HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT WORKSHEET S
CERTIFICATION AND SETTLEMENT SUMMARY PARTS I, II & III

PART I - COST REPORT STATUS

PROVIDER USE ONLY
1. [X] ELECTRONICALLY FILED COST REPORT DATE: 06-18-2014 TIME: 16:33_____
2. [ ] MANUALLY SUBMITTED COST REPORT
3. [ ] IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT
4. [F] MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.

CONTRACTOR USE ONLY
5. [ ] COST REPORT STATUS
1 - AS SUBMITTED
2 - SETTLED WITHOUT AUDIT
3 - SETTLED WITH AUDIT
4 - REOPENED
5 - AMENDED
6. DATE RECEIVED: _____
7. CONTRACTOR NO: _____
8. [ ] INITIAL REPORT FOR THIS PROVIDER CCN
9. [ ] FINAL REPORT FOR THIS PROVIDER CCN
10. NPR DATE: _____
11. CONTRACTOR'S VENDOR CODE: ___
12. [ ] IF LINE 5, COLUMN 1 IS 4: ENTER NUMBER OF TIMES REOPENED - 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY NORTHWESTERN LAKE FOREST HOSPITAL (14-0130) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 09/01/2011 AND ENDING 08/31/2012, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

_____
TITLE

_____
DATE

PART III - SETTLEMENT SUMMARY

		TITLE V	TITLE XVIII PART A	TITLE XVIII PART B	TITLE XVIII HIT	TITLE XIX	
		1	2	3	4	5	
1	HOSPITAL		122,044	197,557	-40,375		1
2	SUBPROVIDER - IPF						2
3	SUBPROVIDER - IRF						3
4	SUBPROVIDER (OTHER)						4
5	SWING BED - SNF						5
6	SWING BED - NF						6
7	SKILLED NURSING FACILITY						7
8	NURSING FACILITY						8
9	HOME HEALTH AGENCY						9
10	HEALTH CLINIC - RHC						10
11	HEALTH CLINIC - FQHC						11
12	OUTPATIENT REHABILITATION PROVIDER						12
200	TOTAL		122,044	197,557	-40,375		200

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA WORKSHEET S-2 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 660 WESTMORELAND ROAD P.O.BOX: 1
2 CITY: LAKE FOREST STATE: IL ZIP CODE: 60045 COUNTY: LAKE 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

	COMPONENT	COMPONENT NAME	CCN NUMBER	CBSA NUMBER	PROV TYPE	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O, OR N) V	XVIII	XIX	
	0	1	2	3	4	5	6	7	8	
3	HOSPITAL	NORTHWESTERN LAKE FOREST HOSPI	14-0130	29404	1	07/01/1966	N	P	O	3
4	SUBPROVIDER - IPF									4
5	SUBPROVIDER - IRF									5
6	SUBPROVIDER - (OTHER)									6
7	SWING BEDS - SNF									7
8	SWING BEDS - NF									8
9	HOSPITAL-BASED SNF	NORTHWESTERN LAKE FOREST HOSPI	14-5216	29404		07/01/1970	N	P	N	9
10	HOSPITAL-BASED NF									10
11	HOSPITAL-BASED OLTC									11
12	HOSPITAL-BASED HHA	NORTHWESTERN LAKE FOREST HOME	14-7045	29404		07/01/1966	N	P	N	12
13	SEPARATELY CERTIFIED ASC									13
14	HOSPITAL-BASED HOSPICE									14
15	HOSPITAL-BASED HEALTH CLINIC - RHC									15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC									16
17	HOSPITAL-BASED (CMHC)									17
18	RENAL DIALYSIS									18
19	OTHER									19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 09/01/2011		TO: 08/31/2012						20
21	TYPE OF CONTROL			2						21

INPATIENT PPS INFORMATION

22	DOES THIS FACILITY QUALIFY FOR AND RECEIVE DISPROPORTIONATE SHARE HOSPITAL PAYMENT IN ACCORDANCE WITH 42 CFR §412.106 IN COLUMN 1, ENTER 'Y' FOR YES AND 'N' FOR NO. IS THIS FACILTY SUBJECT TO 42 CFR §412.06(c)(2)(PICKLE AMENDMENT HOSPITAL)? IN COLUMN 2, ENTER 'Y', FOR YES OR 'N' FOR NO.	1 N	2 N	22
22.01	DID THIS HOSPITAL RECEIVE INTERIM UNCOMPENSATED CARE PAYMENTS FOR THIS COST REPORTING PERIOD? ENTER IN COLUMN 1, 'Y' FOR YES Or 'N' FOR NO FOR THE PORTION OF THE COST REPORTING PERIOD OCCURRING PRIOR TO OCTOBER 1. ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO FOR THE PORTION OF THE COST REPORTING PERIOD OCCURRING ON OR AFTER OCTOBER 1. (SEE INSTRUCTIONS)			22.01
23	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON LINES 24 AND/OR 25 BELOW? IN COLUMN 1, ENTER 1 IF DATE OF ADMISSION, 2 IF CENSUS DAYS, OR 3 IF DATE OF DISCHARGE. IS THE METHOD OF IDENTIFYING THE DAYS IN THIS COST REPORTING PERIOD DIFFERENT FROM THE METHOD USED IN THE PRIOR COST REPORTING PERIOD? IN COLUMN 2, ENTER 'Y' FOR YES OR 'N' FOR NO.	1 N		23

		IN-STATE MEDICAID PAID DAYS 1	IN-STATE MEDICAID ELIGIBLE UNPAID DAYS 2	OUT-OF STATE MEDICAID PAID DAYS 3	OUT-OF STATE MEDICAID ELIGIBLE UNPAID DAYS 4	MEDICAID HMO DAYS 5	OTHER MEDICAID DAYS 6	
24	IF THIS PROVIDER IS AN IPPS HOSPITAL, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.							24
25	IF THIS PROVIDER IS AN IRF, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF STATE MEDICAID DAYS IN COL. 3, OUT-OF STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.							25
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.			1				26
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER IN COLUMN 1, '1' FOR URBAN OR '2' FOR RURAL. IF APPLICABLE, ENTER THE EFFECTIVE DATE OF THE GEOGRAPHIC RECLASSIFICATION IN COLUMN 2.			1				27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.							35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:		36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.							37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:		38

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

		V	XVIII	XIX	
PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL		1	2	3	
45	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	N	N	N	45
46	IS THIS FACILITY ELIGIBLE FOR ADDITIONAL PAYMENT EXCEPTION FOR EXTRAORDINARY CIRCUMSTANCES PURSUANT TO 42 CFR §412.348(f)? IF YES, COMPLETE WORKSHEET L, PART III AND L-1, PARTS I THROUGH III.	N	N	N	46
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N	47

48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N	48

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA — WORKSHEET S-2 PART I (CONT)

TEACHING HOSPITALS		1	2	3	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N			56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N		57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-5.	N			58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	N			60

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

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

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

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

61.20

ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)			
62	ENTER THE NUMBER OF FTE RESIDENTS THAT YOUR HOSPITAL TRAINED IN THIS COST REPORTING PERIOD FOR WHICH YOUR HOSPITAL RECEIVED HRSA PCRE FUNDING (SEE INSTRUCTIONS)		62
62.01	ENTER THE NUMBER OF FTE RESIDENTS THAT ROTATED FROM A TEACHING HEALTH CENTER (THC) INTO YOUR HOSPITAL IN THIS COST REPORTING PERIOD OF HRSA THC PROGRAM. (SEE INSTRUCTIONS)		62.01
TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS			
63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	N	63

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I (CONT)

		UNWEIGHTED FTES NONPROVIDER SITE	UNWEIGHTED FTES IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	
SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER JULY 1, 2009 AND BEFORE JUNE 30, 2010.					
64	ENTER IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)				64

ENTER IN LINES 65-65.49 IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 ÷ COLUMN 4)). (SEE INSTRUCTIONS)

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

		UNWEIGHTED FTES NONPROVIDER SITE	UNWEIGHTED FTES IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	
SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010					
66	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)				66

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

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

INPATIENT PSYCHIATRIC FACILITY PPS

70	IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	70
71	IF LINE 70 YES:		71

COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO.
COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO.
COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.

INPATIENT REHABILITATION FACILITY PPS

75	IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	75
76	IF LINE 75 YES:		76

COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO.
COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO.
COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.

LONG TERM CARE HOSPITAL PPS

80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	80

TEFRA PROVIDERS

85	IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) TEFRA?. ENTER 'Y' FOR YES OR 'N' FOR NO.	N	85
86	DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR §413.40(f)(1)(ii)? ENTER 'Y' FOR YES, OR 'N' FOR NO.	N	86

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA — WORKSHEET S-2 PART I (CONT)

		V	XIX	
TITLE V AND XIX INPATIENT SERVICES		1	2	
90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.	N	Y	90
91	IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	91
92	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.		N	92
93	DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	93
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	94
95	IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			95
96	DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	96
97	IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			97

RURAL PROVIDERS		1	2	
105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?	N		105
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.			106
107	COLUMN 1: IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES, COMPLETE WORKSHEET D-2, PART II, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&Rs IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.			107
108	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.	N		108

		PHY-SICAL	OCCUP-ATIONAL	SPEECH	RESPI-RATORY	
109	IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.	N				109

MISCELLANEOUS COST REPORTING INFORMATION			
115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2. IF COLUMN 2 IS 'E', ENTER IN COLUMN 3 EITHER '93' PERCENT FOR SHORT TERM HOSPITAL OR '98' PERCENT FOR LONG TERM CARE (INCLUDES PSYCHIATRIC, REHABILITATION AND LONG TERM HOSPITALS PROVIDERS) BASED ON THE DEFINITION IN CMS 15-1§ 2208.1.	N	115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y	117
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.	1	118
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 897,505 PAID LOSSES: 1,847,885 SELF INSURANCE: 1,446,007		118.01
118.02	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN A COST CENTER OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	N	118.02
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 BEDS THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N	N	120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y	121

TRANSPLANT CENTER INFORMATION			
125	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, ENTER CERTIFICATION DATE(S)(MM/DD/YYYY) BELOW.	N	125
126	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		126
127	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		127
128	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		128
129	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		129
130	IF THIS IS A MEDICARE CERTIFIED PANCREAS TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		130
131	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		131
132	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		132
133	IF THIS IS A MEDICARE CERTIFIED OTHER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		133
134	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		134

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA WORKSHEET S-2
PART I (CONT)

ALL PROVIDERS

		1	2	
140	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.	Y	HB0640	140

IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.

141	NAME: NORTHWESTERN MEMORIAL HEALTHCA	CONTRACTOR'S NAME: NGS	CONTRACTOR'S NUMBER: 001310	141
142	STREET: 251 E HURON ST	P.O. BOX:		142
143	CITY: CHICAGO	STATE: IL	ZIP CODE: 60611	143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?		Y	144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, LINE 74 ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.		Y	145
146	HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2.		N	146
147	WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO.		N	147
148	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO.		N	148
149	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO.		N	149

	DOES THIS FACILITY CONTAIN A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES? ENTER 'Y' FOR YES OR 'N' FOR NO FOR EACH COMPONENT FOR PART A AND PART B. SEE 42 CFR §413.13)	TITLE XVIII PART A 1	TITLE XVIII PART B 2	TITLE V 3	TITLE XIX 4	
155	HOSPITAL	N	N		N	155
156	SUBPROVIDER - IPF	N	N			156
157	SUBPROVIDER - IRF	N	N			157
158	SUBPROVIDER - (OTHER)	N	N			158
159	SNF	N	N			159
160	HHA	N	N			160
161	CMHC		N			161
161.10	CORF					161.10

MULTICAMPUS

165	IS THIS HOSPITAL PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSAs? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	165

166 IF LINE 165 IS YES, FOR EACH CAMPUS, ENTER THE NAME IN COLUMN 0, COUNTY IN COLUMN 1, STATE IN COLUMN 2, ZIP IN COLUMN 3, CBSA IN COLUMN 4, FTE/CAMPUS IN COLUMN 5.

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

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

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

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE WORKSHEET S-2 PART II

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES. ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

COMPLETED BY ALL HOSPITALS

		Y/N 1	DATE 2		
	PROVIDER ORGANIZATION AND OPERATION				
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	N			1

		Y/N 1	DATE 2	V/I 3	
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	N			2
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	Y			3

		Y/N 1	TYPE 2	DATE 3	
	FINANCIAL DATA AND REPORTS				
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	Y	A		4
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	N			5

		Y/N 1	Y/N 2	
	APPROVED EDUCATIONAL ACTIVITIES			
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N		6
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	N		7
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	N		9
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11

		Y/N	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.	Y	12
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.	N	13
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.	N	14

BED COMPLEMENT

15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N	15

		PART A		PART B		
		Y/N	DATE	Y/N	DATE	
	PS&R REPORT DATA	1	2	3	4	
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N		16
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	Y	11/15/2012	Y	11/15/2012	17
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N		18
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N		19
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N		20
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N		21

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE WORKSHEET S-2
PART II

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES.
ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)

CAPITAL RELATED COST

22 HAVE ASSETS BEEN RELIFED FOR MEDICARE PURPOSES? IF YES, SEE INSTRUCTIONS. 22

23 HAVE CHANGES OCCURRED IN THE MEDICARE DEPRECIATION EXPENSE DUE TO APPRAISALS MADE DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. 23

24 WERE NEW LEASES AND/OR AMENDMENTS TO EXISTING LEASES ENTERED INTO DURING THIS COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. 24

25 HAVE THERE BEEN NEW CAPITALIZED LEASES ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. 25

26 WERE ASSETS SUBJECT TO SEC. 2314 OF DEFRA ACQUIRED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. 26

27 HAS THE PROVIDER'S CAPITALIZED POLICY CHANGED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. 27

INTEREST EXPENSE

28 WERE NEW LOANS, MORTGAGE AGREEMENTS OR LETTERS OF CREDIT ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. 28

29 DID THE PROVIDER HAVE A FUNDED DEPRECIATION ACCOUNT AND/OR BOND FUNDS (DEBT SERVICE RESERVE FUND) TREATED AS A FUNDED DEPRECIATION ACCOUNT? IF YES, SEE INSTRUCTIONS. 29

30 HAS EXISTING DEBT BEEN REPLACED PRIOR TO ITS SCHEDULED MATURITY WITH NEW DEBT? IF YES, SEE INSTRUCTIONS. 30

31 HAS DEBT BEEN RECALLED BEFORE SCHEDULED MATURITY WITHOUT ISSUANCE OF NEW DEBT? IF YES, SEE INSTRUCTIONS. 31

PURCHASED SERVICES

32 HAVE CHANGES OR NEW AGREEMENTS OCCURRED IN PATIENT CARE SERVICES FURNISHED THROUGH CONTRACTUAL ARRANGEMENTS WITH SUPPLIERS OF SERVICES? IF YES, SEE INSTRUCTIONS. 32

33 IF LINE 32 IS YES, WERE THE REQUIREMENTS OF SEC. 2135.2 APPLIED PERTAINING TO COMPETITIVE BIDDING? IF NO, SEE INSTRUCTIONS. 33

PROVIDER-BASED PHYSICIANS

34 ARE SERVICES FURNISHED AT THE PROVIDER FACILITY UNDER AN ARRANGEMENT WITH PROVIDER-BASED PHYSICIANS? IF YES, SEE INSTRUCTIONS. 34

35 IF LINE 34 IS YES, WERE THERE NEW AGREEMENTS OR AMENDED EXISTING AGREEMENTS WITH THE PROVIDER-BASED PHYSICIANS DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. 35

	Y/N	DATE	
HOME OFFICE COSTS	1	2	
36 WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT?			36
37 IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.			37
38 IF LINE 36 IS YES, WAS THE FISCAL YEAR END OF THE HOME OFFICE DIFFERENT FROM THAT OF THE PROVIDER? IF YES, ENTER IN COLUMN 2 THE FISCAL YEAR END OF THE HOME OFFICE.			38
39 IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS.			39
40 IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.			40

COST REPORT PREPARER CONTACT INFORMATION

41 FIRST NAME: JOHN LAST NAME: VANDER LAAN TITLE: MANAGER OF REIMB 41

42 EMPLOYER: NORTHWESTERN MEMORIAL HOSPITAL 42

43 PHONE NUMBER: 3129266618 E-MAIL ADDRESS: JVANDERL@NMH.ORG 43

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA WORKSHEET S-3
PART I

	COMPONENT	WKST A LINE NO. 1	NO OF BEDS 2	BED DAYS AVAILABLE 3	CAH HOURS 4	INPATIENT DAYS / OUTPATIENT VISITS / TRIPS TITLE V 5	TITLE XVIII 6	TITLE XIX 7	TOTAL ALL PATIENTS 8	
1	HOSPITAL ADULTS & PEDS. (COLS. 5, 6, 7 AND 8 EXCLUDE SWING BED, OBSERVATION BED AND HOSPICE DAYS)(SEE INSTRUCTIONS FOR COL. 2 FOR THE PORTION OF LDP ROOM AVAILABLE BEDS)	30	107	39,162			9,969	1,246	23,858	1
2	HMO AND OTHER (SEE INSTRUCTIONS)						205	186		2
3	HMO IPF SUBPROVIDER									3
4	HMO IRF SUBPROVIDER									4
5	HOSPITAL ADULTS & PEDS. SWING BED SNF									5
6	HOSPITAL ADULTS & PEDS. SWING BED NF									6
7	TOTAL ADULTS & PEDS. (EXCLUDE OBSERVATION BEDS) (SEE INSTR.)		107	39,162			9,969	1,246	23,858	7
8	INTENSIVE CARE UNIT	31	10	3,660			1,014	97	2,250	8
9	CORONARY CARE UNIT	32								9
10	BURN INTENSIVE CARE UNIT	33								10
11	SURGICAL INTENSIVE CARE UNIT	34								11
12	OTHER SPECIAL CARE (SPECIFY)	35								12
13	NURSERY	43						198	4,529	13
14	TOTAL (SEE INSTRUCTIONS)		117	42,822			10,983	1,541	30,637	14
15	CAH VISITS									15
16	SUBPROVIDER - IPF	40								16
17	SUBPROVIDER - IRF	41								17
18	SUBPROVIDER I	42								18
19	SKILLED NURSING FACILITY	44	40	14,640			9,919		11,677	19
20	NURSING FACILITY	45								20
21	OTHER LONG TERM CARE	46								21
22	HOME HEALTH AGENCY	101							9,674	22
23	ASC (DISTINCT PART)	115								23
24	HOSPICE (DISTINCT PART)	116								24
24.10	HOSPICE (NON-DISTINCT PART)	30								24.10
25	CMHC	99								25
26	RHC	88								26
27	TOTAL (SUM OF LINES 14-26)		157							27
28	OBSERVATION BED DAYS								2,006	28
29	AMBULANCE TRIPS									29
30	EMPLOYEE DISCOUNT DAYS (SEE INSTR.)								319	30
31	EMPLOYEE DISCOUNT DAYS-IRF									31
32	LABOR & DELIVERY DAYS (SEE INSTR.)									32
32.01	TOTAL ANCILLARY LABOR & DELIVERY ROOM OUTPATIENT DAYS (SEE INSTR.)									32.01
33	LTCH NON-COVERED DAYS									33

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I
(CONTINUED)

	COMPONENT	WKST A LINE NO.	--- FULL TIME EQUIVALENTS --- TOTAL INTERNS & RESIDENTS	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	DISCHARGES --- TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS	
		1	9	10	11	12	13	14	15	
1	HOSPITAL ADULTS & PEDS. (COLS. 5, 6, 7 AND 8 EXCLUDE SWING BED, OBSERVATION BED AND HOSPICE DAYS)(SEE INSTRUCTIONS FOR COL. 2 FOR THE PORTION OF LDP ROOM AVAILABLE BEDS)	30					2,619	311	8,655	1
2	HMO AND OTHER (SEE INSTRUCTIONS)									2
3	HMO IPF									3
4	HMO IRF									4
5	HOSPITAL ADULTS & PEDS. SWING BED SNF									5
6	HOSPITAL ADULTS & PEDS. SWING BED NF									6
7	TOTAL ADULTS & PEDS. (EXCLUDE OBSERVATION BEDS) (SEE INSTR.)									7
8	INTENSIVE CARE UNIT	31								8
9	CORONARY CARE UNIT	32								9
10	BURN INTENSIVE CARE UNIT	33								10
11	SURGICAL INTENSIVE CARE UNIT	34								11
12	OTHER SPECIAL CARE (SPECIFY)	35								12
13	NURSERY	43								13
14	TOTAL (SEE INSTRUCTIONS)			1,186.63			2,619	311	8,655	14
15	CAH VISITS									15
16	SUBPROVIDER - IPF	40								16
17	SUBPROVIDER - IRF	41								17
18	SUBPROVIDER I	42								18
19	SKILLED NURSING FACILITY	44		48.90						19
20	NURSING FACILITY	45								20
21	OTHER LONG TERM CARE	46		34.40						21
22	HOME HEALTH AGENCY	101		31.74						22
23	ASC (DISTINCT PART)	115								23
24	HOSPICE (DISTINCT PART)	116								24
24.10	HOSPICE (NON-DISTINCT PART)	30								24.10
25	CMHC	99								25
26	RHC	88								26
27	TOTAL (SUM OF LINES 14-26)			1,301.67						27
28	OBSERVATION BED DAYS									28
29	AMBULANCE TRIPS									29
30	EMPLOYEE DISCOUNT DAYS (SEE INSTR.)									30
31	EMPLOYEE DISCOUNT DAYS-IRF									31
32	LABOR & DELIVERY DAYS (SEE INSTR.)									32
32.01	TOTAL ANCILLARY LABOR & DELIVERY ROOM OUTPATIENT DAYS (SEE INSTR.)									32.01
33	LTCH NON-COVERED DAYS									33

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PART II & III

PART II - WAGE DATA

		WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)	
		1	2	3	4	5	6	
	SALARIES							
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200	94,334,775		94,334,775	2,707,512.00	34.84	1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN-PART A ADMINISTRATIVE							4
4.01	PHYSICIAN-PART A - TEACHING							4.01
5	PHYSICIAN-PART B		3,456,902		3,456,902	20,239.00	170.80	5
6	NON-PHYSICIAN-PART B							6
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21						7
7.01	CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM)							7.01
8	HOME OFFICE PERSONNEL							8
9	SNF	44	3,068,431		3,068,431	101,720.00	30.17	9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		12,261,106	19,211	12,280,317	134,295.00	91.44	10
	OTHER WAGES & RELATED COSTS							
11	CONTRACT LABOR (SEE INSTRUCTIONS)							11
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES							12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE							13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		6,615,899		6,615,899	121,287.00	54.55	14
15	HOME OFFICE: PHYSICIAN-PART A - ADMINISTRATIVE							15
16	HOME OFFICE & CONTRACT PHYSICIANS-PART A - TEACHING							16
	WAGE-RELATED COSTS							
17	WAGE-RELATED COSTS (CORE)		17,544,905		17,544,905			17
18	WAGE-RELATED COSTS (OTHER)							18
19	EXCLUDED AREAS		2,304,039		2,304,039			19
20	NON-PHYSICIAN ANESTHETIST PART A							20
21	NON-PHYSICIAN ANESTHETIST PART B							21
22	PHYSICIAN PART A - ADMINISTRATIVE							22
22.01	PHYSICIAN PART A - TEACHING							22.01
23	PHYSICIAN PART B							23
24	WAGE-RELATED COSTS (RHC/FQHC)							24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)							25
	OVERHEAD COSTS - DIRECT SALARIES							
26	EMPLOYEE BENEFITS DEPARTMENT		125,282		125,282	4,377.00	28.62	26
27	ADMINISTRATIVE & GENERAL		15,312,236		15,312,236	455,205.00	33.64	27
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)							28
29	MAINTENANCE & REPAIRS							29
30	OPERATION OF PLANT		1,765,064		1,765,064	72,254.00	24.43	30
31	LAUNDRY & LINEN SERVICE		284,610		284,610	20,068.00	14.18	31
32	HOUSEKEEPING		1,404,106	-19,211	1,384,895	97,211.00	14.25	32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)							33
34	DIETARY		21,155		21,155	400.00	52.89	34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)							35
36	CAFETERIA							36
37	MAINTENANCE OF PERSONNEL		502,918		502,918	17,543.00	28.67	37
38	NURSING ADMINISTRATION		2,503,392		2,503,392	53,902.00	46.44	38
39	CENTRAL SERVICES AND SUPPLY		723,858		723,858	39,002.00	18.56	39
40	PHARMACY		1,551,498		1,551,498	35,080.00	44.23	40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		1,526,577		1,526,577	49,202.00	31.03	41
42	SOCIAL SERVICE							42
43	OTHER GENERAL SERVICE							43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	90,877,873		90,877,873	2,687,273.00	33.82	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	15,329,537	19,211	15,348,748	236,015.00	65.03	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	75,548,336	-19,211	75,529,125	2,451,258.00	30.81	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	6,615,899		6,615,899	121,287.00	54.55	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	17,544,905		17,544,905		23.23%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	99,709,140	-19,211	99,689,929	2,572,545.00	38.75	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	25,720,696	-19,211	25,701,485	844,244.00	30.44	7

HOSPITAL WAGE RELATED COSTS WORKSHEET S-3
PART IV

PART A - CORE LIST

		AMOUNT REPORTED	
	RETIREMENT COST		
1	401K EMPLOYER CONTRIBUTIONS	1,764,268	1
2	TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3	NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		3
4	QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)	1,666,666	4
	PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5	401K/TSA PLAN ADMINISTRATION FEES		5
6	LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7	EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
	HEALTH AND INSURANCE COST		
8	HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	4,310,017	8
9	PRESCRIPTION DRUG PLAN	2,172,001	9
10	DENTAL, HEARING AND VISION PLAN	525,115	10
11	LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	91,234	11
12	ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13	DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	934,537	13
14	LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15	WORKERS' COMPENSATION INSURANCE	908,261	15
16	RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106. NON CUMULATIVE PORTION)		16
	TAXES		
17	FICA-EMPLOYERS PORTION ONLY	6,825,165	17
18	MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19	UNEMPLOYMENT INSURANCE	470,399	19
20	STATE OR FEDERAL UNEMPLOYMENT TAXES		20
	OTHER		
21	EXECUTIVE DEFERRED COMPENSATION (OTHER THAN RETIREMENT COST REPORTED ON LINES 1 THROUGH 4 ABOVE) (SEE INSTRUCTIONS)		21
22	DAY CARE COSTS AND ALLOWANCES		22
23	TUITION REIMBURSEMENT	181,281	23
24	TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	19,848,944	24

