117 THE FINLEY HOSPITAL  
 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  
 05/26/2011 08:52

APPORIONMENT 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	MEDICAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	INPATIENT
	ANESTHETIST	EDUCATION	ADJUSTMENT	COSTS	PATIENT		PROGRAM	PROGRAM
	COST	COST	AMOUNT		DAYS	DIEM	DAYS	PASS THRU
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					14179		8246	25
26 INTENSIVE CARE UNIT					1970		1200	26
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I					1798		1605	31
31.01 SUBPROVIDER - REHAB					2149		1737	31.01
33 NURSERY					1825			33
34 SKILLED NURSING FACILITY					313		293	34
35 NURSING FACILITY								35
101 TOTAL					22234		13081	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (16-0117) [ ] 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			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
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
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
54 ELECTROENCEPHALOGRAPHY							54
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 RENAL DIALYSIS							59
59.01 CARDIOLOGY							59.01
59.02 PULMONARY							59.02
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 DIABETES EDUCATION							60.01
60.02 GEROPSYCH OUTPATIENT							60.02
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (16-0117) [ ] 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		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	CHARGES	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		31349988			5088981		7328729 37
38 RECOVERY ROOM		5408808			652786		1208428 38
39 DELIVERY ROOM & LABOR ROOM		2483123			17126		1055 39
40 ANESTHESIOLOGY		8200225			813937		1841077 40
41 RADIOLOGY-DIAGNOSTIC		22918285			2761093		6481600 41
42 RADIOLOGY-THERAPEUTIC		14023602			120951		7898238 42
44 LABORATORY		10346866			3685176		176161 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		997790			481919		268944 47
48 INTRAVENOUS THERAPY		1139308			8757		350371 48
49 RESPIRATORY THERAPY		2453541			1452976		555875 49
50 PHYSICAL THERAPY		6007868			851187		50
51 OCCUPATIONAL THERAPY		1632761			217466		51
52 SPEECH PATHOLOGY		456501			104291		2932 52
54 ELECTROENCEPHALOGRAPHY		892005			59470		259564 54
55 MEDICAL SUPPLIES CHARGED TO P		11843029			5530553		868467 55
55.30 IMPL. DEV. CHARGED TO PATIENT		2185591			199007		920628 55.30
56 DRUGS CHARGED TO PATIENTS		14845684			4948637		2247683 56
57 RENAL DIALYSIS		279794			198463		57
59 RENAL DIALYSIS							59
59.01 CARDIOLOGY		2661834			1237732		594950 59.01
59.02 PULMONARY		1119694			482364		94937 59.02
59.97 CARDIAC REHABILITATION		354641					59.97
59.98 HYPERBARIC OXYGEN THERAPY		1430804					59.98
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		5346131			327355		2610180 60
60.01 DIABETES EDUCATION		179200					60.01
60.02 GEROPSYCH OUTPATIENT							60.02
61 EMERGENCY		7541332			718421		1717522 61
62 OBSERVATION BEDS (NON-DISTINC		1183217			102622		384582 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		157281622			30061270		35811923 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (16-0117) [ ] 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						37
38 RECOVERY ROOM						38
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
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
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
54 ELECTROENCEPHALOGRAPHY						54
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 RENAL DIALYSIS						59
59.01 CARDIOLOGY						59.01
59.02 PULMONARY						59.02
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
60.01 DIABETES EDUCATION						60.01
60.02 GEROPSYCH OUTPATIENT						60.02
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL						101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (16-0117) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			----- PROGRAM CHARGES -----		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
37 ANCILLARY SERVICE COST CENTERS						
38 OPERATING ROOM	.281601	.281601	.281601			37
39 RECOVERY ROOM	.467812	.467812	.467812			38
40 DELIVERY ROOM & LABOR ROOM	.469814	.469814	.469814			39
41 ANESTHESIOLOGY	.086228	.086228	.086228			40
42 RADIOLOGY-DIAGNOSTIC	.247416	.247416	.247416			41
44 RADIOLOGY-THERAPEUTIC	.228392	.228392	.228392			42
44 LABORATORY	.371551	.371551	.371551			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.450223	.450223	.450223			47
48 INTRAVENOUS THERAPY	.415522	.415522	.415522			48
49 RESPIRATORY THERAPY	.336635	.336635	.336635			49
50 PHYSICAL THERAPY	.574393	.574393	.574393			50
51 OCCUPATIONAL THERAPY	.445317	.445317	.445317			51
52 SPEECH PATHOLOGY	.561350	.561350	.561350			52
54 ELECTROENCEPHALOGRAPHY	.296153	.296153	.296153			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.382973	.382973	.382973			55
55.30 IMPL. DEV. CHARGED TO PATIENT	.926381	.926381	.926381			55.30
56 DRUGS CHARGED TO PATIENTS	.323507	.323507	.323507			56
57 RENAL DIALYSIS	1.190054	1.190054	1.190054			57
59 RENAL DIALYSIS						59
59.01 CARDIOLOGY	.167589	.167589	.167589			59.01
59.02 PULMONARY	.171326	.171326	.171326			59.02
59.97 CARDIAC REHABILITATION	.776870	.776870	.776870			59.97
59.98 HYPERBARIC OXYGEN THERAPY	.201232	.201232	.201232			59.98
60 OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.253009	.253009	.253009			60
60.01 DIABETES EDUCATION	1.868694	1.868694	1.868694			60.01
60.02 GEROPSYCH OUTPATIENT						60.02
61 EMERGENCY	.453467	.453467	.453467			61
62 OBSERVATION BEDS (NON-DISTINCT	.778944	.778944	.778944			62
63.50 RHC						63.50
63.60 FQHC						63.60
65 OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
65.04 AMBULANCE SERVICES (5TH PERIOD)						65.04
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	1	.323507	1
2 PROGRAM VACCINE CHARGES	2	810	2
2.01 PROGRAM VACCINE CHARGES	2.01		2.01
3 PROGRAM COSTS	3	262	3
3.01 PROGRAM COSTS	3.01		3.01



APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (16-0117) [ ] 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 SURGICAL 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		7328729						37
38 RECOVERY ROOM		1208428						38
39 DELIVERY ROOM & LABOR ROOM		1055						39
40 ANESTHESIOLOGY		1841077						40
41 RADIOLOGY-DIAGNOSTIC		6481600						41
42 RADIOLOGY-THERAPEUTIC		7898238						42
44 LABORATORY		176161	263					44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR		268944						47
48 INTRAVENOUS THERAPY		350371						48
49 RESPIRATORY THERAPY		555875						49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		2932						52
54 ELECTROENCEPHALOGRAPHY		259564						54
55 MEDICAL SUPPLIES CHARGED TO PA		868467						55
55.30 IMPL. DEV. CHARGED TO PATIENT		920628						55.30
56 DRUGS CHARGED TO PATIENTS		2247683						56
57 RENAL DIALYSIS								57
59 RENAL DIALYSIS								59
59.01 CARDIOLOGY		594950						59.01
59.02 PULMONARY		94937						59.02
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		2610180						60
60.01 DIABETES EDUCATION								60.01
60.02 GEROPSYCH OUTPATIENT								60.02
61 EMERGENCY		1717522						61
62 OBSERVATION BEDS (NON-DISTINCT		384582						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD								65.03
65.04 AMBULANCE SERVICES (5TH PERIOD								65.04
101 SUBTOTAL		35811923	263					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		35811923	263					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (16-0117) [ ] 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		2063777					37
38 RECOVERY ROOM		565317					38
39 DELIVERY ROOM & LABOR ROOM		496					39
40 ANESTHESIOLOGY		158752					40
41 RADIOLOGY-DIAGNOSTIC		1603652					41
42 RADIOLOGY-THERAPEUTIC		1803894					42
44 LABORATORY		65453	98				44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA		121085					47
48 INTRAVENOUS THERAPY		145587					48
49 RESPIRATORY THERAPY		187127					49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY		1646					52
54 ELECTROENCEPHALOGRAPHY		76871					54
55 MEDICAL SUPPLIES CHARGED TO PAT		332599					55
55.30 IMPL. DEV. CHARGED TO PATIENT		852852					55.30
56 DRUGS CHARGED TO PATIENTS		727141					56
57 RENAL DIALYSIS							57
59 RENAL DIALYSIS							59
59.01 CARDIOLOGY		99707					59.01
59.02 PULMONARY		16265					59.02
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
60 OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		660399					60
60.01 DIABETES EDUCATION							60.01
60.02 GEROPSYCH OUTPATIENT							60.02
61 EMERGENCY		778840					61
62 OBSERVATION BEDS (NON-DISTINCT		299568					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
65.04 AMBULANCE SERVICES (5TH PERIOD)							65.04
101 SUBTOTAL		10561028	98				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		10561028	98				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 (16-S117) [ ] SUB IV [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	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		692190	31349988				.022079	37
38 RECOVERY ROOM		171025	5408808				.031620	38
39 DELIVERY ROOM & LABOR ROOM		59033	2483123				.023774	39
40 ANESTHESIOLOGY		124346	8200225				.015164	40
41 RADIOLOGY-DIAGNOSTIC		1169548	22918285	68022			.051031	3471 41
42 RADIOLOGY-THERAPEUTIC		729708	14023602				.052034	42
44 LABORATORY		68589	10346866	173078			.006629	1147 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		6844	997790	2797			.006859	19 47
48 INTRAVENOUS THERAPY		28041	1139308	280			.024612	7 48
49 RESPIRATORY THERAPY		53570	2453541	18668			.021834	408 49
50 PHYSICAL THERAPY		125193	6007868	68960			.020838	1437 50
51 OCCUPATIONAL THERAPY		44450	1632761	33238			.027224	905 51
52 SPEECH PATHOLOGY		2796	456501	20334			.006125	125 52
54 ELECTROENCEPHALOGRAPHY		22056	892005	3130			.024726	77 54
55 MEDICAL SUPPLIES CHARGED TO P		34277	11843029	53095			.002894	154 55
55.30 IMPL. DEV. CHARGED TO PATIENT		21583	2185591				.009875	55.30
56 DRUGS CHARGED TO PATIENTS		66489	14845684	195904			.004479	877 56
57 RENAL DIALYSIS		16175	279794	3150			.057810	182 57
59 RENAL DIALYSIS								59
59.01 CARDIOLOGY		19425	2661834	16516			.007298	121 59.01
59.02 PULMONARY		12660	1119694	12024			.011307	136 59.02
59.97 CARDIAC REHABILITATION		28962	354641				.081666	59.97
59.98 HYPERBARIC OXYGEN THERAPY		13096	1430804				.009153	59.98
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		76982	5346131	4304			.014400	62 60
60.01 DIABETES EDUCATION		46491	179200				.259436	60.01
60.02 GEROPSYCH OUTPATIENT								60.02
61 EMERGENCY		181432	7541332	16543			.024058	398 61
62 OBSERVATION BEDS (NON-DISTINC		85679	1183217				.072412	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		3900640	157281622	690043				9526 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 (16-S117) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
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
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
54 ELECTROENCEPHALOGRAPHY							54
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 RENAL DIALYSIS							59
59.01 CARDIOLOGY							59.01
59.02 PULMONARY							59.02
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 DIABETES EDUCATION							60.01
60.02 GEROPSYCH OUTPATIENT							60.02
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (16-S117) [ ] 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	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		31349988					37
38 RECOVERY ROOM		5408808					38
39 DELIVERY ROOM & LABOR ROOM		2483123					39
40 ANESTHESIOLOGY		8200225					40
41 RADIOLOGY-DIAGNOSTIC		22918285			68022		41
42 RADIOLOGY-THERAPEUTIC		14023602					42
44 LABORATORY		10346866			173078		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		997790			2797		47
48 INTRAVENOUS THERAPY		1139308			280		48
49 RESPIRATORY THERAPY		2453541			18668		49
50 PHYSICAL THERAPY		6007868			68960		50
51 OCCUPATIONAL THERAPY		1632761			33238		51
52 SPEECH PATHOLOGY		456501			20334		52
54 ELECTROENCEPHALOGRAPHY		892005			3130		54
55 MEDICAL SUPPLIES CHARGED TO P		11843029			53095		55
55.30 IMPL. DEV. CHARGED TO PATIENT		2185591					55.30
56 DRUGS CHARGED TO PATIENTS		14845684			195904		56
57 RENAL DIALYSIS		279794			3150		57
59 RENAL DIALYSIS							59
59.01 CARDIOLOGY		2661834			16516		59.01
59.02 PULMONARY		1119694			12024		59.02
59.97 CARDIAC REHABILITATION		354641					59.97
59.98 HYPERBARIC OXYGEN THERAPY		1430804					59.98
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		5346131			4304		60
60.01 DIABETES EDUCATION		179200					60.01
60.02 GEROPSYCH OUTPATIENT							60.02
61 EMERGENCY		7541332			16543		61
62 OBSERVATION BEDS (NON-DISTINC		1183217					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		157281622			690043		215 101

