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: 11-30-2012 TIME: 08:58_____
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 MEMORIAL HOSPITAL (14-1338) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2011 AND ENDING 06/30/2012, 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 | | 477,725 | -346,726 | | 100,561 | 1 |
| 2 | SUBPROVIDER - IPF | | | | | | 2 |
| 3 | SUBPROVIDER - IRF | | | | | | 3 |
| 4 | SUBPROVIDER (OTHER) | | | | | | 4 |
| 5 | SWING BED - SNF | | 44,439 | | | | 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 | | 522,164 | -346,726 | | 100,561 | 200 |

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

PROVIDER CCN: 14-1338 MEMORIAL HOSPITAL | KPMG LLP COMPU-MAX MICRO SYSTEM | VERSION: 2011.10
PERIOD FROM 07/01/2011 TO 06/30/2012 | IN LIEU OF FORM CMS-2552-10 (08/2011) | 11/30/2012 08:58

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

| | | | | |
|---|---|---|---|---|
| 1 | STREET: 1900 STATE STREET | P.O.BOX: | | 1 |
| 2 | CITY: CHESTER | STATE: IL | ZIP CODE: 62233 COUNTY: RANDOLPH | 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 | MEMORIAL HOSPITAL | 14-1338 | 99914 | 1 | 09/01/2004 | N | O | O | 3 |
| 4 | SUBPROVIDER - IPF | | | | | | | | | 4 |
| 5 | SUBPROVIDER - IRF | | | | | | | | | 5 |
| 6 | SUBPROVIDER - (OTHER) | | | | | | | | | 6 |
| 7 | SWING BEDS - SNF | MEMORIAL HOSPITAL-SWING BEDS | 14-Z338 | 14 | | 09/01/2004 | N | O | N | 7 |
| 8 | SWING BEDS - NF | | | | | | | | | 8 |
| 9 | HOSPITAL-BASED SNF | | | | | | | | | 9 |
| 10 | HOSPITAL-BASED NF | | | | | | | | | 10 |
| 11 | HOSPITAL-BASED OLTC | | | | | | | | | 11 |
| 12 | HOSPITAL-BASED HHA | | | | | | | | | 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: 07/01/2011 | TO: 06/30/2012 | | | | | | | 20 |
| 21 | TYPE OF CONTROL | | 8 | | | | | | | 21 |

INPATIENT PPS INFORMATION

| | | 1 | 2 | |
|---|---|---|---|---|
| 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. | N | N | 22 |
| 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. | 3 | 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. | | | 2 | | | | 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. | | | 2 | | | | 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 |

| | PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL | V 1 | XVIII 2 | XIX 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)

| | | 1 | 2 | 3 | |
|---|---|---|---|---|---|
| TEACHING HOSPITALS | | | | | |
| 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 AVERAGE | DIRECT GME AVERAGE | |
|---|---|---|---|---|---|
| 61 | DID YOUR FACILITY RECEIVE ADDITIONAL FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 'Y', EFFECTIVE FOR PORTIONS OF COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2011 ENTER THE AVERAGE NUMBER OF PRIMARY CARE FTE RESIDENTS FOR IME IN COLUMN 2 AND DIRECT GME IN COLUMN 3 FROM THE HOSPITAL'S THREE MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS) | N | | | 61 |

| | | | |
|---|---|---|---|
| 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 |

| | | 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 |

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

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

| | | 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 | Y | 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 |

| | | 1 | 2 | |
|---|---|---|---|---|
| RURAL PROVIDERS | | | | |
| 105 | DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)? | Y | | 105 |
| 106 | IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES. | N | | 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. | N | N | 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. | Y | Y | Y | N | 109 |

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

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: 1,000,000 PAID LOSSES: 3,000,000 SELF INSURANCE: | | 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 |

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. | N | | 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: | CONTRACTOR'S NAME: | CONTRACTOR'S NUMBER: | 141 |
| 142 | STREET: | P.O. BOX: | | 142 |
| 143 | CITY: | STATE: | ZIP CODE: | 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. | | N | 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 |

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. | N | 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. | 1,585,613 | 168 |
| 169 | IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH | | 169 |

(LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.

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) | N | | | 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. | N | | | 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 | 11/01/2012 | Y | 11/01/2012 | 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. | N | 22 |
| 23 | HAVE CHANGES OCCURRED IN THE MEDICARE DEPRECIATION EXPENSE DUE TO APPRAISALS MADE DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | N | 23 |
| 24 | WERE NEW LEASES AND/OR AMENDMENTS TO EXISTING LEASES ENTERED INTO DURING THIS COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | Y | 24 |
| 25 | HAVE THERE BEEN NEW CAPITALIZED LEASES ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | N | 25 |
| 26 | WERE ASSETS SUBJECT TO SEC. 2314 OF DEFRA ACQUIRED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | N | 26 |
| 27 | HAS THE PROVIDER'S CAPITALIZED POLICY CHANGED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | N | 27 |
| | INTEREST EXPENSE | | |
| 28 | WERE NEW LOANS, MORTGAGE AGREEMENTS OR LETTERS OF CREDIT ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | N | 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. | Y | 29 |
| 30 | HAS EXISTING DEBT BEEN REPLACED PRIOR TO ITS SCHEDULED MATURITY WITH NEW DEBT? IF YES, SEE INSTRUCTIONS. | N | 30 |
| 31 | HAS DEBT BEEN RECALLED BEFORE SCHEDULED MATURITY WITHOUT ISSUANCE OF NEW DEBT? IF YES, SEE INSTRUCTIONS. | N | 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. | Y | 32 |
| 33 | IF LINE 32 IS YES, WERE THE REQUIREMENTS OF SEC. 2135.2 APPLIED PERTAINING TO COMPETITIVE BIDDING? IF NO, SEE INSTRUCTIONS. | Y | 33 |
| | PROVIDER-BASED PHYSICIANS | | |
| 34 | ARE SERVICES FURNISHED AT THE PROVIDER FACILITY UNDER AN ARRANGEMENT WITH PROVIDER-BASED PHYSICIANS? IF YES, SEE INSTRUCTIONS. | Y | 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. | N | 35 |

| | | Y/N 1 | DATE 2 | |
|---|---|---|---|---|
| | HOME OFFICE COSTS | | | |
| 36 | WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT? | N | | 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. | N | | 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: | LAST NAME: | TITLE: | 41 |
| 42 | EMPLOYER: | | | 42 |
| 43 | PHONE NUMBER: | E-MAIL ADDRESS: | | 43 |

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

| | COMPONENT | WKST A LINE NO. | NO OF BEDS | BED DAYS AVAILABLE | CAH HOURS | INPATIENT DAYS / OUTPATIENT VISITS / TRIPS TITLE V | TITLE XVIII | TITLE XIX | TOTAL ALL PATIENTS | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
| 1 | HOSPITAL ADULTS & PEDS. (COLS. 5, 6, 7 AND 8 EXCLUDE SWING BED, OBSERVATION BED AND HOSPICE DAYS) | 30 | 25 | 9,150 | 36,768.00 | | 1,013 | 57 | 1,532 | 1 |
| 2 | HMO | | | | | | | | | 2 |
| 3 | HMO IPF SUBPROVIDER | | | | | | | | | 3 |
| 4 | HMO IRF SUBPROVIDER | | | | | | | | | 4 |
| 5 | HOSPITAL ADULTS & PEDS. SWING BED SNF | | | | | | 166 | | 166 | 5 |
| 6 | HOSPITAL ADULTS & PEDS. SWING BED NF | | | | | | | | 10 | 6 |
| 7 | TOTAL ADULTS & PEDS. (EXCLUDE OBSERVATION BEDS) (SEE INSTR.) | | 25 | 9,150 | 36,768.00 | | 1,179 | 57 | 1,708 | 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) | | 25 | 9,150 | 36,768.00 | | 1,179 | 57 | 1,708 | 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 | | | | | | | | 19 |
| 20 | NURSING FACILITY | 45 | | | | | | | | 20 |
| 21 | OTHER LONG TERM CARE | 46 | | | | | | | | 21 |
| 22 | HOME HEALTH AGENCY | 101 | | | | | | | | 22 |
| 23 | ASC (DISTINCT PART) | 115 | | | | | | | | 23 |
| 24 | HOSPICE (DISTINCT PART) | 116 | | | | | | | | 24 |
| 25 | CMHC | 99 | | | | | | | | 25 |
| 26 | RHC | 88 | | | | | | | | 26 |
| 27 | TOTAL (SUM OF LINES 14-26) | | 25 | | | | | | | 27 |
| 28 | OBSERVATION BED DAYS | | | | | | | | 614 | 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 |
| 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) | 30 | | | | | 318 | 19 | 456 | 1 |
| 2 | HMO | | | | | | | | | 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) | | | 169.95 | | | 318 | 19 | 456 | 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 | | | | | | | | 19 |
| 20 | NURSING FACILITY | 45 | | | | | | | | 20 |
| 21 | OTHER LONG TERM CARE | 46 | | | | | | | | 21 |
| 22 | HOME HEALTH AGENCY | 101 | | | | | | | | 22 |
| 23 | ASC (DISTINCT PART) | 115 | | | | | | | | 23 |
| 24 | HOSPICE (DISTINCT PART) | 116 | | | | | | | | 24 |
| 25 | CMHC | 99 | | | | | | | | 25 |
| 26 | RHC | 88 | | | | | | | | 26 |
| 27 | TOTAL (SUM OF LINES 14-26) | | | 169.95 | | | | | | 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 |
| 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 | 8,319,075 | | | 351,087.00 | | 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 | | | | | | | 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 | | | | | | 9 |
| 10 | EXCLUDED AREA SALARIES (SEE INSTRUCTIONS) | | 13,744 | 42,568 | | 2,409.00 | | 10 |
| | OTHER WAGES & RELATED COSTS | | | | | | | |
| 11 | CONTRACT LABOR (SEE INSTRUCTIONS) | | 513,829 | | | 15,374.00 | | 11 |
| 12 | CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES | | | | | | | 12 |
| 13 | CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE | | 447,367 | | | 3,086.00 | | 13 |
| 14 | HOME OFFICE SALARIES & WAGE-RELATED COSTS | | | | | | | 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) | | 2,561,018 | | | | | 17 |
| 18 | WAGE-RELATED COSTS (OTHER) | | | | | | | 18 |
| 19 | EXCLUDED AREAS | | 17,043 | 2,526,779 | | | | 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 | | 142,183 | | | | | 26 |
| 27 | ADMINISTRATIVE & GENERAL | | 1,328,854 | -5,561 | | | | 27 |
| 28 | ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.) | | 88,085 | | | 549.91 | | 28 |
| 29 | MAINTENANCE & REPAIRS | | | | | | | 29 |
| 30 | OPERATION OF PLANT | | 373,230 | | | | | 30 |
| 31 | LAUNDRY & LINEN SERVICE | | 51,713 | | | | | 31 |
| 32 | HOUSEKEEPING | | 244,592 | | | | | 32 |
| 33 | HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS) | | | | | | | 33 |
| 34 | DIETARY | | 309,285 | -129,281 | | | | 34 |
| 35 | DIETARY UNDER CONTRACT (SEE INSTRUCTIONS) | | 27,720 | | | 597.00 | | 35 |
| 36 | CAFETERIA | | | 113,971 | | | | 36 |
| 37 | MAINTENANCE OF PERSONNEL | | | | | | | 37 |
| 38 | NURSING ADMINISTRATION | | 356,132 | | | | | 38 |
| 39 | CENTRAL SERVICES AND SUPPLY | | 50,685 | | | | | 39 |
| 40 | PHARMACY | | 289,474 | | | | | 40 |
| 41 | MEDICAL RECORDS & MEDICAL RECORDS LIBRARY | | 347,422 | | | | | 41 |
| 42 | SOCIAL SERVICE | | 69,957 | | | | | 42 |
| 43 | OTHER GENERAL SERVICE | | | | | | | 43 |

PART III - HOSPITAL WAGE INDEX SUMMARY

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1 | NET SALARIES (SEE INSTRUCTIONS) | 8,434,880 | | 8,434,880 | 352,233.91 | 23.95 | 1 |
| 2 | EXCLUDED AREA SALARIES (SEE INSTRUCTIONS) | 13,744 | 42,568 | 56,312 | 2,409.00 | 23.38 | 2 |
| 3 | SUBTOTAL SALARIES (LINE 1 MINUS LINE 2) | 8,421,136 | -42,568 | 8,378,568 | 349,824.91 | 23.95 | 3 |
| 4 | SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.) | 961,196 | | 961,196 | 18,460.00 | 52.07 | 4 |
| 5 | SUBTOTAL WAGE-RELATED COSTS (SEE INST.) | 2,561,018 | | 2,561,018 | | 30.57% | 5 |
| 6 | TOTAL (SUM OF LINES 3 THRU 5) | 11,943,350 | -42,568 | 11,900,782 | 368,284.91 | 32.31 | 6 |
| 7 | TOTAL OVERHEAD COST (SEE INSTRUCTIONS) | 3,679,332 | -20,871 | 3,658,461 | 1,146.91 | 3,189.84 | 7 |

HOSPITAL WAGE RELATED COSTS — WORKSHEET S-3 PART IV

PART A - CORE LIST

| | | AMOUNT REPORTED | |
|---|---|---|---|
| | RETIREMENT COST | | |
| 1 | 401K EMPLOYER CONTRIBUTIONS | 666,213 | 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) | | 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) | 1,165,265 | 8 |
| 9 | PRESCRIPTION DRUG PLAN | | 9 |
| 10 | DENTAL, HEARING AND VISION PLAN | | 10 |
| 11 | LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY) | | 11 |
| 12 | ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY) | 1,908 | 12 |
| 13 | DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY) | 156 | 13 |
| 14 | LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY) | | 14 |
| 15 | WORKERS' COMPENSATION INSURANCE | 109,694 | 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 | 552,914 | 17 |
| 18 | MEDICARE TAXES - EMPLOYERS PORTION ONLY | | 18 |
| 19 | UNEMPLOYMENT INSURANCE | | 19 |
| 20 | STATE OR FEDERAL UNEMPLOYMENT TAXES | 4,877 | 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 | 42,795 | 23 |
| 24 | TOTAL WAGE RELATED COST (SUM OF LINES 1-23) | 2,543,822 | 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<br>0 | CONTRACT LABOR<br>1 | BENEFIT COST<br>2 | |
|---|---|---|---|---|
| 1 | TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST | 1,049,281 | 2,543,822 | 1 |
| 2 | HOSPITAL | 1,049,281 | 2,543,822 | 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 |

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. | Y | | 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 | | | | 12 |
| 13 | RUB | | | | 13 |
| 14 | RUA | | | | 14 |
| 15 | RVC | | | | 15 |
| 16 | RVB | | | | 16 |
| 17 | RVA | | | | 17 |
| 18 | RHC | | | | 18 |
| 19 | RHB | | | | 19 |
| 20 | RHA | | | | 20 |
| 21 | RMC | | | | 21 |
| 22 | RMB | | | | 22 |
| 23 | RMA | | | | 23 |
| 24 | RLB | | | | 24 |
| 25 | RLA | | | | 25 |
| 26 | ES3 | | | | 26 |
| 27 | ES2 | | | | 27 |
| 28 | ES1 | | | | 28 |
| 29 | HE2 | | | | 29 |
| 30 | HE1 | | | | 30 |
| 31 | HD2 | | | | 31 |
| 32 | HD1 | | | | 32 |
| 33 | HC2 | | | | 33 |
| 34 | HC1 | | | | 34 |
| 35 | HB2 | | | | 35 |
| 36 | HB1 | | | | 36 |
| 37 | LE2 | | | | 37 |
| 38 | LE1 | | | | 38 |
| 39 | LD2 | | | | 39 |
| 40 | LD1 | | | | 40 |
| 41 | LC2 | | | | 41 |
| 42 | LC1 | | | | 42 |
| 43 | LB2 | | | | 43 |
| 44 | LB1 | | | | 44 |
| 45 | CE2 | | | | 45 |
| 46 | CE1 | | | | 46 |
| 47 | CD2 | | | | 47 |
| 48 | CD1 | | | | 48 |
| 49 | CC2 | | | | 49 |
| 50 | CC1 | | | | 50 |
| 51 | CB2 | | | | 51 |
| 52 | CB1 | | | | 52 |
| 53 | CA2 | | | | 53 |
| 54 | CA1 | | | | 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 | | | | 72 |
| 73 | PC2 | | | | 73 |
| 74 | PC1 | | | | 74 |
| 75 | PB2 | | | | 75 |
| 76 | PB1 | | | | 76 |
| 77 | PA2 | | | | 77 |
| 78 | PA1 | | | | 78 |
| 199 | AAA | | | | 199 |
| 200 | TOTAL | | | | 200 |

| SNF SERVICES | CBSA AT BEGINNING OF COST REPORTING PERIOD 1 | CBSA ON/AFTER 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 | | | | 202 |
| 203 | RECRUITMENT | | | | 203 |
| 204 | RETENTION OF EMPLOYEES | | | | 204 |
| 205 | TRAINING | | | | 205 |
| 206 | OTHER (SPECIFY) | | | | 206 |
| 207 | TOTAL SNF REVENUE (WORKSHEET G-2, PART I, LINE 7, COLUMN 3) | | | | 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) | 0.573618 | 1 |
| **MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)** | | | |
| 2 | NET REVENUE FROM MEDICAID | 338,177 | 2 |
| 3 | DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID? | Y | 3 |
| 4 | IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID? | N | 4 |
| 5 | IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID | 496,977 | 5 |
| 6 | MEDICAID CHARGES | 2,856,832 | 6 |
| 7 | MEDICAID COST (LINE 1 TIMES LINE 6) | 1,638,730 | 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. | 803,576 | 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) | 803,576 | 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 | 359,552 | 37,713 | 397,265 | 20 |
| 21 | COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20) | 206,245 | 21,633 | 227,878 | 21 |
| 22 | PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE | | | 0 | 22 |
| 23 | COST OF CHARITY CARE | 206,245 | 21,633 | 227,878 | 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) | 1,345,556 | 26 |
| 27 | MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V | 285,650 | 27 |
| 28 | NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27) | 1,059,906 | 28 |
| 29 | COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28) | 607,981 | 29 |
| 30 | COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29) | 835,859 | 30 |
| 31 | TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30) | 1,639,435 | 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 | | 1,580,246 | 1,580,246 | -1,090,951 | 1 |
| 2 | 00200 | CAP REL COSTS-MVBLE EQUIP | | | | 1,256,182 | 2 |
| 3 | 00300 | OTHER CAPITAL RELATED COSTS | | | | | 3 |
| 4 | 00400 | EMPLOYEE BENEFITS | 142,183 | 2,551,476 | 2,693,659 | | 4 |
| 5.01 | 00501 | COMMUNICATIONS | 44,426 | 54,253 | 98,679 | | 5.01 |
| 5.02 | 00502 | DATA PROCESSING | 185,401 | 233,641 | 419,042 | | 5.02 |
| 5.03 | 00503 | PURCHASING | 60,124 | 21,747 | 81,871 | | 5.03 |
| 5.04 | 00504 | ADMITTING | 130,286 | 5,958 | 136,244 | | 5.04 |
| 5.05 | 00505 | CREDIT AND COLLECTIONS | 151,704 | 86,843 | 238,547 | | 5.05 |
| 5.06 | 00506 | OTHER ADMINISTRATIVE & GENERAL | 756,913 | 855,487 | 1,612,400 | -58,176 | 5.06 |
| 6 | 00600 | MAINTENANCE & REPAIRS | | | | | 6 |
| 7 | 00700 | OPERATION OF PLANT | 373,230 | 455,051 | 828,281 | | 7 |
| 8 | 00800 | LAUNDRY & LINEN SERVICE | 51,713 | 55,025 | 106,738 | | 8 |
| 9 | 00900 | HOUSEKEEPING | 244,592 | 39,032 | 283,624 | | 9 |
| 10 | 01000 | DIETARY | 309,285 | 215,513 | 524,798 | -219,366 | 10 |
| 11 | 01100 | CAFETERIA | | | | 193,388 | 11 |
| 12 | 01200 | MAINTENANCE OF PERSONNEL | | | | | 12 |
| 13 | 01300 | NURSING ADMINISTRATION | 356,132 | 2,968 | 359,100 | | 13 |
| 14 | 01400 | CENTRAL SERVICES & SUPPLY | 50,685 | 602,402 | 653,087 | -599,823 | 14 |
| 15 | 01500 | PHARMACY | 289,474 | 595,166 | 884,640 | -489,660 | 15 |
| 16 | 01600 | MEDICAL RECORDS & LIBRARY | 347,422 | 74,287 | 421,709 | | 16 |
| 17 | 01700 | SOCIAL SERVICE | 69,957 | 9,035 | 78,992 | | 17 |
| 19 | 01900 | NONPHYSICIAN ANESTHETISTS | | | | | 19 |
| 20 | 02000 | NURSING SCHOOL | | | | | 20 |
| 21 | 02100 | I&R SRVCES-SALARY & FRINGES APPRVD | | | | | 21 |
| 22 | 02200 | I&R SRVCES-OTHER PRGM COSTS APPRVD | | | | | 22 |
| 23 | 02300 | PARAMED ED PRGM-(SPECIFY) | | | | | 23 |
| | | INPATIENT ROUTINE SERV COST CENTERS | | | | | |
| 30 | 03000 | ADULTS & PEDIATRICS | 1,448,240 | 51,950 | 1,500,190 | | 30 |
| | | ANCILLARY SERVICE COST CENTERS | | | | | |
| 50 | 05000 | OPERATING ROOM | 508,414 | 683,201 | 1,191,615 | -66,000 | 50 |
| 54 | 05400 | RADIOLOGY-DIAGNOSTIC | 721,849 | 441,611 | 1,163,460 | -2,227 | 54 |
| 60 | 06000 | LABORATORY | 591,604 | 586,156 | 1,177,760 | | 60 |
| 62 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 24,112 | 84,411 | 108,523 | | 62 |
| 62.30 | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS | | | | | 62.30 |
| 65 | 06500 | RESPIRATORY THERAPY | 267,201 | 106,393 | 373,594 | -53,849 | 65 |
| 66 | 06600 | PHYSICAL THERAPY | 434,356 | 17,532 | 451,888 | | 66 |
| 67 | 06700 | OCCUPATIONAL THERAPY | 19,093 | 1,684 | 20,777 | | 67 |
| 68 | 06800 | SPEECH PATHOLOGY | 58,384 | 480 | 58,864 | | 68 |
| 71 | 07100 | MEDICAL SUPPLIES CHRGED TO PATIENTS | | | | 387,174 | 71 |
| 71.01 | 07101 | IMPLANTABLE SUPPLIES | | | | 212,649 | 71.01 |
| 71.02 | 07102 | PACEMAKERS | | | | | 71.02 |
| 72 | 07200 | IMPL. DEV. CHARGED TO PATIENT | | | | 53,200 | 72 |
| 73 | 07300 | DRUGS CHARGED TO PATIENTS | | | | 445,920 | 73 |
| 76 | 03950 | CARDIAC REHAB | 21,697 | 2,803 | 24,500 | -24,500 | 76 |
| 76.01 | 03951 | CHEMOTHERAPY | 137,432 | 1,050,996 | 1,188,428 | | 76.01 |
| 76.97 | 07697 | CARDIAC REHABILITATION | | | | | 76.97 |
| 76.98 | 07698 | HYPERBARIC OXYGEN THERAPY | | | | | 76.98 |
| 76.99 | 07699 | LITHOTRIPSY | | | | | 76.99 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | | |
| 90 | 09000 | CLINIC | 108,936 | 6,446 | 115,382 | | 90 |
| 91 | 09100 | EMERGENCY | 400,486 | 1,259,562 | 1,660,048 | | 91 |
| 92 | 09200 | OBSERVATION BEDS | | | | | 92 |
| | | OTHER REIMBURSABLE COST CENTERS | | | | | |
| | | SPECIAL PURPOSE COST CENTERS | | | | | |
| 118 | | SUBTOTALS (SUM OF LINES 1-117) | 8,305,331 | 11,731,355 | 20,036,686 | -56,039 | 118 |
| | | NONREIMBURSABLE COST CENTERS | | | | | |
| 190 | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | | | | 5,561 | 190 |
| 192 | 19200 | PHYSICIANS' PRIVATE OFFICES | 13,744 | 2,250 | 15,994 | | 192 |
| 193 | 19300 | NONPAID WORKERS | | | | | 193 |
| 193.01 | 19301 | CARDIAC REHAB | | | | 24,500 | 193.01 |
| 194 | 07950 | NON-ALLOWABLE COSTS | | | | 25,978 | 194 |
| 200 | | TOTAL (SUM OF LINES 118-199) | 8,319,075 | 11,733,605 | 20,052,680 | | 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 | 489,295 | | 489,295 | 1 |
| 2 | 00200 | CAP REL COSTS-MVBLE EQUIP | 1,256,182 | | 1,256,182 | 2 |
| 3 | 00300 | OTHER CAPITAL RELATED COSTS | | | | 3 |
| 4 | 00400 | EMPLOYEE BENEFITS | 2,693,659 | | 2,693,659 | 4 |
| 5.01 | 00501 | COMMUNICATIONS | 98,679 | -5,518 | 93,161 | 5.01 |
| 5.02 | 00502 | DATA PROCESSING | 419,042 | | 419,042 | 5.02 |
| 5.03 | 00503 | PURCHASING | 81,871 | | 81,871 | 5.03 |
| 5.04 | 00504 | ADMITTING | 136,244 | | 136,244 | 5.04 |
| 5.05 | 00505 | CREDIT AND COLLECTIONS | 238,547 | | 238,547 | 5.05 |
| 5.06 | 00506 | OTHER ADMINISTRATIVE & GENERAL | 1,554,224 | -494,468 | 1,059,756 | 5.06 |
| 6 | 00600 | MAINTENANCE & REPAIRS | | | | 6 |
| 7 | 00700 | OPERATION OF PLANT | 828,281 | -6,357 | 821,924 | 7 |
| 8 | 00800 | LAUNDRY & LINEN SERVICE | 106,738 | | 106,738 | 8 |
| 9 | 00900 | HOUSEKEEPING | 283,624 | | 283,624 | 9 |
| 10 | 01000 | DIETARY | 305,432 | | 305,432 | 10 |
| 11 | 01100 | CAFETERIA | 193,388 | -54,748 | 138,640 | 11 |
| 12 | 01200 | MAINTENANCE OF PERSONNEL | | | | 12 |
| 13 | 01300 | NURSING ADMINISTRATION | 359,100 | | 359,100 | 13 |
| 14 | 01400 | CENTRAL SERVICES & SUPPLY | 53,264 | | 53,264 | 14 |
| 15 | 01500 | PHARMACY | 394,980 | | 394,980 | 15 |
| 16 | 01600 | MEDICAL RECORDS & LIBRARY | 421,709 | -2,616 | 419,093 | 16 |
| 17 | 01700 | SOCIAL SERVICE | 78,992 | | 78,992 | 17 |
| 19 | 01900 | NONPHYSICIAN ANESTHETISTS | | | | 19 |
| 20 | 02000 | NURSING SCHOOL | | | | 20 |
| 21 | 02100 | I&R SRVCES-SALARY & FRINGES APPRVD | | | | 21 |
| 22 | 02200 | I&R SRVCES-OTHER PRGM COSTS APPRVD | | | | 22 |
| 23 | 02300 | PARAMED ED PRGM-(SPECIFY) | | | | 23 |
| | | INPATIENT ROUTINE SERV COST CENTERS | | | | |
| 30 | 03000 | ADULTS & PEDIATRICS | 1,500,190 | -4,064 | 1,496,126 | 30 |
| | | ANCILLARY SERVICE COST CENTERS | | | | |
| 50 | 05000 | OPERATING ROOM | 1,125,615 | -460,000 | 665,615 | 50 |
| 54 | 05400 | RADIOLOGY-DIAGNOSTIC | 1,161,233 | -3,100 | 1,158,133 | 54 |
| 60 | 06000 | LABORATORY | 1,177,760 | | 1,177,760 | 60 |
| 62 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 108,523 | | 108,523 | 62 |
| 62.30 | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS | | | | 62.30 |
| 65 | 06500 | RESPIRATORY THERAPY | 319,745 | -7,134 | 312,611 | 65 |
| 66 | 06600 | PHYSICAL THERAPY | 451,888 | | 451,888 | 66 |
| 67 | 06700 | OCCUPATIONAL THERAPY | 20,777 | | 20,777 | 67 |
| 68 | 06800 | SPEECH PATHOLOGY | 58,864 | | 58,864 | 68 |
| 71 | 07100 | MEDICAL SUPPLIES CHRGED TO PATIENTS | 387,174 | -30,903 | 356,271 | 71 |
| 71.01 | 07101 | IMPLANTABLE SUPPLIES | 212,649 | | 212,649 | 71.01 |
| 71.02 | 07102 | PACEMAKERS | | | | 71.02 |
| 72 | 07200 | IMPL. DEV. CHARGED TO PATIENT | 53,200 | | 53,200 | 72 |
| 73 | 07300 | DRUGS CHARGED TO PATIENTS | 445,920 | -20,935 | 424,985 | 73 |
| 76 | 03950 | CARDIAC REHAB | | | | 76 |
| 76.01 | 03951 | CHEMOTHERAPY | 1,188,428 | -119,524 | 1,068,904 | 76.01 |
| 76.97 | 07697 | CARDIAC REHABILITATION | | | | 76.97 |
| 76.98 | 07698 | HYPERBARIC OXYGEN THERAPY | | | | 76.98 |
| 76.99 | 07699 | LITHOTRIPSY | | | | 76.99 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | |
| 90 | 09000 | CLINIC | 115,382 | | 115,382 | 90 |
| 91 | 09100 | EMERGENCY | 1,660,048 | -810,242 | 849,806 | 91 |
| 92 | 09200 | OBSERVATION BEDS | | | | 92 |
| | | OTHER REIMBURSABLE COST CENTERS | | | | |
| | | SPECIAL PURPOSE COST CENTERS | | | | |
| 118 | | SUBTOTALS (SUM OF LINES 1-117) | 19,980,647 | -2,019,609 | 17,961,038 | 118 |
| | | NONREIMBURSABLE COST CENTERS | | | | |
| 190 | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 5,561 | | 5,561 | 190 |
| 192 | 19200 | PHYSICIANS' PRIVATE OFFICES | 15,994 | | 15,994 | 192 |
| 193 | 19300 | NONPAID WORKERS | | | | 193 |
| 193.01 | 19301 | CARDIAC REHAB | 24,500 | | 24,500 | 193.01 |
| 194 | 07950 | NON-ALLOWABLE COSTS | 25,978 | | 25,978 | 194 |
| 200 | | TOTAL (SUM OF LINES 118-199) | 20,052,680 | -2,019,609 | 18,033,071 | 200 |