PART B - OTHER THAN CORE RELATED COST

25	OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

HOSPITAL CONTRACT LABOR AND BENEFIT COST WORKSHEET S-3
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

	COMPONENT	CONTRACT LABOR	BENEFIT COST	
	0	1	2	
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST			1
2	HOSPITAL			2
3	SUBPROVIDER - IPF			3
4	SUBPROVIDER - IRF			4
5	SUBPROVIDER - (OTHER)			5
6	SWING BEDS - SNF			6
7	SWING BEDS - NF			7
8	HOSPITAL-BASED SNF			8
9	HOSPITAL-BASED NF			9
10	HOSPITAL-BASED OLTC			10
11	HOSPITAL-BASED HHA			11
12	SEPARATELY CERTIFIED ASC			12
13	HOSPITAL-BASED HOSPICE			13
14	HOSPITAL-BASED HEALTH CLINIC - RHC			14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC			15
16	HOSPITAL-BASED (CMHC)			16
17	RENAL DIALYSIS			17
18	OTHER			18

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA HHA NO.: 14-7045 WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA COUNTY:

	DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1	HOME HEALTH AIDE HOURS						1
2	UNDUPLICATED CENSUS COUNT (SEE INSTRUCTION						2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

	ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK: .00	NUMBER OF EMPLOYEES (FULL TIME EQUIVALENT) STAFF 1	CONTRACT 2	TOTAL 3	
3	ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4	DIRECTOR(S) AND ASSISTANT DIRECTOR(S)				4
5	OTHER ADMINISTRATIVE PERSONNEL	0.54		0.54	5
6	DIRECT NURSING SERVICE	14.10		14.10	6
7	NURSING SUPERVISOR	2.51		2.51	7
8	PHYSICAL THERAPY SERVICE	5.99		5.99	8
9	PHYSICAL THERAPY SUPERVISOR				9
10	OCCUPATIONAL THERAPY SERVICE				10
11	OCCUPATIONAL THERAPY SUPERVISOR				11
12	SPEECH PATHOLOGY SERVICE				12
13	SPEECH PATHOLOGY SUPERVISOR				13
14	MEDICAL SOCIAL SERVICE	0.54		0.54	14
15	MEDICAL SOCIAL SERVICE SUPERVISOR				15
16	HOME HEALTH AIDE	1.62		1.62	16
17	HOME HEALTH AIDE SUPERVISOR				17
18	OTHER (SPECIFY)				18

HOME HEALTH AGENCY CBSA CODES

19	ENTER IN COLUMN 1 THE NUMBER OF CBSAs WHERE YOU PROVIDED SERVICES DURING THE COST REPORTING PERIOD.	2	19
20	LIST THOSE CBSA CODE(S) IN COLUMN 1 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE).	16974	20
20.01		29404	20.01

PPS ACTIVITY

		FULL EPISODES WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4	TOTAL (COLS. 1-4) 5	
21	SKILLED NURSING VISITS	4,817	92	252	115	5,276	21
22	SKILLED NURSING VISIT CHARGES	1,323,886	24,617	72,417	31,481	1,452,401	22
23	PHYSICAL THERAPY VISITS	3,210	45	53	53	3,361	23
24	PHYSICAL THERAPY VISIT CHARGES	903,492	12,651	15,489	14,991	946,623	24
25	OCCUPATIONAL THERAPY VISITS	28				28	25
26	OCCUPATIONAL THERAPY VISIT CHARGES	8,097				8,097	26
27	SPEECH PATHOLOGY VISITS	70			2	72	27
28	SPEECH PATHOLOGY VISIT CHARGES	19,855			616	20,471	28
29	MEDICAL SOCIAL SERVICE VISITS	193	36		4	233	29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	74,691	13,932		1,548	90,171	30
31	HOME HEALTH AIDE VISITS	635	67		2	704	31
32	HOME HEALTH AIDE VISIT CHARGES	105,410	11,122		332	116,864	32
33	TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29, AND 31)	8,953	240	305	176	9,674	33
34	OTHER CHARGES	44,237	514	2,773	319	47,843	34
35	TOTAL CHARGES (SUM OF LINES 22, 24, 26, 28, 30, 32 AND 34)	2,479,668	62,836	90,679	49,287	2,682,470	35
36	TOTAL NUMBER OF EPISODES (STANDARD/ NON-OUTLIER)	605		102	16	723	36
37	TOTAL NUMBER OF OUTLIER EPISODES		6		1	7	37
38	TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES						38

PROSPECTIVE PAYMENT FOR SNF WORKSHEET S-7
STATISTICAL DATA

		Y/N 1	DATE 2	
1	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, WERE ALL PATIENTS UNDER MANAGED CARE OR WAS THERE NO MEDICARE UTILIZATION? ENTER 'Y' FOR YES IN COLUMN 1 AND DO NOT COMPLETE THE REST OF THIS WORKSHEET.	N		1
2	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.	N		2

	GROUP 1	SNF DAYS 2	SWING BED SNF DAYS 3	TOTAL (COLS. 2 + 3) 4	
3	RUX				3
4	RUL				4
5	RVX				5
6	RVL				6
7	RHX				7
8	RHL				8
9	RMX				9
10	RML				10
11	RLX				11
12	RUC	849		849	12
13	RUB	1,678		1,678	13
14	RUA	480		480	14
15	RVC	1,434		1,434	15
16	RVB	2,181		2,181	16
17	RVA	782		782	17
18	RHC	727		727	18
19	RHB	514		514	19
20	RHA	210		210	20
21	RMC	250		250	21
22	RMB	275		275	22
23	RMA	109		109	23
24	RLB				24
25	RLA				25
26	ES3				26
27	ES2				27
28	ES1	13		13	28
29	HE2				29
30	HE1	33		33	30
31	HD2	7		7	31
32	HD1	4		4	32
33	HC2				33
34	HC1	9		9	34
35	HB2				35
36	HB1	20		20	36
37	LE2				37
38	LE1	76		76	38
39	LD2				39
40	LD1				40
41	LC2				41
42	LC1				42
43	LB2				43
44	LB1	28		28	44
45	CE2	7		7	45
46	CE1	11		11	46
47	CD2				47
48	CD1				48
49	CC2	2		2	49
50	CC1	104		104	50
51	CB2				51
52	CB1	23		23	52
53	CA2				53
54	CA1	47		47	54
55	SE3				55
56	SE2				56
57	SE1				57
58	SSC				58
59	SSB				59
60	SSA				60
61	IB2				61
62	IB1				62
63	IA1				63
64	IA2				64
65	BB2				65
66	BB1				66
67	BA2				67
68	BA1				68

PROSPECTIVE PAYMENT FOR SNF WORKSHEET S-7
STATISTICAL DATA

	GROUP 1	SNF DAYS 2	SWING BED SNF DAYS 3	TOTAL (COLS. 2 + 3) 4	
69	PE2				69
70	PE1				70
71	PD2				71
72	PD1	14		14	72
73	PC2				73
74	PC1	19		19	74
75	PB2				75
76	PB1	13		13	76
77	PA2				77
78	PA1				78
199	AAA				199
200	TOTAL	9,919		9,919	200

SNF SERVICES		CBSA AT BEGINNING OF COST REPORTING PERIOD 1	CBSA ON/AFTER OCT 1 OF THE COST REPORTING PERIOD (IF APPLICABLE) 2	
201	ENTER IN COLUMN 1 THE SNF CBSA CODE, OR 5 CHARACTER NON-CBSA CODE IF A RURAL FACILITY, IN EFFECT AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER IN COLUMN 2 THE CODE IN EFFECT ON OR AFTER OCTOBER 1 OF THE COST REPORTING PERIOD (IF APPLICABLE).			201

A NOTICE PUBLISHED IN THE FEDERAL REGISTER VOLUME 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. FOR LINES 202 THROUGH 207: ENTER IN COLUMN 1 THE AMOUNT OF THE EXPENSE FOR EACH CATEGORY. ENTER IN COLUMN 2 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 7, COLUMN 3. IN COLUMN 3, ENTER 'Y' OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)

		EXPENSES 1	PERCENTAGE 2	ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES? 3	
202	STAFFING			Y	202
203	RECRUITMENT				203
204	RETENTION OF EMPLOYEES				204
205	TRAINING			Y	205
206	OTHER (OTHER (STAFF MEETINGS))			Y	206
207	TOTAL SNF REVENUE (WORKSHEET G-2, PART I, LINE 7, COLUMN 3)	9,438,122			207

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA WORKSHEET S-10

	UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION		
1	COST TO CHARGE RATIO (WKST C, PART I, LINE 202, COL. 3 DIVIDED BY LINE 202, COL. 8)	0.298008	1
	MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)		
2	NET REVENUE FROM MEDICAID	678,331	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?	N	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?		4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID		5
6	MEDICAID CHARGES	48,716,678	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)	14,517,960	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5) IF LINE 7 IS LESS THAN THE SUM OF LINES 2 AND 5, THEN ENTER ZERO.	13,839,629	8
	STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)		
9	NET REVENUE FROM STAND-ALONE SCHIP		9
10	STAND-ALONE SCHIP CHARGES		10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)		11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9) IF LINE 11 IS LESS THAN LINE 9, THEN ENTER ZERO.		12
	OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)		
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)		13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)		14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)		15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13) IF LINE 15 IS LESS THAN LINE 13, THEN ENTER ZERO.		16
	UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)		
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE		17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS		18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)	13,839,629	19

		UNINSURED PATIENTS 1	INSURED PATIENTS 2	TOTAL 3	
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FACILITY	24,784,711	5,591,767	30,376,478	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	7,386,042	1,666,391	9,052,433	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	75,155	167,754	242,909	22
23	COST OF CHARITY CARE	7,310,887	1,498,637	8,809,524	23

24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM	N	24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGHTH OF STAY LIMIT (SEE INSTRUCTIONS)		25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)	7,596,043	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V	340,926	27
28	NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)	7,255,117	28
29	COST OF NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)	2,162,083	29
30	COST OF UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)	10,971,607	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)	24,811,236	31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES WORKSHEET A

		COST CENTER	SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI-CATIONS 4	
		GENERAL SERVICE COST CENTERS					
1	00100	CAP REL COSTS-BLDG & FIXT		19,343,648	19,343,648	-2,071,472	1
2	00200	CAP REL COSTS-MVBLE EQUIP				7,526,619	2
3	00300	OTHER CAP REL COSTS					3
4	00400	EMPLOYEE BENEFITS DEPARTMENT	125,282	16,421,806	16,547,088		4
5	00500	ADMINISTRATIVE & GENERAL	15,312,236	47,840,696	63,152,932	-6,412,449	5
6	00600	MAINTENANCE & REPAIRS					6
7	00700	OPERATION OF PLANT	1,765,064	6,017,518	7,782,582	331,570	7
8	00800	LAUNDRY & LINEN SERVICE	284,610	204,639	489,249		8
9	00900	HOUSEKEEPING	1,404,106	1,154,356	2,558,462	-19,211	9
10	01000	DIETARY	21,155	3,982,235	4,003,390		10
11	01100	CAFETERIA		790,570	790,570		11
12	01200	MAINTENANCE OF PERSONNEL	502,918	986,713	1,489,631		12
13	01300	NURSING ADMINISTRATION	2,503,392	583,201	3,086,593	14,637	13
14	01400	CENTRAL SERVICES & SUPPLY	723,858	274,579	998,437	-26,065	14
15	01500	PHARMACY	1,551,498	7,957,402	9,508,900	-7,254,625	15
16	01600	MEDICAL RECORDS & LIBRARY	1,526,577	2,831,739	4,358,316	8,233	16
17	01700	SOCIAL SERVICE					17
19	01900	NONPHYSICIAN ANESTHETISTS					19
20	02000	NURSING SCHOOL					20
21	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21
22	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22
23	02300	PARAMED ED PRGM-(SPECIFY)					23
		INPATIENT ROUTINE SERV COST CENTERS					
30	03000	ADULTS & PEDIATRICS	11,145,105	948,522	12,093,627	-1,737,179	30
31	03100	INTENSIVE CARE UNIT	1,748,794	240,909	1,989,703	-114,294	31
43	04300	NURSERY	719,493	72,395	791,888	1,012,137	43
44	04400	SKILLED NURSING FACILITY	3,068,431	276,676	3,345,107	73,742	44
45	04500	NURSING FACILITY	1,497,135	889,770	2,386,905	19,211	45
46	04600	OTHER LONG TERM CARE					46
		ANCILLARY SERVICE COST CENTERS					
50	05000	OPERATING ROOM	7,630,891	14,513,407	22,144,298	-13,365,105	50
52	05200	DELIVERY ROOM & LABOR ROOM	2,515,712	507,602	3,023,314	-379,185	52
54	05400	RADIOLOGY-DIAGNOSTIC	5,696,831	4,880,740	10,577,571	-1,344,221	54
55	05500	RADIOLOGY-THERAPEUTIC	784,262	358,065	1,142,327	2,466	55
57	05700	CT SCAN	570,216	443,663	1,013,879	-131,447	57
58	05800	MRI	2,120,137	920,365	3,040,502	-288,428	58
59	05900	CARDIAC CATHETERIZATION	554,018	1,460,412	2,014,430	-1,381,909	59
60	06000	LABORATORY	3,405,575	4,672,887	8,078,462	160,924	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	06500	RESPIRATORY THERAPY	919,041	147,600	1,066,641	-126,725	65
66	06600	PHYSICAL THERAPY	3,865,523	202,242	4,067,765	46,535	66
68	06800	SPEECH PATHOLOGY	1,142,439	388,252	1,530,691	-254,542	68
69	06900	ELECTROCARDIOLOGY	502,661	75,994	578,655	16,963	69
70	07000	ELECTROENCEPHALOGRAPHY	320,496	8,065	328,561		70
71	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				10,113,744	71
72	07200	IMPL. DEV. CHARGED TO PATIENTS				7,429,491	72
73	07300	DRUGS CHARGED TO PATIENTS				9,429,965	73
76.97	07697	CARDIAC REHABILITATION	452,624	46,791	499,415		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY					76.98
76.99	07699	LITHOTRIPSY					76.99
		OUTPATIENT SERVICE COST CENTERS					
90.01	09001	OP PEDS ONC CLINIC	469,046	50,003	519,049	-11,403	90.01
90.02	09002	WOUND CLINIC	236,958	616,788	853,746	-165,784	90.02
91	09100	EMERGENCY	8,243,585	929,989	9,173,574	-640,758	91
92	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92
92.01	09201	OBSERVATION BEDS-DISTINCT	241,135	7,403	248,538	-47	92.01
		OTHER REIMBURSABLE COST CENTERS					
101	10100	HOME HEALTH AGENCY	2,520,457	1,034,396	3,554,853	27,850	101
		SPECIAL PURPOSE COST CENTERS					
118		SUBTOTALS (sum of lines 1-117)	86,091,261	142,082,038	228,173,299	489,238	118
		NONREIMBURSABLE COST CENTERS					
190	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	378,085	1,002,157	1,380,242		190
192	19200	PHYSICIANS' PRIVATE OFFICES	2,979,059	3,145,359	6,124,418	-424,733	192
194	07950	HEALTH & FITNESS CENTER	3,755,889	4,304,387	8,060,276	794	194
194.01	07951	OCCUPATIONAL HEALTH	1,130,481	197,714	1,328,195	-65,299	194.01
200		TOTAL (sum of lines 118-199)	94,334,775	150,731,655	245,066,430		200

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES WORKSHEET A

		COST CENTER	RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST-MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7	
		GENERAL SERVICE COST CENTERS				
1	00100	CAP REL COSTS-BLDG & FIXT	17,272,176	-6,111,155	11,161,021	1
2	00200	CAP REL COSTS-MVBLE EQUIP	7,526,619	-2,069,300	5,457,319	2
3	00300	OTHER CAP REL COSTS				3
4	00400	EMPLOYEE BENEFITS DEPARTMENT	16,547,088	-12,684	16,534,404	4
5	00500	ADMINISTRATIVE & GENERAL	56,740,483	-4,667,271	52,073,212	5
6	00600	MAINTENANCE & REPAIRS				6
7	00700	OPERATION OF PLANT	8,114,152	-48,051	8,066,101	7
8	00800	LAUNDRY & LINEN SERVICE	489,249	-498	488,751	8
9	00900	HOUSEKEEPING	2,539,251	-90	2,539,161	9
10	01000	DIETARY	4,003,390	-701,663	3,301,727	10
11	01100	CAFETERIA	790,570	-373,534	417,036	11
12	01200	MAINTENANCE OF PERSONNEL	1,489,631	-102,191	1,387,440	12
13	01300	NURSING ADMINISTRATION	3,101,230		3,101,230	13
14	01400	CENTRAL SERVICES & SUPPLY	972,372	-58	972,314	14
15	01500	PHARMACY	2,254,275	972	2,255,247	15
16	01600	MEDICAL RECORDS & LIBRARY	4,366,549	-137,484	4,229,065	16
17	01700	SOCIAL SERVICE				17
19	01900	NONPHYSICIAN ANESTHETISTS				19
20	02000	NURSING SCHOOL				20
21	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21
22	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22
23	02300	PARAMED ED PRGM-(SPECIFY)				23
		INPATIENT ROUTINE SERV COST CENTERS				
30	03000	ADULTS & PEDIATRICS	10,356,448	-2,587	10,353,861	30
31	03100	INTENSIVE CARE UNIT	1,875,409		1,875,409	31
43	04300	NURSERY	1,804,025		1,804,025	43
44	04400	SKILLED NURSING FACILITY	3,418,849		3,418,849	44
45	04500	NURSING FACILITY	2,406,116	-67,312	2,338,804	45
46	04600	OTHER LONG TERM CARE				46
		ANCILLARY SERVICE COST CENTERS				
50	05000	OPERATING ROOM	8,779,193		8,779,193	50
52	05200	DELIVERY ROOM & LABOR ROOM	2,644,129	-107,846	2,536,283	52
54	05400	RADIOLOGY-DIAGNOSTIC	9,233,350	-695	9,232,655	54
55	05500	RADIOLOGY-THERAPEUTIC	1,144,793		1,144,793	55
57	05700	CT SCAN	882,432		882,432	57
58	05800	MRI	2,752,074		2,752,074	58
59	05900	CARDIAC CATHETERIZATION	632,521		632,521	59
60	06000	LABORATORY	8,239,386	-152,070	8,087,316	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	06500	RESPIRATORY THERAPY	939,916		939,916	65
66	06600	PHYSICAL THERAPY	4,114,300	-93,951	4,020,349	66
68	06800	SPEECH PATHOLOGY	1,276,149	-1,230	1,274,919	68
69	06900	ELECTROCARDIOLOGY	595,618	-19,000	576,618	69
70	07000	ELECTROENCEPHALOGRAPHY	328,561		328,561	70
71	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,113,744		10,113,744	71
72	07200	IMPL. DEV. CHARGED TO PATIENTS	7,429,491		7,429,491	72
73	07300	DRUGS CHARGED TO PATIENTS	9,429,965		9,429,965	73
76.97	07697	CARDIAC REHABILITATION	499,415	-4,140	495,275	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				76.98
76.99	07699	LITHOTRIPSY				76.99
		OUTPATIENT SERVICE COST CENTERS				
90.01	09001	OP PEDS ONC CLINIC	507,646		507,646	90.01
90.02	09002	WOUND CLINIC	687,962		687,962	90.02
91	09100	EMERGENCY	8,532,816	-3,856,459	4,676,357	91
92	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92
92.01	09201	OBSERVATION BEDS-DISTINCT	248,491		248,491	92.01
		OTHER REIMBURSABLE COST CENTERS				
101	10100	HOME HEALTH AGENCY	3,582,703	-1,700,144	1,882,559	101
		SPECIAL PURPOSE COST CENTERS				
118		SUBTOTALS (sum of lines 1-117)	228,662,537	-20,228,441	208,434,096	118
		NONREIMBURSABLE COST CENTERS				
190	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,380,242	-1,380,242		190
192	19200	PHYSICIANS' PRIVATE OFFICES	5,699,685	-5,699,685		192
194	07950	HEALTH & FITNESS CENTER	8,061,070	-8,061,070		194
194.01	07951	OCCUPATIONAL HEALTH	1,262,896	-6,319	1,256,577	194.01
200		TOTAL (sum of lines 118-199)	245,066,430	-35,375,757	209,690,673	200

RECLASSIFICATIONS WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	IMPLANT RECLASS	A	IMPL. DEV. CHARGED TO PATIENT	72		7,429,491	1
2	IMPLANT RECLASS	A					2
3	IMPLANT RECLASS	A					3
4	IMPLANT RECLASS	A					4
5	IMPLANT RECLASS	A					5
500	TOTAL RECLASSIFICATIONS					7,429,491	500
	CODE LETTER - A						
1	MED SUPPLY	B	MEDICAL SUPPLIES CHARGED TO P	71		10,113,744	1
2	MED SUPPLY	B					2
3	MED SUPPLY	B					3
4	MED SUPPLY	B					4
5	MED SUPPLY	B					5
6	MED SUPPLY	B					6
7	MED SUPPLY	B					7
8	MED SUPPLY	B					8
9	MED SUPPLY	B					9
10	MED SUPPLY	B					10
11	MED SUPPLY	B					11
12	MED SUPPLY	B					12
13	MED SUPPLY	B					13
14	MED SUPPLY	B					14
15	MED SUPPLY	B					15
16	MED SUPPLY	B					16
17	MED SUPPLY	B					17
18	MED SUPLY	B					18
500	TOTAL RECLASSIFICATIONS					10,113,744	500
	CODE LETTER - B						
1	DRUG RECLASS	C	DRUGS CHARGED TO PATIENTS	73		9,429,965	1
2	DRUG RECLASS	C					2
3	DRUG RECLASS	C					3
4	DRUG RECLASS	C					4
5	DRUG RECLASS	C					5
6	DRUG RECLASS	C					6
7	DRUG RECLASS	C					7
8	DRUG RECLASS	C					8
9	DRUG RECLASS	C					9
10	DRUG RECLASS	C					10
11	DRUG RECLASS	C					11
12	DRUG RECLASS	C					12
13	DRUG RECLASS	C					13
500	TOTAL RECLASSIFICATIONS					9,429,965	500
	CODE LETTER - C						
1	HOUSEKEEPING	D	NURSING FACILITY	45	19,211		1
500	TOTAL RECLASSIFICATIONS				19,211		500
	CODE LETTER - D						
1	CAPITAL RELATED RECLASS	E	OPERATION OF PLANT	7		331,570	1
2			NURSING ADMINISTRATION	13		14,637	2
3			PHARMACY	15		169,000	3
4			SKILLED NURSING FACILITY	44		74,497	4
5			OPERATING ROOM	50		83,695	5
6			DELIVERY ROOM & LABOR ROOM	52		23,760	6
7			RADIOLOGY-DIAGNOSTIC	54		148,309	7
8			RADIOLOGY-THERAPEUTIC	55		2,466	8
9			CARDIAC CATHETERIZATION	59		37,214	9
10			LABORATORY	60		103,987	10
11			PHYSICAL THERAPY	66		8,795	11
12			EMERGENCY	91		6,295	12
13			PHYSICIANS' PRIVATE OFFICES	192		131,365	13
14			HEALTH & FITNESS CENTER	194		794	14
500	TOTAL RECLASSIFICATIONS					1,136,384	500
	CODE LETTER - E						
1	RECLASS DEPREC FROM BLDG TO EQUIP	F	CAP REL COSTS-MVBLE EQUIP	2		5,940,479	1
2	RECLASS HOME OFFICE DEPREC	F	CAP REL COSTS-MVBLE EQUIP	2		1,586,140	2
3	RECLASS INTEREST	F	CAP REL COSTS-BLDG & FIXT	1		3,869,007	3
500	TOTAL RECLASSIFICATIONS					11,395,626	500
	CODE LETTER - F						

RECLASSIFICATIONS WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	MOB	G	ADMINISTRATIVE & GENERAL	5		179,082	1
2	MOB	G	MEDICAL RECORDS & LIBRARY	16		8,233	2
3	MOB	G	RADIOLOGY-DIAGNOSTIC	54		55,840	3
4	MOB	G	LABORATORY	60		139,807	4
5	MOB	G	PHYSICAL THERAPY	66		56,634	5
6	MOB	G	SPEECH PATHOLOGY	68		71,689	6
7	MOB	G	ELECTROCARDIOLOGY	69		16,963	7
8	MOB	G	HOME HEALTH AGENCY	101		27,850	8
500	TOTAL RECLASSIFICATIONS					556,098	500
	CODE LETTER - G						
1	NURSERY RECLASS	H	NURSERY	43	933,869	124,754	1
500	TOTAL RECLASSIFICATIONS				933,869	124,754	500
	CODE LETTER - H						
	GRAND TOTAL (INCREASES)				953,080	40,186,062	