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 (16-S117) [ ] 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					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
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
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
54 ELECTROENCEPHALOGRAPHY					54
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 RENAL DIALYSIS					59
59.01 CARDIOLOGY					59.01
59.02 PULMONARY					59.02
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 DIABETES EDUCATION					60.01
60.02 GEROPSYCH OUTPATIENT					60.02
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (16-S117) [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			----- PROGRAM CHARGES -----		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
37 ANCILLARY SERVICE COST CENTERS						
38 OPERATING ROOM	.281601	.281601	.281601			37
39 RECOVERY ROOM	.467812	.467812	.467812			38
40 DELIVERY ROOM & LABOR ROOM	.469814	.469814	.469814			39
41 ANESTHESIOLOGY	.086228	.086228	.086228			40
42 RADIOLOGY-DIAGNOSTIC	.247416	.247416	.247416			41
44 RADIOLOGY-THERAPEUTIC	.228392	.228392	.228392			42
44 LABORATORY	.371551	.371551	.371551			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.450223	.450223	.450223			47
48 INTRAVENOUS THERAPY	.415522	.415522	.415522			48
49 RESPIRATORY THERAPY	.336635	.336635	.336635			49
50 PHYSICAL THERAPY	.574393	.574393	.574393			50
51 OCCUPATIONAL THERAPY	.445317	.445317	.445317			51
52 SPEECH PATHOLOGY	.561350	.561350	.561350			52
54 ELECTROENCEPHALOGRAPHY	.296153	.296153	.296153			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.382973	.382973	.382973			55
55.30 IMPL. DEV. CHARGED TO PATIENT	.926381	.926381	.926381			55.30
56 DRUGS CHARGED TO PATIENTS	.323507	.323507	.323507			56
57 RENAL DIALYSIS	1.190054	1.190054	1.190054			57
59 RENAL DIALYSIS						59
59.01 CARDIOLOGY	.167589	.167589	.167589			59.01
59.02 PULMONARY	.171326	.171326	.171326			59.02
59.97 CARDIAC REHABILITATION	.776870	.776870	.776870			59.97
59.98 HYPERBARIC OXYGEN THERAPY	.201232	.201232	.201232			59.98
60 OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.253009	.253009	.253009			60
60.01 DIABETES EDUCATION	1.868694	1.868694	1.868694			60.01
60.02 GEROPSYCH OUTPATIENT						60.02
61 EMERGENCY	.453467	.453467	.453467			61
62 OBSERVATION BEDS (NON-DISTINCT	.778944	.778944	.778944			62
63.50 RHC						63.50
63.60 FQHC						63.60
65.01 OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
65.04 AMBULANCE SERVICES (5TH PERIOD)						65.04
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	1	.323507	1
2 PROGRAM VACCINE CHARGES	2		2
2.01 PROGRAM VACCINE CHARGES	2.01		2.01
3 PROGRAM COSTS	3		3
3.01 PROGRAM COSTS	3.01		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 (16-S117) [ ] 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 (SEE)	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
37 ANCILLARY SERVICE COST CENTERS								37
38 OPERATING ROOM								38
39 RECOVERY ROOM								39
40 DELIVERY ROOM & LABOR ROOM								40
41 ANESTHESIOLOGY								41
42 RADIOLOGY-DIAGNOSTIC			102					42
44 RADIOLOGY-THERAPEUTIC								44
46.30 LABORATORY								46.30
47 BLOOD CLOTTING FACTORS ADMIN C								47
48 BLOOD STORING, PROCESSING & TR								48
49 INTRAVENOUS THERAPY								49
50 RESPIRATORY THERAPY								50
51 PHYSICAL THERAPY								51
52 OCCUPATIONAL THERAPY								52
54 SPEECH PATHOLOGY								54
55 ELECTROENCEPHALOGRAPHY								55
55.30 MEDICAL SUPPLIES CHARGED TO PA								55.30
56 IMPL. DEV. CHARGED TO PATIENT								56
57 DRUGS CHARGED TO PATIENTS								57
59 RENAL DIALYSIS								59
59.01 RENAL DIALYSIS								59.01
59.02 CARDIOLOGY			113					59.02
59.97 PULMONARY								59.97
59.98 CARDIAC REHABILITATION								59.98
60 HYPERBARIC OXYGEN THERAPY								60
60.01 OUTPATIENT SERVICE COST CENTERS								60.01
60.02 CLINIC								60.02
61 DIABETES EDUCATION								61
62 GEROPSYCH OUTPATIENT								62
63.50 EMERGENCY								63.50
63.60 OBSERVATION BEDS (NON-DISTINCT)								63.60
65.01 RHC								65.01
65.02 FQHC								65.02
65.03 OTHER REIMBURSABLE COST CENTERS								65.03
65.04 AMBULANCE SERVICES (2ND PERIOD)								65.04
101 AMBULANCE SERVICES (3RD PERIOD)								101
102 AMBULANCE SERVICES (4TH PERIOD)								102
103 AMBULANCE SERVICES (5TH PERIOD)								103
104 SUBTOTAL			215					215
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES			215					215



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 (16-S117) [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC			25				41
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
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO PAT							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 RENAL DIALYSIS							59
59.01 CARDIOLOGY			19				59.01
59.02 PULMONARY							59.02
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 DIABETES EDUCATION							60.01
60.02 GEROPSYCH OUTPATIENT							60.02
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
65.04 AMBULANCE SERVICES (5TH PERIOD)							65.04
101 SUBTOTAL			44				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES			44				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 [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [ ] TITLE XIX [XX] SUB II (16-T117)

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	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		692190	31349988	6910			.022079	153 37
38 RECOVERY ROOM		171025	5408808	2357			.031620	75 38
39 DELIVERY ROOM & LABOR ROOM		59033	2483123				.023774	39
40 ANESTHESIOLOGY		124346	8200225	2102			.015164	32 40
41 RADIOLOGY-DIAGNOSTIC		1169548	22918285	85110			.051031	4343 41
42 RADIOLOGY-THERAPEUTIC		729708	14023602				.052034	42
44 LABORATORY		68589	10346866	146962			.006629	974 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		6844	997790	7123			.006859	49 47
48 INTRAVENOUS THERAPY		28041	1139308				.024612	48
49 RESPIRATORY THERAPY		53570	2453541	81575			.021834	1781 49
50 PHYSICAL THERAPY		125193	6007868	494814			.020838	10311 50
51 OCCUPATIONAL THERAPY		44450	1632761	494522			.027224	13463 51
52 SPEECH PATHOLOGY		2796	456501	142992			.006125	876 52
54 ELECTROENCEPHALOGRAPHY		22056	892005	6260			.024726	155 54
55 MEDICAL SUPPLIES CHARGED TO P		34277	11843029	110488			.002894	320 55
55.30 IMPL. DEV. CHARGED TO PATIENT		21583	2185591	336			.009875	3 55.30
56 DRUGS CHARGED TO PATIENTS		66489	14845684	288378			.004479	1292 56
57 RENAL DIALYSIS		16175	279794	22500			.057810	1301 57
59 RENAL DIALYSIS								59
59.01 CARDIOLOGY		19425	2661834	19242			.007298	140 59.01
59.02 PULMONARY		12660	1119694	38538			.011307	436 59.02
59.97 CARDIAC REHABILITATION		28962	354641				.081666	59.97
59.98 HYPERBARIC OXYGEN THERAPY		13096	1430804				.009153	59.98
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		76982	5346131	13956			.014400	201 60
60.01 DIABETES EDUCATION		46491	179200				.259436	60.01
60.02 GEROPSYCH OUTPATIENT								60.02
61 EMERGENCY		181432	7541332	212			.024058	5 61
62 OBSERVATION BEDS (NON-DISTINC		85679	1183217				.072412	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		3900640	157281622	1964377				35910 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 [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [XX] SUB II (16-T117) [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST	NONPHYSICIAN ANESTHETIST	MEDICAL EDUCATION				
	COST 1	COST 1.01	COST 2				
ANCILLARY SERVICE COST CENTERS				2.01	2.02	2.03	3
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
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
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
54 ELECTROENCEPHALOGRAPHY							54
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 RENAL DIALYSIS							59
59.01 CARDIOLOGY							59.01
59.02 PULMONARY							59.02
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 DIABETES EDUCATION							60.01
60.02 GEROPSYCH OUTPATIENT							60.02
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [XX] SUB II (16-T117) [ ] 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		31349988			6910		37
38 RECOVERY ROOM		5408808			2357		38
39 DELIVERY ROOM & LABOR ROOM		2483123					39
40 ANESTHESIOLOGY		8200225			2102		40
41 RADIOLOGY-DIAGNOSTIC		22918285			85110		41
42 RADIOLOGY-THERAPEUTIC		14023602					42
44 LABORATORY		10346866			146962		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		997790			7123		47
48 INTRAVENOUS THERAPY		1139308					48
49 RESPIRATORY THERAPY		2453541			81575		49
50 PHYSICAL THERAPY		6007868			494814		50
51 OCCUPATIONAL THERAPY		1632761			494522		51
52 SPEECH PATHOLOGY		456501			142992		52
54 ELECTROENCEPHALOGRAPHY		892005			6260		54
55 MEDICAL SUPPLIES CHARGED TO P		11843029			110488		55
55.30 IMPL. DEV. CHARGED TO PATIENT		2185591			336		55.30
56 DRUGS CHARGED TO PATIENTS		14845684			288378		56
57 RENAL DIALYSIS		279794			22500		57
59 RENAL DIALYSIS							59
59.01 CARDIOLOGY		2661834			19242		59.01
59.02 PULMONARY		1119694			38538		59.02
59.97 CARDIAC REHABILITATION		354641					59.97
59.98 HYPERBARIC OXYGEN THERAPY		1430804					59.98
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		5346131			13956		60
60.01 DIABETES EDUCATION		179200					60.01
60.02 GEROPSYCH OUTPATIENT							60.02
61 EMERGENCY		7541332			212		61
62 OBSERVATION BEDS (NON-DISTINC		1183217					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		157281622			1964377		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 [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [XX] SUB II (16-T117) [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
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
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
54 ELECTROENCEPHALOGRAPHY					54
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 RENAL DIALYSIS					59
59.01 CARDIOLOGY					59.01
59.02 PULMONARY					59.02
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 DIABETES EDUCATION					60.01
60.02 GEROPSYCH OUTPATIENT					60.02
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [XX] SNF (16-5129) [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
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
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
54 ELECTROENCEPHALOGRAPHY							54
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 RENAL DIALYSIS							59
59.01 CARDIOLOGY							59.01
59.02 PULMONARY							59.02
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 DIABETES EDUCATION							60.01
60.02 GEROPSYCH OUTPATIENT							60.02
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [XX] SNF (16-5129) [ ] 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	CHARGES	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		31349988					37
38 RECOVERY ROOM		5408808					38
39 DELIVERY ROOM & LABOR ROOM		2483123					39
40 ANESTHESIOLOGY		8200225					40
41 RADIOLOGY-DIAGNOSTIC		22918285			5099		41
42 RADIOLOGY-THERAPEUTIC		14023602					42
44 LABORATORY		10346866			21304		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		997790					47
48 INTRAVENOUS THERAPY		1139308					48
49 RESPIRATORY THERAPY		2453541			31968		49
50 PHYSICAL THERAPY		6007868			30413		50
51 OCCUPATIONAL THERAPY		1632761			13357		51
52 SPEECH PATHOLOGY		456501			4242		52
54 ELECTROENCEPHALOGRAPHY		892005			626		54
55 MEDICAL SUPPLIES CHARGED TO P		11843029			51252		55
55.30 IMPL. DEV. CHARGED TO PATIENT		2185591					55.30
56 DRUGS CHARGED TO PATIENTS		14845684			99432		56
57 RENAL DIALYSIS		279794			625		57
59 RENAL DIALYSIS							59
59.01 CARDIOLOGY		2661834			4563		59.01
59.02 PULMONARY		1119694			8824		59.02
59.97 CARDIAC REHABILITATION		354641					59.97
59.98 HYPERBARIC OXYGEN THERAPY		1430804					59.98
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		5346131			1806		60
60.01 DIABETES EDUCATION		179200					60.01
60.02 GEROPSYCH OUTPATIENT							60.02
61 EMERGENCY		7541332					61
62 OBSERVATION BEDS (NON-DISTINC		1183217					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		157281622			273511		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 (16-5129) [ ] 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
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
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
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
54 ELECTROENCEPHALOGRAPHY					54
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 RENAL DIALYSIS					59
59.01 CARDIOLOGY					59.01
59.02 PULMONARY					59.02
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 DIABETES EDUCATION					60.01
60.02 GEROPSYCH OUTPATIENT					60.02
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101



APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [XX] SNF (16-5129)  
 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	PROGRAM CHARGES				PROGRAM COSTS			
		OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC	ALL OTHER PART B	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC	ALL OTHER PART B
	1	2	3	4	5	6	7	8	9
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	.281601								37
38 RECOVERY ROOM	.467812								38
39 DELIVERY ROOM & LABOR RO	.469814								39
40 ANESTHESIOLOGY	.086228								40
41 RADIOLOGY-DIAGNOSTIC	.247416								41
42 RADIOLOGY-THERAPEUTIC	.228392								42
44 LABORATORY	.371551				202				75 44
46.30 BLOOD CLOTTING FACTORS A									46.30
47 BLOOD STORING, PROCESSIN	.450223								47
48 INTRAVENOUS THERAPY	.415522								48
49 RESPIRATORY THERAPY	.336635								49
50 PHYSICAL THERAPY	.574393								50
51 OCCUPATIONAL THERAPY	.445317								51
52 SPEECH PATHOLOGY	.561350								52
54 ELECTROENCEPHALOGRAPHY	.296153								54
55 MEDICAL SUPPLIES CHARGED	.382973								55
55.30 IMPL. DEV. CHARGED TO PA	.926381								55.30
56 DRUGS CHARGED TO PATIENT	.323507								56
57 RENAL DIALYSIS	1.190054								57
59 RENAL DIALYSIS									59
59.01 CARDIOLOGY	.167589								59.01
59.02 PULMONARY	.171326								59.02
59.97 CARDIAC REHABILITATION	.776870								59.97
59.98 HYPERBARIC OXYGEN THERAP	.201232								59.98
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	.253009								60
60.01 DIABETES EDUCATION	1.868694								60.01
60.02 GEROPSYCH OUTPATIENT									60.02
61 EMERGENCY	.453467								61
62 OBSERVATION BEDS (NON-DI	.778944								62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65.01 AMBULANCE SERVICES (2ND									65.01
65.02 AMBULANCE SERVICES (3RD									65.02
65.03 AMBULANCE SERVICES (4TH									65.03
65.04 AMBULANCE SERVICES (5TH									65.04
101 SUBTOTAL					202				75 101
102 CRNA CHARGES									102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS									103
104 NET CHARGES					202				75 104

PART VI - VACCINE COST APPORTIONMENT

		1	
1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES		.323507	1
2 PROGRAM VACCINE CHARGES			2
2.01 PROGRAM VACCINE CHARGES			2.01
3 PROGRAM COSTS			3
3.01 PROGRAM COSTS			3.01

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) (16-0117)	(PPS) (16-S117)	(PPS) (16-T117)			(PPS) (16-5129)	
	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	14179	1798	2149			313	1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	14179	1798	2149			313	2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	14179	1798	2149			313	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)	8246	1605	1737			293	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) (16-0117)	SUB I (PPS) (16-S117)	SUB II (PPS) (16-T117)	SUB III	SUB IV	SNF (PPS) (16-5129)	
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	10037083	1780829	1936797			149236	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	10037083	1780829	1936797			149236	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	10930891	2652050	2651603			221483	28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	10930891	2652050	2651603			221483	30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.918231	.671491	.730425			.673803	31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	770.92	1475.00	1233.88			707.61	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	10037083	1780829	1936797			149236	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) (16-0117)	SUB I (PPS) (16-S117)	SUB II (PPS) (16-T117)	SUB III	SUB IV	
	1	1	1	1	1	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS						
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	707.88	990.45	901.26		38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	5837178	1589672	1565489		39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	5837178	1589672	1565489		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					
44	INTENSIVE CARE UNIT	2178079	1970	1105.62	1200	1326744 43
45	CORONARY CARE UNIT					44
46	BURN INTENSIVE CARE UNIT					45
47	SURGICAL INTENSIVE CARE UNIT					46
47	OTHER SPECIAL CARE (SPECIFY)					47
		HOSPITAL (PPS) (16-0117)	SUB I (PPS) (16-S117)	SUB II (PPS) (16-T117)	SUB III	SUB IV
		1	1	1	1	1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	10187962	256461	872269		48
49	TOTAL PROGRAM INPATIENT COSTS	17351884	1846133	2437758		49
PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	606593	77650	82369		50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	473910	9526	35910		51
52	TOTAL PROGRAM EXCLUDABLE COST	1080503	87176	118279		52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	16271381	1758957	2319479		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) (16-0117)	SUB I (PPS) (16-S117)	SUB II (PPS) (16-T117)	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

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

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

	SNF (PPS) (16-5129)	
	1	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST	149236	66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	476.79	67
68 PROGRAM ROUTINE SERVICE COST	139699	68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	139699	70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	20035	71
72 PER DIEM CAPITAL RELATED COSTS	64.01	72
73 PROGRAM CAPITAL RELATED COSTS	18755	73
74 INPATIENT ROUTINE SERVICE COST	120944	74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	120944	76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	139699	79
80 PROGRAM INPATIENT ANCILLARY SERVICES	101196	80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	240895	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) (PPS)  
 (16-0117)(16-S117)(16-T117)  
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1302	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	707.88	84
85 OBSERVATION BED COST	921660	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		10037083		921660		86
87 NEW CAPITAL-RELATED COST	933064	10037083	.092962	921660	85679	87
88 NON PHYSICIAN ANESTHETIST		10037083		921660		88
89 MEDICAL EDUCATION		10037083		921660		89