RECLASSIFICATIONS WORKSHEET A-6

| | EXPLANATION OF RECLASSIFICATION ENTRY | CODE | INCREASE COST CENTER | INCREASE LINE # | INCREASE SALARY | INCREASE OTHER | |
|---|---|---|---|---|---|---|---|
| | | 1 | 2 | 3 | 4 | 5 | |
| 1 | RECLASS DRUG COST | A | DRUGS CHARGED TO PATIENTS | 73 | | 292,301 | 1 |
| 500 | TOTAL RECLASSIFICATIONS | | | | | 292,301 | 500 |
| | CODE LETTER - A | | | | | | |
| 1 | RECLASS DEPRECIATION | B | CAP REL COSTS-MVBLE EQUIP | 2 | | 1,143,445 | 1 |
| 500 | TOTAL RECLASSIFICATIONS | | | | | 1,143,445 | 500 |
| | CODE LETTER - B | | | | | | |
| 1 | RECLASS MEDICAL SUPPLIES | C | MEDICAL SUPPLIES CHRGED TO PA | 71 | | 387,174 | 1 |
| 2 | RECLASS MEDICAL SUPPLIES | C | IMPLANTABLE SUPPLIES | 71.01 | | 212,649 | 2 |
| 3 | RECLASS MEDICAL SUPPLIES | C | IMPL. DEV. CHARGED TO PATIENT | 72 | | 53,200 | 3 |
| 500 | TOTAL RECLASSIFICATIONS | | | | | 653,023 | 500 |
| | CODE LETTER - C | | | | | | |
| 1 | RECLASS IV THERAPY | D | DRUGS CHARGED TO PATIENTS | 73 | | 72,511 | 1 |
| 2 | RECLASS DRUGS | D | DRUGS CHARGED TO PATIENTS | 73 | | 81,108 | 2 |
| 500 | TOTAL RECLASSIFICATIONS | | | | | 153,619 | 500 |
| | CODE LETTER - D | | | | | | |
| 1 | CARDIAC REHAB | E | CARDIAC REHAB | 193.01 | 21,697 | 2,803 | 1 |
| 500 | TOTAL RECLASSIFICATIONS | | | | 21,697 | 2,803 | 500 |
| | CODE LETTER - E | | | | | | |
| 1 | CAFETRIA | F | CAFETERIA | 11 | 113,971 | 79,417 | 1 |
| 2 | NON ALLOWABLE MEALS | F | NON-ALLOWABLE COSTS | 194 | 15,310 | 10,668 | 2 |
| 500 | TOTAL RECLASSIFICATIONS | | | | 129,281 | 90,085 | 500 |
| | CODE LETTER - F | | | | | | |
| 1 | LEASE/RENTAL | H | CAP REL COSTS-MVBLE EQUIP | 2 | | 121 | 1 |
| 2 | LEASE RENTAL | H | CAP REL COSTS-MVBLE EQUIP | 2 | | 43,740 | 2 |
| 3 | LEASE RENTAL | H | CAP REL COSTS-MVBLE EQUIP | 2 | | 66,000 | 3 |
| 4 | LEASE RENTAL | H | CAP REL COSTS-MVBLE EQUIP | 2 | | 2,227 | 4 |
| 5 | LEASE RENTAL | H | CAP REL COSTS-MVBLE EQUIP | 2 | | 649 | 5 |
| 500 | TOTAL RECLASSIFICATIONS | | | | | 112,737 | 500 |
| | CODE LETTER - H | | | | | | |
| 1 | AUXILLIARY | I | GIFT, FLOWER, COFFEE SHOP & C | 190 | 5,561 | | 1 |
| 500 | TOTAL RECLASSIFICATIONS | | | | 5,561 | | 500 |
| | CODE LETTER - I | | | | | | |
| 1 | RECLASS PROPERTY INSURANCE | L | CAP REL COSTS-BLDG & FIXT | 1 | | 52,494 | 1 |
| 500 | TOTAL RECLASSIFICATIONS | | | | | 52,494 | 500 |
| | CODE LETTER - L | | | | | | |
| | GRAND TOTAL (INCREASES) | | | | 156,539 | 2,500,507 | |

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 | RECLASS DRUG COST | A | PHARMACY | 15 | | 292,301 | 1 |
| 500 | TOTAL RECLASSIFICATIONS | | | | | 292,301 | 500 |
| | CODE LETTER - A | | | | | | |
| 1 | RECLASS DEPRECIATION | B | CAP REL COSTS-BLDG & FIXT | 1 | | 1,143,445 | 9 1 |
| 500 | TOTAL RECLASSIFICATIONS | | | | | 1,143,445 | 500 |
| | CODE LETTER - B | | | | | | |
| 1 | RECLASS MEDICAL SUPPLIES | C | CENTRAL SERVICES & SUPPLY | 14 | | 387,174 | 1 |
| 2 | RECLASS MEDICAL SUPPLIES | C | CENTRAL SERVICES & SUPPLY | 14 | | 212,649 | 2 |
| 3 | RECLASS MEDICAL SUPPLIES | C | RESPIRATORY THERAPY | 65 | | 53,200 | 3 |
| 500 | TOTAL RECLASSIFICATIONS | | | | | 653,023 | 500 |
| | CODE LETTER - C | | | | | | |
| 1 | RECLASS IV THERAPY | D | PHARMACY | 15 | | 72,511 | 1 |
| 2 | RECLASS DRUGS | D | PHARMACY | 15 | | 81,108 | 2 |
| 500 | TOTAL RECLASSIFICATIONS | | | | | 153,619 | 500 |
| | CODE LETTER - D | | | | | | |
| 1 | CARDIAC REHAB | E | CARDIAC REHAB | 76 | 21,697 | 2,803 | 1 |
| 500 | TOTAL RECLASSIFICATIONS | | | | 21,697 | 2,803 | 500 |
| | CODE LETTER - E | | | | | | |
| 1 | CAFETRIA | F | DIETARY | 10 | 113,971 | 79,417 | 1 |
| 2 | NON ALLOWABLE MEALS | F | DIETARY | 10 | 15,310 | 10,668 | 2 |
| 500 | TOTAL RECLASSIFICATIONS | | | | 129,281 | 90,085 | 500 |
| | CODE LETTER - F | | | | | | |
| 1 | LEASE/RENTAL | H | OTHER ADMINISTRATIVE & GENERA | 5.06 | | 121 | 9 1 |
| 2 | LEASE RENTAL | H | PHARMACY | 15 | | 43,740 | 9 2 |
| 3 | LEASE RENTAL | H | OPERATING ROOM | 50 | | 66,000 | 9 3 |
| 4 | LEASE RENTAL | H | RADIOLOGY-DIAGNOSTIC | 54 | | 2,227 | 9 4 |
| 5 | LEASE RENTAL | H | RESPIRATORY THERAPY | 65 | | 649 | 9 5 |
| 500 | TOTAL RECLASSIFICATIONS | | | | | 112,737 | 500 |
| | CODE LETTER - H | | | | | | |
| 1 | AUXILLIARY | I | OTHER ADMINISTRATIVE & GENERA | 5.06 | 5,561 | | 1 |
| 500 | TOTAL RECLASSIFICATIONS | | | | 5,561 | | 500 |
| | CODE LETTER - I | | | | | | |
| 1 | RECLASS PROPERTY INSURANCE | L | OTHER ADMINISTRATIVE & GENERA | 5.06 | | 52,494 | 9 1 |
| 500 | TOTAL RECLASSIFICATIONS | | | | | 52,494 | 500 |
| | CODE LETTER - L | | | | | | |
| | GRAND TOTAL (DECREASES) | | | | 156,539 | 2,500,507 | |

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 | 202,557 | 37,189 | | 37,189 | | 239,746 | | 1 |
| 2 | LAND IMPROVEMENTS | 458,540 | 5,644 | | 5,644 | | 464,184 | | 2 |
| 3 | BUILDINGS AND FIXTURES | 13,212,103 | 818,933 | | 818,933 | 50,691 | 13,980,345 | | 3 |
| 4 | BUILDING IMPROVEMENTS | | | | | | | | 4 |
| 5 | FIXED EQUIPMENT | 943,266 | 15,305 | | 15,305 | 63,615 | 894,956 | | 5 |
| 6 | MOVABLE EQUIPMENT | 10,715,346 | 844,877 | | 844,877 | 309,171 | 11,251,052 | | 6 |
| 7 | HIT DESIGNATED ASSETS | | 247,839 | | 247,839 | | 247,839 | | 7 |
| 8 | SUBTOTAL (SUM OF LINES 1-7) | 25,531,812 | 1,969,787 | | 1,969,787 | 423,477 | 27,078,122 | | 8 |
| 9 | RECONCILING ITEMS | | | | | | | | 9 |
| 10 | TOTAL (LINE 7 MINUS LINE 9) | 25,531,812 | 1,969,787 | | 1,969,787 | 423,477 | 27,078,122 | | 10 |

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

SUMMARY OF CAPITAL

| | DESCRIPTION | DEPRECIATION 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 | 1,580,246 | | | | | | 1,580,246 | 1 |
| 2 | CAP REL COSTS-MVBLE EQUIP | | | | | | | | 2 |
| 3 | TOTAL (SUM OF LINES 1-2) | 1,580,246 | | | | | | 1,580,246 | 3 |

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS / ALLOCATION OF OTHER CAPITAL

| | DESCRIPTION | GROSS ASSETS 1 | CAPITALIZED LEASES 2 | GROSS ASSETS FOR RATIO (COL. 1 - COL. 2) 3 | RATIO (SEE INSTR.) 4 | INSURANCE 5 | TAXES 6 | OTHER CAPITAL-RELATED COSTS 7 | TOTAL (SUM OF COLS. 5-7) 8 | |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | CAP REL COSTS-BLDG & FIXT | 15,579,231 | | 15,579,231 | 0.575344 | | | | | 1 |
| 2 | CAP REL COSTS-MVBLE EQUIP | 11,498,891 | | 11,498,891 | 0.424656 | | | | | 2 |
| 3 | TOTAL (SUM OF LINES 1-2) | 27,078,122 | | 27,078,122 | 1.000000 | | | | | 3 |

SUMMARY OF CAPITAL

| | DESCRIPTION | DEPRECIATION 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 | 489,295 | | | | | | 489,295 | 1 |
| 2 | CAP REL COSTS-MVBLE EQUIP | 1,256,182 | | | | | | 1,256,182 | 2 |
| 3 | TOTAL | 1,745,477 | | | | | | 1,745,477 | 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 | 1 |
| 2 | INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2) | | | CAP REL COSTS-MVBLE EQUIP | 2 | 2 | 2 |
| 3 | INVESTMENT INCOME-OTHER (CHAPTER 2) | | | | | | 3 |
| 4 | TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8) | B | -1,460 | OTHER ADMINISTRATIVE & GENERAL | 5.06 | 4 | 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) | A | -5,518 | COMMUNICATIONS | 5.01 | 7 | 7 |
| 8 | TELEVISION AND RADIO SERVICE (CHAPTER 21) | | | | | | 8 |
| 9 | PARKING LOT (CHAPTER 21) | | | | | | 9 |
| 10 | PROVIDER-BASED PHYSICIAN ADJUSTMENT | WKST A-8-2 | -936,900 | | | | 10 |
| 11 | SALE OF SCRAP, WASTE, ETC. (CHAPTER 23) | B | -6,357 | OPERATION OF PLANT | 7 | 11 | 11 |
| 12 | RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10) | WKST A-8-1 | | | | | 12 |
| 13 | LAUNDRY AND LINEN SERVICE | | | | | | 13 |
| 14 | CAFETERIA - EMPLOYEES AND GUESTS | B | -54,748 | CAFETERIA | 11 | 14 | 14 |
| 15 | RENTAL OF QUARTERS TO EMPLOYEES & OTHERS | | | | | | 15 |
| 16 | SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS | B | -245 | MEDICAL SUPPLIES CHRGED TO PATI | 71 | 16 | 16 |
| 17 | SALE OF DRUGS TO OTHER THAN PATIENTS | | | | | | 17 |
| 18 | SALE OF MEDICAL RECORDS AND ABSTRACTS | B | -2,616 | MEDICAL RECORDS & LIBRARY | 16 | 18 | 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 | 23 |
| 24 | ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14) | WKST A-8-3 | | PHYSICAL THERAPY | 66 | 24 | 24 |
| 25 | UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21) | | | UTILIZATION REVIEW-SNF | 114 | 25 | 25 |
| 26 | DEPRECIATION--BUILDINGS & FIXTURES | | | CAP REL COSTS-BLDG & FIXT | 1 | 26 | 26 |
| 27 | DEPRECIATION--MOVABLE EQUIPMENT | | | CAP REL COSTS-MVBLE EQUIP | 2 | 27 | 27 |
| 28 | NON-PHYSICIAN ANESTHETIST | | | NONPHYSICIAN ANESTHETISTS | 19 | 28 | 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 | 30 |
| 31 | ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14) | WKST A-8-3 | | SPEECH PATHOLOGY | 68 | 31 | 31 |
| 32 | CAH HIT ADJ FOR DEPRECIATION AND | | | | | | 32 |
| 33 | | | | | | | 33 |
| 34 | | | | | | | 34 |
| 35 | MISC INCOME | | | | | | 35 |
| 35.50 | REBATES | A | -20,935 | DRUGS CHARGED TO PATIENTS | 73 | 35.50 | 35.50 |
| 35.51 | REBATES | A | -30,658 | MEDICAL SUPPLIES CHRGED TO PATI | 71 | 35.51 | 35.51 |
| 36 | PATIENT PHONE SERVICE-COST | | | | | | 36 |
| 36.01 | CRNA FEES | A | -460,000 | OPERATING ROOM | 50 | 36.01 | 36.01 |
| 36.03 | ADMINISTRATIVE & GENERAL - MISC | B | -2,743 | OTHER ADMINISTRATIVE & GENERAL | 5.06 | 36.03 | 36.03 |
| 37 | | | | | | | 37 |
| 38 | NON ALLOWABLE SALARIES | A | -6,381 | OTHER ADMINISTRATIVE & GENERAL | 5.06 | 38 | 38 |
| 39 | NON ALLOWABLE OTHER | A | -259,435 | OTHER ADMINISTRATIVE & GENERAL | 5.06 | 39 | 39 |
| 39.01 | NON ALLOWABLE DEPR & LEASE | A | -7,394 | OTHER ADMINISTRATIVE & GENERAL | 5.06 | 39.01 | 39.01 |
| 39.02 | NON ALLOWABLE MED SCHOOL CONTRACT | A | -15,000 | OTHER ADMINISTRATIVE & GENERAL | 5.06 | 39.02 | 39.02 |
| 40 | CRNA AND MD BILLING EXPENSE | A | -71,930 | OTHER ADMINISTRATIVE & GENERAL | 5.06 | 40 | 40 |
| 41 | | | | | | | 41 |
| 42 | | | | | | | 42 |
| 43 | MISC INC ANALYSIS 5010-0220 | B | -39,000 | OTHER ADMINISTRATIVE & GENERAL | 5.06 | 43 | 43 |
| 44 | | | | | | | 44 |
| 45 | ADVERTISING | A | -37,118 | OTHER ADMINISTRATIVE & GENERAL | 5.06 | 45 | 45 |
| 45.01 | ADVERTISING | A | -15,393 | OTHER ADMINISTRATIVE & GENERAL | 5.06 | 45.01 | 45.01 |
| 45.02 | MISC REV PET SCANNER | A | -3,100 | RADIOLOGY-DIAGNOSTIC | 54 | 45.02 | 45.02 |
| 45.03 | NON-ALLOWABLE MALPRACTICE | A | -38,614 | OTHER ADMINISTRATIVE & GENERAL | 5.06 | 45.03 | 45.03 |
| 45.05 | HOSPICE | A | -4,064 | ADULTS & PEDIATRICS | 30 | 45.05 | 45.05 |
| 46 | | | | | | | 46 |
| 47 | | | | | | | 47 |
| 48 | | | | | | | 48 |
| 49 | | | | | | | 49 |
| 50 | TOTAL (SUM OF LINES 1 THRU 49) TRANSFER TO WKST A, COL. 6, LINE 200) | | -2,019,609 | | | | 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 | LINE NO. |
|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| 1 | | | | | | | 1 |
| 2 | | | | | | | 2 |
| 3 | | | | | | | 3 |
| 4 | | | | | | | 4 |
| 5 | TOTALS (SUM OF LINES 1-4) TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12. | | | | | | 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 | | | | | | 6 |
| 7 | | | | | | 7 |
| 8 | | | | | | 8 |
| 9 | | | | | | 9 |
| 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. 1 | COST CENTER/ PHYSICIAN IDENTIFIER 2 | | TOTAL REMUNERA-TION INCL FRINGES 3 | PROFES-SIONAL COMPONENT 4 | PROVIDER COMPONENT 5 | RCE AMOUNT 6 | PHYSICIAN/ PROVIDER COMPONENT HOURS 7 | UNAD-JUSTED RCE LIMIT 8 | 5 PERCENT OF UNAD-JUSTED RCE LIMIT 9 | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 60 | LABORATORY | LAB | 20,800 | | 20,800 | | | | | 1 |
| 2 | 65 | RESPIRATORY THERAPY | EEG | 6,384 | 6,384 | | | | | | 2 |
| 3 | 91 | EMERGENCY | ER | 1,236,822 | 810,242 | 426,580 | | | | | 3 |
| 4 | 76.01 | CHEMOTHERAPY | ONCOLOGY | 80,004 | 80,004 | | | | | | 4 |
| 5 | 65 | RESPIRATORY THERAPY | AGGREGATE | 750 | 750 | | | | | | 5 |
| 6 | 76.01 | CHEMOTHERAPY | ONCOLOGY | 39,520 | 39,520 | | | | | | 6 |
| 200 | | TOTAL | | 1,384,280 | 936,900 | 447,380 | | | | | 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 | 60 | LABORATORY | LAB | | | | | | | | 1 |
| 2 | 65 | RESPIRATORY THERAPY | EEG | | | | | | | 6,384 | 2 |
| 3 | 91 | EMERGENCY | ER | | | | | | | 810,242 | 3 |
| 4 | 76.01 | CHEMOTHERAPY | ONCOLOGY | | | | | | | 80,004 | 4 |
| 5 | 65 | RESPIRATORY THERAPY | AGGREGATE | | | | | | | 750 | 5 |
| 6 | 76.01 | CHEMOTHERAPY | ONCOLOGY | | | | | | | 39,520 | 6 |
| 200 | | TOTAL | | | | | | | | 936,900 | 200 |

REASONABLE COST DETERMINATION FOR THERAPY SERVICES | WORKSHEET A-8-3
FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998 | PARTS I & II

[ XX ] OCCUPATIONAL [ ] PHYSICAL [ ] RESPIRATORY [ ] SPEECH PATHOLOGY

PART I - GENERAL INFORMATION

| | | | |
|---|---|---|---|
| 1 | TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) | 52 | 1 |
| 2 | LINE 1 MULTIPLIED BY 15 HOURS PER WEEK | 780 | 2 |
| 3 | NUMBER OF UNDUPLICATED DAYS ON WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE | | 3 |
| 4 | NUMBER OF UNDUPLICATED DAYS ON WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE | | 4 |
| 5 | NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS | | 5 |
| 6 | NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS | | 6 |
| 7 | STANDARD TRAVEL EXPENSE RATE | | 7 |
| 8 | OPTIONAL TRAVEL EXPENSE RATE PER MILE | | 8 |

| | | SUPERVISORS 1 | THERAPISTS 2 | ASSISTANTS 3 | AIDES 4 | TRAINEES 5 | |
|---|---|---|---|---|---|---|---|
| 9 | TOTAL HOURS WORKED | 1,707.00 | 254.00 | | | | 9 |
| 10 | AHSEA | 85.99 | 68.80 | | | | 10 |
| 11 | STANDARD TRAVEL ALLOWANCE | 34.40 | 34.40 | | | | 11 |
| 12 | NO OF TRAVEL HRS (PROV SITE) | | | | | | 12 |
| 12.01 | NO OF TRAVEL HRS (OFFSITE) | | | | | | 12.01 |
| 13 | MILES DRIVEN (PROV SITE) | | | | | | 13 |
| 13.01 | MILES DRIVEN (OFFSITE) | | | | | | 13.01 |

PART II - SALARY EQUIVALENCY COMPUTATION

| | | | |
|---|---|---|---|
| 14 | SUPERVISORS | 146,785 | 14 |
| 15 | THERAPISTS | 17,475 | 15 |
| 16 | ASSISTANTS | | 16 |
| 17 | SUBTOTAL ALLOWANCE AMOUNT | 164,260 | 17 |
| 18 | AIDES | | 18 |
| 19 | TRAINEES | | 19 |
| 20 | TOTAL ALLOWANCE AMOUNT | 164,260 | 20 |
| 21 | WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES | | 21 |
| 22 | WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES | | 22 |
| 23 | TOTAL SALARY EQUIVALENCY | 164,260 | 23 |

REASONABLE COST DETERMINATION FOR THERAPY SERVICES | WORKSHEET A-8-3
FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998 | PARTS III & IV

[ XX ] OCCUPATIONAL [ ] PHYSICAL [ ] RESPIRATORY [ ] SPEECH PATHOLOGY

PART III - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE

| | | |
|---|---|---|
| | STANDARD TRAVEL ALLOWANCE | |
| 24 | THERAPISTS | 24 |
| 25 | ASSISTANTS | 25 |
| 26 | SUBTOTAL | 26 |
| 27 | STANDARD TRAVEL EXPENSE | 27 |
| 28 | TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE | 28 |
| | OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE | |
| 29 | THERAPISTS | 29 |
| 30 | ASSISTANTS | 30 |
| 31 | SUBTOTAL | 31 |
| 32 | OPTIONAL TRAVEL EXPENSE | 32 |
| 33 | STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE | 33 |
| 34 | OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE | 34 |
| 35 | OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE | 35 |

PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE

| | | |
|---|---|---|
| | STANDARD TRAVEL EXPENSE | |
| 36 | THERAPISTS | 36 |
| 37 | ASSISTANTS | 37 |
| 38 | SUBTOTAL | 38 |
| 39 | STANDARD TRAVEL EXPENSE | 39 |
| | OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE | |
| 40 | THERAPISTS | 40 |
| 41 | ASSISTANTS | 41 |
| 42 | SUBTOTAL | 42 |
| 43 | OPTIONAL TRAVEL EXPENSE | 43 |
| | TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES | |
| 44 | STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE | 44 |
| 45 | OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE | 45 |
| 46 | OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE | 46 |