RECLASSIFICATIONS WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
		1	6	7	8	9	10
1	IMPLANT RECLASS	A	ADULTS & PEDIATRICS	30		2,943	1
2	IMPLANT RECLASS	A	OPERATING ROOM	50		6,419,648	2
3	IMPLANT RECLASS	A	DELIVERY ROOM & LABOR ROOM	52		705	3
4	IMPLANT RECLASS	A	RADIOLOGY-DIAGNOSTIC	54		221,614	4
5	IMPLANT RECLASS	A	CARDIAC CATHETERIZATION	59		784,581	5
500	TOTAL RECLASSIFICATIONS					7,429,491	500
	CODE LETTER - A						
1	MED SUPPLY	B	CENTRAL SERVICES & SUPPLY	14		26,065	1
2	MED SUPPLY	B	ADULTS & PEDIATRICS	30		346,603	2
3	MED SUPPLY	B	INTENSIVE CARE UNIT	31		114,294	3
4	MED SUPPLY	B	NURSERY	43		46,486	4
5	MED SUPPLY	B					5
6	MED SUPPLY	B	OPERATING ROOM	50		6,804,395	6
7	MED SUPPLY	B	DELIVERY ROOM & LABOR ROOM	52		388,705	7
8	MED SUPPLY	B	RADIOLOGY-DIAGNOSTIC	54		914,626	8
9	MED SUPPLY	B	CT SCAN	57		7,085	9
10	MED SUPPLY	B	MRI	58		5,528	10
11	MED SUPPLY	B	CARDIAC CATHETERIZATION	59		600,593	11
12	MED SUPPLY	B	RESPIRATORY THERAPY	65		126,725	12
13	MED SUPPLY	B	PHYSICAL THERAPY	66		18,894	13
14	MED SUPPLY	B	SPEECH PATHOLOGY	68		326,231	14
15	MED SUPPLY	B	OP PEDS ONC CLINIC	90.01		11,403	15
16	MED SUPPLY	B	EMERGENCY	91		353,515	16
17	MED SUPPLY	B	OBSERVATION BEDS-DISTINCT	92.01		47	17
18	MED SUPLY	B	OCCUPATIONAL HEALTH	194.01		22,549	18
500	TOTAL RECLASSIFICATIONS					10,113,744	500
	CODE LETTER - B						
1	DRUG RECLASS	C	PHARMACY	15		7,423,625	1
2	DRUG RECLASS	C	ADULTS & PEDIATRICS	30		329,010	2
3	DRUG RECLASS	C	SKILLED NURSING FACILITY	44		755	3
4	DRUG RECLASS	C	OPERATING ROOM	50		224,757	4
5	DRUG RECLASS	C	DELIVERY ROOM & LABOR ROOM	52		13,535	5
6	DRUG RECLASS	C	RADIOLOGY-DIAGNOSTIC	54		412,130	6
7	DRUG RECLASS	C	CT SCAN	57		124,362	7
8	DRUG RECLASS	C	MRI	58		282,900	8
9	DRUG RECLASS	C	CARDIAC CATHETERIZATION	59		33,949	9
10	DRUG RECLASS	C	LABORATORY	60		82,870	10
11	DRUG RECLASS	C	WOUND CLINIC	90.02		165,784	11
12	DRUG RECLASS	C	EMERGENCY	91		293,538	12
13	DRUG RECLASS	C	OCCUPATIONAL HEALTH	194.01		42,750	13
500	TOTAL RECLASSIFICATIONS					9,429,965	500
	CODE LETTER - C						
1	HOUSEKEEPING	D	HOUSEKEEPING	9	19,211		1
500	TOTAL RECLASSIFICATIONS				19,211		500
	CODE LETTER - D						
1	CAPITAL RELATED RECLASS	E	ADMINISTRATIVE & GENERAL	5		1,136,384	1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
500	TOTAL RECLASSIFICATIONS					1,136,384	500
	CODE LETTER - E						
1	RECLASS DEPREC FROM BLDG TO EQUIP	F	CAP REL COSTS-BLDG & FIXT	1		5,940,479	9 1
2	RECLASS HOME OFFICE DEPREC	F	ADMINISTRATIVE & GENERAL	5		1,586,140	9 2
3	RECLASS INTEREST	F	ADMINISTRATIVE & GENERAL	5		3,869,007	9 3
500	TOTAL RECLASSIFICATIONS					11,395,626	500
	CODE LETTER - F						

RECLASSIFICATIONS WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
		1	6	7	8	9	10
1	MOB	G	PHYSICIANS' PRIVATE OFFICES	192		179,082	1
2	MOB	G	PHYSICIANS' PRIVATE OFFICES	192		8,233	2
3	MOB	G	PHYSICIANS' PRIVATE OFFICES	192		55,840	3
4	MOB	G	PHYSICIANS' PRIVATE OFFICES	192		139,807	4
5	MOB	G	PHYSICIANS' PRIVATE OFFICES	192		56,634	5
6	MOB	G	PHYSICIANS' PRIVATE OFFICES	192		71,689	6
7	MOB	G	PHYSICIANS' PRIVATE OFFICES	192		16,963	7
8	MOB	G	PHYSICIANS' PRIVATE OFFICES	192		27,850	8
500	TOTAL RECLASSIFICATIONS					556,098	500
	CODE LETTER - G						
1	NURSERY RECLASS	H	ADULTS & PEDIATRICS	30	933,869	124,754	1
500	TOTAL RECLASSIFICATIONS				933,869	124,754	500
	CODE LETTER - H						
	GRAND TOTAL (DECREASES)				953,080	40,186,062	

RECONCILIATION OF CAPITAL COST CENTERS WORKSHEET A-7
PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS PURCHASE 2	ACQUISITIONS DONATION 3	ACQUISITIONS TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
1	LAND	52,129,000	3,404,262		3,404,262		55,533,262		1
2	LAND IMPROVEMENTS								2
3	BUILDINGS AND FIXTURES	156,793,722	2,684,501		2,684,501		159,478,223		3
4	BUILDING IMPROVEMENTS								4
5	FIXED EQUIPMENT								5
6	MOVABLE EQUIPMENT	32,138,682	237,950		237,950	27,847	32,348,785		6
7	HIT DESIGNATED ASSETS								7
8	SUBTOTAL (SUM OF LINES 1-7)	241,061,404	6,326,713		6,326,713	27,847	247,360,270		8
9	RECONCILING ITEMS								9
10	TOTAL (LINE 7 MINUS LINE 9)	241,061,404	6,326,713		6,326,713	27,847	247,360,270		10

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

	DESCRIPTION	SUMMARY OF CAPITAL DEPREC-IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL-RELATED COSTS (SEE INSTR.) 14	TOTAL(1) (SUM OF COLS. 9-14) 15	
1	CAP REL COSTS-BLDG & FIXT	19,343,648						19,343,648	1
2	CAP REL COSTS-MVBLE EQUIP								2
3	TOTAL (SUM OF LINES 1-2)	19,343,648						19,343,648	3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	DESCRIPTION	COMPUTATION OF RATIOS GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO (COL. 1 - COL. 2) 3	RATIO (SEE INSTR.) 4	ALLOCATION OF OTHER CAPITAL INSURANCE 5	TAXES 6	OTHER CAPITAL-RELATED COSTS 7	TOTAL (SUM OF COLS. 5-7) 8	
1	CAP REL COSTS-BLDG & FIXT	215,011,505		215,011,505	0.869224					1
2	CAP REL COSTS-MVBLE EQUIP	32,348,765		32,348,765	0.130776					2
3	TOTAL (SUM OF LINES 1-2)	247,360,270		247,360,270	1.000000					3

	DESCRIPTION	SUMMARY OF CAPITAL DEPREC-IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL-RELATED COSTS (SEE INSTR.) 14	TOTAL(2) (SUM OF COLS. 9-14) 15	
1	CAP REL COSTS-BLDG & FIXT	11,161,021						11,161,021	1
2	CAP REL COSTS-MVBLE EQUIP	5,457,319						5,457,319	2
3	TOTAL	16,618,340						16,618,340	3

ADJUSTMENTS TO EXPENSES WORKSHEET A-8

	DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO. 4	WKST A-7 REF 5	
1	INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)			CAP REL COSTS-BLDG & FIXT	1		1
2	INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2		2
3	INVESTMENT INCOME-OTHER (chapter 2)						3
4	TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)						4
5	REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)						5
6	RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)						6
7	TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)						7
8	TELEVISION AND RADIO SERVICE (chapter 21)						8
9	PARKING LOT (chapter 21)						9
10	PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-5,691,163				10
11	SALE OF SCRAP, WASTE, ETC. (chapter 23)						11
12	RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	824,069				12
13	LAUNDRY AND LINEN SERVICE						13
14	CAFETERIA - EMPLOYEES AND GUESTS						14
15	RENTAL OF QUARTERS TO EMPLOYEES & OTHERS						15
16	SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS						16
17	SALE OF DRUGS TO OTHER THAN PATIENTS						17
18	SALE OF MEDICAL RECORDS AND ABSTRACTS						18
19	NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)						19
20	VENDING MACHINES						20
21	INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)						21
22	INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT						22
23	ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		RESPIRATORY THERAPY	65		23
24	ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		PHYSICAL THERAPY	66		24
25	UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114		25
26	DEPRECIATION--BUILDINGS & FIXTURES	A	-6,111,155	CAP REL COSTS-BLDG & FIXT	1	9	26
27	DEPRECIATION--MOVABLE EQUIPMENT	A	-2,069,300	CAP REL COSTS-MVBLE EQUIP	2	9	27
28	NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19		28
29	PHYSICIANS' ASSISTANT						29
30	ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67		30
31	ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		SPEECH PATHOLOGY	68		31
32	CAH HIT ADJ FOR DEPRECIATION AND						32
33	HAP REVENUE OFFSET	B	-2,045,305	ADMINISTRATIVE & GENERAL	5		33
33.03	OTHER FOOD SERVICE	B	-694,822	DIETARY	10		33.03
33.04	OTHER FOOD SERVICE	B	-373,534	CAFETERIA	11		33.04
33.05	OTHER FOOD SERVICE	B	-161,163	HEALTH & FITNESS CENTER	194		33.05
34	HEALTH & FITNESS	B	-8,201,526	HEALTH & FITNESS CENTER	194		34
34.01	RENTAL INCOME	B	-1,001,603	ADMINISTRATIVE & GENERAL	5		34.01
34.02	RENTAL INCOME	B	-91,270	MAINTENANCE OF PERSONNEL	12		34.02
34.03	RENTAL INCOME	B	-46,512	NURSING FACILITY	45		34.03
34.04	RENTAL INCOME	B	-936	RADIOLOGY-DIAGNOSTIC	54		34.04
34.05	RENTAL INCOME	B	-740	LABORATORY	60		34.05
34.06	RENTAL INCOME	B	-832,327	GIFT, FLOWER, COFFEE SHOP & CAN	190		34.06
35	RENTAL INCOME	B	-5,998,365	PHYSICIANS' PRIVATE OFFICES	192		35
35.01	RENTAL INCOME	B	-199,983	HEALTH & FITNESS CENTER	194		35.01
36							36
37	MISC	B	-240,681	ADMINISTRATIVE & GENERAL	5		37
37.01	MISC	B	114	OPERATION OF PLANT	7		37.01
37.02	MISC	B	1,025	PHARMACY	15		37.02
37.03	MISC	B	1,655	RADIOLOGY-DIAGNOSTIC	54		37.03
37.04	MISC	B	3,523	PHYSICIANS' PRIVATE OFFICES	192		37.04
37.05	OTHER OP INCOME	B	-594,103	ADMINISTRATIVE & GENERAL	5		37.05
37.06	OTHER OP INCOME	B	-48,165	OPERATION OF PLANT	7		37.06
37.07	OTHER OP INCOME	B	-498	LAUNDRY & LINEN SERVICE	8		37.07
37.08	OTHER OP INCOME	B	-90	HOUSEKEEPING	9		37.08
37.09	OTHER OP INCOME	B	-6,841	DIETARY	10		37.09
37.10	OTHER OP INCOME	B	-318	MAINTENANCE OF PERSONNEL	12		37.10
37.11	OTHER OP INCOME	B	-58	CENTRAL SERVICES & SUPPLY	14		37.11
37.12	OTHER OP INCOME	B	-53	PHARMACY	15		37.12
37.13	OTHER OP INCOME	B	-3,985	MEDICAL RECORDS & LIBRARY	16		37.13
37.14	OTHER OP INCOME	B	-2,587	ADULTS & PEDIATRICS	30		37.14

ADJUSTMENTS TO EXPENSES WORKSHEET A-8

	DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO. 4	WKST A-7 REF 5	
37.16	OTHER OP INCOME	B	-107,846	DELIVERY ROOM & LABOR ROOM	52		37.16
37.17	OTHER OP INCOME	B	-1,414	RADIOLOGY-DIAGNOSTIC	54		37.17
37.18	OTHER OP INCOME	B	-580	LABORATORY	60		37.18
37.19	OTHER OP INCOME	B	-9,773	PHYSICAL THERAPY	66		37.19
37.20	OTHER OP INCOME	B	-1,230	SPEECH PATHOLOGY	68		37.20
37.21	OTHER OP INCOME	B	-4,140	CARDIAC REHABILITATION	76.97		37.21
37.22	OTHER OP INCOME	B	-1,700,144	HOME HEALTH AGENCY	101		37.22
38	OTHER OP INCOME	B	-600,736	GIFT, FLOWER, COFFEE SHOP & CAN	190		38
39	OTHER OP INCOME	B	-21,589	PHYSICIANS' PRIVATE OFFICES	192		39
40	OTHER OP INCOME	B	-6,319	OCCUPATIONAL HEALTH	194.01		40
41	MISC UNALLOWABLE EXPENSE	A	-162,371	ADMINISTRATIVE & GENERAL	5		41
42	MISC UNALLOWABLE EXPENSE	A	-23,850	HEALTH & FITNESS CENTER	194		42
43	OFFSET LIMITED TO COST	B	52,821	GIFT, FLOWER, COFFEE SHOP & CAN	190		43
44	OFFSET LIMITED TO COST	B	1,784,442	PHYSICIANS' PRIVATE OFFICES	192		44
45	OFFSET LIMITED TO COST	B	816,958	HEALTH & FITNESS CENTER	194		45
46							46
47	REAL ESTATE TAXES	A	-12,684	EMPLOYEE BENEFITS DEPARTMENT	4		47
48	REAL ESTATE TAXES	A	-10,603	MAINTENANCE OF PERSONNEL	12		48
48.01	REAL ESTATE TAXES	A	-20,800	NURSING FACILITY	45		48.01
49	REAL ESTATE TAXES	A	-1,467,696	PHYSICIANS' PRIVATE OFFICES	192		49
49.01	REAL ESTATE TAXES	A	-291,506	HEALTH & FITNESS CENTER	194		49.01
50	TOTAL (SUM OF LINES 1 THRU 49) TRANSFER TO WKST A, COL. 6, LINE 200)		-35,375,757				50

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS WORKSHEET A-8-1

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

	LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ-USTMENTS (COL. 4-5)	WKST A-7 REF	
	1	2	3	4	5	6	7	
1	5	ADMINISTRATIVE & GENERAL	MANAGEMENT FEES NMHC	22,871,729	22,047,660	824,069		1
2	54	RADIOLOGY-DIAGNOSTIC	VARIOUS NMH	42,126	42,126			2
3	60	LABORATORY	VARIOUS NMH	54,332	54,332			3
3.01	91	EMERGENCY	VARIOUS NMC	16,859	16,859			4.01
3.02	5	ADMINISTRATIVE & GENERAL	VARIOUS NMPG	2,846,306	2,846,306			4.02
3.03	4	EMPLOYEE BENEFITS DEPARTMENT	VAROPIS NMIC	87,347	87,347			4.03
3.04	5	ADMINISTRATIVE & GENERAL	VARIOUS NMIC	1,769,257	1,769,257			4.04
4								4
5		TOTALS (SUM OF LINES 1-4) TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.		27,687,956	26,863,887	824,069		5

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

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

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

			-------- RELATED ORGANIZATION(S) AND/OR HOME OFFICE ----------			
SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
6	B	100.00	NM HEALTHCARE		HEALTHCARE	6
7	B		NM HOSPITAL		HEALTHCARE	7
8	B		NM PHYSICIANSGROUP		HEALTHCARE	8
9	B		NM INSURANCE CO		HEALTHCARE	9
9.01	B		NHC		HEALTHCARE	10.01
10						10

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS WORKSHEET A-8-2

	WKST A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER		TOTAL REMUNERA-TION INCL FRINGES	PROFES-SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD-JUSTED RCE LIMIT	5 PERCENT OF UNAD-JUSTED RCE LIMIT	
	1	2		3	4	5	6	7	8	9	
1	4	EMPLOYEE BENEFITS DEPART									1
2	5	ADMINISTRATIVE & GENERAL	AGGREGATE	1,447,277	1,447,277						2
3	13	NURSING ADMINISTRATION									3
4	16	MEDICAL RECORDS & LIBRAR	AGGREGATE	133,499	133,499						4
5	45	NURSING FACILITY									5
6	52	DELIVERY ROOM & LABOR RO									6
7	54	RADIOLOGY-DIAGNOSTIC									7
8	60	LABORATORY	AGGREGATE	150,750	150,750						8
9	66	PHYSICAL THERAPY	AGGREGATE	84,178	84,178						9
10	69	ELECTROCARDIOLOGY	AGGREGATE	19,000	19,000						10
11	91	EMERGENCY	AGGREGATE	3,971,639	3,670,615	301,023	177,200	1,352	115,180	5,759	11
200		TOTAL		5,806,343	5,505,319	301,023		1,352	115,180	5,759	200

PROVIDER-BASED PHYSICIAN ADJUSTMENTS WORKSHEET A-8-2

	WKST A LINE NO. 10	COST CENTER/ PHYSICIAN IDENTIFIER 11		COST OF MEMBERSHIP & CONTIN. EDUCATION 12	PROVIDER COMPONENT SHARE OF COLUMN 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COLUMN 14 15	ADJUSTED RCE LIMIT 16	RCE DIS-ALLOWANCE 17	ADJUST-MENT 18	
1	4	EMPLOYEE BENEFITS DEPART									1
2	5	ADMINISTRATIVE & GENERAL	AGGREGATE							1,447,277	2
3	13	NURSING ADMINISTRATION									3
4	16	MEDICAL RECORDS & LIBRAR	AGGREGATE							133,499	4
5	45	NURSING FACILITY									5
6	52	DELIVERY ROOM & LABOR RO									6
7	54	RADIOLOGY-DIAGNOSTIC									7
8	60	LABORATORY	AGGREGATE							150,750	8
9	66	PHYSICAL THERAPY	AGGREGATE							84,178	9
10	69	ELECTROCARDIOLOGY	AGGREGATE							19,000	10
11	91	EMERGENCY	AGGREGATE					115,180	185,843	3,856,459	11
200		TOTAL						115,180	185,843	5,691,163	200

COST ALLOCATION - GENERAL SERVICE COSTS WORKSHEET B
PART I

	COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS DEPARTMENT 4	SUBTOTAL (COLS.0-4) 4A	
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT	11,161,021	11,161,021				1
2	CAP REL COSTS-MVBLE EQUIP	5,457,319		5,457,319			2
4	EMPLOYEE BENEFITS DEPARTMENT	16,534,404	75,751		16,610,155		4
5	ADMINISTRATIVE & GENERAL	52,073,212	1,694,701	588,891	2,700,569	57,057,373	5
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT	8,066,101	1,536,066	72,949	311,181	9,986,297	7
8	LAUNDRY & LINEN SERVICE	488,751	149,655	6,951	50,177	695,534	8
9	HOUSEKEEPING	2,539,161	3,216	5,895	247,544	2,795,816	9
10	DIETARY	3,301,727	397,955		3,730	3,703,412	10
11	CAFETERIA	417,036				417,036	11
12	MAINTENANCE OF PERSONNEL	1,387,440	230,533		88,664	1,706,637	12
13	NURSING ADMINISTRATION	3,101,230		58	441,348	3,542,636	13
14	CENTRAL SERVICES & SUPPLY	972,314	358,949		127,616	1,458,879	14
15	PHARMACY	2,255,247	71,293	6,529	273,529	2,606,598	15
16	MEDICAL RECORDS & LIBRARY	4,229,065	80,050	6,812	269,136	4,585,063	16
17	SOCIAL SERVICE						17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES APPRVD						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	10,353,861	1,385,392	21,246	1,964,882	13,725,381	30
31	INTENSIVE CARE UNIT	1,875,409	184,713	2,018	308,312	2,370,452	31
43	NURSERY	1,804,025	127,812		126,847	2,058,684	43
44	SKILLED NURSING FACILITY	3,418,849	584,355	1,358	540,964	4,545,526	44
45	NURSING FACILITY	2,338,804	629,220	1,099	263,945	3,233,068	45
46	OTHER LONG TERM CARE						46
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	8,779,193	1,075,160	1,307,653	1,345,326	12,507,332	50
52	DELIVERY ROOM & LABOR ROOM	2,536,283	161,850		443,520	3,141,653	52
54	RADIOLOGY-DIAGNOSTIC	9,232,655	635,111	1,720,317	1,004,351	12,592,434	54
55	RADIOLOGY-THERAPEUTIC	1,144,793	203,531	856,023	138,265	2,342,612	55
57	CT SCAN	882,432		17,596	100,529	1,000,557	57
58	MRI	2,752,074	57,410	475,651	373,780	3,658,915	58
59	CARDIAC CATHETERIZATION	632,521	18,118	51,881	97,673	800,193	59
60	LABORATORY	8,087,316	275,588	142,041	600,403	9,105,348	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	939,916	10,667	11,285	162,027	1,123,895	65
66	PHYSICAL THERAPY	4,020,349	502,236		681,492	5,204,077	66
68	SPEECH PATHOLOGY	1,274,919		16,222	201,412	1,492,553	68
69	ELECTROCARDIOLOGY	576,618		47,187	88,619	712,424	69
70	ELECTROENCEPHALOGRAPHY	328,561	35,280		56,503	420,344	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,113,744				10,113,744	71
72	IMPL. DEV. CHARGED TO PATIENTS	7,429,491				7,429,491	72
73	DRUGS CHARGED TO PATIENTS	9,429,965				9,429,965	73
76.97	CARDIAC REHABILITATION	495,275	44,260	30,196	79,798	649,529	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	OP PEDS ONC CLINIC	507,646	54,672		82,693	645,011	90.01
90.02	WOUND CLINIC	687,962		8,558	41,776	738,296	90.02
91	EMERGENCY	4,676,357	415,786	30,841	1,453,344	6,576,328	91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01	OBSERVATION BEDS-DISTINCT	248,491		3,259	42,512	294,262	92.01
	OTHER REIMBURSABLE COST CENTERS						
101	HOME HEALTH AGENCY	1,882,559			444,357	2,326,916	101
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)	208,434,096	10,999,330	5,432,516	15,156,824	206,794,271	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		30,345	365	66,656	97,366	190
192	PHYSICIANS' PRIVATE OFFICES				525,208	525,208	192
194	HEALTH & FITNESS CENTER			23,150	662,163	685,313	194
194.01	OCCUPATIONAL HEALTH	1,256,577	131,346	1,288	199,304	1,588,515	194.01
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	209,690,673	11,161,021	5,457,319	16,610,155	209,690,673	202

COST ALLOCATION - GENERAL SERVICE COSTS WORKSHEET B
PART I

	COST CENTER DESCRIPTION	ADMINIS-TRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	
		5	7	8	9	10	
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
5	ADMINISTRATIVE & GENERAL	57,057,373					5
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT	3,733,078	13,719,375				7
8	LAUNDRY & LINEN SERVICE	260,005	261,401	1,216,940			8
9	HOUSEKEEPING	1,045,132	5,617	608,468	4,455,033		9
10	DIETARY	1,384,409	695,104		67,912	5,850,837	10
11	CAFETERIA	155,896			18,110		11
12	MAINTENANCE OF PERSONNEL	637,975	402,669		9,055		12
13	NURSING ADMINISTRATION	1,324,308					13
14	CENTRAL SERVICES & SUPPLY	545,358	626,973		45,275		14
15	PHARMACY	974,398	124,527		27,165		15
16	MEDICAL RECORDS & LIBRARY	1,713,988	139,822		99,604		16
17	SOCIAL SERVICE						17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES APPRVD						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	5,130,816	2,419,848	332,791	2,544,441	2,885,686	30
31	INTENSIVE CARE UNIT	886,122	322,635	36,841	203,736	272,210	31
43	NURSERY	769,577	223,247	84,453	63,385		43
44	SKILLED NURSING FACILITY	1,699,209	1,020,687	8,962	144,879	1,395,344	44
45	NURSING FACILITY	1,208,585	1,099,052	54,309		1,297,597	45
46	OTHER LONG TERM CARE						46
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	4,675,491	1,877,971	20,791	470,857		50
52	DELIVERY ROOM & LABOR ROOM	1,174,413	282,702	25,096			52
54	RADIOLOGY-DIAGNOSTIC	4,707,304	1,109,341		108,659		54
55	RADIOLOGY-THERAPEUTIC	875,715	355,505				55
57	CT SCAN	374,028					57
58	MRI	1,367,776	100,278				58
59	CARDIAC CATHETERIZATION	299,128	31,646				59
60	LABORATORY	3,403,761	481,367		135,824		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	420,134	18,632		40,747		65
66	PHYSICAL THERAPY	1,945,388	877,250	5,158	49,802		66
68	SPEECH PATHOLOGY	557,946					68
69	ELECTROCARDIOLOGY	266,318					69
70	ELECTROENCEPHALOGRAPHY	157,133	61,624				70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,780,720					71
72	IMPL. DEV. CHARGED TO PATIENTS	2,777,292					72
73	DRUGS CHARGED TO PATIENTS	3,525,110					73
76.97	CARDIAC REHABILITATION	242,807	77,308	2,506			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	OP PEDS ONC CLINIC	241,118	95,495		212,791		90.01
90.02	WOUND CLINIC	275,990					90.02
91	EMERGENCY	2,458,363	726,250	37,565	176,571		91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01	OBSERVATION BEDS-DISTINCT	110,001					92.01
	OTHER REIMBURSABLE COST CENTERS						
101	HOME HEALTH AGENCY	869,848					101
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)	55,974,640	13,436,951	1,216,940	4,418,813	5,850,837	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	36,397	53,003		36,220		190
192	PHYSICIANS' PRIVATE OFFICES	196,333					192
194	HEALTH & FITNESS CENTER	256,184					194
194.01	OCCUPATIONAL HEALTH	593,819	229,421				194.01
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	57,057,373	13,719,375	1,216,940	4,455,033	5,850,837	202