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (16-0117)	<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		6718722		25
26 INTENSIVE CARE UNIT		1973418		26
31 SUBPROVIDER I				31
31.01 SUBPROVIDER - REHAB				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.281601	5088981	1433062	37
38 RECOVERY ROOM	.467812	652786	305381	38
39 DELIVERY ROOM & LABOR ROOM	.469814	17126	8046	39
40 ANESTHESIOLOGY	.086228	813937	70184	40
41 RADIOLOGY-DIAGNOSTIC	.247416	2761093	683139	41
42 RADIOLOGY-THERAPEUTIC	.228392	120951	27624	42
44 LABORATORY	.371551	3685176	1369231	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.450223	481919	216971	47
48 INTRAVENOUS THERAPY	.415522	8757	3639	48
49 RESPIRATORY THERAPY	.336635	1452976	489123	49
50 PHYSICAL THERAPY	.574393	851187	488916	50
51 OCCUPATIONAL THERAPY	.445317	217466	96841	51
52 SPEECH PATHOLOGY	.561350	104291	58544	52
54 ELECTROENCEPHALOGRAPHY	.296153	59470	17612	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.382973	5530553	2118052	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.926381	199007	184356	55.30
56 DRUGS CHARGED TO PATIENTS	.323507	4948637	1600919	56
57 RENAL DIALYSIS	1.190054	198463	236182	57
59 RENAL DIALYSIS				59
59.01 CARDIOLOGY	.167589	1237732	207430	59.01
59.02 PULMONARY	.171326	482364	82641	59.02
59.97 CARDIAC REHABILITATION	.776870			59.97
59.98 HYPERBARIC OXYGEN THERAPY	.201232			59.98
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.253009	327355	82824	60
60.01 DIABETES EDUCATION	1.911122			60.01
60.02 GEROPSYCH OUTPATIENT				60.02
61 EMERGENCY	.455594	718421	327308	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.778944	102622	79937	62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		30061270	10187962	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		30061270		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 (16-S117)	<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
31 SUBPROVIDER I		2367375		31
31.01 SUBPROVIDER - REHAB				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.281601			37
38 RECOVERY ROOM	.467812			38
39 DELIVERY ROOM & LABOR ROOM	.469814			39
40 ANESTHESIOLOGY	.086228			40
41 RADIOLOGY-DIAGNOSTIC	.247416	68022	16830	41
42 RADIOLOGY-THERAPEUTIC	.228392			42
44 LABORATORY	.371551	173078	64307	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.450223	2797	1259	47
48 INTRAVENOUS THERAPY	.415522	280	116	48
49 RESPIRATORY THERAPY	.336635	18668	6284	49
50 PHYSICAL THERAPY	.574393	68960	39610	50
51 OCCUPATIONAL THERAPY	.445317	33238	14801	51
52 SPEECH PATHOLOGY	.561350	20334	11414	52
54 ELECTROENCEPHALOGRAPHY	.296153	3130	927	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.382973	53095	20334	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.926381			55.30
56 DRUGS CHARGED TO PATIENTS	.323507	195904	63376	56
57 RENAL DIALYSIS	1.190054	3150	3749	57
59 RENAL DIALYSIS				59
59.01 CARDIOLOGY	.167589	16516	2768	59.01
59.02 PULMONARY	.171326	12024	2060	59.02
59.97 CARDIAC REHABILITATION	.776870			59.97
59.98 HYPERBARIC OXYGEN THERAPY	.201232			59.98
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.253009	4304	1089	60
60.01 DIABETES EDUCATION	1.911122			60.01
60.02 GEROPSYCH OUTPATIENT				60.02
61 EMERGENCY	.455594	16543	7537	61
62 OBSERVATION BEDS (NON-DISTINCT)	.778944			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		690043	256461	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		690043		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 type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input checked="" type="checkbox"/> SUB II (16-T117)	<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
31 SUBPROVIDER I				31
31.01 SUBPROVIDER - REHAB		2130675		31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.281601	6910	1946	37
38 RECOVERY ROOM	.467812	2357	1103	38
39 DELIVERY ROOM & LABOR ROOM	.469814			39
40 ANESTHESIOLOGY	.086228	2102	181	40
41 RADIOLOGY-DIAGNOSTIC	.247416	85110	21058	41
42 RADIOLOGY-THERAPEUTIC	.228392			42
44 LABORATORY	.371551	146962	54604	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.450223	7123	3207	47
48 INTRAVENOUS THERAPY	.415522			48
49 RESPIRATORY THERAPY	.336635	81575	27461	49
50 PHYSICAL THERAPY	.574393	494814	284218	50
51 OCCUPATIONAL THERAPY	.445317	494522	220219	51
52 SPEECH PATHOLOGY	.561350	142992	80269	52
54 ELECTROENCEPHALOGRAPHY	.296153	6260	1854	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.382973	110488	42314	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.926381	336	311	55.30
56 DRUGS CHARGED TO PATIENTS	.323507	288378	93292	56
57 RENAL DIALYSIS	1.190054	22500	26776	57
59 RENAL DIALYSIS				59
59.01 CARDIOLOGY	.167589	19242	3225	59.01
59.02 PULMONARY	.171326	38538	6603	59.02
59.97 CARDIAC REHABILITATION	.776870			59.97
59.98 HYPERBARIC OXYGEN THERAPY	.201232			59.98
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.253009	13956	3531	60
60.01 DIABETES EDUCATION	1.911122			60.01
60.02 GEROPSYCH OUTPATIENT				60.02
61 EMERGENCY	.455594	212	97	61
62 OBSERVATION BEDS (NON-DISTINCT)	.778944			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		1964377	872269	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		1964377		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input checked="" type="checkbox"/> SNF (16-5129)	<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
31 SUBPROVIDER I				31
31.01 SUBPROVIDER - REHAB				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.281601			37
38 RECOVERY ROOM	.467812			38
39 DELIVERY ROOM & LABOR ROOM	.469814			39
40 ANESTHESIOLOGY	.086228			40
41 RADIOLOGY-DIAGNOSTIC	.247416	5099	1262	41
42 RADIOLOGY-THERAPEUTIC	.228392			42
44 LABORATORY	.371551	21304	7916	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.450223			47
48 INTRAVENOUS THERAPY	.415522			48
49 RESPIRATORY THERAPY	.336635	31968	10762	49
50 PHYSICAL THERAPY	.574393	30413	17469	50
51 OCCUPATIONAL THERAPY	.445317	13357	5948	51
52 SPEECH PATHOLOGY	.561350	4242	2381	52
54 ELECTROENCEPHALOGRAPHY	.296153	626	185	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.382973	51252	19628	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.926381			55.30
56 DRUGS CHARGED TO PATIENTS	.323507	99432	32167	56
57 RENAL DIALYSIS	1.190054	625	744	57
59 RENAL DIALYSIS				59
59.01 CARDIOLOGY	.167589	4563	765	59.01
59.02 PULMONARY	.171326	8824	1512	59.02
59.97 CARDIAC REHABILITATION	.776870			59.97
59.98 HYPERBARIC OXYGEN THERAPY	.201232			59.98
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.253009	1806	457	60
60.01 DIABETES EDUCATION	1.868694			60.01
60.02 GEROPSYCH OUTPATIENT				60.02
61 EMERGENCY	.453467			61
62 OBSERVATION BEDS (NON-DISTINCT)	.778944			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		273511	101196	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		273511		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (16-0117)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	10411170					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	3492356					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS						1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1						1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	60146					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	92.43					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [ FOR CR PERIODS ENDING ] [ ON OR AFTER 7/1/2005 ] [E-3,PT.VI,LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06		0.00	0.00			3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. 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 (16-0117)	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	0.0417					4
4.01	0.1365					4.01
4.02	0.1782					4.02
4.03	0.0433					4.03
4.04	602023					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	14565695					6
7						7
7.01						7.01
8	14565695					8
9	1129079					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16	15694774					16
17						17
18	15694774					18
19	1745284					19
20	53350					20
21	38385					21
21.01	26870					21.01
21.02	4458					21.02
22	13923010					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (16-0117)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	13923010					26
27						27
28	13488119					28
28.01						28.01
29	434891					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 (16-0117) 1	HOSPITAL (16-0117) 1.01	HOSPITAL (16-0117) 1.02	
1 MEDICAL AND OTHER SERVICES	360			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	10561028			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	9964791			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	360			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	1073			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	1073			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	1073			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	713			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	360			17
17.01 TOTAL PPS PAYMENTS	9964791			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (16-0117) 1	HOSPITAL (16-0117) 1.01	HOSPITAL (16-0117) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	2469785		18.01
19 SUBTOTAL	7495366		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	7495366		23
24 PRIMARY PAYER PAYMENTS	1690		24
25 SUBTOTAL	7493676		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	56195		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	39337		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	29333		27.02
28 SUBTOTAL	7533013		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)	-17		30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	7533030		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	7523294		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	9736		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 RECONCILIATION 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 (16-S117) 1	SUB I (16-S117) 1.01	SUB I (16-S117) 1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	44			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	65			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	65			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (16-S117) 1	SUB I (16-S117) 1.01	SUB I (16-S117) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	13		18.01
19 SUBTOTAL	52		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	52		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	52		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	52		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	52		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	52		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

	SUB II (16-T117)	SUB II (16-T117)	SUB II (16-T117)	
	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

	SUB II (16-T117) 1	SUB II (16-T117) 1.01	SUB II (16-T117) 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 RECONCILIATION 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 (16-5129) 1	SNF (16-5129) 1.01	SNF (16-5129) 1.02	
1 MEDICAL AND OTHER SERVICES	75			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	75			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	202			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	202			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	202			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	127			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	75			17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (16-5129) 1	SNF (16-5129) 1.01	SNF (16-5129) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	40		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL	35		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	35		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	35		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	35		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	35		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		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 RECONCILIATION 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 (16-0117)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B		
	PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		13488119		7523294	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.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 TO .05 PROVIDER .50 TO .51 PROGRAM .52 PROGRAM .54	NONE		NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		13488119		7523294	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 PROVIDER .01 PROGRAM TO PROVIDER TO .02	434891		9736	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		13923010		7533030	7

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

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 SUBPROVIDER I (16-S117)

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		1101264		52
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
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.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 TO .05 PROVIDER .50 TO .51 PROGRAM .52 .54	NONE	NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		1101264		52
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 PROVIDER .01 PROVIDER TO PROGRAM .02	572		6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		1101836		52
NAME OF INTERMEDIARY: _____		INTERMEDIARY NUMBER: _____		
SIGNATURE OF AUTHORIZED PERSON: _____		DATE (MO/DAY/YR): _____		



ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 SUBPROVIDER II (16-T117)

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		2108705		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 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 .02 .03 .04 .05 .50 .51 .52 .53 .54			3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		2108705		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			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 PROVIDER .01 PROVIDER TO PROGRAM .02		-17731	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		2090974		7
NAME OF INTERMEDIARY: _____		INTERMEDIARY NUMBER: _____		
SIGNATURE OF AUTHORIZED PERSON: _____		DATE (MO/DAY/YR): _____		

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 SKILLED NURSING FACILITY I (16-5129)

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		93015		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 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.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 TO .05 PROVIDER .50 TO .51 PROGRAM .52 .54	NONE	NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		93015		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 PROVIDER .01 PROVIDER TO PROGRAM .02		35	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		93015	35	7
NAME OF INTERMEDIARY: _____			INTERMEDIARY NUMBER: _____	
SIGNATURE OF AUTHORIZED PERSON: _____			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  
 (16-S117) (16-T117)

1	INPATIENT HOSPITAL SERVICES				1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)				1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)		1961000		1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		0.0553		1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)		49300		1.04
1.05	OUTLIER PAYMENTS		109506		1.05
1.06	TOTAL PPS PAYMENTS		2119806		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)	1214857			1.08
1.09	NET IPF PPS OUTLIER PAYMENTS	19475			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)	4.926027			1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR				1.17
1.18	MEDICAL EDUCATION ADJUSTMENT				1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS	1234332			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	1234332			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)		5.887671		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	1234332	2119806		4
5	PRIMARY PAYER PAYMENTS				5
6	SUBTOTAL	1234332	2119806		6
7	DEDUCTIBLES	133068	27500		7
8	SUBTOTAL	1101264	2092306		8
9	COINSURANCE		3575		9
10	SUBTOTAL	1101264	2088731		10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	817	3204		11
11.01	REDUCED REIMBURSABLE BAD DEBTS	572	2243		11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	293			11.02
12	SUBTOTAL	1101836	2090974		12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS				13

PROVIDER NO. 16-0117 THE FINLEY HOSPITAL  
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  
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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (16-S117)	SUB II (16-T117)	SUB III	SUB IV	
13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)						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		1101836	2090974			17
18 SEQUESTRATION ADJUSTMENT						18
19 INTERIM PAYMENTS		1101264	2108705			19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20 BALANCE DUE PROVIDER/PROGRAM		572	-17731			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  
 (16-5129)  
 (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  
 (16-5129)  
 (PPS)  
 2