REASONABLE COST DETERMINATION FOR THERAPY SERVICES WORKSHEET A-8-3
FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998 PARTS V,VI & VII

[ XX ] OCCUPATIONAL [ ] PHYSICAL [ ] RESPIRATORY [ ] SPEECH PATHOLOGY

PART V - OVERTIME COMPUTATION

| | | THERAPISTS 1 | ASSISTANTS 2 | AIDES 3 | TRAINEES 4 | TOTAL 5 | |
|---|---|---|---|---|---|---|---|
| 47 | OVERTIME HOURS WORKED DURING REPORTING PERIOD | | | | | | 47 |
| 48 | OVERTIME RATE | | | | | | 48 |
| 49 | TOTAL OVERTIME | | | | | | 49 |
| | CALCULATION OF LIMIT | | | | | | |
| 50 | PERCENTAGE OF OVERTIME HOURS BY CATEGORY | | | | | | 50 |
| 51 | ALLOCATION OF PROVIDER'S STANDARD WORKYEAR FOR ONE FULL TIME EMPLOYEE TIMES THE PERCENTAGES ON LINE 50 | | | | | | 51 |
| | DETERMINATION OF OVERTIME ALLOWANCE | | | | | | |
| 52 | ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT | | | | | | 52 |
| 53 | OVERTIME COST LIMITATION | | | | | | 53 |
| 54 | MAXIMUM OVERTIME COST | | | | | | 54 |
| 55 | PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA | | | | | | 55 |
| 56 | OVERTIME ALLOWANCE | | | | | | 56 |

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

| | | | |
|---|---|---|---|
| 57 | SALARY EQUIVALENCY AMOUNT | 164,260 | 57 |
| 58 | TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE | | 58 |
| 59 | TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES | | 59 |
| 60 | OVERTIME ALLOWANCE | | 60 |
| 61 | EQUIPMENT COST | | 61 |
| 62 | SUPPLIES | | 62 |
| 63 | TOTAL ALLOWANCE | 164,260 | 63 |
| 64 | TOTAL COST OF OUTSIDE SUPPLIER SERVICES | | 64 |
| 65 | EXCESS OVER LIMITATION | | 65 |

REASONABLE COST DETERMINATION FOR THERAPY SERVICES | WORKSHEET A-8-3
FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998 | PARTS I & II

[ ] OCCUPATIONAL [ XX ] PHYSICAL [ ] RESPIRATORY [ ] SPEECH PATHOLOGY

PART I - GENERAL INFORMATION

| | | | |
|---|---|---|---|
| 1 | TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) | 52 | 1 |
| 2 | LINE 1 MULTIPLIED BY 15 HOURS PER WEEK | 780 | 2 |
| 3 | NUMBER OF UNDUPLICATED DAYS ON WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE | | 3 |
| 4 | NUMBER OF UNDUPLICATED DAYS ON WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE | | 4 |
| 5 | NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS | | 5 |
| 6 | NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS | | 6 |
| 7 | STANDARD TRAVEL EXPENSE RATE | | 7 |
| 8 | OPTIONAL TRAVEL EXPENSE RATE PER MILE | | 8 |

| | | SUPERVISORS 1 | THERAPISTS 2 | ASSISTANTS 3 | AIDES 4 | TRAINEES 5 | |
|---|---|---|---|---|---|---|---|
| 9 | TOTAL HOURS WORKED | 20.00 | 3,720.00 | 5,374.00 | 1,216.00 | | 9 |
| 10 | AHSEA | 90.74 | 71.63 | 54.44 | 36.29 | | 10 |
| 11 | STANDARD TRAVEL ALLOWANCE | 35.82 | 35.82 | 27.22 | | | 11 |
| 12 | NO OF TRAVEL HRS (PROV SITE) | | | | | | 12 |
| 12.01 | NO OF TRAVEL HRS (OFFSITE) | | | | | | 12.01 |
| 13 | MILES DRIVEN (PROV SITE) | | | | | | 13 |
| 13.01 | MILES DRIVEN (OFFSITE) | | | | | | 13.01 |

PART II - SALARY EQUIVALENCY COMPUTATION

| | | | |
|---|---|---|---|
| 14 | SUPERVISORS | 1,815 | 14 |
| 15 | THERAPISTS | 266,464 | 15 |
| 16 | ASSISTANTS | 292,561 | 16 |
| 17 | SUBTOTAL ALLOWANCE AMOUNT | 560,840 | 17 |
| 18 | AIDES | 44,129 | 18 |
| 19 | TRAINEES | | 19 |
| 20 | TOTAL ALLOWANCE AMOUNT | 604,969 | 20 |
| 21 | WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES | | 21 |
| 22 | WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES | | 22 |
| 23 | TOTAL SALARY EQUIVALENCY | 604,969 | 23 |

REASONABLE COST DETERMINATION FOR THERAPY SERVICES | WORKSHEET A-8-3
FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998 | PARTS III & IV

[ ] OCCUPATIONAL [XX] PHYSICAL [ ] RESPIRATORY [ ] SPEECH PATHOLOGY

PART III - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE

| | | |
|---|---|---|
| | STANDARD TRAVEL ALLOWANCE | |
| 24 | THERAPISTS | 24 |
| 25 | ASSISTANTS | 25 |
| 26 | SUBTOTAL | 26 |
| 27 | STANDARD TRAVEL EXPENSE | 27 |
| 28 | TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE | 28 |
| | OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE | |
| 29 | THERAPISTS | 29 |
| 30 | ASSISTANTS | 30 |
| 31 | SUBTOTAL | 31 |
| 32 | OPTIONAL TRAVEL EXPENSE | 32 |
| 33 | STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE | 33 |
| 34 | OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE | 34 |
| 35 | OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE | 35 |

PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE

| | | |
|---|---|---|
| | STANDARD TRAVEL EXPENSE | |
| 36 | THERAPISTS | 36 |
| 37 | ASSISTANTS | 37 |
| 38 | SUBTOTAL | 38 |
| 39 | STANDARD TRAVEL EXPENSE | 39 |
| | OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE | |
| 40 | THERAPISTS | 40 |
| 41 | ASSISTANTS | 41 |
| 42 | SUBTOTAL | 42 |
| 43 | OPTIONAL TRAVEL EXPENSE | 43 |
| | TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES | |
| 44 | STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE | 44 |
| 45 | OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE | 45 |
| 46 | OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE | 46 |

REASONABLE COST DETERMINATION FOR THERAPY SERVICES WORKSHEET A-8-3
FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998 PARTS V,VI & VII

[ ] OCCUPATIONAL [ XX ] PHYSICAL [ ] RESPIRATORY [ ] SPEECH PATHOLOGY

PART V - OVERTIME COMPUTATION

| | | THERAPISTS 1 | ASSISTANTS 2 | AIDES 3 | TRAINEES 4 | TOTAL 5 | |
|---|---|---|---|---|---|---|---|
| 47 | OVERTIME HOURS WORKED DURING REPORTING PERIOD | | | | | | 47 |
| 48 | OVERTIME RATE | | | | | | 48 |
| 49 | TOTAL OVERTIME | | | | | | 49 |
| | CALCULATION OF LIMIT | | | | | | |
| 50 | PERCENTAGE OF OVERTIME HOURS BY CATEGORY | | | | | | 50 |
| 51 | ALLOCATION OF PROVIDER'S STANDARD WORKYEAR FOR ONE FULL TIME EMPLOYEE TIMES THE PERCENTAGES ON LINE 50 | | | | | | 51 |
| | DETERMINATION OF OVERTIME ALLOWANCE | | | | | | |
| 52 | ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT | | | | | | 52 |
| 53 | OVERTIME COST LIMITATION | | | | | | 53 |
| 54 | MAXIMUM OVERTIME COST | | | | | | 54 |
| 55 | PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA | | | | | | 55 |
| 56 | OVERTIME ALLOWANCE | | | | | | 56 |

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

| | | | |
|---|---|---|---|
| 57 | SALARY EQUIVALENCY AMOUNT | 604,969 | 57 |
| 58 | TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE | | 58 |
| 59 | TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES | | 59 |
| 60 | OVERTIME ALLOWANCE | | 60 |
| 61 | EQUIPMENT COST | | 61 |
| 62 | SUPPLIES | | 62 |
| 63 | TOTAL ALLOWANCE | 604,969 | 63 |
| 64 | TOTAL COST OF OUTSIDE SUPPLIER SERVICES | | 64 |
| 65 | EXCESS OVER LIMITATION | | 65 |

REASONABLE COST DETERMINATION FOR THERAPY SERVICES | WORKSHEET A-8-3
FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998 | PARTS I & II

[ ] OCCUPATIONAL [ ] PHYSICAL [ ] RESPIRATORY [ XX ] SPEECH PATHOLOGY

PART I - GENERAL INFORMATION

| | | | |
|---|---|---|---|
| 1 | TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) | 52 | 1 |
| 2 | LINE 1 MULTIPLIED BY 15 HOURS PER WEEK | 780 | 2 |
| 3 | NUMBER OF UNDUPLICATED DAYS ON WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE | | 3 |
| 4 | NUMBER OF UNDUPLICATED DAYS ON WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE | | 4 |
| 5 | NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS | | 5 |
| 6 | NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS | | 6 |
| 7 | STANDARD TRAVEL EXPENSE RATE | | 7 |
| 8 | OPTIONAL TRAVEL EXPENSE RATE PER MILE | | 8 |

| | | SUPERVISORS 1 | THERAPISTS 2 | ASSISTANTS 3 | AIDES 4 | TRAINEES 5 | |
|---|---|---|---|---|---|---|---|
| 9 | TOTAL HOURS WORKED | | 470.25 | | | | 9 |
| 10 | AHSEA | | 67.62 | | | | 10 |
| 11 | STANDARD TRAVEL ALLOWANCE | 33.81 | 33.81 | | | | 11 |
| 12 | NO OF TRAVEL HRS (PROV SITE) | | | | | | 12 |
| 12.01 | NO OF TRAVEL HRS (OFFSITE) | | | | | | 12.01 |
| 13 | MILES DRIVEN (PROV SITE) | | | | | | 13 |
| 13.01 | MILES DRIVEN (OFFSITE) | | | | | | 13.01 |

PART II - SALARY EQUIVALENCY COMPUTATION

| | | | |
|---|---|---|---|
| 14 | SUPERVISORS | | 14 |
| 15 | THERAPISTS | 31,798 | 15 |
| 16 | ASSISTANTS | | 16 |
| 17 | SUBTOTAL ALLOWANCE AMOUNT | 31,798 | 17 |
| 18 | AIDES | | 18 |
| 19 | TRAINEES | | 19 |
| 20 | TOTAL ALLOWANCE AMOUNT | 31,798 | 20 |
| 21 | WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES | 67.62 | 21 |
| 22 | WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES | 52,744 | 22 |
| 23 | TOTAL SALARY EQUIVALENCY | 52,744 | 23 |

REASONABLE COST DETERMINATION FOR THERAPY SERVICES WORKSHEET A-8-3
FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998 PARTS III & IV

[ ] OCCUPATIONAL [ ] PHYSICAL [ ] RESPIRATORY [ XX ] SPEECH PATHOLOGY

PART III - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE

| | | |
|---|---|---|
| | STANDARD TRAVEL ALLOWANCE | |
| 24 | THERAPISTS | 24 |
| 25 | ASSISTANTS | 25 |
| 26 | SUBTOTAL | 26 |
| 27 | STANDARD TRAVEL EXPENSE | 27 |
| 28 | TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE | 28 |
| | OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE | |
| 29 | THERAPISTS | 29 |
| 30 | ASSISTANTS | 30 |
| 31 | SUBTOTAL | 31 |
| 32 | OPTIONAL TRAVEL EXPENSE | 32 |
| 33 | STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE | 33 |
| 34 | OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE | 34 |
| 35 | OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE | 35 |

PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE

| | | |
|---|---|---|
| | STANDARD TRAVEL EXPENSE | |
| 36 | THERAPISTS | 36 |
| 37 | ASSISTANTS | 37 |
| 38 | SUBTOTAL | 38 |
| 39 | STANDARD TRAVEL EXPENSE | 39 |
| | OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE | |
| 40 | THERAPISTS | 40 |
| 41 | ASSISTANTS | 41 |
| 42 | SUBTOTAL | 42 |
| 43 | OPTIONAL TRAVEL EXPENSE | 43 |
| | TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES | |
| 44 | STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE | 44 |
| 45 | OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE | 45 |
| 46 | OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE | 46 |

REASONABLE COST DETERMINATION FOR THERAPY SERVICES WORKSHEET A-8-3
FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998 PARTS V,VI & VII

[ ] OCCUPATIONAL [ ] PHYSICAL [ ] RESPIRATORY [ XX ] SPEECH PATHOLOGY

PART V - OVERTIME COMPUTATION

| | | THERAPISTS 1 | ASSISTANTS 2 | AIDES 3 | TRAINEES 4 | TOTAL 5 | |
|---|---|---|---|---|---|---|---|
| 47 | OVERTIME HOURS WORKED DURING REPORTING PERIOD | | | | | | 47 |
| 48 | OVERTIME RATE | | | | | | 48 |
| 49 | TOTAL OVERTIME | | | | | | 49 |
| | CALCULATION OF LIMIT | | | | | | |
| 50 | PERCENTAGE OF OVERTIME HOURS BY CATEGORY | | | | | | 50 |
| 51 | ALLOCATION OF PROVIDER'S STANDARD WORKYEAR FOR ONE FULL TIME EMPLOYEE TIMES THE PERCENTAGES ON LINE 50 | | | | | | 51 |
| | DETERMINATION OF OVERTIME ALLOWANCE | | | | | | |
| 52 | ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT | | | | | | 52 |
| 53 | OVERTIME COST LIMITATION | | | | | | 53 |
| 54 | MAXIMUM OVERTIME COST | | | | | | 54 |
| 55 | PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA | | | | | | 55 |
| 56 | OVERTIME ALLOWANCE | | | | | | 56 |

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

| | | | |
|---|---|---|---|
| 57 | SALARY EQUIVALENCY AMOUNT | 52,744 | 57 |
| 58 | TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE | | 58 |
| 59 | TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES | | 59 |
| 60 | OVERTIME ALLOWANCE | | 60 |
| 61 | EQUIPMENT COST | | 61 |
| 62 | SUPPLIES | | 62 |
| 63 | TOTAL ALLOWANCE | 52,744 | 63 |
| 64 | TOTAL COST OF OUTSIDE SUPPLIER SERVICES | | 64 |
| 65 | EXCESS OVER LIMITATION | | 65 |

COST ALLOCATION - GENERAL SERVICE COSTS WORKSHEET B PART I

| | COST CENTER DESCRIPTION | ALLOCATION (FROM WKST A, COL.7) | NEW CAP-REL COSTS BLDG&FIXT | NEW CAP-REL COSTS MOV EQUIP | EMPLOYEE BENEFITS | COMMUNICA-TION | |
|---|---|---|---|---|---|---|---|
| | | 0 | 1 | 2 | 4 | 5.01 | |
| | GENERAL SERVICE COST CENTERS | | | | | | |
| 1 | CAP REL COSTS-BLDG & FIXT | 489,295 | 489,295 | | | | 1 |
| 2 | CAP REL COSTS-MVBLE EQUIP | 1,256,182 | | 1,256,182 | | | 2 |
| 4 | EMPLOYEE BENEFITS | 2,693,659 | 9,380 | 24,081 | 2,727,120 | | 4 |
| 5.01 | COMMUNICATIONS | 93,161 | 623 | 1,601 | 14,817 | 110,202 | 5.01 |
| 5.02 | DATA PROCESSING | 419,042 | 4,843 | 12,434 | 61,834 | 3,183 | 5.02 |
| 5.03 | PURCHASING | 81,871 | 11,946 | 30,670 | 20,052 | 1,591 | 5.03 |
| 5.04 | ADMITTING | 136,244 | 1,703 | 4,373 | 43,452 | 1,194 | 5.04 |
| 5.05 | CREDIT AND COLLECTIONS | 238,547 | 11,195 | 28,741 | 50,596 | 3,978 | 5.05 |
| 5.06 | OTHER ADMINISTRATIVE & GENERAL | 1,059,756 | 38,032 | 97,641 | 250,587 | 18,302 | 5.06 |
| 6 | MAINTENANCE & REPAIRS | | | | | | 6 |
| 7 | OPERATION OF PLANT | 821,924 | 71,160 | 182,691 | 124,478 | 3,581 | 7 |
| 8 | LAUNDRY & LINEN SERVICE | 106,738 | 3,969 | 10,190 | 17,247 | 398 | 8 |
| 9 | HOUSEKEEPING | 283,624 | 7,137 | 18,322 | 81,575 | 398 | 9 |
| 10 | DIETARY | 305,432 | 6,090 | 15,635 | 60,034 | 1,989 | 10 |
| 11 | CAFETERIA | 138,640 | 10,215 | 26,225 | 38,011 | 398 | 11 |
| 12 | MAINTENANCE OF PERSONNEL | | | | | | 12 |
| 13 | NURSING ADMINISTRATION | 359,100 | 9,358 | 24,024 | 118,775 | 4,376 | 13 |
| 14 | CENTRAL SERVICES & SUPPLY | 53,264 | 6,680 | 17,150 | 16,904 | 2,387 | 14 |
| 15 | PHARMACY | 394,980 | 6,229 | 15,992 | 96,544 | 1,989 | 15 |
| 16 | MEDICAL RECORDS & LIBRARY | 419,093 | 20,575 | 52,822 | 115,870 | 9,150 | 16 |
| 17 | SOCIAL SERVICE | 78,992 | 2,043 | 5,245 | 23,332 | 1,591 | 17 |
| 19 | NONPHYSICIAN ANESTHETISTS | | | | | | 19 |
| 20 | NURSING SCHOOL | | | | | | 20 |
| 21 | I&R SRVCES-SALARY & FRINGES APPRVD | | | | | | 21 |
| 22 | I&R SRVCES-OTHER PRGM COSTS APPRVD | | | | | | 22 |
| 23 | PARAMED ED PRGM-(SPECIFY) | | | | | | 23 |
| | INPATIENT ROUTINE SERV COST CENTERS | | | | | | |
| 30 | ADULTS & PEDIATRICS | 1,496,126 | 50,040 | 128,468 | 483,013 | 6,365 | 30 |
| | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50 | OPERATING ROOM | 665,615 | 38,967 | 100,042 | 169,564 | 6,365 | 50 |
| 54 | RADIOLOGY-DIAGNOSTIC | 1,158,133 | 34,102 | 87,551 | 240,747 | 8,753 | 54 |
| 60 | LABORATORY | 1,177,760 | 13,694 | 35,158 | 197,309 | 5,968 | 60 |
| 62 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 108,523 | 802 | 2,058 | 8,042 | | 62 |
| 62.30 | BLOOD CLOTTING FOR HEMOPHILIACS | | | | | | 62.30 |
| 65 | RESPIRATORY THERAPY | 312,611 | 9,547 | 24,510 | 89,116 | 3,978 | 65 |
| 66 | PHYSICAL THERAPY | 451,888 | 50,941 | 130,783 | 144,864 | 7,161 | 66 |
| 67 | OCCUPATIONAL THERAPY | 20,777 | 1,965 | 5,045 | 6,368 | | 67 |
| 68 | SPEECH PATHOLOGY | 58,864 | | | 19,472 | 796 | 68 |
| 71 | MEDICAL SUPPLIES CHRGED TO PATIENTS | 356,271 | | | | | 71 |
| 71.01 | IMPLANTABLE SUPPLIES | 212,649 | | | | | 71.01 |
| 71.02 | PACEMAKERS | | | | | | 71.02 |
| 72 | IMPL. DEV. CHARGED TO PATIENT | 53,200 | | | | | 72 |
| 73 | DRUGS CHARGED TO PATIENTS | 424,985 | | | | | 73 |
| 76 | CARDIAC REHAB | | | | | | 76 |
| 76.01 | CHEMOTHERAPY | 1,068,904 | 13,600 | 34,915 | 45,836 | 1,591 | 76.01 |
| 76.97 | CARDIAC REHABILITATION | | | | | | 76.97 |
| 76.98 | HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 | LITHOTRIPSY | | | | | | 76.99 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 90 | CLINIC | 115,382 | 14,123 | 36,258 | 36,332 | 7,957 | 90 |
| 91 | EMERGENCY | 849,806 | 26,097 | 66,999 | 133,568 | 4,376 | 91 |
| 92 | OBSERVATION BEDS | | | | | | 92 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| | SPECIAL PURPOSE COST CENTERS | | | | | | |
| 118 | SUBTOTALS (SUM OF LINES 1-117) | 17,961,038 | 475,056 | 1,219,624 | 2,708,339 | 107,815 | 118 |
| | NONREIMBURSABLE COST CENTERS | | | | | | |
| 190 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 5,561 | 4,982 | 12,791 | 1,855 | 796 | 190 |
| 192 | PHYSICIANS' PRIVATE OFFICES | 15,994 | 5,867 | 15,063 | 4,584 | | 192 |
| 193 | NONPAID WORKERS | | | | | 1,591 | 193 |
| 193.01 | CARDIAC REHAB | 24,500 | 3,390 | 8,704 | 7,236 | | 193.01 |
| 194 | NON-ALLOWABLE COSTS | 25,978 | | | 5,106 | | 194 |
| 200 | CROSS FOOT ADJUSTMENTS | | | | | | 200 |
| 201 | NEGATIVE COST CENTER | | | | | | 201 |
| 202 | TOTAL (SUM OF LINES 118-201) | 18,033,071 | 489,295 | 1,256,182 | 2,727,120 | 110,202 | 202 |

COST ALLOCATION - GENERAL SERVICE COSTS — WORKSHEET B PART I

| | COST CENTER DESCRIPTION | DATA PROCESSING | PURCHASING | ADMITTING | CREDIT & COLLECTION | SUBTOTAL (COLS.0-4) | |
|---|---|---|---|---|---|---|---|
| | | 5.02 | 5.03 | 5.04 | 5.05 | 4A | |
| | GENERAL SERVICE COST CENTERS | | | | | | |
| 1 | CAP REL COSTS-BLDG & FIXT | | | | | | 1 |
| 2 | CAP REL COSTS-MVBLE EQUIP | | | | | | 2 |
| 4 | EMPLOYEE BENEFITS | | | | | | 4 |
| 5.01 | COMMUNICATIONS | | | | | | 5.01 |
| 5.02 | DATA PROCESSING | 501,336 | | | | | 5.02 |
| 5.03 | PURCHASING | 912 | 147,042 | | | | 5.03 |
| 5.04 | ADMITTING | 27,766 | 234 | 214,966 | | | 5.04 |
| 5.05 | CREDIT AND COLLECTIONS | 24,415 | 527 | | 357,999 | | 5.05 |
| 5.06 | OTHER ADMINISTRATIVE & GENERAL | 29,300 | 5,303 | | | 1,498,921 | 5.06 |
| 6 | MAINTENANCE & REPAIRS | | | | | | 6 |
| 7 | OPERATION OF PLANT | 836 | 3,569 | | | 1,208,239 | 7 |
| 8 | LAUNDRY & LINEN SERVICE | 18 | 2,958 | | | 141,518 | 8 |
| 9 | HOUSEKEEPING | 437 | 1,550 | | | 393,043 | 9 |
| 10 | DIETARY | 3,819 | 7,360 | | | 400,359 | 10 |
| 11 | CAFETERIA | | | | | 213,489 | 11 |
| 12 | MAINTENANCE OF PERSONNEL | | | | | | 12 |
| 13 | NURSING ADMINISTRATION | 9,168 | 58 | | | 524,859 | 13 |
| 14 | CENTRAL SERVICES & SUPPLY | 1,063 | 103 | | | 97,551 | 14 |
| 15 | PHARMACY | 19,633 | 776 | | | 536,143 | 15 |
| 16 | MEDICAL RECORDS & LIBRARY | 58,334 | 1,528 | | | 677,372 | 16 |
| 17 | SOCIAL SERVICE | 7,161 | 257 | | | 118,621 | 17 |
| 19 | NONPHYSICIAN ANESTHETISTS | | | | | | 19 |
| 20 | NURSING SCHOOL | | | | | | 20 |
| 21 | I&R SRVCES-SALARY & FRINGES APPRVD | | | | | | 21 |
| 22 | I&R SRVCES-OTHER PRGM COSTS APPRVD | | | | | | 22 |
| 23 | PARAMED ED PRGM-(SPECIFY) | | | | | | 23 |
| | INPATIENT ROUTINE SERV COST CENTERS | | | | | | |
| 30 | ADULTS & PEDIATRICS | 106,105 | 1,268 | 18,758 | 31,237 | 2,321,380 | 30 |
| | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50 | OPERATING ROOM | 31,922 | 4,575 | 11,609 | 19,331 | 1,047,990 | 50 |
| 54 | RADIOLOGY-DIAGNOSTIC | 7,738 | 7,066 | 52,284 | 87,099 | 1,683,473 | 54 |
| 60 | LABORATORY | 84,597 | 21,031 | 38,693 | 64,433 | 1,638,643 | 60 |
| 62 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 1,004 | 3,303 | 1,219 | 2,030 | 126,981 | 62 |
| 62.30 | BLOOD CLOTTING FOR HEMOPHILIACS | | | | | | 62.30 |
| 65 | RESPIRATORY THERAPY | 11,045 | 462 | 11,153 | 18,571 | 480,993 | 65 |
| 66 | PHYSICAL THERAPY | 5,313 | 674 | 11,915 | 19,841 | 823,380 | 66 |
| 67 | OCCUPATIONAL THERAPY | 279 | 2 | 432 | 719 | 35,587 | 67 |
| 68 | SPEECH PATHOLOGY | 433 | | 934 | 1,555 | 82,054 | 68 |
| 71 | MEDICAL SUPPLIES CHRGED TO PATIENTS | | 15,519 | 19,579 | 32,603 | 423,972 | 71 |
| 71.01 | IMPLANTABLE SUPPLIES | | 8,524 | 500 | 832 | 222,505 | 71.01 |
| 71.02 | PACEMAKERS | | | | | | 71.02 |
| 72 | IMPL. DEV. CHARGED TO PATIENT | | 2,132 | 2,454 | 4,086 | 61,872 | 72 |
| 73 | DRUGS CHARGED TO PATIENTS | | 18,224 | 22,140 | 36,869 | 502,218 | 73 |
| 76 | CARDIAC REHAB | | | | | | 76 |
| 76.01 | CHEMOTHERAPY | 12,755 | 38,922 | 9,882 | 16,456 | 1,242,861 | 76.01 |
| 76.97 | CARDIAC REHABILITATION | | | | | | 76.97 |
| 76.98 | HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 | LITHOTRIPSY | | | | | | 76.99 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 90 | CLINIC | 17,454 | 241 | 2,198 | 3,660 | 233,605 | 90 |
| 91 | EMERGENCY | 36,132 | 826 | 11,216 | 18,677 | 1,147,697 | 91 |
| 92 | OBSERVATION BEDS | | | | | | 92 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| | SPECIAL PURPOSE COST CENTERS | | | | | | |
| 118 | SUBTOTALS (SUM OF LINES 1-117) | 497,639 | 146,992 | 214,966 | 357,999 | 17,885,326 | 118 |
| | NONREIMBURSABLE COST CENTERS | | | | | | |
| 190 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | | | | | 25,985 | 190 |
| 192 | PHYSICIANS' PRIVATE OFFICES | 3,339 | 33 | | | 44,880 | 192 |
| 193 | NONPAID WORKERS | | | | | 1,591 | 193 |
| 193.01 | CARDIAC REHAB | 358 | 17 | | | 44,205 | 193.01 |
| 194 | NON-ALLOWABLE COSTS | | | | | 31,084 | 194 |
| 200 | CROSS FOOT ADJUSTMENTS | | | | | | 200 |
| 201 | NEGATIVE COST CENTER | | | | | | 201 |
| 202 | TOTAL (SUM OF LINES 118-201) | 501,336 | 147,042 | 214,966 | 357,999 | 18,033,071 | 202 |