COST ALLOCATION - GENERAL SERVICE COSTS WORKSHEET B PART I

	COST CENTER DESCRIPTION	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11	12	13	14	15	
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
5	ADMINISTRATIVE & GENERAL						5
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
10	DIETARY						10
11	CAFETERIA	591,042					11
12	MAINTENANCE OF PERSONNEL		2,756,336				12
13	NURSING ADMINISTRATION			4,866,944			13
14	CENTRAL SERVICES & SUPPLY				2,676,485		14
15	PHARMACY				21,409	3,754,097	15
16	MEDICAL RECORDS & LIBRARY				72,009		16
17	SOCIAL SERVICE						17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES APPRVD						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	291,508	1,002,304	1,909,355	80,200	251,436	30
31	INTENSIVE CARE UNIT	27,498		222,682	13,257	45,890	31
43	NURSERY			110,436	5,795	9,132	43
44	SKILLED NURSING FACILITY	140,955			12,122	5,251	44
45	NURSING FACILITY	131,081			19,044	44,938	45
46	OTHER LONG TERM CARE						46
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM			1,083,387	1,424,759	1,940,292	50
52	DELIVERY ROOM & LABOR ROOM			365,142	45,097	149,757	52
54	RADIOLOGY-DIAGNOSTIC			13,253	288,033	218,308	54
55	RADIOLOGY-THERAPEUTIC				4,409		55
57	CT SCAN				13,651	571	57
58	MRI			76,576	38,689	7,877	58
59	CARDIAC CATHETERIZATION			56,145	149,000	25,632	59
60	LABORATORY		250,576		289,079	94,741	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY				13,913	6,618	65
66	PHYSICAL THERAPY		250,576	12,777	3,474	206	66
68	SPEECH PATHOLOGY				35,381	880	68
69	ELECTROCARDIOLOGY				2,652	22,398	69
70	ELECTROENCEPHALOGRAPHY				833		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72	IMPL. DEV. CHARGED TO PATIENTS						72
73	DRUGS CHARGED TO PATIENTS						73
76.97	CARDIAC REHABILITATION			49,794	2,203	1,051	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	OP PEDS ONC CLINIC			45,754	3,016	78,112	90.01
90.02	WOUND CLINIC			12,007	18,494	16,764	90.02
91	EMERGENCY		501,152	889,098	63,442	787,292	91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01	OBSERVATION BEDS-DISTINCT				16	13	92.01
	OTHER REIMBURSABLE COST CENTERS						
101	HOME HEALTH AGENCY				5,268	293	101
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)	591,042	2,004,608	4,846,406	2,625,245	3,707,452	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN				2,227		190
192	PHYSICIANS' PRIVATE OFFICES			20,538	3,716	5,214	192
194	HEALTH & FITNESS CENTER				37,992		194
194.01	OCCUPATIONAL HEALTH		751,728		7,305	41,431	194.01
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	591,042	2,756,336	4,866,944	2,676,485	3,754,097	202

COST ALLOCATION - GENERAL SERVICE COSTS WORKSHEET B
PART I

	COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY 16	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26	
	GENERAL SERVICE COST CENTERS					
1	CAP REL COSTS-BLDG & FIXT					1
2	CAP REL COSTS-MVBLE EQUIP					2
4	EMPLOYEE BENEFITS DEPARTMENT					4
5	ADMINISTRATIVE & GENERAL					5
6	MAINTENANCE & REPAIRS					6
7	OPERATION OF PLANT					7
8	LAUNDRY & LINEN SERVICE					8
9	HOUSEKEEPING					9
10	DIETARY					10
11	CAFETERIA					11
12	MAINTENANCE OF PERSONNEL					12
13	NURSING ADMINISTRATION					13
14	CENTRAL SERVICES & SUPPLY					14
15	PHARMACY					15
16	MEDICAL RECORDS & LIBRARY	6,610,486				16
17	SOCIAL SERVICE					17
19	NONPHYSICIAN ANESTHETISTS					19
20	NURSING SCHOOL					20
21	I&R SERVICES-SALARY & FRINGES APPRVD					21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD					22
23	PARAMED ED PRGM-(SPECIFY)					23
	INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS	420,007	30,993,773		30,993,773	30
31	INTENSIVE CARE UNIT	74,529	4,475,852		4,475,852	31
43	NURSERY	47,798	3,372,507		3,372,507	43
44	SKILLED NURSING FACILITY	91,102	9,064,037		9,064,037	44
45	NURSING FACILITY		7,087,674		7,087,674	45
46	OTHER LONG TERM CARE					46
	ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	669,294	24,670,174		24,670,174	50
52	DELIVERY ROOM & LABOR ROOM	94,743	5,278,603		5,278,603	52
54	RADIOLOGY-DIAGNOSTIC	859,521	19,896,853		19,896,853	54
55	RADIOLOGY-THERAPEUTIC	201,974	3,780,215		3,780,215	55
57	CT SCAN	349,661	1,738,468		1,738,468	57
58	MRI	633,761	5,883,872		5,883,872	58
59	CARDIAC CATHETERIZATION	85,605	1,447,349		1,447,349	59
60	LABORATORY	874,765	14,635,461		14,635,461	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	RESPIRATORY THERAPY	59,481	1,683,420		1,683,420	65
66	PHYSICAL THERAPY	189,584	8,538,292		8,538,292	66
68	SPEECH PATHOLOGY	45,277	2,132,037		2,132,037	68
69	ELECTROCARDIOLOGY	189,584	1,193,376		1,193,376	69
70	ELECTROENCEPHALOGRAPHY	12,884	652,818		652,818	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	303,596	14,198,060		14,198,060	71
72	IMPL. DEV. CHARGED TO PATIENTS	144,021	10,350,804		10,350,804	72
73	DRUGS CHARGED TO PATIENTS	491,725	13,446,800		13,446,800	73
76.97	CARDIAC REHABILITATION	14,125	1,039,323		1,039,323	76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90.01	OP PEDS ONC CLINIC	27,987	1,349,284		1,349,284	90.01
90.02	WOUND CLINIC	22,062	1,083,613		1,083,613	90.02
91	EMERGENCY	704,589	12,920,650		12,920,650	91
92	OBSERVATION BEDS (NON-DISTINCT PART)					92
92.01	OBSERVATION BEDS-DISTINCT	2,811	407,103		407,103	92.01
	OTHER REIMBURSABLE COST CENTERS					
101	HOME HEALTH AGENCY		3,202,325		3,202,325	101
	SPECIAL PURPOSE COST CENTERS					
118	SUBTOTALS (sum of lines 1-117)	6,610,486	204,522,743		204,522,743	118
	NONREIMBURSABLE COST CENTERS					
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		225,213		225,213	190
192	PHYSICIANS' PRIVATE OFFICES		751,009		751,009	192
194	HEALTH & FITNESS CENTER		979,489		979,489	194
194.01	OCCUPATIONAL HEALTH		3,212,219		3,212,219	194.01
200	CROSS FOOT ADJUSTMENTS					200
201	NEGATIVE COST CENTER					201
202	TOTAL (SUM OF LINES 118-201)	6,610,486	209,690,673		209,690,673	202

ALLOCATION OF CAPITAL-RELATED COSTS WORKSHEET B
PART II

	COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	EMPLOYEE BENEFITS DEPARTMENT 4	
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT		75,751		75,751	75,751	4
5	ADMINISTRATIVE & GENERAL		1,694,701	588,891	2,283,592	12,636	5
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT		1,536,066	72,949	1,609,015	1,412	7
8	LAUNDRY & LINEN SERVICE		149,655	6,951	156,606	228	8
9	HOUSEKEEPING		3,216	5,895	9,111	1,123	9
10	DIETARY		397,955		397,955	17	10
11	CAFETERIA						11
12	MAINTENANCE OF PERSONNEL		230,533		230,533	402	12
13	NURSING ADMINISTRATION			58	58	2,003	13
14	CENTRAL SERVICES & SUPPLY		358,949		358,949	579	14
15	PHARMACY		71,293	6,529	77,822	1,241	15
16	MEDICAL RECORDS & LIBRARY		80,050	6,812	86,862	1,221	16
17	SOCIAL SERVICE						17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES APPRVD						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS		1,385,392	21,246	1,406,638	8,916	30
31	INTENSIVE CARE UNIT		184,713	2,018	186,731	1,399	31
43	NURSERY		127,812		127,812	576	43
44	SKILLED NURSING FACILITY		584,355	1,358	585,713	2,455	44
45	NURSING FACILITY		629,220	1,099	630,319	1,198	45
46	OTHER LONG TERM CARE						46
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM		1,075,160	1,307,653	2,382,813	6,105	50
52	DELIVERY ROOM & LABOR ROOM		161,850		161,850	2,013	52
54	RADIOLOGY-DIAGNOSTIC		635,111	1,720,317	2,355,428	4,557	54
55	RADIOLOGY-THERAPEUTIC		203,531	856,023	1,059,554	627	55
57	CT SCAN			17,596	17,596	456	57
58	MRI		57,410	475,651	533,061	1,696	58
59	CARDIAC CATHETERIZATION		18,118	51,881	69,999	443	59
60	LABORATORY		275,588	142,041	417,629	2,724	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY		10,667	11,285	21,952	735	65
66	PHYSICAL THERAPY		502,236		502,236	3,092	66
68	SPEECH PATHOLOGY			16,222	16,222	914	68
69	ELECTROCARDIOLOGY			47,187	47,187	402	69
70	ELECTROENCEPHALOGRAPHY		35,280		35,280	256	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72	IMPL. DEV. CHARGED TO PATIENTS						72
73	DRUGS CHARGED TO PATIENTS						73
76.97	CARDIAC REHABILITATION		44,260	30,196	74,456	362	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	OP PEDS ONC CLINIC		54,672		54,672	375	90.01
90.02	WOUND CLINIC			8,558	8,558	190	90.02
91	EMERGENCY		415,786	30,841	446,627	6,595	91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01	OBSERVATION BEDS-DISTINCT			3,259	3,259	193	92.01
	OTHER REIMBURSABLE COST CENTERS						
101	HOME HEALTH AGENCY					2,016	101
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)		10,999,330	5,432,516	16,431,846	69,157	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		30,345	365	30,710	302	190
192	PHYSICIANS' PRIVATE OFFICES					2,383	192
194	HEALTH & FITNESS CENTER			23,150	23,150	3,005	194
194.01	OCCUPATIONAL HEALTH		131,346	1,288	132,634	904	194.01
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)		11,161,021	5,457,319	16,618,340	75,751	202

ALLOCATION OF CAPITAL-RELATED COSTS WORKSHEET B
PART II

	COST CENTER DESCRIPTION	ADMINIS-TRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	
		5	7	8	9	10	
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
5	ADMINISTRATIVE & GENERAL	2,296,228					5
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT	150,234	1,760,661				7
8	LAUNDRY & LINEN SERVICE	10,464	33,547	200,845			8
9	HOUSEKEEPING	42,060	721	100,423	153,438		9
10	DIETARY	55,714	89,205		2,339	545,230	10
11	CAFETERIA	6,274			624		11
12	MAINTENANCE OF PERSONNEL	25,675	51,676		312		12
13	NURSING ADMINISTRATION	53,295					13
14	CENTRAL SERVICES & SUPPLY	21,947	80,462		1,559		14
15	PHARMACY	39,214	15,981		936		15
16	MEDICAL RECORDS & LIBRARY	68,978	17,944		3,431		16
17	SOCIAL SERVICE						17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES APPRVD						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	206,496	310,551	54,924	87,635	268,912	30
31	INTENSIVE CARE UNIT	35,661	41,405	6,080	7,017	25,367	31
43	NURSERY	30,971	28,650	13,938	2,183		43
44	SKILLED NURSING FACILITY	68,383	130,989	1,479	4,990	130,030	44
45	NURSING FACILITY	48,638	141,046	8,963		120,921	45
46	OTHER LONG TERM CARE						46
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	188,160	241,007	3,431	16,217		50
52	DELIVERY ROOM & LABOR ROOM	47,263	36,280	4,142			52
54	RADIOLOGY-DIAGNOSTIC	189,441	142,366		3,742		54
55	RADIOLOGY-THERAPEUTIC	35,242	45,623				55
57	CT SCAN	15,052					57
58	MRI	55,045	12,869				58
59	CARDIAC CATHETERIZATION	12,038	4,061				59
60	LABORATORY	136,981	61,776		4,678		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	16,908	2,391		1,403		65
66	PHYSICAL THERAPY	78,290	112,581	851	1,715		66
68	SPEECH PATHOLOGY	22,454					68
69	ELECTROCARDIOLOGY	10,718					69
70	ELECTROENCEPHALOGRAPHY	6,324	7,908				70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	152,151					71
72	IMPL. DEV. CHARGED TO PATIENTS	111,769					72
73	DRUGS CHARGED TO PATIENTS	141,864					73
76.97	CARDIAC REHABILITATION	9,772	9,921	414			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	OP PEDS ONC CLINIC	9,704	12,255		7,329		90.01
90.02	WOUND CLINIC	11,107					90.02
91	EMERGENCY	98,934	93,202	6,200	6,081		91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01	OBSERVATION BEDS-DISTINCT	4,427					92.01
	OTHER REIMBURSABLE COST CENTERS						
101	HOME HEALTH AGENCY	35,006					101
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)	2,252,654	1,724,417	200,845	152,191	545,230	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,465	6,802		1,247		190
192	PHYSICIANS' PRIVATE OFFICES	7,901					192
194	HEALTH & FITNESS CENTER	10,310					194
194.01	OCCUPATIONAL HEALTH	23,898	29,442				194.01
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	2,296,228	1,760,661	200,845	153,438	545,230	202

ALLOCATION OF CAPITAL-RELATED COSTS WORKSHEET B PART II

	COST CENTER DESCRIPTION	CAFETERIA	MAIN-TENANCE OF PERSONNEL	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11	12	13	14	15	
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
5	ADMINISTRATIVE & GENERAL						5
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
10	DIETARY						10
11	CAFETERIA	6,898					11
12	MAINTENANCE OF PERSONNEL		308,598				12
13	NURSING ADMINISTRATION			55,356			13
14	CENTRAL SERVICES & SUPPLY				463,496		14
15	PHARMACY				3,709	138,903	15
16	MEDICAL RECORDS & LIBRARY				12,475		16
17	SOCIAL SERVICE						17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES APPRVD						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	3,402	112,218	21,716	13,894	9,303	30
31	INTENSIVE CARE UNIT	321		2,533	2,297	1,698	31
43	NURSERY			1,256	1,004	338	43
44	SKILLED NURSING FACILITY	1,645			2,100	194	44
45	NURSING FACILITY	1,530			3,299	1,663	45
46	OTHER LONG TERM CARE						46
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM			12,322	246,641	71,791	50
52	DELIVERY ROOM & LABOR ROOM			4,153	7,813	5,541	52
54	RADIOLOGY-DIAGNOSTIC			151	49,900	8,078	54
55	RADIOLOGY-THERAPEUTIC				764		55
57	CT SCAN				2,365	21	57
58	MRI			871	6,703	291	58
59	CARDIAC CATHETERIZATION			639	25,813	948	59
60	LABORATORY		28,054		50,081	3,506	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY				2,410	245	65
66	PHYSICAL THERAPY		28,054	145	602	8	66
68	SPEECH PATHOLOGY				6,129	33	68
69	ELECTROCARDIOLOGY				459	829	69
70	ELECTROENCEPHALOGRAPHY				144		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72	IMPL. DEV. CHARGED TO PATIENTS						72
73	DRUGS CHARGED TO PATIENTS						73
76.97	CARDIAC REHABILITATION			566	382	39	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	OP PEDS ONC CLINIC			520	523	2,890	90.01
90.02	WOUND CLINIC			137	3,204	620	90.02
91	EMERGENCY		56,109	10,113	10,991	29,130	91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01	OBSERVATION BEDS-DISTINCT				3		92.01
	OTHER REIMBURSABLE COST CENTERS						
101	HOME HEALTH AGENCY				913	11	101
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)	6,898	224,435	55,122	454,618	137,177	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN				386		190
192	PHYSICIANS' PRIVATE OFFICES			234	644	193	192
194	HEALTH & FITNESS CENTER				6,582		194
194.01	OCCUPATIONAL HEALTH		84,163		1,266	1,533	194.01
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	6,898	308,598	55,356	463,496	138,903	202

ALLOCATION OF CAPITAL-RELATED COSTS WORKSHEET B
PART II

	COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY 16	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26	
	GENERAL SERVICE COST CENTERS					
1	CAP REL COSTS-BLDG & FIXT					1
2	CAP REL COSTS-MVBLE EQUIP					2
4	EMPLOYEE BENEFITS DEPARTMENT					4
5	ADMINISTRATIVE & GENERAL					5
6	MAINTENANCE & REPAIRS					6
7	OPERATION OF PLANT					7
8	LAUNDRY & LINEN SERVICE					8
9	HOUSEKEEPING					9
10	DIETARY					10
11	CAFETERIA					11
12	MAINTENANCE OF PERSONNEL					12
13	NURSING ADMINISTRATION					13
14	CENTRAL SERVICES & SUPPLY					14
15	PHARMACY					15
16	MEDICAL RECORDS & LIBRARY	190,911				16
17	SOCIAL SERVICE					17
19	NONPHYSICIAN ANESTHETISTS					19
20	NURSING SCHOOL					20
21	I&R SERVICES-SALARY & FRINGES APPRVD					21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD					22
23	PARAMED ED PRGM-(SPECIFY)					23
	INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS	12,120	2,516,725		2,516,725	30
31	INTENSIVE CARE UNIT	2,151	312,660		312,660	31
43	NURSERY	1,379	208,107		208,107	43
44	SKILLED NURSING FACILITY	2,629	930,607		930,607	44
45	NURSING FACILITY		957,577		957,577	45
46	OTHER LONG TERM CARE					46
	ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	19,314	3,187,801		3,187,801	50
52	DELIVERY ROOM & LABOR ROOM	2,734	271,789		271,789	52
54	RADIOLOGY-DIAGNOSTIC	24,803	2,778,466		2,778,466	54
55	RADIOLOGY-THERAPEUTIC	5,828	1,147,638		1,147,638	55
57	CT SCAN	10,090	45,580		45,580	57
58	MRI	18,288	628,824		628,824	58
59	CARDIAC CATHETERIZATION	2,470	116,411		116,411	59
60	LABORATORY	25,395	730,824		730,824	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	RESPIRATORY THERAPY	1,716	47,760		47,760	65
66	PHYSICAL THERAPY	5,471	733,045		733,045	66
68	SPEECH PATHOLOGY	1,307	47,059		47,059	68
69	ELECTROCARDIOLOGY	5,471	65,066		65,066	69
70	ELECTROENCEPHALOGRAPHY	372	50,284		50,284	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,761	160,912		160,912	71
72	IMPL. DEV. CHARGED TO PATIENTS	4,156	115,925		115,925	72
73	DRUGS CHARGED TO PATIENTS	14,190	156,054		156,054	73
76.97	CARDIAC REHABILITATION	408	96,320		96,320	76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90.01	OP PEDS ONC CLINIC	808	89,076		89,076	90.01
90.02	WOUND CLINIC	637	24,453		24,453	90.02
91	EMERGENCY	20,332	784,314		784,314	91
92	OBSERVATION BEDS (NON-DISTINCT PART)					92
92.01	OBSERVATION BEDS-DISTINCT	81	7,963		7,963	92.01
	OTHER REIMBURSABLE COST CENTERS					
101	HOME HEALTH AGENCY		37,946		37,946	101
	SPECIAL PURPOSE COST CENTERS					
118	SUBTOTALS (sum of lines 1-117)	190,911	16,249,186		16,249,186	118
	NONREIMBURSABLE COST CENTERS					
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		40,912		40,912	190
192	PHYSICIANS' PRIVATE OFFICES		11,355		11,355	192
194	HEALTH & FITNESS CENTER		43,047		43,047	194
194.01	OCCUPATIONAL HEALTH		273,840		273,840	194.01
200	CROSS FOOT ADJUSTMENTS					200
201	NEGATIVE COST CENTER					201
202	TOTAL (SUM OF LINES 118-201)	190,911	16,618,340		16,618,340	202

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES 4	RECON-CILIATION 5A	ADMINIS-TRATIVE & GENERAL ACCUM COST 5	
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT	350,518					1
2	CAP REL COSTS-MVBLE EQUIP		540,110,384				2
4	EMPLOYEE BENEFITS DEPARTMENT	2,379		9,420,949,521			4
5	ADMINISTRATIVE & GENERAL	53,223	58,282,971	1,531,223,618	-57,057,373	152,633,300	5
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT	48,241	7,219,806	176,506,365		9,986,297	7
8	LAUNDRY & LINEN SERVICE	4,700	687,958	28,461,023		695,534	8
9	HOUSEKEEPING	101	583,463	140,410,579		2,795,816	9
10	DIETARY	12,498		2,115,540		3,703,412	10
11	CAFETERIA					417,036	11
12	MAINTENANCE OF PERSONNEL	7,240		50,291,800		1,706,637	12
13	NURSING ADMINISTRATION		5,779	250,339,248		3,542,636	13
14	CENTRAL SERVICES & SUPPLY	11,273		72,385,824		1,458,879	14
15	PHARMACY	2,239	646,152	155,149,804		2,606,598	15
16	MEDICAL RECORDS & LIBRARY	2,514	674,163	152,657,694		4,585,063	16
17	SOCIAL SERVICE						17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES APPRVD						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	43,509	2,102,731	1,114,510,530		13,725,381	30
31	INTENSIVE CARE UNIT	5,801	199,734	174,879,433		2,370,452	31
43	NURSERY	4,014		71,949,342		2,058,684	43
44	SKILLED NURSING FACILITY	18,352	134,400	306,843,082		4,545,526	44
45	NURSING FACILITY	19,761	108,780	149,713,468		3,233,068	45
46	OTHER LONG TERM CARE						46
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	33,766	129,419,290	763,089,065		12,507,332	50
52	DELIVERY ROOM & LABOR ROOM	5,083		251,571,245		3,141,653	52
54	RADIOLOGY-DIAGNOSTIC	19,946	170,256,834	569,683,098		12,592,434	54
55	RADIOLOGY-THERAPEUTIC	6,392	84,721,218	78,426,245		2,342,612	55
57	CT SCAN		1,741,500	57,021,589		1,000,557	57
58	MRI	1,803	47,075,505	212,013,713		3,658,915	58
59	CARDIAC CATHETERIZATION	569	5,134,687	55,401,840		800,193	59
60	LABORATORY	8,655	14,057,870	340,557,451		9,105,348	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	335	1,116,891	91,904,058		1,123,895	65
66	PHYSICAL THERAPY	15,773		386,552,271		5,204,077	66
68	SPEECH PATHOLOGY		1,605,462	114,243,935		1,492,553	68
69	ELECTROCARDIOLOGY		4,670,136	50,266,107		712,424	69
70	ELECTROENCEPHALOGRAPHY	1,108		32,049,593		420,344	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS					10,113,744	71
72	IMPL. DEV. CHARGED TO PATIENTS					7,429,491	72
73	DRUGS CHARGED TO PATIENTS					9,429,965	73
76.97	CARDIAC REHABILITATION	1,390	2,988,506	45,262,435		649,529	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	OP PEDS ONC CLINIC	1,717		46,904,632		645,011	90.01
90.02	WOUND CLINIC		846,943	23,695,801		738,296	90.02
91	EMERGENCY	13,058	3,052,369	824,358,451		6,576,328	91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01	OBSERVATION BEDS-DISTINCT		322,545	24,113,479		294,262	92.01
	OTHER REIMBURSABLE COST CENTERS						
101	HOME HEALTH AGENCY			252,045,677		2,326,916	101
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)	345,440	537,655,693	8,596,598,035	-57,057,373	149,736,898	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	953	36,109	37,808,527		97,366	190
192	PHYSICIANS' PRIVATE OFFICES			297,905,932		525,208	192
194	HEALTH & FITNESS CENTER		2,291,155	375,588,920		685,313	194
194.01	OCCUPATIONAL HEALTH	4,125	127,427	113,048,107		1,588,515	194.01

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES 4	RECON-CILIATION 5A	ADMINIS-TRATIVE & GENERAL ACCUM COST 5	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	11,161,021	5,457,319	16,610,155		57,057,373	202
203	UNIT COST MULT-WS B PT I	31.841506	0.010104	0.001763		0.373820	203
204	COST TO BE ALLOC PER B PT II			75,751		2,296,228	204
205	UNIT COST MULT-WS B PT II			0.000008		0.015044	205

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	
		SQUARE FEET	POUNDS OF LAUNDRY	HOURS OF SERVICE	MEALS SERVED	MEALS SERVED	
		7	8	9	10	11	
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
5	ADMINISTRATIVE & GENERAL						5
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT	246,675					7
8	LAUNDRY & LINEN SERVICE	4,700	3,144,224				8
9	HOUSEKEEPING	101	1,572,112	984			9
10	DIETARY	12,498		15	146,889		10
11	CAFETERIA			4		146,889	11
12	MAINTENANCE OF PERSONNEL	7,240		2			12
13	NURSING ADMINISTRATION						13
14	CENTRAL SERVICES & SUPPLY	11,273		10			14
15	PHARMACY	2,239		6			15
16	MEDICAL RECORDS & LIBRARY	2,514		22			16
17	SOCIAL SERVICE						17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES APPRVD						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	43,509	859,836	562	72,447	72,447	30
31	INTENSIVE CARE UNIT	5,801	95,187	45	6,834	6,834	31
43	NURSERY	4,014	218,202	14			43
44	SKILLED NURSING FACILITY	18,352	23,154	32	35,031	35,031	44
45	NURSING FACILITY	19,761	140,318		32,577	32,577	45
46	OTHER LONG TERM CARE						46
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	33,766	53,717	104			50
52	DELIVERY ROOM & LABOR ROOM	5,083	64,840				52
54	RADIOLOGY-DIAGNOSTIC	19,946		24			54
55	RADIOLOGY-THERAPEUTIC	6,392					55
57	CT SCAN						57
58	MRI	1,803					58
59	CARDIAC CATHETERIZATION	569					59
60	LABORATORY	8,655		30			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	335		9			65
66	PHYSICAL THERAPY	15,773	13,326	11			66
68	SPEECH PATHOLOGY						68
69	ELECTROCARDIOLOGY						69
70	ELECTROENCEPHALOGRAPHY	1,108					70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72	IMPL. DEV. CHARGED TO PATIENTS						72
73	DRUGS CHARGED TO PATIENTS						73
76.97	CARDIAC REHABILITATION	1,390	6,474				76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	OP PEDS ONC CLINIC	1,717		47			90.01
90.02	WOUND CLINIC						90.02
91	EMERGENCY	13,058	97,058	39			91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01	OBSERVATION BEDS-DISTINCT						92.01
	OTHER REIMBURSABLE COST CENTERS						
101	HOME HEALTH AGENCY						101
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)	241,597	3,144,224	976	146,889	146,889	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	953		8			190
192	PHYSICIANS' PRIVATE OFFICES						192
194	HEALTH & FITNESS CENTER						194
194.01	OCCUPATIONAL HEALTH	4,125					194.01

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	
		SQUARE FEET	POUNDS OF LAUNDRY	HOURS OF SERVICE	MEALS SERVED	MEALS SERVED	
		7	8	9	10	11	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	13,719,375	1,216,940	4,455,033	5,850,837	591,042	202
203	UNIT COST MULT-WS B PT I	55.617209	0.387040	4,527.472561	39.831689	4.023732	203
204	COST TO BE ALLOC PER B PT II	1,760,661	200,845	153,438	545,230	6,898	204
205	UNIT COST MULT-WS B PT II	7.137574	0.063877	155.932927	3.711850	0.046961	205