34	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
	EXCESS OF REASONABLE COST		34
35	SUBTOTAL	108690	35
36	COINSURANCE	15675	36
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, LINE 19		37
38	REIMBURSABLE BAD DEBTS		38
38.01	REDUCED REIMBURSABLE BAD DEBTS		38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		38.02
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING ON OR AFTER 10/01/05 (SEE INSTR.)		38.03
39	UTILIZATION REVIEW		39
40	SUBTOTAL	93015	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	93015	52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	93015	55
56	SEQUESTRATION ADJUSTMENT		56
57	INTERIM PAYMENTS	93015	57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)		57.01
58	BALANCE DUE PROVIDER/PROGRAM		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	4105602			1
2 TEMPORARY INVESTMENTS	8260593			2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	23787388			4
5 OTHER RECEIVABLES	1137515			5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-12395634			6
7 INVENTORY	2058294			7
8 PREPAID EXPENSES	791258			8
9 OTHER CURRENT ASSETS	239435			9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS	27984451			11
<b>FIXED ASSETS</b>				
12 LAND	3531743			12
12.01 ACCUMULATED DEPRECIATION				12.01
13 LAND IMPROVEMENTS	6207191			13
13.01 ACCUMULATED DEPRECIATION	-4594529			13.01
14 BUILDINGS	63658613			14
14.01 ACCUMULATED DEPRECIATION	-31817943			14.01
15 LEASEHOLD IMPROVEMENTS				15
15.01 ACCUMULATED AMORTIZATION				15.01
16 FIXED EQUIPMENT				16
16.01 ACCUMULATED DEPRECIATION				16.01
17 AUTOMOBILES AND TRUCKS				17
17.01 ACCUMULATED DEPRECIATION				17.01
18 MAJOR MOVABLE EQUIPMENT	40756898			18
18.01 ACCUMULATED DEPRECIATION	-28267071			18.01
19 MINOR EQUIPMENT DEPRECIABLE				19
19.01 ACCUMULATED DEPRECIATION				19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE	205072			20
21 TOTAL FIXED ASSETS	49679974			21
<b>OTHER ASSETS</b>				
22 INVESTMENTS	52114525			22
23 DEPOSITS ON LEASES				23
24 DUE FROM OWNERS/OFFICERS				24
25 OTHER ASSETS	5338200			25
26 TOTAL OTHER ASSETS	57452725			26
27 TOTAL ASSETS	135117150			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	3366268			28
29 SALARIES, WAGES & FEES PAYABLE	4702033			29
30 PAYROLL TAXES PAYABLE				30
31 NOTES & LOANS PAYABLE (SHORT TERM)	888306			31
32 DEFERRED INCOME				32
33 ACCELERATED PAYMENTS				33
34 DUE TO OTHER FUNDS				34
35 OTHER CURRENT LIABILITIES	6822920			35
36 TOTAL CURRENT LIABILITIES	15779527			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	9373108			41
42 TOTAL LONG TERM LIABILITIES	9373108			42
43 TOTAL LIABILITIES	25152635			43
<b>CAPITAL ACCOUNTS</b>				
44 GENERAL FUND BALANCE	109964515			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	109964515			51
52 TOTAL LIABILITIES AND FUND BALANCES	135117150			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	96936039			1
2 NET INCOME (LOSS)	10833310			2
3 TOTAL	107769349			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5				5
6 ROUNDING	2			6
7 TRANSFERS IHS FEES	1065248			7
8 TRANSFET TO AMH	355926			8
9 FOUNDATION	2432785			9
10 TOTAL ADDITIONS	3853961			10
11 SUBTOTAL	111623310			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13				13
14				14
15				15
16 TRANSFERS IHS FEES	1631859			16
17 OTHER	26936			17
18 TOTAL DEDUCTIONS	1658795			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	109964515			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				
2 HOSPITAL	10994793		10994793	1
2 SUBPROVIDER I	2652050		2652050	2
2.01 SUBPROVIDER II	2651603		2651603	2.01
4 SWING BED - SNF				4
5 SWING BED - NF				5
6 SKILLED NURSING FACILITY	221483		221483	6
7 NURSING FACILITY				7
8 OTHER LONG TERM CARE				8
9 TOTAL GENERAL INPATIENT CARE SERVICES	16519929		16519929	9
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10 INTENSIVE CARE UNIT	2990271		2990271	10
11 CORONARY CARE UNIT				11
12 BURN INTENSIVE CARE UNIT				12
13 SURGICAL INTENSIVE CARE UNIT				13
14 OTHER SPECIAL CARE (SPECIFY)				14
15 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	2990271		2990271	15
16 TOTAL INPATIENT ROUTINE CARE SERVICES	19510200		19510200	16
17 ANCILLARY SERVICES	55766576		55766576	17
18 OUTPATIENT SERVICES		115798703	115798703	18
18.50 RHC				18.50
18.60 FQHC				18.60
19 HOME HEALTH AGENCY		3635220	3635220	19
20 AMBULANCE				20
21 CORF				21
22 ASC				22
23 HOSPICE				23
24				24
25 TOTAL PATIENT REVENUES	75276776	119433923	194710699	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		75863029	26
27 ADD (SPECIFY)			27
28 FINLEY TRI-STATES EXPENSE			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS			33
34 DEDUCT (SPECIFY)			34
35 PHYSICIAN OFFICE EXPENSES			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		75863029	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	194710699	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	105724557	2
3	NET PATIENT REVENUES	88986142	3
4	LESS - TOTAL OPERATING EXPENSES	75863029	4
5	NET INCOME FROM SERVICE TO PATIENTS	13123113	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	97195	6
7	INCOME FROM INVESTMENTS	5787188	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	717390	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	729561	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	378	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	75701	21
22	RENTAL OF HOSPITAL SPACE	522320	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER	1511778	24
25	TOTAL OTHER INCOME	9441511	25
26	TOTAL	22564624	26
27			27
28	FINLEY TRI-STATES (NET)	11731314	28
29			29
30	TOTAL OTHER EXPENSES	11731314	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	10833310	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 16-7002

WORKSHEET H

	SALARIES	EMPLOYEE	TRANS-	CONTRACTED/	OTHER	TOTAL HHA
	1	BENEFITS	PORTATION	PURCH SVCS	COSTS	COST
		2	3	4	5	6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDG & FIXTURES						1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE						3
4 TRANSPORTATION						4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	195026	56466		7301	576297	835090 5
6 SKILLED NURSING CARE	1098914	240705	53020	1482	38230	1432351 6
7 PHYSICAL THERAPY	249428	51050		21097	4392	325967 7
8 OCCUPATIONAL THERAPY	68149	12830	4011			84990 8
9 SPEECH PATHOLOGY	3801	647	298		172	4918 9
10 MEDICAL SOCIAL SERVICES	4424	1106	313			5843 10
11 HOME HEALTH AIDE	93061	22328	9858	213	1735	127195 11
12 SUPPLIES					2946	2946 12
13 DRUGS						13
13.20 COST OF ADMINISTERING VACCINES						13.20
14 DME						14
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						15
16 RESPIRATORY THERAPY						16
17 PRIVATE DUTY NURSING	200	34				234 17
18 CLINIC						18
19 HEALTH PROMOTION ACTIVITIES						19
20 DAY CARE PROGRAM						20
21 HOME DELIVERED MEALS PROGRAM						21
22 HOMEMAKER SERVICE						22
23 ALL OTHERS						23
23.50 TELEMEDICINE						23.50
24 TOTAL	1713003	385166	67500	30093	623772	2819534 24

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 16-7002

WORKSHEET H  
 (CONTINUED)

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	
GENERAL SERVICE COST CENTER					
1 CAPITAL RELATED-BLDG & FIXTURES					1
2 CAPITAL RELATED-MOVABLE EQUIPMENT					2
3 PLANT OPERATION & MAINTENANCE					3
4 TRANSPORTATION					4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	-234066	601024	-97261	503763	5
6 SKILLED NURSING CARE	-877	1431474	-30612	1400862	6
7 PHYSICAL THERAPY		325967	-6287	319680	7
8 OCCUPATIONAL THERAPY		84990	-1940	83050	8
9 SPEECH PATHOLOGY		4918	-64	4854	9
10 MEDICAL SOCIAL SERVICES		5843		5843	10
11 HOME HEALTH AIDE	-207	126988	-3093	123895	11
12 SUPPLIES	-2946				12
13 DRUGS					13
13.20 COST OF ADMINISTERING VACCINES					13.20
14 DME					14
HHA NONREIMBURSABLE SERVICES					
15 HOME DIALYSIS AIDE SERVICES					15
16 RESPIRATORY THERAPY					16
17 PRIVATE DUTY NURSING		234		234	17
18 CLINIC					18
19 HEALTH PROMOTION ACTIVITIES					19
20 DAY CARE PROGRAM					20
21 HOME DELIVERED MEALS PROGRAM					21
22 HOMEMAKER SERVICE					22
23 ALL OTHERS					23
23.50 TELEMEDICINE					23.50
24 TOTAL	-238096	2581438	-139257	2442181	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 16-7002

WORKSHEET H-4  
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL BLDGS & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATN MAINT	& TRANSPORT- ATION	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6
	0	1	2	3	4			
GENERAL SERVICE COST CENTER								
1 CAPITAL RELATED-BLDG & FIXT								1
2 CAPITAL RELATED-MOVABLE EQUIP								2
3 PLANT OPERATION & MAINTENANCE								3
4 TRANSPORTATION								4
5 ADMINISTRATIVE AND GENERAL	503763					503763	503763	5
HHA REIMBURSABLE SERVICES								
6 SKILLED NURSING CARE	1400862					1400862	364061	1764923 6
7 PHYSICAL THERAPY	319680					319680	83080	402760 7
8 OCCUPATIONAL THERAPY	83050					83050	21583	104633 8
9 SPEECH PATHOLOGY	4854					4854	1261	6115 9
10 MEDICAL SOCIAL SERVICES	5843					5843	1519	7362 10
11 HOME HEALTH AIDE	123895					123895	32198	156093 11
12 SUPPLIES								12
13 DRUGS								13
13.20 COST OF ADMINISTERING VACCINES								13.20
14 DME								14
HHA NONREIMBURSABLE SERVICES								
15 HOME DIALYSIS AIDE SERVICES								15
16 RESPIRATORY THERAPY								16
17 PRIVATE DUTY NURSING	234					234	61	295 17
18 CLINIC								18
19 HEALTH PROMOTION ACTIVITIES								19
20 DAY CARE PROGRAM								20
21 HOME DELIVERED MEALS PROGRAM								21
22 HOMEMAKER SERVICE								22
23 ALL OTHERS								23
23.50 TELEMEDICINE								23.50
24 TOTAL	2442181					2442181		2442181 24

PROVIDER NO. 16-0117 THE FINLEY HOSPITAL  
 PERIOD FROM 01/01/2010 TO 12/31/2010

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COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 16-7002

WORKSHEET H-4  
 PART II

	CAP REL BLDGS & FIXTURES (SQUARE FEET) 1	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDG & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-503763	1938418	5
6 SKILLED NURSING CARE						1400862	6
7 PHYSICAL THERAPY						319680	7
8 OCCUPATIONAL THERAPY						83050	8
9 SPEECH PATHOLOGY						4854	9
10 MEDICAL SOCIAL SERVICES						5843	10
11 HOME HEALTH AIDE						123895	11
12 SUPPLIES							12
13 DRUGS							13
13.20 COST OF ADMINISTERING VACCINES							13.20
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING						234	17
18 CLINIC							18
19 HEALTH PROMOTION ACTIVITIES							19
20 DAY CARE PROGRAM							20
21 HOME DELIVERED MEALS PROGRAM							21
22 HOMEMAKER SERVICE							22
23 ALL OTHERS							23
23.50 TELEMEDICINE							23.50
24 TOTAL					-503763	1938418	24
25 COST TO BE ALLOC (PER W/S H)						503763	25
26 UNIT COST MULTIPLIER						.259884	26











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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 16-7002