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

| | COST CENTER DESCRIPTION | ADMINISTRATIVE & GENERAL | OPERATION OF PLANT | LAUNDRY AND LINEN SERVICE | HOUSE-KEEPING | DIETARY | |
|---|---|---|---|---|---|---|---|
| | | 5.06 | 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 | | | | | | 4 |
| 5.01 | COMMUNICATIONS | | | | | | 5.01 |
| 5.02 | DATA PROCESSING | | | | | | 5.02 |
| 5.03 | PURCHASING | | | | | | 5.03 |
| 5.04 | ADMITTING | | | | | | 5.04 |
| 5.05 | CREDIT AND COLLECTIONS | | | | | | 5.05 |
| 5.06 | OTHER ADMINISTRATIVE & GENERAL | 1,498,921 | | | | | 5.06 |
| 6 | MAINTENANCE & REPAIRS | | | | | | 6 |
| 7 | OPERATION OF PLANT | 109,534 | 1,317,773 | | | | 7 |
| 8 | LAUNDRY & LINEN SERVICE | 12,829 | 15,365 | 169,712 | | | 8 |
| 9 | HOUSEKEEPING | 35,632 | 27,626 | | 456,301 | | 9 |
| 10 | DIETARY | 36,295 | 23,575 | | 8,439 | 468,668 | 10 |
| 11 | CAFETERIA | 19,354 | 39,543 | | 14,154 | | 11 |
| 12 | MAINTENANCE OF PERSONNEL | | | | | | 12 |
| 13 | NURSING ADMINISTRATION | 47,582 | 36,225 | | 12,966 | | 13 |
| 14 | CENTRAL SERVICES & SUPPLY | 8,844 | 25,859 | | 9,256 | | 14 |
| 15 | PHARMACY | 48,605 | 24,114 | | 8,631 | | 15 |
| 16 | MEDICAL RECORDS & LIBRARY | 61,408 | 79,647 | | 28,509 | | 16 |
| 17 | SOCIAL SERVICE | 10,754 | 7,909 | | 2,831 | | 17 |
| 19 | NONPHYSICIAN ANESTHETISTS | | | | | | 19 |
| 20 | NURSING SCHOOL | | | | | | 20 |
| 21 | I&R SRVCES-SALARY & FRINGES APPRVD | | | | | | 21 |
| 22 | I&R SRVCES-OTHER PRGM COSTS APPRVD | | | | | | 22 |
| 23 | PARAMED ED PRGM-(SPECIFY) | | | | | | 23 |
| | INPATIENT ROUTINE SERV COST CENTERS | | | | | | |
| 30 | ADULTS & PEDIATRICS | 210,445 | 193,708 | 169,712 | 69,337 | 468,668 | 30 |
| | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50 | OPERATING ROOM | 95,007 | 150,846 | | 53,995 | | 50 |
| 54 | RADIOLOGY-DIAGNOSTIC | 152,617 | 132,012 | | 47,253 | | 54 |
| 60 | LABORATORY | 148,553 | 53,012 | | 18,975 | | 60 |
| 62 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 11,512 | 3,103 | | 1,111 | | 62 |
| 62.30 | BLOOD CLOTTING FOR HEMOPHILIACS | | | | | | 62.30 |
| 65 | RESPIRATORY THERAPY | 43,605 | 36,957 | | 13,229 | | 65 |
| 66 | PHYSICAL THERAPY | 74,644 | 197,201 | | 70,586 | | 66 |
| 67 | OCCUPATIONAL THERAPY | 3,226 | 7,607 | | 2,723 | | 67 |
| 68 | SPEECH PATHOLOGY | 7,439 | | | | | 68 |
| 71 | MEDICAL SUPPLIES CHRGED TO PATIENTS | 38,436 | | | | | 71 |
| 71.01 | IMPLANTABLE SUPPLIES | 20,171 | | | | | 71.01 |
| 71.02 | PACEMAKERS | | | | | | 71.02 |
| 72 | IMPL. DEV. CHARGED TO PATIENT | 5,609 | | | | | 72 |
| 73 | DRUGS CHARGED TO PATIENTS | 45,529 | | | | | 73 |
| 76 | CARDIAC REHAB | | | | | | 76 |
| 76.01 | CHEMOTHERAPY | 112,673 | 52,645 | | 18,844 | | 76.01 |
| 76.97 | CARDIAC REHABILITATION | | | | | | 76.97 |
| 76.98 | HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 | LITHOTRIPSY | | | | | | 76.99 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 90 | CLINIC | 21,178 | 54,671 | | 19,569 | | 90 |
| 91 | EMERGENCY | 104,046 | 101,024 | | 36,161 | | 91 |
| 92 | OBSERVATION BEDS | | | | | | 92 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| | SPECIAL PURPOSE COST CENTERS | | | | | | |
| 118 | SUBTOTALS (SUM OF LINES 1-117) | 1,485,527 | 1,262,649 | 169,712 | 436,569 | 468,668 | 118 |
| | NONREIMBURSABLE COST CENTERS | | | | | | |
| 190 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 2,356 | 19,287 | | 6,904 | | 190 |
| 192 | PHYSICIANS' PRIVATE OFFICES | 4,069 | 22,713 | | 8,130 | | 192 |
| 193 | NONPAID WORKERS | 144 | | | | | 193 |
| 193.01 | CARDIAC REHAB | 4,007 | 13,124 | | 4,698 | | 193.01 |
| 194 | NON-ALLOWABLE COSTS | 2,818 | | | | | 194 |
| 200 | CROSS FOOT ADJUSTMENTS | | | | | | 200 |
| 201 | NEGATIVE COST CENTER | | | | | | 201 |
| 202 | TOTAL (SUM OF LINES 118-201) | 1,498,921 | 1,317,773 | 169,712 | 456,301 | 468,668 | 202 |

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

| | COST CENTER DESCRIPTION | CAFETERIA | NURSING ADMINI-STRATION | CENTRAL SERVICES & SUPPLY | PHARMACY | MEDICAL RECORDS + LIBRARY | |
|---|---|---|---|---|---|---|---|
| | | 11 | 13 | 14 | 15 | 16 | |
| | GENERAL SERVICE COST CENTERS | | | | | | |
| 1 | CAP REL COSTS-BLDG & FIXT | | | | | | 1 |
| 2 | CAP REL COSTS-MVBLE EQUIP | | | | | | 2 |
| 4 | EMPLOYEE BENEFITS | | | | | | 4 |
| 5.01 | COMMUNICATIONS | | | | | | 5.01 |
| 5.02 | DATA PROCESSING | | | | | | 5.02 |
| 5.03 | PURCHASING | | | | | | 5.03 |
| 5.04 | ADMITTING | | | | | | 5.04 |
| 5.05 | CREDIT AND COLLECTIONS | | | | | | 5.05 |
| 5.06 | OTHER ADMINISTRATIVE & GENERAL | | | | | | 5.06 |
| 6 | MAINTENANCE & REPAIRS | | | | | | 6 |
| 7 | OPERATION OF PLANT | | | | | | 7 |
| 8 | LAUNDRY & LINEN SERVICE | | | | | | 8 |
| 9 | HOUSEKEEPING | | | | | | 9 |
| 10 | DIETARY | | | | | | 10 |
| 11 | CAFETERIA | 286,540 | | | | | 11 |
| 12 | MAINTENANCE OF PERSONNEL | | | | | | 12 |
| 13 | NURSING ADMINISTRATION | 17,325 | 638,957 | | | | 13 |
| 14 | CENTRAL SERVICES & SUPPLY | 2,466 | | 143,976 | | | 14 |
| 15 | PHARMACY | 14,082 | | 75 | 631,650 | | 15 |
| 16 | MEDICAL RECORDS & LIBRARY | 16,901 | | 5 | | 863,842 | 16 |
| 17 | SOCIAL SERVICE | 3,403 | | | | | 17 |
| 19 | NONPHYSICIAN ANESTHETISTS | | | | | | 19 |
| 20 | NURSING SCHOOL | | | | | | 20 |
| 21 | I&R SRVCES-SALARY & FRINGES APPRVD | | | | | | 21 |
| 22 | I&R SRVCES-OTHER PRGM COSTS APPRVD | | | | | | 22 |
| 23 | PARAMED ED PRGM-(SPECIFY) | | | | | | 23 |
| | INPATIENT ROUTINE SERV COST CENTERS | | | | | | |
| 30 | ADULTS & PEDIATRICS | 70,451 | 355,429 | 1,929 | | 75,377 | 30 |
| | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50 | OPERATING ROOM | 24,733 | 124,776 | 4,870 | | 46,648 | 50 |
| 54 | RADIOLOGY-DIAGNOSTIC | 35,117 | | 425 | | 210,134 | 54 |
| 60 | LABORATORY | 28,780 | | 242 | | 155,482 | 60 |
| 62 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 1,173 | | | | 4,898 | 62 |
| 62.30 | BLOOD CLOTTING FOR HEMOPHILIACS | | | | | | 62.30 |
| 65 | RESPIRATORY THERAPY | 12,999 | | 460 | | 44,815 | 65 |
| 66 | PHYSICAL THERAPY | 21,131 | | 28 | | 47,878 | 66 |
| 67 | OCCUPATIONAL THERAPY | 929 | | | | 1,736 | 67 |
| 68 | SPEECH PATHOLOGY | 2,840 | | | | 3,752 | 68 |
| 71 | MEDICAL SUPPLIES CHRGED TO PATIENTS | | | 66,121 | | 78,673 | 71 |
| 71.01 | IMPLANTABLE SUPPLIES | | | 28,861 | | 2,008 | 71.01 |
| 71.02 | PACEMAKERS | | | | | | 71.02 |
| 72 | IMPL. DEV. CHARGED TO PATIENT | | | | | 9,860 | 72 |
| 73 | DRUGS CHARGED TO PATIENTS | | | 39,671 | 357,598 | 88,968 | 73 |
| 76 | CARDIAC REHAB | | | | | | 76 |
| 76.01 | CHEMOTHERAPY | 6,686 | 33,729 | 326 | 274,052 | 39,711 | 76.01 |
| 76.97 | CARDIAC REHABILITATION | | | | | | 76.97 |
| 76.98 | HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 | LITHOTRIPSY | | | | | | 76.99 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 90 | CLINIC | 5,300 | 26,735 | 138 | | 8,833 | 90 |
| 91 | EMERGENCY | 19,483 | 98,288 | 807 | | 45,069 | 91 |
| 92 | OBSERVATION BEDS | | | | | | 92 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| | SPECIAL PURPOSE COST CENTERS | | | | | | |
| 118 | SUBTOTALS (SUM OF LINES 1-117) | 283,799 | 638,957 | 143,958 | 631,650 | 863,842 | 118 |
| | NONREIMBURSABLE COST CENTERS | | | | | | |
| 190 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 271 | | | | | 190 |
| 192 | PHYSICIANS' PRIVATE OFFICES | 669 | | 18 | | | 192 |
| 193 | NONPAID WORKERS | | | | | | 193 |
| 193.01 | CARDIAC REHAB | 1,056 | | | | | 193.01 |
| 194 | NON-ALLOWABLE COSTS | 745 | | | | | 194 |
| 200 | CROSS FOOT ADJUSTMENTS | | | | | | 200 |
| 201 | NEGATIVE COST CENTER | | | | | | 201 |
| 202 | TOTAL (SUM OF LINES 118-201) | 286,540 | 638,957 | 143,976 | 631,650 | 863,842 | 202 |

COST ALLOCATION - GENERAL SERVICE COSTS — WORKSHEET B PART I

| | COST CENTER DESCRIPTION | SOCIAL SERVICE | SUBTOTAL | I&R COST & POST STEP-DOWN ADJS | TOTAL | |
|---|---|---|---|---|---|---|
| | | 17 | 24 | 25 | 26 | |
| | GENERAL SERVICE COST CENTERS | | | | | |
| 1 | CAP REL COSTS-BLDG & FIXT | | | | | 1 |
| 2 | CAP REL COSTS-MVBLE EQUIP | | | | | 2 |
| 4 | EMPLOYEE BENEFITS | | | | | 4 |
| 5.01 | COMMUNICATIONS | | | | | 5.01 |
| 5.02 | DATA PROCESSING | | | | | 5.02 |
| 5.03 | PURCHASING | | | | | 5.03 |
| 5.04 | ADMITTING | | | | | 5.04 |
| 5.05 | CREDIT AND COLLECTIONS | | | | | 5.05 |
| 5.06 | OTHER ADMINISTRATIVE & GENERAL | | | | | 5.06 |
| 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 | 143,518 | | | | 17 |
| 19 | NONPHYSICIAN ANESTHETISTS | | | | | 19 |
| 20 | NURSING SCHOOL | | | | | 20 |
| 21 | I&R SRVCES-SALARY & FRINGES APPRVD | | | | | 21 |
| 22 | I&R SRVCES-OTHER PRGM COSTS APPRVD | | | | | 22 |
| 23 | PARAMED ED PRGM-(SPECIFY) | | | | | 23 |
| | INPATIENT ROUTINE SERV COST CENTERS | | | | | |
| 30 | ADULTS & PEDIATRICS | 143,518 | 4,079,954 | | 4,079,954 | 30 |
| | ANCILLARY SERVICE COST CENTERS | | | | | |
| 50 | OPERATING ROOM | | 1,548,865 | | 1,548,865 | 50 |
| 54 | RADIOLOGY-DIAGNOSTIC | | 2,261,031 | | 2,261,031 | 54 |
| 60 | LABORATORY | | 2,043,687 | | 2,043,687 | 60 |
| 62 | WHOLE BLOOD & PACKED RED BLOOD CELLS | | 148,778 | | 148,778 | 62 |
| 62.30 | BLOOD CLOTTING FOR HEMOPHILIACS | | | | | 62.30 |
| 65 | RESPIRATORY THERAPY | | 633,058 | | 633,058 | 65 |
| 66 | PHYSICAL THERAPY | | 1,234,848 | | 1,234,848 | 66 |
| 67 | OCCUPATIONAL THERAPY | | 51,808 | | 51,808 | 67 |
| 68 | SPEECH PATHOLOGY | | 96,085 | | 96,085 | 68 |
| 71 | MEDICAL SUPPLIES CHRGED TO PATIENTS | | 607,202 | | 607,202 | 71 |
| 71.01 | IMPLANTABLE SUPPLIES | | 273,545 | | 273,545 | 71.01 |
| 71.02 | PACEMAKERS | | | | | 71.02 |
| 72 | IMPL. DEV. CHARGED TO PATIENT | | 77,341 | | 77,341 | 72 |
| 73 | DRUGS CHARGED TO PATIENTS | | 1,033,984 | | 1,033,984 | 73 |
| 76 | CARDIAC REHAB | | | | | 76 |
| 76.01 | CHEMOTHERAPY | | 1,781,527 | | 1,781,527 | 76.01 |
| 76.97 | CARDIAC REHABILITATION | | | | | 76.97 |
| 76.98 | HYPERBARIC OXYGEN THERAPY | | | | | 76.98 |
| 76.99 | LITHOTRIPSY | | | | | 76.99 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | |
| 90 | CLINIC | | 370,029 | | 370,029 | 90 |
| 91 | EMERGENCY | | 1,552,575 | | 1,552,575 | 91 |
| 92 | OBSERVATION BEDS | | | | | 92 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | |
| | SPECIAL PURPOSE COST CENTERS | | | | | |
| 118 | SUBTOTALS (SUM OF LINES 1-117) | 143,518 | 17,794,317 | | 17,794,317 | 118 |
| | NONREIMBURSABLE COST CENTERS | | | | | |
| 190 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | | 54,803 | | 54,803 | 190 |
| 192 | PHYSICIANS' PRIVATE OFFICES | | 80,479 | | 80,479 | 192 |
| 193 | NONPAID WORKERS | | 1,735 | | 1,735 | 193 |
| 193.01 | CARDIAC REHAB | | 67,090 | | 67,090 | 193.01 |
| 194 | NON-ALLOWABLE COSTS | | 34,647 | | 34,647 | 194 |
| 200 | CROSS FOOT ADJUSTMENTS | | | | | 200 |
| 201 | NEGATIVE COST CENTER | | | | | 201 |
| 202 | TOTAL (SUM OF LINES 118-201) | 143,518 | 18,033,071 | | 18,033,071 | 202 |

ALLOCATION OF CAPITAL-RELATED COSTS WORKSHEET B PART II

| | COST CENTER DESCRIPTION | DIR ASSGND CAP-REL COSTS 0 | NEW CAP-REL COSTS BLDG&FIXT 1 | NEW CAP-REL COSTS MOV EQUIP 2 | SUBTOTAL 2A | EMPLOYEE BENEFITS 4 | |
|---|---|---|---|---|---|---|---|
| | GENERAL SERVICE COST CENTERS | | | | | | |
| 1 | CAP REL COSTS-BLDG & FIXT | | | | | | 1 |
| 2 | CAP REL COSTS-MVBLE EQUIP | | | | | | 2 |
| 4 | EMPLOYEE BENEFITS | | 9,380 | 24,081 | 33,461 | 33,461 | 4 |
| 5.01 | COMMUNICATIONS | | 623 | 1,601 | 2,224 | 182 | 5.01 |
| 5.02 | DATA PROCESSING | | 4,843 | 12,434 | 17,277 | 759 | 5.02 |
| 5.03 | PURCHASING | | 11,946 | 30,670 | 42,616 | 246 | 5.03 |
| 5.04 | ADMITTING | | 1,703 | 4,373 | 6,076 | 533 | 5.04 |
| 5.05 | CREDIT AND COLLECTIONS | | 11,195 | 28,741 | 39,936 | 621 | 5.05 |
| 5.06 | OTHER ADMINISTRATIVE & GENERAL | | 38,032 | 97,641 | 135,673 | 3,075 | 5.06 |
| 6 | MAINTENANCE & REPAIRS | | | | | | 6 |
| 7 | OPERATION OF PLANT | | 71,160 | 182,691 | 253,851 | 1,527 | 7 |
| 8 | LAUNDRY & LINEN SERVICE | | 3,969 | 10,190 | 14,159 | 212 | 8 |
| 9 | HOUSEKEEPING | | 7,137 | 18,322 | 25,459 | 1,001 | 9 |
| 10 | DIETARY | | 6,090 | 15,635 | 21,725 | 737 | 10 |
| 11 | CAFETERIA | | 10,215 | 26,225 | 36,440 | 466 | 11 |
| 12 | MAINTENANCE OF PERSONNEL | | | | | | 12 |
| 13 | NURSING ADMINISTRATION | | 9,358 | 24,024 | 33,382 | 1,457 | 13 |
| 14 | CENTRAL SERVICES & SUPPLY | | 6,680 | 17,150 | 23,830 | 207 | 14 |
| 15 | PHARMACY | | 6,229 | 15,992 | 22,221 | 1,185 | 15 |
| 16 | MEDICAL RECORDS & LIBRARY | | 20,575 | 52,822 | 73,397 | 1,422 | 16 |
| 17 | SOCIAL SERVICE | | 2,043 | 5,245 | 7,288 | 286 | 17 |
| 19 | NONPHYSICIAN ANESTHETISTS | | | | | | 19 |
| 20 | NURSING SCHOOL | | | | | | 20 |
| 21 | I&R SRVCES-SALARY & FRINGES APPRVD | | | | | | 21 |
| 22 | I&R SRVCES-OTHER PRGM COSTS APPRVD | | | | | | 22 |
| 23 | PARAMED ED PRGM-(SPECIFY) | | | | | | 23 |
| | INPATIENT ROUTINE SERV COST CENTERS | | | | | | |
| 30 | ADULTS & PEDIATRICS | | 50,040 | 128,468 | 178,508 | 5,926 | 30 |
| | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50 | OPERATING ROOM | | 38,967 | 100,042 | 139,009 | 2,080 | 50 |
| 54 | RADIOLOGY-DIAGNOSTIC | | 34,102 | 87,551 | 121,653 | 2,954 | 54 |
| 60 | LABORATORY | | 13,694 | 35,158 | 48,852 | 2,421 | 60 |
| 62 | WHOLE BLOOD & PACKED RED BLOOD CELLS | | 802 | 2,058 | 2,860 | 99 | 62 |
| 62.30 | BLOOD CLOTTING FOR HEMOPHILIACS | | | | | | 62.30 |
| 65 | RESPIRATORY THERAPY | | 9,547 | 24,510 | 34,057 | 1,093 | 65 |
| 66 | PHYSICAL THERAPY | | 50,941 | 130,783 | 181,724 | 1,777 | 66 |
| 67 | OCCUPATIONAL THERAPY | | 1,965 | 5,045 | 7,010 | 78 | 67 |
| 68 | SPEECH PATHOLOGY | | | | | 239 | 68 |
| 71 | MEDICAL SUPPLIES CHRGED TO PATIENTS | | | | | | 71 |
| 71.01 | IMPLANTABLE SUPPLIES | | | | | | 71.01 |
| 71.02 | PACEMAKERS | | | | | | 71.02 |
| 72 | IMPL. DEV. CHARGED TO PATIENT | | | | | | 72 |
| 73 | DRUGS CHARGED TO PATIENTS | | | | | | 73 |
| 76 | CARDIAC REHAB | | | | | | 76 |
| 76.01 | CHEMOTHERAPY | | 13,600 | 34,915 | 48,515 | 562 | 76.01 |
| 76.97 | CARDIAC REHABILITATION | | | | | | 76.97 |
| 76.98 | HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 | LITHOTRIPSY | | | | | | 76.99 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 90 | CLINIC | | 14,123 | 36,258 | 50,381 | 446 | 90 |
| 91 | EMERGENCY | | 26,097 | 66,999 | 93,096 | 1,639 | 91 |
| 92 | OBSERVATION BEDS | | | | | | 92 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| | SPECIAL PURPOSE COST CENTERS | | | | | | |
| 118 | SUBTOTALS (SUM OF LINES 1-117) | | 475,056 | 1,219,624 | 1,694,680 | 33,230 | 118 |
| | NONREIMBURSABLE COST CENTERS | | | | | | |
| 190 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | | 4,982 | 12,791 | 17,773 | 23 | 190 |
| 192 | PHYSICIANS' PRIVATE OFFICES | | 5,867 | 15,063 | 20,930 | 56 | 192 |
| 193 | NONPAID WORKERS | | | | | | 193 |
| 193.01 | CARDIAC REHAB | | 3,390 | 8,704 | 12,094 | 89 | 193.01 |
| 194 | NON-ALLOWABLE COSTS | | | | | 63 | 194 |
| 200 | CROSS FOOT ADJUSTMENTS | | | | | | 200 |
| 201 | NEGATIVE COST CENTER | | | | | | 201 |
| 202 | TOTAL (SUM OF LINES 118-201) | | 489,295 | 1,256,182 | 1,745,477 | 33,461 | 202 |