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	MAIN-TENANCE OF PERSONNEL NUMBER HOUSED 12	NURSING ADMINIS-TRATION DIRECT NRSING HRS 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS + LIBRARY GROSS REVENUE 16	
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
5	ADMINISTRATIVE & GENERAL						5
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
10	DIETARY						10
11	CAFETERIA						11
12	MAINTENANCE OF PERSONNEL	1,100					12
13	NURSING ADMINISTRATION		777,049				13
14	CENTRAL SERVICES & SUPPLY			2,574,851,336			14
15	PHARMACY			20,605,836	54,006,185		15
16	MEDICAL RECORDS & LIBRARY			69,306,331		674,062,662	16
17	SOCIAL SERVICE						17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES APPRVD						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	400	304,845	77,189,202	3,617,161	42,827,223	30
31	INTENSIVE CARE UNIT		35,553	12,759,309	660,178	7,599,550	31
43	NURSERY		17,632	5,577,087	131,370	4,873,856	43
44	SKILLED NURSING FACILITY			11,666,824	75,536	9,289,450	44
45	NURSING FACILITY			18,329,008	646,479		45
46	OTHER LONG TERM CARE						46
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM		172,972	1,370,110,122	27,912,727	68,246,522	50
52	DELIVERY ROOM & LABOR ROOM		58,298	43,403,863	2,154,403	9,660,709	52
54	RADIOLOGY-DIAGNOSTIC		2,116	277,221,223	3,140,584	87,643,622	54
55	RADIOLOGY-THERAPEUTIC			4,243,661		20,594,878	55
57	CT SCAN			13,138,885	8,220	35,654,242	57
58	MRI		12,226	37,237,054	113,315	64,623,344	58
59	CARDIAC CATHETERIZATION		8,964	143,406,985	368,746	8,728,967	59
60	LABORATORY	100		278,227,721	1,362,948	89,203,048	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY			13,391,221	95,211	6,065,178	65
66	PHYSICAL THERAPY	100	2,040	3,343,978	2,966	19,331,486	66
68	SPEECH PATHOLOGY			34,052,745	12,665	4,616,832	68
69	ELECTROCARDIOLOGY			2,552,561	322,219	19,331,486	69
70	ELECTROENCEPHALOGRAPHY			801,400		1,313,735	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS					30,957,121	71
72	IMPL. DEV. CHARGED TO PATIENTS					14,685,481	72
73	DRUGS CHARGED TO PATIENTS					50,140,181	73
76.97	CARDIAC REHABILITATION		7,950	2,120,554	15,126	1,440,275	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	OP PEDS ONC CLINIC		7,305	2,903,247	1,123,717	2,853,749	90.01
90.02	WOUND CLINIC		1,917	17,800,157	241,171	2,249,571	90.02
91	EMERGENCY	200	141,952	61,060,183	11,325,991	71,845,540	91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01	OBSERVATION BEDS-DISTINCT			15,181	192	286,616	92.01
	OTHER REIMBURSABLE COST CENTERS						
101	HOME HEALTH AGENCY			5,069,960	4,219		101
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)	800	773,770	2,525,534,298	53,335,144	674,062,662	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN			2,142,952			190
192	PHYSICIANS' PRIVATE OFFICES		3,279	3,576,940	75,015		192
194	HEALTH & FITNESS CENTER			36,565,945			194
194.01	OCCUPATIONAL HEALTH	300		7,031,201	596,026		194.01

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	MAIN-TENANCE OF PERSONNEL NUMBER HOUSED 12	NURSING ADMINIS-TRATION DIRECT NRSING HRS 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS + LIBRARY GROSS REVENUE 16	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	2,756,336	4,866,944	2,676,485	3,754,097	6,610,486	202
203	UNIT COST MULT-WS B PT I	2,505.760000	6.263368	0.001039	0.069512	0.009807	203
204	COST TO BE ALLOC PER B PT II	308,598	55,356	463,496	138,903	190,911	204
205	UNIT COST MULT-WS B PT II	280.543636	0.071239	0.000180	0.002572	0.000283	205

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	
	GENERAL SERVICE COST CENTERS	
1	CAP REL COSTS-BLDG & FIXT	1
2	CAP REL COSTS-MVBLE EQUIP	2
4	EMPLOYEE BENEFITS DEPARTMENT	4
5	ADMINISTRATIVE & GENERAL	5
6	MAINTENANCE & REPAIRS	6
7	OPERATION OF PLANT	7
8	LAUNDRY & LINEN SERVICE	8
9	HOUSEKEEPING	9
10	DIETARY	10
11	CAFETERIA	11
12	MAINTENANCE OF PERSONNEL	12
13	NURSING ADMINISTRATION	13
14	CENTRAL SERVICES & SUPPLY	14
15	PHARMACY	15
16	MEDICAL RECORDS & LIBRARY	16
17	SOCIAL SERVICE	17
19	NONPHYSICIAN ANESTHETISTS	19
20	NURSING SCHOOL	20
21	I&R SERVICES-SALARY & FRINGES APPRVD	21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	22
23	PARAMED ED PRGM-(SPECIFY)	23
	INPATIENT ROUTINE SERV COST CENTERS	
30	ADULTS & PEDIATRICS	30
31	INTENSIVE CARE UNIT	31
43	NURSERY	43
44	SKILLED NURSING FACILITY	44
45	NURSING FACILITY	45
46	OTHER LONG TERM CARE	46
	ANCILLARY SERVICE COST CENTERS	
50	OPERATING ROOM	50
52	DELIVERY ROOM & LABOR ROOM	52
54	RADIOLOGY-DIAGNOSTIC	54
55	RADIOLOGY-THERAPEUTIC	55
57	CT SCAN	57
58	MRI	58
59	CARDIAC CATHETERIZATION	59
60	LABORATORY	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30
65	RESPIRATORY THERAPY	65
66	PHYSICAL THERAPY	66
68	SPEECH PATHOLOGY	68
69	ELECTROCARDIOLOGY	69
70	ELECTROENCEPHALOGRAPHY	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	71
72	IMPL. DEV. CHARGED TO PATIENTS	72
73	DRUGS CHARGED TO PATIENTS	73
76.97	CARDIAC REHABILITATION	76.97
76.98	HYPERBARIC OXYGEN THERAPY	76.98
76.99	LITHOTRIPSY	76.99
	OUTPATIENT SERVICE COST CENTERS	
90.01	OP PEDS ONC CLINIC	90.01
90.02	WOUND CLINIC	90.02
91	EMERGENCY	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	92
92.01	OBSERVATION BEDS-DISTINCT	92.01
	OTHER REIMBURSABLE COST CENTERS	
101	HOME HEALTH AGENCY	101
	SPECIAL PURPOSE COST CENTERS	
118	SUBTOTALS (sum of lines 1-117)	118
	NONREIMBURSABLE COST CENTERS	
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190
192	PHYSICIANS' PRIVATE OFFICES	192
194	HEALTH & FITNESS CENTER	194
194.01	OCCUPATIONAL HEALTH	194.01

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	
200	CROSS FOOT ADJUSTMENTS	200
201	NEGATIVE COST CENTER	201
202	COST TO BE ALLOC PER B PT I	202
203	UNIT COST MULT-WS B PT I	203
204	COST TO BE ALLOC PER B PT II	204
205	UNIT COST MULT-WS B PT II	205

COMPUTATION OF RATIO OF COST TO CHARGES WORKSHEET C
PART I

	COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 26) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	30,993,773		30,993,773		30,993,773	30
31	INTENSIVE CARE UNIT	4,475,852		4,475,852		4,475,852	31
43	NURSERY	3,372,507		3,372,507		3,372,507	43
44	SKILLED NURSING FACILITY	9,064,037		9,064,037		9,064,037	44
45	NURSING FACILITY	7,087,674		7,087,674		7,087,674	45
46	OTHER LONG TERM CARE						46
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	24,670,174		24,670,174		24,670,174	50
52	DELIVERY ROOM & LABOR ROOM	5,278,603		5,278,603		5,278,603	52
54	RADIOLOGY-DIAGNOSTIC	19,896,853		19,896,853		19,896,853	54
55	RADIOLOGY-THERAPEUTIC	3,780,215		3,780,215		3,780,215	55
57	CT SCAN	1,738,468		1,738,468		1,738,468	57
58	MRI	5,883,872		5,883,872		5,883,872	58
59	CARDIAC CATHETERIZATION	1,447,349		1,447,349		1,447,349	59
60	LABORATORY	14,635,461		14,635,461		14,635,461	60
62.30	BLOOD CLOTTING FOR HEMOPHIL						62.30
65	RESPIRATORY THERAPY	1,683,420		1,683,420		1,683,420	65
66	PHYSICAL THERAPY	8,538,292		8,538,292		8,538,292	66
68	SPEECH PATHOLOGY	2,132,037		2,132,037		2,132,037	68
69	ELECTROCARDIOLOGY	1,193,376		1,193,376		1,193,376	69
70	ELECTROENCEPHALOGRAPHY	652,818		652,818		652,818	70
71	MEDICAL SUPPLIES CHARGED TO	14,198,060		14,198,060		14,198,060	71
72	IMPL. DEV. CHARGED TO PATIE	10,350,804		10,350,804		10,350,804	72
73	DRUGS CHARGED TO PATIENTS	13,446,800		13,446,800		13,446,800	73
76.97	CARDIAC REHABILITATION	1,039,323		1,039,323		1,039,323	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	OP PEDS ONC CLINIC	1,349,284		1,349,284		1,349,284	90.01
90.02	WOUND CLINIC	1,083,613		1,083,613		1,083,613	90.02
91	EMERGENCY	12,920,650		12,920,650	185,843	13,106,493	91
92	OBSERVATION BEDS (NON-DISTI	2,403,870		2,403,870		2,403,870	92
92.01	OBSERVATION BEDS-DISTINCT	407,103		407,103		407,103	92.01
	OTHER REIMBURSABLE COST CENTERS						
101	HOME HEALTH AGENCY	3,202,325		3,202,325		3,202,325	101
200	SUBTOTAL (SEE INSTRUCTIONS)	206,926,613		206,926,613	185,843	207,112,456	200
201	LESS OBSERVATION BEDS	2,403,870		2,403,870		2,403,870	201
202	TOTAL (SEE INSTRUCTIONS)	204,522,743		204,522,743		204,708,586	202

COMPUTATION OF RATIO OF COST TO CHARGES WORKSHEET C
PART I (CONT)

	COST CENTER DESCRIPTION	CHARGES INPATIENT 6	CHARGES OUTPATIENT 7	CHARGES TOTAL (COLS. 6 + 7) 8	COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11	
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	37,670,919		37,670,919				30
31	INTENSIVE CARE UNIT	12,599,550		12,599,550				31
43	NURSERY	4,873,856		4,873,856				43
44	SKILLED NURSING FACILITY	9,289,450		9,289,450				44
45	NURSING FACILITY	3,457,616		3,457,616				45
46	OTHER LONG TERM CARE							46
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	19,182,209	49,064,313	68,246,522	0.361486	0.361486	0.361486	50
52	DELIVERY ROOM & LABOR ROOM	8,617,198	1,043,511	9,660,709	0.546399	0.546399	0.546399	52
54	RADIOLOGY-DIAGNOSTIC	11,247,418	76,396,204	87,643,622	0.227020	0.227020	0.227020	54
55	RADIOLOGY-THERAPEUTIC	268,044	20,326,834	20,594,878	0.183551	0.183551	0.183551	55
57	CT SCAN	11,832,943	23,821,299	35,654,242	0.048759	0.048759	0.048759	57
58	MRI	6,858,164	57,765,180	64,623,344	0.091049	0.091049	0.091049	58
59	CARDIAC CATHETERIZATION	5,822,377	2,906,590	8,728,967	0.165810	0.165810	0.165810	59
60	LABORATORY	34,902,931	54,300,116	89,203,047	0.164069	0.164069	0.164069	60
62.30	BLOOD CLOTTING FOR HEMOPHIL							62.30
65	RESPIRATORY THERAPY	5,279,653	785,525	6,065,178	0.277555	0.277555	0.277555	65
66	PHYSICAL THERAPY	9,254,352	10,077,134	19,331,486	0.441678	0.441678	0.441678	66
68	SPEECH PATHOLOGY	993,901	3,622,931	4,616,832	0.461797	0.461797	0.461797	68
69	ELECTROCARDIOLOGY	6,328,529	12,717,059	19,045,588	0.062659	0.062659	0.062659	69
70	ELECTROENCEPHALOGRAPHY	173,154	1,140,581	1,313,735	0.496918	0.496918	0.496918	70
71	MEDICAL SUPPLIES CHARGED TO	16,506,434	14,450,687	30,957,121	0.458636	0.458636	0.458636	71
72	IMPL. DEV. CHARGED TO PATIE	10,770,334	3,915,137	14,685,471	0.704833	0.704833	0.704833	72
73	DRUGS CHARGED TO PATIENTS	23,243,797	26,896,384	50,140,181	0.268184	0.268184	0.268184	73
76.97	CARDIAC REHABILITATION	2,260	1,438,015	1,440,275	0.721614	0.721614	0.721614	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OP PEDS ONC CLINIC	129,471	2,724,278	2,853,749	0.472811	0.472811	0.472811	90.01
90.02	WOUND CLINIC	135,858	2,113,713	2,249,571	0.481698	0.481698	0.481698	90.02
91	EMERGENCY	12,145,265	59,700,275	71,845,540	0.179839	0.179839	0.182426	91
92	OBSERVATION BEDS (NON-DISTI	206,324	3,855,259	4,061,583	0.591855	0.591855	0.591855	92
92.01	OBSERVATION BEDS-DISTINCT	13,320	273,296	286,616	1.420378	1.420378	1.420378	92.01
	OTHER REIMBURSABLE COST CENTERS							
101	HOME HEALTH AGENCY		5,159,883	5,159,883				101
200	SUBTOTAL (SEE INSTRUCTIONS)	251,805,327	434,494,204	686,299,531				200
201	LESS OBSERVATION BEDS							201
202	TOTAL (SEE INSTRUCTIONS)	251,805,327	434,494,204	686,299,531				202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS WORKSHEET D PART I

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

	COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	SWING-BED ADJUSTMENT 2	REDUCED CAP-REL COST (COL.1 MINUS COL.2) 3	TOTAL PATIENT DAYS 4	PER DIEM (COL.3 ÷ COL.4) 5	INPAT PGM DAYS 6	INPAT PGM CAP COST (COL.5 x COL.6) 7	
	INPAT ROUTINE SERV COST CTRS								
30	ADULTS & PEDIATRICS	2,516,725		2,516,725	25,864	97.31	9,969	970,083	30
31	INTENSIVE CARE UNIT	312,660		312,660	2,250	138.96	1,014	140,905	31
32	CORONARY CARE UNIT								32
33	BURN INTENSIVE CARE UNIT								33
34	SURGICAL INTENSIVE CARE UNIT								34
35	OTHER SPECIAL CARE (SPECIFY)								35
40	SUBPROVIDER - IPF								40
41	SUBPROVIDER - IRF								41
42	SUBPROVIDER I								42
43	NURSERY	208,107		208,107	4,529	45.95			43
44	SKILLED NURSING FACILITY	930,607		930,607	11,677	79.70	9,919	790,544	44
45	NURSING FACILITY	957,577		957,577					45
200	TOTAL (LINES 30-199)	4,925,676		4,925,676	44,320		20,902	1,901,532	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS WORKSHEET D PART II

CHECK APPLICABLE BOXES [ ] TITLE V [XX] TITLE XVIII-PT A [ ] TITLE XIX
[XX] HOSPITAL (14-0130) [ ] IPF [ ] IRF
[ ] SUB (OTHER)
[XX] PPS [ ] TEFRA

	COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5	
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	3,187,801	68,246,522	0.046710	6,290,231	293,817	50
52	DELIVERY ROOM & LABOR ROOM	271,789	9,660,709	0.028133	107	3	52
54	RADIOLOGY-DIAGNOSTIC	2,778,466	87,643,622	0.031702	5,428,806	172,104	54
55	RADIOLOGY-THERAPEUTIC	1,147,638	20,594,878	0.055724	152,029	8,472	55
57	CT SCAN	45,580	35,654,242	0.001278	5,542,948	7,084	57
58	MRI	628,824	64,623,344	0.009731	2,714,044	26,410	58
59	CARDIAC CATHETERIZATION	116,411	8,728,967	0.013336	2,714,441	36,200	59
60	LABORATORY	730,824	89,203,047	0.008193	14,987,798	122,795	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
65	RESPIRATORY THERAPY	47,760	6,065,178	0.007874	2,395,242	18,860	65
66	PHYSICAL THERAPY	733,045	19,331,486	0.037920	1,799,023	68,219	66
68	SPEECH PATHOLOGY	47,059	4,616,832	0.010193	247,635	2,524	68
69	ELECTROCARDIOLOGY	65,066	19,045,588	0.003416	3,502,569	11,965	69
70	ELECTROENCEPHALOGRAPHY	50,284	1,313,735	0.038276	87,813	3,361	70
71	MEDICAL SUPPLIES CHARGED TO P	160,912	30,957,121	0.005198	6,880,772	35,766	71
72	IMPL. DEV. CHARGED TO PATIENT	115,925	14,685,471	0.007894	5,663,676	44,709	72
73	DRUGS CHARGED TO PATIENTS	156,054	50,140,181	0.003112	8,578,214	26,695	73
76.97	CARDIAC REHABILITATION	96,320	1,440,275	0.066876	372	25	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	OP PEDS ONC CLINIC	89,076	2,853,749	0.031214	95,598	2,984	90.01
90.02	WOUND CLINIC	24,453	2,249,571	0.010870	55,809	607	90.02
91	EMERGENCY	784,314	71,845,540	0.010917	5,156,038	56,288	91
92	OBSERVATION BEDS (NON-DISTINC	195,197	4,061,583	0.048059	199,349	9,581	92
92.01	OBSERVATION BEDS-DISTINCT	7,963	286,616	0.027783	4,854	135	92.01
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (SUM OF LINES 50-199)	11,480,761	613,248,257		72,497,368	948,604	200

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS WORKSHEET D
PART III

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

	COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5	
	INPAT ROUTINE SERV COST CTRS						
30	ADULTS & PEDIATRICS						30
31	INTENSIVE CARE UNIT						31
32	CORONARY CARE UNIT						32
33	BURN INTENSIVE CARE UNIT						33
34	SURGICAL INTENSIVE CARE UNIT						34
35	OTHER SPECIAL CARE (SPECIFY)						35
40	SUBPROVIDER - IPF						40
41	SUBPROVIDER - IRF						41
42	SUBPROVIDER I						42
43	NURSERY						43
44	SKILLED NURSING FACILITY						44
45	NURSING FACILITY						45
200	TOTAL (SUM OF LINES 30-199)						200

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS WORKSHEET D PART III

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

	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
	INPAT ROUTINE SERV COST CTRS					
30	ADULTS & PEDIATRICS	25,864		9,969		30
31	INTENSIVE CARE UNIT	2,250		1,014		31
32	CORONARY CARE UNIT					32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	OTHER SPECIAL CARE (SPECIFY)					35
40	SUBPROVIDER - IPF					40
41	SUBPROVIDER - IRF					41
42	SUBPROVIDER I					42
43	NURSERY	4,529				43
44	SKILLED NURSING FACILITY	11,677		9,919		44
45	NURSING FACILITY					45
200	TOTAL (SUM OF LINES 30-199)	44,320		20,902		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS WORKSHEET D PART IV

CHECK	[ ] TITLE V	[XX]	HOSPITAL (14-0130)	[ ]	SUB (OTHER)	[ ]	ICF/MR	[XX]	PPS
APPLICABLE	[XX] TITLE XVIII-PT A	[ ]	IPF	[ ]	SNF			[ ]	TEFRA
BOXES	[ ] TITLE XIX	[ ]	IRF	[ ]	NF				

	COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM							50
52	DELIVERY ROOM & LABOR ROOM							52
54	RADIOLOGY-DIAGNOSTIC							54
55	RADIOLOGY-THERAPEUTIC							55
57	CT SCAN							57
58	MRI							58
59	CARDIAC CATHETERIZATION							59
60	LABORATORY							60
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY							69
70	ELECTROENCEPHALOGRAPHY							70
71	MEDICAL SUPPLIES CHARGED TO P							71
72	IMPL. DEV. CHARGED TO PATIENT							72
73	DRUGS CHARGED TO PATIENTS							73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OP PEDS ONC CLINIC							90.01
90.02	WOUND CLINIC							90.02
91	EMERGENCY							91
92	OBSERVATION BEDS (NON-DISTINC							92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)							200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS — WORKSHEET D PART IV

CHECK APPLICABLE BOXES: [ ] TITLE V [XX] TITLE XVIII-PT A [ ] TITLE XIX | [XX] HOSPITAL (14-0130) [ ] IPF [ ] IRF | [ ] SUB (OTHER) [ ] SNF [ ] NF | [ ] ICF/MR | [XX] PPS [ ] TEFRA

	COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	68,246,522			6,290,231		9,691,500		50
52	DELIVERY ROOM & LABOR ROOM	9,660,709			107				52
54	RADIOLOGY-DIAGNOSTIC	87,643,622			5,428,806		16,631,415		54
55	RADIOLOGY-THERAPEUTIC	20,594,878			152,029		9,416,029		55
57	CT SCAN	35,654,242			5,542,948		6,383,628		57
58	MRI	64,623,344			2,714,044		12,281,207		58
59	CARDIAC CATHETERIZATION	8,728,967			2,714,441		1,318,905		59
60	LABORATORY	89,203,047			14,987,798		2,785,516		60
62.30	BLOOD CLOTTING FOR HEMOPHILI								62.30
65	RESPIRATORY THERAPY	6,065,178			2,395,242		191,812		65
66	PHYSICAL THERAPY	19,331,486			1,799,023		90,823		66
68	SPEECH PATHOLOGY	4,616,832			247,635		423,568		68
69	ELECTROCARDIOLOGY	19,045,588			3,502,569		3,202,148		69
70	ELECTROENCEPHALOGRAPHY	1,313,735			87,813		239,515		70
71	MEDICAL SUPPLIES CHARGED TO	30,957,121			6,880,772		3,436,395		71
72	IMPL. DEV. CHARGED TO PATIEN	14,685,471			5,663,676		1,211,624		72
73	DRUGS CHARGED TO PATIENTS	50,140,181			8,578,214		8,343,575		73
76.97	CARDIAC REHABILITATION	1,440,275			372		916,599		76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	OP PEDS ONC CLINIC	2,853,749			95,598		1,337,428		90.01
90.02	WOUND CLINIC	2,249,571			55,809		987,713		90.02
91	EMERGENCY	71,845,540			5,156,038		6,083,180		91
92	OBSERVATION BEDS (NON-DISTIN	4,061,583			199,349		893,034		92
92.01	OBSERVATION BEDS-DISTINCT	286,616			4,854		16,046		92.01
	OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (SUM OF LINES 50-199)	613,248,257			72,497,368		85,881,660		200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS WORKSHEET D PART V

CHECK	[ ]	TITLE V - O/P	[XX]	HOSPITAL (14-0130)	[ ]	SUB (OTHER)	[ ]	S/B-SNF	
APPLICABLE	[XX]	TITLE XVIII-PT B	[ ]	IPF	[ ]	SNF	[ ]	S/B-NF	
BOXES	[ ]	TITLE XIX - O/P	[ ]	IRF	[ ]	NF	[ ]	ICF/MR	

	COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9	PROGRAM CHARGES PPS REIMBURSED SERVICES	PROGRAM CHARGES COST REIMB. SERVICES SUBJECT TO DED & COINS	PROGRAM CHARGES COST REIMB. SVCES NOT SUBJECT TO DED & COINS	PROGRAM COSTS PPS SERVICES	PROGRAM COSTS COST SERVICES SUBJECT TO DED & COINS	PROGRAM COSTS COST SVCES NOT SUBJECT TO DED & COINS	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	0.361486	9,691,500			3,503,342			50
52	DELIVERY ROOM & LABOR ROOM	0.546399							52
54	RADIOLOGY-DIAGNOSTIC	0.227020	16,631,415			3,775,664			54
55	RADIOLOGY-THERAPEUTIC	0.183551	9,416,029			1,728,322			55
57	CT SCAN	0.048759	6,383,628			311,259			57
58	MRI	0.091049	12,281,207			1,118,192			58
59	CARDIAC CATHETERIZATION	0.165810	1,318,905			218,688			59
60	LABORATORY	0.164069	2,785,516			457,017			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	RESPIRATORY THERAPY	0.277555	191,812			53,238			65
66	PHYSICAL THERAPY	0.441678	90,823			40,115			66
68	SPEECH PATHOLOGY	0.461797	423,568	855		195,602	395		68
69	ELECTROCARDIOLOGY	0.062659	3,202,148			200,643			69
70	ELECTROENCEPHALOGRAPHY	0.496918	239,515			119,019			70
71	MEDICAL SUPPLIES CHARGED TO PAT	0.458636	3,436,395			1,576,054			71
72	IMPL. DEV. CHARGED TO PATIENTS	0.704833	1,211,624			853,993			72
73	DRUGS CHARGED TO PATIENTS	0.268184	8,343,575	7,935		2,237,613	2,128		73
76.97	CARDIAC REHABILITATION	0.721614	916,599			661,431			76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	OP PEDS ONC CLINIC	0.472811	1,337,428			632,351			90.01
90.02	WOUND CLINIC	0.481698	987,713			475,779			90.02
91	EMERGENCY	0.179839	6,083,180	15,741		1,093,993	2,831		91
92	OBSERVATION BEDS (NON-DISTINCT	0.591855	893,034			528,547			92
92.01	OBSERVATION BEDS-DISTINCT	1.420378	16,046			22,791			92.01
	OTHER REIMBURSABLE COST CENTERS								
200	SUBTOTAL (SEE INSTRUCTIONS)		85,881,660	24,531		19,803,653	5,354		200
201	LESS PBP CLINIC LAB SERVICES								201
202	NET CHARGES (LINE 200 - LINE 201)		85,881,660	24,531		19,803,653	5,354		202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS WORKSHEET D PART IV

CHECK	[ ]	TITLE V	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[ ]	ICF/MR	[XX] PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[ ]	IPF	[XX]	SNF (14-5216)			[ ] TEFRA
BOXES	[ ]	TITLE XIX	[ ]	IRF	[ ]	NF			

	COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM							50
52	DELIVERY ROOM & LABOR ROOM							52
54	RADIOLOGY-DIAGNOSTIC							54
55	RADIOLOGY-THERAPEUTIC							55
57	CT SCAN							57
58	MRI							58
59	CARDIAC CATHETERIZATION							59
60	LABORATORY							60
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY							69
70	ELECTROENCEPHALOGRAPHY							70
71	MEDICAL SUPPLIES CHARGED TO P							71
72	IMPL. DEV. CHARGED TO PATIENT							72
73	DRUGS CHARGED TO PATIENTS							73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OP PEDS ONC CLINIC							90.01
90.02	WOUND CLINIC							90.02
91	EMERGENCY							91
92	OBSERVATION BEDS (NON-DISTINC							92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)							200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS — WORKSHEET D PART IV

CHECK APPLICABLE BOXES	[ ] TITLE V	[ ] HOSPITAL	[ ] SUB (OTHER)	[ ] ICF/MR	[XX] PPS
	[XX] TITLE XVIII-PT A	[ ] IPF	[XX] SNF (14-5216)		[ ] TEFRA
	[ ] TITLE XIX	[ ] IRF	[ ] NF		

	COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	68,246,522							50
52	DELIVERY ROOM & LABOR ROOM	9,660,709							52
54	RADIOLOGY-DIAGNOSTIC	87,643,622							54
55	RADIOLOGY-THERAPEUTIC	20,594,878							55
57	CT SCAN	35,654,242							57
58	MRI	64,623,344							58
59	CARDIAC CATHETERIZATION	8,728,967							59
60	LABORATORY	89,203,047							60
62.30	BLOOD CLOTTING FOR HEMOPHILI								62.30
65	RESPIRATORY THERAPY	6,065,178							65
66	PHYSICAL THERAPY	19,331,486							66
68	SPEECH PATHOLOGY	4,616,832							68
69	ELECTROCARDIOLOGY	19,045,588							69
70	ELECTROENCEPHALOGRAPHY	1,313,735							70
71	MEDICAL SUPPLIES CHARGED TO	30,957,121							71
72	IMPL. DEV. CHARGED TO PATIEN	14,685,471							72
73	DRUGS CHARGED TO PATIENTS	50,140,181							73
76.97	CARDIAC REHABILITATION	1,440,275							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	OP PEDS ONC CLINIC	2,853,749							90.01
90.02	WOUND CLINIC	2,249,571							90.02
91	EMERGENCY	71,845,540							91
92	OBSERVATION BEDS (NON-DISTIN	4,061,583							92
92.01	OBSERVATION BEDS-DISTINCT	286,616							92.01
	OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (SUM OF LINES 50-199)	613,248,257							200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS WORKSHEET D PART V

CHECK	[ ]	TITLE V - O/P	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[ ]	S/B-SNF
APPLICABLE	[XX]	TITLE XVIII-PT B	[ ]	IPF	[XX]	SNF (14-5216)	[ ]	S/B-NF
BOXES	[ ]	TITLE XIX - O/P	[ ]	IRF	[ ]	NF	[ ]	ICF/MR

	COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9	PROGRAM CHARGES PPS REIMBURSED SERVICES	PROGRAM CHARGES COST REIMB. SERVICES SUBJECT TO DED & COINS	PROGRAM CHARGES COST REIMB. SVCES NOT SUBJECT TO DED & COINS	PROGRAM COSTS PPS SERVICES	PROGRAM COSTS COST SERVICES SUBJECT TO DED & COINS	PROGRAM COSTS COST SVCES NOT SUBJECT TO DED & COINS	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	0.361486							50
52	DELIVERY ROOM & LABOR ROOM	0.546399							52
54	RADIOLOGY-DIAGNOSTIC	0.227020							54
55	RADIOLOGY-THERAPEUTIC	0.183551							55
57	CT SCAN	0.048759							57
58	MRI	0.091049							58
59	CARDIAC CATHETERIZATION	0.165810							59
60	LABORATORY	0.164069							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	RESPIRATORY THERAPY	0.277555							65
66	PHYSICAL THERAPY	0.441678							66
68	SPEECH PATHOLOGY	0.461797							68
69	ELECTROCARDIOLOGY	0.062659							69
70	ELECTROENCEPHALOGRAPHY	0.496918							70
71	MEDICAL SUPPLIES CHARGED TO PAT	0.458636							71
72	IMPL. DEV. CHARGED TO PATIENTS	0.704833							72
73	DRUGS CHARGED TO PATIENTS	0.268184							73
76.97	CARDIAC REHABILITATION	0.721614							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	OP PEDS ONC CLINIC	0.472811							90.01
90.02	WOUND CLINIC	0.481698							90.02
91	EMERGENCY	0.179839							91
92	OBSERVATION BEDS (NON-DISTINCT	0.591855							92
92.01	OBSERVATION BEDS-DISTINCT	1.420378							92.01
	OTHER REIMBURSABLE COST CENTERS								
200	SUBTOTAL (SEE INSTRUCTIONS)								200
201	LESS PBP CLINIC LAB SERVICES								201
202	NET CHARGES (LINE 200 - LINE 201)								202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS WORKSHEET D
PART I

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

	COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	SWING-BED ADJUSTMENT 2	REDUCED CAP-REL COST (COL.1 MINUS COL.2) 3	TOTAL PATIENT DAYS 4	PER DIEM (COL.3 ÷ COL.4) 5	INPAT PGM DAYS 6	INPAT PGM CAP COST (COL.5 x COL.6) 7	
	INPAT ROUTINE SERV COST CTRS								
30	ADULTS & PEDIATRICS	2,516,725		2,516,725	25,864	97.31	1,246	121,248	30
31	INTENSIVE CARE UNIT	312,660		312,660	2,250	138.96	97	13,479	31
32	CORONARY CARE UNIT								32
33	BURN INTENSIVE CARE UNIT								33
34	SURGICAL INTENSIVE CARE UNIT								34
35	OTHER SPECIAL CARE (SPECIFY)								35
40	SUBPROVIDER - IPF								40
41	SUBPROVIDER - IRF								41
42	SUBPROVIDER I								42
43	NURSERY	208,107		208,107	4,529	45.95	198	9,098	43
44	SKILLED NURSING FACILITY	930,607		930,607	11,677	79.70			44
45	NURSING FACILITY	957,577		957,577					45
200	TOTAL (LINES 30-199)	4,925,676		4,925,676	44,320		1,541	143,825	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS WORKSHEET D PART II

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (14-0130)	[ ]	SUB (OTHER)	[ ] PPS
APPLICABLE	[ ]	TITLE XVIII-PT A	[ ]	IPF			[ ] TEFRA
BOXES	[XX]	TITLE XIX	[ ]	IRF			[XX] OTHER

	COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26)	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2)	INPATIENT PROGRAM CHARGES	CAPITAL (COL.3 x COL.4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	3,187,801	68,246,522	0.046710			50
52	DELIVERY ROOM & LABOR ROOM	271,789	9,660,709	0.028133			52
54	RADIOLOGY-DIAGNOSTIC	2,778,466	87,643,622	0.031702			54
55	RADIOLOGY-THERAPEUTIC	1,147,638	20,594,878	0.055724			55
57	CT SCAN	45,580	35,654,242	0.001278			57
58	MRI	628,824	64,623,344	0.009731			58
59	CARDIAC CATHETERIZATION	116,411	8,728,967	0.013336			59
60	LABORATORY	730,824	89,203,047	0.008193			60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
65	RESPIRATORY THERAPY	47,760	6,065,178	0.007874			65
66	PHYSICAL THERAPY	733,045	19,331,486	0.037920			66
68	SPEECH PATHOLOGY	47,059	4,616,832	0.010193			68
69	ELECTROCARDIOLOGY	65,066	19,045,588	0.003416			69
70	ELECTROENCEPHALOGRAPHY	50,284	1,313,735	0.038276			70
71	MEDICAL SUPPLIES CHARGED TO P	160,912	30,957,121	0.005198			71
72	IMPL. DEV. CHARGED TO PATIENT	115,925	14,685,471	0.007894			72
73	DRUGS CHARGED TO PATIENTS	156,054	50,140,181	0.003112			73
76.97	CARDIAC REHABILITATION	96,320	1,440,275	0.066876			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	OP PEDS ONC CLINIC	89,076	2,853,749	0.031214			90.01
90.02	WOUND CLINIC	24,453	2,249,571	0.010870			90.02
91	EMERGENCY	784,314	71,845,540	0.010917			91
92	OBSERVATION BEDS (NON-DISTINC	195,197	4,061,583	0.048059			92
92.01	OBSERVATION BEDS-DISTINCT	7,963	286,616	0.027783			92.01
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (SUM OF LINES 50-199)	11,480,761	613,248,257				200

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS WORKSHEET D
PART III

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

	COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5	
	INPAT ROUTINE SERV COST CTRS						
30	ADULTS & PEDIATRICS						30
31	INTENSIVE CARE UNIT						31
32	CORONARY CARE UNIT						32
33	BURN INTENSIVE CARE UNIT						33
34	SURGICAL INTENSIVE CARE UNIT						34
35	OTHER SPECIAL CARE (SPECIFY)						35
40	SUBPROVIDER - IPF						40
41	SUBPROVIDER - IRF						41
42	SUBPROVIDER I						42
43	NURSERY						43
44	SKILLED NURSING FACILITY						44
45	NURSING FACILITY						45
200	TOTAL (SUM OF LINES 30-199)						200

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS WORKSHEET D PART III

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

	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
	INPAT ROUTINE SERV COST CTRS					
30	ADULTS & PEDIATRICS	25,864		1,246		30
31	INTENSIVE CARE UNIT	2,250		97		31
32	CORONARY CARE UNIT					32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	OTHER SPECIAL CARE (SPECIFY)					35
40	SUBPROVIDER - IPF					40
41	SUBPROVIDER - IRF					41
42	SUBPROVIDER I					42
43	NURSERY	4,529		198		43
44	SKILLED NURSING FACILITY	11,677				44
45	NURSING FACILITY					45
200	TOTAL (SUM OF LINES 30-199)	44,320		1,541		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS WORKSHEET D PART IV

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (14-0130)	[ ]	SUB (OTHER)	[ ]	ICF/MR	[ ]	PPS
APPLICABLE	[ ]	TITLE XVIII-PT A	[ ]	IPF	[ ]	SNF			[ ]	TEFRA
BOXES	[XX]	TITLE XIX	[ ]	IRF	[ ]	NF			[XX]	OTHER

	COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM							50
52	DELIVERY ROOM & LABOR ROOM							52
54	RADIOLOGY-DIAGNOSTIC							54
55	RADIOLOGY-THERAPEUTIC							55
57	CT SCAN							57
58	MRI							58
59	CARDIAC CATHETERIZATION							59
60	LABORATORY							60
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY							69
70	ELECTROENCEPHALOGRAPHY							70
71	MEDICAL SUPPLIES CHARGED TO P							71
72	IMPL. DEV. CHARGED TO PATIENT							72
73	DRUGS CHARGED TO PATIENTS							73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OP PEDS ONC CLINIC							90.01
90.02	WOUND CLINIC							90.02
91	EMERGENCY							91
92	OBSERVATION BEDS (NON-DISTINC							92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)							200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS — WORKSHEET D PART IV

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (14-0130)	[ ]	SUB (OTHER)	[ ]	ICF/MR	[ ]	PPS
APPLICABLE	[ ]	TITLE XVIII-PT A	[ ]	IPF	[ ]	SNF			[ ]	TEFRA
BOXES	[XX]	TITLE XIX	[ ]	IRF	[ ]	NF			[XX]	OTHER

	COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	68,246,522							50
52	DELIVERY ROOM & LABOR ROOM	9,660,709							52
54	RADIOLOGY-DIAGNOSTIC	87,643,622							54
55	RADIOLOGY-THERAPEUTIC	20,594,878							55
57	CT SCAN	35,654,242							57
58	MRI	64,623,344							58
59	CARDIAC CATHETERIZATION	8,728,967							59
60	LABORATORY	89,203,047							60
62.30	BLOOD CLOTTING FOR HEMOPHILI								62.30
65	RESPIRATORY THERAPY	6,065,178							65
66	PHYSICAL THERAPY	19,331,486							66
68	SPEECH PATHOLOGY	4,616,832							68
69	ELECTROCARDIOLOGY	19,045,588							69
70	ELECTROENCEPHALOGRAPHY	1,313,735							70
71	MEDICAL SUPPLIES CHARGED TO	30,957,121							71
72	IMPL. DEV. CHARGED TO PATIEN	14,685,471							72
73	DRUGS CHARGED TO PATIENTS	50,140,181							73
76.97	CARDIAC REHABILITATION	1,440,275							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	OP PEDS ONC CLINIC	2,853,749							90.01
90.02	WOUND CLINIC	2,249,571							90.02
91	EMERGENCY	71,845,540							91
92	OBSERVATION BEDS (NON-DISTIN	4,061,583							92
92.01	OBSERVATION BEDS-DISTINCT	286,616							92.01
	OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (SUM OF LINES 50-199)	613,248,257							200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS WORKSHEET D PART V

CHECK	[ ]	TITLE V - O/P	[XX]	HOSPITAL (14-0130)	[ ]	SUB (OTHER)	[ ]	S/B-SNF	
APPLICABLE	[ ]	TITLE XVIII-PT B	[ ]	IPF	[ ]	SNF	[ ]	S/B-NF	
BOXES	[XX]	TITLE XIX - O/P	[ ]	IRF	[ ]	NF	[ ]	ICF/MR	

	COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9	PROGRAM CHARGES PPS REIMBURSED SERVICES	PROGRAM CHARGES COST REIMB. SERVICES SUBJECT TO DED & COINS	PROGRAM CHARGES COST REIMB. SVCES NOT SUBJECT TO DED & COINS	PROGRAM COSTS PPS SERVICES	PROGRAM COSTS COST SERVICES SUBJECT TO DED & COINS	PROGRAM COSTS COST SVCES NOT SUBJECT TO DED & COINS	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	0.361486							50
52	DELIVERY ROOM & LABOR ROOM	0.546399							52
54	RADIOLOGY-DIAGNOSTIC	0.227020							54
55	RADIOLOGY-THERAPEUTIC	0.183551							55
57	CT SCAN	0.048759							57
58	MRI	0.091049							58
59	CARDIAC CATHETERIZATION	0.165810							59
60	LABORATORY	0.164069							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	RESPIRATORY THERAPY	0.277555							65
66	PHYSICAL THERAPY	0.441678							66
68	SPEECH PATHOLOGY	0.461797							68
69	ELECTROCARDIOLOGY	0.062659							69
70	ELECTROENCEPHALOGRAPHY	0.496918							70
71	MEDICAL SUPPLIES CHARGED TO PAT	0.458636							71
72	IMPL. DEV. CHARGED TO PATIENTS	0.704833							72
73	DRUGS CHARGED TO PATIENTS	0.268184							73
76.97	CARDIAC REHABILITATION	0.721614							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	OP PEDS ONC CLINIC	0.472811							90.01
90.02	WOUND CLINIC	0.481698							90.02
91	EMERGENCY	0.179839							91
92	OBSERVATION BEDS (NON-DISTINCT	0.591855							92
92.01	OBSERVATION BEDS-DISTINCT	1.420378							92.01
	OTHER REIMBURSABLE COST CENTERS								
200	SUBTOTAL (SEE INSTRUCTIONS)								200
201	LESS PBP CLINIC LAB SERVICES								201
202	NET CHARGES (LINE 200 - LINE 201)								202

WORKSHEET D-1
COMPUTATION OF INPATIENT OPERATING COST PART I

CHECK	[ ]	TITLE V-INPT	[XX]	HOSPITAL (14-0130)	[ ]	SUB (OTHER)	[ ]	ICF/MR	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[ ]	IPF	[ ]	SNF			[ ]	TEFRA
BOXES	[ ]	TITLE XIX-INPT	[ ]	IRF	[ ]	NF			[ ]	OTHER

PART I - ALL PROVIDER COMPONENTS

	INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	25,864	1	
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	25,864	2	
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	23,858	4	
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6	
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7	
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8	
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	9,969	9	
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14	
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15	
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16	
	SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	30,993,773	21	
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	30,993,773	27	
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28	
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30	
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		31	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)		33	
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	30,993,773	37	

COMPUTATION OF INPATIENT OPERATING COST — WORKSHEET D-1 PART II

CHECK APPLICABLE BOXES: [ ] TITLE V-INPT [XX] TITLE XVIII-PT A [ ] TITLE XIX-INPT; [XX] HOSPITAL (14-0130) [ ] IPF [ ] IRF; [ ] SUB (OTHER); [XX] PPS [ ] TEFRA [ ] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	1,198.34	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	11,946,251	39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)		40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	11,946,251	41

		TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5	
42	NURSERY (TITLES V AND XIX ONLY)						42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	INTENSIVE CARE UNIT	4,475,852	2,250	1,989.27	1,014	2,017,120	43
44	CORONARY CARE UNIT						44
45	BURN INTENSIVE CARE UNIT						45
46	SURGICAL INTENSIVE CARE UNIT						46
47	OTHER SPECIAL CARE (SPECIFY)						47
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					19,383,678	48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					33,347,049	49
	PASS-THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)					1,110,988	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)					948,604	51
52	TOTAL PROGRAM EXCLUDABLE COST					2,059,592	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)					31,287,457	53
	TARGET AMOUNT AND LIMIT COMPUTATION						
54	PROGRAM DISCHARGES						54
55	TARGET AMOUNT PER DISCHARGE						55
56	TARGET AMOUNT (LINE 54 x LINE 55)						56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58	BONUS PAYMENT (SEE INSTRUCTIONS)						58
59	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET						59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET						60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)						61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)						62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)						63
	PROGRAM INPATIENT ROUTINE SWING BED COST						
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)						64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)						65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)						66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)						67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)						68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)						69

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS)	2,006	87
88	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2)	1,198.34	88
89	OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS)	2,403,870	89

	COMPUTATION OF OBSERVATION BED PASS-THROUGH COST	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5	
90	CAPITAL-RELATED COST	2,516,725	30,993,773	0.081201	2,403,870	195,197	90
91	NURSING SCHOOL COST						91
92	ALLIED HEALTH COST						92
93	ALL OTHER MEDICAL EDUCATION						93

WORKSHEET D-1
COMPUTATION OF INPATIENT OPERATING COST PART I

CHECK	[ ]	TITLE V-INPT	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[ ]	ICF/MR	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[ ]	IPF	[XX]	SNF (14-5216)			[ ]	TEFRA
BOXES	[ ]	TITLE XIX-INPT	[ ]	IRF	[ ]	NF			[ ]	OTHER

PART I - ALL PROVIDER COMPONENTS

	INPATIENT DAYS		
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	11,677	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	11,677	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	11,677	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	9,919	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
	SWING-BED ADJUSTMENT		
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	9,064,037	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	9,064,037	27
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	9,064,037	37

WORKSHEET D-1
COMPUTATION OF INPATIENT OPERATING COST PARTS III & IV

CHECK	[ ]	TITLE V-INPT	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[ ]	ICF/MR	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[ ]	IPF	[XX]	SNF (14-5216)			[ ]	TEFRA
BOXES	[ ]	TITLE XIX-INPT	[ ]	IRF	[ ]	NF			[ ]	OTHER

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

70	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COSTS (LINE 37)	9,064,037	70
71	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (LINE 70 ÷ LINE 2)	776.23	71
72	PROGRAM ROUTINE SERVICE COST (LINE 9 x LINE 71)	7,699,425	72
73	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM (LINE 14 x LINE 35)		73
74	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS (LINE 72 + LINE 73)	7,699,425	74
75	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS (FROM WKST B, PART II, COL. 26, LINE 45)		75
76	PER DIEM CAPITAL-RELATED COSTS (LINE 75 ÷ LINE 2)		76
77	PROGRAM CAPITAL-RELATED COSTS (LINE 9 x LINE 76)		77
78	INPATIENT ROUTINE SERVICE COST (LINE 74 MINUS LINE 77)		78
79	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS (FROM PROVIDER RECORDS)		79
80	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION (LINE 78 MINUS LINE 79)		80
81	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		81
82	INPATIENT ROUTINE SERVICE COST LIMITATION (LINE 9 x LINE 81)		82
83	REASONABLE INPATIENT ROUTINE SERVICE COSTS (SEE INSTRUCTIONS)	7,699,425	83
84	PROGRAM INPATIENT ANCILLARY SERVICES (SEE INSTRUCTIONS)		84
85	UTILIZATION REVIEW--PHYSICIAN COMPENSATION (SEE INSTRUCTIONS)		85
86	TOTAL PROGRAM INPATIENT OPERATING COSTS (SUM OF LINES 83 THROUGH 85)	7,699,425	86

WORKSHEET D-1
COMPUTATION OF INPATIENT OPERATING COST PART I

CHECK	[ ]	TITLE V-INPT	[XX]	HOSPITAL (14-0130)	[ ]	SUB (OTHER)	[ ]	ICF/MR	[ ]	PPS
APPLICABLE	[ ]	TITLE XVIII-PT A	[ ]	IPF	[ ]	SNF			[ ]	TEFRA
BOXES	[XX]	TITLE XIX-INPT	[ ]	IRF	[ ]	NF			[XX]	OTHER

PART I - ALL PROVIDER COMPONENTS

	INPATIENT DAYS		
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	25,864	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	25,864	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	23,858	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,246	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	4,529	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	198	16
	SWING-BED ADJUSTMENT		
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	30,993,773	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	30,993,773	27
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	30,993,773	37

COMPUTATION OF INPATIENT OPERATING COST — WORKSHEET D-1 PART II

CHECK APPLICABLE BOXES: [ ] TITLE V-INPT [XX] HOSPITAL (14-0130) [ ] SUB (OTHER) [ ] PPS
[ ] TITLE XVIII-PT A [ ] IPF [ ] TEFRA
[XX] TITLE XIX-INPT [ ] IRF [XX] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	1,198.34	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	1,493,132	39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)		40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	1,493,132	41

		TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5	
42	NURSERY (TITLES V AND XIX ONLY)	3,372,507	4,529	744.65	198	147,441	42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	INTENSIVE CARE UNIT	4,475,852	2,250	1,989.27	97	192,959	43
44	CORONARY CARE UNIT						44
45	BURN INTENSIVE CARE UNIT						45
46	SURGICAL INTENSIVE CARE UNIT						46
47	OTHER SPECIAL CARE (SPECIFY)						47
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)						48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					1,833,532	49
	PASS-THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)					143,825	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)						51
52	TOTAL PROGRAM EXCLUDABLE COST					143,825	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)						53
	TARGET AMOUNT AND LIMIT COMPUTATION						
54	PROGRAM DISCHARGES						54
55	TARGET AMOUNT PER DISCHARGE						55
56	TARGET AMOUNT (LINE 54 x LINE 55)						56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58	BONUS PAYMENT (SEE INSTRUCTIONS)						58
59	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET						59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET						60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)						61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)						62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)						63
	PROGRAM INPATIENT ROUTINE SWING BED COST						
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)						64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)						65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)						66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)						67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)						68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)						69

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS)	2,006	87
88	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2)		88
89	OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS)		89

	COMPUTATION OF OBSERVATION BED PASS-THROUGH COST	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5	
90	CAPITAL-RELATED COST						90
91	NURSING SCHOOL COST						91
92	ALLIED HEALTH COST						92
93	ALL OTHER MEDICAL EDUCATION						93

INPATIENT ANCILLARY COST APPORTIONMENT WORKSHEET D-3

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (14-0130)	[ ]	SUB (OTHER)	[ ]	S/B SNF	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[ ]	IPF	[ ]	SNF	[ ]	S/B NF	[ ]	TEFRA
BOXES	[ ]	TITLE XIX	[ ]	IRF	[ ]	NF	[ ]	ICF/MR	[ ]	OTHER

	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	ADULTS & PEDIATRICS		13,605,160		30
31	INTENSIVE CARE UNIT		8,730,541		31
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.361486	6,290,231	2,273,830	50
52	DELIVERY ROOM & LABOR ROOM	0.546399	107	58	52
54	RADIOLOGY-DIAGNOSTIC	0.227020	5,428,806	1,232,448	54
55	RADIOLOGY-THERAPEUTIC	0.183551	152,029	27,905	55
57	CT SCAN	0.048759	5,542,948	270,269	57
58	MRI	0.091049	2,714,044	247,111	58
59	CARDIAC CATHETERIZATION	0.165810	2,714,441	450,081	59
60	LABORATORY	0.164069	14,987,798	2,459,033	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	RESPIRATORY THERAPY	0.277555	2,395,242	664,811	65
66	PHYSICAL THERAPY	0.441678	1,799,023	794,589	66
68	SPEECH PATHOLOGY	0.461797	247,635	114,357	68
69	ELECTROCARDIOLOGY	0.062659	3,502,569	219,467	69
70	ELECTROENCEPHALOGRAPHY	0.496918	87,813	43,636	70
71	MEDICAL SUPPLIES CHARGED TO PAT	0.458636	6,880,772	3,155,770	71
72	IMPL. DEV. CHARGED TO PATIENTS	0.704833	5,663,676	3,991,946	72
73	DRUGS CHARGED TO PATIENTS	0.268184	8,578,214	2,300,540	73
76.97	CARDIAC REHABILITATION	0.721614	372	268	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.01	OP PEDS ONC CLINIC	0.472811	95,598	45,200	90.01
90.02	WOUND CLINIC	0.481698	55,809	26,883	90.02
91	EMERGENCY	0.182426	5,156,038	940,595	91
92	OBSERVATION BEDS (NON-DISTINCT	0.591855	199,349	117,986	92
92.01	OBSERVATION BEDS-DISTINCT	1.420378	4,854	6,895	92.01
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (SUM OF LINES 50-94 AND 96-98)		72,497,368	19,383,678	200
201	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202	NET CHARGES (LINE 200 MINUS LINE 201)		72,497,368		202

INPATIENT ANCILLARY COST APPORTIONMENT WORKSHEET D-3

CHECK	[ ]	TITLE V	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[ ]	S/B SNF	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[ ]	IPF	[XX]	SNF (14-5216)	[ ]	S/B NF	[ ]	TEFRA
BOXES	[ ]	TITLE XIX	[ ]	IRF	[ ]	NF	[ ]	ICF/MR	[ ]	OTHER