WORKSHEET H-5  
PART I

HHA COST CENTER	TOTAL HHA COSTS	
	29	
1 ADMINISTRATIVE AND GENERAL		1
2 SKILLED NURSING CARE	2212741	2
3 PHYSICAL THERAPY	506548	3
4 OCCUPATIONAL THERAPY	131598	4
5 SPEECH PATHOLOGY	7691	5
6 MEDICAL SOCIAL SERVICES	9230	6
7 HOME HEALTH AIDE	195699	7
8 SUPPLIES		8
9 DRUGS		9
9.20 COST OF ADMINISTERING VACC		9.20
10 DME		10
11 HOME DIALYSIS AIDE SERVICE		11
12 RESPIRATORY THERAPY		12
13 PRIVATE DUTY NURSING	370	13
14 CLINIC		14
15 HEALTH PROMOTION ACTIVITIE		15
16 DAY CARE PROGRAM		16
17 HOME DELIVERED MEALS PROGR		17
18 HOMEMAKER SERVICE		18
19 ALL OTHERS		19
19.50 TELEMEDICINE		19.50
20 TOTALS	3063877	20
21 UNIT COST MULTIPLIER		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 16-7002

WORKSHEET H-5  
 PART II

HHA COST CENTER	OLD CAP BLDGS & FIXTURES SQUARE FEET	OLD CAP MOVABLE EQUIPMENT DOLLAR VALUE	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMIN GENERAL ACCUM COST	REHAB ADMIN DOLLAR VALUE	
	1	2	3	4	5	6A.01	6.01	6.02	
1 ADMINISTRATIVE AND GENERAL			2819		1713002		104295		1
2 SKILLED NURSING CARE							1764923		2
3 PHYSICAL THERAPY							402760	325967	3
4 OCCUPATIONAL THERAPY							104633	84990	4
5 SPEECH PATHOLOGY							6115	4917	5
6 MEDICAL SOCIAL SERVICES							7362		6
7 HOME HEALTH AIDE							156093		7
8 SUPPLIES									8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING							295		13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTALS			2819		1713002		2546476	415874	20
21 TOTAL COST TO BE ALLOCATED			31232		73063		356046	1849	21
22 UNIT COST MULTIPLIER			11.079106		.042652		.139819		22
22 UNIT COST MULTIPLIER								.004446	22

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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 16-7002

WORKSHEET H-5  
 PART II

HHA COST CENTER	RADIOLOGY ADMIN DOLLAR VALUE 6.03	MAIN- TENANCE & REPAIRS SQUARE FEET 7	OPERATION OF PLANT SQUARE FEET 8	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE- KEEPING SQUARE FEET 10	DIETARY MEALS SERVED 11	CAFETERIA MEALS SERVED 12	EMPLOYEE CAFETERIA FTE'S 12.01	
1 ADMINISTRATIVE AND GENERAL			2819		2819			64393	1
2 SKILLED NURSING CARE									2
3 PHYSICAL THERAPY									3
4 OCCUPATIONAL THERAPY									4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE									7
8 SUPPLIES									8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTALS			2819		2819			64393	20
21 TOTAL COST TO BE ALLOCATED			34451		20991			73676	21
22 UNIT COST MULTIPLIER			12.221000		7.446258				22
22 UNIT COST MULTIPLIER								1.144162	22



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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
STATISTICAL BASIS

HHA NO.: 16-7002

WORKSHEET H-5  
PART II

HHA COST CENTER	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED EDUCATION ASSIGNED TIME	
	22	23	24	
1 ADMINISTRATIVE AND GENERAL				1
2 SKILLED NURSING CARE				2
3 PHYSICAL THERAPY				3
4 OCCUPATIONAL THERAPY				4
5 SPEECH PATHOLOGY				5
6 MEDICAL SOCIAL SERVICES				6
7 HOME HEALTH AIDE				7
8 SUPPLIES				8
9 DRUGS				9
9.20 COST OF ADMINISTERING VACC				9.20
10 DME				10
11 HOME DIALYSIS AIDE SERVICE				11
12 RESPIRATORY THERAPY				12
13 PRIVATE DUTY NURSING				13
14 CLINIC				14
15 HEALTH PROMOTION ACTIVITIE				15
16 DAY CARE PROGRAM				16
17 HOME DELIVERED MEALS PROGR				17
18 HOMEMAKER SERVICE				18
19 ALL OTHERS				19
19.50 TELEMEDICINE				19.50
20 TOTALS				20
21 TOTAL COST TO BE ALLOCATED				21
22 UNIT COST MULTIPLIER				22
22 UNIT COST MULTIPLIER				22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 16-7002

WORKSHEET H-6  
 PARTS I & II

CHECK APPLICABLE BOX: [ ] TITLE V [ XX ] TITLE XVIII [ ] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS: COMPUTATION OF THE LESSER OF AGGREGATE PROGRAM COST OR THE AGGREGATE OF THE PROGRAM LIMITATION

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	VISITS	COST PER VISIT	
			1	2	3	4	5	
1	SKILLED NURSING CARE	2	2212741		2212741	16005	138.25	1
2	PHYSICAL THERAPY	3	506548		506548	4086	123.97	2
3	OCCUPATIONAL THERAPY	4	131598		131598	927	141.96	3
4	SPEECH PATHOLOGY	5	7691		7691	71	108.32	4
5	MEDICAL SOCIAL SERV	6	9230		9230	71	130.00	5
6	HOME HEALTH AIDE SERV	7	195699		195699	6805	28.76	6
7	TOTAL		3063507		3063507	27965		7

  

LIMITATION COST COMPUTATION		MSA				PROGRAM	
PATIENT SERVICES		NO.				COST LIMITS	
		1	2	3	4	5	
8	SKILLED NURSING CARE	2200					8
8.01	SKILLED NURSING CARE	9914					8.01
8.02	SKILLED NURSING CARE	9916					8.02
8.03	SKILLED NURSING CARE	9952					8.03
9	PHYSICAL THERAPY	2200					9
9.01	PHYSICAL THERAPY	9914					9.01
9.02	PHYSICAL THERAPY	9916					9.02
9.03	PHYSICAL THERAPY	9952					9.03
10	OCCUPATIONAL THERAPY	2200					10
10.01	OCCUPATIONAL THERAPY	9914					10.01
10.02	OCCUPATIONAL THERAPY	9916					10.02
10.03	OCCUPATIONAL THERAPY	9952					10.03
11	SPEECH PATHOLOGY	2200					11
11.01	SPEECH PATHOLOGY	9914					11.01
11.02	SPEECH PATHOLOGY	9916					11.02
11.03	SPEECH PATHOLOGY	9952					11.03
12	MEDICAL SOCIAL SERV	2200					12
12.01	MEDICAL SOCIAL SERV	9914					12.01
12.02	MEDICAL SOCIAL SERV	9916					12.02
12.03	MEDICAL SOCIAL SERV	9952					12.03
13	HOME HEALTH AIDE SERV	2200					13
13.01	HOME HEALTH AIDE SERV	9914					13.01
13.02	HOME HEALTH AIDE SERV	9916					13.02
13.03	HOME HEALTH AIDE SERV	9952					13.03
14	TOTAL						14



APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 16-7002

WORKSHEET H-6  
 PARTS I & II  
 (CONTINUED)

CHECK APPLICABLE BOX: [ ] TITLE V [ XX ] TITLE XVIII [ ] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS: COMPUTATION OF THE LESSER OF AGGREGATE PROGRAM COST OR THE AGGREGATE OF THE PROGRAM LIMITATION

SUPPLIES AND DRUGS COST COMPUTATIONS		FROM WKST H-5, PART I, COL 29, LINE	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	
OTHER PATIENT SERVICES			1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8				66253		15
16	COST OF DRUGS	9						16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20
PER BENEFICIARY COST LIMITATION:						MSA NO. 1	AMOUNT 2	
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4					2200		17
17.01	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4					9914		17.01
17.02	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4					9916		17.02
17.03	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4					9952		17.03
18	PER BENEFICIARY COST LIMITATION					2200		18
18.01	PER BENEFICIARY COST LIMITATION					9914		18.01
18.02	PER BENEFICIARY COST LIMITATION					9916		18.02
18.03	PER BENEFICIARY COST LIMITATION					9952		18.03
19	PER BENEFICIARY COST LIMITATION							19

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 16-7002

WORKSHEET H-6  
 PARTS I & II  
 (CONTINUED)

CHECK APPLICABLE BOX: [ ] TITLE V [ XX ] TITLE XVIII [ ] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS: COMPUTATION OF THE LESSER OF AGGREGATE PROGRAM COST OR THE AGGREGATE OF THE PROGRAM LIMITATION

COST PER VISIT COMPUTATION		PROGRAM VISITS				COST OF SERVICES				TOTAL PROGRAM COST
		PART B		PART B		PART B		TOTAL		
PATIENT SERVICES		PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR		PROGRAM COST	
		6	7	8	9	10	11	12		
1	SKILLED NURSING CARE	4150	2216		573738	306362		880100	1	
2	PHYSICAL THERAPY	1999	1049		247816	130045		377861	2	
3	OCCUPATIONAL THERAPY	459	249		65160	35348		100508	3	
4	SPEECH PATHOLOGY	62	4		6716	433		7149	4	
5	MEDICAL SOCIAL SERV	23	28		2990	3640		6630	5	
6	HOME HEALTH AIDE SERV	661	772		19010	22203		41213	6	
7	TOTAL	7354	4318		915430	498031		1413461	7	

  

LIMITATION COST COMPUTATION		PROGRAM VISITS				COST OF SERVICES				TOTAL PROGRAM COST
		PART B		PART B		PART B		TOTAL		
PATIENT SERVICES		PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR		PROGRAM COST	
		6	7	8	9	10	11	12		
8	SKILLED NURSING CARE							8		
8.01	SKILLED NURSING CARE							8.01		
8.02	SKILLED NURSING CARE							8.02		
8.03	SKILLED NURSING CARE							8.03		
9	PHYSICAL THERAPY							9		
9.01	PHYSICAL THERAPY							9.01		
9.02	PHYSICAL THERAPY							9.02		
9.03	PHYSICAL THERAPY							9.03		
10	OCCUPATIONAL THERAPY							10		
10.01	OCCUPATIONAL THERAPY							10.01		
10.02	OCCUPATIONAL THERAPY							10.02		
10.03	OCCUPATIONAL THERAPY							10.03		
11	SPEECH PATHOLOGY							11		
11.01	SPEECH PATHOLOGY							11.01		
11.02	SPEECH PATHOLOGY							11.02		
11.03	SPEECH PATHOLOGY							11.03		
12	MEDICAL SOCIAL SERV							12		
12.01	MEDICAL SOCIAL SERV							12.01		
12.02	MEDICAL SOCIAL SERV							12.02		
12.03	MEDICAL SOCIAL SERV							12.03		
13	HOME HEALTH AIDE SERV							13		
13.01	HOME HEALTH AIDE SERV							13.01		
13.02	HOME HEALTH AIDE SERV							13.02		
13.03	HOME HEALTH AIDE SERV							13.03		
14	TOTAL							14		



APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 16-7002

WORKSHEET H-6  
 PARTS II & III

CHECK APPLICABLE BOX: [ ] TITLE V [ XX ] TITLE XVIII [ ] TITLE XIX

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

	FROM WKST C, PART I, COL 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I	
	1	2	3	4		
1	PHYSICAL THERAPY 50	.574393			COL 2, LINE 2	1
2	OCCUPATIONAL THERAPY 51	.445317			COL 2, LINE 3	2
3	SPEECH PATHOLOGY 52	.561350			COL 2, LINE 4	3
4	MEDICAL SUPPLIES CHARGED TO PA 55	.382973			COL 2, LINE 15	4
4.30	IMPL. DEV. CHARGED TO PATIENT 55.30	.926381			COL 2, LINE 15	4.30
5	DRUGS CHARGED TO PATIENTS 56	.323507			COL 2, LINE 16	5

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE

	FROM PART I COL. 5	COST PER VISIT	PRIOR TO 1/1/98	PROGRAM VISITS FROM 1/1/98 THRU 12/31/98	PROGRAM COST PRIOR TO 1/1/98	PROGRAM COST FROM 1/1/98 THRU 12/31/98	PROGRAM VISITS ON OR AFTER 1/1/99	
	1	2	3	4	5			
1	PHYSICAL THERAPY 2	123.97	2.01	3	3.01	4	5	1
2	OCCUPATIONAL THERAPY 3	141.96						2
3	SPEECH PATHOLOGY 4	108.32						3
4	TOTAL							4

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 16-7002

WORKSHEET H-7  
 PARTS I & II

CHECK APPLICABLE BOX: [ ] TITLE V [ XX ] TITLE XVIII [ ] TITLE XIX

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

DESCRIPTION	PART A 1	----- PART B -----		
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
1 REASONABLE COST OF PROGRAM SERVICES				1
2 REASONABLE COST OF SERVICES				2
2 TOTAL CHARGES				2
CUSTOMARY CHARGES				
3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				3
4 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)				4
5 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				5
6 TOTAL CUSTOMARY CHARGES				6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST				7
8 EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES				8
9 PRIMARY PAYOR PAYMENTS				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A		PART B		
	SERVICES 1		SERVICES 2		
10 TOTAL REASONABLE COST					10
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	1081890		591585		10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	3357		2036		10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	9996		5156		10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	10590		7263		10.04
10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES					10.05
10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES					10.06
10.07 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	150		540		10.07
10.08 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES					10.08
10.09 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC WITHIN A PEP EPISODES					10.09
10.10 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC EPISODES					10.10
10.11 TOTAL OTHER PAYMENTS					10.11
10.12 DME PAYMENTS					10.12
10.13 OXYGEN PAYMENTS					10.13
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS					10.14
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCL COINSURANCE)					11
12 SUBTOTAL	1105983		606580		12
13 EXCESS REASONABLE COST					13
14 SUBTOTAL	1105983		606580		14
15 COINSURANCE BILLED TO PROGRAM PATIENTS					15
16 NET COST	1105983		606580		16
17 REIMBURSABLE BAD DEBTS					17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES					17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	1105983		606580		18
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					19
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR OR DECREASE IN PROGRAM UTILIZATION					20
21 OTHER ADJUSTMENTS (SPECIFY):					21
22 SUBTOTAL	1105983		606580		22
23 SEQUESTRATION ADJUSTMENT					23
24 SUBTOTAL	1105983		606580		24
25 TOTAL INTERIM PAYMENTS	1105984		606581		25
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)					25.01
26 BALANCE DUE PROVIDER/PROGRAM	-1		-1		26
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2					27

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHA'S  
 FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

HHA NO.: 16-7002

WORKSHEET H-8

DESCRIPTION	PART A		PART B		
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1105984		606581	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					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.	PROGRAM .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		1105984		606581	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	-1		-1	6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		1105983		606580	7

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

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

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (16-0117) (16-0117)	SUB I	SUB II	SUB III	SUB IV
<b>PART I - FULLY PROSPECTIVE METHOD</b>					
1					1
					CAPITAL FEDERAL AMOUNT
2	1126776				2
					CAPITAL DRG OTHER THAN OUTLIER
3					3
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997
3.01	2303				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					5
					% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS
5.01					5.01
					% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I
5.02					5.02
					SUM OF LINES 5 AND 5.01
5.03					5.03
					ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE
5.04					5.04
					DISPROPORTIONATE SHARE ADJUSTMENT
6	1129079				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 ADMINISTRATINO & GENERAL					6.01
6.02 REHAB ADMINISTRATION					6.02
6.03 RADIOLOGY ADMINISTRATION					6.03
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
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
31 SUBPROVIDER I					31
31.01 SUBPROVIDER - REHAB					31.01
33 NURSERY					33
34 SKILLED NURSING FACILITY					34
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
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
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
54 ELECTROENCEPHALOGRAPHY					54
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 RENAL DIALYSIS					59
59.01 CARDIOLOGY					59.01
59.02 PULMONARY					59.02
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 DIABETES EDUCATION					60.01
60.02 GEROPSYCH OUTPATIENT					60.02
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAP					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01



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
85.02 INTESTINAL ACQUISITION					85.02
95 SUBTOTALS					95
96 NONREIMBURSABLE COST CENTERS					96
100 GIFT, FLOWER, COFFEE SHOP & CA					100
100.01 NON-REIMBURSABLE COST CENTERS					100.01
100.02 CASCADE CLINIC					100.02
100.03 JCPH CONTRACT NURSING					100.03
100.04 PHYS OFFICE COMPUTER EMPLOYEE					100.04
100.05 GUEST MEALS / MOW'S					100.05
100.06 RESPITE					100.06
100.07 CONTRACT CLEANING					100.07
100.08 RSVP					100.08
100.09 PHYSICIAN BILLING					100.09
100.10 FOUNDATION					100.10
100.11 HEALTHCARE AFFILIATES OF THE T					100.11
100.12 NON REIMBURSABLE					100.12
100.13 LIFESTYLES					100.13
100.14 SALARIED PT B ER PHYS					100.14
100.15 BUSINESS HEALTH					100.15
100.16 RENTAL PROPERTIES					100.16
100.17 CONVENIENT CARE					100.17
100.18 NEUROSURGEON					100.18
100.19 OFFSITE OCC HEALTH					100.19
100.20 DIM MAINTENANCE					100.20
100.21 DUBUQUE OTO MAINTENANCE					100.21
100.22 MARKETING					100.22
100.23 NORTH GRANDVIEW OFFICE					100.23
100.24 GRANDVIEW MEDICAL CENTER					100.24
100.25 ORTHOPEDIC CLINIC					100.25
100.26 ENT					100.26
100.27 VITACARE					100.27
100.28 WEIGHT MGMT					100.28
100.29 OCCUPATIONAL HEALTH					100.29
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	58.16		10.14				68.30 25
26 INTENSIVE CARE UNIT	60.91						60.91 26
33 NURSERY			43.12				43.12 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	16.23	23.38					39.61 37
38 RECOVERY ROOM	12.07	22.34					34.41 38
39 DELIVERY ROOM & LABOR ROOM	0.69	0.04					0.73 39
40 ANESTHESIOLOGY	9.93	22.45					32.38 40
41 RADIOLOGY-DIAGNOSTIC	12.05	28.28					40.33 41
42 RADIOLOGY-THERAPEUTIC	0.86	56.32					57.18 42
44 LABORATORY	35.62	1.70					37.32 44
47 BLOOD STORING, PROCESSING & TRA	48.30	26.95					75.25 47
48 INTRAVENOUS THERAPY	0.77	30.75					31.52 48
49 RESPIRATORY THERAPY	59.22	22.66					81.88 49
50 PHYSICAL THERAPY	14.17						14.17 50
51 OCCUPATIONAL THERAPY	13.32						13.32 51
52 SPEECH PATHOLOGY	22.85	0.64					23.49 52
54 ELECTROENCEPHALOGRAPHY	6.67	29.10					35.77 54
55 MEDICAL SUPPLIES CHARGED TO PAT	46.70	7.33					54.03 55
55.30 IMPL. DEV. CHARGED TO PATIENT	9.11	42.12					51.23 55.30
56 DRUGS CHARGED TO PATIENTS	33.33	15.14					48.47 56
57 RENAL DIALYSIS	70.93						70.93 57
59.01 CARDIOLOGY	46.50	22.35					68.85 59.01
59.02 PULMONARY	43.08	8.48					51.56 59.02
60 CLINIC	6.12	48.82					54.94 60
61 EMERGENCY	9.53	22.77					32.30 61
62 OBSERVATION BEDS (NON-DISTINCT	8.67	32.50					41.17 62
101 TOTAL CHARGES	16.87	20.10					36.97 101

\*\*\*\*\* 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	89.27						89.27 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
41 RADIOLOGY-DIAGNOSTIC	0.30						0.30 41
44 LABORATORY	1.67						1.67 44
47 BLOOD STORING, PROCESSING & TRA	0.28						0.28 47
48 INTRAVENOUS THERAPY	0.02						0.02 48
49 RESPIRATORY THERAPY	0.76						0.76 49
50 PHYSICAL THERAPY	1.15						1.15 50
51 OCCUPATIONAL THERAPY	2.04						2.04 51
52 SPEECH PATHOLOGY	4.45						4.45 52
54 ELECTROENCEPHALOGRAPHY	0.35						0.35 54
55 MEDICAL SUPPLIES CHARGED TO PAT	0.45						0.45 55
56 DRUGS CHARGED TO PATIENTS	1.32						1.32 56
57 RENAL DIALYSIS	1.13						1.13 57
59.01 CARDIOLOGY	0.62						0.62 59.01
59.02 PULMONARY	1.07						1.07 59.02
60 CLINIC	0.08						0.08 60
61 EMERGENCY	0.22						0.22 61
101 TOTAL CHARGES	0.39						0.39 101

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

SUBPROVIDER II

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							
31.01 SUBPROVIDER - REHAB	80.83						80.83 31.01
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.02						0.02 37
38 RECOVERY ROOM	0.04						0.04 38
40 ANESTHESIOLOGY	0.03						0.03 40
41 RADIOLOGY-DIAGNOSTIC	0.37						0.37 41
44 LABORATORY	1.42						1.42 44
47 BLOOD STORING, PROCESSING & TRA	0.71						0.71 47
49 RESPIRATORY THERAPY	3.32						3.32 49
50 PHYSICAL THERAPY	8.24						8.24 50
51 OCCUPATIONAL THERAPY	30.29						30.29 51
52 SPEECH PATHOLOGY	31.32						31.32 52
54 ELECTROENCEPHALOGRAPHY	0.70						0.70 54
55 MEDICAL SUPPLIES CHARGED TO PAT	0.93						0.93 55
55.30 IMPL. DEV. CHARGED TO PATIENT	0.02						0.02 55.30
56 DRUGS CHARGED TO PATIENTS	1.94						1.94 56
57 RENAL DIALYSIS	8.04						8.04 57
59.01 CARDIOLOGY	0.72						0.72 59.01
59.02 PULMONARY	3.44						3.44 59.02
60 CLINIC	0.26						0.26 60
101 TOTAL CHARGES	1.10						1.10 101