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

| | COST CENTER DESCRIPTION | COMMUNICATION | DATA PROCESSING | PURCHASING | ADMITTING | CREDIT & COLLECTION | |
|---|---|---|---|---|---|---|---|
| | | 5.01 | 5.02 | 5.03 | 5.04 | 5.05 | |
| | GENERAL SERVICE COST CENTERS | | | | | | |
| 1 | CAP REL COSTS-BLDG & FIXT | | | | | | 1 |
| 2 | CAP REL COSTS-MVBLE EQUIP | | | | | | 2 |
| 4 | EMPLOYEE BENEFITS | | | | | | 4 |
| 5.01 | COMMUNICATIONS | 2,406 | | | | | 5.01 |
| 5.02 | DATA PROCESSING | 69 | 18,105 | | | | 5.02 |
| 5.03 | PURCHASING | 35 | 33 | 42,930 | | | 5.03 |
| 5.04 | ADMITTING | 26 | 1,003 | 68 | 7,706 | | 5.04 |
| 5.05 | CREDIT AND COLLECTIONS | 87 | 882 | 154 | | 41,680 | 5.05 |
| 5.06 | OTHER ADMINISTRATIVE & GENERAL | 399 | 1,058 | 1,548 | | | 5.06 |
| 6 | MAINTENANCE & REPAIRS | | | | | | 6 |
| 7 | OPERATION OF PLANT | 78 | 30 | 1,042 | | | 7 |
| 8 | LAUNDRY & LINEN SERVICE | 9 | 1 | 864 | | | 8 |
| 9 | HOUSEKEEPING | 9 | 16 | 453 | | | 9 |
| 10 | DIETARY | 43 | 138 | 2,149 | | | 10 |
| 11 | CAFETERIA | 9 | | | | | 11 |
| 12 | MAINTENANCE OF PERSONNEL | | | | | | 12 |
| 13 | NURSING ADMINISTRATION | 96 | 331 | 17 | | | 13 |
| 14 | CENTRAL SERVICES & SUPPLY | 52 | 38 | 30 | | | 14 |
| 15 | PHARMACY | 43 | 709 | 226 | | | 15 |
| 16 | MEDICAL RECORDS & LIBRARY | 200 | 2,107 | 446 | | | 16 |
| 17 | SOCIAL SERVICE | 35 | 259 | 75 | | | 17 |
| 19 | NONPHYSICIAN ANESTHETISTS | | | | | | 19 |
| 20 | NURSING SCHOOL | | | | | | 20 |
| 21 | I&R SRVCES-SALARY & FRINGES APPRVD | | | | | | 21 |
| 22 | I&R SRVCES-OTHER PRGM COSTS APPRVD | | | | | | 22 |
| 23 | PARAMED ED PRGM-(SPECIFY) | | | | | | 23 |
| | INPATIENT ROUTINE SERV COST CENTERS | | | | | | |
| 30 | ADULTS & PEDIATRICS | 139 | 3,830 | 370 | 671 | 3,638 | 30 |
| | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50 | OPERATING ROOM | 139 | 1,153 | 1,336 | 415 | 2,251 | 50 |
| 54 | RADIOLOGY-DIAGNOSTIC | 191 | 279 | 2,063 | 1,885 | 10,130 | 54 |
| 60 | LABORATORY | 130 | 3,055 | 6,140 | 1,385 | 7,504 | 60 |
| 62 | WHOLE BLOOD & PACKED RED BLOOD CELLS | | 36 | 964 | 44 | 236 | 62 |
| 62.30 | BLOOD CLOTTING FOR HEMOPHILIACS | | | | | | 62.30 |
| 65 | RESPIRATORY THERAPY | 87 | 399 | 135 | 399 | 2,163 | 65 |
| 66 | PHYSICAL THERAPY | 156 | 192 | 197 | 426 | 2,311 | 66 |
| 67 | OCCUPATIONAL THERAPY | | 10 | 1 | 15 | 84 | 67 |
| 68 | SPEECH PATHOLOGY | 17 | 16 | | 33 | 181 | 68 |
| 71 | MEDICAL SUPPLIES CHRGED TO PATIENTS | | | 4,531 | 701 | 3,797 | 71 |
| 71.01 | IMPLANTABLE SUPPLIES | | | 2,489 | 18 | 97 | 71.01 |
| 71.02 | PACEMAKERS | | | | | | 71.02 |
| 72 | IMPL. DEV. CHARGED TO PATIENT | | | 623 | 88 | 476 | 72 |
| 73 | DRUGS CHARGED TO PATIENTS | | | 5,321 | 792 | 4,294 | 73 |
| 76 | CARDIAC REHAB | | | | | | 76 |
| 76.01 | CHEMOTHERAPY | 35 | 461 | 11,362 | 354 | 1,917 | 76.01 |
| 76.97 | CARDIAC REHABILITATION | | | | | | 76.97 |
| 76.98 | HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 | LITHOTRIPSY | | | | | | 76.99 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 90 | CLINIC | 174 | 630 | 70 | 79 | 426 | 90 |
| 91 | EMERGENCY | 96 | 1,305 | 241 | 401 | 2,175 | 91 |
| 92 | OBSERVATION BEDS | | | | | | 92 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| | SPECIAL PURPOSE COST CENTERS | | | | | | |
| 118 | SUBTOTALS (SUM OF LINES 1-117) | 2,354 | 17,971 | 42,915 | 7,706 | 41,680 | 118 |
| | NONREIMBURSABLE COST CENTERS | | | | | | |
| 190 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 17 | | | | | 190 |
| 192 | PHYSICIANS' PRIVATE OFFICES | | 121 | 10 | | | 192 |
| 193 | NONPAID WORKERS | 35 | | | | | 193 |
| 193.01 | CARDIAC REHAB | | 13 | 5 | | | 193.01 |
| 194 | NON-ALLOWABLE COSTS | | | | | | 194 |
| 200 | CROSS FOOT ADJUSTMENTS | | | | | | 200 |
| 201 | NEGATIVE COST CENTER | | | | | | 201 |
| 202 | TOTAL (SUM OF LINES 118-201) | 2,406 | 18,105 | 42,930 | 7,706 | 41,680 | 202 |

ALLOCATION OF CAPITAL-RELATED COSTS WORKSHEET B PART II

| | COST CENTER DESCRIPTION | ADMINISTRATIVE & GENERAL 5.06 | OPERATION OF PLANT 7 | LAUNDRY AND LINEN SERVICE 8 | HOUSE-KEEPING 9 | DIETARY 10 | |
|---|---|---|---|---|---|---|---|
| | GENERAL SERVICE COST CENTERS | | | | | | |
| 1 | CAP REL COSTS-BLDG & FIXT | | | | | | 1 |
| 2 | CAP REL COSTS-MVBLE EQUIP | | | | | | 2 |
| 4 | EMPLOYEE BENEFITS | | | | | | 4 |
| 5.01 | COMMUNICATIONS | | | | | | 5.01 |
| 5.02 | DATA PROCESSING | | | | | | 5.02 |
| 5.03 | PURCHASING | | | | | | 5.03 |
| 5.04 | ADMITTING | | | | | | 5.04 |
| 5.05 | CREDIT AND COLLECTIONS | | | | | | 5.05 |
| 5.06 | OTHER ADMINISTRATIVE & GENERAL | 141,753 | | | | | 5.06 |
| 6 | MAINTENANCE & REPAIRS | | | | | | 6 |
| 7 | OPERATION OF PLANT | 10,358 | 266,886 | | | | 7 |
| 8 | LAUNDRY & LINEN SERVICE | 1,213 | 3,112 | 19,570 | | | 8 |
| 9 | HOUSEKEEPING | 3,370 | 5,595 | | 35,903 | | 9 |
| 10 | DIETARY | 3,432 | 4,775 | | 664 | 33,663 | 10 |
| 11 | CAFETERIA | 1,830 | 8,009 | | 1,114 | | 11 |
| 12 | MAINTENANCE OF PERSONNEL | | | | | | 12 |
| 13 | NURSING ADMINISTRATION | 4,500 | 7,337 | | 1,020 | | 13 |
| 14 | CENTRAL SERVICES & SUPPLY | 836 | 5,237 | | 728 | | 14 |
| 15 | PHARMACY | 4,596 | 4,884 | | 679 | | 15 |
| 16 | MEDICAL RECORDS & LIBRARY | 5,807 | 16,131 | | 2,243 | | 16 |
| 17 | SOCIAL SERVICE | 1,017 | 1,602 | | 223 | | 17 |
| 19 | NONPHYSICIAN ANESTHETISTS | | | | | | 19 |
| 20 | NURSING SCHOOL | | | | | | 20 |
| 21 | I&R SRVCES-SALARY & FRINGES APPRVD | | | | | | 21 |
| 22 | I&R SRVCES-OTHER PRGM COSTS APPRVD | | | | | | 22 |
| 23 | PARAMED ED PRGM-(SPECIFY) | | | | | | 23 |
| | INPATIENT ROUTINE SERV COST CENTERS | | | | | | |
| 30 | ADULTS & PEDIATRICS | 19,907 | 39,231 | 19,570 | 5,456 | 33,663 | 30 |
| | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50 | OPERATING ROOM | 8,984 | 30,551 | | 4,248 | | 50 |
| 54 | RADIOLOGY-DIAGNOSTIC | 14,432 | 26,736 | | 3,718 | | 54 |
| 60 | LABORATORY | 14,048 | 10,736 | | 1,493 | | 60 |
| 62 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 1,089 | 628 | | 87 | | 62 |
| 62.30 | BLOOD CLOTTING FOR HEMOPHILIACS | | | | | | 62.30 |
| 65 | RESPIRATORY THERAPY | 4,124 | 7,485 | | 1,041 | | 65 |
| 66 | PHYSICAL THERAPY | 7,059 | 39,938 | | 5,554 | | 66 |
| 67 | OCCUPATIONAL THERAPY | 305 | 1,541 | | 214 | | 67 |
| 68 | SPEECH PATHOLOGY | 703 | | | | | 68 |
| 71 | MEDICAL SUPPLIES CHRGED TO PATIENTS | 3,635 | | | | | 71 |
| 71.01 | IMPLANTABLE SUPPLIES | 1,908 | | | | | 71.01 |
| 71.02 | PACEMAKERS | | | | | | 71.02 |
| 72 | IMPL. DEV. CHARGED TO PATIENT | 530 | | | | | 72 |
| 73 | DRUGS CHARGED TO PATIENTS | 4,306 | | | | | 73 |
| 76 | CARDIAC REHAB | | | | | | 76 |
| 76.01 | CHEMOTHERAPY | 10,655 | 10,662 | | 1,483 | | 76.01 |
| 76.97 | CARDIAC REHABILITATION | | | | | | 76.97 |
| 76.98 | HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 | LITHOTRIPSY | | | | | | 76.99 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 90 | CLINIC | 2,003 | 11,072 | | 1,540 | | 90 |
| 91 | EMERGENCY | 9,839 | 20,460 | | 2,845 | | 91 |
| 92 | OBSERVATION BEDS | | | | | | 92 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| | SPECIAL PURPOSE COST CENTERS | | | | | | |
| 118 | SUBTOTALS (SUM OF LINES 1-117) | 140,486 | 255,722 | 19,570 | 34,350 | 33,663 | 118 |
| | NONREIMBURSABLE COST CENTERS | | | | | | |
| 190 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 223 | 3,906 | | 543 | | 190 |
| 192 | PHYSICIANS' PRIVATE OFFICES | 385 | 4,600 | | 640 | | 192 |
| 193 | NONPAID WORKERS | 14 | | | | | 193 |
| 193.01 | CARDIAC REHAB | 379 | 2,658 | | 370 | | 193.01 |
| 194 | NON-ALLOWABLE COSTS | 266 | | | | | 194 |
| 200 | CROSS FOOT ADJUSTMENTS | | | | | | 200 |
| 201 | NEGATIVE COST CENTER | | | | | | 201 |
| 202 | TOTAL (SUM OF LINES 118-201) | 141,753 | 266,886 | 19,570 | 35,903 | 33,663 | 202 |

ALLOCATION OF CAPITAL-RELATED COSTS WORKSHEET B PART II

| | COST CENTER DESCRIPTION | CAFETERIA | NURSING ADMINI-STRATION | CENTRAL SERVICES & SUPPLY | PHARMACY | MEDICAL RECORDS + LIBRARY | |
|---|---|---|---|---|---|---|---|
| | | 11 | 13 | 14 | 15 | 16 | |
| | GENERAL SERVICE COST CENTERS | | | | | | |
| 1 | CAP REL COSTS-BLDG & FIXT | | | | | | 1 |
| 2 | CAP REL COSTS-MVBLE EQUIP | | | | | | 2 |
| 4 | EMPLOYEE BENEFITS | | | | | | 4 |
| 5.01 | COMMUNICATIONS | | | | | | 5.01 |
| 5.02 | DATA PROCESSING | | | | | | 5.02 |
| 5.03 | PURCHASING | | | | | | 5.03 |
| 5.04 | ADMITTING | | | | | | 5.04 |
| 5.05 | CREDIT AND COLLECTIONS | | | | | | 5.05 |
| 5.06 | OTHER ADMINISTRATIVE & GENERAL | | | | | | 5.06 |
| 6 | MAINTENANCE & REPAIRS | | | | | | 6 |
| 7 | OPERATION OF PLANT | | | | | | 7 |
| 8 | LAUNDRY & LINEN SERVICE | | | | | | 8 |
| 9 | HOUSEKEEPING | | | | | | 9 |
| 10 | DIETARY | | | | | | 10 |
| 11 | CAFETERIA | 47,868 | | | | | 11 |
| 12 | MAINTENANCE OF PERSONNEL | | | | | | 12 |
| 13 | NURSING ADMINISTRATION | 2,894 | 51,034 | | | | 13 |
| 14 | CENTRAL SERVICES & SUPPLY | 412 | | 31,370 | | | 14 |
| 15 | PHARMACY | 2,353 | | 16 | 36,912 | | 15 |
| 16 | MEDICAL RECORDS & LIBRARY | 2,823 | | 1 | | 104,577 | 16 |
| 17 | SOCIAL SERVICE | 569 | | | | | 17 |
| 19 | NONPHYSICIAN ANESTHETISTS | | | | | | 19 |
| 20 | NURSING SCHOOL | | | | | | 20 |
| 21 | I&R SRVCES-SALARY & FRINGES APPRVD | | | | | | 21 |
| 22 | I&R SRVCES-OTHER PRGM COSTS APPRVD | | | | | | 22 |
| 23 | PARAMED ED PRGM-(SPECIFY) | | | | | | 23 |
| | INPATIENT ROUTINE SERV COST CENTERS | | | | | | |
| 30 | ADULTS & PEDIATRICS | 11,770 | 28,389 | 420 | | 9,125 | 30 |
| | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50 | OPERATING ROOM | 4,132 | 9,966 | 1,061 | | 5,647 | 50 |
| 54 | RADIOLOGY-DIAGNOSTIC | 5,866 | | 93 | | 25,442 | 54 |
| 60 | LABORATORY | 4,808 | | 53 | | 18,822 | 60 |
| 62 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 196 | | | | 593 | 62 |
| 62.30 | BLOOD CLOTTING FOR HEMOPHILIACS | | | | | | 62.30 |
| 65 | RESPIRATORY THERAPY | 2,172 | | 100 | | 5,425 | 65 |
| 66 | PHYSICAL THERAPY | 3,530 | | 6 | | 5,796 | 66 |
| 67 | OCCUPATIONAL THERAPY | 155 | | | | 210 | 67 |
| 68 | SPEECH PATHOLOGY | 474 | | | | 454 | 68 |
| 71 | MEDICAL SUPPLIES CHRGED TO PATIENTS | | | 14,407 | | 9,524 | 71 |
| 71.01 | IMPLANTABLE SUPPLIES | | | 6,288 | | 243 | 71.01 |
| 71.02 | PACEMAKERS | | | | | | 71.02 |
| 72 | IMPL. DEV. CHARGED TO PATIENT | | | | | 1,194 | 72 |
| 73 | DRUGS CHARGED TO PATIENTS | | | 8,644 | 20,897 | 10,770 | 73 |
| 76 | CARDIAC REHAB | | | | | | 76 |
| 76.01 | CHEMOTHERAPY | 1,117 | 2,694 | 71 | 16,015 | 4,807 | 76.01 |
| 76.97 | CARDIAC REHABILITATION | | | | | | 76.97 |
| 76.98 | HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 | LITHOTRIPSY | | | | | | 76.99 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 90 | CLINIC | 885 | 2,135 | 30 | | 1,069 | 90 |
| 91 | EMERGENCY | 3,255 | 7,850 | 176 | | 5,456 | 91 |
| 92 | OBSERVATION BEDS | | | | | | 92 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| | SPECIAL PURPOSE COST CENTERS | | | | | | |
| 118 | SUBTOTALS (SUM OF LINES 1-117) | 47,411 | 51,034 | 31,366 | 36,912 | 104,577 | 118 |
| | NONREIMBURSABLE COST CENTERS | | | | | | |
| 190 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 45 | | | | | 190 |
| 192 | PHYSICIANS' PRIVATE OFFICES | 112 | | 4 | | | 192 |
| 193 | NONPAID WORKERS | | | | | | 193 |
| 193.01 | CARDIAC REHAB | 176 | | | | | 193.01 |
| 194 | NON-ALLOWABLE COSTS | 124 | | | | | 194 |
| 200 | CROSS FOOT ADJUSTMENTS | | | | | | 200 |
| 201 | NEGATIVE COST CENTER | | | | | | 201 |
| 202 | TOTAL (SUM OF LINES 118-201) | 47,868 | 51,034 | 31,370 | 36,912 | 104,577 | 202 |

ALLOCATION OF CAPITAL-RELATED COSTS — WORKSHEET B PART II

| | COST CENTER DESCRIPTION | SOCIAL SERVICE | SUBTOTAL | I&R COST & POST STEP-DOWN ADJS | TOTAL | |
|---|---|---|---|---|---|---|
| | | 17 | 24 | 25 | 26 | |
| | GENERAL SERVICE COST CENTERS | | | | | |
| 1 | CAP REL COSTS-BLDG & FIXT | | | | | 1 |
| 2 | CAP REL COSTS-MVBLE EQUIP | | | | | 2 |
| 4 | EMPLOYEE BENEFITS | | | | | 4 |
| 5.01 | COMMUNICATIONS | | | | | 5.01 |
| 5.02 | DATA PROCESSING | | | | | 5.02 |
| 5.03 | PURCHASING | | | | | 5.03 |
| 5.04 | ADMITTING | | | | | 5.04 |
| 5.05 | CREDIT AND COLLECTIONS | | | | | 5.05 |
| 5.06 | OTHER ADMINISTRATIVE & GENERAL | | | | | 5.06 |
| 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 | 11,354 | | | | 17 |
| 19 | NONPHYSICIAN ANESTHETISTS | | | | | 19 |
| 20 | NURSING SCHOOL | | | | | 20 |
| 21 | I&R SRVCES-SALARY & FRINGES APPRVD | | | | | 21 |
| 22 | I&R SRVCES-OTHER PRGM COSTS APPRVD | | | | | 22 |
| 23 | PARAMED ED PRGM-(SPECIFY) | | | | | 23 |
| | INPATIENT ROUTINE SERV COST CENTERS | | | | | |
| 30 | ADULTS & PEDIATRICS | 11,354 | 371,967 | | 371,967 | 30 |
| | ANCILLARY SERVICE COST CENTERS | | | | | |
| 50 | OPERATING ROOM | | 210,972 | | 210,972 | 50 |
| 54 | RADIOLOGY-DIAGNOSTIC | | 215,442 | | 215,442 | 54 |
| 60 | LABORATORY | | 119,447 | | 119,447 | 60 |
| 62 | WHOLE BLOOD & PACKED RED BLOOD CELLS | | 6,832 | | 6,832 | 62 |
| 62.30 | BLOOD CLOTTING FOR HEMOPHILIACS | | | | | 62.30 |
| 65 | RESPIRATORY THERAPY | | 58,680 | | 58,680 | 65 |
| 66 | PHYSICAL THERAPY | | 248,666 | | 248,666 | 66 |
| 67 | OCCUPATIONAL THERAPY | | 9,623 | | 9,623 | 67 |
| 68 | SPEECH PATHOLOGY | | 2,117 | | 2,117 | 68 |
| 71 | MEDICAL SUPPLIES CHRGED TO PATIENTS | | 36,595 | | 36,595 | 71 |
| 71.01 | IMPLANTABLE SUPPLIES | | 11,043 | | 11,043 | 71.01 |
| 71.02 | PACEMAKERS | | | | | 71.02 |
| 72 | IMPL. DEV. CHARGED TO PATIENT | | 2,911 | | 2,911 | 72 |
| 73 | DRUGS CHARGED TO PATIENTS | | 55,024 | | 55,024 | 73 |
| 76 | CARDIAC REHAB | | | | | 76 |
| 76.01 | CHEMOTHERAPY | | 110,710 | | 110,710 | 76.01 |
| 76.97 | CARDIAC REHABILITATION | | | | | 76.97 |
| 76.98 | HYPERBARIC OXYGEN THERAPY | | | | | 76.98 |
| 76.99 | LITHOTRIPSY | | | | | 76.99 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | |
| 90 | CLINIC | | 70,940 | | 70,940 | 90 |
| 91 | EMERGENCY | | 148,834 | | 148,834 | 91 |
| 92 | OBSERVATION BEDS | | | | | 92 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | |
| | SPECIAL PURPOSE COST CENTERS | | | | | |
| 118 | SUBTOTALS (SUM OF LINES 1-117) | 11,354 | 1,679,803 | | 1,679,803 | 118 |
| | NONREIMBURSABLE COST CENTERS | | | | | |
| 190 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | | 22,530 | | 22,530 | 190 |
| 192 | PHYSICIANS' PRIVATE OFFICES | | 26,858 | | 26,858 | 192 |
| 193 | NONPAID WORKERS | | 49 | | 49 | 193 |
| 193.01 | CARDIAC REHAB | | 15,784 | | 15,784 | 193.01 |
| 194 | NON-ALLOWABLE COSTS | | 453 | | 453 | 194 |
| 200 | CROSS FOOT ADJUSTMENTS | | | | | 200 |
| 201 | NEGATIVE COST CENTER | | | | | 201 |
| 202 | TOTAL (SUM OF LINES 118-201) | 11,354 | 1,745,477 | | 1,745,477 | 202 |

COST ALLOCATION - STATISTICAL BASIS | WORKSHEET B-1

| | COST CENTER DESCRIPTION | NEW CAP-REL COSTS BLDG&FIXT SQ FEET 1 | NEW CAP-REL COSTS MOV EQUIP SQ FEET 2 | EMPLOYEE BENEFITS GROSS SALARIES 4 | COMMUNICA-TION # NON PT. TELEPHONES 5.01 | DATA PROCESSING TIME SPENT 5.02 | |
|---|---|---|---|---|---|---|---|
| | GENERAL SERVICE COST CENTERS | | | | | | |
| 1 | CAP REL COSTS-BLDG & FIXT | 87,896 | | | | | 1 |
| 2 | CAP REL COSTS-MVBLE EQUIP | | 87,896 | | | | 2 |
| 4 | EMPLOYEE BENEFITS | 1,685 | 1,685 | 8,176,892 | | | 4 |
| 5.01 | COMMUNICATIONS | 112 | 112 | 44,426 | 277 | | 5.01 |
| 5.02 | DATA PROCESSING | 870 | 870 | 185,401 | 8 | 1,683,635 | 5.02 |
| 5.03 | PURCHASING | 2,146 | 2,146 | 60,124 | 4 | 3,063 | 5.03 |
| 5.04 | ADMITTING | 306 | 306 | 130,286 | 3 | 93,246 | 5.04 |
| 5.05 | CREDIT AND COLLECTIONS | 2,011 | 2,011 | 151,704 | 10 | 81,994 | 5.05 |
| 5.06 | OTHER ADMINISTRATIVE & GENERAL | 6,832 | 6,832 | 751,352 | 46 | 98,397 | 5.06 |
| 6 | MAINTENANCE & REPAIRS | | | | | | 6 |
| 7 | OPERATION OF PLANT | 12,783 | 12,783 | 373,230 | 9 | 2,806 | 7 |
| 8 | LAUNDRY & LINEN SERVICE | 713 | 713 | 51,713 | 1 | 61 | 8 |
| 9 | HOUSEKEEPING | 1,282 | 1,282 | 244,592 | 1 | 1,466 | 9 |
| 10 | DIETARY | 1,094 | 1,094 | 180,004 | 5 | 12,827 | 10 |
| 11 | CAFETERIA | 1,835 | 1,835 | 113,971 | 1 | | 11 |
| 12 | MAINTENANCE OF PERSONNEL | | | | | | 12 |
| 13 | NURSING ADMINISTRATION | 1,681 | 1,681 | 356,132 | 11 | 30,789 | 13 |
| 14 | CENTRAL SERVICES & SUPPLY | 1,200 | 1,200 | 50,685 | 6 | 3,571 | 14 |
| 15 | PHARMACY | 1,119 | 1,119 | 289,474 | 5 | 65,932 | 15 |
| 16 | MEDICAL RECORDS & LIBRARY | 3,696 | 3,696 | 347,422 | 23 | 195,902 | 16 |
| 17 | SOCIAL SERVICE | 367 | 367 | 69,957 | 4 | 24,048 | 17 |
| 19 | NONPHYSICIAN ANESTHETISTS | | | | | | 19 |
| 20 | NURSING SCHOOL | | | | | | 20 |
| 21 | I&R SRVCES-SALARY & FRINGES APPRVD | | | | | | 21 |
| 22 | I&R SRVCES-OTHER PRGM COSTS APPRVD | | | | | | 22 |
| 23 | PARAMED ED PRGM-(SPECIFY) | | | | | | 23 |
| | INPATIENT ROUTINE SERV COST CENTERS | | | | | | |
| 30 | ADULTS & PEDIATRICS | 8,989 | 8,989 | 1,448,240 | 16 | 356,326 | 30 |
| | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50 | OPERATING ROOM | 7,000 | 7,000 | 508,414 | 16 | 107,205 | 50 |
| 54 | RADIOLOGY-DIAGNOSTIC | 6,126 | 6,126 | 721,849 | 22 | 25,988 | 54 |
| 60 | LABORATORY | 2,460 | 2,460 | 591,604 | 15 | 284,103 | 60 |
| 62 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 144 | 144 | 24,112 | | 3,372 | 62 |
| 62.30 | BLOOD CLOTTING FOR HEMOPHILIACS | | | | | | 62.30 |
| 65 | RESPIRATORY THERAPY | 1,715 | 1,715 | 267,201 | 10 | 37,092 | 65 |
| 66 | PHYSICAL THERAPY | 9,151 | 9,151 | 434,356 | 18 | 17,844 | 66 |
| 67 | OCCUPATIONAL THERAPY | 353 | 353 | 19,093 | | 937 | 67 |
| 68 | SPEECH PATHOLOGY | | | 58,384 | 2 | 1,454 | 68 |
| 71 | MEDICAL SUPPLIES CHRGED TO PATIENTS | | | | | | 71 |
| 71.01 | IMPLANTABLE SUPPLIES | | | | | | 71.01 |
| 71.02 | PACEMAKERS | | | | | | 71.02 |
| 72 | IMPL. DEV. CHARGED TO PATIENT | | | | | | 72 |
| 73 | DRUGS CHARGED TO PATIENTS | | | | | | 73 |
| 76 | CARDIAC REHAB | | | | | | 76 |
| 76.01 | CHEMOTHERAPY | 2,443 | 2,443 | 137,432 | 4 | 42,835 | 76.01 |
| 76.97 | CARDIAC REHABILITATION | | | | | | 76.97 |
| 76.98 | HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 | LITHOTRIPSY | | | | | | 76.99 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 90 | CLINIC | 2,537 | 2,537 | 108,936 | 20 | 58,617 | 90 |
| 91 | EMERGENCY | 4,688 | 4,688 | 400,486 | 11 | 121,343 | 91 |
| 92 | OBSERVATION BEDS | | | | | | 92 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| | SPECIAL PURPOSE COST CENTERS | | | | | | |
| 118 | SUBTOTALS (SUM OF LINES 1-117) | 85,338 | 85,338 | 8,120,580 | 271 | 1,671,218 | 118 |
| | NONREIMBURSABLE COST CENTERS | | | | | | |
| 190 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 895 | 895 | 5,561 | 2 | | 190 |
| 192 | PHYSICIANS' PRIVATE OFFICES | 1,054 | 1,054 | 13,744 | | 11,214 | 192 |
| 193 | NONPAID WORKERS | | | | 4 | | 193 |
| 193.01 | CARDIAC REHAB | 609 | 609 | 21,697 | | 1,203 | 193.01 |
| 194 | NON-ALLOWABLE COSTS | | | 15,310 | | | 194 |
| 200 | CROSS FOOT ADJUSTMENTS | | | | | | 200 |
| 201 | NEGATIVE COST CENTER | | | | | | 201 |
| 202 | COST TO BE ALLOC PER B PT I | 489,295 | 1,256,182 | 2,727,120 | 110,202 | 501,336 | 202 |
| 203 | UNIT COST MULT-WS B PT I | 5.566749 | 14.291686 | 0.333515 | 397.841155 | 0.297770 | 203 |
| 204 | COST TO BE ALLOC PER B PT II | | | 33,461 | 2,406 | 18,105 | 204 |
| 205 | UNIT COST MULT-WS B PT II | | | 0.004092 | 8.685921 | 0.010754 | 205 |