	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	ADULTS & PEDIATRICS				30
31	INTENSIVE CARE UNIT				31
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.361486			50
52	DELIVERY ROOM & LABOR ROOM	0.546399			52
54	RADIOLOGY-DIAGNOSTIC	0.227020			54
55	RADIOLOGY-THERAPEUTIC	0.183551			55
57	CT SCAN	0.048759			57
58	MRI	0.091049			58
59	CARDIAC CATHETERIZATION	0.165810			59
60	LABORATORY	0.164069			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	RESPIRATORY THERAPY	0.277555			65
66	PHYSICAL THERAPY	0.441678			66
68	SPEECH PATHOLOGY	0.461797			68
69	ELECTROCARDIOLOGY	0.062659			69
70	ELECTROENCEPHALOGRAPHY	0.496918			70
71	MEDICAL SUPPLIES CHARGED TO PAT	0.458636			71
72	IMPL. DEV. CHARGED TO PATIENTS	0.704833			72
73	DRUGS CHARGED TO PATIENTS	0.268184			73
76.97	CARDIAC REHABILITATION	0.721614			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.01	OP PEDS ONC CLINIC	0.472811			90.01
90.02	WOUND CLINIC	0.481698			90.02
91	EMERGENCY	0.179839			91
92	OBSERVATION BEDS (NON-DISTINCT	0.591855			92
92.01	OBSERVATION BEDS-DISTINCT	1.420378			92.01
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (SUM OF LINES 50-94 AND 96-98)				200
201	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202	NET CHARGES (LINE 200 MINUS LINE 201)				202

INPATIENT ANCILLARY COST APPORTIONMENT WORKSHEET D-3

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (14-0130)	[ ]	SUB (OTHER)	[ ]	S/B SNF	[ ]	PPS
APPLICABLE	[ ]	TITLE XVIII-PT A	[ ]	IPF	[ ]	SNF	[ ]	S/B NF	[ ]	TEFRA
BOXES	[XX]	TITLE XIX	[ ]	IRF	[ ]	NF	[ ]	ICF/MR	[XX]	OTHER

	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	ADULTS & PEDIATRICS				30
31	INTENSIVE CARE UNIT				31
43	NURSERY				43
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.361486			50
52	DELIVERY ROOM & LABOR ROOM	0.546399			52
54	RADIOLOGY-DIAGNOSTIC	0.227020			54
55	RADIOLOGY-THERAPEUTIC	0.183551			55
57	CT SCAN	0.048759			57
58	MRI	0.091049			58
59	CARDIAC CATHETERIZATION	0.165810			59
60	LABORATORY	0.164069			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	RESPIRATORY THERAPY	0.277555			65
66	PHYSICAL THERAPY	0.441678			66
68	SPEECH PATHOLOGY	0.461797			68
69	ELECTROCARDIOLOGY	0.062659			69
70	ELECTROENCEPHALOGRAPHY	0.496918			70
71	MEDICAL SUPPLIES CHARGED TO PAT	0.458636			71
72	IMPL. DEV. CHARGED TO PATIENTS	0.704833			72
73	DRUGS CHARGED TO PATIENTS	0.268184			73
76.97	CARDIAC REHABILITATION	0.721614			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.01	OP PEDS ONC CLINIC	0.472811			90.01
90.02	WOUND CLINIC	0.481698			90.02
91	EMERGENCY	0.179839			91
92	OBSERVATION BEDS (NON-DISTINCT	0.591855			92
92.01	OBSERVATION BEDS-DISTINCT	1.420378			92.01
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (SUM OF LINES 50-94 AND 96-98)				200
201	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202	NET CHARGES (LINE 200 MINUS LINE 201)				202

CALCULATION OF REIMBURSEMENT SETTLEMENT WORKSHEET E PART A

CHECK [XX] HOSPITAL (14-0130)
APPLICABLE BOX: [ ] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	19,682,494		1
1.01	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCTOBER 1, 2013 (SEE INSTRUCTIONS)			1.01
1.02	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 2013 (SEE INSTRUCTIONS)			1.02
1.03	DRG FOR FEDERAL SPECIFIC OPERATING PAYMENT FOR MODEL 4 BPCI (SEE INSTRUCTIONS)			1.03
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	471,379		2
2.01	OUTLIER RECONCILIATION AMOUNT			2.01
2.02	OUTLIER PAYMENT FOR MODEL 4 BPCI (SEE INSTRUCTIONS)			2.02
3	MANAGED CARE SIMULATED PAYMENTS			3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	111.52		4
	INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS			
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)			5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)			6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)iv)(B)(1)			7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.			7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.			8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.			8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)			8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)			9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS			10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS			11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)			12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR			13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO			14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3			15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM			16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE			17
18	ADJUSTED ROLLING AVERAGE FTE COUNT			18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)			19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)			20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)			21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)			22
	INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON			
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)			23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)			25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)			26
27	IME PAYMENTS ADJUSTMENT FACTOR (SEE INSTRUCTIONS)			27
28	IME ADD-ON ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)			28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)			29
	DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)			30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL (SEE INSTRUCTIONS)			31
32	SUM OF LINES 30 AND 31			32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)			33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)			34
	UNCOMPENSATED CARE ADJUSTMENT	PRIOR TO OCTOBER 1	ON OR AFTER OCTOBER 1	
35	TOTAL UNCOMPENSATED CARE AMOUNT (SEE INSTRUCTIONS)			35
35.01	FACTOR 3 (SEE INSTRUCTIONS)			35.01
35.02	HOSPITAL UNCOMPENSATED CARE PAYMENT (IF LINE 34 IS ZERO, ENTER ZERO ON THIS LINE) (SEE INSTRUCTIONS)			35.02
35.03	PRO RATA SHARE OF THE HOSPITAL UNCOMPENSATED CARE PAYMENT AMOUNT (SEE INSTRUCTIONS)			35.03
36	TOTAL UNCOMPENSATED CARE (SUM OF COLUMNS 1 AND 2 ON LINE 35.03)			36
	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES			
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)			40
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)			41

CALCULATION OF REIMBURSEMENT SETTLEMENT WORKSHEET E
PART A

CHECK [XX] HOSPITAL (14-0130)
APPLICABLE BOX: [ ] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

42	DIVIDE LINE 41 BY LINE 40 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		42
43	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		43
44	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK (LINE 43 DIVIDED BY LINE 41 DIVIDED BY 7 DAYS)		44
45	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS)		45
46	TOTAL ADDITIONAL PAYMENT (LINE 45 TIMES LINE 44 TIMES LINE 41)		46
47	SUBTOTAL (SEE INSTRUCTIONS)	20,153,873	47
48	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY (SEE INSTRUCTIONS)		48
49	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	20,153,873	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	1,627,866	50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51
52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)		52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)		55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS		57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)		58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	21,781,739	59
60	PRIMARY PAYER PAYMENTS		60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	21,781,739	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,467,132	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	71,988	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	208,576	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	146,003	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	147,809	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	19,388,622	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		70
71	AMOUNT DUE PROVIDER (SEE INSTRUCTIONS)	19,388,622	71
71.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		71.01
72	INTERIM PAYMENTS	19,266,578	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS LINES 71.01, 72 AND 73)	122,044	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2		75

TO BE COMPLETED BY CONTRACTOR

90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96

CALCULATION OF REIMBURSEMENT SETTLEMENT WORKSHEET E PART B

CHECK APPLICABLE BOX: [XX] HOSPITAL (14-0130) [ ] IPF [ ] IRF
[ ] SUB (OTHER) [ ] SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	5,354	1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPS (SEE INSTRUCTIONS)	19,803,653	2
3	PPS PAYMENTS	14,902,302	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)	73,831	4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)	5,354	11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES	24,531	12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)	24,531	14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	24,531	18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS)	19,177	19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS)		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)	5,354	21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)	14,976,133	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	171	25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	3,576,537	26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	11,404,779	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)	11,404,779	30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	11,404,779	32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	278,462	34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	194,923	35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	217,219	36
37	SUBTOTAL (SEE INSTRUCTIONS) ' T4 - 10/25/13 JF	11,599,702	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (SEE INSTRUCTIONS)	11,599,702	40
40.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		40.01
41	INTERIM PAYMENTS	11,402,145	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (SEE INSTRUCTIONS)	197,557	43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44

TO BE COMPLETED BY CONTRACTOR

90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	93
94	TOTAL (SUM OF LINES 91 AND 93)	94

CALCULATION OF REIMBURSEMENT SETTLEMENT WORKSHEET E
PART B

CHECK APPLICABLE BOX: [ ] HOSPITAL [ ] IPF [ ] IRF
[ ] SUB (OTHER) [XX] SNF (14-5216)

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPS (SEE INSTRUCTIONS)		2
3	PPS PAYMENTS		3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)		11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES		12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)		14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS)		19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS)		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)		21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)		24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)		26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)		27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)		30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)		32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		36
37	SUBTOTAL (SEE INSTRUCTIONS) ' T4 - 10/25/13 JF		37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (SEE INSTRUCTIONS)		40
40.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		40.01
41	INTERIM PAYMENTS		41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (SEE INSTRUCTIONS)		43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED WORKSHEET E-1 PART I

CHECK APPLICABLE BOX: [XX] HOSPITAL (14-0130) [ ] IPF [ ] IRF [ ] SUB (OTHER) [ ] SNF [ ] SWING BED SNF

DESCRIPTION			INPATIENT PART A MM/DD/YYYY 1	INPATIENT PART A AMOUNT 2	INPATIENT PART B MM/DD/YYYY 3	INPATIENT PART B AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER							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.				19,266,578		11,402,145	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		.01		NONE		NONE	3.01
		.02					3.02
	PROGRAM	.03					3.03
	TO	.04					3.04
	PROVIDER	.05					3.05
		.06					3.06
		.07					3.07
		.08					3.08
		.09					3.09
		.50		NONE		NONE	3.50
		.51					3.51
	PROVIDER	.52					3.52
	TO	.53					3.53
	PROGRAM	.54					3.54
		.55					3.55
		.56					3.56
		.57					3.57
		.58					3.58
		.59					3.59
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		.99					3.99
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)				19,266,578		11,402,145	4
	TO BE COMPLETED BY CONTRACTOR						
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM	.01		NONE		NONE	5.01
	TO	.02					5.02
	PROVIDER	.03					5.03
		.04					5.04
		.05					5.05
		.06					5.06
		.07					5.07
		.08					5.08
		.09					5.09
	PROVIDER	.50		NONE		NONE	5.50
	TO	.51					5.51
	PROGRAM	.52					5.52
		.53					5.53
		.54					5.54
		.55					5.55
		.56					5.56
		.57					5.57
		.58					5.58
		.59					5.59
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)		.99					5.99
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM TO PROVIDER	.01		122,044		197,557	6.01
	PROVIDER TO PROGRAM	.02					6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)				19,388,622		11,599,702	7

8 NAME OF CONTRACTOR: _____ CONTRACTOR NUMBER: _____ NPR DATE: _____ 8

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT WORKSHEET E-1
PART II

CHECK APPLICABLE BOX [XX] HOSPITAL (14-0130) [ ] CAH

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	8,655	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	10,983	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	205	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	26,108	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	686,299,531	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	30,376,478	6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168		7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)	1,569,938	8
9	SEQUESTRATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		9
10	CALCULATION OF THE HIT INCENTIVE PAYMENT AFTER SEQUESTRATION (SEE INSTRUCTIONS)		10

INPATIENT HOSPITAL SERVICES UNDER PPS & CAH

30	INITIAL/INTERIM HIT PAYMENT(S)	1,610,313	30
31	OTHER ADJUSTMENTS (SPECIFY)		31
32	BALANCE DUE PROVIDER (LINE 8 (OR LINE 10) MINUS LINE 30 AND LINE 31) (SEE INSTRUCTIONS)	-40,375	32

CALCULATION OF REIMBURSEMENT SETTLEMENT WORKSHEET E-3
PART VI

PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES

	PROSPECTIVE PAYMENT AMOUNT	
1	RESOURCE UTILIZATION GROUP (RUGS) PAYMENT	1
2	ROUTINE SERVICE OTHER PASS THROUGH COSTS	2
3	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	3
4	SUBTOTAL (SUM OF LINES 1-3)	4
	COMPUTATION OF NET COST OF COVERED SERVICES	
5	MEDICAL AND OTHER SERVICES	5
6	DEDUCTIBLES	6
7	COINSURANCE	7
8	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	8
9	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	9
10	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	10
11	UTILIZATION REVIEW	11
12	SUBTOTAL (SUM OF LINES 4, 5 MINUS 6 & 7 PLUS 10 AND 11) (SEE INSTRUCTIONS)	12
13	INPATIENT PRIMARY PAYER PAYMENTS	13
14	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	14
15	SUBTOTAL (LINE 12 MINUS 13 ± LINE 14)	15
15.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	15.01
16	INTERIM PAYMENTS	16
17	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)	17
18	BALANCE DUE PROVIDER/PROGRAM (LINE 15 MINUS 15.01, 16 AND 17)	18
19	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	19

CALCULATION OF REIMBURSEMENT SETTLEMENT WORKSHEET E-3
PART VII

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (14-0130)	[ ]	SNF	[ ]	PPS
APPLICABLE	[XX]	TITLE XIX	[ ]	IPF	[ ]	NF	[ ]	TEFRA
BOXES:			[ ]	IRF	[ ]	ICF/MR	[XX]	OTHER
			[ ]	SUB (OTHER)				

PART VII - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR TITLE XIX SERVICES

		INPATIENT TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX	
	COMPUTATION OF NET COST OF COVERED SERVICES			
1	INPATIENT HOSPITAL SNF/NF SERVICES	1,833,532		1
2	MEDICAL AND OTHER SERVICES			2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)			3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	1,833,532		4
5	INPATIENT PRIMARY PAYER PAYMENTS			5
6	OUTPATIENT PRIMARY PAYER PAYMENTS			6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	1,833,532		7
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
8	ROUTINE SERVICE CHARGES			8
9	ANCILLARY SERVICE CHARGES			9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE			10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION			11
12	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)			12
	CUSTOMARY CHARGES			
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			13
14	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000	1.000000	15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS)			17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS)	1,833,532		18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			20
21	COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)			21
	PROSPECTIVE PAYMENT AMOUNT			
22	OTHER THAN OUTLIER PAYMENTS			22
23	OUTLIER PAYMENTS			23
24	PROGRAM CAPITAL PAYMENTS			24
25	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS			26
27	SUBTOTAL (SUM OF LINES 22 THROUGH 26)			27
28	CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)			28
29	SUM OF LINES 27 AND 21			29
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	EXCESS OF REASONABLE COST (FROM LINE 18)			30
31	SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)			31
32	DEDUCTIBLES			32
33	COINSURANCE			33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)			34
35	UTILIZATION REVIEW			35
36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)			36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			37
38	SUBTOTAL (LINE 36 ± LINE 37)			38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)			39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)			40
41	INTERIM PAYMENTS			41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)			42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2			43

BALANCE SHEET WORKSHEET G

	ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
		1	2	3	4	
	CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	24,588,471				1
2	TEMPORARY INVESTMENTS	27,026				2
3	NOTES RECEIVABLE					3
4	ACCOUNTS RECEIVABLE	50,874,688				4
5	OTHER RECEIVABLES	1,963,543	15,176			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-17,893,773				6
7	INVENTORY	4,734,881				7
8	PREPAID EXPENSES	117,188				8
9	OTHER CURRENT ASSETS	7,065,769				9
10	DUE FROM OTHER FUNDS	250,050				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	71,727,843	15,176			11
	FIXED ASSETS					
12	LAND	55,533,262				12
13	LAND IMPROVEMENTS					13
14	ACCUMULATED DEPRECIATION					14
15	BUILDINGS	160,621,674				15
16	ACCUMULATED DEPRECIATION	-34,523,470				16
17	LEASEHOLD IMPROVEMENTS					17
18	ACCUMULATED AMORTIZATION					18
19	FIXED EQUIPMENT	31,205,334				19
20	ACCUMULATED DEPRECIATION	-12,190,676				20
21	AUTOMOBILES AND TRUCKS					21
22	ACCUMULATED DEPRECIATION					22
23	MAJOR MOVABLE EQUIPMENT					23
24	ACCUMULATED DEPRECIATION					24
25	MINOR EQUIPMENT DEPRECIABLE					25
26	ACCUMULATED DEPRECIATION					26
27	HIT DESIGNATED ASSETS					27
28	ACCUMULATED DEPRECIATION					28
29	MINOR EQUIPMENT-NONDEPRECIABLE					29
30	TOTAL FIXED ASSETS (SUM OF LINES 12-29)	200,646,124				30
	OTHER ASSETS					
31	INVESTMENTS	116,684,109	3,955,848	25,176,543		31
32	DEPOSITS ON LEASES					32
33	DUE FROM OWNERS/OFFICERS					33
34	OTHER ASSETS	5,381,352				34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	122,065,461	3,955,848	25,176,543		35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	394,439,428	3,971,024	25,176,543		36

	LIABILITIES AND FUND BALANCES	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
		1	2	3	4	
	CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	8,062,435				37
38	SALARIES, WAGES & FEES PAYABLE	11,660,409				38
39	PAYROLL TAXES PAYABLE					39
40	NOTES & LOANS PAYABLE (SHORT TERM)	2,556,135				40
41	DEFERRED INCOME					41
42	ACCELERATED PAYMENTS					42
43	DUE TO OTHER FUNDS	2,556,135				43
44	OTHER CURRENT LIABILITIES	33,952,565				44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	58,787,679				45
	LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE					46
47	NOTES PAYABLE					47
48	UNSECURED LOANS					48
49	OTHER LONG TERM LIABILITIES	91,923,922				49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	91,923,922				50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	150,711,601				51
	CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	243,727,827				52
53	SPECIFIC PURPOSE FUND BALANCE		3,971,024			53
54	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED			25,176,543		54
55	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED					55
56	GOVERNING BODY CREATED - ENDOWMENT FUND BAL					56
57	PLANT FUND BALANCE - INVESTED IN PLANT					57
58	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION					58
59	TOTAL FUND BALANCES (SUM OF LINES 52-58)	243,727,827	3,971,024	25,176,543		59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	394,439,428	3,971,024	25,176,543		60

STATEMENT OF CHANGES IN FUND BALANCES WORKSHEET G-1

		GENERAL FUND		SPECIFIC PURPOSE FUND		ENDOWMENT FUND		PLANT FUND		
		1	2	3	4	5	6	7	8	
1	FUND BALANCES AT BEGINNING OF PERIOD	248,965,845		3,857,316		24,869,001				1
2	NET INCOME (LOSS) (FROM WKST G-3, LINE 29)	7,164,071								2
3	TOTAL (SUM OF LINE 1 AND LINE 2)	256,129,916		3,857,316		24,869,001				3
4	ADDITIONS (CREDIT ADJUST-MENTS)									4
5	ASSETS RELEASED FROM RESTRICTIONS	673,108								5
6	GIFTS, GRANTS & OTHER REVENUE			943,405		307,542				6
7	INVESTMENT INCOME - REALIZED GAIN			398,156						7
8	UNREALIZED GAINS (LOSSES)			101,393						8
9				14,815						9
10	TOTAL ADDITIONS (SUM OF LINES 4-9)	673,108		1,457,769		307,542				10
11	SUBTOTAL (LINE 3 PLUS LINE 10)	256,803,024		5,315,085		25,176,543				11
12	DEDUCTIONS (DEBIT ADJUST-MENTS)									12
13	OPERATING EXPENSES			670,953						13
14	PROPERTY ADDITIONS			673,108						14
15	PENSION RELATED CHANGES	13,075,197								15
16										16
17										17
18	TOTAL DEDUCTIONS (SUM OF LINES 12-17)	13,075,197		1,344,061						18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)	243,727,827		3,971,024		25,176,543				19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES WORKSHEET G-2
PARTS I & II

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	HOSPITAL	46,215,365		46,215,365	1
2	SUBPROVIDER IPF				2
3	SUBPROVIDER IRF				3
5	SWING BED - SNF				5
6	SWING BED - NF				6
7	SKILLED NURSING FACILITY	9,438,122		9,438,122	7
8	NURSING FACILITY				8
9	OTHER LONG TERM CARE				9
10	TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	55,653,487		55,653,487	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	INTENSIVE CARE UNIT				11
12	CORONARY CARE UNIT				12
13	BURN INTENSIVE CARE UNIT				13
14	SURGICAL INTENSIVE CARE UNIT				14
15	OTHER SPECIAL CARE (SPECIFY)				15
16	TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)				16
17	TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	55,653,487		55,653,487	17
18	ANCILLARY SERVICES	193,996,111	433,459,348	627,455,459	18
19	OUTPATIENT SERVICES				19
20	RHC				20
21	FQHC				21
22	HOME HEALTH AGENCY		5,159,883	5,159,883	22
23	AMBULANCE				23
25	ASC				25
26	HOSPICE				26
27	OTHER (SPECIFY)				27
27.01	PROFESSION CHARGES	2,862,815	21,871,607	24,734,422	27.01
27.02	OCCUPATIONAL MEDICINE		1,920,027	1,920,027	27.02
28	TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	252,512,413	462,410,865	714,923,278	28

PART II - OPERATING EXPENSES

		1	2	
29	OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		245,066,430	29
30	ADD (SPECIFY)			30
31	BAD DEBT	7,596,049		31
32				32
33				33
34				34
35				35
36	TOTAL ADDITIONS (SUM OF LINES 30-35)		7,596,049	36
37	DEDUCT (SPECIFY)			37
38				38
39				39
40				40
41				41
42	TOTAL DEDUCTIONS (SUM OF LINES 37-41)			42
43	TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		252,662,479	43

STATEMENT OF REVENUES AND EXPENSES WORKSHEET G-3

	DESCRIPTION		
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	714,923,278	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	490,065,960	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	224,857,318	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	252,662,479	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-27,805,161	5
	OTHER INCOME		
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	8,261,000	7
8	REVENUES FROM TELEPHONE AND OTHER MISCELLANEOUS COMMUNICATION SERVICES		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	1,229,518	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS	422,388	16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	6,252,886	22
23	GOVERNMENTAL APPROPRIATIONS	1,620,373	23
24	OTHER (OTHER REVENUE)	17,183,067	24
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	34,969,232	25
26	TOTAL (LINE 5 PLUS LINE 25)	7,164,071	26
27			27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)		28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	7,164,071	29

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS HHA NO.: 14-7045 WORKSHEET H

		SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPOR-TATION (SEE INSTR.) 3	CONTRACTED/ PURCHASED SERVICES 4	OTHER COSTS 5	TOTAL (SUM OF (COLS.1-5) 6	
	GENERAL SERVICE COST CENTER							
1	CAPITAL RELATED-BLDGS & FIXTURES							1
2	CAPITAL RELATED-MOVABLE EQUIPMENT							2
3	PLANT OPERATION & MAINTENANCE							3
4	TRANSPORTATION (SEE INSTRUCTIONS)							4
5	ADMINISTRATIVE AND GENERAL	241,336	24,560			-185,410	80,486	5
	HHA REIMBURSABLE SERVICES							
6	SKILLED NURSING CARE	1,046,686	106,520				1,153,206	6
7	PHYSICAL THERAPY	492,035	50,074				542,109	7
8	OCCUPATIONAL THERAPY	156	16				172	8
9	SPEECH PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES	37,118	3,777				40,895	10
11	HOME HEALTH AIDE	59,623	6,068				65,691	11
12	SUPPLIES (SEE INSTRUCTIONS)							12
13	DRUGS							13
14	DME							14
	HHA NONREIMBURSABLE SERVICES							
15	HOME DIALYSIS AIDE SERVICES							15
16	RESPIRATORY THERAPY							16
17	PRIVATE DUTY NURSING							17
18	CLINIC							18
19	HEALTH PROMOTION ACTIVITIES							19
20	DAY CARE PROGRAM							20
21	HOME DELIVERED MEALS PROGRAM							21
22	HOMEMAKER SERVICE							22
23	ALL OTHERS							23
24	TOTAL (SUM OF LINES 1-23)	1,876,954	191,015			-185,410	1,882,559	24

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS HHA NO.: 14-7045 WORKSHEET H (CONTINUED)

		RECLASS-IFICATIONS 7	RECLASSIFIED TRIAL BALANCE (COL.6 + COL.7) 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION (COL.8 + COL.9) 10	
	GENERAL SERVICE COST CENTER					
1	CAPITAL RELATED-BLDGS & FIXTURES					1
2	CAPITAL RELATED-MOVABLE EQUIPMENT					2
3	PLANT OPERATION & MAINTENANCE					3
4	TRANSPORTATION (SEE INSTRUCTIONS)					4
5	ADMINISTRATIVE AND GENERAL		80,486		80,486	5
	HHA REIMBURSABLE SERVICES					
6	SKILLED NURSING CARE		1,153,206		1,153,206	6
7	PHYSICAL THERAPY		542,109		542,109	7
8	OCCUPATIONAL THERAPY		172		172	8
9	SPEECH PATHOLOGY					9
10	MEDICAL SOCIAL SERVICES		40,895		40,895	10
11	HOME HEALTH AIDE		65,691		65,691	11
12	SUPPLIES (SEE INSTRUCTIONS)					12
13	DRUGS					13
14	DME					14
	HHA NONREIMBURSABLE SERVICES					
15	HOME DIALYSIS AIDE SERVICES					15
16	RESPIRATORY THERAPY					16
17	PRIVATE DUTY NURSING					17
18	CLINIC					18
19	HEALTH PROMOTION ACTIVITIES					19
20	DAY CARE PROGRAM					20
21	HOME DELIVERED MEALS PROGRAM					21
22	HOMEMAKER SERVICE					22
23	ALL OTHERS					23
24	TOTAL (SUM OF LINES 1-23)		1,882,559		1,882,559	24