\*\*\*\*\* 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	93.61						93.61	34
UTILIZATION PERCENTAGES BASED ON CHARGES								
41 RADIOLOGY-DIAGNOSTIC	0.02						0.02	41
44 LABORATORY	0.21						0.21	44
49 RESPIRATORY THERAPY	1.30						1.30	49
50 PHYSICAL THERAPY	0.51						0.51	50
51 OCCUPATIONAL THERAPY	0.82						0.82	51
52 SPEECH PATHOLOGY	0.93						0.93	52
54 ELECTROENCEPHALOGRAPHY	0.07						0.07	54
55 MEDICAL SUPPLIES CHARGED TO PAT	0.43						0.43	55
56 DRUGS CHARGED TO PATIENTS	0.67						0.67	56
57 RENAL DIALYSIS	0.22						0.22	57
59.01 CARDIOLOGY	0.17						0.17	59.01
59.02 PULMONARY	0.79						0.79	59.02
60 CLINIC	0.03						0.03	60
101 TOTAL CHARGES	0.15						0.15	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	2715687	3.51	-2715687	-11.16			3
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 EMPLOYEE BENEFITS	1310097	1.69	-1310097	-5.39			5
6.01 ADMINISTRATINO & GENERAL	9186549	11.86	-9186549	-37.76			6.01
6.02 REHAB ADMINISTRATION	14231	.02	-14231	-.06			6.02
6.03 RADIOLOGY ADMINISTRATION	25166	.03	-25166	-.10			6.03
7 MAINTENANCE & REPAIRS							7
8 OPERATION OF PLANT	2198142	2.84	-2198142	-9.04			8
9 LAUNDRY & LINEN SERVICE	332282	.43	-332282	-1.37			9
10 HOUSEKEEPING	1259121	1.63	-1259121	-5.18			10
11 DIETARY	1505673	1.94	-1505673	-6.19			11
12 CAFETERIA							12
12.01 EMPLOYEE CAFETERIA							12.01
13 MAINTENANCE OF PERSONNEL							13
14 NURSING ADMINISTRATION	2687583	3.47	-2687583	-11.05			14
15 CENTRAL SERVICES & SUPPLY	570199	.74	-570199	-2.34			15
16 PHARMACY	1363601	1.76	-1363601	-5.61			16
17 MEDICAL RECORDS & LIBRARY	988608	1.28	-988608	-4.06			17
18 SOCIAL SERVICE	168808	.22	-168808	-.69			18
20 NONPHYSICIAN ANESTHETISTS							20
21 NURSING SCHOOL							21
22 I&R SERVICES-SALARY & FRINGES A							22
23 I&R SERVICES-OTHER PRGM COSTS A							23
24 PARAMED ED PRGM-(SPECIFY)							24
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	5595355	7.22	4441728	18.26	10037083	12.96	25
26 INTENSIVE CARE UNIT	1370197	1.77	807882	3.32	2178079	2.81	26
31 SUBPROVIDER I	1179443	1.52	601386	2.47	1780829	2.30	31
31.01 SUBPROVIDER - REHAB	1256749	1.62	680048	2.80	1936797	2.50	31.01
33 NURSERY	718785	.93	331346	1.36	1050131	1.36	33
34 SKILLED NURSING FACILITY	82379	.11	66857	.27	149236	.19	34
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	6251143	8.07	2577046	10.59	8828189	11.40	37
38 RECOVERY ROOM	1541896	1.99	988411	4.06	2530307	3.27	38
39 DELIVERY ROOM & LABOR ROOM	795355	1.03	371251	1.53	1166606	1.51	39
40 ANESTHESIOLOGY	544406	.70	162684	.67	707090	.91	40
41 RADIOLOGY-DIAGNOSTIC	3913121	5.05	1757224	7.22	5670345	7.32	41
42 RADIOLOGY-THERAPEUTIC	2237534	2.89	965339	3.97	3202873	4.13	42
44 LABORATORY	3192264	4.12	652120	2.68	3844384	4.96	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA	376957	.49	72271	.30	449228	.58	47
48 INTRAVENOUS THERAPY	312606	.40	160802	.66	473408	.61	48
49 RESPIRATORY THERAPY	558180	.72	267769	1.10	825949	1.07	49
50 PHYSICAL THERAPY	2322764	3.00	1128111	4.64	3450875	4.45	50

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
51 OCCUPATIONAL THERAPY	469825	.61	257272	1.06	727097	.94	51
52 SPEECH PATHOLOGY	193632	.25	62625	.26	256257	.33	52
54 ELECTROENCEPHALOGRAPHY	177871	.23	86299	.35	264170	.34	54
55 MEDICAL SUPPLIES CHARGED TO PAT	3810790	4.92	724775	2.98	4535565	5.85	55
55.30 IMPL. DEV. CHARGED TO PATIENT	1645571	2.12	379119	1.56	2024690	2.61	55.30
56 DRUGS CHARGED TO PATIENTS	2572204	3.32	2230474	9.17	4802678	6.20	56
57 RENAL DIALYSIS	254294	.33	78676	.32	332970	.43	57
59 RENAL DIALYSIS							59
59.01 CARDIOLOGY	350257	.45	95837	.39	446094	.58	59.01
59.02 PULMONARY	127046	.16	64787	.27	191833	.25	59.02
59.97 CARDIAC REHABILITATION	166171	.21	109339	.45	275510	.36	59.97
59.98 HYPERBARIC OXYGEN THERAPY	206322	.27	81601	.34	287923	.37	59.98
60 CLINIC	892131	1.15	460489	1.89	1352620	1.75	60
60.01 DIABETES EDUCATION	164881	.21	169989	.70	334870	.43	60.01
60.02 GEROPSYCH OUTPATIENT							60.02
61 EMERGENCY	2375898	3.07	1043847	4.29	3419745	4.41	61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY	2442181	3.15	621696	2.56	3063877	3.96	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			24868	.10	24868	.03	96
100 NON-REIMBURSABLE COST CENTERS							100
100.01 CASCADE CLINIC	240089	.31	108516	.45	348605	.45	100.01
100.02 JCPH CONTRACT NURSING							100.02
100.03 PHYS OFFICE COMPUTER EMPLOYEE							100.03
100.04 GUEST MEALS / MOW'S			360350	1.48	360350	.47	100.04
100.05 RESPITE							100.05
100.07 CONTRACT CLEANING	89406	.12	21929	.09	111335	.14	100.07
100.09 RSVP	56696	.07	19550	.08	76246	.10	100.09
100.10 PHYSICIAN BILLING	146670	.19	33489	.14	180159	.23	100.10
100.11 FOUNDATION	36554	.05	9927	.04	46481	.06	100.11
100.12 HEALTHCARE AFFILIATES OF THE TR	219045	.28	45228	.19	264273	.34	100.12
100.13 NON REIMBURSABLE			50380	.21	50380	.07	100.13
100.14 LIFESTYLES	173492	.22	35505	.15	208997	.27	100.14
100.15 SALARIED PT B ER PHYS							100.15
100.16 BUSINESS HEALTH	624534	.81	308108	1.27	932642	1.20	100.16
100.17 RENTAL PROPERTIES	411930	.53	57596	.24	469526	.61	100.17

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
100.18 CONVENIENT CARE	258081	.33	78314	.32	336395	.43	100.18
100.19 NEUROSURGEON							100.19
100.20 OFFSITE OCC HEALTH							100.20
100.21 DIM MAINTENANCE	64998	.08	15614	.06	80612	.10	100.21
100.22 DUBUQUE OTO MAINTENANCE							100.22
100.23 MARKETING	614530	.79	170733	.70	785263	1.01	100.23
100.24 NORTH GRANDVIEW OFFICE	63588	.08	8891	.04	72479	.09	100.24
100.25 GRANDVIEW MEDICAL CENTER	61041	.08	8535	.04	69576	.09	100.25
100.26 ORTHOPEDIC CLINIC	351280	.45	61817	.25	413097	.53	100.26
100.27 ENT	128766	.17	23034	.09	151800	.20	100.27
100.28 VITACARE	807291	1.04	259947	1.07	1067238	1.38	100.28
100.29 WEIGHT MGMT							100.29
100.30 OCCUPATIONAL HEALTH	693496	.90	124316	.51	817812	1.06	100.30
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	77465442	100.00	0	.00	77465442	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	692190	31349988	.022079	5088981	112360	37
38 RECOVERY ROOM	171025	5408808	.031620	652786	20641	38
39 DELIVERY ROOM & LABOR ROOM	59033	2483123	.023774	17126	407	39
40 ANESTHESIOLOGY	124346	8200225	.015164	813937	12343	40
41 RADIOLOGY-DIAGNOSTIC	1169548	22918285	.051031	2761093	140901	41
42 RADIOLOGY-THERAPEUTIC	729708	14023602	.052034	120951	6294	42
44 LABORATORY	68589	10346866	.006629	3685176	24429	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	6844	997790	.006859	481919	3305	47
48 INTRAVENOUS THERAPY	28041	1139308	.024612	8757	216	48
49 RESPIRATORY THERAPY	53570	2453541	.021834	1452976	31724	49
50 PHYSICAL THERAPY	125193	6007868	.020838	851187	17737	50
51 OCCUPATIONAL THERAPY	44450	1632761	.027224	217466	5920	51
52 SPEECH PATHOLOGY	2796	456501	.006125	104291	639	52
54 ELECTROENCEPHALOGRAPHY	22056	892005	.024726	59470	1470	54
55 MEDICAL SUPPLIES CHARGED TO PAT	34277	11843029	.002894	5530553	16005	55
55.30 IMPL. DEV. CHARGED TO PATIENT	21583	2185591	.009875	199007	1965	55.30
56 DRUGS CHARGED TO PATIENTS	66489	14845684	.004479	4948637	22165	56
57 RENAL DIALYSIS	16175	279794	.057810	198463	11473	57
59 RENAL DIALYSIS						59
59.01 CARDIOLOGY	19425	2661834	.007298	1237732	9033	59.01
59.02 PULMONARY	12660	1119694	.011307	482364	5454	59.02
59.97 CARDIAC REHABILITATION	28962	354641	.081666			59.97
59.98 HYPERBARIC OXYGEN THERAPY	13096	1430804	.009153			59.98
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	76982	5346131	.014400	327355	4714	60
60.01 DIABETES EDUCATION	46491	179200	.259436			60.01
60.02 GEROPSYCH OUTPATIENT						60.02
61 EMERGENCY	181432	7541332	.024058	718421	17284	61
62 OBSERVATION BEDS (NON-DISTINCT	85679	1183217	.072412	102622	7431	62
OTHER REIMBURSABLE COST CENTERS						
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	3900640	157281622		30061270	473910	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	933064		933064	14179	65.81	8246	542669 25
26	INTENSIVE CARE UNIT	104937		104937	1970	53.27	1200	63924 26
101	TOTAL	1038001		1038001			9446	606593 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							606593	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							473910	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							1080503	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)							2168	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)							9446	
PER DISCHARGE CAPITAL COSTS							498.39	
PER DIEM CAPITAL COSTS							114.39	

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)	16271381
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	38753410
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.420

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))	2437758
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	4107635
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.593

COST TO CHARGE RATIO FOR PSYCH 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))	1846133
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	3057418
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.604

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)	1080503
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.028

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	10559382
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	35808991
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.295