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

| | COST CENTER DESCRIPTION | PURCHASING<br>SUPPLY COS<br>5.03 | ADMITTING<br>GROSS REVENUE<br>5.04 | CREDIT & COLLECTION<br>GROSS REVENUE<br>5.05 | RECON-CILIATION<br>5A.06 | ADMINISTRATIVE & GENERAL<br>ACCUM COST<br>5.06 | |
|---|---|---|---|---|---|---|---|
| | GENERAL SERVICE COST CENTERS | | | | | | |
| 1 | CAP REL COSTS-BLDG & FIXT | | | | | | 1 |
| 2 | CAP REL COSTS-MVBLE EQUIP | | | | | | 2 |
| 4 | EMPLOYEE BENEFITS | | | | | | 4 |
| 5.01 | COMMUNICATIONS | | | | | | 5.01 |
| 5.02 | DATA PROCESSING | | | | | | 5.02 |
| 5.03 | PURCHASING | 3,668,303 | | | | | 5.03 |
| 5.04 | ADMITTING | 5,844 | 31,021,206 | | | | 5.04 |
| 5.05 | CREDIT AND COLLECTIONS | 13,142 | | 31,021,206 | | | 5.05 |
| 5.06 | OTHER ADMINISTRATIVE & GENERAL | 132,305 | | | -1,498,921 | 16,534,150 | 5.06 |
| 6 | MAINTENANCE & REPAIRS | | | | | | 6 |
| 7 | OPERATION OF PLANT | 89,036 | | | | 1,208,239 | 7 |
| 8 | LAUNDRY & LINEN SERVICE | 73,787 | | | | 141,518 | 8 |
| 9 | HOUSEKEEPING | 38,673 | | | | 393,043 | 9 |
| 10 | DIETARY | 183,610 | | | | 400,359 | 10 |
| 11 | CAFETERIA | | | | | 213,489 | 11 |
| 12 | MAINTENANCE OF PERSONNEL | | | | | | 12 |
| 13 | NURSING ADMINISTRATION | 1,456 | | | | 524,859 | 13 |
| 14 | CENTRAL SERVICES & SUPPLY | 2,579 | | | | 97,551 | 14 |
| 15 | PHARMACY | 19,351 | | | | 536,143 | 15 |
| 16 | MEDICAL RECORDS & LIBRARY | 38,112 | | | | 677,372 | 16 |
| 17 | SOCIAL SERVICE | 6,410 | | | | 118,621 | 17 |
| 19 | NONPHYSICIAN ANESTHETISTS | | | | | | 19 |
| 20 | NURSING SCHOOL | | | | | | 20 |
| 21 | I&R SRVCES-SALARY & FRINGES APPRVD | | | | | | 21 |
| 22 | I&R SRVCES-OTHER PRGM COSTS APPRVD | | | | | | 22 |
| 23 | PARAMED ED PRGM-(SPECIFY) | | | | | | 23 |
| | INPATIENT ROUTINE SERV COST CENTERS | | | | | | |
| 30 | ADULTS & PEDIATRICS | 31,638 | 2,706,825 | 2,706,825 | | 2,321,380 | 30 |
| | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50 | OPERATING ROOM | 114,134 | 1,675,142 | 1,675,142 | | 1,047,990 | 50 |
| 54 | RADIOLOGY-DIAGNOSTIC | 176,283 | 7,546,258 | 7,546,258 | | 1,683,473 | 54 |
| 60 | LABORATORY | 524,671 | 5,583,441 | 5,583,441 | | 1,638,643 | 60 |
| 62 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 82,414 | 175,895 | 175,895 | | 126,981 | 62 |
| 62.30 | BLOOD CLOTTING FOR HEMOPHILIACS | | | | | | 62.30 |
| 65 | RESPIRATORY THERAPY | 11,532 | 1,609,315 | 1,609,315 | | 480,993 | 65 |
| 66 | PHYSICAL THERAPY | 16,807 | 1,719,334 | 1,719,334 | | 823,380 | 66 |
| 67 | OCCUPATIONAL THERAPY | 50 | 62,347 | 62,347 | | 35,587 | 67 |
| 68 | SPEECH PATHOLOGY | | 134,737 | 134,737 | | 82,054 | 68 |
| 71 | MEDICAL SUPPLIES CHRGED TO PATIENTS | 387,174 | 2,825,193 | 2,825,193 | | 423,972 | 71 |
| 71.01 | IMPLANTABLE SUPPLIES | 212,649 | 72,111 | 72,111 | | 222,505 | 71.01 |
| 71.02 | PACEMAKERS | | | | | | 71.02 |
| 72 | IMPL. DEV. CHARGED TO PATIENT | 53,200 | 354,066 | 354,066 | | 61,872 | 72 |
| 73 | DRUGS CHARGED TO PATIENTS | 454,641 | 3,194,875 | 3,194,875 | | 502,218 | 73 |
| 76 | CARDIAC REHAB | | | | | | 76 |
| 76.01 | CHEMOTHERAPY | 970,941 | 1,426,027 | 1,426,027 | | 1,242,861 | 76.01 |
| 76.97 | CARDIAC REHABILITATION | | | | | | 76.97 |
| 76.98 | HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 | LITHOTRIPSY | | | | | | 76.99 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 90 | CLINIC | 6,010 | 317,192 | 317,192 | | 233,605 | 90 |
| 91 | EMERGENCY | 20,602 | 1,618,448 | 1,618,448 | | 1,147,697 | 91 |
| 92 | OBSERVATION BEDS | | | | | | 92 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| | SPECIAL PURPOSE COST CENTERS | | | | | | |
| 118 | SUBTOTALS (SUM OF LINES 1-117) | 3,667,051 | 31,021,206 | 31,021,206 | -1,498,921 | 16,386,405 | 118 |
| | NONREIMBURSABLE COST CENTERS | | | | | | |
| 190 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | | | | | 25,985 | 190 |
| 192 | PHYSICIANS' PRIVATE OFFICES | 834 | | | | 44,880 | 192 |
| 193 | NONPAID WORKERS | | | | | 1,591 | 193 |
| 193.01 | CARDIAC REHAB | 418 | | | | 44,205 | 193.01 |
| 194 | NON-ALLOWABLE COSTS | | | | | 31,084 | 194 |
| 200 | CROSS FOOT ADJUSTMENTS | | | | | | 200 |
| 201 | NEGATIVE COST CENTER | | | | | | 201 |
| 202 | COST TO BE ALLOC PER B PT I | 147,042 | 214,966 | 357,999 | | 1,498,921 | 202 |
| 203 | UNIT COST MULT-WS B PT I | 0.040084 | 0.006930 | 0.011540 | | 0.090656 | 203 |
| 204 | COST TO BE ALLOC PER B PT II | 42,930 | 7,706 | 41,680 | | 141,753 | 204 |
| 205 | UNIT COST MULT-WS B PT II | 0.011703 | 0.000248 | 0.001344 | | 0.008573 | 205 |

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

| | COST CENTER DESCRIPTION | OPERATION OF PLANT SQUARE FEET 7 | LAUNDRY AND LINEN SERVICE PATIENT DAYS 8 | HOUSE-KEEPING SQUARE FEET 9 | DIETARY PATIENT DAYS 10 | CAFETERIA GROSS SALARIES 11 | |
|---|---|---|---|---|---|---|---|
| | GENERAL SERVICE COST CENTERS | | | | | | |
| 1 | CAP REL COSTS-BLDG & FIXT | | | | | | 1 |
| 2 | CAP REL COSTS-MVBLE EQUIP | | | | | | 2 |
| 4 | EMPLOYEE BENEFITS | | | | | | 4 |
| 5.01 | COMMUNICATIONS | | | | | | 5.01 |
| 5.02 | DATA PROCESSING | | | | | | 5.02 |
| 5.03 | PURCHASING | | | | | | 5.03 |
| 5.04 | ADMITTING | | | | | | 5.04 |
| 5.05 | CREDIT AND COLLECTIONS | | | | | | 5.05 |
| 5.06 | OTHER ADMINISTRATIVE & GENERAL | | | | | | 5.06 |
| 6 | MAINTENANCE & REPAIRS | | | | | | 6 |
| 7 | OPERATION OF PLANT | 61,151 | | | | | 7 |
| 8 | LAUNDRY & LINEN SERVICE | 713 | 1,532 | | | | 8 |
| 9 | HOUSEKEEPING | 1,282 | | 59,156 | | | 9 |
| 10 | DIETARY | 1,094 | | 1,094 | 1,532 | | 10 |
| 11 | CAFETERIA | 1,835 | | 1,835 | | 5,890,089 | 11 |
| 12 | MAINTENANCE OF PERSONNEL | | | | | | 12 |
| 13 | NURSING ADMINISTRATION | 1,681 | | 1,681 | | 356,132 | 13 |
| 14 | CENTRAL SERVICES & SUPPLY | 1,200 | | 1,200 | | 50,685 | 14 |
| 15 | PHARMACY | 1,119 | | 1,119 | | 289,474 | 15 |
| 16 | MEDICAL RECORDS & LIBRARY | 3,696 | | 3,696 | | 347,422 | 16 |
| 17 | SOCIAL SERVICE | 367 | | 367 | | 69,957 | 17 |
| 19 | NONPHYSICIAN ANESTHETISTS | | | | | | 19 |
| 20 | NURSING SCHOOL | | | | | | 20 |
| 21 | I&R SRVCES-SALARY & FRINGES APPRVD | | | | | | 21 |
| 22 | I&R SRVCES-OTHER PRGM COSTS APPRVD | | | | | | 22 |
| 23 | PARAMED ED PRGM-(SPECIFY) | | | | | | 23 |
| | INPATIENT ROUTINE SERV COST CENTERS | | | | | | |
| 30 | ADULTS & PEDIATRICS | 8,989 | 1,532 | 8,989 | 1,532 | 1,448,240 | 30 |
| | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50 | OPERATING ROOM | 7,000 | | 7,000 | | 508,414 | 50 |
| 54 | RADIOLOGY-DIAGNOSTIC | 6,126 | | 6,126 | | 721,849 | 54 |
| 60 | LABORATORY | 2,460 | | 2,460 | | 591,604 | 60 |
| 62 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 144 | | 144 | | 24,112 | 62 |
| 62.30 | BLOOD CLOTTING FOR HEMOPHILIACS | | | | | | 62.30 |
| 65 | RESPIRATORY THERAPY | 1,715 | | 1,715 | | 267,201 | 65 |
| 66 | PHYSICAL THERAPY | 9,151 | | 9,151 | | 434,356 | 66 |
| 67 | OCCUPATIONAL THERAPY | 353 | | 353 | | 19,093 | 67 |
| 68 | SPEECH PATHOLOGY | | | | | 58,384 | 68 |
| 71 | MEDICAL SUPPLIES CHRGED TO PATIENTS | | | | | | 71 |
| 71.01 | IMPLANTABLE SUPPLIES | | | | | | 71.01 |
| 71.02 | PACEMAKERS | | | | | | 71.02 |
| 72 | IMPL. DEV. CHARGED TO PATIENT | | | | | | 72 |
| 73 | DRUGS CHARGED TO PATIENTS | | | | | | 73 |
| 76 | CARDIAC REHAB | | | | | | 76 |
| 76.01 | CHEMOTHERAPY | 2,443 | | 2,443 | | 137,432 | 76.01 |
| 76.97 | CARDIAC REHABILITATION | | | | | | 76.97 |
| 76.98 | HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 | LITHOTRIPSY | | | | | | 76.99 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 90 | CLINIC | 2,537 | | 2,537 | | 108,936 | 90 |
| 91 | EMERGENCY | 4,688 | | 4,688 | | 400,486 | 91 |
| 92 | OBSERVATION BEDS | | | | | | 92 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| | SPECIAL PURPOSE COST CENTERS | | | | | | |
| 118 | SUBTOTALS (SUM OF LINES 1-117) | 58,593 | 1,532 | 56,598 | 1,532 | 5,833,777 | 118 |
| | NONREIMBURSABLE COST CENTERS | | | | | | |
| 190 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 895 | | 895 | | 5,561 | 190 |
| 192 | PHYSICIANS' PRIVATE OFFICES | 1,054 | | 1,054 | | 13,744 | 192 |
| 193 | NONPAID WORKERS | | | | | | 193 |
| 193.01 | CARDIAC REHAB | 609 | | 609 | | 21,697 | 193.01 |
| 194 | NON-ALLOWABLE COSTS | | | | | 15,310 | 194 |
| 200 | CROSS FOOT ADJUSTMENTS | | | | | | 200 |
| 201 | NEGATIVE COST CENTER | | | | | | 201 |
| 202 | COST TO BE ALLOC PER B PT I | 1,317,773 | 169,712 | 456,301 | 468,668 | 286,540 | 202 |
| 203 | UNIT COST MULT-WS B PT I | 21.549492 | 110.778068 | 7.713520 | 305.919060 | 0.048648 | 203 |
| 204 | COST TO BE ALLOC PER B PT II | 266,886 | 19,570 | 35,903 | 33,663 | 47,868 | 204 |
| 205 | UNIT COST MULT-WS B PT II | 4.364377 | 12.774151 | 0.606921 | 21.973238 | 0.008127 | 205 |

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

| | COST CENTER DESCRIPTION | NURSING ADMINI-STRATION SALARIES | CENTRAL SERVICES & SUPPLY COSTED REQUIS | PHARMACY COSTED REQUIS | MEDICAL RECORDS + LIBRARY GROSS REVENUE | SOCIAL SERVICE PATIENT DAYS | |
|---|---|---|---|---|---|---|---|
| | | 13 | 14 | 15 | 16 | 17 | |
| | GENERAL SERVICE COST CENTERS | | | | | | |
| 1 | CAP REL COSTS-BLDG & FIXT | | | | | | 1 |
| 2 | CAP REL COSTS-MVBLE EQUIP | | | | | | 2 |
| 4 | EMPLOYEE BENEFITS | | | | | | 4 |
| 5.01 | COMMUNICATIONS | | | | | | 5.01 |
| 5.02 | DATA PROCESSING | | | | | | 5.02 |
| 5.03 | PURCHASING | | | | | | 5.03 |
| 5.04 | ADMITTING | | | | | | 5.04 |
| 5.05 | CREDIT AND COLLECTIONS | | | | | | 5.05 |
| 5.06 | OTHER ADMINISTRATIVE & GENERAL | | | | | | 5.06 |
| 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 | 2,603,507 | | | | | 13 |
| 14 | CENTRAL SERVICES & SUPPLY | | 1,060,820 | | | | 14 |
| 15 | PHARMACY | | 554 | 1,563,713 | | | 15 |
| 16 | MEDICAL RECORDS & LIBRARY | | 36 | | 31,021,206 | | 16 |
| 17 | SOCIAL SERVICE | | | | | 1,532 | 17 |
| 19 | NONPHYSICIAN ANESTHETISTS | | | | | | 19 |
| 20 | NURSING SCHOOL | | | | | | 20 |
| 21 | I&R SRVCES-SALARY & FRINGES APPRVD | | | | | | 21 |
| 22 | I&R SRVCES-OTHER PRGM COSTS APPRVD | | | | | | 22 |
| 23 | PARAMED ED PRGM-(SPECIFY) | | | | | | 23 |
| | INPATIENT ROUTINE SERV COST CENTERS | | | | | | |
| 30 | ADULTS & PEDIATRICS | 1,448,240 | 14,213 | | 2,706,825 | 1,532 | 30 |
| | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50 | OPERATING ROOM | 508,414 | 35,886 | | 1,675,142 | | 50 |
| 54 | RADIOLOGY-DIAGNOSTIC | | 3,131 | | 7,546,258 | | 54 |
| 60 | LABORATORY | | 1,781 | | 5,583,441 | | 60 |
| 62 | WHOLE BLOOD & PACKED RED BLOOD CELLS | | | | 175,895 | | 62 |
| 62.30 | BLOOD CLOTTING FOR HEMOPHILIACS | | | | | | 62.30 |
| 65 | RESPIRATORY THERAPY | | 3,389 | | 1,609,315 | | 65 |
| 66 | PHYSICAL THERAPY | | 208 | | 1,719,334 | | 66 |
| 67 | OCCUPATIONAL THERAPY | | | | 62,347 | | 67 |
| 68 | SPEECH PATHOLOGY | | | | 134,737 | | 68 |
| 71 | MEDICAL SUPPLIES CHRGED TO PATIENTS | | 487,174 | | 2,825,193 | | 71 |
| 71.01 | IMPLANTABLE SUPPLIES | | 212,649 | | 72,111 | | 71.01 |
| 71.02 | PACEMAKERS | | | | | | 71.02 |
| 72 | IMPL. DEV. CHARGED TO PATIENT | | | | 354,066 | | 72 |
| 73 | DRUGS CHARGED TO PATIENTS | | 292,301 | 885,268 | 3,194,875 | | 73 |
| 76 | CARDIAC REHAB | | | | | | 76 |
| 76.01 | CHEMOTHERAPY | 137,432 | 2,400 | 678,445 | 1,426,027 | | 76.01 |
| 76.97 | CARDIAC REHABILITATION | | | | | | 76.97 |
| 76.98 | HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 | LITHOTRIPSY | | | | | | 76.99 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 90 | CLINIC | 108,935 | 1,019 | | 317,192 | | 90 |
| 91 | EMERGENCY | 400,486 | 5,944 | | 1,618,448 | | 91 |
| 92 | OBSERVATION BEDS | | | | | | 92 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| | SPECIAL PURPOSE COST CENTERS | | | | | | |
| 118 | SUBTOTALS (SUM OF LINES 1-117) | 2,603,507 | 1,060,685 | 1,563,713 | 31,021,206 | 1,532 | 118 |
| | NONREIMBURSABLE COST CENTERS | | | | | | |
| 190 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | | | | | | 190 |
| 192 | PHYSICIANS' PRIVATE OFFICES | | 135 | | | | 192 |
| 193 | NONPAID WORKERS | | | | | | 193 |
| 193.01 | CARDIAC REHAB | | | | | | 193.01 |
| 194 | NON-ALLOWABLE COSTS | | | | | | 194 |
| 200 | CROSS FOOT ADJUSTMENTS | | | | | | 200 |
| 201 | NEGATIVE COST CENTER | | | | | | 201 |
| 202 | COST TO BE ALLOC PER B PT I | 638,957 | 143,976 | 631,650 | 863,842 | 143,518 | 202 |
| 203 | UNIT COST MULT-WS B PT I | 0.245422 | 0.135721 | 0.403942 | 0.027847 | 93.680157 | 203 |
| 204 | COST TO BE ALLOC PER B PT II | 51,034 | 31,370 | 36,912 | 104,577 | 11,354 | 204 |
| 205 | UNIT COST MULT-WS B PT II | 0.019602 | 0.029571 | 0.023605 | 0.003371 | 7.411227 | 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 | 4 |
| 5.01 | COMMUNICATIONS | 5.01 |
| 5.02 | DATA PROCESSING | 5.02 |
| 5.03 | PURCHASING | 5.03 |
| 5.04 | ADMITTING | 5.04 |
| 5.05 | CREDIT AND COLLECTIONS | 5.05 |
| 5.06 | OTHER ADMINISTRATIVE & GENERAL | 5.06 |
| 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 SRVCES-SALARY & FRINGES APPRVD | 21 |
| 22 | I&R SRVCES-OTHER PRGM COSTS APPRVD | 22 |
| 23 | PARAMED ED PRGM-(SPECIFY) | 23 |
| | INPATIENT ROUTINE SERV COST CENTERS | |
| 30 | ADULTS & PEDIATRICS | 30 |
| | ANCILLARY SERVICE COST CENTERS | |
| 50 | OPERATING ROOM | 50 |
| 54 | RADIOLOGY-DIAGNOSTIC | 54 |
| 60 | LABORATORY | 60 |
| 62 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 62 |
| 62.30 | BLOOD CLOTTING FOR HEMOPHILIACS | 62.30 |
| 65 | RESPIRATORY THERAPY | 65 |
| 66 | PHYSICAL THERAPY | 66 |
| 67 | OCCUPATIONAL THERAPY | 67 |
| 68 | SPEECH PATHOLOGY | 68 |
| 71 | MEDICAL SUPPLIES CHRGED TO PATIENTS | 71 |
| 71.01 | IMPLANTABLE SUPPLIES | 71.01 |
| 71.02 | PACEMAKERS | 71.02 |
| 72 | IMPL. DEV. CHARGED TO PATIENT | 72 |
| 73 | DRUGS CHARGED TO PATIENTS | 73 |
| 76 | CARDIAC REHAB | 76 |
| 76.01 | CHEMOTHERAPY | 76.01 |
| 76.97 | CARDIAC REHABILITATION | 76.97 |
| 76.98 | HYPERBARIC OXYGEN THERAPY | 76.98 |
| 76.99 | LITHOTRIPSY | 76.99 |
| | OUTPATIENT SERVICE COST CENTERS | |
| 90 | CLINIC | 90 |
| 91 | EMERGENCY | 91 |
| 92 | OBSERVATION BEDS | 92 |
| | OTHER REIMBURSABLE COST CENTERS | |
| | 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 |
| 193 | NONPAID WORKERS | 193 |
| 193.01 | CARDIAC REHAB | 193.01 |
| 194 | NON-ALLOWABLE COSTS | 194 |
| 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 | 4,079,954 | | 4,079,954 | | | 30 |
| | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50 | OPERATING ROOM | 1,548,865 | | 1,548,865 | | | 50 |
| 54 | RADIOLOGY-DIAGNOSTIC | 2,261,031 | | 2,261,031 | | | 54 |
| 60 | LABORATORY | 2,043,687 | | 2,043,687 | | | 60 |
| 62 | WHOLE BLOOD & PACKED RED BL | 148,778 | | 148,778 | | | 62 |
| 62.30 | BLOOD CLOTTING FOR HEMOPHIL | | | | | | 62.30 |
| 65 | RESPIRATORY THERAPY | 633,058 | | 633,058 | | | 65 |
| 66 | PHYSICAL THERAPY | 1,234,848 | | 1,234,848 | | | 66 |
| 67 | OCCUPATIONAL THERAPY | 51,808 | | 51,808 | | | 67 |
| 68 | SPEECH PATHOLOGY | 96,085 | | 96,085 | | | 68 |
| 71 | MEDICAL SUPPLIES CHRGED TO | 607,202 | | 607,202 | | | 71 |
| 71.01 | IMPLANTABLE SUPPLIES | 273,545 | | 273,545 | | | 71.01 |
| 71.02 | PACEMAKERS | | | | | | 71.02 |
| 72 | IMPL. DEV. CHARGED TO PATIE | 77,341 | | 77,341 | | | 72 |
| 73 | DRUGS CHARGED TO PATIENTS | 1,033,984 | | 1,033,984 | | | 73 |
| 76 | CARDIAC REHAB | | | | | | 76 |
| 76.01 | CHEMOTHERAPY | 1,781,527 | | 1,781,527 | | | 76.01 |
| 76.97 | CARDIAC REHABILITATION | | | | | | 76.97 |
| 76.98 | HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 | LITHOTRIPSY | | | | | | 76.99 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 90 | CLINIC | 370,029 | | 370,029 | | | 90 |
| 91 | EMERGENCY | 1,552,575 | | 1,552,575 | | | 91 |
| 92 | OBSERVATION BEDS | 1,083,231 | | 1,083,231 | | | 92 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 200 | SUBTOTAL (SEE INSTRUCTIONS) | 18,877,548 | | 18,877,548 | | | 200 |
| 201 | LESS OBSERVATION BEDS | 1,083,231 | | 1,083,231 | | | 201 |
| 202 | TOTAL (SEE INSTRUCTIONS) | 17,794,317 | | 17,794,317 | | | 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 | 1,986,682 | | 1,986,682 | | | | 30 |
| | ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 50 | OPERATING ROOM | 350,941 | 1,324,201 | 1,675,142 | 0.924617 | | | 50 |
| 54 | RADIOLOGY-DIAGNOSTIC | 327,283 | 7,218,975 | 7,546,258 | 0.299623 | | | 54 |
| 60 | LABORATORY | 630,333 | 4,953,108 | 5,583,441 | 0.366026 | | | 60 |
| 62 | WHOLE BLOOD & PACKED RED BL | 89,099 | 86,796 | 175,895 | 0.845834 | | | 62 |
| 62.30 | BLOOD CLOTTING FOR HEMOPHIL | | | | | | | 62.30 |
| 65 | RESPIRATORY THERAPY | 275,796 | 1,333,519 | 1,609,315 | 0.393371 | | | 65 |
| 66 | PHYSICAL THERAPY | 160,375 | 1,558,959 | 1,719,334 | 0.718213 | | | 66 |
| 67 | OCCUPATIONAL THERAPY | 8,643 | 53,704 | 62,347 | 0.830962 | | | 67 |
| 68 | SPEECH PATHOLOGY | 15,178 | 119,559 | 134,737 | 0.713130 | | | 68 |
| 71 | MEDICAL SUPPLIES CHRGED TO | 716,256 | 2,108,937 | 2,825,193 | 0.214924 | | | 71 |
| 71.01 | IMPLANTABLE SUPPLIES | | 72,111 | 72,111 | 3.793388 | | | 71.01 |
| 71.02 | PACEMAKERS | | | | | | | 71.02 |
| 72 | IMPL. DEV. CHARGED TO PATIE | 242,351 | 111,715 | 354,066 | 0.218437 | | | 72 |
| 73 | DRUGS CHARGED TO PATIENTS | 777,975 | 2,416,900 | 3,194,875 | 0.323638 | | | 73 |
| 76 | CARDIAC REHAB | | | | | | | 76 |
| 76.01 | CHEMOTHERAPY | 13,318 | 1,412,709 | 1,426,027 | 1.249294 | | | 76.01 |
| 76.97 | CARDIAC REHABILITATION | | | | | | | 76.97 |
| 76.98 | HYPERBARIC OXYGEN THERAPY | | | | | | | 76.98 |
| 76.99 | LITHOTRIPSY | | | | | | | 76.99 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 90 | CLINIC | 121 | 317,071 | 317,192 | 1.166577 | | | 90 |
| 91 | EMERGENCY | 17,802 | 1,600,646 | 1,618,448 | 0.959299 | | | 91 |
| 92 | OBSERVATION BEDS | | 720,143 | 720,143 | 1.504189 | | | 92 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 200 | SUBTOTAL (SEE INSTRUCTIONS) | 5,612,153 | 25,409,053 | 31,021,206 | | | | 200 |
| 201 | LESS OBSERVATION BEDS | | | | | | | 201 |
| 202 | TOTAL (SEE INSTRUCTIONS) | | 25,409,053 | 31,021,206 | | | | 202 |