COST ALLOCATION - HHA GENERAL SERVICE COST HHA NO.: 14-7045 WORKSHEET H-1 PART I

		NET EXPENSES FOR COST ALLOCATION 0	CAP REL COSTS BLDG & FIXTURES 1	CAP REL COSTS MVBL EQUIPMENT 2	PLANT OPERATN & MAINT 3	TRANSPORT-ATION 4	SUBTOTAL (COLS.0-4) 4A	ADMIN & GENERAL 5	TOTAL (COLS.4A+5) 6	
	GENERAL SERVICE COST CENTER									
1	CAPITAL RELATED-BLDGS & FIXTUR									1
2	CAPITAL RELATED-MOVABLE EQUIPM									2
3	PLANT OPERATION & MAINTENANCE									3
4	TRANSPORTATION (SEE INSTR.)									4
5	ADMINISTRATIVE AND GENERAL	80,486					80,486	80,486		5
	HHA REIMBURSABLE SERVICES									
6	SKILLED NURSING CARE	1,153,206					1,153,206	51,506	1,204,712	6
7	PHYSICAL THERAPY	542,109					542,109	24,212	566,321	7
8	OCCUPATIONAL THERAPY	172					172	8	180	8
9	SPEECH PATHOLOGY									9
10	MEDICAL SOCIAL SERVICES	40,895					40,895	1,826	42,721	10
11	HOME HEALTH AIDE	65,691					65,691	2,934	68,625	11
12	SUPPLIES (SEE INSTRUCTIONS)									12
13	DRUGS									13
14	DME									14
	HHA NONREIMBURSABLE SERVICES									
15	HOME DIALYSIS AIDE SERVICES									15
16	RESPIRATORY THERAPY									16
17	PRIVATE DUTY NURSING									17
18	CLINIC									18
19	HEALTH PROMOTION ACTIVITIES									19
20	DAY CARE PROGRAM									20
21	HOME DELIVERED MEALS PROGRAM									21
22	HOMEMAKER SERVICE									22
23	ALL OTHERS									23
24	TOTAL (SUM OF LINES 1-23)	1,882,559					1,882,559		1,882,559	24

COST ALLOCATION - HHA STATISTICAL BASIS HHA NO.: 14-7045 WORKSHEET H-1 PART II

		CAP REL COSTS BLDG & FIXTURES (SQUARE FEET) 1	CAP REL COSTS MVBL EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT-ATION (MILEAGE) 4	RECONCIL-IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
	GENERAL SERVICE COST CENTER							
1	CAPITAL RELATED-BLDGS & FIXTUR							1
2	CAPITAL RELATED-MOVABLE EQUIPM							2
3	PLANT OPERATION & MAINTENANCE							3
4	TRANSPORTATION (SEE INSTR.)							4
5	ADMINISTRATIVE AND GENERAL					-80,486	1,802,073	5
	HHA REIMBURSABLE SERVICES							
6	SKILLED NURSING CARE						1,153,206	6
7	PHYSICAL THERAPY						542,109	7
8	OCCUPATIONAL THERAPY						172	8
9	SPEECH PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES						40,895	10
11	HOME HEALTH AIDE						65,691	11
12	SUPPLIES (SEE INSTRUCTIONS)							12
13	DRUGS							13
14	DME							14
	HHA NONREIMBURSABLE SERVICES							
15	HOME DIALYSIS AIDE SERVICES							15
16	RESPIRATORY THERAPY							16
17	PRIVATE DUTY NURSING							17
18	CLINIC							18
19	HEALTH PROMOTION ACTIVITIES							19
20	DAY CARE PROGRAM							20
21	HOME DELIVERED MEALS PROGRAM							21
22	HOMEMAKER SERVICE							22
23	ALL OTHERS							23
23.50	TELEMEDICINE							23.50
24	TOTAL (SUM OF LINES 1-23)					-80,486	1,802,073	24
25	COST TO BE ALLOC (PER W/S H)						80,486	25
26	UNIT COST MULTIPLIER						0.044663	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 14-7045 WORKSHEET H-2
PART I

	HHA COST CENTER	HHA TRIAL BALANCE 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	OTHER CAP REL COSTS 3	EMPLOYEE BENEFITS DEPARTMENT 4	SUBTOTAL (COLS.0-4) 4A	ADMINIS-TRATIVE & GENERAL 5	MAIN-TENANCE & REPAIRS 6	
1	ADMINISTRATIVE AND GENERAL					57,135	57,135	21,358		1
2	SKILLED NURSING CARE	1,204,712				247,796	1,452,508	542,977		2
3	PHYSICAL THERAPY	566,321				116,486	682,807	255,247		3
4	OCCUPATIONAL THERAPY	180				37	217	81		4
5	SPEECH PATHOLOGY									5
6	MEDICAL SOCIAL SERVICES	42,721				8,788	51,509	19,255		6
7	HOME HEALTH AIDE	68,625				14,115	82,740	30,930		7
8	SUPPLIES									8
9	DRUGS									9
10	DME									10
11	HOME DIALYSIS AIDE SERVICES									11
12	RESPIRATORY THERAPY									12
13	PRIVATE DUTY NURSING									13
14	CLINIC									14
15	HEALTH PROMOTION ACTIVITIES									15
16	DAY CARE PROGRAM									16
17	HOME DELIVERED MEALS PROGRAM									17
18	HOMEMAKER SERVICE									18
19	ALL OTHERS									19
20	TOTAL (SUM OF LINES 1-19)	1,882,559				444,357	2,326,916	869,848		20
21	UNIT COST MULTIPLIER: COL. 26, LINE 1 DIVIDED BY THE SUM OF COL. 26, LINE 20 MINUS COL. 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.									21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 14-7045 WORKSHEET H-2
PART I

	HHA COST CENTER	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	MAIN-TENANCE OF PERSONNEL	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	
		7	8	9	10	11	12	13	14	
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								5,268	8
9	DRUGS									9
10	DME									10
11	HOME DIALYSIS AIDE SERVICES									11
12	RESPIRATORY THERAPY									12
13	PRIVATE DUTY NURSING									13
14	CLINIC									14
15	HEALTH PROMOTION ACTIVITIES									15
16	DAY CARE PROGRAM									16
17	HOME DELIVERED MEALS PROGRAM									17
18	HOMEMAKER SERVICE									18
19	ALL OTHERS									19
20	TOTAL (SUM OF LINES 1-19)								5,268	20
21	UNIT COST MULTIPLIER: COL. 26, LINE 1 DIVIDED BY THE SUM OF COL. 26, LINE 20 MINUS COL. 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.									21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 14-7045 WORKSHEET H-2
PART I

	HHA COST CENTER	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	NONPHYSIC. ANESTHET.	NURSING SCHOOL	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	
		15	16	17	19	20	21	22	23	
1	ADMINISTRATIVE AND GENERAL									1
2	SKILLED NURSING CARE									2
3	PHYSICAL THERAPY									3
4	OCCUPATIONAL THERAPY									4
5	SPEECH PATHOLOGY									5
6	MEDICAL SOCIAL SERVICES									6
7	HOME HEALTH AIDE									7
8	SUPPLIES									8
9	DRUGS	293								9
10	DME									10
11	HOME DIALYSIS AIDE SERVICES									11
12	RESPIRATORY THERAPY									12
13	PRIVATE DUTY NURSING									13
14	CLINIC									14
15	HEALTH PROMOTION ACTIVITIES									15
16	DAY CARE PROGRAM									16
17	HOME DELIVERED MEALS PROGRAM									17
18	HOMEMAKER SERVICE									18
19	ALL OTHERS									19
20	TOTAL (SUM OF LINES 1-19)	293								20
21	UNIT COST MULTIPLIER: COL. 26, LINE 1 DIVIDED BY THE SUM OF COL. 26, LINE 20 MINUS COL. 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.									21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 14-7045 WORKSHEET H-2
PART I

	HHA COST CENTER	SUBTOTAL (SUM OF COL.4A-23) 24	I&R COST & POST STEP-DOWN ADJS 25	SUBTOTAL (SUM OF COL.4A-23) 26	ALLOCATED HHA A&G (SEE PT.2) 27	TOTAL HHA COSTS 28	
1	ADMINISTRATIVE AND GENERAL	78,493		78,493			1
2	SKILLED NURSING CARE	1,995,485		1,995,485	50,143	2,045,628	2
3	PHYSICAL THERAPY	938,054		938,054	23,570	961,624	3
4	OCCUPATIONAL THERAPY	298		298	7	305	4
5	SPEECH PATHOLOGY						5
6	MEDICAL SOCIAL SERVICES	70,764		70,764	1,778	72,542	6
7	HOME HEALTH AIDE	113,670		113,670	2,856	116,526	7
8	SUPPLIES	5,268		5,268	132	5,400	8
9	DRUGS	293		293	7	300	9
10	DME						10
11	HOME DIALYSIS AIDE SERVICES						11
12	RESPIRATORY THERAPY						12
13	PRIVATE DUTY NURSING						13
14	CLINIC						14
15	HEALTH PROMOTION ACTIVITIES						15
16	DAY CARE PROGRAM						16
17	HOME DELIVERED MEALS PROGRAM						17
18	HOMEMAKER SERVICE						18
19	ALL OTHERS						19
20	TOTAL (SUM OF LINES 1-19)	3,202,325		3,202,325	78,493	3,202,325	20
21	UNIT COST MULTIPLIER: COL. 26, LINE 1 DIVIDED BY THE SUM OF COL. 26, LINE 20 MINUS COL. 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.				0.025127		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 14-7045 WORKSHEET H-2
STATISTICAL BASIS PART II

	HHA COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	OTHER CAP REL COSTS NOT USED 3	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES 4	RECON-CILIATION 4A	ADMINIS-TRATIVE & GENERAL ACCUM COST 5	MAIN-TENANCE & REPAIRS SQUARE FEET 6	OPERATION OF PLANT SQUARE FEET 7	
1	ADMINISTRATIVE AND GENERAL				32,407,667		57,135			1
2	SKILLED NURSING CARE				140,553,606		1,452,508			2
3	PHYSICAL THERAPY				66,072,592		682,807			3
4	OCCUPATIONAL THERAPY				20,924		217			4
5	SPEECH PATHOLOGY									5
6	MEDICAL SOCIAL SERVICES				4,984,409		51,509			6
7	HOME HEALTH AIDE				8,006,479		82,740			7
8	SUPPLIES									8
9	DRUGS									9
10	DME									10
11	HOME DIALYSIS AIDE SERVICES									11
12	RESPIRATORY THERAPY									12
13	PRIVATE DUTY NURSING									13
14	CLINIC									14
15	HEALTH PROMOTION ACTIVITIES									15
16	DAY CARE PROGRAM									16
17	HOME DELIVERED MEALS PROGRAM									17
18	HOMEMAKER SERVICE									18
19	ALL OTHERS									19
19.50	TELEMEDICINE									19.50
20	TOTAL (SUM OF LINES 1-19)				252,045,677		2,326,916			20
21	TOTAL COST TO BE ALLOCATED				444,357		869,848			21
22	UNIT COST MULTIPLIER									22
22	UNIT COST MULTIPLIER				0.001763		0.373820			22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 14-7045 WORKSHEET H-2
STATISTICAL BASIS PART II

	HHA COST CENTER	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE-KEEPING HOURS OF SERVICE 9	DIETARY MEALS SERVED 10	CAFETERIA MEALS SERVED 11	MAINTENANCE OF PERSONNEL NUMBER HOUSED 12	NURSING ADMINISTRATION DIRECT NRSING HRS 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	
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							5,069,960		8
9	DRUGS								4,219	9
10	DME									10
11	HOME DIALYSIS AIDE SERVICES									11
12	RESPIRATORY THERAPY									12
13	PRIVATE DUTY NURSING									13
14	CLINIC									14
15	HEALTH PROMOTION ACTIVITIES									15
16	DAY CARE PROGRAM									16
17	HOME DELIVERED MEALS PROGRAM									17
18	HOMEMAKER SERVICE									18
19	ALL OTHERS									19
19.50	TELEMEDICINE									19.50
20	TOTAL (SUM OF LINES 1-19)							5,069,960	4,219	20
21	TOTAL COST TO BE ALLOCATED							5,268	293	21
22	UNIT COST MULTIPLIER							0.001039		22
22	UNIT COST MULTIPLIER								0.069448	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 14-7045 WORKSHEET H-2
STATISTICAL BASIS PART II

	HHA COST CENTER	MEDICAL RECORDS + LIBRARY GROSS REVENUE 16	SOCIAL SERVICE TIME SPENT 17	NONPHYSIC. ANESTHET. ASSIGNED TIME 19	NURSING SCHOOL ASSIGNED TIME 20	I&R SALARY & FRINGES ASSIGNED TIME 21	I&R PROGRAM COSTS ASSIGNED TIME 22	PARAMED EDUCATION ASSIGNED TIME 23	
1	ADMINISTRATIVE AND GENERAL								1
2	SKILLED NURSING CARE								2
3	PHYSICAL THERAPY								3
4	OCCUPATIONAL THERAPY								4
5	SPEECH PATHOLOGY								5
6	MEDICAL SOCIAL SERVICES								6
7	HOME HEALTH AIDE								7
8	SUPPLIES								8
9	DRUGS								9
10	DME								10
11	HOME DIALYSIS AIDE SERVICES								11
12	RESPIRATORY THERAPY								12
13	PRIVATE DUTY NURSING								13
14	CLINIC								14
15	HEALTH PROMOTION ACTIVITIES								15
16	DAY CARE PROGRAM								16
17	HOME DELIVERED MEALS PROGRAM								17
18	HOMEMAKER SERVICE								18
19	ALL OTHERS								19
19.50	TELEMEDICINE								19.50
20	TOTAL (SUM OF LINES 1-19)								20
21	TOTAL COST TO BE ALLOCATED								21
22	UNIT COST MULTIPLIER								22
22	UNIT COST MULTIPLIER								22

APPORTIONMENT OF PATIENT SERVICE COSTS HHA NO.: 14-7045 WORKSHEET H-3
PARTS I & II

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

	COST PER VISIT COMPUTATION PATIENT SERVICES	FROM WKST H-2, PART I, COL 28, LINE	FACILITY COSTS (FROM WKST H-2, PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS COLS. 1+2) 3	TOTAL VISITS 4	AVERAGE COST PER VISIT (COL.3 ÷ COL.4) 5	
1	SKILLED NURSING CARE	2	2,045,628		2,045,628	5,276	387.72	1
2	PHYSICAL THERAPY	3	961,624		961,624	3,361	286.11	2
3	OCCUPATIONAL THERAPY	4	305		305	28	10.89	3
4	SPEECH PATHOLOGY	5				72		4
5	MEDICAL SOCIAL SERVICES	6	72,542		72,542	233	311.34	5
6	HOME HEALTH AIDE	7	116,526		116,526	704	165.52	6
7	TOTAL (SUM OF LINES 1-6)		3,196,625		3,196,625	9,674		7

	PATIENT SERVICES	
8	SKILLED NURSING CARE	8
8.01	SKILLED NURSING CARE	8.01
9	PHYSICAL THERAPY	9
9.01	PHYSICAL THERAPY	9.01
10	OCCUPATIONAL THERAPY	10
10.01	OCCUPATIONAL THERAPY	10.01
11	SPEECH PATHOLOGY	11
11.01	SPEECH PATHOLOGY	11.01
12	MEDICAL SOCIAL SERVICES	12
12.01	MEDICAL SOCIAL SERVICES	12.01
13	HOME HEALTH AIDE	13
13.01	HOME HEALTH AIDE	13.01
14	TOTAL (SUM OF LINES 8-13)	14

	SUPPLIES AND DRUGS COST COMPUTATIONS OTHER PATIENT SERVICES	FROM WKST H-2, PART I, COL 28, LINE	FACILITY COSTS (FROM WKST H-2, PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS COLS. 1+2) 3	TOTAL CHARGES (FROM HHA RECORD) 4	RATIO (COL.3 ÷ COL.4) 5	
15	COST OF MEDICAL SUPPLIES	8	5,400		5,400			15
16	COST OF DRUGS	9	300		300			16

APPORTIONMENT OF PATIENT SERVICE COSTS HHA NO.: 14-7045 WORKSHEET H-3
PARTS I & II
(CONTINUED)

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION	PROGRAM VISITS		COST OF SERVICES			
	PART B		PART B			
PATIENT SERVICES	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	TOTAL PROGRAM COST (SUM OF COLS.9-10)	
	6	7	8	9	10	11	12	
1 SKILLED NURSING CARE	3,624	1,652		1,405,097	640,513		2,045,610	1
2 PHYSICAL THERAPY	2,483	878		710,411	251,205		961,616	2
3 OCCUPATIONAL THERAPY	14	14		152	152		304	3
4 SPEECH PATHOLOGY	45	27						4
5 MEDICAL SOCIAL SERVICES	109	124		33,936	38,606		72,542	5
6 HOME HEALTH AIDE	203	501		33,601	82,926		116,527	6
7 TOTAL (SUM OF LINES 1-6)	6,478	3,196		2,183,197	1,013,402		3,196,599	7

PATIENT SERVICES	CBSA NO.	PROGRAM VISITS			
		PART A	PART B NOT SUBJ TO DEDUCTIBLES & COINSUR	PART B SUBJECT TO DEDUCTIBLES & COINSUR	
	1	2	3	4	
8 SKILLED NURSING CARE	16974	421	98		8
8.01 SKILLED NURSING CARE	29404	3,203	1,554		8.01
9 PHYSICAL THERAPY	16974	145	56		9
9.01 PHYSICAL THERAPY	29404	2,338	822		9.01
10 OCCUPATIONAL THERAPY	16974				10
10.01 OCCUPATIONAL THERAPY	29404	14	14		10.01
11 SPEECH PATHOLOGY	16974				11
11.01 SPEECH PATHOLOGY	29404	45	27		11.01
12 MEDICAL SOCIAL SERVICES	16974	8	9		12
12.01 MEDICAL SOCIAL SERVICES	29404	101	115		12.01
13 HOME HEALTH AIDE	16974	2			13
13.01 HOME HEALTH AIDE	29404	201	501		13.01
14 TOTAL (SUM OF LINES 8-13)		6,478	3,196		14

SUPPLIES AND DRUGS COST COMPUTATIONS	PROGRAM COVERED CHARGES			COST OF SERVICES			
	PART B			PART B			
OTHER PATIENT SERVICES	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
	6	7	8	9	10	11	
15 COST OF MEDICAL SUPPLIES							15
16 COST OF DRUGS							16

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

	FROM WKST C, PART I, COL.9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES (FROM PROVIDER RECORDS)	HHA SHARED ANCILLARY COSTS (COL.1 x COL.2)	TRANSFER TO PART I AS INDICATED	
		1	2	3	4	
1 PHYSICAL THERAPY	66	0.441678			COL 2, LINE 2	1
2 OCCUPATIONAL THERAPY	67				COL 2, LINE 3	2
3 SPEECH PATHOLOGY	68	0.461797			COL 2, LINE 4	3
4 MEDICAL SUPPLIES CHARGED TO PA	71	0.458636			COL 2, LINE 15	4
5 DRUGS CHARGED TO PATIENTS	73	0.268184			COL 2, LINE 16	5

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT HHA NO.: 14-7045 WORKSHEET H-4
PARTS I & II

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

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

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

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10	TOTAL REASONABLE COST (SEE INSTRUCTIONS)			10
11	TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	1,165,508	488,324	11
12	TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	5,127	10,215	12
13	TOTAL PPS REIMBURSEMENT - LUPA EPISODES	26,329	16,741	13
14	TOTAL PPS REIMBURSEMENT - PEP EPISODES	3,889	10,400	14
15	TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	716	1,149	15
16	TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES		57	16
17	TOTAL OTHER PAYMENTS			17
18	DME PAYMENTS			18
19	OXYGEN PAYMENTS			19
20	PROSTHETIC AND ORTHOTIC PAYMENTS			20
21	PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)			21
22	SUBTOTAL (SUM OF LINES 10-20 MINUS LINE 21)	1,201,569	526,886	22
23	EXCESS REASONABLE COST (FROM LINE 8)			23
24	SUBTOTAL (LINE 22 MINUS LINE 23)	1,201,569	526,886	24
25	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM YOUR RECORDS)			25
26	NET COST (LINE 24 MINUS LINE 25)	1,201,569	526,886	26
27	REIMBURSABLE BAD DEBTS (FROM YOUR RECORDS)			27
28	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			28
29	TOTAL COSTS - CURRENT COST REPORTING PERIOD (LINE 26 PLUS LINE 27)	1,201,569	526,886	29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			30
31	SUBTOTAL (LINE 29 PLUS/MINUS LINE 30)	1,201,569	526,886	31
31.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			31.01
32	INTERIM PAYMENTS (SEE INSTRUCTIONS)	1,201,569	526,886	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)			33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 31.01, 32 AND 33)			34
35	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2			35

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

HHA NO.: 14-7045

WORKSHEET H-5

	DESCRIPTION			PART A MO/DAY/YR 1	PART A AMOUNT 2	PART B MO/DAY/YR 3	PART B AMOUNT 4	
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER				1,201,569		526,886	1
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.				NONE		NONE	2
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		.01		NONE		NONE	3.01
			.02					3.02
		PROGRAM	.03					3.03
		TO	.04					3.04
		PROVIDER	.05					3.05
			.06					3.06
			.07					3.07
			.08					3.08
			.09					3.09
			.50		NONE		NONE	3.50
			.51					3.51
		PROVIDER	.52					3.52
		TO	.53					3.53
		PROGRAM	.54					3.54
			.55					3.55
			.56					3.56
			.57					3.57
			.58					3.58
			.59					3.59
	SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		.99					3.99
4	TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST H-4, PART II, COLUMN AS APPROPRIATE, LINE 32)				1,201,569		526,886	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		NONE		NONE	5.01
		TO	.02					5.02
		PROVIDER	.03					5.03
			.04					5.04
			.05					5.05
			.06					5.06
			.07					5.07
			.08					5.08
			.09					5.09
		PROVIDER	.50		NONE		NONE	5.50
		TO	.51					5.51
		PROGRAM	.52					5.52
			.53					5.53
			.54					5.54
			.55					5.55
			.56					5.56
			.57					5.57
			.58					5.58
			.59					5.59
	SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)		.99					5.99
6	DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT (SEE INSTR.)	PROGRAM TO PROVIDER	.01					6.01
		PROVIDER TO PROGRAM	.02					6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)				1,201,569		526,886	7

8 NAME OF CONTRACTOR: _____ CONTRACTOR NUMBER: _____ NPR DATE: _____ 8

CALCULATION OF CAPITAL PAYMENT WORKSHEET L

CHECK APPLICABLE BOXES	[ ]	TITLE V	[XX]	HOSPITAL ((14-013)	[XX]	PPS
	[XX]	TITLE XVIII-PT A	[ ]	SUB (OTHER)	[ ]	COST METHOD
	[ ]	TITLE XIX				

PART I - FULLY PROSPECTIVE METHOD

	CAPITAL FEDERAL AMOUNT		
1	CAPITAL DRG OTHER THAN OUTLIER	1,592,564	1
1.01	MODEL 4 BPCI CAPITAL DRG OTHER THAN OUTLIER		1.01
2	CAPITAL DRG OUTLIER PAYMENTS	35,302	2
2.01	MODEL 4 BPCI CAPITAL DRG OUTLIER PAYMENTS		2.01
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	72.20	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)		4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (MULTIPLY LINE 5 BY THE SUM OF LINES 1 AND 1.01)		6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)		7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (SEE INSTRUCTIONS)		8
9	SUM OF LINES 7 AND 8		9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)		10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES THE SUM OF LINES 1 AND 1.01)		11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1, 1.01, 2, 2.01, 6 AND 11)	1,627,866	12

PART II - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST (SEE INSTRUCTIONS)	1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST (SEE INSTRUCTIONS)	2
3	TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 1 PLUS LINE 2)	3
4	CAPITAL COST PAYMENT FACTOR (SEE INSTRUCTIONS)	4
5	TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 3 TIMES LINE 4)	5

PART III - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS (SEE INSTRUCTIONS)	1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)	2
3	NET PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (LINE 1 MINUS LINE 2)	3
4	APPLICABLE EXCEPTION PERCENTAGE (SEE INSTRUCTIONS)	4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS (LINE 3 TIMES LINE 4)	5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)	6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 2 TIMES LINE 6)	7
8	CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 5 PLUS LINE 7)	8
9	CURRENT YEAR CAPITAL PAYMENTS (FROM PART I, LINE 12 AS APPLICABLE)	9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 8 LESS LINE 9)	10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (FROM PRIOR YEAR WKST L, PART III, LINE 14)	11
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 10 PLUS LINE 11)	12
13	CURRENT YEAR EXCEPTION PAYMENT (IF LINE 12 IS POSITIVE, ENTER THE AMOUNT ON THIS LINE)	13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (IF LINE 12 IS NEGATIVE, ENTER THE AMOUNT ON THIS LINE)	14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)	15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)	16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT (SEE INSTRUCTIONS)	17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES WORKSHEET L-1
PART I

	COST CENTER DESCRIPTION	EXTRAORDI-NARY CAP-REL COSTS 0	SUBTOTAL (COLS.0-4) 2A	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26	
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
5	ADMINISTRATIVE & GENERAL						5
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
10	DIETARY						10
11	CAFETERIA						11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION						13
14	CENTRAL SERVICES & SUPPLY						14
15	PHARMACY						15
16	MEDICAL RECORDS & LIBRARY						16
17	SOCIAL SERVICE						17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES						21
22	I&R SERVICES-OTHER PRGM COSTS						22
23	PARAMED ED PRGM-(SPECIFY)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS						30
31	INTENSIVE CARE UNIT						31
43	NURSERY						43
44	SKILLED NURSING FACILITY						44
45	NURSING FACILITY						45
46	OTHER LONG TERM CARE						46
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM						50
52	DELIVERY ROOM & LABOR ROOM						52
54	RADIOLOGY-DIAGNOSTIC						54
55	RADIOLOGY-THERAPEUTIC						55
57	CT SCAN						57
58	MRI						58
59	CARDIAC CATHETERIZATION						59
60	LABORATORY						60
62.30	BLOOD CLOTTING FOR HEMOPHILIAC						62.30
65	RESPIRATORY THERAPY						65
66	PHYSICAL THERAPY						66
68	SPEECH PATHOLOGY						68
69	ELECTROCARDIOLOGY						69
70	ELECTROENCEPHALOGRAPHY						70
71	MEDICAL SUPPLIES CHARGED TO PA						71
72	IMPL. DEV. CHARGED TO PATIENTS						72
73	DRUGS CHARGED TO PATIENTS						73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	OP PEDS ONC CLINIC						90.01
90.02	WOUND CLINIC						90.02
91	EMERGENCY						91
92	OBSERVATION BEDS (NON-DISTINCT						92
92.01	OBSERVATION BEDS-DISTINCT						92.01
	OTHER REIMBURSABLE COST CENTERS						
101	HOME HEALTH AGENCY						101
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)						118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CA						190
192	PHYSICIANS' PRIVATE OFFICES						192
194	HEALTH & FITNESS CENTER						194
194.01	OCCUPATIONAL HEALTH						194.01
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINE 118 AND LINES 190-201)						202
203	TOTAL STATISTICAL BASIS						203
204	UNIT COST MULTIPLIER						204
204	UNIT COST MULTIPLIER						204

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

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