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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| CHECK | [ ] | TITLE V - O/P | [XX] | HOSPITAL (14-1338) | [ ] | 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 | 0.924617 | | 878,514 | | | 812,289 | | 50 |
| 54 | RADIOLOGY-DIAGNOSTIC | 0.299623 | | 3,090,435 | | | 925,965 | | 54 |
| 60 | LABORATORY | 0.366026 | | 2,201,848 | | | 805,934 | | 60 |
| 62 | WHOLE BLOOD & PACKED RED BLOOD | 0.845834 | | 55,320 | | | 46,792 | | 62 |
| 62.30 | BLOOD CLOTTING FOR HEMOPHILIACS | | | | | | | | 62.30 |
| 65 | RESPIRATORY THERAPY | 0.393371 | | 633,921 | | | 249,366 | | 65 |
| 66 | PHYSICAL THERAPY | 0.718213 | | 707,883 | | | 508,411 | | 66 |
| 67 | OCCUPATIONAL THERAPY | 0.830962 | | 18,865 | | | 15,676 | | 67 |
| 68 | SPEECH PATHOLOGY | 0.713130 | | 52,711 | | | 37,590 | | 68 |
| 71 | MEDICAL SUPPLIES CHRGED TO PATI | 0.214924 | | 1,143,987 | | | 245,870 | | 71 |
| 71.01 | IMPLANTABLE SUPPLIES | 3.793388 | | 72,111 | | | 273,545 | | 71.01 |
| 71.02 | PACEMAKERS | | | | | | | | 71.02 |
| 72 | IMPL. DEV. CHARGED TO PATIENT | 0.218437 | | 94,865 | | | 20,722 | | 72 |
| 73 | DRUGS CHARGED TO PATIENTS | 0.323638 | | 2,063,639 | 11,117 | | 667,872 | 3,598 | 73 |
| 76 | CARDIAC REHAB | | | | | | | | 76 |
| 76.01 | CHEMOTHERAPY | 1.249294 | | 108,402 | | | 135,426 | | 76.01 |
| 76.97 | CARDIAC REHABILITATION | | | | | | | | 76.97 |
| 76.98 | HYPERBARIC OXYGEN THERAPY | | | | | | | | 76.98 |
| 76.99 | LITHOTRIPSY | | | | | | | | 76.99 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | | | |
| 90 | CLINIC | 1.166577 | | 158,679 | | | 185,111 | | 90 |
| 91 | EMERGENCY | 0.959299 | | 489,597 | | | 469,670 | | 91 |
| 92 | OBSERVATION BEDS | 1.504189 | | 327,369 | | | 492,425 | | 92 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | | | | |
| 200 | SUBTOTAL (SEE INSTRUCTIONS) | | | 12,098,146 | 11,117 | | 5,892,664 | 3,598 | 200 |
| 201 | LESS PBP CLINIC LAB SERVICES | | | | | | | | 201 |
| 202 | NET CHARGES (LINE 200 - LINE 201) | | | 12,098,146 | 11,117 | | 5,892,664 | 3,598 | 202 |

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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| CHECK | [ ] | TITLE V - O/P | [ ] | HOSPITAL | [ ] | SUB (OTHER) | [XX] | S/B-SNF (14-Z338) |
| 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 | 0.924617 | | | | | | | 50 |
| 54 | RADIOLOGY-DIAGNOSTIC | 0.299623 | | | | | | | 54 |
| 60 | LABORATORY | 0.366026 | | | | | | | 60 |
| 62 | WHOLE BLOOD & PACKED RED BLOOD | 0.845834 | | | | | | | 62 |
| 62.30 | BLOOD CLOTTING FOR HEMOPHILIACS | | | | | | | | 62.30 |
| 65 | RESPIRATORY THERAPY | 0.393371 | | | | | | | 65 |
| 66 | PHYSICAL THERAPY | 0.718213 | | | | | | | 66 |
| 67 | OCCUPATIONAL THERAPY | 0.830962 | | | | | | | 67 |
| 68 | SPEECH PATHOLOGY | 0.713130 | | | | | | | 68 |
| 71 | MEDICAL SUPPLIES CHRGED TO PATI | 0.214924 | | | | | | | 71 |
| 71.01 | IMPLANTABLE SUPPLIES | 3.793388 | | | | | | | 71.01 |
| 71.02 | PACEMAKERS | | | | | | | | 71.02 |
| 72 | IMPL. DEV. CHARGED TO PATIENT | 0.218437 | | | | | | | 72 |
| 73 | DRUGS CHARGED TO PATIENTS | 0.323638 | | | | | | | 73 |
| 76 | CARDIAC REHAB | | | | | | | | 76 |
| 76.01 | CHEMOTHERAPY | 1.249294 | | | | | | | 76.01 |
| 76.97 | CARDIAC REHABILITATION | | | | | | | | 76.97 |
| 76.98 | HYPERBARIC OXYGEN THERAPY | | | | | | | | 76.98 |
| 76.99 | LITHOTRIPSY | | | | | | | | 76.99 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | | | |
| 90 | CLINIC | 1.166577 | | | | | | | 90 |
| 91 | EMERGENCY | 0.959299 | | | | | | | 91 |
| 92 | OBSERVATION BEDS | 1.504189 | | | | | | | 92 |
| | 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 | 371,967 | 26,798 | 345,169 | 2,146 | 160.84 | 57 | 9,168 | 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 (LINES 30-199) | 371,967 | | 345,169 | 2,146 | | 57 | 9,168 | 200 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS — WORKSHEET D PART II

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| CHECK APPLICABLE BOXES | [ ] | TITLE V | [XX] | HOSPITAL (14-1338) | [ ] | SUB (OTHER) | [ ] PPS |
| | [ ] | TITLE XVIII-PT A | [ ] | IPF | | | [ ] TEFRA |
| | [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 | 210,972 | 1,675,142 | 0.125943 | | | 50 |
| 54 | RADIOLOGY-DIAGNOSTIC | 215,442 | 7,546,258 | 0.028550 | | | 54 |
| 60 | LABORATORY | 119,447 | 5,583,441 | 0.021393 | | | 60 |
| 62 | WHOLE BLOOD & PACKED RED BLOO | 6,832 | 175,895 | 0.038841 | | | 62 |
| 62.30 | BLOOD CLOTTING FOR HEMOPHILIA | | | | | | 62.30 |
| 65 | RESPIRATORY THERAPY | 58,680 | 1,609,315 | 0.036463 | | | 65 |
| 66 | PHYSICAL THERAPY | 248,666 | 1,719,334 | 0.144629 | | | 66 |
| 67 | OCCUPATIONAL THERAPY | 9,623 | 62,347 | 0.154346 | | | 67 |
| 68 | SPEECH PATHOLOGY | 2,117 | 134,737 | 0.015712 | | | 68 |
| 71 | MEDICAL SUPPLIES CHRGED TO PA | 36,595 | 2,825,193 | 0.012953 | | | 71 |
| 71.01 | IMPLANTABLE SUPPLIES | 11,043 | 72,111 | 0.153139 | | | 71.01 |
| 71.02 | PACEMAKERS | | | | | | 71.02 |
| 72 | IMPL. DEV. CHARGED TO PATIENT | 2,911 | 354,066 | 0.008222 | | | 72 |
| 73 | DRUGS CHARGED TO PATIENTS | 55,024 | 3,194,875 | 0.017223 | | | 73 |
| 76 | CARDIAC REHAB | | | | | | 76 |
| 76.01 | CHEMOTHERAPY | 110,710 | 1,426,027 | 0.077635 | | | 76.01 |
| 76.97 | CARDIAC REHABILITATION | | | | | | 76.97 |
| 76.98 | HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 | LITHOTRIPSY | | | | | | 76.99 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 90 | CLINIC | 70,940 | 317,192 | 0.223650 | | | 90 |
| 91 | EMERGENCY | 148,834 | 1,618,448 | 0.091961 | | | 91 |
| 92 | OBSERVATION BEDS | 106,425 | 720,143 | 0.147783 | | | 92 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 200 | TOTAL (SUM OF LINES 50-199) | 1,414,261 | 29,034,524 | | | | 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 | 2,146 | | 57 | | 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) | 2,146 | | 57 | | 200 |

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

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| CHECK | [ ] | TITLE V | [XX] | HOSPITAL (14-1338) | [ ] | 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 |
| 54 | RADIOLOGY-DIAGNOSTIC | | | | | | | 54 |
| 60 | LABORATORY | | | | | | | 60 |
| 62 | WHOLE BLOOD & PACKED RED BLOO | | | | | | | 62 |
| 62.30 | BLOOD CLOTTING FOR HEMOPHILIA | | | | | | | 62.30 |
| 65 | RESPIRATORY THERAPY | | | | | | | 65 |
| 66 | PHYSICAL THERAPY | | | | | | | 66 |
| 67 | OCCUPATIONAL THERAPY | | | | | | | 67 |
| 68 | SPEECH PATHOLOGY | | | | | | | 68 |
| 71 | MEDICAL SUPPLIES CHRGED TO PA | | | | | | | 71 |
| 71.01 | IMPLANTABLE SUPPLIES | | | | | | | 71.01 |
| 71.02 | PACEMAKERS | | | | | | | 71.02 |
| 72 | IMPL. DEV. CHARGED TO PATIENT | | | | | | | 72 |
| 73 | DRUGS CHARGED TO PATIENTS | | | | | | | 73 |
| 76 | CARDIAC REHAB | | | | | | | 76 |
| 76.01 | CHEMOTHERAPY | | | | | | | 76.01 |
| 76.97 | CARDIAC REHABILITATION | | | | | | | 76.97 |
| 76.98 | HYPERBARIC OXYGEN THERAPY | | | | | | | 76.98 |
| 76.99 | LITHOTRIPSY | | | | | | | 76.99 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 90 | CLINIC | | | | | | | 90 |
| 91 | EMERGENCY | | | | | | | 91 |
| 92 | OBSERVATION BEDS | | | | | | | 92 |
| | 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 (14-1338) | [ ] | 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 | 1,675,142 | | | | | | | 50 |
| 54 | RADIOLOGY-DIAGNOSTIC | 7,546,258 | | | | | | | 54 |
| 60 | LABORATORY | 5,583,441 | | | | | | | 60 |
| 62 | WHOLE BLOOD & PACKED RED BLO | 175,895 | | | | | | | 62 |
| 62.30 | BLOOD CLOTTING FOR HEMOPHILI | | | | | | | | 62.30 |
| 65 | RESPIRATORY THERAPY | 1,609,315 | | | | | | | 65 |
| 66 | PHYSICAL THERAPY | 1,719,334 | | | | | | | 66 |
| 67 | OCCUPATIONAL THERAPY | 62,347 | | | | | | | 67 |
| 68 | SPEECH PATHOLOGY | 134,737 | | | | | | | 68 |
| 71 | MEDICAL SUPPLIES CHRGED TO P | 2,825,193 | | | | | | | 71 |
| 71.01 | IMPLANTABLE SUPPLIES | 72,111 | | | | | | | 71.01 |
| 71.02 | PACEMAKERS | | | | | | | | 71.02 |
| 72 | IMPL. DEV. CHARGED TO PATIEN | 354,066 | | | | | | | 72 |
| 73 | DRUGS CHARGED TO PATIENTS | 3,194,875 | | | | | | | 73 |
| 76 | CARDIAC REHAB | | | | | | | | 76 |
| 76.01 | CHEMOTHERAPY | 1,426,027 | | | | | | | 76.01 |
| 76.97 | CARDIAC REHABILITATION | | | | | | | | 76.97 |
| 76.98 | HYPERBARIC OXYGEN THERAPY | | | | | | | | 76.98 |
| 76.99 | LITHOTRIPSY | | | | | | | | 76.99 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | | | |
| 90 | CLINIC | 317,192 | | | | | | | 90 |
| 91 | EMERGENCY | 1,618,448 | | | | | | | 91 |
| 92 | OBSERVATION BEDS | 720,143 | | | | | | | 92 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | | | | |
| 200 | TOTAL (SUM OF LINES 50-199) | 29,034,524 | | | | | | | 200 |

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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| CHECK | [ ] | TITLE V - O/P | [XX] | HOSPITAL (14-1338) | [ ] | 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 | 0.924617 | | | | | | | 50 |
| 54 | RADIOLOGY-DIAGNOSTIC | 0.299623 | | | | | | | 54 |
| 60 | LABORATORY | 0.366026 | | | | | | | 60 |
| 62 | WHOLE BLOOD & PACKED RED BLOOD | 0.845834 | | | | | | | 62 |
| 62.30 | BLOOD CLOTTING FOR HEMOPHILIACS | | | | | | | | 62.30 |
| 65 | RESPIRATORY THERAPY | 0.393371 | | | | | | | 65 |
| 66 | PHYSICAL THERAPY | 0.718213 | | | | | | | 66 |
| 67 | OCCUPATIONAL THERAPY | 0.830962 | | | | | | | 67 |
| 68 | SPEECH PATHOLOGY | 0.713130 | | | | | | | 68 |
| 71 | MEDICAL SUPPLIES CHRGED TO PATI | 0.214924 | | | | | | | 71 |
| 71.01 | IMPLANTABLE SUPPLIES | 3.793388 | | | | | | | 71.01 |
| 71.02 | PACEMAKERS | | | | | | | | 71.02 |
| 72 | IMPL. DEV. CHARGED TO PATIENT | 0.218437 | | | | | | | 72 |
| 73 | DRUGS CHARGED TO PATIENTS | 0.323638 | | | | | | | 73 |
| 76 | CARDIAC REHAB | | | | | | | | 76 |
| 76.01 | CHEMOTHERAPY | 1.249294 | | | | | | | 76.01 |
| 76.97 | CARDIAC REHABILITATION | | | | | | | | 76.97 |
| 76.98 | HYPERBARIC OXYGEN THERAPY | | | | | | | | 76.98 |
| 76.99 | LITHOTRIPSY | | | | | | | | 76.99 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | | | |
| 90 | CLINIC | 1.166577 | | | | | | | 90 |
| 91 | EMERGENCY | 0.959299 | | | | | | | 91 |
| 92 | OBSERVATION BEDS | 1.504189 | | | | | | | 92 |
| | 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 (14-1338) | [ ] | SUB (OTHER) | [ ] | ICF/MR | [ ] | PPS |
| APPLICABLE | [XX] | TITLE XVIII-PT A | [ ] | IPF | [ ] | SNF | | | [ ] | TEFRA |
| BOXES | [ ] | 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) | 2,322 | 1 |
| 2 | INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS) | 2,146 | 2 |
| 3 | PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | | 3 |
| 4 | SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | 1,532 | 4 |
| 5 | TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | 83 | 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) | 83 | 6 |
| 7 | TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | 5 | 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) | 5 | 8 |
| 9 | INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS) | 1,013 | 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) | 83 | 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) | 83 | 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 | 107.32 | 19 |
| 20 | MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | 107.32 | 20 |
| 21 | TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS) | 4,079,954 | 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) | 537 | 24 |
| 25 | SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20) | 537 | 25 |
| 26 | TOTAL SWING-BED COST (SEE INSTRUCTIONS) | 293,935 | 26 |
| 27 | GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST | 3,786,019 | 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) | 3,786,019 | 37 |

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

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| CHECK | [ ] | TITLE V-INPT | [XX] | HOSPITAL (14-1338) | [ ] | SUB (OTHER) | [ ] PPS |
| APPLICABLE | [XX] | TITLE XVIII-PT A | [ ] | IPF | | | [ ] TEFRA |
| BOXES | [ ] | 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) | 1,764.22 | 38 |
| 39 | PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) | 1,787,155 | 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) | 1,787,155 | 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 | | | | | | 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) | | | | | 890,452 | 48 |
| 49 | TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS) | | | | | 2,677,607 | 49 |

| | | | |
|---|---|---|---|
| | PASS-THROUGH COST ADJUSTMENTS | | |
| 50 | PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) | | 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 | | 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) | 146,430 | 64 |
| 65 | MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY) | 146,430 | 65 |
| 66 | TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS) | 292,860 | 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) | 614 | 87 |
| 88 | ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) | 1,764.22 | 88 |
| 89 | OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) | 1,083,231 | 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 | 371,967 | 3,786,019 | 0.098248 | 1,083,231 | 106,425 | 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 | [XX] | HOSPITAL (14-1338) | [ ] | 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) | 2,322 | 1 |
| 2 | INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS) | 2,146 | 2 |
| 3 | PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | | 3 |
| 4 | SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | 1,532 | 4 |
| 5 | TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | 83 | 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) | 83 | 6 |
| 7 | TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | 5 | 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) | 5 | 8 |
| 9 | INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS) | 57 | 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 | 107.32 | 19 |
| 20 | MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | 107.32 | 20 |
| 21 | TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS) | 4,079,954 | 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) | 537 | 24 |
| 25 | SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20) | 537 | 25 |
| 26 | TOTAL SWING-BED COST (SEE INSTRUCTIONS) | 293,935 | 26 |
| 27 | GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST | 3,786,019 | 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) | 3,786,019 | 37 |

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

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| CHECK | [ ] | TITLE V-INPT | [XX] | HOSPITAL (14-1338) | [ ] | SUB (OTHER) | [ ] PPS |
| APPLICABLE | [ ] | TITLE XVIII-PT A | [ ] | IPF | | | [ ] TEFRA |
| BOXES | [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) | 1,764.22 | 38 |
| 39 | PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) | 100,561 | 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) | 100,561 | 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 | | | | | | 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) | | | | | 100,561 | 49 |
| | PASS-THROUGH COST ADJUSTMENTS | | | | | | |
| 50 | PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) | | | | | 9,168 | 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 | | | | | 9,168 | 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) | 614 | 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 (14-1338) | [ ] | SUB (OTHER) | [ ] | S/B SNF | [ ] | PPS |
| APPLICABLE | [XX] | TITLE XVIII-PT A | [ ] | IPF | [ ] | SNF | [ ] | S/B NF | [ ] | TEFRA |
| BOXES | [ ] | 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 | | 803,766 | | 30 |
| | ANCILLARY SERVICE COST CENTERS | | | | |
| 50 | OPERATING ROOM | 0.924617 | 178,007 | 164,588 | 50 |
| 54 | RADIOLOGY-DIAGNOSTIC | 0.299623 | 236,354 | 70,817 | 54 |
| 60 | LABORATORY | 0.366026 | 443,282 | 162,253 | 60 |
| 62 | WHOLE BLOOD & PACKED RED BLOOD | 0.845834 | 66,658 | 56,382 | 62 |
| 62.30 | BLOOD CLOTTING FOR HEMOPHILIACS | | | | 62.30 |
| 65 | RESPIRATORY THERAPY | 0.393371 | 192,669 | 75,790 | 65 |
| 66 | PHYSICAL THERAPY | 0.718213 | 77,172 | 55,426 | 66 |
| 67 | OCCUPATIONAL THERAPY | 0.830962 | 4,315 | 3,586 | 67 |
| 68 | SPEECH PATHOLOGY | 0.713130 | 11,153 | 7,954 | 68 |
| 71 | MEDICAL SUPPLIES CHRGED TO PATI | 0.214924 | 531,296 | 114,188 | 71 |
| 71.01 | IMPLANTABLE SUPPLIES | 3.793388 | | | 71.01 |
| 71.02 | PACEMAKERS | | | | 71.02 |
| 72 | IMPL. DEV. CHARGED TO PATIENT | 0.218437 | 222,884 | 48,686 | 72 |
| 73 | DRUGS CHARGED TO PATIENTS | 0.323638 | 399,885 | 129,418 | 73 |
| 76 | CARDIAC REHAB | | | | 76 |
| 76.01 | CHEMOTHERAPY | 1.249294 | | | 76.01 |
| 76.97 | CARDIAC REHABILITATION | | | | 76.97 |
| 76.98 | HYPERBARIC OXYGEN THERAPY | | | | 76.98 |
| 76.99 | LITHOTRIPSY | | | | 76.99 |
| | OUTPATIENT SERVICE COST CENTERS | | | | |
| 90 | CLINIC | 1.166577 | | | 90 |
| 91 | EMERGENCY | 0.959299 | 1,422 | 1,364 | 91 |
| 92 | OBSERVATION BEDS | 1.504189 | | | 92 |
| | OTHER REIMBURSABLE COST CENTERS | | | | |
| 200 | TOTAL (SUM OF LINES 50-94 AND 96-98) | | 2,365,097 | 890,452 | 200 |
| 201 | LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES | | | | 201 |
| 202 | NET CHARGES (LINE 200 MINUS LINE 201) | | 2,365,097 | | 202 |

INPATIENT ANCILLARY COST APPORTIONMENT WORKSHEET D-3

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| CHECK | [ ] | TITLE V | [ ] | HOSPITAL | [ ] | SUB (OTHER) | [XX] | S/B SNF (14-Z338) | [ ] | PPS |
| APPLICABLE | [XX] | TITLE XVIII-PT A | [ ] | IPF | [ ] | SNF | [ ] | S/B NF | [ ] | TEFRA |
| BOXES | [ ] | 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 |
| | ANCILLARY SERVICE COST CENTERS | | | | |
| 50 | OPERATING ROOM | 0.924617 | 208 | 192 | 50 |
| 54 | RADIOLOGY-DIAGNOSTIC | 0.299623 | 5,554 | 1,664 | 54 |
| 60 | LABORATORY | 0.366026 | 30,163 | 11,040 | 60 |
| 62 | WHOLE BLOOD & PACKED RED BLOOD | 0.845834 | | | 62 |
| 62.30 | BLOOD CLOTTING FOR HEMOPHILIACS | | | | 62.30 |
| 65 | RESPIRATORY THERAPY | 0.393371 | 5,844 | 2,299 | 65 |
| 66 | PHYSICAL THERAPY | 0.718213 | 50,845 | 36,518 | 66 |
| 67 | OCCUPATIONAL THERAPY | 0.830962 | 4,328 | 3,596 | 67 |
| 68 | SPEECH PATHOLOGY | 0.713130 | 4,021 | 2,867 | 68 |
| 71 | MEDICAL SUPPLIES CHRGED TO PATI | 0.214924 | 32,167 | 6,913 | 71 |
| 71.01 | IMPLANTABLE SUPPLIES | 3.793388 | | | 71.01 |
| 71.02 | PACEMAKERS | | | | 71.02 |
| 72 | IMPL. DEV. CHARGED TO PATIENT | 0.218437 | | | 72 |
| 73 | DRUGS CHARGED TO PATIENTS | 0.323638 | 39,334 | 12,730 | 73 |
| 76 | CARDIAC REHAB | | | | 76 |
| 76.01 | CHEMOTHERAPY | 1.249294 | | | 76.01 |
| 76.97 | CARDIAC REHABILITATION | | | | 76.97 |
| 76.98 | HYPERBARIC OXYGEN THERAPY | | | | 76.98 |
| 76.99 | LITHOTRIPSY | | | | 76.99 |
| | OUTPATIENT SERVICE COST CENTERS | | | | |
| 90 | CLINIC | 1.166577 | | | 90 |
| 91 | EMERGENCY | 0.959299 | | | 91 |
| 92 | OBSERVATION BEDS | 1.504189 | | | 92 |
| | OTHER REIMBURSABLE COST CENTERS | | | | |
| 200 | TOTAL (SUM OF LINES 50-94 AND 96-98) | | 172,464 | 77,819 | 200 |
| 201 | LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES | | | | 201 |
| 202 | NET CHARGES (LINE 200 MINUS LINE 201) | | 172,464 | | 202 |

INPATIENT ANCILLARY COST APPORTIONMENT WORKSHEET D-3

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| CHECK | [ ] | TITLE V | [XX] | HOSPITAL (14-1338) | [ ] | 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 |
| | ANCILLARY SERVICE COST CENTERS | | | | |
| 50 | OPERATING ROOM | 0.924617 | | | 50 |
| 54 | RADIOLOGY-DIAGNOSTIC | 0.299623 | | | 54 |
| 60 | LABORATORY | 0.366026 | | | 60 |
| 62 | WHOLE BLOOD & PACKED RED BLOOD | 0.845834 | | | 62 |
| 62.30 | BLOOD CLOTTING FOR HEMOPHILIACS | | | | 62.30 |
| 65 | RESPIRATORY THERAPY | 0.393371 | | | 65 |
| 66 | PHYSICAL THERAPY | 0.718213 | | | 66 |
| 67 | OCCUPATIONAL THERAPY | 0.830962 | | | 67 |
| 68 | SPEECH PATHOLOGY | 0.713130 | | | 68 |
| 71 | MEDICAL SUPPLIES CHRGED TO PATI | 0.214924 | | | 71 |
| 71.01 | IMPLANTABLE SUPPLIES | 3.793388 | | | 71.01 |
| 71.02 | PACEMAKERS | | | | 71.02 |
| 72 | IMPL. DEV. CHARGED TO PATIENT | 0.218437 | | | 72 |
| 73 | DRUGS CHARGED TO PATIENTS | 0.323638 | | | 73 |
| 76 | CARDIAC REHAB | | | | 76 |
| 76.01 | CHEMOTHERAPY | 1.249294 | | | 76.01 |
| 76.97 | CARDIAC REHABILITATION | | | | 76.97 |
| 76.98 | HYPERBARIC OXYGEN THERAPY | | | | 76.98 |
| 76.99 | LITHOTRIPSY | | | | 76.99 |
| | OUTPATIENT SERVICE COST CENTERS | | | | |
| 90 | CLINIC | 1.166577 | | | 90 |
| 91 | EMERGENCY | 0.959299 | | | 91 |
| 92 | OBSERVATION BEDS | 1.504189 | | | 92 |
| | 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 B

CHECK APPLICABLE BOX: [XX] HOSPITAL (14-1338) [ ] IPF [ ] IRF
[ ] SUB (OTHER) [ ] SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

| | | | |
|---|---|---|---|
| 1 | MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS) | 5,896,262 | 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) | 5,896,262 | 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) | | 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) | 5,955,225 | 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) | 62,835 | 25 |
| 26 | DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS) | 1,960,148 | 26 |
| 27 | SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS) | 3,932,242 | 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) | 3,932,242 | 30 |
| 31 | PRIMARY PAYER PAYMENTS | 2,847 | 31 |
| 32 | SUBTOTAL (LINE 30 MINUS LINE 31) | 3,929,395 | 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) | 238,890 | 34 |
| 35 | ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | 238,890 | 35 |
| 36 | ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS) | 191,750 | 36 |
| 37 | SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY) | 4,168,285 | 37 |
| 38 | MSP-LCC RECONCILIATION AMOUNT FROM PS&R | 2,847 | 38 |
| 39 | OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS) | | 39 |
| 40 | SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38) | 4,165,438 | 40 |
| 41 | INTERIM PAYMENTS | 4,512,164 | 41 |
| 42 | TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY) | | 42 |
| 43 | BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42) | -346,726 | 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 (14-1338) [ ] IPF [ ] IRF [ ] SUB (OTHER) [ ] SNF [ ] SWING BED SNF

| | DESCRIPTION | | | INPATIENT PART A MM/DD/YYYY 1 | INPATIENT PART A AMOUNT 2 | PART B MM/DD/YYYY 3 | PART B AMOUNT 4 | |
|---|---|---|---|---|---|---|---|---|
| 1 | TOTAL INTERIM PAYMENTS PAID TO PROVIDER | | | | 1,953,913 | | 4,349,239 | 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. | | | | 50,051 | | 162,925 | 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) | | | | 2,003,964 | | 4,512,164 | 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 | | 477,725 | | | 6.01 |
| | | PROVIDER TO PROGRAM | .02 | | | | -346,726 | 6.02 |
| 7 | TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.) | | | | 2,481,689 | | 4,165,438 | 7 |

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

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

CHECK APPLICABLE BOX: [ ] HOSPITAL [ ] IPF [ ] IRF [ ] SUB (OTHER) [ ] SNF [XX] SWING BED SNF (14-Z338)

| DESCRIPTION | | | INPATIENT PART A MM/DD/YYYY 1 | INPATIENT PART A AMOUNT 2 | PART B MM/DD/YYYY 3 | PART B AMOUNT 4 | |
|---|---|---|---|---|---|---|---|
| 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER | | | | 326,831 | | | 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 |
| | PROGRAM TO PROVIDER | .02 | | | | | 3.02 |
| | | .03 | | | | | 3.03 |
| | | .04 | | | | | 3.04 |
| | | .05 | | | | | 3.05 |
| | | .06 | | | | | 3.06 |
| | | .07 | | | | | 3.07 |
| | | .08 | | | | | 3.08 |
| | | .09 | | | | | 3.09 |
| | | .50 | | NONE | | NONE | 3.50 |
| | | .51 | | | | | 3.51 |
| | PROVIDER TO PROGRAM | .52 | | | | | 3.52 |
| | | .53 | | | | | 3.53 |
| | | .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) | | | | 326,831 | | | 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 TO PROVIDER | .01 | | NONE | | NONE | 5.01 |
| | | .02 | | | | | 5.02 |
| | | .03 | | | | | 5.03 |
| | | .04 | | | | | 5.04 |
| | | .05 | | | | | 5.05 |
| | | .06 | | | | | 5.06 |
| | | .07 | | | | | 5.07 |
| | | .08 | | | | | 5.08 |
| | | .09 | | | | | 5.09 |
| | PROVIDER TO PROGRAM | .50 | | NONE | | NONE | 5.50 |
| | | .51 | | | | | 5.51 |
| | | .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 | | 44,439 | | | 6.01 |
| | PROVIDER TO PROGRAM | .02 | | | | | 6.02 |
| 7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.) | | | | 371,270 | | | 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 (14-1338) [ ] 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 | 456 | 1 |
| 2 | MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12 | 1,013 | 2 |
| 3 | MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2 | | 3 |
| 4 | TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12 | 1,532 | 4 |
| 5 | TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200 | 31,021,206 | 5 |
| 6 | TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20 | 397,265 | 6 |
| 7 | CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168 | 1,585,613 | 7 |
| 8 | CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS) | | 8 |

INPATIENT HOSPITAL SERVICES UNDER PPS & CAH

| | | |
|---|---|---|
| 30 | INITIAL/INTERIM HIT PAYMENT(S) | 30 |
| 31 | OTHER ADJUSTMENTS (SPECIFY) | 31 |
| 32 | BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31) | 32 |

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS WORKSHEET E-2

| | | | | |
|---|---|---|---|---|
| CHECK APPLICABLE BOXES | [ ] | TITLE V | [XX] | SWING BED - SNF (14-Z338) |
| | [XX ] | TITLE XVIII | [ ] | SWING BED - NF |
| | [ ] | TITLE XIX | | |

| | COMPUTATION OF NET COST OF COVERED SERVICES | PART A 1 | PART B 2 | |
|---|---|---|---|---|
| 1 | INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTRUCTIONS) | 295,789 | | 1 |
| 2 | INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTRUCTIONS) | | | 2 |
| 3 | ANCILLARY SERVICES (FROM WKST D-3, COL. 3, LINE 200 FOR PART A, AND SUM OF WKST D, PART V, COLS. 5 AND 7, LINE 202 FOR PART B) (FOR CAH, SEE INSTRUCTIONS) | 78,597 | | 3 |
| 4 | PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS) | | | 4 |
| 5 | PROGRAM DAYS | 166 | | 5 |
| 6 | INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS) | | | 6 |
| 7 | UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY | | | 7 |
| 8 | SUBTOTAL (SUM OF LINES 1-3 PLUS LINES 6 AND 7) | 374,386 | | 8 |
| 9 | PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS) | | | 9 |
| 10 | SUBTOTAL (LINE 8 MINUS LINE 9) | 374,386 | | 10 |
| 11 | DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES) | | | 11 |
| 12 | SUBTOTAL (LINE 10 MINUS LINE 11) | 374,386 | | 12 |
| 13 | COINSURANCE BILLED TO PROGRAM PATIENTS (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES) | 3,116 | | 13 |
| 14 | 80% OF PART B COSTS (LINE 12 x 80%) | | | 14 |
| 15 | SUBTOTAL (ENTER THE LESSER OF LINE 12 MINUS LINE 13, OR LINE 14) | 371,270 | | 15 |
| 16 | OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS) | | | 16 |
| 17 | REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | | | 17 |
| 18 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS) | | | 18 |
| 19 | TOTAL (SUM OF LINES 15 AND 17 PLUS/MINUS LINE 16) | 371,270 | | 19 |
| 20 | INTERIM PAYMENTS | 326,831 | | 20 |
| 21 | TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY) | | | 21 |
| 22 | BALANCE DUE PROVIDER/PROGRAM (LINE 19 MINUS THE SUM OF LINES 20 AND 21) | 44,439 | | 22 |
| 23 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2 | | | 23 |

CALCULATION OF REIMBURSEMENT SETTLEMENT — WORKSHEET E-3 PART V

CHECK [XX] HOSPITAL (14-1338)
APPLICABLE BOX: [ ] SUB (OTHER)

PART V - CALCULATION OF REIMBURSEMENT SETTLEMENT FOR MEDICARE PART A SERVICES - COST REIMBURSEMENT (CAHs)

| | | | |
|---|---|---|---|
| 1 | INPATIENT SERVICES | 2,677,607 | 1 |
| 2 | NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS) | | 2 |
| 3 | ORGAN ACQUISITION | | 3 |
| 4 | SUBTOTAL (SUM OF LINES 1-3) | 2,677,607 | 4 |
| 5 | PRIMARY PAYER PAYMENTS | 6,179 | 5 |
| 6 | TOTAL COST (LINE 4 LESS LINE 5) (FOR CAH, SEE INSTRUCTIONS) | 2,698,204 | 6 |
| | COMPUTATION OF LESSER OF COST OR CHARGES | | |
| | REASONABLE CHARGES | | |
| 7 | ROUTINE SERVICE CHARGES | | 7 |
| 8 | ANCILLARY SERVICE CHARGES | | 8 |
| 9 | ORGAN ACQUISITION CHARGES, NET OF REVENUE | | 9 |
| 10 | TOTAL REASONABLE CHARGES | | 10 |
| | CUSTOMARY CHARGES | | |
| 11 | AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS | | 11 |
| 12 | AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e) | | 12 |
| 13 | RATIO OF LINE 11 TO LINE 12 (NOT TO EXCEED 1.000000) | | 13 |
| 14 | TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS) | | 14 |
| 15 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 14 EXCEEDS LINE 6) (SEE INSTR.) | | 15 |
| 16 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 6 EXCEEDS LINE 14) (SEE INSTR.) | | 16 |
| 17 | COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS) | | 17 |
| | COMPUTATION OF REIMBURSEMENT SETTLEMENT | | |
| 18 | DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49) | | 18 |
| 19 | COST OF COVERED SERVICES (SUM OF LINES 6 AND 17) | 2,698,204 | 19 |
| 20 | DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT) | 263,275 | 20 |
| 21 | EXCESS REASONABLE COST (FROM LINE 16) | | 21 |
| 22 | SUBTOTAL (LINE 19 MINUS LINE 20) | 2,434,929 | 22 |
| 23 | COINSURANCE | | 23 |
| 24 | SUBTOTAL (LINE 22 MINUS LINE 23) | 2,434,929 | 24 |
| 25 | ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS) | 46,760 | 25 |
| 26 | ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | 46,760 | 26 |
| 27 | ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS) | 37,490 | 27 |
| 28 | SUBTOTAL (SUM OF LINES 24 AND 25 OR 26) | 2,481,689 | 28 |
| 29 | OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS) | | 29 |
| 30 | SUBTOTAL (LINE 28 PLUS OR MINUS LINE 29) | 2,481,689 | 30 |
| 31 | INTERIM PAYMENTS | 2,003,964 | 31 |
| 32 | TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY) | | 32 |
| 33 | BALANCE DUE PROVIDER/PROGRAM (LINE 30 MINUS THE SUM OF LINES 31 AND 32) | 477,725 | 33 |
| 34 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2 | | 34 |

CALCULATION OF REIMBURSEMENT SETTLEMENT — WORKSHEET E-3 PART VII

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| CHECK APPLICABLE BOXES: | [ ] | TITLE V | [XX] | HOSPITAL (14-1338) | [ ] | SNF | [ ] | PPS |
| | [XX] | TITLE XIX | [ ] | IPF | [ ] | NF | [ ] | TEFRA |
| | | | [ ] | 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 | 100,561 | | 1 |
| 2 | MEDICAL AND OTHER SERVICES | | | 2 |
| 3 | ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY) | | | 3 |
| 4 | SUBTOTAL (SUM OF LINES 1, 2 AND 3) | 100,561 | | 4 |
| 5 | INPATIENT PRIMARY PAYER PAYMENTS | | | 5 |
| 6 | OUTPATIENT PRIMARY PAYER PAYMENTS | | | 6 |
| 7 | SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6) | 100,561 | | 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) | | | 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) | | | 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) | 100,561 | | 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 | 100,561 | | 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) | 100,561 | | 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) | 100,561 | | 36 |
| 37 | OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS) | | | 37 |
| 38 | SUBTOTAL (LINE 36 ± LINE 37) | 100,561 | | 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) | 100,561 | | 40 |
| 41 | INTERIM PAYMENTS | | | 41 |
| 42 | BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41) | 100,561 | | 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 | 1,905,460 | | | | 1 |
| 2 | TEMPORARY INVESTMENTS | | | | | 2 |
| 3 | NOTES RECEIVABLE | | | | | 3 |
| 4 | ACCOUNTS RECEIVABLE | 7,914,915 | | | | 4 |
| 5 | OTHER RECEIVABLES | | | | | 5 |
| 6 | ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE | -5,255,213 | | | | 6 |
| 7 | INVENTORY | | | | | 7 |
| 8 | PREPAID EXPENSES | | | | | 8 |
| 9 | OTHER CURRENT ASSETS | 604,203 | | | | 9 |
| 10 | DUE FROM OTHER FUNDS | | | | | 10 |
| 11 | TOTAL CURRENT ASSETS (SUM OF LINES 1-10) | 5,169,365 | | | | 11 |
| | FIXED ASSETS | | | | | |
| 12 | LAND | 495,688 | | | | 12 |
| 13 | LAND IMPROVEMENTS | | | | | 13 |
| 14 | ACCUMULATED DEPRECIATION | | | | | 14 |
| 15 | BUILDINGS | 11,088,525 | | | | 15 |
| 16 | ACCUMULATED DEPRECIATION | | | | | 16 |
| 17 | LEASEHOLD IMPROVEMENTS | | | | | 17 |
| 18 | ACCUMULATED AMORTIZATION | | | | | 18 |
| 19 | FIXED EQUIPMENT | | | | | 19 |
| 20 | ACCUMULATED DEPRECIATION | | | | | 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) | 11,584,213 | | | | 30 |
| | OTHER ASSETS | | | | | |
| 31 | INVESTMENTS | 18,152,984 | | | | 31 |
| 32 | DEPOSITS ON LEASES | | | | | 32 |
| 33 | DUE FROM OWNERS/OFFICERS | | | | | 33 |
| 34 | OTHER ASSETS | | | | | 34 |
| 35 | TOTAL OTHER ASSETS (SUM OF LINES 31-34) | 18,152,984 | | | | 35 |
| 36 | TOTAL ASSETS (SUM OF LINES 11, 30 AND 35) | 34,906,562 | | | | 36 |

| | LIABILITIES AND FUND BALANCES | GENERAL FUND | SPECIFIC PURPOSE FUND | ENDOWMENT FUND | PLANT FUND | |
|---|---|---|---|---|---|---|
| | | 1 | 2 | 3 | 4 | |
| | CURRENT LIABILITIES | | | | | |
| 37 | ACCOUNTS PAYABLE | 825,437 | | | | 37 |
| 38 | SALARIES, WAGES & FEES PAYABLE | 1,198,730 | | | | 38 |
| 39 | PAYROLL TAXES PAYABLE | | | | | 39 |
| 40 | NOTES & LOANS PAYABLE (SHORT TERM) | | | | | 40 |
| 41 | DEFERRED INCOME | | | | | 41 |
| 42 | ACCELERATED PAYMENTS | | | | | 42 |
| 43 | DUE TO OTHER FUNDS | | | | | 43 |
| 44 | OTHER CURRENT LIABILITIES | | | | | 44 |
| 45 | TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44) | 2,024,167 | | | | 45 |
| | LONG-TERM LIABILITIES | | | | | |
| 46 | MORTGAGE PAYABLE | | | | | 46 |
| 47 | NOTES PAYABLE | | | | | 47 |
| 48 | UNSECURED LOANS | | | | | 48 |
| 49 | OTHER LONG TERM LIABILITIES | | | | | 49 |
| 50 | TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49) | | | | | 50 |
| 51 | TOTAL LIABILITIES (SUM OF LINES 45 AND 50) | 2,024,167 | | | | 51 |
| | CAPITAL ACCOUNTS | | | | | |
| 52 | GENERAL FUND BALANCE | 32,882,395 | | | | 52 |
| 53 | SPECIFIC PURPOSE FUND BALANCE | | | | | 53 |
| 54 | DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED | | | | | 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) | 32,882,395 | | | | 59 |
| 60 | TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59) | 34,906,562 | | | | 60 |

STATEMENT OF CHANGES IN FUND BALANCES WORKSHEET G-1

| | | GENERAL FUND 1 | 2 | SPECIFIC PURPOSE FUND 3 | 4 | ENDOWMENT FUND 5 | 6 | PLANT FUND 7 | 8 | |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | FUND BALANCES AT BEGINNING OF PERIOD | 33,392,157 | | | | | | | | 1 |
| 2 | NET INCOME (LOSS) (FROM WKST G-3, LINE 29) | -509,762 | | | | | | | | 2 |
| 3 | TOTAL (SUM OF LINE 1 AND LINE 2) | 32,882,395 | | | | | | | | 3 |
| 4 | ADDITIONS (CREDIT ADJUST-MENTS) | | | | | | | | | 4 |
| 5 | RESTRICTED FUND BALANCE CHAN | | | | | | | | | 5 |
| 6 | | | | | | | | | | 6 |
| 7 | | | | | | | | | | 7 |
| 8 | | | | | | | | | | 8 |
| 9 | | | | | | | | | | 9 |
| 10 | TOTAL ADDITIONS (SUM OF LINES 4-9) | | | | | | | | | 10 |
| 11 | SUBTOTAL (LINE 3 PLUS LINE 10) | 32,882,395 | | | | | | | | 11 |
| 12 | DEDUCTIONS (DEBIT ADJUST-MENTS) | | | | | | | | | 12 |
| 13 | CORRECTION | | | | | | | | | 13 |
| 14 | | | | | | | | | | 14 |
| 15 | | | | | | | | | | 15 |
| 16 | | | | | | | | | | 16 |
| 17 | | | | | | | | | | 17 |
| 18 | TOTAL DEDUCTIONS (SUM OF LINES 12-17) | | | | | | | | | 18 |
| 19 | FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18) | 32,882,395 | | | | | | | | 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 | 1,270,039 | | 1,270,039 | 1 |
| 2 | SUBPROVIDER IPF | | | | 2 |
| 3 | SUBPROVIDER IRF | | | | 3 |
| 5 | SWING BED - SNF | | | | 5 |
| 6 | SWING BED - NF | | | | 6 |
| 7 | SKILLED NURSING FACILITY | | | | 7 |
| 8 | NURSING FACILITY | | | | 8 |
| 9 | OTHER LONG TERM CARE | | | | 9 |
| 10 | TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9) | 1,270,039 | | 1,270,039 | 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) | 1,270,039 | | 1,270,039 | 17 |
| 18 | ANCILLARY SERVICES | 3,589,867 | | 3,589,867 | 18 |
| 19 | OUTPATIENT SERVICES | | 27,314,757 | 27,314,757 | 19 |
| 20 | RHC | | | | 20 |
| 21 | FQHC | | | | 21 |
| 22 | HOME HEALTH AGENCY | | | | 22 |
| 23 | AMBULANCE | | | | 23 |
| 25 | ASC | | | | 25 |
| 26 | HOSPICE | | | | 26 |
| 27 | OTHER (SPECIFY) | | | | 27 |
| 28 | TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1) | 4,859,906 | 27,314,757 | 32,174,663 | 28 |

PART II - OPERATING EXPENSES

| | | 1 | 2 | |
|---|---|---|---|---|
| 29 | OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200) | | 20,052,680 | 29 |
| 30 | ADD (SPECIFY) | | | 30 |
| 31 | | | | 31 |
| 32 | | | | 32 |
| 33 | | | | 33 |
| 34 | | | | 34 |
| 35 | | | | 35 |
| 36 | TOTAL ADDITIONS (SUM OF LINES 30-35) | | | 36 |
| 37 | DEDUCT (SPECIFY) | -52,523 | | 37 |
| 38 | | | | 38 |
| 39 | | | | 39 |
| 40 | | | | 40 |
| 41 | | | | 41 |
| 42 | TOTAL DEDUCTIONS (SUM OF LINES 37-41) | | -52,523 | 42 |
| 43 | TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4) | | 20,000,157 | 43 |

STATEMENT OF REVENUES AND EXPENSES — WORKSHEET G-3

| | DESCRIPTION | | |
|---|---|---|---|
| 1 | TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28) | 32,174,663 | 1 |
| 2 | LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS | 13,323,551 | 2 |
| 3 | NET PATIENT REVENUES (LINE 1 MINUS LINE 2) | 18,851,112 | 3 |
| 4 | LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43) | 20,000,157 | 4 |
| 5 | NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4) | -1,149,045 | 5 |
| | OTHER INCOME | | |
| 6 | CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC. | 59,319 | 6 |
| 7 | INCOME FROM INVESTMENTS | 502,757 | 7 |
| 8 | REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE | | 8 |
| 9 | REVENUE FROM TELEVISION AND RADIO SERVICE | | 9 |
| 10 | PURCHASE DISCOUNTS | | 10 |
| 11 | REBATES AND REFUNDS OF EXPENSES | | 11 |
| 12 | PARKING LOT RECEIPTS | | 12 |
| 13 | REVENUE FROM LAUNDRY AND LINEN SERVICE | | 13 |
| 14 | REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS | | 14 |
| 15 | REVENUE FROM RENTAL OF LIVING QUARTERS | | 15 |
| 16 | REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS | | 16 |
| 17 | REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS | | 17 |
| 18 | REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS | | 18 |
| 19 | TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.) | | 19 |
| 20 | REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN | | 20 |
| 21 | RENTAL OF VENDING MACHINES | | 21 |
| 22 | RENTAL OF HOSPITAL SPACE | | 22 |
| 23 | GOVERNMENTAL APPROPRIATIONS | | 23 |
| 24 | OTHER (REPLACEMENT TAX) | | 24 |
| 24.03 | OTHER (INTEREST INCOME OTHER) | | 24.03 |
| 24.04 | OTHER (CARELINK REVENUE) | | 24.04 |
| 24.05 | OTHER (DR OFFICE BLDG) | | 24.05 |
| 24.06 | OTHER (DIALYSIS BLDG REVENUE) | | 24.06 |
| 24.07 | OTHER (NON ALLOWABLE INCOME) | | 24.07 |
| 24.08 | OTHER (MEALS ON WHEELS) | | 24.08 |
| 24.09 | OTHER (MAINTENANCE EMPLOYEES) | | 24.09 |
| 24.10 | OTHER (US CONSUMER REVENUES) | | 24.10 |
| 24.13 | OTHER (MISC) | 221,330 | 24.13 |
| 24.14 | OTHER (TRANSITIONAL CARE REVENUE) | | 24.14 |
| 24.15 | OTHER (MRI TECH) | | 24.15 |
| 24.16 | OTHER (HEALTHY HEART) | | 24.16 |
| 24.17 | OTHER (GAIN ON ASSETS) | | 24.17 |
| 24.18 | OTHER (MISC) | | 24.18 |
| 24.19 | OTHER (GRANTS) | | 24.19 |
| 24.20 | OTHER (OTHER) | | 24.20 |
| 24.21 | OTHER (NON OPERATING AR INTEREST) | | 24.21 |
| 25 | TOTAL OTHER INCOME (SUM OF LINES 6-24) | 783,406 | 25 |
| 26 | TOTAL (LINE 5 PLUS LINE 25) | -365,639 | 26 |
| 27 | OTHER EXPENSES (CARELINK EXPENSE) | | 27 |
| 27.01 | OTHER EXPENSES (DR OFFICE BLDG DEPRECIATION) | | 27.01 |
| 27.02 | OTHER EXPENSES (MAINTENANCE SALARIES) | | 27.02 |
| 27.03 | OTHER EXPENSES (DEPRECIATION) | | 27.03 |
| 27.04 | OTHER EXPENSES (LOSS ON ASSETS) | | 27.04 |
| 27.05 | OTHER EXPENSES (DIALYSIS DEPRECIATION) | | 27.05 |
| 27.06 | OTHER EXPENSES (LOSS ON ASSETS) | | 27.06 |
| 27.07 | OTHER EXPENSES (DIALYSIS OTHER) | | 27.07 |
| 27.08 | OTHER EXPENSES (BUILDING EXP) | | 27.08 |
| 27.09 | OTHER EXPENSES (OTHER) | 144,123 | 27.09 |
| 27.10 | OTHER EXPENSES (MISC) | | 27.10 |
| 28 | TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS) | 144,123 | 28 |
| 29 | NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28) | -509,762 | 29 |

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

| | COST CENTER DESCRIPTION | EXTRAORDINARY 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 | | | | | | 4 |
| 5.01 | COMMUNICATIONS | | | | | | 5.01 |
| 5.02 | DATA PROCESSING | | | | | | 5.02 |
| 5.03 | PURCHASING | | | | | | 5.03 |
| 5.04 | ADMITTING | | | | | | 5.04 |
| 5.05 | CREDIT AND COLLECTIONS | | | | | | 5.05 |
| 5.06 | OTHER ADMINISTRATIVE & GENERAL | | | | | | 5.06 |
| 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 SRVCES-SALARY & FRINGES AP | | | | | | 21 |
| 22 | I&R SRVCES-OTHER PRGM COSTS AP | | | | | | 22 |
| 23 | PARAMED ED PRGM-(SPECIFY) | | | | | | 23 |
| | INPATIENT ROUTINE SERV COST CENTERS | | | | | | |
| 30 | ADULTS & PEDIATRICS | | | | | | 30 |
| | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50 | OPERATING ROOM | | | | | | 50 |
| 54 | RADIOLOGY-DIAGNOSTIC | | | | | | 54 |
| 60 | LABORATORY | | | | | | 60 |
| 62 | WHOLE BLOOD & PACKED RED BLOOD | | | | | | 62 |
| 62.30 | BLOOD CLOTTING FOR HEMOPHILIAC | | | | | | 62.30 |
| 65 | RESPIRATORY THERAPY | | | | | | 65 |
| 66 | PHYSICAL THERAPY | | | | | | 66 |
| 67 | OCCUPATIONAL THERAPY | | | | | | 67 |
| 68 | SPEECH PATHOLOGY | | | | | | 68 |
| 71 | MEDICAL SUPPLIES CHRGED TO PAT | | | | | | 71 |
| 71.01 | IMPLANTABLE SUPPLIES | | | | | | 71.01 |
| 71.02 | PACEMAKERS | | | | | | 71.02 |
| 72 | IMPL. DEV. CHARGED TO PATIENT | | | | | | 72 |
| 73 | DRUGS CHARGED TO PATIENTS | | | | | | 73 |
| 76 | CARDIAC REHAB | | | | | | 76 |
| 76.01 | CHEMOTHERAPY | | | | | | 76.01 |
| 76.97 | CARDIAC REHABILITATION | | | | | | 76.97 |
| 76.98 | HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 | LITHOTRIPSY | | | | | | 76.99 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 90 | CLINIC | | | | | | 90 |
| 91 | EMERGENCY | | | | | | 91 |
| 92 | OBSERVATION BEDS | | | | | | 92 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| | 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 |
| 193 | NONPAID WORKERS | | | | | | 193 |
| 193.01 | CARDIAC REHAB | | | | | | 193.01 |
| 194 | NON-ALLOWABLE COSTS | | | | | | 194 |
| 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 |